THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.
Keith C. Bastian D.C. Published by P.O. Box 238,
Scott D. Parker D.C. January 1976 Grafton NSW. 2460.

LETTER TO THE EDITOR Dear Scott,

The arguments put forward in your editorial of October 1975 in regards as to what makes or does not make a chiropractor brings back the tensions and uneasiness experienced in the United States about the scope of practice et al. The ridiculous A.C.A. (American) and I.C.A. schism about what chiropractic is and how it should be practiced should not be part of the Australian scene. It should be put to bed and allowed to die a natural death.

Let's not treat chiropractic as a religion with all its followers being required to practice according to some fundemental gospel and with all others being consigned to the role of heretics.

B.J.'s 'hole in one' adjustment and perhaps in a way justified some practioners specialising only in that treatment. But it should also be remembered that alot of patients went to other chiropractors when they realised that chiropractic was something more than a thump in the neck.

I am not disparaging S.O.T. or anyone who uses it exclusively. What I am pointing out is that the chiropractor must have a "freedom of choice" to treat the patient as best suits his particular temperament....don't forget that one of our slogans for the recognition of chiropractic is that "patients should be given freedom of choice". It would be tragic if the chiropractor was denied this freedom by the well-intentioned but, in my opinion, misdirected criticism of colleagues.

Surely we should discuss the scope of chiropractic, but let's keep a tolerant attitude towards those who dance a different tune.

Sincerely yours, Percy L. Johnson D.C.

ED. As bits and pieces of the recent Victorian report filter up to us we are reminded that this has all happenned before and it was not until the A.C.A. joined with the I.C.A. in adopting the generally held I.C.A. definition that progress was made into Medicare in the U.S.A. Perhaps we had all better get together and start dancing a similar tune or we might not have a tune to dance to, big brother is trying to lead the weak to destruction. Our strength is our Philosophy and no one can take that away, stick to it and we can never be beaten, however tolerant attitudes and freedom of choice etc. may be the the very thing which removes the right to practice our calling.

Thank you Len for expressing your point of veiw. We are happy to print it.

SEMINAR MELBOURNE For us this is a first. For on the Friday we will be teaching and reviewing Cranial Technique. Only those who have been to a DeJarnette Seminar in Cranial Technique in the last two years will be eligible for the Friday session. To all those who will be attending that day (and there should be about 14 of you) this will be the most important seminar you will have attended. For we will be able to put it all together for you. We would also wish that you would bring along you Assistants that day so that they may be trained in taking the proper headholds. Actually the headholds do $\frac{3}{4}$ of the work. The other two days will be devoted to a large combined class in which everybody who attends will be doing advanced work under instruction. To those who have never taken the advanced work before this is your oportunity to get your teeth into some of the difficult work. Unfortunately the Federal Exetutive will be holding a meeting that weekend also. This is a shame however to have held it the week before would not have suited very many. So the answer to the many who have called or written is that the dates are Febrary 6th,7th& 8th. Incidently this will be the last Seminar that you are eligible for with the 1975 Notes.

QUESTION Last month- Cranial subluxation.

Q. A Category 3. patient is blocked RPSS. Left SOTO reveals a lack of tension in the leg intense pain and a calf sign. What is your judgement of the problem and why?

X-RAY PATHOLOGY I would dearly love to know who knew the correct answers. Perhaps next month I will give you another couple, anyway here are the answers.

1.. None - they are the same thing.
2. Pyogenics destroy an articulation, ankylose and show tremendous calcium deposition. T.B. shows punched out areas- no ankylosis-little deformity- very little calcium deposition.

S.O.T. IN N.Z. Recently the N.Z. Chiropractic Board examined a New Zealander for prior to approval for registration in the Boards records. These examinations are a necessary pre-requisite to test the applicants knowledge and suitability to practice the calling of the profession of chiropractic in N.Z. They are a good idea. In fact I was the first along with one other to be examined under this system so I am aware of the intent and of the gentlemen carrying out the examination.

The applicant uses S.O.T. and was examined by the Board exten sively for some time on this subject. This would not have been so bad if the board had on its membership someone competent to examine in this subject,but this was not the case. I find it difficult to believe that any similar Board anywhere in the world composed of Chiropractors would ask any applicant to justify physiologically, anatomically and scientifically the technique he used and ask other questions which also indicated a similar line.

