

MELBOURNE 1975. The biggest and the best yet. In all 33 attended and Keith and I feel the standard of learning, acceptance and enthusiasm was superior to anything either of us have ever experienced in any Seminar anywhere. The 1975 Notes arrived just in time and we have received a letter from Dr. DeJarnette telling us we were sent the first batch ahead of anyone else. Your request at that Seminar for a repeat of this one is on. We have booked 'Noah's Hotel Melbourne' for Saturday and Sunday 22nd. & 23rd. of March in the same room and all aspects of S.O.T. will be covered to make sure you understand the work. The program will be divided into Basic work Categories 1, 2, & 3 etc. and there will be an advanced group for those who know and understand the basics. Fill out the form and return. For those of you who couldn't make it then here is another chance. To those who have had a go and have become confused get off your tails and we will make sure the light gets thru.

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 DEJARNETTE OMAHA 1974 Cont'd. We are not talking about the movement of the sacrum. We are talking about the movement of the dura as it attaches to the sacrum. It is just like a fish pole with a line on it. The bigger the fish the more the pole bends, and when you throw the fish off the pole bends the other way. If this did not give, then man would rupture his entire cerebral system everytime he tried to lift more than 50 Lbs. That is why when he lifts he generally opens his mouth because in opening his mouth he stabilizes the sutures of the skull. If he did not open his mouth during the lift he would subluxate the the structures of the skull. An athlete when he is going to do something, pole vault, dive, high jump etc. generally becomes very sick before the event. Football players for instance, playing at the University of Nebraska line up with their backs to the audience and vomit. This is an effort of their bodies to relax them because the effort of vomiting throws them into extreme flexion and extension and they come back to a happy medium. The old pituitary excites the adrenals, they start yelling and screaming and knock the hell out of each other. The guy who vomits before the game does not get hurt. The guy who doesn't vomit gets hurt. That is why you see all those 75 buckets lined up. They don't get anything in them but vomit. That is what man is.

When your mamma made you, she started up hear (head) and went down. She didn't make your feet first. The first thing she makes is this thing in front. This is the bulb that makes the eyes, the last thing she makes is your postural mechanism and then the notochord starts to unfold like an umbrella. It comes down segment by segment. Then buds start forming the shoulders, the arms, hands. As these things form, centres for their control also develop in the brain. The eyes form and the centres for sight, and the ears as they form so do hearing centres. As the nose forms so do smell centres form in the brain. Man gets sick up here and man gets well up here. These other things are placed outside for Doctors to fool with. So man gets sick and well up there and so everything is in the brain and significantly man dies up there.

Because when God made man and thought this thing out he said sure as hell as I made man I am going to make Doctors. Now they are going to fool with this thing I made and I made it perfect. But when they get thru with it they won't even recognize it. For he said, I am going to shut them off right here. (skull) They can't get in there. They can fool with all of this down here. (spine and body) That is 20%. This thing up here you have to drill a hole in it. Do you know why it is not sensitive? Because as complicated as it is, if it were sensitive every time you combed your hair you would have an epileptic seizure. The only place is just the skin that is sensitive. When you get thru that you can go with a hammer and chisel and go right thru the dam thing. You can take the whole brain out, put it on the floor and kick it around and the patient doesn't feel it. No pain centres at all. When you have a headache the pain centres are in the arteries.

How would you like the job of making one brain in your lifetime, by hands. Have you any idea how big it would be just to flick an eye lash. You could use a printed circuit with it. It is inconceivable when you study it. Can you imagine everything that you know or do, every hate that you have, every love that you have, everything that you know in this God given earth lies there. Now what makes thing so challenging? Is it because it can be fixed and you don't have to cut a hole in there to fix it? This is the only time in the

history of man that a method has been found to fix the thing.

S.O.T. DE JARNETTE 1975

WE WILL MAJOR ON THE THREE CATEGORIES BECAUSE THEY ARE THE MOST IMPORTANT PARTS OF S.O.T. AND TOTAL CHIROPRACTIC. WHEN YOU UNDERSTAND THE THREE CATEGORIES YOU HAVE WHAT YOU NEED TO RESOLVE THOSE CASES WHICH YOU HAVE PREVIOUSLY FAILED TO HELP. S.O.T. IS NOT HOW MUCH YOU DO FOR EACH PATIENT, BUT EXACTLY WHAT YOU DO FOR THE SPECIFIC CAUSE EFFECT PROBLEM. S.O.T. IS NOT A ROUTINE TECHNIQUE OR A STEP BY STEP PROCEDURE. EACH PART OF ANY CATEGORY APPROACH DOES WHAT IT IS SUPPOSED TO DO, AND ONLY WHEN SUCH IS IN NEED OF CORRECTION. S.O.T. MAKES YOU AN ALERT AND PROFICIENT DOCTOR OF CHIROPRACTIC BECAUSE EACH THING YOU DO IS CORRECTIVE AND RESPONSIVE. IT TAKES VERY LITTLE OF THE CORRECT APPLICATION TO DO WHAT YOU DESIRE BE DONE. SO MAY CHIROPRACTORS DO SO MANY THINGS THAT HAVE NO MEANING. THEY SIMPLY ARE "TIME TAKERS" AND "PATIENT PACIFIERS".

