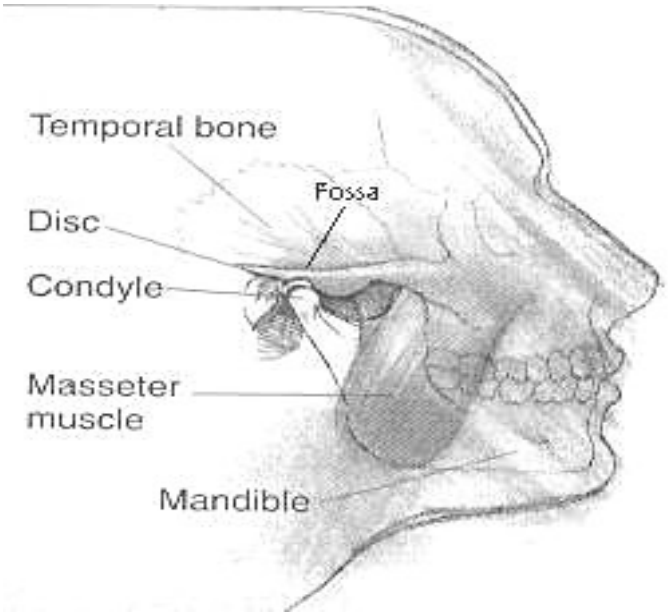
~Chapter 5 Ears, Eyes, Sinuses and Teeth~

The use of endonasal/nasal specific is a dramatic tool that can have a life altering experience and it also works in the development and towards opening up the ear passageways, as well as unlocking the nerves that aid in a persons ability to hear. In the past endonasal/nasal specific has added in the ability of people with poor vision to regain their sight. It also clears the sinuses and allows for full in-depth breathing, which leads to stimulation of the respiratory system as well as clearing the passageways so that ones ability to indicate aromas/smells is regained. As well, endonasal/nasal specific is now currently utilized by a hand full of dentists as an alternative to braces in the straightening of teeth. The ears, eyes, sinuses and teeth are all inter connected and are directly related to what is referred to as the TMJ mechanism. TMJ being the point where the upper and lower jaw bones, the Zygomatic and the Mandible facial bones intersect and connect with the Frontal plate, the Stephnoid, and the base of the Temporal cranial plate.



Words are comprised and made up of individual sounds called phonemes. It is logical to point out that if an individual or child can not hear the sounds, they may indeed have some or more difficulty reproducing the sound/word that they are trying to mirror in representation. Individuals who are considered to be good readers and spellers are capable of having the ability to analyze the individual parts and sound elements that comprise and make up any given word. This is considered to be making auditory sense of the visual symbols. Those individuals including myself, who have difficulties breaking apart word sounds, due to silent characters, find it to be a bit more difficult and challenging. Difficulty with the development of making auditory sense of a word is one of the major root causes in reading disabilities, which also ties into proper verbiage, of spoken words along with interpretation and reproduction of such words, (considered to be the mirror effect). The brain learns to understand sounds and syllables at an early age and thus starts to pick out elements that make up their language. If a child has a hearing loss, or has a neurological disability dysfunction such as cerebral palsy, as well as if a child has high fever or repeated ear infections causes distortion of the sounds as they pass through the auditory channel

and as they get translated into vibrations and transmitted to the auditory centers of the brain are affected and thus the original sound that is inputted is distorted and the end result is a fragmented piece of what originally was intended. Along with hearing loss, CP, fever and repeated ear infections has the capability of putting stress and effects the able to understand and develop formed words at an early age. At this point of critical development some elements of distinction between syllables may be lost leading to and up to a life time of struggling with the syllable characters of forming a word, or being able to distinguish the syllables and silent vowel sounds. This is more commonly referred to as auditory distortions.

We can somewhat see that there is a connection of the ears in translation of sound to the auditory processing centers, but what if the ears are proven to be fine and the individual or child still shows signs of not being able at times to spell a word correctly. Neuroscientists at Oxford's Center for Functional Magnetic Resonance Imaging of the Brain and the Oxford Department of Experimental Psychology has found that the front part section of our brain referred to as the Broca deals with word meanings. Likewise the back part of this Broca region deals with the sound and sound formation of a word. In more recent studies and with modern brain imaging suggests that this area referred to as the Broca involves both the processing of sound and meaning of words. In conducting tests researchers used a technique referred to as transcrainal magnetic stimulation (TMS) (to momentarily disrupt normal brain function). Stimulations of TMS to the front part of the Broca interfered with the individual's ability to correctly identify synonyms, (words that mean the same). Likewise Stimulations to the back part of Broca interfered with the individual's capability to correctly identify homophones (words that sound the same.)

