

Remarkable growth in Chiropractic Education: Building the profession in India

Phillip Ebrall

Narrative: Key stakeholders developing the new Chiropractic programs for India met in Melbourne in August 2025 to finalise the curriculum for the 6-year Transnational Chiropractic Curriculum, starting in January 2027.

An intensive 2-year Faculty Training Program was also finalised for the purpose of training in-country academics to be capable Chiropractic Academics to populate the new programs. The FTP commences in January 2026.

There is strong commitment to providing the highest quality of Chiropractic education to ensure entry-level graduates are fully capable to manage across the lifespan the range of case-mix expected in communities across India. Graduates will of course form the basis of a new and growing conventional Indian Chiropractic profession.

Indexing Terms: Chiropractic; subluxation; education; Transnational Curriculum; India; accreditation.

Introduction

The major challenge facing the discipline of Chiropractic is countering the farrago of evidence-free opinions from *soi disant* academics. We are seeing a worsening social censorship of subluxation by Chiropractic's less-informed elite who are remote from having any clinical practice with real patients needing real explanations. Instead we are gifted dry academic vomit.

Stakeholders have met to address this increasing dissonance in the profession and are committed to building the profession anew in India and to do so by delivering high quality programs of university-based Chiropractic education which in turn will enable legislation to establish the profession as an equal partner in the Nation's health care system.

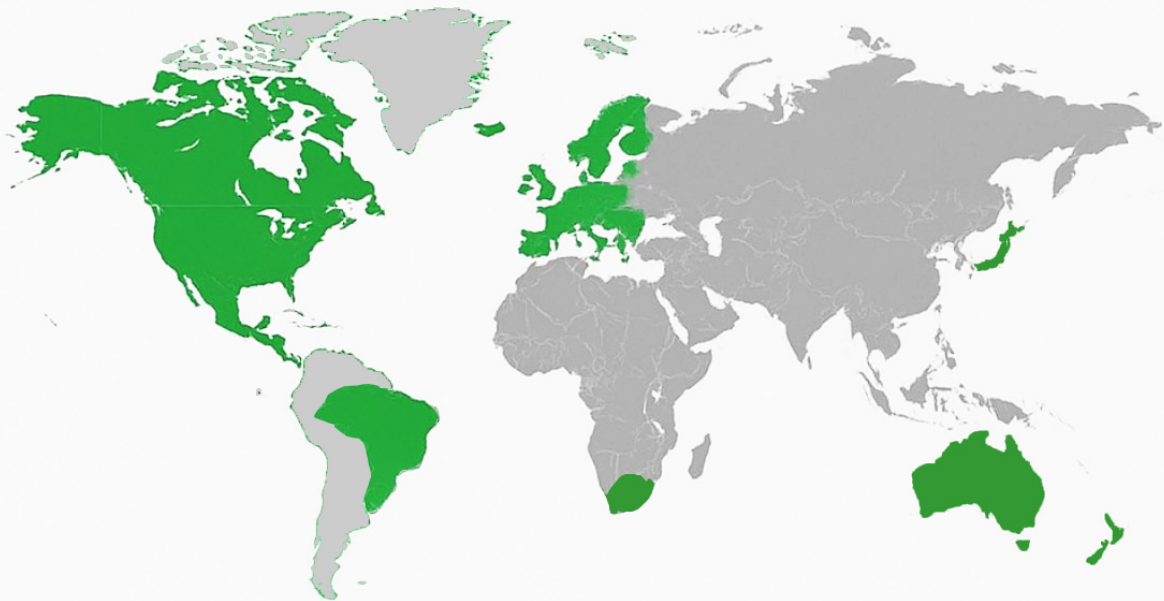
Stakeholder meeting


The stakeholder meeting was held in Melbourne, Australia in late August 2025. The group is led by Dr Michel Tetrault of the Chiropractic Diplomatic Corps and includes the Head of Chiropractic from each participating university and the Curriculum Design team. Dr Jayul Doshi represented the Indian universities, and Prof Phillip Ebrall ex RMIT, IMU, Hanseo University, CQUniversity, Tokyo College of Chiropractic, represented the Curriculum Team which includes Dr Yoshihiro Murakami (former VP Tokyo College of Chiropractic). Additional members will be included as new programs are delivered.


