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HEALTH OF PRACTITIONER BEST CRITERION FOR VALUE OF HIS METHOD

Being a practitioner of a health method does not of itself include health or longevity unless that method provides a practical explanation for the cause of the abnormal, an appreciation of the need for the normal, and a competent method for its restoration. This is proved by the prevalence of disease or chronic ailments in the bodies of practitioners of all health methods, and is evidenced more today than ever before.

It is pitifully true that the practitioner who has been trained to believe that he has everything within his practice necessary to deal successfully with disease is loath to admit a fault in his armamentarium. He is inclined to attribute his own poor health and evidence of short life to some such reason as over-work, or conditions over which he has no control despite the fact that there are scores of people who work harder, endure greater mental and physical strain, and yet enjoy health beyond the century mark.

An excerpt from a recent issue of *The Journal of the Missouri State Medical Association* says, "Heart disease is the leading cause of death among physicians in this country, causing 40 per cent of their deaths."

The physician's body was designed by the same intelligence that designed all other human bodies. Few of us are impressed by the advice of financial bankrupts upon how to make or save our fortunes. Yet we find too many practitioners of various health methods offering profuse explanations of the causes of disease while themselves suffering from similar or identical ailments.

All of this lends emphasis to the following paragraph further quoted from *The Journal of the Missouri State Medical Association*, "A conservative conclusion from this study is that the physician should begin to pay some attention to his

own health," and find some means to his own health."

Hardly sufficient for the general use of the method to the untrained practitioner's ill health, thereby drawing a conclusion and fallacy.

It is certainly referred to above. Complex symptoms, body distortion, with circulation anything which violate temporarily normal body framework as a primary effect. muscle, especially state than before.

Let us look upon such in the relationship of parts that subluxation such will be true. Basic Methods corrected consist body framework or foundation, the

It is unbecoming period of years, conditions, and chronic

own health," and causes us to wish that we might add, "and find some means, outside his own practice, to provide for his own health."

Hardly sufficient time has elapsed since the discovery and general use of the X-ray to permit its revealing light to depict to the untrammelled mind the first and primary cause of the practitioner's ill health, as well as that of his patients, and thereby draw an indelible line of demarcation between fact and fallacy.

It is certain that the primary cause of heart trouble as referred to above is the same as the primary cause of less complex symptoms — lumbago, torticollis, or neuritis, namely, body distortion. The first general body distortion interferes with circulation because of the resulting strain on soft tissues; anything which will stimulate circulation will change or alleviate temporarily the symptoms resulting from changes in the normal body framework; but such stimulation, as soon as its primary effect is spent, leaves the strained soft tissue or muscle, especially that of the heart, in an even less normal state than before.

Let us look to our own more practical corrective procedures in such instances, namely, to eliminate the faulty relationship of parts of the body framework. Chiropractic states that subluxations are the primary cause of all disease and that such will be true as long as upright body structures exist; Basic Methods go further to say that subluxations may be corrected consistently only by correcting all distortions in the body framework, and especially in the spine and its support or foundation, the pelvis.

It is unbecoming to any practitioner to retain over a period of years as many and as serious subluxations, distortions, and chronic ailments as has the patient whom he accepts.

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We lay ourselves and our health professions liable to criticism unless we evidence an intelligent interest in correcting such subluxations, distortions, and ailments in our own bodies. And this correction is possible if we appreciate and conform in a practical manner to the depth and breadth of Chiropractic philosophy.

The most important patient any practitioner can have is himself. The automobile mechanic who can repair his own car, the cook who can prepare well his own food, can rightfully be regarded as successes in their own lines of endeavor. Likewise, then, the doctor who can correct his own distortions and ailments is quite obviously able to do the same for his patients. By what better criterion can they judge the method which he advocates, and for which they place themselves under his care?

We cannot depend, however, upon a health science for which we expound an all-inclusive philosophy if we allow its methods and application to be deficient in any particular; we must have an application to consummate its entire theory; in Chiropractic we must have an explanation for subluxation, and an application that will *correct*, rather than temporarily "*adjust*," this primary cause of disease.

My own practice when depending upon old-fashioned adjusting methods now reminds me of the "rain maker" who collected from his gullible public when it rained, and alibied when it did not. More patients were lost to me because I could not afford them a consistent progressive improvement in health than because those patients lacked intelligence or appreciation. A "Basic Technique" appreciation of the subluxation theory as the cause of disease will prove the first stepping-stone to a normal spine, body, and health. Moreover, its intelligent application will provide the means through which one may offer his patients logical explanations of their health problems and consistent improvement therein.