A CATEGORY TWO IN NEED OF A SACROILIAC CORRECTION NEEDS A SPECIFIC CORRECTION TO A SPECIFIC PART OF THAT JOINT. THINK OF THE WEIGHTBEARING PART OF THE SACROILIAC JOINT AS A NETWORK OF MESHING DEPRESSIONS AND PROJECTIONS AND GIVE THEM A NUMBER SUCH AS 64. THAT MEANS ALL 64 PARTS MUST MATCH PERFECTLY BEFORE THE TOTAL CAN PERFORM UP TO 100% EFFICIENTLY. ONLY S.O.T. BLOCK PROCEDURE CAN ACCOMPLISH THIS CORRECTION BECAUSE ONLY S.O.T. HAS THE BLOCKS FOR LEVERAGE AND THE ARM FOSSA TO TELL YOU WHEN ALL PARTS FIT TOGETHER. THOSE WHO CRACK THE SACROILIAC OR ANY OTHER JOINT, SIMPLY HOPE THAT THEY GET THE PARTS BACK INTO PROPER POSITION. THEY CANNOT EVER HOPE TO ACCOMPLISH A TOTALLY EFFICIENT MATING OF PARTS.

IF YOU WOULD ONLY STOP FOR A FEW MINUTES AND TOTALLY ANALYZE EXACTLY WHAT YOU ARE DOING WHEN YOU APPLY THE BLOCKS FOR A CATEGORY TWO CORRECTION, YOU WOULD GAIN AN EDUCATION EQUAL TO A P.H.D. IN MECHANICAL MATHEMATICS. FIRST AND FOREMOST, YOU MUST APPLY THE EXACT LEVERAGE THAT WAS EMPLOYED IN THE PRODUCTION OF THE SACROILIAC SUBLUXATION. YOU MUST APPLY THE REVERSE OF THAT WHICH WAS USED TO PRODUCE THE SUBLUXATION. HOW MANY INSTANCES CAN YOU RECALL WHEREBY A PATIENT WITH A SACROILIAC SUBLUXATION TELLS YOU THAT HE GOT THE THING WHILE LYING ON HIS SIDE. IF HE DIDN'T GET IT LYING ON HIS SIDE, IT STANDS TO REASON THAT HE WON'T GET TOTALLY RID OF IT LYING ON HIS SIDE. EVERY SACROILIAC SUBLUXATION IS PRODUCED IN SOME TYPE A-P FORCE PROJECTION. THAT MEANS THAT YOU HAVE TO EMPLOY AN A-P FORCE PROJECTION CORRECTION. THE BIG POINT TO BE MADE IN THE CATEGORY TWO S.O.T. BLOCK CORRECTION IS THAT YOU KNOW WHEN THE CORRECTION HAS BEEN MADE BY USE OF THE ARM-FOSSA TEST. THIS ARM-FOSSA TEST IS PERHAPS THE GREATEST DEMONSTRATION EVER USED TO SHOW PATIENTS HOW THE HUMAN BODY PERFORMS. A 200 POUND PATIENT IN THE CATEGORY TWO BLOCK POSITION IS APPLYING 50 POUNDS OF HIS OWN WEIGHT TO EACH BLOCK EACH TIME HE COMPLETES A RESPIRATORY CYCLE. HIS INVOLVED MUSCULAR SYSTEM IS AT THE SAME TIME ALIGNING ITS ORIGINS AND INSERTIONS EQUALLY RIGHT AND LEFT. THIS PRESENTS YOU THEN THE ALMOST UNBELIEVABLE RESULTS OF A CORRECTION OF THIS TYPE. THE TOTAL HAS RESOLVED SO MANY FAULTS THAT IF YOU WERE TO TEST FOR AND LIST ALL OF THEM, EACH VISIT COULD TAKE THREE HOURS. WHEN YOU TEST FOR THE ARM-FOSSA YOU ARE ACTUALLY TESTING 160 MUSCLES. THE FREQUENCY OF THE NEED FOR CATEGORY TWO CORRECTION IS AMAZING. STATISTICS GATHERED IN THE PAST FOURTEEN MONTHS IN THIS OFFICE SHOW THAT 64% OF ALL INCOMING PATIENTS ARE IN THE CATEGORY TWO BRACKET. THE SYMPTOMATOLOGY OF THOSE PATIENTS RUNS THE GAMUT FROM TORTICOLLIS TO CARDIAC FAILURE. THIS CATEGORY TWO TECHNIQUE AS NOW TAUGHT IN S.O.T. IS WORTH FAR MORE THAN THE TOTAL A DOCTOR WILL SPEND FOR S.O.T.O. MEMBERSHIP AND SEMINAR.

