SOTO AUSTRALASIA

SUMMER 2008/9

EXPRESSION

VISCEROSOMATIC TECHNIQUE

By survey and from our own observation, the "organ work" that DeJarnette originally developed as Bloodless Surgery and later renamed Chiropractic Manipulative Reflex Technique (CMRT) offers the greatest challenge and for some the greatest confusion. While it can be a difficult subject to master due to its intricacies and the shear volume of procedure to be learned there is a deeper issue of concern for the new chiropractor.

Our chiropractic colleges and universities have, in the main, settled for the goal of producing a "safe" musculoskeletal practitioner. Certain sections of our profession would prefer a back pain – neck pain only scope of practice, and yes it is true that you could even run an SOT practice without doing any CMRT work, there being a whole host of workable technology in usage of the categories. Just get up to that part of the protocol where its time to do occipital analysis procedure and then ignore it. In our opinion, you would be missing out on a most rewarding experience and so would your patients. De Jarnette expressed a much more commanding position when he stated that: "The chiropractors who do not learn occipital analysis **will not ever learn the kind of chiropractic that will survive.**"[1] (bolding is ours.)

So with that stated you, for sure, know we are embarking on a journey into what the New Zealand Royal Report into Chiropractic in the late 1970s called the type "O" conditions[2] (Type M was musculoskeletal, Type O was organic – a neat little two-valued system).

This being the first article of a CMRT series we have been granted permission to reprint[3] an extremely well-written paper that we first enjoyed reading some years ago. The article entitled "Viscerosomatic pre- and post- ganglionic technique" was initially published in May 1988's "American Chiropractor" and was republished in July/August 1989's "Digest of Chiropractic Economics" (For those of our "Expression" readers who may be unfamiliar with these publications, "Am Chiro" is an ACA (American Chiropractic Association) publication and the "Digest of Chiropractic Economics" was a wonderful 6-times a year publication which ran from the 1950s through to the early 1990s).

By way of introduction, the author of this paper is Dr Ned Heese who is a 1974 Logan College of Chiropractic graduate. A member of the Sacro Occipital teaching Organisation under "The Major" in the early 1980s and the author of a fine text on advanced SOT procedure, Dr Heese continues to teach SOT to the students of the Cleveland Chiropractic College, Kansas City, Missouri and is a board member of the founding association, SORSI – the Sacro Occipital Research Society International.

Dr. Ned Heese

The Heese paper answered a question we had some years ago, which was – if there is postganglionic technique, why isn't there procedure for the preganglionics? (this paper answers that question, and we have asked our new "Expression" editor, to highlight that bit in the text) More so, a question we have been asked at SOT basic seminars, on more than one occasion is: why can't we just adjust the spinal segment; why do we have to bother with all this reflex stuff? Indeed so. Let's find out with Dr. Ned Heese's "Viscero- Somatic Pre- and Post- ganglionic technique"...

Research in Sacro occipital technic has produced evidence that a true subluxation of a thoracic or lumbar vertebra will produce a ganglion complex involving the viscus associated with the primary vertebral subluxation as determined by occipital fibre palpation.

The vertebral adjustment of the subluxation as outlined in current CMRT procedure[4] (De Jarnette's 1966 CMRT manual, reprinted in 1981) relieves the joint involvement, produces a certain amount of lymphatic drainage from the joint, and restores proper circulation to the involved tissues. **The adjustment realigns the involved facets and controls their range of motion. But it does not remove the anterior ganglionic complex which, as a result of pre- or post-ganglionic stasis, produces viscus fixation and disease.**

Continued on Page 4

INSIDE THIS ISSUE:

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PRESIDENT'S REPORT

Merry Christmas to one and all

Dr. Darren Little

Let me take this opportunity to thank Brett Houlden for his many years as SOTO-A president. Under his direction, SOT in Australasia has gone from strength to strength. My hope, as newly elected President, is to be able to continue the upward trend which has been the advancement of SOT in our region.