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The human machine (the body) not being designed or made by man, has through countless centuries defied his ingenuity and imagination to solve the secret faults in its mechanics, to intelligently and consistently reduce or correct them by scientific procedure. In Basic Technique there is offered for the first time logical explanations for such mechanical faults or distortions, and proven ways and means by which they may be corrected.

We might safely say that distortions throughout other parts of the body are largely or wholly dependent upon distortions of the spinal column. Adjusting locally subluxated vertebrae is valuable, since it is indisputably true that we have obtained results, in some instances outstanding results, therefrom. But if, as we now know, subluxations are dependent upon spinal distortions originating from unequal or uneven base or foundation, then they cannot remain adjusted or corrected until such major distortion is corrected, or until the base or foundation is made level.

There is a tendency of a vast number to gyrate toward impractical short-cuts in the correction of disease, regardless of professed confidence in the theory of disease-causing subluxation and distortions. The inconsistent and fallacious philosophy has been expounded that since nearly everyone is afflicted with subluxations and distortions, one need not be concerned about them in his own body; this is too much like the function of a coarse sieve; it evidences no fine point of intelligent discrimination. We can prove conclusively that the sacrum and coccyx are the primary portion of the primary curvature of the spinal column — "as the sacrum goes so goes the spine" — and that it is absolutely necessary to restore the sacrum to normal position and relationship with articulating bones to effectively reduce curvatures, subluxations, and disease.

Every day we see people suffering from some obvious deficiency, in sight, hearing, or mind. At the moment we see

how important one organ is to us; I realize the importance just as severely, if I fail to maintain normal health. The cause of such failure is that proper performance of the body alike depends upon their designers, the

The human machine and value of normal orders of intelligence. The body structure is not obvious to the eye, but with every part connected with other parts, it is over the question of whose contour was

Granting the body distortion, it accomplishes this despite the forms this new

We can well understand undue strain on a great deal more accomplishing a perfect functioning of undue friction. If to a machine, does the body sacrifice a part it can utilize the element? The sick, overcoming strain would require for

Since there are no two bodies distorted exactly alike, there are no two such bodies whose chemistries are alike. And since we have not to date found a body contour normal as nature intended it, we have not found a fair basis upon which to decide the normal chemistry of a body. But this is a certainty: a distorted framework; muscles either stretched beyond their normal limits from acute subluxation or atonied and flaccid because of long-standing strain and distortion; glands and organs that are strained into crowded positions or void of normal tone with their functions decreased to perhaps one half efficiency, definitely cannot play their part in maintaining any semblance of the normal in the body's chemistry.

Doctors have sought for ages to correct abnormal chemistry by prescribing simplified diets, diets that could more easily be utilized by the distorted and comparatively incompetent body. True it is that these diets have proved a saving factor when the means to correct the primary cause of the difficulty were not available. Others have sought to compound the proper mixture of elements that would compensate for the abnormal chemistry of sick bodies, but of what value was their procedure so long as the distorted body continued to produce from all foods excessive poisons?

A thorough understanding of the several mechanical factors that have confused all health philosophers in the past now permits a more consistent improvement in body chemistry through the medium of an efficacious, corrective procedure than has heretofore been possible. The *cause* of abnormal chemistry in the majority of cases can be found, by manual examination and positively through the use of X-ray, to be distortion of the body in general and more specifically of the spinal column and its foundation.

For example, the function of the blood is the exchange of nutrient material for waste material — carbon, acids, and nitrogenous products — as it flows through the capillaries and between the tissue cells. When the tissue through which it

The spine, however, is so dependent upon all of its supporting structures below that we must take into consideration and determine the effect of all such factors, before we can expect to normalize all, or any part, of the spine.

SUBLUXATION THE PRIMARY CAUSE OF DISEASE

Basic Methods teach that subluxation is the cause of disease. But it goes further than we have gone in the past, to say that vertebral subluxation is the result of sacral subluxation, or as logically follows, that vertebral subluxation cannot remain in a body without sacral subluxation. In other words, the musculature of the body in its normal state will spontaneously correct subluxated bones. And the normal state of musculature depends, as we shall see, upon relationship of the sacrum with surrounding tissues and bony parts.