“... The outcomes of the Indian programs will bring the immense benefits of conventional, subluxation-focussed Chiropractic to new markets where the need for our services is immense...”

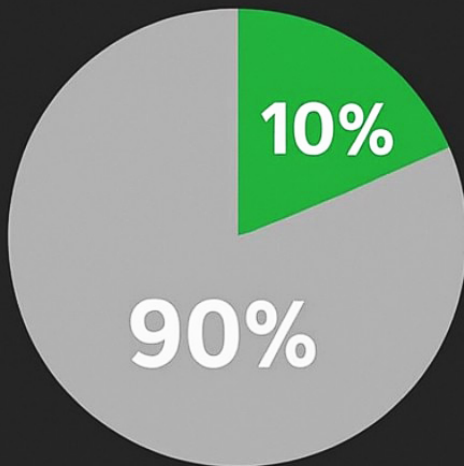


A WORLD WITHOUT CHIROPRACTIC CARE



 Nations with access
(≈ 1 per 5,000 people)

 Nations underserved
(≈ 1 per 50,000 people)



**90% OF THE
WORLD HAS NO
REAL ACCESS TO
CHIROPRACTIC CARE**

850 million
served by 100,000

7.4 billion people
with little or no access

Educational programs are the first step to change.

In this Editorial I explore the decisions taken at this meeting and show what they mean for shifting the locus of Chiropractic education from North America and Europe into the world's most populous nation, India.

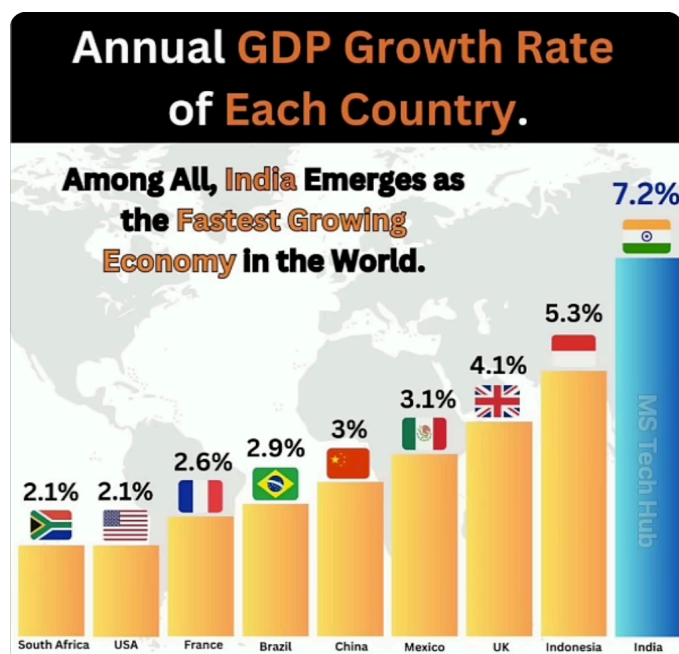
The optimism for these programs is grounded in the fact there are more people living in East Asia, India, and Africa than there are in all other countries of the world, indeed these world regions account for some 90% of all the world's people with a combined population of 6.3 Billion in a world total of 7.3 Billion. (1) Yet you can count the number of trained Chiropractors serving India on one hand.

The data for Western countries generally show about 1 Chiropractor for each 5,000 people, more or less. In India, where there are hardly any Chiropractors, the middle class alone totals 432 million people, projected to nearly double by 2046-47. (2) By comparison the total North American population is just 387.5 million people. (1) At the typical ratio of 1 Chiropractor per 5,000 people, the demand in India alone, right now, is for over 85,000 doctors of Chiropractic.

The objectives of the new programs is to commence the journey to bring the highest quality of Chiropractic education to the world's most underserved population, starting in India from 1 January 2026.

