

THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN

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IS BEING 77 DIFFERENT THAN BEING 36? If there is a difference, it is not being able to see and talk to those wonderful people one knew when he was 36. Life itself at 77 is just as challenging as it was at 36. When you are 36, you wonder how you will manage to pay your bills. When you are 77, you wonder how you will have anything left after taxes to pay bills with. At 76 you see a terrible waste in Government. You see the rich getting richer by not contributing taxes, and you see the poor riding in Cadillacs because only the poor can afford a Cadillac. When the Major was a boy he saved 2 pennies a week, so when he made his quarterly pilgrimage to the big city, he would have 25c. to spend. Honestly, trying to find something for 25c. wasn't difficult in those days of years ago, but the trouble was that you found so many things for a quarter that you always bought the wrong thing.

Being 77 with a back look of 50 odd years into the progress of S.O.T. and chiropractic is a pleasant pastime. It is marvellous to know that today's scientists in chiropractic are preaching the Doctrines the Major talked about 40-50 years ago and for which he was shunned by the interlects in Chiropractic. Why in god's name can't our leaders read what is being written today by so many people? Senseless time and money is being spent on research projects that are so old in S.O.T. that they long ago have been discarded. If the scientists in chiropractic really want to get involved, why do they not stop reading medical books and read instead the annual S.O.T. notes? If our scientists want a research project, why don't they take Category 1, 2, or 3 and research it to a conclusion? The answer is, their research would agree with S.O.T. and that could be fatal for present concepts

SPREAD THE WORD. Each of you is hereby appointed an ambassador for S.O.T. Your assignment is worldwide. Every chiropractor in the world needs S.O.T....the only reason all chiropractors are not using S.O.T. is that they simply do not know that it exists. Nothing in all of chiropractic can out demonstrate S.O.T. There is simply no argument. If you talk intelligently about S.O.T., you always have listeners. Those who argue against S.O.T. do so because of a sense of inferiority. The Major actually has had chiropractors quit S.O.T. because it is a continuing progressive institution, never resting and never believing that the best cannot be improved. ( Yes even here in Australia we have those who have dropped behind because they refuse to purchase the Annual membership and are attending other seminars trying to find what I do not know. All the answers are in S.O.T. we prove it every day )

Many chiropractors do well with what we taught them 20 years ago and have no wish to go further. That is fine and is as it should be. Each human being must itemise his desires and capabilities. If you are now happy with what you have in S.O.T. and see no need to keep learning, congratulations. Most of us need revitalisation. Most of us need new challenges. None of us wish to be disturbed or to be told what we did was in error. S.O.T. never teaches an untried technique. If it isn't good enough for the major, it isn't good enough for you.

Talk S.O.T. and demonstrate S.O.T. Be a friend of every D.C. who will listen.

SACRO OCCIPITAL TECHNIC. ( Dr. Mazzarelli President of the I.C.A. has to say in the 'International Review of Chiropractic'. What happened to the Chiropractor or the Doctor of Chiropractic. What has happened to the subluxation? We seem to be doing anything else but look at the spine is his theme. Back in 1975 DeJarmette wrote the following and it seems to answer to a large extent Dr Mazzarelli's lament 2 years later.)

Chiropractic has for many years limited it's teaching to the vertebral system and the nervous systems of man. In later years, some broadening has occurred with a liberal look at the pelvis and the occipital condyle system. Some of the Colleges incorporate physiotherapy and so called non-medical procedures.

Sacro Occipital Technic, from it's beginning in 1920, included all of man amenable to

to physical sciences, and by physical sciences, we mean correction by the use of controllable regions as they relate to causative areas.

In the very beginning, Sacro Occipital Technic majored upon two areas of man's skeletal systems, namely the sacrum and the occipital condyle system. It was felt that if the sacrum could be realigned, and then man balanced into an efficient and compatible body operation with man's condyle system, that man had to be healthy and free from pain. Over the years this has proved to be reasonably, but not totally true. Many spectacular physical changes took place with sacral and occipital correction. Spinal curvatures that defied specific vertebral adjustments and all types of traction and other physical efforts, did respond when the sacrum and the occiput were balanced. This is still a field for further research, but economics always plays a role in research. The demand for our services to straighten spinal curvatures was not sufficient for rent payments, so we branched out. Spine straightening today through orthopaedics is a luxury, for the average cost is \$2500.00 and eighteen months to two years in a full body and cervical brace. Those victims of spinal curvatures coming into our offices wanted the job done for \$3.00 and in ten minutes. Times change.

