

Is chiropractic a CAM therapy or is it a separate profession?

JCCA 2005; 49(3): 133-6.

To the Editor:

Anytime I read a commentary that uses emotive expressions, and metaphorical analogies, the scientific hairs on the back of my neck go up. This happened when I read Dr. L. Morgan's commentary on CAM and Chiropractic. Roman mythology, implications of insanity, calling ourselves schizophrenic, and referring to philosophy as the methamphetamine of chiropractic are comments that fume of bias so unscientific that his comments are hard to swallow.

Dr. Morgan unilaterally declares subluxation as a myth even though 65% of chiropractors (WFC Survey - 2004) feel that chiropractic should be focused on the management of vertebral subluxations. It may be true there is no gold standard for determining the presence of subluxation in all its presentations, but surely this does not immediately make it a myth as Dr. Morgan so strongly declares. Only 10 pages later, Dr. Ford, in fact, briefly mentions some of the science supporting the existence of subluxation. All I hear from Dr. Morgan is dogmatic preaching and a few references based on other's opinions including his own with not one piece of scientific literature refuting the existence of subluxation.

As far as his claim of doing the same thing over and over again because of insanity, Dr. Morgan himself certainly seems to fall into that extreme camp that has tried over and over again to keep chiropractic at a very limited musculoskeletal scope since chiropractic dichotomized in the early part of this century. Extremism at both ends of the chiropractic spectrum stifles our profession and is the very thing that is preventing our total acceptance within society. While the "orthopedic only" camp battles the "subluxation only" group, there is a quiet majority middle group of chiropractors that believes there is a benefit to our profession by recognizing subluxation, and at the same time, offering management of spinal injuries. Dr. Morgan is part of the problem by trying to ramrod his biased belief system to whoever will listen.

I have a real issue with the use of schizophrenia as an adjective implying chiropractic wants to be both alterna-

tive and scientific at the same time. Dr. Morgan is using the word schizophrenia when he really means multiple personality disorder. This incorrect use of schizophrenia is outdated although still common amongst laypersons.

I am also deeply disturbed by Dr. Morgan's use of the term Methamphetamine. "Crystal meth" is easily recognized as one of society's most destructive drugs. Such a comparison, even metaphorically, becomes a purely emotional statement and further expresses the underlying bias that he has of those that disagree with his viewpoint.

As far as osteopathy goes, Dr. Morgan implies that we should follow their footsteps. They appear to be making a better living than chiropractors in the US as his quotes on student loan default rates imply. I have one question for Dr. Morgan though. Where are they in Canada? I would hazard a guess that chiropractic is accredited in more countries than osteopathy. Also we, unlike osteopaths, did not prescribe any Vioxx to some of the thousands that lost their lives due to its use. Why was Vioxx allowed to be used in the first place? The answer is the dogmatic belief in "evidence based health care". The latest survey findings of high rates of fudging and plagiarism by scientists under pressure by vested parties shows that "evidence based health care" is more often like "evidence *biased* health care". Evidence is helpful, but our whole profession should not solely be based on it, or we could be handing out back pain brochures for a living instead of adjusting the objective findings that we encounter on a daily basis.

In reference to the Nelson, Lawrence, Triano paper, they paint a vision of chiropractic that excludes what the majority of chiropractors want. The WFC has recently created a landmark agreement on chiropractic identity that allows the vast majority of chiropractors to function in. It allows most of the subluxation camp to carry on as well as the orthopedic camp. It's not perfect and yes, the 2 opposite tails of the bell curve are crying foul, but let's continue the debate within our profession with evidence based outcomes, not opinionated rantings and ravings. Chiropractic will never be a 2 party race. We need to present to the public as one unified organization.

Brent Willox DC
Vancouver

To the Editor in reply:

I thank Dr. Willox for his sincere response to my commentary “*Is chiropractic a CAM therapy or is it a separate profession*” in the JCCA. I will address some of Dr. Willox’s more salient points, particularly as they may reflect what some of our colleagues may be thinking on this subject.

While some claim that chiropractic is divided into “subluxation” and “orthopedic” camps a perhaps better characterization would be “tradition” vs. “evidence based.” A “tradition” based chiropractor will hold to certain views with religious ardor simply because they have been passed down to him. He rigidly resists re-examination of those beliefs, and is the very embodiment of the biased individual.

An evidenced based practitioner on the other hand will go where the best evidence takes her. She will accept only that which has good evidence supporting it and will modify her stance when better evidence appears. This is the hallmark of the unbiased, unprogrammed mind.

Dr. Willox claims that it is “Extremism . . . that is preventing our total acceptance within society.” I will agree to the extent that it is extremism in unsubstantiated beliefs that corrodes our acceptance. National surveys consistently rank chiropractors at or near the bottom in the public’s perception of credibility and integrity, somewhere down around used car salesmen. We might reasonably ask which approach would most likely cause a loss of public credibility: the advertising and purported correction of a mythical condition for which there is no evidence; or, proper diagnosis and management of NMS conditions using verified and credible examination and treatment criteria?

It requires much more than surveys or association votes to establish the validity of the subluxation. If that is all it took one could establish the validity of leprechans and Tooth Fairies in the same manner. It was Carl Sagan who noted that “*Extraordinary claims require extraordinary evidence.*” Subluxation proponents make extraordinary claims about the purported effects of this mystical entity but have failed to provide credible evidence to support those claims.

