

When skepticism becomes dogma: A scientific rebuttal to Samuel Homola's 'Pseudoscience in Chiropractic'

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Narrative: Samuel Homola is a retired Chiropractor known for his critical views on certain practices within the profession. He has been active since the 1960s and has authored several books. His schtick is his claim that he is emphasising the importance of evidence-based practices in Chiropractic care.

Here I present sound arguments exposing his flawed reasoning and show he is out of touch with the profession as it is today.

Homola's claims are illogical and he shows weakness in his understanding of the fundamental tenets of the discipline. I conclude it is not Chiropractic which is weak but Homola himself who has slid from skepticism to dogma.

Indexing terms: Chiropractic; Gonstead; technique; Homola; dogma.

Introduction

As an introduction to this article, I would like to mention that I first read Samuel Homola's work when I was still a student in the late 90's. It was filled with logical fallacies and vitriol, but very little science. Even then, I wondered why nobody had ever met him head-on to scientifically refute his claims.

A few years ago, Dr Rick Burns mentioned the writings of Homola in a presentation at the Gonstead Clinic. It was at that moment that I knew a challenge needed to be written and published, as many of Homola's arguments are still used today, especially by those outside the profession who seek to demean and discredit. I wanted to have a fully referenced article that anyone could point to that would expose the lies and the motive for telling them.

In that regard, this article was written more for that purpose than it was to educate you on the benefits of chiropractic. You already know the benefits, but there are many who won't give it a chance because of pseudoscientific, pseudo intellectual arguments such as those of Samuel Homola.

Since its inception in 1895, chiropractic has struggled under the weight of misrepresentation. Few figures have contributed more to that perception than Samuel Homola, a retired Chiropractor whose writings, beginning with 'Bonesetting, Chiropractic, and Cultism' (1963), sought to discredit the philosophical foundations of chiropractic while preserving manipulation as a

... Homola claims to be a retired Chiropractor yet he is vocal in his denigration of our profession. He is not worthy of our time ...'



medical procedure under non-chiropractic authority. In 2013, fifty years after his first major polemic, Homola published 'Pseudoscience in the Use of Manipulation by Chiropractors' in 'Focus on Alternative and Complementary Therapies', repeating many of the same assertions he advanced in the 1960s with little regard for the intervening decades of scientific development.

Our goal is not to silence critique but to expose a pattern of rhetorical pseudoscience, arguments dressed in scientific language yet devoid of methodological integrity. Homola's work exemplifies this pattern. By examining his reasoning, comparing it against the literature, and contextualising his influence, we reveal how intellectual bias-when cloaked as skepticism-can distort public and professional understanding of chiropractic.

Homola's early writings positioned chiropractic as a 'cult' and subluxation as a 'religious belief' rather than an evolving clinical model. (1) His background as a Chiropractor who rejected the profession's central tenets lent his critiques an air of insider authority.

Over decades, this identity as the 'rational chiropractor' became a brand, repeatedly cited by skeptics and medical commentators as proof that chiropractic was irredeemably pseudoscientific. However, Homola's reasoning demonstrates confirmation bias, beginning with the conclusion that Chiropractic is a pseudoscience and working backward to justify it.

He consistently defines 'science' in a way that excludes chiropractic a priori: equating scientific legitimacy exclusively with medical orthodoxy and dismissing any paradigm that emerged outside it. (2)

By 2013, when 'Pseudoscience in the Use of Manipulation by Chiropractors' appeared, Chiropractic research had expanded dramatically. The literature contained randomised controlled trials (RCTs), meta-analyses, and neurophysiological studies exploring both clinical outcomes and mechanisms of spinal manipulation. (3 - 6 Yet Homola's article cited none of them. Instead, he recycled mid-century sources and opinion pieces, evidence of an entrenched narrative, not a scientific review.

Homola's 2013 article presents three main propositions:

- i. Chiropractic manipulation is grounded in pseudoscientific subluxation theory
- ii. Chiropractic as a profession resists scientific reform.
- iii. Manipulative therapy, though useful, should be divorced from Chiropractic control.

Each of these claims fails under examination.

Homola defines pseudoscience as 'belief without proof' then equates all Chiropractic adjustment with the 19th Century subluxation concept-ignoring that many chiropractors no longer claim systemic disease correction as a therapeutic goal, never mind that subluxation theory is about allowing the body to heal itself.

His argument commits a straw man fallacy: He is attacking an historical caricature rather than the current evidence-based framework. Modern chiropractic recognises subluxation as a clinical descriptor for joint dysfunction or aberrant motion patterns with potential neurophysiological consequences, not as a mystical obstruction of 'vital force'. (7, 8) Homola's failure to acknowledge this evolution betrays either ignorance or wilful neglect.

Homola asserts that Chiropractic has 'failed to reform' and remains 'incompatible with science'. Yet, data from accreditation bodies, research funding agencies, and peer-reviewed literature reveal the opposite trend.

The US Council on Chiropractic Education (USCCE) requires evidence-based competencies; Chiropractic researchers participate in NIH-funded projects; and dozens of systematic reviews now populate PubMed. (9) His dismissal of these developments is not skepticism, it is denial.

Homola's citations stop conveniently before the explosion of Chiropractic clinical research in the 2000s. He portrays manipulation as either pseudoscientific (if performed by chiropractors) or

legitimate (if performed by medical doctors or physical therapists), a false dichotomy unsupported by data. Clinical efficacy depends on specificity, skill, and indication, not professional title. By his logic, the same procedure transforms from pseudo-scientific to scientific based solely on the provider's credentials. To correct the record, we review representative evidence that Homola ignored. Multiple systematic reviews demonstrate that SMT provides clinically meaningful benefits for low back pain and neck pain. Rubinstein et al. (2011) reviewed 26 trials and concluded that SMT produced significant improvements in pain and function for chronic low-back pain compared with other therapies.(3)

Coulter et al (2018), in a meta-analysis of 47 RCTs, reported moderate-quality evidence that manipulation and mobilisation reduce pain and improve function compared with non-manipulative care. (4) A 2019 BMJ review reached similar conclusions, stating that SMT 'results in modest but clinically important reductions in pain'. (5) These findings do not sanctify all Chiropractic claims, but they decisively refute Homola's categorical dismissal of manipulation as unscientific.