Our recent Annual Convention in Cairns was a great success. Congratulations also to those who sat and passed the various certification examinations. At the AGM, membership voted to increase board members from six to eight. I look forward to working with new members Samantha Culley, Gerald Vargas and (president emeritus) Andrew Paul. Also reinstated were the experienced Rebecca Bowring, Linda Power and Sandy Clark. Along with Paul Eather, these make up your Board. With such an able team as this, I know we will be working in a period of growth and new direction with the implementation of a multitude of SOT initiatives.

I hand over my role as 'Expression' editor to Dr. Samantha (Sam) Culley and look forward to her involvement.

In November I attended the annual SORSI homecoming which is now held in St Louis Missouri (formerly and for many years in Omaha, Nebraska). During these inspiring few days, I rubbed shoulders with SOT greats whose knowledge of DeJarnette's work was awesome and overwhelming. Even after practising SOT for 13 years I realised I have only touched the surface of De Jarnette's vision of the implementation of SOT within Chiropractic. I encourage everyone to join me next year at this most special event.

A main point on the agenda of the SOTO-International meeting was how to provide support to the development of a new SOTO-Sth American Organisation in Chile and Brazil. This is not without its challenges as practicing Chiropractic in parts of this region is still against the law.

Below is an outline of the goals and aspirations for the short term future for SOTO-A.

Proposed directions for SOTO-A over the next 3 years

- Expand Australia's current SOT library to include the latest technique manuals and compendiums from SOTO-USA and SORSI. This is to be used by all Primary educators as a resource for further understanding and explanation of teachings as well as any interested SOT member requiring research/reference material.
- Develop a definitive cranial participants manual and/or advanced cranial texts for Australia that are based on DeJarnette's writings and other modern literature and teachings. This is to enhance our certification process, providing easy to understand instructions and diagrams and create an up to date level of standardized teaching.
- Continue to encourage and financially support new research into SOT theory and case studies.
- Provide SOT memberlected teaching modules for further education and also present dynamic international speakers for our Annual Conventions.
- To provide all of our newsletters and bulletins, which date back to the early 1970s, as an online viewing service for our members via our website.
- Vigorously promote SOT membership to further create a well respected body of practitioners that feel connected to the heritage of their beliefs in practice.
- To continue to present SOT to the Universities and support the involved students, not as a low force adjunctive technique but as a profound system of analysis that enables full expression of chiropractic.
- To support the establishment of SOTOth America with knowledge, materials and encouragement in their infancy.
- And finally, to liaise with the various SOT organisations worldwide in standardising teaching and continuing the applications of DeJarnette's great work.

I hope you all have a wonderful Christmas and bring on 2009!

Yours in health,

Darren Little

FROM THE EDITOR'S PEN

Dear SOT colleagues,

Hello all. First I feel I'd like to introduce myself. My name is Sam Culley and I am working on the Sunshine Coast. I have been an SOT'er for my entire Chiropractic Career, 12 years in all now. Back in 1998, I completed both the basic and advanced exams and followed this in 2002 passing my cranial exams. Moving over to Australia in 2003, I have been lucky enough to have worked for some amazingly knowledgeable Chiropractors, namely Dr Steve Williams in the UK and now Dr Mark Postles. Lastly, I would like to say that it is a pleasure to be part of a formidable group of people and I am looking forward to an amazing year ahead.

Now to the rest of the board, I would like to introduce Gerald Vargas as another new board member, and congratulate Darren our new president. Sandy Clark has taken the position of Vice president with Bec Bowring as our Secretary and finally Linda Power as our Treasurer. Our other board members are Paul Eather and Andrew Paul. Quite a team I think you will agree.

I would like to take this opportunity to congratulate, Darren, Sandy and Gerald for passing their Craniopath exams this year as well as those who passed their Basic and Advanced SOT Certification.

As the new editor, I would love to gain some feedback into how your newsletter is serving you or is there something specific that you would like to have included?

Sam Culley

CONGRATULATIONS!

