

Arthur Ashe: My Final Victory • A Guide to Guilt-Free Snacking

HEALTH

JULY/AUGUST 1993

YOUR ACHING BACK

Should you see a
chiropractor?

BONES

of

Sid Williams is a big man, a former Georgia Tech defensive end, who looks appropriately messianic for someone claiming to know the supreme secret to good health. His brilliant white hair sweeps back in electrifying waves, dark eyes peer out from beneath a thick, bony brow, and he rails with the passion of a Southern preacher. "I'll tell you one thing," he booms in a thick Georgia accent, sitting barefoot on the porch of his vacation home on Florida's Gulf coast. "You're not talking to a quack-charlatan-cultist."

He bristles, because he's been called all these things, and much worse, during his 40-year career as a chiropractor. Then he shrugs and laughs, intoxicated with the knowledge that the tide of public opinion has begun to turn in his favor.

As president and founder of Life College in Marietta, Georgia—the country's largest chiropractic college—and chairman of the 6,000-member International Chiropractors Association, Williams has suffered the slings of mockery and criticism through many of his profession's most difficult years. "It got to the point where if nobody was giving us a hard time, we'd start to think something was wrong," he says. But lately he and his 50,000 colleagues have begun to savor the pleasures of respect from an ever widening circle of supporters.

Chiropractors today make up this country's third largest medical profession (after physicians and dentists) and are licensed to practice without supervision or referral from medical doctors in every state. Hospitals are increasingly adding chiropractors to their medical staffs, and their spine-crunching services are widely reimbursed by Medicare, Medicaid, workers' compensation, and private insurance.

Most important, chiropractors have attracted a huge following of dedicated patients. Some 15 to 20 million Americans visited a chiropractor last year, the majority of them for treatment of low-back pain. Many return for treatments week after week, seemingly addicted to the trademark laying on of hands known as a chiropractic adjustment.

At first glance it seems that they've made a smart choice. Several studies in the past two decades have hinted that chiropractors have something important to offer, especially when it

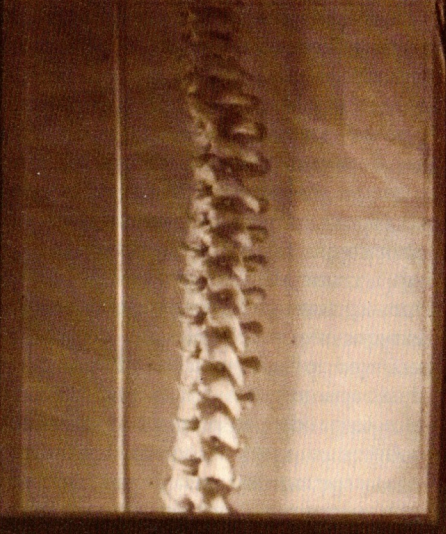
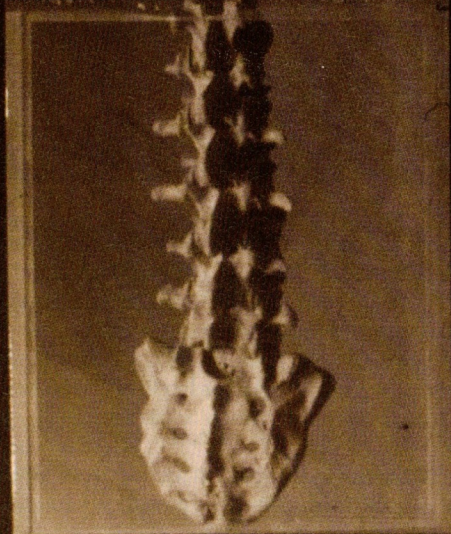
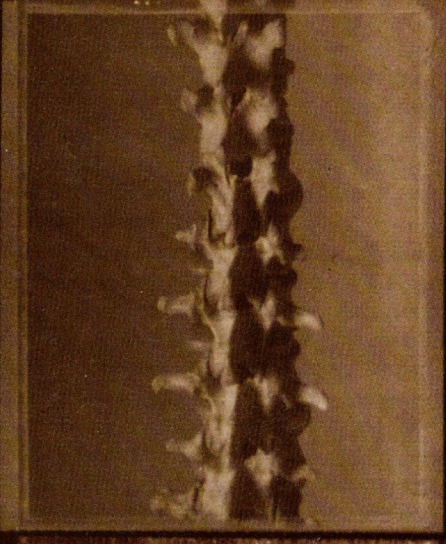
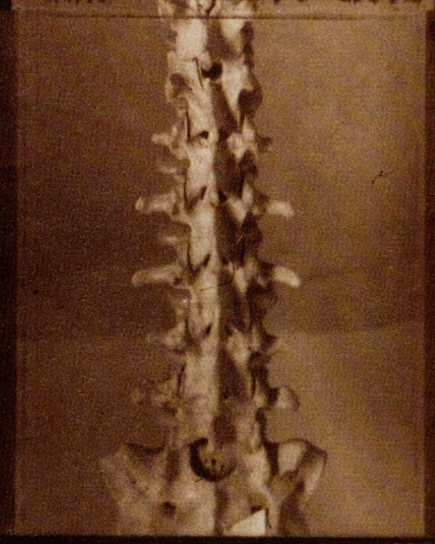
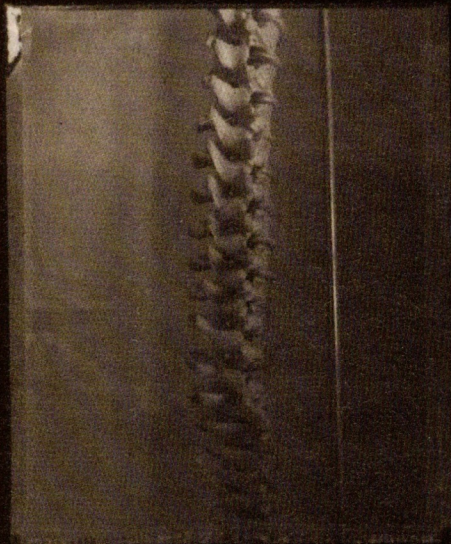
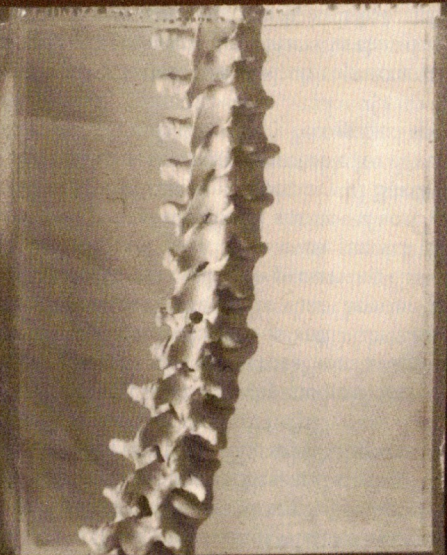
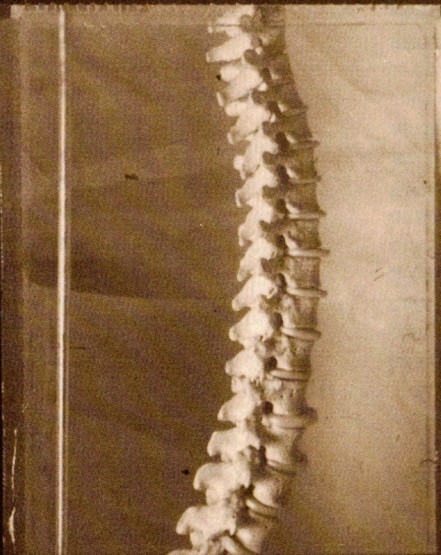
CONTENTION

