

Peer-review, virtue-signalling, and the censoring of ideas: Publication is no longer an elite activity. Oh, and a Babygate update

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Abstract: We advocate for all Australian children to have access to chiropractic care as part of their basic human rights. We endorse the June 2017 position of the Chiropractic Board of Australia and urge all chiropractors to continue with their diligent and ethical provision of care to all patients. We note with admiration the development of matrescence as a stream of continuing professional development within the Australian Chiropractors Association and express our concern with those instances where it is known that peer-review has become a traded commodity, leading to the publication of questionable science. As a journal of peer-reviewed, evidence-based chiropractic clinical science we assure all readers of the sanctity of our review processes.

Indexing Terms: chiropractic; matrescence; pediatrics/paediatrics; Chiropractic Board of Australia.

America's *National Academies of Sciences, Engineering, Medicine* released in May a report (1) that shows '*lack of representation in research is compounding disparities in health outcomes, with serious consequences for underrepresented groups and the nation as a whole*'.

The Report notes '*Currently, large swaths of the US population, and those that often face the greatest health challenges, are less able to benefit from these discoveries because they are not adequately represented in clinical research studies. While progress has been made with representation of white women in clinical trials and clinical research, there has been little progress in the last three decades to increase participation of racial and ethnic minority population groups*' (1)

This is a dreadful indictment on the value of the clinical trial process and a further reason why chiropractic's research community would benefit from considering the new *Hierarchy of Evidence* (Evidence Pyramid) published in these pages. (2)

Rather than offering definitive answers to questions about the clinical effectiveness of chiropractic intervention and management, the '*clinical trial*' on which some rely to make decisions on the provision or withholding of chiropractic care must be read and interpreted more closely with regard to the ethnicity, demographics, and gender representation of the cohort participants. A quick look at retractionwatch.org tells a pretty bleak story which reduces confidence in peer-review.

... *matrescence* explores the physiological and psychological shift of a woman to a mother and together with care of the newborn and developing child is a valuable field of practice within chiropractic'



1. Report: Improving Representation in Clinical Trials and Research Building Research Equity for Women and Underrepresented Groups. National Academies of Sciences, Engineering, Medicine. May 2022. URL <https://nap.nationalacademies.org/catalog/26479/improving-representation-in-clinical-trials-and-research-building-research-equity>
2. Ebrall P. A more inclusive evidence hierarchy for chiropractic. *Asia-Pac Chiropr J.* 2021;2.2. URL www.apcj.net/papers-issue-2-3/#EbrallEvidencehierarchy.

As a profession we need to do some work to enhance the application of learnings from Case Reports and I suspect this will need a significant shift in how the elite academics in the profession view evidence, and the bigger question of how we accord evidential value to publications.

The sociological dimension of evidence is yet to be explored. What I mean by this is the attitude in chiropractic's elite that there is now one journal that is a 'real' journal, and note that that it is no longer JMPT (3) but another manual therapy journal, (4) one that started life serving the osteopathic profession and those self-proclaimed chiropractors in Australia. (5) It is a journal that mostly publishes its acolyte's submissions.

Of course the idea of ranking journals in chiropractic is a nonsense as so few chiropractors read on a regular basis and even fewer subscribe. It is tempting to say that chiropractic is largely an illiterate profession, those who do read and share their ideas are now frequenting Chiropractic 'pages' in Facebook and worse, other sites more attune to providing instant gratification no matter how weird the idea expressed.

This *Journal's* editorial board has considered these developments and we hold a view that several long-accepted journals serving chiropractic will either cease shortly, or become electronic only. The outlier is of course the dinosaur that is *Chiropractic History* (the journal); if ever there was a field that would benefit from a lively on-line presence it is our history, yet the fear in stepping outside a printed and thus inaccessible journal, is palpable. The real sadness with this anachronism is that it withholds so much information that our students need in order to become well-rounded chiropractors.

Matrescence

Australia's ACA, one of the nation's representative bodies for trained chiropractors is advancing the field of 'Matrescence' in chiropractic. (6) In short, *matrescence* explores the physiological and psychological shift of a woman to a mother.

Dr Ali Young maintains that '*chiropractors are perfectly positioned to support mothers in this transition and to continue the great work they do in antenatal care ...*' (7) She first presented on this topic in the March 2022 *Connecting Kids Symposium* held by the ACA.

The *Journal* celebrates and supports this development and notes it is an activity within ACA's AICE Paediatrics group (*Australasian Institute of Chiropractic Education*).

Babygate

A previous editorial (8) argued there was no evidential basis for an interim guideline from the *Chiropractic Board of Australia* that limited the care provided by chiropractors to children and infants. We urged the CBA provide clarity and restate its position of 20 June 2017.

