

AHPRA Notification: Dr Glen Maginness concerning his YouTube Video, published May 30, 2016: <https://www.youtube.com/watch?v=Z0Z2jBeL870>



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The transcript of this 26-minute public video is appended. In it, Dr Maginness makes a number of claims about paediatric chiropractic (and its critics) that I allege breach s.133 of the National Law that prohibits advertising that:

- is false, misleading or deceptive or is likely to be so;
- creates an unreasonable expectation of beneficial treatment, and
- encourages the indiscriminate or unnecessary use of health services.

I also believe that the claims made are not in accord with the Chiropractic Board of Australia, Code of Conduct, (March 2014):

- s.2.2 (g): providing treatment/care options based on the best available information and practising in an evidence-based context and not being influenced by financial gain or incentives;
- s.2.4 (d): investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment/care, providing necessary services and not providing unnecessary services or encouraging the indiscriminate or unnecessary use of health services, and
- s.9.6 (a): complying with the National Board's Guidelines on advertising regulated health services, (the Advertising guidelines) and relevant state and territory legislation and Commonwealth law;
- s.9.6 (b) making sure that any information published about services is factual and verifiable.

The details of my allegations follow. The quotations used are highlighted in the appended video transcript.

1. Dr Maginness makes numerous references in his video to, "blatant medical bullying", "bullying of our profession from a significant number of misguided and ill-informed individuals from within the medical profession", "facts these bullies don't want you to know" and "reasons frequently put forward by these medical bullies as to why children should not visit chiropractors".

He neglects to point out that members of his own profession have expressed concern about the lack of evidence supporting the role of chiropractic in infants and children. For example, an Editorial by French SD, Walker BF & Perle SM titled, "Chiropractic care for children: too much, too little or not enough?" stated,¹

¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2890688/>

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"We believe that caution needs to be exercised where evidence exists against a modality. It does not serve patients, or the chiropractic profession, well to provide treatment that has been shown to be ineffective or where there is insufficient evidence to reach a conclusion when there are other options available that have demonstrated benefits".

On 7 March, 2016 the Chiropractic Board of Australia released a statement on advertising that said (in part):²

Of particular concern is the number of treatment claims in advertising relating to infants and children. Claims suggesting that manual therapy for spinal problems can assist with general wellness and/or benefit a variety of paediatric syndromes and organic conditions are not supported by satisfactory evidence. This includes claims relating to developmental and behavioural disorders, ADHD, autistic spectrum disorders, asthma, infantile colic, bedwetting, ear infections and digestive problems.

Advertising claims that are contrary to high level evidence are unacceptable. High level evidence will usually take the form of meta-analyses, systematic reviews or one or more high quality and well respected and acknowledged studies."

In short, by claiming that it is only "medical bullies" who are concerned about the lack of evidence supporting the role of chiropractic in infants and children I allege that Dr Maginness is promoting a view that is false, misleading and deceptive.

2. Dr Maginness states that, "chiropractic care for children, including new-born babies is absolutely safe" and there is "not a shred of evidence that it is harmful or dangerous". He cites Todd AJ, et al. "Adverse events due to chiropractic and other manual therapies for infants and children: a review of the literature". J Manipulative Physiol Ther 2015.³

This study reviewed the English language literature for cases of adverse events in infants and children treated by chiropractors or other manual therapists. Twelve (12) articles reporting 15 serious adverse events were found. Three deaths occurred under the care of various providers (1 physical therapist, 1 unknown practitioner, and 1 craniosacral therapist) and 2 of these were in infants under 3 months of age who had previously been healthy. Twelve (12) serious injuries were reported (7 chiropractors / doctors of chiropractic, 1 medical practitioner, 1 osteopath, 2 physical therapists, and 1 unknown practitioner). High-velocity, extension, and rotational spinal manipulation was reported in most cases, with 1 case involving forcibly applied craniosacral dural tension and another involving use of an adjusting instrument. Underlying pre-existing pathology was identified in a majority of the cases.

Another study was reported Vohra A, et al. "Adverse Events Associated with Pediatric Spinal Manipulation - A Systematic Review". Pediatrics Volume 119, Number 1, January 2007.⁴

This study searched 8 major electronic databases (e.g. Medline, AMED, MANTIS) from inception to June 2004 irrespective of language. Thirteen studies (2 randomized trials, 11 observational reports) were identified for inclusion. We identified 14 cases

² <http://www.chiropracticboard.gov.au/News/2016-03-07-statement-on-advertising.aspx>

³ <http://www.ncbi.nlm.nih.gov/pubmed/25439034>

⁴ <http://www.ncbi.nlm.nih.gov/pubmed/17178922>

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of direct adverse events involving neurologic or musculoskeletal events. Nine cases involved serious adverse events (e.g. subarachnoid haemorrhage, paraplegia), 2 involved moderately adverse events that required medical attention (e.g. severe headache), and 3 involved minor adverse events (e.g. mid-back soreness). Another 20 cases of indirect adverse events involved delayed diagnosis (e.g. diabetes, neuroblastoma) and/or inappropriate provision of spinal manipulation for serious medical conditions (i.e., meningitis, rhabdomyosarcoma). It was concluded that serious adverse events may be associated with pediatric spinal manipulation; neither causation nor incidence rates can be inferred from observational data. Conduct of a prospective population-based active surveillance study is required to properly assess the possibility of rare, yet serious, adverse events as a result of spinal manipulation on pediatric patients.

Other authors agree that more high quality research specifically assessing adverse events and paediatric manual therapy is needed.⁵

In 2014, Dr Laurie Tassell, president of the Chiropractors' Association of Australia (CAA), reported that his association was working towards implementing an adverse events reporting system but, to-date, I have no information on whether this project has been implemented.⁶

Of relevance, the *Therapeutic Goods Advertising Code 2015*⁷ s.4(2)(i) states that advertisements must not claim that goods are completely safe, harmless, or free of side-effects. I argue that the same principle should apply to the promotion of therapeutic services, especially Australian chiropractic services given the absence of any formal adverse reporting system.

