

EXPRESSION

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D1 REFLEX WORK:

PART 1 (BACKGROUND INFORMATION)

In a previous article (SOTO Australasia's Expression summer 2008¹) we commented on our observation that the work of DeJarnette termed Bloodless Surgery and later renamed Chiropractic Manipulative Reflex Technique is the least utilized of the three main areas of SOT procedure, those being categories, CMRT and cranials. In the occipital fibre analysis article² we quoted DeJarnette's viewpoint on the importance of the "organ work" to the chiropractic profession and we are reminded of a publication of the 1950s, by BJ Palmer, entitled "Shall Chiropractic Survive".³ The point BJ and DeJ were making was that chiropractic may not survive. We figure BJ was warning chiropractors of the danger of allopathic methods and that DeJ was warning of chiropractic becoming a back and neck pain speciality.

From the 1950s, and BJ's predictions, to the 1970s to now – what has changed? Well some big things have happened along the way, one of which was a conference way back in 1975⁴ in which the term "spinal manipulative therapy" (SMT) was coined to describe what the "medical manipulator" had in common with osteopaths and chiropractors. Thus, when a medical practitioner was "moving bones", it was termed MMT, an acronym for CMT (physiotherapists were, for conference and so in this frame-their acronym).

For eighty years, up to the time of worked hard to define their unique "adjustment", and "analysis" in so as to define chiropractors' reference tagging on the words dear!

The term SMT doesn't sit comfortably about DeJarnette's introductory Manipulative Reflex Technique wasn't a Palmer graduate and was persuasion, yet he shared with BJ, manly. In fact, there are two fields that BJ (and earlier even, D.D.) pediatrics and nutrition.

In this paper, we will outline the Palmer philosophy, the DeJarnette philosophy and the middle ground, the field practices of SOT in Australasia. For those who know their history and philosophy take this next section as a review. We are painfully aware that not too much time is allocated to these subjects in the modern university chiropractic courses. For those who fall into this group, perhaps the more recent graduates, we hope this next section is enlightening for you.

The Palmer Philosophy

We could have termed this section, the Palmers (plural) philosophy so as to point out some differences between DD and BJ in thought and in practice. Anyway, here goes!

Once upon a time, there was a magnetic healer named Dan Palmer who had a deaf janitor. He found a lump (on the janitor of his building,) Harvey Lillard's spine, pushed on it and some days later, Harvey's hearing was restored. The next person he tried the thrust on was a patient with a heart condition and this person responded favourably. He said to himself, "This is good, ring up the deaf society and the heart foundation, and send them all over to me!" He had a friend, the Reverend Sam Weed who said, "Call it: Chiropractic." Dan was guarded about his method and didn't want anyone to steal what he was doing and so he had patients lie face down and removed the mirrors from the walls of his rooms.

Dan's son, Bart, said, "Dad, 'lighten up.' What you are doing is a great thing for humanity; you should teach it to others (including me)." From the start of Dan being a teacher, those students changed it

In this paper, we will outline the Palmer philosophy, the DeJarnette philosophy and the middle ground, the field practices of SOT in Australasia.

some reason, not included in this work missed out on getting "PMT" as this conference, chiropractors had used terms such as "treatment" and "diagnosis" unique objective and here was a con-"manipulative" and "therapy"; oh bly with many yet the same could be tion in the 1960s of the term Chiropractic. Well, it is obvious DeJarnette not of the vertebral subluxation only the vision of chiropractic helping hu-of application that DeJarnette utilized would never which were physio thera-

PRESIDENT'S REPORT

Greetings all,

2009 is flying past and I hope each of you have managed a balance of work and rest. Keep up getting regular adjustments yourselves. A sniffly or run down doctor is not a good example for our patients. Check out our website at www.soto.net.au for our locum list if you need a holiday.