comes to low-back pain. The largest and most impressive single study, published in 1990, found that patients with chronic low-back pain treated at chiropractic clinics ended up with less pain and more mobility than those treated in hospitals. Chiropractors also point to another big study, published in 1991, which concluded that people with acute low-back pain not caused by neurological complications could significantly boost their odds of recovering within three weeks by getting spinal manipulation.

Chiropractors are apparently economical, too. Workers' compensation costs for a back-pain patient seeing a chiropractor are about one-tenth those for a patient treated by a medical doctor. That's no small matter, given how common backaches are. Seventy to 80 percent of adults are affected by back pain at some point in their lives, and it is second only to childbirth as the most common reason for hospitalization in the United States. And although nearly 90 percent of backaches disappear

Do chiropractors know what they're doing?
Does it matter, if it helps? — By Rick Weiss

PHOTOGRAPHS BY DOUG BENEZRA

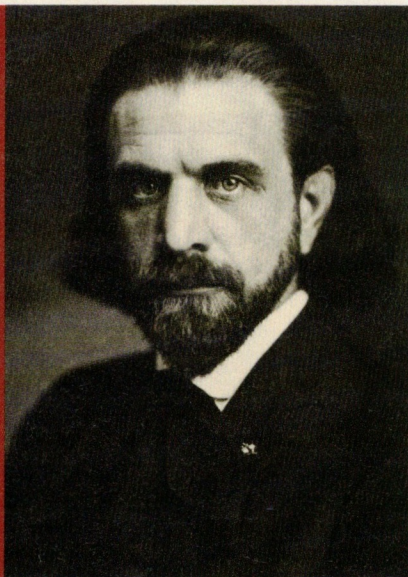


on their own within six weeks, the human and monetary costs are enormous. Back pain causes millions of missed workdays every year, at a cost of billions of dollars in compensation claims and lost productivity.

"The insurance companies love chiropractors because for occupational injuries and low-back pain they get their patients back to work sooner," says Norman Gevitz, a medical historian at the University of Illinois at Chicago.

But despite chiropractors' growing popularity with patients and insurers, there are reasons to think twice before surrendering your body to a

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PALMER COLLEGE OF CHIROPRACTIC

chiropractor's care. For one thing, astonishingly little is known about what a chiropractic adjustment really is, what effects it has on the body, and what ailments it might exacerbate or cure. Even the seemingly positive findings from the big back-pain studies in 1990 and 1991 are less compelling than some chiropractors care to admit. In fact, neither study clearly differentiated between the techniques used by chiropractors and those used by other specialists, like physical therapists, leaving unresolved the question of whether chiropractors have anything truly unique to offer.

