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SUBLUXATION...MISALIGNMENT....VERDICT....NERVE PRESSURE.

Look at any X-Ray series of any patient that you have adjusted for, let's say, ten years. All of those patients and also their films. This office has some films of patients taken in 1942. Compare what today's films show with what the films on this patient showed ten years ago. Look really well and you do not see any change which is really spectacular, yet this same patient has recovered from many episodes of pain and visceral explosions during the past ten years. If the vertebral subluxation is as you see it on the x-ray film and if your adjustments have been as specific as taught in your college, that spine should be perfectly aligned.

Let's face reality and be totally factual. The things you see and identify as vertebral subluxations are not vertebral subluxations. The process misalignments at the time of occurrence caused discomfort and no doubt received generous amounts of balm of Ben-Gay and the heating pad. The malformations caused very little discomfort, but perhaps some disfigurements as to posture.

The actual vertebral subluxation is inside the neural canal and it's involvements are not detectable osseous malpositions, but osseous malfunctions due to these neural canal disturbances. The actual vertebral subluxation is a terminology for identification and one not meaning position in relationship to structure. The true nerve pressure is dural sheath, not nerve root.

In S.O.T. we have a true subluxation in the category one when we demonstrate at the proper time a specific level of blanching. In category two we demonstrate a true osseous subluxation when we find an arm fossa positive sign. In category three we demonstrate a disc involvement by either a tippage or rotation mechanical deviation of one of the lumbar vertebrae.

The occipital fibre identifies a defensive mechanism at work and it points out the type defense being employed and the level of that defense and how such is corrected to function to total efficiency.

In trapezius reactive findings, we develop either an upper cord syndrome or we develop a pathological state not reverseable. In a trapezius reactive, we are clued in as to the level of vertebral involvement in a pain syndrome.

The cervical column needs help when it's processes cannot function in units of two vertebrae. The occipital condyle system needs help when the occiput stops rocking normally with respiration or the atlas refuses to rotate on command from the occiput.

We recognize the boot subluxation as primary, but it is not always active or in need of first attention. S.O.T. is truly a deductive process, not an interpretative process.

S.O.T. EQUIPMENT. We have just received a consignment of Boards, Blocks and Rolls in the following lovely colours. Red, Tan, Gold, Brown, Light Grey, and Dark Grey. These are available right now. First in first served and the price for a complete set is \$37.50 plus freight. Other colours which can be ordered are Neutral (Bone), Blue, Green, Black and White.

MELBOURNE MARCH 22nd & 23rd. Noah's Hotel Melbourne Exhibition St.

This will be the last notification for you all of the big Refresher and C.M.R.P. Seminar to be held in Melbourne. The last time in Melbourne was the biggest yet and advance Registrations so far indicate this one will be bigger again. We had a wonderful time did alot of learning, created a few more Cardinals, had a good swim in the pool and above all we developed a closer bond amongst Chiropractors.

To those of you who did not make the last one then we will expect you at this one. Right. To those who don't think S.O.T. works. Think again. S.O.T. works fine if you use it as you are taught. The moment you start incorporating your own ideas with it so will your failures grow. There is an old saying in Chiropractic " Chiropractic doesn't fail, it is the practitioner" so it is with S.O.T. We consider you should be there. Don't you ? To those colleagues who have only one room to work in. If you haven't already made plans to enlarge then obviously you are content with what you have and do, or perhaps your own negativity has overcome you. Make plans to expand NOW. Your practice will enlarge immediately in proportion to your enthusiasm. S.O.T. positively will help your practice double. To do it you must know it. So be there in Melbourne and learn it again.

If man " is THE SERVANT," then " nature " must be THE MASTER.

TECHNIQUE A technique is nothing until put into a teachable form and taught to others. The biggest part of all research programs is the development of a methodology of teaching what you develop. Far too much research revolves around theorems and multiple algebraic classics. If you read all of the research written today, you will understand about one hundredth of one per cent of it's total. Research that makes it easier to adjust a 200 lb man by a 100 lb D.C. is something we can all use. Research that enables the 250 lb. D.C. to adjust the 100 lb. nervous wreck, is a godsend to both parties. A technique that enables the D.C. to accurately and minutely diagnose a sacroiliac slip and to replace the parts precisely, is an achievement worthy of a million dollar project. Shooting juice thru a bull frogs leg is fine. I used to do that. But the things I learned wouldn't sell on today's market for ten cents.

Chiropractic research has to develop techniques that surpass all things heretofore known, and such a technique has to do exactly as purported to be. Stop and analyze one patient and the objectives of the correction proposed. Where in all of the history of research can you duplicate what S.O.T. has developed? Man has been looking since time began, yet it took the Major way out there in Nebraska to discover what made man tick and be different. How many brilliant dissectionists have looked upon the sacroiliac joint? Thousands upon thousands. They probably marveled that it had no specific muscle control, but no one made an issue of that point until the Major mentioned that fact. How many looked and failed to see the divisions in that one joint...certainly thousands probably said...funny thing, look how it is divided into parts, and look how one part seems to glisten and the other part looks like an old bumble bee's nest. They saw how things looked, but no meaning developed.

Take for instance the dural membrane. All know that it's cranial part has an outer and an inner layer, while the spinal dura has only one layer. All saw that, but no one really cared until the Major pointed out that the dura in the cranial part covered the foramen magnum, and thru it's occipital control, caused the atlas to move when specific heel tension traction is applied. No one really cared that the atlas dura is different than the dural attachments to C2-3. Those things were something to jerk loose.