It is not my responsibility to disprove the subluxation anymore than it is my responsibility to disprove the Tooth Fairy. It weighs on those who wish the concept of subluxation to be accepted in the real world who carry

the burden of responsibility. That is how science works. After 110 years of preaching the innate/subluxation gospel the outside world remains unconvinced, and rightly so. The outside world has clear and high standards of evidence. Chiropractic’s subluxationists have failed to meet those standards. End of story.

I propose again that it is chiropractic’s identification with CAM, its antagonism towards legitimate science, its promotion of archaic 19th century notions of health care, and its rigid opposition to self-examination that are the roots of chiropractic’s difficulties. We must face the choices before us between mythology or science, between the Tooth Fairy or evidence.

Lon Morgan, DC, DABCO
Mesa, AZ

To the Editor:

I read with interest, the commentary of Dr. L. Morgan.

I hope all have enjoyed this master clinician’s astute insights as much as I have. What a shame that a solid paper like Dr. Morgan’s does not inundate this profession to unanimous action.

Ours is an age of information. It is possible to look back at the history of the healing arts and discern trends. The only use of history is to help in predicting, and so it is here we should look humbly for significant wisdom and influence on how we should act best for our patient’s health and our own profession.

Ours is a profession of unrealized potential. The hands were once the medicine man’s greatest and most important diagnostic and therapeutic tool. Today the medical practitioner retreats further and further from physical contact with the patient, ever more evidenced by banks of diagnostic equipment, legal constraints, and time factors. Modern medicine is replete with complex expensive laboratory tests and radiological imaging. Laboratory tests were never designed to be diagnostic; they were only to be confirmative. Interestingly the laboratory does not help in diagnosing myofascial or strained ligaments. Psychotherapists are admonished not to touch their clients, and medical doctors do not even palpate the stiffness in a patient’s back; instead the doctor simply writes a prescription for medication. A survey of primary care physicians feels that there is currently insufficient education in

manual medicine and 71% endorsed instruction in manual medicine¹.

Respectfully, the chiropractic profession possesses therapeutic skills which undoubtedly fill the gap, as manual therapeutic skills are no longer taught in medical schools. It is skills of this type, diagnostic skills and traditional healing skills, which spinal health care experts, the chiropractic profession could elevate to mainstream health care².

Certainly the way chiropractic has been practiced for the past 110 years is coming to an end. The future is the integration and advancement of the spine care model as a means of developing chiropractic cultural professionalism and applicability.

The chiropractic paradigm, yes, paradigms, they are often simply nostalgic fragments of wishful thinking. The sad reality is: our comfortable paradigm has changed. This bipolar profession will have great difficulty admitting that innate unverifiable myths as eloquently delineated by Dr. Morgan, blindly believed to be solid and unshakable, are now being challenged³. The time has come that chiropractors who breed sectarian debate and division within the profession and chiropractors who behave as disciples relinquish their mythical dogma and concepts. Traditions and customs are great as long as they do not hinder progress. The era has come for this profession to make essential sacrifices and dispense with long-held 'vitalistic' traditions.

It is amazing how much of the forward progress made within a profession has been done by clinicians who were not conventional, but rather thought in odd new ways. Hippocrates, Galen and Maimonides, giants in early medicine gave credit to the art of manipulation. New ideas in a profession typically follow a familiar pattern. They are usually first mocked and ridiculed, then, criticized and slandered and finally confirmed and endorsed. It is a tribute to the indomitable spirit of inventiveness and tenacious determination that the art of spinal manipulation has survived.

Clearly, the chiropractic profession is struggling with an identity dilemma which must be addressed precisely in order to elevate this profession. A reputable identity is contingent on what others say or believe, not what we as the profession think of ourselves. Consumers making health care choices make their decisions based on reputation. Any health care practitioner with a distinct reputation will attract patients and enjoy patient retention.

Similarly for an entire profession a strong distinctive identity will enable the profession to be assured alignment along other health care providers. Health care economics continue to constrain chiropractic identity. Not only is spinal manipulation safe and efficacious, it is cost effective. The latter has somehow escaped the intelligencia of governments and health care ministries.

The World Federation of Chiropractic has provided the profession with clear guidelines. Chapman-Smith believes the profession has reached agreement on identity and is excited to contemplate unified action worldwide based on the newly defined mainstream identity.⁴

The antagonism that has blemished the history of the chiropractic profession in this century is surely but a small instance of cyclic retrenchment of dogma which is overcome time and time again by the indomitable spirit of the inquiring mind.

Klaus Lutzer DC
Kitchener, Ontario

References:

- 1 Stoll S. et al. Physicians' and patients' attitudes toward manual medicine: implications for continuing medical education. *Journal of Continuing Education in the Health Professions* 2003; 23(1):13-20.
- 2 Nelson C. et al. Chiropractic as spine care: a model for the profession. *Chiropractic & Osteopathy* 2005; 13:9.
- 3 *ibid*
- 4 Chapman-Smith D. The spinal health care experts. *The Chiropractic Report* 2005; 19:4.

To the Editor in reply:

I thank Dr. Lutzer for his lucid commentary. I think we would both agree that the old ways of chiropractic practice are becoming ever more untenable in an information age guided by Evidence Based Medicine (EBM) and managed care. There are those who will bemoan the passing of the "golden age" of chiropractic when we were not held accountable for irresponsible behavior. Increasingly chiropractors are speaking out against those who would foist their brand of chiro-theology on the public, against those who would substitute mythology for credible scientific evidence.

Lon Morgan, DC, DABCO
Mesa, AZ