Individuals who have a hard time with written expression, developmental expressive writing disorder, affects the individual's abilities to communicate in writing despite the individuals age, educational background, or physical impairment. Developmental expressive written disorder affects both the physical reproduction of letters and words in the back part of the Broca as well as the organization, of characters and pronunciation (which is also tied in with the auditory intake channel) in the front part of the Broca resulting in and up to difficulty of organizing thoughts and ideas in a written format. In other words an individual sees or hears a word takes in this word syllable into the inner auditory or visual processing nodes (the Broca) and then tries to make sense of this element that they have just taken in. As described above if there is a

disruption either minute or major the word will take on a different characteristic when the individual reduplicate it out in typed or written form. There are a small hand full of symptoms that are related to this dysfunction, including spelling errors, punctuation errors, and grammar errors. Likewise Auditory Processing Disorder not only covers the elements of the ear but also covers the neurological and signal impulse elements of the Broca

Individuals with cerebral palsy are known to have neurological damage due to the fact that one or more cranial plate is pinched or off set, along with TMJ displacement. The disruptions of neurons and the body's natural electrical current flow which travels throughout the brain and up and down the spinal column create minute electronic signals that are used to stimulate motor skill function throughout the body. These electrical currents in the brain can affect the processing of the Broca development of either synonyms, homophones or both depending on the placement of nerve dysfunction and electric signal impulse build.

Ears:

We all know that our ears provide us with the ability to hear the sounds and joys of life. This is everything from being able to hear the composition of music to the aide in distinguishing the songs of various birds and being able to hear the wind as it passes through the trees. All too often, we take our senses for granite, until we loose them or have lessened capabilities in using them. Then and only then do we realize what we have lost or are loosing.

Many times, due to traumatic brain injuries or do to the birth process, when the head is squeezed, or when the brain is rattled to the point that the nerves and receptors that interact with the ability to hear is damaged or is severely affected. The Eustachian tube/auditory tubes are the tubes that link the pharynx, which is part of the back portion of the throat, to the middle ear. In adults, this tube is approximately 35mm long. More often than not the Eustachian tube is closed, however it can open from time to time to allow a small amount of air to pass through. This is done to equalize the pressure build up between the middle ear and the surrounding outside atmosphere. We see this happen when we go over the hills, mountains, or when we are on a plane. The altitude and atmospheric pressure upon the head causes increased tension upon the brain. In most cases, a simple yawn or a stretching of the earlobe pulls/stretches on the muscles in the neck allowing this passageway to open just long enough to generate an inner ear pop and release the trapped pressure that is building up. Sometimes this pressure builds too quickly and causes

the development of headaches. All of us have experienced this effect in our lives and sometimes some of us on a daily basis. Now imagine a child or anyone for that matter whose Eustachian tubes are stuck or swollen shut. Thereby being unable to decrease and relieve the pressure that is building up in the cranium. This pressure build up applies direct pressure upon the nerves that are associated with the ears ability to process sound, pinching them off and thereby decreasing the functional capabilities of the eardrum. Without the Eustachian tube airway, the middle ear becomes isolated from the surrounding atmospheric pressure, because of this isolation the ear is more acceptable to damage caused by the pressure changes, which cause a build up of pressure in the cranium/head.