CATEGORY TWO PROBLEM AREAS.

THE CORRECTION ABILITY OF THE CATEGORY TWO TECHNIQUE IS OUTSTANDING, YET WE DO RUN INTO SOME VERY SERIOUS PROBLEMS.

A CATEGORY TWO PATIENT MAY BE TOTALLY UNAWARE OF A PELVIC PROBLEM. HIS TOTAL COMPLAINT MAY INVOLVE THE CERVICAL COLUMN. WHEN YOU ATTEMPT TO CORRECT THIS CERVICAL PROBLEM, THE PATIENT WILL THEN DEVELOP A PELVIC PROBLEM. WE SAW A PATIENT JUST THIS WEEK WHOSE COMPLAINT WAS A VERY PAINFUL THROAT AND A TERRIBLY PAINFUL OCCIPITAL AREA. ANTIBIOTICS AND MUSCLE RELAXANT DRUGS HAD WORSENED THE PROBLEM. TWO CHIROPRACTIC ADJUSTMENTS TO THE CERVICAL COLUMN HAD ALMOST CRIPPLED THE PATIENT. THE CATEGORY TWO TEST FOUND THE RIGHT ARM TOTALLY WEAK ON THE ARM-FOSSA TEST. IT WAS AN ACTUAL EFFORT FOR THE PATIENT TO EVEN HOLD THE RIGHT ARM IN THE VERTICAL POSITION WHILE LYING SUPINE.

THREE MINUTES FROM THE BEGINNING OF THE CATEGORY TWO BLOCK APPLICATION, THE THROAT PAIN HAD CEASED. WITHIN SIX MINUTES THE RIGHT ARM-FOSSA WAS NORMAL. THE CERVICAL AND OCCIPITAL PAIN DISAPPEARED DURING THE NIGHT. THE SHOULDER PAIN WAS GONE IN TWO DAYS. THE PROBLEM NOW IS TRYING TO EXPLAIN TO THE PATIENT HOW ALL OF THIS TOOK PLACE AND HOW IN HELL DID WE KNOW EXACTLY WHAT TO DO AND WHEN TO STOP. HE HAD NEVER EXPERIENCED ANYTHING PREVIOUSLY AS REMARKABLE AS THIS SIX MINUTE PAINLESS SESSION ON A CHIROPRACTIC TABLE.

THE PATHOLOGICAL WEIGHTBEARING JOINT.

THE WEIGHTBEARING PART OF THE SACROILIAC ARTICULATION IS SUBJECT TO A GREAT MANY TYPES OF INFECTIOUS PROCESSES. OSTEITIS CONDENSANS ILII IS ONE TYPE IN WHICH THE JOINT SURFACES ACTUALLY CALCIFY, AND WHEN FRACTURED LOOSE, PRESENT FRAGMENTATION PROBLEMS. IN THIS DISEASED STATE THE PATIENT COMPLAINS OF A CONSTANT PAIN LOCALIZED OVER THE SACROILIAC JOINT, AND IT IS ALWAYS WORSENERD BY SLEEPING ON THAT SIDE. THE PAIN EASES ON EXERCISE AND WORSENS WHILE RESTING.

MARIE STRUMPELLS DISEASE HAS ITS PRIMARY BEGINNING IN THE WEIGHTBEARING PART OF THE SACROILIAC JOINT, AND OF COURSE RAPIDLY SPREADS THROUGHOUT THE VERTEBRAL AND EXTREMITY ARTICULAR SYSTEMS.

INFECTIONS INVOLVING THE PELVIC VISCERA OFTENTIMES INVADE THE CARTILAGE OF THIS JOINT AND CAN SET UP A VERY PAINFUL PROBLEM, BOTH LOCALLY AND REFLEXLY.

TRAUMA PLAYS A MAJOR ROLE IN THE PRODUCTION OF THE CATEGORY TWO SUBLUXATION, BUT SURPRISING AS IT MAY SEEM, THE TRAUMA IS QUITE OFTEN OVERLOOKED BY THE PATIENT, AND IS NEVER MENTIONED IN THE CASE HISTORY INTERVIEW.

