

A Challenge to the Profession -- Detection of the Vertebral Subluxation Complex, Part I

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The corner stone of chiropractic is the correction of the vertebral subluxation (VSC). I pray that this is not the stone that will be rejected by future builders of chiropractic.¹

The purpose of this paper is to stimulate the profession on a quest to improve, update, and refine the detection of the VSC within the protocol of scientific investigation. With the augmentation of today's inestimable technology of superconductors, laser holography, etc., this profession is ready.

At no other time in chiropractic history has research been of more paramount importance.

There is no other profession in the healing arts that understands the morbid, pathodynamic effects of the VSC than the chiropractic profession. It is for this reason that the chiropractic profession must be responsible for the studies related to VSC.

Recently a conversation with a medical radiologist defined that a vertebral subluxation is detected on lateral radiographic examination, and within the parameters of 3mm or more of misalignment.

In fact, vertebral subluxation is synonymous with spondylolisthesis and facet syndrome.² The acknowledgment of the neuropathologic component was outside the scope of this radiologist, while the interference with the transmission of mental impulses from brain cell to tissue cell was a recondite subject to this medical person.

A popular medical definition of subluxation is "...when the articular surfaces are partially or completely separated beyond the limits of normal excursion."³ Even within segments of the chiropractic profession the subluxation definition is void of the neurological component: "Subluxation occurs when there is partial loss of contact between the usual articular surface components of a joint. The joint surfaces are incongruous, but a significant portion remains apposed."⁴ This is what Ronald Aragona refers to as vertebral subluxation simplex (VSS).⁵

One of our purposes in chiropractic is to educate the public as well as the allied health professions on the effects of VSC. The medical profession should not have the supreme authority to dictate what is, and is not a VSC, specifically when their definition is a disparagement to the chiropractic definition. It is an anachronism to state in this day of technology, that a vertebral subluxation is only a misalignment of 3mm or more, this is a similar definition that was used by the anatomist in the 1700s. Accepting this archaic allopathic explanation will restrict chiropractic to musculoskeletal conditions only. this will bastardize the chiropractic profession in the same manner as the insurance industry is attempting to limit chiropractic care to musculoskeletal conditions.

Some of the more popular definitions for the subluxation or VSC are the following list (not all inclusive to the many ramifications in the chiropractic profession):

D.D. Palmer -- "A vertebra rack from its normal position ever so little, is rotated around its axis,

thereby displacing all its parts proportionately. The relationship existing between bones and nerves are so nicely adjusted that anyone of the 200 bones, more especially those of the vertebral column, cannot be displaced ever so little without impinging upon adjacent nerves. Pressure on the nerves excite, agitate, creates an excess of molecular vibration, whose effects, when local, are know as inflammation, when general as fever."⁶

B.J. Palmer -- "A vertebral subluxation is a vertebrae out of normal alignment, out of apposition to its co-respondents above and below, wherein it does occlude a foramen, either spinal or intervertebral, which does produce pressure upon nerves, thereby interfering and interrupting the normal quantity flow of mental impulse supply between brain and body and thus becomes THE CAUSE of all Dis-ease."⁷

Joseph Janse -- "It is necessary that a clear distinction be made between a luxation and a subluxation of a vertebra. A subluxation is not a disarticulation of a vertebra from the adjacent vertebra above and below it, but simply a slight change in the relative position of one vertebra to the contiguous surfaces of the vertebra with which it articulates. ...It follows that a shifting of one of these vertebra will alter the area and dimensions of the foramen. since the foramen are only of sufficient size to accommodate properly the structures which they transmit, it is evident that narrowing of the foramen by moving any of its boundaries causes it to encroach on the contents of the foramen."

Finally he elaborates on the impingement components: "Impingement upon the sheath of the structures transmitted by the foramen does not obstruct the conduction of nerve impulses in the same manner as stepping on a hose would stop the flow of water through the hose. The impingement, instead, causes an irritation which results in a reaction of inflammation. The product of the inflammation becomes organized and the added tissue encroaches upon the space required by the structures contained within the sheath... the effect at the periphery is a composite of the results of the impingement of these several structures."⁸

The International Chiropractic Association defines subluxation: "Any alteration of the biomechanical and physiological dynamics of the contiguous spinal structures which can cause neuronal disturbances."⁹

The American Chiropractic Association states: "An aberrant relationship between two adjacent structures that may have functional or pathological sequelae, causing an alteration in the biomechanical and/or neurophysiological reflections of these articular structures, their proximal structures, and/or other body systems that may be directly or indirectly affecting by them."¹⁰

Virgil V. Strang, D.C., H.C.D., dean of philosophy and director of professional ethics at Palmer College states: "Whenever the term subluxation is used, the chiropractor means: a biomechanical disrelationship or dysfunction anywhere in the body, but particularly in the spinal column's contiguous structures or immediate articulations, resulting in aberrant neural function."¹¹

The common denominator in the above definitions are biomechanical alteration of structures especially the spinal column, effecting the neurophysiology of the organism. Dr. Charles Lantz's paper for the ICA International Review, "The Vertebral Subluxation Complex, is an academic study of the components of VSC:

1) kinesiopathology, 2) neuropathology, 3) myopathology, 4)

histopathology and 5) biochemical abnormalities.¹²

Dr. John Stiga's paper for Renaissance International, "The Vertebral Subluxation Complex, Research Insights," is again an excellent academic paper with an extensive bibliography.¹³ Both Drs. Lantz and Stiga address the pathodynamics of the VSC. It is recommended that this type of information be disseminated throughout the healing arts, including our chiropractic colleges. It should be the quest of all chiropractors to research the detection and correction of this morbid entity, VSC.

It is frustrating to see numerous articles in our chiropractic publications and professional journals concerning acupuncture, nutrition, pathology, psychology, etc., which are anecdotal to the VSC. The knowledge of these subjects and others will enhance the chiropractors only when they are related to the etiology and sequelae of the VSC.

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