

1925 ~ Fifty-Eighth Year FOR SACRO OCCIPITAL TECHNIC ~ 1983

CRANIAL TECHNIQUE 1979 - 80

If you do not correct the cranial lesions, you cannot expect the energy that comes from the brain to reach its destination. The problem is not who needs cranial, but what type cranial your patients cannot get well without.

Cranial technique is a universal need. The human skull and face are so adaptable that you can function with many cranial lesions, but there comes a time when the total becomes involved. Someone then somehow has to come to the rescue with the know-how or the patient does not get results. Everything comes from above down. Stop or curtail this supply of energy, and you function only to the level of that energy that does get through.

There is no therapy, no medication that can restore function when function is limited due to pressure by either the lining or the sutural systems of the skull.

The De Jarnette system of craniopathy is basically the Sutherland theory of cranial correction. We believe that respiration must be used to properly correct the intracranial lesion. You blow up a balloon or ball from the inside and that is the principle of the De Jarnette system. The surface contacts guide and the pressure from within by respiration moves the parts into position.

The cranial is in constant fluctuation motion. You do not see this motion, but with skilled, trained fingers you can feel it.

Probably your first cranial lesion occurred at birth because being born is a traumatic experience. If there is a universal therapy or therapeutic agency, it is the cranium and the facial bones.

To list Specific cranial needs one would need to take any book on Symptomatology or diagnosis and copy the index, and even then you would fall short of enumerating all cranial needs. It is seldom that we see a patient following the casual bump on the head, but those casual bumps add up to fixations, distortions, encroachments, over lappings, elevations, depressions, side swaying, etc.

Every human needs cranial service at some time, and in every life cranial correction becomes a critical issue.

The average Chiropractic practice can suffice with but a few cranial maneuvers. You basically need to know the Category One basic one correction because that correction combines many cranial maneuvers and it is the one application that levels the cerebrospinal fluid, corrects the brain and meningeal sinuses, and prepares the patients for whatever adjustment you deem essential.

The Category Two basic two adjustment on the cranium combines a number of cranial movements and it basically prepares the sutural system of the skull and face for specific corrections.

The Category Three basic three cranial preparatory adjustment lifts the parietal bone and removes pressure from the straight sinus of the dura. This is important in all convulsive attacks, epilepsy, asthma, strokes, and stroke prevention.

There is nothing available today in chiropractic that is so universally essential to survival as the cranial maneuvers listed above and they are all part of the Cranial Manual 1979-80. The manual is fully illustrated and is written in sections so it is understandable. To attain craniopathic status, you must continue to study under a master craniopathic physician.

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