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LETTER TO THE EDITOR. Dear Scott,

In response to your invitation, I hereby toss in my 18 cents worth into the ring.

I.C.C. first year students have just dissected the Webb report as a joint exercise in Chiropractic Philosophy and History of Healing.

If the recommendations on education are implemented, prospects for the future of the Chiropractic student and the College would be bright indeed. The burden of paying tuition fees (\$1650 a year) would be lifted from the student or his family, and we would have an unlimited field of well qualified candidates from which to choose the first year students.

In this regard the I.C.C. council would have to ensure that the Profession retains control of who is enrolled. Another likelihood is that facilities, equipment and faculty would become the equal of any in the Chiropractic world.

The most objective parts of the Webb report were the four surveys conducted by Professor Western and his team of Sociologists from the University of Queensland, and the two Parker-Tupling surveys. Statistics and summaries produced by all six surveys showed our A.C.A. type Chiropractic in a good light. We can only guess how much better the image might have been if all A.C.A. members had co-operated. It seems however that the statistics have opened the eyes of the A.M.A. and loosened the purse strings of the Health Insurance funds.

The report contained a few negative and contradictory observations which were out of tune with the overall theme, but these are unlikely to prejudice possible legislation. One notable deficiency was the failure of observers on their world and National tours to get down to the grass roots- visits to some of the many large clinics in the U.S.A. and Australia and to question a cross section of patients in the basic Chiropractic environment. The recommendations in my opinion were encouraging with two important exceptions;

1. The possibility that non-chiropractors on various state boards might have a controlling voice on decisions involving Chiropractic registration, practice and education. This would be intolerable and unworkable.

2. The suggestion that DC's should have a "minimum diagnostic ability" SO AS TO KNOW WHEN TO REFER PATIENTS ELSEWHERE. If Chiropractors lost control of Registration Board policies, this could be the thin edge of an ominous wedge whereby anti-chiropractic forces could gradually convert Chiropractic students into second-class physicians. All knowledge is useful, but "minimum diagnostic ability" has a low priority against the distinctive chiropractic analytical and technical skills. Chiropractic has developed and prospered largely because of the shortcomings of medicine's "maximum diagnostic ability."

Diagnosis is the Achilles heel of medicine and, to Chiropractic, it could become the sword of Damocles (with apologies to our Greek friends). Diagnosis is built on shifting sands of symptomatology and pathology which stands still for no man. The medical diagnosis that happens to be correct today will be obsolete tomorrow or next week. Medicine is stuck with this dilemma and will be stuck with it for some time yet. Do we have to be stuck with it too?

The Chiropractic system of analysis, using case history, postural and neurological testing, x-ray findings, kinesiology and the monitoring methods of S.O.T., Goodheart and B.E.S.T. (there may be others) is a far more stable basis for taking care of causes and effects as they exist at

a precise moment of truth. The same methods are superior to medical diagnosis in sorting out the occasional patient in need of medical attention. First things first. Chiropractic must be firmly in the hands of Chiropractors. Medical knowledge is useful in the right place, but chiropractic knowledge and know-how are rare and priceless qualities.

Graham Kinney D.C.

DR. DEJARNETTE - WEDNESDAY OCTOBER 2, 1974 (Cont'd)

I was the first one and the only one to present Cranial Technique in a teachable and understandable form. Providing you accept it upon the basis that I teach it. No one ever explained it to you fully and properly everything you want to know about it. But you are an individual and you are priveleged to keep digging until you can explain it to yourself. That is the task I set before you. I would like you to know that I would like to have the knowledge I have aquired in this field and be as young as some of you. So I could go the next 50-60 years and see this thing mature and see the demand increase for it. Everybody is talking about the brain today. Everytime you pick up a National magazine they are up on the skull. Everybody is going up there. Because this is where man is. This is where god is. The whole thing is here. Chiropractic has to get there first. They have to get their with the best. And they have to use it. We have developed a sequence of events for you. Do you want to make it easier in it's application? First of all a gentle touch, clean finfernails. Must not have liquor on your breath. Nothing is worse than doing a cranial after you have a rousing good night of cheer. Go gargle with something. Get yourself ready for what you are going to do. Relax, get loose. A guy does not get up and hit a golf ball. Damn it, he goes up there and studies it, fools around for maybe 20-50 seconds before he whacks it. Now which is more important, knocking that damn golf ball into another gopher hole or fixing somebody so they will get well. Why don't we do the same thing. Have your patient comfortable. The Assistants hands are warm. The Assistants hands are comfortable and secure. The patient feels my God I am in the lap of the Angels. Now I can get help. Can't have a mouthy assistant either.