Any increase in the distance between two or more bones results in immediate stress or strain of the intervening or connecting muscles; a decrease in the ever-necessary blood and nerve supply, and in the function of the organs of elimination, resulting in a loss of tone or vitality of the intervening muscles, so that their pulling or normalizing power is lost.

Since the sacrum is the mechanical centrum of the body, from which all muscles radiate, and to which all stress and strain on other parts of the body are reflected, a loss of its normal relationship with articulating bones results in immediate stress and strain on all muscles of the body. Conversely, if any vertebra or bony part is subluxated by a force sufficient to prevent its holding muscles from restoring it immediately to normal position, such subluxation continues only if its foundational support, the sacrum, is abnormally positioned.

In the acute state of such subluxation, the muscles radiating from the sacrum to all other parts of the body will be found to be in a tense, strained condition, ready to return the sacrum

to normal upon appropriate location and direction of muscles radiate. A light contact. A contact point and a light pull with the pull of stress increase or elimination. Again then, it follows results in the correction was the cause.

In chronic stages requires longer time which have become before they will perform their normal relationship.

This, then, the subluxation and distortion in the variation.

There are in the hundreds of ligaments, the latter in turn dividing entering into and dividing assumes. Add to the structures of each human bodies can that their internal take into consideration body — food and atmosphere — and variation in chemical distorted body.

Disease is a very subjective and destruction or affection.

one will then understand how a very light contact and force exerted at a strategic point on the sacrum, rendering the slightest assistance to muscles under strain as a result of sacral subluxation, can accomplish the maximum.

A very light force applied to various parts of the body has resulted in a decrease or elimination of symptoms remote from the contact point. This method has been practiced for centuries but with only mediocre success until we were enabled to determine how and where each body was distorted, and how and where to apply the contact in a larger percent of cases to utilize the maximum potentiality of strained muscles present. The relationship of ligaments, bones, muscles, nerve and blood vascular systems is affected according to the position of the mechanical centrum (the sacrum) of the body. It is thus necessary to determine the cause and degree of sacral subluxation and the extent of resultant muscle strain, and to study, correlate, and compare the causes for abnormal changes in the plane of its superior, supporting surface; the entire potentiality of the light contact on strained muscles may then be appreciated and utilized.

Chiropractic philosophy provides that subluxation is the cause of disease; it necessarily follows that in order to eliminate or reduce symptoms of disease anywhere in the body, it is first necessary to reduce or correct the causative subluxations by some means, either in or out of accord with our knowledge of practices past and present.

Proceeding in accord with our health philosophy, we must appreciate that rotary scoliosis incorporates subluxation at many points where there is the slightest abnormal relationship of vertebrae or where there is any disrelationship of other bones. One is at an absolute loss for an explanation as to how a pain in the cervical region or elsewhere can be eliminated by a contact on the sacrum unless the force expended through that contact consistently restores the relationship of cervical bones responsible for such symptoms.

hibits all movement of the spinal vertebrae except one, two, or three comparatively unankylosed segments, at different points in the spine. Any severe stress affecting this body will result in excessive movement of these one, two, or three comparatively unankylosed vertebrae, and hence in their ready severe subluxation.

Remembering our philosophy that subluxation is the cause of disease, we can then see that such a body may be afflicted with repeated attacks of ailments, each very similar to preceding ones and tributary generally to those vertebrae capable of subluxation. Obviously, since the ankylosed areas of spine referred to are of years' duration, it is indeed possible for such a case to suffer major subluxation of the one or two comparatively freely movable vertebrae every week or month, to the embarrassment of tributary tissues and organs that will give rise to symptoms each time very much like those of the preceding attack.

The "comparatively freely movable vertebrae," however, may not be entirely free from ankylosis. Therefore, when they are subluxated to the maximum as a result of excessive strain, the minor degree of ankylosis in their supporting soft tissues prevents their realignment and the recuperation of attached muscles that would ordinarily result from usual body movements or short periods of rest.

Most common areas where the denser ankylosis prevails in the distorted spine are from the seventh cervical to the third dorsal; second, from the seventh dorsal to the first lumbar; and third, from the third lumbar to and including the sacrum and sacro-iliac articulation on the side of its least support. (Of course there are slight variations in this outline.) Hence it will be understood that the fourth or fifth dorsal and second lumbar vertebrae, commonly referred to as "gall bladder" and "appendix" vertebrae, are most often comparatively freely movable, but where there is a large amount of ankylosis dis-

tributed elsewhere that there is also deposits in holding these comparative

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When so many bearing their share entire spine, the subluxated to occur, hence the

The fourth freely movable comparatively sixth, or seventh, less ankylosis the recurring stomach fifth or sixth is vertebra.

