

Subluxation - Disturbance Fields (Störfelder) – Dis-Integration

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Integrated Wholeness

In my last article I referred to the concept of neural therapy and promised to return to that subject. In that article I quoted Dosch P, *An Introduction to Neural Therapy...*, Eng. Ed., Haug Intl., 1974, p. 8. in defining neural therapy:

“The term ‘neural therapy’ describes a form of treatment which uses the body’s own neurovegetative (autonomic) system. **The miracle of life itself is only made possible by a cybernetic control of all the regulating mechanisms.** Information exchange and the transformation of stimuli take place through the neurovegetative system. Excess stimuli disturb or block the production and distribution of energy. All neural-therapeutic methods either supply energy to damaged tissues or remove energy blockages. In this way reactions are triggered which eliminate previously acquired lesions enabling the body’s resistance and self-healing mechanisms to function correctly.”

I also pointed out that in other writings Dr. Dosch correlates neural therapy with the work of certain Russian scientists, including Speransky who was, prior to the 1960s, very highly regarded within the chiropractic community. In addition, he has expanded the concept of neural therapy to include consideration of all regulatory mechanisms within the extracellular matrix; the **Living Matrix**. The Living Matrix concept has been presented in this series of articles as a key to wellness care - prevention and early intervention.

Macro-Meso-Micro-Level Thinking

Many leading biologists argue that biology must be thought about at three levels: *macro-*, *meso-*, and *micro-*. (Stein, W. and Varela, F.J., ed., *Thinking About Biology*, Santa Fe Institute, 1993, pp.1-2) These thinkers recognize that the *macro-level* involves deep philosophical issues and assumptions and abstract theoretical principles. The *meso-level* involves broad, concretized, theoretical concepts and the *micro-level* involves researchable hypotheses and the delineation of specific phenomena. It is imperative to keep the *level* of the conversation clearly in mind whenever biological and bio-medical issues are being discussed. When it comes to bio-medicine the *micro-level* needs to be sub-divided into *micro-level(b)* – basic science and *micro-level(c)* – clinical science; diagnoses and treatment.

Although not addressing the deep philosophical issues, we have considered all three levels in prior articles:

- 1) The *macro-level* concept of **integrated, coherent, wholeness**;
- 2) The *meso-level* concept that **integration/regulation** is achieved by cybernetic, feed-back, mechanisms; and
- 3) The **specific, micro-level, findings** (and hypotheses) that integrated, coherent, wholeness is achieved through cybernetic, feed-back, mechanisms operating primarily within and through the extracellular compartment; the Living Matrix. We also addressed a few of the *micro-level(c)* clinical opportunities arising from the Living Matrix concept.

Where does “subluxation” fit in?

Disturbance Fields Dis-Integration

Without diminishing the importance of herbal, nutraceutical, classical homeopathic medicine and other modalities of care, the primary focus of this series of articles has been on re-invigorating the “big idea” of some of the early chiropractic thinkers. In addition, the outlined evidence has clearly demonstrated that current scientific findings have expanded the potential of this big idea.

The chiropractic big idea is that the body has the built-in capacity to maintain itself in dynamic equilibrium through the utilization of cybernetic, feed-back, mechanisms. This “big idea” is a *meso-level* concept that gives rise to a large set of specifically researchable [*micro-level(b) and (c)*] questions. (The big idea raises deep ontological and epistemological issues, but I will not address them here.)

One obvious *micro-level* question is as to whether a subluxation can interfere with the body’s capacity to maintain itself in dynamic equilibrium so as to result in specific disease (**dis-integration**) states. The existence of somato-visceral reflexes and other basic scientific findings (*micro-level(b)*) support the proposition that subluxations at the IVF can cause dis-integration and dis-ease. However, much more *basic* and *clinical* research should be done on that issue. In any event, the neural therapy and Living Matrix concepts clearly demonstrate that disturbances with the body’s integrating/regulating functions can arise **beyond the IVF**. Therefore, the basic chiropractic diagnostic-treatment principle should be reformulated to state:

<p>A primary objective of the chiropractor is to diagnose (identify) and remove interference with, or otherwise enhance the capacity of, the body’s innate ability to regulate and heal itself; whatever science from time to time shows that to be.</p>

The term subluxation creates a potential for confusion in that it can be used as both a *meso-level* metaphor for the big idea and also as only a *micro-level* lesion. Therefore, new terminology is needed to capture the big idea at the *meso-level* and to reserve the use of the term subluxation for its *micro-level* lesion reference. In addition, the neural and Living Matrix concepts demand broader terminology.

The Living Matrix concept emphasizes bio-physics (bio-electrodynamics and bio-communication) rather than the bio-chemistry that is the exclusive focus of the medical-pharmaceutical cartel. The “field” is a central tenet of physics and therefore the idea of a “**disturbance field**” is a suitable, *meso-level*, concept when referring to interference with the functions of, or within, the Living Matrix. Indeed, the German practitioners of neural therapy have, for 100 years, used the concept of the **disturbance field** to describe the dysfunction they are addressing with their form of treatment. [The German word for **disturbance field** is **Störfeld** (plural “**Störfelder**”).]

When the subluxation concept is reduced to only a specific bio-mechanical lesion the profession is placed in a box that grossly limits its original “big idea”. This is equally true, however, when the subluxation is used as a *meso-level* metaphor for a disturbance field and is then limited to a lesion at the IVF. Either way, the practice rights and economic opportunities of chiropractors are severely limited and one has to seriously ponder where this profession will be in ten years. On the other hand, the **big idea**,

including the concepts of the Living Matrix and disturbance fields, opens up new vistas of practice that are at the leading edge of emerging scientific knowledge and practice opportunities.

Treatment Perspective

In seeking to enhance the built-in capacity of the body to maintain itself in integrated wholeness, or in otherwise identifying and removing disturbance fields within the body's Living Matrix, the chiropractic profession, as a whole, should

<p>use the chiropractic (physiological) adjustment and all other diagnostic and treatment modalities necessary; except allopathic drugs or operative surgery.</p>
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Unity with Diversity

The concept that one should clearly distinguish between theorizing at the *macro-meso* and *micro-levels* would, if given careful attention, allow an open and respectful dialog between members of the chiropractic community; a unity with diversity. The profession will receive a better reception in the scientific, legal and political communities when we clearly identify and distinguish our *macro-level* abstract concepts and philosophical assumptions from our concrete, *meso-level*, conceptual theories and also distinguish each of those levels of analysis from our *micro-level(b) and (c)* applications of those concepts, assumptions and theories.

Utilization of the Living Matrix and disturbance field concepts presented in this series of articles would allow for the re-capture and expansion of the early roots of the chiropractic profession. In addition, it would, along with other facets of wellness and empirical care, enable the profession to become the major player in the growing demand for alternative, drugless, care - **carpe diem**.

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