THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.
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CRANIAL REVIEW This month sees our second Cranial Review presented in Melbourne. Interest was so high last time that this second coming is a must and we were so pleased with the high standard displayed. Cranial Technique is the icing on the cake and no competent Chiropractor can be complete without cranial skills. We are confronted daily with more difficult problems every day caused by man's incredible changing life and the increasing stresses of modern living and the disgusting diets which everybody lives on.

There can be little doubt that peace of mind and the inner realisation of what both life and your being is about, has a remarkable effect on cranial distortion. Last weekend this writer attended in Brisbane a Seminar called 'SAMATA' Inward Bound. This two day Seminar was conducted by Alexander Everitt of California. 'SAMATA' The Way of Balance and Harmony. Learn how to relax and centre yourself, Communicate with the power within and move towards self-realisation. Learn about the Four fold nature of man. Physical - Emotional - Mental - Spiritual and blend these four into a complete whole. Love yourself more - Serve others better. Become aware of the oneness of mankind and help bring peace to this world (so say's the brochure). On the first day involvement with at least half the people in the room became the order of the day on one occasion. I was struck by the tremendous number cranial distortions evident. My estimate at the time would have been as high as 40% of the 100 odd I looked at. Now by the end of the second day when I met the same group again, there was a remarkable change and most of the facial distortions had been erased and there were no more than a dozen or so. This whole experience has given a new insight into the approaches available to the dedicated Doctor of Chiropractic. Dr. DeJarnette has always said talk to the brain and this experience has emphasised this fact, but there are always new and more effective methods being developed to be used and adapted. 'SAMATA' was a distinct revelation to myself and in the future we hope to show that the understanding of Cranial Technique is but a spring board to the total care of the health problems of the world. Do your best to attend a Seminar conducted by this man. You will not be sorry. I will publish later when he returns to Australia in August and March(1978) of the dates and locations etc. To those in the U.S.A. write to SAMATA Systems 1330 47th Ave. San Francisco, Ca. 94122.

On the 19th. & 20th. of this month we will be in Melbourne for the exciting Cranial Review and so a large part of this newsletter is devoted to the Cranium and some of the writings of the master DeJarnette. Some of us have been fortunate to have met and talked with this giant in the Chiropractic Profession and he has given notice that this is to be his last big year giving Seminars and it would be fitting gesture and an experience of a lifetime for as many Australian and New Zealand chiropractors to make the big Omaha Seminar this year and get yourselves right into Cranial Technique under the guidence of the master himself. Next months newsletter will carry details of our proposed trip and the costs for this years pilgrimage.

APPROACHING CRANIAL TECHNIQUE If you are going to buy and use Cranial Technique, just what do you expect to buy and use and accomplish with it's use. This is an investment of some magnitude and the things you buy require study and practice and effort. You do not learn to be a great muscian just by purchasing a fiddle or pipe organ. You are not a skilled anything until you develope your brain cortex in that skill. The brain is lazy and it hates new ideas, so it has the greatest selecting and

rejecting mechanism and organisation in the world. 99% of what the brain strains and sieves, it ejects as not wanted. To get something in your brain and file it properly, and make it work, you have to keep pushing it in and holding it there till it gels. Every idea your brain retains is an effort. As you go through life, you see all kinds of brains. You see the brain that has a great assortment of dirty stories, and another brain which has an assortment of argumentative ideas. You meet brains that are friendly and brains that are hostile...and sometimes you see a brain half hostile and half friendly, and that brain is said to be sick.

To study the brain is a most fascinating, but boring undertaking. You learn long names and short places. You learn more concentrated wiring than man can imagine. You see a tiny spot that has the capacity of holding thousands of memories.

In cranial technique it would be nice if each of us could spend twenty five years just mastering the total brain and each of it's tiny areas. That would indeed set us apart, but would it do for us in making a living? Very few would pay to hear you recite those complicated names. Fortunately in the DeJarnette cranial technique we eliminate all of those complicated memory phases, and get into the mechanical phases of the brain and the total nervous system of man.

