

TOE ... The Theory of Everything!

The scientific evidence suggests rather overwhelmingly that we live in a mechanical world; that we cannot ignore the implications of interdisciplinary scientific and unbiased clinical research in our quest for understanding the character of all corporeal theories as to the cause and correction of the component parts of the subluxation complex.

This does not mean however (despite the chiropractic scientific dream of an indisputable, and most likely unattainable, "gold standard") that the subluxation complex theory as a reality can ever be assumed to attain the status of that which can "never" be contradicted. Even if the results of scientific experiments and clinical scrutiny agree after unbounded trials with predictions of the subluxation complex theory, one can never be completely assured that the results obtained in subsequent investigations will not contradict the original hypothesis. All theories or hypothetical constructs must remain provisional. All that is required to disprove a theory is a single observation, under controlled and repeatable conditions, that is not in agreement with it. Progress in chiropractic, contrary to the verbose, redundant, and self-serving dialogue from philosophers and historians, is a continuous and context-driven way of "knowing" which imposes an increasing number of constraints on what can be viewed as a legitimate concept, philosophy or hypothesis.

Historical chiropractic has been premised upon legitimate linguistically-based and culturally derived notions that the actual character of physical reality (the subluxation) and patient suffering was visualizable; that a number of extra-scientific or metaphysical assumptions were incorporated into this web. It was the continued refinement and revision of classical chiropractic theory that allowed chiropractic to move toward the recognition that an improved understanding of this supposed reality was not visualizable. It is because the progress of legitimate chiropractic imposes increasingly tighter constraints on the description of physical reality that rational, lateral-thinking chiropractors have been led to the recognition that the fundamental character of physical reality is not visualizable. In other words, you cannot see the subluxation!

When this progress leads to radically new and counter-intuitive results, ideals of order in our linguistically-based, symbolic constructions of reality (line drawings on x-rays to visualize that which is not visualizable) may serve to create no small measure of cognitive dissonance in the minds of the omnipresent chiropractic drones of the past. Yet what has always triumphed in the history of chiropractic theories is the chiropractic rational reality which proves itself under controlled and repeatable clinical settings more capable of coordinating and encountering greater ranges of experience, i.e., the components of the subluxation complex, than the introverted excavation of the visual Theory of Everything (TOE).

There is an argument that chiropractic should abandon attempts to visualize things which are not "visualizable" (the concept of innate intelligence) which would lead to an increasingly more accurate and complete description of the actual character of the subluxation complex. This is the criterion for any good theory and should be viewed by chiropractic and chiropractors as merely essential aspects of the process that allows for this progress. More importantly, this progress typically occurs when anomalies are discovered in the context of chiropractic theories, or in terms of the formal structure of the theories themselves. It is generally the discovery of such anomalies, as you should obviously be able to conjure up in your mind, that leads to a new class of

experimentation which extend, refine, or displace previous chiropractic theories with improved, current and well documented theories.

This progress has recently disclosed that one of the fundamental biases of researchers regarding the epistemological authority of chiropractic truths and the range of their applications requires some fundamental revisions. The movement into the realm of the unvisualizable has served to disclose the existence of some pre-scientific assumptions about the relationship between physical theory and physical reality that can be traced historically to linguistically-based assumptions in the metaphysical chiropractic traditions of old. Although chiropractic has been obliged to contend with this prospect since the advent of a system based on philosophical constructs and historical perspectives, the full implications have been rather successfully avoided by the majority of the profession for a plethora of obscure and redundant reasons. The primary mode of avoidance has been to assume that the "strange" and seemingly "philosophical" problems encountered in visualizable reality theories might be eliminated by advances in an unquestionable dogmatic belief of the guru's teachings. Whether right or wrong was never the issue: to belong and follow was paramount to all. Failing that, some have argued that classical or historical philosophical assumptions can still be preserved in our dealings with macro-level subluxations (a global concept of treatment and not dealing with cause per se but with the patients signs and symptomatology only); therefore, that the implications of a TOE can be relegated to the "special" case drawer dealing with the outdated models of unintelligible and perplexing innate unintelligence.

Although there is an urge to "wait," with the expectation that we will come to "see" physical reality in the old terms meet the criterion of reasonableness in science, there are no indications in today's world that the TOE can or will work. Efforts to evolve a consistent theory for the chiropractic profession are premised on a wide spectrum of thought processes, some of which are ludicrous and others that are most compatible. The ACA Council on Chiropractic Technique has shown that a number of the techniques are in fact doing the same thing, but using different words to describe their procedures. Upon challenging or questioning some of the theories to put up or ..., the transparent has now begun to take on the appearance of unsubstantiated and unsubstantiable rationalizations. Some people, and you know who you are, might argue that the subluxation complex concept/description of chiropractic will over time be displaced by some other description; that the implications of this description should not be taken too seriously at this point. I concede that this is, in principle at least, a possibility. Yet the continuous progress of research, with respect to the subluxation complex and its component parts, as well as the range of application of viable and rationale techniques, suggests that the more likely and reasonable scenario by far is continued refinement and extension of this existing theory. That these refinements and extensions might lead to some radically different implications about the character of the components of the subluxation complex is, of course, another prospect that cannot be disallowed. In other words, the fact that the subluxation complex is always changing, as to the current status of chiropractic and generic research, is what MPI has always stood for and taught. L. John Faye, DC, in the 1980s talked about a paradigm shift. Well, it's still shifting and will continue to do so as new and chiropractically sound information comes along.

