

# About the profession

‘Medicine is the study of disease and what causes man to die.  
Chiropractic is the study of health and what causes man to live’.

BJ Palmer

**M**ost Chiropractors function within the framework of ‘*Chiropractic Philosophy*’ which I consider is best described as the ‘*philosophical corpus of chiropractic*’.

This corpus is the driver for the majority of Chiropractors by giving purpose to practice and it is not my chief concern. What must be said however is that a strong and well-expressed Chiropractic Philosophy forms the basis for the successful practise of Chiropractic.

The topic in which I am professionally trained is the academic discipline of the ‘*Philosophy of Chiropractic*’, a discipline which addresses the questions that are not answered by Chiropractic Philosophy. It is an evidence-based way of asking ‘*why is chiropractic what it seems to be?*’ and then working through the possibilities by defensible argument.

A definition (1) of Chiropractic which I accept is:

Chiropractic is a paradigm of natural health care based on best evidence and historical efficacy concerned with optimising functional physiology and associated biomechanics of human movement supported by diet, exercise, and life style. Chiropractic centres on enhancing the body’s neuromusculoskeletal systems.

It takes at least five thousand hours, adapted from Nugent, (2) of directed study, practice, and clinical reinforcement to learn the diagnostic and therapeutic skills which are unique to Chiropractors.

## Chiropractic is ...

Chiropractic is primarily the art of correcting spinal dysfunctions, usually by hand, hence Samuel Weed's derivation in 1896 of the term '*chiropractic*' from the Greek '*kirurgos*' and '*practós*', literally meaning '*hand healer*'. (3) (Fig 3.1)

Chiropractors are not all the same: the profession suffers a self-anointed research elite as a small, provocative minority of low scholarly productivity. On the other hand Conventional Chiropractors, about 110,000 of them, (4, 5) each help around 140 people a week, ranging up to 300, (6) in over 90 countries globally. (4, 5) There are some 51 institutions providing a program of Chiropractic education in 20 countries. (4)

The academic chiropractors associated with delivering education are a breed apart and may or may not maintain their clinical skills in limited hours private practice. But who would really know as they rarely write or publish let alone prepare Case Reports. (7)

I prefer to think of Chiropractic in terms of the universal meaning I have established through my research activities. I like it because every statement is defensible and the meaning of the paragraph holds true when translated into many other languages. This is an important consideration at this time of the discipline's global expansion. I discuss my work which arrived at this point in Chapter 5.

My constructed paragraph of meaning is:

The collective noun 'subluxation' is used within the discipline of chiropractic by chiropractors to predominately denote one or more clinical signs and symptoms evidenced on and by physical examination. Conceptualised as exhibiting elements of biomechanical dysfunction to variable degrees, subluxation may be identified in a specific joint complex of the spine, known as a 'spinal mobility unit', or other structures and is corrected manually using a hands-only controlled and rapid therapeutic thrust with intent. The thrust may be mechanically assisted. The outcome of such a correction is an adjustment of systemic neural tone which may be supported with lifestyle elements from nutrition to exercise.

## Streams of thought

Two key papers of reference for this Chapter are my report of the *Conventional identity of Chiropractic*, (8) and my history (9) of how the profession has one stream based on Palmerian concepts with tributaries ranging from naturopaths, osteopaths, and massage therapists, to those who largely imagine and self-proclaim as a 'small-c' chiropractor. Let's address these secondary identities first which I propose evolved from the traditions of bone-setting (10) and naturopathy, (9) primarily in the United Kingdom, Australia, and Japan.

These dated ideas limit Chiropractic to a mechanical means of providing pain relief and while the prime example lies in Britain (11) it is thought that bonesetters can become contributors to primary care, especially in African nations. (12, 13)

In Japan these traditions are highly regarded (14) and widely practiced in various forms which is a confronting challenge to the establishment of Chiropractic as a distinct discipline.

The alternative is to be aligned with Palmer's discoveries and principles which expand Chiropractic to a vitalistic form of health care where well-being and health are more than an absence of pain. (15)

Using Australia as a case study (9) I have shown that Palmerian Chiropractic (16) developed from the late 1890s as an education based on first-hand experience in chiropractic science, art and philosophy in a formal program of training. This was originally the *Palmer College*, (17) now *University*.

American trained Chiropractors came to Australia in the early 1900s and the success of their practice caused tributaries to arise which simply adopted the name 'chiropractic' based on the statements of a naturopath FG Roberts (18) and other self-promoters. These pretenders decided to add chiropractic diplomas to their part-time teachings of naturopathy and osteopathy, self-proclaiming as chiropractors and believing they were capable of getting the same positive results that Palmer-trained Chiropractors were achieving.

The next step for this tributary was to claim legitimacy in the name of science and we still see some colleges framing themselves as being more scientific than others, such as the *Anglo-European School* (19) and the *Canadian Memorial College*, (20) while the vitalistic colleges seem to follow the Palmerian model such *Palmer University* itself, (21) and for example the *New Zealand*, (22) *Barcelona*, (23) *Australian*, (24) and *Scotland* (25) *Colleges of Chiropractic*.

I argue that private institutions are more fit-for-purpose than public universities

for delivering Chiropractic education. Having spent over 3 decades as an academic within the Australian university system I can categorically express that state-run universities are very weak, if not inappropriate institutions to host a chiropractic program. (26) Australia gives us the examples of *RMIT University* which at the time of writing (2023) has announced the closure of its Chiropractic program after some 45 years of delivery.

In addition to a private college in Adelaide Australia now has *Murdoch University*, *Macquarie University*, and *CQUniversity* where chiropractic programs have become just one income-generating stream among many in a dispassionate institution that is only delivering education for the income it generates. There is no 'professional Chiropractic conscience' and the *British Chiropractic Association* (BCA) perpetuates this by only developing programs (27) within their limited UK university model. The Australian university-based programs require 5 years of full-time education while the British require just 4 on leaving High School.

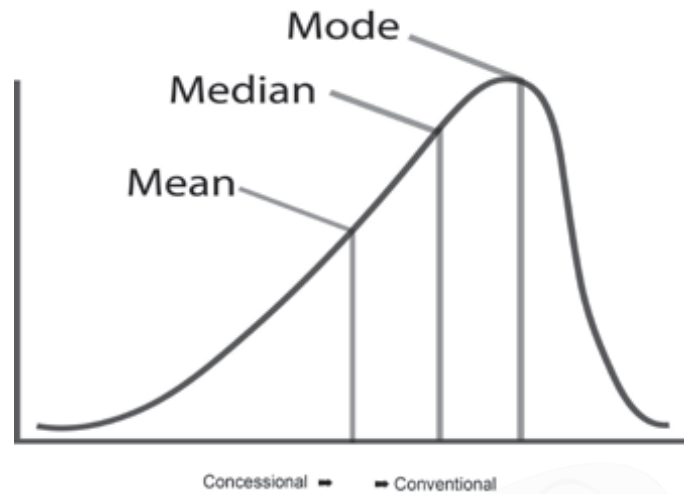
The biggest concern with this tributary of training is not just its intent to undermine the profession by trying to remake it as a mechanical manual therapy, (28) but also to re-write its educational accreditation processes, (29) a somewhat naive effort reported to have failed. (30)

The end result presents the paradox of a profession with sufficient cohesion to seek legislation and subsequent registration then regulation yet with weaknesses in understanding itself so much so that some, incorrectly in my view, claim there to be a schism. (31, 32)

There is no schism in Chiropractic, just a gulf in intellectual understanding and acceptance of the discipline's founding principles. My research shows a divergence of thought but not so much as to limit the foundational Palmerian expressions from pervading the profession.

The distribution of such Chiropractors gathers about the median and the mode as gleaned from a variety of published findings descriptive of the profession. This evidence points to a distribution which is negatively skewed, that is with a tail to the left that fades to insignificance and I give this as my Figure 1.1. (8)

Fig 1.1: Predictive left-skewed distribution of Chiropractic identity.



In order to interpret behaviours within the Chiropractic profession as they appear in all countries and associations we need to examine and understand this distribution.

We can consider Figure 1.1 as depicting, if you will, *'the schools of thought as identity'* in chiropractic.

Notwithstanding the dominance of Palmerian thinking throughout the profession globally, the General Chiropractic Council (GCC) of the UK, which is closely aligned with the BCA, is shown to substitute knowledge with ideology. (33) The GCC holds without evidence the position that *'traditional explanatory frameworks such as life force, vitalism and a belief that manipulating the spine to remove restrictions or "chiropractic subluxations" cannot be taught except as concepts which historically shaped the profession. This is because these frameworks no longer meet the standards of evidence-based practice and may not be used in clinical practice'*. (34) It is not possible for the GCC to admit any dissent, they are cast in the bonesetter mindset of mechanical pain. Facts, and many have been presented, (35, 36, 37) are not allowed to challenge this ideology.