To those who passed Certification Exams
Craniopath – Darren Little (Sydney) passed both SOTOA & SORSI examinations, Sandy Clark (Brisbane), Gerald Vargas (Sydney)
Advanced Certification – Jana Kingston (Sydney), Samantha Haitsma (New Zealand)
Basic Certification – Samantha Haitsma (New Zealand), Carla Paten (Buderim), Allan Kalamir (Sydney), Mindy Hayes, Ballina

Craniopath Hug Line – SOT Craniopaths attending the recent SOTOA Annual Convention line up to hug newly awarded Craniopaths.

Pictured: Brett Houlden, Gerald Vargas, Andrew Paul, Suzanne Seekins, Linda Power, Sam Culley & Rosemary Keating.

I thought that it would be a bit of fun to have a mini quiz. The answers will be given in the next issue. If you feel that it is too easy or you want more just let me know. Enjoy.

QUIZ 1

In which decade of DeJarnette's life was he involved in a serious accident which subsequently led him on to become a Chiropractor?

Which Chiropractic School did he graduate from?

Which Osteopathic school was he advised to take further training?

Whilst on his way to this Osteopathic school, what forced him to stop in Nebraska city?

Where was his office in Nebraska City?

How did DeJarnette pay for this office?

In the early days in Nebraska what did DeJarnette eat?

What was it that DeJarnette developed and patent?

Who did he sell it to?

SOTO Australasia Membership Subscriptions are due on **January 1, 2008**

VISCEROSOMATIC TECHNIQUE cont'd...

All viscera are dependent upon a dual and complementary nerve supply, namely, the sympathetic and parasympathetic nervous systems. Both of these systems have pre- and post-ganglionic synapses. (Illustration 1).

The cell bodies which give origin to the neurons of the true sympathetic system lie in the ganglia between the cord and the viscus innervated; those which give origin to the true parasympathetic system are found in the walls of the organ supplied.

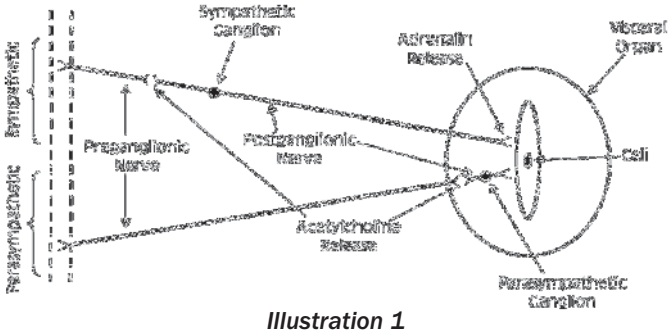


Illustration 1

Langley and Early C 20th Research

Research on the synaptic connection of the autonomic nervous system was lead for over forty years by Cambridge University's John Norman Langley. His first research paper was in 1878 and last research paper, 1925. Langley used substances such as curare, strychnine, brucine and nicotine to effect the stimulation and paralysis of nerve cells. In one such experiment, by the employment of nicotine, Langley was able to trace the connecting fibres from the cord to the ganglion in which they end, and then follow the sympathetic fibres to the structures innervated by them.

He termed the fibres proximal to the ganglion in which they end "preganglionics" and the fibres which arise in the ganglion "postganglionic"; and was able to show that all preganglionic fibres end in the ganglia and that none go to the tissue directly[5] (a fact that will become of import when reading the 'practical section' at the end of this article.

Occipital Fibre Analysis

De Jarnette has stated that the study of the occipital fibre had become an obsession with him. Starting in 1931, he published the first book describing the intercommunicating chart with one reflex line containing seven fibres upon each side. By 1948, he had determined that the occiput contained three separate reflex lines. The year 1953 saw the development of the line two of usage in CMRT. Completion of the whole picture was in 1955, when it was determined that structural changes in the collagen make-up of a tissue will react and produce a reflex fibre on occipital line three.[6]

Occipital analysis, as documented in Sacro occipital technic, is the key to reflex study and points out more defects of the nervous system that can any other procedure. Occipital fibre palpation enables the practitioner to analyse the pre- and post-ganglionic system of "nerve booster stations". Nerve impulse failures occur when the impulse is generated and transmitted, but upon arrival at its destination its signal is too weak to produced tissue reaction.[7]

