

# Asthma & Chiropractic

**An impairment rating analysis of asthmatic children under chiropractic care.** Graham, RL and Pistolese RA. *Journal of Vertebral Subluxation Research*, Vol. 1, No. 4, 1997. 1-8.

In this study eighty-one children under chiropractic care took part in this self-reported asthma related impairment study. The children were assessed before and two months after chiropractic care using an asthma impairment questionnaire.

Improvement was reported for 90.1% of subjects 60 days after chiropractic care in comparison to their pre-chiropractic scores. In addition, 30.9% of the children voluntarily decreased their dosage of medication by an average of 66.5% while under chiropractic care.

Twenty-four of the patients who reported asthma attacks 30-days prior to the study had significantly decreased attacks by an average of 44.9%. Six different chiropractic techniques were used by the different chiropractors who participated in this study.

**Osteopathic manipulative treatment applications for the emergency department patient.** Paul, FA, Buser BR *Journal of the American Osteopathic Association*, 1996;96:403-409.

From the abstract: The emergency department (ED) setting offers osteopathic physicians multiple opportunities to provide osteopathic manipulative treatment (OMT) as either the primary therapy or as an adjunct to the intervention. In doing so osteopathic physicians can decrease or eliminate the morbidity and symptoms associated with protracted dysfunction. Low back pain, chest pain, torticollis, asthma and sinusitis are some of the illnesses in which OMT should be implemented as part of the management plan....

This once rare disorder has exploded in incidence and is now the most common chronic disease of children. It causes more time to be lost from school than any other pediatric disorder. Asthma was almost never a fatal disease, but now it's attributed to causing up to 5,000 deaths a year.

***“There are possibly millions of asthmatic children who are destined to a life dependent upon medication; these children may never have the chance to see if chiropractic spinal adjustments can help their asthma and provide them with a better quality of life.”***

Peter Fysh, D.C. *Dynamic Chiropractic*. Sept. 25, 1995, p.16.

**Upper Cervical Chiropractic Care For A Nine-Year-Old Male With Tourette Syndrome, Attention Deficit Hyperactivity Disorder, Depression, Asthma, Insomnia, and Headaches: A Case Report** Elster EL, *J Vertebral Subluxation Research* July 12, 2003, p 1-11

Upper cervical care was used for a nine-year old male with Tourette Syndrome (TS), Attention Deficit Hyperactivity Disorder (ADHD), depression, asthma, insomnia, and headaches since age 6. Forceps were used during his delivery. His medications included Albuterol™, Depakote™, Wellbutrin™, and Adderall™.

Chiropractic care using an upper cervical technique corrected and stabilized the patient's subluxation. After 6 weeks of care, all 6 conditions were no longer present and all medications were discontinued with the exception of a half-dose of Wellbutrin™. At the conclusion of his case at 5 months, all symptoms remained absent. The response to

care suggests a link between the patient's traumatic birth, the upper cervical subluxation, and his neurological conditions.

**Chronic pediatric asthma and chiropractic spinal manipulation, a prospective clinical series and randomized clinical pilot study.** Bronfort, G, Evans RI, Kubic P, Filin P. *Journal of Manipulative and Physiological Therapeutics* 2001;24(6):369-77.

Thirty-six children aged 6 to 17 with chronic, mild or moderate asthma were observed over a three-month period. They received either a true or "sham" adjustment.

Those who received adjustments rated their quality of life substantially higher and their asthma severity substantially lower. These improvements were maintained at the 1-year follow-up assessment. There were no important changes in lung function or hyperresponsiveness at any time.

**Chiropractic management of 47 asthma cases.** Amalu WC. *Today's Chiropractic* Vol. 29 No. 6 November/December 2000

Forty-seven patients with asthma that ranged from mildly persistent to severely persistent not only improved dramatically under chiropractic care but maintained that improvement for a two year follow-up period.

The patients ranged in age from 7 to 42 and were seen between 14 and 44 times with most beginning care at 3 visits per week for the first 4 to 8 weeks. Improvement was based on the patient's subjective and objective symptoms as well as their use of asthma medication.

All 47 of the patients showed significant improvements from 87 to 100 percent. At a two-year follow-up, all 47 patients reported maintaining the improvements.

**Upper cervical chiropractic care of a pediatric patient with asthma:** a case study. Hunt JM *Journal of Clinical Chiropractic Pediatrics* Vol 5, No 1, 2000.

This is the case of a four-year-old girl who accompanied her mother for chiropractic evaluation following a motor vehicle accident and also began chiropractic care. At the initial consultation the girl's asthma and breathing symptoms had been progressively worsening.