The elitist behaviour of the GCC represents the dark side of Post-real Chiropractic in which one may have the evidence but still lose the debate (38) if indeed the matter ever becomes open to public debate. Civil discourse is shut down, evidence is not accepted let alone tested, and there is no opportunity to reason although every attempt is made. (39) The GCC seems to be in the grip of an intelligentsia that lacks the wisdom to recognise the boundaries of its own ignorance.

Even the diagnostic classifications within the ICDM (40, 41) represent unacceptable challenges to the GCC's ideological position which seems to issue from those academics who should be leading the testing of evidence instead pre-judging it, (42) a most unscientific position.

A noted critic of the Chiropractic discipline and its politics, Edzard Ernst, has stated (43) '*Considering the amount of highly public blunders they managed to inflict on the profession in recent years, I have come to the conclusion that the BCA is a cover organisation of BIG PHARMA with the aim of giving chiropractic a bad name!*'

This is nothing less than the perpetuation of the position of the *American Medical Association* (AMA) which became known as the *Iowa Plan* to contain and eliminate Chiropractors. (44) The Iowa Plan was publicly exposed in the '*The Wilk Trial*' which found the AMA guilty of attempts to contain the discipline, (45) however the plan continues in other countries including Australia. (46)

I explain the categories shown in Figure 1.1 in Chapter 3 and demonstrate why the GCC position can be considered absurdist. Meanwhile it is sufficient to appreciate the negative skew which provides the long left tail. It is wrong to think the left-tail represents a 'left wing' of the profession and that the majority are 'right-wing'. Seaman (47) found no evidence to support this polarity. The tail is a statistical outcome and will fall to the left when the mean is less than the median, called 'a negative skew'. It is a predictive chart in this case because of estimates rather than actual measurement, with the estimates taken from multiple reports of surveys.

I call the majority, around 80% of the profession, which represents the mode, as '*Conventional*', (8) meaning they are chiropractors who accept the Palmerian idea of subluxation identification and correction. These chiropractors see patient after patient who report improvements in their health and well-being well after any matter of pain has been resolved. (48, 49, 50)

Underpinning the ideas of subluxation correction and enhanced well-being are the concepts of vitalism (15) and from that, innate intelligence. (51)

This is an acceptance of Chiropractic as it was founded by DD Palmer interpreted through a lens of both one's experienced clinical science and one's educated science, and modulated by patient response.

The tail, which fades to nothing, accounts for no more than 20% of the profession, in fact the extreme left of the tail is probably no more than a hundred or so chiropractors (0.01% of all) who vocally deny subluxation and dismiss it as dogma. Australia's Keith Charlton is one who has published on the topic, (52)

holding for some 20 years the idea that chiropractic's prime tenet was merely a dogma. (53) Charlton shared that view with the late Joe Keating. (54)

Essentially, Charlton and Keating's idea of chiropractic dogma has 3 parts:

- that '*chiropractic works*', the idea that there is an association between subluxation and health status;
- that subluxation is the cause of all or most disease; and
- that Innate Intelligence or, as Keating wrote '*weaker forms of vitalism*', is responsible for healing. This is the idea that the power that made the body heals the body.

Another Australian chiropractor John Reggars, (55) claimed that '*The abandonment, by some groups, of a scientific and evidenced based approach to practice for one founded on ideological dogma is beginning to take its toll*'.

By writing these words Reggars has attempted to show himself as being scientific in his practice and he may well be so, however I have shown his inference that he is with the majority to be wrong. Reggars could be considered to be at the extreme end of the negatively skewed distribution tail, completely removed from the reality of philosophy-based practice. (56)

Given Keating dumped on vitalism, I shall leave the last word to an expert in the area, yet another Australian chiropractor who has held prominent political positions as President of the Australian peak body, and also of the *World Federation of Chiropractic* (WFC). Dennis Richards undertook doctoral research and earned his PhD by exploring vitalism. (15, 57) I urge you to follow the links in these citations and have a look at the thesis which earned him a PhD from a reputable Australian university.

Richards, whom I consider to be a Philosopher of Chiropractic, concluded '*A majority of participants believed that chiropractic thinking and practices based on vitalism could offer great value in addressing the prevalence of non-communicable lifestyle related conditions. To address this prevalence, the majority proposed a vitalistic practice model composed of chiropractic adjustive care and healthy lifestyle advice. A minority proposed a non-vitalistic practice model of manipulative therapy for the treatment of musculoskeletal pain.*' (15)

Richards' '*majority*' is my 80% who are Conventional Chiropractors, and his '*minority*' are my negatively skewed tail to statistical insignificance (Figure 1.1) being the therapists and mechanists who blight the profession as a pain-based handful who

resolutely refuse to admit there is more to Chiropractic than just banging on backs in workers' compensation schemes where one is paid regardless of the outcomes.

There is no better evidence of this group's ignorance of Chiropractic than their sad little paper referred to as '*Unhappy families*'. (32) The less said about that exceptionally poor piece of writing, the better.

## **Chiropractic Philosophers**

The majority of Chiropractors, about 80%, have a grip on Stephenson's 33 Principles (56; Table 2.4) and related writings which explain one acceptable view of Chiropractic. From this we get the substance of Chiropractic Philosophy which is belief, as a belief in Stephenson's first principle of *Universal Intelligence*. This is an untestable principle yet it can be accepted as true so that the ensuing 32 statements, collectively known as '*Stephenson's 33 Principles*' follow more or less sequentially.

Conventional Chiropractors hold Stephenson's Principles in high regard (58) as they give Chiropractic Philosophers credible explanations of their belief in what they do as Chiropractors. A conflict arises when this belief in universal intelligence and subsequent beliefs in its expression, hinderance, and correction to allow restoration, is condemned by those who hold an equally strong belief in the scientific method.

If you wish you may describe the scientific method, or 'science', as a belief system that is testable. In this conversation I don't need to get into how Copernican Science upended Ptolemaic Science, just appreciate that it did in a significant scientific revolution.

In contrast we could describe Chiropractic as a belief system that is not testable and by extension, not credible. Except that to do so would be wrong.

By selecting certain personal philosophical positions everything that happens within Chiropractic can be shown to be credible. In particular, my work on perspectival truth (59) demonstrates why this is a sound position, however we are left with the problem that the question of universal intelligence is, strictly speaking, a non-testable belief. I explore perspectival truth in a later Chapter and argue that its effects are testable by logic and inference, leading me to hold that universal intelligence is indeed, a '*thing*'.

The concept of vitalism incorporates '*universal intelligence*' which in turn represents '*innate intelligence*' (15) but Post-realist chiropractors argue it is a hinderance and '*sits at the heart of the divisions within chiropractic*'. (60) Simpson and Young also argue that this '*acts as an impediment to chiropractic legitimacy, cultural authority and integration into mainstream health care*'.



In a nutshell this speaks to the philosophical gap between the Realist big-C Chiropractors and the Post-realist small-c chiropractors and I have no doubt this will continue as a flawed argument for some time. The important matter is what the Chiropractor actually makes happen in their clinic with their patient's lives, and for a clinical science, which chiropractic is, it is these effects as patient outcomes which have ultimate validity.

What is more, patient outcomes are largely replicable, a matter of concern to those with a belief in evidence-based processes of science. In one sense this is where the pragmatic reality of Chiropractic practice meets theoretical academic ideals, and the Post-realists do not like it as it confronts their obsession with supposed '*evidence-based practice*' and they dismiss reports of patient improvement at the individual practitioner level, published as Case Reports.

In particular the Post-realists dismiss the Case-Report literature of Chiropractic which is overwhelming in its reports of an association between a Chiropractor's therapeutic intervention and management, and a positive outcome in the health and well-being of the patient. At the time of writing there were almost 1,700 subluxation-based case reports or studies or series indexed in the Chiropractic literature. (61) This evidence can not be ignored, nor dismissed as merely '*n of 1*', the fall-back derogatory position of the elite.

The strength of this literature is such that we can state with confidence that Chiropractic is an evidence-based discipline. There is much more to this question of 'evidence' than many think. So my next question is, are Philosophers of Chiropractic evidence-based? Do they need to be? These are actually very challenging questions which cause philosophers to argue among themselves.

This, along with other characteristics is what separates the academic pursuit of explaining chiropractic with the tools of philosophy, from the perhaps more admirable clinical pursuit of achieving positive health results in patients through belief and acceptance of the corpus of Chiropractic Philosophy.

## **Thought translates to philosophy**

It seems logical that one's School of Thought would serve as the fire in which one's philosophy was forged, however it is not this simple. The distribution of thought I show in Figure 1.1 is more to do with one's clinical approach to practice as being reflective of one's beliefs; either in the Conventional Realist manner aligned with Palmerian Chiropractic principles, or in the Post-realist manner which can

be considered increasing concessional as Palmerian thinking is discarded piece by piece until nothing remains but the mechanical approach of a manual therapist or bone-setter.