While it is possible to conceive a fairly satisfactory interpretation of pelvic and spinal distortion from two fourteen by seventeen inch X-rays, one of the upper spine and another of the pelvis and lower spine, it is quite difficult to imagine that two exposures can be made with the patient in exactly the same position for each. The necessity of changing the cassette and resetting the machine between the two exposures allows too great a chance for the patient's moving about, and almost rules out the possibility of picturing the patient on the second film exactly as he was in the first. Too, we are confronted in the two fourteen by seventeen inch films with the overlapping of a portion of the spine, for it is quite difficult to show a picture of the spine joined exactly as it should be, and as it would be on a single fourteen by thirty-six inch film.

Everything else being equal, X-ray equipment designed only for cervical work is not sufficient to consistently provide satisfactory fourteen by thirty-six inch X-rays, especially when penetration of larger bodies is necessary. Therefore every potential purchaser of new or additional X-ray equipment is advised to procure equipment that will provide in a single exposure and on a single film a picture showing discernible outlines of the entire spinal column and pelvic bones.

Lateral pictures of the spine and pelvis are even more difficult to obtain than are those from the anterior-posterior aspect, because of the greater dimension of human bodies from side to side. These pictures, therefore, require the best we have in X-ray penetration.

UPRIGHT POSTURE FOR X-RAY

For the same reasons that physical examination should be made with the patient in the upright posture, so should X-ray exposures be made while the patient is standing, with the weight above causing the body to assume its maximum degree of distortion.

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It should be, and we believe it is, the object of every practitioner to reduce to a minimum the cause of disease in his patient's body. It is first necessary that he obtain from the X-ray a picture of the patient's distortions and subluxations as they appear at their maximum; this is obviously impossible if the X-ray be made in the prone or supine posture. We believe that the practice of X-raying bodies in the prone or supine postures has detracted severely from the progress of all health methods in the past. When the upright posture was first advocated by a number of advanced thinkers the common reaction was to object to the necessary change in equipment and procedure; even today many continue to adhere to prone posture X-ray technique contrary to the tenets of a practical philosophy of body mechanics.

We have seen that distortions depend primarily upon sacral inferiority, leg deficiency and unilateral wedging being closely related factors. It can be seen that in cases of sacral inferiority plus compression or wedging on the same side, the unankylosed spine is far more distorted in the upright position than in the prone or supine. It is even more obvious that the effect of leg deficiency on the body is lost entirely if the patient is X-rayed in the prone or supine posture. While, in the prone position, a chronically distorted and partially ankylosed spine conforms more nearly to the upright picture, a truer picture may still be obtained in the upright posture, for the distortion and ankylosis form in the body when it is in the upright position.

We know that chronic disrelationship of vertebrae anywhere in the spine causes disease in related tissue; and it is obvious that the conformation of disrelated vertebrae to the responsible lowered support is determined by the weight of the body above. X-ray in the upright posture is therefore essential to a practical determination of the real cause of disease

CHAPTER VIII

X-RAY INTERPRETATION**INTRODUCTION**

The interpretation of hundreds of before and after X-rays for Basic Technicians during past years has afforded us a wealth of evidence sufficient to prove that every change in health is preceded by a change in the spine and body framework. Fundamental or normal instincts readily accept structural abnormalities as the primary cause of disease. Therefore the X-ray, and its uncontendable, all-revealing portrayal of body distortion, when freely and wisely used, proves a worthy ally whereby the effect and value of mechanical corrective procedures may be measured. Conversely, it is a potential foe of ineffective health practices and the commercialization of human ailments.

An X-ray of the human body framework is a truly fundamental basis from which the chiropractor may proceed to prove the philosophy of his practice. There are two types of patients with whom he must deal: There is first the intelligent patient who readily realizes the necessity and value of a normal spine and body framework to his health and well-being. Second there is the patient who is so desperately ill, having experimented for years with other health methods, that he is willing to turn to practically anything in order to procure health and carry on, no matter how contrary its tenets may seem to his impractical, preconceived conclusions. The X-ray appeals to either and both.

