

Early Palmer Theories of Dis-ease



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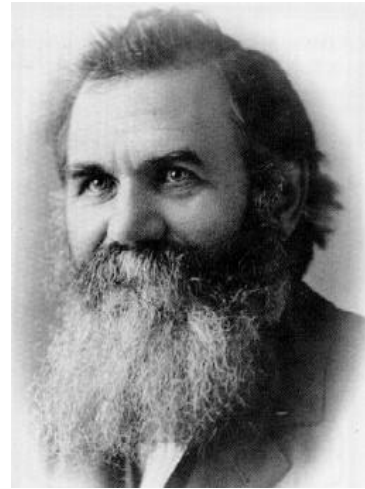
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D.D. Palmer's ideas about the nature of illness and its relief are usefully divided into four stages (Keating, 1991, 1992, 1993, 1995). Common to all of these are the central ideas of tone and inflammation. It should be stressed that these are not "philosophical" propositions, inasmuch as they are all potentially falsifiable (i.e., testable) by means of the scientific method. Rather, they are best considered *potentially scientific* theories, albeit largely untested so far.



Palmer's Unique Magnetic Healing

Palmer's pre-chiropractic concepts of disease derived from prevailing ideas about human magnetic properties, referred to as "animal magnetism." Dating from 1886, DD's practice as a "magnetic" involved use of his hands to detect areas of inflammation in his patients. The future father of chiropractic believed that inflammation was the essential characteristic of disease (or "dis-ease," as he later termed it). Inflammation was the anti-thesis of tone; tone may be thought of as the health of individual cells and tissues of the body. Palmer believed that he had a "gift" which enabled him to sense inflammatory lesions, and to cool off inflamed tissue by pouring his excess vital magnetic force into the area of disease, much as one might pour water onto an overheated gearbox. His writings (Palmer, 1896) in this period before chiropractic suggest his desire for efficiency in lesion detection and for economy in the expenditure of this personal, vital energy. Locating the site of the inflammatory process thought to constitute the dis-ease was important, for it enabled him to focus his vital force into the precise area of lesion only, thereby avoiding waste of his personal vital energy. His search for greater efficiency and specificity in his methods led to his nerve-tracing technique, which later became his principal assessment method as a chiropractor.

Palmer developed the idea that the cause of all or most dis-ease was displacement of anatomic parts. He likened the human body to a watch; if all the parts are in their proper position, they will work in harmony and without friction. However, even minor displacements could create a cascade of disrupted function and friction, giving rise to heat, and hence, to inflamed tissue. These ideas, which may not have appeared until his final years as a magnetic healer, were seminal to his earliest chiropractic concepts.

First Stage Chiropractic

Sometime during the first several months of 1896, D.D. Palmer administered his first adjustment to Harvey Lillard ([Lillard, 1897](#)). The Lillard case was the initial, uncontrolled test of Palmer's belief that anatomic displacements gave rise to inflammation, and thereby, to dis-ease. And Lillard's lesion was an example of the bone-pinching-nerve paradigm that has come to dominate chiropractors' thinking, DD's early writings ([Palmer, 1897a&b, 1900, 1902](#)) are explicit in relating that he "manipulated in order to adjust" any displaced anatomic part, including arteries, veins, nerves, muscles, bones, ligaments and joints. This first chirotheory was as broad in its implications and applications as A.T. Still's osteopathic hypotheses and practice, but was not synonymous with osteopathy. Still manipulated any body part thought to obstruct the flow of endogenous healing substances from the brain, which were believed to reach the end organs through the circulation and through the nerves. Palmer, on the other hand, manipulated (his initial terminology) in order to reposition displaced anatomy, and thereby avoid or relieve inflammation. Palmer's ideas were also unique in that he proposed that repositioned anatomy would reform itself into better, more functional shapes; in this his anticipated orthopedic concepts that the stresses applied to osseous structures determine their form.

The Second Theory

By 1902 "Old Dad Chiro" (his preferred self-designation) was increasingly focused on the bone-pinches-nerve ideas that later came to dominate chiropractic thinking. In July, 1903 he made another "discovery" ([Keating, 1995](#)), which resulted in an important reduction in his concept of chiropractic. By deciding that human thermoregulation was primarily a neural (rather than a circulatory) phenomenon, Palmer restricted his notion of the cause of dis-ease to only those anatomic displacements involving osseous pinching of nerves, i.e., the subluxation. The concept had been with him since the time of the Lillard case, but after 1903 it functioned as the exclusive chiropractic lesion for DD. Ninety-five percent of all diseases, he suggested, were caused by neural interference produced by vertebral subluxations. DD's son, B.J. Palmer, popularized this second theory of chiropractic with the classic "foot-on-the-hose" analogy. The father of chiropractic credited BJ with discerning the differential effects of slight versus greater pressures on nerves:

B.J. Palmer was the first person who learned that a light pressure produced inflammation, an excessive amount of heat, over functional activity; while a heavy pressure caused paralysis, lack of function. This new thought brought much light on what was otherwise obscure. It explains why mental and physical magnetic influence returned the functions of nerves to their normal amount of action, the healer controlling, more or less, the nerves of the patient... ([Palmer, 1906](#)).

