

THE NATURE AND SCOPE OF MODERN CHIROPRACTIC TREATMENT OF
INFANTS AND CHILDREN

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"Chiropractic is a treatment in search of a disease."

EARLY HISTORY: The word "chiropractic" (Gr. cheir, hand), + pratein, to do) basically means, to make straight by use of the hands. The founder was Daniel David Palmer (1845-1913), a Canadian born man who spent most of his professional life in Davenport, Iowa.

The first chiropractic patient, a man named Harvey Lillard was supposedly cured of his deafness by Palmer, who adjusted what he found to be a subluxated (misaligned vertebra in his spine). (1)(2). Palmer then developed the overall theory that misalignments of the vertebra were involved in the "cause of all disease" (3) The foundations of chiropractic were thus established. The treatment was simple, manipulate the vertebra back into place. Today, the Palmer College of Chiropractic in Davenport is a testimony to the founder of chiropractic.

NATURE OF THIS RESEARCH MATERIAL: Chiropractic has long been attacked as quackery. It is easy with any group, be they chiropractors or physicians, to point to the actions of a few. It is equally easy to speak of chiropractic as it may have been 50 years ago. To be accurate, any discussion of chiropractic must be based on the teachings and practices of the finest in that profession. The focus must be on the "professors" who teach chiropractic students in their best schools. The actual practices of their own professional associations must be the standard. Any evaluation must reflect exactly what the vast majority of chiropractors do in the course of their care of patients.

NATURE OF MATERIAL: All the material in this review is therefore obtained from the teaching notes and textbooks from chiropractic schools; official publications of the chiropractic profession;; internal documents circulated amongst chiropractors, and personal interviews with respected chiropractors. The information is a reflection of the recent history of chiropractic treatment of children over the past 25 years. All of it applies in 1993.

CHIROPRACTIC TODAY: Chiropractic is a legalized and government recognized profession all over North America. Recognized schools of chiropractic have existed in the United States since 1907. The only school in Canada, the Canadian Memorial Chiropractic College, in Toronto, Ontario was founded in 1945. A second school is starting this year in the Province of Quebec. It is estimated that over 55,000 chiropractors now practice in North America. (4)

CHIROPRACTIC EDUCATIONAL REQUIREMENTS: An applicant must have the equivalent of 1-3 years of a University or College degree, Once in chiropractic school, he must complete a course of very intensive study of four years duration. The Accrediting Commission of the Council On Chiropractic Education is recognized by the Secretary of the U.S. Department of Education. It is therefore not correct for opponents of chiropractic to claim that anyone can get a chiropractic degree by taking a short course in an unrecognized school.

COMMON TEACHING IN CANADA AND THE UNITED STATES: Chiropractic teaching and practices are the same in both Canada and the United States. Indeed, they are basically the same in all parts of the world where chiropractic is legally recognized.

EXTENT OF CHIROPRACTIC HEALTH CARE: Chiropractors deliver a substantial amount of health care to the U.S. population. (5) It is estimated that in 1990 there were over 425 million visits to providers of so called "unconventional therapies". This number exceeds the number of visits to all U.S. primary care physicians (388 million). (6)

If we assume that only 75% of the 55,000 chiropractors are in active practice and that each would see a very conservative estimate of 10,000 patients a year, this would constitute over 400 million visits a year to chiropractors. It is difficult to obtain an exact figure of the number of pediatric visits. Individual chiropractors have spoken of 5-10% of their patients being in the pediatric age group. This would constitute over 20 million visits a year.

DIFFERENCES BETWEEN ORTHOPRACTIC (I.E. ORTHODOX SCIENTIFIC MANIPULATION THERAPY) AND CHIROPRACTIC (I.E. SYSTEMIC THEORY MANIPULATION THERAPY.).

It is essential in any discussion of chiropractic to make a clear distinction between mobilization and manipulation therapy as practiced by some physiatrists, family physicians, orthopedic specialists and physiotherapists), whom we collectively call orthopractors, and chiropractic manipulation adjustments as practiced by chiropractors. The term "manipulation" is not synonymous with the word, "chiropractic".

This is not to say that some chiropractors do not practice orthopractic manipulation only. Some do and are very skilled at this. These however are probably a scant minority in the profession.

ORTHOPRACTIC MANIPULATION DEFINITION: Orthopractic manipulation basically involves using the hands to restore a greater range of motion to the joints of the spinal column. Mobilization is gentle and involves the gradual restoration of joint motion by relaxation of the surrounding muscle. Manipulation involves moving the joint to its maximum point of limitation and then applying a sudden thrust against resistance.

The orthopractor conforms to the basic scientific limitations as to the use of manipulation therapy. He treats only specific musculo-skeletal complaints. He does not treat children under 12 years of age.