Chiropractic orthospinology examination revealed atlas right 1° with 3° anteriority. Axis and C6 also showed some misalignment. Adjustment to the right transverse process in the side-lying position was performed.

Since care was initiated, the patient has had one minor episode of nasal congestion. Child also seemed to experience a "growth spurt" or rapid improvement in height and weight. The asthma symptoms have all but completely disappeared. Mother states, "She had to constantly run the humidifier and there is no need to do that now."

**The types and frequencies of nonmusculoskeletal symptoms reported after chiropractic spinal manipulative therapy.** Leboeuf-Yde C, Axen I, Ahlefeldt G, et al. *Journal of Manipulative and Physiological Therapeutics* Nov/Dec 1999;22(9) 559-64.

Twenty consecutive patients from 87 Swedish chiropractors answered questionnaires on return visits. A total of 1,504 questionnaires were completed and returned. Twenty-three per cent of patients reported improvement in nonmusculoskeletal symptoms, including:

- Easier to breathe (98 patients)

- Improved digestive function (92)
- Clearer/better/sharper vision (49)
- Improved circulation (34)
- Less ringing in the ears (10)
- Acne/eczema better (8)
- Dysmenorrhoea better (7)
- **Asthma/allergies better (6)**
- Sense of smell heightened (3)
- Reduced blood pressure (2)
- Numbness in tongue gone (1)
- Hiccups gone (1)
- Menses function returned (1)
- Cough disappeared (1)
- Double vision disappeared (1)
- Tunnel vision disappeared (1)
- Less nausea (1)

**A comparison of active and simulated chiropractic manipulation as adjunctive treatment for childhood asthma.** *New England Journal of Medicine* 1998; 339:1013-1020 Balon J, Aker PD, Crowther ER, et al.

It is reported that chiropractic care did not benefit individuals with asthma in this study. Such a conclusion is at variance of over 100 years of clinical experience.

This paper has many flaws, among them the “chiropractic” care used was really not chiropractic and there was no objective measurement of the presence or correction of the vertebral subluxation. But, as my mother would say, “Consider the source”: *The New England Journal of Medicine*. Medical journals have historically printed defamatory articles on chiropractic care that are little more than junk science.

**Case study: eight-year-old female with chronic asthma.** Peet JB. *Chiropractic Pediatrics*, 1997; 3(2) 9-12.

This is the case study of a patient diagnosed with asthma three years prior to presentation. She was medicated with Beclovent™ and Albyterol™ one to three times per day.

After eight chiropractic adjustments over a period of 2 ½ weeks, the mother stated that the child had not used her inhaler for two days, her wheezing had ceased and she could run without gasping. At the time of the publication of this article, the child has been free of asthmatic attacks for four months without medication.

Treatment protocols for the chiropractic care of common pediatric conditions: otitis media and asthma. Vallone S and Fallon JM *Journal of Clinical Chiropractic Pediatrics* Vol 2, No.1 1997. P. 113-115

This paper presents the results of a survey of chiropractors enrolled in the first year of a three year postgraduate course in chiropractic pediatrics.

The survey sought to establish if consensus existed with respect to the modalities these doctors used to care for two of the most common childhood disorders seen by chiropractors: otitis media and asthma.

Thirty-three doctors of chiropractic participated in the survey. "Of the primary therapeutic modalities employed by the chiropractor, spinal adjusting was the most commonly used for both asthma and otitis media. Certain areas of the spine were addressed most frequently for each of the two conditions.

**Asthma and chiropractic** Bronfort G *European Journal of Chiropractic* 1996;44:1-7.

From the abstract: This paper provides a brief overview of the current understanding of chronic asthma and its treatment in adults and children and discusses the potential role of chiropractic in the management of this condition.

**Case history of asthmatic child.** Matthews, NC. Et al. *International Chiropractic Pediatric Association Newsletter*. July 1996.

This is the case of a four-year-old female patient. "Since birth she had problems with her respiratory system...clinical diagnosis of asthma. She had shortness of breath, hard and labored breathing, inability to run from shortness of breath...had become reliant on antibiotics for constant respiratory infections...had taken lots of steroidal drugs. This 'conventional' drug therapy had not prevented her from spending every Christmas in the hospital on a breathing machine.

"Chiropractic examination revealed vertebral subluxation of the atlas right, sixth cervical posterior, and right posterior sacrum. Specific chiropractic adjustments were given...patient responded to the care immediately and was able to suspend using the drugs within two weeks. Within two months, she was able to play with her friends with no symptomatology. Her 5th Christmas was the first at home in her life."