In looking back over some fifty years exploration of man, it is interesting to read articles of someone who just awakened for instance to the potency of the sacrum or occipital condyles or some other part of man which S.O.T. explored and wrote about many years ago. The total waste of time and energy by writers who do not have access to writing which preceded their thinking is one of chiropractic's pitfalls.

Sacro Occipital Technic in 1975 is so totally different than was S.O.T. in 1925, that one could rarely recognize any similarity, yet in 1926 we were often criticised for changing things we taught in 1925. It is seemingly impossible to impress upon some in our profession that research is a common need and is being done in most instances by common people, using their own resources.

If S.O.T. had not changed during the years, I would not have beleaguered you with some 105 books or writings. That it did change for the better is proof of the need for continuing research and investigation. S.O.T. today is a positive science, provable mathematically, physiologically, anatomically and clinically.

The category system of S.O.T., being an original system, identifies S.O.T. as being original and at all times using only findings through it's own research. They who borrow and alter to try and escape detection cheat those who buy what they produce. S.O.T. will continue to grow as long as your writer works and thinks and developes. It is never old, because we do not let the old become traditional.

CRANIAL REVIEW - MELBOURNE Once again this was well attended however there was an apparent lack of the knowledge of the rudiments of S.O.T. beginning to show in quite a number and Keith was quite justifiably upset that some of those present had not even studied the 1976 Notes (S.O.T.) well so that knowledge when asked for came automatically. As with all things worth while study is necessary and certainly should you have attended an (mana seminar then all would surely have felt Cranial Technique was well worth while. The Melbourne Seminar was a REVIEW not a teaching seminar. It was supposed to clear up any points of misunderstanding over the whole range of the technique. What was apparent amongst many (some were excellent and we are proud of them) was the complete lack of familiarity of even the basic cranials e.g. P 1, B 2, O.P. O.S. etc. Cranial Technique is so vital and necessary for the sick of the world that those who are not doing enough study are doing Dr. DeJarnette and us a great disservice and the sick of the world will go on suffering as a result. Chiropractors like everyone else are looking for an easy way out. If they can get out of thinking or studying or searching for where Innate is being interfered with they will do it and just keep on their own self righteous paths believing that what they are doing is good enough.

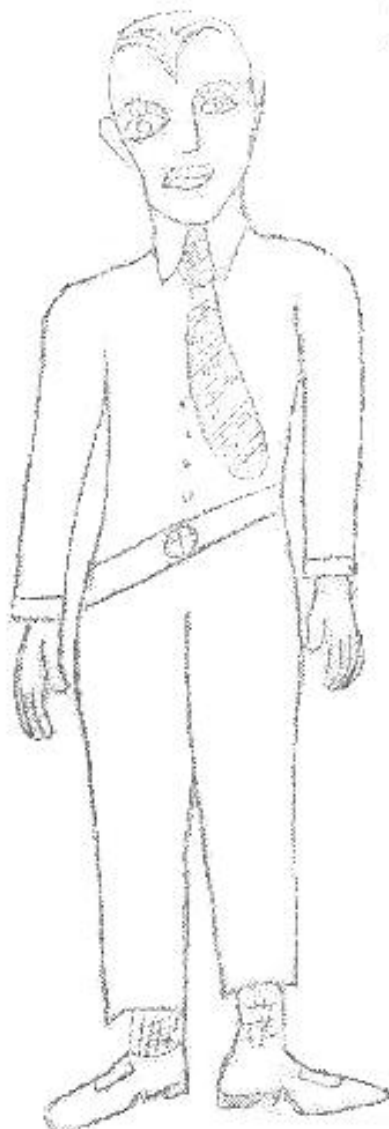
DeJarnette's techniques are not the most simple in the world (B.E.S.T. takes that prize) but they are easily the finest overall systems for the restoration and maintenance of

the health of mankind, yet devised and we owe it to our patients learn those systems and learn them well.

The Assistants course which was run concurrently with the cranial review was a great success and big improvements were noted amongst some of the participants. Once again we had a male assistant take the course and he did a fine job. The utmost sincerity and the strong desire to learn and do the best possible was most evident amongst the assistants and it is a distinct pleasure for me to be associated with them.

A further review has been asked for, and a date will be announced later and we hope that great will be the gains at the next one.

IS IT AS YOU THINK IT TO BE?



Patient: "I have been sick and in pain for many months and no one does anything except make promises and take my money. I have terrific headaches..blurred vision at times. I have trouble swallowing unless I take a drink of water with the food being masticated. I am very subject to colds. My right shoulder pains me all of the time. I haven't been able to use my right hand to comb my hair or brush my teeth for weeks. My legs feel like rubber and some of the time I simply cannot walk half a block without abdominal and leg cramps. I have chest pains. I have not been able to work for the past two months."

