

Progress or Egress?

Is chiropractic celebrating its progression into the next 100 years, or is it about to egress back to the 1800s?

Within the last month I have received numerous telephone calls asking about "new" research with regards to substantiation of the so-called chiropractic misalignment (bone out of place theory) which was published in the state of Ohio. A search of Medline, etc., revealed nothing of this nature, as did a number of calls to the chiropractic colleges. At long last I received a copy of the original article, minus the title of the publication from which it came. The article, "Turning stumbling blocks into stepping stones," was written by D. Moon, DC, president of the Ohio State Board of Chiropractic Examiners. Normally an article such as this would require "no comment," but because of the number of concerned doctors of chiropractic that have taken the time to call, it certainly warrants a critique.

In the article Dr. Moon states:

"We must insist that our colleges accelerate their research of the subluxation. Instead, there appears to be a flight from the subluxation to the point that many, including some of our educators, are reluctant to defend its very existence."

I am not sure what college Dr. Moon is taking about since federal government grants in both Canada and the United States have been issued to specific chiropractic colleges, and for the most part all of our colleges are in fact conducting research into some component of the subluxation complex. Please note that I used the words subluxation complex, a concept put forth by Drs. Homewood, Weint, and Janse in the early 1960s. Perhaps Dr. Moon's inability to acknowledge the current research is that he is unaware of the various component parts of the subluxation complex and therefore cannot comprehend, for example: a) that there is a biochemical component that will drive nociceptive input and thereby contribute to the other aspects of the subluxation complex; b) that stimulation of 1b afferents via the adjustment polysynaptically inhibits the alpha motor neurons innervating the agonist muscle as well as facilitating motor neurons to the antagonistic muscle.

Dr. Moon also states:

"If the chiropractic pioneers had been willing to abandon their chiropractic principles for the sake of expediency, there would be no chiropractic profession today."

Let's look at this critically! I cannot believe for one minute that D.D. Palmer, knowing of his experience with Harvey Lillard and realizing the incredible results of creating function with the spinal column, would in 1994 be clinging to an absurd explanation when in fact there is a very sound reason why the specific T-4 adjustment could and did restore one's hearing. The explanation is contained in almost every neurology text and is taught by Drs. F. Carrick, D. Seaman, and others in their postgraduate courses. I am personally aware of the fact that Dr. Seaman explained this to the student body at Palmer Chiropractic College within the last few months. D.D. Palmer eluded to it but it took many years of research to come up with the why; chiropractic always knew the how.

Suffice it to say if the chiropractors of the '60s would have abandoned their out-of-date principles and accepted the writings of Drs. Janse et al., chiropractic today would be significantly farther ahead of where it is at this moment while maintaining its own identity and unique philosophy of a chiropractic way of life.

Dr. Moon states:

"Research findings now exist that support the theory of the misalignment factor and its production/reduction. It is a mystery why the research has not been a major priority for all colleges."

Two attempts have been made to contact the writer so that the remainder of the profession may be enlightened by this research, however, for whatever reason as of December 5, 1994, the phantom research is still withheld from the profession.

Dr. Moon states:

"The fear that the subluxation is indefensible would be eliminated, and we could become accepted members of the health care community without surrendering our identity."

A little case of paranoia, perhaps: tease us with the statement of new research and then tell us that it is indefensible. Rubbish I say! The subluxation is indefensible in terms of 1895, but in terms of 1995 the subluxation complex is defensible. I would refer the reader to Dr. D. Seaman's course on the neurology of the subluxation complex which contains in excess of 220 references as to why. What you do works and is defensible! Chiropractic cannot lose its identity. Look around -- how many different definitions/descriptions/connotations does the chiropractic profession have relative to the term subluxation? To lose something you must first have it -- we do not! Chiropractic is a way of life. The subluxation complex is a way of chiropractic life that takes into consideration the entire body with all of its internal interactions with life and allows the doctor of chiropractic to treat the cause of disease and not just the symptoms.

Dr. Moon states:

"A protocol of care based on research must be established so that chiropractic patients will not be faced with a Pandora's box of techniques and treatment depending on the whims of the practitioner. Surely, research will demonstrate the clear superiority of techniques based on physics and scientific mechanical principles."

