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Homewood, Holism, and Strategy: The wide-angle lens

Charles S Masarsky

Narrative: Even today I meet Chiropractors with only a vague idea of their professional identity. For me, my identity as a Doctor of Chiropractic was forged at Palmer College from the words of the discipline's founder, DD Palmer, and one of its greatest educators, AE (Earl) Homewood. I was clear in my mind about Chiropractic's Grand Strategy.

Here I propose that readers contribute to a refreshed Chiropractic Grand Strategy, one that is clear about our purpose and why we do what we do, daily in practice to improve the health and well-being of our patients.

I see value in refining our Grand Strategy and propose a straight forward 50-word strategy which avoids political posturing and presents a clear position to better unite Chiropractors as a professional group.

Indexing terms: Chiropractic; professional identity; grand strategy.

The fog

A number of years ago, my practice partner (Dr Marion Todres-Masarsky, my wife) and I were invited to a meeting sponsored by a spinal surgery practice. The practice owners wanted to explore the possibility of research collaboration with local Doctors of Chiropractic. Needless to say, we were delighted to attend, along with some twenty other practitioners.

> *… too many of our colleagues have only the foggiest notion of what the Chiropractic profession is trying to do in the world …'*

The sponsor's research director passed around a list of Chiropractic research citations, stating that this was the sole result of her 'extensive' literature search. The list was barely a page long. No mention of the NINCDS study, the New Zealand report, the Journal of Manipulative and Physiological Therapeutics, Chiropractic Technique, the Journal of the Canadian Chiropractic Association, the Chiropractic Journal of Australia, to name a few chiropractic research publications readily available at that time. The research director's smug certainty about our supposed paucity of evidence seemed comical, given her abysmal ignorance about chiropractic research. Disturbingly, few of our colleagues seemed to think anything was amiss.

When the discussion seemed to be going nowhere, I suggested we go around the room and state which Chiropractic technique we generally use. What I had in mind was getting a general idea of the sorts of outcome measures that could be used in this proposed collaborative setting. I

assumed that this group of mostly young practitioners would be mentioning such techniques as Gonstead, NUCCA, AK, and SOT, perhaps along with some techniques that were new to me. Instead, one of them mentioned core strengthening. The next one spoke of Pilates training. I interjected, suggesting that these were excellent adjuncts to the Chiropractic adjustment, but what actual adjusting techniques do you use? The next speaker stated, '*Sometimes I manipulate*'. Most of the other attendants had a somewhat puzzled expression … directed at me!

More recently, I was presenting a continuing education seminar on the topic of Chiropractic care of long COVID victims. In general, the audience was interested and receptive. However, one of the attendees objected to the topic. He 'reminded' me that COVID is a viral infection, and we're not virologists.

Experiences similar to those I just described have made it clear to many of you that too many of our colleagues have only the foggiest notion of what the Chiropractic profession is trying to do in the world. Perhaps the external pressures of economics, the insurance industry, and the medicolegal establishment have been internalised by many of our colleagues. This phenomenon of paradigm erosion was already decades old when I co-authored a paper on the topic in 1991. (Masarsky CS and Weber M, 1991)

One thing that may be helpful in ameliorating our profession's paradigm erosion is something equivalent to what nations call 'grand strategy'.

Grand strategy

Generally speaking, 'grand strategy' is an over-arching idea that informs the more specific goals and activities of a nation. Grand strategy is often discussed in military terms, but it also relates to the diplomatic, economic, educational, and cultural spheres. History records several consequential examples of national grand strategies.

For example, Pax Romana was the grand strategy of ancient Rome in the 1st century. Isolationism was the grand strategy of China from the 14th through the 17th Century, Japan from the 17th to the 19th Century, and the United States intermittently from the 18th to the 20th C. Mercantile colonialism was the grand strategy of Spain and Portugal in the 16th Century, soon to be joined by Britain and France until the 18th Century.

