



Chiropractic Newsletter

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The Tipping Point: What Chiropractors Have Said All Along

It's not often that the New York Times acknowledges that it may have been complicit in decades of medical misdirection. But Paul Tough's April 13, 2025, feature in the Times Magazine—"Have We Been Thinking About A.D.H.D. All Wrong?"—marks a cultural and scientific inflection point. What Tough describes is nothing less than a collapse of the biomedical model of A.D.H.D. as we've known it—a model that has dominated research, practice, and parenting since the 1990s. Diagnoses have exploded. Medications like Ritalin and Adderall are handed out like candy. Yet, after 30 years of follow-up research, even the scientists who once built the case for pharmaceutical treatment now admit that the long-term benefits are fleeting, the biological evidence is weak, and the entire model of the disorder may be fundamentally flawed. *"There literally is no natural cutting point where you could say, 'This person has got A.D.H.D., and this person hasn't got it.'"* — Dr. Edmund Sonuga-Barke, King's College London

Chiropractic and the Marginalized Truth

For chiropractors and alternative providers, this moment brings both relief and justified frustration. For decades, they have championed a contextual, holistic, and multifactorial understanding of A.D.H.D.—emphasizing neurological function, subluxation, nutrition, trauma, and environment as core influences on a child's behavior and development. They were dismissed. Vilified. Labeled as pseudoscientific and unqualified. They were mocked for saying a child's inability to sit still might be related to their nervous system, their diet, or their home life. Now, it's page one of the New York Times. Chiropractors have long argued that interference in the nervous system, especially in the upper cervical spine, could disrupt a child's capacity for focus, calm, and emotional regulation. While mainstream medicine defaulted to stimulant drugs, chiropractors focused on restoring function and



adaptability—without the side effects or the shrinking growth charts.

From Brain Disorder to Environmental Misfit

The Times article outlines a stunning reversal in the narrative: that A.D.H.D. is not so much a fixed brain disorder as it is a reflection of the mismatch between an individual's neurological makeup and their environment. A child who can't sit still in a rigid classroom might thrive in a hands-on workshop. A college student who needs Adderall to study may simply be suffering from boredom, not disease.

These observations align perfectly with what many chiropractors—and countless parents—have observed all along: behavior is contextual. *"Rather than trying to treat and resolve the biology, we should be focusing on building environments that improve outcomes and mental health."* — Dr. Sonuga-Barke

Medication: Short-Term Crutch, Long-Term Consequences

Perhaps the most damning section of the Times article involves the long-term failure of stimulant medication. The gold-standard M.T.A. study initially showed behavioral improvement with Ritalin—but by year three, that advantage had vanished. Even more alarming: The only measurable long-term effect was suppressed growth.

That's right—the kids didn't learn more, didn't behave better, and ended up shorter.

Meanwhile, teens interviewed for the story confessed that the medication made them feel hollow, flat, emotionally numb. Some only took the pills for SAT prep or baseball games—abandoning them entirely during summer break when they “felt normal.” *“If I don't have to do any work, then I'm just a completely regular person.”* – John, student interviewed by Paul Tough. This is not a description of a medical disorder. It's a social and environmental mismatch.

Parents: The First Line of Defense

The Times piece gives overdue voice to another marginalized group: parents. For years, they've been pressured to medicate their children or be accused of negligence. Yet parents often reported that meds made their children withdrawn, anxious, or joyless. Chiropractors were often the first professionals to validate those parental instincts.

Now, scientists admit what these parents have long known: A.D.H.D. is not a binary diagnosis, nor is medication the silver bullet. The environmental model—one that emphasizes adaptation, lifestyle change, and individual fit—isn't just more humane. It's more scientifically accurate. *“The diagnosis can create an identity that enhances prejudice and judgment which are associated with even greater feelings of isolation, exclusion and shame.”* – Dr. Luise Kazda, Australian psychologist

A Cultural Shift, Not Just a Clinical One

This isn't just a story about psychiatry. It's about how institutions fail. About how industry-backed research, pharmaceutical profits, and regulatory capture can shape—and warp—an entire generation's understanding of health.

It's also a story about how fringe voices—chiropractors, parents, holistic educators—are often telling the truth long

before the mainstream is ready to hear it.

As America rethinks its health paradigms in the wake of COVID, chronic disease, and rising mental health issues, this shift on A.D.H.D. is emblematic of a larger movement—one that values individualized care, transparency, and empowerment over chemical control.

From the Margins to the Mainstream

Chiropractic and other alternative providers now have a rare opportunity. With institutions like the New York Times acknowledging the need for a paradigm shift, the profession must rise to the occasion—not with “I told you so,” but with leadership.

This is the moment to expand chiropractic research into pediatric behavioral disorders. To educate parents about nervous system health. To demand a seat at the policy table. And to speak boldly, without apology, about the innate potential of children when interference is removed and environments are aligned.

The cultural tide is turning. For those who've stood firm on principle, despite the ridicule, this is your moment. *“Characterizing A.D.H.D. as a personality trait rather than a disorder, they saw themselves as different rather than defective.”* – M.T.A. Study Interviewee

-Matt McCoy, DC

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