I guess if all patients were but clones of each other the above statement would make sense, however to the best of my knowledge this is not so; for this very reason at every MPI seminar the following statement is made: "Within chiropractic there are no bad techniques, however, some of the rationales as to how to apply the said techniques are in need of serious revision and updating." That is not to state that one is superior to any other, in fact, MPI has always stated that the best doctor is one who knows a multitude of techniques and employs them based on a subluxation complex rational diagnosis and treatment protocol. In other words, chiropractors treat the whole patient.

Dr. Moon states:

"If in fact there is no defense for the subluxation -- and in its place we have the term fixation, stimulation, inhibition, facilitation, hypomobility, hypermobility, etc. -- so be it. However, if we prove the subluxation conclusively, what great doors will open for our profession and its contribution to the scientific community."

As was previously stated the term subluxation on its own is indefensible, but made into a complete dis-ease entity (subluxation complex is a clinical entity and not just a bone out of place), it most certainly is. The term fixation is a very interesting choice by Dr. Moon with respect to defensible irreversibility; the Spine journal, within the last few years, published a study showing that if a facet joint is "fixated" for a definite period of time (approx. 6-8 weeks) the degenerative changes that occurred would in fact be irreversible. I believe that Dr. A. Croft presents this slide as a reference in his current seminar presentation. Stimulation and inhibition are exactly what happens when you give the chiropractic adjustment. IPSPs and EPSPs both pre and post synaptically occur throughout the dorsal horn and cause profound effects on the ascending and descending tracts. Dr. F. Carrick has published and currently lectures on the concept of the central integrative state of the neuron and it behooves the profession to understand this material and not confuse it in a negative way as Dr. Moon has done.

Facilitation -- it is almost beyond intellectual comprehension that anyone in the chiropractic profession would take offense or confuse this concept in a negative vain with respect to the subluxation (complex, that is). Dr. I. Korr has written numerous papers and a text explaining "the spine as an organizer of the disease process." Surely the word facilitation must be included in every discussion as to what occurs when the adjustment is given. Once again I refer you to the work of Drs. Carrick and Seaman on the chiropractic dorsal horn. Hypomobility and hypermobility are just subcomponents of the kinesiological component of the subluxation complex and can in no way replace the subluxation complex as the "whole" is greater than any of its constituent parts. You see if you just add the word "complex" to the word "subluxation" a whole new world opens up to you that is defensible in terms of current literature.

Dr. Moon states:

"It's up to us to respond in concert and turn the negative press into stepping stones."

Negative press is only negative in the eyes of those who are paranoid and have something to fear or hide. Let me give you an example. Most of us are well aware of the recent "20/20" program. How you reacted to it makes the major difference as to whether or not it was stumbling block, as did the article in Consumer Reports. This attitude is not constructive, creates stress, and demands a defense, but before you can defend it, you must be sure that you can. Can you? If you are a subluxation-based chiropractor you have a problem. Philosophy and belief are not good enough. If you are a subluxation complex based chiropractor with philosophy and belief, then you are in much better shape. Which are you?

Another way of approaching the above "stumbling block" was taken by a colleague of ours. He did this: He informed all of his patients to watch the show and to call as many of their friends as well. The goal, which by the way worked extremely well, was to get his present patient volume to inform their friends of the facts that their doctor of chiropractic did not do any of the bizarre things as seen on TV. The result was a constructive approach, harmony within the support staff, all of his patients talking about rational chiropractic and the largest influx of new patients ever. This doctor understood that all publicity, whether good or bad, is still publicity and that it is really your interpretation of it that turns everything around you negative. This negativity causes the limbic system to create factors that can cause the subluxation complex to be a reality. Now what do you adjust?

Turning 1895 stumbling blocks into 1895 slippery stepping stones?

I don't think so!

Keith Innes, DC
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Canada

Editor's Note: Dr. Innes will be conducting his next Spine 1 (S1) seminar March 25-26 in St. Louis, Missouri and his next Spine 2 (S2) seminar April 22-23 in Portland, Oregon. You may register by calling 1-800-359-2289.

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