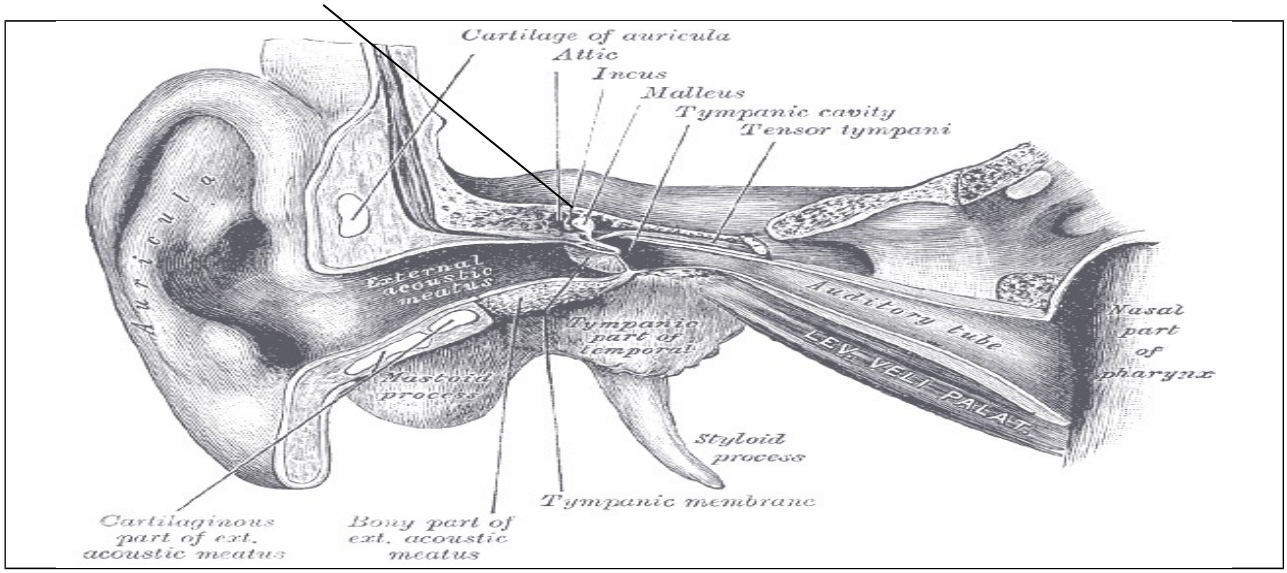
It is also well to point out the Eustachian tube also works to drain out mucus, which can take the form of earwax, from the middle ear. When we get water in our ears, swimmers ear, or even reactions to fevers and allergies as well as change in altitude can all lead to and cause the Eustachian tubes to become swollen. When this occurs, proper drainage ceases to exist thus trapping the mucus/ear wax and causes an excess of this substance to build up and become infected. This infection then takes on the form of being a bacteria element and causes ear infections. Ear infections and earaches are more common in children because the Estuation tubes of a child are in more of a horizontal nature thereby restricting the flow of this fluid. Many children end up having a drainage tube put in to allow for proper flow of this fluid. The only problem is that the child will out grow those tubes and further surgical implementation will be needed to allow for the drainage of this fluid and more importantly to maintain hearing capabilities. Endonasal/nasal specific bypasses the need for his surgically implanted tube. It opens the Eustachian tubes just long enough to push the compacted build up out, which then drains back into the throat. This allows and restores hearing and has even aided in children being able to here sounds for the first time in there lives.

There are many ways to relieve fever and earaches; endonasal/nasal specific is just one of the ways of reliving the pressure that is generated from the swelling of the Estuation tube. Aspirin and the cleaning out of the ear with warm water have been common practices for many years. As a small child this author had many ear aches and received all kinds of treatments, and by all means the use of nasal specific/endonasal therapy was the most efficient and effective means of restoring hearing and reliving the excess pressure build up as well as reopening the Estuation tubes to allow proper secretion of mucus. At this point, let us further look at the development of

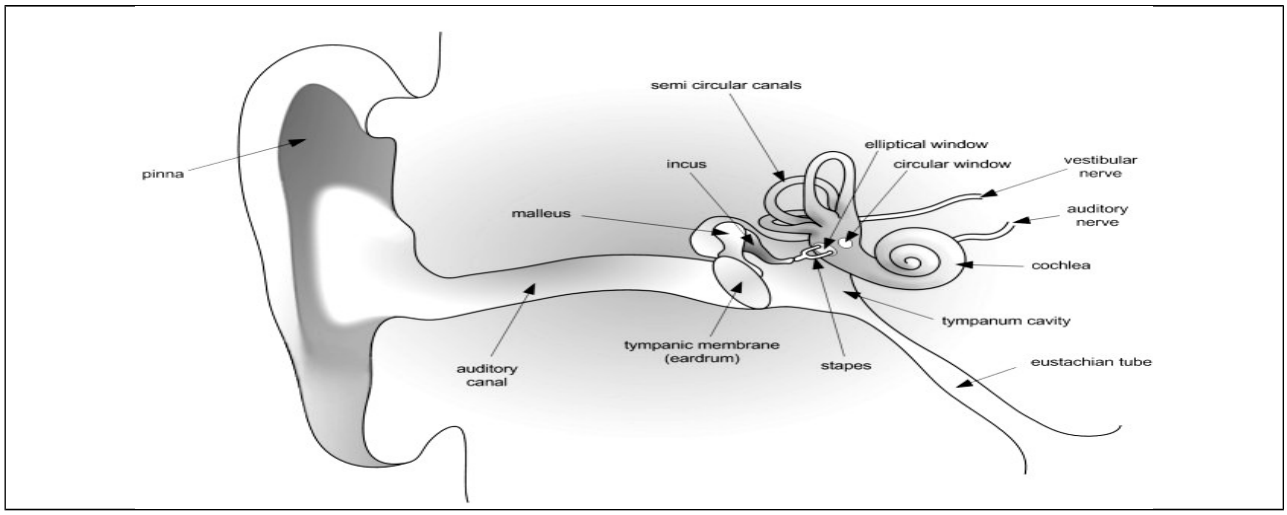
mucus. The brain conducts electoral pulses that are separate from the rhythmic pattern of the heart and is none related to the repertory-breathing pattern of the body. The brain conducts these pulses, expands and contracts, approximately every 10 to 14 times per minute. The fluid that surrounds and protects the brain acts as a cushion and as a protector. As the brain expands and contracts this fluid secrets and gets squeezed through the tiny pores in the bones as well as through many of the tiny tubes that are linked inside our head. These tubes are more predominantly noticeable in the ears, nose and eyes. When we have earwax, it is the result of the secretion of brain fluid. When it enters the Estuation tubes it takes on the form of mucus and when it is exposed to air, it hardens and takes on a crunchy texture or in the case of the ears a waxy feel. In the nose, this secretion of brain fluid is referred to as snot, and in the eyes, it has been referred to as crusties or sleepy eye, which is most noticeable when a person wakes in the morning. Another way to think about this process is to take a damp sponge and repeatedly squeeze it. The result is a secretion of the moisture that was housed in the sponge. The same is true for the brain. This is a normal process and the secretion of brain fluid/mucus out of the nose ears and eyes is predominately the only way for this excess used up fluid to escape. When the body is functioning at its peak or normally this secretion drains into the throat and down to the stomach where it is absorbed back into the body's system. The problem lies in cases where the body's optimum function is compromised. This results in improper drainage and causes the mucus to build up. This build up can lead to many alternative and diverse reactions but mainly it increases pressure upon the head. We first notice this pressure in the nose and in our ears. If the condition does not correct itself, it gets worse and increased pressure upon the head occurs, we see this in the form of headaches. This pressure then interacts with the surroundings around us, which take sounds, light, and atmospheric pressure all into account. All of these things combined together add stress upon the head. This added stress manifests itself in the form of pressure upon the brain as well as direct added tension/pressure upon the cranial nerves.

