

Why Doesn't Everyone "Believe" in Chiropractic?

Robert A. Leach

In 1973, I began college by studying journalism. At the time I do not remember knowing what chiropractic was, nor do I remember ever having met a chiropractor. The Ladies Home Journal had estimated that up to 25% of the nation had been to a chiropractor at one time or another, mainly for pain in the back.¹

I remember vividly knowing what a physician was, as a sufferer of allergies and frequent upper respiratory infections. But my first exposure to chiropractic occurred primarily because a friend was a "believer."

Although recent research suggests that there are hard core "believers" around the country who will continue to refer to us their families and friends, unless the profession is willing to make substantive changes in its collective attitude and behavior, there is little chance that the majority of U.S. citizens will avail themselves of our services in the coming 21st century. According to one recent study of 73% of North Carolina residents who sought care for chronic low back pain, 91% saw a medical doctor; again only 25% chose to see a doctor of chiropractic.²

An Old Idea, A New Paradigm

At my chiropractic college in 1976, we were taught that by "telling the story" and by being "principled chiropractors" we would influence the world and everyone would try chiropractic. We were taught that innate heals, that the adjustment releases this power which made the body and which is the only power that can heal the body; ultimately that all healing occurs from above down, inside out. This meant that by adjusting the spine to relieve pressure on the nerve caused by subluxation, God in man, or innate intelligence would unite with God in the universe, or universal intelligence.

In this way true healing would occur, irrespective of physical healing as represented by physical signs or symptoms. Disease didn't matter, since "limitations of matter" may have made it impossible for physical healing to occur anyway, although ostensibly even the patient with the most rogue of cancers would have a better chance at healing if they were adjusted.

If the world, let alone the majority of U.S. citizens, didn't know about chiropractic, it was because there weren't enough "principled" chiropractors who understood and applied this philosophy to educate their patients to become believers.

By the 1980s, fitness became a craze and even hospitals began operating "wellness centers" that catered to prevention of disease. As we all know, this shift in society's acceptance of all things natural favored chiropractic more than medicine. Certainly both sides of the chiropractic philosophical coin accept the idea that the body is a self-healing organism. Evidence of this can be found in the position paper, "The ACC Chiropractic Paradigm," recently published in DC.³ In such a scenario we should do what we can (adjustments/education) to help our patients toward optimal

health.

So it would seem that it is a perfect time for the old idea of chiropractic, termed the "Big Idea" by its adherents, to blend with society's paradigm shift away from passive application of allopathic care and toward active patient participation in natural healing. However, 20 years after I began my chiropractic journey, there is little evidence that there is societal acceptance of chiropractic for anything other than back, neck, and muscle pains, and then only for a minority of the society.^{4,5}

Mom and Her Asthma

My mom and her parents have used chiropractors in Afton and Des Moines, Iowa since the early part of this century. For neck and back pains, headaches and arthritis type joint pains both my mom, grandmother and sister had found relief going to chiropractors long before I remember hearing of one, according to mom. But when grandma took mom to the chiropractor for the first time at age 5, it was for severe asthma. Even though grandma had been "educated", my mom can remember to this day that she didn't get any relief even after weeks of adjustments.

She remembers later getting tremendous relief as a young lady with some severe migraine headaches, and in fact chiropractic was the only care that helped her for that. However, she was a college student at the University of Iowa in the early 1940s before allergy tests identified things she should avoid, and shots gave her some relief from her asthma and allergies. To this day, she says knowing what to avoid has helped her as much as anything. I guess her chiropractor hadn't "educated" her enough.

What Helped My Allergies

Initially, adjustments provided some temporary relief from my allergies at age 18, which I found exciting at the time, although it was later while attending chiropractic college that I was more fully informed about the role of diet and exercise and began to get more lasting relief. Again, I had been "educated" by a principled chiropractor, but found that exercise and nutrition were at least as important as the adjustment to give me long lasting relief.

Is Chiropractic a Trade or a Profession?

