Asia-Pacific Chiropractic Journal

The Rome and Waterhouse papers:

Support for the Chiropractic model, namely the Vertebral Subluxation Complex and the vertebral adjustment

Phillip Ebrall with Peter L Rome and John D Waterhouse

Narrative: The greatest challenge within the discipline and profession of Chiropractic today is about the weak position on, if not rejection of, the small, dysfunctional lesion within the spine known for Centuries and identified as subluxed vertebrae by the founder of Chiropractic, DD Palmer.

We hold it is unethical for a Chiropractor to deliver therapeutic forces into and about the spine in the absence of an identifiable lesion together with the clinical evidence which warrants the adjustment.

Over two decades Rome and Waterhouse have painstakingly assembled and published evidence from the clinical literature supportive of such a treatable lesion.

In this paper we gather and present this information as a unified whole in a manner which can not be refuted or ignored. All Chiropractors must become familiar with these evidence-based matters.

Indexing terms: Chiropractic; Vertebral Subluxation Complex; Subluxation; evidence.

From the Editor

Rome and Waterhouse together have published the discipline's most comprehensive series of papers documenting the vast array of evidence for the foundational premise of Chiropractic as established by DD Palmer, the existing of small dysfunctions within the spine that are associated with altered health and well-being. This Journal has been privileged to publish much of this work and has gathered key papers on our home page for rapid access, see '*subluxation, Rome & Waterhouse*' at www.apcj.net. We have 13 papers gathered for you in in this paper we summarise further, related papers.

> *... It is our fervent hope that all Chiropractors will focus on the identification ands correction of known, small spinal lesions we identify within a Vertebral Subluxation Complex...'*

As Bovine and I have shown, (1) the idea of subluxation was not new to Palmer. Bovine himself is expert in this field, his most recent paper reporting associations with vertigo tinnitus and reporting in 19th Century medicine. (2) It is an uneducated error to think Palmer 'discovered' subluxation, the evidence is

1. Ebrall P, Bovine G. A history of the idea of subluxation: A review of the medical literature to the 20th Century. J Contemp Chiropr. 2022;5:150-69. https://journal.parker.edu/article/78038

2. Bovine G. 19th century clinical reports of vertigo, tinnitus, and the cervical spine. J Chiropr Hist. 2025 Sum;45(1):11-4.

clear it has been known since the ancient medical writings of Imhotep. (3)

Palmer's development was to introduce painless manual correction of this lesion which had until then been treated within medicine by counter-irritation and the creation of local pain to over-ride the effects of the lesion. Palmer established that the lesion could be identified manually as subluxed vertebrae and corrected by hand in a procedure he termed 'adjustment'. These facts are not debatable although less-informed programs of Chiropractic education relegate them as unimportant historical trivia. (4) This position has been the single most corrosive action ever taken by some academic Chiropractors and a pitiful regulator (GCC) against the discipline and themselves.

Within this turmoil of asininity depredating the discipline's constitutional foundation the work of Rome and Waterhouse stands tall, showing in simple and eloquent terms that Palmer's 'subluxed vertebrae' are now best addressed clinically as a Vertebral Subluxation Complex, and that the medical and Chiropractic literature provides overwhelming evidence for this approach.

We recognise their body of work is comprehensive therefore the Journal commissioned this paper from the authors as a guide to their work. We trust you find it beneficial and of assistance as you continue your journey as a conventional, realist Chiropractor doing your best to improve the Quality of Life-years in your patients, taking them beyond simple pain relief to enhanced neurophysiological function where the evidence continues to build in an exciting manner.

We now present a synopsis of the papers by Rome and Waterhouse whose works summarise some of the evidence underpinning the Vertebral Subluxation Complex. In presenting in this format, it is anticipated that evidential support of the VSC would attract greater acknowledgement. This critical neurophysiological phenomenon cannot be ignored for its potential clinical contribution.