Doctor (to himself): "Who can I send this fellow to? He will take up more time than I can spare. The only thing he didn't mention was sciatica and I will probably hear about that the next visit. I guess I will see if he will buy \$37.50 worth of X-Rays and at least I can get a look at his spine."

Doctor to patient: "Under the circumstances and in view of your long history of medical and chiropractic failures, I feel that we should do a complete spinal column X-Ray and see what we can uncover."

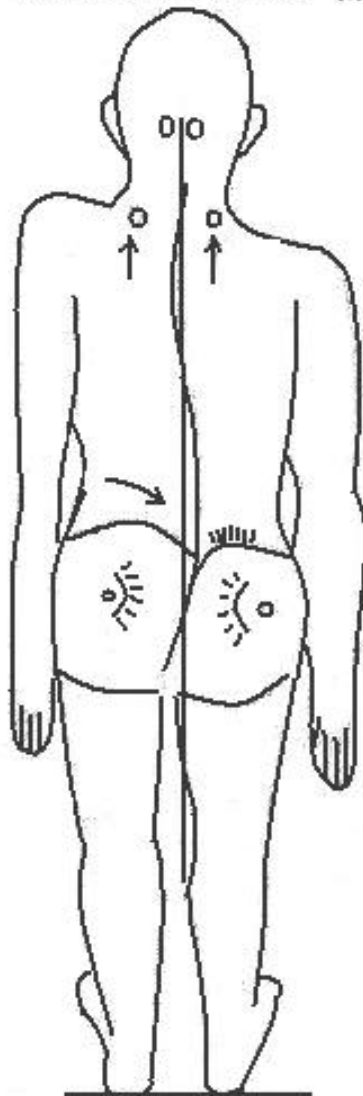
Patient to Doctor: "I sure wish someone could uncover something besides my pocketbook."

Doctor does the X-Ray examination and sees a mess of misalignments, but nothing unusual, and nothing he might not see if he took someone off the job of laying cement blocks and X-Rayed that spine.

Surely as you have talked to this patient for a few minutes it has been very obvious to you that many faults exist, so let's look at them briefly and see what we can come up with.

He stands with a low right shoulder and his chin points to the left. The right ear appears larger than the left and this tells us he has an atlas or an axis problem on the left. His right eye is much larger than his left, and this tells the cranial

adjuster that there is probably a right external temporal or a left internal temporal, or maybe a floating frontal. The prominent left malar tells us something worthwhile. The crooked mouth surely gives a few clues as to misalignment of facial bones. Remember the facial bones hang onto the skull bones. His necktie floats to his left and that should mean that his Adam's apple isn't in line. His left hip is much higher than his right. His right arm is much longer than his left. Even his left pants leg is shorter than the right. You see more sock on the left foot.



If our patient with his multitude of problems would have come into the examining and adjusting room, removed his shirt, shoes and trousers and stood in front of the distortion analyzer or a chair back, and had given us ten seconds, we could have given him some very specific answers to his many complex health problems and we could have almost immediately solved many of his pain syndromes. Instead of doing the full X-Ray analysis as a beginning, we could have perhaps saved it for a more opportune time.

We at least have the patient in the examining room and he is positioned in the distortion analyzer. We could have used our finger as a pointer and come up with the same answers, but the distortion analyzer is much more impressive and I might add is more stable than would our finger as a pointer.

WE SEE AND SO DO YOU...

A terrific obliquity of the pelvis. Nothing in all of the healing arts can help this man until something helps his pelvis make up it's mind. We see it today as an incomplete Category one. One side of the sacro iliac foot mechanism is in complete disarray, and the other side is exhausting itself trying to hold this human being together. He cannot possibly have a balance outflow of the parasympathetics and the sympathetics. There isn't anything he can have that is normal at this particular time.

We could now go through a series of orthopaedic tests and come up with some very interesting problem areas, yet we can do one series of very specific palpatory explorations and come up with an answer.

Let's palpate the nuchal ligament at the occipitatlantal region of his spine. As soon as you begin, he feels the pain associated with this dorsal pull, because of this oblique pelvis has surely produced a terrific dorsal torque pull. Now you have identified the sacrum as the culprit...and no matter where else you palpate, the nuchal ligament will still be the most painful.

You have a Category one patient because he stands upright without pelvic sidesway, although due to the pelvic obliquity he must stand with his pelvis to the right of the plusline at the apex and to the left at the base.