Not only does swollen or shut Eustachian tubes cause a build up of pressure but as well, the eighth cranial nerve, the *Vestibulocochlear Nerve*, may be hampered, pinched, or fragmented. In most cases, the vestibulocochler nerve is pinched due to pressure upon the head and cranial plates caused by birth trauma and by traumatic brain injuries that take place after birth.

Location of the Vestibulocochlear Nerve:



The vestibulocochlear nerve is also referred to as the auditory or acoustic nerve and is responsible for the transmission of sounds and in our ability to have balance (equilibrium). Even though balance is equalized by this nerve, other factors also contribute to ones balancing capabilities. Balance is also directly related/proportioned to the alignment of the spine and the curvature of the tailbone. If the tailbone is curved/bent too much it will throw the leg movement out of proportion and result in a swaying drunken man effect when the individual walks. This then puts strain upon the spine as the body sways back and forth in attempts to maintain balance when the individual walks. Many would say why walk or even try, you should just be in a wheel chair. This is reverse negative thinking and is detrimental to the person trying to walk as well it is detrimental to the body's ability to strengthen its legs, lower back muscles, and in its ability to heal itself. Add on visual perception in judging distance along with the vestibulocohlear nerve capabilities to maintain balance and the individual is faced with a great challenge of maintaining themselves during the act of walking. The vestibulocohlear nerve is also the primary transmitter of signals to and from the brain. The vestibulocochlear nerve is broken down into two strands, the first being the vestibular nerve and the second being the auditory nerve, which is connected directly to the eardrum. The seventh cranial nerve the facial nerve also provides sensory information to the ears.