Position statement

> The Vertebral Subluxation Complex is essentially a model (current and historical) which successfully elucidates the signs, symptoms, and clinical outcomes noted as a result of segmental vertebral adjustments, a refined and specific form of manipulation.
>
> No alternative model has been put forward to describe these clinical observations, even common neural associations such as cervicogenic headaches, sciatica, and intercostal neuralgia.
>
> There is no anatomical or physiological reason that such neural disturbances should be limited to having similar influences on organs, muscles and vascular innervations as noted in published clinical findings.

Introduction

A series of previously published papers is presented to review some of the available evidence relating to the vertebrogenic effects of a vertebral subluxation. The material offered includes both medical and chiropractic studies on the neurophysiology, pathoneurophysiology, neural reflexes, and clinical presentations of the VSC. It can also be noted that the VSC is but one aspect of chiropractic health care, albeit a key component in many cases.

3. Ebrall PS. DD Palmer and the Egyptian Connection: A short report. Asia-Pac Chiropr J. 2020;1:011 https://www.apcj.net/ebrall-egyptian-palmer-and-subluxation/

4. The International Chiropractic Education Collaboration. Clinical and Professional Chiropractic Education: A Position Statement. 13 September 2019. https://www.sdu.dk/en/om-sdu/institutter-centre/iob_idraet_og_biomekanik/uddannelse/icec/the_education_position_statement

One of the reservations about the Chiropractic subluxation model has been the claim that there is a lack of evidence to support what Chiropractors do. However, the bulk of research underpinning Chiropractic has in fact existed in the medical literature, and more recently, from published medical cases involving managements under medical manipulation. This series is drafted to assist with consideration of, and relevance of the VSC's relation to health, and accompanied by an abundance of independent research papers that demonstrate subluxation as a clinical finding, and its relationship to a range of biological conditions.

The authors acknowledge drawing on the extensive research conducted by Sato A, Sato Y, Schmidt, Haavik, Budgell, and Jänig from their international neurophysiology facilities. It is astounding that such esteemed researchers and their mountain of research has not attracted greater respect and recognition, with only limited research being published by manipulative medicine. We would respectfully suggest that such a model of primary care based on work by these physiologists may greatly benefit many patients and provide additional health care options to an already stressed medical system.

Our series of papers is offered as a means of identifying and demonstrating some of the evidence in support of the Chiropractic model, namely the vertebral subluxation complex and the vertebral adjustment. In doing so, it can be noted that apart from the Chiropractic material, the primary supporting evidence in this series originates from medical literature, both in neurophysiology and clinical outcomes.

Due to the rather extensive medical references, claims that there is no evidence to support the Chiropractic model can be readily dismissed. For this reason alone, we call for retraction of such tenuous claims. This series also validates the claims by patients themselves who experience positive outcomes from a range of conditions under Chiropractic care.

This series is offered in order to demonstrate the wealth of papers supporting the hypothesis of chiropractic and the VSC, and that so much of this evidence comes from medical sources, which should go some way toward repudiating the assertion that evidence does not exist. Such assertions are clearly shown to be factually wrong.

It is also important to note that patient outcome narratives are now being more highly acknowledged as being more than simply just anecdotes associated with the neurodynamics of vertebrogenic somatosensory activation and autonomic reflexes.

WHO guidelines on basic training and safety in chiropractic

Document here

The World Health Organisation has recognised the vertebral subluxation by designating separate code numbers to the various lesions as per the ICD-10 table.

This codification first appeared in the International Classification of Diseases (ICD-9) and is continued in ICD-10.

> Code number M99.1 is designated Subluxation complex (vertebral). Other regions of the Subluxation Complex (vertebral) are coded M99.10 to M99.14.
>
> Biomechanical lesions of the pelvis, rib cage, abdomen, as well as the upper and lower extremities are coded in general terms (M99.86 – M99.88).

Biomechanical lesions of the vertebrae with IVF stenosis are also listed separately to the subluxation codes. It is not practical to list the 20 plus codes here.

In what may be seen as recognition of terminology for the osteopathic articular lesion, codes M99.0 – M99.09 are classified as Segmental and somatic dysfunction (M99).

