Dr. Chestnut's Research Review

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Chiropractic SMT More Effective and Safer than Medical Management of Infantile Colic

Ellwood et al (2020) Comparison of common interventions for the treatment of infantile colic: a systematic review of reviews and guidelines. BMJ Open 2020;10:e035405. doi:10.1136/ bmjopen-2019-035405

QUOTE BOARD:

"High-level evidence showed that probiotics were most effective for reducing crying time in breastfed infants (range −25 min to −65 min over 24 hours)."

*This is ONE of the reasons we recommend breastfeeding and Innate Choice® Probiotic Sufficiency™ for all mothers. Of course, since probiotics are ESSENTIAL for all humans, our Evidence-Based Chiropractic and Lifestyle Protocols include probiotics as part of the Innate Choice® Essential Nutrient System™ for Everybody-Everyday-For Life!™

"Manual therapies had moderate to low-quality evidence showing reduced crying time (range −33 min to −76 min per 24 hours)."

Note that the magnitude of effect for manual therapies was the highest as measured by reduced crying time. The reason probiotics were rated as most effective was because of the higher rating of methodological quality of the probiotic studies. However, as I have mentioned many times in previous research reviews, it is impossible to get a proper "double blind" design for SMT because it is impossible for the clinician to be blinded regarding whether she or he is providing real or placebo SMT - this often results in a lower quality rating for SMT studies. It is easy to blind the clinician regarding whether the patient is receiving a real or placebo probiotic capsule and thus meet the standard of "double-blind". This does not mean that the benefits experienced in a single-blind study where only the patients and not the doctors are blinded regarding who receives real or placebo SMT are not valid, it just means the quality rating scale is biased toward manual therapies. If the patients or subjects and those collecting and analyzing data are blinded there is no logical reason to downgrade the level of the study.

It is also noteworthy to mention that, for the purposes of this review, manual therapies were not limited to chiropractic care or to SMT but were, rather, operationally defined as follows: "We defined manual therapy as any predominantly (more than 75%) touch-based therapy administered by a trained and registered manual therapist, such as a chiropractor, osteopath, osteopathic physician, physical therapist or physiotherapist."

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It is a fair assessment to state that the training of chiropractors in terms of both assessing and treating spinal neuromusculoskeletal issues, and the evidence for the benefits of chiropractic SMT, exceeds that of other "manual therapies" and thus pooling the results of all manual therapies may not be a fair representation of the level of benefit from chiropractic SMT.

"Simethicone had moderate to low evidence showing no benefit or negative effect."

"One meta-analysis did not support the use of proton pump inhibitors for reducing crying time and fussing."

"Conclusions: The strongest evidence for the treatment of colic was probiotics for breastfed infants, followed by weaker but favourable evidence for manual therapy indicated by crying time. Both forms of treatment carried a low risk of serious adverse events."

"The guidance [clinical guidelines] reviewed did not reflect these findings."

In other words, usual medical care treatments for colic, including those in published clinical practice guidelines, have NO EVIDENCE OF BENEFIT and AMPLE EVIDENCE OF HARM – and fail to even mention alternative treatments that have evidence of benefit and safety.

Chiropractic SMT and Probiotics both have EVIDENCE OF BENEFIT and NO EVIDENCE OF HARM.

Again, exactly in line with our Evidence-Based Chiropractic and Lifestyle Protocols! Children with colic should have their spines assessed for segmental dysfunction (VSC) and should be adjusted if clinical findings indicate the need. A trial of care consisting of chiropractic adjustments for the child and probiotics for the (hopefully) breastfeeding mother, as well as eliminating common allergens like dairy and soy-based formulas, is an evidence-based, reasonable clinical approach that is MUCH safer and has a MUCH greater statistical chance of a positive outcome than ANYTHING offered by a pediatrician or even recommended in pediatric clinical guidelines!

Yet, pediatricians are adamant about the "lack of evidence" and "inherent risks" of chiropractic SMT and any other alternative intervention. The hypocrisy is blatant and the willingness to put patient interests aside in a continued effort to maintain a monopoly of cultural authority and reimbursement is obvious.

