

IN THE COURT OF COMMON PLEAS OF THE
39TH JUDICIAL DISTRICT OF PENNSYLVANIA
FRANKLIN COUNTY BRANCH

Joan E. Crider, : Civil Action - Law
Plaintiff :
vs. :
The Curfman Chiropractic : No. A.D. 1994 - 253
Center and :
Allan A. Buratti, :
Defendants : Jury Trial Demanded

TRANSCRIPT OF PROCEEDINGS
OF DEPOSITION

Deposition of: Allan A. Buratti
Date: September 14, 1995 at 12:50 p.m.
Place: Law Offices of:
Patterson & Kiersz
14 Center Square
Greencastle, Pennsylvania
By: Jodi L. Lambert
Court Reporter - Notary Public
Reporting for: Cheryl Farner Donovan, RPR
(717) 776-3515

APPEARANCES:

PATTERSON & KIERSZ, P.C.
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For - Plaintiff

ECKERT, SEAMANS, CHERIN & MELLOTT
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For - Curfman Chiropractic Center, Defendant

BY: FRANCIS E. MARSHALL, ESQUIRE
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For - Allan A. Buratti, Defendant

COPY

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STIPULATION

It is hereby stipulated by and between counsel for the respective parties that sealing, certification and filing are hereby waived; and all objections except as to the form of the question are reserved to the time of trial.

ALLAN A. BURATTI, called as a witness, being duly sworn, testified as follows:

DIRECT EXAMINATION

BY MR. GANLEY:

Q Dr. Buratti, my name is Charlie Ganley and I'm the Plaintiff's attorney in this case in the case of Crider versus the Curfman Chiropractic Center and Buratti. I'm going to be asking you some questions today under oath and you're going to be providing answers to me.

I'm going to ask that if you don't understand a question that you ask me to rephrase it. If you provide me with an answer, I'm going to assume you've understood the question; okay?

A Yes.

Q And my second point, I'm going to ask that you answer in a responsive way and you don't just shake your head so that the court reporter can pick it up; all right?

1 A Yes.

2 Q Could you state your name and your business
3 address for the record?

4 A Allan A. Buratti, 1880 Wayne Road,
5 Chambersburg, Pennsylvania, 17201.

6 Q What is your occupation?

7 A Chiropractor.

8 Q And are you in private practice?

9 A Yes.

10 Q How long have you been at that location?

11 A Going on three years.

12 Q Are you under the influence of any medication
13 today that might impair your ability to testify or your
14 memory in any way?

15 A No.

16 Q Have you ever been arrested?

17 A No.

18 Q Have you ever been associated with the Curfman
19 Chiropractic Center?

20 A Yes.

21 Q In what capacity?

22 A I was an associate to Dr. Curfman.

23 Q Was that in response to an advertisement or did
24 you approach Dr. Curfman?

25 A It was in response to an advertisement.

1 Q Do you still have a copy of that advertisement?

2 A No, I don't.

3 Q What is your memory of what that advertisement
4 said?

5 A That was five, six years ago. I have no idea.
6 Just South Central PA chiropractor looking for an
7 associate basically.

8 Q Had you worked as a chiropractor in private
9 practice anywhere else prior to joining the Curfman
10 Chiropractic Center?

11 A I worked in the Rock Island Clinic in Rock
12 Island, Illinois for a year during my internship.

13 Q And is that something that was required through
14 your school?

15 A Yes.

16 Q And that was a one-year internship?

17 A Yes.

18 Q Now, that's a four-year degree?

19 A Which one?

20 Q For chiropractic.

21 A No. I had four years undergraduate and then
22 four years of chiropractic school.

23 Q Do you recall how many credits were required
24 for graduation?

25 A No, I don't.

1 Q Are you licensed for chiropractic?

2 A Yes.

3 Q In any states other than Pennsylvania?

4 A No.

5 Q But you are licensed in Pennsylvania?

6 A Yes.

7 Q Since what year?

8 A Since 1991.

9 Q Do you hold any other certifications or
10 licenses of any kind?

11 A I have board qualifications if that's of any
12 interest to you.

13 Q In what areas?

14 A Orthopedics, and I took the certification
15 program for being certified as a sports physician.

16 Q And what does that entail? Is that a State--

17 A It's post-graduate where you take so many
18 seminars and then you're eligible for an examination.

19 Q And did you take the examination?

20 A Yes.

21 Q Were you successful in it?

22 A I don't know. I just took it.

23 Q Oh, you just took it?

24 A Yeah.

25 Q Do you recall when you took it?

1 A Yeah. I did take it the end of May.

2 Q And what goes into being board certified in
3 Orthopedics? Is that also a State-sponsored test?

4 A No. That's a national-sponsored test. In
5 chiropractic you have specialties you can go into. One
6 of them being Orthopedics, and I completed a four-year
7 residency in Orthopedics through National College.

8 Q Was that via correspondence?

9 A No. That was going to seminars for four years.

10 Q And so all that's left at this point if I
11 understand you correctly is the test? You still need to
12 take a test?

13 A That's correct.

14 Q You have not taken one yet?

15 A No, I haven't.

16 Q All your course work is completed at this
17 point?

18 A Yes.

19 Q Do you hold a license engaged in the practice
20 of medicine?

21 A No.

22 Q I think you probably already answered this
23 question but is that it for licenses and certifications?
24 Is there anything that I missed?

25 A I'm certified in other things, spinal

1 impairment readings, disability readings.

2 Q Who are you certified by?

3 A By the -- it's a national certification.

4 Q And so you took a test?

5 A Yes.

6 Q Spinal impairment?

7 A Spinal impairment readings and spinal
8 disability evaluations.

9 Q Anything else?

10 A I could look in my resume'. I'm not sure. I
11 was certified as an Emergency Medical Technician. I'm
12 certified in physician CPR.

13 Q The Emergency Medical Technician was that prior
14 to going into chiropractic?

15 A That was prior to going anywhere. I did that
16 before I was even in college.

17 Q Oh, okay. And that certification is something
18 that comes through the Commonwealth or through the
19 National or--

20 A Through the Commonwealth.

21 Q Does that include a test?

22 A Yes.

23 Q Have you ever had any of those certifications
24 or licenses suspended or revoked for any reason?

25 A No.

1 Q Have you ever been subject to any sort of
2 disciplinary action?

3 A No.

4 Q Do you limit your practice in any way?

5 MR. MARSHALL: What do you mean by that? I
6 don't understand the question.

7 BY MR. GANLEY:

8 Q Well, I notice that you're certified in certain
9 areas. Do you try to limit, dealing with for instance
10 low back pain only?

11 A My practice consists of neuromuscular skeletal
12 problems and nutritional counseling.

13 Q Is there a certification for nutritional
14 counseling?

15 A No.

16 Q What sort of training do you have in
17 nutritional counseling?

18 A My training through school, through Palmer
19 College. My training in post-graduate studies through
20 National College. My training in--

21 Q Can you tell me what specific courses you've
22 taken?

23 A Yeah. I can go through them if you like.

24 Q Well, I mean, did you have specific courses in
25 nutrition or nutritional counseling or anything like

1 that?

2 A Yes, too numerous to mention, many, many
3 seminars.

4 Q And what is involved with nutritional
5 counseling?

6 A Well, basically nutritional counseling is when
7 a patient comes in and they tell me some problems they're
8 having. Is there something that I can take to support my
9 body. It depends.

10 Some people come in and they might be
11 overweight let's say. Can you help me with a diet plan?
12 I do that for them. Or some of them say my medical
13 doctor said I should be put on some sort of nutritional
14 protocol. Can you help me with it? Sure. We have them
15 fill out a questionnaire, an assessment form and then
16 from there, I evaluate what I think they should take.

17 Q Did you have Ms. Crider do an assessment form?

18 A No, because she filled out a patient history
19 form. We didn't have assessment forms at Curfman
20 Chiropractic.

21 Q What is a thyroid profile?

22 A A thyroid profile consists of TSH, T4, T3 and
23 depending on the lab there's other things. There's pre-
24 thyroxine index. It depends whatever you want. Every
25 lab is a little bit different.

1 Q Is there a lab that you work with?

2 A I work with numerous labs.

3 Q Is that something that can be discovered -- I'm
4 not sure. The thyroid profile, are we talking about a
5 blood test? Is that what it is?

6 A That's what it is.

7 Q So if you suspect that there might be a
8 problem, you would order a blood test?

9 MR. MARSHALL: I'm going to object to the form
10 of the question.

11 BY MR. GANLEY:

12 Q Have you treated anybody in which a thyroid
13 profile was required?

14 A No.

15 Q You just testified that you work through
16 various labs. So you've never ordered a thyroid profile
17 on any patient that you treated?

18 A Yes. I ordered many.

19 Q And is it your standard practice that if you
20 suspect a thyroid-- Well, why would you request a
21 thyroid profile?

22 A If somebody exhibited demonstrable evidence of
23 having a severe thyroid problem, I would set up a
24 laboratory exam, in which depending on the results, they
25 would be referred out.

1 Q Who interprets the results?

2 A I do.

3 Q And are you trained to do so?

4 A Yes.

5 Q And where did you receive that training?

6 A Through Palmer College and National College.

7 Q Can you give me an idea of what kind of things
8 you would look for in determining whether a thyroid
9 profile would be required, what kind of symptoms?

10 A What kind of symptoms?

11 Q Yeah.

12 MR. MARSHALL: You're talking generally now?

13 MR. GANLEY: Generally, yes.

14 MR. MARSHALL: Are you talking as of the
15 timeframe as of 1992?

16 MR. GANLEY: I'm talking in his practice now.
17 What kind of symptoms would you look for?

18 MR. MARSHALL: This is in 1995?

19 MR. GANLEY: That's correct.

20 THE WITNESS: If a patient came into me
21 specifically complaining of problems such as let's say
22 hot flashes or always hot, always sweating, pressure
23 behind the eyes, swelling of the neck, difficulty
24 swallowing. If they were very, very obese and they've
25 done a lot of diets and nothing had worked, I'd say,

1 well, look, let's order a thyroid profile.

2 BY MR. GANLEY:

3 Q And is that similar symptoms that you would
4 have looked for back in 1991, '92?

5 A Yes.

6 Q What specific training did you receive
7 regarding interpretation of thyroid profile tests?

8 A Laboratory interpretation, endocrinology.

9 Q And was that subsequent to 1992 or prior to?

10 A Prior to.

11 Q Was that through your--

12 A Through Palmer College of Chiropractic.

13 Q Can you name for me a couple of the
14 laboratories that you currently use?

15 A Well, usually the way I go about it is I have
16 Corning Labs. I have Metpath Labs. I have Omega Lab and
17 the hospital. Usually it depends on what's most
18 convenient for the patient.

19 Q Do you recall ever ordering a thyroid profile
20 at any time that you were associated with Curfman
21 Chiropractic?

22 A No. Back up. Do I recall ever ordering--

23 Q Yes.

24 A During the whole time I was there or on Mrs.
25 Crider?

1 Q During the entire time you were there.

2 A I probably did.

3 Q You don't recall specific instances?

4 A No.

5 Q And as for Ms. Crider, do you recall ordering
6 one for her?

7 A No, I don't.

8 Q Do you recall Ms. Crider's patient history?

9 A Yes.

10 Q Do you recall whether she had been seen by the
11 Curfman Chiropractic Center prior to your seeing her?

12 A Yes, she had.

13 Q Was it a long history that you recall?

14 MR. MARSHALL: What do you mean by long
15 history?

16 BY MR. GANLEY:

17 Q Well, did it date back, you know, several years
18 or a couple of decades, do you recall?

19 A I don't understand the question.

20 Q When you took a patient history, did you ever
21 ask whether she had been seen by a chiropractor before?

22 A Yes. I always do.

23 Q And do you recall the answer, if you know?

24 A Yes.

25 Q As to when she was treated by the Curfman

1 Chiropractic Center?

2 A I don't recall a specific date, but I do know
3 she was treated by Dr. Curfman. In her own words, she
4 said she had a pinched nerve.