This minority continues to be considered as ‘chiropractors’ under most legislation enabling the profession especially when such legislation allowed ‘grandfathering’ as in Australia with scant regard to qualification. These therapists are either self-proclaimed as a chiropractor or are graduates from a Post-Realist institution which mostly taught naturopathy and osteopathy, adding ‘chiropractic’ as it became a popular form of health care in the marketplace. (9, 17)

Our real challenge is that the Chiropractic literature is sparse with philosophical writings. This vacuum is filled with poor writing such as criticism of Chiropractic students who dare think differently to the prevailing institutional dogma. (62) Swain et al consider that those students who accept vitalistic aspects of the discipline suffer cognitive dissonance and along with such practitioners are considered to be ‘unorthodox’. (62)

Swain et al (62) and Gíslason et al (63) and their colleagues are Post-realists rejecting Conventional Chiropractic and wanting to remake the profession as with Walker’s ‘new chiropractic’ (64) or as Mirtz’s proposed philosophy of chiropractic medicine. (65) These novice propositions are based on a ‘straw man’ argument that Chiropractic lacks legitimacy.

The self-appointed elite status of this group as researchers has been called out by Joyce Miller as sabotage, especially when it comes to the provision of care to children. (66) The prompt for Joyce’s indignation was a deeply flawed paper from Côte et al (67) who are part of the minority tail. That paper also certainly failed to impress me (68) as it was a tale of a questionable global summit. (69, 70)

My choice is to ignore this cartel and put my efforts into Conventional Chiropractors, the magnificent 4 out of 5 or the 80% who get the big idea that Chiropractic is about the identification and analysis of small dysfunctions within and about the spine for the purpose of correcting them by hand or specialised instrument to specifically help an individual patient move towards their ideal expression of health and well-being.

This majority of 80% has a grip on Stephenson’s 33 Principles (56; Table 2.4), and other writings which explain one view of what chiropractic is. From this we get the substance of Chiropractic Philosophy which is belief, as a belief in Stephenson’s first principle of universal intelligence.

Chiropractic philosophers have credible explanations of the place of belief in

chiropractic. The paradox is that a belief in universal intelligence and subsequent beliefs in its expression, hinderance, and correction to allow restoration, are condemned by those with an equally strong belief in the scientific method.

## **The credibility of Chiropractic**

By selecting certain personal philosophical positions, everything that happens within Chiropractic can be shown to be credible. In particular, my work on Perspectival Truth (59) demonstrates why this is a sound position but we are left with the problem that the question of universal intelligence is, strictly speaking, a non-testable belief.

I argue however that its effects are testable and that by logic and inference universal intelligence is a *'thing'* and that what matters is what a Chiropractor actually makes happen in their clinic with the lives of their patients. For a clinical science, which chiropractic is, these effects have ultimate validity. What is more, they are largely replicable, a matter of concern to those Post-realists with a belief in evidence-based processes of science but little interest in studying Realist Chiropractors.

In particular, the Case-Report literature of Chiropractic is overwhelming with its evidence of association between a chiropractor's therapeutic intervention and management, and a positive outcome in the health and well-being of the patient. At the time of writing there were nearly 2,000 case reports or studies or series indexed in the Chiropractic literature in which the clinical concept of subluxation was addressed to good outcomes. (61).

So my next question is, are philosophers of Chiropractic evidence-based? This, along with other characteristics is what separates the academic pursuit of explaining Chiropractic with the tools of philosophy, from the more admirable clinical pursuit of achieving positive health results in your patients through your belief and acceptance of the corpus of Chiropractic philosophy.

## **Validity for writing philosophy**

In contrast there is now a growing number of papers exploring the philosophy of Chiropractic (51, 71, 72) and these demand readers to make a determination on who represents good value to read and 'follow' and who may be a waste of time.

A broad statement is that the majority of Chiropractic researchers are not trained in philosophy. Their writings (60, 64, 65) are opinions lacking in argument, perhaps

expressed about observations they have documented, (62) as opposed to the result of structured thinking about the problem. This lack of distinction is evinced in the doctoral thesis of Simon Senzon. (73) This divergence of thought between academics and the practitioners of the profession is documented by Amorin-Woods et al. (74)

Validity for offering comment on philosophical matters arises from a thorough understanding of the literature that forms the Philosophical Canon. (75) This is distinct from the daily conversations classed as Chiropractic Philosophy which are largely enriched by participation in group events such as a *'Philosophy Symposium'*. (76)

There are a good number of 'lists' on-line to get you started on reading philosophy and if you want to get to first base and start writing for publication be prepared to spend at least 10 years (or 10,000 hours at about 3h per day) in reading, being sure to understand what you are reading, and then document your thinking about it.

## **Pragmatism, Shinto, & not quite Yamabushi**

The second major point of validity is for a philosopher to know their own philosophical position, the lens through which they see their world. My lens is Pragmatism and my position is that if I see it, which is the point of view of a Realist or Empiricist, then the best explanation for 'why' I see it is most likely the right answer. This is a little Bayesian in nature but relies more on Dewey (77) and others who represent the American origins (78) of pragmatism. In my case I place increasing reliance on the Japanese approach to philosophy (79) in which conciliation and agreement through acceptable compromises are preferable to the Western view of confrontational resolution by argument driven from quantitative data sets.

One of the punctilious things about writing philosophy is precision with words. If, for example, I apply the term *'vague'* in any sense, I need to understand what the term *'vague'* means in a philosophical sense. Here I rely on Swinburne's arguments. (80) A quick example is the statement *'I will arrive at ten o'clock'*. This can only ever be a vague statement. We have issues of *'10 o'clock where?'* *'AM or PM?'* *'My watch or yours?'*

And if I do arrive when my watch says 10:00 it is only true for less than two seconds, should a 'second' be our agreed unit of measurement. I could arrive at 9:59 and 59 seconds, or 1 second past 10. There are amazing extensions of this argument which go to the idea that our brain filters and smooths its real-time inputs. (81) There is an argument that our experience of the world is always a few seconds behind real occurrences. (82)

Due to this vagueness, a philosopher of Chiropractic can not stand up and say, for example, that '*universal intelligence is a thing*', although I have earlier suggested it is. Thus a Chiropractic Philosopher can do this, but I can't. I am bound to provide an argument, one way or the other. In particular, what does '*universal*' mean, what is '*intelligence*', and what is '*a thing*'?

These arguments usually rely on the concept of *a priori*, a theoretical claim from which argument flows as with the 32 principles of Stephenson which follow his broad opening gambit commonly referred to as '*Stephenson's 33 Principles*'. (56; Table 2.4)

As a pragmatist I am not suggesting whether this is right or wrong, just that this is how I see it. To find any meaning you must form your own conclusion as no philosopher can tell you what to think.

The third and final characteristic of a philosopher of Chiropractic is to have a body of work that has been written, argued through critical peer-review, and published. Without this there can be no face validity in the profession, and with this one positions oneself for critical negative argument.

Some will say that publication is an elitist activity, which is really quite silly. There is nothing elite about the pain of writing and the lessons in humility gained through critical peer review.

Peer review to a writer is like a Chiropractor having an observer in their clinic telling them that every adjustment they made is performed wrongly, and that their clinical decision making is flawed. Worse, that observer then proceeds to tell the Chiropractor how it 'should' be done.

## **The discipline's philosophers of Chiropractic**

The major problem for Chiropractic as a science-based clinical discipline is that there are far too few Chiropractic academics who write, (7) let alone think about what they teach. This comment holds as my observation notwithstanding the conference which feeds the *Journal of Chiropractic Education* (83) with largely an American-centric perspective. Publishing under peer-review is becoming increasingly rare. (7, 74, 84) I would suggest that there are probably more practitioner-generated papers in the literature, commonly as Case Reports (~3,000) but increasingly as Expositions, (85, 86, 87) than there are 'research' contributions from institutional teaching academics. Mind you, I must be clear that Case Reports and Expositions are also rigorously peer-reviewed.

The concern is that a profession's intellectual core is usually rooted in its academics and they take the lead in writing to advance thought within the profession. As a discipline Chiropractic should be embarrassed with its shortfall in this matter.

Now if I had to make a call about whom I regard as philosophers of chiropractic I would offer first and foremost the founder, Daniel David Palmer. The evidence is that DD thought deeply about what he did, said, and wrote. (88)

His son Bartlett styled himself more as the developer of chiropractic and commercialised the enterprises of practice and education. Was he a philosopher? Perhaps and many think he was but can we consider a pithy advertising slogan to be 'philosophy'?