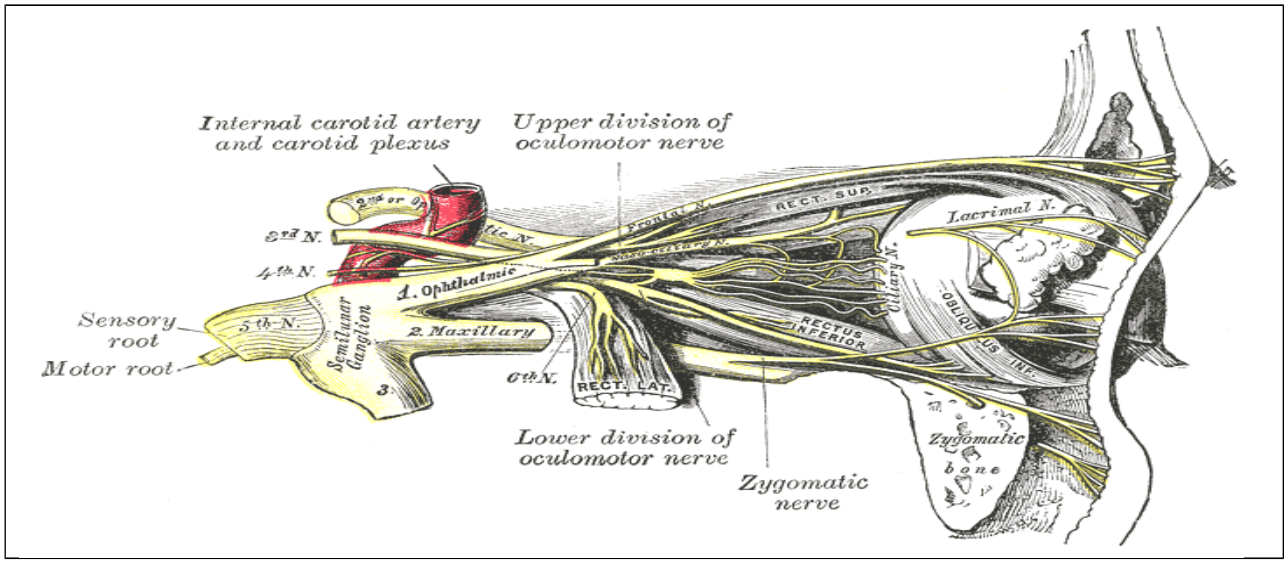


When the skull/cranium membrane/joints are compressed, the proper flow of cerebrospinal fluid cannot properly flow to the nerve endings. We see this in children, whose temple regions of their heads are compressed. In many of these children their, ability to hear is greatly reduced or non-existent. Likewise, when the Eustachian tubes are swollen or stuck it adds to the pressure that is placed upon the brain and upon the cranial nerves. Both of these factors combined together are the cause in most all cases of hearing loss. The added pressure upon the brain causes tension in the body; this tension then manifests itself in many various disabilitating forms and is detrimental to the body's well being. More often than not society is set up to treat the symptoms and not the cause; this is why there are hearing aids and cochlear implants. These devises and ideas although good and well intended do miss a critical factor, and that factor is working to unwind the tension that is stored and indeed trapped in the body. Nasal specific/endonasal therapy works to unwind this and release this tension by unlocking/adjusting the cranial plates and by opening up the Eustachian tubes at the same time. This is done so that proper drainage can be restored, pressure can be minimized and released, and for reestablishing, the links/fibers of the nerve endings function-ability, resulting in better balance and increased capabilities in hearing. The results of endonasal/nasal specific depend on how tight and how much pressure is upon the person's body. Results may not be all that noticeable at first but steady continuous therapeutic treatments have been documented as being able to unlock the pressure housed in the cranium and it has restored hearing to hundreds of people as well as allowed people/children the ability to hear sound for the first time. Even though this is a great practice, there are cases where endonasal/nasal specific will not be as effective. In such instances as permanent damage that takes on the form of severed nerve endings, punctured eardrums or the lack there of, being born with no eardrum. However in most cases there is room

for improvement in individuals with hearing loss, if nothing else endonasal/nasal specific will work towards unwinding the tension upon the brain allowing it to grow and making room from the nervous system to function more normally. Endonasal/nasal specific therapy is a powerful alternative method with incredible results in reliving tension and tension pain that is stored and housed in the cranium. This therapeutic treatment is a simple non-invasive means to initiate/jump start the drainage process necessary to open swollen and clogged Eustachian tubes and to restore proper drainage as well as works to restore hearing capabilities.

Eyes:

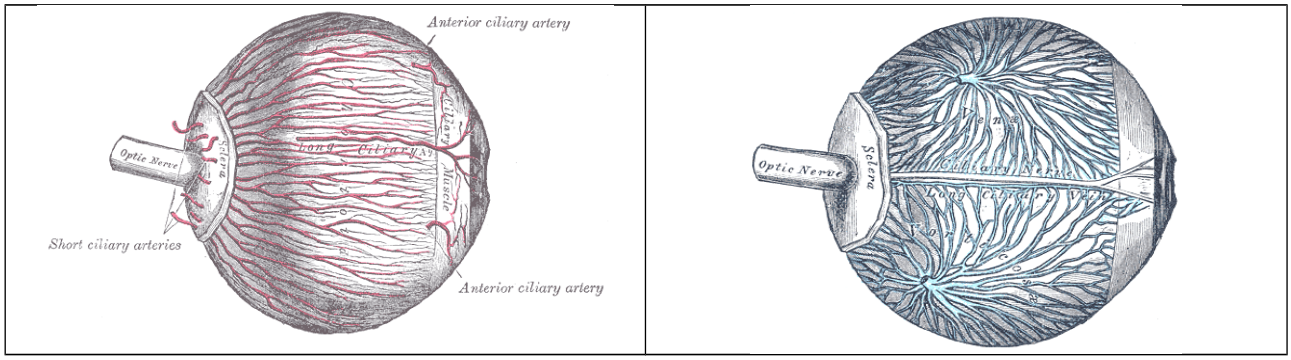
Much like our ears, the eyes play one of the primary roles in being able to identify and relate to the world around us. The eye is a complex and developed part of the human body and each individual's eyes reflect their outlook on the world around them. Some eyes take in more light, or see different patterns of colors or intensity of color. Some eyes see only black and white where others see a limited color scheme, commonly referred to as being colorblind. Yet other eyes have developed dysfunction in the layers that make up the eye or in fiber tissues that connect to the eye allowing the capabilities to intake and process vision. Many people with vision problems have damage connection fibers and nerves, as well as there are cases where the structure/lenses of the eye separate and fold in on themselves, which decreases visual capabilities and even results in blindness. Some vision problems can be surgically corrected and the fiber endings that are pulling away from the eye can be fused/ reattached.



