

**EDITORIAL** We at last have established in Australia a Chiropractic College of which we can all be proud. The arrival of Dr. Kleynhans has given the College a new impetus and we must be eternally grateful for the stupendous efforts of those who started our College. I trust their influence and efforts to keep our institution on the right path never wane, for the hopes of many rest with you. Your efforts to keep chiropractic to the fore and along the lines of the Philosophy of our great D.D. Palmer and not allow it to become adulterated with the many modalities that are currently in vogue overseas, will earn the undying gratitude of the profession in Australia and New Zealand. The Chiropractor of the present and in the future will have increasing pressure placed upon himself or herself to use modalities or adjuncts to aid in the adjustment or the like and to provide an additional source of income. This is not to say these things have no place in the healing world or that the chiropractor should not have a knowledge of such things, when they may be of aid or when they may not be of aid, but that the chiropractor is a specialist in the detection and removal of subluxations of the nervous system is paramount.

On observation of the overseas situation Chiropractors fall into 4 broad groups all purporting to be chiropractors. 1) Those who locate and remove the subluxation within the nervous system by an adjustment using a table, positioning equipment, their hands and or an adjusting instrument which delivers a specific thrust for such purposes. 2) Those who wish to supplement their income by the use of modalities and those who belong to practice building organisations such as Clinic Masters who demand that these be used in order that the desired monetary goals be reached. 3) Those who have failed to a large extent in locating subluxations and removing them and who have turned to modalities, other therapies and anything else in the hope that they may find the answer to their own inadequacy. 4) Those who because of their medical type training feel it their responsibility to run the whole gamut of medical and orthopaedic tests to determine the acceptability of the patient for manipulative therapy and who rely heavily on vitamin therapy, modalities and or acupuncture. These often refer patients to the M.D. and thereby shift responsibility.

These are only rough definitions but generally cover most. Not covered is the type who wants to impress with his approach whether it be chiropractic or medical. All patients like to be dazzled with gadgets, tables or your tests. This is the fellow who could fit all 4 categories. No doubt some of you could suggest a few more. However the point I wish to make is the extreme diversity within the profession and the great difficulty any enquiry must have in deciding what chiropractic is and what it is not. Who are we to criticise the psuedo's when we have such diversity ourselves within our ranks from those who just want to give an adjustment to those sorry souls in the U.S.A. who want to prescribe drugs.

Here in Australia amongst our own ranks we have diversity. Yes dare I say it. At the recent Annual Convention we had the Ramsay group in attendance and according to the salesman one of the most frequently asked about subjects were books on acupuncture. I was handed a pamphlet on Acu-aids and recommended to get some as this chiropractor had had great success with them. I heard those talking about the urine tests they run to determine ascorbate levels and other levels necessary for vitamin therapy. We had two overseas lecturers (one of whom repeated much of what we heard last year) who went into into great detail on testing and so on. If we spent our time carrying out all of the tests etc. I heard discussed throughout the 3 days I was present then there would be precious little time for practicing chiropractic and after all that is what we purport to practice.

This is a crucial period for chiropractic in this country we have a big responsibility for the members of our Association to present a unified and common front for the preservation of Chiropractic. Chiropractors adjust to remove cause - the result is HEALTH.

**ONE THE IDEA, ALL ELSE FOLLOWS.**

**PROOF OF S.O.T.** Once again I have been asked by some, where is all the proof of De Jarnette's work. Why doesn't he release this and so on. Here is what De Jarnette himself says in answer.

**RESEARCH TODAY** Your writer spent the first fifteen years of his research trying to explain things to other people. He felt that a principle had to be totally explained before it could be accepted on facts. A lesson was learned at great expense. When you get down to the nitty gritty of making a living, no one will pay you a dime for "whys", but if you have a principle based upon teachable hows, it can be sold in the market place and you can proceed to other principles. Today, requests come from all directions for my research papers. I could not sell them forty years ago, so why the hell should I give them away today. I'll burn the blasted things first. My life today is based totally upon principles that operate within the laws of all known sciences, and my principles can be totally explained when viewed by any branch of the sciences. Physiologies, anatomies, neuro-anatomies and neuro-physiologies are being published today that clearly explain my principles. Those text books are of little value as such until their contents have been translated into workable, teaching principles. I am proud to know that great men in other fields prove my contentions. I know that a race horse can run faster than a draft horse, and I perhaps know why, but no one can predicate which of five race horses on a given day can run the fastest, and that is why suckers by the millions wager on them. S.O.T. is not a horse race. It is not any unknown, rather it is a positive force in chiropractic that is forcing all of chiropractic to look our way. Had I stopped in 1940 because I could not then explain the category one, you would not have the category one today. Had I stopped my cranial research in 1936 because I could not explain many things that I could not, you would not have the Basic 1-11-111 and the R.T.R.T. today which are making history.

In 1933, when I first published my findings on the occipital fibers and their interconnections to the total nervous system of the spine, I did not know how they functioned, or how they occurred. We established a principle. It worked and it saved thousands upon thousands of lives and kept several thousand chiropractors in chiropractic. We now know all that it is necessary to know about the occipital fibers, but that knowledge does not make them more useful, or our administration of the techniques any more efficient.

