

Yet he has to teach him as existing, as being a vital part of your life. Which I think is an obstacle. We actually come in contact with the skull, we actually correct it and see the results of our correction.

If a patient has an OCCIPITAL EXTENSION or somebody does not correct it they can never get well up to that point. If they have an OCCIPITAL FLEXION AND SOMEONE DOES NOT CORRECT it, they cannot recover past that point, only up to it. If someone has a RIGHT TEMPORAL INTERNAL and no one corrects it, no one ever can get him past that point in recovery. Which would you choose? Principles or the total understanding. This here is only the beginning of the knowledge you would have to have, you see. If you understand the indicators, the Assistant's part, the patient's part and do them perfectly you cannot do anything but get perfect results. The minute that you violate a tiny part of the Assistant's part, your part or the patient's part you get the reverse results. You get disastrous results. Now what does that prove to you? If you do not believe in gravity, jump off a building and you damn well know gravity exists because pretty soon you will hit something. Explain to me what happened or would you rather take my word for it.

A bull frog does not ask about the physics of love, he just goes ahead and does it. If he can get his mate to stand still long enough. That's two principles involved. The Assistant and the Doctor. Can't do anything without assistance. There are those who worry themselves into a panic over the WHY'S. They are constantly in a state of allergic itching because of the WHY. There are others who master the DO'S and get rich, and drive big cars, wear alligator shoes, white hats, silk shirts and gold teeth. The poor guy who worries about the WHY'S only has one set of underwear, does not have two socks to match, lives in constant poverty because he can't pull himself out of the Why. These are what we call recluses, they get up in an attic someplace, spend a miserable life in the WHY world while somebody else is out fooling with his girlfriends.

I always ask why, because Chiropractic has to have some why's to what. You just can't imperically do something until you understand something about it. The most of you have the concept and I don't know where you got it, that with each respiration the Occipital Bow drops down and hits seventh cervical, the Frontal Bone down, hits your chest and the Sphenoid springs out of the top of your head. Some of you have that concept. It is not the way it is. That might be the way you would explain it. Life is a process of INHALATION which is FLEXION and EXHALATION which is EXTENSION. And if you can't inhale you can't flex. If you can't exhale you can't extend.

So what does an ASTHMATIC have,....FLEXION. And he would give a million dollars if he had some extension. What does a guy which we used to call LUMBAGO have,...he can't FLEX. He would give you \$1000 if he could FLEX. What does a guy with a right MIGRAINE headache have? He has something on the right that he doesn't have on the left, doesn't he? Because it is only on one side. Now, if you can neutralise him and give him half of what he has on the right and half of what he has on the left he will feel better. You merely change the tension which is nothing but flexion and extension and you can be just as tight in flexion as you can in extension only its different. Now, man's PRIMARY FUNCTION in his every day living is the PRIMARY SACRAL RESPIRATORY MOVEMENT or mechanics. This is simply Flexion and Extension. The EXTENSION is INTERNAL ROTATION and FLEXION is EXTERNAL ROTATION. Internal rotation means to go UP and External rotation means to come DOWN. If I throw a ball up in the air

its going to come down. Both principles are being used. You can't name me one thing in relation to health and disease that isn't in coordination with flexion and extension or rotation; internal or external.

(This DeJarnette talk will continue in next month's Bulletin.) ED.

OMAHA. This year promises to be the most exciting on record and is a must for any dedicated S.O.T.er. In the July Bulletin we will publish final details for registration both to the Cranial Seminar and S.O.R.S.I. Seminar on the following three days. **THERE IS PLANNED TO TAKE A PARTY OF S.O.T.ers from AUSTRALIA AGAIN THIS YEAR SO DO NOT MISS OUT.**

The itinerary is as follows:-

Leave Sydney Tues. 20th. Sept. arr. San Francisco 5.25p.m. on the same day. Stay at the Sheraton Hotel at Fisherman's Wharf till Sat. or Sun.

You have a choice of 2 or 3 tours whilst in San Francisco. 1. City + Bay. 2. Redwoods. 3. Night Life in Chinatown.

Leave San Francisco for Omaha 10.50 a.m. arr. 3.45. p.m. either Sat. or Sun. Stay in Omaha at the New Tower Motel Courts till Sat. 1st. Oct.

Depart Omaha at either of three times 11.20 a.m. 12.35. p.m. 4.10.p.m. arr. Honolulu 3.25 p.m. 6.25 p.m. 9.25 p.m. Choice of time to be decided. Staying at the Sheraton Waikiki Beach. 1 Tour of Honolulu included.

Leave Honolulu 12.15 a.m. Tues. 4th. Oct. arr. Sydney 6.25 a.m. Wed. 5th. Oct.

Should anyone desire to go off on private journeys these can be arranged with the travel consultant but will be in addition to the tour cost.

We have been asked to provide a tour cost flying First Class and the quote for those who wanted to know is \$2374, out of Sydney.

The Group Tour cost is \$1400, out of Sydney. Take your pick.

We have a steadily increasing list and we would love some more to make this the biggest tour party yet. This may be the biggest event in your life.