There were political reasons which may have encouraged the elder Palmer to narrow his theory and practice to subluxation only. Members of the osteopathic community had been haranguing Palmer, labeling him a thief who had appropriated portions of Still's osteopathic concepts and repackaged them as chiropractic. Now DD and his followers would leave to the osteopaths the "rule of the artery," and concern themselves exclusively with the presumed supremacy of the nervous system in dis-ease. This revision was legally reinforced in a courtroom in LaCrosse, Wisconsin in 1907 when the first acquittal of a chiropractor tried for unlicensed practice of osteopathy was based on the neural vs. circulatory distinction. Shegatoro Morikubo, D.C.'s legal defense ([Rehm, 1986](#)) set a theoretical precedent with the power to keep chiropractors out of jail.

D.D. Palmer's Final Theory of Chiropractic

Old Dad Chiro's thoughts about the nature of dis-ease continued to unfold following his ouster from the Palmer School in 1906, and in ways that are largely forgotten among chiropractors today. In 1909 and beyond he repudiated his earlier idea that vertebral subluxation involved the pinching of nerves in the intervertebral spaces ([Palmer, 1910, 1914](#)). Instead, he claimed, the misalignment of joint surfaces anywhere in the body produced nerve-impingement, thereby altering the tension of the affected nerve and changing its vibratory frequency. Palmer held to a vibrational theory of impulse transmission, a notion that was one of several explanations of nervous system function offered by physiologists of that time. Subluxation of joints and the altered neural tension it produced was thought to affect the tone (health) of the end-organs served by the nerves. "Nerves too tense or too slack," suggested the father of chiropractic, was the cause of all disease. Palmer now saw the human skeletal frame as a regulator of neural tension throughout the body ([Gaucher-Peslherbe, 1994](#)). Tense, taut nerves brought too many vibrational signals to end-organs, causing inflammation. Nerves that were slackened by joint misalignment brought too few impulses to the tissues of the body, and thereby caused cold, hard tumors.

Ninety-five percent of all dis-ease was attributed to subluxation in the spinal column, but Palmer suggested that an additional 5% was due to subluxations elsewhere in the skeletal frame, especially the joints of the feet. There were no nerves passing through the joints of the feet, he noted, and yet subluxated joints still produced dis-ease, such as corns and bunions ([Palmer, 1910](#)). He believed this point reinforced his contention that nerve impingement rather than pinching was the causal factor in the subluxation complex.

Conclusion

All of Palmer's theories of dis-ease were attempts to understand and remediate inflammation, which for DD was the essential characteristic of dis-ease. Tone, he proposed, was that state of health in bodily tissues that received optimal (not too much, not too little) neural communication. As a magnetic he had attempted to relieve inflammation and produce improved tone by cooling the affected part with his vital energy. As a chiropractor he sought to move beyond symptomatic or end-organ-treatment to dealing with the presumed cause of the problem. His three theories of chiropractic reflect the progression in his thinking about the etiology of dis-ease and the nature of dysfunctional anatomy.

B.J. Palmer had been a student of his father during the period of transition (1902-1903) from the first to the second of DD's theories. When father and son parted ways in 1906, the younger Palmer was no longer under the theoretical domination of Old Dad Chiro. It would be his parent's second theory of chiropractic, expressed in metaphors such as the "foot-on-the-hose," that BJ promoted throughout his career. And because B.J. Palmer was the dominant figure in the early growth of the profession, it was DD's second theory that became known as "the" chiropractic theory. But it was never really so.

In this second century of chiropractic, it may be wise to reflect on the historical pathways that have directed chiropractic thinking.

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December 25, 1996

Carl S. Cleveland, D.C.
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Dear Carl,

Enclosed please find my manuscript, "Early Palmer Theories of Dis-ease," which I submit for your consideration to publish in your philosophy section in the *California Chiropractic Journal*, on the condition that the paper is published in its entirety (including references) and without abridgment.

I will forward to you a Macintosh disk with this manuscript, written in MS Word (V6.0), as well as a hard copy. I hope this is what you wanted.

Thank you for the invitation. Merry Christmas.

Sincerely,

Joseph C. Keating, Jr., Ph.D.

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