For ailments other than back pain, there is even less documentation for the benefits of chiropractic. (The word *chiropractic* may sound odd by itself, but that's the correct term.) Chiropractors are bursting with anecdotal reports of cures for asthma, headaches, hair loss, even blindness. But their reliance on individual testimonials rather than controlled clinical trials leaves chiropractors vulnerable to the criticism that these patients could just as easily have recovered on their own.

Perhaps most disturbing, no research has ever substantiated the chiropractic theory of disease, which belittles the importance of infectious agents and posits instead that a vaguely defined spinal defect, called a subluxation, underlies virtually every medical disorder from diabetes to cancer.

Chiropractors describe subluxations as kinks in the spine that pinch one or more nerves, interfering with the body's ability to stay well. Intuitively, the idea makes some sense. Nerves do, after all, serve as conduits throughout the body. And their ability to transmit messages can indeed be affected by injuries to the spine, causing nerve and muscle symptoms like shooting pains, numbness, or paralysis.

But there is absolutely no proof that subluxations can cause organ failure or immune dysfunction, as chiropractors traditionally claim. Or that common back pain can be caused by a subluxation.

Indeed, there is no proof that subluxations exist at all, much less that their "adjustment," whatever that might be, improves nerve transmission and enhances health. Subluxations don't show up on X rays, for instance. Yet chiropractors persist in making widespread use of X rays in a futile search for these phantom flaws, despite increasing concern about the cancer-causing potential of radiation.

"The big question is, What is the scientific evidence for chiropractic?" says Gevitz. "Research is increasing, but there is still very little evidence to support any of what they do."

CRITICISMS LIKE THESE only inflame Williams, known to colleagues as Dr. Sid. In his winter home on St. Armands Key, an exclusive island reached by a causeway from Sarasota, Dr. Sid talks of having cured not only countless injured backs but all manner of maladies from diabetes to baldness.

"I've had people come in and get adjusted, and later they found they could see better than before," he declares, waving a hand through the humid Florida air. "They ask, 'Doctor, did you do anything to my eyes?' And I say, 'Of course I did. I turned the power on in your *whole body*, and aren't your eyes part of your body?'"

He shakes his head as if in disbelief that anybody could fail to see the significance of what he's saying. "What are medical doctors doing? Giving chiropractors their cricks, backaches, and strains. We do something for everything," he says. "Rigor mortis is the only thing that we can't help!"

But Dr. Sid ought to know why medical doctors have been wary of chiropractors' extravagant claims and why his profession is still vulnerable to charges of cultism. He more than anyone in the field has dedicated his life to preserving chiropractic's unorthodox past. He's even turned the house next door into a colorful shrine—a sort of Graceland of Chiropractic—in memory of Bartlett Joshua (B.J.) Palmer, the man responsible for developing chiropractic into the widely recognized specialty it is today.

Palmer, whose father founded chiropractic almost a century ago, spent his winters in that one-story beach house until his death in 1961. Life College and Dr. Sid bought the house in 1979 and filled it with precious artifacts from B.J.'s life. Here is preserved B.J.'s original chiropractic adjustment

table, with the telltale hole cut into the maroon padded headrest to accommodate a patient's nose and mouth while lying face down. Here on walls painted red, orange, blue, yellow, and green hang photographs of B.J. standing with his close friend John Ringling, who overwintered his famous circus in Sarasota and persuaded B.J. to buy property there. And here are some racy pieces of buxom female statuary, suggesting that the chiropractic guru's interest in anatomy wasn't entirely dorsal.

B.J. was a teenager living in Davenport, Iowa, when his father, a bearded fishmonger and self-taught healer named D.D. Palmer, performed what seemed like a medical miracle. The patient was a janitor named Harvey Lillard, and he had been deaf since injuring his back 17 years earlier. On September 18, 1895, acting on a hunch, the elder Palmer delivered a sharp blow to Lillard's back, instantly restoring the man's hearing.

From Lillard's recovery Palmer hypothesized that the brain is essentially a dynamo, or battery, that distributes a healing energy to organs via the nerves in the spine. He called that energy Innate Intelligence and reckoned that when nerves become pinched by a misalignment of the spine—what he called a subluxation—then the organs fed by those nerves lose their vigor. He speculated that subluxations might arise at the moment of birth from the harrowing trip down the birth canal, from childhood injuries, or from work-related postural stresses later in life. Whatever their cause, the result would be illness or, as Palmer put it, "dis-ease."

Palmer termed his newfound specialty "chiropractic" (from the Greek *cheir*, "hand," and *praxis*, "practice"), and soon his son B.J. took to spreading the bone-jarring gospel that virtually every ailment is but a subluxation in need of adjustment. A natural-born salesman, B.J. gave dramatic lectures about the benefits of chiropractic and started a network of chiropractic colleges. During the 1930s he frequently sang the praises of chiropractic on his Davenport radio station, WOC ("Wonders of Chiropractic"), in the evenings after a sportscaster named Ronald Reagan gave the latest scores.

B.J. enjoyed his role as a medical heretic. An incorrigible punster, he would quip to physicians: "My analysis is better than urinalysis." He summarized the difference between doctors of chiropractic (D.C.s) and medical doctors (M.D.s) with the equations "D.C. equals disease conquered; M.D. equals more dope—more death."