Write to us as soon as you can and let us know you intend to come along.

N.B. The tour cost is all inclusive and you are only responsible for your meals and drink bills.

WHAT IS CRANIAL TECHNIQUE? It is that part of S.O.T. which gets to the part that produces the message that has to be transported to it's end receptor for function. If the message is garbled due to a cranial fault, the transportation will be garbled and the message cannot be interpreted and acted upon as demanded.

The total craniofacial structure is basically responsible for a host of man's disease and trauma problems. The eyes have to see...the ears to hear...the nose to smell...the tongue to taste....the heart to beat...the lungs to exchange gases...the stomach to receive and prepare food...the intestines to digest and select and liver to help and the pancreas and then the colon receives and holds for convenience. It all works together because man has a higher intelligence, his brain, and that brain is housed in a shell with movable hinges. That brain is provided with blood and washed with lymph and excited with cerebro spinal fluid and buffered with fluids and activated and separated by membranes. The whole thing is exercised by man's chewing mechanism. When that is shot, man is pooped. Just think, two hinges upset total man. I'll bet most of you thought the mandible was simply a tooth holder for chewing. The mandible hooks into the temporal bone which is a wheel or squamosal type bone. That wheel connects to other wheels and membranes and the whole stays healthy or gets sick depending upon the alignment or misalignment of the cranio-facial structures. No human with a craniofacial fault can get well, no matter by what method or all methods, unless those methods correct the cranio-facial fault.

Cranial technique is the master of all functions because it is the master

mechanic of the holistic man. Every healer, no matter the degree, uses the craniofacial as part of his operation. Love heals some craniofacial faults. Diet helps. Exercise helps. Chewing gum helps. New teeth helps. A hearing aid helps by removing temporal stress. The real help is in the fingers of the learned Doctor of the cranium. He alone can replace and re-establish function. The day is at hand when the truly great specialist in the total healing arts concept will be the cranial specialist and expert, no matter his degree. You who pass up the opportunity to be in Omaha, September 1977, for three or seven days, have passed up an opportunity never to be regained. A new sutural approach will be shown for the first time and only by being present will even an understanding of this fantastic advance be gained. Write to us soon and let us know you are a definite starter, then we will let you have all the information you require.

C.M.R.T. 2. SYDNEY JUNE 25th & 26th.

We all had a great learning experience at the C.M.R.T. 1. last month. It never ceases to give us a great deal of satisfaction to see the great improvement and the effort you put into becoming finer Chiropractors. Everybody will become a finer Chiropractor through S.O.T. and the other allied approaches developed and taught by Dr. DeJarnette. There is no finer thing you can ever do for the suffering of the world than to become a competent S.O.T. Doctor.

C.M.R.T. is Chiropractic Manipulative Reflex Technique and is the icing on the cake. How many times have you had a patient return with the same subluxation time after time and you cannot find out why. You just keep adjusting and adjusting, never solving the dilemma. When a reflex arc is set up between an organ in distress and it's segmental area of the spine, it is inevitable that the patient is on a downhill path to the undertakers parlour and unless you do something to break that cycle and innately can restore control then you have failed.

In C.M.R.T. we show you the key's to breaking these cycles and allowing the intelligence within your patient's body to restore itself again. You will learn about the Occipital Fibres. The meaning of Lines 1, 2 & 3. and the way to handle and interpret their messages. You will gain a much greater knowledge of patient management and specific nutrition relating to particular problems. The greatest benefit of all of comes to your patients who are the recipients of your new found skills. The whole world needs S.O.T. and C.M.R.T. make it your professional obligation to be along with us and if you cannot honestly say you have not gained superior skill and ability to help the sick of the world then we will donate your registration fee to the International College of Chiropractic.

With the changes which are now imminent with the funds attitude to Chiropractic and more recently we have had the knowledge that the Australian trained Chiropractors are holding Seminars in S.O.T. the onus to be the specialist is becoming more urgent. See you all in Sydney at the Glen View Motel on the 25th. & 26th of June.

TROCHANTER BELTS. These are considered a must in the management of a great many of our Category Two patients. We consider that support must be given the pelvis in low back syndromes as well. The patient who travels in excess of 30 kilometers must have a belt, as well as farmers who ride, or use a tractor, truckdrivers and others engaged in manual occupations. All chronic Category Two patients will gain considerable benefit from a properly applied trochanter belt. The belts may be used on and off throughout the healing period for added support during stress.

THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.

Keith C. Bastian D.C.
Scott D. Parker D.C.

Published by
June 1977

P.O. Box 238,
Grafton N.S.W. 2460.

THE END OF ANOTHER YEAR. So this is the last issue of your current subscription and we hope you have waited and read with interest each month what we have presented to you. Your response to our request for articles or letters has not been altogether outstanding and there is we know a great talent out there which needs a voice. We will be only too happy to consider what you send us for publication.