5 Q At the time you were seeing her or prior when
6 Dr. Curfman treated her?

7 A Prior.

8 Q How did it occur that you began treating Ms.
9 Crider?

10 A Dr. Curfman handed her over to me.

11 Q Do you remember that specifically happening?

12 A Yes.

13 Q Was anything said at that time?

14 A You take her.

15 MR. MARSHALL: Words to that effect?

16 THE WITNESS: Words to that effect, you take
17 her.

18 BY MR. GANLEY:

19 Q Did he go into any detail about the incident
20 leading up to Ms. Crider coming under your treatment?

21 A Could you repeat the question?

22 Q Yeah. When Ms. Crider saw you, was it as a
23 result of any accidents or was it a continuing problem?

24 A No. She was involved in a motor vehicle
25 accident.

1 Q Did you come to know that through Dr. Curfman
2 telling you that or through the patient history you've
3 reviewed?

4 A Through the patient history.

5 Q What specific conversation did you have at the
6 time you initially began treating Ms. Crider with Dr.
7 Curfman about whether he had previously treated her or
8 anything? Can you go into the whole conversation?

9 MR. MARSHALL: If you can recall.

10 BY MR. GANLEY:

11 Q If you can remember. Your testimony so far is
12 that he said basically--

13 A You take her.

14 Q Do you recall anything else?

15 MR. MARSHALL: I wasn't finished. I don't want
16 you to guess, speculate, maybe this was said, maybe that
17 was said. Only facts that you can testify to, what you
18 can recall, okay?

19 MR. GANLEY: That's correct.

20 MR. MARSHALL: No guessing, no speculation.

21 THE WITNESS: I don't recall.

22 BY MR. GANLEY:

23 Q Anything else of that conversation?

24 A No.

25 Q Was it unusual for you to receive a patient in

1 that manner?

2 A No.

3 Q If a call came in when Dr. Curfman was not
4 present, would he still have to approve your treating
5 that particular individual?

6 A No.

7 Q That call theoretically could come to you
8 directly?

9 A Yes. In fact, I frequently was on call.

10 Q Did Dr. Curfman provide you with any sort of
11 training?

12 A Yes.

13 Q He did. What did the training consist of?

14 A Dr. Curfman sent me to a lot of seminars.

15 Q Did he provide you with any on-the-job
16 training?

17 A Such as?

18 Q Did he observe your work? Did he sit in on any
19 patients and give you any critique or feedback on the
20 type of procedures you were applying?

21 A Prior to actually working there, I had to
22 adjust Dr. Curfman. He went through everything that I
23 knew, all my different techniques, and during the first
24 month that I was there, I mean, he came around with me
25 into the rooms and I came around with him.

1 Q When you said prior to working there, was that
2 at the job interview that he asked you to adjust him?

3 A Yes.

4 Q And he asked you questions about the
5 chiropractic field to test your knowledge of it, is that
6 fair to say?

7 A Yes.

8 Q Do you recall Dr. Curfman ever sitting in or
9 providing you any feedback regarding Ms. Crider's
10 treatment? Did you ever consult with Dr. Curfman about
11 the treatment you were providing Ms. Crider?

12 A I never did consult with him. However, she
13 did.

14 Q How do you know that?

15 A Because I was in the room.

16 Q Can you tell me what you remember of that
17 incident or incidences?

18 A Yes. When I was going to place Mrs. Crider on
19 the supplements, she wanted a second opinion from Dr.
20 Curfman.

21 Q And did Dr. Curfman provide a second opinion?

22 A Yes, like he always does. He came into the
23 room and said, yes, they're fine. No problem.

24 Q And you were present during this conversation?

25 A I was present. I was in the room.

1 Q Do you recall any other conversations that took
2 place or consultations you had with Dr. Curfman about Ms.
3 Crider's care?

4 A No, I don't.

5 MR. MARSHALL: Other than that one incident,
6 just so it's clear?

7 MR. GANLEY: Other than that one incident.

8 THE WITNESS: No.

9 BY MR. GANLEY:

10 Q You didn't personally seek Dr. Curfman's advice
11 other than that one instance or Ms. Crider sought his
12 advice. You didn't seek his advice on the treatment of
13 Ms. Crider?

14 A I can't recall exactly how it happened. It
15 either happened that she wanted a second opinion or I
16 said if you want to ask Dr. Curfman, you can go ahead,
17 you know, and ask Dr. Curfman.

18 Q Why did she express to you the need to have a
19 second opinion? Are you aware?

20 MR. MARSHALL: I'm going to object because
21 you're asking for him to make a determination--

22 MR. GANLEY: I'm going to rephrase the
23 question. I have no problem with that.

24 BY MR. GANLEY:

25 Q Did she express to you any concerns about the

1 supplements?

2 A She had concerns. She hated taking pills of
3 any sort. That's the concern she had.

4 Q Do you remember what you told her about the
5 supplements?

6 A Which ones in particular and which date are you
7 talking about?

8 Q Well, when did you first begin giving her
9 supplements?

10 A Let me refer here to my records.

11 Q That's fine.

12 A (Reviewing records.) March 23, 1992.

13 Q And what supplement was that, sir?

14 A That was Iodomere.

15 Q And what caused you to provide that to her?

16 A What caused me to provide that? Well,
17 basically on the patient's case history, previous
18 history, she had expressed that she had these headaches
19 at night all the time when she laid on her back, plus she
20 had some irritability and fatigue.

21 In the initial, the examination when she came
22 in, I had already written down in my notes Iodomere.
23 That was a note to me to know that what I would do is I
24 would treat her.

25 A lot of times when you treat somebody's

1 cervical spine and they don't respond or the adjustments
2 just don't hold like I would expect sometimes they need
3 some nutrition.

4 Because there is a correlation between the
5 cervical spine and the nerves that come out of the
6 cervical spine and the thyroid gland, along with the fact
7 that she had these chronic headaches, the fatigue and
8 irritability, all I did was I recommended that she take a
9 supplement with some minerals in it that would support
10 her thyroid gland.

11 Q And what does Iodomere do?

12 A It's nothing more than a mineral supplement.
13 That's all.

14 Q And how would a mineral supplement help
15 physiologically if you know?

16 A Physiologically it helps support the thyroid
17 gland. The thyroid gland--

18 MR. MARSHALL: You answered the question. Let
19 him ask a question.

20 BY MR. GANLEY:

21 Q Why did you believe that there needed to be
22 support for the thyroid gland?

23 A Because of the fact that she had chronic
24 misalignments in her cervical spine plus the symptoms
25 that I had just indicated before.

1 Q Now, you said you made a note to yourself. Was
2 that based upon the symptoms that she had provided to
3 you?

4 A Yes.

5 Q But you didn't provide the Iodomere at that
6 time?

7 A That was not provided until March 23, '92.

8 Q And why did you decide to provide it at that
9 point?

10 A Because I had already treated her for a few
11 weeks at that point and she still had chronic
12 subluxations to her neck and misalignments.

13 MR. MARSHALL: By the way, if there's a
14 spelling that you're not sure of, please don't hesitate
15 to stop us so that we can make sure that we get a clean
16 record.

17 MR. GANLEY: Fair enough.

18 BY MR. GANLEY:

19 Q When you first began treating Ms. Crider in
20 March 1992, what were her main complaints? You can refer
21 to your records.

22 A The ones she had written on her initial chart?
23 I mean, we have like a hundred of them. We have them
24 checked off.

25 Q Well, do you recall what her--

1 A Her biggest problems were the fact that she had
2 low back pain with radicular pain down her leg. She had
3 these chronic headaches and she had some problems in the
4 cervical spine.

5 Q Did she mention to you any problem with her
6 thyroid?

7 A No.

8 Q Did you suspect a problem with her thyroid at
9 that first, initial meeting?

10 A First of all, I didn't suspect a problem, okay?

11 Q Okay.

12 A I just felt that she needed some support for
13 her thyroid gland.

14 Q Based upon the symptoms that she provided you
15 at that first meeting?

16 A Yes.

17 Q Why did you decide not to provide the
18 supplements to her at that time?

19 A Because I wanted to see how the adjustments
20 would do. A lot of times with just the adjustments alone
21 they'll help alleviate the headaches. They'll increase
22 the nerve flow to certain organs and I wanted to see if
23 we could just do the adjustments and help her out.

24 Q Have you ever in your practice used a procedure
25 whereby you push an individual's arm down while placing

1 your hand on a part of the body?

2 A There's many procedures such as that.

3 Q Does that sort of a procedure have a name?

4 A There's a million different procedures.

5 Q Do you recall using any particular procedure
6 such as that on Ms. Crider?

7 A I've used techniques called applied
8 kinesiology.

9 Q And is applied kinesiology a field within
10 chiropractic?

11 A Yes.

12 Q Did you receive specific training in this?

13 A Yes.

14 Q And where was that, at Palmer College?

15 A Palmer College, at seminars, all over the
16 place.

17 Q Now, the technique that you used on Ms. Crider
18 can you explain what was involved?

19 A Yes. I tested her shoulder muscle. There is a
20 Teres Minor muscle and it was weak.

21 Q Did you ever tell Ms. Crider that you could
22 determine whether there was a thyroid problem through
23 using kinesiology?

24 A No.

25 Q Can you determine whether there's a thyroid

1 problem through the use of this applied kinesiology?

2 A Applied kinesiology is nothing more than an
3 assessment.

4 Q And through that assessment, does it aid in
5 determining whether there's a thyroid problem?

6 A It might indicate. There might be, like I said
7 before, a need for support for an organ. It doesn't say
8 whether or not that person has a hypo- problem, a hyper-
9 problem. It doesn't say any of that.

10 Q How would that be determined?

11 A That would be determined by lab tests.

12 Q Do you recall ever asking or ever obtaining a
13 family medical history or a personal history about
14 whether Ms. Crider had ever had a thyroid problem?

15 A I asked Mrs. Crider in the initial examination.

16 Q Do you remember her response?

17 A No, I don't.

18 Q Do you recall obtaining a family history as to
19 whether a thyroid problem ran in the family?

20 A Like I said before, whenever I talked to Mrs.
21 Crider on the initial exam, those questions were asked.

22 Q And are those questions that you would ask any
23 patient?

24 A Yes. I ask all my patients.

25 Q Is that reflected in your notes anywhere?

1 A I'm not sure. I'd have to go through them.

2 Q Do you make it a practice to reflect that
3 information in your notes?

4 A I do if it's significant.

5 Q So if there had been something significant, it
6 more than likely would have appeared in your notes?

7 A More than likely. There's still a chance that
8 it wasn't.

9 Q Did you ever tell Ms. Crider that you believed
10 that she had a thyroid problem?

11 A No.

12 Q Did you ever tell Ms. Crider the purpose for
13 taking the supplements?

14 A Yes.

15 Q And what was that purpose?

16 A To support her thyroid gland.

17 MR. MARSHALL: Are you talking about the
18 Iodomere?

19 MR. GANLEY: I'm talking about any of the
20 supplements at this point.

21 BY MR. GANLEY:

22 Q Did you ever suspect that she might have had a
23 thyroid problem?

24 A Rephrase that.

25 Q Did you ever suspect that she had a thyroid

1 problem, Ms. Crider, based upon your observations?

2 A It had passed across my mind that she might
3 have had one. If I thought it was something that would
4 have been clinical, I would have sent her out for lab
5 reports, but thyroid problems still become -- they are
6 subclinical. You don't wake up one day with the
7 pathology.

8 Q What sort of factors would lead you to conclude
9 that something was clinical or subclinical?

10 A The things that I mentioned before, pressure
11 behind the eyes, a palpable goiter, the fact that you
12 can't swallow, having difficulty swallowing, hot flashes.

13 Q Do you recall any of those symptoms in Ms.
14 Crider?

15 A No.

16 Q What symptoms led you to believe that there
17 might be a subclinical thyroid problem?

18 A First of all, I didn't say I thought there was
19 a subclinical thyroid problem. What I said was I think
20 there might have been need for a supplement for the
21 thyroid gland.

22 Q And that was based upon what?

23 A That was based upon the fact that she had
24 sublaxations to her neck, the fact that she had
25 irritability, fatigue and the fact that her headaches had

1 not gone away with regular adjusting techniques.

2 MR. GANLEY: Can we go off the record for just
3 a second?

4 (Thereupon, a discussion was held off the
5 record.)

6 MR. MARSHALL: Could you read back the last
7 question and answer?

8 (Thereupon, the requested portion was read back
9 by the court reporter.)