Now you are set, you want to kick a field goal. 50,000 people holding their breath. Nobody exhales as I approach that stupid football. I align myself up with it, I take a deep breath, the team and I co-operate, everybody together. We have co-operated in trying to kick a damn stupid football, why can we not do the same thing in doing a cranial adjustment.

You are going in to do an OCCIPITAL EXTENSION, say to the patient inhale. Your Assistant exhales and you stand still and you have 3 mixtures to try and blend. Why don't you all do the same thing at the same time for once, and see how it feels. Now remember the Assistant has to line them up. She has to hold everything except the thing you are going to adjust. Then you adjust it and go leave it alone. Let her hold it because it is now going to fit itself into normal. It is going to seek it's own normal.

In Category 1 we start with Basic 1. If we can't do Basic 1 we can't do anything else, that day on a Category one, that is going to be successful. If we are successful on a Basic 1 the next step we hope will be a success. We turn the patient over and do the heel tension, place the blocks in the PSS position, check the Crest and \$ signs. Start making decisions. Come to a decision, give a Crest or \$ sign adjustment then make notations. Do a cough test, get ready for what is next. Turn the patient over. Do an RTRT, make the cranial adjustment. If the adjustment, if the adjustment is successful do the Basic 3. If not successful then don't do the Basic 3. That is a Category 1.

The Category 2 (Inclinate in motion subluxation). Place the patient supine,



place the blocks. On the second arm fossa test, do the Basic 2. Repeat the arm fossa, if normal do the RTRT and you are through.

No cranial on a Category 3. (Sciatica with an incline pattern) Ed. P.S. technique has subsequently been approved for use with Category 3.

That is what you came here to learn. That is it. It takes 5 minutes to teach it to you, and you argue about it for 3 days. I play the National Anthem and you say that wasn't right. Play it again, play the damn thing over. Stand there playing the National Anthem, until you think it's right. It's still the National Anthem.

Now you learned and saw alot of technique based on the Principles of Sacro Occipital Cranial Technic. The principle is you change the sick into well. You keep the well, well. To increase bountifully those things that you want. Never do anything until you are sure that it is right. Everything you do make sue it is correct and don't do anything that is not specifically and absolutely indicated. Please don't try to do something by yourself, it takes 2 people to do it. The Cranial field is the only field that you can take care of 100% of man's problems. The whole world is worried about low back problems. Everyday in the newspaper we see articles written by syndicated writers on back problems to which they have no solution. No solution for all of them. Every blasted one of them. We have a solution for all those other problems and people are finding out about them, and people are beginning to use them.

Now I ask God to bless all of you and make you knowledgeable and make you concious of these Basic Principles only as you mature into those Basic Principles, you can go as deep as you want to go. No one is going to stop you from investigating any part or parts that is your privilage. But in order to make a living and to heal the sick then accept what we have taught you and use it. Thank you so much for coming. FINIS.

CATEGORY ONE PROCEDURE At the last Seminar I was reminded of a procedure which we used to teach at last years Seminars but we have not out lined this year. This procedure is to be found on Page 197 of the 1976 S.O.T. Notes and refers to procedures to be used following completion of Category 1 blocking procedure. It will serve a very good purpose to reproduce the information on that page especially for those who do not have the 1976 Notes.