You now prove your point that he is a Category one patient. Both first rib heads are painful to palpation and have motion. He can raise and hold both legs and withstand shin pressure, the cervical compaction did not alter the leg raising ability and all fossa's were strong. The dollar signs are both painful to palpation and very weak. The left crest sign is painful to palpation.

All the signs are there. What are you waiting for?...the blocks and board.

C.M.R.P. 1. This will prove a very special Seminar indeed. For those who do attend are going to get a big extra...something most useful to yourselves in your everyday practice. I will say no more but leave you with this thought. Who can honestly say they know what area of the body to go to remove the prime interference, all of the time?

This Seminar will review for those who know it and teach those who don't know C.M.R.P. Ownership of the DeJarnette C.M.R.P. manual is a prerequisite as is the manual prepared

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by myself. Many chiropractors have been waiting for us to present this series again so this is your chance to pick it up again. We look forward to a big seminar and many exciting aspects of S.O.T. will be discussed as well as the special reflex work and of course there is the bonus. Everybody who has taken our work before is eligible to attend so get in early as we may have to limit the numbers. The venue will be the Glen View Motel in Artarmon where we have been well looked after and the Instructor will be Scott this time. I won't be blowing any whistles but by hokey everybody had better be there and on time, for we are going to send you humming away from this one. The date is May 28th and 29th and this will be the second last notification. See you there folks.

S.O.T. SEMINAR NEW ZEALAND. Just a reminder. Both Keith and myself will be in Auckland for the first S.O.T. Seminar ever in N.Z. The dates are April 23, 24, 25. The venue is the Logan Park Motel. The Seminar will cover the complete Basic technique of S.O.T. and we will begin at 8.30am each morning and we will run through till 10.00 pm on the 23 rd and 24th, and wind up at 1.30 pm on the Monday. Should there be any starters then get your pen on to paper now and write to Dr. R. Taylor 73 Anzac St. Takapuna, Auckland New Zealand. We will be issuing certificates to all those who complete the course.

TROCHANTER BELTS. We have had extreme difficulty with supplies lately and the special buckles have been hard to obtain. This week a supply of buckles arrived by air freight and we have now 200 belts on hand. We have despatched all orders we currently hold however it is possible that someone has been overlooked so if you do not receive your order within the week then you had better let us know. This last order of belts carries with it a cost increase and the new price will be \$6.00 a belt. The quality now of these belts is first rate and we have no hesitation in recommending them to you.

OSHAHA Many are the enquiries for this years tour. We have had a rough costing of a tour based on last years itinerary and the cost is \$1300 from Sydney and \$1400 from Melbourne. These are estimates only and not firm offers. The universal wail expressed by all is to have a different trip this time and we heartily agree. So we are inviting all those who are going this year to write to us this month and lay out where you feel we should go for this years tour. Don't be apathetic get to it and write to us now so that we can endeavour to make your tour this year the mostest we have ever had. Dr. DeJarnette will not be conducting these cranial seminars for ever so for those who want to get into the greatest experience of their lives had better make it this year before it is to late. We will set down the tour in the next newsletter so that we can cater to your desires please write will you? Trips taken outside the main tour will cost you extra so it would be smart to have the main tour go where you want. Write to us NOW.

FASCINATION OF CRANIAL TECHNIQUE No study in all of the healing arts is as fascinating or challenging as is the proper study of cranial technique. Dr. DeJarnette has been a student of cranial technique for some 53 years. The originator and authority on cranial technique was of course Dr. Sutherland D.O. Osteopathy in general has done the major research in the field of craniopathy. DeJarnette is the only chiropractor to follow the concepts of Sutherland and to add his findings to that of Dr. Sutherland. The development of the DeJarnette block techniques for the Category 1. & 2. patients really opened wide the doors of possibilities in the general cranial field, and made the application of cranial technique much less burdensome. More advancement has been made in the cranial field since the development of the DeJarnette category system than were made in the previous 45 years.

Far to many claim to teach cranial technique, and this technique like all techniques invites the people who look for the dollar sign in all things.

Many weird ideas are brought forth by the uninformed. For instance, there is no general cranial release point, and no one even knows what those teachers mean when they speak of general cranial release point. God in his infinite wisdom would never cause man to be so vulnerable to his fellow man. DeJarnette knows as much about the cranium as any living person, and he gets much amusement at times out of the teachings of people who up until a few months ago thought the cranium was something to grow hair on.

Are you all conscious of the fact that the sicker the patient, the firmer his skull.

Why Give Advice? Wise Men Have Their Own and Fools Avoid it. B.J.