ORTHOPRACTIC DIAGNOSIS: The orthopractor makes a diagnosis of a limitation of movement by history taking, visual observation and by manual examination. Conditions can be diagnosed and treatment instituted by someone, such as a physiotherapist, who is not fully trained in the use of biochemical and serological analysis or the use of the traditional instruments of the medical physicians such as the otoscope, stethoscope, etc. X-rays are not required for diagnosis. An x-ray may rarely be used to rule out underlying unsuspected pathology.

CHIROPRACTIC MANIPULATION DEFINITION: Basic chiropractic teaching is that "the human body has restorative processes to maintain its natural state of health. Under this philosophy the role of the physician to assist the individual's natural curative processes. Chiropractic care is directed towards maintaining, improving, restoring or enhancing the health of the patient, through the use of the chiropractic adjustment and related therapies, primarily to the musculoskeletal system, in order to affect the neural regulation of the body". (35)

"Often people say, I can see why someone would go to a chiropractor for a backache, but I can't see how he can help me because my condition has nothing to do with a sore back. The truth be known, the Doctor of Chiropractic, by adjustment of specific vertebra of the spinal column, can achieve results in many conditions which apparently have no relationship to the spine". (36)

"Clinical experience provides many examples of functional disorders that respond well to chiropractic treatment. These include simple neural asthmatic bronchitis, constipation, gastralgia, different types of enuresis, epileptoid nervous disorders, benign postural vertigo, as well as some forms of strabismus". (37)

The neural mechanism by which the organs of the body is affected is by the spinal nerves being disrupted as they exit through the inter-vertebral spaces and/or the autonomic nervous system.

PEDIATRIC CONDITIONS TREATED: Treatment of conditions of infants and children by orthopractors are virtually non-existent, especially in the first 12 years of life. There is no concept of treatment by the orthopractor for preventing spinal conditions from developing. Indeed the viewpoint of the orthopractor is that "deliberately manipulating a normal joint is unethical" (8).

Chiropractors on the other hand claim that "many spinal problems begin in childhood and develop gradually. Chiropractic is the only profession that approaches spinal care on the basis of prevention". (26). The chiropractor may find these subluxations from infancy onwards, "Childbirth is often the first shock to the spine and nervous system" (27). What the orthopractor considers to be normal in children,

the chiropractor finds to be subluxated.

CHIROPRACTIC DIAGNOSIS TRAINING: Chiropractors train themselves in the use of all of the common medical diagnostic testing available. This includes blood tests, biochemical analysis, instruments such as the stethoscope, otoscope, etc. They are trained "as a primary health care provider, as a portal on entry to the health delivery system" (9). Facilities are "fully equipped and staffed to render efficient out-patient chiropractic services to the public including such diagnostic services as urinalysis, blood analysis and X-ray". (10)

PEDIATRIC COURSE OUTLINE: A typical pediatric course outline states; "A course of lectures in the examination and chiropractic care of children. Chiropractic has obtained excellent results in this field. Infant feeding and nutritional requirements through the early years of life are discussed. The following topics are included: disease of the digestive system, the infectious diseases, diseases of the respiratory tract, diseases of the circulatory system. Demonstrations are given of the application of chiropractic techniques to infants and children" (32)

The above course averages about 20 hours. The teacher of the course in 1993 at the Canadian Memorial Chiropractic College, 1993 is listed as, "Abram, N. Doctor of Chiropractic, Canadian Memorial Chiropractic College, 1980 and M.D. McMaster. (33)

Palmer College of Chiropractic offers a course in Obstetrics and Pediatrics of about 60 hours. "This course emphasizes the normal physiologic changes from conception through adolescence, including those encountered by the mother during pregnancy, labor and delivery. Chiropractic case management of these as well as of pertinent disorders will be discussed" (70). The Dean of Chiropractic Sciences is Maxine McMullen, who has degrees in nursing and chiropractic.

In addition to this general course, there is a 39 hours course entitled, "Normal Roentgen Variants, Pediatric and Structural Consideration". The lecturer is A. Cardin is listed as, D.C. Canadian Memorial Chiropractic College, 1982, Assistant Professor. DACBR (Diplomate of the American Chiropractic Board of Radiology), 1986 and FCCR(C), Fellow of the College of Chiropractic Sciences (Canada). (34)

PEDIATRIC X-RAYS: X-ray use is taught to every chiropractor. There are approximately 300 hours of instruction over four years. The course outline includes. "Normal roentgen. Variants and Pediatrics Structural Consideration" (21) and "Abdomen, Chest and Special Radiographic Procedures" (22).

A post-graduate two years residency programme is available for a chiropractor to become a "Diplomate of the American Chiropractic College of Radiology and a Fellow of the Chiropractic College of Radiologists (Canada) Inc." (23) Chiropractors prefer to call themselves roentgenologists, rather than radiologists.