Worse, many chiropractic colleges and regulatory boards have taken the stance that chiropractors should not be able to state that there is evidence suggesting chiropractic care represents a clinically viable solution for colic which at the very least warrants a spinal examination of the baby and, if indicated, a trial of care.

Some chiropractic boards sanction chiropractors who mention the treatment of colic on social media and claim this is in the name of protecting the public!! How can it be protecting the public to suggest that babies with colic should be managed by pediatricians whose only interventions, based on the peer-reviewed literature, are less effective and more harmful than chiropractic SMT and probiotics??

Clinical Relevance/Background

"Infantile colic, which is defined as excessive crying in the first few months of life, is a common but poorly understood and often frustrating problem for parents and carers. Infantile colic affects somewhere between 3% and 40% of infants worldwide, depending on geography and definitions used. It is estimated that around one in six families (17%) with children consult a health professional about symptoms associated with infantile colic, and these include excessive crying, fussing and distress."

There is confusion around the terminology and diagnosis of infantile colic with other diagnostic terms such as silent reflux, functional gastrointestinal disorder and sometimes infantile headache to explain the symptoms of colic.

The inconvenient truth is that nobody knows what colic is or why the children are crying. Nobody can ask them. Certainly, based on Western birth practices such as vacuum extraction, use of forceps, and cesarian section, and Western child rearing practices such as prolonged time in child car seats, there are biologically plausible reasons to assume the babies may be suffering from spinal neuromusculoskeletal issues which could manifest as headache or spinal pain. It is VERY feasible that babies could have back pain being caused by spinal segmental dysfunction/VSC. Babies can sustain neuromusculoskeletal injury, babies can have inflammation, babies have nociceptors and can feel pain, and babies can have changes to proprioceptive input. This offers a biologically plausible explanation regarding why chiropractic SMT has been shown to be more safe and effective than the harmful, ineffective drugs used by pediatricians as per their clinical guidelines.

Further, based on the unhealthy, and pre and probiotic, omega-3, vitamin D, and micronutrient deficient, and toxin-rich Western, Industrial diet of breastfeeding mothers and the high rate of formula feeding babies, it is also biologically plausible to assume babies may be suffering from intestinal inflammation/distress. This also offers a biologically plausible explanation regarding why probiotic supplementation has been shown to be more safe and effective than the harmful, ineffective drugs used by pediatricians as per medical pediatric clinical guidelines.

"A systematic review of definitions and outcome measures in trials of infantile colic reported the current variability in defining infantile colic, which parallels the non-uniformity of measuring the condition. Mostdefinitions are based on Wessel's criteria, also known as the 'rule of threes', which defines colic as paroxysms of irritability, fussing or crying lasting ≥3 hours per day on ≥3 days per week for≥3 weeks in an otherwise healthy baby aged 2 weeks to 4 months. However, these criteria have been found to be out of date and impractical to use."

"The most recent diagnostic criteria, formulated by the Rome IV committee, are recurrent and prolonged periods of crying without an obvious cause or evidence of failure to thrive or illness in infants younger than 5 months."

"The natural history of infantile colic is favourable with symptoms gradually disappearing by the time the infant is 4 months old. However, the impact of excessive infant crying on healthcare services is the most common reason for paediatric consultations and hospital emergency department visits in the first weeks of life."

"The consequences of having an excessively crying infant in the family are harmful to relationships and health. Excessive infant crying is associated with maternal issues such as depression, anxiety and loss of parenting confidence. It is also a common cause of early breastfeeding cessation and has been associated with severe infant injury or death as a result of abuse."

"Recommended management strategies usually centre around parental support and reassurance that the infant is otherwise healthy. However, parents are often in a state of crisis and feel that they want to take action."

"A number of treatment options exist, which include pharmacological treatments (eg, dicyclomine hydrochloride, cimetropium bromide, simethicone and proton pump inhibitors), probiotics, complementary therapies (including herbal agents and sucrose), manual therapies (for example chiropractic, osteopathy and physiotherapy), dietary interventions and parental behavioural interventions."