In further acknowledgement, the ICD-10 has classified the medical subluxation more extensively under a different series of code numbers. These are listed separately as:

S13.100 - Subluxation of unspecified cervical vertebra,

S13.110 - Subluxation of C0/C1 cervical vertebra,

S13.110S - Subluxation of C0/C1 sequelae.

S13.120 - Subluxation of C1/C2 cervical vertebra,

Separate code numbers have been allocated for each intersegmental level.

A similar process applies for other regions.

S23.100S - Subluxation of thoracic vertebra,

S33.100S - Subluxation of lumbar vertebra.

The World Health Organisation differentiates the term subluxation from Subluxation Complex in the following definitions:

Subluxation

A lesion or dysfunction in a joint or motion segment in which alignment, movement integrity and/or physiological function are altered, although contact between joint surfaces remains intact. It is essentially a functional entity, which may influence biomechanical and neural integrity.

Subluxation complex (vertebral)

A theoretical model and description of the motion segment dysfunction, which incorporates the interaction of pathological changes in nerve, muscle, ligamentous, vascular and connective tissue.

Summary of abstracts (5)

Part 1: The introduction to a clinical series

Part 2: Autonomic nervous system and somatic reflexes

Part 3: A central connection

Part 4: Vertebrogenicity

Part 5: Diversity in Vertebral Subluxations

Part 6: International medical literature and its clinical application of the somatovisceral model

Part 7: The Cervicogenic Factor

Part 8: The Cranial Nerves and the Cervical Spine

Part 9: Cervicogenic headaches

Part 10: Vertebral adjustment of the vertebral subluxation - more than manipulation

Part 11: The vertebral (somatic) autonomic influence upon other organs and functions

Part 12: General considerations

5. https://www.apcj.net/papers-issue-2-4/

Neurodynamics of vertebrogenic somatosensory activation and autonomic reflex

Summary of abstracts (5)

1. The introduction to a clinical series

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: The introduction to a clinical series. Asia-Pacific Chiropr J. 2021;1.4.

   https://www.apcj.net/site_files/4725/upload_files/RomeWaterhouseSeriesIntroductionN(1).pdf?dl=1

2. Autonomic nervous system and somatic reflexes

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 2 Autonomic nervous system and somatic reflexes. Asia-Pacific Chiropr J. 2021;1.4.

   apcj.net/papers-issue-2-4/#RomeWaterhousePart2

3. A central connection

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 3 A central connection. Asia-Pacific Chiropr J. 2021;1.4.

   apcj.net/papers-issue-2-4/#RomeWaterhousePart3CentralConnection

4. Vertebrogenicity

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 4 Vertebrogenicity. Asia-Pacific Chiropr J. 2021;1.4.

   apcj.net/papers-issue-2-4/#RomeWaterhousePart4Vertebrogenicity

5. Diversity in vertebral subluxations

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 5 Diversity in Vertebral Subluxations. Asia-Pacific Chiropr J. 2021;1.4.

   apcj.net/papers-issue-2-4/#RomeWaterhousePart5Diversity

6. International medical literature and its clinical application of the somatovisceral model

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 6 International medical literature and its clinical application of the somatovisceral model. Asia-Pacific Chiropr J. 2021;1.4.

   apcj.net/papers-issue-2-4/#RomeWaterhouseIntMedLit

7. The Cervicogenic Factor

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 7 The Cervicogenic Factor. Asia-Pacific Chiropr J. 2021;1.4.

   apcj.net/papers-issue-2-4/#RomeWaterhousePart7Cervicogenic

8. The Cranial Nerves and the Cervical Spine

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 8 The Cranial Nerves and the Cervical Spine. Asia-Pacific Chiropr J. 2021;1.4. apcj.net/papers-issue-2-4/#RomeWaterhousePart8CranialNerves

9. Cervicogenic headaches

   Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 9 Cervicogenic headaches. Asia-Pacific Chiropr J. 2021;1.4.