We invite anybody to become more informed about chiropractic particularly those in such responsible positions as those on the examining committee who should have at least an understanding of all techniques.

Should this particular chiropractor fail this examination because of the technique used then things are at a very low ebb indeed and a very fine chiropractor and personal friend will have been denied registration at the whim of a few,who by a little effort could become more informed about modern chiropractic.

I sincerely hope I can announce in a later Bulletin that this fine chiropractor has been granted Registration and both Keith and myself would be happy to co-operate in making knowledge of S.O.T. available to any or all members of the examining committee of the N.Z. Chiropractic Board.

C.M.R.T. Reproduced over the next two issues is a paper on the subject of Chiropractic Manipulative Reflex Technique. It is by the eminent S.O.T. Physiologist Dr. A. Dangerfield of Vancouver B.C. and first appeared in the Despatcher July 1971.

With the teaching or chiropractic manipulative technique, at Omaha, this year, I believe that it could be of interest for all of us to review the neurology and physiology behind the technique. Many chiropractors do not use the technique because they do not believe that we can influence the viscera and that our reflex areas are figments of our imaginations which should belong in "Folk Medicine". This attitude is in good part due to a failure to understand the physiology and neurology involved.

In 1861, Henry Head, a London neurologist, carefully mapped the zones of referred visceral pains and found that they reflexed in dermatomal zones in relation to their nerve root origin. This was later confirmed by Sir Charles Scott Sherrington, a contemporary physiologist. Sherrington's famous Law, "Every posterior spinal nerve root supplies a special region of the skin, although fibers from adjacent spinal segments may invade such a region". Dr. M.B. De Jarnette found that viscus pathology developed when a vertebra became subluxated and gained motion in excess of function and this comes about in the following manner:

1. The vertebra in motion creates a field of stimuli resulting in excessive musculo-skeletal response.
2. The musculo-skeletal response makes necessary specific muscle splinting.
3. This splinting controls motion, but impedes normal circulation to the innervated area.
4. This results in functional and with time pathological changes.
5. These changes through the proprioceptive pathways are referred to the occiput and the viscus.
6. Functional and pathological changes also make necessary a new arrangement of defense through the reflex fixation of soft tissues.

The formation of the occipital fibers in relationship to the vertebral subluxation through the proprioceptors and the response from the basal ganglia in relation to postural tone and gravity have been explained in previous articles (Vol. 3 — No. 12 and 13, page 3, of the Nov. 1968 Dispatcher).

It is, now, appropriate to explain the formation of the somatic reflex centers. The viscera, according to Guyton, Fulton, etc., have no direct pain pathways of their own and are dependent upon their afferent sympathetics to relay their pain impulses to the cortex. These impulses, when they are intense, join the final common pathway and are shunted through the internuncial and intercalated neurons into the skeletal system where they terminate at cutaneo-neurovascular sensative areas. Others are transmitted to the parietal wall where they will follow the dermatomal rule and will locate in the areas supplied by their sympathetic nerve root levels. The final common path is, of course, the neuron pools that form the Spinothalmic pathways situated in the anterior and lateral horns. (See diagram No. 1).

These cells are under the influence of many stimuli which maintain a tonic background of nervous excitation.

