THIRD UPDATE ON BCA v SIMON SINGH

17 June 2009

In light of recent media coverage, the British Chiropractic Association (BCA) wishes to set the record straight. The BCA had no wish for its dispute with Simon Singh to end up in the courtroom. When Dr Singh went on the offensive against the BCA by writing in *The Guardian* - without troubling himself to speak to the BCA - that it promoted 'bogus' treatments for children for which there was 'not a jot' of evidence, it was entirely understandable that the BCA should seek to have what were untrue and defamatory comments withdrawn. The BCA sought from Dr Singh a retraction of his baseless allegations and an apology. Dr Singh has consistently refused to do either.

This case is about Dr. Singh correcting and withdrawing his defamatory statements made about a respected national association which represents more than half of the nation's registered chiropractors.

Dr Singh is well aware that there is evidence for the BCA to have made claims that chiropractic can help various childhood conditions. Contrary to how this case has been reported, the BCA never claimed to cure these conditions, nor has it ever sought to dissuade parents from continuing with regular medical management or seeking appropriate medical advice.

Since his day in Court when the decision went against him we now see Dr Singh arguing for what he wished he had said, rather than what he did say. As a diversion and to detract attention from the nub of this case, which relates to his defamatory comments against the BCA, he mounts a spurious case for free speech and reform of the libel laws in England.

The BCA fully supports and respects the right to freedom of speech. However, with this fundamental right comes responsibility. In the position of a popular science journalist Dr Singh should not have published statements which he either knew to be untrue or which he could not be bothered to check as true, and which he must have known would be highly damaging to the BCA's integrity and reputation.

In the spirit of a wider scientific debate, and having taken appropriate professional advice, the BCA has decided that free speech would be best facilitated by releasing details of research that exists to support the claims which Dr. Singh stated were bogus. This proves that far from there being "not a jot of evidence" to support the BCA's position, there is actually a significant amount.

It has never been the BCA's case that the evidence is overwhelmingly conclusive. It is the BCA's case that there is good evidence. The BCA is not a large organisation with huge financial resources and manpower – far from it. Despite this, the BCA recognises that ongoing research into the effectiveness of chiropractic is of major importance. For this very reason, the BCA has for the last three years donated a substantial part of its budget to fund research projects for the profession, which are currently on-going

The BCA welcomes full, frank and open scientific debate. Had Dr Singh been serious about scientific debate he might have made enquiry of the universities that provide chiropractic education in the UK. Yet when the BCA asked Dr Singh which experts he had consulted before publishing the article he declined to answer, claiming that no response was required.

It is absurd for Dr Singh to suggest that the BCA seeks either to 'stifle scientific debate' or silence science writers from expressing their views. The inclusion of spinal manipulation in the recently published NICE guidelines on low back pain was founded on peer-reviewed published research evidence demonstrating its efficacy. The risks of spinal manipulation have been researched and, in two comprehensive studies in *Spine*, have demonstrated it to be far safer than many other conventional medical interventions.

It is equally absurd for Dr Singh to claim, as he now does, that in promoting these so called ‘bogus’ claims the BCA was behaving irresponsibly and recklessly in the light of the lack of any reliable scientific evidence supporting the effectiveness of such treatment.

For those wishing to learn more about some of the available research about the effectiveness and safety of chiropractic treatment for children with the symptoms referred to by Dr Singh in his *Guardian* article they can begin by looking at the following:

No.	Publication	Conclusion/Summary of results
1.	General Chiropractic Council. Code of Practice and Standard of Proficiency. 2005 http://www.gcc-uk.org/files/link_file/COPSOP_Dec05_WEB(with_glossary)_07Jan09.pdf	The glossary defines evidence-based care as 'clinical practice that incorporates the best available evidence from research, the preferences of patients and the expertise of practitioners (including the individual chiropractor him/herself)'.
2.	Klougart N, Nilsson N, Jacobsen J. Infantile colic treated by chiropractors: a prospective study of 316 cases. J Manipulative Physiol Ther 1989 Aug; 12(4): 281-8	A prospective uncontrolled study of 316 infants suffering from infantile colic and selected according to well defined criteria showed a satisfactory result after spinal manipulation in 94% of the cases.
3.	Mercer C, Nook B. The efficacy of chiropractic spinal adjustments as a treatment protocol in the management of infantile colic. In Haldeman S, Murphy B (eds) 5th Biennial Congress of the World Federation of Chiropractic: Auckland 1999: 170-1	Resolution of symptoms in 93% of infants treated with spinal manipulation. Study supports the suggestion of a beneficial effect of chiropractic.
4.	Wiberg J, Nordsteen J, Nilsson N. The short term effect of spinal manipulation in the treatment of infantile colic. A randomised controlled trial with a blinded observer. J Manipulative Physiol Ther 1999; 22: 517-522.	A randomised controlled trial comparing spinal manipulation with dimethicone. The study concluded that spinal manipulation is effective in relieving infantile colic.
5.	Bronfort G, Evans RL, Kubik P, Filkin P. Chronic paediatric asthma and chiropractic spinal manipulation: a prospective clinical series and randomised clinical pilot study. J Manipulative Physiol Ther 2001 Jul-Aug; 24(6): 369-77.	After 3 months of combining chiropractic spinal manipulation with optimal medical management for paediatric asthma, children rated their quality of life substantially higher and their asthma severity substantially lower. These improvements were maintained at the 1-year follow-up assessment. The observed improvements are unlikely as a result of the specific effects of chiropractic spinal manipulation alone, but other aspects of the