   apcj.net/papers-issue-2-4/#RomeWaterhouseCervicogenicHeadaches

10. Vertebral adjustment of the vertebral subluxation - more than manipulation

    Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: 10 Vertebral adjustment of the vertebral subluxation - more than manipulation. Asia-Pacific Chiropr J. 2021;1.4.

    apcj.net/papers-issue-2-4/#RomeWaterhouseAdjustment

11. The vertebral (somatic) autonomic influence upon other organs and functions

    Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 11 The vertebral (somatic) autonomic influence upon other organs and functions. Asia-Pacific Chiropr J. 2021;1.4.

    apcj.net/papers-issue-2-4/#RomeWaterhouseInfluence

12. General considerations

    Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 12 General considerations. Asia-Pacific Chiropr J. 2021;1.4.

    apcj.net/papers-issue-2-4/#RomeWaterhouse12General

13. Discussion, summary and conclusion

    Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 13 - discussion, summary and conclusion. Asia-Pacific Chiropr J. 2021;1.4.

    apcj.net/papers-issue-2-4/#RomeWaterhouse13Conclusion

The Vertebral Subluxation Premise

1. Medical Nomenclature

   The Vertebral Subluxation premise: Part 1: The medical literature regarding nomenclature. Asia-Pacific Chiropr J. 2023;4.1

   apcj.net/papers-issue-4-1/#RWVSCPremisePart1

2. Somatic Vertebrogenic Element

   The Vertebral Subluxation premise: Principle 2, the somatic vertebrogenic element. Asia-Pacific Chiropr J. 2023;4.2.

   apcj.net/papers-issue-4-2/#RWVSCPrinciple2

3. Altered Physiological Function

   The vertebral subluxation premise: Principle 3, altered physiological functions. Asia-Pacific Chiropr J: Oct-Dec 2023(4:2):47.

   http://apcj.net/papers-issue-4-2/#RWVSCPrinciple3

4. Segmental Neural Disturbance

   The vertebral subluxation premise: Principle 4, segmental and neural disturbance is associated with clinical signs and symptoms, and a range of conditions.

   Asia-Pacific Chiropr J: Oct-Dec 2023(4:2): 52

   http://apcj.net/papers-issue-4-2/#RWVSCPrinciple4

5. Correction of Vertebral Dysfunction

   The vertebral subluxation premise: Principle 5, the intent is to correct dysfunction and restore normal function. Asia-Pacific Chiropr J: Oct-Dec 2023(4:2): 41.

   http://apcj.net/papers-issue-4-2/#RWVSCPrinciple5

Related topics

6. Dyspepsia

   A neurological evidence base for the Vertebrogenic Dyspepsia Syndrome: A somatosensory link to visceral dysfunction. Asia-Pacific Chiropr J. 2022;2.6.

   http://apcj.net/papers-issue-2-6/#RomeWaterhouseDyspepsia

7. Vertebrogenic Neurovascular Dysfunction

   One element of a subluxation complex: Disruption of articular motion through the intervertebral foramen influencing the IVF, CSF, and neural transmission [Hypothesis]. Asia-Pacific Chiropr J. 2024;4.4.

   apcj.net/papers-issue-4-4/#RWHypothesis

8. Evidence Informed Subluxation

   Evidence informed vertebral subluxation – A diagnostic and clinical imperative J Philosophy, Principles & Practice of Chiropr. 2019;(Dec): 12-34.

   https://mycnac.ca/wp-content/uploads/2019/12/Rome-Waterhouse-Evidence-Informed-Vertebral-Subluxation.pdf

9. Somato-Autonomic Evidence.

   Neurovertebral Influence upon the autonomic nervous system: some of the somato-autonomic evidence to date. Chiropr J Aust. 2009 (Mar); 39 (1): 2–17.

   https://chiro.org/Subluxation/Neurovertebral_Influence.shtml

10. Infantile Colic

    Medical management of infantile colic with spinal manipulation: a narrative review of the European medical literature. J Contemp Chiropr 2019;2:60-75.