10 BY MR. GANLEY:

11 Q Dr. Buratti, when you mentioned irritability,
12 do you remember specifically what you were referring to
13 there?

14 A No.

15 Q Is that something that you noted during the
16 first meeting?

17 A Yes. It was something in the case history. It
18 wasn't a notation. She checked it.

19 Q Are thyroid problems something normally treated
20 by chiropractors?

21 MR. MARSHALL: Could you define what you mean
22 by thyroid problem?

23 MR. GANLEY: I'm just going to have him answer
24 the question. If you have an objection--

25 MR. MARSHALL: I do have an objection to the

1 form of the question. I'd like you to rephrase the
2 question. I'd like you to define what you mean by a
3 thyroid problem.

4 MR. GANLEY: Go ahead and answer the question.

5 THE WITNESS: First of all, we're talking about
6 subclinical problems. Subclinical problems don't show up
7 on lab reports. A chiropractor is specific for
8 preventative therapy. That's why people go to
9 chiropractors to stay healthy so they don't end up in a
10 diseased state. That was the whole purpose.

11 BY MR. GANLEY:

12 Q Go ahead. You were going to say that was the
13 whole purpose.

14 A I'm done.

15 Q Was that the whole purpose of her seeing you in
16 the first place was preventative?

17 A No.

18 Q What was her purpose in seeing you?

19 A She came in because she had been involved in an
20 automobile accident.

21 Q And what course of treatment did you prescribe
22 at the time?

23 A I recommended chiropractic treatment.

24 Q And what did that treatment consist of?

25 A Spinal adjustments, exercise.

1 Q Is that all?

2 A Yes.

3 Q How did you determine how many spinal
4 adjustments to give Ms. Crider?

5 A Spinal adjustments, they aren't determined. A
6 patient comes in, they're checked out. If they have a
7 misalignment, they're adjusted. If they don't, then
8 they're not adjusted.

9 Q Now, how do you determine a misalignment,
10 through an x-ray?

11 A You can determine misalignments through
12 palpation. You can determine misalignments by x-rays if
13 that's the specific technique that you're doing, motion
14 palpation, static palpation.

15 Q How did you determine it in Ms. Crider's case?

16 A I used motion palpation, static palpation. I
17 used applied kinesiology.

18 Q What are the first two? Can you explain those?

19 A Yes. Static palpation is palpating without
20 movement of the spine. Motion palpation is taking the
21 spine through ranges of motion.

22 Q What does palpation mean?

23 A Feeling.

24 Q So you did not order an x-ray at that time?

25 A Yeah, there was an x-ray ordered.

1 Q And did you review that?

2 A Yes, I did. I wrote the report.

3 Q During your course of treating Ms. Crider, did
4 she ever mention to you that her hip and leg were feeling
5 better and that she felt she could be released from your
6 treatment?

7 A She told me that she was feeling better.
8 That's all through my notes.

9 Q And what was your response to that?

10 A Good.

11 Q Did you ever tell her that she needed more
12 treatments?

13 A This is what all patients are told. They're
14 told there are two ways to go about this. There is
15 corrective care and there's symptomatic care.
16 Symptomatic care means you come in, I adjust you, you
17 feel better, you stop coming, period.

18 Corrective care is when somebody comes in and
19 we adjust you and we keep checking the spine until those
20 adjustments have held and stabilized.

21 At that point, we extend the adjustment period,
22 and when a person has reached the point where their whole
23 spine is stabilized, they are then released.

24 Q And was she ever released from your care?

25 A No, she was not.

1 Q Why not?

2 A Because she had never reached that point.

3 Q Based upon what?

4 A Based upon the objective findings that I had
5 found.

6 Q What objective findings?

7 A Subluxations.

8 Q Can you explain that?

9 A Yes. She had misalignments of the spine. She
10 had paraspinal muscle spasms.

11 Q You said objective findings?

12 A Yes.

13 Q Did you confirm that with an x-ray or anything
14 at that time?

15 A I'm not a believer of re-x-raying people if
16 there's no need, and I felt there was no need.

17 Q Doctor, can you just repeat the two types of
18 care, symptomatic care and . . .

19 A Corrective care.

20 Q Did you note anywhere in your notes that you
21 told Ms. Crider about the symptomatic and corrective
22 care?

23 A I don't know if it's in the notes or not.

24 Q Is that something you normally discuss with a
25 patient?

1 A I discuss that first visit and then whenever
2 somebody starts saying things to the notion that I'm
3 feeling better; do I still have to come in? Well, that's
4 up to you, okay. You still have subluxation to your
5 spine. If you want it corrected, then you need to come
6 in. If you don't and you're satisfied, that's it, end of
7 treatment. If you have any problems, please call.

8 Q Do you recall having a plan as to when you were
9 going to release Ms. Crider?

10 A The plan of releasing her from my care?

11 Q Right.

12 A Like I said before, everybody is different.
13 You come in to see me and I check you out. You might
14 stabilize in say three weeks, okay?

15 Q Okay.

16 A Somebody like Mrs. Crider and her condition,
17 she's 48 or however old she was when she came into see
18 me, just her body habitus it took her longer.

19 Q I guess what I'm asking is is there a way for
20 you to tell progress, that you're moving toward a
21 situation where it would be corrected?

22 A Yes.

23 Q So you were noting progress with Ms. Crider?

24 A Yes.

25 Q You can't determine approximately the length of

1 time that you're going to continue treating somebody to
2 give them an estimation, four to six weeks or another
3 year?

4 A I tell the patients -- they say how long. I
5 say, well, this is what you can expect. The average
6 person takes four to six weeks to stabilize to a point
7 where you can start cutting back on your adjustments. If
8 you stabilize quicker, you'll be cut back quicker.

9 Q Do you recall telling Ms. Crider that?

10 A I tell all my patients that.

11 Q Do you recall specifically telling Ms. Crider
12 that?

13 A Yes.

14 Q What did you tell her?

15 A Just what I told you.

16 Q Exactly in those words?

17 A Something to that extent. It was four years
18 ago. I don't recall exactly what I said to her.

19 Q But nevertheless, you recall saying that?

20 A Yes, I do.

21 Q Do you recall ever asking Ms. Crider whether
22 she was having any other physical problems?

23 A That's part of any examination. You know, what
24 else is bothering you?

25 Q Is that significant in your treatment whether

1 someone has, for instance, a stomach upset? Is that
2 significant to your treatment of adjusting her spine?

3 A It's very significant for the reason if
4 somebody is having a stomach problem and I'm treating
5 them and they told me about it then I'm liable.

6 So if it is a problem, then I say, look, you
7 know, you can go about however you want to do it. If you
8 want to go to your medical doctor, I'll send you to your
9 medical doctor or your family physician.

10 If they come to me and they ask me for help,
11 how would you help me with this? I would say, well,
12 maybe you might want to take a supplement, okay?
13 Something to just help you out with this and see how it
14 works. If it doesn't work within a reasonable amount of
15 time, then we'll send you to a medical doctor.

16 Q Do you recall ever telling Ms. Crider that you
17 could diagnose a physical problem and areas of weakness
18 by having her hold out her arm and touch various parts of
19 her body?

20 A No.

21 Q You never told her that?

22 A Never did.

23 Q Is that something that applied kinesiology
24 could do?

25 A No.

1 Q Did you ever diagnose a problem with Ms.
2 Crider's gall bladder?

3 A First of all, I didn't diagnose anything.

4 Q Well, okay, answer the question.

5 A I just did. You asked me if I diagnosed a
6 problem with her gall bladder and I said, no. I don't
7 diagnose anything.

8 Q Did you ever note a problem with Ms. Crider's
9 gall bladder?

10 A I put gall bladder in my notes because I
11 thought maybe that part of her digestive problems were
12 coming from a problem with her gall bladder.

13 Q Do you constantly put things in your notes that
14 you don't talk with your patients about?

15 MR. MARSHALL: I'm going to object to
16 characterization. I think, one-- Hold on. I'm making
17 an objection on the record.

18 MR. GANLEY: Go ahead, say your objection.

19 MR. MARSHALL: I think you're being
20 argumentative, okay. You can ask the doctor--

21 MR. GANLEY: I think he's being nonresponsive.

22 MR. MARSHALL: Oh, no. I think he's responding
23 directly to your questions. All I'm suggesting to you is
24 that you ask a question in a civil manner. He will try
25 to answer in a civil manner. He's attempting to answer

1 based upon the facts that occurred in this case.

2 MR. GANLEY: No. I'm offended by your
3 characterization of it being anything but a civil manner.
4 I ask him a question. He'll say first of all and then
5 that's it. Normally, when you say first of all,
6 something is going to follow that. I'm waiting for the
7 answer. He says I answered it. He doesn't answer it the
8 same way. When you know that--

9 MR. MARSHALL: Excuse me. I want the record to
10 be clear. I object to that characterization. I suggest
11 that we all drop back and let's ask a question and we'll
12 get an answer.

13 BY MR. GANLEY:

14 Q Did you note a problem with her gall bladder in
15 your notes?

16 A I put gall bladder in my notes.

17 Q What was the purpose of that?

18 A The purpose of that was so that I knew that I
19 suspected that there might be a problem with the gall
20 bladder and that would be creating some of her digestive
21 problems.

22 Q Did you talk with her about it?

23 MR. KUTZ: I'm going to object. Let's make
24 sure you finish before you ask another question because I
25 think that one trailed off.

1 MR. GANLEY: Did you get that whole answer?

2 THE COURT REPORTER: Yes.

3 MR. MARSHALL: Let him finish the question.

4 MR. GANLEY: She got it. It's going to be a
5 long day, gentlemen, if we're going to continue like
6 this.

7 MR. KUTZ: Now, wait a minute. I asked one
8 thing in the last hour and that's let's make sure we get
9 the end of the answer. Charlie, wait a minute. Let's
10 go.

11 MR. GANLEY: All right.

12 BY MR. GANLEY:

13 Q What was the purpose of that? I'm not sure
14 that I heard the entire answer. You make a note to
15 yourself in the patient record but you don't talk to the
16 patient about that. Is that a fair characterization?

17 A Sometimes I do.

18 Q And what is the purpose of that?

19 A So that I know what I suspect, and if that
20 person keeps having symptoms of that nature, that I'll
21 make the right choice.

22 Q Did the patient in this case continue to have
23 symptoms of that nature?

24 A Not after I put her on the A.F. Betafood. It
25 all cleared up.

1 Q The gall bladder specifically?

2 A Nope, just the digestion and the stomach
3 problems.

4 Q Is that the reason that you put her on the
5 Betafood?

6 A She complained of stomach pains.

7 Q And what does Betafood do?

8 A Betafood is a digestive enzyme. It's nothing
9 more than a concentrated food supplement.

10 Q And you'll have to explain to me how that helps
11 the stomach problems.

12 A A.F. Betafood?

13 Q Yeah.

14 A Well, there's betops in it. Betops helps to
15 thin out the bile.

16 Q Now, you also made a note in your treatment
17 records regarding a thyroid. Do you recall that?

18 A Yes.

19 MR. MARSHALL: Just so we're clear, what page?
20 Do you have an entry date there so we can make sure we're
21 all on the same page?

22 MR. GANLEY: Yeah. I think he testified that
23 it was the first visit.

24 MR. MARSHALL: 3/9/92.

25 BY MR. GANLEY:

1 Q Doctor, I'm looking at your records here. What
2 does TBM mean?

3 A TBM is a specific technique.

4 Q And what is that?

5 A Chiropractic technique.

6 Q And what does that involve?

7 A Adjustments of the spine.

8 Q Why does it say TBM - thyroid?

9 A Because I was trying to indicate there was
10 correlation between the neck and the thyroid.

11 Q And you suspected that from the first visit; is
12 that correct?

13 A Well, I put that in my records because I wanted
14 to see how she progressed, and if she didn't, that means
15 that I wanted to put her on some sort of supplement.

16 Q Now, of your notes, from this 3/9/92 visit,
17 what did you talk with Ms. Crider about or are those all
18 notes to yourself?

19 A These are my notes. (Pointing.)

20 Q Did you talk with her about any of what you've
21 written down here?

22 A Now, see, what I have written here, I mean,
23 this is the subjective. This is what she tells me when
24 she comes in, okay?

25 Q Okay.

1 A The objective findings, I mean, that's what I
2 circle. These are the misalignments and then I write
3 down certain little notes to myself.

4 Q I guess maybe you're going to have to explain
5 and my understanding of these notes -- try to help me
6 understand here. For instance, let's look at the first
7 box here. I see a PR and an SP and a 5. What does that
8 mean?

