



EDITORIAL

## Humpty Dumpty chiropractic

*“When I use a word,” Humpty Dumpty said, in rather a scornful tone, “it means just what I choose it to mean – neither more nor less.”<sup>1</sup>*

The statement<sup>2</sup> by the UK regulator of chiropractic, the General Chiropractic Council (GCC), allegedly consigning the vertebral subluxation complex (VSC) to the dustbin of history, has raised an international outcry far in excess of anything the GCC might have expected. For those whose observations of the chiropractic profession date back further, the furore comes as no surprise; there is seemingly nothing that a vocal minority of the professional enjoy more than endlessly debating semantics, particularly when they impinge on ‘chiropractic philosophy’.

The statement itself is actually quite bland:

*The chiropractic vertebral subluxation complex is an historical concept but it remains a theoretical model. It is not supported by any clinical research evidence that would allow claims to be made that it is the cause of disease or health concerns.*

The statement, which, in its entirety, runs to just one side of A4, then goes on to remind UK practitioners about their statutory obligation to make sure their own values and beliefs do not prejudice patient care and outlines the requirement for an evidence-based approach to care, with any advertising being supported by the highest levels of evidence.

The statement also has to be taken in context; it was issued after an enquiry by a member of the public as to GCC’s view about the VSC and claims by chiropractors that it is the cause of disease or specific health problems. The enquirer referred to the current version of the Criteria for the Recognition of Degrees in Chiropractic (2007),<sup>3</sup> which briefly alludes to VSC, although largely within the context of teaching the history of chiropractic. The GCC’s statement was then released after due consultation with its own education committee.

Although an ‘enquiry by a member of the public’ may sound innocuous in the extreme, this must be taken against a background in which similar enquiries into the GCC’s rules and regulations by ‘members of the public’ have led to standardized omnibus complaints against over a quarter of the UK’s chiropractic population at a cost of millions of pounds to both the regulator – which has a statutory duty to investigate each and every complaint individually – and the British Chiropractic Association (BCA), against whose members the majority of the complaints have been intentionally targeted. None of the complaints relate to patient care.

As with most chiropractors reading the statement, my first reaction was “How dare they...” followed by “I’ll give *them* ‘historical concept’”. A substantial proportion of the UK chiropractic population have yet to move on from this stance.

Experience suggests that initial reactions are made with the heart rather than the head and, with the benefit of sleeping on it not once but several times, things can often look different if not in the morning then at least the following week. It is also sometimes worth playing devil’s advocate before finalizing one’s conclusions.

If the statement is taken at face value, and broken down into its component parts, there is actually little of controversy. The VSC *is* taught as a historical concept, it formed the key component of the ‘history of chiropractic’ course of every chiropractic course with which I have ever been involved.

The VSC *does* remain a theoretical model; it has to remain theoretical because there is no hard, irrefutable evidence to ‘prove’ the VSC – most of what chiropractors take for granted is no more than conjecture and hypothesis extrapolated from low quality animal experiments and applied to existing neurological models. The VSC – even if its definition can ever be agreed by more than two chiropractors at any one time – defies proof, or disproof.

There is, therefore, no reliable evidence to support its role in health and disease. The fact that chiropractors have been shown to be rather effective at treating low back pain does not *prove* their proposed mechanism of action any more than a negative research outcome disproves it.

The GCC statement therefore consists of three factual components that do little more than tell it how it is. Most chiropractors might wish this to be otherwise. Over the last two decades, chiropractors have spent many thousands of hours and many millions of dollars in attending seminars in which the latest self-appointed guru holds forth on their individual belief systems and the purported benefit to the patient's health and the chiropractor's pocket; if a fraction of that time, effort and money had been spent instead on appropriate research, it might well be otherwise.

*What's in a name?*

*That which we call a rose.*

*By any other name would smell as sweet.*<sup>4</sup>

The GCC's statement also begs a bigger question, one that many chiropractors seem to want it to mean: is the VSC the quintessential heart of chiropractic... or is it the enemy within? Should it be the rationale for all that we do or is it merely an anachronism that limits the profession?

A substantial number of chiropractors probably never specifically mention the VSC to their patients, preferring to talk in terms of the entity's individual elements: kinesiotherapy, neuropathophysiology, myopathy, histopathology and degenerative pathophysiology as they apply to the individual patient.

An even greater number would probably never specifically mention the VSC to other healthcare professionals for the simple reason that the word 'subluxation' has an entirely different connotation in the medical vocabulary and has been at the heart of misunderstanding between the chiropractic profession and every other form of health care for over a century. The profession's dogged adherence to Daniel Palmer's 19<sup>th</sup> century terminology continues to throw up barriers where none need exist; in this regard, the change from straight 'subluxation' to 'VSC' has failed to move the profession forward.

So why not ditch 'subluxation'? The English language has over 650,000 words and is richer in

synonyms than any other language has ever been. Surely it is not beyond our wit to derive a term that succeeds in communicating the concept in a manner appropriate to the 21<sup>st</sup> century; we would not diagnose a patient with 'dropsy' simply because our Victorian forefathers thought the term appropriate. I have been using the term 'segmental spinal dysfunction' in medicolegal reports for over a decade and it has never raised an eyebrow amongst chiropractors or allopaths; it accurately describes the VSC in terms that even a lay person can grasp and does not change the biomechanical and neurophysiological aetiologies or consequences that are currently couched within the blanket of the VSC.

We are reaching a point at which emergent technology may well enable the isolation and investigation of the disparate elements of that which we call the VSC; such investigation will be beyond the means of the current chiropractic research budget and will therefore require a co-operative and informed effort using medical facilities. 'Segmental spinal dysfunction' is, I suspect, likely to be considered a more worthy candidate for investigation than is 'subluxation' – the time is fast approaching when chiropractic will have to decide whether it is informed by 19<sup>th</sup> century metaphysics or by 21<sup>st</sup> century science. If it chooses wrongly, then it may not be possible for all the king's horses and all the king's men to effect a repair.

## References

1. Carroll L. *Alice through the looking glass*. London: Macmillan; 1871.
2. General Chiropractic Council. *Guidance on claims made for the vertebral subluxation complex*. London: General Chiropractic Council; 2010. <http://www.gcc-uk.org>.
3. General Chiropractic Council. *Criteria for the recognition of degrees in chiropractic*. London: General Chiropractic Council; 2007. <http://www.gcc-uk.org>.
4. Shakespeare W. *Romeo and Juliet* [II, ii, 1–2].

Martin Young\*  
Editor

\*Tel.: +01865 843418

E-mail address: [clinchiro@elsevier.com](mailto:clinchiro@elsevier.com)