

THE VIEWPOINT OF S.O.T. AS IT RELATES TO LEGISLATION AND ULTIMATELY MEDIBANK

S.O.T. HAS BEEN DEVELOPED TO UNDERSTAND THE CHIROPRACTIC SUBLUXATION. It has worked on this thesis for 50 years. It has explored thousands of avenues and back alleys and black holes. It has lived with and been part of much that man must contend with. It has been a totally dedicated pursuit. It has not been diluted with brick and mortar and real estate deals and pyramiding land investments and oil explorations...it has been and still is exclusively research into the chiropractic subluxation. What better preparation can one have for the challenge now out before our profession?

If the chiropractic subluxation is the cause of mans physical problems, then it has to be a specific cause. It cannot be a micro-cause or a little bitty cause or a secondary cause. The chiropractic subluxation exists or it does not exist. It produces effects or it the result of effects.

Through the science of S.O.T., the chiropractic subluxation is not a "vertebral subluxation" The vertebra is a house in which dwells mans nervous system. It is vault in which is deposited man's totality as to function or dysfunction. Put twenty-four vertebra together and you see man's house in order of umbrella development...important part first and best protected...next important last and least protected. The springs on your automobile make your ride smooth, but they take the pounding of the roads and then have checks to hold them in alignment.

To understand the chiropractic, we have set a few principles in order of values. We have to eliminate the X-factors and bring in the provable factors.

1. The vertebra is a box-like structure made up of parts and articulated by a special arrangement.
2. The position of the vertebra is important only because it identifies and parts that are important.
3. The vertebral misalignment is not a vertebral subluxation and it surely is not a chiropractic subluxation.
4. The medical doctor can see a vertebral misalignment, but he is not trained to see a chiropractic subluxation.
5. Neural response is always dependent upon cord level function.
6. You do not thrust vertebrae into position until the ligament structure is ready to let the vertebra move in the direction of momentum.
7. Differential in intervertebral foramina diameters is not a criterion by which to judge neural flow interference. Observe a paperhanger...his foramina are closed almost totally on one side all day long.
8. A chiropractic subluxation is always involved with a pathological process.
9. A chirpractic subluxation is a "now" thing. It exists now. It performs now. It produces changes now. It continues to produce changes until it's total body can compensate and create a new disturbance to alleviate the old disturbance.
10. You cannot locate the "now" subluxation by viewing a month old X-Ray film or even a wet film. The neural flow obstruction does not photograph by contrast.
11. The medical doctor interprets the chiropractic subluxation by symptoms and tests. It is still a chiropractic subluxation and if the patient recovers, the chiropractic subluxation has to recover first and in the same degree that the patient recovers. This proves that the chiropractic subluxation is not always a mechanical involvement of moveable parts of a structure.
12. A vertebral subluxation is not necessarily a chiropractic subluxation. There is a difference between black and white, not because of colour but because of chemistry.
13. A vertebral subluxation involves the facets, the body and the disc, and it is a strain, sprain joint problem. It's symptomatology is localized pain due to inflammation, engorgement and expansion. Tissues may rupture in this type subluxation and nerve root pressure ensues due to expansion of soft tissues, not loss of joint space due to a shift of bone upon bone. This subluxation involves ligaments as well as muscles.
14. It is not possible to veiw an X-Ray film of the total spine and select the vertebra involved in this joint sprain, strain syndrome, unless the joint capsule has ruptured and

the tissues have become infiltrated with fluid.

15. A chiropractic subluxation is specifically an entity of the chiropractic profession in which the nerve root pressure develops inside the intervertebral foramina due to dural sleeve torquing as a result of muscle splinting to protect a vertebra in "over-motion". The difference between a vertebral process subluxation and a neural flow chiropractic subluxation is then one of principal parts involved and the end results. The vertebral subluxation is a localised problem involving precise structure. The chiropractic subluxation may exist at any level and produce effects at another level.

16. The chiropractic subluxation is detectable only by using a category system that predetermines the level of interference by the non-static action of the patients structure under stress.

17. A patient in the upright position will necessarily need more effort to balance the point of imbalance than it will need to balance all points in balance. The strain of this non-static evaluation will show by first of all exhibiting the effects of a lessened blood supply. We term this "blanching". The blanched area is the area under non-static embarrassment and is the exact point of neural flow loss.

18. The very first effect of this neural flow loss is to impinge the pedicles of the vertebra and to alter their appearance as seen on X-Ray.

19. The pedicle is pure cortex, therefore it has no animal matter to protect its form and size. The longest levers the vertebral bodies have are the lamina and the spinous process, and both ramify their stress points into the pedicle structure. The transverse processes do not enter into this picture as they are counter-balanced by ligaments, tendons and muscles.