X-rays will be used in the pediatric age group by a chiropractor to find "subluxations" and "scoliosis" in the spine. These will then be related to specific abnormalities in the child. A full body, top of skull to level of the femurs is taken to show, "Before and after x-ray views showing the spinal scoliosis (bending) of a youthful male who suffered as a chronic bed-wetter until curvature was corrected". (24)

In literature entitled, "As A Twig Is Bent, So Grows The Child" a complete body radiograph is shown stating, "Structural spinal disorders may be detected early and more effectively treated". (25). This type of x-ray of children is very popular in chiropractic, the most common age for x-ray use is said to be after 6 years of age. (29) The x-ray film is always taken in the standing position.

COMMON PEDIATRIC CONDITIONS TREATED BY CHIROPRACTORS: The most common pediatric conditions seen by a chiropractor in the age group from birth to 12 years are:

- 1) Otitis media.
- 2) Recurrent respiratory tract infections.
- 3) Gastro-intestinal complaints such as colic and stomachache.
- 4) Asthma and chronic coughs.
- 5) Enuresis. (57).

There is also some movement in chiropractic to get more involved in children with learning disorders, school phobia, strabismus and epilepsy (59).

SAMPLE PEDIATRIC EXAMINATION: Examination of a child by a chiropractor may simply involve the use of the hands to find subluxations in the spine. Or, it may be much more extensive.

In the book, "Bobby and Sue Visit The Doctor Of Chiropractic", a publication of the American Chiropractic Association, instruments involved in pediatric diagnosis include the stethoscope, otoscope, thermometer, blood pressure gauge, tuning fork, percussion hammer, eye chart, tongue depressor, a laboratory for lab tests, x-rays and a posture analyzer (11).

In the standard, "Handbook Of Clinical Chiropractic" by Lawrence H. Wyatt DC, DCACBR, 1992, all of the common biochemical and serological tests taught to the medical physician are also taught to the chiropractor. "The modern chiropractic doctor is now well schooled in the art and science of chiropractic as well as generic medicine". (12)

The tests a chiropractic can use include, the complete medical history of the patient (13); a complete physical examination including the otoscope, stethoscope (14), ortolani's test on the infant (15), a breast examination (16). Test procedures include, urinalysis (17), SMA-12 screening (18), electro-cardiogram (19), just to mention a few. The technique of venipuncture is taught (20). The chiropractor may do this himself or refer the patient to a co-operating medical laboratory.

In recognition of all this competence, chiropractic have adopted the title, "Doctor". Few members of the public consider them otherwise. Numerous legislative bodies have endorsed this title.

SAMPLE PEDIATRIC TREATMENT PROFILE: Chiropractors consider pediatrics to be a fundamental part of their patient profile. At the Western States Chiropractic College in Portland Oregon, the visit characteristics of 217 children attending a chiropractic teaching clinic were described. Some 42% came for musculo-skeletal complaints, the type and extent of which is not described. Another 20% came for non-musculo-skeletal complaints. Thirty-three percent came for a general physical examination, i.e. prevention screening. (7)

These figures may or may not represent the average chiropractors profile of pediatric visits. They do reflect however on the main thrusts of chiropractic views of treating children. They are:

- 1) Chiropractic adjustments through manipulation therapy are useful in treating pediatric musculo-skeletal complaints.
- 2) That chiropractic adjustments are widely used to treat non-musculo-complaints of children.
- 3) Chiropractic adjustments are appropriate as a prevention treatment for pediatric patients.

In the 1991 publication, "Infants, Babies and Chiropractic", widely available in perhaps thousands of chiropractic offices, some claims are:

"Many studies have shown that the majority of newborns have spinal stress that is threatening their health and in some cases, their lives".

"In 1984 the Academy of Research in the Chiropractic Sciences (ARCS) concluded an 18 month study on the relationship of crib death and spinal structure and found that babies that had died of crib death had abnormal spinal alignment in the upper neck area". (28)

"All infants need a healthy spinal column. All babies need to have their spines checked by a Doctor of Chiropractic for the presence of vertebral subluxations or spinal nerve stress".

"Chiropractic is founded on the premise that our bodies possess an inborn natural wisdom that works best without interference." (28)

"A boy of 18 months old who suffered from tonsillitis, frequent enteritis, therapy resistant to conjunctivitis, frequency colds and earache and increasing sleep problems. After the first spinal adjustment the child demanded to be put to bed and slept peacefully until morning. His health returned to normal". (28)

Several sections of the same pamphlet then criticize the obstetrician because he will "constantly interfere in a natural physiological process" (referring to childbirth), and

"If you have you baby in the hospital, you will be exposed to an array of obstetrical hazards". It also states, "...have your baby in your very own bed". (28)

These official opinions are a further reflection of pediatric chiropractic philosophy, namely that:

- 1) The nervous system is the master of the human body.
- 2) The presence of vertebral subluxations reduces the resistance of the body to fight illness.
- 3) Prevention is better than treatment.
- 4) A body without vertebral subluxations will be better able to cure itself of any illness.
- 5) Scientific medicine gives too many drugs, performs surgery without necessity, and does not respect natural healing.