Although the doctor of chiropractic is a specialist at spinal health care and its role in total health, some experts contend we behave more like tradesmen than as professionals. For example, if we believe that optimal health can only be achieved by combining adjustments with other wellness behaviors like exercise, rest and optimal nutrition, then we must establish the role of adjustments not only for crisis intervention but for prevention as well, using human subjects in clinical research investigations. That is how health care professionals are expected to act, substantiating through scientific investigation what they can and cannot do. Instead, simply telling patients, "Chiropractic works ... our patients prove it every day," may work well with lesser educated patients, but more inquiring minds (including journalists and the media, which greatly influence mainstream thought in the U.S.) will continue to think of us as tradesmen who offer no hard data to back up our claims.

Let me be perfectly clear on this point since it is so important. We have experienced widespread gains in legislative, political and socioeconomic arenas in the past two decades largely because medical researchers established a role for spinal manipulation mainly for the treatment of low back pain. If we hope to treat, adjust, or correct the cause of anything else, we have a long way to go with professional and research-related activities.

Losing Our Attitude

In reviewing one of our two national chiropractic newspapers, the headline articles on page one included a review of a book the publisher was selling, and an article about the resignation of a recent ACA leader. There was also an article about a new seminar and a new research journal this same publisher was launching.

More telling were the advertisements in this same chiropractic newspaper. There were 20 ads for management programs or ways to attract new patients. Nine ads were for orthopedic or nutritional supplies or office equipment, and six ads were for computer software. An additional 15 or so ads covered everything from office supplies to improving your cash flow to malpractice insurance. Only three of these ads concerned postgraduate education, and one ad was for a chiropractic x-ray and technique system.

Certainly the most dominant theme in all the advertising concerned the procurement of new patients, not the procurement of clinical or scientific knowledge, although about a third of the ads for new patient management programs purported to teach you how to do this with a "subluxation-based" scientific approach.

Normally I would cite the newspaper by reference here, but this type of advertising is so pervasive in our chiropractic "trade" periodicals that there is no need to embarrass the paper further by listing a citation. All one has to do is pick up any of our chiropractic trade newspapers or periodicals to find such advertising.

Although we could criticize these media for allowing unsubstantiated trash in their publications, the real shame is on each and every one of us for doing business with vendors who continue to sell products and services with dubious intent or unsubstantiated content.

Developing a 21st Century Health Care Perspective: Critical Thinking

To get beyond the hard core group that now refers to us regularly, and to reach out beyond those with LBP and musculoskeletal problems, we chiropractors will have to collectively move beyond the "it works/tradesman" attitude and develop what scientists refer to as critical thinking. You may think that going through the back door to educate your patients about the total value of chiropractic (i.e., a patient walks in with LBP and you "educate" him to bring in his children with their asthma problems) is effective, but it pales when compared with the publicity chiropractic received by the release of the AHCPR guidelines for LBP treatment in 1994, which included a front page leading headline article in USA Today.⁶

That kind of publicity can only be obtained by genuine validation of what we as chiropractors do, and only after serious efforts at critical self-evaluation through legitimate research. As for mom's asthma and my allergies, only when a number of good investigations are conducted by chiropractic researchers will we know whether my experiences and those of my mom are representative of most adults, or whether they are an aberration.⁵

Armed with correct information based on scientific evaluation of chiropractic technique and practice on patients and controls with a selected target disorder, disease or dysfunction, doctors of chiropractic will move beyond the "it works" tradesmanship mindset, and begin to develop appropriate natural chiropractic healthcare treatment strategies that result when professionals critically analyze their effectiveness.⁵

Finally, I think that it is striking that we should look to our motives if we really want to see chiropractic use grow exponentially. If we are a trade group, I should think all we would be

concerned with is quantity of sales more so than quality, and publishing of critical research that our competition could use would not be highly recommended.

On the other hand, if we are truly health care professionals on the leading edge of an explosion in natural methods of healing, we should want what is best for our patients even if that means in some cases a prompt referral to another provider is indicated. Critical thinking applied to chiropractic practice implies that we may well produce clinical research that expands societal use of chiropractic beyond its present boundaries, but not necessarily to those boundaries which we now envisage. If we truly care about what is best for our patients, then we must proceed posthaste to determine what is best for them.

References

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Robert A. Leach, DC, FICC
Starkville, Mississippi

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