20. If we are trapped into interpreting vertebral position on X-Ray (and let us pray that never happens) the Doctor of Chiropractic will need to base his total therapeutic process upon the restoration of vertebral position. (this would be untenable in view of what has been stated earlier) This restoration of position need not change the position of the transverse processes as they change hundreds of times per day, but must change the position of the pedicle and the lamina and the spinous process. The spinous process is the vector factor as such relates to the vertebral body, as it represents a straight line having both magnitude and direction. The basic evidence that a chiropractic subluxation exists is the vector factor of the vertebra as not having the spinous process represent a straight line with magnitude and direction. The test would be a three dimensional film which most of us cannot take. The proof of correction is the establishment of that spinous process as now having a basic straight line with magnitude and direction. To most of us this is hogwash and we must have a more understandable solution. This we have in the category system and without going deeper into the sciences, let's see how this operates for the benefit of our patients and the Science of S.O.T. To be continued.

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Question A goodly number of fine answers was received. Most of you were pretty right and there can hardly be a quibble from me. What we were looking for was a Category 3 of course and all of you were correct. Most of you gave the correct handling procedure. Only one of you gave the Category 3. Psoas muscle procedure for the forward antalgic position - Bill Mac take a bow. After 3-4 visits we would expect very positive Category 2. signs to develop with a right upper fossa. Clues anterior and lateral leg pains, medial right knee pain and pain sensation in the left leg.

Now I want you all to think. We have a Category 2 patient RUMS everything goes according to plan and the arm fossa corrects just fine. You remove the blocks and prepare to raise the patient. However the patient complains of pain in the area of the axis. You check and find the lamina area of C2. extremely tender - so much so that you feel you should find the cause. Go ahead and explain what you would do in your office using S.O.T. (the lamina is very painful on the left and no pain on the right) I expect intelligent answers for you are the most intelligent chiropractors we have today.

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CRANIAL TECHNIQUE If you owned a circus and had to erect a huge tent every day, there are certain procedures to follow, and those procedures would demand rigid standards. You would have to have a perimeter and a centre. The perimeter would consist of stakes at a certain angle. The centre would use a pole of predetermined height. You would first of all drive the stakes around the perimeter and attach the ropes that support the total tent.

In the centre, you would erect the tent pole and you tent would be properly set up. You would erect the centre pole last. If all the perimeter guy ropes were properly positioned, your tent would now stand without depressions.

The human brain and nervous system is supported by a tent and that tent has guy ropes and those ropes have specific attachments. That tent serves many purposes in that it not only supports the brain and nervous system, but it acts as partitions to the various parts and also as insulation so nerve impulses will use their assigned courses or circuits.

As long as the periosteal tissues, known as the dura mater, has proper attachment for the reciprocal tension mechanics, the brain can be supported without folds and the proper insulation is supplied to the component parts. When one guy rope contracts, all guy ropes are placed out of reciprocal position and trouble develops, circuits become confused.

Parts that are supposed to respond do not respond, and parts not supposed to respond find themselves in error circuits. All intracranial tension membranes have focal points and if those points rotate internally or externally or over-flex or over-extend, the whole is placed in rotation or extension or flexion. If a part demands extension for function, but instead finds itself in flexion, the connected parts do not respond and we have pain and disease and lack of co-ordination and development.

The body like a closed circuit TV unit, has monitors that indicate trouble. For instance, the mandible in chewing predicts trouble internally when chewing becomes painful due to a temporal-mandibular failure. The pain may not develop in that joint, but suddenly one's nose begins to run or one side stops up and there is the absolute need to blow one's nose, even in the middle of a delicious meal. Suddenly, tears form in the eyes, or one's forehead becomes moist.

The brain as you know is divided into component parts, each performing thousands of functions provided by stored memory banks. The brain performs both voluntary and involuntary functions and those must be separated. How would you like to be a brain and store say 14000 words and remember how to spell them? How would you like to be a brain that has to direct a car for thirty miles twice per day on an impossible freeway? How would you like to be a brain that has to separate three scotch and waters, six kinds of pickles and cheeses, and then comes the prime rib, green beans, rolls and butter, au jus, coffee and cake and after dinner drinks with the conversation and five or six cigarettes? The brain not only has to separate them, but use what the body needs, store what it can and get rid of the rest, and train a rectal sphincter to know the difference between gas, solid and water. How would you like to be a brain that has to interpret sight, sound, smell, temperature, direction, balance and motion? How would you like to be a drunk's brain that has to get the idiot home and put him to bed? How would you like to be a brain that has to place inside each temporal bone a mechanism so delicate that it can keep you upright on this spinning globe we call our planet without you knowing this planet is moving? How would you like to develop one vestibular apparatus and have it function for 98 years full of wax? We could go on for hours couldn't we? The point is we have been talking about the brain which comprises 80% of man's nervous system and until very recently we have been without the means or indicators to remove cranial subluxations.

**BIG QUESTION...**"DO I NEED CRANIAL TECHNIQUE?" It is a 99 to 1 wager you not only need cranial technique, but it is a sure 100 to 0 wager.. that every one of your patients needs cranial technique right now.