9 A That means L5 was subluxated. The direction of
10 the subluxation was posterior and to the right and I
11 adjusted her using the side posture method.

12 Q And is that something that would have been
13 findings by you or something she would have told you or
14 both?

15 A This is something that I found.

16 Q And I take it the doctor and the C and the B is
17 Buratti or Curfman?

18 A Correct.

19 Q Now, on 3/9/92, can you read your notes for me?
20 Patient says she felt . . .

21 A A lot better. She says "miraculous." She had
22 no pain last night. Patient gets headaches when she lays
23 in bed.

24 Q And this was the first time that you saw her on
25 3/9/92 that she said she felt a lot better?

1 A Yes. Now, you have to understand at this point
2 she felt a lot better because on the first visit here I
3 adjusted her lower back.

4 Q Was 3/9/92 not the first visit?

5 A No, 3/9/92 was the first visit.

6 Q So and, please, endure me here. I'm just
7 trying to understand. At the first visit, she was
8 telling you that she felt better and it was miraculous?

9 A No.

10 Q Okay, that's where I'm having the problems.

11 A Okay, I understand where you're having the
12 problem. 3/9, there's the box. There's nothing in the
13 box. This is her first visit.

14 Q Okay, I understand.

15 A Everything she told me I put in here.

16 (Pointing.) I wrote this down, okay?

17 Q Okay.

18 A And the rest of it's all in the--

19 Q Okay, would you read that to me? I just want
20 to understand what her symptoms were the first visit.

21 A Okay, this is what she originally came in with.
22 Now, you have to understand--

23 MR. MARSHALL: Read slowly.

24 MR. GANLEY: Yeah, she wants to pick up. You
25 might have to spell a couple things.

1 THE WITNESS: Okay. Patient has a chief
2 complaint of right sacroiliac pain--

3 MR. MARSHALL: Slow down and keep your voice
4 up.

5 THE WITNESS: That radiates into the back of
6 her right leg and into the groin. The pain has been
7 present for about three weeks. The pain was described as
8 a real bad charlie horse. The medical doctor said to
9 stay in bed. The patient cannot sleep. The patient was
10 in a car accident last December.

11 BY MR. GANLEY:

12 Q Okay. Now, you wrote these notes on 3/9/92,
13 just what's in this first box; is that correct?

14 A That's correct.

15 Q Now, the second box and across when were these
16 notes written?

17 A On the subsequent visit.

18 Q On 3/11/92?

19 A These notes you're talking about right here?
20 (Pointing.)

21 Q Yeah. I'm just trying to understand where they
22 relate in terms of time because it looks to me like it
23 comes under 3/9/92.

24 A No, it does not. These notes are after 3/9/92.

25 Q Okay, and the next visit was 3/11/92?

1 A That's correct.

2 Q So what's up here is actually what she's
3 telling you that she feels a lot better on 3/11/92?

4 A Right. These are all side notes. I kind of
5 scribble around; all right?

6 Q Okay. And do you write these notes as she's
7 telling you things? You're writing sort of your mental
8 impressions down?

9 A No. These are almost exactly what comes out of
10 her mouth.

11 Q So you're writing the word thyroid in this
12 second box here. That would have been at a point
13 subsequent to 3/9/92?

14 A Uh-huh. That was just a note to myself.

15 Q And that was written subsequent to the first
16 one but possibly at the second visit?

17 A Right.

18 Q You explained to me what the TBM - thyroid was.
19 That's a chiropractic maneuver. Now, was that something
20 that was done at the second visit or can you tell by
21 looking at these notes?

22 A It was something that was done on the second
23 visit.

24 Q Now, you have Iodomere and you have this in a
25 box. That was a note to yourself?

1 A In a box?

2 Q Or underlined?

3 A Where?

4 Q Right here. (Pointing.)

5 MR. MARSHALL: Ours isn't in a box.

6 PARALEGAL: No, that's something that's ours.

7 BY MR. GANLEY:

8 Q Okay. You have Iodomere but it's not in a box?

9 A Right.

10 Q You wrote that down, again, I believe you
11 testified you wrote that down because you thought at some
12 point that might become necessary?

13 A I just wanted to-- You have to understand, you
14 see so many patients, okay?

15 Q Sure.

16 A And you've got a million things going through
17 your head. You don't have time to sit down and write
18 legibly. I scribble things down. So then when I come
19 in, I look. Oh, I wrote Iodomere down. Then that
20 stimulates something so I know why did I write that.

21 Q How would you know whether you actually
22 provided the Iodomere at that time or it was merely just
23 something you had written down?

24 A Because the receipts indicate -- the receipts
25 are the records as to when pills are given.

1 Q I see. So if you wrote this down but there
2 wasn't a receipt, you would know that you hadn't provided
3 it at that time?

4 A Exactly. When we provide any kind of food
5 concentrate, it's on those.

6 Q And what is this L4?

7 A Spondylo.

8 Q What does that mean?

9 A Well, what it actually means is on her fourth
10 lumbar, the fourth lumbar has actually slid forward in
11 relation to the fifth and I wanted that note there so I
12 would know whenever I go to adjust her that there's a
13 specific way I wanted to adjust her because of that.

14 Q So these patient notes are verbatim or fairly
15 much from what she's telling you and also your mental
16 impressions about possible course of treatment. Is that
17 a fair characterization?

18 A These records are basically subjective of what
19 I ask you. If I ask you and I say how's your leg today?
20 And you say it feels good. I put it in a sentence form.
21 It's not always in parenthesis and I do write a lot of
22 scribbling of my mental notes, yes.

23 Q I'm just trying to understand each of these
24 boxes. We have SC, OF, Comments. Can you explain to me
25 what each one of these are?

1 A SC is spinal column.

2 Q Okay.

3 A I'm sorry--

4 Q It looks like OF maybe.

5 A I didn't make up these notes.

6 Q No, I understand.

7 A I mean, Dr. Curfman made these notes. This was
8 his way of circling certain misalignments.

9 Q Well, we'll forget the OF for now, but the LCR,
10 LCR, is that lateral?

11 A That's cervical spine and that's right and
12 left. The L and the R are left and right.

13 Q What about this category, REMSUPEX?

14 A I couldn't tell you. I just always used--

15 Q As a comment section?

16 A Yeah.

17 Q SCH?

18 A I imagine that means schedule.

19 Q And therapy, is that referring to--

20 A Yes, hot packs, cold packs and the other -- I
21 don't know what is T. I guess one is ultrasound and I
22 don't know. I really don't know. It looks like a V to
23 me. I don't know what that is.

24 Q Okay.

25 A I never really followed these little circle

1 things.

2 Q At some point, you reach -- it appears it looks
3 like under the notation for 3/14/92 it looks like you
4 reach a conclusion as to her condition, acute lumbar disc
5 syndrome. I'm having trouble reading your notes.

6 A Okay, it's acute lumbar disc syndrome,
7 complicated by radiculopathy resulting in lumbalgia.

8 Q And then there's a second part of that.

9 A The second one is cephalalgia associated with
10 cervical subluxation.

11 Q Can you explain in layman's term what that
12 finding is?

13 A She is diagnosed with an acute lumbar disc
14 syndrome because she had evidence that she might have a
15 disc problem, and I didn't do an MRI at that time because
16 I usually don't until the adjustments aren't helping. I
17 have a cephalalgia is a headache associated with a
18 misalignment of the spine.

19 Q So in the course of your treating a patient,
20 you keep these notes. Are there any other notes that are
21 kept separate from these particular notes?

22 A Not to my knowledge.

23 Q So if you were asked by an insurance company or
24 an attorney or somebody to provide the notes, this is
25 what you would provide; is that correct?

1 A I usually provide a narrative.

2 Q A narrative as well?

3 A Narrative, report.

4 Q Based upon your notes?

5 A Right, because, I mean, these notes aren't for
6 you to decipher. I mean, what's for you to decipher is
7 what I write down in a narrative or in an internal exam
8 form.

9 Q And if you were to provide a narrative, would
10 you include whether someone was taking supplements or
11 not?

12 A It's not my practice to normally put that in
13 there.

14 Q Is there a reason for that?

15 A They're food concentrates. I mean, it's the
16 same thing you walk into a GNC and you say, look, I'm
17 having some problems with my stomach. Can you recommend
18 something? Sure. Take these. Same thing. There's no
19 regulation on these supplements.

20 Q Do you remember the names of the supplements
21 that you recommended Ms. Crider take?

22 A I recommended Iodomere. I recommended A.F.
23 Betafood at a later date, and at one point, we
24 recommended that she take A-C Carbamide.

25 Q Can you explain to me what each one of these

1 does nutritionally for somebody and the dosage that you
2 had recommended and the dates that you recommended them?

3 A Sure.

4 MR. MARSHALL: There's a lot of questions in
5 one.

6 MR. GANLEY: That is. Let's first deal with
7 Iodomere.

8 MR. MARSHALL: Why don't we go through the
9 Iodomere first?

10 THE WITNESS: Okay.

11 BY MR. GANLEY:

12 Q Do you remember why specifically you
13 recommended that?

14 A Yes.

15 Q And what was that?

16 A Well, because like I said before, there were
17 actually a lot of factors of why I gave her Iodomere.
18 Number one, she had headaches. She said she had fatigue,
19 irritability. She was a heavy smoker. She drank a lot
20 of coffee. All of these things tend to interfere with
21 the mineral intake or assimilation. Coffee washes them
22 out. Smoking actually interferes with thyroid.

23 Q Now, the Iodomere, when did you first recommend
24 that she begin taking that?

25 A That was on March 23, 1992.

1 Q And do you recall in what amount you
2 recommended?

3 A Yes.

4 Q Is that reflected in your notes?

5 A Yes, it should be on here.

6 Q And what did you recommend that she take?

7 A I told her to take two - 3 times a day
8 initially.

9 Q Is that something that she was to take at meals
10 or didn't that matter?

11 A I like to have people take them with meals so
12 they remember. It really doesn't matter.

13 Q Were you going to monitor her progress on this?

14 A The progress that people receive on these,
15 again, they're food supplements. It is mostly
16 subjective. How are you feeling? Well, my headaches are
17 gone. How do you feel on the supplements? I feel fine.

18 Q Now, did you receive any sort of commission for
19 the sale of these?

20 A No.

21 Q To the best of your knowledge, did Dr.
22 Curfman's office receive any sort of commission or profit
23 from the sale of these?

24 A I don't understand the question. Are you
25 saying above what he made on the products as far as

1 selling them or are you talking about kickbacks from the
2 company?

3 Q No. I'm talking about over and above what he
4 made from the sale of the products.

5 A I have no idea what he made off the products.
6 All I know is whatever charges that he charged.

7 Q Did he ever encourage you in any way to push
8 the supplements? Did he encourage their sale or was it
9 just these are available if anyone needs them?

10 A Well, he used to send me to seminars on
11 nutrition.

12 Q Were any of the seminars provided by the
13 company that manufactured these products?

14 A No.

15 MR. MARSHALL: Do you mean Standard Process?

16 THE WITNESS: The seminars, yeah, they were,
17 but there were a bunch of different seminars. Some of
18 the seminars were given by Standard Process. Some of
19 them were just doctors who were actually utilizing the
20 products and how to use them. It had nothing to do with
21 Standard Process. So I had both.

22 BY MR. GANLEY:

23 Q When you say doctors who were utilizing the
24 process, were there ever medical doctors who--

25 A Utilizing the products.

1 Q Yeah, who utilized the products.

2 A Yeah, there were medical doctors; there were
3 veterinarians. There were -- you name it.

4 Q So the seminars that you attended were not
5 really limited to chiropractors?

6 A No. We had, like I said, medical doctors,
7 DO's, veterinarians. We had surgeons. There were
8 physical therapists. There were nutritionists. There
9 were RN's. There were nurses, LPN's. There were all
10 kinds of different people there.

11 Q What about the A.F. Betafood? What was the
12 purpose of recommending that?

13 A That was given because of digestion.

14 Q Do you remember when you recommended that, when
15 she began taking that?

16 A It was June 3, 1992.

17 Q Do you remember in what amount?

18 A Yes.

19 Q And what was that amount?

20 A I told her for the first bottle you were
21 supposed to take five - 3 times a day.

22 Q Is that reflected in your notes?

23 A It's reflected on the receipts.

24 Q That was just for the first bottle?

25 A Yes.

1 Q And subsequent to that what was she to take?

2 A Just what was on the bottle, two - 3 times a
3 day, two per meal actually.

4 Q Why did you conclude for the first bottle
5 anyway she should take more than the recommended dose?

6 A Well, the company advises that in the beginning
7 when you're taking A.F. Betafood you need to take more to
8 actually get things working.

