

TENSION TECHNIQUE Back in December 1972 I spent a day with Dr. DeJarnette at his office in Nebraska City. During that day we discussed the introduction of S.O.T. to Palmer College and I was subjected to quite a bit of questioning from Major. Some of the questions concerned my integrity my dedication my knowledge and so on. One of the questions concerned the Chiropractic subluxation, what I thought it was and how it affected the body, also what did I think nerve force was. What a hell of a question to a greenhorn. So I plunged into my theories about reflex arcs and polarities and calcium and a whole lot of things that I had personal views on. He listened and listened and never did comment directly. I had thought this was a golden opportunity to provoke and be put straight but no, he just talked about something else. Two days later a letter arrived. " Enjoyed having you with us Wednesday. The enclosed is some of the thinking I did back in 1941 and coincides with some of the discussions we had Wednesday. Lets hear from youetc." I am going to reproduce here some of this most original paper that was sent me.

THEORY All energy is vibratory in nature. All cell life is vibratory. Every function of every tissue of the human body is vibratory and each separate function expresses a rate and mode of cell vibration. The scale of life's vibration runs from zero to 150. Zero is DEATH through complete cell disintegration. . . from zero to 30 we have a very incomplete cell activity characterized by extreme weakness with loss of ability to move the members of the body and greatly decreased visceral activity. The point 30 denotes approaching death unless a rate of vibration can be superimposed upon this 30 rate which will give it a higher potential life charge. From point 30 to 60 we note increasing energy and from 60 to 100 we note complete health, with 100 being the maximum quality of a perfect being. From 100 to 150 we note overtension and at 130 we will note symptoms of complete muscle tetanus. At rate 150 death takes place through tetany.

NERVE FORCE Nerve force is life. The nearer the nerve force approaches 100 the more perfect that nerve force and it's resultant effects upon the body. Without a completed nerve circuit, we cannot have life in tissue. Interferences to a complete nerve circuit produces loss of function in the end controls of that nerve. A nerve will make it's best effort to get its message through and when it finds the normal channels blocked, this intelligence will look for other passages to its destination. . . this will constitute what we TERM A REFLEX ARC. The appendix has a direct communication with the spinal cord through the second lumbar and if all is well with the second lumbar nerve and its foramina, life and function of the appendix will be perfect. . . yet when something interferes with the transmission of motor energy to the appendix through the second lumbar nerve and the transportation of sensory demands from the appendix to the brain through the second lumbar nerve, the normal nerve intelligence from the appendix or from the second lumbar cells to the appendix, will seek another route and this will result in a reflex. If all routes should be closed, except the VAGUS, this patient will express a VAGUS REFLEX and the resultant pathology that takes place in the appendix will not manifest itself as pain at McBurney's point, but may express itself as cardiac pain, gastric pain or intestinal pain or liver pain. In this appendix disorder under illustration, we find that the second lumbar nerve is in direct spinal cord COMMUNICATION with the sixth and seventh dorsals and the fourth and fifth cervicals. A reflex may be established from the appendix through the sixth dorsal which communicates with the fourth cervical and through constant irritation of this sixth dorsal and fourth cervical set of nerves by the diseased appendix, we may find a patient who has developed diabetes mellitus caused specifically by a reflex from the vermiform appendix. We might find in another instance find a diseased appendix producing a spinal cord reflex through the seventh dorsal nerve and the fifth cervical nerve, in which instance we will have a patient expressing splenic disorders with so-called idiopathic fever.