"The aim of this study was to review and compare the effectiveness of manual therapy to three of the most common interventions (probiotics, simethicone and proton pump inhibitors) on colic symptoms in infants, including crying time, sleep and infant distress and adverse events."

Let's just take a moment to look at what pediatricians and general practitioners commonly prescribe for babies with colic.

Dicyclomine Hydrochloride and Cimetrium Bromide are drugs most often prescribed for irritable bowel syndrome. Some of the most common side effects are constipation, nausea, and abdominal bloating - probably not the best for a baby with colic! Other known side effects include hives, hallucinations, skin rash, confusion, delusion, and wait for it, agitation.

Simethicone is an antacid used to treat abdominal gas and bloating. Listed common side effects include constipation, nausea, and stomach cramps. A listed rare side effect is blockage of the intestine with stool. Yikes on all accounts.

Protein Pump Inhibitors are most often prescribed for acid reflux. Listed common side effects are headache, nausea, constipation, stomach pain, and flatulence (gas). Again, not exactly what you want for a baby with colic.

To be fair to those pediatricians and medical general practitioners who prescribe these drugs to little babies, and to the "experts" who produce the clinical guidelines which include these treatments, we must weigh the risks of these drugs against the evidence of benefit. Oh right, there is no evidence of benefit.

It's not like this is new information. It has been known for decades that medical management of colic is both dangerous and ineffective. Here are a few quotes from a 1999 study (Wiberg et al. The short-term effect of spinal manipulation in the treatment of infantile colic: a randomized controlled clinical trial with a blinded observer. J Manip Physiol Ther 22 1999; (8): 517-22).

"Different medical treatments for infantile colic have also been used. Dicyclomine hydrochloride was often used with some effect until the mid 1980s, when reports about serious side effects stopped this treatment. Gripe-water, alcohol, atropine, skopyl, phenobarbital, meperidine, homatropine, and merbentyl have also been used with more or less convincing results."

"Phenobarbital [a barbituate/sedative], homatropine [parasympathetic nerve inhibitor], and alcohol have been studied in a double-blind design, which showed no effect compared with a placebo treatment, and most other preparations have had serious side effects."

"One drug that is still used is dimethicone (Simethicone, Mylicon), and several good controlled studies have shown that this is no better than placebo treatment."

Back to Ellwood et al paper.

RESULTS

"Overall, the meta-analysed results showed that both probiotics in breastfed infants and manual therapy can reduce crying time. The daily reduction in crying is between 33 and 76 min with manual therapy and between 25 min and 65 min with probiotics in breastfed infants."

"The quality and strength of evidence was higher for probiotics than manual therapy. The evidence for probiotics centred on breastfed infants rather than formula-fed infants and there were a number of different types of strains of probiotics. The manual therapy evidence was based on low to moderate quality RCTs and therefore larger blinded RCTs were recommended. In addition, crying time was reported as the primary outcome in most studies which was used as a proxy indicator of colic resolution or improvement."

Remember, as I just mentioned above, it is VERY difficult for a chiropractic SMT study to be double blinded because it is impossible for a clinician to be blinded regarding whether they are providing a real or placebo manipulation and this often results in a lower quality rating even though the rest of the study is of very high methodological quality. It is MUCH easier to have a placebo for a pill like a drug or probiotic.

"There were no serious adverse events reported for either probiotics or manual therapy, indicating that both represent a low risk to infants, although we cannot conclude they are without any risk."

Here are a few quotes from a 2015 review paper looking at adverse events associated with chiropractic and other manual therapies. Sadly, this review was written in response to the false claims of a medical doctor, published in a newspaper in Melbourne, Australia, that a chiropractor broke a baby's neck, and the public demands by the President of the Australian Medical Association and a group calling themselves Friends of Science in Medicine, to ban chiropractic care for children based on this unsubstantiated story. How scientific.