The big question is simple...will you accept the challenge, or will you let John do it for you? Chiropractic is a profession and all chiropractors are challenged to be the best they can within the scope of chiropractic. If you are content to operate within a 20% range of possibilities, then you are privileged to do so; no one can criticize you as long as you do everything within your power to be totally efficient within that 20% range of practice. Any Doctor of Chiropractic can have a beautiful life working within that 20% range, and he can do many things no other professional can accomplish. No one dares criticize you for wanting to remain successful in what you do.

Dr DeJarnette feels that cranial technique, properly understood, is the next great step to be taken in total chiropractic. This subject has far too long been neglected or badly handled.

80% of humanity is only partially corrected by even the best skilled in chiropractic, because even those with extraordinary skills can only manage what they can reach and control. If you are a fireman and a building eighty stories high has a fire on the top floor and you have only 20 feet of hose, you are a loser because you need about 900 feet more of

hose. No matter how skilled you are with twenty feet of hose you still cannot put out the fire that needs 900 feet of hose. Chiropractors have been trying for years to put out the fire with only 20% of the skills they need. Imagine if you can what would happen, if suddenly all chiropractors operated with 100% abilities and efficiencies.

You can begin to increase your skills by attending the Omaha Seminar this year. The first three days of this learning experience is devoted to cranial technique and the last three days are devoted to a complete review of all DeJarnette S.O.T. Chiropractic.

WILL YOU ACCEPT THE CHALLENGE?

MELBOURNE 15th, 16th, 17th, August. Registrations so far are excellent. We still need more so if you haven't registered yet do so right away. Bayne McKellow from NZ has asked if his wife may attend as an interested observer in order that she has a greater understanding of the work Bayne is involved in. We have agreed that this is acceptable and a registration fee of \$25 will be charged for the three days. Bayne's wife is a qualified radiographer and is involved in his practice in that capacity. We believe she will gain a most useful understanding, this no doubt will be made a little easier by her previous training. No manual is needed or equipment so if any of you have a wife who is similarly interested we would be happy to extend this privilege if circumstances are favourable and a useful understanding can be gained. We look forward to the best Seminar ever in Melbourne.

ANTERIOR DORSAL BLOCKS Finally available. Coloured Bone. Cost \$9.50. Order with a check.

OMAHA Steps you must take to ensure you will be accepted for registration - they will take the first 350 registrations only.

Step 1. You must have a registered copy of the 1975 S.O.T. Notes - this means in your name so don't lend yours to someone else. This has the Gold cover. If you ordered it through us you are registered in Dr. De Jarnette's office.

Step 2. You must purchase "Cranial Technique 1975" from Dr. De Jarnette on Form 1. below. It must have a \$66 (US.) cheque with it - this is a separate cheque.

Step 3. You must make a reservation for Cranial Technique Class on Form 2. below. Return to Dr. De Jarnette with a separate cheque for US\$60.

Step 4. S.O.R.S.I. is beautiful and perhaps the finest Chiropractic Seminar offered today. You use Form 3. below and send cheque for US\$75 to Dr. Jeanne Carley made payable to S.O.R.S.I.

Step 5. If you want to be a clinic patient for the full week, you include an additional US\$75 to Dr. Carley and payable to S.O.R.S.I. Indicate on Form 3.

Step 6. Friday night is Awards, Banquet and Dance, De Jarnette's address is a gem. Add US\$8 per head to Dr. Carley.

A total of US\$284 for the greatest experience in Chiropractic. Now we have no need to tell you, our colleagues, that chiropractic is a bargain at any price. But just pause - a return air fare, hired cars, 2 nights in Honolulu, 2 days in Davenport, six nights in Omaha and sundry tours (to get concessions) etc. for a maximum of \$995 (and likely to be considerably less) plus \$284 seminar fees gives you the total package (less your meals) at less than the return air fare to Omaha.

We leave Tuesday 23.9.75. at 5.30pm and get to Davenport Friday am. Back in Sydney 7.30am Monday 6.10.75. The accommodation at the New Tower Convention Centre is booked for those who have notified us. Bookings are on the basis of sharing twin rooms. If you don't like, tellee.

If your C.A. is a starter for the very fine Assistants course then let us know and we will send the C.A. program etc. Please use the last form to tell us you have sent your forms off and are a definite starter.

GONSTEAD SEMINAR This past weekend I attended the Gonstead Seminar held in Melbourne. The seminar was well conducted and in the vicinity of 25-30 chiropractors attended. It is good to see others also see the need to present good seminars that have a maximum of benefit for those who attend. It was very apparent that the Gonstead Clinic uses a good X-Ray analysis and an adjustive technique which is questionable in some areas. However the extensive use of nutritional additives and natural purges in case management was quite a surprise. It is interesting in that DeJarnette discovered and used these years ago.