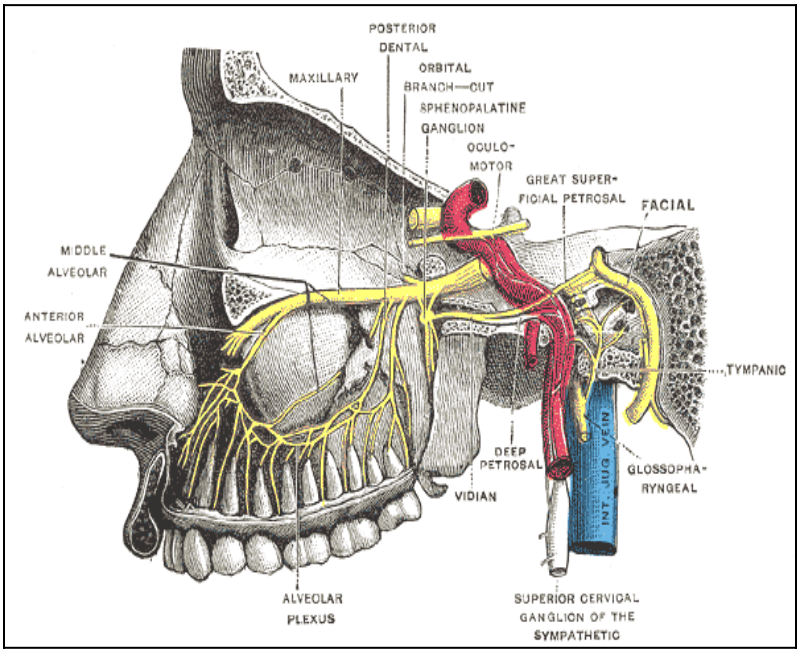
In some cases, the eye has been damaged beyond repair and appropriate steps are needed to train the individual to learn to cope and live in a world without sight. Yet, there is still another

element that goes unnoticed for the most part, this is the functioning state of the nerves that are associated with the eyes. The second cranial nerve, the Optic nerve, is primarily responsible for providing and transmitting visual information from the retina to the brain. In the diagram above we can point out the fifth cranial nerve, the trigeminal nerve, which

The diagram on the left illustrates the nerve fibers associated with the eye, and the diagram on the right shows the relation of the blood vessels that are associated with the eye.