"Published cases of serious adverse events in infants and children receiving chiropractic, osteopathic, physiotherapy, or manual medical therapy are exceedingly rare. [Keep in mind there are in excess of 30 million chiropractic treatments given to children annually.] There have been no cases of deaths associated with chiropractic care reported in the academic literature to date."

"The safety of chiropractic care for infants and children has been questioned by health practitioners and community members. In Australia, the Friends of Science in Medicine has called for a ban on chiropractic care for children, claiming that heavy manipulation puts the lives of children at risk based on the inaccurate

reporting of a child having suffered a neck fracture after chiropractic therapy (dural tension technique and cranial therapy).

A report by the Australian Health Practitioners Registration Authority (AHPRA) cleared the chiropractor of any wrongdoing when expert radiological evidence showed the child had an undetected congenital cervical spondylolysis and there was no evidence of a fracture." (Todd et al. Adverse events due to chiropractic and other manual therapies for infants and children: A review of the literature. J Manipulative Phsiol Ther 2015; 38(9)699-712).

Sadly, repugnantly, typically, and tellingly, neither the newspaper that originally wrote the story, the MD who was quoted in the story, the President of the Australian Medical Association, nor Friends in Science in Medicine retracted their false accusations or demands to ban chiropractic care for children. And the beat goes on… These people are willing to lie, lobby, apply treatments known to have no benefit and serious harm, and anything else that is required to maintain a monopoly of cultural authority and reimbursement. The poor babies – and the poor falsely accused chiropractor(s).

They drug babies with ineffective, harmful pharmaceuticals, openly lie about the dangers or lack of evidence for safer, more effective alternatives, and go to great lengths to ruin the reputations, lives, and livelihoods of alternative practitioners. Worse, they hide behind the false flag of science and public interest when, in fact, the driving force is monopoly of cultural authority which is the tool they require to monopolize reimbursement. I would call that not just unethical, harmful to the public, and repugnant, I would call it criminal. However, because of their monopoly of cultural authority and monopoly of government lobbying, and BILLIONS of dollars of financial support from Big Pharma, it is nearly impossible to hold them accountable. They immediately label anyone outside of medicine a quack, not based on a comparison of evidence or of relevant training and education regarding any specific condition, but based on a comparison of credentials, which they constantly market as synonymous with expertise and evidence-based care. It is FRAUD.

Back to Ellwood et al paper.

"The data for simethicone and proton pump inhibitors were unfavourable with five reviews concluding either no difference or worsening of symptoms with the use of simethicone. One review concluded no significant differences in crying time or episodes with proton pump inhibitors compared with a placebo, but there was evidence of serious adverse events with the proton pump inhibitor group (one RCT). Other older reviews have concluded the same."

"We found few systematic reviews assessing the effectiveness of PPIs [protein pump inhibitors] for colic despite their increasing use in this population."

"PPIs are designed to suppress acid but have consistently been shown to be ineffective for irritability and fussing in infants with GORD [gastro-oesophageal reflux disease], and they are associated with an increased risk of adverse effects such as infections, allergies and hospital admissions."

"There is evidence from Australia to show that PPIs are being over-prescribed for infants with physiological reflux and symptoms of colic who may or do not have GORD."

Yes, you read that correctly, no evidence of benefit, evidence of harm, yet increasing use. Sound familiar? It should. Think usual medical care for back pain. Think Paracetamol/acetaminophen/Tylenol, think NSAIDS, think Opioids, think joint injections and fusion surgeries for back pain. EXACT same scenario, no evidence, increasing use, increasing costs, increasing harm, decreasing health for the patients. Folks, it ain't about the evidence, it's about the monopoly.

Medical associations, many individual medical doctors, and certainly pharmaceutical and surgical instrument company lobbyists have made the same false claims of effectiveness of benefit and safety for usual medical care, made the same false accusations of danger regarding chiropractic manipulation, and made the same denials of the evidence of safety and effectiveness for chiropractic manipulation regarding the care of patients with back pain as they have for children with colic and torticollis.

