S.O.T.O. CHIROPRACTIC BULLETIN.
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OMAHA 1975. (D.J.) I really don't have to look a t a head to tell you what is wrong. Because I have done this for so very very long I can tell you what is wrong by just holding the head for 2 respirations and tell where it is fixated and where it is subluxated. Even before the patient gets on the table I have a pretty good estimate of what I am going to adjust, how I am going to adjust it, when I have adjusted it and so forth. I have spent 53 years on the head and studied it so I prety well know the thing inside and out. I am tryimg to make it available to the Chiropractic profession who doesn't have 53 years to study. We are tryimg to do it by showing you thimgs to do, that are not to complicated, that are not to hazardous but are very, very result producing. There is nothing more spectacular than cranial work when it is done properly. Now if it wasn't for S.O.T. and the block technique we would not be teaching you cranial technique because for instance in a Category 1., by the time you get up to the head, the dura has been released, the sacrum has been put back into synchronization, the C.S.F. is pretty well flowing and the hemispheres are pretty well flowing like a bird. Everything is going in the direction you want it to go. What you do with cranial technique now is to keep it in that direction to stabilize it so it won't shift out of it. If you did not know S.O.T. I would not teach you cranial technique. If you were just a bang, bang chiropractor or something else, and if you didn't know S.O.T. it would not make sense to you. Because it wouldn't mean a damn thing to you. If you are involved in S.O.T. then we do try to teach you cranial technique.

But 20 years from now every person in the healing arts will be dealing with the head. Now you just put that on the back of your note book, that 20 years from now, cranial technique will be so common in the field of medicine they will think they discovered it. 10 years from now, 80% of the drugs now in use will be forbidden by the F.D.A. because they will have produced so many iatrogenic diseases that they will have an epidemic and the medical profession will be in such a state of total confusion that they will have no way to turn except but to God's mechanics which is the skull. So what better solution than to bring these people up so that they may now comprehend and have some underatanding of the problem that they are going to face.

No one ever gets sick until the brain says, okay, get sick, dummy. No one ever gets well until the brain says, okay, now you are smart enough to get well. That's the last thing. So we have developed a routine of taking patients through a clinic to explore a majority of the things we have in cranial technique to see there effects upon the human body.

Now when you go back home you will go back to doing what you did plus what we teach you here, and you see that what we do here will be so fascinating that you will do this many, many times and nothing else.

For instance, on a Category 2., we use the blocks for the first 2 visits, and we use cranial from then on to heal them up, to get them out and to get them well and keep them well. You have to have the blocks to turn them and you have to have the cranial to herd them and get them back into the corral.

In a Category 1., maybe after 2-3 visits the blocks are just sustaining

they are not correcting. We go to the cranium and we correct. The patient recovers.

The first thing you do on every patient is to do the cough test, in the prone position. This ascertains whether they are in EXTENSION (SB +) or in FLEXION (SB -). Now every chiropractor should know today at this moment in time whether their patient is in FLEXION or EXTENSION. Because every adjustment he gives should be given with the understanding that he is going to convert EXTENSION to FLEXION and FLEXION to EXTENSION. No adjustment should be given ever that increases EXTENSION or increases FLEXION. Because every patient in EXTENSION is sick because he is in EXTENSION and every patient in FLEXION is sick because he is in FLEXION. You cannot get a patient in FLEXION well by giving him more FLEXION. You cannot get an EXTENSION patient well by giving him more EXTENSION.

This is the stupidity of exercises. You take a guy that is in EXTENSION and you say, dorsiflex, loosen up your back, for goodness sake you will kill him. You got a guy in FLEXION and you say, you got to get down here and touch your toes 100 times every day. He is only 30 days from the undertaker. You know why people have sudden heart attacks? Because they suddenly overdo what they have. They over extended when they are in EXTENSION. Vital function stops.

Now we know the first thing we have to do to the brain before we get any response at all is to get the C.S.F. channels open. You do this right back here with your fingers hooked on the inside of the Mastiod processes. Now my hands are so big I can't get my thumbs in there so I just use my finger to hook it like this and just grasp the inside of both mastiod processes and because this patient is in FLEXION, as she inhales I simply squeeze. As she inhales I let loose. Now if she were in EXTENSION, inhale, as she exhales I would squeeze. When you squeeze you pull out.

That's the Cerebro Spinal Fluid pump. This takes the C.S.F. opens up the channels and gets it to fluctuate properly. It doesn't run like a stream of water or out of a hose, it is simply like water going over very shallow rapids, it just fluctuates. Now you spread with your hands, you thumbs and you thenars are along the Mastiods temporal, parietal angle. We call it the the mastiod parietal angle and they point towards the patients eyes. The tps of your fingers are under the E.O.P. Now because this patient is in EXTENSION or SB +, she takes a deep breath and when she lets it out, I just bring my fingers together like a pair of pliers although I don't move them on the exhalation.

