

Operation "Response-Able" -- Part I

Allen Roberds, DC

Editor's Note: Allen Roberds, DC, a graduate of Texas Chiropractic College, is a clinician and author. Dr. Roberds and his wife Marla are hosts of a Tennessee syndicated radio program, "Second Opinion." The Roberds aired a response to the Stanford survey on the dangers of chiropractic cervical manipulation reported by the American Heart Association, which culminated in the Associated Press release that garnered sensational headlines across the country.

By now, everyone has "had it" with the Associated Press stroke story and others like it, on the alleged risks of vertebral artery damage (VAD) following cervical chiropractic adjustment (CCA).

An allopathor was quoted as saying, "There isn't a doctor in the room who hasn't seen at least two or three of these types of cases." It left chiropractors all over the country frustrated and angry. Some doctors who called us reported patients dropping out of care because of it.

Again, the critical need is highlighted for chiropractors to put a system in place so we can make quick and appropriate chiropractic responses on a nationwide scale directly to the public, without having to go through editors, publishers, producers, and directors with their own vested interests, i.e, pharmaceutical advertising.

For years, chiropractic has valiantly but vainly tried to meet the ruthless goading of medicine's dishonest anti-chiropractic propaganda with articles in our own publications (which are only "preaching to the choir" and the public does not read them or care about them). Our national organizations respond by issuing "urgent press releases" which the press does not read or care about; we have given handouts to our patients, which are often discarded in our reception rooms; and we have even tried "letters to the editor" which, at best, get lost in some obscure corner of the newspaper, and have next to no impact on public opinion.

The kindest thing we can say about these noble efforts is that they have proven tragically inadequate. It is senseless to continue wasting time and money on failed damage control efforts that do little or nothing to avert or amend these incredible public relations disasters.

We desperately need a national vehicle that will turn this situation around and deliver high quality, professional reporting about chiropractic and medicine DIRECTLY to the public, or chiropractic will continue to suffer needlessly. More importantly, potential chiropractic patients will continue suffer needlessly and political medicine will continue to attack chiropractic with impunity, secure in its citadel of media monopoly.

Allow me to give you an example of how this on-going challenge which must be met is being met locally and can be met nationally, maximizing results with minimal effort from doctors and chiropractic organizations.

When we read the story on chiropractic and VAD, we jumped on it while it was still a "hot news item." We did an investigation of our own and presented our findings on our radio program, "Second Opinion." The following is a synopsis of our investigation and radio report.

Marla and I sat down and developed a list of strategic questions, Marla called the man who made the notorious statement about the dangers of chiropractic cervical manipulation, neurologist William Powers. His secretary answered. Marla told her we were with the Second Opinion Radio Network and were doing a follow-up report on the AP stroke story and asked for neurologist Powers. He declined to come to the phone. Marla said we were interested in the study(s) supporting Powers' statement. His secretary said there was no study. Marla then invited Powers to be on our radio program to clarify matters. The secretary said she would have to get back to us.

Two days later, we received a code-a-phone message from Powers' office, saying he would "not do an interview, the newspaper was wrong" and we should "call the Stanford Stroke Center." But Marla called back and suggested that since Powers claimed he was misquoted in the newspaper, perhaps he could give us an accurate statement. We promised we would not misquote him. The assistant admitted, "Well, he wasn't really misquoted, and I don't want to be misquoted, so ... hold on." Neurologist Powers then got on the phone. The interview boiled down to this. He said he was chairman of the event where the statement was made, but his job was "only to make things run on time." He was asked by a reporter from the Associated Press about chiropractic and stroke and that's when he made the statement.

Marla asked what he based his statement on. He said he was actually "quoting someone else." "Who specifically?" she asked. He suggested we contact the Stanford Stroke Center. But Marla persisted and elicited the following: He told her that in 10 years of practice he had seen "maybe 3 or 4 cases where a patient had an adjustment a few days prior to the stroke." He added, he had spoken with "maybe 10 or 20 other neurologists" who had seen a similar connection. "Well, how was this connection scientifically established?" Marla asked. He admitted there is "no way to make a positive connection," that "it has never been scientifically studied," and because there is so little data "... there probably never will be a study." He said it would take "millions of cases of stroke and hundreds of cases of VAD following CCA," to implicate chiropractic as a possible causative factor.