The occipital fibres indicate some type of pre- or post-ganglionic block.[8] In preganglionic failure, the nerve impulse fails to **leave the cord** and reach the viscus. The post ganglionic impulse fails to **reach the cord** from the involved viscera. The parasympathetics have a greater amount of preganglionics, making their pathway a motor function in the body. Their purpose is to furnish a relay or booster station for the motor impulse. Its essential pathway for all hollow viscera is through the parasympathetics, such as the vagus nerve. Basically, all preganglionic reflexes are based upon bone marrow function. Bone marrow furnishes to the cell the ability to receive motor electrical discharges and to convert those discharges into nerve impulses. One of the major areas for this bone marrow function is the sternal area.[9]

Upon reaching the visceral wall at its synapse, nerve impulses, which depend upon preganglionic booster action, release acetylcholine. This is referred to as the cholinergic system. A preganglionic block would mean a loss of acetyl-choline at the synapse.

The sympathetics have a greater amount of postganglionic and so it is that this relay system deals with the cerebrospinal afferent system. This is a sensory system, carrying demand impulses from hollow viscera to the cord cell.

The postganglionic system, upon reaching the cells of the cord, releases the substance adrenaline (also known as epinephrine). This system is referred to as the adrenergic system. Adrenalin is necessary to sensory function and particularly to sensory cerebrospinal afferent activity. The afferent communication between hollow viscus and cord cell is reduced by postganglionic failure.

Practical Application:

Upon completion of the occipital fibre technique and adjustment, you are now in a position to use post- and preganglionic procedure (in that order). At this stage of the technique description, it is essential to define the reflex points you will be working with in this technique. **The preganglionic reflex point** lies in the centre of the sternal body, on line with the nipples. It will be found on a line from the fifth intercostal to the sternal border (Illustration 2). The **postganglionic reflex points** (also known as the control points) will be found over the anterior area of the transverse processes of the fifth cervical, in approximately the vicinity of the right and left carotid plexuses (Illustration 3).

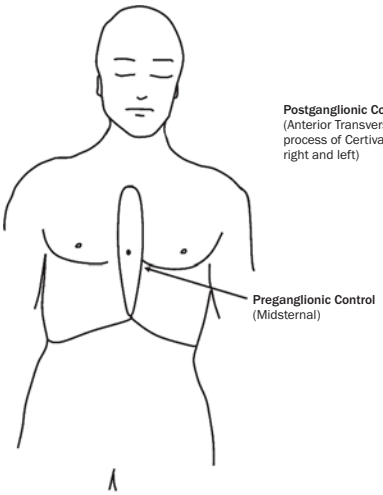


Illustration 2

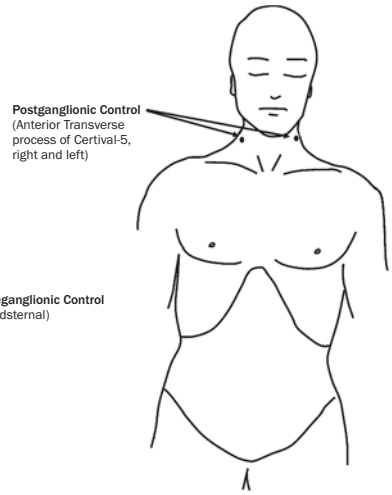


Illustration 3

a) Application of the postganglionic technique

The application of the postganglionic technique is this:

First, remember that the postganglionic interruption causes loss of sensory demand by a viscus. Let us take up the hypothetical case of an area-four, occipital major which will involve either thoracic 6 or lumbar 2.

In our example, the left transverse process of thoracic 6 was found to be the tenderest and this identifies the site of postganglionic block. Patient in the prone position, your left hand now makes the following contact: four fingers to the medial border of the left sternocleidomastoid muscle, thumb to the posterior – you are encircling the postganglionic control point. The index finger of your right hand contacts the left transverse process of dorsal 6 and merely holds light pressure. Within about two minutes your contacts will feel warm providing the postganglionic sensory block recovers.