In short, while I accept that serious adverse effects from chiropractic manipulation of infants and children is probably uncommon, I submit that the statement by Dr Maginness that “chiropractic care for children, including new-born babies is absolutely safe” and that there is “not a shred of evidence that it is harmful or dangerous” is false, misleading and deceptive.

In addition, the proper assessment of a treatment requires a risk-benefit analysis. If there is no good evidence of benefit from a treatment, then even uncommon serious adverse events should make its use unacceptable, an issue developed further below.

3. Dr Maginness cites a study by Dr Robin Reed who is a medical doctor with a PhD from the University of Minnesota,⁸ “Children are especially vulnerable to medication errors and adverse reactions because they are more likely to receive an incorrect drug dose and because they may unexpectedly metabolise drugs differently from adults. Medication errors are common in paediatric hospitals with one study identifying an error rate of 5.7% and another estimating that more than half of hospitalised children are exposed to errors”.

⁵ <http://www.ncbi.nlm.nih.gov/pubmed/20525194>

⁶ <https://www.mja.com.au/insight/2014/7/support-chiropractor-reporting>

⁷ <https://www.legislation.gov.au/Details/F2015L01787>

⁸ <http://www.ncbi.nlm.nih.gov/pubmed/25444418>

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Dr Maginness did not mention the next sentence in this paper, “Although most medication errors go undetected and do not cause identifiable harm, some adverse drug events are life-threatening”.

I accept that some adverse drug reactions (ADRs) are an important cause of harm in children but many occur with valuable drugs used for valid reasons such as anaesthesia, analgesia, antibiotics and cancer chemotherapy. Current data are incomplete due to methodological differences between studies: only half of all studies published provide drug data, incidence rates vary (0.6% to 16.8%) and very few studies provide data on causality, severity and risk factors of paediatric ADRs. One large UK study calculated the incidence of ADRs based on 5,118 children who spent more than 48 hours in hospital.⁹ The overall incidence of definite and probable ADRs based on admissions was 15.9% (95% CI 15.0 to 16.8) and 17.7% when based on numbers of patients (95% CI 16.7 to 18.8). A total of 0.9% of the 1,446 ADRs were severe and required patient transfer to a higher level of care. One patient sustained permanent harm (peripheral neuropathy due to a drug used to treat cancer, vincristine). No ADR resulted in death. Opioid analgesics and anaesthetic agents were the most commonly implicated drug groups and accounted for 54% of all drugs associated with ADRs. The most common ADR in this study was vomiting, mainly observed in post-operative patients.

Dr Maginness goes on to say, “So, what drug that is administered to a baby has peer-reviewed evidence from randomised controlled drug trials on babies and children? Almost none! Ask yourself, what parent is going to volunteer their baby for a drug trial? So what does medicine do? They take a drug that is used for adults, that has no peer-reviewed evidence from randomised controlled trials on babies or children, that has known and documented, in other words proven toxic effects for adults and unbelievably they prescribe it to babies with catastrophic results in terms of subsequent iatrogenic injury and death rates which occur in the paediatric population”.

In fact, multi-centre clinical trials in children have been responsible for a dramatic historical decrease in mortality from childhood cancer. Over the last 50 years, the survival rates for childhood cancer have risen from 10% to almost 80%. The outcome in acute lymphoblastic leukaemia (ALL) has gone from a six-month median survival to an 85% overall cure rate. In the United States, 90-95 percent of all children under age 15 with a newly diagnosed malignancy are seen at research institutions. If a clinical trial is available, 50-60 percent of children eligible are enrolled. For young children (less than 5 years of age) enrolment rates are much higher, 90 percent.¹⁰

Another example was moving the Salk inactivated poliovirus vaccine from the bench to the bed-side which led to the largest clinical trial in human history; 1.8 million children in the United States, Canada and Finland were recruited. In areas of the US where the trial was conducted, the incidence of paralytic polio dropped by nearly 20% compared to previous years while there was little change in the incidence of paralytic polio in other parts of the country. In a placebo controlled trial, the vaccine demonstrated a 72% effectiveness against paralytic polio. Within days, five pharmaceutical companies mass produced the vaccine and vaccination clinics were quickly organized nationwide.¹¹

⁹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4225679/>

¹⁰ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2702720/>

¹¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2928990/>

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Having said that, I acknowledge that safety and efficacy data on many medicines used in children is often scarce. As a result, children are sometimes given ineffective medicines or medicines with unknown harmful side effects. Better and more relevant clinical trials in children are needed to increase our knowledge of the effects of medicines and to prevent the delayed or non-use of beneficial therapies.¹² There are a number of ongoing initiatives in this regard including the WHO “Clinical Trials in Children” portal that makes information regarding the quality and monitoring of clinical trials involving children available online.¹³ Ironically, there appears to be far less interest by chiropractors in setting up safety and efficacy trials of their own treatments in infants and children.

In summary, I submit that the following statement by Dr Maginness is false, misleading or deceptive, “So, what drug that is administered to a baby has peer-reviewed evidence from randomised controlled drug trials on babies and children? Almost none!”

In addition, his statements, “Ask yourself, what parent is going to volunteer their baby for a drug trial?” and his mention of “catastrophic results in terms of subsequent iatrogenic injury and death rates which occur in the paediatric population” is likely to deter parents from a balanced consideration of the potential benefits, as well as the risks, of clinical trials that may prove valuable both to their children and to society.

4. Dr Maginness states that, “Just because we do not have an overwhelming number of randomised controlled trials categorically proving what we do works is not proof or evidence that it doesn’t work”.

I agree that absence of evidence for a particular treatment for a certain condition does not necessarily mean absent of effect. However, I argue (as does the Chiropractic Board of Australia) that promoting such treatments as efficacious is misleading, deceptive, creates an unreasonable expectation of beneficial treatment, and encourages the indiscriminate or unnecessary use of health services.

In addition, there is often good evidence from well-conducted clinical trials that the treatment proposed for a particular condition has no more effect than a placebo arm. Under these circumstances it certainly should not be promoted as efficacious.