This update reports that it seems this has now become the position of the Board. We thank them for their attention to this matter and state the *Journal* endorses the 20 June 2017 position. It is reasonable and places the rightful onus on chiropractors to ensure due diligence with their care not only of children and infants, but all patients.

We recommend the Board shares widely this most reasonable and safe position, especially to its registrants and also with those boards forming the *International Chiropractic Regulator Society*. (9)

3. Journal of Manipulative and Physiological Therapeutics. Home. URL <https://www.jmptonline.org>.

4. Chiropractic and Manual Therapies. Home. URL <https://chiromt.biomedcentral.com>.

5. Ebrall PS. Finding the professional identity of chiropractic in Australasia: A pragmatic narrative of the Formative Period to 1960. *Chiropr Hist*. 2020;40(1):49-71.

6. Young A. Chiropractic & Matrescence: An emerging field. *The Australian Chiropractor*. June 2022;28, 29.

7. Connecting Kids Symposium./ March 18, 19 2022. Australian Chiropractors Association. URL <https://www.chiro.org.au/events/all-events/connecting-kids-symposium-program/>.

8. Ebrall P. The Chiropractic Board of Australia and its evidence-free position on the chiropractic care of children: A call to action. *Asia-Pac Chiropr J*. 2022;2.6. URL apcj.net/papers-issue-2-6/#EbrallEditorial2022Q2

9. International Chiropractic Regulator Society. Home. URL <https://www.chiroregulation.org>

Without labouring the point, as on 14 May 2019 the stated position of the Board may be given as:

'The Board expects chiropractors to tailor the treatments and interventions provided to children of all ages in line with the Statement on paediatric care (2017) and the Code of conduct for chiropractors (2014). It should be noted that the interim policy of spinal manipulation for infants does not restrict chiropractors from treating children under the age of 2, it does however limit the use of techniques that move the spine beyond the child's usual physiological range of motion using a high velocity, low amplitude thrust. (10)

We can only add the comment that this stance should have been publicised some time ago. There is also the nagging lack of clarity about what the Board means by '*manipulation*' under the National Law as given in their previous interim statement.

The language of the National Law is farcical with its definition of spinal manipulation as I have previously addressed (11) along with others: (12, 13)

'Within Australia a misunderstanding of joint movements as depicted by Sandoz gives rise to a criminal act under Section 123 of National Law. (14) The supposedly Independent Review for Safer Care Victoria (15) repeated this error by defining spinal manipulation as "any technique delivered by any health professional that involves a high velocity, low amplitude thrust beyond the physiological range of motion, impacting the spine, within the limits of anatomical integrity." (Executive summary, par 6; emphasis added)'

We also note a new systematic review on the effectiveness of osteopathic manipulative treatment for paediatric conditions by Franke, Franke, and Fryer, (16) and commend this paper to our readers.

Immunity

This *Journal* holds a strong position that chiropractic care influences individual immunity. We have published on this matter several times (17, 18, 19, 20) and note the position of the ICA. (21) We also note the work of the *Foundation for Vertebral Subluxation Best Practices Initiative* which has presented clear argument on the role of immunity within conventional chiropractic practice. (22) In terms of Best Practice the evidence weighed by the Initiative led to an '*Established*' rating with evidence levels of E and L.