		clinical encounter that should not be dismissed readily.
6.	Morley J, Rosner AL, Redwoord D. A Case Study of Misrepresentation of the Scientific Literature: Recent Reviews of Chiropractic. J Altern Complementary Med. 2001; Vol 7, No 1; 65-78	The article discusses *inter alia* the conduct of medical researchers. It deals with misrepresentation, calls for full debate and raises serious questions about the integrity of the peer-review process and the nature of academic misconduct.
7.	Kukurin GW. J Manipulative Physiol Ther 2002 Oct; 540	(Letters to editor) [The results] add to a curious trend reported in the literature, namely that patients report improvement in their asthma after a course of chiropractic manipulative therapy.
8.	Bockenhauer SE, Julliard KN, Lo KS, Huang E, Sheth AM. Quantifiable effects of osteopathic manipulative techniques on patients with chronic asthma. J Am Osteopathic Assoc 2002 Jul; 102(7): 371-5	Measurements of both upper thoracic and lower thoracic forced respiratory excursion statistically increased after osteopathic manipulative procedures compared with sham procedures.
9.	Mills MV, Henley CE, Barnes LL, Carreiro JE, Degenhardt BF. The use of osteopathic manipulative treatment in children with acute recurrent otitis media. Arch Paediatr Adolesc Med. 2003 Sep; 157(9): 861-6	The results of this study suggest a potential benefit of osteopathic manipulative treatment as adjuvant therapy in children with recurrent acute otitis media; it may prevent or decrease surgical intervention or antibiotic overuse
10.	Guiney PA, Chou R, Vianna A, Lovenheim J. Effects of osteopathic manipulative treatmenton paediatric patients with asthma: a randomised controlled trial. J Am Osteopathic Assoc 2005 Jan; 105(1): 7-12.	With a confidence level of 95%, results for the manipulation group showed a statistically significant improvement of 7 L per minute to 9 L per minute for peak expiratory flow rates. These results suggest that spinal manipulation has a therapeutic effect among this patient population
11.	Hawk C, Khorsan R, Lisi AJ, Ferrance RJ, Evans MW. Chiropractic care for non-musculoskeletal conditions: a systematic review with implications for whole systems research. J Altern Complement Med. 2007 Jun; 13(5) 479-80	Evidence from controlled studies and usual practice supports chiropractic care (the entire clinical encounter) as providing benefit to patients with asthma, cervicogenic

		vertigo, and infantile colic. Evidence was promising for potential benefit of manual procedures for children with otitis media
12.	Thiel HW, Bolton JE, Docherty S, Portlock JC. Safety of chiropractic manipulation of the cervical spine: a prospective national survey. Spine 2007 Oct; 32(21): 2375-8	Although minor side effects following cervical spine manipulation were relatively common, the risk of a serious adverse event, immediately or up to 7 days after treatment, was low to very low
13.	Cassidy JD, Boyle B, Cote P, He Y, Hogg-Johnson S, Silver FL, Bondy SJ. Risk of vertebro-basilar stroke and chiropractic care: results of a population based case control and case crossover study. Spine 2008 Feb 15; 33 (4 suppl): S176-83	The increased risks of VBA stroke associated with chiropractic and [GP] visits is likely due to patients with headache and neck pain from VBA dissection seeking care before their stroke. It was found that there was no evidence of excess risk of VBA stroke associated chiropractic care compared to primary care
14.	Bronfort G, Haas M, Moher D, Bouter L, van TulderM, Triano J, Assendelft WJ, Evans R, Dagenais S, Review conclusions by Ernst and Canter regarding spinal manipulation refuted. Chiropr Osteopat 2006 Aug; 14:14 .	Based on a critical appraisal of their review, the authors of this commentary seriously challenge the conclusions by Ernst and Canter who, they say, did not adhere to standard systematic review methodology, thus threatening the validity of their conclusions. There was no systematic assessment of the literature pertaining to the hazards of manipulation, including comparison to other therapies. Hence, their claim that the risks of manipulation outweigh the benefits, and thus spinal manipulation cannot be recommended as treatment for any condition, was not supported by the data analyzed. Their conclusions are misleading and not based on evidence that allow discrediting of a large body of professionals using spinal manipulation
15.	Froehle RM. Ear infection: a retrospective study examining	93% of all episodes improved. The study's data indicates that