Stephenson? No, and certainly none of his contemporaries such as Watkins and Nugent as promoted by Joe Keating Jr. Fred Barge? Yes, in his dogmatic North American manner and as a pendulum between argument and belief. (89) Joe Janse? (90) Yes, to a degree. And before him, and from the same 'anti-Palmerian' institution, Forster. (91) Forster's contribution is found in his explanations of the 'why' of Chiropractic which he termed '*Spinal Symptomatology*'. (91, p. 285+) More recently Meridel Gatterman (92) made significant contributions to the understanding of the complexities of subluxation. Other strong thinkers include Christopher Kent, (93) Dennis Richards, (94) and Eric Seiler. (72, 95)

Gatterman clarified the paradigm of chiropractic as being patient centred, and Richards built strongly on that (96) and from a difficult political position. Christopher Kent is a clear thinker and a strong writer and his work deserves to be read and savoured, especially his '*Models of Subluxation*' (97) and his critical analysis (33) of the folly of the GCC of the UK. Also from the United States was Virgil Strang who through one textbook and his classroom teachings at Palmer has influenced the thinking of thousands. (98)

The Australian Andries Kleynhans OAM was prolific at the end of the 1990s. His 1999 paper '*Models of Chiropractic health care*' (99) shows a deep understanding of the issues philosophers must think about. Australia also has Peter Rome who writes with John Waterhouse and together they are eminently capable at clarifying the 'why' of chiropractic in its contemporary debate. (100)

Other noted writers include Charles Blum. (101, 102) I also enjoy the thinking of Monika Buerger; her presentation for the *Australian Spinal Research Foundation* (ASRF) goes close to examining the questions a philosopher must address in her interview with Marcus Chacos. (103)

Buerger is asking about the ways science contributes to a deeper understanding of

the clinical outcomes she sees in her practice. The manner in which she addresses them is essentially by asking the classic philosopher's question of *'what happened'* and *'why?'*

And I really must mention my mentor from Japan, the late Kazuyoshi Takeyachi, whose conversations and teaching materials of philosophy were continually challenging and always intellectually stimulating. (104)

## **So where does this leave us?**

Well, if you are happy to hang out with your tribe from time to time and talk about the magnificent things you see in practice, and to re-charge your batteries by sharing the very wide range of things we consider represent Chiropractic Philosophy then well and good and all power to you.

Chiropractic Philosophy will certainly strengthen your sense of purpose and commitment to the big ideas of Chiropractic and what it can do for so many people.

It is my proposition that *'Chiropractic Philosophy'* and the *'Philosophy of Chiropractic'* are two sides of the one chiropractic coin. A strong grasp of what Chiropractic *'is'*, as explained through Chiropractic Philosophy, provides the foundation to follow the academic pathway towards being a philosopher of Chiropractic, able to explore and explain *'why'* chiropractic is what it seems to be.

## **What makes a Philosopher of Chiropractic?**

Let's start at the beginning with 3 key points:

- A philosopher of Chiropractic must be intimately familiar with the accepted canon of philosophical works far beyond the sparse writings of Chiropractors;
- Second, a philosopher of Chiropractic will have determined their own philosophical lens, the filter through which arguments will be made and accepted or rejected. Here I make the point that all we can do is accept or reject an argument and offer our explanation. An explanation is not a justification; and
- The third is to have a body of work that has been written, argued through critical peer-review, and published.

You can't really be a useful philosopher by doing what Diogenes did. (105) He was a homeless Greek who camped out on the street in a large ceramic pot some 2,600 years ago. His main claim to fame was his habit of giving passers-by the

finger, and it is Diogenes who is said to have first used this abusive hand signal. Who said philosophy was boring!

The philosophy of Diogenes has been considered to be anarchy, or absurdism, or cynicism. It does not really matter but it is amusing to listen to those who want to be philosophers simplify their life by only talking of Plato and Socrates and omitting the more colourful, and perhaps more meaningful, thinkers of Ancient Greece, the Pre-socratics. They usually completely omit the Asian schools of philosophy, especially Musashi. (106)

And this is the problem I see in many who claim they are philosophers, let alone philosophers of Chiropractic; they are happy to drop a few household names which is unacceptable racism, sexism, and ageism in that they all refer to old Mediterranean pale men.

Sooner or latter these feigned philosophers will tell you about Socrates. To save them the trouble I'll tell you he drank a cup of hemlock to kill himself and is reported to have said it was because he agreed with the decisions of the people that he was a trouble maker. But the things we need to know are really, why did he do this? What was his attitude? Above all, what were his arguments?

Alain de Botton (107) described Socrates as an ugly little man who argued relentlessly with everyone he met on the streets of Athens to the extent he overly irritated them. A good question to expose the shallowness of some who claim to be a philosopher is, '*how do you see the death of Socrates relating to that of Seneca*'?

In a nutshell, Seneca also died by drinking hemlock a few years before Socrates, but Seneca's death was more due to political intrigue than to his philosophy, which leads us to prior days in China where philosophical argument emerged a little earlier, about 2,800 years ago and firstly as a '*philosophy of law*' to give substance to the decisions of the ruling class which was emerging from the general masses.

While Socrates was interested in moral philosophy, the numerous pre-Socratic Greek philosophers were more interested in natural philosophy. Figures like Thales of Miletus, also around 2,800 years ago is considered the Father of Western philosophy. (108) He is considered to be the first to use reason, to use proof, and to generalise. He coined the word cosmos, the first Western word to describe the universe.

And then Pythagoras, who taught an ascetic way of life that demanded dietary restrictions and promoted a spirituality that idolised numbers and math, called numerology, and the Sophists who held there was no objective truth and were agnostics. (109)

Meanwhile in Japan, Asakawa (110) points out that the Chinese schools of



political philosophy also date back to 600 BC (110, p. 166) or 2,800 years ago. This is relevant because these schools gave rise to those in Japan on which I base my personal philosophy of Pragmatism with a shinto twist, a little after the Yamabushi. (111) Confucius was prominent in this period (551–479), a similar era with Diogenes.

As with Plato, who wrote *The Republic*, a discussion about the organisation of various types of states (112) and hence the distribution of political power, the main work of Confucius was the doctrine of power. The many sayings he offered on other matters are those which have carried his legacy forward.

## Conclusion

I hope I have shown how careful one must be when starting to seriously think one might be a philosopher. It is easy to be side-tracked, the Japanese of course got caught up in Buddhism, which Asakawa (110) considered to be a pestilence of religion similar to that of Catholicism.

I mentioned Musashi and it is impossible to understand contemporary Japanese thinking without reading and heeding Musashi. He was a remarkable killing machine, using a two sword or even a two stick weaponry.

I don't understand his point in killing 60 or so people in one-on-one duels, but just before he died he wrote *The Book of Five Rings*, (113) his most known work which is abused in the corporate setting to inspire and lead the worker drones to create greater profits for their masters. He also wrote a *Combat Strategy* in 35 articles but for me his most meaningful work is his *Dokkodo, the Way of Walking Alone*. (114)

The learnings from Musashi are to hold a complete focus on what you are doing to the point of obsession, within which daily matters become somewhat trivial. He wrote of five elements, adding 'Void' to the known 'Fire', 'Water', 'Earth', and 'Air'. Perhaps it was the 'void' in which he felt at ease to be proficient.

From this I take the idea to work hard to become the best at what it is you do and don't sweat the small stuff. Today you may think of '*being in the void*' as '*being in the flow*', or '*in the zone*'.

Is this a philosophy of Chiropractic? I don't know, perhaps it could be and perhaps it should be, but above all, perhaps it is here that *Chiropractic Philosophy* which drives what a Chiropractor is and does, meets the *Philosophy of Chiropractic* which attempts to understand and discuss why they do it in terms that are understandable also to non-Chiropractors.

