

A brief review of recent issues of *The DO* produces overwhelming evidence of a change in editorial policy. Many more photos accompany reports of AOA and affiliate meetings, showing physicians demonstrating structural evaluation and treatment methods. Ten years ago, such photos rarely appeared in *The DO*. Additionally, these photos now include students, interns, and residents. These DOs-in-training have catalyzed the pro-osteopathic change in important ways, which first commenced with their enthusiastic interest in osteopathic medicine when they applied to osteopathic medical colleges.

The AOA has taken concrete steps to foster "osteopathic" research. The support-through-dues program, combined with the strong leadership from the likes of Howard M. Levine, DO, Michael M. Patterson, PhD, James R. Stookey, DO, and others, has done much to head this profession toward productive osteopathic medical research. Expanded research efforts will result from the current programs. This expansion will lend further credence to the chiropractic concern for its future.

Changes in the AOA editorial policy and the direction of sponsored research is having a positive effect on the long-term development of a truly "osteopathic" medical profession. After 100 years, that's not bad! Many of us are coming around to believe that chiropractors have good reason to worry about their market share. ♦

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## From the FDA

### Silicone breast implants' safety inconclusive

Whether a link exists between silicone breast implants and connective tissue diseases remains uncertain, so concludes researchers at the US Food and Drug Administration. FDA Commissioner David A. Kessler, MD, and colleagues retrospectively examined results from epidemiologic studies with cohort, case-controlled, and cross-sectional designs.

"Research to date, based primarily on case series, has been insufficient to accurately determine either the incidence rates of local complications of breast implants or the proportion of implant recipients for whom explanation will be required to treat these conditions," write the authors. They did determine, however, that the longer the implant is in place, the more likely it is to be subject to some sort of damage.

And while no great increase in the risk for connective tissue disease was found in the short-term safety of silicone breast implants, the occurrence of rare connective tissue diseases or autoimmune disorders among women cannot be ruled out. The investigators note that most of the studies examined included only well-defined connective tissue diseases. The verdict on the safety of silicone breast implants will not be known until further research is conducted.

Complete results of this FDA investigation are published in the April 15 issue of the *Annals of Internal Medicine*.

### Warning against use of herbal supplement

Consumers should avoid taking dietary supplements containing

ephedrine because of the potential risks to the nervous and cardiovascular systems. Reports of side effects—ranging from heart attacks, strokes, seizures, dizziness, irregular heartbeats, and gastrointestinal problems—as well as death prompted the agency to issue the warning. Supplements containing ma huang, Chinese ephedra, ma huang extract, ephedra, Ephedra sinica, ephedra extract, ephedra herb powder, and epitonin all indicate the presence of ephedrine.

Available in tablet and liquid forms, this herbal supplement is often used as an alternative to illegal drugs because of the euphoric feeling it elicits. ♦

## Discontinuation of Special Consideration Provision

The American Osteopathic Board of Emergency Medicine announces the discontinuation of the "Special Consideration" provision of the criteria for establishing eligibility to enter into the certification process. Effective **November 1, 1997**, the following criteria will no longer be accepted or considered:

"Special Consideration will be given to applicants with AOA approved training in other specialty fields and actively engaged in the practice of Emergency Medicine. Applicants must have practiced in an Emergency Medicine Service approved by the Evaluating Committee of ACOEP on a full time basis for 5 consecutive years concluding immediately prior to making application for the certification examination. The determination of eligibility in this category is the responsibility of the Board as recommended to the Bureau. This eligibility criteria will no longer be in effect or accepted after **NOVEMBER 1, 1997**"

**If there are any questions,  
contact the Board office.**

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