Dr Darren Little

This years Annual Convention will be in Sydney at Bondi Beach with a formal dinner function on the Saturday night. This should be a great chance to catch up with old friends and rekindle the SOT spirit. Ex-SORSI President Dr Joe Unger will be presenting advanced visceral work, emergency techniques and some extraordinary extremity relationships to viscera, cranial lesions and occipital fibres. Stay tuned for further details.

We are halfway through the seminar series with the course being taught in New Zealand and Perth this year, as well as the regular Melbourne and Sydney venues. If you haven't done our SOT cranial course yet or want to do a refresher then there are still places available at most venues over the next few months.

Have a great time in practice.

Yours in chiropractic

Darren Little
President

Mark your Diary and come join us this year for the

SOTO AUSTRALASIA

ANNUAL CONVENTION & AGM

SWISS GRAND, BONDI BEACH

NOVEMBER 14 & 15, 2009

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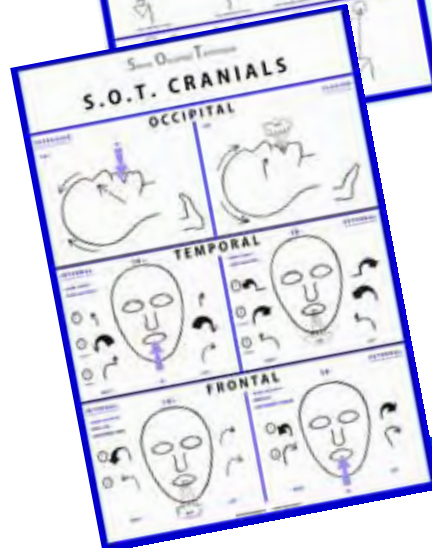
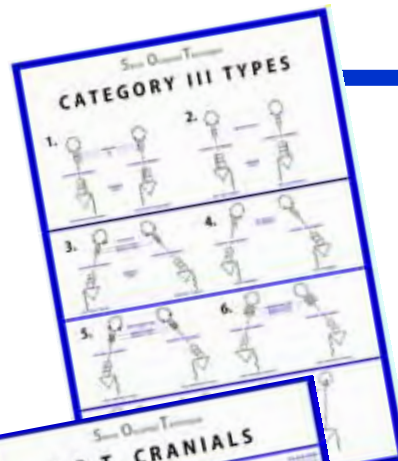
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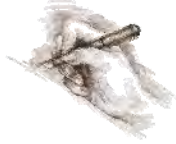
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FROM THE EDITOR'S PEN



Hello to all,

Well winter months are upon us. The dark nights draw in and the fires are coming on. As stated in the last newsletter it is officially flu season. With the interesting out burst of 'swine flu' it may be a great time to remind our people of the 1917-1918 out break of the 'Spanish flu' throughout the world.

The same strain of flu H1N1, Chiropractors kept more people alive and were even called in by GPs in New York when they had nothing left to offer. Jump on the internet and Google '1918 flu epidemic chiropractors' and you will find loads of amazing information. Keep up those adjustments and stay healthy.

Keep November 14 and 15 this year free for our Annual Convention and AGM. With the amazing Dr. Joe Unger, author of numerous S.O.T. publications, his advanced CMRT and Extremities topics will be something not to be missed. Not for a long time have we, as an association, got together on an informal level. So this year to celebrate more than 35 years in Australasia, SOTO Australasia will host a dinner on November 14. Not only are we bringing together old and new S.O.T. friends and colleagues, throughout the evening you will be shown video footage of 'The Major', we will also celebrate with special awards and honours. So come along, we would love to share this memorable evening with you. More tails to come!

Enjoy your reading.

Sam Culley

EDITOR'S QUIZ

Lets see what you really know about DeJarnette.

In 1924 what did DeJarnette do to relieve one of his classmate of pain?

In 1926 what hypothesis did DeJarnette conclude?