Dr Maginness goes on to say, “As a chiropractor who has provided care to thousands of children over the last thirty plus years I can categorically say that children under my care have experienced amazing changes with conditions such as colic, reflux, recurrent ear infections, bed-wetting, headaches, migraines, constipation, plagiocephaly, vestibular system issues, learning difficulties, ADHD, to mention just a few. All chiropractors who see children in practice will experience this. Children respond amazingly to chiropractic care. Fact!”

In fact, there are a number of reasons why practitioners and patients report that a treatment is effective when it is not. These include the placebo effect (patient’s expectation regarding an intervention), the natural history of disease (symptoms may wax and wane), confirmation bias (seeing what you expect to see), cognitive dissonance (ignoring results not

¹² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4345947/>

¹³ <http://www.who.int/ictcp/child/en/>

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in accord with expectations) and endorsement by charismatic gurus who speak well at conferences, run seminars and promote their own educational modules.

In short, personal evaluation (and anecdotes) are quick, convincing and often wrong, while blinded, placebo-controlled clinical trials are slow, complex, and costly. However, the latter are crucial as they often show that initially promising results from observational studies are not replicated by well conducted placebo-controlled trials.

Finally, Dr Maginness says, “The only reason chiropractic has survived as a profession with all of the well-organised and well-funded attacks against us is due to one simple but very important fact; chiropractic works. Tens of thousands of babies and children all over the world every week visit chiropractors because of this one simple fact”.

Regrettably, the history of medicine is littered with examples that demonstrate how misleading this fallacy can be. Bloodletting was believed to be effective, was widely practised and highly popular, yet it certainly killed more patients than it ever helped. A recent book by Ian Harris, “Surgery, the ultimate placebo” provides many more examples.¹⁴ It reiterates the importance of submitting treatments thought to be efficacious to the discipline of randomised placebo-controlled clinical trials.

In summary, Dr Maginness argues from personal experience that children under his care “have experienced amazing changes with conditions such as colic, reflux, recurrent ear infections, bed-wetting, headaches, migraines, constipation, plagiocephaly, vestibular system issues, learning difficulties, ADHD, to mention just a few”.

I agree with the Chiropractic Board of Australia that personal experience does not constitute the level of evidence necessary to make advertising claims and these claims by Dr Maginness are there for false, misleading and deceptive, are likely to create an unreasonable expectation of beneficial treatment and encourage the indiscriminate or unnecessary use of health services.

5. Dr Maginness states, “What I do as a chiropractor, what any chiropractor does, is really very simple. We don’t treat colic or reflux, we don’t treat breast-feeding dysfunction, we don’t treat constipation, we simply remove potential neural irritations or blockages between the brain and the body using gentle spinal adjustments so that the body can function the way it is designed to without interference.”

The clear implication is that “remove(ing) potential neural irritations or blockages between the brain and the body” produces the “amazing changes” cited for the numerous conditions mentioned above. The inevitable conclusion drawn by the public is that chiropractic adjustment by Dr Maginness “cures” or “relieves” these conditions. The AHPRA June 2016 newsletter is relevant,¹⁵

“Our staff look at each advertising complaint on a case-by-case basis, and consider the overall impression of the advertisement as well as the likely impact the advertisement may have on a member of the public. They will consider what conclusions a member of the public can reasonably infer from material contained

¹⁴ <http://www.smh.com.au/national/surgery-the-ultimate-placebo-20160207-gmo484.html>

¹⁵ <http://www.ahpra.gov.au/Publications/AHPRA-newsletter/June-2016.aspx#dealing>

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within an advertisement and whether the material is likely to mislead or deceive or breach other parts of the National Law.”

In addition, by suggesting that spinal adjustment removes potential neural irritations or blockages between the brain and the body, allows the body to function the way it is designed to, and thus “cures” or “relieves” various non-musculoskeletal conditions Dr Maginness is invoking the discredited chiropractic vitalistic dogma of subluxation. In 2005 in an article titled, “Subluxation: dogma or science?” Keating JC, et al, said:¹⁶

“The dogma of subluxation is perhaps the greatest single barrier to professional development for chiropractors. It skews the practice of the art in directions that bring ridicule from the scientific community and uncertainty among the public. Failure to challenge subluxation dogma perpetuates a marketing tradition that inevitably prompts charges of quackery. Subluxation dogma leads to legal and political strategies that may amount to a house of cards and warp the profession's sense of self and of mission. Commitment to this dogma undermines the motivation for scientific investigation of subluxation as hypothesis, and so perpetuates the cycle.”

In May 2010 the General Chiropractic Council, the statutory regulatory body for chiropractors in the United Kingdom, issued guidance for chiropractors stating that the chiropractic vertebral subluxation complex "is an historical concept" and "is not supported by any clinical research evidence that would allow claims to be made that it is the cause of disease."¹⁷

Dr Maginness reiterates, “So do I treat babies for colic? No! Do I treat babies with colic? Absolutely! Does their condition resolve? Most of the time, absolutely! I’d estimate that I experience a similar success rate in practice with my colicky patients to those results achieved in this research study carried out by a medical practitioner and two chiropractors published way back in 1989. Three hundred and sixteen cases of colic were adjusted over a period of two weeks with a 94% success rate. That’s right; over nine out of every ten infants in this study had their colic resolved”.

This was a study by Klougart N, et al. Infantile colic treated by chiropractors: a prospective study of 316 cases. J Manipulative Physiol Ther. 1989 Aug;12(4):281-8.¹⁸

It is an old prospective, uncontrolled study. There was no placebo control group and no patient blinding. There is no way of knowing, of the infants who improved, whether they improved due to the chiropractic intervention or whether they improved because the infants grew out of it; the normal course for colic.

The authors of this study were aware of methodological problems with the study and regarded it as inconclusive. The conclusion section states:

“Because of the study design of this study a number of questions have not been sufficiently answered. Further studies must be designed in such a way that the number of sources of noise (bias) affecting the interpretation of the results is reduced so that the placebo effect can be more accurately estimated.”