CAUSES OF PEDIATRIC SUBLUXATIONS: Chiropractors are taught that subluxations in the cervical spine are caused by events such as the birth process; later the act of the child trying to support his head; or the baby turning his body over quickly such that the heavier head lags slightly behind. Other causation events are; a small fall; a slap on the back; holding the baby upright and moving side to side. (30)

"Trauma can occur even during normal delivery.... The result of these types of injuries often includes swelling, muscle spasm, decreased circulation, restricted motion, and slight slippage, or movement, of the upper vertebrae relative to one another (called subluxation)." (31)

"C-1 can be locked due to birth process and child starting to hold up the head. C-2 locks due to the baby holding and supporting the head while crawling. C-3 Any fall on the head, neck, shoulder, ages 3-12. C-4-5-6, hyper extension, slap on the back, or hyper flexion." (30).

"...falls off the couch, off the bed, down the stairs, or on the playground... while usually leaving no outward sign of injury, often result in mild strains of the upper spinal column. It is these minor strains that can lead to problems". (31)

"Mary began getting ear infections when she was nine months of age.... there was a lateral displacement of the first cervical vertebrae... she (the mother) recalled that Mary had taken a nasty fall off the couch at about eight and a half months of age. The earaches began shortly thereafter". (31).

PEDIATRIC MANIPULATION PROCEDURE: For the actual manipulation of a pediatric patient, the chiropractic has three basic techniques. The first is simple muscle pressure point massage. This is quite popular in children under 2 years of age. Secondly, a special machine, called a "Precision Spinal Adjuster" (Kinetic Technology) can also be placed over the vertebra and used to deliver a short thump to the area. The machine can be calibrated in terms of the strength of the thump delivered. Third, the chiropractic may use isometric exercises to soften up the muscle spasm and then follow this with an actual manipulation motion against resistance. (30)

PLACE OF MANIPULATION: In children under 6 years of age, the cervical spine is often the area chosen to manipulate. This is because chiropractic teaching is that the common problems of infants and children are caused by subluxations in that area. (30).

CHIROPRACTIC CLINICAL EXAMINATION OF A CHILD WITH RECURRENT OTITIS MEDIA

For the actual case of acute otitis media, with a child with fever and pain, many but not all chiropractors will defer to the physician to provide a course of anti-biotics. However, for the child who is now well but has a history of recurrent otitis media, the chiropractor would consider this well within his scope of practice.

HISTORY TAKING: A four year old child is brought to a chiropractor due to recurrent ear infections. The mother is also a chiropractic patient, having come due to low back pain. The chiropractor takes a history of the child as to the number of infections, the amount and type of anti-biotics used and any recommendations which have been made by a specialist for surgical intervention. The chiropractor may also ask about previous problems which may also be related to a spinal problem. For example, was the delivery difficult; did the child have colic as a baby; is there a history of spitting up the milk; did the child have trouble crawling; does the child slouch the shoulders?

CHIROPRACTIC PHILOSOPHY EXPLAINED: There are a large number of philosophical points the chiropractor may wish to explain. Depending on the patient, some or all of these points may be mentioned. These comments are either direct quotes from chiropractors interviewed or summaries of their quotes as relayed by patients. Their philosophy is learned by chiropractors, starting as students and are even later taught to them by various officials and public relations consultants. One example is Irvin Davis of the American Chiropractic Association. (39)

1) CO-OPERATION WITH MEDICAL DOCTORS: The chiropractor will emphasize to the parent that he wants to have as much co-operation as possible with the child's pediatrician. "We want to get along well with the medical profession. They have their role and we have ours."

2) PARENTAL FREEDOM OF CHOICE: "As the parent of this child, you have the right and the obligation to decide for yourself in whose medical hands your child can be given every advantage to get better."

3) QUALITY OF EDUCATION: "My education was as long as that of you medical doctor. I studied anatomy, physiology, and every other medical course, which took 4 long years. My school is fully recognized by the government and I am legally called a "doctor". Numerous insurance plans cover my services as do some government medicare plans". In some chiropractic offices there is a poster showing a chiropractor leaning on a tall stack of medical books, shaped like the spine.

4) PREVENTION: Chiropractic is concerned with prevention, helping the body heal itself and the essential role of the nervous system. We are a drugless healing profession. We are also very concerned about the nutrition of your child and we will sometimes recommend some natural supplements.

5) NO CURES. NO GUARANTEES: Chiropractic cannot cure anything. We can only help correct any problems which may exist in your spinal column and thereby help the body use its own powers to do the best it can.

6) MEDICAL SHORT-COMINGS: I believe that anti-biotics may interfere with the natural healing of your child. There are many articles in the medical literature which show that anti-biotics are unnecessary. I am not saying your child should

never take anti-biotics. What I believe is that by treating any underlying resistance problem your child may have, the need for anti-biotics may become less or stop completely. It may also be possible to avoid the operation the specialist said may be necessary.