When I introduced the block techniques in 1964, I had a vague mechanical knowledge of their performance. I know that they changed the pelvis and the pelvis changed the spine, and the spine freed certain levels of the nervous system. I did not know that later on we would have a category one block procedure, a category two block procedure and a category three block procedure. Because I did not know the "why" did not alter my course in developing the total process of the "how", and today, those categories with their "hows" perform in thousands of chiropractic offices throughout the world.

Perhaps we do not as yet have the total answer as to the "why", but once again, the "why" business is a poverty game enjoyed only by those rich enough to forget the necessity of added income.

Chiropractic would have succumbed in 1895 if Dr. D. D. Palmer had been forced to explain how Harvey Lillard's deafness was eliminated by a vertebral thrust. I'll bet Harvey Lillard cared more about his new hearing than he did about the "why" of its happening.

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**L.O.A.** Bob Jefferies has asked why this Birth Position. The 1975 Cranial Notes state -

"Birth in the Left Occiput Anterior (L.O.A.) is the ideal position. The infant head is designed with the vault bones laid down in membranes and the infant skull has no actual sutures. The L.O.A. position lets the vault bones overlap so they present the smallest possible skull for the pelvic outlet contest.

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Medicine and individual chiropractors are plaguing chiropractic today with "prove it" challenges. Chiropractic seemingly is accepting the challenge, yet the proof of Chiropractic lies in principle. Great men in science are proving the contentions of S.O.T. daily. In so long as they are fulfilling our needs, let us spend our time and money developing

better principles. It is cheaper to purchase a book on Physiology than to write and publish one. Just let the sponsored researchers keep right on and they will keep right on building S.O.T. and Cranial technique.

PAIN CONTROL I have been informed by Dr DeJarnettes secretary that this particular manual is out of print so there will have to be a credit to all who have ordered. I will contact you in due course regarding this.

QUESTION EXPLAIN WHETHER YOU WOULD THRUST ON INSPIRATION OR EXPIRATION ON A VASOMOTOR WITH YOUR PATIENT WHEN HE OR SHE DEMONSTRATES AN SB+. ALSO FOR AN SB-?

Don't just think about it write down your answer and send it to me.

S.O.T. AND THE I.C.C. At the recent Annual Conference Dr Kleynhans approached me re. placing S.O.T. as a subject on the College Advanced Education program in a similar manner to that conducted in overseas Chiropractic Colleges. Certificates would be issued indicating a chiropractor had attended a College conducted program of so many hours etc. Another suggestion was that an individual Chiropractor may enter a program designated by Keith and myself over a number of years wherein complete competence in all the major phases of S.O.T. including cranial technique must be gained and examinations passed and the degree of PhC. in S.O.T. may be awarded. The reader must bear carefully in mind that these were merely suggestions and no agreement or further discussion was entered into. Naturally the approval of Dr. DeJarnette must be gained and much detailing must be done before any serious discussion could be entered into.

Regarding the former suggestion. I find it most difficult to find a way wherein in excess of 100 chiropractors could get credit for having attended our courses of instruction over the past 2 years. There seems little point in many of you attending the same seminars again just to have a College certificate to hang on your wall. These and other problems arise such as the small number of Doctors in Australia. We simply just don't have the thousands of Chiropractors that there are in the USA to make such a program economic. Anyway the idea will be discussed by Keith and myself and perhaps at a later date we will have discussions with the College and Dr. Kleynhans.

MELBOURNE Registration are coming in at a greater rate than ever before. At the present moment there are 17 places left at the Seminar before the cutoff point. No further registration will be accepted after that number has been reached. This is in line with what has been stated previously. There is to be a big program and we go right through from 9.00am on Saturday till 5.00pm. Sunday. Two of our advanced students will be asked to present papers on subjects relating to S.O.T. and the beginners group will sit a paper on the Sunday just to check on your progress. We look forward to a most exciting 2 days.

CASE HISTORY. A Mrs. X. commenced attending our office some 3 weeks ago. She was a Cat.2. with a number of symptoms including a pain around the upper fossa area. A R.U.M.S. was a fairly consistent finding. She appeared to correct on each visit but always returned with a fossa failure and pain in the right medial knee. Something had to be wrong the question was what? On checking the Occipital fibres I found an Area 3 Line 2 on D.4. On neutralising and carrying out the appropriate Gall reflex the fossa sign and the medial knee pain disappeared straight away and the patient made an uneventful recovery. Apparently on testing the fossa with the thrust we trigger the Gall bladder receptor block area which is often painful to a thrust, thus the patients arms failed in response to the thrust stimuli. It is also significant for all to note that knee pain is also a D.4. reflex area (either medial or lateral), so it is worthwhile for all to take note that whether you have a knowledge of C.M.R.T. or not check D.4. very carefully in all cases which do not respond to Category 2. care.

DR. DEJARNETTE WROTE IN AUGUST 1975. Those of you who have really studied and applied the knowledge you gained from the 1975 Notes and Seminars, have something to be proud of. You know what you are doing, and if patients would pay you what you are worth, you would do much better. In fifty years your writer has never understood why a patient would pay \$10.00 per office visit for ten office visits, yet would drop dead if the the total was accomplished on the first office visit and you charged him \$100.00. Somebody has to get the message across that the adjustment is worth exactly what it accomplishes.

You Can Deceive Others Easily; Yourself, Perhaps, for a Time; but Innate, Never. - B.J.