



TECHNIQUES & TOOLS

## Endonasal "Balloon Assisted" Cranial Adjusting: The Why & How

*TAP INTO THE OTHER 80% OF THE NERVOUS SYSTEM*

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### WHAT YOU NEED TO KNOW

- Cranial ballooning has been around since the early 1900s and was pioneered by a chiropractor, Dr. Richard Stober, back in the '60s and '70s.
- The primary focus: the other 80% of the nervous system, *at the source of the nerve impulse* before moving farther down the chain and investigating how that nerve impulse is transmitted.
- The procedure is performed in a series of four days of treatment, with specific bilateral inflations administered on each individual day.

*Are you insane?* were the first words that came to mind when I was first introduced to this unique technique in 1984 at a Parker seminar. The thought of inserting a balloon into the nasal cavity and inflating it was just too inconceivable to me. I literally got up and walked out of the seminar, and the instructor made sure that everyone noticed as he aimed his laser pointer in the middle of my back and proclaimed, "There goes a guy who just doesn't get it!"

I had totally forgotten about this technique until about 15 years later, when an article came across my desk about a woman who had fallen off a horse, hit her head, and was suffering from post-concussion syndrome (PCS), with all of the typical symptoms that went along with it.

She had consulted every neurologist and "brain-trauma expert" on the planet with minimal results - until she went up to see this doctor in Washington, who performed the technique on her and (according to her), literally gave her her life back!

So, I took the seminar and quickly realized what had been missing from my practice all these years

as I started witnessing a level of healing beyond what I thought was even possible – and usually with last-resort patients who had given up hope of ever getting better – for things like head trauma, PCS, post-stroke symptoms, Bell's palsy, trigeminal neuralgia, migraines, vertigo, tinnitus, seizures, breathing disorders, snoring, sleep apnea, sinusitis, deviated septums, loss of smell, loss of taste, cranial deformities, and the list goes on.

## The History of Cranial Ballooning

I know this sounds bizarre, but it is not a new concept. Cranial ballooning has been around since the early 1900s and was pioneered by a chiropractor, Dr. Richard Stober, back in the '60s and '70s. He called his procedure "bilateral nasal specific" and all present-day versions of this technique arose from his methods and procedures – including the version I use in my practice.

## Background: Why It Works

To understand how this technique works, it is important to realize that the skull is not one solid bone. It is made up of 22 individual bones that actually move every time you inhale. Every time you breathe, the cranium expands; every time you exhale, the cranium relaxes and contracts with the purpose of pumping cerebrospinal fluid throughout the brain and spinal cord.

Within this process, each of the cranial bones has its own "direction of motion" to accommodate the increased intrathecal pressure exerted within the cranial vault every time you inhale. Any "fixation" of the individual cranial bones impedes the flow of CSF to that part of the brain and typically gives rise to a wide variety of symptoms and neurological disorders – including visceral disease, according to medical researcher Dr. A.D. Speransky in his book *The Theory for the Basis of Medicine*.

So important were these findings that B.J. dedicated 15 pages of the Green Books specifically to Dr. Speransky and his findings.

The primary bone of the skull is the sphenoid. It is the central-most bone of the cranial vault and the primary bone we are targeting with the technique. The sphenoid houses the pituitary gland and articulates with 12 other bones; especially important is where the sphenoid articulates with the basilar portion of the occiput. Here, it forms a very important joint called the "sphenobasilar junction."

The SB junction is a symphysis joint, which means it is a "disc-like" articulation. It is designed this way specifically to allow for the flexion and relaxation of the cranial system upon respiration. All cranial motion revolves around this specialized joint, and it is the primary joint we are targeting with the technique.

## Performing the Technique

The procedure is performed in a series of four days of treatment, with specific bilateral inflations administered on each individual day. Typically, I find it takes 3-4 series to achieve optimal benefit.

The equipment consists of a finger cot attached to a sphyg bulb. Colloidal silver gel is applied as a lubricant to avoid infection, and a blunt-ended wooden toothpick is used to carefully guide the balloon into the nose. The balloon is inserted into the nasopharynx, the opening between the nose and the throat.

The nasopharynx is divided into three sections on each side (lower, middle, and upper) for a total of six sections, called the nasal turbinates. The balloon is inserted as far back into the appropriate

turbinate as possible, and then quickly inflated to open up the breathing passageways and mobilize the bones of the face and cranium.

The procedure takes about two seconds and is not painful; it's better described as intense pressure. As the balloon expands, the skull starts cracking as the sutures release, and when the balloon explodes into the back of the throat, it's like "POW!" *Talk about turning the lights on.*

### Clinical Benefits

By reinstating normal cranial motion, taking the torque off the dura, facilitating normal CSF flow, increasing oxygen-carrying capacity to the brain, increasing vascular flow to the brain, increasing venous and lymphatic drainage from brain, and relieving the tension off the anterior attachment of the dura at the *sellae turcica*, the technique optimizes the function of the two primary control centers of the body - the brain and pituitary gland.

The primary focus: the other 80% of the nervous system, *at the source of the nerve impulse* before we move farther down the chain and concern ourselves with how that nerve impulse is transmitted.

Exactly what B.J. was talking about when he coined the phrase, "from above-down" first, before focusing on the second half of the equation, the "inside-out" portion. Yet as chiropractors, we rarely address the primary subluxation, which lies above the neck in the cranium.

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