Advances in neurophysiology have identified plausible mechanisms for SMT effects, including modulation of sensorimotor integration and cortical processing. Haavik and Murphy (2012, 2016) demonstrated changes in somatosensory-evoked potentials and prefrontal cortex activation following specific chiropractic adjustments, supporting a neuromodulatory model rather than a purely mechanical one. (6, 10) Such research directly contradicts Homola's assertion that no testable theory underlies chiropractic practice. Homola cites the risk of stroke from cervical manipulation as evidence of chiropractic recklessness. Yet systematic reviews (Ernst 2010; Church 2016) estimate serious adverse events as extremely rare-ranging from one in several million to one in tens of millions of manipulations. (5, 11) When performed with proper patient screening and technique, SMT's risk profile compares favourably with that of NSAIDs, spinal injections, or surgery.

Homola's fear-based rhetoric

By omitting these data, Homola replaces scientific risk assessment with fear-based rhetoric. Contrary to Homola's claim of professional stagnation, Chiropractic education and regulation have increasingly emphasised evidence-based practice. CCE standards mandate research literacy, and major chiropractic organisations endorse outcome-driven care. (9) The profession now contributes to multidisciplinary guidelines on spine care, including those from the Lancet Low Back Pain Series (2018), which list manipulation among recommended first-line interventions. (5)

Homola's portrait of Chiropractic as a defiant pseudoscience is simply outdated.

Ironically, Homola's method mirrors the very pseudoscience he condemns. Pseudoscience is not defined by who makes a claim but by how the claim is made, without falsifiable hypotheses, selective use of data, and resistance to counter-evidence. By those standards, Homola's 2013 article qualifies as rhetorical pseudoscience: it begins with conviction, filters the evidence to fit it, and portrays dissenters as heretics rather than scholars. This pattern has consequences. By branding Chiropractic as pseudoscientific regardless of data,

Homola and his followers disincentivized genuine inquiry. Students and clinicians who might engage constructively with scientific evidence instead find themselves defending their profession's legitimacy against caricature. Such intellectual gatekeeping perpetuates polarisation and hinders collaborative progress in musculoskeletal research. Moreover, Homola's insistence that manipulation be divorced from Chiropractic and absorbed into medicine reveals a philosophical, not scientific, agenda. His work reflects an older paradigm in which legitimacy flows only from medical authority, and any autonomous discipline is deemed heretical.

The irony is that Chiropractic, through its emphasis on biomechanics and neurology, anticipated many of the paradigms that musculoskeletal medicine later adopted.

Samuel Homola's legacy deserves to be viewed with precision rather than reverence. His skepticism may have once provided a useful challenge to dogmatic elements within Chiropractic, but his 2013 paper demonstrates that skepticism can calcify into prejudice. By conflating the historical subluxation hypothesis with modern evidence-based practice, ignoring high-quality research, and substituting rhetoric for method, Homola commits the very errors he attributes to others.

Conclusion

A mature profession must welcome critique, but it must also defend itself with evidence. The Chiropractic profession has evolved: its scientific literature now rivals that of many allied health fields, its regulatory standards emphasise research literacy, and its clinical outcomes are supported by a growing body of mechanistic and clinical data. To continue describing chiropractic as pseudoscience is to deny reality. True science demands the humility to update beliefs when the evidence changes.

Homola has not done so. His essay remains a relic of mid-century medical politics, useful as a historical artefact but indefensible as contemporary analysis. It is time for the conversation about Chiropractic to move beyond polemic and engage honestly with the data.

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About the author

Dr. Fowler is a past President of the GCSS Board of Directors, serves as a current board member, co-chair of the Meeting of the Minds Committee, and recently became a member of the Gonstead College of Fellows. He is also the host of The 1505 Club Podcast. His recent article 'Reaffirming the Nerve Pressure Model in the Age of Neuroplasticity' was re-published in the Asia Pacific Chiropractic Journal (see below)



Dr. Fowler graduated from the Los Angeles College of Chiropractic in 2000. He served as Vice-President of the LACC Gonstead Study Club for six semesters. In addition, he completed advanced training through the ICPA to become a Fellow of the International Chiropractic Pediatric Association. Following graduation, he returned to his hometown of Ridgecrest, CA and began practicing full time. During that time, Dr Fowler began working with students. He taught an elective Gonstead course at LACC before he joined the faculty at Life University as an adjunct instructor, which included being the lead Gonstead instructor.

Now, Dr Fowler works in a capacity that allows him to split his time between seeing difficult cases and teaching younger doctors. In his spare time, he enjoys cycling, playing video games with his kids, and traveling.

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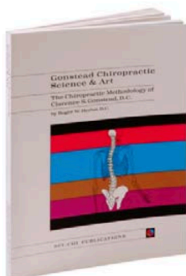
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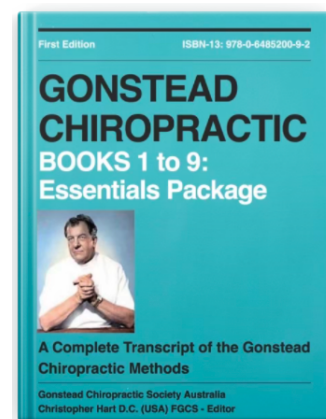
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