Sacro Occipital Technic Bulletin

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Dr. M.B. De Jarnette, Box 338 Nebraska City, Nebraska 68410

1925 ~ Fifty-Eighth Year for Sacro Occipital Technic ~ 1983

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A doctor wrote in last week as follows: “I have your 1940 book. If you ever hold a seminar in Dallas or Fort Worth I want to attend.” If he has waited 43 years to attend an S.O.T. seminar, the 1940 book must have left impressive ideas.

The difference in Sacro Occipital Technic between 1940 and 1983 is so broad that one would never recognize this as the same technic. In 1940 our main forte was the occipital intercommunicating areas. We did not have the categories, and did not even visualize them. S.O.T. in 1940 was difficult but highly successful when properly applied. We saw spectacular results in hopeless cases. We saw unbelievable happenings, too, for hopeless patients, and in 1942, results encouraged us to go totally into research and explore the infinite in chiropractic. This we did. We closed our office to paying patients and accepted only those patients that had failed to receive help from orthodox medicine and Chiropractic. Our clinic was converted into many separate rooms and each room was equipped to let us do a specific procedure, for at that time (1941), we had eight procedures which we were using in combination. If you will read our books published in that period, you will readily understand those procedures.

We continued this operation for approximately ten years. During that time, we did not see even one paying patient. Records were accumulated and then analyzed. This was a very intensive period of testing and improving. The only income we had during those ten years was derived from the sale of the books the Major wrote, plus seminars. The documentation of our research is found in those publications we produced between 1940 and 1952. It is interesting to read those books and see how each part of S.O.T. grew from that period of research. While the colleges were trying to indoctrinate the students into the total concept that the vertebral subluxation was the cause of disease and its correction, the cure, the Major was researching the cause of the subluxations and their elimination. Research as it applies to Chiropractic is a very misleading word. Many scientists helped in some of the projects being investigated during this period of time, and Major gives them full credit for the technical work they did, although the Major never knew any of them personally. This period only served to lay the foundation for what we know today as Sacro Occipital Technic, for many new developments are still to come between the years of 1952 and 1983.

During the 1950 period, the Major did extensive research in the field of blood surgery, now known and sold under the name of “Chiropractic Manipulative Reflex Technique.” This is a very important field, and one that every Chiropractor should be familiar with. When a viscus does not function, there are two basic causes … lack of neural control, and Malposition. C.M.R.T. repositions the offended viscus, S.O.T. re-establishes the neural flow, and now we have a person on the road to recovery. More time should be given to the subject of C.M.R.T., but S.O.T. has so involved the Major the past years that no time remained for the teaching of C.M.R.T. Others have tried to teach the same principle under different names, but it is to be remembered that the occipital fiber and its position is the common indicator for C.M.R.T.

During the early sixties, the Major developed the “Temporal-Sphenoidal Line” with the original 22 areas. S.O.T. was in a state of rapid expansion, so the job of further investigating the T.S. line was farmed out to Dr. M.L. Rees of Sedan, Kansas. Dr. Rees kept adding areas on the T.S. line until those areas were so tightly confined that one almost had to palpate them with a needle

point. The original areas covered the basic visceral areas of the human body, and that was the intent of the T.S. technique. The T.S. technique still belongs to Dr. M.B. De Jarnette, who owns the copyrights.

Some of the S.O.T.O. instructors should schedule classes for C.M.R.T. because this is truly an essential part of S.O.T., and it is a most needed part of the human recovery process. The big problem with C.M.R.T. is the time element it takes, and most Chiropractors today are very conscious of time.

During this interval of research and even before 1940, the Major had a laboratory that spent much time and energy in the field of chromotherapy. The Major did manufacture the source of color projection in the early thirties and forties, but not as a part of S.O.T. research. Color therapy fell into disrepute in late thirties because unscrupulous persons using such therapy claimed cancer and other cures. Colors do play a very great part in your life, and it is too bad that their teaching cannot be handled in a sensible manner without those who love the dollar making claims that society, at the present time, cannot accept. Probably most of you do not know that the Major also developed a system of optic chromatics for anesthesia and was refused a patent because the examiners claimed that such was impossible, but with the reserve clause on the refusal that, if optic chromatics ever became scientifically acceptable, the patent would be issued to the Major or his heirs. Time has gone by so quickly the past forty years that no time has been left for that needed investigation. Until a few years ago, the Major was in contact with several dentists who did use his system of optic chromatics for anesthesia during dental surgery. We have since lost contact, and assume that age has taken its toll.

