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SPHENOID. (Applicable to a Category One only)

Over the past few years the importance and the effectiveness of the sphenoid and the excellent techniques to free the sphenoid have been pushed into the background somewhat. Back in 1974 when Dr. DeJarnette introduced the technique he hailed as the greatest contribution he had made to the sick of the world, we were all convinced that this was so. Subsequent use of the sphenoidal technique proved the claims were justified and many miracles occurred daily. In recent years we have had R.T.R.T., the pre-cranials and more recently the sutural technique. In the meantime the poor old sphenoidal has been thrust into the background.

Whilst we do not use the technique as often now because of the introduction of D.R.T. and the new dollar technique used in the first minute on the blocks, every time we do use it a miracle seems to occur making us question things. Just because something new is introduced certainly does not mean an improvement. Merely change for changes sake is not the idea in Major's mind but subsequent changes appear on the surface to do what the sphenoid does by apparently restoring tension to a flaccid dollar and taking out the pain. But do they? It will be agreed by all that the latest offerings are not as traumatic but do they produce the amazing responses achieved by a properly applied sphenoidal technique?

It is difficult with the D.R.T. and the dollar technique to know when the most benefit can be gained by the use of the sphenoidal technique. It would appear that for many cases the latest approach is of great benefit and the sphenoidal would add nothing in terms of recovery. However there do seem to be a proportion of patients who get no reduction in pain or change whilst you are applying the dollar technique on either the right or left and by applying the sphenoidal at the end of the pressure application when there has been either little or no response or even a worsening dollar sign, commendable stability develops in the patient. Another situation would be if the white spots do not appear in thirty seconds then normally we would terminate the blocks, just try the sphenoidal and maybe you will get a pleasant surprise - yes the patients acceptance mechanism may just start working.

The Sphenoid Bone can rotate either right or left. If it rotates to the right we will have heel tension on the right and if to the left then we will have left heel tension.

The sphenoid is the first to attempt a response to the P.S.S. Block Technique. Should it not go into normal motion then the Dollar sign on the side opposite rotation will continue to fail or not return to normal. Result - A flabby painful buttock. (To be certain the L & S Technique on the blocks followed by the dollar sign pressure and watching for the white spots on the patients back, appears to take care of things but not always as you well know should you be applying S.C.T. in the correct manner.)

Basically the Sphenoid subluxates toward the strong Dollar sign side. This is why one Dollar sign may fail in the first minute on the blocks. It must be rotated to the weak side.

THE TECHNIQUE: In the case of a right Sphenoid(weak \$ sign on the right) the patient pulls with the right arm and your Assistant tractions the left heel - three applications 5 - 10 secs. You the Doctor monitor the

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right Sphenoid and the right Dollar sign for a response. Immediately there is a response STOP - the adjustment of the sphenoid is complete.

The Sphenoid occasionally crosses up and on the first or second application there is an increase in the failure of the Dollar sign. When this occurs have the Assistant change the side of leg traction only and reapply the technique.

If there is no change in the Dollar sign then the expirational cough technique may be attempted if heel tension is still present.

Another simple method of affecting the Sphenoid and its relationship to heel tension when the patient is first put on the blocks is by application of pressure to the Sphenoid itself. Finger pressure is applied to the Sphenoid in a medial direction. Hold until there is movement (approx. 15 secs.) then go down to the Dollar signs and recheck them for tonicity and pain. You will have achieved in a very short time a significant change. (Pressure applied on side of strong \$ sign)

Try the above techniques and watch what happens to the patients back as regards blood vascular changes, you will be very pleased.

SEMINARS Last month we announced that there was a hold up in the presentation of a list of Seminars for this year because amongst other things Dr. Bastian had applied for a position on the Faculty of the International College of Chiropractic. This question has now been settled. Dr. Bastian has informed the College that he is no longer available and will continue here in practice here in Grafton. We have formulated many plans for the future and in due course we will enlighten you.

This year the Chiropractic profession in this country finds itself in a most unique and interesting position. Already amalgamation of the two main Chiropractic Associations is taking place in Victoria. The A.C.T. has offered membership to U.C.A. members and I understand liason is going on in all States to some extent. Chiropractic in this country is presenting a united front to both the politicians and our greatest enemy the A.M.A.

The I.C.C. is presenting a very complete Review program throughout Australia and both A.C.A. members as well as U.C.A. members have been invited to participate in all States except N.S.W. The course consists of some 220 hours and has been assembled by a combined committee of the I.C.C., Preston Institute and the U.C.A. and includes some hours on just about every aspect of Chiropractic. S.O.T. has been allocated a reasonably generous time considering the nature of the course which is basically an Introduction to DeJarnette's work and two Dr's have been appointed to the Faculty in this connection. They are N.G. Creed of Mt. Gambier S.A., and T.D. Creed of Warrambool Vic. We congratulate them on this achievement. The course itself gives an Introduction to every major technique used in the world today as well as covering anatomy, physiology physical diagnosis and X-Ray etc. It is an excellent means of giving both Association members an overall common grounding.