**Chiropractic response in the pediatric patient with asthma: a pilot study.** Peet, JB. Marko SK, Piekarczyk W. *Chiropractic Pediatrics* Vol. 1, No. 4, May 1995, pp. 9-13.

From the abstract: This paper reviews the correlation between reducing/correcting vertebral subluxations in the asthmatic pediatric patient utilizing Chiropractic Biophysics Technique (CBT) and symptomology generally associated with this condition. A further objective will be to determine what areas of vertebral subluxation, if any, are commonly seen in this group. The children used for this study had never received any chiropractic care or manipulative care prior to participation in this study.

Seven of the eight patients who completed the study were able to reduce/discontinue medication. All participants showed measurable improvement on radiographs, which correlated with an improvement in asthma symptoms in seven of the eight cases.

This paper also includes an interesting discussion on the innervation of the lungs and its relationship to the vertebral subluxation complex.

**Chronic asthma. The side-effects of the chiropractic adjustment.** Burnier, A *Chiropractic Pediatrics* Vol. 1 No. 4 May 1995.

**Case #1:** J.P., 11-year-old male

**Medical diagnosis:** Chronic asthma

**Medication:** Theolair, Alupent

**Chiropractic results:** Off asthma medication after first visit. Child is now a multidiscipline athlete with aspirations to become an Olympic athlete. Six years later, the child is still free of asthma and medication.

**Presenting Vertebral Subluxation:** Occiput/C1 with an Atlas ASR.

**Original Adjustments:** Structural manual adjustment of Atlas.

**Case #2:** F.H., 9-year-old male

**Medical diagnosis:** Chronic asthma

**Medication:** Nasalcron

**Chiropractic results:** Off his medication at onset of care. Clear of symptoms since first adjustment eight years prior.

**Presenting vertebral subluxation:** CO/C1 with atlas ASRP

**Original Adjustment:** Atlas in lateral flexion and rotation supine

**Chiropractic care in the treatment of asthma.** Killinger LZ. *Palmer Research Journal* 1995; 2(3):74-7.

This is the case report of an 18-year-old subject with a two year history of asthma and monitored for a five year period. The subject received Palmer upper cervical specific technique adjustments.

The result was a marked improvement in the subject's health status. The greatest improvements were reported in the weeks following the chiropractic adjustments.

This was an unusual case because trauma to the cervical vertebrae coincided with the occurrence of asthma and spinal care was directed to the traumatized segments.

**Asthma in the Pediatric Patient.** Fysh, P. *Dynamic Chiropractic* September 2<sup>nd</sup>, 1995. P. 16.

This is the case history of Benny, 3 years old who had suffered from bronchial asthma since infancy. Benny was placed on increasing doses of medication with attacks occurring several times a week.

Chiropractic examination revealed a subluxation at C1 and T3-4. Anterior saucering of the spine in the mid-scapular region (first described by Pottinger in 1910) was also observed. After one month of care, Benny's asthma completely resolved. According to the author, "Benny's case is not an unusual one."

**Chronic ear infections, strep throat, 50% right ear hearing loss, adenoiditis and asthma.** G. Thomas Kovacs, D.C. *International Chiropractic Pediatric Association newsletter.* July 1995.

This is the case of a 4 ½ year-old female suffering from chronic ear infections, strep throat, (on and off for 4 years), 50% right ear hearing loss, adenoiditis and asthma. She had been on antibiotics (Ceclor™), developed pneumonia and was on bronchodilators and anti-inflammatory medication for asthma. She had also been prescribed steroids.

Her ENT diagnosed her with enlarged adenoids and scheduled surgery to remove the child's adenoids and to put tubes in her ears.

Chiropractic analysis: cervical (C2), thoracic (T3) and right sacroiliac subluxation. Numerous enlarged lymph nodes and muscle spasm.

Chiropractic care of 2x/week for 6 weeks was scheduled. After 3 or 4 adjustments mother noticed "a changed child, she has life in her body again...acting like a little girl again for the first time in 4 years."

After 6 weeks, the pediatrician and ENT could not find any signs of ear infection or inflammation, "Her adenoids, which were the worst the ENT has ever seen, were perfectly normal and healthy. Hearing tests revealed no hearing loss whatsoever. When the family was asked how long the child was on antibiotics, her family responded 'all medication was stopped 6 weeks ago when chiropractic care started.' Shocked and confused by this answer, the family was told to continue chiropractic care because it had obviously worked."