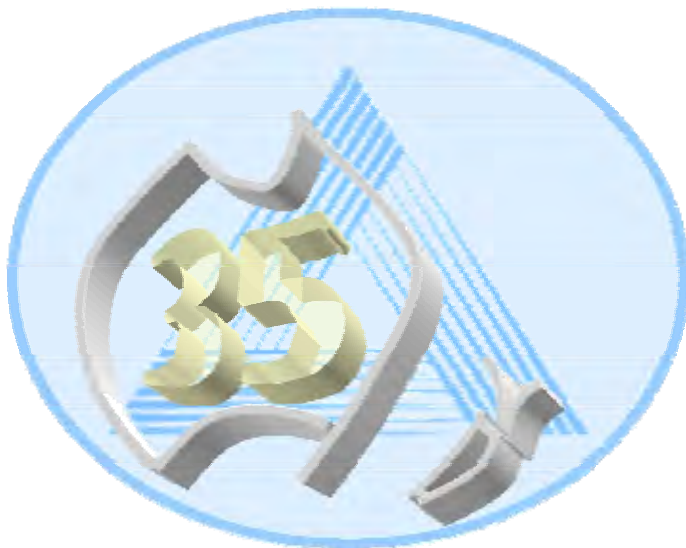
In 1928 what was the name of the system DeJarnette announced?

In 1929 what technique did DeJarnette name?

In 1930 what did DeJarnette construct to view the sacrum?

In 1931 what part of the body did DeJarnette seriously investigate?

In 1932 what technique did DeJarnette discover?



Celebrating over 35 Years



Dr Samantha Culley

de-

Here are the answers to our last quiz. If you have interesting facts, then we'd love to hear them!

QUIZ 2—AUTUMN 2009 NEWSLETTER

What epidemic hit America which advanced Chiropractors' public image in the 1940s and 1950s?

In 1917-1918 'Spanish flu' swept across the world.

What name were Chiropractors given because of this?

Chiropractors were named the 'flu doctors'. During America at this time, national figure show that 46,394 people consulted 1,142 chiropractors with only a loss of 54 people. This is a 1 in 886 chance of death as apposed to the people that saw MDs at the time who had a 1 in 15 chance of death.

What did Chiropractors gain because of this?

Licensing.

In which states did this occur?

States such as Connecticut, and Illinois were granted that year.

What CMRT reflexes can you run to support this action of the body?

CMRT – Thoracic 3 Respiratory syndrome; Thoracic 7 Spleen syndrome

What Cranial techniques can benefit these people?

Cruciate suture technique

Sphenobasilar occipito-frontal technique

Sphenopalatine ganglea technique

Nasal maxilla technique

What other advice can you share with someone going through this change?

Vitamin C, Five mushroom extract, echinasia,

Decrease dairy and sugars or eliminate completely for the length of time of the cold/flu. Rug up and drink plenty of water.



When life gives you lemons go ahead and make lemonade!

D1 REFLEX WORK (CONT.)

and started to add other things like osteopathy and massage and electrical procedures.

Three early students got together and wrote the first textbook of Chiropractic⁵, beating Dan and his son who retaliated and wrote their own book.

Dan thought this first 1906 book and the second one written by his son (mostly) were a bit "off centre" so he wrote a big volume in 1910⁶. The principles of chiropractic including innate intelligence, universal intelligence, and the beginnings of the idea of chiropractic being unique in its objective were propounded in this volume.

Unfortunately, many pages of the 1910 book, written by Dan, were dedicated to the criticism of his son, Bart. Dan passed away and Bart didn't continue printing this 1910 volume. In fact, it did not come back into circulation, for obvious reasons, until after Bart's death.⁷ Meanwhile Bart developed the principles of chiropractic, included a lot of metaphysics, and wrote over a 50 year period. The most influential writing of this time was the 33 principles by "Stevie", R.W. Stephenson⁸, which he stated was a collection of the principles he heard whilst attending BJ's lectures at the PSC.

The uniqueness and separateness of the profession was its saving grace, and we reckon this is the fun bit you don't hear much about in chiropractic history class – the 1907 trial.