    https://journal.parker.edu/article/78062

11. Usage - 296 Ways to Say “Subluxation

    Usage of chiropractic terminology in the literature: 296 ways to say “subluxation”: complex issues of the vertebral subluxation. 1996;8(2):49-60.

    https://chiro.org/Subluxation/Subluxation_Historical_Perspectives.shtml

12. Terminology

    Terminology relating to the vertebral subluxation complex and the manipulative sciences. PART I Chiropr J Aust. 2017;45 (2):73-89. Part II, 2017;(45:90-130)

    https://www.cjaonline.com.au/index.php/cja/article/view/154

The Rome and Waterhouse papers, Part 2

Five elements of the Vertebral Subluxation Complex (VSC)

Chiropractic is separate and distinct from other manual spinal manipulative professions as it is based on different key principles where the clinical and physiological evidence supports the model of segmental neurovascular disturbance. This identifies a lesion (usually spinal) as a vertebral subluxation complex (VSC).

Apart from Chiropractic and osteopathy, other manipulating professions do not fully recognise that the autonomic nervous system has a far broader influence than just upon the musculoskeletal system.

This differentiation of the basic tenet encompasses far more than a basic manipulation of articulations and soft tissue, and includes recognised medical neurophysiology which in turn addresses associated symptoms and signs.

The physiology of the Vertebral Subluxation Complex (VSC) involves: somatosensory, somato-autonomic, somatosympathetic, somatosomatic, somatovascular, somatovisceral noxious reflexes, and disturbed articular physiology. This pathoneurophysiology has been extensively demonstrated in Chiropractic and medical research, and its documented clinical ramifications particularly in Chiropractic and osteopathic literature are copious.

Special mention must be acknowledged of the many somatovisceral studies published by the neurophysiologist Sato and his many colleagues. Biedermann and colleagues have published extensively in acknowledging the biological clinical effects in infants.

Chiropractic authors and researchers include Carrick, Pickar, Budgell, Swenson, Bolton, Cooperstein, Cramer, Henderson, Haavik, Lauretti, Müller, Nixdorf, Rosner, Senzon, and the osteopaths Burns, Patterson, Schmidt, and Korr.

How this evidence, along with the online papers accessed through Pubmed and The Index to Chiropractic Literature can be ignored is beyond comprehension other than attributing it to small minded and prejudiced political suppression.

To focus on a chemical or pharmaceutical solution for many conditions while essential at times, quite overlooks other ways to influence the body's neurological influence when it is scientifically acknowledged that it may be influenced in other ways.

The clinical aspect can stand as further validation of the care provided in patient improvements. The most rewarding aspects of practice are these positive outcomes. The cause, effect, in the relief of patients' condition must stand as further confirmation of the basis in implementation of treatment.

Ignoring these neurophysiological phenomena runs the risk of just treating a symptom while the potential underlying cause is overlooked. In vertebrogenic conditions, this may be further confirmed by the amelioration of symptoms.

It can be noted that a large percentage of citations in this presentation are medical papers indicating that the supporting evidence has existed for some time and has not been taken further despite a reasonable patient demand. This does not explain why there is a degree of scepticism in certain circles which would contradict the evidence and the medical papers supporting the concepts.

Evidence supporting a VSC model from both physiological and Chiropractic journals appears to have been largely ignored in medical literature. Significantly, even the research on this topic published in Pubmed lists studies in Chiropractic journals which are seldom cited by other professions.

However, in the call for evidence, there seems to be an expectation that only evidence from medical publications is worthy of citing. There is no reason to justify this, which essentially overlooks a mountain of evidence in chiropractic publications.

The papers referenced show that evidence has been available for some decades. We suggest that intransigent medical stubbornness has not allowed the potential of this neurological model to develop clinically to the detriment of patients.

Element 1

That vertebral joint physiology may be subject to articular physiological dysfunction - biomechanical ...

Recognition of the effects of neural and articular dysfunction attributed to vertebral disruption is becoming more respected in recent years. That recognition has moved from basic micro-displacement to encompass changes in motion to include locking or blocking of that segment's normal range of motion and neurophysiological influence.