9 MR. MARSHALL: Just so the record is clear I
10 want to put a late objection on the record because the
11 company's recommendations on the label say a quantity or
12 as directed so that there is some-- It's not as cut and
13 dry as you make it out to be.

14 MR. GANLEY: It's noted.

15 BY MR. GANLEY:

16 Q And when you say the company, what company are
17 we referring to?

18 A Standard Process.

19 Q Is that the company that was referred to
20 earlier up in Harrisburg?

21 A Who referred to it?

22 Q You were here for Dr. Curfman's deposition. He
23 talked about a company -- I'll have to look back in my
24 notes -- he referred to a company in Harrisburg that he
25 dealt with. Was that Standard Process?

1 A I don't recall.

2 Q Do you know where Standard Process is located?

3 A There's a bunch of different places.

4 Q What's the closest?

5 A I believe it's near Harrisburg.

6 Q Then finally A-C Carbamide, do you recall when
7 you recommended that?

8 A (Reviewing file.)

9 Q And Doctor, what are you referring to there?
10 Is it the receipts for the sale of these?

11 A Yes. The earliest that I have is April 8,
12 1992.

13 Q And what would the purpose of that be, A-C
14 Carbamide?

15 A A-C Carbamide is vitamin A and vitamin C.
16 Plain and simply, Mrs. Crider didn't have a great diet
17 and we put her on vitamin A and vitamin C.

18 Q And in what amount did you recommend she take
19 those?

20 A Initially, she was supposed to take three - 2
21 times a day.

22 Q And thereafter she was to take what?

23 A You have to understand when I put people on
24 supplements there's an initial, okay?

25 Q Okay.

1 A If you feel good on the initial dosage, you
2 stay on the initial dosage. If you want to cut them
3 back, that's up to you. Again, they're food supplements.
4 It's not like a prescription drug where you have to take
5 them and if you don't take them, then you'll feel side
6 effects.

7 Q So you couldn't experience side effects from
8 these?

9 A Elaborate on the question. In the dosage that
10 she was taking? No.

11 Q Do you have any special treatment, any special
12 background in the diagnosis of thyroid conditions?

13 A I don't understand the question.

14 Q Do you have any training? Have you attended
15 any colleges?

16 A My education was my training.

17 Q And you specifically learned how to diagnose
18 thyroid conditions in your training?

19 MR. MARSHALL: I'm going to object to the form
20 of the question. And I don't understand. He has given
21 some testimony as to how the thyroid is affected by
22 nerves. I mean, there's a number of different potential
23 causes for a problem with the thyroid. He has testified
24 in that area.

25 MR. GANLEY: I guess, you know, and I've I

1 guess sort of allowed this to continue, but I've asked
2 the question. If he doesn't understand the question,
3 I'll be glad to repeat it.

4 THE WITNESS: What you're asking me is if Mrs.
5 Crider came into me and I sent her out for labwork or any
6 person for that matter, send them out for labwork and it
7 came back that everything on there said this person has
8 hyperthyroidism. What's the question from there?

9 BY MR. GANLEY:

10 Q Well, okay, and at that point, would you
11 generally refer someone to a medical doctor?

12 A Absolutely.

13 Q Have you done so in your practice that you can
14 recall?

15 A Yes.

16 Q Did you ever instruct Ms. Crider to put the
17 supplements into a coffee cup and take them in that
18 manner?

19 A I used to tell Mrs. Crider not to smoke. I
20 used to tell her not even to drink coffee. No, I did
21 not.

22 Q The supplements themselves, did you ever tell
23 her that she should place them in a coffee cup and take
24 them in that manner all at one time?

25 MR. MARSHALL: Do you mean mix them with

1 coffee?

2 MR. GANLEY: No, just simply in a coffee cup.

3 BY MR. GANLEY:

4 Q Put the amount that you recommended into a
5 coffee cup and take them all at one time?

6 A No, I did not.

7 Q Did you ever tell her that that's how you take
8 some of these vitamin supplements?

9 A No, I did not.

10 Q Do you take them in that manner?

11 A No, I do not, and even if I did, it wouldn't
12 hurt me at all.

13 Q I think you testified previously that Ms.
14 Crider had suggested to you some hesitation about taking
15 medication. Is that a fair characterization?

16 A First of all, those aren't medications.

17 Q Okay, well, but I haven't asked that yet. But
18 did she express to you some hesitation about taking pills
19 in general?

20 A The hesitation was because she didn't like to
21 swallow them.

22 Q Did she ever say to you that she sometimes has
23 a reaction when she's taking medication?

24 A Absolutely not. In fact, before I put her on
25 Iodomere, she was asked if she had any kind of

1 hypersensitivity to shellfish or anything like that and
2 she replied no.

3 Q Did you ever state to Ms. Crider that the
4 supplements that you were recommending she take were
5 natural supplements that would not hurt her?

6 A Yes.

7 Q When did you separate your association from
8 Curfman Chiropractic?

9 A Do you want the exact date?

10 Q A month if you don't remember.

11 A It was approximately two years after I had
12 started there.

13 Q '93?

14 A I think it was April of '93.

15 Q And you were here during the deposition of Dr.
16 Curfman. He suggested that the separation was due to a
17 dispute over money, if that's a fair characterization.
18 Do you recall that being the same reason for the
19 separation?

20 A It depends on what you call a dispute over
21 money. It wasn't a dispute that I wanted more money. It
22 was over a dispute of the fact that because he was having
23 a hard time with his practice, I wasn't getting paid and
24 if you're not getting paid, you can't stay.

25 Q So there were instances where you were missing

1 paychecks?

2 A Yes.

3 Q When you left the Curfman Chiropractic Center's
4 practice, did you take Ms. Crider's treatment records
5 with you?

6 A No, I did not.

7 Q Did you take any patient treatment records?

8 A No, I did not.

9 Q To the best of your knowledge, Dr. Curfman and
10 the Curfman Chiropractic Center would have all original
11 records concerning Ms. Crider?

12 A I would assume so.

13 Q Have you at any point since your separation
14 from the Curfman Chiropractic Center had physical
15 possession of Ms. Crider's file, original file?

16 A The original, do you mean the one I wrote in
17 originally?

18 Q Yes.

19 A No, I didn't.

20 Q Have any of the seminars that you've attended
21 dealt with the keeping of treatment records for patients?

22 A The seminars that I've dealt with do not.

23 Q How about your educational background at
24 Palmer? Did they go into detail about treatment records,
25 the keeping of treatment records?

1 A Yes.

2 Q And what sorts of things would you generally
3 expect to see in treatment records?

4 A Subjective complaints, objective findings,
5 diagnoses and plans for treatment.

6 Q Would you ordinarily include within your
7 treatment records the supplements that you provide to a
8 patient?

9 A Not normally.

10 Q Is there a reason for that?

11 A Yes, because they're always on the receipt
12 forms here and, again, they're just supplements. They
13 are food concentrates.

14 Q So the records in Ms. Crider's file reflecting
15 the amount of supplements and dosages prescribed were
16 kept through the receipts?

17 A That's correct.

18 Q Do you recall approximately how many times a
19 week you were treating Ms. Crider?

20 A Initially, three times.

21 Q Dr. Buratti, I'm going to show you a copy of a
22 letter from Nationwide. Apparently, a peer review that
23 was done. Do you recall seeing that previously?

24 A Yes.

25 Q As you can see from the peer review, it also

1 includes treatment records from 3/9/92. Would the
2 records that Nationwide reviewed for 3/9/92 be the same
3 records you provided us with today?

4 A That plus a narrative.

5 Q Did you make a notation in your records
6 regarding why you continued treating Ms. Crider after she
7 stated to you that she was feeling good? Do your records
8 reflect the continuing problems?

9 A Yes.

10 Q Can you show me where it does?

11 A There's several. In each one of these, each
12 one of these circled indicates a subluxation or a
13 misalignment, okay?

14 Q Okay.

15 A That's number one.

16 Q The circled areas? So when it says--

17 A No, right here. (Pointing.)

18 MR. MARSHALL: Just so the record is clear
19 indicating on one of the -- under the OF column, there
20 are various items circled at the various visits. That's
21 what the doctor was referring to.

22 BY MR. GANLEY:

23 Q Dr. Buratti, I asked you a question and then I
24 don't know that I provided you with an opportunity to
25 answer it, but I have one intervening question here.

1 These numbers that are circled on the side here, the 32,
2 33, is this the number of visits?

3 A That I can't answer. I know I didn't do it.
4 That's not my handwriting.

5 Q That's not in your handwriting, okay. I'd like
6 to go through the notes on the last--

7 MR. MARSHALL: Starting with what date,
8 6/24/92?

9 MR. GANLEY: Yeah, 5/3/92.

10 BY MR. GANLEY:

11 Q Actually, why don't we start with 6/15/92? It
12 says patient feels good, no complaints, did re-exam.

13 A Yes.

14 Q Do you recall that?

15 A Yes.

16 Q What is that, 2x?

17 A Two times, two times a week. It means I'm
18 cutting her down.

19 Q From three times to two times?

20 A That's correct.

21 Q And the notations in the OF column, can you
22 explain what those mean under 6/15/92 in that box?

23 A These notations here? (Pointing.)

24 Q Yes.

25 A Those are areas of sublaxation.

1 Q And what are those areas?

2 A The sacroiliac joint, fifth lumbar, the sixth
3 thoracic, the seventh cervical and the second cervical.

4 Q And is that something that you determined based
5 upon feeling those areas?

6 A Yes.

7 Q Now, under 6/19/92, it says patient feels good,
8 no problems with back and no headaches, stomach feels
9 much better.

10 A Yes.

11 Q Did you cease her taking the supplements at
12 that time or did you want her to continue?

13 A At that time, she should have been off of
14 everything. In fact, she should have been off the
15 supplements probably a day or two before that.

16 Q How do you know that or is that just something
17 you recall?

18 A Well, that's because that's when her time would
19 have been up.

20 Q I'm not sure I understand.

21 A She was taking A.F. Betafood. She was on
22 Iodomere. I usually tell people try it for 8 to 12
23 weeks. After that, you cease.

24 Q And would that still be your opinion even if
25 the supplements appeared to be helping the person? You

1 wouldn't want them to remain on them indefinitely?

2 A No, I would not.

3 Q Why is that?

4 A There's no need. Like I said, initially, if an
5 organ needs nutrition, you don't need to keep giving it
6 nutrition forever unless there is a clinical problem.

7 In light of the fact that there was no clinical
8 problem, then what we did was we put her on the Iodomere
9 for 8 to 12 weeks, and if during that period she had any
10 problems with the supplements, she was to let us know.

11 Q Now, I'm looking at the 6/24/92 now and I see
12 where you have patient feels real good, no problems, even
13 her stomach feels great.

14 A Yes.

15 Q And I notice that you don't have anything
16 marked for the OF column; is that correct?

17 A That's correct.

18 Q So you were not finding those areas of
19 subluxation at that time?

20 A What that actually indicates is I probably
21 didn't have enough time to write them down. I mean, I
22 don't know. I mean, this was four years ago.

23 Q Right. And then the next, under -- I'm having
24 trouble reading this.

25 A What's the problem?

1 Q The second one down I can't quite read the
2 date. It looks like it must be a 26.

3 MR. MARSHALL: Something or other, whatever
4 that is.

5 MR. GANLEY: Yeah, whatever the second column
6 down.

7 MR. MARSHALL: The second column. Do you have
8 a question? Go ahead.

9 BY MR. GANLEY:

10 Q Here it reflects that the subluxation is back
11 or you're noting that again; is that correct?

12 A Yes, but if you note, there's no cervical
13 subluxation.

14 Q And how is that significant?

15 A Because it's showing here that she's actually
16 holding adjustments well.

17 Q So that would indicate at least for that area
18 that it was stabilizing?

19 A Right.

20 Q Then I note the next time it's marked again?

21 A Yes.

22 Q Could you read me your comment section for that
23 third column down? Patient has been . . .

24 A Patient has been doing well, no headaches or
25 low back pain at all.

1 Q And then this final visit was on 7/6/92; is
2 that correct?

3 A Yes.

4 Q And your notes reflect . . .

5 A Patient has been doing a lot better.

6 Q Now, let me just understand the OF column for
7 this last visit. The last time that you saw her on
8 7/6/92 what were your findings?