No matter how discouraged the sick patient may be with doctors in general because of innumerable and continued disappointments, he can appreciate a fourteen by thirty-six inch X-ray of the body framework showing its many departures from normal; he is impressed with an intelligent discussion of

these departures: realized his body expression can be a framework, abnormal of the probable the point where correction of his

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these departures; and he will usually agree that he never realized his body contained such defects. A most favorable impression can be made by an intelligent discussion of the body framework abnormalities depicted, and an approximate opinion of the probable length of time required to reduce them to the point where the patient may experience relief or eventual correction of his ailments.

The X-ray is not entirely new in our own profession or in others, nor is its use in determining localized body framework defects new. But Basic Technique procedure has provided such an extension in its field of usefulness, and in the proof of its worth that we can safely assert that its fact-finding value has been enhanced many fold.

We might say that a structure is no better than its foundation. Especially is this true of the human body structure, flexible, its every part subject to torsion, concussion, and strain. We shall not stop here to discuss intimately again the structure and mechanics of the human body, but we would call attention again to a simple truth upon which millions are confused to their own discomfort and continued ill health, i.e., the human structure to be normal in function must be normal in contour with its every part in normal relationship. The human body is endowed with the power to resist minor disturbances and repair minor defects accruing to it under average conditions; it is apparent therefore that when this power is decreased or lost, in other words, when disease overcomes resistance, there is a disturbance or abnormality somewhere in its structure. An X-ray of the abnormal body affords an infallible key not only to local causes of disease but also to the foundational defects responsible.

Failure to realize the maximum value from the X-ray because of the tendency to confine attention to the more circumscribed local or secondary factors rather than the general body distortions and their resultant defects is a serious mistake.

there are numerous other disturbances of the eliminative system. The blood itself is unable to properly unload its cargo of waste, or to replenish itself with nutrition. If the function of the kidneys for example is reduced or impaired, there is a retention of waste in the blood, only partial elimination of its toxins, and as a result, an impure blood supply circulated to the body. All such disturbances result from malfunction of the organs, glands, or tissues involved, and this in turn is caused primarily by distortion and strain.

The above paragraph affords foundation for the assumption that varying degrees of abnormal body chemistry result from varying degrees of body and spinal distortion. Thus it can be rightfully assumed that the only bodies whose chemistries are alike are normal bodies; conversely, the chemistry of every abnormal body differs in some degree from the chemistry of every other abnormal body. This wide variation in abnormal body chemistry, we believe, accounts for the comparative failure of practices which attempt to substitute foreign, concentrated materials for those which are lacking in the body because of abnormal glandular secretion.

It has been said that the twenty-six letters of the alphabet can be written or arranged in millions or trillions of different ways. This number of arrangements might well be compared with the complexity of abnormal body chemistries.

More can be done to improve body chemistry by a lift strategically placed on the side of deficient support of the body, and by adjustments properly applied, than through the administration of any foreign material in an attempt to compensate for disturbed function of affected glands; it is doubtful if all the laboratories in the world and all the laboratory technicians combined will ever approach the corrective efficiency of the human body itself, especially if and when its framework is normal.

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HOW DISTORTION OF LIFE-SUPPORTING ORGANS AFFECTS RECOVERY

While we stress the detrimental effect of body framework distortion upon the muscles and ligaments which are directly affected, it is not our intention to neglect to emphasize the very detrimental effect that body distortion of any kind has on some or all of the internal life-supporting organs. These internal organs are dependent upon and suspended from the body framework, and any distortion which changes the shape or size of the space allotted to an organ or strains its suspending ligaments provides for a departure from normalcy of its function.

As we have seen, this abnormal function, if long continued, causes continued change in the chemistry of the body. Complete recovery under Basic Technique is retarded in such cases of improper organic function, somewhat as it would be under any other method of therapy.

FACTORS FOR CONSIDERATION IN PROGNOSIS

The material given in previous portions of this lesson should serve to impress upon the student the fact that our prognosis in any case must be modified according to the degree and extent of atony present.

Ankylosis, infiltrated to strengthen and protect tissues which are either under strain or weakened by atony, is also a barrier to the immediate correction of distortion.

Fortunately, the adoption of proper procedures to reduce strain in a distorted body framework also results, eventually, in the reduction or elimination of both atony and ankylosis.

WHEN TO STOP ADJUSTING

When to discontinue adjusting, or whatever method of therapy is being applied, is a moot question in all practices,

and in ours. Relying on the cause of disease, however, that we should be as long as

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