8) LOUIS PASTEUR ARGUMENT: You may hear some people in the medical profession question if chiropractic works. There have been many discoveries in the past which medicine rejected and later turned out to be true. Even Louis Pasteur, the great French doctor was rejected in his time. While I respect scientific medicine, some doctors can be short sighted at times. Chiropractic is becoming more and more accepted each day.

9) PERSONAL TESTIMONY: I believe that you are the best judge of what works best for your child. If you are pleased and find that your child is better, what greater proof do you need?

10) CHIROPRACTIC TREATMENT EXPLAINED: The treatment I offer is called an "adjustment". This will correct any nervous imbalances which exist in your child's body. The technique I use involves only natural methods, my hands. Rarely, a machine may be necessary but these are also completely natural.

11) POSSIBLE TREATMENT SIDE EFFECTS: As with any medical treatment, there may rarely be side effects. "While under the health-restoring procedure of chiropractic adjustments, you may experience uncomfortable or unpleasant symptoms of varying degrees of intensity. This is known in chiropractic as Reaction, and may express itself in the form of single or multiple symptoms such as headaches, dizziness, upset stomach, diarrhea, extreme soreness or muscles, tenderness of the spinal joints, excessive urination or even a slight rise in body temperature. About 80% of all chiropractic patients experience Reaction. DO NOT BE ALARMED. The Reaction experienced following a corrective adjustment of your spine is due to the removing of the obstruction caused by nerve pressure upon your spinal nerves..." (38)

12) NOTHING TO LOSE: At this point in time you child may be facing the need for stronger anti-biotics or even an operation. I would suggest that a few weeks of your time invested in trying to find another answer may be worthwhile.

You really have nothing to loose except a little bit of money. If that is a problem I am even willing to offer the first few treatments at a reduced rate.

CHIROPRACTIC PEDIATRIC EXAMINATION FOR OTITIS MEDIA

For cases of otitis media the chiropractor may start his medical examination using an otoscope, tongue depressor, or even auscultate the chest. The chiropractor will pay special attention to the neck and face area lymph glands. "Another useful method when a case of otitis media occurs is the lymphatic flush, used to enhance the function of the tonsils and the adenoids". (40). "Using a broad hand contact, and beginning about one inch up from the collarbone on each side, stroke your hand downward in the direction of the collarbone". (40).

The chiropractor will then examine the child in both the upright and prone position. A supine examination may or may not be done. The chiropractor will use bilateral motion palpation as well as static viewing to see if any subluxations are present. Individual spinal cord segments may be checked for range of motion.

As this case involves otitis media, the chiropractor will usually concentrate in the cervical spine.

"In otitis media, a number of spinal structural relationships may occur in the cervical spine. The most common biomechanical contributor to otitis media is the atlanto-occipital dysfunction or subluxation". (41)

"Subluxation of C-1 occurs frequently in otitis media". (41)

"Subluxation of C-2 is present less frequently in otitis media than is subluxation of C-1 or occiput. When this occurs, it is usually posterior or lateral. Anteriority is less common, but does occur". (41)

In the book, "Childhood Ear Infections", well respected in his field, chiropractor Michael A. Schmidt, a graduate of the Northwestern College of Chiropractic, gains support from pediatrician Lendon Smith, author of the book,, "Feed Your Kids Right". Dr. Lendon Smith states that Dr. Michael Schmidt "has thoroughly researched the field and has carefully separated out the logical from the spurious". (42). For the chiropractor, this endorsement from a medical pediatrician is very important.

THE ACTUAL TREATMENT FOR OTITIS MEDIA: Having found a subluxation or perhaps in addition, poor lymphatic drainage and nutritional imbalances, the chiropractor will now recommend a course of therapy. In regard to the subluxation, the treatment is "adjustment" using manipulation. If the chiropractor has found some limitation in neck motion he will exert some neck traction in the direction of that limitation and then make a sudden short jerking motion. The chiropractor may also have the child hold the neck in slight extension and then apply a mild thrust with the fingers. The chiropractor may also use a special machine, called a "Precision Spinal Adjuster" (Kinetic Technology). It is placed over the vertebra and used to deliver a short thump to the area. In some cases, a "pop" sound may be heard. Chiropractors attribute this sound to nitrogen gases escaping as the joint space is slightly expanded. (43).

SUMMARY OF THE CHIROPRACTIC APPROACH: The chiropractor has focused on all the needs of the parents.

- 1) He is aware that the pediatrician may not approve of chiropractic care. He counters this by expressing his willingness to co-operate.
- 2) He reenforces the commonly held feeling that the patient (i.e., the parent) has the ultimate right to decide who will treat their children.
- 3) He establishes that he is a "doctor". He education was as long as any doctor. His work is recognized by the government.
- 4) He mentions the concern of the parents regarding too many anti-biotics and the possible fear of surgical operations.
- 5) He emphasizes prevention rather than treatment.