Now, OCCIPITAL FLATTENING. The contact under the occipital protuberence on each side is taken by placing your hand at the lambda and we do both inhalation and exhalation just by squeezing and letting them breath in and out. Now if you didn't know the patient was in EXTENSION you could always do OCCIPITAL PUMP and OCCIPITAL SPREAD on exhalation. These adjustments, you can do on all 3 Categories, on any human being. Exhalation is always the safe thing to do because that is EXTENSION.

Now after we have determined and cleared all these other factors we are ready to determine the function of the 8 bones of the skull. This is the nicest thing we have here. It will handle 90% of everything you see in your office in cranial work. Just doing what you

you see me do with nothing else and if I could teach 99% of the chiropractors to do these things and nothing else. Not harrass the them with a hell of a lot of nomenclature and it would be amazing the results they would produce.

On all Category 1. patients prior to doing any specific correction we would always run them through the BASIC ONE especially if they have any problem at all with the upper motor neurons. By an upper motor neuron we mean, do they have an arm-hand-shoulder syndrome. Do they have a hip problem? Do they have a leg pain problem? Do they have a back problem, a gait problem, Multiple Sclerosis, Syringomyelia, Parkinson's Disease or Amyotrophic Lateral Sclerosis?

A patient with a long continuing migraine for instance, or a patient with a 40 year constipation problem, we always go through BASIC ONE because the BASIC ONE does place a demand stress into the C.S. Fluid channels. Then we would check them out for a Category 2. in the supine position in the usual way with the arm fossa. Then we would go from there.

On a Category 3., the only cranial contacts we use at all are the vault lift, depending on whether it is Inhalation or Exhalation and you use that generally by observation of the face. Category 3. is taught in S.O.T. We don't have to much trouble with them. But you know you get some Category 3's that simply don't want to respond, don't want to behave themselves. We just keep them because they have a sciatica,as soon as they are able to walk or sleep we lose them as patients and they go someplace else. They should be spending money with us, where somebody can do them some good and do some cranial work on them.

The big deficit in Chiropractic is the fact that we make ourselves very famous because we are good for this one thing.(Taking care of sciatica) But we are not worth a damn for anything else. A Chiropractor has to be a basic or number one health providor, a PRIMARY HEALTH PROVIDOR. That means in the future he is going to take care of exema as well as anemia. He is going to take care of such a tremendous variety of things that they haven't even written all of them in the text books, yet. That is if he stays in business because, if he is just going to be a Health provider for the back, then he is going to be competing with everybody else in the healing arts because they are going to be on the back. We have to take what we know and put it into all of man which is 100% nervous system, 100% skeletal system, 100% ligaments, 100% cartilage, 100% bone, 100% muscles you see. However the only way you can get 100% for the nervous system is to take the 80% that is up above the shoulders and use it. That is where cranial technique comes in.

I would love to practice just using S.O.T. and not fool with anything else. You know I can't do it consistently because I can handle an S.O.T. practice in about 3-4 minutes a patient and do a beautiful job for about 4-5 visits. Then from then on all these chronic complaints start popping up. The patient say's now you did such a wonderful job on my neck, I wonder if you can do anything for my bowels, or I have been bleeding from my uterus for about 12 years, I wonder if you can stop that a little bit. Pretty soon you are taking care of all of man and taking him and cleaning him up, putting him back, refurbishing him and the answer is in the cranium. I would not be out here waisting your time and money if it wasn't the answer. Because it is.

I was going to have everybody do an experiment the other day and then I forgot. We were going to have you take 2 sticks of gum and have you put them in your mouth and then chew on both sides at the same time. That is one of the nicest ways to examine your cranium. Just chew and feel. Try and chew 2 sticks of gum, one on each side at the same time and see how frustrated you get.

Something the dental profession are doing at the present time in order to get into this health thing is because so many dental patients complain of neck pains, shoulder pains, arm problems, back problems, they can't lay down on the dental chair and some can't sit. So what they are having them do is chew on clothes pins, you know what they are, and having them exercise the mandible by springing those things back and forth. You see all kinds of people running around with clothes pins stuck in their mouths chewing on them. A Doctor commented that a patient of his went cross eyed after a dentist pulled a tooth. They not only pulled a tooth they also pulled something loose inside his skull. They probably rotated the petrous portion of the Temporal bone.