The structures of the liver and gall bladder are innervated from the eighth dorsal. If an interference takes place at the eighth dorsal foramina or if the eighth dorsal nerve is unable to make a complete arc through this channel, we will find the rate of vibration of the eighth dorsal nerve superimposing itself upon the sixth cervical nerve. This eighth dorsal rate being different than the sixth cervical rate, we will find pathology arising

from those structures innervated by the sixth cervical and will probably see a patient who suffers from some thyroid disorder. We liken the spinal cord and brain to a telephonic cable through which many messages may be sent at one time by merely giving each message a different modulation. The modulation rate for the sixth dorsal nerve is different than for the eighth dorsal nerve, for if this were not so, how would these messages arise in various centers of the brain and find their way directly to the area for which they were intended? When a modulated nerve impulse finds its normal channels blocked, it seeks a channel which more nearly corresponds to its own rate and from that assumption we gain a knowledge of the INTER-COMMUNICATING NERVOUS SYSTEM which so easily explains the many reflex arcs from viscera to cord and from cord to viscera.

APPLICATION There are two forces in the body which maintain life and those forces are NEGATIVE and POSITIVE CELLULAR VIBRATIONS. The negative vibrations are VASODILATORS and the positive vibrations are VASOCONSTRICTORS. All life is dependent upon a balance between vasoconstriction and vasodilation. When vasoconstriction rules over a different organ that organ decreases in size and when vasodilation rules, that organ dilates or increases in size. Vasodilation is ALKALINE IN REACTION WHILE VASOCONSTRICTION IS ACID IN REACTION, i.e., these chemical reactions occur in the presence of constriction and dilation.

We apply this theory to the human by noting that tubercular patients lose weight, therefore suffer from vasoconstriction or acidity...while cancerous patients gain in weight due to vasodilation and alkalinity. Every disease will produce a variance from normal chemical affinity through the effects of negative and positive cellular interruptions of normal cellular vibration.

INTERPRETATION OF PHYSICAL FINDINGS The presence of an abnormal vibratory rate in a cellular structure below the number 30 will be denoted by EXTREME RELAXATION. This will denote a negative reaction with vasodilation and alkalinity. In this condition nerve function is interrupted because a nerve impulse must have a mild acid field for perfect function. The involved tissues will be weak and flabby. Power of locomotion will diminish and with progression will be totally lost. Due to trophic disturbances the tissues will atrophy. Palpation of the disturbed areas will reveal puffiness, loss of tissue tone and accumulation of serums. Coldness will develop as nerve energy decreases.

Palpation of the spinal tissues will show areas of fibrous deposits which will NOT BE PAINFUL to touch.

In the presence of an abnormally high cellular vibratory rate, a rate that is above 100, we will note all symptoms of acidity, due to vasoconstriction with positive reactions of tension, contractions and firmness, and in its later stages with a higher cellular vibratory rate, we will note symptoms of muscular tetanus.

Palpation of the spine will provide areas of extreme tension with great pain. The spinal tension will many times be out of proportion to the severity of the disease. We note this condition is as common a disease as influenza, in which state all tissues have become acid and the vibratory rate is approximately 120.

THE HUMAN ELEMENT You are the Doctor, therefore all healing comes through you to the patient. It is through your body that the patient will receive coordination to their disorganized cellular structures. Your two hands are the CONTACTS THROUGH WHICH NEW CHANNELS OF VIBRATORY AND NERVE FORCE MAY BE MADE EFFECTIVE TO THIS PATIENT. You may take a patient with acute appendicitis and by holding your hand over McBurney's point, without pressure or vibration, control the pain to a degree, yet if you add to this ONE HANDED contact a contact with the other hand to a suitable central control area, you will re-establish normal cellular vibration and completely eliminate this acute pain.

Inasmuch as your own person enters into the Art of Healing, you must maintain your own health to as high a standard as possible. A sick Doctor seldom cures a sick patient. A sick thought seldom generates a healing thought. A sick touch never produces a sensation of well being. Many Doctors suffer with chronic COLD HANDS because their own vibratory rate is on the POSITIVE SIDE. This condition must be overcome before they can successfully heal others. A change of diet or personal hygiene may be all that is needed, or again, basic correction may be indicated. When dealing with a too high vibratory reaction in a patient, your hands must be as warm as possible. When dealing with a low vibratory reaction, your hands may be cooled in water before applying them to the patient. Patients suffering from tumors are always adverse to cold..they crave heat. Patients suffering from tuberculosis like cold and frequently become addicts to

cold water bathing. These practices are very harmful, although they may at first appear beneficial.