¹⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1208927/>

¹⁷ <http://www.gcc-uk.org/UserFiles/Docs/What%20Can%20I%20Expect/Vertebral%20Subluxation%20Complex.pdf>

¹⁸ http://www.dcscience.net/Klougart%20et%20al_1989_JMPT_colic.pdf

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A 2010 review by Bronfort G, et al titled, "Effectiveness of manual therapies: the UK evidence report" (authored by Chiropractors) concluded that spinal manipulation is not effective for infantile colic.¹⁹

Dr Maginness also mentioned a 2011 review conducted by three chiropractors, Alcantara J, et al. "The chiropractic care of infants with colic: a systematic review of the literature".²⁰ The authors commented, "Our findings reveal that chiropractic care is a viable alternative to the care of infantile colic and congruent with evidence-based practice, particularly when one considers that medical care options are no better than a placebo or have associated adverse events".

This conclusion appears to be based on the many uncontrolled case reports reviewed, not systematic reviews. Of the reviews mentioned, Hawk et al. concluded that there was insufficient evidence to make conclusions regarding the evidence on the chiropractic care of infants with colic while Ernst concluded that the evidence for chiropractic for colic was not based on rigorous clinical trials and therefore failed to demonstrate effectiveness.

Subsequently, a 2012 Cochrane review by Dobson D, et al titled, "Manipulative therapies for infantile colic" concluded there was no evidence that manipulative therapies improved infant colic when they only included studies where the parents did not know if their child had received the treatment or not.²¹

Finally, the Chiropractic Board of Australia specifically included infantile colic as a claim that was not supported by satisfactory evidence in its March 7, 2016 "Statement on advertising".²

In summary, Dr Maginness cherry-picks several studies to support his assertion that chiropractic adjustment can relieve colic; he fails to mention conflicting reviews and invokes the discredited vitalistic dogma of subluxation as an explanation for possible effectiveness. The following statement is tautologous, "So do I treat babies for colic? No! Do I treat babies with colic? Absolutely! Does their condition resolve? Most of the time, absolutely!" In my opinion, the end impression given to the public is false, misleading and deceptive, likely to create an unreasonable expectation of beneficial treatment and encourage the indiscriminate or unnecessary use of health services.

Dr Maginness went further, "So does the medical profession have any double-blind randomised controlled studies, and remember, this is the level of evidence demanded of the profession by the medics. Do they have any double-blind randomised controlled studies which actually supports the medical approach in the management of colic? The answer is categorically no! The best research available that demonstrates positive improvement with babies with colic is through chiropractic care."

In fact, such trials do exist, for example, Garrison MM, et al. "A Systematic Review of Treatments for Infant Colic, Pediatrics Vol 106 No 1. July 2000,²² Chau K, et al. "Probiotics for infantile colic: a randomized, double-blind, placebo-controlled trial investigating Lactobacillus reuteri DSM 17938", The Journal of Pediatrics, Volume 166, Issue 1, January

¹⁹ <http://chiromt.biomedcentral.com/articles/10.1186/1746-1340-18-3>

²⁰ <http://www.ncbi.nlm.nih.gov/pubmed/21571236>

²¹ <http://www.ncbi.nlm.nih.gov/pubmed/23235617>

²² <http://www.ncbi.nlm.nih.gov/pubmed/10888690>

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2015, Pages 74–78, e1,²³ and Benninga MA, et al, Childhood Functional Gastrointestinal Disorders: Neonate/Toddler, Gastroenterology 2016;150:1443–1455.²⁴

The later reference notes that on average, crying attributed to infant colic peaks at about 4-6 weeks and then steadily diminishes by 12 weeks. Most cases of colic probably represent the upper end of the normal developmental “crying curve” of healthy infants and there is no proof that the crying in such cases is caused by pain in the abdomen or any other part of the infant’s body. I suggest that, given the natural history of the condition, it is not surprising that observation studies would attribute a benefit to chiropractic adjustment.

Once again I conclude that the information provided by Dr Maginness is false, misleading and deceptive, likely to create an unreasonable expectation of beneficial treatment and encourage the indiscriminate or unnecessary use of health services.

6. Dr Maginness then said, “So let’s have a look at birth trauma. Injury resulting from the birth process is an increasingly reported and very real cause of spinal injury to the newborn. Of particular concern is unresolved compression in the suboccipital region; the base of the skull. World renowned expert and medical practitioner Dr Heiner Biedermann discusses this issue in his book, “Manual therapy in children”. Dr Biedermann is a medical practitioner who has, for almost 40 years, been advocating the importance of assessing the spines of infants and children. He firmly believes that manually releasing or adjusting the suboccipital strain at the base of the skull which may be caused by the birth process is the single most important consideration in a new-born child. I’ll say that again. This world renowned medical doctor who has been assessing and adjusting babies for nearly 40 years believes the single most important consideration in an infant is to assess and adjust if necessary the spine of the infant”.

I was unable to find the references mentioned by Dr Maginness on the Internet. Nor did a search of PubMed for Biedermann H [auth] AND suboccipital strain produce any results. However, I did find the following abstract by Happle C, et al. “Cases against ‘KiSS’: a diagnostic algorithm for children with torticollis”, *Klin Padiatr* 2009; 221(7): 430-435 (regrettably the full article was in German).²⁵

“In 1991, Biedermann coined the term “kinetic imbalance due to suboccipital strain” (“KiSS-syndrome”). He assumed a functional abnormality of the suboccipital-high cervical spine, resulting in positional preference of the infant’s head. A broad spectrum of symptoms and complaints have been attributed to “KiSS-Syndrome”. Patients are advised to undergo manual therapy, with pressure applied locally in order to readjust the cervical spine. Life threatening side-effects have been published repeatedly. We present two infants with brain tumours who developed torticollis and further neurological findings such as ataxia and reflex differences. In both cases, symptoms caused by the tumour were interpreted as “KiSS-syndrome”, and appropriate diagnostics and therapy were delayed for months. There is no scientific evidence for the actual existence of “KiSS-syndrome” as a clinical entity or for the positive effects of manual therapy. Approximately 12% of all infants <12 months show a positional preference of the head, about 8% present with body asymmetry.