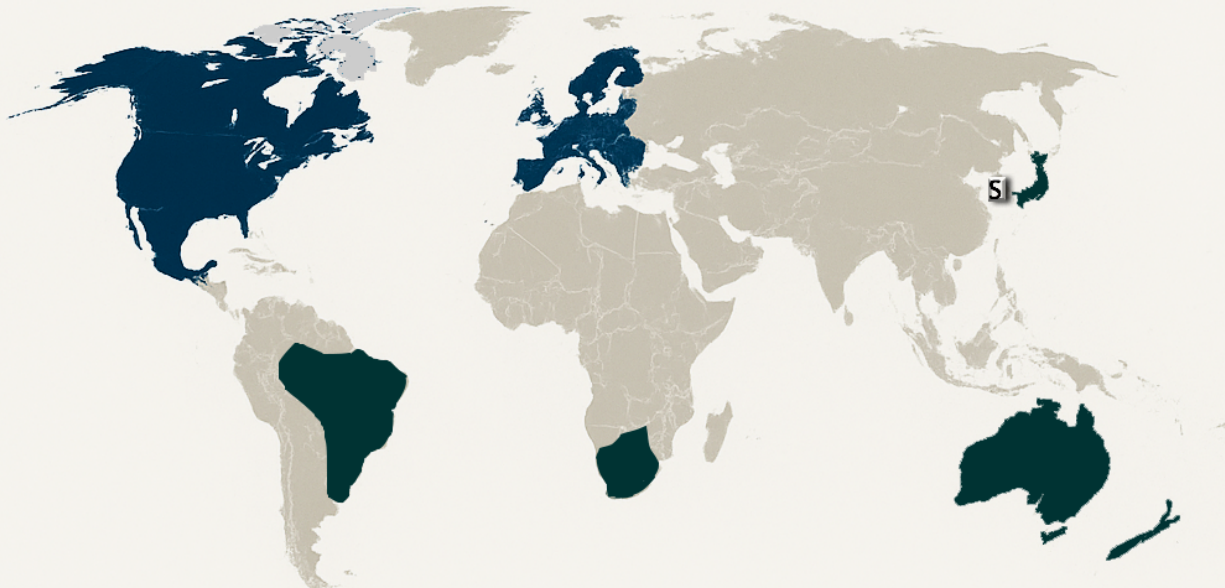
The need for a structured profession

On his world tour in the early 1920s BJ Palmer and his wife visited India. Each wrote detailed reports however there is no mention of any Chiropractor. Meanwhile India has grown to be the 5th largest economy in the world and its growth continues as the fastest. (Fig. below, 3) There is little doubt that India is becoming an economic superpower. (4) As noted above, India's middle class is already larger than the total population of North America. We have taken the responsibility to address the serious question as to how this mass of humanity will be able to access responsible Chiropractic services in a timely manner and at a price they can afford.



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GLOBAL CHIROPRACTIC ACCESS



Adequate access

(-1 chiropractor per 5,000 people)



Emerging and underserved

nations with limited or no access

POPULATION COMPARISON

100,000
chiropractors serve
850 million
(10% of the world.
wealthier nations)

7.4 billion
people
(90% of the world)
emerging and
underserved nations)

The absence of chiropractic education programs in emerging and underserved nations underscores the necessity of establishing accredited university-level programs to address global inequities in access to care.

The non-negotiables

The Caucus determined that Chiropractic training must be delivered in-country and that this can only be achieved by introducing Chiropractic education in the domestic style of the Indian higher education system. This means each new program must be established within an accredited Indian university within the Indian Higher Education sector under government regulation.

It is also non-negotiable that each institution must deliver programmatic standards appropriate for accreditation that are culturally and socially resonant with the Indian community.

It is also incumbent on the group to train locally resident Indian academics to become certified Chiropractic Educators and training materials have been developed to attain this mandatory outcome. This is the Faculty Training Program (FTP), scheduled to commence January 2026.

Education enables legislation

The group also holds that a parallel outcome is legislation to legitimise and empower the profession. It is recognised that as with the introduction of Chiropractic education in Australia (5) government demanded a quality education program aligned with Government benchmarks in order to consider then introduce appropriate legislation. This principle applies in India and elsewhere.

In practical terms this means the initial education activity is an FTP as a 2-year in-person 'intensive' of over 2,600 hours. These graduates are destined to become the Indian academics to drive the roll-out of the full 6-year Transnational Curriculum for doctors of Chiropractic at selected Universities.