## References

1. Ebrall P, Ed. Standards for Accreditation of the Transnational Chiropractic Curriculum. Chiropractic Diplomatic Corps. Manila. 2023.
2. Nugent JJ. The Length of the Course, in Chiropractic Education, Outline of a standard course. National Chiropractic Association Inc. c. 1941, p.20.
3. Samuel Weed, letter to DD Palmer, 1896. Author's library.
4. Stochkendahl MJ, Rezai M, Torres P, et al. The chiropractic workforce: a global review. *Chiropr Man Therap*. 2019;27, 36. <https://chiromt.biomedcentral.com/counter/pdf/10.1186/s12998-019-0255-x.pdf>.
5. World Federation of Chiropractic. Membership/Members. July 2023. [https://www.wfc.org/website/index.php?option=com\\_content&view=article&id=112&Itemid=248&lang=en](https://www.wfc.org/website/index.php?option=com_content&view=article&id=112&Itemid=248&lang=en)
6. Glucina T, Gaskin H, Fox M, Holt K. Practice characteristics of New Zealand chiropractors: A 2019 survey. *Asia-Pacific Chiropr J*. 2021;1.3. [apcj.net/glucina-et-al-demographics-new-zealand/](http://apcj.net/glucina-et-al-demographics-new-zealand/)
7. Amorin-Woods L, Parkin-Smith G, Woods B, et al. Show me the money! Personal perspectives, capacity and research funding within the Australian Chiropractic profession: Results of a nationwide survey. *J Contemp Chiropr*. 2022;5:114-29. <https://journal.parker.edu/index.php/jcc/article/download/208/101>.
8. Ebrall PS. The conventional identity of chiropractic and its negative skew. *J Contemp Chiropr*. 2020;3:111-26. <https://journal.parker.edu/article/78089>.
9. Ebrall PS. Finding the professional identity of chiropractic in Australasia: A pragmatic narrative of the Formative Period to 1960. *Chiropr Hist*. 2020;40(1):49-71.
10. Wilson JH. The origins and professional development of Chiropractic in Britain [Thesis]. University of Southampton. May 2012. <http://eprints.soton.ac.uk/id/eprint/341659>.
11. Agarwal A, Agarwal R. The practice and tradition of bonesetting. *Educ Health (Abingdon)*. 2010;23(1):225.
12. Onyemaechi NO, Itanyi IU, Ossai PO, Ezeanolue EE. Can traditional bonesetters become trained technicians? Feasibility study among a cohort of Nigerian traditional bonesetters. *Hum Resour Health*. 2020 Mar 20;18(1):24. DOI 10.1186/s12960-020-00468-w.
13. Card EB, Obayemi JE, Shirima O, Lazaro M, Massawe H, Stanifer JW, Premkumar A, Sheth NP. Practices and Perspectives of Traditional Bone Setters in Northern Tanzania. *Ann Glob Health*. 2020 Jun 16;86(1):61. DOI 10.5334/aogh.2878.
14. Michel W, Yang Y. [On the dawn of human dissections in early modern Japan]. *Zhonghua Yi Shi Za Zhi*. 2020;50(2):75-82. Chinese. DOI 10.3760/cma.j.cn112155-20200316-00028.
15. Richards DM. The meaning and value of vitalism in chiropractic [Thesis]. Southern Cross University. [https://researchportal.scu.edu.au/esploro/outputs/doctoral/The-meaning-and-value-of-vitalism/991012904700402368?institution=61SCU\\_INST](https://researchportal.scu.edu.au/esploro/outputs/doctoral/The-meaning-and-value-of-vitalism/991012904700402368?institution=61SCU_INST)
16. Richards DM, Emmanuel E. Recovering Chiropractic through Systems Thinking. *Chiropr Hist*. 2022;42(2):15-27.
17. Ebrall P. The Emergence of Chiropractic Education in Australia. *Asia-Pac Chiropr J*. 2023;3.4. <https://www.apcj.net/papers-issue-3-4/#EbrallEducationEmergenceAustralia>,

18. Devereaux EP, Cice J, O'Reilly BK. History of the Sydney College of Chiropractic. *Chiropr J Aust.* 2006;36(1):17-32.
19. Anglo-European School of Chiropractic. Home. <https://www.aecc.ac.uk/schools/chiropractic/>
20. Canadian Memorial Chiropractic College. Home. <https://www.cmcc.ca>
21. Palmer University. home. <https://www.palmer.edu>
22. New Zealand College of Chiropractic. Home. <http://chiropractic.ac.nz>
23. Barcelona Chiropractic College. Home. <https://bcchiropractic.es/en/>
24. Australian Chiropractic College. Home. <https://acc.sa.edu.au>
25. Scotland College of Chiropractic. 2023. <https://www.scotlandcollegechiro.ac.uk>.
26. Ebrall P. Another one bites the dust: Are we witnessing the demise of our profession?. [Editorial]. *Asia-Pac Chiropr J.* 2023;4.2. [apcj.net/Papers-issue-4-2/#EbrallOctoberDemise](http://apcj.net/Papers-issue-4-2/#EbrallOctoberDemise).
27. British Chiropractic Association. Train to become a chiropractor. 'To be a chiropractor you will need a chiropractic degree ... five universities [are] currently offering courses.' 15 October 2023. <https://chiropractic-uk.co.uk/become-a-chiropractor/>
28. Innes SI, Kimpton A. Are Councils on Chiropractic Education expectations of chiropractic graduates changing for the better: a comparison of similarities and differences of the graduate competencies of the Chiropractic Council on Education-Australasia from 2009 to 2017. *Chiropr Man Therap.* 2020;28, 30. <https://doi.org/10.1186/s12998-020-00315-8>
29. Innes SI, Leboeuf-Yde C, Walker BF. How comprehensively is evidence-based practice represented in councils on chiropractic education (CCE) educational standards: a systematic audit. *Chiropr Man Therap.* 2016;24, 30. <https://doi.org/10.1186/s12998-016-0112-0>
30. Innes SI, Leboeuf-Yde C, Walker BF. A failed review of CCE site inspection standards and processes. *Chiropr Man Therap.* 2019;27, 49. <https://doi.org/10.1186/s12998-019-0270-y>.
31. Strahinjevich B, Simpson J. The schism in chiropractic through the eyes of a 1<sup>st</sup> year chiropractic student. *Chiropr Man Therap.* 2018;26,2. <https://doi.org/10.1186/s12998-017-0171-x>.
32. Leboeuf-Yde C, Innes SI Young KJ, Kawchuk GN, Hartvigsen J. Chiropractic, one big unhappy family: better together or apart? *Chiropr Man Ther.* 2019;27:<https://doi.org/10.1186/s12998-018-0221-z>
33. Kent C. An analysis of the General Chiropractic Council's policy on claims made for the vertebral subluxation complex. *J Philos Princ Pract Chiropr.* 2011 Spring;2011(2):Online access only p 1-9. <https://www.vertebralsubluxationresearch.com/2011/09/11/an-analysis-of-the-general-chiropractic-councils-policy-on-claims-made-for-the-vertebral-subluxation-complex/>
34. General Chiropractic Council (GCC). Education Standards with Expectations. March 2023. [https://www.gcc-uk.org/assets/downloads/GCC Education Standards with Expectations.pdf](https://www.gcc-uk.org/assets/downloads/GCC_Education_Standards_with_Expectations.pdf)
35. Kent C, McCoy M, Gutierrez V, et al. Open Letter from Council on Chiropractic Education. Foundation for Vertebral Subluxation. 2011. [http://www.mccoypress.net/subluxation/docs/cce\\_response\\_open\\_letter.pdf](http://www.mccoypress.net/subluxation/docs/cce_response_open_letter.pdf).
36. Kent C. An Evidence-Informed Approach to Spinal Radiography in Vertebral Subluxation Centered Chiropractic Practice. *A. Vertebral Subluxation Res.* 2017;142-6.

37. Ebrall PS. Antagonists, Protagonists, and the General Chiropractic Council: A Pragmatic Narrative of Eminence-Based Chiropractic, *J. Philosophy, Principles & Practice of Chiropractic*. 2020;July 27: Pages 37-48.
38. Mandrola JM. When Evidence Doesn't Persuade: The Clogged-Pipe CAD Analogy. *Medscape*. 5 October 2018. <https://www.medscape.com/viewarticle/895945>
39. McDonald R, Kent C, Lipton B, McCoy M, Rome P. The vertebral subluxation complex. The history, science, evolution, and current Quantum Thinking of a Chiropractic tenet. *Alliance of UK Chiropractors*. 17 August 2010.
40. 2020 ICD-10-CM Diagnosis Code M99.13 Subluxation complex (vertebral). Retrieved 18 February 2020 <https://www.icd10data.com/ICD10CM/Codes/M00-M99/M99-M99/M99-/M99.13>
41. National Centre for Statistics. Centers for Disease Control and Prevention. ICD-10-CM. Retrieved 18 February 2020 <https://icd10cmtool.cdc.gov/?fy=FY2019>
42. AECC Lecturer David Newell States There is "Zero" Evidence for Subluxation. [News]. *The Chronicle of Chiropractic*. / 29 March 2017. <http://chiropractic.prosepoint.net/147665>.
43. Ernst E. Is the BCA a cover organisation of BIG PHARMA for giving chiropractic a bad name? Edzard Ernst. 17 April 2017. <https://edzardernst.com/2017/04/is-the-bca-a-cover-organisation-of-big-pharma-for-giving-chiropractic-a-bad-name/>.
44. The Menace of Chiropractic. An outline of remarks made by Robert B. Throckmorton, Legal Counsel, Iowa Medical Society, at the North Central Medical Conference, Minneapolis, Minnesota. November 11, 1962. Plaintiff exhibit 172 of 2 December 1975 coded 00131. Copy of document held in the collection of the author. [https://www.apcj.net/site\\_files/4725/upload\\_files/IowaPlan1962\(1\)\(1\).pdf?dl=1](https://www.apcj.net/site_files/4725/upload_files/IowaPlan1962(1)(1).pdf?dl=1)
45. Johnson CD, Green BN. Looking back at the lawsuit that transformed the chiropractic profession part 4: Committee on Quackery. *J Chiropr Educ*. 2021;35(S1):55-73. A series of papers. <https://doi.org/10.7899/JCE-21-25>
46. Rome PL. Similarities between the chiropractic situation in Australia and the Iowa plan. *Chiropr J Aust*. 2017;45(1):53-62. <http://www.cjaonline.com.au/index.php/cja/article/view/139>
47. Seaman DR. Who are the left-wing and right-wing chiropractors? *The American Chiropractor*. 1996;May/June:20.
48. Ierano JJ, Richards DM. Atlas orthogonal chiropractic management of trigeminal neuralgia: A series of case reports. *Explore*. 16 June 2023. <https://doi.org/10.1016/j.explore.2023.06.004>
49. Haas AL. Resolution of Sleep and Anxiety Disorder Following Reduction of Vertebral Subluxations: A Case Study & Review of the Literature. *Ann Vert Subluxation Res*. 2022:101-113. <https://vertebralsubluxationresearch.com/2022/09/03/1832-coupled-utilization-of-the-pittsburgh-sleep-quality-index-psqi-and-hamilton-anxiety-ham-a-to-quantify-progressive-resolution-of-both-sleep-and-anxiety-disorders-with-reduction-correction-o/>
50. Steinberg B, Gordon K, Postlethwaite R, McIvor C. Resolution of infertility concomitant with chiropractic care in a 28-year-old female: A case report. *Asia-Pac Chiropr J*. 2023;4.1. [apcj.net/papers-issue-4-1/#SteinbergFertility](https://www.apcj.net/papers-issue-4-1/#SteinbergFertility).