	improvement from chiropractic care and analysing for influencing factors. J Manipulative Physiol Ther 1996 Mar; 19(3): 169-77	… the addition of chiropractic care may decrease the symptoms of ear infection in young children..
16.	Glazener CM, Evans JH, Cheuk DK. Complementary and miscellaneous interventions for nocturnal enuresis in children. Cochrane Database Syst Rev 2005 Apr 23; 2: CD005230	There was weak evidence to support the use of [chiropractic]
17.	Hayden C, Mullinger B. A preliminary assessment of the impact of cranial osteopathy for the relief of infant colic. Complementary Ther Clin Prac. 2006 May; 12(2): 83-90	The preliminary study suggested that cranial osteopathic treatment can benefit infants with colic.
18.	Hipperson AJ. Chiropractic management of infantile colic. Clinical Chiropractic 2004 Sep; 11(3): 122-129	The two case studies demonstrate chiropractic treatment successfully restoring correct spinal and cranial motion with an associated resolution of symptoms.
19.	Browning M, Miller J. Comparison of the short term effects of chiropractic spinal manipulation and occipitosacral decompression in the treatment of infant colic: a single blinded randomised controlled trial. Clinical Chiropractic 2008 Sep; 11(3): 122-129.	A single blinded randomised controlled trial. The study showed that both spinal manipulation and occipitosacral decompression offered significant benefits to infants including increased sleep and decreased crying.
20.	Leach RA. Differential compliance instrument in the treatment of infantile colic: a report of two cases. J Manipulative Physiol Ther 2002 Jan; 25(1):58-62	The mechanical adjusting device used was well tolerated and beneficial in two cases of infantile colic.
21.	Reed WR, Beavers S, Reddy SK, Kern GJ. Chiropractic management of primary nocturnal enuresis J Manipulative Physiol Ther 1994 Nov; 17(9):	Wet nights were significantly reduced after spinal manipulation. The study 'strongly suggests' the effectiveness of chiropractic treatment for primary nocturnal enuresis.
22.	Blomerth PR. Functional nocturnal enuresis. J Manipulative Physiol Ther 1994; 17: 335-338.	The patient's enuresis resolved with the use of manipulation. This occurred in a way that could not be attributed to time or placebo.
23.	Fallon JM. The role of the chiropractic adjustment in the	The results indicate that there is a strong correlation between

	care and treatment of 332 children with otitis media. J Clin Chiropract Paediatrics 1997 Oct; 2(2): 167-183	the chiropractic adjustment and the resolution of otitis media for the children in this study.
24.	Miller J. Cry babies: a framework for chiropractic care. Clinical Chiropractic 2007 Sep; 10(3) 139-46	A rational framework is proposed for the care and management of excessive infant crying.
25.	Nilsson N. Infant colic and chiropractic. Eur J Chiropr 1985; 33(4): 264-265	Respondents to a questionnaire revealed that 91% of infants improved after 2-3 manipulations.
26.	Sackett DL, Rosenberg WH, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't.	Evidence based medicine is about integrating individual clinical expertise and the best external evidence.
27.	Blower AL, Brooks A, Fenn CG, Hill A, Pearce MY, Morant S, Bardhan KD. Emergency admissions for upper gastrointestinal disease and their relation to NSAID use. Aliment Pharmacol Ther 1997;11: 283-91.	There is a strong association between NSAID use and propensity for upper gastrointestinal emergency admission; NSAID use is associated with significant morbidity and mortality each year in the UK.
28.	Hawkey CJ, Cullen DJ, Greenwood DC , Wilson JV, Logan RF. Prescribing of nonsteroidal anti-inflammatory drugs in general practice: determinants and consequences. Aliment Pharmacol Ther 1997;11: 293-8.	The data are compatible with 1 hospital admission per 2823 NSAID prescriptions and they emphasise the need for strategies to reduce levels of NSAID prescribing.
29.	M MacDonald TM, Morant, Robinson GC, Shield MJ, McGilchrist MM, Murray FE, McDevitt DG. Association of upper gastrointestinal toxicity of non-steroidal anti-inflammatory drugs with continued exposure: cohort study. BMJ 1997 315: 1333-7.	The study provides evidence that NSAID toxicity persists with continuous exposure and that this toxicity persists after the end of prescribing.