Now the patient is supine. Working from your patient's left, you place your right middle finger under the left transverse of dorsal 6. Your left hand finger makes contact with the pancreatic reflex area on the abdominal wall (which you have either memorized or have a wall chart of these reflex receptor areas in sight—see illustration 4). The fingers on the abdominal reflex area merely hold firm pressure. Your right middle finger stimulates the left transverse of dorsal 6 until you feel a wavelike movement under the fingers holding the pancreatic contact. This completes the postganglionic technique. You now analyse for the preganglionic technique application.

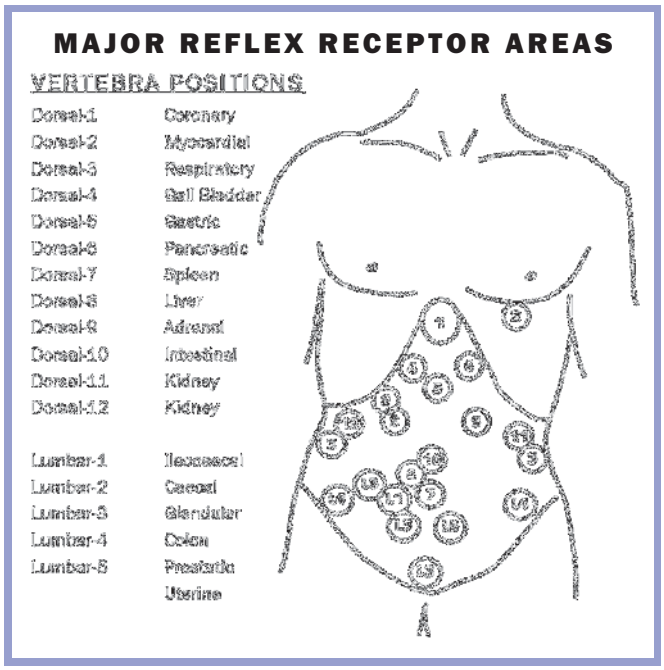


Illustration 4

(b) Application of the preganglionic technique

Having completed the postganglionic technique, you now palpate the midsternal preganglionic reflex area. As previously described, this area is located in the central sternal body on a line with the nipples. When the sternal reflex area develops pain on finger pressure (to locate this area, do 3 – 4 small circular rolls with your palpating fingers and watch your patient wince) you have established the site of preganglionic nodal interruption.

The technique is to gently tap the sternal reflex point with the left index finger as the right hand holds the abdominal anatomical reflex area of the pancreas (note that you have moved around to be standing on the patient's right side in our example (Illustration 5). After about a minute of sternal tapping, you will feel a throbbing sensation under the finger of your anatomical contact, right hand or you will feel a wavelike motion or may sometimes hear a gurgling sound. This indicated a return to normal of preganglionic nodal activity.

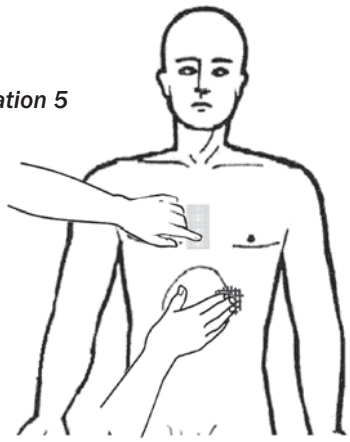
Continued on Page 6

VISCEROSOMATIC TECHNIQUE cont'd...

Neurology and further comment

The pre- and post-ganglionic nodes of the sympathetic and cerebrospinal afferent systems control the flow of nerve impulses. Controlled pressure at the anatomical site of the enervated viscus calls for a demand for sensation and motion. These anatomical reflex points on the abdomen require contact with the index and middle fingers. This contact is sufficiently firm to dent the skin to a depth of one inch when such is possible. When the ganglionic fibre renews its ability to accept a normal reflex, circulation increases within the cavity of the viscus and your contacting finger feels a wave-like motion. To some this may be described as a pulsation. When this wave or pulsation reaches its peak, remove your contract. In some instances this will occur almost immediately, in other instances several minutes may be required. When the viscus is pathological the reaction may not occur (you can check and see if the occipital fibre is a line 3). It is safe to assume that if you do not produce the reaction in five minutes it cannot be produced this day.