51. Thornhill JT. The Conatus Doctrine: A Rational Interpretation of Innate Intelligence. *J Chiropr Humanit.* 2022 Sep 1;29:25-36. DOI 10.1016/j.echu.2022.07.001.
52. Charlton KH, Grod JP, Keating Jr JC, et al. Subluxation: Dogma or science? *Chiropr & Osteopat.* 2005;13(1). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1208927/>.
53. Charlton KH. Essay: Data and dogma: The use and abuse of information. *J Aust Chiropr Assoc.* 1987;17(2):46-8.
54. Keating JC Jr. Commentary: The specter of dogma. *J Can Chiropractic Assoc* 2001;45(2):76-80. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2505040/>.
55. Reggars JW. Chiropractic at the crossroads or are we just going around in circles? *Chiropr Man Ther.* 2011;19;<http://chiromt.com/content/19/1/11/abstract>.
56. Stephenson RW. *Chiropractic Textbook.* Davenport. Palmer School of Chiropractic. 1927. xiii (Introduction).
57. Richards DM. The meaning and value of vitalism in chiropractic [Thesis]. *Asia-Pac Chiropr J.* 2021;1.3. <https://apcj.rocketsparkau.com/richards--mc-vitalism/>
58. 33 Principles of Chiropractic. The International Federation of Chiropractors and Organizations (IFCO). 2023. <https://ifcochiro.org/33-principles-of-chiropractic/>
59. Ebrall P. The perspective-dependent knowledge claim as an explanation of chiropractic's subluxation conundrum. *J Contemp Chiropr.* 2021;4:52-65. <https://journal.parker.edu/article/77997>.
60. Simpson JK, Young KJ. Vitalism in contemporary chiropractic: a help or a hinderance?. *Chiropr Man Therap.* 2020;28,35. <https://doi.org/10.1186/s12998-020-00307-8>.
61. Chiropractic Library Consortium. [subluxation] AND [case report] OR [case study] OR [case series]. Index to Chiropractic Literature. Data retrieved 16 October 2023.
62. Swain MS, Gliedt JA, de Luca K, et al. Chiropractic students' cognitive dissonance to statements about professional identity, role, setting and future: international perspectives from a secondary analysis of pooled data. *Chiropr Man Therap.* 2021;29,5. <https://doi.org/10.1186/s12998-021-00365-6>.
63. Gíslason HF, Salminen JK, Sandhaugen L, et al. The shape of chiropractic in Europe: a cross sectional survey of chiropractor's beliefs and practice. *Chiropr Man Therap.* 2019;27,16. <https://doi.org/10.1186/s12998-019-0237-z>
64. Walker BF. The new chiropractic. *Chiropr Man Ther.* 2016;26(26): <http://chiromt.biomedcentral.com/articles/10.1186/s12998-016-0108-9>
65. Mirtz TA. A treatise for a new philosophy of chiropractic medicine. *Chiropr Man Ther.* 2017;25(7): <https://chiromt.biomedcentral.com/articles/10.1186/s12998-017-0138-y>
66. Miller J. Is chiropractic care for children being sabotaged by its own research elite? [editorial]. *J Clin Chiropr Pediatr.* 2021 Jul;20(1):1728-30. <https://jccponline.com/miller20-01.html>
67. Côté P, Hartvigsen J, Axen I et al. The global summit on the efficacy and effectiveness of spinal manipulative therapy for the prevention and treatment of non-musculoskeletal disorders: a systematic review of the literature. *Chiropr Man Therap.* 2021; 29(1):8. <https://doi.org/10.1186/s12998-021-00362-9>
68. Ebrall P. New moon rising [Editorial]. *Asia-Pac Chiropr J.* 2021;1.4.

69. Lawrence DJ. Letter to the editor: the global summit on the efficacy and effectiveness of spinal manipulative therapy for the prevention and treatment of non-musculoskeletal disorders: a systematic review of the literature. *Chiropr Man Therap*. 2021;29, 25. <https://doi.org/10.1186/s12998-021-00378-1>.
70. Côté P, Hartvigsen J, Axén I, et al. Response to Lawrence DJ: the global summit on the efficacy and effectiveness of spinal manipulative therapy for the prevention and treatment of non-musculoskeletal disorders: a systematic review of the literature. *Chiropr Man Therap*. 2021;29, 26. <https://doi.org/10.1186/s12998-021-00380-7>.
71. Abrahams T. Philosophy: To be or not to be? *Asia-Pac Chiropr J*. 2023;3.4. [apcj.net/papers-issue-3-4/#AbrahamsPhilosophy](http://apcj.net/papers-issue-3-4/#AbrahamsPhilosophy).
72. Seiler E. Primal principle, pandemics, and the price of progress: How chiropractic's major premise, cultural anthropology, and ancient scripture shout in unison where we've gone wildly wrong. *Asia-Pac Chiropr J*. 2022;2.6. [apcj.net/papers-issue-2-6/#SeilerPrimalPrinciple](http://apcj.net/papers-issue-2-6/#SeilerPrimalPrinciple)
73. Senzon SA. Truth, lies, and Chiropractic. [Thesis]. Southern Cross University, 2023. DOI <https://doi.org/10.25918/thesis.247>.
74. Amarin-Woods LG, Woods BL, Mullings BL, Vindigni D, Losco BE. Future Research by the Australian Chiropractic Profession: Analysis of Comments and Suggestions From a Nationwide Survey of Academics and Practitioners. *J Manip Phys Therap*. 2023;00;1-16. <https://doi.org/10.1016/j.jmpt.2023.05.004>.
75. Philosophical canon. <https://philosophyoutreachproject.azurewebsites.net/philosophical-canon/>
76. ASRF Dynamic Growth Experiences. Australian Spinal Research Foundation. 2023. <https://spinalresearch.com.au/get-involved/events/dynamic-growth/>.
77. Haack S. The Pragmatist Theory of Truth. *Br J Phil Sci*. 1976;27(3):231-9. <http://www.jstor.com/stable/686121>.
78. Howard VA. The Pragmatic Maximum. (Review) Four Pragmatists by I. Scheffler. *Br J Phil Sci*. 1975;26(4):343-51. <http://www.jstor.com/stable/686680>.
79. Heisig JW, Kasulis TP, Maraldo JC. Japanese philosophy. A sourcebook. Honolulu: University of Hawai'i Press 2011.
80. Swinburne RG. Vagueness, Inexactness, and Imprecision. *Br J Philos Sci*. 1969;19(4):281-99. <https://doi.org/10.1093/bjps/19.4.281>.
81. Manassi M, Whitney D. Illusion of visual stability through active perceptual serial dependence. *Science Advances*. 12 January 2022. <https://www.science.org/doi/10.1126/sciadv.abk2480>
82. Musser G. Time on the Brain: How You Are Always Living In the Past, and Other Quirks of Perception. *Scientific American*. 15 September 2011. <https://blogs.scientificamerican.com/observations/time-on-the-brain-how-you-are-always-living-in-the-past-and-other-quirks-of-perception/>
83. Association of Chiropractic Colleges Educational Conference and Research Agenda Conference 2023: Leadership in Education. Proceedings. *J Chiropr Educ*. 2023;37(1):50-70. <https://doi.org/10.7899/JCE-22-23>