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10. Letter of the Chiropractic Board of Australia, to a practitioner in response to a request for clarification. We retain confidentiality regarding the recipient.
 11. Ebrall P. The Paraphysiological Space of Manipulation: A Pragmatist's Appraisal. *J. Philosophy, Principles & Practice of Chiropractic*. 2020;May 4:8-17.
 12. Rome P. Waterhouse JD. The specific chiropractic adjustment is conducted within an articulation's physiological range of motion: Part 4 of a series. *Asia-Pacific Chiropr J*. 2021;1.4. URL www.apcj.net/rome-and-waterhouse-adjustment-is-within-rom/
 13. Rome P. Waterhouse JD. Regarding High-Velocity/Low-Amplitude (HVLA) adjusting techniques in chiropractic: Controlled pre-loaded impulse of low amplitude: Part 5 of a series *Asia-Pacific Chiropr J*. 2021;1.4. URL www.apcj.net/rome-and-waterhouse-regarding-hvla-techniques/
 14. Australian Health Practitioner Regulation Agency. Home/Concerns about practitioners/Raise a concern/Reporting a criminal offence accessed 16 December 2019 <https://www.ahpra.gov.au/Notifications/Raise-a-concern/Reporting-a-criminal-offence.aspx>
 15. Safer Care Victoria. Chiropractic spinal manipulation of children under 12 accessed 09 January 2019 <https://www.bettersafecare.vic.gov.au/sites/default/files/2019-10/20191024-Final%20Chiropractic%20Spinal%20Manipulation.pdf>
 16. Franke H, Franke J-D, Fryer. Effectiveness of osteopathic manipulative treatment for pediatric conditions: A systematic review/ *J Bodywork Mvmt Therap*. 2022;31:113-33. URL [https://www.bodyworkmovementtherapies.com/article/S1360-8592\(22\)00055-9/fulltext](https://www.bodyworkmovementtherapies.com/article/S1360-8592(22)00055-9/fulltext).
 17. Blum C. Chiropractic and the Immune System: Disentangling Context and Looking at the Big Picture. URL <https://www.apcj.net/blum-immunity-philosophy/>.
 18. Masarsky CS. The wide-angle lens: Patient education, evidence, and the Pandemic. *Asia-Pac Chiropr J*. 2021;1.4. URL [apcj.net/masarsky--education-evidence-and-pandemic/](http://www.apcj.net/masarsky--education-evidence-and-pandemic/).
 19. Whalen WM, Hawk C, Crivelli L, et al. [Exposition]. *Asia-Pac Chiropr J*. 2020;1:020 URL https://www.apcj.net/site_files/4725/upload_files/COVIDClinicalCompass.1.pdf?dl=1.
 20. Masarsky CS. The wide-angle lens: Patient education, evidence, and the Pandemic. *Asia-Pac Chiropr J*. 2021;1.4. URL [apcj.net/masarsky--education-evidence-and-pandemic/](http://www.apcj.net/masarsky--education-evidence-and-pandemic/).
 21. Immune function and chiropractic. International Chiropractors Association. URL https://www.apcj.net/site_files/4725/upload_files/ICA-Report-on-Immune-Function-and-Chiropractic-3-20-20.1.pdf?dl=1.
 22. McCoy M, Kent C, Stiles A, et al. Immunity & chiropractic clinical practice. *Ann Vert Subluxation Res*. 2021;March:24-35. URL <https://vertebralsubluxationresearch.com/2021/03/28/immunity-chiropractic-clinical-practice/>.

There is a small, ignorant group within the profession who ridicule any connection between chiropractic and immunity. (23) This was a most embarrassing position to take, as has been made clear by McCoy et al. (24)

The *Journal* has published not only the above positions which contradict the evidence-free opinion of researchers associating at the time (23, conflict of interest statement) with the *World Federation of Chiropractic* (WFC) but also a current 'up to date' paper. (25)

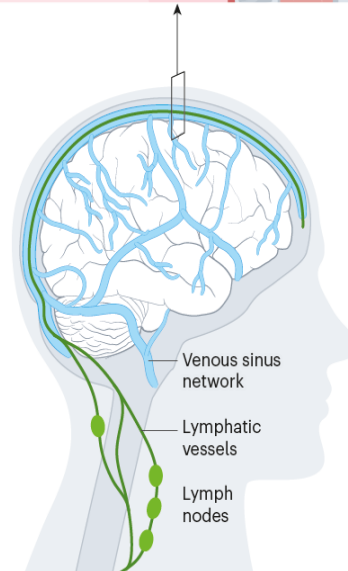
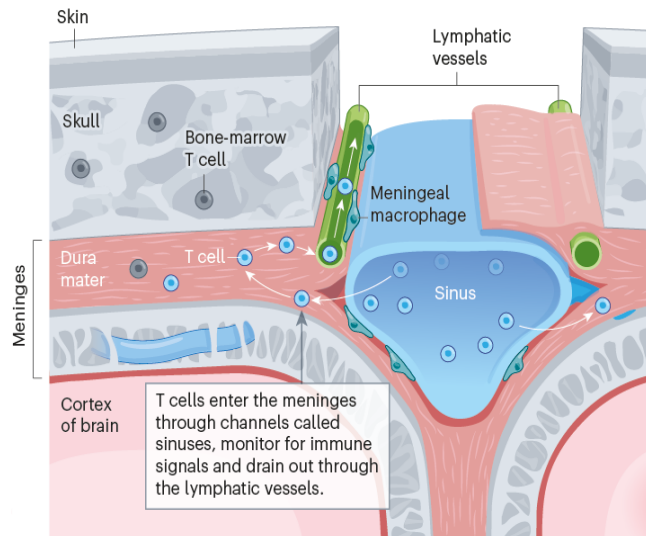
The problem with the elite taking a political position and ignoring evidence is that the flow of evidence does not stop. In June 2022 the journal *Nature* published 'Guardians of the brain', (26) a fascinating report of evidence for an army of immune cells which populate the brain's borders to monitor and protect it.

The *Journal* is not proposing any conclusion but merely making the point that evidence is a dynamic thing that ebbs and flows; right now chiropractors and manual therapists such as osteopaths have evidence of linkages between immune cells and the CSF. Proponents of cranial work and SOT will find this most fascinating and while the elites hide in their ignorance, clinical chiropractors will be actively seeking clinical relationships that may relate to these newly-identified connections.

