



## The Skeptics SA guide to Chiropractic

**The word chiropractic** comes from the Greek, *cheir*, (hands) and *prakticos*, (done by).

Chiropractic was founded by Daniel David Palmer in September 1895 in Davenport, Iowa. He performed his first chiropractic adjustment on a janitor named Harvey Lillard.

Palmer examined Lillard and allegedly found an out of place vertebra in his spine. After applying pressure that moved the vertebra back into place, Lillard's hearing returned.

Palmer believed he had succeeded in one of his life's quests — to find the secret of disease — why one person falls ill whilst his or her neighbour does not. He confided his discovery to a friend — Reverend Samuel Weed, who suggested the name chiropractic, from the Greek for 'done by hand'.

Palmer had no medical training and was unaware that the nerves of hearing are entirely within the skull. He believed he had restored the man's hearing by relieving pressure on a spinal nerve affecting hearing. Palmer proposed the principle of the spinal subluxation, and established chiropractic based upon it.

Palmer believed that the body requires an unobstructed flow through the nervous system of an ethereal substance called Innate Intelli-

gence. Vertebral subluxations — minor dislocations of the spinal column — were believed to interfere with the flow of Innate Intelligence, and caused an alteration in nervous tone.

By depriving areas of the body of Innate Intelligence, subluxations were thought to produce disease, and Palmer claimed that 95% of all diseases were caused by subluxated vertebrae. Treatment involved identifying the subluxations and manually restoring the vertebrae to their normal alignment, thus releasing the Innate Intelligence, allowing the body's natural healing powers to cure the patient.

From its inception, chiropractic was defended as a science. For chiropractors though, scientific knowledge was not acquired by experimental control of variables in a carefully designed study. Instead they examined and treated patients and argued, as many still do today, that the results of their clinical treatments constituted scientific proof.

Chiropractic was described by its supporters as 'the only truly scientific method of healing'. Chiropractors believed their science was superior to medicine clinically and morally, and attempted to appeal to those who were concerned about the growth of science and the perceived decline in spiritual values.

During the early years of the 20th century in many states of the USA legislation was introduced mandating basic scientific training. In response, chiropractic colleges taught sufficient science to pass the basic tests, whilst continuing to stress the importance of the earlier teachings.

This was an important period during which chiropractic tried to retain sufficient distance from scientific medicine to be seen as a distinct alternative, whilst absorbing enough of the teachings of science and medicine to retain credibility. Initially these attempts were unsuccessful, and chiropractic entered a period of decline.

Beginning in the 1970s the tide began to turn, and it was a growing scepticism about medicine and science that helped to produce change.

Scientific medicine was accused of being reductionist, and of having ignored the more human aspects of health care. Chiropractic joined this chorus of criticism, and an alliance was formed between chiropractic and the growing holistic health movement. In some quarters, chiropractic even dusted off its spiritual emphasis, having once again found a receptive audience.

The dramatic improvements in chiropractic education lowered the barriers between it and orthodox science, conferring greater academic credibility.

The result was, and is, an increasingly bitter debate over the content and character of chiropractic. Principally the debate is about whether chiropractors are limited practitioners like dentists or podiatrists, primary care practitioners who incorporate some of medicine's tools and knowledge, or primary care practitioners who reject orthodox medicine.

Those who cling to the original concepts of Palmer believe that to accept the assumptions of orthodox science is to destroy crucial elements of chiropractic's identity, whilst those who see chiropractors as valid limited practitioners believe that accepting orthodox science will help establish the efficacy of chiropractic and confer upon it legitimacy.

“...the chiropractic profession as a whole spends more on competing with each other in the Yellow Pages than it does in supporting research.”

Robert D Mootz, 1990

“Some members of our profession would like us to believe that medicine is our greatest enemy. I think it is becoming obvious that arrogant ignorance within our own profession is really what is holding us back.”

A Christiansen, 1987

Over the years there have been a number of Skeptics SA

scientific reviews that have included an assessment of the evidence for and against chiropractic. The three most recent of these were from Canada, the UK and the USA.

After reviewing these reports, and many of the scientific papers discussed within them, the Australian Skeptics have concluded that the evidence supporting spinal manipulation as a valid treatment for lower back pain is strong, though there is still some debate about its relative efficacy in chronic pain states.

As for claims of the superiority of specific chiropractic manipulation, our assessment of the available evidence leads us to conclude (like many within chiropractic) that, at present, such claims are unproven.

In light of the evidence, what are the Australian Skeptics' recommendations regarding chiropractic, and chiropractors?

Firstly, as a scientific organisation, we believe that the evidence that does exist must be accepted by all health professionals. Chiropractic manipulation is, on the basis of existing evidence, a valid management option for lower back pain, and has no more or no less evidence to support its use than other treatments, such as physiotherapy.

Secondly, there is insufficient evidence to support the claim that chiropractic is useful in the management of 'visceral conditions' (e.g. asthma, headache, gastric ulcers). Either as a primary treatment or complementary therapy, its use in such cases should be discouraged until supportive evidence is available.

Thirdly, as there is insufficient evidence to support the claim that patients may benefit from preventative or maintenance adjustments, their use should be limited to a research setting.

Fourthly, the clinical and academic chiropractors who are fighting the battle for more research into chiropractic deserve our full support. Perhaps chiropractic does have something unique to offer? Perhaps it can help in some 'visceral' conditions? Perhaps patients can benefit from preventative adjustments? Only sound scientific research will allow us to answer these questions.

Finally, and most importantly, we must try to create a spirit of co-operative dialogue between chiropractic and 'orthodox' medicine, and seek to break down the 'us vs them' barriers that have been built up over many years by those on both sides who cannot accept that they just might be wrong.

## **Skeptics SA**

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