
A NEW NAME. It has been decided to change our name. The title is now shorter and the name stands for :- Sacro Occipital Technique Organization Chiropractic Bulletin. This organization is in no way to be confused with the Teachers Organization as set up and controlled by Dr. DeJarnette of Nebraska City. S.O.T.O. A/Sia has been set up to present Seminars in Australasia, and generally organise and set the highest possible standards of the DeJarnette Sacro Occipital Technic in Australasia.

We hope in this coming year to present a most interesting series of articles and generally raise the standard of this Bulletin. We feel that so far in the 3 years we have been publishing that our improvement has been a steady one and we look forward to an increasing subscription list. If you are satisfied that our production is worthy why not send us a subscription for a colleague or one of our students at the I.C.C. Tell others about it. We can promise you much better things if we can get more of you people out there subscribing. You see the higher the number then we can seriously think about a printing machine with the consequent improvements in quality and picture reproduction. So it is largely up to you to tell the story about this Bulletin and send a subscription to to someone else today. They will love you for we are sure.

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

If you will observe the principle that a § SIGN that can't maintain itself is ALWAYS indicative of some part of the internal OCCIPITAL mechanism that can't maintain itself in Flexion or Extension, ALWAYS, always, involves the Occipital bowl, inside. If you can always associate in your mind somehow the fact that a CREST sign that over develops, and is hyperkinetic, is ALWAYS associated with a TEMPORAL either in Internal or External rotation. You have solved your problem in the cranial field. If you can recognise the fact that the dura is always involved in both these problems, extension and flexion and that coughing basically is the only remedy we have, without the aid of proper Chiropractic, to correct the thing. So therefore we can use coughing as the moderator of what the patient has. Therefore we do have them cough. We get an SB+, or SB-. So if we have a failing sign and a SB+ we know the § sign is associated with the Internal part of the Occipital bowl, so we simply say that if he is an SB+ he is in EXTENSION and if its an SB- he is in FLEXION and we know what to do about it mechanically, don't we? This is very important, if you hand basin runs over in the bathroom, you don't call a psychologist, a psychiatrist, you call a plumber. The object is first to stop the overflow, clean up the mess and fix it so that it won't occur again. You don't stop to ask the physics of the thing, the anatomy or the pathology, you do it.

If you have a hyperkinetic crest sign and it is on the right you know the right Temporal is in internal rotation if there is an SB+. You know what to do about it so you do it. If you have the same thing with an SB- it's an external rotation. If you have an equal § and equal crest signs and an SB+ you know you have a high Occiput on one side and that is the side of the Frontal Subluxation. You fix it. You don't ask all of these details. You don't try to analyse the whole internal structure, because it is impossible. No one can live long enough to gain that knowledge. It's a mechanical process and it is necessary that we train you quickly in this and that you let us train you and that you don't argue back. After you have trained and you want to go into all those minute details the whole plane of physics, neuroanatomy, neurovascularities, reciprocal

action, Christ if you have nothing else to do, get into it. You won't make any money, you will starve to death. No one is interested in you. If you want to be a hermit then go right ahead. Get yourself another hermit and shack up. Preferably one of the opposite sex. I'm busy all day long doing those things, not asking what the hell am I doing. I do them. When a bird wants to fly it doesn't look in a book to learn how, it just takes off. Just think how long it would take you to describe the mechanics, the total systems involved in a bowel movement, and the condition you would be in by the time you knew what was taking place. Supposing you had to micturate or pass water or urinate. Micturate is just down to it. Urinating is out of it. You got to make the differentiation there. Micturation only goes to the neck of the bladder. Urinate is all the way out. So the nurse comes in and she say's, did you micturate dear. I said no, it is still in there. So she say's urinate and get it in the bottle.

Supposing you were in a football game and it was cold and you had to go to the tee-pee-er and you had first to explain to the attendant the whole rigmarole from A to Z, you would invent a new tango, a new chow-chow and pee you pants.

We have ruined Chiropractic trying to explain it. B.J. said, what the hell, learn where the vertebra is and what part of the hand to use on it and do it. Six weeks and make a good Chiropractor. Made beautiful Chiropractors but they didn't know anything. Got sick people well and didn't know why, didn't even care. Now we go to school 7 years to learn all the things medical Doctors would like to forget. Because now we are affluent, we are part of society and when someone say's to you, Son, how long did you go to College to learn to be a Chiropractor? 7 years. Well I'll be damned. I thought you only went three weeks. Now your status is built up, you don't know any more. See. I think you ought to go 12 years and ought to go long enough to answer all the questions you have asked. So that no one can graduate from a Chiropractic college until he can write a thesis on all questions he asked himself. We would graduate the worst batch of dummies you have ever seen. They would be so mentally blocked, they couldn't even pass gas.