**Chronic asthma and chiropractic spinal manipulation - a randomized clinical trial** Nielsen NH, Bronfort G, Bendix T et al *Clinical and Experimental Allergy* 1995 Jan; 25 (1): 80-88.

This was a blinded, randomized study of 31 patients aged 18-44 who were all on bronchodilators and/or inhaled steroids and conducted at the National University Hospital's Out-patient Clinic in Copenhagen, Denmark.

The patients received either "sham" or real manipulations. Non-specific bronchial hyperreactivity (n-BR) improved by 36% and patient rated asthma severity decreased by 34% in both groups. However the abstract says: "The results do not support the hypothesis that chiropractic spinal manipulative therapy is superior to sham spinal manipulation in the management of pharmaceutically controlled chronic asthma in adults when administered twice weekly for 4 weeks."

**Comments from Dr. Koren:** These conclusions appear at variance with over a hundred years of clinical observation (and many papers) discussing chiropractic's effectiveness with asthmatics. How can that be?

This may be so because the paper has a number of serious flaws. First is selection bias: the subjects were all adults who had been on medication for years. Why weren't children included in this study? Why weren't those who had asthma who were not on medication included?

Secondly, the asthma medication was continued during the course of spinal adjustment. Continued medication use could interfere with the patients' healing.

Finally, a total of 8 adjustments (2x week) were performed. That is sloppy chiropractic. How can the authors assume that every patient needed the same schedule of care? Did the patient need subluxation correction twice a week? Some patients need no adjustments and some do not hold their adjustments and may need 3 times a week (or more) care.

All that this paper shows is that adult asthma sufferers who are full of medication get as much relief from 8 "sham manipulations" than after 8 "manipulations." Perhaps the spinal care was not of the best quality. A manipulation is not the same as a specific adjustment.

What was the sham manipulation? If not properly performed sometimes sham manipulations are more manipulation than sham? That is because even very light forces, a small touch in the right area may cause profound physiological changes.

Additionally, in the real world, people discontinue or decrease their medications under chiropractic care. That was not permitted as part of the protocol in this hospital study.

In conclusion, this research was poorly designed with serious flaws.

**Asthma and chiropractic.** Garde R. *Chiropractic Pediatrics*. Vol 1 No.3 December, 1994.

From the abstract: This is the case of a 6-year-old boy who had asthma for three years. The child was prescribed aerosol inhalers (Beclvert™ and Vertolin™) using them every day, up to three times a day. Chiropractic intervention: Spinal adjustments were delivered to the cervical, thoracic and lumbar areas. Significant progress in his condition was noted. Child could now run during soccer games and parent reports that he “almost never uses his inhaler.” Child sleeps more soundly and “Hardly ever has bouts with mucous clogged nasal passages,” according to the parents. Nasal inhalant use stopped.

**Asthma in a 9-year-old girl** *International Chiropractic Pediatric Association Newsletter* June 1993.

This is the case of a 9-year-old girl who had been suffering from asthma for 7 years. She had been hospitalized several times due to her condition and was on 3 different drugs and 3 inhalers four times each day.

As a result of the medication she was taking, she began to have headaches and stomach pains and was experiencing difficulty in school. After 3 months of chiropractic care, she stopped taking 5 of the 6 drugs she had been prescribed. Her teacher remarked that the girl’s changes had been remarkable. The young girl answered, “Chiropractic is awesome.”

**A holistic approach to the treatment of bronchial asthma in a chiropractic practice.** Lines DA. *Chiropractic J of Australia* 1993;23(1):4-8.

This is the study of two children (2 and 5) and one adult (30) with asthma using thoracic and/or lumbar adjusting.

The author of the paper writes: “Current medical bronchodilator and inhaled steroid intervention may be contributing to the rising mortality (of asthma), the conservative, holistic, chiropractic approach presented here may well provide (a)...more effective alternative intervention to present allopathic (medical) therapy....It appears that the currently accepted allopathic (medical) management regimes still remain consensus-based rather than having been founded on actual clinical trials.”

The patients have remained asthma-free six months to two years at the writing of this paper.

**Manipulative therapy an alternative treatment for asthma: a literature review.** Dennis D, Golden D, *J Manipulative Physiol Ther*, Vol. 8 No.2 July 1992.

From the abstract:

“Subjective studies show that manipulation of the spine relieves the patients’ symptoms. However, objective findings have yet to be compiled using respiratory indices.”

**Mechanisms and Chiropractic Management of Bronchial Asthma.** Monti R. *Digest of Chiropractic Economics* Sep-Oct 1991;48-51.