The first book of two volumes titled "Modernized Chiropractic" was written by Sol Langworthy, Minora Paxson and Oakley Smith. These dissenters, headed by Langworthy, were a bit cheeky in failing to even mention DD Palmer (or BJ), crediting instead the "bohemian thrust" tradition. Yet they were the first to use the term "subluxation" in chiropractic; the first to refer to the intervertebral foramina; the first to refer to the erect posture in man; gave the first reference to the laws of gravity affecting the stature of the human being; and the first reference to the 'supremacy of the nerves' as opposed to the osteopathic claim concerning the "supremacy of blood."

To fill you in with the timeline of the story, DD Palmer (Dan) had sold the chiropractic school he had started to his son Bart and travelled to California. The year is 1907, a PSC graduate named Shegatano Marikubo is arrested in Wisconsin charged with practicing medicine, surgery and osteopathy without a license. Marikubo turned to BJ for help. BJ hired the lawyer, Thomas Morris of Wisconsin law firm Morris and Hartwell.

Morris realised the significant legal advantage in using Langworthy and Co.'s book, with the concept about the supremacy of nerves being the most important piece of the defence.

William Rehm writes¹⁰.

"In Langworthy, Tom Morris had discovered gold. 'Modernized Chiropractic' had defined the difference between chiropractic and osteopathy in terms of both philosophy and technique. Because of Langworthy, Morris could present evidence that the brain and spinal cord were the source of the 'unseen power' in the body, not the blood, as the osteopath and medical doctor preached. In this book, Langworthy and Co. exhaustively and convincingly demonstrated spinal mechanics, the foramina, the interconnections of the autonomic nervous system, and the possible aberrations of the health and well-being of the human body. Just as convincingly, it demonstrated the effects of the 'chiropractic thrust' as opposed to other spinal techniques..."

Morris asked the court to amend the charge to "practicing osteopathy without a license" since the defendant was only using manipulation. Not suspecting a trap, the prosecution agreed. By this manoeuvre,

Morris then showed that osteopathy and chiropractic were not the same thing, as the state contended and, therefore, his client could not be prevented from practising. The jury rendered a unanimous acquittal.

The rest as they say is history. BJ insisted on new terminology to maximize chiropractic's difference from medicine and osteopathy. Instead of diagnosis, chiropractors made an analysis. Instead of a treatment, chiropractors made an adjustment. The word "manipulation" wasn't used. BJ suggested that chiropractic be exclusively the correction of vertebral subluxation which was the cause of dis-ease (dis-ease as opposed to disease).

Let's contrast the DD and BJ – Langworthy influenced – Chiropractic with DeJarnette's experience.

The DeJarnette Philosophy

DeJarnette didn't go the Palmer School of Chiropractic but to Lincoln College in Nebraska.

Did his college have a vertebral subluxation correction basis? Yes; DeJarnette tells us this in his 1958 history text¹¹.

He also tells us about the experience with his classmate who had heart problems, which extended his clinical inquiries and methods beyond the vertebral level. De Jarnette was an adventurer, combing spinal distortions, visceral and cranial procedures and an inquiring mind into the intelligent design of human physiology. He has stated that Dr Willard Carver had more of an influence on his early studies than the Palmers. It is evident in reading De Jarnette as we have done over the years that he did not see the need to differentiate between the terms diagnosis and analysis. A question that we have is: did De Jarnette make reference to innate in his writings? Perhaps a future article is needed for this one.

The Australian Experience

In recent "Expressions" we have had the pleasure of reading about Drs Scott Parker¹² and Keith Bastian's¹³. 1960s and 1970s experiences at Palmer College with SOT and we would like to add our observations of the early 1980s local scene up to the present.

When we graduated, Australian and New Zealand chiropractors attended, in the main, the three colleges Palmer, Sydney and Phillip. It is the same today apart from the name changes (Palmer University, Macquarie, RMIT).