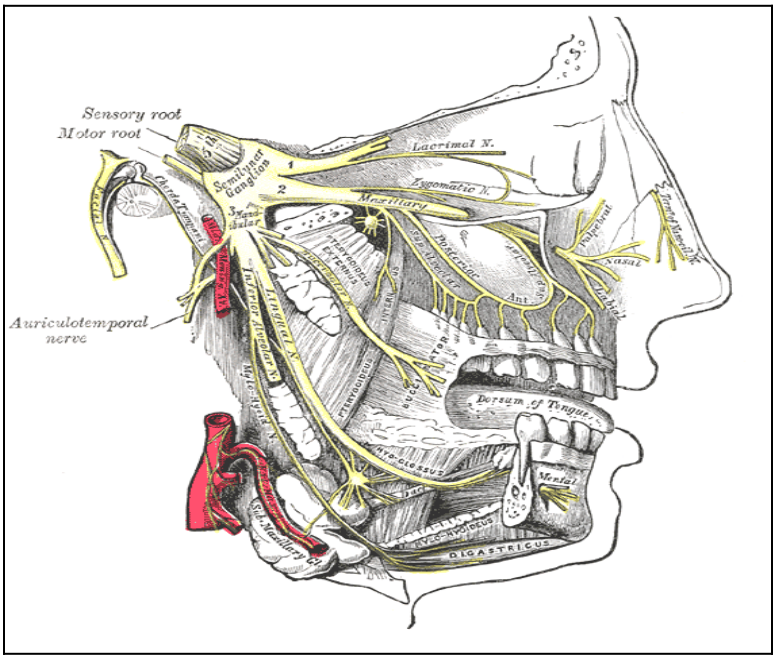


processes sensory information and encloses the motor root, which provides some of its function to the movement/rotation to the eye bulb. We also can point out that the fifth cranial nerve intertwines/intersects with the semilunar ganglion. The semilunar ganglion acts as a connection point where signals and fibers connect. From the semilunar ganglion, the fifth cranial nerve subdivides into three segments. The *oculomotor nerve*, which is responsible for eye movement and pupil dilation, is then further sub divided into various sensory fibers that reach into the eyebrow and control eyebrow movement. The *maxillary nerve* is a sensory nerve. The zygomatic nerve is a sub segment of this division and leads to further subdivided neuron fibers that connect to the various roots of ones teeth. The third is the *mandibular nerve* and its sub divisions reach down into the jaw and lower teeth as well as into the back of the throat and the chin.



The mandibular nerve also stretches out and wraps its way around the ear then branches off into

various sub divisions that reach deep into the neck and up into the sphenoid, temporal and upper portions of the parietal cranial plates.



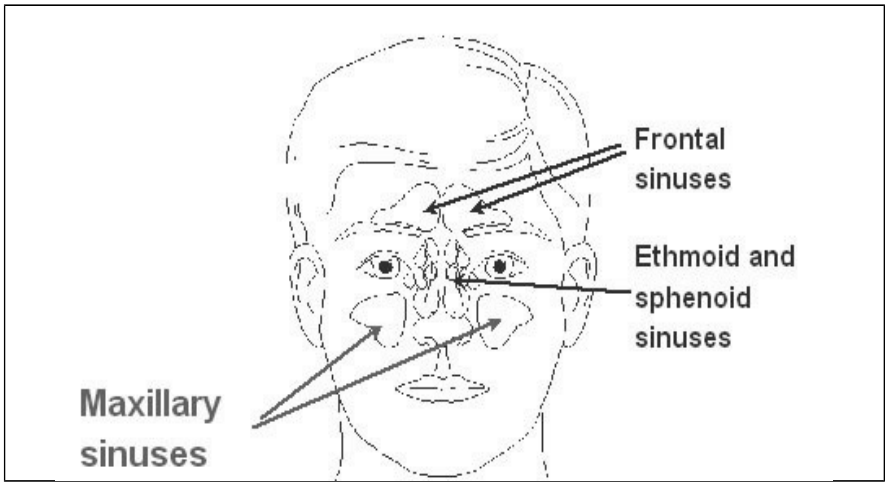
As with the ears, pressure that is built up and housed within the cranium directly effects ones ability to not only hear but also to see, and in the adequate ability to adjust visually to distance and perception capabilities when walking or stepping up and down. Such as in the case of a set of stairs or stepping on and off a curb. The cause of this tension upon the head is various and is primarily caused by the compression of the cranial plates, pinching the cranial nerves not allowing them to transmit the cerebrospinal fluid as well as send and receive neuron signals from and to the eyes. As well, the pulsating sensation of the brain adds to the combined pressure. In the developing child when the cranial plates are locked or misaligned this pressure is highly condensed and is primarily the cause of multiple dysfunctions in the developing body. The adjustment of the cranial plates releases some of this pressure that is housed and persistent upon the brain and its corresponding cranial nerves. The release of pressure allows for reestablished flow of neuron signals and may open up compressed/flattened nerve endings to restore function and feeling as well as restore vital fiber sensors that enable ones visual capability. When we look into the eyes of a child, we can see many things. When we look into the eyes of a child who has server disabilities we can see pain and we can also see that they are trying to reason and understand, and the frustration associated with the inability to do so. I do not expect the normal person to be able to comprehend or understand the concept I put forth here. What I do ask is that

you relate these ideas to some portion of your life and/or personal experiences. Then and only then will you be able to start to piece together this great puzzle that I lay before you.

Endonasal/nasal specific therapy may indeed be able to unlock sections of visual dysfunction, thus being able to restore sight or allow visual capabilities for the very first time. Individuals/children who can see a light spectrum have the greatest possibilities for improvement. There is also hope for other children with visual dysfunction/blindness. As always, endonasal/nasal specific is a process of unlocking the tension that is stored in the cranium and depending on how much pressure is housed will depend on the ability to unlock, more often than not over time. It is well to point out that every person has the abilities to improve, but the level of improvement does very from person to person. Those individuals in the world who have both hearing and visual impairments being labeled as deaf-blind have little hope for the future. Many do not live to adulthood and yet others have a fuller life. Either way these individuals/children have nothing to loose by having endonasal/nasal specific therapy preformed on them. There is a slim but fair chance that nasal specific may work just enough to allow for longevity in the individuals life expectancy as well as work towards unwinding the tension that is housed in the cranium and there is a chance, even though small, that these individuals will be able at some point regain hearing and sight, many for the first time.

