

S.O.T.O. CHIROPRACTIC BULLETIN.

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

Published by
June 1978

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

THE EDITOR. This the last issue of your current subscription. The number of Doctors who receive this Bulletin monthly around the world has reached the highest yet since we started publishing some 4 years ago. It was then we started to reproduce and spread as many of the writings of Dr. DeJarnette as possible and to interest as many Doctors in the finest all round approach in the Profession today. We believe this has been done and is still being done.

Seminars have been advertised, S.O.T. discussed and over the past year as promised we have started to incorporate articles on work done by ourselves. Original work on Bio-magnetics was outlined in February and a modified version has since been sent to Dr. DeJarnette. In April an article was presented on orthopaedic blocking and this also has been sent to Dr. DeJarnette. This month you will see a little more work and it is intended in the future to present articles authored by ourselves every month where possible.

We have been encouraged by Dr. DeJarnette over this past year and to him we acknowledge with thanks the reason for being what we are. We will continue to produce this Bulletin as long as we have enough subscribers who think that what we do is worthwhile. Over this past year our costs have increased and there is also an increase in mailing rates in the pipeline so for the next year there is an increase albeit modest in the subscription rate.

We will endeavour to continue to produce a good informative Bulletin and may we at the same time invite any of you to participate either with a letter, an article perhaps or an original of your own. We always welcome material but will react with suitable surprise if you do send something to us.

We are also this year sending only Dr. DeJarnette a complimentary copy. Whilst we have sent a few Doctors gratis Bulletins in return for past services rendered we feel they have been fortunate and we hope that they will be amongst the first in with their subscriptions for the next years copies, commencing next month. So when you read this look for the enclosed form, fill it out, enclose it with a check and mail it back to us today. Thanks. ED.

P.S. Be nice to someone else. Send a colleague or a student at a Chiropractic College a years subscription. Please do it for we need your continued support.

OMAHA 1975 (Cont'd)

But the thing you are here for today and tomorrow and the next day is to determine the effect of a certain procedure as far as the cranium is concerned on the function of man. To see how many changes we can make in man in 3 days with what we do, and these are all valid things you can take home and use, we have not thrown in anything that is complicated, understand that.. These are all things you can use in your own offices. They don't take but a minute or two, and these are the differences often times between fantastic failure and fantastic results.

Some complained that the Instructors were spending too much time on Category One as they had already seen it. But, hell, I've gone to the State fair and seen the same horses time after time but I always enjoy them. I've never seen a horse do his duty that I didn't learn something. Never seen a cat dig a hole that I didn't learn something. Now there is

each thing as "I know that." There may be a lot of things you don't know about that. We got to talk about Category One because that is the basis: Whether or not we have a subluxation of the Temporal, Frontal, or Occiput, and talking about now. We have to adjust them physically with force, you can't correct them with breathing. You can breathe from now until hell freezes over, you can't correct them. They have to be corrected by force and you have to know a Category One to know that.

The first thing we do is to Categorize the patient and this is the most convenient thing. The if he is a Category One place the patient face down and run the cough test, SB plus, SB minus. What I am showing you here and trying to establish a rhythm so we can say, well we do this, now we do this, and what you are supposed to do is to learn what each of these things do, you see. There are certain people where Occipital Pump is all that you need. If you are a wise guy this is where you will stop. There are certain people where Occipital Spread is all that you need, if you are a wise guy that is all you would use. There are certain people where Occipital Flattening is all they need and just the same, if you are wise that is all you would do.

QUESTION: What determines if you are a wise guy? "The book tells you what the problems are. If you are a wise guy you will study the book."

QUESTION: You mean if you see changes that means those Cranial Faults have been corrected? "Yes if you are a wise guy you will wait 24 hours and you say to the patient, 'Tell me, how do you feel?' That is the quickest way, the lazy man's way. Now if the patient says, 'I've never felt better in my life'. Now if you are half smart, you will say, 'That is what you needed.' If you are half dumb it wouldn't mean anything to you."