Illustration 5



Conclusion

Disease is not necessarily a lack of impulses, but a lack of sufficiently maintained impulses. The pre- and post-ganglionic technique is one of our most essential techniques as it enables the booster station within the nerve sheath to relay a proper nerves impulse.

Occipital fibre analysis is concerned with a sympathetic reflex though the vasomotor system. In addition to the fibre work and the vertebral adjustment, the reflex work as described in this paper offers the chiropractor the technique needed to restore the arc reflex to and from the involved area and viscus.

References

1. De Jarnette, MB, Philosophy Art and Science of SOT, 1981
2. New Zealand Government, Chiropractic Report, 1979
3. Dr Ned Heese, personal correspondence
4. De Jarnette, MB, Chiropractic Manipulative Reflex Technique, 1966
5. Langley, J.N., Autonomic Nervous System, Brain XXVI, 1903
6. De Jarnette, MB, History of SOT, 1958
7. De Jarnette, MB, Sacro Occipital Technic Convention Notes, 1958
8. 9. 10. IBID pp 20-25

We thank Dr Ned for allowing us to reprint this paper. If you have any question on the text, you can contact Dr Ned Heese by writing to PO Box 9242 Kansas City, MO 64168 USA. Or contact him at his email address: **nedheesedc@earthlink.net**. Another fine paper on the life of De Jarnette, written by Dr Heese is essential reading. Published in the Association for the history of Chiropractic's, Chiropractic History Magazine – the title is Major Bertrand DeJarnette: Six decades of Sacro Occipital Research 1924 – 1984.

John S. Kyneur, Sydney

Peter J. Kyneur, Newcastle

SOTO AUSTRALASIA 2009 CALENDAR OF EVENTS

Melbourne
Rydges Melbourne, 186 Exhibition Street, Melbourne

Categories – April 3, 4 & 5
CMRT – May 1 & 2
Cranial – July 3 & 4

Sydney
Rydges North Sydney, 54 McLaren Street, North Sydney

Categories – April 17, 18 & 19
CMRT – May 15 & 16
Cranial – July 10 & 11

Perth
TBA

Categories – June 5, 6 & 7
CMRT – August 14 & 15
Cranial – September 19 & 20

New Zealand
New Zealand College of Chiropractic

Categories – June 20 & 21
CMRT/Cranial – September 5 & 6

Annual Convention & AGM
SOT Certification Examinations
Sydney

Date and Venue TBA

LETTERS TO THE EDITOR

To the Editor,

The DeJarnette Library

Hello to all Australasian SOT practitioners. In recent 'Expression' editions our DeJarnette library website (www.dejarnettelibrary.com) has been mentioned and I'd like to thank your Editor and Co-ordinator for this.

By way of introduction, the library is known as the Rose Ertler Memorial DeJarnette Library (REMDL) and has been in operation for just over 3 years. REMDL was established at a Sacro Occipital Research Society International (SORSI) function by the generosity of Dr. Elain Stocker of Chicago, Illinois. Dr. Stocker donated about 50 books to establish the library as a memorial to her friend, Dr. Ertler. Dr. Stocker and Dr. Ertler studied Sacro Occipital Technic in the sixties and seventies.

With this start, REMDL was able to get off the ground. There has been a great many people who have helped along the way. I would like to take the opportunity of thanking Dr. Bernice Johnson of Florida, USA, who is the 'guardian angel' of REMDL, having contributed funds at a most crucial time in the library's development.

The goal of REMDL is *to make DeJarnette's work available for these and future generations.* DeJarnette wrote at least 138 books and all but 2 or 3 of these were printed. The library has started the project of electronically scanning his works and several can already be viewed. The scanning and presentation of the complete MBDJ library is a work in progress. A point of note is that with electronic scanning of these books, it is possible to print them on demand and make them widely available.