9 A She had some misalignments.

10 Q And that included the cervical?

11 A Uh-huh.

12 Q And what are these areas, LTR, LLR?

13 A That's the lumbar spine.

14 Q And what is PI?

15 A PI, that's the direction in which the ilium
16 will sublunate.

17 Q Was it your recommendation at that time that
18 she continue treating? Would that have been your
19 recommendation?

20 A Yes. She would have been cut back. As you can
21 see, it's been five days in between that point.

22 Q I don't see that.

23 A Okay, there's 7/1/92 then there's 7/6/92.

24 Q Oh, okay.

25 A So there's been five days in between treatments

1 and from here she would have been--

2 Q Cut to every five days, once a week?

3 A She would have been cut to once a week or once
4 every two weeks or whatever.

5 Q Do you recall her ever giving an explanation
6 why she didn't attend?

7 A Yes.

8 Q And what was that?

9 A Her insurance quit paying.

10 Q Her insurance quit paying after 7/6/92 or after
11 the peer review?

12 A Her insurance quit paying before the peer
13 review. You have to understand insurance companies cut
14 you off and then they say we're not paying anymore. Send
15 us some sort of report that will indicate she still needs
16 treatment. We send a report and then you have some guy--
17 Well, you know the rest.

18 Q At some point, these last few treatments, was
19 Ms. Crider paying out of her own pocket for them?

20 A No, and I do remember this because I wrote the
21 narrative. In fact, she had run up a big bill and when
22 people start running up bills and they see their
23 insurance isn't covering it, they go, uh oh. I'm
24 responsible for this. Then they don't come back until
25 they find out that the insurance is going to pay for it.

1 Q Was that bill ever paid, do you know?

2 A I don't know.

3 Q But that is the reason that she told you she
4 would not be coming back is because the insurance
5 wouldn't pay anymore?

6 A Right.

7 Q And did she tell you that during her last visit
8 or did she just call you at a later point and say -- or
9 just not show up?

10 A From what I can recollect, she told me towards
11 her last visit. In fact, she probably told me a little
12 earlier.

13 Q The receipts that you were relying on earlier
14 for the supplements is that your handwriting on those
15 receipts?

16 A No.

17 Q Whose handwriting is it?

18 A It would have to be one of the receptionists.

19 Q You can't look at it and tell me whose
20 handwriting that is?

21 A No.

22 Q And that was something that you directed them
23 to write?

24 A Initially, I directed them to write it. I put
25 on the initial form take this, this and this. After a

1 certain period--

2 Q They'd just write it out?

3 A No. Usually they'll say to the patient, how
4 many are you taking and they write them down.

5 Q Then they would provide the patient with one
6 copy of the receipt and the other one to the file?

7 A That's correct.

8 Q Who set the prices for those supplements?

9 A Ultimately, Dr. Curfman. However, I mean,
10 there was a wholesale and a retail price.

11 Q What I'm asking you is you wouldn't charge a
12 patient one price for one supplement, the same supplement
13 charge another patient a different price? It would all
14 be one standard price?

15 A No. I had nothing to do with these
16 supplements.

17 MR. MARSHALL: That's the point I want to get
18 across.

19 MR. GANLEY: That's what I'm asking.

20 MR. MARSHALL: He was not responsible for
21 prices or collection or anything.

22 BY MR. GANLEY:

23 Q Were you able to sign checks on behalf of the
24 Curfman Chiropractic Center?

25 A No.

1 Q When you received your pay from Curfman
2 Chiropractic Center, was it on a Curfman Chiropractic
3 Center check?

4 A Yes.

5 Q When you wrote reports, for instance, to
6 insurance companies, would those reports go out on
7 Curfman Chiropractic Center letterhead?

8 A Yes.

9 Q Were you authorized to do that by Curfman
10 Chiropractic Center?

11 A To do what?

12 Q To use his letterhead in that manner.

13 A All I ever did was I wrote out my reports, laid
14 them down, the receptionist typed them up on whatever
15 letterhead she had which was Curfman Chiropractic.

16 Q Do you recall on any occasion whether you ever
17 requested Dr. Curfman to enter into the closet where the
18 supplements are stored and to get the supplements for Ms.
19 Crider?

20 A I don't recall.

21 Q Who had access to that closet where the
22 supplements were kept, all employees?

23 A Yes.

24 Q To your knowledge, did Norman E. Curfman concur
25 in your treatment of Ms. Crider?

1 A Yes, he did.

2 Q What do you base that conclusion upon?

3 A I base the conclusion upon the fact that he was
4 in the room when Mrs. Crider asked.

5 Q Do you have any first-hand knowledge that he
6 ever reviewed your treatment records of Ms. Crider?

7 A No.

8 Q Do you recall ever asking Norman Curfman's
9 advice or opinion on the treatment of Ms. Crider? Do you
10 recall asking him anything about her treatment?

11 A The only thing that I recall was the--

12 Q Was the one incident?

13 A The one incident.

14 Q Okay. Did Norman Curfman supervise you in any
15 way?

16 A Can you elaborate?

17 Q Sure. Did he have the right to, for instance,
18 control your work schedule?

19 A Yes.

20 Q Did he have the right to control your rate of
21 pay?

22 A Yes.

23 Q Did he have the right to control what patients
24 you saw?

25 A Yes.

1 Q Did he ever intervene in any of your treatment
2 of any patients in the sense that he gave you some advice
3 or stepped in and showed you something?

4 A I think it's common practice when two doctors
5 work together that they talk about certain cases. So I'm
6 sure that has happened.

7 Q Did you ever consult with Norman Curfman about
8 providing supplements to patients?

9 A Yes.

10 Q Did you have any sort of employment contract
11 with Dr. Curfman?

12 A No.

13 Q Was it your understanding that you would be an
14 employee of Dr. Curfman's?

15 A I was called an associate.

16 Q The other individuals who were at the Curfman
17 Center, was everyone else an employee to the best of your
18 knowledge?

19 A To the best of my knowledge.

20 MR. MARSHALL: Just for the record, we don't
21 want you to guess or speculate, only if you know.

22 MR. GANLEY: Right.

23 THE WITNESS: Well, I don't know about the
24 other doctors. I only know about--

25 BY MR. GANLEY:

1 Q I'm talking about the people who were there
2 during the time you were.

3 A As far as I know.

4 MR. MARSHALL: Just so we're clear, you said
5 people there, do you mean people like the receptionist,
6 the office staff?

7 MR. GANLEY: The receptionist, the secretary.

8 THE WITNESS: Yes.

9 BY MR. GANLEY:

10 Q When Dr. Curfman was interviewing you about the
11 position, did he ever talk in terms of an employee versus
12 an independent contractor? Do you recall ever having
13 that discussion?

14 A No.

15 Q Would that arrangement have been -- one way or
16 the other, would that have been significant to you
17 whether you were an independent contractor or an
18 employee? Did it matter to you?

19 MR. MARSHALL: Well, I'm going to object to the
20 form of the question because it assumes that he even
21 considered such things back at that point in time. I
22 don't think you've established that there was any
23 discussion relative to being an independent contractor or
24 an employee. Whether that would be important or not--

25 MR. GANLEY: I think that's what I was asking

1 whether or not there was such a discussion and whether it
2 would have been important to you to be classified as one
3 or the other.

4 THE WITNESS: The only thing that I knew was
5 Dr. Curfman wanted me to work for him.

6 BY MR. GANLEY:

7 Q And during your interview--

8 MR. KUTZ: I didn't hear that. Dr. Curfman
9 wanted you to . . .

10 THE WITNESS: He wanted me to work for him.

11 MR. KUTZ: Thank you.

12 BY MR. GANLEY:

13 Q And during your interview, what things were
14 discussed, your initial interview, the rate of pay?

15 MR. MARSHALL: If you can recall.

16 THE WITNESS: He wanted to know my credentials.
17 He wanted me to adjust him and see if I was competent.
18 Obviously, you know, what would I be paid.

19 BY MR. GANLEY:

20 Q And how were you paid?

21 A I was paid a salary plus a percentage.

22 Q And what was that percentage based upon?

23 A The percentage was only based upon the
24 adjustments.

25 Q So the more adjustments you did the higher

1 percentage?

2 A No.

3 Q I'm just trying to understand here. What was
4 the percentage based upon?

5 A The percentage was based only on an adjustment.
6 If you came in to see me and I adjusted you, I would get
7 a percentage of that adjustment and the percentage was
8 always the same. It was constant.

9 Q And what was that percentage?

10 A I don't recall.

11 Q Do you recall whether you filed a tax form
12 during tax year 1992?

13 A I had an accountant. I know nothing about
14 taxes. I just hand him the stack and say do it.

15 MR. MARSHALL: We are going to obtain from his
16 accountant copies of his tax returns.

17 MR. GANLEY: So that's going to be provided?

18 MR. MARSHALL: We will supply pertinent
19 portions of it. That was my instruction this morning to
20 get that.

21 BY MR. GANLEY:

22 Q How was your percentage figured into your
23 paychecks? Did you get a separate bonus check or was it
24 actually in the weekly or bi-weekly checks you would get?

25 A I don't recall.

1 Q Do you recall getting paid for the adjustments?

2 A Well, I just know it was a lump sum. I didn't
3 keep track of how much. I just assumed and trusted
4 whatever I was getting paid was going to be correct.

5 Q Did you recall your paycheck fluctuating or did
6 you always seem to bring home the same amount?

7 A No, it fluctuated.

8 Q And you were paid on a weekly basis?

9 A I don't recall. I believe it was bi-weekly.

10 Q Were the secretarial services provided by
11 Curfman Chiropractic?

12 A Yes.

13 Q What about the equipment?

14 A They were provided by Dr. Curfman.

15 MR. MARSHALL: Do you mean secretarial
16 equipment or--

17 BY MR. GANLEY:

18 Q The equipment that you utilized in servicing a
19 patient, that equipment, was that provided by Curfman
20 Chiropractic?

21 A Yes.

22 Q Were there any tools or equipment that you
23 would have brought to utilize in your patient treatment?

24 A No.

25 Q Do you recall how you were advertised in the

1 advertisements that were done by the Curfman Chiropractic
2 Center?

3 A Which particular one?

4 Q Well, the Yellow Pages in particular.

5 A I don't believe I was ever in the Yellow Pages.

6 Q Dr. Curfman mentioned something regarding
7 possibly in the Public Opinion. Do you recall that?

8 A Yes.

9 Q What was that?

10 A He had just opened up a new office and he just
11 had all the chiropractors standing in front of the new
12 office.

13 Q How many chiropractors did he have at that
14 time?

15 A Three.

16 Q And who were the other members?

17 A There was a Dr. Barnum, a Dr. Arbor, myself and
18 Dr. Curfman.

19 Q Is Dr. Barnum or Dr. Arbor still in the area?

20 A I don't think so.

21 Q Do you recall when that new office was opened?

22 A No.

23 Q Do you recall how you were characterized in
24 that? That was a paid advertisement I take it?

25 A I don't know. I had nothing to do with it. I

1 just stood there.

2 Q Did you have any federal or state withholding
3 taxes deducted from your paychecks by Dr. Curfman?

4 A No, I don't believe so.

5 Q Have you ever heard of a condition iodine
6 induced hyperthyroidism?

7 A Yes, I'm very aware of that.

8 Q What do you know about it?

9 A Number one, it's very, very rare.

10 Q Do you know anything else about this condition?
11 It's very rare.

12 A Yes.

13 Q Could you elaborate?

14 A Do you want me to go through all this?

15 Q Well, I'm just wondering, first of all, how did
16 you become aware of it? Was it something through your
17 course work, was it something through your seminars, your
18 readings on the side?

19 A It was something I had learned through Palmer
20 College. I've learned it through seminars, course work,
21 reading I do on the side.

22 Q And how is that condition characterized, do you
23 recall?

24 A Yes. Iodine induced hyperthyroidism, number
25 one, like I said, is very rare. In fact, extreme doses

1 of iodine in almost all cases lead a person into
2 hypothyroidism.

3 The cases in which somebody is actually led
4 into a hyperthyroid case has only been found in people
5 taking mega, mega, mega doses of iodine and they always
6 have either a multi-nodular goiter, Grave's Disease or
7 they came from a country that had prevalence of low
8 iodine intake. None of which can be applied to Mrs.
9 Crider.