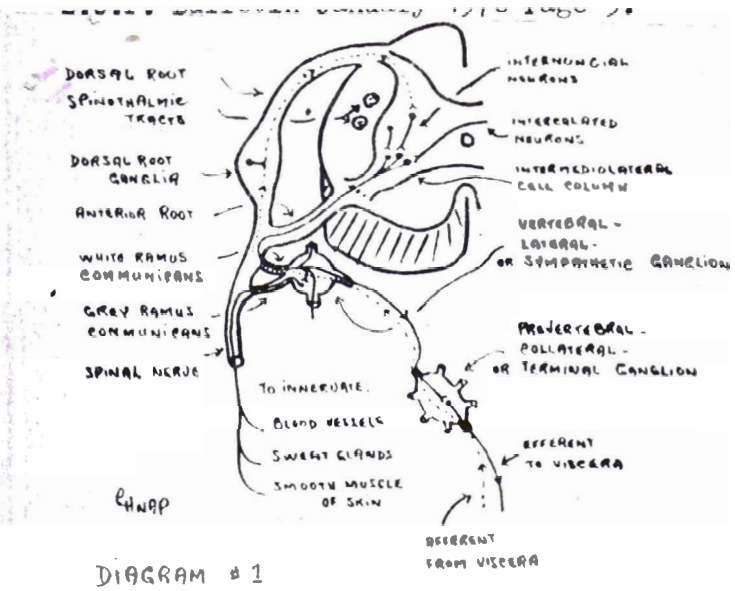

DIAGRAM # 1

The total excitatory and inhibitory components leave the motor cells in a delicate dynamic balance which can be lost by excessive stimulation from any one or more of the numerous sources which can bombard the cord. Three important origins of neural bombardment with respect to the Final Common Path are:

1. PROPRIOCEPTORS — They produce a constant stream of impulses (tension, pressure, stretch, etc.). These impulses have a local action being intrasegmental in nature. They concentrate all the neural activity of the afferent proprioceptors in one level of the cord for a given reflex and influence muscle fibers in the areas from which they are stimulated and this, in turn, lends to the establishment of a vicious cycle.
2. AFFERENT SYMPATHETICS — Pathology (preceded by malfunction) of any viscus will initiate an abnormal number of impulses. If the number is sufficient to be transferred to the motor side of the system (efferent) there will be disturbed physiology in various structures, their motility, secretions, blood supply, etc., will be affected. These phenomena easily increase the processes of pathology. In turn, this increase will initiate more afferent fibers to be discharged which adds more strength to the vicious cycle. When the intensity of this cycle is sufficient it can than influence the Anterior Horn Cells into unusual activity resulting in contraction of the paravertebral muscles with production of nodulation over the transverse processes.
3. HIGHER MOTOR CENTERS — Some of these centers are situated in the motor areas of the cortex and when a conscious effort for a voluntary motor act is initiated impulses are sent over the Pyramidal system and can also contribute to the vicious cycle.

The pathways of visceral pain are closely related to the afferent nerves of the viscera and the parietal serous membranes. The viscera is quite insensitive to cutting, burning or pinching, yet, everyone knows that pain can originate from the viscera. This pain usually results from ischemia of the visceral wall or from the pressorceptors in those walls. It will be noted that the pain fibers pass as afferent fibers from the periphery in the splanchnic nerves, phrenic, etc., and also with various spinal nerves. They pass without interruption through the sympathetic ganglia and White Rami Communicantes to the spinal or dorsal roots where their cell bodies are situated. The somatic afferents also have their cell bodies there. The spinal roots concerned are all those that have White Rami Communicans — all the thoracics, the first two, three or even four lumbars and sacral roots two and four, and at times three. (For reference, see Lovat, Evans, Edition XII and Connon, W.B. and Rosenblueth, A. — Autonomic Neuro-Effector System).

Other impulses come from subconscious centers of the brain which mediate movements of involuntary, autonomic, habitual or reflex nature (over Extra-Pyramidal system). Emotional factors from the Hypothalmus in relationship to the cortical areas 9 and 10 which pass through the Basal Ganglia to reach the somatic and visceral motor cells in the cord (via the Extra-Pyramidal tracts), where they can influence the viscera and produce a reflex pain syndrome equalling that of visceral pathology and following the same dermatomal rule.