You have to remember that nothing can work when it is out of gear or synchronization, or broken or displaced or squeezed or denied proper blood flow or proper space. The temperature has to be maintained at a normal level. Air has to be provided containing enough oxygen for proper exchange. Many mechanical facts disturb man's body, and each part disturbed has disturbed parts of man's nervous system. When you disturb man's nervous system, you put man out of business and even a brain wanting to do a good job, cannot.

We could create a long list of diseases that afflict humanity and point to some spot on the skull that is disorganized. Medicine men do this with their complicated devices and it is good, but it doesn't cure anything. We in DeJarnette cranial technique would rather cure someone of something, than to spend our time diagnosing a weird sounding disease.

To learn cranial technique in a reasonable length of time and without unreasonable sacrifice of time and money, we have successfully catalogued man's nervous system and have founds keys that control each part. This makes it possible to teach cranial technique in a manner that is understandable and usable for the average Doctor of Chiropractic.

Your writer remembers Dr. Sutherland, the originator of the "Primary Sacral Respiratory Theory of Neurological Imbalance". This great man lacked the keys we now have, so day's would be spent in trying to analyze a cranium by fingertip sensation. The process was so delicate and so long that only a few ever understood it, much less used it successfully, and perhaps that is why that fine discovery fell into disuse among the osteopaths.

We know that the skull contains eight moveable sutures and each is attached to a specific membrane. We know that the face is made up of fourteen bones, all hanging from the cranium. We know that the inside of the skull is controlled by the spheno basilar mechanism. We know that the dural membrane is the master membrane of the total nervous system. We know the cerebro spinal fluid excites the neural response. We know all of those things, and they add up to a total knowledge we can use

every day in our practices. Some day this vital contribution will be recognised by all and is a valuable contribution to the library of man's knowledge of man's functions.

We understand that man is directed by his brain. We know that all decisions and all skilled movements must originate from the brain. We know that we cannot reach the brain by adjusting the spine. We know that only 20% of man's nervous system can be affected by adjusting his spine. We know as Doctors of Chiropractic that when we use only the spine, we limit our successes to a 20% total if all is done perfectly, and in most cases we are lucky to hit 10%. So you see the great waste in studying only one fifth of man's nervous system.

CRANIAL SIGNS Your writer has been in cranial technique over fifty three years. He has spent thousands of hours on this delicate problem, and not until 1967 did a full understanding develope in relationship to signs that monitor cranial lesions. Prior to 1967 we used clinical signs, facial signs and palpatory signs, all highly sensitive and highly subject to error. Facial signs are erroneous in most instances because the small orbit can be caused by a multiplicity of intracranial membrane lesions. The low mastoid is likewise misleading. The irregular malar processes...the sphenoidal slope or jump is a formation of many designs, many that appear abnormal are normal as they relate to function. The deflected nasal midline means very little clinically. The forehead shape monitors nothing except birth.

PRETTY SKULLS Some of the nicest looking skulls seen in your office contain the worst mess inside. What you see on the outside doesn't foretell the inside function.
One cranial lesion does not produce another...each cranial lesion is specific. It must be corrected and absolutely rested until it heals and that can well take alot of valuable time. You do not treat the cranial lesion. You adjust and correct it. You do not ever presume that one type cranial lesion follows another type. If I fracture my right femur, and it is pinned, you do not also nail the left femur.

"DO NOTS" IN CRANIAL TECHNIQUE.

1. Do not get carried away by one spectacular case. All cranial cases are spectacular if you adhere to absolute rules.

2. Do not assume that cranial technique is a panacea or that every patient is a candidate for cranail correction.

3. Cranail Technique is the frosting on the cake. You have to get the perimeter poles lined up, their guy ropes straightened out and then you erect the centre tent pole. That is the kind of cranial technique we teach in Omaha, but it surely isn't the kind some of our students practice. If you mess up the centre pole before the perimeter is secure, you have yourself one big mess.

4. Never give a cranial correction because one eye socket is smaller than the other, or one larger than the other. Those are merely signs,not causes.

5. Never give a cranial correction because you see skull tippage.

6. Never give a cranail correction based upon what you did two days or three weeks ago.

7. Never give a cranail correction because one malar is large, the other small.

8. Never give a cranail correction because the patient has a headache or is dizzy or nauseated. Cranail technique is seldom an emergency technique.