This paper describes the pathophysiology of asthma and the author’s chiropractic results.

**Management of pediatric asthma and enuresis with probable traumatic etiology.** Bachman TR, Lantz CA *Proceedings of the National Conference on Chiropractic and Pediatrics (ICA)*, 1991: 14-22.

A 34-month-old boy with asthma and enuresis (bed wetting) had not responded to medical care. More than 20 emergency hospital visits had taken place for the asthma attacks during a 12 month history.

Three chiropractic adjustments were administered over an 11 day period and the asthma symptoms and enuresis ceased for more than 8 weeks. The asthma and enuresis reoccurred following a minor fall from a step ladder but disappeared after another adjustment. After a two year follow-up, the mother reports no reoccurrence of the asthma or the enuresis.

**Diagnosis and treatment of TMJ, head, neck and asthmatic symptoms in children.** Gillespie BR, Barnes JF, *J of Craniomandibular Practice*. Oct. 1990, Vol 8, No. 4.

From the abstract: Pathologic strain patterns in the soft tissues can be a primary cause of headaches, neck aches, throat infections, ear infections, sinus congestion, and asthma.

**A comparative study of the health status of children raised under the health care models of chiropractic and allopathic medicine.** Van Breda, Wendy M. and Juan M. *Journal of Chiropractic Research* Summer 1989.

In this survey which asked 100 chiropractors and 100 pediatricians about their children's health, it was found that the children of chiropractors had a lesser incidence of asthma than pediatricians' children (3.5% for DC children vs. 5% for children of MDs).

"Chiropractic" children also had significantly less ear infections and less antibiotic use than "medical" children.

**Prognostic factors in bronchial asthma in chiropractic practice.** Nilssen N. Christiansen B. *J Aust Chirop Assoc* 1988;18:85-7.

In this study of 79 subjects, those most likely to report the best benefit had less severe asthma; were younger and responded within one month (and had an average of five adjustments in one month).

**Case history: an eight-year-old asthmatic patient.** Cohen E. *Today's Chiropractic*. Jan-Feb 1988, p.81.

This paper described the improvement in care of an 8-year-old asthmatic that developed the condition at age two and successfully responded after chiropractic care.

**Adjustive treatment for chronic respiratory ailment in a five year old.**

**Case reports in chiropractic pediatrics. Case #2.** Esch, S. *ACA J of Chiropractic* December 1988.

This is the case of a 5 ½ year-old girl with a four-year history of what the parents called "bronchial congestion." She had pneumonia "several times a year" since she was 18 months old.

In addition to the attacks of "bronchitis", she suffered from congestion and was wheezy after running and upon waking up in the morning. The father and mother both reported having allergies.

Chiropractic examination revealed subluxations at C-2, T-4 and L-5. By the time the second adjustment was administered (two days after the first) the mother reported the child was not coughing as much. By the third visit (one week later) the mother reported that the child was breathing normally.



A total of twelve adjustments were given over a three month period and the chief complaint did not recur. A follow-up call four years later revealed no recurrence.

**Chiropractic and visceral disease: a brief survey.** Wiles R, Daikow P. *J Calif Chiro Assoc*, 16(4): 137-143, 1986.

This is a survey of 17 DCs of whom 15 had cared for asthmatics. Areas of the spine adjusted were reported as C0 (occiput)-C2 47%, C3-C7 33%, T1-T6 80%, T7-T12 40%, Lumbar 7%, Sacro-iliac 13%,.

**Asthma in a chiropractic clinic: a pilot study.** Jamison J et al *J Aust Chiro Assoc.*, 16(4):137-143, 1986.

In this study of 15 patients under chiropractic care, six patients reduced their medications and one stopped them entirely. All patients reported satisfaction with their chiropractic care. However, the lead author, Dr. Jamison, concluded that respiratory function appeared to be unaffected by chiropractic adjustments. This seems at variance with the study's findings.

**Treatment of visceral disorders by manipulative therapy.** Miller WD. In: Goldstein M, Ed. *The Research Status of Spinal Manipulative Therapy*. Bethesda: Dept. HEW. 1975:295-301.

Patients with chronic obstructive pulmonary disease were treated with osteopathic manipulation. Ninety-two percent of the patients stated they were able to walk greater distances, had fewer colds, experienced less coughing, and had less dyspnea than before care. Ninety-five percent of patients with bronchial asthma said they benefited from chiropractic care. Peak flow rate and vital capacity increased after the third osteopathic manipulative therapy adjustment.