10 Q Did you have her tested for Grave's Disease?

11 A First of all, Grave's Disease is when somebody
12 exhibits problems with their eyes prior to actually
13 showing signs on a lab report of having hyperthyroidism.
14 In fact, hyperthyroidism is actually a subsequent cause
15 of Grave's Disease. They usually happen Grave's Disease,
16 hyperthyroidism.

17 Q Did you have her tested for Grave's Disease?

18 A She had-- Did you hear what I said? I just
19 said if you have--

20 Q I'm asking the question did you have her tested
21 for Grave's Disease, yes or no?

22 A Grave's Disease, like I said, on a lab report--

23 Q Did you have her tested for Grave's Disease?

24 MR. MARSHALL: Well, let him finish. I think
25 he's trying to answer it.

1 THE WITNESS: I'm trying to answer.

2 MR. MARSHALL: Let him answer the question.

3 MR. GANLEY: Well, it's a yes or no.

4 MR. MARSHALL: I don't believe it is. Go
5 ahead.

6 THE WITNESS: If you want to know did I test
7 her for Grave's Disease, she had no eye problems which is
8 the first sign of Grave's Disease.

9 BY MR. GANLEY:

10 Q So I take it you did not?

11 A No. I did because her eyes -- she did not have
12 any eye problems. She had no goiters.

13 Q So you did not have her tested for Grave's
14 Disease? There was no testing done at your
15 recommendation for Grave's Disease; is that correct?

16 A I just told you Grave's Disease usually starts
17 before anything shows up on a lab report. Grave's
18 Disease usually starts up with pressure behind the eyes
19 and other changes such as that. If a typical person has
20 Grave's Disease -- I'm trying to explain this.

21 Q Okay, I don't understand the answer.

22 MR. MARSHALL: Well, I think he's trying to
23 explain if you let him explain it.

24 MR. GANLEY: Well, I've heard him say and he's
25 explained to me a couple of occasions now, but I still

1 don't understand whether he had--

2 THE WITNESS: Well, if you're saying did I test
3 her for Grave's Disease, you're asking me did I notice
4 any pressure behind her eyes? Did I notice hot flashes?
5 Did I notice signs of hyperthyroidism? And, no, I did
6 not. Yes, I was checking her and she had--

7 BY MR. GANLEY:

8 Q So you were checking for those?

9 A Of course.

10 Q So your answer is you checked her for Grave's
11 Disease but you didn't recommend her to anyone else?

12 A My answer is I checked her for symptoms of
13 Grave's Disease.

14 Q And you found no symptoms?

15 A There were no symptoms.

16 Q And you have experience in testing for Grave's
17 Disease?

18 A Yes.

19 Q Have you ever consulted with any scientists or
20 physicians or medical personnel as to the safety and
21 effectiveness of the vitamin supplements you've
22 prescribed? Have you consulted with any scientists or
23 physicians?

24 A When?

25 Q At any time.

1 A Sure.

2 Q And when was that?

3 A When I first started recommending them.

4 Q And who was that that you consulted with?

5 A A lot of people. I consulted with -- I'm
6 trying to think of names. I consulted with various
7 people on the telephone.

8 Q Can you name some of the people you consulted
9 with?

10 A Well, there's Dr. Dobbins. (Phonetically.)

11 Q Who's Dr. Dobbins? Is he a medical doctor?

12 A No.

13 Q I think the question was scientists, physicians
14 or medical personnel.

15 A You said doctors.

16 Q Scientists, physicians or medical personnel is
17 my question.

18 A Well, chiropractors are considered physicians.

19 Q Who else? Let me make sure I understand you.

20 MR. MARSHALL: Hold on. I think he's testified
21 earlier about various courses, seminars he attended that
22 were given by doctors.

23 MR. GANLEY: This is really becoming a problem
24 at this point. You're not here to testify today.

25 MR. MARSHALL: I'm not testifying. I'm trying

1 to make a clear record.

2 MR. GANLEY: And you're obviously cueing him in
3 on how to testify.

4 MR. MARSHALL: No, I'm not cueing him at all.
5 I resent that implication.

6 MR. GANLEY: Well, I just wish that, you know,
7 if you have an objection, make an objection.

8 MR. MARSHALL: See, the term that you used--
9 Okay, I'll object to the form of the question. What you
10 said I believe you said--

11 MR. GANLEY: Scientists, physicians or medical
12 personnel.

13 MR. MARSHALL: Did he ever consult with. Well,
14 what do you mean by consult? Consult to me means--

15 MR. GANLEY: You may object at the time I ask
16 the question.

17 MR. MARSHALL: Well, I'm objecting now, and let
18 me put my objection on the record. Consulting may be at
19 a seminar. I think he's testified about school. I mean,
20 if you want to go into all that stuff again, fine, but I
21 think in fairness to the doctor I want the record to
22 reflect what training he has had in the use of these--

23 MR. GANLEY: Okay.

24 BY MR. GANLEY:

25 Q And my specific question is have you consulted

1 with any scientist, physicians or medical personnel as to
2 the safety and effectiveness of the vitamin supplements?

3 A Yes.

4 Q And can you name those persons that you
5 consulted with? Dr. Dobbins and he is a chiropractor?

6 A Uh-huh.

7 Q And where is he located?

8 A I believe California.

9 Q And you called him up regarding this?

10 A This was at a seminar.

11 Q Anybody else?

12 A Dr. Versendaal.

13 THE COURT REPORTER: Could you spell that,
14 please?

15 THE WITNESS: V-e-r-s-e-n-d-a-a-l.

16 BY MR. GANLEY:

17 Q And is he a medical doctor, chiropractor,
18 scientist?

19 A He's a chiropractor.

20 Q And where is he located?

21 A I'm not sure.

22 Q Was that a seminar?

23 A Yes.

24 Q Anybody else you can recall?

25 A There was a scientist in pharmacology that I've

1 talked to. There's a dentist--

2 Q The scientist, was that through a seminar or
3 did you call him?

4 A Through a seminar. They're all through
5 seminars.

6 Q Was there any other time other than seminars
7 that you independently consulted with any of these
8 individuals?

9 A Yes. There was actually a Dr. Clecek. I did
10 talk to him over the phone.

11 Q K-1--

12 A I think it's C, C-1-e-c-e-k.

13 Q And you consulted with him regarding the safety
14 of the supplements?

15 A Yes, anytime I had a question about them along,
16 with the distributors, but you don't consider those
17 scientists. I've also talked with people who actually
18 put the formulas together at Standard Process.

19 Q Do you remember specifically what your concern
20 over the safety was at that time that you consulted with
21 Dr. Clecek?

22 A I remember calling him one time about calcium.

23 Q And where is he located?

24 A I believe California.

25 Q And he's a medical doctor?

1 A He's a Ph.D. He's a scientist.

2 Q Is he associated with one of the universities?

3 A He is but I don't know if it's UCLA or what it
4 is.

5 Q Did you ever warn Ms. Crider about any possible
6 danger or side effects resulting from the consumption of
7 the supplements?

8 A When I give supplements, I always tell people
9 if you're having any problems, you know, nausea,
10 especially in her case headaches because headaches are a
11 cardinal sign of too much iodine, and in retrospect, the
12 records will show that her headaches were resolved.

13 Q So you explained to her that the potential side
14 effects might include nausea, headaches?

15 A Yes.

16 Q And what did you recommend if those occur, that
17 she cease taking the medication or she tell you?

18 A Stop and then call.

19 Q To the best of your knowledge, is there any
20 danger in providing the supplements to someone who may
21 have an underlying thyroid problem?

22 MR. MARSHALL: I'm going to object to the form
23 of the question. It calls for an expert opinion.

24 BY MR. GANLEY:

25 Q If you know.

1 A Could you restate the question, please?

2 (Thereupon, the requested portion was read back
3 by the court reporter.)

4 THE WITNESS: No.

5 MR. MARSHALL: I was going to say which
6 supplement are you talking about?

7 BY MR. GANLEY:

8 Q To the best of your knowledge, are those
9 supplements only available through chiropractic offices
10 for purchase?

11 MR. MARSHALL: The brand?

12 BY MR. GANLEY:

13 Q No, actually even in the generic sense. Are
14 they available at, for instance, GNC?

15 A Yes. What are you talking about?

16 Q For instance, Betafood, what we talked about or
17 Carbamide or any of those. Are they available in a
18 similar form from GNC?

19 A Yes.

20 Q That particular brand, however, is not
21 available?

22 A Well, the way the company works if you have any
23 type of background in nutrition or if you've taken one of
24 their seminars, it doesn't matter which store you have
25 you are able to purchase the product.

1 Q So a GNC, for instance, could purchase the same
2 supplements that you recommended?

3 A Yes, they could. In fact, a layperson could
4 call the company and--

5 Q --they could order it? Or me, for instance, if
6 I went to GNC and say I want this, they could order it
7 for me?

8 MR. MARSHALL: I don't think that's what he's
9 trying to say.

10 THE WITNESS: That's not what I'm trying to
11 say. I'm trying to say a lot of patients just call the
12 company and have it worked out where the company just
13 sends direct the supplements. A lot of people will just
14 come into the office and say give me this, this and this.
15 They've worked on me; it's going to work on my husband.

16 BY MR. GANLEY:

17 Q I want to show you a document that's marked
18 Exhibit A as attached to the Plaintiff's Complaint. Is
19 that reflective of the label on the supplements?

20 MR. MARSHALL: Do you mean is that an actual
21 copy of the label? Is that what you're saying?

22 MR. GANLEY: Yeah.

23 BY MR. GANLEY:

24 Q Is that an actual copy?

25 A It appears to be, but without the actual label,

1 it appears to be.

2 Q Now, I notice on this Exhibit A, could you read
3 that sentence to me? The one that begins with sold.

4 A Sold only for dispensing by practitioners of
5 the healing arts.

6 Q What does that mean?

7 A You have to ask the company, but in my
8 interpretation and what I just told you, anybody who
9 takes a seminar -- you could go take a seminar and now
10 you could get the product.

11 Q So if I took a seminar, I would be considered a
12 practitioner of the healing arts?

13 A If you had some sort of background in
14 nutrition, yeah, or if you had a health food store or
15 something like that, sure.

16 Q Do you recall what the suggested dosage for
17 Iodomere is on the bottle label?

18 A Yes.

19 Q What is that?

20 A One or as directed.

21 Q And do you know how many micrograms of iodine
22 are in one tablet?

23 A Yes, I do.

24 Q How much?

25 A Two hundred micrograms.

1 Q And if I recall your testimony correctly, you
2 recommended that Ms. Crider take two - 3 times a day?

3 A Provided she felt good on it, yes.

4 Q Was A-C Carbamide provided for a fluid?

5 A A-C Carbamide is just vitamin A and vitamin C.

6 Q And is that something that's mixed in with the
7 fluid?

8 A It's mixed in with carbamide.

9 Q And what is the suggested dosage for A-C
10 Carbamide?

11 A Three to nine a day or as directed.

12 Q And A.F. Betafood, do you know what the
13 suggested dosage is for that?

14 A Two per meal.

15 MR. MARSHALL: Is that it?

16 THE WITNESS: Or as directed.

17 BY MR. GANLEY:

18 Q What test or procedures led you to believe that
19 the dosages you prescribed for Ms. Crider would be
20 beneficial to her?

21 A I told you before that the company recommends
22 that you take five - 3 times a day for the first bottle
23 which lasts about six days.

24 Q Did you rely on any other scientific journals
25 or anything in coming to your conclusion?

1 A These are just health food supplements. These
2 aren't any kind of drug. She could have taken the whole
3 bottle and it's not going to hurt her. The only thing
4 she would have had was a little bit of diarrhea.

5 Q Based upon your recommendations and the dosages
6 that you provided for Joan, how many supplements would
7 she have been taking per day if she followed your
8 recommendation?

9 MR. MARSHALL: At what point in time?

10 MR. GANLEY: When she was taking all three of
11 them together?

12 THE WITNESS: Again, the initial dose doesn't
13 necessarily reflect what the patient is taking, okay?
14 That's just an initial dose. These are food supplements.
15 I mean, people take less and people take more. I don't
16 know, but my criteria is don't take more than that. You
17 can take that or below.