The scope of Dr. DeJarnette's work continues to amaze me. From his first book "Chromopathy" in 1928 to his last "Sacro Occipital Technic, 1984" he covered in its entirety the major functions and corrections of the human body. And he made it simple enough so that you can use it.

There is a wondrous world of learning, practice and results awaiting you in your study of Sacro Occipital Technic, Chiropractic Craniopathy and CMRT. I look forward to your many visits to the library and know you can't help but prosper in your quest for knowledge.

Enjoy the journey that is the practice of S.O.T.

David L. Rozeboom, DC
Librarian
Rose Ertler Memorial DeJarnette Library

Editor:

We thank Dr. Rozeboom for his letter. Our previous 'Expression' editor and now SOTO Australasia president, Darren Little, had the pleasure of meeting with Dr. David at the SOT Homecoming, 2008. Dr. Rozeboom practices in Saint Louis, Missouri and is also the Moderator of the Sacro Occipital Technic forum at Yahoo, another good source of S.O.T. information for all you enthusiasts.

To the Editor,

Acknowledgement

I wish to congratulate Dr Sandy Clark on passing his Craniopath exam and for always going 'above and beyond' as my Chiropractor and mentor.

Sandy is a seriously dedicated SOT Chiropractor with a tremendous knowledge on the subject. He is exceptionally generous with his time and I feel privileged to get adjusted by him every week and learn something new.

To any associate interested in learning from one of the best I'd recommend giving him a call!

Thank you beyond words.

Alan Brown
Windsor, Qld

Editor:

Thanks Alan! It is great to receive feedback from our members. Alan helps out as a Table Instructor at our Seminar Series and does a wonderful job. We know this from the seminar evaluations that the attendees fill out at the completion of each session and also from the kind words from his fellow table instructors. His dedication and commitment to SOT is to be acknowledged and appreciated.

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Associate needed in Newcastle. Would suit chiropractor looking for 4-5 shifts per week. An interest in working with children is essential and a good knowledge of S.O.T and Cranial work would be very helpful. Great opportunity to build own practice and share overheads if desired. Please e-mail details to **VJclinic@bravo.net.au**

NEW PRACTICES

Dr. Belinda Owen has moved. Passion Chiropractic, 83 Ormond Road, Elwood, Vic 3184. Phone (03) 9077 2036, Fax (03) 9077 2039, belinda@passionchiropractic.com.au

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Busy practice in Brisbane's north side. Health and Wellness focused with a long established client base. Good knowledge of SOT/CMRT/ Cranials a must and an interest in nutrition would also be helpful. Many lifestyle bonuses come with this practice. Figures available to appropriate applicants. Finance options available. Phone Scott **0405 905 484** or email **neo@bodytunehealth.com.au**

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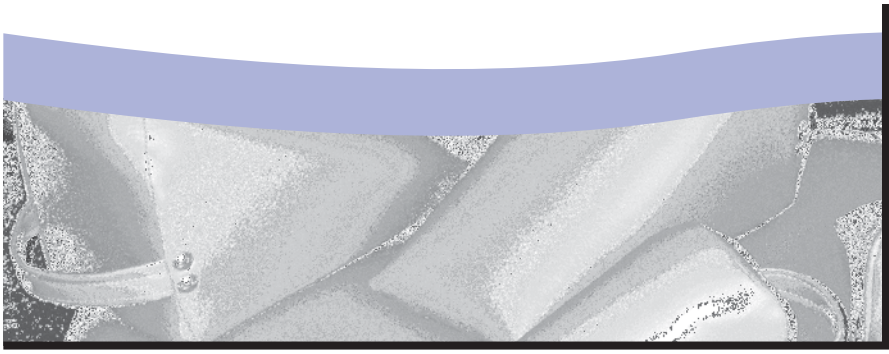
S.O.T. Seminar Series – 2009

Refresh your skills, meet up with old friends and make new... We'd love to see you there!



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