"We found three nationally representative guidance, and the only other guidance we found was directed at parents with unclear sources of evidence and guidance justification. Clinical evaluation, information, advice, support and reassurance were the only guidance that was agreed in all four guidelines."

"Three of the four [medical/pediatrician] guidelines recommended to continue to breast feed and use physical contact and not to recommend simethicone and manual therapy, despite the difference in current evidence between them, that is, favourable moderate to low quality for manual therapy and unfavourable low quality for simethicone."

Yet, medical doctors and pediatricians will continually make FALSE CLAIMS that medical guidelines are evidence-based, that medical doctors and pediatricians only offer evidence-based care, and that chiropractic care is ineffective and unsafe, all while demanding that chiropractors stop making "false claims". AAAARRGHHH. Again, think low back pain – EXACTLY the same scenario.

"Despite the stronger evidence for probiotics in breastfed infants, this was only recommended as a treatment to consider in the USA and Irish guidance. The Canadian Paediatric Association issued a position statement in 2012 which was updated in 2019 stating: "While there may be a role for probiotics in treating infantile colic, there is insufficient evidence to recommend for or against using probiotics to manage this condition". [SO KEEP PRESCRIBING INEFFECTIVE, DANGEROUS DRUGS.]

"Only the USA guidance specifically states not to use proton pump inhibitors for the treatment of colic."

"Interestingly, the guidance and the evidence do not reflect each other; this may be due to the timing of published evidence and guideline development. The lack of consistent guidance available for parents, pharmacists and clinicians compounds the uncertainty relating to the care of infants with the symptoms of colic."

Conclusions

"We found that the strongest evidence for the treatment of infantile colic was probiotics, particularly Lactobacillus reuteri for breastfed infants, followed by weaker but favourable evidence for manual therapy indicated by crying time."

"Both forms of treatment carried a low risk of serious adverse events. Current guidelines will probably change over time in light of existing new and emerging evidence." [Now THAT is unbridled optimism!]

"The strength of this review is that we have compared at least two treatments—probiotics and manual therapy— for colic and compared the recommendations in the guidance with the evidence which highlighted the difference in certainty between the evidence and the recommendations."

"This review found favourable but low to moderate quality evidence for manual therapy. This is different to other reviews, which generally reject manual therapy as an option due to poor quality data. New studies have raised the quality level of data and our more favourable interpretation may, in part, be due to the background of the authors and their understanding that manual therapy is a multicomponent therapy consisting of more than touch alone. The role of the manual therapist to reassure, guide, advise and support parents through this particularly difficult time may also have a therapeutic role to play which may affect parenting and outcomes."

Dr. Chestnut's Commentary/Insights/Clinical Recommendations

Here are a few excerpts from other recent peer-reviewed studies.

Holm et al. (2021) The effect of chiropractic care on infantile colic: results from a single-blind randomized controlled trial. Chiropractic and Manual Therapies 29:15

"We only experienced one suspicion of an adverse event, but this child was in the control group where active treatment was not provided. In Denmark, it is obligatory to report adverse events of chiropractic treatments, and no serious or lasting side effects have ever been reported in infants following the types of treatment used in this trial. Furthermore, no compensation claims have ever been made for this age group in Denmark."

"In conclusion, we found that excessive crying was reduced by half an hour in favor of the group receiving chiropractic care compared with the control group, but not at a statistically significant level after adjustments."

"A meta-analysis of RCTs showed a positive effect on crying time of just over 1 h which is somewhat larger than the half hour in the current study." This is the 2012 Cochrane Review on SMT for colic which I provide excerpts from below.

"From a clinical perspective, the mean difference between the groups was small, but there were large individual differences, which emphasizes the need to investigate if subgroups of children, e.g. those with musculoskeletal problems, benefit more than others from chiropractic care."

"An important consideration is that infantile colic probably has a multifactorial etiology, and it is therefore unlikely that one treatment would fit all, which can potentially reduce the overall mean effect size in a study like ours. Manipulative therapy is a treatment aimed at treating conditions in the musculoskeletal system."