²³ <http://www.ncbi.nlm.nih.gov/pubmed/25444531>

²⁴ <http://www.ncbi.nlm.nih.gov/pubmed/27144631>

²⁵ <http://www.ncbi.nlm.nih.gov/pubmed/20013566>

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Whereas most cases are benign, there is a long list of serious differential diagnoses for torticollis in infants. We give an updated review of the literature regarding "KiSS-Syndrome" and discuss the differential diagnostics in infants with torticollis".

Dr Maginness also cited a study titled, "Neglected spinal cord, brain stem and musculoskeletal injuries stemming from birth trauma" published in the J Manipulative Physiol Ther 1993 Oct;16(8):537-43.²⁶ He said, Michael Gottlieb, a medical doctor states, "Manual treatment of birth trauma injuries to the musculoskeletal system could be beneficial to many infants not now receiving such treatment, and it's well within the means of current practice in chiropractic and manual medicine".

First of all, the actual paper describes the author, Marc S Gottlieb as a student at the Logan College of Chiropractic, St. Louis, MO. The paper notes that:

"a myriad of problems are known to be the effects of subluxations (joint dysfunction); for example, a general failure to thrive, sleeping disorders, eating disorders, lowered immune resistance, tonsillitis, enteritis, Otitis and colic, to name just a few... Specialists in chiropractic and manual medicine professions are trained to find these impairments of mobility with palpation and treat them with adjustments or manipulations.... Retrospective case reports including chiropractic in the treatment of otitis media, hyperactivity, seizure disorder, infantile colic, dyspnoea-atelectasis, cerebral palsy, Down's syndrome and autism continue to suggest the diverse nature of ailments and the effectiveness of chiropractic adjustments. Unfortunately, case reports alone are not suitable evidence. Controlled studies must be undertaken to further substantiate case report findings".

I agree only with the last two sentences.

In summary, I do not believe that Dr Maginness has made the case that manual therapy to address birth trauma is well documented by medical research. Nor do I accept that he has good evidence to support the assertion that suboccipital strain produces an enormous burden to a child of dealing with this throughout their childhood. Finally, I do not believe Dr Maginness has justified his assertion that manual therapy for babies and children is a rational, best-evidence approach for allowing babies and children to achieve their maximum health potential. Instead, I believe that Dr Maginness has used old and unsubstantial opinions of two "authorities" to promote unnecessary chiropractic examination and manipulation of the newborn. In short, the information presented is false, misleading and deceptive, likely to create an unreasonable expectation of beneficial treatment and encourage the indiscriminate or unnecessary use of health services.

7. Dr Maginness concluded as follows, "Go along yourself; take your kids; most clinics offer free spinal health checks for kids; what have you got to lose? Experience chiropractic for yourself rather than relying on what you hear from a biased and self-serving member of the medical profession. Don't commit your child to a life where they never reach their maximum health potential. You have a child with colic or ear infections or breast feeding issues or headaches or constipation or any of the numerous childhood conditions that kids may suffer with; call your local chiropractor and have a chat with them; you will find they are well trained

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http://getwellquick.com/clients/2427/documents/Publications/Neglected%20Spinal%20Cord,%20Brain%20Stem%20and%20Musculoskeletal%20Injuries%20Stemming%20from%20Birth%20Trauma%2010-1992%201_1.pdf

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professional individuals who truly do care for you and your family. Miracles on so many levels happen to children every day in chiropractic clinics all over the world; it is these miracles that have seen us grow to the third largest health care profession in the world.”

With respect to the offer of taking your kids to clinics that offer free spinal health checks I submit that this is almost certainly offered as a “loss-leader”. I am concerned that it is likely that this initial “free” consultation will find a number of “subluxations” that would “benefit” from on-going chiropractic care.

The statement, “Don’t commit your child to a life where they never reach their maximum health potential” is fear-mongering and based on the discredited chiropractic vitalistic dogma of subluxation.

Dr Maginness reiterates, “You have a child with colic or ear infections or breast feeding issues or headaches or constipation or any of the numerous childhood conditions that kids may suffer with; call your local chiropractor... Miracles on so many levels happen to children every day in chiropractic clinics.”

In conclusion, I accept that Dr Maginness is a caring practitioner who genuinely believes that his interventions on paediatric patients are effective. However, belief based on disproven dogma, the selective use of poor-quality evidence, and personal experience subject to bias, is no longer an appropriate basis on which to promote and practice therapeutic interventions.

The Chiropractic Board of Australia has attempted to educate practitioners about these matters for the last 5 years, most recently in their detailed statement of 7 March, 2017.³ Despite this, Dr Maginness continues to promote and provide chiropractic treatment for conditions which the Chiropractic Board of Australia has said are unacceptable. I agree with Ernst and Gilbey that this behaviour is both an ethical and public health issue.²⁷

As argued at a recent Health-Law seminar on “The Advertising of Therapeutic Good and Services”,²⁸ I submit that blatant disregard of the National Law requires prosecution in the Magistrates Court (Part 7 of National Law) and/or discipline by referral to a tribunal (Part 8 of National Law). This would also allow the determination made in such cases to be published as a deterrent to others.

I also draw attention to the web site of Dr Maginness and his colleagues²⁹ which reiterates the above claims (and others); a web site I believe is particularly egregious. This is the subject of a separate notification.