The Transnational Chiropractic Curriculum

The TNC has been described in these pages. (6) The programme centres on the universal meaning of subluxation (7, 8) as the constitutional founding premise of the Chiropractic discipline in its contemporary iteration.

A distinguishing feature of the curriculum is that it is driven by a strong educational philosophy, also described in these pages (9) and will shape the future of Chiropractic in India to be conventional (10) and realist. (11)

Accreditation

Accreditation covers the domains of the institution and the program. Institutional accreditation remains a matter for the Institution and its relationship with formal government bodies. We will only establish a relationship with a fully-accredited tertiary university recognised as an autonomous institution with the legal right to accredit the programs it delivers.

Programmatic accreditation thus resides with the Academic Board and Council of each partner institution which acts to approve content delivery in accord with formal statutory requirements.

This approach removes any need for a body of the nature of any council on Chiropractic education, thus removing conflicting agendas. It is also noted that no existing CCE-type body has any legitimacy with government in India or its states and can only act as an expensive courtesy on invitation, as

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experienced with the CCEA and the Tokyo College of Chiropractic. The author has previously reported on this. (12)

The knee-jerk response centres on whether graduates from programs in India will be eligible to seek registration in other jurisdictions where a barrier, yet to be tested legally except in New South Wales (Australia) on one occasion, (13) is a restraint of trade which favours graduates from colleges recognised only by 'fellow' CCE's.

We do not consider this to be an issue as the intent of each Indian program is to produce highly-skilled Chiropractors with the capability to practice domestically in any state of India. We recognise that in many cases local community leaders will be sponsoring a student's education on the condition that the graduate returns to introduce Chiropractic practice into that community.

In other words, graduates from the programs in India are intended to remain and serve their fellow-man and build the profession in India. Further, no program will accept applicants from outside the country seeking a lower-cost pathway to become a Chiropractor with a view to returning to a Western nation. Any question of recognition by a closed-loop Western Chiropractic accreditation system is moot.

Cost-parity

The cost of Chiropractic education in North America has become prohibitive as it trends towards the DC being a USD \$300,000 qualification. (14) The CDC sees this as unsustainable and completely unrealistic for emerging nations.

Concomitant is the need to train, develop, and provide ongoing support for in-country academics. The graduates from the FTP are suitable applicants for employment at domestic academic rates in domestic Indian programs. In turn this will keep the cost of Chiropractic education in India comparable to the cost of other in-country higher education programs in the health sciences and medicine.

While some faculty from outside the country may be appointed they will be talented Chiropractors seeking a new, more invigorating life in the dynamic nation of India where their prime activity will be providing patient care in an existing clinical facility, with teaching into a program being based on their clinical skills sets.

Readers wishing to explore this further may register at <https://chiropracticdiplomatic.com/foreign-service-registry/> or email direct to ais@drspine.in. A companion Editorial in this issue carries a call-to-arms to get this process moving.

Provision of clinical care

The distinguishing feature of the TNC is its commitment to graduate a practitioner with the full capabilities of a Chiropractor to manage patients across the lifespan who can safely and cost-effectively apply their competencies across all clinical categories.

The clinical placement within the program requires over 1,000 documented doctor-patient interactions under various levels of supervision, ranging to independent practice. This is over 3 times the patient engagement required in typical Western programs.

The reason the student's experience can be so extensive is due to the clinical networks associated with the programs, and the very high demand for patient care.

12. Ebrall PS, Takeyachi K. International equivalency for first-professional programs and chiropractic education. *Chiropr J Aust* 2004; 34:103-112.

13. Oral history, Phillip Ebrall. One male graduate of the Tokyo Chiropractic College required court intervention to seek registration in New South Wales at the time.

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Conclusion

The Chiropractic discipline is at an inflexion point with its education. As shorter programs continue to roll-out in Western universities (15, 16, 17) in markets crowded with Chiropractors, the Indian stakeholder group is breaking fresh ground to actually create a dynamic, well-educated profession of Chiropractors in India.

The outcomes will bring the immense benefits of conventional, subluxation-focussed Chiropractic to new markets where the need for our services is immense.

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