

Going Beyond the Subluxation-Degeneration Model

Dear Editor:

Is the subluxation-degeneration model wrong? Can it really be the other way around, whereby degeneration of joint integrity leads to the majority of subluxations? This profession needs to seriously look at the evidence we are accumulating on this paradigm shift.

Let's start with something many of us in practice have no doubt observed when we follow a patient with known disc lesions over a period of years. How much reversal of the spurring and joint space narrowing do you really see over the course of several years of chiropractic care? Sure, these signs may stabilize or even mildly improve using most manipulative techniques, but honestly, how many of you in practice over 20 years can truly reverse these lesions over decades of care without a traction and biochemical approach to specifically address the joint lesion? A few of our techniques can restore A-P curves and reduce lateral deviations with enough coaxing, and these successes can lead to some disc restoration and facet regenerations. However, I believe we are just adjusting a symptom most of the time!

Look at the studies coming out from weight-bearing spinal MRI. We see discopathy like we could never imagine, and at epidemic levels in America! What happens when a disc is compromised? The answer is primarily local spinal instability. This leads to those sudden drop-to-your-knees pain cases we see all the time. These are generally due to a large shift of the motor unit or a new fissure opening in the annulus. The body desperately tries to avoid this by recruiting muscles to do the job of the disc, but this soon leads to spinal ligament thickening and calcification as an energy-sparing consequence. Nonetheless, this "fixation" serves a purpose by restoring the local stability. And what do we do? We go charging into the "subluxation" to improve mobility and alignment! We've learned the resulting increased range of motion fires improved levels of local proprioception to the brain, which overrides many of the brain pathways in the CNS and thus makes the area "feel" better. We know the fresh irritation stimulates renewed fibroblastic activity and thus perhaps accounts for some of the regeneration we might get. But we also can create counterproductive debris which may not all clear the area with the improved blood and lymph circulation. Thus, we have seen so many low-force techniques promulgate throughout the profession.

Next is our profession's research on subluxation-degeneration. A recent experiment fusing rodent spine with hardware and waiting for degeneration (this got us some interesting national exposure when PETA protested at the institution) has again failed to conclusively prove the model. The experiment created an artificial fixation, but hardly in a manner that would have occurred naturally. Some facet degeneration did occur, but this could also have been an attempt by the rodent to accelerate the healing process of the invasive surgery!

Instead, we should focus on what causes the disc and facet degeneration beyond subluxation. Could trauma be a major factor, such as whiplashes (motor vehicles and amusement rides) and falls (the passion of extreme sports)? We know many discs have low-grade occult infections in them, or autoimmune destruction. What is the source of these immune-related inflammations? We see vast amounts of congenital anomalies in the facets and discs, created from simple maternal B-vitamin deficiencies, especially folic acid. Do these anomalies promote degeneration by altering tissue regenerative properties? We see numerous nutrient imbalances, such as with vitamin C, play roles in disc and cartilage degeneration. The body will often shift these limited resources away from the spinal motor unit into more vital systems, such as arterial walls. It would rather have you flat on the floor with a blown disc than dead on the floor with a blown artery!

Dr. James Cox has pioneered a focus on the disc most of his career. I would like all of you to think of the disc first in any case that doesn't substantially clear up in a few visits. And don't expect to see these disc lesions on standard MRI; only weight-bearing MRI is capable of revealing the subtleties of an early, primary disc pathology. I want to see every spur on our X-rays as a cry out for help from the body to focus on the disc, even if it currently isn't a classic "clinical" disc. A stable desiccating disc can still blow up in your face any day, as easy as any quiescent volcano is capable! Use office and home traction techniques first, coupled with nutritional support for these joints. As a chiropractor, become a disc and joint expert.

When you fix these articulations, you stop treating symptoms and get back to the roots of chiropractic by finding the cause of most spine pain in America.

I think it is very possible that the profession's continued division on what we are supposed to do as chiropractors goes right to this very concept. Our model of subluxation-degeneration has been a powerful force in even how our political goals and agendas evolved. Doctors, over a hundred years is enough! Let's show orthopedic and conventional medicine we can get people out of our offices much faster than we currently average. Yes, this model will require all the pure adjusters out there to learn nutritional protocols. It will take more than pop-and-pray maneuvers 20-50 times per patient. It will make us more worthy of the title, "doctor," by using the skills our colleges have been pounding into our heads. If we fix the cause of degeneration first, then the subluxation is at our bidding.

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