Although many differences, a common ground was that these three did not have a focus on physiotherapeutics or nutrition. Palmer philosophy having an influence? Perhaps another take on the difference between US and Australasian chiropractors is that in our region there are numerous therapists, nutritionists and naturopaths, who deal with nutrition (In the US, naturopathy is a very small affair) and with the physiotherapy component, in Australia and New Zealand you never get paid for its use as a chiropractor.

Whatever the case, physiotherapy usage by chiropractors is rare; nutrition seems to be "general patient management level." By this we mean, we do not have too many Australasian chiropractors doing chelation therapy and we do not know of any chiropractors who use glandulars as per Dr. Rees.

Glandulars

A good general description of the use of concentrates of raw animal glands to promote health is presented by the US Vet, Martin Goldstein.¹⁴ He writes: "The concept of glandulars was promising enough at the start of the twentieth century for numerous medical studies to be done about them. The idea behind them was almost embarrassingly simple: that 'like cells helps like.' The diseased cells

S.O.T. Calendar of Events

<http://www.soto.net.au/calendar.asp>

of a human liver, that is, might be boosted by the administration of liver cells from another host. Moreover, the cells need not be species-specific, only organ-specific, which was to say they could come from the liver of a cow or pig."

The first great success for "organotherapy" as it came to be called, was with the thyroid. In 1912, animal thyroid cells were injected into children suffering from cretinism and myxoedema (bloating of the body), conditions caused by an under-functioning thyroid; the glandulars brought dramatic improvements.

Over the next several years, other successes were reported.

How animal glandulars worked in the human body remained a mystery, however. Frustrated, researchers began searching for the distinct element that might be the key. In 1922, Frederick Banting and his graduate student Charles Best began focusing on the pancreas. They knew the pancreas was somehow involved in dispatching blood sugar as energy for the body. They knew that when too much sugar built up in the blood, it meant that the pancreas wasn't doing its job, and that for the patient, diabetes would follow. They also knew that extracts of animal pancreas taken orally seemed to help. But how? Eventually, they succeeded in isolating insulin from the pancreas of a sheep. They won a Nobel Prize for their work, and when therapeutic insulin followed a lot of diabetics were able to live longer and more comfortably as a result. Still, the breakthrough steered science decisively away from the use of glandulars as they appear in nature – a decided loss, because a whole pancreas contains various other substances called "intrinsic factors" which are discarded in the process of extracting insulin, and these factors are integral to the proper overall functioning of the pancreas. In retrospect, that may have constituted as much of a wrong turn as the one that led to vaccines.

One of the few contrarians who resisted the trend was Dr. Royal Lee, the father of glandulars as they are used by modern practitioners (and these were the glandulars used by Dr. Rees). Lee was the founder of Standard Process labs, a large nutraceutical supplier in Palmyra, Wisconsin. In the 1940s, Lee theorized that most organ failures are so-called autoimmune diseases, in which the immune system mistakenly attacks its own host's organs. Why would the immune system do that? Perhaps, Lee theorized, the organ begins to deteriorate naturally, from malnutrition. When it does, it sloughs off nucleoproteins – Lee's term was "protomorphogen", derived from the Greek and meaning "primary cell organizer" – that the immune system targets for destruction as useless waste material. But the nucleoproteins were "marked" genetically as being part of the organ from which they've broken off. Sometimes, as a result, Lee theorized, the immune system turns to attacking the organ itself.

Borrowing from organotherapy, Lee developed a concentrated extract of bovine nucleoproteins that could be taken up by the body as a sort of "decoy" target – or, in effect, an antigen of very similar proteins, one which could distract the immune system from the diseased organ, absorb its firepower, and give the organ time to heal. The more the organ healed, the fewer nucleoproteins it cast off, suggested Lee, and therefore the less the immune system targeted it. With enough glandular decoy action, the organ would regain its metabolic balance, the immune system would leave it entirely alone – and full health restored. When his findings were published in a medical journal in 1946, Lee was condemned as a crackpot and his theories were left to languish, though in the 1950s, Watson and Crick relied on his work to help them define the structure of DNA. These nucleoproteins contained the genetic markers that were the cornerstone of their research.