- 6) He deals with natural things the parent can do, such as diet changes and the taking of special nutritional supplements, which the chiropractor can sell. He may also offer simple prescriptions. (44)
- 7) He downplays any spectacular results and asks for the patient to look for long term improvement. Things may even be worse for a time.
- 8) By finding a "subluxation" he offers the parent a specific physical reason as to why the child become ill. This is a very powerful concept and it may have the parents question why the pediatrician never found this physical cause. The chiropractor may explain that the pediatrician is not a spinal specialist, so no blame should be attributed.
- 9) The illness is blamed on the child's lack of resistance. The parent has done nothing wrong, as the pediatrician may have suggested, i.e. take the child out of day care.

If nothing else, the chiropractor has offered the parent a very powerful placebo, one which answers all their needs. In so doing it would be folly to suggest that the chiropractor is insincere in his approach. The author considers many chiropractors to be most sincere in their beliefs.

Physicians who label chiropractor as quacks and attack them as such in the public, miss the point entirely. The public does not and will probably never conceive of them as "quacks". The chiropractor is meeting their every need and the personal testimonies are there for all to hear.

CHIROPRACTIC OPPOSITION TO IMMUNIZATION

Chiropractic has a long and consistent history of opposition to childhood immunization. The National Chiropractic Association (later renamed the American Chiropractic Association, opposed the polio vaccination programme of the 1950's. The New York Chiropractic College is presently conducting postgraduate seminars for chiropractors, providing information which strongly opposes immunization. (45).

Opposition to immunization is taught in chiropractic schools. At Palmer Chiropractic College, Maxine McMullen R.N. D.C. is considered by many chiropractors to be an expert in this field. She is also spoken of as a chiropractor who has a special interest in children. In the 1993 Palmer College of Chiropractic she is listed as a "Professor, Diagnosis; Dean of Chiropractic Sciences." (69) Some of her teaching notes state:

"During the past eight years, dealing with students and patients orientated to a philosophy contrary to the use of compulsory vaccination, I have had many questions posed on how to deal with family harassment, sources of information against vaccination and names of persons other than chiropractors that may be free thinkers or opposed to vaccination, at least on a compulsory basis. The following document is an assortment of information that may provide much of the above need". (50)

"It is the contention of many chiropractors that by working with the body's natural defenses and keeping them functioning adequately, the chances of a patient contracting these diseases are minimized and if/when the organism gains entry to a system, the clinical manifestations will be mild or nonexistent. This is achieved by 1) chiropractic adjustment to correct any impingement of the normal communication or nervous system thus keeping the body aware of any change in its homeostasis..." (50)

Official chiropractic authorities attack the safety of immunization; "One study showed that as many as 1 in 875 DTP shots can produce convulsions, shock, brain inflammation, and even death" (46).

"Several major medical studies used as proof of the need for immunization were actually funded by grants from pharmaceutical firms". (47)

"We were not part of the medical team, we opposed vaccination, fluoridation, drug therapy and excessive needless surgery. We stood for something and a good number of us still do today" (48).

The great majority of chiropractors do not immunize their own children. To accept immunization as a means of preventing illness would run counter to basic chiropractic philosophy.

"To say that there is no scientific proof to back up the arguments against immunization is to say that science of chiropractic has no validation. That is the basis of what chiropractic is all about, the body can heal itself without the use of drugs". (49)

Yet, there are a few small voices in the profession who have questioned the chiropractic tradition of opposition to immunization. A recent example is the article by Craig F. Nelson D.C. of Northwestern College of Chiropractic who in May of 1993 wrote an article in the American Chiropractic Association Journal entitled, "Why Chiropractors Should Embrace Immunization".

In March 1993, the Wall Street Journal published an article entitled, "Chiropractors Seeking To Expand Practices Take Aim at Children", by Timothy K. Smith. In response to this the American Chiropractic Association took out a full page ad in which they stated, "Chiropractic manipulation is not a substitute for routine vaccinations, and our Association considers any contrary suggestion to be unethical, unprofessional and wrong. Routine childhood vaccinations have been a proven and effective campaign in the control of many diseases".

This statement, made by the political lobby of chiropractors is in contradiction to the basic teaching continuing today at chiropractic colleges worldwide and to the actual practices of the very great majority of chiropractors. It is characteristic of chiropractic politics to issue such statements, trying to use linguistic acrobatics to hide the actual reality.

CHIROPRACTIC TREATMENT OF ENURESIS: Childhood bedwetting, in the chiropractic "Chart of Effects Of Spinal Misalignments" is said to be caused by misalignment of the third lumbar vertebrae. (51). Other chiropractors would say that the problem could be at an upper level and radiate down. In the chiropractic publication, "A Bedtime Story", "...the little boy's parents made an appointment for the chiropractor to examine his spine. Sure enough, the doctor found the trouble spot and corrected it" (52).