The American Medical Association was not amused. It told physicians in the 1960s that it was unethical to associate professionally with the "cult of chiropractic." And in 1963 it formed a Committee on Quackery, whose primary goal was to drive chiropractors out of business.

Chiropractors fought back. In 1976 they filed an antitrust suit against the AMA, charging it with conspiracy to monopolize medicine. And in September 1987, almost 92 years to the day after Harvey Lillard got his back popped, chiropractors won a

BACK PAIN: Who Can Help?

MOST BACKACHES WILL disappear within six weeks without treatment. If yours doesn't, or if you want quicker relief, here's who you can see.

PHYSICIANS

Orthopedic surgeons prescribe medication (painkillers, muscle relaxers, anti-inflammatory drugs), bed rest, and physical therapy for some cases of back pain. And since they can perform surgery, they may be more likely to recommend it. The three most common surgical procedures are laminectomy, in which an accumulation of bone in the spine is shaved away to keep nerves from pressing together and causing pain; discectomy, in which a ruptured disk is removed; and vertebral fusion, in which two vertebrae are joined together to prevent the friction between them from exacerbating nerve or bone irritation.

Osteopaths offer an attractive combination of broad medical knowledge and a special familiarity with spinal manipulation. Unlike chiropractors, osteopaths *can* prescribe drugs and perform surgery, but will often try manipulation or physical therapy first. Most osteopaths are primary care physicians, and the specialty has a good reputation for its holistic view of health, including diet and exercise.

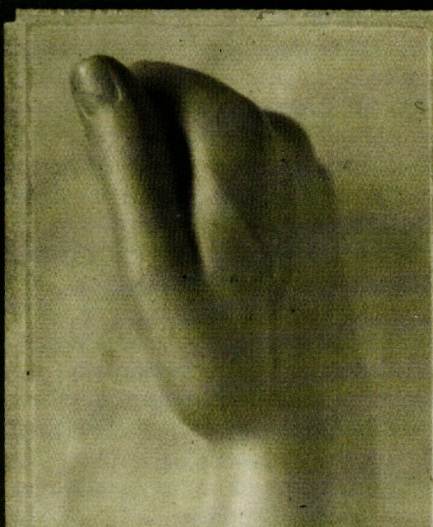
Physiatrists are medical doctors but are not licensed to perform surgery. Like many other physicians, they recommend physical therapy, lifestyle changes, and back braces, which can aid healing by reducing the load on the spine by as much as 30 percent. But they are less likely to hospitalize patients. With their emphasis on noninvasive techniques, physiatrists can be useful for a second opinion if surgery has been recommended.

OTHER SPECIALISTS

Chiropractors cannot prescribe drugs or perform surgery, but are licensed to use spinal manipulation to treat nerve-pinching disorders of the back-bone. They rely primarily on high-velocity manipulations of the neck and back to correct them. Some chiropractors (so-called mixers) augment manipulation with vitamins, herbal remedies, or other alternative treatments. Others (so-called straights) restrict their practice to spinal manipulation, but may be less willing to refer you to a medical doctor.

Physical therapists specialize in improving joint and spine mobility and muscle strength. They are not licensed to take X rays, prescribe drugs, or perform surgery. Although patients are usually referred by physicians, some states allow physical therapists to treat patients without a referral. Physical therapists use various manipulative techniques and exercise equipment to increase range of motion in the back, joints, and limbs and to strengthen the muscles that hold the bones in place. They also use heat or cold, massage, and whirlpool baths to increase blood flow to muscles to speed healing.

Massage therapists do not work on the spine directly but use a variety of soft-tissue manipulative techniques such as muscle kneading and compression to reduce stiffness and pain in muscles and tendons. By increasing circulation in the affected area, massage may help flush away cellular debris from damaged muscles and speed tissue repair. Not all states have licensing requirements, so the quality of care can vary. —R.W.



stunning victory: Although limited to practicing only their own form of medicine—spinal manipulation without drugs or surgery—they gained the legal right to work alongside physicians in hospitals and to practice without referrals from M.D.s.

B.J. didn't live to see that beachhead reached. Neither did he live to hear the skeptics maintain that today's cash-strapped hospitals appreciate chiropractors primarily for their ability to attract new patients. Or that doctors' growing acceptance of chiropractors boils down to relief that somebody else is willing to take their back-pain patients, with whom they've never had much success.

But if B.J. missed his chance to spar with these skeptics, he's been well represented by Dr. Sid, who keeps B.J.'s spirit alive with a peculiar passion. Dr. Sid talks, dresses, and wears his hair like B.J. did. He drives a white and yellow Cadillac like B.J. did. He even engraved his initials in the driveway of his home as B.J. did in the driveway next door.

Recently Dr. Sid went so far as to surround the Palmer house and his own with a stately wrought iron fence set in white concrete stanchions. With its 60-foot flagpole, the two-home site looks like a diplomatic complex. "I call it the B.J. Palmer—Sid E. Williams Chiropractic Embassy Compound," he says. "The chiropractic language is spoken here."

