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LETTER TO THE EDITOR.

Dear Keith and Scott,

If an editorial contains a subject which is knowingly controversial, surely in evoking remarks ( and this obviously is either wittingly or unwittingly the outcome) the result has to be discord. This to a humble subscriber, would seem a pity.

" Favourable comments" are "heartening" it is true, especially if they reiterate a personal opinion, but unfavourable ones surely should remind us that other people have a difference of opinion and are entitled to it.

If in this world ( or more so in the field of chiropractic) we can find ONE area, namely S.O.T., in which a group of chiropractors can be sincerely interested and work together harmoniously, then it would seem a shame to introduce personal opinions that would have the opposite effect, whatever the prerogative of an editor may be.

Let us allow each other the right to a personal opinion on other chiropractic matters without censorship or criticism. After all, 'who' is to say 'who' is right? The end result is always the same; The two parties generally agree to differ.

Whilst we have unity in the study of a chiropractic technique, let us cement that unity by feeding information in which the whole group can be interested and of one accord.

Sincerely, LYDIA BARDSLEY D.C.

ED. "Discontent Is a Never-Ceasing Current of Reproach that Refuses to Let Stream of Energy Pause and Stagnate. It Counteracts Inertia; Vanishes Smug Satisfaction; Jeers at "Little" Achievement. BJP.

Thankyou for the letter Lydia. We are pleased to print your point of veiw.

A VERTEBRAL SUBLUXATION MUST PRODUCE EFFECTS.

1. The vertebral subluxation must produce a specific body pattern and this must be duplicated each time that vertebra is subluxated in a specific direction.

2. The vertebral subluxation must produce a predictable reflex into a specific area of the body. This must be exact and have the ability of duplication.

The vertebral subluxation must occur as to type.

## TYPE:

CATEGORY ONE...vertebral body tips superior, projecting spinous process inferior, producing a kissing effect into that next inferior vertebra. This is the fault that produces what appears to be anteriorities...only Cat. one can do the above mechanics.

CATEGORY TWO...involves the weightbearing part of the sacroiliac joint and is always associated with total lumbar rotation....the lumbar rotation is an effect, the sacroiliac is the cause.

CATEGORY THREE...always involves the lower lumbar and always associated with sciatica in some degree or form. If it is the piriformis the lumbar spine will appear shortened. If it is the annulus, the ligament shadows are prominent. If it is the nucleus the disc space is lost.

OCCIPITAL LINE ONE.... same vertebral position as the Cat. one, and is in fact a Cat. one all the way.

OCCIPITAL LINE TWO...this is a vertebral effect and is produced by reflex action of a diseased viscus. This vertebra did not produce the viscus problem. The viscus problem produced the ~~viscus~~ <sup>vertebral</sup> rotation. One transverse definitely more prominent than the opposite transverse process...position only changes when viscus heals. You cannot change this vertebral position with a sledge hammer unless the sledge hammer normalised the reflexing viscus.

OCCIPITAL LINE THREE...the subluxation seen here involves the obliquity of the spinous process, and again the position of the vertebra has been produced by the reflex action of the viscus.

Research has shown that a vertebral subluxation in its truest sense does not produce visceral pathology, but visceral pathology does produce a change in vertebral position. This position must be reversed before the viscus can recaver, so you see chiropractic performs a valued service even when the adjustment is applied to aneffect. Patients who have had gall bladder surgery find that they are not freed from symptoms until dorsal 4 is properly adjusted.

The cervical spine has of course received more attention than has any other part of man's spine, simply because it is accessible and quite easily studied. In former years, we who did X-ray functions found it much easier to X-ray cervicals than the lumbar spine. The cervicals complain more and therefore receive more attention. The barking dog or the crying baby receive the attention in all families

The cervical spine is offended as often as it offends, Not all cervical pain is produced by a twisted vertebra. The cervical spine must support the skull and its 8 pounds of brains. It must be kept in balance by a very delicate mechanism within the brain substance. The cervical spine must respond to all complaints from all of the rest of the spine. It must give passage to a very vital arterial system. It must furnish the upper pole attachment for the dural membrane. It must keep in step with every step you take, for it the only thing that can balance your action with muscle facts.

The cervical spine has more ligaments than does the balance of the spine and there must be a reason. It has more reactive muscles than does any other part of the spine. It carries a greater burden of nerve fibers per square inch than does any other part of the spine. It has two irregular vertebrae. It has condyles on the top and a very long spinous process on the bottom. It is the only part of the spine that has no independence action, but each cervical vertebra must respond to the needs of all other cervical vertebra. It is the only part of the spine that moves by step ladder mechanics. You cannot adjust the atlas without affecting the brainstem, and maybe that is where much good is accomplished. Pretend that you are an atlas and for the next 80 years you have to carry a burden that is many times you size and weighs many times you bulk. Just how would you go about containing this handicap? You would have a problem wouldn't you?

First of all, you would shift as much of this burden as you could to some other part of the body and where would that part be located?...the feet of course. Did you ever see a healthy atlas with sick feet? Did you ever see sick feet with a healthy atlas? I'm sure you never did.

What is the surest sign of atlas failure? It is painful feet and particularly the heels. Eighty percent of the people who wear arch supports, need an atlas correction.