If you do not have time to study the monitors, you do not have the time to give an incorrect cranial correction.

9. Never give a cranial correction to a patient classified as a Category two or three. If you what to get into deep trouble just violate that rule.

10. Don't ever give a cranial correction just to show off or to show how you can move cranail bones. That is the height of absolute stupidity. That's like laying under water for thirty minutes to prove you can, only you know you can't, so why drown to prove a point?

11. Do not tell patients they have bashed up skulls. The ugliest skull oftentimes is the healthiest, and if you try to pretty it up, the owner will have you shot foe destroting his health.

12. Cranail technique is a privilege. It is an exact science. It is specific only because it has monitors.

13. It took Dr. M.B. DeJarnette over fifty years to bring cranial technique to you in a form that is safe, precise and corrective. You can tear it down with your own interpretation.

14. If it doesn't pulsate, it's circulatory feeders are twisted. Sutherlan used to have us sit for five hours holding a contact waiting for a feeder pulsation and when it pulsated, it was corrected. We now have a better procedure.

15. Cranail technique isn't bending bones. It isn't changing bone position except as related to each bones reciprocal tension membrane. Your shoes usually go where you feet take them when you have them on your feet.

16. DeJarnette cranail monitors are the only specific indicators for the need to use cranail correction. They are qite easily understood and perhaps that is why they are so often ignored and violated.

INDICATOR NUMBER ONE.
Category one patient: This is an absolute must. Violate this basic rule and you are in major trouble. The category one has a dural problem. Cranial technique adjusts dural problems, so naturally the category one patient has what you need to adjust.

Category two patient: Is not a dural problem. His problem is not cranial even though he has a crooked nose, a dippity-do frontal, and a side saddle temporal and a loused up parietal. His one ear may ride high, his other ear low. His jaw may angulate, but if you had a sacroiliac weightbearing joint separation, your outward appearance would sag. Basic 2 only exception.

Category three patient: Is not a dural problem. He is not a cranial technique candidate as long as he is a category three and you better not try to make him such, for in the long term you will worsen every problem he has the potential to aquire. The only exception to this rule is the recently introduced Parietal sutural spread.

THE WALK IN PATIENT THAT YOU HAVE NOT CATEGORIZED IS NEVER A CRANIAL TECHNIQUE CASE.

INDICATOR NUMBER TWO
Heel tension and the category one patient are synonymous. One has to have the other to some degree. Heel tension is brain membrane tension. Reciproc tension within the skull is developing because the sacral dural attachments at their perimeters are not equal and the cause is sacriliac boot misalignment or subluxation.

Heel tension is a dollar sign response because the dollar signs monitor the neural beds. Correcting the heel tension by use of the P.S.S. block

position can well correct the cranial dural tension reciprocal membrane faults. We hope it does, because then, we have no need for intracranial correction. Trying to correct an intracranial lesion in the prescence of heel tension is absolutely contra-indicated. It can do more to totally demoralize a patient in a few minutes than anything this writer knows of in the manipulative fields.

Heel tension continuing in the P.S.S. position with a decreasing dollar sign tension is your first indicator monitor that there is a cranial fault involving the central tent pole. This is your first specific approach to cranial correction. This is the sphenobasilar unit subluxation, and it is the most specific subluxation within the cranial field. We have taught it to each S.O.T. seminar group and have stressed it's importance, yet we have cranial technique mechanics totally ignoring it's meaning.

INDICATOR NUMBER THREE.

This would involve the dollar signs as specifics. A continuing dollar sign with the opposing dollar sign continually showing weakness into the fourth office call, would indicate the need for an occipital extension or flexion correction, depending upon the S.B. plus or minus readings. To those of us experienced in the cranial field, we can pretty well judge a dollar sign that is not going to correct and build to normal within the time of a normal office call, and then it is wise to intercede with the occipital extension or flexion techniques. This saves the patient valuable recovery time and is a real thrill for the doctor. It is amazing and almost indescribable how rapidly a really sick patient begins to regain his health once the proper and indicated cranial correction has been made. An occipital extension or flexion correction has such a perfect monitor in the dollar sign that one cannot possibly err in judgement or application if the sign is studied and tested and used properly. A right leg is made to move with such application, and carelessly the doctor sees another right leg that won't move properly, so he applies an occipital extension without monitor indicators and fouls up the whole person and then blames cranial technique.