Now, Dr. Dangerfield had an experience that might interest you. Bertha went to open one of the doors. It had a big brass door handle and Bertha was going to look in there to see what was going on and Bertha is just about tall enough for this door handle to hit her. There was a guy on the other side and he was in a hurry and he opened it, hard enough to knock an elephant down and he hit Bertha on the arm. She had the arm up towards her face when the door hit her arm. Now her arm hit her face and immediately she lost all control of the arm, lost all sensation in the arm, in the leg and almost lost control of herself. When Jeanne got her up the stairs her arm was hanging down and her hand was in clonic spasm just as if she had had a stroke. Of course Allan was the first one who saw her and was preparing to go to work with a psoas. Her arm was just as cold as ice. When I said 'My god Allan this girl is in critical shock.' She was in shock. Suddenly the water started running off her, and respiration became very shallow, her pulse was almost undetectable and she got white as a sheet. You could actually see the Frontal Bone shifting, you could actually see the Frontal Bone move. One side was as white as snow and the other side was getting dark. You could see one eye closing. I thought she sure had been hit on the side of the head and suffered a concussion. The first thing I did for her was to go up and do a Vault Lift. This I did to the cycle of her respiration. I simply did the Parietal Vault lift on her and then went in and did a face skull separation on her to get the pressure off. Then I simply went to the back of her head and did a mild C.S.F. Pump. The feeling came back to her arms to her leg, her hand opened up and all her pain stopped. Temperature came back to her body. It took 30 minutes to stop the sweating. We saved Bertha's life here. She was arresting

when I got there. Cerebral shock. Just as well someone was around as we are to do the right thing.

The boxer goes through the same thing. Hell, he hears bells ring, why old Mohammed Ali is as punchy as a goose. Hell he ought to be locked up. He gets most of his blows on the Frontal Bone which is laid down in membrane which is not so bad. Old Fraser gave him a few rabbit punches which didn't do the back of his head any good. He ought to have given him 2 or 3 more. Because he uses his jaw so much is why he is still alive. People who come into my office have their jaws so tight they can hardly speak. It is just almost locked. Testing the jaw you just could not move it. The mandible was locked. You begin with the Temporomandibular. I don't know where you would end but that is where you would start.

Time to go to your stations.

DEJARNETTE MONTHLY BULLETINS We have received advice from Dr. DeJarnette's Secretary, Ester, that all in Australasia who have purchased membership in S.O.T.O. for 1978 will begin to receive these monthly Bulletins. You now will have the word from the horses mouth and all complaints should end. We will now no longer be handling orders for Dr. DeJarnette a you will now have up to date information on what publications are available. So kindly address all future orders directly to Dr. DeJarnette not to us. If you have not purchased membership in S.O.T.O. for 1978 then call us on the phone now and get up to date and begin to receive the latest on S.O.T. from Major himself.

OMAHA. The latest Bulletin from Dr. DeJarnette indicates that all S.O.T.O. members in 1978 can participate in the special Instructors Seminar provided they are prepared to pay \$450.00. Instructors naturally get there special instruction at this session which takes place on the 4 days preceding the main Seminar, and many of the insites into DeJarnette cranial technique are revealed. However may I warn those who are thinking of taking this course. Dr. DeJarnette may not necessarily accept your application as the class is limited and if you do not have a fairly sound knowledge of the basics of S.O.T. and especially cranial technique in particular then you should wait to take part in the Seminar itself on the Monday, Tuesday and Wednesday.

We enclose for the Australasian subscribers a Reservation blank for the Omaha Seminar. A special note to those who are coming on the tour with us. If you decide to opt for the 7 days of Cranial in the special class and Dr. DeJarnette accepts your application then you are to let us know pronto in order that we can let the tour organiser know what you are doing..

S.O.R.S.I. is holding its annual program on the 3 days following the Omaha Cranial Seminar and a full program has been designed and all should register and attend for there is nobody who knows it all. You must register with Dr. Rees in Sedan Kansas. I advise all to register and include money for Banquet tickets. This year there will be 4 programs. 1. Beginners. 2. Advanced procedures. 3. Diagnostic Testing and an in depth study of some branches of S.O.T. 4. Original Papers on various aspects of practice. Enclosed is a Reservation form.

ORTHOPEDIC BLOCKING. This is a subject which has gained a little prominence lately with the publishing of a paper by Dr. K.C. Mastian in this Bulletin and now in May Dr. DeJarnette has put in his ten cents worth. It is also noted that in the 1978 Notes there was a decided shift in the explanation as to block position relative to the adjustment,

and this appears on page 84 of the 1978 Notes. (the one with 1977 at the top)

We must say at the time we first read this page we thought that this whole page was an error. We now understand as a result of Major's May Bulletin that he is still sticking to page 84 in the 1978 Notes. We originally checked by using the new technique on a number of patients but our findings were in the negative. Consequently the paper by Dr. Keith Bastian was published in April 1978. Previously Dr. DeJarnette has published in his Annual Notes a page on orthopaedic blocking, e.g. 1975 S.O.T. Notes page 251, 1976 S.O.T. Notes page 246 and on all previous occasions the exact opposite re. orthopaedic blocking is stated.

The new theory that has been stated and further reiterated in May is as follows 'In the prone position, all rotated vertebrae will move towards the high side,' and in the supine 'all spinous processes will rotate to the low side.'