18 BY MR. GANLEY:

19 Q Do your records reflect anywhere the amount of
20 supplements she was taking at any one day?

21 A The only records I have are the receipt forms.

22 Q So it would only be the receipts that showed
23 how many per day she was taking?

24 A Right.

25 Q And if a receipt hadn't been provided--

1 A Receipts were always provided whether it was
2 cash or check.

3 Q So if I understand your testimony -- and,
4 please, I don't want to put words in your mouth -- you
5 would prescribe the supplements--

6 A I didn't prescribe anything.

7 Q You would recommend the supplements in a
8 certain amount; is that correct?

9 A Well, yeah.

10 Q And then it would be up to the patient to
11 determine the affect that it was having on her?

12 A I tell a patient I say try these and see if
13 they help you, all right?

14 Q Okay.

15 A Like the A.F. Betafood, you might want to start
16 out taking five - 3 times a day. If you have diarrhea or
17 anything like that, then you're probably taking too much.
18 So just cut it back.

19 Q But in any event, you would only recommend it
20 for a specific period of time; is that correct?

21 A That's correct.

22 Q And that period of time, is that reflected
23 anywhere in your notes?

24 A No.

25 Q Is that something that you would have just told

Substantive

1 her verbally?

2 A Yes. In the case of the A.F. Betafood, I mean,
3 that was just until the problem resolved, and if it
4 didn't resolve within a week, she would have been sent
5 out.

6 Q So at least according to your records and your
7 recollection, she would have only been on the three
8 supplements for one week; is that correct?

9 A She would have only been on the three
10 supplements at that dosage for one week.

11 Q For one week?

12 A Actually, six days if you want to be specific
13 about it.

14 Q How do you calculate that?

15 A Five pills three times a day is fifteen.
16 Fifteen into 90 is six.

17 Q I get the five pills three times a day is
18 fifteen. Where do you get the 90?

19 A That's how many is in the bottle.

20 Q And she only had one bottle?

21 A She probably had more bottles but the first
22 bottle was the only time she was recommended to take that
23 dosage.

24 Q Can the intake of excessive dosages of
25 vitamin A cause problems?

1 MR. MARSHALL: I'm going to object to the form
2 of the question. You have not established what is
3 excessive dosage.

4 MR. GANLEY: You can answer the question.

5 THE WITNESS: Yeah, I'll answer the question.
6 An excessive dose of vitamin A could lead to liver
7 problems and ironically enough, too much vitamin A
8 actually will lead a person into hypothyroidism.

9 BY MR. GANLEY:

10 Q And what is that, Doctor?

11 A It's an underactive thyroid gland.

12 MR. MARSHALL: I don't want to push you. I'm
13 just curious how much longer. Maybe we need a break or
14 something.

15 MR. GANLEY: Why don't we go ahead and take
16 one. It's really not going to be--

17 MR. MARSHALL: Well, why don't you just keep
18 going.

19 MR. GANLEY: Does anyone need a break at this
20 point or do you want to keep going?

21 THE WITNESS: Keep going.

22 BY MR. GANLEY:

23 Q Did you ever order the supplements directly
24 when you worked for Dr. Curfman?

25 A I had no dealings.

1 Q Do you have any dealings with the company now
2 that you have your own private practice?

3 A Yes.

4 Q And do you still provide these three specific
5 supplements to your patients?

6 A Sure. They're food concentrates. They're
7 harmless.

8 Q And have you provided all three of them at one
9 time?

10 A I'm sure I have.

11 Q And have you provided it in the dosages that
12 you've provided to Ms. Crider?

13 A Yes.

14 Q And to the best of your knowledge, there's been
15 no harmful effect from that?

16 A None at all.

17 Q Do you recall the name of the patient or
18 patients?

19 MR. MARSHALL: I'm going to object.

20 THE WITNESS: That's confidentiality.

21 MR. GANLEY: I assume that's going to be the
22 basis of your objection.

23 MR. MARSHALL: Oh, yeah. You're not entitled
24 to know any certain rights of privacy. Doctors are not
25 permitted to disclose patient identification. It's part

1 of State law.

2 MR. GANLEY: I'll pass on that one. Fair
3 enough.

4 BY MR. GANLEY:

5 Q Did you make a comment to Ms. Crider regarding
6 the effectiveness of the supplements, something to the
7 extent that, look, it's already working?

8 MR. MARSHALL: Are you referring to a
9 particular date, time or a particular symptom?

10 MR. GANLEY: During the course of his treatment
11 whether he said to Ms. Crider, look, it's already working
12 in reference to one of the supplements that he provided.
13 Do you recall saying that?

14 THE WITNESS: I don't recall, only from her
15 subjective reports.

16 BY MR. GANLEY:

17 Q Did you perform any other or have performed any
18 other tests or bloodwork or anything on Ms. Crider to see
19 if her thyroid was working?

20 A There was no need.

21 Q Have you treated Ms. Crider subsequent to July
22 7th?

23 A Sixth.

24 Q July 6th?

25 A No.

1 Q Do you recall Dr. Curfman providing posters in
2 his office?

3 A There were posters on the walls.

4 Q And did any of those refer to the types of
5 various diseases that chiropractors could treat?

6 A No.

7 Q You don't recall seeing a poster that said that
8 a chiropractor could treat, for instance, a gall bladder
9 problem?

10 A No. He had posters correlating vertical levels
11 to certain organs but nothing saying treating any kind
12 of--

13 Q Treating cancer?

14 A No.

15 Q Nothing like that?

16 A No. And incidentally, I had nothing to do with
17 what's on the walls, okay? I just worked there.

18 Q If a patient did have a thyroid problem, is
19 that something that a chiropractor could treat?

20 A They should be referred.

21 Q To a medical doctor?

22 A If it shows up on our lab report.

23 Q Have you been made aware of Ms. Crider's
24 medical condition subsequent to your treating her?

25 MR. MARSHALL: Other than discussing it with

1 counsel?

2 MR. GANLEY: Or a review of any records, not
3 subject to your discussions.

4 MR. MARSHALL: Well, everything that has been
5 done subsequent to her treatment has been with counsel
6 and I object to any questions relating to her subsequent
7 care and treatment because they were all part of our
8 attorney/client discussions.

9 MR. GANLEY: Well, what I'm asking is whether
10 you have-- Well, I'll ask this a different way.

11 BY MR. GANLEY:

12 Q Did you review any documents today as part of
13 your testimony?

14 A The only thing I've reviewed were my notes that
15 I've written.

16 Q You did not review any medical records of any
17 kind?

18 A No, I did not.

19 Q Outside of your counsel, have you discussed
20 this matter with anybody, this case?

21 A No.

22 Q Have you had any discussions with Dr. Curfman?

23 A No, I have not.

24 Q Did Dr. Curfman's practice, at the time you
25 were associated with him, subscribe to any journals or

1 periodicals which deal with the endocrine function?

2 A He got all kind of stuff in the mail. I didn't
3 go through his mail.

4 Q Does your practice subscribe to any journals or
5 periodicals of that kind?

6 A Yes.

7 Q What are those journals?

8 MR. MARSHALL: Journals since he has left
9 Curfman and is now in practice?

10 MR. GANLEY: Yes, that's correct.

11 THE WITNESS: Well, as part of being members of
12 certain organizations, I just get letters. I get
13 magazines. I get newspapers.

14 BY MR. GANLEY:

15 Q From those particular associations?

16 A Right.

17 Q No specific journal or periodical dealing with
18 that specific area? It would just be articles?

19 A No. If I want to read the journals, I go to
20 the library.

21 Q Did you go to the library at any time while you
22 were treating Ms. Crider specifically for her course of
23 treatment?

24 A I always go to the library. So I must have.

25 Q You don't recall whether it was specifically

1 for her?

2 A I don't recall.

3 Q And what library is that?

4 A Well, I'm from Pittsburgh. So I joined the
5 University of Pittsburgh Library, libraries around here,
6 gone to libraries down in Maryland. I don't know the
7 names of them.

8 Q What libraries around here provide that kind of
9 information?

10 A What kind of information? You didn't ask me
11 about information. You just said have I been to a
12 library. Yes, I have been to a library.

13 Q Okay. I think the question that I asked
14 earlier is whether you went to a library specifically in
15 treating Ms. Crider?

16 A No, I did not.

17 Q What are some of the chiropractic associations
18 that you belong to?

19 MR. MARSHALL: Look at the resume'. They're on
20 there.

21 MR. GANLEY: Are they? Okay.

22 BY MR. GANLEY:

23 Q Is that all of them?

24 A Let's see. (Reviewing document.) Yes.

25 Q Do you have any personal relationship with a

1 medical doctor or a health provider with similar
2 credentials whereby you would refer a patient who you
3 suspected had a thyroid problem or endocrine problem?

4 A If a person has a problem that I think should
5 be referred, first of all, in Mrs. Crider's case, I would
6 have referred her back to her family physician. He, from
7 there, can decide where he wants to send them.

8 As far as referral of patients, I always give
9 the patient a choice. I don't tell them you have to go
10 here.

11 Q You would first ask them to go to their family
12 doctor and then you might suggest someone if they didn't
13 have a family doctor?

14 A Well, what are you talking about here?

15 Q For a thyroid problem.

16 A For a thyroid problem, in that situation, I
17 would refer them right back to their family physician
18 with the lab results that would indicate such.

19 Q Do you recall ever reading an article entitled
20 "The Various Types of Hyperthyroidism"? Have you ever
21 seen this before?

22 MR. MARSHALL: You can just say yes or no.
23 Have you ever seen that article?

24 THE WITNESS: I don't know. I've read so many
25 different things. I could have read it.

1 MR. MARSHALL: No. I don't want you to guess
2 or speculate. Did you or did you not read that article?

3 THE WITNESS: To my knowledge, no.

4 MR. MARSHALL: Just for the record, we did
5 refer to an exhibit and I'd like to take a look at it,
6 please. You asked him about it and I'd just like to--

7 MR. GANLEY: I just asked him whether he ever
8 read it.

9 MR. MARSHALL: But I'd like to get the name of
10 the article.

11 MR. GANLEY: "The Various Types of
12 Hyperthyroidism."

13 MR. MARSHALL: May I see it? May I just take a
14 look and see where it's from?

15 MR. GANLEY: No. I'll just give you the name
16 of it.

17 MR. MARSHALL: May I just copy it off the
18 label?

19 MR. GANLEY: (Hands document to Mr. Marshall.)

20 MR. MARSHALL: Thank you. I'm not going to
21 look at any of your internal notes.

22 BY MR. GANLEY:

23 Q Do you know anything about a Dr. Louis
24 Braverman?

25 A Dr. Louis?

1 Q Braverman.

2 A No, I do not.

3 Q Have you ever heard the term acute Wolff-
4 Chaikoff Effect?

5 A Yes, I have.

6 Q What is that?

7 A That's an effect that happens when people take
8 too much iodine. It actually depletes the thyroid
9 function.

10 Q Is there a difference between a supplemental
11 dose, a pharmacological dose and a therapeutic dose of
12 iodine?

13 A When you talk pharmacological, I assume you're
14 talking of a prescription. So, yes, there would be a big
15 difference.

16 Q How about a therapeutic dose and a supplemental
17 dose?

18 MR. MARSHALL: Do you have the parameter upon
19 which you're defining these?

20 MR. GANLEY: No. I'm asking him to define what
21 a supplemental dose is versus a therapeutic dose, if
22 there's a difference.

23 THE WITNESS: Well, a therapeutic dose I would
24 imagine would be when somebody is actually given amounts
25 of iodine. I mean, that's a huge therapeutic dose with

1 detrimental affects. Supplemental dose is just something
2 to actually support a gland.

3 BY MR. GANLEY:

4 Q When you say something to support a gland, what
5 is the clinical affect to your knowledge of that? What
6 do you mean when you say support a gland?

7 A Support a gland to keep it functioning
8 normally.

9 Q And how does a food supplement do that?

10 A The same way when you take calcium to keep your
11 bones strong. It just supports the gland.

12 MR. GANLEY: We might have one or two more
13 questions if we could just take a one-minute break here.

14 MR. MARSHALL: Okay.

15 (Thereupon, a short break was taken.)

16 MR. GANLEY: Dr. Buratti, we're through. I
17 mean, unless you need to talk to him.

18 MR. MARSHALL: No, we're done.

19 (Thereupon, this deposition concluded at
20 3:27 p.m.)

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