FIG. 1. Following the completion of block procedure for the Category 1, place your hand over the weak dollar sign, and the other hand over the upper dorsal spine...the patients arms should be to his side in the swimming position. Hold moderately with both hands and ask the patient to elevate head and upper trunk.

Some can and some cannot. This exercise should be done three times following completion of each visit.

FIG. 2. Place one hand over the weak crest sign as seen in the Category 1. procedure...other hand over the knee of the leg on the weak crest sign side. Hold the superior iliac crest with pressure...have the patient extend and slowly elevate the leg against your pressure...keep pressure at a point where the leg can be elevated six inches, then as strength returns to the crest area, go higher and higher each visit. We repeat the leg lift three times at the conclusion of each Category one visit.

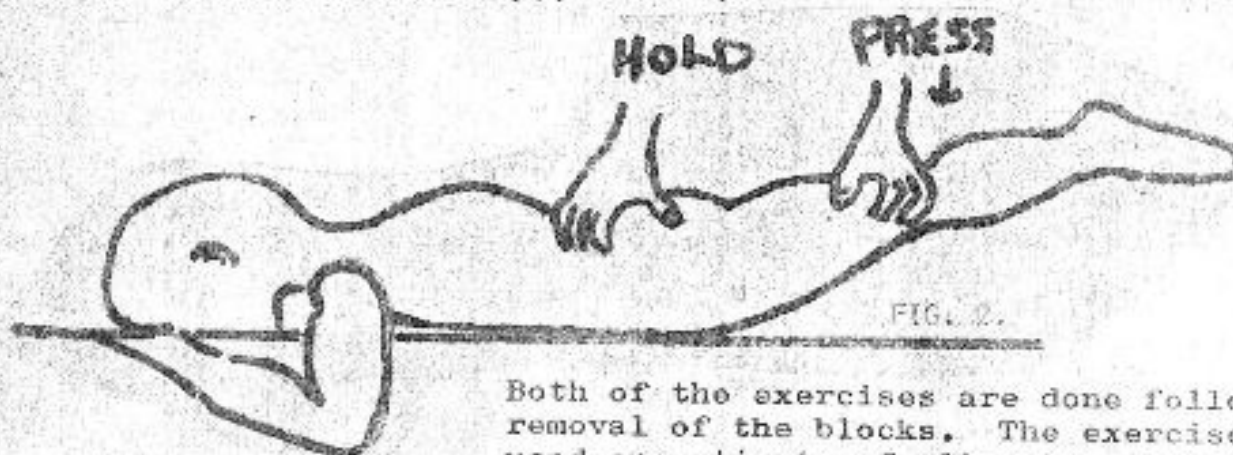


FIG. 2.

Both of the exercises are done following the removal of the blocks. The exercises may be used on patients of all ages. The patient may

not be able to do the exercises at all the first office visit, but as progress is made in correction, the exercises become much easier. When neural energy decreases, muscle strength decreases in proportion. Age may be a factor, but a person of 90 years in good health will have strong crest and dollar signs and will be able to carry out these exercises.

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CRANIAL SEMINAR OMAHA. The largest group to travel to Omaha yet will be off for the best tour arranged yet. We understand the Dr. Pierra has organized a golfing expedition in California before the big Seminar starts so this year we have a tour with a difference. The tour costs are as follows, Sydney \$1390, Melbourne \$1492, Adelaide \$1544, Brisbane \$1496, Single room supplement \$220. It is not too late to join and may we urge any of you who are still undecided to contact us NOW.