An M.D. said to me the other day. How do you explain how you take care of asthma. I said how do you explain aspirin. Oh, hell, he say's, it controls temperature and pain. But I said how does it do it. Where does it go. When you swallow that little thing where the hell go. How does it get to where it is going. What does it do after it gets there. Well, he said, really that is no concern of mine. Well, I said, why did you ask me that stupid question.

Now in doing Cranial Technique when you go into your Occipital, your Temporals and your Frontal, you have to have a trained ASSISTANT. She is more important than you are. She is so much more important than you are., because if you don't line this thing up when you do your correction, you cannot correct it. It has to be in alignment before you can adjust it. Because all you are doing is to re-establish a lined up Flexion-Extension mechanism. You are just realigning the fulcrum point of Flexion and Extension. Don't worry about the Sphenoid and how it is behaving, or all of those other things.

The most beautiful thing on the face of the earth. If I would stand here and recite to you even 1/100,000 % of the miracles I have seen produced by my use of Cranial Technique it would perhaps be the greatest revelation,

you have ever heard. The totally impossible have responded when I correctly applied the principles. When I do not carefully apply the principle I do not get those kind of results.

Cranial Technique takes great concentration. Total, absolute concentration on the thing you are going to do. That is why in a cranial case when I walk in I place my hand on the patients forehead. That is to give me a moment to orient myself to this patient. I have to be oriented to my patient, in order to get myself lined up to my task. I have to be able to identify the head from the foot part of him. I have to get myself into alignment. The Assistant has to do the same thing. She goes in ahead of you and prepares the patient with a contact. She will sit there for a minute before I get into the room. The patient is totally prepared. If she does the Basic One first she might be in there 5 minutes before I go in. When I come in we clean the part to be used. I take about 20 seconds to get myself properly oriented. I do the adjustment and I leave with the instruction to the patient to do whatever is next to be done. The Assistant is part and parcel of the whole thing. Now you may do yourself the Basic One. The Basic Two and the Basic Three but your Assistant can do them much better because she is only using the Principle. She is not trying to analyze what she is doing, she is only applying the principle that you taught her. She is not trying to figure out the what and the why and she will do it until that thing happens is supposed to happen. You can use the RTRT yourself too. The Assistant can also use it. But preceding all Cranial work has to be proper Sacro Occipital Technic work. Because S.O.T. work is part of Cranial. You cannot do cranial work until you have done S.O.T. work properly. Cranial work is not difficult at all. It is only resolving to do it as it has been taught to you. Don't listen to everybody else who has other ideas. They have other ideas because they don't understand this principle. Once they understand the principle they don't need all those other ideas.

(To be cont'd.)

SEMINARS Need we tell anyone that the last Seminar in Sydney was poorly attended. Once again the Airline pilots and the unions have struck again and nobody could even get to Sydney. Fortunately the Airline on which we fly was going as usual but within the aircraft itself all was not well and no in Flight service was available. To those of you who really tried to make it we are going to make the last series of these Seminars extra special and there will be a total round up of everything that has been presented during the last 6 months. The seminar we did hold was a great success for the half dozen who did attend and we did at least come close to making expenses.

The next Seminar will be held at the Glenview Motel in Artamon on the 23rd. and 24th. of this month. There is a form included with this Bulletin so get it filled in and in our hands NOW. To those of you who registered for the last Seminar, we are holding that for the next Seminar in Sydney unless you request a refund. One stalwart who is so enthusiastic even paid us twice for the last C.M.R.T. 2. so we will have to arrange something for him.

We are going to Melbourne on the 27th. and 28th. of August and we are going to conduct a Cranial review and Assistants class. This will help orient all once again to the coming Cranial Seminar in Omaha. You are to study and be familiar with the procedures and skills of the following:-

1. Step by step for analysis, preadjustive, holds, adjustive and post-adjustive for both Assistants and Doctors. PAGE 105 - 179 (1976 Cranial)

2. Category 2. Cranial Pages 180 - 185.
3. Category 3. Cranial Page 186.
4. Infant Cranial Pages 95 - 104.
5. M.C.M.T. Pages 56 - 77.
6. Cranial Specifics Pages 78 - 94.
7. Cranial Vault balancing Techniques Page 200 - 213. Esp. Block placement, finger relation to cranial bone and order of correction.
8. Cranial Technique and mind language. Pages 187 - 199.

Bring a large doll if you can sneak out with it before your daughter spots you + SKULLS.

CASE HISTORY. A little while back we had a boy of 7 years of age brought to the clinic suffering severe pain down the left leg and quite a strange gait. He was a nice little fellow and had as explained to me by his mother a rare disease. She mumbled some big fancy word I had never heard of and asked me if I had ever heard of it. I told her I was none the wiser and felt that if I looked it up I might get frightened and give the thing away. What really happened was that I was not sure that I had heard her properly in the first place and would not have known where to look it up because I had not the slightest idea what she was talking about.

