Cranial Facial Release "Balloon-assisted" Cranial Adjusting

"Chiropractors get 80% of their patients well by adjusting 20% of the nervous system". *Imagine what happens when you tap into that other 80%?*

"Are you insane" were the first words that came to mind when I was first introduced to this unique and bazaar technique at a Parker Seminar back in 1984. Of course, I knew everything back then and the thought of inserting a balloon into the nasal cavity and inflating it to adjust the cranium 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 women who had fallen off a horse and hit her head, and was suffering from Post-Concussion Syndrome (PCS), with all of the typical symptoms that went along with it - including depression, brain fog, malaise, headaches, memory loss, vertigo, visual disturbances, insomnia, etc. She had consulted every neurologist and "Brain-trauma expert" on the planet with minimal results - then went up and consulted this doctor in Washington who performed balloons on her, and (according to her) she was *brand new* – it totally gave her, her life back!

So I went up and took the seminar and quickly realized what had been missing in my practice all these years, as I started witnessing a level of chiropractic healing far beyond anything I thought was even possible – and usually with last-resort patients who had tried everything else FIRST and had given up hope of ever getting better – for things like head trauma (TBI), PCS, post-stroke symptoms, Bell's Palsy, trigeminal neuralgia, migraine headaches, vertigo, tinnitus, seizures, TMJ disorder, hearing loss, visual disturbances, breathing disorders, snoring, sleep apnea, sinusitis, deviated septum's, emotional disorders, learning disorders, loss of smell, loss of taste, cranial distortions/deformities in infants + babies with plagiocephaly – the list goes on and on.

I know this sounds bazaar, but this is NOT a new concept. Cranial ballooning has been around since the early 1900's and was pioneered by chiropractor/naturopath, Dr. Richard Stober back in the 60's & 70's. He called his procedure "Bilateral Nasal Specific" or BNS, and all present-day versions of this technique arose from his methods & procedures.

There are several different approaches to cranial ballooning - each with a slight variation in application, but all with the common denominator of using endonasal balloon inflations to directly adjust the cranium. The version I developed is called **Cranial Facial Release (CFR),** which is a complete technique based on SOT protocols where we focus on clearing everything below the occiput FIRST, *before* addressing the cranium, with the intention of increasing the flow of Cerebral Spinal Fluid and taking the torque off the Dura.

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 – or at least they are supposed to. Every time you inhale, the cranium expands - every time you exhale the cranium relaxes and contracts with the purpose with each of the cranial bones having their own specific direction of motion.

Now I realize this is a new concept for most of you, but regardless of common opinion, the cranial bones DO move. It's not gross osseous movement, but more of a flexion (expansion) and relaxation of the skull with respiration (according to the expert - anatomist and researcher Dr. Marc Pick and his 1000-page book entitled "Cranial Sutures).

Any "Fixation" or restriction of motion of any of these 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 doctor and researcher, Dr. A.D. Speransky in his book "The Theory for the Basis of Medicine". In this book Dr. Speransky explains the direct relationship between mechanical pressure on the control centers of the brain and the genesis of disease. So important were these findings that B.J. dedicated 15 pages of the Green Books specifically to A.D. Speransky and his findings.

This "cranial motion" phenomenon is facilitated by way of the Dural attachment to the base of the occiput and the base of the sacrum which acts as a lever between the two. They work in conjunction to flex and relax every time you breathe to create a pumping mechanism which facilitates the flow of CSF throughout the brain and spinal cord.

The primary bone of the skull is the Sphenoid bone. It is the central most bone of the cranial vault and it is the primary bone we are targeting in CFR technique. The sphenoid bone 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 "Spheno-basilar junction", which is the primary pumping mechanism of the entire skull.

The SB junction is a symphysis joint, which means its “Disc-like” and as chiropractors we know, that “Structure relates to function”. The SB Junction 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 in CFR technique.

The procedure is performed in a series of 4 days of treatment, with specific bilateral inflation patterns administered on each individual day of treatment. It typically takes 3-4 series to achieve optimal benefit from this treatment.

The equipment consists of a finger cot attached to a blood pressure “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 most common question typically asked when performing this technique is, “Are you inserting the balloon into the sinus cavity?” The answer is NO! We are inserting the balloon into the nasopharynx, which is the opening between the nose and the throat.

The nasopharynx is divided up into 6 sections - 3 on each side - lower, middle, and upper bilaterally, called the nasal turbinates. The balloon is inserted as far back into the appropriate turbinate as possible, then quickly inflated to open up the breathing passageways and mobilize the bones of the face and cranium.

The whole procedure takes about 2 seconds and is not painful. It’s more a feeling of intense pressure, but not in your nose – in your face. The objective is to inflate the balloon all the way back into the throat specifically targeting the spheno-palatine suture. As the balloon expands, your skull starts cracking as your cranial sutures release, and when the balloon explodes into the back of your throat, it’s like “POW” baby! Talk about turning the lights on!

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 & lymphatic drainage from brain, and relieving the tension off the anterior attachment of the Dura at the Sellae Turcica, you optimize the function of the primary two control centers of the body – the brain and pituitary gland – primarily focusing on the other 80% of the nervous system, *at the source of the nerve impulse* before moving further down the chain and concerning ourselves with how that nerve impulse is transmitted.

Exactly what BJ was talking about when he came up with the phrase, “From Above-Down” FIRST! Before focusing on the second half of the equation, the “Inside-out” part.

Yet as chiropractors, we rarely address the ORIGINAL source of the problem where the primary subluxation lies – above the neck, in the cranium.

80% -vs- 20% . It's a No Brainer!