All round however we do enjoy assembling this Bulletin for you and presenting some of the writings of Dr. DeJarnette along with the news of the happenings in S.O.T. around Australasia. In the coming year we will endeavour to produce the Bulletin and to make it as interesting as possible for all. You can all expect more and more original material to be injected into the pages as the months roll by. At the present moment we have a number of research projects going and we continue to learn new facts all the time and it is intended to present them for your evaluation.

In December last year I assembled another of my controversial Editorials and subsequently was dissuaded from publishing same by Keith. I intend here to reproduce a portion of same as I think in the light of what is now known it might prove interesting. The rest can stay canned for the moment and should the birdies come home to roost it might provide an interest.

'We are all expectantly awaiting the Webb report here in Australia. Yes, another enquiry and report into Chiropractic here in Australia and the Profession sits in poignant silence awaiting it's tabling in Parliament. Our Association and also a number of individual Chiropractors have spent alot of time and money on this particular enquiry and in the opinion of many this report had better be good or the whole exercise will have been fruitless and once again we will have been lead by the nose once again up the proverbial garden path.

It seems significant to this writer at least that both the N.S.W. and the Victorian Governments are waiting, waiting for this report before really doing anything. The mere fact that they are doing just this, is ominous. It is also clear to this writer at least that our Federal body from the submissions that were made to the Webb enquiry decided that high standards of training (meaning the Basic Sciences, X-ray etc.) were the most important rather than placing an equal or greater emphasis on our identity as a Profession. There is a specific and discernable difference between a highly educated manipulator and a good Chiropractor, and it is the Chiropractic Profession we should be intent on preserving not standards as a fundamental difference between us and anyone else.

I hope the Webb report is as good as some hopefuls would have us believe. Should the report be favourable in all respects then I for one will be the first to congratulate those concerned. But should we in any way have to compromise in any way to medicine, then this whole exercise will be recognised as a ghastly mistake and we should not have been duped by such an enquiry. To those who have given their wholehearted support you will feel mightly frustrated indeed by having let them know your all.'

That is how I saw it then and I have received nothing further since to change that opinion. Why it has even been suggested that Professor Webb has had the gall to suggest that Chiropractors be registered under a Manipulative Therapists act and not a Chiropractic Act. Should this prove to be a fact then I could make many suggestions apart from NEVER

registering under a Manipulative Act. We are Chiropractors and that is the beginning and the end of it. When this report becomes public knowledge a section of the Bulletin will be set aside for your comments and if there is enough room then we will add our one penny's worth.

We look forward to another great year of publication provided you support us by forwarding your subscriptions promptly. You will find a form attached to this Bulletin so fill it out and send it back. Send us in a sub. for a colleague and better still send one to a student. See you all next month.

E.D. The following is an extract from a session Dr. DeJarnette gave up in the Ballroom near the end of the 1974 Cranial Seminar at Omaha. It is in my opinion highly instructive and gives a remarkable insight into how Dr. DeJarnette thinks. This will be reproduced over the next month or so.
DR. DEJARNETTE - WEDNESDAY OCTOBER 2, 1974.

Following the reading of Dr DeJarnette's research into the dura mata.
" How would you like to learn all that crap to adjust one Occipital subluxation. Do you like it? Sure you would if you didn't have what we had. If you didn't have the \$ SIGN when would you know the Occiput was in trouble. If you didn't have the high Occiput and normal other places how else would you know the frontal was in trouble? If you didn't have the CREST Sign how else would you know the TEMPORAL was in trouble? You have to know all these things.

There are 2,600 stress points inside the skull. 2,600 of them and you had to know every one of them to make a diagnosis and make a correction and then you ask me to explain to you briefly and in simple language flexion and extension of the Occiput. As if the damn stupid bone jumped up and down like a bull frog. When you know everything that is in this little thing I wrote, you could intelligently know why we simplify this thing. Because you would not live long enough to master all these other things in order to master this, you understand. That is why people like Dr. Sutherland could never interest more than 28 people. He died a broken hearted man, and now here we are educating 364 people in 3 days, in this art. And some of them are worried about the flexion and extension of the Occiput, or the sphenobasilar. Suppose I bought 364 bicycles and I put each one of you on one and said get the hell out of here. What would you start doing? Peddling and steering wouldn't you. Now if we took time to explain all the physics involved in moving this machine. If we took time to explain to you the origin and insertions of all the muscles involved, all the neurological beds involved, the whole brain involved, then we would be here 42 years before anyone took off. But if I say get on it, place two hands on the handle bars and look straight ahead. Now push on the peddles and pretty soon you would all be riding, that you would all like I am sure.

Would you like to spend 46 years studying the intricate almost unsolvable problems inside the skull or would you like to know some of the principles that would enable you to control all of them, perfectly. At a very low fee for the students and the Doctors we have got to give you the principles. Because we couldn't keep you and feed you long enough to teach you all of those other things. Do not concern yourself with the basic, or the intricate mechanisms of the inside of the skull for you will probably never master any part of it. You won't live long enough, so choose to accept it as a principle as I teach it.

My Minister is confused at times because he has never actually sat down and interviewed God. Never has come in contact with him personally.