MELBOURNE. What a great Seminar. Tremendous enthusiasm and the most powerful urge to learn of any group anywhere. The complete refresher and a half a day of CMRT was fully appreciated and there were 30 in attendance. We had two Chiropractors present by invitation. They were Doug Winter of Perth and Marcia Cerutti of our Chiropractic College in Melbourne. During the two days we handled a number of problem patients and hopefully they are now responding well. It is our intention to charge a flat fee for handling these patients and donate the proceeds to our Chiropractic College to help them meet costs. Every effort must be made to keep the ICC open and healthy and we aim to do our share. Our profession needs more chiropractors and our chiropractors need SOT. Our students will need SOT. in the future but first we have to keep the ICC. going. We intend making another donation to the College from this Seminar. Thankyou for attending and for helping elevate our professional standards.

We enjoyed coming down and will come again when there is sufficient new Chiropractors to justify a complete Introductory Seminar, we hope it is soon.

SYDNEY April 18th. 19th. 20th. We are presenting a complete introductory Seminar at the Holiday Inn Crows Nest. This will cover 3 days and will start at 9.00am. on the Friday and will run till 10.00pm. on two nights and we will finish early in the afternoon on Sunday. The first day will be devoted entirely to the introduction using the new teaching method we used in Melbourne. The new Chiropractors then go on thru Saturday and Sunday with Keith handling their progress during those two days. On the Saturday morning I will begin a complete Seminar on CMRT. and will run thru with it till Sunday. During the period of this Seminar we hope those in the advanced group will bring forward some patients who are proving difficult and as a group we will analyze these patients, carry out the necessary reflex work and we will all learn. Now regarding these patients would you make contact with me during the week before the Seminar so we may arrange a suitable time.

Now it is our recommendation that all of you who have NOT had the latest work presented before you and who are a little confused, dont use SOT. for some reason or other or are just being plain ornery should be there on the Friday. This new work simplifies and speeds up your patient handling to an amazing extent. So be there, particularly those in NSW. have not been able to make any of our other programs. Everybody can gain something from S.O.T. So you have a choice, a 3 day or a 2 day. We expect quite a few of the Melbourne group to attend for they sure want to get ahead. We look forward to the biggest and best Seminar yet. Ask your colleague if he is going. Conserve a Chiropractor use S.O.T. and know what you are doing.

We have mailed a number of N.Z.ers and fully expect some interest. Great. See you there.

QUESTION I have been asked by a number of S.O.T. Chiropractors to start up this column again. I had thought you were not interested so it was terminated. However many of you did go to your books and work out the answers but didn't send them to me. So off we go again, should you wish to send an answer fine if not then I won't be offended.

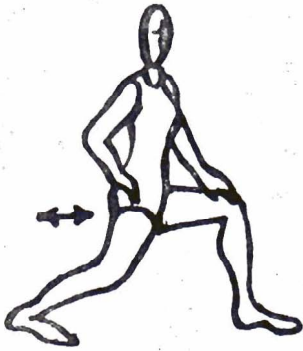
1. In a standing position is A-P motion a. Category 2. characteristic ?
2. We have a patient who can raise his legs and withstand 5 - 10lbs pressure applied in that position, one arm fossa is positive, also the legs cannot be raised on cranial squeeze-cervical compression. What problems do we have and what would you do ?

S.O.T. Coat Pins We are going to stock a few S.O.T Badges. The cost will be in the vicinity of \$2.50 each. They look rather nice on your coat and they identify you as one interested in S.O.T. Let us know if you want one. The 50th. Anniversary Pin is also available cost around \$10. Both Keith and myself have each of these so you are welcome to look before you purchase

OMAHA. No information has been received as yet. When we write about Omaha you had better reply pronto as there will be only limited availability of room. Probable dates will be Sept 29 - Oct. 4th. Omaha is the big event in the S.O.T. year and the only chance at present to learn Cranial Technique from the Master himself. To us it is an event not to be missed.