We have both offered our services to the I.C.C. in this program in the following States:- A.C.T., N.S.W. and Queensland. This program is quite extensive and will take a year to complete so we have decided not to burden the profession with more Seminars than makes common sense. There will be no S.O.T. Seminars this year unless there is a demand. We will however be presenting some Cranial Reviews to those eligible

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to attend. Those eligible are those Chiropractors who have attended Omaha in the last 3 years or who have attended one of our Cranial Reviews during that time.

The next Cranial Review will be held on the 18th. & 19th. of March at Noah's Hotel, Exhibition St. Melbourne. This will be a most important Review for we will be using other Instructors and we will have the inaugural meeting for the formation of S.O.T.O. A/Sia and hopefully an election of Officers to preside over it's formation. The Australasian Sacro Occipital Technique Organisation will have as it's Basic aims the preservation of the basic principles of Sacro Occipital Technic, the promotion, research and dissemination and maintenance of high standards. We would hope that S.O.T.O. A/Sia will hold an Annual Seminar on similar lines to the week at Omaha in March or April each year. To those who are eligible then we will see you at the Seminar. Those who wish to take part in the formation of S.O.T.O. A/Sia (it is open to all S.O.T.ers) then you will have to contact us at a later date and we will let you know the time for the meeting.

So there you have it. There will be no S.O.T. Seminars this year in Australia unless there is a demand. We are supporting the I.C.C. in their Review program and there will be some Cranial Review Seminars.

WEIGHT REDUCING POWDER Back in the December issue I outlined the basis of a telephone conversation I had had with an American Chiropractor on the subject of protein weight reducing powder. I promised to let you know what happened.

A parcel has finally arrived and after much letter writing and applications to the authorities I was finally granted an import licence. (for my personal use only and this one time only) It is almost a waste of time shipping any vitamin or dietary products to Australia as they are a prohibited import except through recognised drug company channels. They have the power or the pull where it counts to procure such items provided it is for the use of the medical profession. At the present here in Australia only one State recognises Chiropractic and there is a small recognition by the N.S.W. government. However unless there is an unbelievable shake up or about turn on the part of the authorities or a weakening on the vice like grip of the A.M.A. in all matters relating to health, then things will not change in the future.

The product turned out to be Nutri Trim and is neatly done up in a series of 4 separate nutrients. Protein powder, Polyunsaturated oil, Vitamins and Bran tablets. Two of each was provided and the stated value was an unbelievable \$53. A full information manual was provided and naturally multiple order forms and various advice as to how to set up further dealerships. It appears to be another pyramid selling deal with a very high mark up. Digestive enzymes are also provided but these had probably been removed by the Customs as they are a prohibited import except in exceptional circumstances.

This type of weight reduction program appeals to the public as everybody wants to keep trim and slim the easiest way possible. This type of program has inherent dangers and problems have been experienced both in the U.S.A. and here. Some newspaper space has been given recently both here and overseas about the dangers without due consideration of the total patient condition and added nutrition which may be needed for specific cases. The public seems so gullible when these get rich quick super easy weight reduction schemes are dangled in front of them or thrust

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upon them by some enterprising individual or professional. The problem is that the programs do not attack the real causes of the weight in the first place. i.e. a proper diet, daily regimen and interference in the nervous system.

I have stated before that supplements such as Nutri Trim have nothing whatever to do with either the Philosophy of chiropractic or that of S.O.T. and whilst the D.C. is busy peddling this product his mind is off the job of getting rid of subluxations. If a D.C. has to supplement his income with this type of thing then perhaps he should take it on full time because there are people needing full time chiropractors throughout the world, and there are plenty of patients to keep every chiropractor in the world working 24 hours a day and then some.

I have written personally to the Doctor concerned thanking him for the trouble he took and offered some of my typical narrow minded statements. I also offered to make available to him a centuries old method used by the Tibetan Lamas for weight control. This involves certain exercises for the control of the directions the the bio-magnetic fields which originate from the chakras. He won't get his banker excited with this one but at least it is in tune with nature and after all isn't that what chiropractors are about?