Health professions exist for the purpose of promoting the longevity and quality of life for those under their care. Practitioners of all schools have this general purpose in common, and it certainly should form the embryo of any health profession's grand strategy. Strategic elements more specific to a particular profession can be based on principles drawn from such paradigms as allopathy, homeopathy, and as I hope to demonstrate, chiropractic.

Homewood's hints towards a Grand Strategy

During my initial Chiropractic education, I was strongly influenced by Homewood's The Neurodynamics of the Vertebral Subluxation. (Homewood AE, 1977). For me, Homewood's understanding of DD.Palmer's concept of tone was the key insight. (Palmer DD, 1910) Certainly, disturbed spinal nerve function can disrupt musculoskeletal tone, leading to back pain, neck pain, and so forth. However, Homewood reminded us that disturbed spinal nerve function does not disrupt musculoskeletal tone only. The neurodynamics of the vertebral subluxation can influence vasomotor tone, alimentary tone, bronchial tone, and all other aspects of tone.

Clearly, the Palmer-Homewood concept is holistic. However, its holistic lens is quite distinct from that of herbal medicine, aroma therapy, and many other disciplines. The specific yet holistic concern with disturbed nerve function as it affects somatic and visceral tone has been described as neurologic holism. (Masarsky CS, Todres-Masarsky M, 2001)

Draft of a Grand Strategy

Centering a chiropractic grand strategy on neurologic holism's approach to tone offers several advantages. It does not have to be subluxation-based or scientific; it can be subluxation-based *and* scientific. Its basis can be firmly anchored in well-recognised anatomical reality. A grand strategy based on neurologic holism does not have to promote a chiropractic profession that is either cooperative or independent; it can be cooperative and independent.

As a starting point, I offer the following draft of a chiropractic grand strategy:

> Neurologic Holism: The chiropractic profession is concerned with improving longevity and quality of life by assessing and correcting biomechanical interference with the neurological coordination of somatic and visceral tone. This concern informs the profession's approach to clinical assessment, clinical intervention, professional and public education, scientific research, interprofessional cooperation, and public health policy.

Let's talk

Would a Chiropractic grand strategy be beneficial? If so, is the proposed draft moving in the right direction, or should it be something quite different? How could a grand strategy guide the specific strategic components stated above (assessment, intervention, research, etc.) in a practical sense? Please address your comments in a Letter to the Editor. I will attempt to answer all such letters thoughtfully. In this way, we can have a robust discussion of chiropractic grand strategy in this readily accessible publication.

Charles S Masarsky
DC
Northern Virginia Community College
Private practice of Chiropractic, Vienna VA
viennachiropractic@verizon.net

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Note

Author's position in 1991

In 1991 (Masarsky & Weber) the author took a confidently normative stance, arguing for a shift in both practice and research that would distinguish Chiropractic as a distinct scientific enterprise. He and Weber combined critique of the profession's current constraints with a constructive agenda, outlining specific research directions and interdisciplinary connections (ergonomics, somatic disciplines, aging). As in this piece in 2026, Masarsky made a clear argumentative arc: diagnose the problem, illustrate with clinical vignettes, propose a reoriented research program, and envision broad, long-term implications.

The outcome is a dialogic, somewhat provocative tone that challenges mainstream medical paradigms while inviting philosophical and empirical collaboration.

Editor assisted by Grok

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About the author

Dr Charles Masarsky has been in the private practice of chiropractic with Dr. Marion Todres-Masarsky since 1983. Their office is located in Vienna, Virginia, USA in the suburbs of Washington, DC. He also offers continuing education programs for chiropractic colleges and associations and teaches at George Mason University (Fairfax, Virginia). For information about his practice or his CE programs, please e-mail viennachiropractic@verizon.net.

Citations for Dr Masarsky's published papers are available at his website under '*about the doctors*': www.viennachiropractic.com.

Dr Masarsky writes this frequent feature in the *Journal* called '*The Wide Angle Lens*' in which he takes a broader than usual perspective on one issue or another, and has contributed much on clinical aspects of COVID.

Also by this author

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