"There is no way to identify a patient at risk," neurologist Powers said.

"What about George's test?" Marla asked.

"There's just no way of knowing for sure. Under examination the arteries can look perfectly normal, perhaps the hole the artery runs through is too small, or maybe some people are just more sensitive to VAD than others," he replied.

Neurologist Powers conceded it would not be fair to say any chiropractic technique causes VAD, that "it could just as easily happen at a hair salon, at a stop light, or under the sink doing plumbing work." Again, Marla invited him to come on the air with us, and again, he suggested we contact Stanford.

Marla called the Stanford Stroke Center, where she spoke with Jan, the "residency co-ordinator" assigned to handle the flood of calls coming in as a result of the article. Marla began to interview her. Jan also admitted there was "no study and no paper." In fact, the "paper" would "not be published for another nine to ten months." "And what is the scientific basis for this paper?" Marla asked. Jan confessed that all they had was "a very small response to a very small survey." Marla asked how the survey was conducted and found that it was mailed to only 177 neurologists in California and that only 36 percent (63.7 people) of the neurologists responded. So, the paper which was "quoted" had not even been written yet.

When Marla asked Jan how it was possible such a distorted story about chiropractic could be released, Jan blamed the press for "taking the most insignificant item and blowing it all out of

proportion."

Marla asked for a copy of the survey. "No, you wouldn't understand it. It's too confusing. In fact, I don't even understand it," Jan said. Jan said she would be happy to send an abstract of the survey, adding that the findings were too small for anyone to take the threat of VAD following CCA seriously, and that the "number was too insignificant to mention." (But mention it, they did).

When Marla pressed for criteria used in the survey, to determine if the VAD observed by the neurologists was actually caused by CCA as reported, Jan admitted that it wasn't scientific at all. She explained that if the victim was young and had no family history of stroke, the neurologist would ask if the patient had "seen a chiropractor" lately. If they said yes, that was regarded as a positive finding. Jan also stressed that this type of stroke can even occur when the patient gets a shampoo, etc.

Marla continued: "Could stroke happen when someone tilts their head back to swallow medication?"

"Yes," Jan said.

Allopathor Phillip Lee of the Stanford Stroke Center and co-author of the upcoming paper, also declined Marla's invitation to an on the air interview. "Too shy," Jan explained. She told us Lee "cannot believe the response" he got from the article. He said he "did not mean for it to happen."

Jan stated that the phones were ringing constantly. Chiropractors and patients were calling, even attorneys, wanting to use the information against chiropractors in court. Jan, however, stressed that neurologist Lee and the others involved, "absolutely refused to act as expert witnesses" in this regard, "because there is no scientific evidence."

Marla asked if they were doing "studies" about VAD with other practitioners, medics, etc.

"No," Jan said.

Marla stated, "But you aren't suggesting that this is strictly a chiropractic concern, are you?"

"Oh no," Jan said, adding that according to neurologist Lee that anyone seeing a neurologist needs to be careful too; that he is not anti-chiropractic; that anyone seeing any doctor, has to be careful. Then, in a conciliatory manner, Jan assured us that no harm was meant and that even she was a chiropractic patient. Well, at last we had the medics doing the "damage control," for a change, which is right.

We next presented the information which the press should have reported: the safety of CCA. We quoted from the Chiropractic Report where the safety records of certain medical procedures are compared with chiropractic's record. CCA is so safe, that David Chapman-Smith, LLB(hons), secretary general of the World Federation of Chiropractic, after reviewing the literature, told chiropractors that in terms of mortality, "You have more chance of dying from the effort of giving an adjustment than your patient from receiving it."¹

We also gave our listeners a thorough sampling of the studies supporting chiropractic care, from AV MED to Manga to New Zealand, and a rundown on the scurrilous character, spurious qualifications and Machiavellian modus operandi of one Murray Katz, MD.²

References

1. Cervical adjustment: the risk of vertebral artery injury. Chiropractic Report, 1994.
2. Chiropractic in New Zealand. Report from the 1979 Royal Commission Report.

Please look for Part II of this article in the July 1 issue of "DC."

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