So right into it we went. The left leg was fully 2" longer and he was very distorted. The more checking I did (arm length, pain points etc.) the more shocked I became. I said as much to the mother who promptly burst into tears. Now I had 2 patients, one wetting her face, and the other in acute distress with the left leg. Well we dried mother up and sat down for a talk. It appeared that the little fellow had been under the very best Doctors, Orthopods, Neurologists etc. and absolutely the maximum had been done. (Her brother was an M.D.) Now here she was being confronted by a quack who was condemning the whole lot of them. He had had operations and was marvellous now. Thankyou. Well then why are you here. A friend had insisted she bring him to us and had even made an appointment for her. So here she was a very confused and frightened by now woman.

As the family came from Sydney there was only a few days in which to work so she offered me this little gem. All you have to do is tell me or write a letter and my brother and the Medical specialists at the Hospital will carry out what you say. My reply was scarcely designed to elevate the Medical profession in the eyes of the world however somehow she became convinced that we did indeed know what we were doing.

We follow Dr. DeJarnette's procedures strictly and the boy was given a Category 2. adjustment L.L.L.L. and the Psoas muscles balanced and that was all. Arrangements were made to have X-Rays done the next day as it was felt there may be something unusual within. Incidentally the Medics had shot him very full of X-Rays all his life and he was stood up to many tests for 3 monthly intervals throughout his wee life. It was pathetic. The second day I found out what the strange disease was. It was 'Prune Belly' syndrome. I dashed for 'Dorlands' and alas it was not there. So I remained in ignorance until the 3rd. visit. It appears to be an absence of abdominal muscles and the belly looks like a prune. 'AH HA' I said in the most professional manner.

The x ray was relatively uninteresting so we followed S.O.T. procedure and cranial procedure. The boy was given a Left External Temporal after the pelvis had stabilised and a checkout was given at the end of the week. There was a complete transformation in the boy. Father even came in for the last visit to express appreciation for what had been done.

We saw him in Sydney a month later and he was a joy to behold. He was running around and so full of life and mischief just as any normal boy would be. We found nothing seriously amiss and we expect to see him next month. 2 weeks ago a request was relayed to us asking would we send down our X-Rays to the Medical Specialists in Sydney. The request was denied however we offered to bring the films with us to Sydney that weekend and if the Specialists were sufficiently interested they could come along and look at the films and discuss the case and the principles involved in restoring sick people to health. No one turned up.

The point of this whole thing is this. Any one of you could have done the same thing. Follow the principles exactly as layed down by the Founder and Developer of S.O.T. Dr. DeJarnette and you have the key to health for the sick of the world. I did not have to know the name of the disease nor of all the previous mucking about and crap that he had been subject too. All I had to know was what Category he fell into and follow what was the step by step procedure. That little body which had been constructed with all the wisdom of the universe was just waiting for the application of the principles of life itself as taught and practiced by Dr. DeJarnette.

There is not a single one of you out there who cannot give a little time each day to studying the 1977 S.O.T. Notes and improving yourselves. To those of you who have not been to Omaha, then make it your business to be there. It is not too late to join our tour and the cost is good. Cranial Technique is the icing on the cake and will enhance both your abilities and you standing in the community with your increased skill.

OMAHA At last all the information is to hand and we now can give the info. required. The cranial session occupy's the first 3 days and S.O.R.S.I. the LAST 3 days. Forms have been included with this Newsletter and to attend you must fill them out and apply yourselves sending the correct amount in U.S. Currency to either Dr. DeJarnette or S.O.R.S.I. If you have not informed us that intend going and are travelling with us then let us know now in order that the travel organiser can have the necessary forms completed. Qualifications are as follows as they pertain to A/Asia.

1. You must be a member of S.O.T.O. i.e. Own a copy duly registered in the U.S. with Dr. DeJarnettes office of the 1977 S.O.T. Notes.
2. You must own the 1976 Cranial Notes and also be registered.
3. Your reservation must be accompanied by a cheque covering full registration. That cheque must be made payable to Dr. M.B. DeJarnette and DATED SEPTEMBER 12 1977.

4. If you do not own the above manuals then fill out the order form enclosed with the Newsletter and send it to us with the necessary Aust. currency.
5. Cranial Technique 1977 will be on sale in August and is required by all Doctors and students qualifying for the advanced sections of Cranial Technique. As soon as a price is to hand we will let you know. This price will include airmail charges. It is also my understanding up to the present at least that those two Doctors who have been accepted for the Instructors class will receive the 1977 Cranial Notes when they send their U.S.\$400. as the Registration fee for the 7 days is \$330 as noted on the form issued by Dr. DeJarnette.

S.O.R.S.I. A full outline of the program has been sent to us so we have sent a full photocopy to all who receive this Newsletter in A/Asia.

May we recommend heartily attendence at the S.O.R.S.I. Banquet to all so make sure that you include that in your application before sending it in to DR. M.L. REES of Sedan Kansas.

This promises to be the best week in Chiropractic ever and is the place to be in 1977. If you haven't made up your mind then do it now.