What has made these developmental changes in the subluxation complex dramatic in chiropractic's short history is that these new concepts oblige the chiropractic community to assess which view of this fundamental relationship is correct: the conduct of chiropractic and scientific reality, or in terms of results provided by carefully controlled and repeatable scientific experiments. What is most revealing is that many theoretical chiropractic techniques and philosophies have made what we can characterize as "metaphysical leaps" in an apparent effort to "save" their unsubstantiable concepts and applications. Since an appeal to metaphysics is a tendency which chiropractors have presumably guarded against, and some expressly forbidden since the early 20th century, one

wonders why some of the best minds in chiropractic would even flirt with this ludicrous prospect.

The fact that chiropractic was increasingly regarded as an autonomous science, and any overt appeal to the contrary was ad hoc and unnecessary, has led the profession to its current locale in the long and tortuous road of future managed health care. Diagnosis of subluxations, making all spines straight and the restoring of the so called "normal spinal curvatures," without taking into consideration the remainder of the human biomechanical system, is what I like to call chiropractic positivism, a subclassification of the TOE. This view holds that concepts like force, mass, motions, coupled motions, translations and three dimensional realities exist only as "quantities," and that any concerns about the "nature of" or the "source of" the phenomena should be eliminated; thus the TOE reigns! Chiropractic positivism stipulates that true, genuine and certain knowledge of all of the parts of the subluxation complex should be excluded in both principle and in practice. One of the primary effects of the success of chiropractic positivism was that it allowed chiropractors to follow their current guru without any awareness that they were operating on hidden metaphysical presuppositions and not rational scientific realities. Not wanting to rain on anyone's parade, there are simple explanations why this could be the case. The experimental conditions and results in classical chiropractic history appear to ambiguously confirm the presuppositions, thereby "proving" that the guru was right. These conditions and results provided no reason to doubt either that the observer and the observed system were separate and distinct, or that a one-to-one correspondence between every element of the physical theory and the physical reality actually existed. When will chiropractic remember that the subluxation and its complex are found on patients and not on x-rays or other gadgetry?

The TOE survived because the experimental conditions and results appeared to confirm their correctness in the conduct of daily chiropractic. The interesting result was that chiropractors could practice chiropractic with full conviction that they were wholly committed to the chiropractic positivist program, with the untarnished belief that their theory had nothing to do with substantiated chiropractic rational beliefs. It merely was an illusion or an appearance, as if the wayward movement of an intellectual development within the particular theory or cult resulted in the discovery of some universal truths which transcended any and all cultural dis-eases ... the TOE. It now appears, however, that current research, technology and the managed care of the future have effectively begun the "closing of the door" on the TOE. This door appears to be finally closing because we are required in this new situation to re-examine classical assumptions about the nature of physical reality before the court of last resort in the conduct of chiropractic: the results from controlled and repeatable scientific experiments.

For those who now are personalizing all of this rhetoric and now have the expectation that this is merely another attempt to draw parallels between modern chiropractic theories and their scientific base, and some established irrational theories based on personal greed and an omnipresent guru (which normally require that one play fast and loose with the implications of modern physical theories of the subluxation complex), let me emphatically state that this is not the case. In all of chiropractic's dealings with the myriad of chiropractic theories the commitment is to demonstrate that modern chiropractic theories cannot, in principle, be used to support any of the irrational and unsubstantiated concepts of the past or present that are based on restoring or creating a "theoretical norm" based on an incomplete understanding of the biomechanics and compensatory relationships in and of the human locomotor system.

The large paradox, which chiropractic will spend lengthy time exploring, is the inability of physical science to resolve questions concerning the ultimate character of the subluxation complex. This frees the profession in unexpected ways to recognize and pursue, within the context of a scientific world view, a far more profound relationship between our conscious awareness of reality and

reality itself. And yet this freedom also allows the profession to completely ignore or deem irrelevant any such TOE relationship.

The chiropractic profession has now arrived at the point where we must abandon all attempts to construct historical and philosophical models for that which is already a reality.

Goodbye to the Theory of Everything!

Keith Innes, DC
Scarborough, Ontario

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