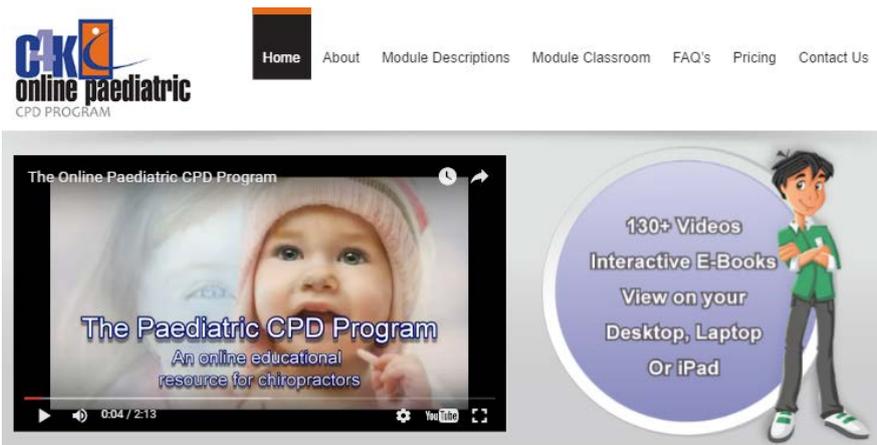
Finally, I note that Dr Maginness has produced and sells an online paediatric CPD program, “C4K... Chiropractic for Kids” which includes the management of common childhood conditions such as childhood fever, otitis media, irritable baby syndrome, and bedwetting.

²⁷ <http://www.dcscience.net/Ernst-Gilbey-Chiropractic-claims-NZMJ.pdf>

²⁸ <http://www.medreach.com.au/?p=1517>

²⁹ <http://www.mtelizachiropractic.com.au/>

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The six modules of the program provide over 80 CPD Hours for a cost of \$1295 (incl GST).³⁰

Given the concerns we have expressed above about Dr Maginness I suggest that the Chiropractic Board of Australia should review the content of this course and the CPD points allocated to establish if it is, in fact, evidence-based.

Yours sincerely,

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Cc

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³⁰ <http://cpd.c4k.com.au/>

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Transcript of video

Due to the strict regulations on what chiropractors are allowed to say there is every chance that I may be investigated, probably fined and I may even lose the right to practice for a time as a result of this video. I sincerely hope this is not the case. But if that is what it takes to get some balance to this discussion, if that is what it takes to hit back at the **blatant medical bullying** we are currently experiencing then that is a price I am willing to pay.

My name is Dr Glen Maginness. I've been in chiropractic practice for over 30 years, the last fifteen years seeing only children in practice. I've completed a 3-year post-graduate Master's degree in chiropractic paediatrics and I'm one of only a handful of chiropractors in Australia with this qualification. I present at seminars around the world on chiropractic paediatrics for nearly 15 years and I'm the creator of the only online chiropractic paediatric training program for chiropractors in the world.

During the 30 plus years that I've practiced here in Mt Eliza I've literally seen thousands of children from new-borns only a few hours old to teenagers. Throughout my career there have been the occasional episodes of **bullying of our profession from a significant number of misguided and ill-informed individuals from within the medical profession**. However, over the last two years, and especially over the last few weeks, that bullying has gained momentum to the point where our profession is now under a very real threat of having our rights to see children taken away from us. That cannot be allowed to happen.

So I've decided enough is enough. Today I'm hitting back. Today I'm going to go through some fact with you; the **facts these bullies don't want you to know**. Everything presented here will be accurate and supported by research.

So I want today to take a close look at the **reasons frequently put forward by these medical bullies as to why children should not visit chiropractors**.

Now the most common reason is the claim that chiropractic for children is not safe. So let's look a fact no 1. And I want to be really clear with this, **chiropractic care for children, including new-born babies is absolutely safe**. The simple fact is that despite these absurd, unfounded and disproven claims made by certain medical doctors, the AMA, even those in the media, there is solid published evidence that chiropractic care is extremely safe for children and **not a shred of evidence that it is harmful or dangerous**.

So let's look at the most recent research on chiropractic safety for children. A study published in 2014 and authored by three scientists with PhD's and a paediatric chiropractor conducted a literature search world-wide looking for what are called adverse events as a result of chiropractic care and other manual therapies. This study was published in the respected medical journal JMPT. Their conclusion was that published cases of serious adverse events in infants and children receiving chiropractic care are rare.

Todd AJ, et al. Adverse events due to chiropractic and other manual therapies for infants and children: a review of the literature. J Manipulative Physiol Ther 2014.

Here is just some of the research supporting the safety of chiropractic care (rapid scroll of references). These studies will be listed at the end of this video. So let's look at the most recent study published in April 2016. The authors of this study state, "When placed in the context of more than 30 million chiropractic treatments of children annually in the USA alone, adverse events may be

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deemed extremely rare. So those journalists who are either too stupid or too lazy to do a simple google search prior to writing a story or conducting an interview on this important subject and to the medical doctors who I am sure have their own self-serving reasons for completely ignoring this research, instead choosing to scare the public and discredit our profession, to these bullies who advocate that chiropractors should stop seeing children, I say for goodness sake stop embarrassing yourselves. This is irrefutable evidence.

So why don't we take a brief moment to look at some of the medical research. How does the safety of the medical profession stack up when compared to chiropractic when discussing paediatric health? The sheer volume of the medical evidence on paediatric iatrogenic injury and death indicates this is a very real issue and a very real problem for all of us. Now just to clarify, iatrogenic means injury or death caused by a doctor. In this study by Dr Robin Reed who is a medical doctor with a PhD from the University of Minnesota the author states, "Children are especially vulnerable to medication errors and adverse reactions because they are more likely to receive an incorrect drug dose and because they may unexpectedly metabolise drugs differently from adults. Medication errors are common in paediatric hospitals with one study identifying an error rate of 5.7% and another estimating that more than half of hospitalised children are exposed to errors". She goes on to say, "medication errors and adverse drug events are three times higher in children and substantially higher still for neonates". Who could possibly claim any logic or common-sense that gentle chiropractic care would not be a safer alternative to try than a drug that has proven, yes proven toxic effects on adults and almost certainly has never been tested on babies in a randomised control trial. So, what drug that is administered to a baby has peer-reviewed evidence from randomised controlled drug trials on babies and children? Almost none! Ask yourself, what parent is going to volunteer their baby for a drug trial? So what does medicine do? They take a drug that is used for adults, that has no peer-reviewed evidence from randomised controlled trials on babies or children, that has known and documented, in other words proven toxic effects for adults and unbelievably they prescribe it to babies with catastrophic results in terms of subsequent iatrogenic injury and death rates which occur in the paediatric population. Remember people, it is their research, medical research, documenting this.