Consequently, the terms Vertebral Subluxation Complex (VSC) or a Facet-Associated Neurovascular Dysfunction (FAND) are more accurate and imply a number of factors in the complex.

Despite some scepticism, there have never been studies that scientifically challenge that functional pathophysiology model.

In addition, segment dysfunction may be hypomobile (fixated, partially mobile) and in aberrant motion. In contrast a hypermobile segment may exceed its normal range of motion and not be a suitable segment for adjusting. In either case there may be compensatory fixations elsewhere in the spine, the correction of which may benefit that patient's condition.

For spinal adjustments to be justified, they must address a particular segmental finding. While there is extensive nomenclature for targeted dysfunctional vertebral segments, the term 'subluxation' if taken literally, is somewhat restricted and inaccurate as it is so variable.

We note that the medical definition of a subluxation is less than a dislocation. That is, an osseous displacement in various degrees short of a dislocation. As such, the concept has become ingrained in conventional professions and therefore the VSC has been misinterpreted. Subsequently, the additional term 'complex' is aimed at clarifying its definition and understanding to include all elements of the lesion.

This paper has attempted to demonstrate evidence of the pathophysiological elements of a VSC which may include changes to:

- Normal segmental motion,
- Sensory afferent input.
- Spinal reflex impulses
- Spinal reflexes
- Neural efference
    - Autonomic
    - Vascular
    - Visceral
- Enervated organs,
- Enervated soft tissues, muscles, ligaments, discs, capsules. dermatomes

Typical examples of the VSC are cervicogenic headache or vertebrogenic headache. Such conditions imply involvement of the autonomic nervous system, noxious activation of sensory endings, muscular involvement as factors to the presenting signs and symptoms of this condition.

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We note that contemporary MRI imaging technology tends to confirm as well as demonstrate the subluxation. See:

Blum CL. Regarding the 'Prevalence of abnormal findings in a cohort of 737 patients referred for MRI examination by Doctors of Chiropractic and potential neurological consequences associated with Vertebral Subluxation' [Commentary]. Asia-Pac Chiropr J. 2021;2.2. URL www.apcj.net/papers-issue-2-2/#BlumonKent

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Cramer G, et al. (2002). Effects of side-posture positioning and side-posture adjusting on the lumbar zygapophyseal joints as evaluated by magnetic resonance imaging: A before and after study with randomization. Journal of Manipulative and Physiological Therapeutics, 23(6), 380-394 https://www.ncbi.nlm.nih.gov/pubmed/12435975\

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Yang YC, Zeng K, Wang W, Gong ZG, Chen YL, Cheng JM, Zhang M, Huang YW, Men XB, Wang JW, Zhan S, Tan WL. The Changes of Brain Function After Spinal Manipulation Therapy in Patients with Chronic Low Back Pain: A Rest BOLD fMRI Study. Neuropsychiatr Dis Treat. 2022 Feb 5;18:187-99.

Element 2:

... leads to a noxious neurological element associated with biomechanical physiological dysfunction.

Depending on the severity, duration, and nature of any physical disruption of any articulation, instigation must trigger further degrees of sensory activation as part of an inflammatory

response. This applies particularly to spinal segments due to the rich sensory endings and close affiliation with neural structures like spinal nerve roots and the spinal cord.

The loss of motion in a vertebral fixation, or the change in a segment's normal function, must alter sensory input by exacerbation of noxious irritants.

Dysfunction may range from sensory bombardment of nociception, proprioception, and various mechanoreceptors involving the rich articular components, as well as the capsule, ligaments, tendons, disc, and muscles, especially the local intrinsic musculature.

These sensory changes feed into the spinal cord and brain and result in a basic reflex responses involving the descending brain efferents. This leads to further autonomic reflex activation in the form of neuroplastic somato-autonomic, somatovascular, somatosomatic, and somatovisceral reflexes.