How many anatomists have been privileged to analyze living people under varying conditions. The Major has analyzed thousands of these souls, and they are different in many ways from a cadaver. For instance how many scientists sat with their finger in a rectum, noting the effect of that finger on respiration? That is research that no one does before thanksgiving and Xmas, but it is important. How else would we have discovered the " Primary sacral respiratory mechanism" ? You could not have discovered the sacroiliac boot mechanism in 12 million years with laboratory hookup of dead things. To understand the total living human being, you have to research totally living human beings.

Suppose no one had ever cared about those patients who have constant occipital pain, had been the case? The Major wouldn't have worn 2 inches off his index fingers palpating occipital bones. If the Major had not palpated occipital bones, no one else would have, because prior to the Major's announcement no one else had even shown an inclination to care about that part of man. Suppose no one had made a dedicated study of the Chiropractic thrust and had formulated the many many way's it could be wrongly delivered. If no one had made such a study, no one would have believed help was needed and the DeJarnette block system would never have been developed. Suppose no one had cared that chiropractors were daily driving vertebrae deeper and deeper into anteriorities, and patients by the thousands were experiencing undesirable results from such adjustments. Had no one cared, chiropractors would still be thrusting those vertebrae deeper and deeper into human bodies and human bodies would be developing more and more irreversible pathologies. The Major cared and he developed the anterior adjusting techniques, and then the sternal roll.

Suppose no one had cared, the short leg would still be the criminal, and the long leg which is more often the culprit, would have gone uncorrected. Stop one moment and think. Look at all of the upper cervical specific technicians who now adjust anterior dorsals lumbar and pelvises by side rolling them. They are still 50 years behind the times. Suppose no one had cared, chiropractic would still be in the same dark ages regarding the cranial vault as are the medicine men. If the Major had developed nothing other than R.P.R.P., his contribution to humanity would have been phenomenal. Time will tell, and

You will listen. Suppose no one had cared, chiropractors would still be adjusting flexion cases with extension techniques and extension techniques are specific for extension. The Major cared so you have specifics for flexion and extension.

Political chiropractic burns with the fever of "why". They will spend all they have and when they have spent all they have, they will still say "why". Political medicine traps political chiropractic with the "why" business. Neither has or will ever have the answer, but the stronger will consume the weaker in this "why" search. Gone is the wind that moves the leaves on the tree. Unseen, but present.

We know why a Category 1 patient is a Category 1 patient. We know the mechanical why and the mechanical how of fixing the why. We cannot trace all of the cells involved from origin to completion, and we damned well won't waste our finances in a futile search for that elusive "why". We will spend all we have if we need to search for the searchable "how".

We know why a Category 2 patient is a Category 2 and we know why and how. We cannot tell you exactly how it happened. We cannot trace all of the neurons involved. Given time and money we could prove that 90% of all emotional breakdowns are Category 2 problems. We can prove that Category 2 is industry's great stumbling block. We can prove that Category 2 sees millions spent in a futile search for the medicine man's magic pill, yet closes his eyes to the reality of the mechanics involved.

We know the why and the how of a Category 3. We cannot tell you exactly when or how it happened, but after it happens the why and the how are there. If we knew how it happened, a thousand chiropractors might blush for shame.

1975 Notes These notes are the best yet and are laid out beautifully, and are easy to understand. For those of you who have overlooked ordering then this is it for I do not intend placing any more order forms in the news letters.

DONATION A donation of \$250 has been forwarded to the International College of Chiropractic Melbourne. This amount has been forwarded with the approval of all those present at the recent Melbourne Seminar and is going to be used for College operating expenses.

SOME THOUGHTS Chiropractic must now decide where it is and what it is...is chiropractic a method of treatment or is it an analysis as to cause and effect?

If chiropractic is method of treatment, then what does it treat and how? If you read the advertisements of the many techniques sold to chiropractors, you get the idea that no one knows which end is up, but everyone is trying to put his end forward.

Is man a reflex mechanism? Do his reflexes cause disease or does the disease alter his reflexes? If reflexes cause disease, then we have to reckon with them. If they result from disease, then what caused the disease they developed from and became a part of?

Do man's muscles constitute his total make up and are they monitors of his functions?

If his muscles are his monitors, then do they cause disease or do they respond to disease?

Do we treat muscles for primary answers or for effect answers?

Does man's spinal column disrelate, press on nerves and become primary in his state of disease and pain?

Do disease and pain disrelate man's spinal column and make it seem to press on nerves?

Can a chiropractor subluxate a vertebra and cause asthma...can he adjust that vertebra and cure asthma?

If the vertebral subluxation is the cause of man's primary health failure. can such a subluxated vertebra be initially detected by X-Ray studies?

Would a man's vertebral system be essentially and specifically changed if he were well today and dying of pneumonia tomorrow?

Can you study an X-Ray made 6 months ago and determine the vital subluxation existing today and causative of today's problems as related to human health and behavior?

If man subluxated a vertebra and that subluxated vertebra pressed on a nerve trunk and that nerve trunk failed to perform, how does man respond? Now you are at the nitty gritty of chiropractic as taught by Sacro Occipital Technic.

"When a man wantonly destroys one of the works of man we call him a vandal. when he wantonly destroys one of the works of God, we call him a sportsman."

Joseph Wood Krutch