Every adjustment to the human body affects the atlas in some manner, shape or form. The atlas may change relative positions hundreds of times a day, so what is so important about a long series of atlas X-ray studies. Sneezing may adjust an atlas easier and more surely than the finest hands in chiropractic. Again that same sneeze may sublunate the atlas.

You affect more structures in the human body when you thrust onto or into the atlas than can be affected by many other processes combined.

The only time cervical films are specifically valuable is when the stairstep test shows a specific cervical vertebra failing to align for the subsequent step. This is the "halt" position and it is the position of cervical vertebral sublaxation.

The chiropractor that adjusts cervicals by right and left twisting or traction breaks, isn't adjusting anything, but he is loosening many things that ought to remain tight. The chiropractor who adjusts cervical vertebrae in the sitting position, whether he uses a special chair or not, isn't proceeding according to the rules. The cervical spine is made to be adjusted only in the supine or the side posture position, depending on the type of contact you prefer.

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VERTEBRAE ARE NOT ADJUSTED. Vertebrae cannot be adjusted. They aren't mechanical things with wheels axles and gears. They do get out of time.

Vertebrae are parts of man's skeleton with a vital function to perform. They have levers for balance. They have planes of movement and planes of response to movement. They have centres which must be kept centred for a total lifetime if good health is to ensue. They are mechanical houses inside which are placed minute and delicate factories which must produce for man those energies he needs for motion and function. They house microscopic relay stations, which must sort direct and amplify signals. They house membranes which must maintain reciprocal tension between cord and brain, muscle and tendon.

They house the home guard which must be alert to danger. They must maintain fluid balance. These and thousands more needs and necessities make up the daily task of each vertebra.

Our vertebral thrust is designed to put the vertebra back into harmony with time and function

Every organ in the body is connected to the one under your hat. BJP.

QUESTION The answer to last month's question - Have the patient inhale and test the arm. If the arm did not strengthen then the chances are it will strengthen on exhalation. The rule for the adjustment is you thrust on that part of the breath in which the arm strengthened. If on testing there was no significant difference between inspiration or exhalation then ~~thrust~~ the rib medially on exhalation and retest. This retest will determine as to whether further action on your part is necessary.

Q. Your patient is supine he can raise his legs but fails the arm fossa test. On testing you find the arm failed because of a rotator cuff syndrome. Now you squeeze the cranium and the patient cannot raise the legs. What is indicated?

X-RAY PATHOLOGY Recently J Nolan D.C. was in Melbourne. To give you something further to write about here are two questions on pathology to which John has supplied ~~written~~ written answers. Answers will be published next time.

1. What is the difference between Degenerative Hypertrophic Osteoarthritis and Arthrosis?
2. What classic sign differentiates Healed Pyogenic Infections from Healed T.B. Infections?

OCCIPITAL FIBRE ANALYSIS. The occipital fibre is the "internist factor" in S.O.T. You can palpate the occipital fibres any time you choose and in any position. We advise this type practice procedure. A patient with a very painful low back, may never associate this with a very severe gall bladder problem, but if you learn to palpate and analyze the occipital fibre, you become an outstanding diagnostician. No one in chiropractic or medicine has this advantage. You in S.O.T. are exclusive. We advise you that with category one patients in many instances, as their problems clear with the block procedure, you will find the occipital fibre clearing...anatomically, all category one vasomotor subluxations should always correspond exactly to what you would find on occipital palpatory analysis that day. The category one is that type patient. All category one patients are likewise occipital line one patients.

FUTURE SEMINARS. We have under consideration at the present moment a proposal from the I.C.C. for the setting up of a program of study under the auspices of the Post Graduate Education Division that Dr. Kleyhans envisages. This program sounds like an excellent idea for advancing knowledge in a number of specialised fields of study. However we do have difficulty in seeing how S.O.T. could be fitted in at this point in time. Currently the number of Chiropractors who wish to study S.O.T. for the first time is very limited so that the economics etc. from the College point of view is not encouraging. After all one of the reasons for this program was to have a legitimate method of raising funds to run our College. A suggestion has been made that a levy be made in with our regular Seminar fee and this would be passed directly on to the College. This of course would be fully tax deductible and would save the College any work in connection with organising and running a Seminar and would achieve the same end result- funds for the College which is what this exercise is partly about. We are studying this whole question fully at the present moment as well as our own certification program under S.O.T.O. Meanwhile what do we have in the future for you. There will be no more Seminars this year however we are planning two Seminars for the new year. One at the end of January and the other in March.

The Seminar in January will cover 3 days. The Friday will be devoted to the study of cranial technique. Only those chiropractors who have attended a DeJarnette Cranial Seminar in the last two years will be eligible. May we state that you must have a sound knowledge of all the basics or you will be wasting our time and yours. The other two days will be devoted to review and to more advanced studies for all who have taken any of our seminars in the year 1975. The 1976 Notes will not be mandatory at this Seminar. The March session will be a full introductory Seminar with and advanced class running concurrently. The 1976 Notes will be mandatory in March.

Venue January -Melbourne. Venue March - undecided. Watch for the January Bulletin.

HOME HINTS 1. Apple cider vinegar is one of the best home remedies for the fellow who overeats, and that applies to this writer, I am going to get me a Jug tomorrow.

2. Asparagus is a good diuretic but smelly.

3. The best cure for pyorrhea is to chew whole wheat kernals.