

Endonasal ‘balloon assisted’ cranial adjusting

Adam Del Torto

Narrative: Balloon adjusting within the cranium has a number of variants and is well established. Here I present my refinement of the method and give the basic mechanism and reasons for positive clinical results.

The purpose of this clinical technique is to 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*.

Indexing terms: Chiropractic; Cranial; Endo-nasal.

Introduction

‘Chiropractors get 80% of their patients well by adjusting 20% of the nervous system’.

Imagine what happens when you tap into that other 80%?

CFR is a unique and powerful *‘endo-nasal balloon-assisted’* cranial adjusting procedure that incorporates the use of tiny balloons that are carefully inserted in the nose and quickly inflated to open up the breathing passageways and mobilise the bones of the face and cranium.

History

I know this sounds bazaar, but this is not a new concept, however *‘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 fresh out of school back in 1984. But 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 woman 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; depression, brain fog, malaise, headaches, memory loss, vertigo, visual disturbances, insomnia, and the list didn’t ended there. She had consulted many neurologists and *‘Brain-trauma*

... CFR often works on last-resort patients who have tried everything else and given up hope of ever getting better ... including cranial distortions/deformities in infants and babies with plagiocephaly ...’



experts' with minimal results, then went up to see a doctor in Washington who 'performed balloons' on her, and (according to her) she was brand new. She said it literally gave her her life back.

I took the seminar offered by this doctor and quickly realised what had been missing in 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 tried everything else first and had given up hope of ever getting better; 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 and babies with plagiocephaly, the list goes on and on.

Cranial ballooning

Cranial ballooning has been around since the early 1900's and was pioneered by chiropractor/naturopath Dr Richard Stober back in the 1960'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 being taught today, from *Functional Cranial Release* (FCR), to *Neuro Cranial Restructuring* (NCR), to *Nasal Release Technique* (NRT), to *Nasal Specific*; 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 clear everything below the occiput before addressing the cranium, with the intention of taking the torque off the dura.

To understand how this technique works, it is important to realise 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 of pumping Cerebral Spinal Fluid throughout the brain and spinal cord.

Within this process, each of the cranial bones has its own 'Direction of Motion' as the cranium expands and relaxes to accommodate the increased intrathecal pressure exerted within the cranial vault every time you inhale. Any Fixation or restriction of motion of any of these individual cranial bones may impede the flow of CSF to

that part of the brain and typically give rise to a wide variety of symptoms and neurological disorders, including visceral disease according to medical doctor and researcher, Dr AD Speransky in his book 'The Theory for the Basis of Medicine'. Here 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 BJ Palmer dedicated 15 pages of the Green Books specifically to Speransky and his findings.



The mechanism

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.

Now I realise this could be a new concept for most of you, but regardless of common opinion the cranial bones do actually 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*'.

The primary bone of the skull is the *Sphenoid*. It is the central-most bone of the cranial vault and it is the primary bone we are targeting in CFR 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 clinically important joint called the '*Spheno-basilar junction*'.

This SB junction is a symphysis joint, which means its '*Disc-like*' and as chiropractors we know that '*Structure relates to function*', a basic chiropractic principle. 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 specialised joint and it is the primary joint we are targeting in CFR technique.

The procedure

The procedure is performed in a series of 4 days of treatment, with specific bilateral inflations administered on each individual day, followed by post-inflation manual cranial adjusting procedures. It typically takes 3-4 series to achieve optimal benefit from this treatment. 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 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 3 passageways on each side; lower, middle, and upper, a total of 6, 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 mobilise the bones of the face and cranium. The 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, the skull starts '*cracking*' as the sutures release, and when the balloon explodes into the back of 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*, we optimise 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.

Conclusion

This is 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.

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