FILL OUT THE SEMINAR FORM FOR SYDNEY NOW AND RETURN IT TODAY.

LOW BACK EXERCISES

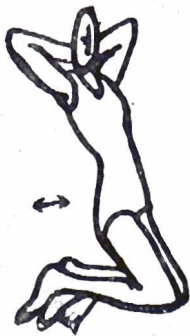


1. STEP FORWARD WITH RIGHT FOOT, TURNING TOE IN SLIGHTLY. BEND RIGHT KNEE STRETCHING LEFT LEG OUT BEHIND AS FAR AS POSSIBLE. LEFT TOES SHOULD BE FACING STRAIGHT AHEAD. NOW STAND ERECT OR EVEN SLIGHTLY LEAN BACK.

BOUNCE HIPS FORWARD AND TORSO BACKWARDS UNTIL YOU FEEL A STRONG PULL IN THE GROIN.

START WITH 10 TO 12 BOUNCES ON EACH SIDE AND GRADUALLY INCREASE UNTIL YOU CAN DO 50 BOUNCES ON EACH SIDE.

REPEAT THIS EXERCISE SEVERAL TIMES THROUGH THE DAY.

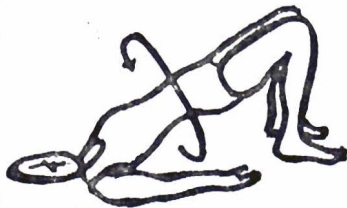


2. KNEEL ON THE FLOOR WITH A SMALL PILLOW UNDER YOUR ANKLES. CLASP YOUR HANDS BEHIND YOUR HEAD, AND HOLDING YOUR BODY AND THIGHS IN AS STRAIGHT A LINE AS POSSIBLE, LEAN BACK FROM YOUR KNEES.

BOUNCE YOUR PELVIS FORWARD AND BACKWARDS WITHOUT MOVING YOUR FEET OR KNEES.

START WITH 5 OR 6 BOUNCES AND INCREASE TO 20.

REPEAT 2 OR 3 TIMES PER DAY.



3. LIE ON YOUR BACK WITH ARMS NEAR SIDES. BEND KNEES PLACING FEET FLAT ON FLOOR NEAR BUTTOCKS. RAISE YOUR HIPS PUTTING WEIGHT ON SHOULDERS AND FEET, AND KEEPING YOUR BODY IN A STRAIGHT LINE.

ROTATE PELVIS IN A CIRCULAR MOTION 10 TO 20 TIMES. REPEAT IN OTHER DIRECTION.

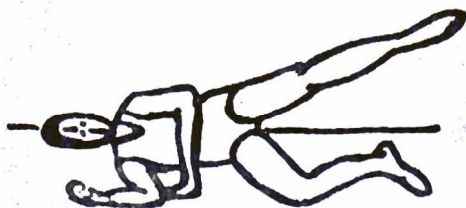
DO 2 TO 3 TIMES PER DAY.



4. SIT ON THE FLOOR WITH LEGS STRETCHED AS FAR APART AS POSSIBLE. REACH TOWARD THE FEET WITH THE HANDS AND BEND BODY FORWARD AS FAR AS POSSIBLE STRETCHING YOUR BODY AS CLOSE TO THE FLOOR AS YOU CAN.

START WITH 8 TO 10 AND INCREASE TO 50 TIMES.

DO 2 TO 3 TIMES PER DAY.



5. LIE ON YOUR SIDE WITH THE LOWER LEG SLIGHTLY BENT AND SUPPORTING SELF WITH HANDS, SO THAT THE BODY DOES NOT TILT.

RAISE AND LOWER TOP LEG 10 TO 15 TIMES. REPEAT ON THE OTHER SIDE.

DO 2 TO 3 TIMES PER DAY.