

LEARNING PROBLEMS In our school system of today, millions of dollars are spent trying to poke knowledge into brains that reject more than they accept. Instead of trying to learn why so many millions of students have learning problems, we keep inventing new methods of teaching those same problems. That is exactly like a dog chasing his tail.

Much of Chiropractic is so consumed in medical thinking that this discipline sits idly by and offers no solutions to major problems directly related to the field of Chiropractic. Every child with a learning problem should be entitled to a proper cranial evaluation by competent authorities in that field, and that field could well be the Chiropractic profession's responsibilities. Too many of us in the cranial field think only of cranial problems when we see a retarded, spastic or cerebral palsied child. This would be only a minor avenue in all the streets of cranial therapeutics.

The asthmatic or the rheumatic, or the deaf, may be a serious cranial challenge. We become frantic when some member of our profession suffers a major cerebral vascular accident and want immediate action to restore function. We should have begun this restoration process when the subject was at his prime and playing 36 holes of golf per day.

Cranial analysis should be part of all physical examinations. Insurance companies spend millions each year in advertisements, trying to warn against strokes, heart attacks, arthritis and old age. They should spend that money where the problem exists, and that would be man's cranial system. All people have cranial lesions, which will eventually become cranial subluxations. Cranial lesions seem to be a part of living, but when they become cranial subluxations, they become a major contributor to the process of dying.

The greatest experience in the whole realm of Chiropractic is the addition of cranial technique to your practice and experiencing that wonderful sense of accomplishment when you see what it does for your patients.

All chiropractic students should be required to have an exposure to cranial technique before they leave college, and those who wish to specialise spend an additional year in cranial technique studies.

The basic step to take in learning cranial technique is to first learn S.O.T. Sacro Occipital Technic is the only Chiropractic approach that deals specifically with the dural membrane and it's two ends. A percentage of all cranial lesions disappear when the patients category is corrected. This is the amazing happening when the blocks are properly used. They simply reach in and correct where even the most delicate and sensitive hands fear to probe, press or thrust.

OMAHA Our last communication with Dr. DeJarnette indicates the Seminar is filling fast and you may be too late if you leave it any longer. All details of the steps you must follow to register are to be found in the July 1975 Bulletin. So hurry.

MELBOURNE This will be easily the largest Seminar ever held in the Southern Hemisphere on S.O.T. and those who have registered already are the lucky ones for we will accept no more reservations for a seat at this Seminar. To those in the advanced class there is some special work for you which will elevate you from the ordinary to something a bit better. PLEASE BE AT THE SEMINAR ON TIME. WE HAVE ALOT TO COVER FOLK.

THE VIEWPOINT OF S.O.T. AS IT RELATES TO LEGISLATION AND ULTIMATELY MEDIBANK (cont'd)

CATEGORY ONE: We know that during the procedure blanched areas of skin along the spine will appear and disappear as correction is being made, proving that subluxations exist not individually but collectively with one point being the basic major. We know that as we progress with the Category One, we will eventually come to an S.B. plus or minus, and here is where we specifically determine the level of dural port embarrassment, for this area being the most poorly supplied with blood will produce the most pronounced blanching, and is the segment or vertebral level involving the Chiropractic subluxation. This area can now be marked, (this is only necessary if pre and post X-rays are demanded for proof of subluxation.-hopefully our legislators are steered clear of demanding x-Ray proof) X-Rayed and compared to other areas and you will always find the spinous process, lamina and pedicle structures out of vector alignment. Make your adjustment, remeasure, X-Ray and there is your proof. This is always or nearly so an exercise of time and so we must

now discuss what a chiropractic spinal adjustment for the correction of a chiropractic subluxation consists of and what it is and how done. First of all, this is not something you do each office visit. It is the final thing you do to remove the interference to neural flow and to restore health to all involved tissues.

Mrs. Jones may require ten office spinal adjustments before we are in a position to study her vertebral subluxation. This must be clearly outlined and understood. We must be paid for preparatory, corrective and recuperative chiropractic care of this vertebral subluxation. We may need to administer ten additional spinal vertebral adjustments before the vertebra will remain in its proper vector position. We would then X-ray, not on the first visit, unless the blanching is totally conclusive, but would defer our X-ray examination until we had totally located the level of nerve flow interference. We would X-ray again following our vector adjustment.

Before we concluded that Mrs. Jones was totally restored as far as the vertebral subluxation was involved, we would have to clear the cervical spine.

We must point out that the cervical spine is a totality within its own sphere of influence and must never be considered as a part of a dorsal or lumbar vertebral subluxation or as the cause of such a subluxation. The life of chiropractic depends upon that clarification.

CATEGORY TWO: This is of course is a specific articular problem related to the sacroiliac joint. The X-ray shows the separation of the upper or lower level of the involved joint. Proof of the adjustment is alignment as seen on the retake film.

The only problem here and one which faces difficulties in defining, is the possibility of complications, such as a category one reaction or possibly a category three reaction. The only solution is a reentry as a new patient problem rather than to try and carry this over as a continuing process of vertebral corrections.

CATEGORY THREE: This is no problem and is probably the most specific procedure in chiropractic today. We can define the chiropractic subluxation by loss of the three process vector and can prove correction by restoration of the three process vector. The only problem facing chiropractic is office procedure in which the chiropractor depends upon initial X-ray fees as part of his income. We could then be justly accused of taking to many X-rays and exposing the populace too to much radiation. However (and Felix and Ron take note) we cannot have medical radiologists passing judgement on a situation entirely and absolutely foreign to their training...even Chiropractic Diplomates in Radiology are at sea because of their training which is not based upon defining the chiropractic subluxation, but rather upon pathology of parts.