But as Dr. Sid well knows, chiropractors are hardly unified under a single flag or even a single language. Rather, chiropractors have for decades been embroiled in a civil war. On one side are Dr. Sid and his fellow "straight" chiropractors, who see themselves as the pure conscience of chiropractic tradition. Firmly believing that most illnesses can be traced to subluxations, they reject most drugs and surgery in favor of spinal manipulation. Although straights account for only about 15 percent of all chiropractors, straight chiropractic colleges graduate hundreds more every year, and they promise to remain a potent political force within the profession.

On the other side are so-called "mixers," who favor blending the principles of chiropractic with those of other healing arts, ranging from herbalism to modern medicine, with the goal of using what works best. These chiropractors tend to focus on the treatment of musculoskeletal disorders, such as back and neck problems. They advocate less reliance on chiropractic tradition and more on peer-reviewed clinical trials, arguing that chiropractors must get themselves onto firmer scientific footing or risk losing the modicum of credibility they have garnered so far.

Standing tall beneath the ceiling fans of his living room, Dr. Sid expresses little patience for those chiropractors who would, in his terms, sell out to mainstream medicine. "Why don't these guys just become medical doctors?" he asks.

Of course, he adds, medical doctors will be sorry come the chiropractic Armageddon. "Let's suppose the world realizes that subluxations are really the problem," Dr. Sid says. "The first thing you notice,

you need fewer drugs, less surgery, fewer hospitals. This must really frighten medical doctors, but they're going to have to swallow their cud on this one. Who would have thought the Berlin wall would come down? Or that communism would end?" he asks, pacing between overstuffed chairs. "Well, medicine will be recognized as a failed theory, too. These medical doctors think they're supermen, jumping off tall buildings. But they're going to hit the cement. Hard."

A warm glow rises in his cheeks, and for a moment he looks almost beatific. "I'm in love with chiropractic," he says. "You fix somebody with an adjustment and see them walk away so happy. What's the explanation? A preacher says, 'It's an act of God!' A medical doctor says, 'It's a physiological impossibility!' But the chiropractor says, 'Hell, it's an everyday occurrence.'"

A COUPLE OF thousand miles north of Sarasota, it's a bitter winter day in Lombard, Illinois, home of the National Chiropractic College. In a room furnished only with an adjustment table and a chair, Carol DeFranca asks her chiropractor for relief.

DeFranca has a bad cold. Her head is congested. Her limbs ache. The muscles of her diaphragm and neck are sore from days of coughing and sneezing.

Scott Chapman, a handsome young chiropractor wearing a sharply pressed white shirt and silk tie, stands behind his patient while she sits on the padded table. His right hand steadies her forehead while the left gently massages the back of her neck. His voice is confident and soothing. "These muscles are working overtime," he says.

Chapman has DeFranca lie face down on the padded table, opens the back of her hospital gown, and with strong fingers familiarizes himself with the subtle terrain of her back and neck. He pounds with his fist on the back of his own hand as it rests on her backbone, and works her ribs like flexible levers to manipulate her spine. The idea, he says, is to discover spinal misalignments or strained joints, then apply just the right amount of force in the right spot to put the body back in balance.

In a decisive moment, he cups his hands together, rests them precisely on a couple of vertebrae in the middle of her back, leans precipitously over her, and with a short, sharp pump—and a resounding crunch—performs the first of several "high-velocity thrust" adjustments. "Mmmmmph," DeFranca says, with apparent relief.

"Am I attacking the virus directly?" Chapman asks rhetorically while positioning himself for the next maneuver. "No," he answers himself, clearing a few errant tresses from DeFranca's shoulder. "Am I boosting her immune system? Maybe. There have been some preliminary studies suggesting that adjustments may actually influence immune function. But my main goal is to relieve the musculoskeletal components of her illness, those aches and pains

that are secondary to having a cold or flu."

The remaining adjustments follow in short order. Using one hand to stabilize DeFranca's head, Chapman reaches around to the side of her neck, pauses, and lets loose with a powerful but apparently precise shove. The telltale crunch reverberates throughout the room. After another adjustment DeFranca sits upright, her face flushed and vibrant, and says she's still congested but feels a lot better.

Having stood by silently throughout this treatment, John Triano, director of National College's ergonomic and joint laboratory, now speaks up from one side of the room. As a chiropractor with a

gather that information. In the ergonomics laboratory at National College, Triano constructed what looks like the Adjustment Table From Hell. The table is wired with more than \$100,000 worth of high-tech apparatus: force detectors that measure the amount of pressure being applied in any direction; high-resolution infrared cameras to track how much a person's body moves when it absorbs a chiropractic thrust; and a device that measures electrical activity and contractions in a patient's muscles before, during, and after an adjustment.

"The day we first tested the system, it took us four and a half hours to measure something that

lasted only zero point one two five seconds," Triano says. "That's how long the thrust lasts. One hundred and twenty-five thousandths of a second, then it's over."

Triano found that a typical chiropractic thrust peaks at about 200 pounds of force or the equivalent of having a baby elephant sitting (very briefly) on your spine. Neck adjustments are in the range of ten to 30 pounds. The infrared cameras revealed, among other things, that the head moves more during a neck adjustment than had been suspected, suggesting that chiropractors ought to hold it more firmly to add

precision to this common maneuver.