QUESTION: Are there any birth injuries where you cannot change the shape of the skull bones?
We don't change the contour of the head, because only after the brain has conformed to it only an idiot would try to change the contour of the head. Because when you change the contour of the head you destroy the whole function of the brain because it has adapted to this contour. We don't care what the outside looks like, we want the inside to function. The contour can change to some extent. However it changes as far as the frontal bone is concerned because the frontal bone is layed down in membrane and acts like a membrane throughout life. The occiput particularly and the other parts of the skull are layed down as cartilage and act as bone. If you tap the the frontal bone against the occiput the resonant sound is different and one of them is very sharp and one of them is very dull. Because one is membrane and one is bone.

There are a number of things you have to do inside the skull, you have to open up you have to give this inside room to function fully or to the best of its ability on inspiration. Inspiration is the intake. That is the input. Exhalation is the output. You exhale what is left of what you inhaled. Each exercise is a very, very welcomed function of the total brain structure and connecting strut tissues. Now the skull is a movable instrument on the inside. It is in constant fluctuating motion. Now the reason you have such a severe headache is because some of the arterial system failed on one side to one area and over increased on the other area and you come up with a migraine. That is why migraine spreads like paint that you spill on the floor. It is thicker where it spilled than where it ran out to the perifery It still is paint and just as hard to get up on the outside as it is on the inside. That is a typical picture of a migraine.

In cranial techniquethe first thing we have to open up is the C.S.F. channels. We have to get the C.S.F. going, because it is the thing that ignites or sparks function. The next thing you have to restore are the blood channels which are the folds of the dura. These are the dural sinuses and if you will read the book that we wrote you will understand something of what I am talking about. The third thing you have to do inside the skull as far as the skull is concerned you have to synchronize the movement of the primary respiratory system with inhalation and exhalation. In other words the movement with inhalation

has got to be on the same degree as exhalation. You cannot spend 3 seconds inhaling an 1/10 sec. exhaling and survive. That is Cheyne-Stokes respiration. That means you are going to terminate in a couple of days. There has to be rhythm to the function of this skull and this skull has to move internally 19 times in and 19 times out every minute approxamately, except under stress phases. If you have a high temperature it has to move oftener because heat causes things to stick together and you have to have more motion to prevent them from sticking to one another.

The next thing you have to restore function to is the spheno basilar articulation. You have to have this thing synchronised because it controls the motion and function of all the cranial bones and structures. It is the thing that excites the dural membranes. The next thing you have to be aware of as far as the skull is concerned is the fact that the petrous ridges of the temporal bone are both aligned and both can rotate internally on exhalation and externally on inhalation. Because, if they can't your ears start to stop up, they start to ring and buzz, you start losing your hearing, you start losing your balance, you start getting nauseated, you start having a noxious cough. You start having a lot of things. You feel worse laying down than you do standing up. You feel better in the afternoon than you do in the morning. I can go on from now to dooms day telling you about this story.
(This will be cont'd next month Ed.)

OMAHA. A letter has gone out requesting a deposit from those who are going this year. Our agent has made the arrangements and now wants a firm indication. This is the crunch folk. Two have withdrawn and two have have said I just want to wait a bit until the air is clear then I should be able to let you know. But we do have some good positive people who said they were going in the first place and have sent in their deposits. We had 32 Doctors wives and children at the last count. Inevitably we are always asked can we go there or here, or can the trip go through this place or that place on the way there or on the way back. The rules are these. You must leave with the party from Sydney and stay with the group till we reach the U.S. mainland. From there you can do what you like. i.e. if you don't like what has been organised for you then you can go off and do your thing. Remember though if you wish to do that then you must pay extra. Now on the way home we must all leave Honolulu together and arrive back in Sydney together. That is the rules folks. We are not going to have some hopping over to N.Z. on the way back etc. as the group concession stipulates what we can do as a group. However if everybody wants to go back through these other places then we can arrange that. But that will be a little extra. To those couple who are wavering may we say this. Omaha is the greatest Chiropractic Seminar in the world, conducted by the worlds greatest living Chiropractic researcher. We have no way of knowing as to whether this may be Dr. DeJarnettes last major Cranial seminar. The good Dr. DeJarnette has occasionally said he will slow down and to some extent he has. He tells me he is producing one last Cranial Manual for this year and everything will be in the one manual. We want you all there for S.O.T. and Cranial Technique offer to the profession the answers to the health problems of the sick of the world.

S.O.T.O. A/SIA. We now have a copy from a prominent legal person of a proper set up for our organization. We are grateful to Dr. Tony Hart for the trouble he has taken in this matter. After some discussion has taken place between the members of the committee the profession here in Australia will be circulated individually with document and all will be invited to Melbourne to officially form S.O.T.O. A/SIA.