The knowledge gap here is what happens about the sacrum in a living patient with cranial work. It is in this exciting spirit of discovery that in this issue the *Journal* publishes an intriguing piece of research by Marc Pick. (27)

THE BRAIN'S IMMUNE DEFENCES

Long thought to be cut off from the body's immune system, the brain is now known to host its own immune cells while allowing others to circulate through its fluid-filled borders, the meninges. Cell types include microglia inside the brain and T cells and macrophages at the edges. Together, these help the healthy brain to function and defend it from disease.



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23. Côté P, Bussi eres A, Cassidy JD et al. A united statement of the global chiropractic research community against the pseudoscientific claim that chiropractic care boosts immunity. *Chiropr Man Therap*. 2020;28:21. URL <https://doi.org/10.1186/s12998-020-00312-x>.
24. McCoy M, Kent C, Senzon S, et al. A Critical Evaluation of the World Federation of Chiropractic's Fatally Flawed Review of Immunity & Chiropractic. *Annn Vert Subluxation Res*. 2020;May 12:59-62. URL <https://vertebralsubluxationresearch.com/2020/05/03/a-critical-evaluation-of-the-world-federation-of-chiropractics-fatally-flawed-review-of-immunity-chiropractic/>.
25. Foote P, Emmanuel L, Postlethwaite R, et al. Chiropractic Care and Immune Function: What you really need to know from the literature. *Asia-Pac Chiropr J*. 2022;2:5. URL apcj.net/papers-issue-2-5/#ReviewImmuneFunction.
26. Kwon D. Guardians of the brain: How a special immune system protects our grey matter. *Nature*. Vol 606:22-4. 01 June 2022. URL <https://www.nature.com/articles/d41586-022-01502-8>.
27. Pick M. Immediate changes to lumbosacral dural regions upon simultaneous bilateral compression to the parietooccipital (asterion) cranial region: A dissection study. *Asia-Pac Chiropr J*. 2022;31. URL www.apcj.net/papers-issue-3-1/#PickDural.

Once again this evidence is not definitive, if any evidence can ever be considered definitive, but points strongly to physical connectivity between the skull and the sacrum.

We now have a reasonable belief that pressure about the asterion can create pressure variation at the sacral level in the dead. This suggests a mechanical cause and effect.

Does this hold in the living? Are other 'life' forces involved? If so is less pressure needed by the therapist? Is asterion pressure the be-all and end-all, or in the living can similar changes be associated with different cranial points? Can we test Goodheart's neurolymphatic points? Pick's paper gives us the best reason ever to ask more questions and do more studies in living patients.

Pick raises a lot of questions and this is exactly the point of us publishing his paper and why we see it as a critically important contribution. At worst, we now have a template for an in vivo study using local MRI at the sacral level and at best, we have evidence that working with cranials actually does something.

We can either choose to remain elite, aloof, and ignorant, or we can have a read of and consider new findings as they appear. Personally, I much prefer doing the latter.

A final, contemplative comment

As an Editor I am at a loss, and I do not mind admitting it. In this issue we pay tribute to the late Dr Edwin Devereaux AM. My duty and great privilege as an Editor is to use these pages to document and index a tribute to a man who contributed to shaping the chiropractic profession in Australia. This is not a questionable proposition, the facts as I have researched in detail and reported demonstrate this. (28)

During my reflections on the life and times of Dr Ed I came to question how we can better understand who we are as the collective chiropractic profession in Australia. There is still a shred of 'us' and 'them'; the Palmerians who consider themselves as mainstream, and the locally trained like Ed, considered a second-stream.

In the end it gave me joy to reflect on Ed and his unique but always eloquent way of doing things '*for the little person*', me included. My position of equanimity may concern some but so be it. I do not want to live my life with flipperty-jibberts who make noise without providing any substance.

I think today is the day we end any discussion or thought of '*mainstream*' and '*second-stream*'. I think my post-doctoral research publications make this clear. (29, 30, 31)

It is much healthier for us all to walk in the shadow of giants like Edwin P Devereaux AM. We have much to learn and appreciate from his life and contributions as [you will read here](#).

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28. Ebrall PS. Edwin P Devereaux [In Memoriam]. Asia-Pac Chiropr J. 2022;3.1. URL apcj.net/Papers-Issue-3-1/#DevereauxObit

29. Ebrall PS. Finding the professional identity of chiropractic in Australasia: A pragmatic narrative of the Formative Period to 1960. Chiropr Hist. 2020;40(1):49-71.

30. Ebrall PS. Finding the professional identity of chiropractic in Australasia that shaped education: A pragmatic narrative of the Inquiry Period from 1960 to 1979. In press.

31. Ebrall P. The establishment of the International College of Chiropractic (ICC) Melbourne. In press.