Experiments like these are time consuming and expensive, but Triano is convinced that chiropractors have little hope of proving the efficacy of what they do without defining how an adjustment actually affects the spine. He hopes that by coming to understand the precise nature of an adjustment, chiropractors may be able to work backward and figure out exactly what it is in their patients' backs that they are actually fixing.

To resolve that question would be no mean feat. The human spine is an extraordinarily complex structure composed of 33 individual bony units, or vertebrae, stacked upon one another like a column of lined up napkin rings, most of them separated from each other by disks of shock-absorbing cartilage and a lubricating joint fluid. (Nobody knows for sure what causes the popping noise often heard during an adjustment, but some researchers propose that it may be the sound of tiny gas bubbles exploding as the fluid-filled joint space suddenly expands, much the way a champagne bottle pops when its cork is pulled out.)

Encased within this hollow stack of vertebrae are hundreds of nerve fibers that transmit information between the brain and various organs and limbs. They exit in pairs at regular intervals through tiny openings between vertebrae, wending their way

**"Don't say I'm
against research,"
says Dr. Sid. "A
damned fish peddler
figured this out!
Chiropractic is so
simple, but every-
body tries to make
it so complicated."**



master's degree in neurophysiology, Triano is a leader in the nascent effort to get chiropractic free of its fundamentalist past and into the scientific fold. In his view, people like Dr. Sid do the profession more harm than good.

"Some chiropractors are so insecure in what they do, even the notion of doing research frightens them," Triano says. "These people revere heritage so much that they confuse it with truth."

Triano takes nothing for granted. He's among a new breed of chiropractors who commit the ultimate blasphemy of suggesting that subluxations may not exist. He has looked at thousands of spinal X rays and knows how good they are at revealing all kinds of damage. Has he ever seen a subluxation? He pauses. "With my eyes closed," he replies with a smile.

Looking casually professorial, with his neatly trimmed beard, brown suede jacket, and cowboy boots telling of his years of training in Colorado, Triano makes his way down a corridor in the clinic and reflects on DeFranca's adjustment. "The thing that sets chiropractic apart from physical therapy and massage is the high-velocity thrust you've just seen," he says. "And until a few years ago there was zero information on what that thrust really is; what forces are involved and how they affect the spine."

Recently, Triano says, he took it upon himself to

through the many muscles and ligaments that help support the spine.

There are hundreds of things that can go wrong with all these moving parts: The muscles supporting the spine can become strained; the ligaments that bind muscle to bone can get stretched or torn; the joints of the vertebrae can wear away; and the cushiony disks between vertebrae can dry out, ooze fluid, and even rupture, pressing against nerves and causing pain.

Most people, however, won't ever find out what's causing their back pain—even if they visit an orthopedist, a physician trained in musculoskeletal disorders. That's because spines vary from person to person, and even if an X ray or other test detects an abnormality in a spine or disk, there's no guarantee that the apparent anomaly is what's causing the pain.

Given such vagaries, perhaps it's not surprising that millions of people seem unbothered by chiropractors' inability to explain exactly why or how their treatments work. But it does bother Triano, and he believes that it's only a matter of time before answers emerge.

"The state of chiropractic today is comparable to our understanding of diabetes in the 1930s," Triano says. "Back then we knew there was a disease called diabetes, and that people who have it sweat a lot, urinate a lot, and have to make changes in their diet or they might die. But we didn't know what was wrong with them. That's where we're at with chiropractic. We know what patients look like, we know they benefit from adjustments, but we still don't have a good grasp of what's really going on."

"The difference between people like Sid Williams and myself is in our willingness to accept that we don't know what is going on," Triano says. "People like Sid Williams believe they have the answer, that subluxations are the root of all evil. But there's no evidence that their belief system is true. In fact, there *is* evidence that the main tenets of chiropractic are *not* true. But so what? This is how science works. I'm convinced that some of what I do is helpful for my patients, and I am convinced that with more research I'll be able to help even more."

TRIANO IS NOT the only one who's convinced. Surveys indicate that back-pain patients who go to chiropractors are more satisfied with their care than are those who go to medical doctors. But might these patients benefit just as much from a physical therapist or an inexperienced massage from a friend? If chiropractors really have something unique to offer, why have they had such a difficult time gathering the kind of scientific proof that might persuade the unconverted?

Convincing studies *are* hard to design. Even the best single study to date—the one that compared back-pain patients who went to chiropractic clinics to those who went to hospitals—didn't look at how the treatments performed by chiropractors differed

IN GOOD HANDS: Choosing a Chiropractor

YOUR BACK IS OUT again, and your neighbor swears that her chiropractor works miracles. Perhaps. But before hobbling over for your first adjustment, call your state's Chiropractic Board of Examiners (in the telephone book under state government listings). The board can tell you if the chiropractor is licensed in your state, is up to date with continuing education requirements, and whether he or she has a record of disciplinary actions. When you're ready to make an appointment, call the chiropractor and discuss these points in advance:

Make sure the chiropractor would be willing to send you to a physician

It's not necessary to see a medical doctor first for most back problems, as long as the person treating you is knowledgeable and open-minded enough to refer you to a physician when necessary. Among the rare but serious medical problems that can underlie back and neck pain and require the attention of a physician or surgeon are fractured vertebrae, infections, and tumors. Forceful spinal manipulation is *not* recommended for people with severe spinal injuries accompanied by numbness or tingling in the limbs or with bone weakening diseases such as osteoporosis. If you are taking blood-thinning medications, inform your chiropractor before getting adjusted.