So what do chiropractors do? They take a treatment for adults that is evidence-based in terms of both safety and effectiveness for adults, they modify their technique to suit the age, size and developmental stage of the baby or child and they provide this gentle care to children of all ages with often wonderful results. The medics, the journalists, the media intent on sensationalising this issue, the bullies of our profession, consistently cite the fact there are no peer-reviewed studies from randomised controlled trials on chiropractic for babies but ignore the fact that the exact same issue faces the medical profession with prescription drugs, physiotherapy and every other modality involved in paediatric care.

So does this mean I'm saying don't take your child to see a medical doctor? Of course not! What I am saying is when you take your child to see a chiropractor you can be comfortable as a caring parent that it is very, very safe.

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Ok, let's move on to the next most common reason spouted by bullies of our profession as to why children should not see chiropractors. Our critics claim that we don't have any research to support what we do and this therefore proves that chiropractic doesn't work. A spokesman for the AMA is on record as saying that the chiropractic profession needed either to produce evidence supporting chiropractic treatment for children or rule out paediatric care of their scope of practice. And that the AMA is not aware of any evidence that chiropractic manipulative treatments of infants and children offers any benefit at all. Now I would certainly argue that to say chiropractic care for children is supported by no evidence is absolutely incorrect. The studies (scrolling past) listed at the end of this video is ample evidence of that. However, I do also openly acknowledge that to say chiropractic care for children is supported by solid, gold-standard evidence would also be incorrect. But I would like to make a really important point here. Lack of evidence is not evidence of lack. **Just because we do not have an overwhelming number of randomised controlled trials categorically proving what we do works is not proof or evidence that it doesn't work.** And yet that is the very argument put forward by those who constantly bully our profession. If we don't have the evidence, then obviously this proves chiropractic doesn't work. Where is the common-sense in that argument? Using that reasoning these so-called intelligent people I'm sure would have been front and centre back in the fifteen century confidently declaring that the earth must be flat because there is no evidence to prove otherwise.

As a chiropractor who has provided care to thousands of children over the last thirty plus years **I can categorically say that children under my care have experienced amazing changes with conditions such as colic, reflux, recurrent ear infections, bed-wetting, headaches, migraines, constipation, plagiocephaly, vestibular system issues, learning difficulties, ADDT, to mention just a few. All chiropractors who see children in practice will experience this. Children respond amazingly to chiropractic care. Fact!** But please understand, and this is really important, that chiropractic does not treat or cure any of these conditions. What I do as a chiropractor, what any chiropractor does, is really very simple. We don't treat colic or reflux, we don't treat breast-feeding dysfunction, we don't treat constipation, we simply remove potential neural irritations or blockages between the brain and the body using gentle spinal adjustments so that the body can function the way it is designed to without interference. And despite the recent media claims to the contrary, chiropractic care for infants is very gentle. The techniques employed in the adjusting of babies are gentle, passive techniques where most of the time the child doesn't even realise they've been adjusted. **And it works!** The only reason chiropractic has survived as a profession with all of the well-organised and well-funded attacks against us is due to one simple but very important fact; chiropractic works. Tens of thousands of babies and children all over the world every week visit chiropractors because of this one simple fact.

Ok, let's chat about colic. Colic seems to be the current go to condition consistently raised by these medical bullies as obvious evidence that chiropractors are treating conditions which are obviously outside their scope of practice. **So do I treat babies for colic? No! Do I treat babies with colic? Absolutely! Does their condition resolve? Most of the time, absolutely! I'd estimate that I experience a similar success rate in practice with my colicky patients to those results achieved in this research study carried out by a medical practitioner and two chiropractors published way back in 1989. Three hundred and sixteen cases of colic were adjusted over a period of two weeks with a 94% success rate. That's right; over nine out of every ten infants in this study had their colic resolved.**

Klougart N, et al. Infantile colic treated by chiropractors: a prospective study of 316 cases. J Manipulative Physiol Ther 1989; 12(4): 281-288.

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So, do we have research that supports that chiropractic may have a role to play with a colicky child? Absolutely! Are their randomised controlled double-blind studies? No, they are not. But do they certainly suggest that chiropractic just may make a difference with a colicky child? Well I challenge you to look at the research at the end of this video and make up your own mind. Research such as this one. The authors commented, "Our findings reveal that chiropractic care is a viable alternative to the care of infantile colic and congruent with evidence-based practice, particularly when one considers that medical care options are no better than a placebo or have associated adverse events".

Alcantara J, et al. The chiropractic care of infants with colic: a systematic review of the literature. *Explore (NY)*: 2011;7(3):168-174.

So does the medical profession have any double-blind randomised controlled studies, and remember, this is the level of evidence demanded of the profession by the medics. Do they have any double-blind randomised controlled studies which actually supports the medical approach in the management of colic? The answer is categorically no! The best research available that demonstrates positive improvement with babies with colic is through chiropractic care. So how frustrating do you think it is for me, a paediatric chiropractor, who sees and helps colicky babies every single week in practice and for chiropractors all over the world, to have these doctors sit on their holier than thou pedestals, look down their noses at us and preach that chiropractors shouldn't be allowed to see babies for colic because there is no research to support this. Instead, recommending that parents should seek medical care for their colicky child despite the fact that there is no medical evidence to support this. I would respectfully suggest that medical doctors apply the same strict rules in terms of this evidence-based approach to their own practice instead of pointing their fingers towards the chiropractic profession.

