

Chiropractic Promotes Health? What is the Evidence?

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I recently testified in a case where the regulatory board hired experts to testify against the chiropractor on the issue of whether or not chiropractic care promotes health. In discussing the evidence on this issue one of the experts stated: "There is none."

Another expert for the Board compared chiropractic to astrology and said there was no evidence of improved health outcomes and that basically if someone believes that chiropractic helps them there is no harm as long as they get the care they really need in addition to chiropractic. Yes – *these were the experts hired by the chiropractic board.*

Space does not permit an exhaustive review of the literature on this issue, however there are a number of significant studies and documents available that easily refute such unfounded contentions.

The 1996 Paradigm Statement by the Association of Chiropractic Colleges¹⁻³ includes a section titled "Health Promotion" where it states that:

"Doctors of Chiropractic advise and educate patients and communities in structural and spinal hygiene and healthful living practices."

Another key aspect articulated in the ACC document concerns case management issues. It outlines, in a generic way, how chiropractors conduct themselves on a clinical level:

"Doctors of Chiropractic establish a doctor/patient relationship and utilize adjustive and other clinical procedures unique to the chiropractic discipline. Doctors of Chiropractic may also use other conservative patient care procedures, and, when appropriate, collaborate with and/or refer to other health care providers."

Chiropractic clinicians have a distinct manner in which they utilize the information, feedback and empirical results each patient case accumulates. For this reason, chiropractic care, especially subluxation based care, may not be linked to various diseases or conditions the patient may or may not have, before or after care has initiated. As we all know, the World Health Organization defines health as being "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."

Given this broad definition of health, epistemological constructs borrowed from the social sciences may demonstrate health benefits not disclosed by randomized clinical trials. Health benefits such as improvement in self-reported quality-of-life, decreased health care costs, behaviors associated with decreased morbidity, and patient satisfaction may be evaluated using such methods.

This performance-based domain focuses the doctor-patient relationship on the standards set by personal baselines and establishes guidelines for the utility of various chiropractic techniques. This type of chiropractic care is in a context with other non-invasive disciplines and is stratified into discrete application-based domains across a spectrum of parameters related to well-being.

Techniques and methods for correcting subluxation must be judged on their intended outcome and most if not all chiropractic techniques have some physiological and/or structural outcome that measures their results.⁴ Further, some techniques have as their goals - improvement in quality of

life, an improved sense of well-being and a better sense of relationship with the patient's environment and society.

Several studies warrant further discussion in this context. Blanks, Schuster and Dobson published the results of a retrospective assessment of subluxation-based chiropractic care on self-related health, wellness and quality of life.⁵ This is the largest study of its kind ever undertaken regarding a chiropractic population. After surveying 2,818 respondents in 156 clinics, a strong connection was found between persons receiving chiropractic care and self-reported improvement in health, wellness and quality-of-life. 95% of respondents reported that their expectations had been met, and 99% wished to continue care.

Coulter et al performed an analysis of an insurance database, comparing persons receiving chiropractic care with non-chiropractic patients. The study consisted of senior citizens over 75 years of age. It was reported that the persons receiving chiropractic care reported better overall health, spent fewer days in hospitals and nursing homes, used fewer prescription drugs, and were more active than the non-chiropractic patients.⁶

Rupert, Manello, and Sandefur surveyed 311 chiropractic patients, aged 65 years and older, who had received "maintenance care" for five years or longer. Chiropractic patients receiving maintenance care, when compared with US citizens of the same age, spent only 31% of the national average for health care services. There was a 50% reduction in medical provider visits. The health habits of patients receiving maintenance care were better overall than the general population, including decreased use of cigarettes and decreased use of nonprescription drugs. Furthermore, 95.8% believed the care to be either "considerably" or "extremely" valuable. Rupert reports that 79% of chiropractic patients have maintenance care recommended to them, and nearly half of those comply.⁷

In an online survey with 3018 respondents by Miller, 62% responded affirmatively when asked, "Although you feel healthy, would you follow your family member's lead and visit a doctor who focuses on wellness and prevention just so you can stay feeling that way?"⁸

Three additional studies have addressed this issue. One of the studies consisted of a three arm randomized clinical trial with two control groups (one of which was placebo controlled).⁹ This was a single blind study utilizing subluxation-centered chiropractic care implemented in a residential addiction treatment setting. A total of 98 subjects (14 female and 84 male) were enrolled in the year and a half study. 100% of the Active (chiropractic) group completed the 30-day program, while only 24 (75%) of the Placebo group and 19 (56%) of the Usual Care group completed 30 days.

The Active group showed a significant decrease in anxiety while the Placebo group showed no decrease in anxiety. The frequency of visits to the Nurse's station was monitored during the course of the study and among the Active treatment group only 9% made one or more visits, while 56% of the Placebo group and 48% in the Usual Care group made such visits. This poor performance by the placebo group suggests that the chiropractic care had no positive placebo effect.

Treatment was five days per week over a period of 30 days, for a total of 20 treatment encounters. Therefore, a 100% retention rate was achieved in a residential treatment setting using subluxation-centered chiropractic. The possible mechanism for such a response is elaborated on in an earlier paper by Holder et al, in which they describe the Brain Reward Cascade in relationship to vertebral subluxation and its role in resolving (RDS) Reward Deficiency Syndrome.¹⁰

A third study by Blanks et al. looked at the degree to which chiropractic intervention affected a change in a healthy lifestyle. The study found that chiropractic care users do tend towards the practice of a positive health lifestyle, which also has a direct effect on reported improvements in wellness. These empirical links are relative to the sociodemographic characteristics of this population and show that use of chiropractic care is an aspect of a wellness lifestyle.¹¹⁻¹²

There are numerous studies on chiropractic care in general and chiropractic care directed at reduction of vertebral subluxation that have demonstrated positive effects on physiological outcome measures.

In a review of literature related to objective physiological changes following chiropractic care, Hannon discusses more than twenty studies documenting objective health benefits in subjects who were specifically described as "asymptomatic," "healthy," "normal," or "free from physical injury." Nearly an equal number of studies were found documenting objectively measured health benefits in subjects in which no symptomatic presentation was described.¹³

Chiropractors have historically recommended initial care plans that involve a high frequency of visits as well as extended care plans of long duration to encompass corrective care and wellness based care. Care plans that do not base care solely on the presence or absence of symptoms have as their basis some very fundamental scientific laws that govern the connective tissue and neurological responses to abnormal biomechanical loads and neurological interference while also addressing the quality of life issues discussed above. The goal of care becomes the reversal of these insidious processes and an enhanced sense of well-being so that any judgment of that care must take into consideration those outcomes as well as outcomes related to the technique being applied.

As always I look forward to your feedback, comments and suggestions.

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