INDICATOR NUMBER FOUR

This would be the continuing crest sign in which the strong sign remains but the weak crest side fails to build to normal. This can be detected clinically on the fourth category one visit, or by experience, even on the first visit. This relates to rotation of the temporal bone on the strong side and the compensating rotation of the opposite temporal bone. Here is where the bold stubs his big toe, because he looks at faces and not signs. In cranial technique, he who adjusts a compensation destroys much recuperative power normal to each of us. You have to adjust the temporal on the strong crest side, and that is why if you do not use the strong crest sign, you do not know how or when to adjust a tempoaral. Your adjustment is controlled again by the S.B. plus or minus cough sign.

INDICATOR NUMBER FIVE

This involves the frontal bone and here one must use judgement. First, remember, all must be correct within the boot part of the pelvis before you can move the frontal reciprocal membranes without having them distort all other reciprocal membranes. The signs for the frontal are correction of the heel tension...equal right and left...dollar and crest signs responding...skull tippage normally responding to the occipito-atlantal test...responding means normal reaction of condyle alignment. No nausea, vertigo, choking, blanching lips and nose and no visual halos. Prescence of above symptoms during occipito-atlantal testing would indicate incomplete category one procedure and error in interpretation of dollar signs and crest signs and perhaps error in cough testing or condyles needing alignment.

HYPERACTIVE CHILDRENS DIET CONTD.

6. SOUPS, CAKES, PUDDINGS, NUTS, JAM, ETC.

DO NOT USE:-

Commercial soups except those listed under "YOU MAY USE".
Bought cakes or cake mixtures
Commercial puddings
Commercial jams
Natural vanilla
Almonds
Tomato sauce
Fish paste
Pickles
Cider vinegar n.b. Malt vinegar should be alright.
Wine vinegar

YOU MAY USE:-

Home-made vegetable soup (not tomato, cucumber or green pepper).
" chicken "
" meat and vegetable soup (not tomato, cucumber or green pepper).
" butter cakes
" sponge cakes
" Steam puddings, junket (flavoured with honey or condensed milk).
Egg custard, jelly (using unflavoured, uncoloured gelatine)

Vanilla
Home made fig jam
" pineapple jam
Peanuts
Vegemite
Sweets made with condensed milk
Nestles Milk Chocolate (vanilla)
Nestles Vitality Chocolate (Vanilla)
Honey
Cashews
Toffee (use Malt vinegar)

The Nestle Company (Australia) Limited has supplied the following list of it's products which are free from artificial flavouring and colouring:-

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S.O.T. SEMINAR IN NEW ZEALAND Negotiations have now been completed for the first S.O.T. Seminar in N.Z. A small group of dedicated S.O.T.ers have finally succeded in arranging a fully approved presentation of S.O.T. in Auckland at the Logan Park Motel. Both Keith and myself will be presenting the complete basic program in three solid working day's. Special mention should be made of the efforts of Dr. Robin Taylor and Dr. Bayne McKellow and as well recognition of the wisdom of the Auckland Branch of the New Zealand Chiropractors Association in supporting the application to both the New Zealand Chiropractic Board and the N.Z. Association. The confirmed dates are 23,24&25th of April. Any chiropractor in Australia U.S.A. or Canada wishing to attend should contact the organiser forthwith:- Dr. R. Taylor 73 Anzac Street, Takapuna 9, Auckland, New Zealand. S.O.T.O.(A/SIA) will be issuing attendance certificates to all who have their tails in the correct place at the correct time throughout the 3 days.

CRANIAL SEMINAR (REVIEW) MELBOURNE This is your last chance to register and avoid the extra fee of $20.00 which will be charged in future for those who don't bother to pre register. You must own the 1977 S.O.T. Notes.