



Medicine has failed to grasp the principles explaining chiropractic's international success

Peter L Rome and John D Waterhouse

From the outset, a distinction is made here between the machinations of political medicine and the medical practitioners who have bothered to openly assess chiropractic, listened to patient feedback, and recognised the contribution chiropractic has made to the delivery of health care to patients. A number of medical practitioners have collaborated with chiropractors and even become chiropractic patients themselves.



Medicine has rejected and denigrated chiropractic care for over 120 years, even though it has been repeatedly shown to be safe, effective, and cost effective, for a range of health conditions. It has been warmly accepted by the vast majority of patients who have experienced chiropractic care and continue to turn to it for relief or advice with their health problems, when conventional care has not been effective. There is clearly an established patient demand for this distinct model of care.

This failure to recognise chiropractic is partly due to the fact that medicine has attempted to assess chiropractic based on the viewpoint from medicine's own model of care, which is essentially like trying to compare apples with pears.

Chiropractic provides a different model of care and should be viewed through established physiology in addition with its bioscience, philosophy, clinical application, efficacy, research, and safety record.

Chiropractic does not see itself as intruding into what medicine may see as its sole domain, but more as an additional choice for patients with particular problems, and in cooperation and collaboration with medical care when necessary.

Clearly there is a need for both professions to work together in the best interest of positive patient outcomes.

Over decades, political medicine has deliberately planned and executed the denigration of chiropractic. This has been demonstrated as being purely to protect their domination of the medical industry complex – like a union defending its economic demarcation territory.

The false and misleading disinformation has effectively cultivated a contrived negative image of chiropractic by generating false impressions which have become fictitious beliefs. It has pushed those unsubstantiated superficial notions to the public and government authorities without bothering to research them, thereby and conveniently ignoring the science.

These fabricated misconceptions have led to perpetuated myths about a rival health profession which may be seen as being essentially in competition with elements of medicine. The misleading claims relating to science, or safety issues, or education in chiropractic are insincere. But key issues have more to do with the responsible, ethical, and collaborative best interests of patients, the true efficacies and contribution of chiropractic, and the inadvisability of having a single dominant profession dictating the health system. Such a strategy tends to distract attention from questions relating to pharmaceutical and surgical safety, side effects, and efficacy, by pushing unsubstantiated claims against chiropractic. (1, 2)

Unfortunately, because the fabrications emanated from within influential political medicine, health authorities and medical colleagues just accepted the deceits without question, swallowing the mendacities, which has led to them becoming perpetuated.

The media has generally seemed to be complicit in this deception too. It collectively sensationalises or distorts the medically generated misinformation involving chiropractic by blithely promoting these stories against chiropractic without question, and seemingly without checking the facts and accuracy, thereby sensationalising them even further.

Political medicine continues this surreptitious subterfuge even after badly losing the Wilk antitrust case in the US where it was heavily fined, with other sanctions imposed for active and expensive anti-competitive activities. It is thought that it cost the AMA (and other medical organisations) over \$20,000,000 in settlement. (3, 4)

This crusade had been conducted in order to preserve medicine's virtual total domination in controlling every aspect of all health issue and all health conditions – an assumed right to dictate policy. It is only the concern of the opioid and NSAIDs catastrophes that has finally alarmed authorities to have the effrontery to challenge the medical industry. (5, 6, 7, 8)

This insecurity of political medicine has generated misrepresentation to the extent that it must be embarrassed to now find many medical practitioners adopting chiropractic concepts, and techniques, but also chiropractic practitioners providing care in government institutions like the US armed forced and general hospitals.

An astounding admission was presented at the US National Press Club in 2017 when the professor of Medicine at the New York University School of Medicine Dr Marc Siegal 'outlined the scope of the opioid crisis, its history, and how chiropractors offer a key solution in the non-pharmacologic approaches to pain management, other MDs, PhDs, and directors for various painmanagement and medical organizations followed suit.' (9, 10)

At the Press Club release, a further revelation was made by a US health authority, Dr David Thomas of the National Institute on Drug Abuse. He stated that their awareness of the positive outcomes for LBP and neck pain patients under chiropractic care has only existed since the 1990s Agency for Health Care Policy and Research Report (AHCPR). (11)

Dr Thomas' statement is essentially an admission which implied that they had:-

Not bothered with chiropractic before that time,

- Basically ignored the same pre-1990 material upon which Bigos reported so positively on chiropractic,
- Not taken any notice of the published chiropractic research prior to that time,
- Only recognised published medical literature.
- Accepted the medical literature without question,
- Assumed that the medical solutions were the only options,
- Assumed that the medical care of those conditions was satisfactory,
- Believed and blindly accepted the medical model of ultimate control of all care.

The independent 1994 AHCPR report found that:

'The panel found manipulation to be a recommendable method of symptom control.' 'The panel found no evidence of benefit from the application of physical agents and modalities such as ice, heat, massage, traction, ultrasound, cutaneous laser treatment, transcutaneous electrical nerve stimulation (TENS), and biofeedback techniques.' (11)

Such observations beg the following question: *Having ignored chiropractic care for LBP and neck pain until the 1990s, what other aspects of chiropractic care are being ignored?* Australian health policies seem decades behind in their comprehension and recognition of the chiropractic model of patient care due to this suppression by political medicine – an unfounded prejudice. In Europe and North America medical institutions such as the Mayo Clinic and Walter Reed National Military Medical Centre have long incorporated chiropractic care. There are over 100 hospitals outside Australia where chiropractic care is provided. (12, 13, 14)

Chiropractic services have been available at Naval Medical Centre San Diego since 2003 - helping active duty service members with neuromusculoskeletal problems. Their website states that 'The quest for ever-improving patient care for military readiness as well as for overall family health is our defining mission. To us, this means that our health practices are founded on the latest medical knowledge with state-of-the-art technology. Delivery of service must, in our view, be in the trusted hands of a staff that possesses a caring, warm, and sincere human touch.' In addition, the Walter Reed National Military Medical Centre in Bethesda is a teaching and research hospital, regularly has (chiropractic) residents rotating through its departments, and offers chiropractic students the opportunity to learn in this multidisciplinary setting along with those working toward other types of healthcare degrees. (15, 16, 17)

It is also significant when prominent members of society who could command the highest medical care find it necessary to turn to chiropractic. Such members include British Royalty, US presidents, professional sporting teams and professional sporting individuals, prominent lawyers and businessmen, media personalities, movie stars, politicians and even medical doctors themselves. (18, 19, 20)

It must be humiliating for political medicine to find that in addition to these facts, more and more private practitioners are cooperating and collaborating with chiropractors. Others have adopted aspects of the chiropractic model, just as physiotherapists are now developing their limited form of spinal manipulation.

Chiropractic is a profession and far more than just refined manipulation, especially as it incorporates the influence of somatosensory neural physiology into spinal considerations. In essence, medicine in Australia is out of touch and out of step with the developments of chiropractic internationally having been misled by self-serving and anti-competitive marketing.



Peter Rome DC (ret), FICC cadaps@bigpond.net.au

John D Waterhouse DC, FACC

Private practice, Melbourne

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