The School of Chiropractic in Bundoora Australia accepted "one hundred and seventy-one enuretic children, aged 4 to 15, were treated with chiropractic adjustments".. (53). The study was poorly done and in the end the authors had to conclude that, "In the absence of a control group, there appears to be no validity in the claim that chiropractic is a treatment of choice for functional nocturnal enuresis". (53).

In finding the cause of bed-wetting, some chiropractors will use total body x-rays to show "the spinal scoliosis (bending) of youthful male who suffered as a chronic bed-wetter until curvature was corrected". (24)

CHIROPRACTIC TREATMENT OF COLIC: Mary Ann Goldhawk, a chiropractor in Whitby, Ontario, has reported "her success in treating infantile colic has been featured in newspapers and on radio and television. She states, "Common attitudes from family practitioners and pediatricians seem to be that colic will live its natural; life of three months and then end spontaneously. The infant is usually treated with drug therapy, diet control, etc. but without complete success. Chiropractic can alleviate the pain associated with colic". (54)

The Anglo-European College of Chiropractic enlisted "316 infants suffering from infantile colic. The median age was 5.7 weeks at the beginning of treatment. The study was carried out as a multicenter study lasting 3 months and involving 73 chiropractors in 50 clinics" (55). The authors report "a satisfactory result of spinal manipulation therapy is 94% of the cases". (55)

The site of the subluxation in colic may differ slightly from one chiropractor to another. In general, the atlanto-occipital or the C-1 joint are said to be often involved. (56).

OTHER PEDIATRIC CONDITIONS: In an article in the Journal of the Canadian Chiropractic Association, Karin F. Hammerich, D.C. writes about "Megavitamin Therapy: Personality, Hyperkinesis and Allergy In The Deficient Child". She found that "Palpation revealed the most marked subluxation to be at C-2". The patient, "Tim was treated chiropractically for the first one and a half months with cervical adjustments predominating" (60)

In the publication, "Chiropractic Health Column called "Growing Up With Chiropractic", the pediatric complaints include, "stomachache", "bed-wetters", "prolonged colds", "colic", "constipation", "earaches", "general crankiness" are, "often the result of nerve irritation at the spinal level. The publication asserts that, "It is no longer suprising to hear a child say, "Mom, I'm not feeling well today, maybe I should have my spine checked". (58).

CHIROPRACTIC TREATMENT OF MUSCULO-SKELETAL CONDITIONS: Amongst the most common conditions treated by chiropractors are a wide range of what they consider to be postural deformities. Another common condition treated is supposed unequal leg lengths. The treatment is manipulation. (72). "The chiropractic treatment programme may include spinal adjustments, exercise and postural advice". (72)

CHIROPRACTIC VISITS OF CHILDREN WITH MUSCULO-SKELETAL COMPLAINTS: In the over 12 year age group, the primary visit to a chiropractor is often musculo-skeletal in nature. A minor athletic injury, a back-strain, a sore muscle are all common complaints. In many cases the teenager has already seen a family physician.

In these cases the chiropractor will often offer some of the same treatment methods offered by qualified physiotherapists. These would include mild muscle massage, cold therapy, stretching exercises, etc. Following the treatment of this acute phase of swelling and tenderness, the chiropractor may then move on to the question of subluxations and adjustments.

CHIROPRACTIC TREATMENT OF SCOLIOSIS: Although numerous official definitions are provided, in effect the chiropractic definition of scoliosis becomes any perceived curve, diagnosed either by palpation, range of motion examination or x-rays, in which there is, what chiropractors consider to be an abnormal lateral curve of the spinal column. The treatment is adjustment. By "applying this understanding to curve mechanics-biomechanics of scoliosis, the chiropractor has a rationale for the treatment of mild lateral curves". (65)

Some chiropractors are aware that more severe cases of true scoliosis require surgical intervention and "your chiropractor may refer you for other types of treatment" (72).

CHIROPRACTIC SCREENING IN ELEMENTARY SCHOOLS FOR CHILDREN WITH SCOLIOSIS: Screening for scoliosis in orthodox medicine is considered to be of somewhat limited value. The condition is rare (less than 1 child in about 300), mild curves are often subject to expensive and unnecessary followup. Early screening will often not change the evolution of the disease. Surgery may be the only long term treatment which is effective. (61)

In chiropractic however, scoliosis screening, starting in elementary school is encouraged. "At the first school screened earlier this month, by a chiropractor team led by Dr. Goldhawk, over 220 of the 245 pupils in the grades being screened.... were seen in the programme". (62). Roberta G. Kich, D.C., the president of the Ontario Chiropractic Association considers this to be a "most exciting development". (63). "Get involved now and help to establish public service involvement by chiropractors in elementary schools throughout the province so that the next generation of patients has an awareness of spinal health and an enhanced understanding of the chiropractic profession". (64)

DEFINITION OF CHIROPRACTIC SUBLUXATION IN CHILDREN: Orthodox medicine uses the term subluxation to mean a partial dislocation of two bones, usually in the limbs. Subluxation of the spinal column in infants and children is almost unheard of.