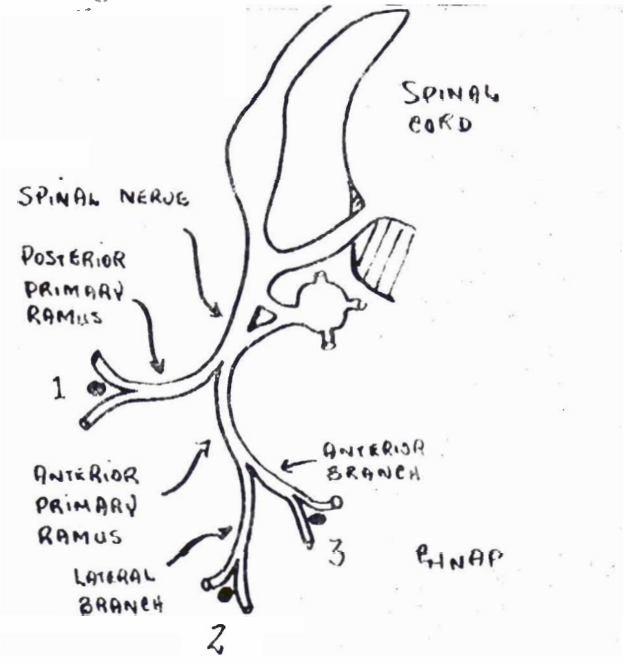

DIAGRAM # 2.

The position in the cord to which visceral afferent fibers pass from each organ depends on the segment of the body from which the organ developed embryologically. For instance, the heart originated in the neck and upper thorax; consequently, the heart visceral pain fibers enter the cord all the way from C3 to

T5. The stomach has its origin approximately from T7 to T9. Since the visceral pain afferent fibers are responsible for the transmission of this sensation, the location of the referred pain on the surface of the body is in the dermatone

To be continued.

1976 NOTES You may ask why Annual Notes. In our world of Chiropractic there are some techniques which continue to improve as the result of research and improved methodology and it is necessary to produce an updated set of Notes Annually. The original basis has not changed but the approach is now so much more sophisticated than formerly and consequently so are the results. Each year we pay Dr. DeJarnette for Membership of S.O.T.O and the Notes are part of that fee. Basically membership of S.O.T.O. entitles you to attend approved S.O.T. Seminars anywhere they are held in the world in the year of membership. Yes this means Omaha and our own Australian Seminars. To adhere to official policy there can no longer be joint membership of the Notes. However we will not adhere to this until after the February Seminar.

These Notes will be ready for delivery in early February. Use the form below and send both the completed form and $60 to us by return mail

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1976 S.O.T.O. MEMBERSHIP AND SEMINAR NOTES

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DATES: FEBRUARY 6th, 7th, 8th.
VENUE: NOAH'S HOTEL, EXHIBITION STREET, MELBOURNE

NAME: _____ STREET OR BOX NO. _____

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FRIDAY WILL BE RESTRICTED TO THOSE WHO HAVE BEEN TO OMAHA IN EITHER 1974 or 1975.

COSTS: REGISTRATION FOR THREE DAYS INCLUDING CRANIAL $50 ASSISTANTS $5. (per Assistant)
REGISTRATION FOR TWO DAYS FOR ALL PHASES OF S.O.T. UP TO C.M.R.T. $30.

TEXTS: 1975 S.O.T. NOTES. 1975 CRANIAL NOTES $85 C.M.R.T. NOTES $60
CONCISE C.M.R.T. NOTES $6
(Possession of the 1975 Cranial Notes is Mandatory for all those attending the cranial class. For all others the the rest are mandatory.)

EXTRA ORDERS : EXTRA ORDERS WILL BE SUPPLIED IF YOU ORDER NOW. USE YOUR PRICE LIST.

ENCLOSED IS MY REMITTANCE FOR THE MELBOURNE SEMINAR. $ _____

MAKE YOUR CHEQUE OUT TO S.O.T. SEMINAR AND RETURN THIS FORM IMMEDIATELY TO BOX 238, GRAFTON. N.S.W. 2460.

OMAHA 1976. Already I have four booked to go. Two of them are patients who see in this a great chance for a cheap trip. We are going to arrange separate tours for them in the Mid- West during the week of Omaha. To help me prepare how about letting me know how many you think you will will be going. This year cost $1005 including accomodation and hire cars. This year we will have a greater number going so we expect a much better deal.

I AM INTERERESTED IN THE OMAHA 1976 SEMINAR AND THE ASSOCIATED TOUR AND EXPECT..... PEOPLE TO MAKE THE TOUR.

NAME.....ADDRESS.....

WE WISH YOU ALL THE COMPLIMENTS OF THE SEASON AND WILL WORK TO MAKE 1976 A GREAT YEAR FOR YOU ALL. SEE YOU ALL IN MELBOURNE.