Glandulars are still available from the Standard Process Labs, the family having continued this company. The D1 glandulars used and promoted by Mel Rees include cardio-plus and cardio-trophin.

Mel Rees liked them; years earlier DD Palmer didn't! Here is what DD wrote, in a section called "Organotherapy" in the 1910 book.¹⁵

Organotherapy (by DD Palmer)

"Organotherapy is the treatment of disease by the internal administration of animal organs or their extracts. In medical books, hundreds of years old, every portion of an animal, bird, snake, fish, insect and of man himself was recommended and used as medicine for diseases. A less variety is in use today, but they are used in a similar manner and for the same purpose.

"The thyroid gland, desiccated, or extracts from it, is given for myxoedema, cretinism, skin diseases, obesity, and goitre, etc.

"Organotherapy is founded on the notion that the extracts of organs of animals corresponding to the diseased portion of the patient should assist in its recuperation and regeneration. This superstitious ignorance is born of the barbaric notion of the uncivilized, that the eating of the heart of your enemy will make one strong, brave and fearless."

Conclusion:

We have attempted a brief review of the philosophical beginnings of Chiropractic, including the DeJarnette experience. An introduction of the subject of organotherapy and glandulars was written to enable our readers to understand the method of Bloodless Surgery utilized by Dr. M L Rees, in particular, the D1 reflex covered in the next Expression issue.

For those who would like to read a bit more on the subject, we suggest (www.becomehealthynow.com) all about Standard Process (what are glandular products?).

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Until Spring issue,

We remain

John Kyneur, Sydney & Peter Kyneur, Newcastle

FRANK AND ERNEST By Bob Thaves



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CORRECTIONS TO 2009 SOTO MEMBER REGISTER & DIRECTORY

The following 2 SOTOA Members were incorrectly omitted from this year's **Directory**. Please include **Wayne Jennings** from **Warrnambool, VIC**; and **Julienne Bett** from **Tenterfield, NSW** into your copy of this year's Directory. *Our apologies to Wayne & Julienne for any inconvenience this may have caused.*

LOCUM AVAILABLE

Practicing for 12 years (RMIT graduate). SOT, Diversified, Some Drop Piece Availability: Brisbane/Gold Coast available now up until 30 June Melbourne – available from end of May. Available for short and extended periods. Contact Dr Domna Lovatt domnalovatt@hotmail.com

SOT practitioner, with cranial expertise. Preferably Melbourne, but would consider other areas. Low impact adjusting. Thirty years in practice. Can adapt my technique to the individual clinic's requirements. Dr Jessica Read. Mt Martha Vic Tel 03 5976 2444. jread@nex.net.au

LOCUMS WANTED

Maternity Locum/Associate position available for family wellness practice in Caloundra on the beautiful Sunshine Coast. Immediate start for 5-6 months. Opportunity to continue on with 3-4 days per week with established associate patient base. Techniques include SOT, activator, diversified, AK, NET and ABC. Potential to purchase. Please contact Christine on 0412348882 or e-mail clang.ccc@gmail.com

Maternity Locum/Associate Position Available. Our family wellness practice in Sydney's beautiful Sutherland Shire has a position available for a long term locum or associate. The Principal will be commencing maternity leave from November for 4-5 months. A great opportunity to step into an established patient base with time proven procedures and systems, high patient retention and low stress. You will be supported by experienced, enthusiastic and fully trained CAs to ensure your success. Techniques include SOT, AK, Activator and NET, the practice utilises low force techniques with a strong focus on Paediatric and Wellness care. Potential exists for partnership or purchase. For more information please contact Michelle on 0413387851 or email hogan_michelle@hotmail.com

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