Find out if the chiropractor insists on full-spine X rays

Chiropractors are licensed in every state to take X rays (although insurance will not always pay for them), and most do so as a routine part of their initial patient examination. But studies provide no support for the use of X rays for most cases of low-back pain, says Reed Phillips, president of the Los Angeles College of Chiropractic in Whittier, California. If your injury is serious enough to require X-ray evaluation—neurological symptoms such as shooting pains or numbness in the legs are clues—you should be referred to a physician. The real reason chiropractors still use X rays, critics contend, is to make their practice seem more scientific and to charge for the highly profitable service.

Make it clear that you don't want to be treated forever

A quick scan of the advertisements in any chiropractic journal reveals the profession's emphasis on keeping you coming back for more. "The Precision 900 EMG was designed to cause patients to *want care* and *continue care*," boasts a recent ad for a computer program that shows patients why they need adjustments even if they have no symptoms.

This is the dark side of chiropractic, says Norman Gevitz, a medical historian at the University of Illinois at Chicago. "They want to sell you a package. They want to treat you thirty to fifty times in the next year. They defend this as promoting wellness, but really they're selling a package of treatments that you may or may not need."

Several studies have suggested that for most problems, five to ten sessions are generally sufficient. If adjustments haven't helped by then, they probably won't. And if the pain *has* disappeared, don't let your chiropractor talk you into additional treatments. Let your symptoms be your guide. If you feel better, you probably are.

—R.W.

TALES FROM THE TABLE: Three Patients, Three Opinions

THE OCCASIONAL USER

RAISED IN THE SUN and surf of California, Eduardo Rael had always excelled in athletics. "I was a candidate for the strongest back and neck in history," says the body-surfing martial arts enthusiast. Then, at age 20, while lifting a heavy load on a construction job, he threw his lower back out of alignment. The pain was so great he thought he might never stand up straight again. "But I went to a back cracker," he says, using the slang term for a chiropractor with evident affection, "and walked out of there like a new human being."

In the 20 years since that injury, Rael's back pain has occasionally flared up in response to various stresses and strains, and he has visited several chiropractors. "I've learned there are two basic types," he says. "There are chiropractors who are in it for the money, like the guy who had just met me and was already setting up my whole life treatment plan, and chiropractors who are in it for the healing."

For the past several years, Rael has stayed with a chiropractor he likes, one who agreed not to take X rays at Rael's request, is willing to let Rael decide when an adjustment is needed, and knows how to keep the budding pain in his back from blossoming into a full-blown disability. Sometimes Rael goes months without needing a visit; other times he asks for several adjustments within a week or two. "I know the warning signs when my back is starting to go," he says, "and I like being able to drop in and say, 'Hey, I know what the problem is, will you just fix it?'"

THE SKEPTIC

Lisa Ma was a member of her high school swimming team in Stockton, California, when she entered her Dark Night of the Spine. "It was the end of the season," she says, "and we were running around push-

ing each other into the pool. I slipped and landed on my tailbone."

Unable to bend her head downward without severe streaks of pain running up and down her back, she went to a chiropractor. "He told me that one of my vertebrae was slightly flipped out," she recalls. "He said, 'No problem. We can take care of that.'"

But it wasn't so simple. After weeks of chiropractic adjustments and treatments with a vibrating device, Ma's pain was no

going to milk it for as long as he could."

In the end it was Ma's stepfather who cured her. "He felt all along my back and gave me massages every night, pushing on my backbone and massaging my muscles. After a couple of months I was fine."

THE CONVERT

Jodi Cohen first visited a chiropractor as a teenager, and the experience was less than enthralling. Her mother was con-

cerned that her posture might be suffering because her legs were slightly unequal in length. "I remember thinking, This is weird, I don't want to be here," Cohen says.

Mercifully, those visits didn't go on for long. But like an adult who has grown to like the broccoli and peas so despised in childhood, Cohen, 36, has become a devotee of regular chiropractic adjustments.

"I started going a few years ago," says the Madison, Wisconsin-based playwright and performance artist. "I tend to hold my tension in certain places, and it turns out that chiropractic adjustments make me feel so good."

Cohen sees her chiropractor for 20 to 30 minutes about

every other week. "She's got great hands and a firm but soft touch. She's very caring, she asks me how I'm doing, she's a great listener, and she can tell exactly what needs to be done," Cohen says. "She'll crack my neck and then pull up gently on my head, sort of escorting the muscles back into place."

During adjustments, Cohen lies on a mechanical table that springs upward while her chiropractor pushes down on her back; the combined force can be frightening. "The first time she used it I thought, This woman is going to kill me, I'll have to sue her," Cohen says. "But when I stood up, it was a wonderful feeling." —R.W.