84. Amarin-Woods LG, Woods BL, Moore CS, Leach MJ, Kawchuk GN, Adams J. Research Priorities of the Australian Chiropractic Profession: A Cross-Sectional Survey of Academics and Practitioners. *J Manipulative Physiol Ther.* 2022 Jan;45(1):73-89. DOI 10.1016/j.jmpt.2022.03.015.
85. Peters RE. The Founder of Chiropractic: Some notes on DD Palmer. *Asia-Pacific Chiropr J.* 2020;1:010. [https://www.apcj.net/site\\_files/4725/upload\\_files/PetersPalmerNarrative200613.pdf?dl=1](https://www.apcj.net/site_files/4725/upload_files/PetersPalmerNarrative200613.pdf?dl=1)
86. Masarsky CS. The wide-angle lens: Patient education, evidence, and the Pandemic. *Asia-Pac Chiropr J.* 2021;1.4. [www.apcj.net/masarsky--education-evidence-and-pandemic/](http://www.apcj.net/masarsky--education-evidence-and-pandemic/)
87. Wagner T. The WCCS: A phoenix arising from the ashes. *Asia-Pac Chiropr J.* 2022;3.1 . [www.apcj.net/papers-issue-3-1/#WagnerWCCS](http://www.apcj.net/papers-issue-3-1/#WagnerWCCS).
88. McDowall D, Chaseling M, Emmanuel E, Grace S. Daniel David Palmer, the Father of Chiropractic: His heritage revisited. A story of enlightenment, spiritualism and innovation. *Chiropractic History.* 2019;39(1):25-40.
89. FH Barge. Life without fear. Vol V. Chiropractic's major philosophical tenets. Bawden Bros. Eldridge Iowa. 1987.
90. Phillips RB. Joseph Janse : the apostle of chiropractic education. Los Angeles, Self published. 2006. Now digitised by Kahle/Austin Foundation. <https://archive.org/details/josephjanseapost0000phil>
91. Forster AL. Principles and practice of chiropractic. 3e. Chicago. National College of Chiropractic. 1923. Now digitised <https://archive.org/details/34020050R.nlm.nih.gov>
92. Gatterman MI. Teaching chiropractic principles through patient centered problems. *J Can Chiropr Assoc.* 1997 Mar;41(1):27-3. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2485294/>
93. Kent C. Proposed neurobiological processes associated with models of vertebral subluxation: Dysafferentation, dyskinesia, dysponesis, dysautonomia, neuroplasticity and ephaptic transmission. *Ann Vert Sublux Res.* 2019 Aug;2019():113-16. <https://www.vertebralsubluxationresearch.com/2019/08/02/proposed-neurobiological-processes-associated-with-models-of-vertebral-subluxation-dysafferentation-dyskinesia-dysponesis-dysautonomia-neuroplasticity-and-ephaptic-transmission/>
94. Richards D. Mechanic or gardener? Contrasting philosophical models underlying health care. *Chiropr J Aust.* 2013 Mar;43(1):19-24. [http://www.chiroindex.org/wp-content/uploads/2013/12/CJA\\_43\\_1.pdf](http://www.chiroindex.org/wp-content/uploads/2013/12/CJA_43_1.pdf)
95. Seiler E. Primal principle, pandemics, and the price of progress: How chiropractic's major premise, cultural anthropology, and ancient scripture shout in unison where we've gone wildly wrong. *Asia-Pac Chiropr J.* 2022;2.6. [apcj.net/papers-issue-2-6/#SeilerPrimalPrinciple](http://apcj.net/papers-issue-2-6/#SeilerPrimalPrinciple)
96. Richards D. Paradigm shift: Why the need? *Chiropr J Aust.* 2008 Sep;38(3):87-8.
97. Kent C. Models of subluxation. *J Vert Sublux Res.* 1996 ;1(1):11-17. <https://www.vertebralsubluxationresearch.com/2017/09/10/models-of-vertebral-subluxation-a-review/>
98. Strang VV. Essential Principles of Chiropractic. Print 1e, 4. Davenport. Palmer College of Chiropractic. 1984. Now digitised <https://epdf.tips/essential-principles-of-chiropractic.html>

99. Kleynhans AM. A chiropractic conceptual framework. Part 4: Models of chiropractic health care. *Chiropr J Aust*. 1999 Mar;29(1):11-21.
100. Rome PL, Waterhouse JD. The sublaxation issue. *Asia-Pac Chiropr J*. 2021. <https://www.apcj.net/papers-issue-2-4/>
101. Blum C. Chiropractic and the Immune System: Disentangling Context and Looking at the Big Picture. <https://www.apcj.net/blum-immunity-philosophy/>
102. Blum C. Confirmation bias, chiropractic, and vaccines: Certitude with an emotional charge *Asia-Pac Chiropr J*. 2021;2.1. <https://apcj.net/papers-issue-2-1/#Blumexposition>
103. Buerger M. Presentation: Clinical Applications of Chiropractic Philosophy. <https://drive.google.com/file/d/1mxwABwydJ9lMaSZ6zjYHm3RZL89gaWDB/view?usp=sharing>
104. Takeyachi K. A world history of chiropractic [Japanese]. Tanaguchi Bookstore. Tokyo. 2013.
105. Philip Chrysopoulos, reporter. Diogenes: Likely First Person to Give Someone the Finger. *Greek Reporter*. 22 November 2021. <https://greekreporter.com/2021/11/22/diogenes-the-ancient-greek-philosopher-who-was-the-first-to-give-the-finger/>
106. Wilson SW. The lone Samurai. The life of Miyamoto Musashi. Bunkyō. Kodansha International. 2004.
107. de Botton A. The consolations of philosophy. London. Penguin Books. 2001.
108. Chaliakopoulos A. Thales Of Miletus: The Father Of Western Philosophy (Facts & Bio). The Collector. <https://www.thecollector.com/thales-miletus/>
109. Chaliakopoulos A. 13 Most Important Greek Philosophers Before Socrates (Presocratics). The Collector. <https://www.thecollector.com/greek-philosophers-before-socrates-presocratics/>
110. Asakawa K. The early institutional life of Japan. New York. Paragon Book Company. 1903, reprinted 1963.
111. Yamabushi Mountain Monks. Yamagata. <https://thehiddenjapan.com/yamabushimountainmonks/>.
112. Arnold M. Plato's Philosophy: 10 Breakthroughs That Contributed to Society. The Collector. <https://www.thecollector.com/plato-philosophy-breakthroughs/>
113. Bennett A. The Complete Musashi. Tokyo. Tuttle Publishing. 2021.
114. Kand LA, Wilder K. Eds. Musashi's Dokkodo. Burien WA. Stickman publications. 2015.
115. Ebrall P, Bovine G. A history of the idea of sublaxation: A review of the medical literature to the 20<sup>th</sup> Century. *J Contemp Chiropr*. 2022;5:150-69. <https://journal.parker.edu/article/78038>.
116. Ebrall PS. A survey of sets of principles of chiropractic. *Chiropr J Aust*. 2001; 31:58-69.
117. Strahinjevic B, Simpson KJ. The schism in chiropractic through the eyes of a 1<sup>st</sup> year chiropractic student. *Chiropr Man Ther*. 2018;26:2 DOI 10.1186/s12998-017-0171-x.
118. Coulter I, Snider P, Neil A. Vitalism - A Worldview Revisited: A Critique Of Vitalism And Its Implications For Integrative Medicine. *Integr Med (Encinitas)*. 2019 Jun;18(3):60-73. Thornhill JT. A Vitalism Ethos and the Chiropractic Health Care Paradigm. *J Chiropr Humanit*. 2020 Dec 7;27:59-81. DOI 10.1016/j.echu.2020.10.004.
119. Richards DM. The meaning and value of vitalism in chiropractic [Thesis]. Southern Cross University. [https://researchportal.scu.edu.au/esploro/outputs/doctoral/The-meaning-and-value-of-vitalism/991012904700402368?institution=61SCU\\_INST](https://researchportal.scu.edu.au/esploro/outputs/doctoral/The-meaning-and-value-of-vitalism/991012904700402368?institution=61SCU_INST).