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Element 3:

Neural disturbance may lead to symptoms and at times alter physiological reflexes and functions

As with the more common examples such as cervicogenic headaches, vertebrogenic sciatica, or intercostal neuralgia, symptoms are not confined to musculoskeletal structures.

Vertebrogenic symptoms are noted, when addressing such functional visceral conditions particularly those associated with functional visceral conditions such as dyspepsia where the muscular oesophageal sphincter may be in spasm for instance.

A cursory examination of The Index to Chiropractic Literature, the osteopathic literature database Ostlib, and PubMed for the medical literature, reveals a wide range of conditions which appear to have spine-related neurological factor.

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Element 4:

Correcting the biomechanical dysfunction may reverse the neural pathophysiology, symptoms, and signs

Various elements must be considered before a specific vertebral correction is made to a segmental VSC. The type of dysfunction is one such consideration, as well as the direction of any displacement, the associated signs and symptoms, patient's age, current physical and health status, type of work, sports, and hobbies.

These factors govern the corrective nature of an adjustment although the corrective direction of any segmental displacement and postural distortions is critical.

With the noxious reflexes ameliorated, neural activity would then resume, and structures enervated at that level may return to a more normal function and a quotidian lifestyle may continue.

As all cells and functions in the body depend on an adequate neural input, it is proposed that neural disruption such as through segmental VSCs, compromise the innervated structure so that an absence of noxious sensory input would contribute to well-being.

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Element 5:

The biological effects of the vertebral adjustment of the VSC

The aim of the adjustment is to modulate and potentially restore the physiological spinal reflex circuits and neural tone by removing associated mechanical irritant activation at the level of disrupted segmental facet joints. Those joints are richly innervated with a range of sensory receptors.

As the reflex arcs are primarily segmental, it is appropriate to be specific in determining which segment's noxious sensory nerve endings are involved then addressed by restoring the segment's motion and positioning, which in-turn, is aimed at neutralising the noxious reflexes at that level.

By removing or downgrading the activated sensory input (neuromodulation), the reflex arcs would then be less noxious with the expectation of a reduction in symptoms and signs and improved end-target structure function.

It can be noted that the simple spinal reflex is anything but simple

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Editor's conclusion

The greatest challenge within the discipline and profession of Chiropractic today is about correcting the blindness of the few colleges (4) now marketing themselves as superior on the basis of relegating subluxation as an historical artefact.

Not one academic from any of those colleges, let alone a President or Dean of Academic Affairs, has shown themselves capable of writing and publishing a defensible stance for their position. All we have is an evidence free academic echo chamber plagiarising the flawed position of the General Chiropractic Council (GCC) of the United Kingdom. (6)

They have consciously taken a position to remain blind to the literature which explores the very things they choose to disavow. History will not treat them kindly especially as students are awakening to ask what it is exactly that they are being taught? And are paying for?

Chiropractic is not Chiropractic in the absence of a spinal lesion which can be identified, corrected, and shown to have strong association with beneficial outcomes in signs, symptoms, health, and well-being.

There is little than can be done about the politics of power and income generation that are currently the topic of ongoing reports in The Chiropractic Chronicle. (7) There can never be a rational defence of greed and hegemony especially when it is built on taking from the profession's students, its future, and distributing within a closed-shop cartel in the present. (8)

We have to do better and it is our fervent hope that Chiropractic will reposition itself as a discipline focussed on the identification and correction of known, small spinal lesions we identify within a Vertebral Subluxation Complex.

As shown by Rome and Waterhouse, the evidence is overwhelming.

6. General Chiropractic Council. Home. At https://www.gcc-uk.org/

7. The Chiropractic Chronicle. McCoy Press substack. At https://drmatthewmccoy.substack.com/

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Cite: Rome PL. Waterhouse JD, Ebrall PS. The Rome and Waterhouse papers:Support for the Chiropractic model, namely the Vertebral Subluxation Complex and the vertebral adjustment. Asia-Pacific Chiropr J. 2025;6.2. apcj.net/papers-issue-6-2/#RWVSCPapers