FULL TIME CHIROPRACTOR NEEDED. We have had a distress call from an S.O.T.er for a full time Associate in a very busy practice with an extremely active branch practice. I have been told that a partnership would be a definite possibility if someone proves suitable.
Contact Dr. N.G. Creed 56 Bay Rd. Mt Gambier S.A. 5290

RECOGNITION In the January Bulletin 1978, Dr. DeJarnette took a little space in his Bulletin to say a few kind words of encouragement about my efforts on behalf of S.O.T. and about this particular Bulletin which has been published now since 1973 on a regular monthly basis. Major I acknowledge your recognition but wish to take you to task on one item mentioned. (Reproduced here is parts of Major's Bulletin for the Benefit of those here in Australia who don't receive it. So if you have seen this before please understand)

'Once in a while a fellow comes along who deserves recognition for his honesty, integrity, unselfishness, and his noble work for the cause of S.O.T. This fellow is red-headed, has a mean temper(I am not that bad am I?)and he lives in Grafton Australia. The name is Dr. Scott Parker. Dr. Parker took S.O.T. to Australia and he has been a faithful follower of the total concepts and principles of S.O.T. I know of no one who is a more devoted scholar of S.O.T. than Dr. Parker. Dr. Parker knows S.O.T. is supreme(right on, I have even been accused of being biased in this Newsletter towards S.O.T.) when it is used totally and not diluted with this and that and a dozen other things. Good country cream, fresh from the cow, can be diluted with poor cream and other chemicals until it does not even look like cream. The great problem in Chiropractic, is not lack of techniques, but too damned many. If your roses have bugs, you can spray, but the solution has to be totally correct, or your roses will go with the bugs. More S.O.T. is spoiled by dilution with Acupuncture, Zone Therapy, Snappers, Articular adjustments, talk, diet, exercises and other things ad infinitum.

Dr. Parker issues a monthly S.O.T. Bulletin which is a gold one. He mixes in medicine man's philosophies, Indian lore, cuss words, witch doctoring, etc. (well,well,well,) but none of this distracts from S.O.T., rather it fills in for those visits when the patient needs entertainment

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and no therapy! (I find this last part not becoming of the author. This Bulletin has at all times strived to be interesting. S.O.T. is it's main theme and the fantastic works of Dr. DeJarnette. This Bulletin is not page after page of publicity material for Seminars, or Equipment etc. But is an honest attempt to interest the profession and is not intended for patient entertainment or use. I trust it is seen in this light by others. We will finish this month with part of page 5 of the 1974 S.O.T. DeJarnette Bulletin) ED.

'Wildebeests of Africa have a rule for survivorship unlike any other in the total animal kingdom. Each female bears her young the same week as all other females of the wildebeest strain. This is not repeated in any other beast. The idea is simple. The young wildebeest is prey to all flesh eating animals, and the multitude of young assures survival of the fittest for the new generation.

The giraffe has a most unique method of survival. With that long neck when he has to drink, the front legs are spread widely apart. The 25lb. heart has to pump gallons of blood uphill to the giraffe's brain, so when he lowers his head to drink, if he did not have a very peculiar and very unique system of sub-occipital valves in his circulatory system, his heart would knock his head right off his neck. The blood pressure in the giraffe's neck and skull lowers by 80% while he is drinking. Studying all forms of life, we see where the creator provided unique methods for survival, and this applies to man. This means of survival is as important to understand as is man's means of living with his ability to survive.

When the arteries harden, the blood pressure has to rise if man's metabolism is to be maintained at an anticipated level. A man who walks ten miles a day, year after year, feels that this is a healthy act or function, yet he grows older, and as his blood vessels occlude, his heart must step up its rate of movement and he subjects himself to strokes, infarctions and other disasters just because he persists in staying younger than his years dictate. This man should decrease his walking or should increase the time it takes to cover his route.

This is probably an area that we should not discuss, but in my study of humanity and in reading ancient tomes., crucifixion has been a subject of great interest, not because it was the means of Christ's death, but because it was not the cause of his death. History tells us that many victims of crucifixion were on the cross for day's before they expired. Christ was on the cross less than six hours. We know that in intense pain, fluid will accumulate in the pericardium, and that this fluid may actually be mixed with the blood. Christ cried out at his third hour and at that hour refused the drink offered him. Christ accepted the drink at the sixth hour, and expired. The lance that pierced his side caused water and blood to gush from his wound. Evidently the lance pierced the pericardium and showed us that Christ's heart had ruptured. Did he will it to rupture or did the heart rupture and cause his death? If Christ was born to die on the cross, perhaps God gave him a system of releasing the cardiac tissues that he could terminate his earthly being and become super-natural. All of these things have to pertain to Chiropractic. Chiropractic as a science is so very unusual, so very tempting and fascinating for speculation that perhaps we lost track of true science and fell into the way of things unnatural. Did God create man as a Chiropractic care subject? Does man's spine contain elements necessary to life not found in other forms of life. The giraffe eats only with his neck extended and drinks only with it flexed. Do extension and flexion have some element of protection yet unexplained, yet necessary to preserve or restore man's physical functions?

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