120. Richards DM. The Palmer Philosophy of Chiropractic. *Chiropr J Aust.* 1991 Jun;21(2):63-8.
121. Richards DM, Emmanuel E. Recovering Chiropractic through Systems Thinking. *Chiropr Hist.* 2022/23;42(2):14-26. By subscription only.
122. Simpson JK, Young KJ. Vitalism in contemporary chiropractic: a help or a hinderance?. *Chiropr Man Therap.* 2020;28,35. <https://doi.org/10.1186/s12998-020-00307-8>
123. Ebrall PS. Finding the professional identity of chiropractic in Australasia: A pragmatic narrative of the Formative Period to 1960. *Chiropr Hist.* 2020;40(1):49-71.
124. Ebrall P. Finding the professional identity of chiropractic in Australasia that shaped education: A pragmatic narrative of the Inquiry Period from 1960 to 1979. *Asia-Pac Chiropr J.* 2022;3.1. [apcj.net/papers-issue-3-1/#InquiryPeriod](http://apcj.net/papers-issue-3-1/#InquiryPeriod).
125. Ebrall P. The perspective-dependent knowledge claim as an explanation of chiropractic's subluxation conundrum. *J Contemp Chiropr.* 2021;4:52-65. <https://journal.parker.edu/article/77997>.
126. Keating JC. The evolution of Palmer's metaphors and hypotheses. *Philos Constructs Chiropr Profession.* 1992; 2(1):9-19.
127. O'Malley JN. How real is the subluxation? *J Manipulative Physiol Ther.* 1997; 20:482-7.
128. Palmer DD. The science, art and philosophy of chiropractic. Portland, OR: Portland Publishing House, 1910.
129. Forster AL. Principles and practice of chiropractic. 2e. Chicago: The National Publishing Company, 1920.
130. Coulter ID. Chiropractic: a philosophy for alternative health care. Oxford: Butterworth Heinemann, 1999.
131. Forster AL. Principles and practice of chiropractic. 3e. Chicago: The National Publishing Company, 1923.
132. Keating JC. William C. Schulze, MD, DC (1870-1936): from mail-order mechano-therapists to scholarship and professionalism among drugless physicians, Part 1. *Chiropr J Aust.* 1995; 25:82-92.
133. Keating JC. William C. Schulze, MD, DC (1870-1936): from mail-order mechano-therapists to scholarship and professionalism among drugless physicians, Part 2. *Chiropr J Aust.* 1995; 25:122-8.
134. Howard JFA. Our alma mater: her mission, accomplishments, our duties towards her [letter]/ *The Chiropractor.* 1906; Aug/Sep:23.
135. Stephenson RW. Chiropractic textbook. Davenport, IA: Palmer School of Chiropractic, 1927.
136. Bolin DE. The philosophy of chiropractic. Ardmore, PA: Dorrance & Company, 1974.
137. Stephenson RW. Chiropractic textbook. Davenport, IA: Palmer School of Chiropractic, 1948.
138. Chance MA, Peters RE. Philosophical consensus - a catalyst for unity? [Editorial]. *Chiropr J Aust.* 2000; 30:121.
139. Palmer DD. Three generations - a brief history of chiropractic. Davenport, IA: The Palmer College of Chiropractic, 1967.

140. Palmer BJ. The B.J. Palmer chiropractic clinic, vol xx. Davenport, IA: The Palmer School of Chiropractic. 1938:24. (cited in Bolin 23).
141. Keating JC. B.J. of Davenport: the early years of chiropractic. Davenport, IA: The Association for the History of Chiropractic, 1997.
142. Palmer BJ. A PSC Chiropractic Hole-in-One club Fountainhead News. 1931; 19(1):6-7.
143. Keating JC. Toward a philosophy of the science of chiropractic. Stockton, CA: Stockton Foundation for Chiropractic Research, 1992.
144. Watkins CO. The basic principles of chiropractic governance. Reproduced by Keating JC. Phoenix, AZ: National Institute of Chiropractic Research, 1992.
145. Janse J, Houser RH, Wells BF. Chiropractic principles and technic. Chicago: National College of Chiropractic, 1947.
146. Terrett AGJ, Terrett RG. The science, art and principles of chiropractic before D.D. Palmer. Unpublished.
147. Hemmilä HM, Keinänen-Kiukaanniemi SM, Levoska S, Puska P. Long-term effectiveness of bone-setting, light exercise therapy, and physiotherapy for prolonged back pain: a randomized controlled trial. *J Manipulative Physiol Ther.* 2002 Feb;25(2):99-104. DOI 10.1067/mmt.2002.122329.
148. Weiner MF, Silver JR. Edward Harrison and the treatments of spinal deformities in the nineteenth century. *J R Coll Physicians Edinb* 2008;38:265-71.
149. Bovine G. John Evans Riadore, MD, MRCSE and LSA 1818 FLS, FRCS (Sen) 1852 [A Treatise on] Irritation of the Spinal Nerves. *Chiropr Hist.* 2012;32;(1):49-47.
150. Bovine G. John Atkinson (1854-1904), the English Bonesetter of Park Lane: His visit to America, bonesetting techniques, and the Atkinson connection to chiropractic. *Chiropr Hist.* 2013;33;(1):52-64.
151. Ebrall PS. A Global Perspective on Chiropractic Education. In, Hawke C. *Careers in Chiropractic Health Care.* Praeger, Santa Barbara, 2017.
152. Ebrall PS, Takeyachi K. International equivalency for first-professional programs and chiropractic education. *Chiropr J Aust.* 2004; 34:103-12.
153. Ebrall PS. Guest editorial. Philosophy in chiropractic education: the importance of globalisation as opposed to Americanisation. *Chiropr J Aust.* 2001; 31:1-7.
154. Kent C. An analysis of the General Chiropractic Council's policy on claims made for the vertebral subluxation complex. *J Philos Principles Practice Chiropr.* 2011;May 16:1-8. [http://www.mccoypress.net/subluxation/docs/kent\\_gcc\\_subluxation\\_analysis.pdf](http://www.mccoypress.net/subluxation/docs/kent_gcc_subluxation_analysis.pdf).
155. Ebrall PS. Antagonists, Protagonists, and the General Chiropractic Council: A Pragmatic Narrative of Eminence-Based Chiropractic, *J. Philosophy, Principles & Practice of Chiropractic.* 2020;July 27: Pages 37-48.
156. Peters RE, Chance MA. Chiropractic in Australia: first contact. *Chiropr J Aust.* 1995; 25:2-5.
157. Wilson FJH. The origins and professional development of Chiropractic in Britain. Thesis. University of Southampton. May 2012. <https://eprints.soton.ac.uk/>
158. Gillet H. Gillet talks about Illi. *J Aust Chiropr Assoc.* 1972; 6(2): 16-8.

159. Lints-Dzaman F, Scheiner S, Schwartz L, editors. Who's who in chiropractic international. Littleton, CO: Who's Who in Chiropractic International Publishing Company, 1980.
160. Wardwell WI. Chiropractic - history and evolution of a new profession. St Louis: Mosby, 1992.
161. Gillet H. A definition of the subluxation. *J Aust Chiropr Assoc.* 1973; 7(4):8, 17.
162. Gaucher-Peslherbe P-L. Chiropractic: early concepts in their historical setting. Lombard, IL: National College of Chiropractic, 1989.
163. Ebrall PS. A review of the neurological concepts of 1895. *Chiropr J Aust.* 1995; 25:56-60.
164. Homewood AE. The neurodynamics of the vertebral subluxation. 3e. Fort Worth, TX: The Parker Chiropractic Research Foundation, 1981.
165. Phillips RB, Mootz RD. Contemporary chiropractic philosophy. In: Haldeman S, ed. Principles and practice of chiropractic. 2e. Norwalk, CT: Appleton & Lange, 1992: 45-52.
166. Vear HJ. An introduction to chiropractic science [monograph]. Portland, OR: Western States College of Chiropractic, 1992.
167. Vear HJ. Chiropractic standards of practice and quality of care. Gaithersberg, MD: Aspen, 1992.
168. Strang VV. Essential principles of chiropractic. Davenport, IA: Palmer College of Chiropractic, 1984.
169. Jamison JR. Looking to the future: from chiropractic philosophy to the philosophy of chiropractic. *Chiropr J Aust* 1991; 21:168-75.
170. Eddington A. The philosophy of physical science. Cambridge, UK: The University Press, 1939.
171. Proceedings. Conference on Philosophy in Chiropractic Education. Toronto: World Federation of Chiropractic, 2000.
172. Gatterman MI. Teaching chiropractic principles through patient centered outcomes. *J Can Chiropr Assoc.* 1997; 41(1): 27-35.
173. Gatterman MI. Teaching-learning options for the study of chiropractic principles: a case study. *J Chiropractic Educ.* 1992; Dec:93-103.
174. Grossinger R. Planet medicine. Boulder, CO: Shambhala Publications. 1982: 122-3.
175. Keating JC. The chiropractic practitioner-scientists: an old idea revisited. *Am J Chiropr Med.* 1988; 1:17-23.
176. Ebrall P. A more inclusive evidence hierarchy for chiropractic. *Asia-Pac Chiropr J.* 2021;2.2. [www.apcj.net/papers-issue-2-3/#EbrallEvidencehierarchy](http://www.apcj.net/papers-issue-2-3/#EbrallEvidencehierarchy).
177. Ebrall PS. Commentary: Is EBM damaging the social conscience of chiropractic? *Chiropr J Aust.* 2016;44:203-13. <http://www.cjaonline.com.au/index.php/cja/article/view/104>
178. Kent C. Models of vertebral subluxation: A review. *J Vert Subluxation Res.* 1996;1(1):1-7.
179. Ebrall PS. DD Palmer and the Egyptian Connection: A short report. *Asia-Pac Chiropr J.* 2020;1:011, <https://www.apcj.net/ebrrall-egyptian-palmer-and-subluxation/>