CHRONICITY OF THIS JOINT'S SUBLUXATIONS IS MASSIVE. FEW ADULTS ESCAPE A PARTIAL SUBLUXATION OF THIS JOINT IN LATE CHILDHOOD OR EARLY ADOLESCENCE. SWIMMING IS PERHAPS RESPONSIBLE FOR MORE TRUE SACROILIAC SUBLUXATIONS THAN IS POTATO DIGGING OR TOMATO PICKING.

WHEN THE WEIGHTBEARING JOINT SEPARATES, IT BEGINS ITS PROCESS BY TRYING TO STABILIZE FROM THE SHOULDER GIRDLE. THAT IS WHEN THE LATISSIMUS DORSI MUSCLE BECOMES INVOLVED AND RAPIDLY INVOLVES OTHER MUSCLES SUCH AS THE TRAPEZIUS, DELTOID, ETC.

THE SACROILIAC JOINT, WHEN IN SEPARATION, PLACES A ROTATION STRAIN INTO THE PSOAS MUSCLE, AND THE PSOAS IN TURN INVOLVES THE DIAPHRAGM. THIS CHAIN OF EVENTS CAN PRODUCE EVERYTHING FROM A SINUS ATTACK TO A SERIOUS UPPER RESPIRATORY INFECTION.

THE SHIFTING OF BODY WEIGHT TO TRY AND COMPENSATE FOR THIS SACROILIAC SUBLUXATION PRODUCES MAJOR PROBLEMS WITHIN THE CRANIAL SUTURAL SYSTEMS AND ONE OF MAJOR IMPORTANCE IS THE SHIFT OF THE TEMPORALS. THIS TEMPORAL SHIFT ALWAYS INVOLVES THE AURICULAR SYSTEMS WHICH LEADS TO NAUSEA, COUGHS, VERTIGO AND A FEELING OF DEEPENING DEPRESSION. WHEN THE VESTIBULAR MECHANISM IS DISTURBED, IT CAN PRODUCE SYMPTOMS SO VAGUE THAT THOUSANDS OF DOLLARS CAN BE SPENT IN A FUTILE SEARCH FOR CAUSES, WHEN ALL THE SEARCH NEEDED WOULD BE THE ARM-FOSSA TEST. IF THIS ARM-FOSSA TEST BECAME A PRIME OBJECTIVE IN EVERY CHIROPRACTIC OFFICE IN THE WORLD, WE WOULD SOON GAIN A REPUTATION OF BEING OUTSTANDING DIAGNOSTICIANS, AND NOT ONLY WOULD WE EXCEL IN DIAGNOSIS, BUT OUR THERAPEUTIC RESULTS WOULD BOUNCE THE BALL RIGHT OFF THE A.M.A. DESK. WE PERSIST IN MAJORING ON BIG SOUNDING PROBLEMS, WHICH LEAD US NOWHERE, AND WE MINOR ON THOSE THINGS WHICH COULD MAKE US ENVIED BY ALL.

PROOF OF VERTEBRAL CORRECTION.

AFTER THE FEDERAL ENQUIRY THE GOVERNMENT MIGHT SET UP STANDARDS FOR JUDGING VERTEBRAL SUBLUXATION CORRECTION, AND THIS IS A TRAP THAT WE MUST AVOID AT ALL COST.

A VERTEBRAL SUBLUXATION IS CORRECTED WHEN ITS BODY PATTERN CHANGES FROM ABNORMAL TO NORMAL, AND ITS PREDETERMINED REFLEX POINT DISAPPEARS. THOSE ARE THE TWO CRITERIONS FOR PROOF OF CORRECTION. WE MUST NOT ACCEPT A STANDARD THAT DEMANDS CORRECTION OF THE "VERTEBRAL MISALIGNMENT". THE MISALIGNMENT HAS NOTHING WHATSOEVER TO DO WITH THE VERTEBRAL SUBLUXATION. A VERTEBRA THAT TO ALL APPEARANCES IS NEAR NORMAL, CAN BE A VIOLENT AND DEEPLY PATHOLOGICAL SUBLUXATION. A FOURTH LUMBAR ROTATED WITH ITS SPINOUS PROCESS AS FAR TO THE RIGHT AS POSSIBLE TO MOVE WITHOUT FRACTURE, MAY BE A TOTALLY ADAPTIVE COMPENSATION, AND MAY BE TOTALLY AGREEABLE WITH THAT PERSON'S OCCUPATION OR HEALTH HABITS. IF YOU CHANGE THAT ADAPTATION, THE MAN BECOMES SICK.