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SEMINARS. You will be aware by now of the coming Cranial Review to be held in Melbourne later this month. Only those who have taken this work in Omaha before are eligible with the exception of those attending the Assistants class. This will be a good Seminar and will serve to get all on target for the coming big event in Omaha. At the present the only Seminar projected for later this year is a big Seminar to be held in Melbourne in November. This Seminar will bring all up to date and will include a complete review of all the Basics. There is nobody who cannot benefit from this and the C.M.R.T. work which was not covered last year in Melbourne, is being done by request of a large number of you all out there. Our Seminar program for next year is currently under Review. The type of presentation may be changed to give the Seminars greater impact and to make them a great deal more exciting and interesting. We have been impressed by the dedication of many and frustrated by some as well. We have however done some homework on these areas and will shortly come up with some very interesting plans to increase everyone's learning capacity and retention abilities so that you may become more effective in your role as the leading natural healing profession in the world. Dr. DeJarnette has stated many times that up in the head is where it is at. Daily practice proves this point, however there is much more to this whole business than just moving those old cranial bones. The grey matter within is the major control factor and new and more sophisticated ways and methods of talking to the brain than we now have, are in all probability going to be the way of the future. As I outlined in a previous Bulletin on the changes in great number of people in the external shape of their craniums just from a change in concepts was a great revelation to me, so great in fact that I have been searching since that time in February for more key's to grapple with. We are nearly there and we can promise that in the future many exciting changes in the health of the sick of the world will come, as you increase your understanding and practical approach with the basics of the DeJarnette Cranial Technique. with mastery of this



acting science and development of your powers to change concepts and the understanding of why people are and why they became what they are in terms of sickness from their own concepts is the fascinating way of the future for the natural healer. So Seminars which are in both yours and our future will have a new significance.

BITS AND PIECES Fewer New Yorkers died during the first week of a recent doctor's job action than in the weeks before the Physicians began withholding all but emergency services, the Health Dept. reported. Preliminary figures indicated the mortality rate here from June 1, the first day of the slowdown, until June 6 was 8.3 per 1000 population. The average rate for the previous 4 weeks was 9.5 - N.Y. Post 1976.

You're born with 270 bones in your spine & body - but by the time you reach adulthood, you have only 206 left. You "lose" 64 bones because some bones fuse, or grow together, in your spine, according to Dr. Abert Schatz of Temple University. Besides growing together as you grow older, the discs in your spine also lose part of the water they contain, he said. "Babies' spinal discs contain about 88 per cent water - but at age 77 the discs have only 69 per cent water."

Raw cabbage juice removes sugar quickly from bloodstream.

THE MAJOR Every disease and every injury suffered by the human body will express a MAJOR AREA. The acute as well as the chronic disease is based upon a MAJOR. In the acute disorder the patient usually complains of a MAJOR SYMPTOM OR PAIN. This cannot always be relied upon by the Physician as being the true MAJOR.

In the chronic disorder the patient may complain of many areas of pain, of many symptoms or of a single symptom, yet irrespective of the patient's complaint there does exist a MAJOR for that disease.

Patients may complain of the same symptoms, yet each patient may exhibit a separate major. The MAJOR TODAY may be the minor tomorrow for this same patient. What you adjust today does not predicate what you shall adjust tomorrow.

THE MINOR The MINOR may be directly responsible for that MAJOR EXPRESSION, yet it more often follows that the MINOR is only partly responsible for the MAJOR expression. To adjust the MAJOR and neglect the MINOR is to allow the MINOR to re-excite the MAJOR, and cause it to react again.

MAJORS AND MINORS Dr. DeJarnette 1941.

Here is a must for a longer life. WHENEVER POSSIBLE, WALK DON'T RIDE. Many of us will jump in the car and drive less than a block to the corner store. Walking is excellent exercise for the body and in particular the Sacro Iliac joint and the foot mechanism. Naturally walking is not only a very fine stimulant for the body but also for the mind. As the C.S.F. will be at its optimum pressure and circulation when walking it follows that the mind will also be most active at that time. It isn't necessary to walk great distances, but make it a point to walk some distance every day. Make it a point not only for yourselves but also for your family and your patients.

Man contends stronger for a false faith than for a true one, from the fact that truth defends itself; but a falsehood must be defended by its adherents, first to prove it to themselves, and second that they may appear right in the estimation of their friends. (How true. Chiropractic is truth.)

B.J. Palmer.