

Canadian Researchers Target Chiropractic

Study claims "findings" of stroke risk

By Robert Braile, D.C.
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Medical organizations in Canada and the United States have once again set out to strike at consumer confidence in chiropractic safety and effectiveness through a series of media moves, based on unsupportable and intentionally sensational and alarmist "research" findings. In a paper issued at the 27th International Stroke Conference in San Antonio, Tex., Canadian researchers have tried to establish a population-wide risk of stroke based on an examination of 158 cases in which one-quarter of the subjects had undergone some form of unspecified "neck manipulation." (Norris, J.W., Beletsky, V., Nadareishvili, Z.G., Canadian Stroke Consortium, *Canadian Medical Association Journal*, 2000;163(1) 38-40.)

Dr. John W. Norris of the University of Toronto, the lead author of the study, is also circulating a petition among medical neurologists to ban the practice of chiropractic neck manipulation.

The Norris study is typical of such media-medical "studies" because of the very loose and misleading methodologies employed and because of the rush to equate general chronological occurrence with causality. The paper asserts that because some patients

suffered from some level of cervical artery dissection within some days of having some manipulative procedure performed in their neck area, that chiropractors cause strokes. This approach is clearly geared to generating sensational findings for use in the media, rather than objectively seeking to identify quantifiable, reproducible risks and the precise factors that must be present to produce those risks.

Sound research protocols demand specific details, control mechanisms and a careful search for additional potential causal factors before coming to conclusions. In the Norris study, no data is given regarding what type of provider administered the cervical procedure, the nature of the procedure administered or the time frame involved before the appearance of any vertebral dissection. Equally suspect is the complete absence of any search for any other likely cause or contributing factor. In an age when worldwide alerts about the new stroke risk discovered in consumers of various medications, such as the highly publicized Phenylpropanolamine (PPA), a common ingredient in common cold medications and appetite suppressants, the range of potential causal factors becomes very wide and diverse.

No doctor of chiropractic was involved in the development of this paper nor was chiropractic input sought. As a doctor of chiropractic who uses

the term "adjustment" to refer to the specific chiropractic procedure applied to the spine to correct subluxations, even the use of the term "manipulation" raises questions as to how well-versed in chiropractic procedures and safety controls Dr. Norris and his colleagues are.

The alarm raised in the paper by Dr. Norris and his colleagues is also grossly and demonstrably out of step with the enormous body of credible data that shows chiropractic procedures to be among the safest and most effective in the entire world of health care. Based on the Norris equation, chiropractic patients in the tens of thousands should be suffering from arterial tears producing stroke. The fact that such numbers aren't there is explained away "because many cases of stroke are slipping through unnoticed."

Every large-scale study, whether based on malpractice data or other reliable information on which the incidence of stroke might be associated with chiropractic procedures, shows the safety of the chiropractic cervical adjustment. Ari Cohen, DC summed up the situation very well in his recently published "Review of the Literature Regarding Stroke and Chiropractic" (*JVSR*, September, 2001, Vol. 4, No. 3) when he stated: "There have been many attempts in the medical literature to show that chiropractic adjustments cause CVA's (cerebral vascular accidents). Many of these statistics are falsely inflated by including statistics of injuries caused by people that are not chiropractors yet referring to the procedures as chiropractic. The occurrence of CVA's in the general population is 0.224% while the occurrence of CVA's in the chiropractic population is 0.000008%. A person actually has a greater risk of getting hit and killed by lightning than having a CVA that is related to a chiropractic adjustment."

My personal experience also shows that the Norris conclusions are so flawed as to be comic, if it were not for the serious nature of his intentions of frightening people away from chiropractic care. In more than twenty years of practice, delivering tens of thousands of cervical adjustments and working in the context of hundreds of other chiropractic doctors doing the same proce-

dures every day, I am not aware of a single stroke incident in my circle of chiropractic colleagues. This circle, by the way includes nearly a decade of service as a member of the Board of ChiroSecure, ICA's Professional Liability Risk Purchasing Group, years of service on ICA's Legal Affairs Committee and years as an instructor at a major chiropractic educational institution.

The International Chiropractors Association is also interested in the Canadian sources that have repeatedly been mobilized to spearhead the stroke-related media campaigns, partly because of the large-scale public relations efforts that have accompanied each such episode. The permanent injunction against anti-competitive activities by U.S. medical organizations that resulted from the *Wilk vs. AMA, et al* suit, can be dodged by this type of off-shore activity, even when it spills over into the United States via the media. The vast sums spent in promoting this issue and the Canadian source make this situation inherently suspect and worthy of official investigation. This issue is far from over with this one paper.

The headlines of recent years scream with grotesque and haunting findings about the death toll from standard medical procedures and the use of drugs, both prescription and non-prescription. Surgical errors, medical mistakes, and a death toll that runs into the hundreds of thousands annually make medical doctor induced illnesses one of the leading causes of death in North America. It would seem to me that if I were a sincere MD concerned about the public safety, I would be far more concerned about cleaning up my own profession's act than in trying to drag down other providers with false findings. The patients know. Will they stop seeking the chiropractic care they need because of the fear-mongering put forth by these people? Some might, for a while.

But let's not forget, chiropractic isn't the second largest and fastest growing doctor level profession worldwide for nothing!

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Experts say health study on kids near Ground Zero during 9/11 attack has been neglected

Associated Press writer Karen Matthews recently reported how researchers are charting the health of firefighters and iron workers who toiled at the World Trade Center site. They are studying women who were pregnant at the time of the attacks, and even examining the search-and-rescue dogs that worked at ground zero. But no one is conducting a systematic study of children who were near the trade center when the twin towers collapsed — and some experts say time is running out to begin such research.

"It's clear that already we've missed acute short-term events," said Dr. Philip Landrigan, director of the Center for Children's Health and the Environment

at Mount Sinai School of Medicine.

The head of the American Academy of Pediatrics, Dr. Louis Z. Cooper, who is also professor of pediatrics at Columbia University, said children may have been exposed to asbestos, mercury and lead. "Children's developing systems are more vulnerable to these toxic substances than are those of adults," he said.

"To the best of my knowledge," Landrigan said, "there has been no coordinated effort to create a registry of children who were in lower Manhattan on the morning of 9-11 and in the subsequent weeks — and by the same token no coordinated effort to follow those children up."