"Hence, there might be subgroups of children with biomechanical problems who could potentially benefit more than others from this treatment."

What they are saying is that the babies with colic in this study were randomly assigned to receive SMT plus home care advice or home care advice alone not based on chiropractic spinal examination to determine which babies might most likely benefit from chiropractic SMT.

Because colic is defined/diagnosed as an upset crying baby, and likely has "multifactorial etiology" such as stomach upset and neuromusculoskeletal issues, it is very likely that those babies with colic stemming from neuromusculoskeletal issues are much more likely to benefit from chiropractic SMT. Randomly assigning a child with non-neuromusculoskeletal or non-segmental spinal dysfunction-related colic symptoms to receive chiropractic SMT would "reduce the overall mean effect size".

It would make sense to have the babies examined by a chiropractor for segmental spinal dysfunction and assign those babies with assessed segmental spinal dysfunction/VSC to the chiropractic intervention group. Future studies should do this and the authors state that this is their intention.

**One further thing I will mention here is that there is a trend, not based on any comparative evidence that I can find, to limit the chiropractic SMT care for infants with colic to 1-2 sessions per week for 2 weeks as was done in this study.*

The natural history of colic is months not weeks so there is no danger that colic will simply resolve on its own during a longer period of care in a clinical trial and a placebo group would control for this variable anyway. Why not measure outcomes at 2 weeks and then continue with care and measure again at 4 and maybe 6 weeks? There is no valid evidence to suggest that only early responders to SMT will receive benefit. In fact, the study by Haas et al. in 2014 indicated a strong dose-response relationship for SMT and recommended a minimum of 12 visits for clinical trials. I reviewed the Haas et al paper in my April 2019 Research Review.

Rome et al. Medical management of infantile colic and other conditions with spinal manipulation: A narrative review of the literature. Journal of Contemporary Chiropractic 2019;2:60-75

"We report strong evidence from the European medical literature related to the management by manipulation of infants with infantile colic and other conditions."

"Infantile colic remains a medical enigma with no evidence of safety for medical management, in fact the determination of terminology for reporting such adverse events is relatively new. On the other hand the remarkable safety of chiropractic management is known and the finding that European medical literature strongly indicates manipulative management of infantile colic as a safe and effective practice, places conventional chiropractic as a safe evidence-based choice to meet parental demand."

"Miller reports "based on the published literature, chiropractic spinal manipulation, when performed by skilled chiropractors, provides very low risk of adverse effect to the pediatric patient."

Miller et al. Efficacy of Chiropractic Manual Therapy on Infant Colic: A Pragmatic Single-Blind, Randomized Controlled Trial. J Manipulative Physiol Ther 2012;35:600-607.

"The treatment was based on evidence that showed that such therapy has been implicated in reduced crying, and previous authors have hypothesized that colic is a musculoskeletal disorder. Moderate finger pressure on irritable muscles has shown a relaxation response in adults, which included decreased heart rate and increased alpha and beta brainwave activity, which hallmark a relaxation response. A reduction in heart rate secondary to a therapeutic manual impulse at the suboccipital region has been similarly demonstrated in infants."

"Other research corroborates the safety of the treatment found in this trial."

"In this study, chiropractic manual therapy improved crying behavior in infants with colic. The findings showed that knowledge of treatment by the parent did not appear to contribute to the observed treatment effects in this study. Thus, it is unlikely that observed treatment effect is due to bias on the part of the reporting parent."

In previous studies showing statistically and clinically significant benefits from chiropractic spinal manipulation systematic reviews and critics have argued that the benefits represented a placebo effect due to the parents knowing that their babies were manipulated and thus recorded less crying based on bias not objective timing of crying episodes. This study showed that the parents observing the treatment had no effect on accuracy of recorded treatment effects (crying time) thus providing support for the benefits shown from previous studies.