Babies do not need chiropractic

Ok, another reason the bullies argue that children should not see chiropractors is that there is no conceivable reason why a baby might need to see a chiropractor. So, let's just for a moment remove ourselves from the emotion and rhetoric and use common-sense as our reference point here. Think about the birth process. Think about the forces involved in birthing a child. Simple common-sense says that the birth process is potentially traumatic to the spine of the newborn. And I know this from personal experience. My son Tom was a very traumatic, difficult, forceps delivery after a 36-hour labour. After the birth he screamed for 6 days. The longest he slept for in that time was 20 minutes. When he was 6 days old, in desperation I checked his spine. Now understand I was young chiropractor. I have far more experience and confidence now 25 years later. If I was in that same situation now with a child of mine my child would be adjusted at birth. There is no way I would allow my son to scream for 6 days. Anyway, when Tom was 6 days old I somewhat belatedly checked his spine and found an obvious issue which was no doubt directly related to the birth trauma he had experienced and I very gently and safely adjusted my son. And he slept for 15 hours after the adjustment; 15 hours. We went from a screaming, uncontrollable, unbelievably distressed child to a child who slept through the night every night. That was actually my beginning into the amazingly rewarding and always challenging world of chiropractic paediatrics.

So let's have a look at birth trauma. Injury resulting from the birth process is an increasingly reported and very real cause of spinal injury to the newborn. Of particular concern is unresolved compression in the suboccipital region; the base of the skull. World renowned expert and medical practitioner Dr Heiner Biedermann discusses this issue in his book, "Manual therapy in children". Dr

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Biedermann is a medical practitioner who has, for almost 40 years, been advocating the importance of assessing the spines of infants and children. He firmly believes that manually releasing or adjusting the suboccipital strain at the base of the skull which may be caused by the birth process is the single most important consideration in a new-born child. I'll say that again. This world renowned medical doctor who has been assessing and adjusting babies for nearly 40 years believes the single most important consideration in an infant is to assess and adjust if necessary the spine of the infant.

Biedermann H. Kinematic imbalances due to suboccipital strain. J Manual Medicine 1992;6:151-156.

Biedermann H. Resolution of infantile ERB's palsy utilising chiropractic Treatment. J Manipulative Physiol Ther 1994;17(2):129-131.

Biedermann H. Manual therapy in newborn and infants. 18th Congress European Workgroup for manual medicine. 2009 June 19-20; Antwerp Germany.

In an article published in the Journal of Manual Medicine Dr Biedermann comments on a study where of 1093 babies examined at birth 293 had suboccipital strain from the birth process. He also states that suboccipital strain does not always led to the manifestation of clinical symptoms. He reports on another study where a random sample of over 1000 newborns were examined and 11% were found to have suboccipital strain. Dr Biedermann comments, "In school children and infants one adjustment may be able to stop incessant week long crying or relieve a school child of disabling headaches" and that, "we learned ... spinal adjustments helped to make other symptoms disappear". He specifically refers to improvements in children with sleeping problems, lack of appetite, undiagnosed fever and delay of effective development. Dr Biedermann offers an entire chapter in the just released Oxford Textbook of Musculoskeletal Medicine where he discussed in detail the emerging field in medicine of paediatric manual therapy. Dr Biedermann is just one of many medical doctors and researchers worldwide who recognise and acknowledge the importance of paediatric manual medicine.

In a study titled, "Neglected spinal cord, brain stem and musculoskeletal injuries stemming from birth trauma" published in the J Manipulative Physiol Ther 1993 Oct;16(8):537-43, Michael Gottlieb, a medical doctor states, "Manual treatment of birth trauma injuries to the musculoskeletal system could be beneficial to many infants not now receiving such treatment, and it's well within the means of current practice in chiropractic and manual medicine".

So let's state a couple of well documented facts. Birth trauma is real, Fact! Manual therapy to address birth trauma is well documented by medical research, Fact! The bullies of our profession, for whatever reason, either don't know about this research, or they do know but they choose for their own reasons not to publically acknowledge its existence. Either way, this will be having a profound impact on their ability to achieve the best clinical outcome with their paediatric patients. Fact! So my question to these medical bullies who still question firstly, the very existence of birth trauma and secondly, the enormous burden to a child of dealing with this suboccipital strain throughout their childhood, is what will it take for you to acknowledge that manual therapy for babies and children is a rational, best-evidence approach to allowing babies and children to achieve their maximum health potential.

Conclusion

So my message to those in the medical profession who insist on bullying our profession is this; chiropractic is not going away and many within your own profession love what we do. Over the last 30 years I've enjoyed an excellent professional association with a number of medical doctors and

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specialists as well as maternal health centres throughout my local area. These relationships have been built on professional respect as well as an understanding of the potential importance of each of our roles in paediatric health care. These connections have been strengthened through a mutual desire to provide the very best clinical outcome to the infants in our care.

So my message to those of you who are chiropractic patients; please help us, send a link to this video to your local member of parliament; share it on Facebook; tell others about chiropractic; talk to your doctor about chiropractic. Our profession needs your help more than it ever has in its 115-year history. We are under attack and we need to fight back.

And my message to those who have never been to a chiropractor; I urge you to give it a try. **Go along yourself; take your kids; most clinics offer free spinal health checks for kids; what have you got to lose? Experience chiropractic for yourself rather than relying on what you hear from a biased and self-serving member of the medical profession. Don't commit your child to a life where they never reach their maximum health potential. You have a child with colic or ear infections or breast feeding issues or headaches or constipation or any of the numerous childhood conditions that kids may suffer with; call your local chiropractor and have a chat with them; you will find they are well trained professional individuals who truly do care for you and your family. Miracles on so many levels happen to children every day in chiropractic clinics all over the world; it is these miracles that have seen us grow to the third largest health care profession in the world.** It is these miracles that will see me remain a paediatric chiropractor as I say to my patients, forever or until I die, whichever comes first. Chiropractic to me, and to so many chiropractors around the world, is no job, it's a life-long obsession doing something we love. So to those wonderful chiropractors and chiropractic students all around Australia who are currently waking up every day to a hammering from it seems every direction who I know all share my passion for a healthier world my message is simply this; when you get into a tight place and everything goes against you till it seems you could not hang on for a minute longer, never give up then for that is just the place and time that the tide will turn.

Numerous references scrolled down