The 1960 – 1983 Period

This has actually been the most productive period in the almost 60 years of S.O.T. research. During this period we have perfected the following procedure known today as Sacro Occipital Technic 1983.

The Total Category System

The three basic categories are now standard and will remain standard for the unforeseeable future. They are standard because they cover man's skeletal and mycological system and the neurological system completely. Add mind language and you have not only a total system of Chiropractic, but one that can be applied without effort on the part of the chiropractor. That is why S.O.T. is so acceptable today. Chiropractic need not be a chiropractor dilemma because S.O.T. has now given it a scientific background.

The Category One

Category One is the basic category by which all of us live, thrive, and prosper, or by which we sicken and eventually perish. The blocking technique for the Category One is the only Chiropractic procedure known that equalizes man bilaterally, and this you must do because man or woman is a bilateral being, and if you do not equalize side-to-side, you cannot correct any fault. You must remember that, using a common phrase, one leg is not short without the other leg being long, and you cannot shorten one without lengthening the other. All muscles are in pairs, so you equalize them as pairs. Blocking makes that necessary correction. You cannot control visceral problems associated with Category One without understanding the occipital subluxation. In order to institute a nutritional program, you have to know that the visceral system which will handle that program is capable of doing so, so you see how great a part the Category One and its occipital companion play in promoting well being. The Category One may

need a psoas correction in order to balance the muscular system of the body. The Category One may need an iliofemoral correction in order to let the ambulatory system of that patient function bilaterally.

The Category One is a combination of many things. The crest and dollar sign adjustments are in order to let the blocking technic hold and be effective. The cough test is the only test we have that tells you whether the patient is in respiratory flexion or extension, and whether the cranial membranes are in their proper reciprocity state. The vasomotor adjustment is the only adjustment that corrects the primary subluxation for that particular individual.

The Category One has as its own particular and specific cranial problems and they can be corrected only by following certain directions.

The Category Two

This is a traumatic problem and is always due to some type trauma. The trauma may be recent or past history, but whatever the date, the trauma has been sufficient to strain, tear, or separate the hyaline surfaces of the weight part of the sacroiliac articulation. This responds to blocking in a manner that is miraculous and blocking is the only safe procedure. You must remember that force is measured in the resistance it meets. In the Category Two blocking, the force is generated by the patient’s weight and the resistance by the position of the blocks. The arm/fossa is perhaps the finest neural test known today and is specific in the Category Two. If S.O.T. discovers nothing but the arm/fossa test for the diagnosis of the Category Two, its efforts would have been worthwhile. The arm/fossa not only indicates the need for specific block placement, but that same arm/fossa test also tells you when the proper position of the sacroiliac articulation has been attained.

The trapezius is part of the Category Two procedure and it is used for skeletal pain. You must remember that the trapezius muscle is the only muscle innervated by a cranial nerve, so it is vital in management of the Category Two.

The specific psoas may be necessary in correcting the Category Two because in this Category, there is a unique inguinal stress.

The iliofemoral capsule and ligament may need correction from the anterior in the Category Two, and this is determined by the foot turn-in.

The T.M.J. is always suspect in a prolonged Category Two, and likewise, when the patient has bruxism or a popping jaw or malocclusion, the Category Two must be suspect as part of the cause.

The Category Three

This is the sciatica case and now you hear the story old as man that the pain is in the hip, the buttocks, the thigh, knee, leg, or foot. The orthopedist has been innovative in its management, but no one with this problem should submit to any therapy until they have tried the Category Three blocking and auxiliary treatment. The 1983 edition of this procedure is truly helpful. See page 175 and try this on your first Category Three. It works. The object is to strengthen the leg and when that takes place, the pain is usually modified. Don’t be confused because this is a Category Two procedure.

The S.O.T.O. is always a part of the Category Three diagnosis and treatment. The block technique shown on page 216 is always helpful even if it is laborious to use. The side posture adjustments are seldom indicated. Whatever you do, be sure the pain side is next to the table.

Watch your patient's spinal incline and remember that when the sciatica is on the same side as the incline, your patient has a heap of trouble, and you take caution because you do not want to further extrude or rupture the nucleus pulposus.

The Category One psoas may be helpful in the Category Three, and it surely cannot be harmful.

The sagittal lift cranially helps in motor type sciaticas.

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