When Lisa Ma's chiropractor seemed more intent on making a buck than mending her back, she called it quits.

better and sometimes seemed worse. After several months, Ma says, "I began to ask, 'What's going on? This isn't working.'" But her chiropractor kept coming up with new problems, insisting that she was carrying her books wrong or lifting things improperly. "He always had something new to say to keep me coming back. He made it seem like it was my fault."

After more than a year she was still experiencing pain, and her chiropractor told her she'd need long-term treatment to correct a mild case of scoliosis (curvature of the spine). Fed up with his excuses, she stopped coming in. "He never called or anything," she says. "I think he was just

from those performed by hospital personnel.

In that study, patients who went to the hospital were treated mostly by physical therapists, who typically use less force than chiropractors do, pushing on the spine and limbs to stretch and strengthen muscles and increase range of motion. But some physical therapists also use high-velocity techniques that resemble chiropractic maneuvers, and some of what chiropractors do resembles physical therapy. So it's possible factors other than manipulative technique contributed to the quicker recoveries in chiropractic patients.

"This is an important distinction," says Paul Shekelle, a physician and expert in chiropractic at RAND, a research organization in Santa Monica, California. Chiropractic does seem to help a lot of people with back pain, he says, but lots of things might be influencing their rate of recovery. "Maybe chiropractors are better psychiatrists or offer better positive reinforcement."

This is a disturbing concept for chiropractors, who have worked hard to usher their profession to the gates of scientific validation and who see themselves primarily as skillful manipulators of the body, not ministers of the psyche. But it's worth considering whether the key to chiropractic's popular success might indeed be something outside the purview of standard scientific research.

"Chiropractic's paradigm is different from that used by medicine, and in some ways harder to study," says Walter Wardwell, a professor emeritus in sociology at the University of Connecticut who has made a lifelong study of the profession. "Chiropractic isn't interested so much in the germs in the environment as in the body's ability to cure itself." And nobody, Wardwell says, not even the best medical doctor, really understands the nature of healing.

The questions are timeless: How does the body pull itself together after injury? Can the mind help or hinder that process? What is the role of a healer? And most relevant, what are the health benefits of physical contact—of plain and simple touch?

"An M.D. will give a pill, a prescription, but no tactile contact," medical historian Gevitz says. "Chiropractors feel around. They have a nice tactile sense, and patients feel relieved. Sometimes you hear this pop, and that can be a wonderful placebo."

He uses the word without apparent judgment. Because the funny thing about placebos, inactive as they supposedly are, is that they work. People get better, even if nobody understands why.

Besides, Shekelle adds, even standard medicine isn't as scientific as many would believe. He notes that U.S. surgeons have in the past 30 years performed hundreds of thousands of carotid endarterectomies—surgical procedures that ream out people's clogged carotid arteries—in the untested belief that the procedure might help prevent strokes. "There's a lot going on in medicine that is just as unproven as chiropractic," Shekelle says.

Add to that chiropractic's excellent safety record

(only a handful of serious injuries have ever been reported out of many millions of adjustments), and the question of whether chiropractors have enough science on their side starts to take on a somewhat hollow ring. After all, people don't need a scientist to tell them when they feel better. And for most of life's various aches and pains—especially those that have no apparent cause and that medical doctors admit they can do little about—isn't relief all anybody really cares about?

BACK ON ST. ARMANDS KEY, Dr. Sid relaxes on his porch to the sound of palm fronds clicking overhead. In calm moments like these, it's easy to be lulled by his unfailing self-confidence and by his pointed critiques of standard medical care. Anybody who has been to a medical doctor, especially for back pain, knows how unsatisfactory such a visit can be. By contrast, imagine a half hour on the table under Dr. Sid's big, strong hands. Who wouldn't feel better?

Well, lots of people. People with infections. People with tumors. And probably a lot of people with back problems, who might benefit more from anti-inflammatory drugs, muscle relaxants, or exercise regimens. The problem is that many everyday ailments, including most backaches, vary so much from person to person that it's difficult to know what kind of therapy will work best. For garden variety back pain, chiropractors do seem to have as good a shot as anyone at speeding recovery. But for many ailments chiropractic will be of no benefit at all, and in some cases it may even exacerbate the problem. The bottom line: Find a chiropractor who is willing to call it quits when adjustments aren't helping and has the wisdom to refer patients to a physician when appropriate.

Many chiropractors are working toward codifying that kind of assurance. At a ground-breaking conference held in California last year, 35 chiropractors from all over the country drafted preliminary guidelines that would define, for the first time, those ailments for which chiropractic is probably useful and those for which medical attention may be preferable. The conference marked the culmination of three years of discussions within the profession, and most of the nation's chiropractors have welcomed the resulting document—especially since the federal government may soon require similar assessments of efficacy before approving reimbursement through Medicaid and Medicare.

But Dr. Sid and his followers are vehement in their opposition to those guidelines, claiming the rules will only get in the way of their simple, 100-year-old mission: to find the hidden glitch in each patient's spine and fix it.

"Don't say I'm against research," Dr. Sid says. "But a damned fish peddler figured this out! That's the problem: This thing is so simple, but everybody tries to make it so complicated." H

Rick Weiss is a staff writer.