S.O.T. Chiropractic welcomes any challenge, we can back up our claims and our claims will prove our views. That chiropractic is a totally separate and distinct part of the healing arts, and a part that has far too long been neglected by all parties involved. Too many in our profession would have us take the treatment and medical diagnosis route. These systems have failed for organised medicine so why should we duplicate such efforts. To copy would have exactly the effect the medics desire and that is the loss of separateness and distinctiveness and thus make us ripe for absorption or elimination. Yes I can see a few saying tut, tut. Just open your eyes and see what happened to the Osteopaths (USA).

QUESTION No correct answers to last months question. In fact no one answered at all. Seems as though you know it all. Well we will see. Come Melbourne all who attend the advanced group will sit a written paper just to see how much you really do know.

A FEW HOME HINTS FROM DEJARNETTE (1.) Juice of half a grapefruit, strained and mixed with six ounces of virgin olive oil taken at bedtime will help gallstones.

(2.) A brew made from mashed potato skins is said to remove kidney stones. I know it will open a clogged sewer.

(3.) Raw cabbage will reduce blood sugar faster than any other natural remedy. Always give it a try on your hyperglycemics.

(4.) Whole cereals. . . few people eat them, because few will mess with them. They are still cheaper than pills.

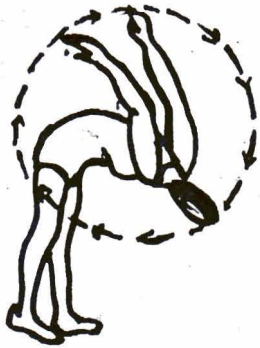
(5.) Juice of half a lemon in a glass of water twenty minutes before breakfast is good for anyone.

(6.) Tea and toast is good for diarrhea.

EXERCISES Page 3 is the third in our series. The first covered scoliosis and Low back.

SHOULDER EXERCISES

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1. STAND WITH FEET SLIGHTLY APART AND BEND FORWARD ALLOWING ARMS AND HEAD TO HANG LOOSELY.

BRING ARMS FORWARD AND UP AND MAKE COMPLETE CIRCLE. TRY FOR LARGE FREE SWINGING CIRCLES WITH GOOD MOVEMENT OF THE SHOULDER BLADES.

DO 50 TO 300 CONTINUOUS CIRCLES. REPEAT 2 TO 3 TIMES PER DAY.

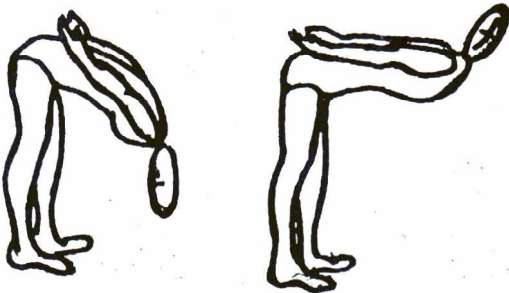


2. STAND STRAIGHT WITH ARMS HANGING LOOSELY AT YOUR SIDES.

CIRCLE YOUR SHOULDERS AS WIDELY AS YOU CAN MOVING THE SHOULDER BLADES IN AND OUT AS FAR AS YOU CAN, WHILE HOLDING THE HEAD IN A STEADY POSITION.

REPEAT THIS MOTION 20 TO 30 TIMES. REVERSE DIRECTION OF CIRCLE FOR ANOTHER 20 TO 30 TIMES.

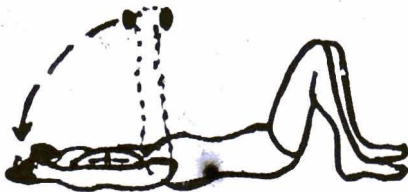
DO 2 TO 3 TIMES PER DAY.



3. STAND WITH FEET WIDE APART AND BODY BENT FORWARD AND HEAD HANGING DOWN. CLASP HANDS BEHIND THE BACK.

REMAIN BENT AT WAIST, LIFT HEAD AND ARCH BACK PULLING SHOULDER BLADES SHARPLY TOGETHER. HOLD THIS POSITION FOR THE COUNT OF TEN AND RELAX.

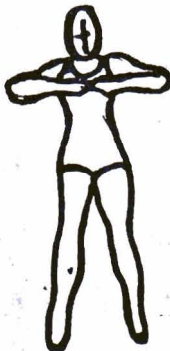
REPEAT 10 TO 20 TIMES AND DO 2 TO 3 TIMES PER DAY.



4. LIE ON BACK WITH KNEES BENT AND FEET CLOSE TO BUTTOCKS AND ABOUT 6 INCHES APART.

RAISE HANDS STRAIGHT INTO THE AIR AND KEEPING ELBOWS STRAIGHT, STRETCH THEM OVER HEAD AND TRY TO TOUCH THE FLOOR.

REPEAT 10 TO 50 TIMES. DO 2 OR 3 TIMES PER DAY.



5. STAND WITH FEET SLIGHTLY APART, ARMS RAISED TO SHOULDER HEIGHT AND ELBOWS BENT, HANDS ACROSS CHEST.

A. DRAW SHOULDER BLADES TOGETHER. REPEAT 20 TIMES.

B. STRAIGHTEN ARMS AT SHOULDER LEVEL, TURNING HANDS TILL THUMB POINTS UPWARDS, AND BRINGING SHOULDER BLADES TOGETHER. REPEAT 5 TO 10 TIMES