Here are two Cochrane Reviews about infantile colic that you should be aware of that support the findings of the Ellwood et al. 2020 Systematic Review I have reviewed this month:

Dobson et al. Manipulative Therapies for Infantile Colic (Review). Cochrane Database of Systematic Reviews 2012 Issue 12 Art. No.: CD004796.

"The majority of the included trials appeared to indicate that the parents of infants receiving manipulative therapies reported fewer hours crying per day than parents whose infants did not, based on contemporaneous crying diaries, and this difference was statistically significant."

"The trials also indicate that a greater proportion of those parents reported improvements that were clinically significant."

"However, most studies had a high risk of performance bias due to the fact that the assessors (parents) were not blind to who had received the intervention."

"Although five of the six trials suggested crying is reduced by treatment with manipulative therapies, there was no evidence of manipulative therapies improving infant colic when we only included studies where the parents did not know if their child had received the treatment or not."

**Remember, the 2012 Miller et al. study showed that the parents observing the treatment had no effect on accuracy of recorded treatment effects (crying time).*

Now compare the conclusions of this Cochrane Review on usual chiropractic care (SMT) for colic (5 of 6 studies clinically significant benefit) to the 2016 Cochrane Review on usual medical/pediatric care (simethicone, dicyclomine, and cimetropium bromide).

Biagioli et al. Pain-relieving agents for infantile colic. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD009999.

Authors' conclusions *"At the present time, evidence of the effectiveness of pain-relieving agents for the treatment of infantile colic is sparse and prone to bias."*

"The few available studies included small sample sizes, and most had serious limitations. Benefits, when reported, were inconsistent."

"We found no evidence to support the use of simethicone as a pain-relieving agent for infantile colic.

Available evidence shows that herbal agents, sugar, dicyclomine and cimetropium bromide cannot be recommended for infants with colic."

The most disgusting truth is that when chiropractors suggest a trial of care for colic the first thing heard from many pediatricians and general medical practitioners is that there is a lack of evidence and too much potential harm. This is a LIE. The same LIE they told, and still too often tell, about chiropractic vs usual medical care for spinal health issues. The truth of course is that there is stronger evidence of benefit and no evidence of harm for chiropractic SMT and no evidence of benefit and strong evidence of harm from usual medical care.

Just as with back pain, once the evidence clearly showed that usual medical care had less or no evidence of benefit and ample evidence of harm, they pivoted to claims that colic should not be treated at all because it will naturally resolve. So, it's ok for them to drug the babies, but it is too dangerous to provide gentle, safe chiropractic care, and if drugs don't work, it's best to just let the colic naturally resolve. This might be laughable if it were not for all the suffering babies and parents (and all the suffering adults with low back pain and other spinal problems – who also get ineffective, harmful drugs and injections from their medical practitioners or referrals for expensive, dangerous, ineffective surgery).

How can it be ethical, patient-centric, moral, or congruent with the Hippocratic Oath to lie about, ignore, or be ignorant about the evidence? Medical associations and organizations and pharmaceutical companies do it to protect their monopoly of cultural authority and reimbursement and many chiropractic organizations do it in an effort to ensure they never challenge medicine in the hopes that they will somehow gain acceptance and a share of medicine's cultural authority and reimbursement. Where are the advocates for patients? Where ae the advocates for ethical science and ethical, patient centric, evidence-based care?

As I have argued for decades, the only ethical, patient-centric thing to do is follow the evidence regardless of which practitioner offers the most evidence-based intervention. Cultural authority and reimbursement need to be EARNED and DEMANDED based on evidence of benefits to patients - not bought, lobbied for, or begged for.

When we are willing to put the best interests of patients aside to gain cultural authority or acceptance or reimbursement, or to avoid the scorn of the medical monopoly, we become unworthy and undeserving of both. Healthcare, and the cultural authority and reimbursement associated with healthcare, need to be a meritocracy based on evidence of benefit, safety, cost-effectiveness, and patient satisfaction. Nothing else is ethical or in the best interest of patients and society.

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Read and practice well my esteemed, evidence-based, ethical, learned expert chiropractic colleagues.

Talk to you next month.

Dr. C