Although numerous official definitions are provided, in effect the chiropractic definition of subluxation becomes any perceived curve, diagnosed either by palpation, range of motion examination or x-rays, in which there is, what chiropractors consider to be an abnormal range of motion of the spinal column. The treatment is adjustment by manipulation. Thus, the definition of scoliosis and subluxation in chiropractic are interchangeable.

According to Robert A. Leach, D.C., "almost all chiropractic theory is based on the existence of subluxation" (67). For Leach, "A subluxation is the alteration of the normal dynamics, anatomical or physiological relationships of contiguous articular structures" (68)

DO INFANTS AND CHILDREN HAVE SPINAL SUBLUXATIONS? There are no objective studies in the chiropractic literature which demonstrate the presence of subluxations as defined by scientific medicine. Even within chiropractic itself, the diagnosis does not appear to be reproducible. In one classic example of this, the National Association of Letter Carriers in the United States reviewed chiropractic x-rays which "purported to show a subluxation, in several instances four to six subluxations had been diagnosed in a single x-ray", Chiropractic official representatives were asked to point out the subluxations, "Not a single one was identified". (66)

When chiropractors are asked if two different chiropractors could most often identify the same site of subluxations, the general answer is that they could do so because the site of the subluxation is related to the age of the child and the physical complaint being made. In other words, an infant has colic, therefore the subluxation must be in the cervical region. (29)

IS CHIROPRACTIC DANGEROUS FOR CHILDREN?: Concerns about the overall safety of chiropractic raises a number of important questions. Is it safe to perform any type of manipulation therapy on infants and children up to 12 years of age? Chiropractors are the only group which do this, orthopracors do not. Is there any cost-benefit to the large number of x-rays chiropractors take, especially since the gonadal area is routinely exposed? The Canadian Association of Radiologists has done an extensive review of this subject and has expressed its great concern. Is there significant delay in proper diagnosis while the chiropractor is treating the patient, especially since chiropractors portray themselves as primary care physicians? What is the impact on pediatric health care of the chiropractic anti-medication and anti-vaccination messages?

It is not within the scope of this article to deal extensively with these questions. One central issue with any treatment is the cost-benefit. If virtually all of chiropractic treatment of children up to 12 years of age is worthless and of no benefit, then clearly there is no need for chiropractors to ever care for children of this age group. A few chiropractors have themselves come to this same conclusion.

A car without an engine is not dangerous, but it doesn't drive very far either. There is also a great deal of difference between a patient feeling they are better and actually getting better.

IS CHIROPRACTIC TREATMENT OF CHILDREN WORTHLESS: Can a chiropractor actually diagnose vertebral subluxations in an infant? Once found, can these actually be treated by chiropractic manipulation therapy?

Chiropractors are taught and believe so. In the chiropractic publication, "Infants, Babies and Chiropractic, 1991, they state, "A random group of 1,250 babies 5 days after birth". 211 suffered from vomiting, hyperactivity and sleeplessness. Manual examination revealed spinal abnormalities in 95% of this group. Spinal adjustment frequently resulted in immediate quieting, cessation of crying, muscular relaxation and sleepiness" (71)

IS THIS REALLY POSSIBLE? The point in fact is not whether or not all this is possible. In chiropractic, the treatment precedes the diagnosis, not the other way around as in scientific medicine. The chiropractic system of diagnosis and treatment is in the following order:

- 1) All disorders can in some way be treatment or improved by means of a vertebral adjustment using chiropractic manipulation therapy.
- 2) Therefore all patients, including infants, babies and children, must have vertebral subluxations.
- 3) Therefore the diagnosis of these conditions is a foregone conclusion.
- 4) However, as we are "chiropractic doctors" we must also attempt to use familiar medical techniques (i.e. x-rays, spinal angle measurements, hand examination, neurological tests, etc.), to demonstrate our competence.

Chiropractic is a treatment in search of a disease. To find it, chiropractic must manipulate the accepted basis of neurological sciences to create an autonomic grand fallacy.

Chiropractic has very little in common therefore with orthopractic, i.e., the scientific use of manipulation therapy. Chiropractic is part of a strong social philosophy which states biases against scientific medicine; advocates that prevention is better than treatment; emphasizes personal testimony as proof of effectiveness; claims to be a natural healing profession, and obliquely attacks the medical profession whom it perceives as prescribing too many drugs, performing surgery without need and not respecting natural medicine. "All chiropractors oppose the excessive use of surgery and medicines and favour a drugless, holisitic approach to healing". (73)

As such, infants and children are being treated by a philosophy, which may put their health care at considerable risk.

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