Well we were faced with accepting the situation as stated in 1978 or doing some more testing before opening our mouths again. We have further tested this new theory on a great number of patients involving a considerable amount of time and we have found almost with no exceptions that the patients most decidedly got worse and only by reversing the position of the high block was recovery effected. We checked the X-rays of the patients as we have done many times before and indeed we found that quite a few patients had lumbar vertebrae with the spinous process rotated to the side opposite the cervical indicator. Blocking as per the X-ray listing (in accord with the 1978 Notes) resulted only in the cervical indicator increasing in pain if the spinous process was rotated to the same side as the cervical indicator. Only when the high block position was reversed i.e. when the high block was placed on the same side as the indicator, did the indicator lessen and finally disappear. This applied to both prone and supine blocking. Naturally if the spinous process was rotated as per the X-ray to the side opposite the cervical indicator then the 1978 theory will seem to apply.

We do not believe this to be the case however as there could hardly be room for two theory's to operate at the one time. The cervical indicators appear in our view to show the body's need to have the spinous process of the involved lumbar moved away from the indicator side. These indicators operate to indicate what the body requires in aid for it to restore itself to normal not what we think or what we may see on X-ray regardless of the correctness of our theoretical mechanics of the situation. We believe that the body language indicators (cervical as discovered by Dr. DeJarnette) for the lumbar spine are of paramount importance for the application of the orthopaedic blocking technique in either prone or supine. The explanations as laid out in earlier manuals and in the paper as presented in the April bulletin seems to help the greatest number of patients by far. We cannot understand the reason for the change, and our results prove it.

Whilst these foregoing lines appear to be in direct conflict with what Dr. DeJarnette has written, we believe that what we have found in practice over a great number of patients should be revealed. Consequently we invite all chiropractors who read this article to test for themselves as we have done, then send your findings to us. We will be happy to publish your results. Maybe you will come up opposing our findings, and that is your right but do write to us. Go to it folk.

ACKNOWLEDGEMENT We would like to thank Dr. DeJarnette for the publicity he gave this Bulletin in his May S.O.T. Bulletin. This is the second time this year that our modest effort has been recognized. We have received a number of subscriptions and enquiries as a result. Thank you Major.

PRICE LIST A new price list is enclosed for our Australasian and it covers all the equipment we offer. Study it carefully before placing your next order.

T.S. LINE. Reports have reached these shores from overseas about the fine seminars that Dr. Rees has been holding lately.

There does however seem to be some misunderstanding as to who originated the T.S. Line. From the history available (I have compiled an extensive one) the originator was Dr. M.H. DeJarnette who has copyrighted the T.S. Line in a work called 'Temporal-Sphenoidal Research Project 1965'. This fascinating book contains the origins of the work as well as all sorts of information as was then known by Dr. DeJarnette.

Whilst some of the original work remains, it is due to the persistent efforts and correlative research of Dr. Rees of Sedan Kansas that we have the T.S. Line as it is today. The 1965 T.S. Research Project 1965 Manual is a fascinating piece of history and any of you who have it should pull it out and have a good look at it. To those who don't have it, then it is a shame. There may be some still available so if you are keen you will write to Dr. DeJarnette and find out.

Just thumbing through our copy makes one appreciate the greatness of the founder and developer of Sacro Occipital Technic.

BASIC TWO (S.P.) From some of my research from the early part of last year I developed a Basic Two technique that did not require an Assistant and was most effective in that it was precise and was specific as to the side of failure if this was unilateral. From my experience the Category Two is a unilateral failure of the Sacro-iliac joint however on respirational testing both side may appear to fail. In some rare instances the failure may be bilateral involving say both upper fossae or both lower fossae. There are cases which involve a diagonal failure involving the upper fossa on one side and the lower fossa on the other. It is however quite incorrect to assume that because one fossa fails on the arm test that there will be a corresponding failure on the other side. However if both sides do fail it would be my contention that one side failed because the cranium was also compensating for the S.I. problem and that is why this method is so specific.

Whilst today the approach has been modified considerably, you will find this an advance on the Basic Two application requiring an Assistant. (A great many of you after the last Omaha Seminar probably are not using the Basic Two because the results were too varied. I hope this rekindles your interest as the results are fantastic and leads on to the new work which changes a sacral pattern in a way that mere Category Two blocking often cannot do.) Bear in mind if you will the paper on finger polarities as published in February wherein it is stated that the index finger is negatively polarized or SB- and the 2nd. or middle finger is a positive or an SB+.

In the application of the Basic Two the Assistant who follows the Manual exactly would place the right hand beneath the Occipital Bowl and the left hand would be used to take the Basic Two contacts with the left index finger to the right infraorbital notch and the second finger takes (Sorry folk you will have to get the rest of it next month. ED.)