Sinuses:

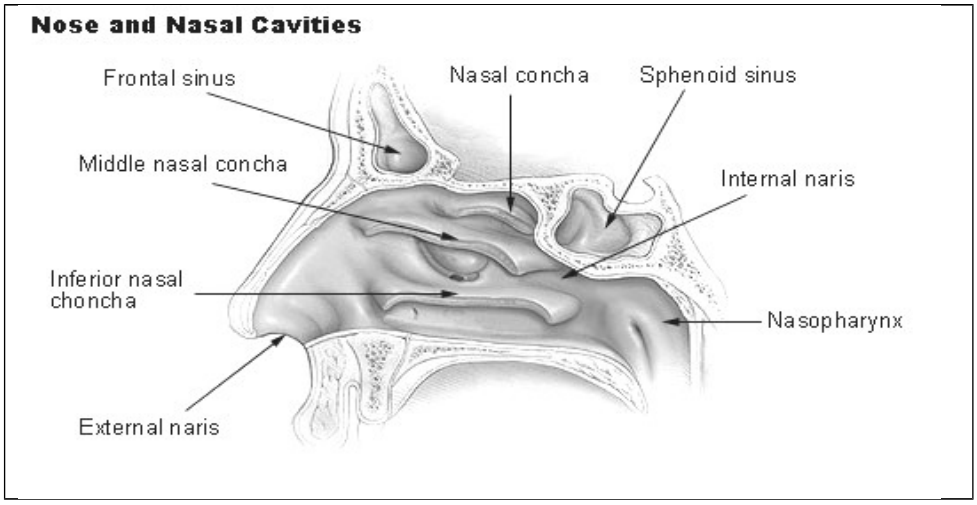
The design and framework of the nose is comprised of bone and cartilage. There are two small nasal bones that are considered to be extensions of the maxillae form, the bone that makes up the structure around the nose and the bridge of the nose, which is referred to as the nasal bones. The remainder of the nose structure is cartilage/flexible tissue and is considered the flexible portion



of the nose as well as acts as a bumper zone in protecting the cranium from soft to mild impacts, such as in the case of bumping our nose. There are four predominate sinuses housed inside the nasal cavity, they are the frontal sinus, the ethmoid sinus, the sphenoid sinus, and the maxillary sinus. Each of these sinuses has a very small opening through which mucus/brain fluid can drain. This secretion of mucus is a normal function and it moistens the nasal and sinus passageways as well as protects and stops/collects dust, bacteria, and pollen from entering the interior of the sinuses as well as into the brain and body, thereby keeping the structure (the body) healthy and free from disease. Our sinuses are the key to the respiratory and breathing capabilities of the entire body and its well-being. It is true that sinus problems affect many individuals. It is also well to point out when looking for facial deviations and imbalance that may represent some signs of stress, pinned up tension on the body, look at the nose. We look for nostril deviations and asymmetries, such as if one nostril is larger than the other and if the nostril openings are small or large. Many times a person with smaller nostrils will also resonate a higher pitched voice that at times represents and reflects a nasally sound. A growing child's sinuses are not fully developed until approximately 20 years of age. The nasal cavity that is located behind the cheek and the nasal cavity located between the eyes, the ethmoid sinus are noticeable at birth. Inflammation from allergies, fever, bacterial, viral, fungal, and chemicals can all add to and cause the membranes in the nose to swell and causes the sinus openings to narrow.

This then prohibits the normal flow and secretion of mucus from the brain. When this happens proper and functional respiratory, function is limited/decreased. With the build up of mucus/snot, it also adds increased pressure upon the sinuses and gives us the feeling of a stuffy nose as well as the feeling of an inflated pressurized head. This added pressure will place extra pressure upon the functional capabilities of the brain as well as added pressure upon the blood vessels and upon the cranium nerves. Many times, we notice this pressure as blood is being pumped through the cranium blood vessels and it is noticeable with the brains natural rhythmic movements as well. Many times this leads to the development of headaches and in some cases migraines. What is not commonly known is that proper respiratory function and proper sinus drainage is essential for the well being and functional capabilities of the body as a whole. When the sinus cavities swell or become clogged with mucus it limits the intake of air, thus depriving the body and the brain of an adequate supply of oxygen. As well, the decreased capabilities of respiratory function directly affect the vomer bone. The vomer bone articulates with the rhythmic pattern of ones breathing. The vomer also then works hand in hand in stimulation and articulation of the sphenoid bone. Cradled along the inside of the sphenoid bone is the master gland that feeds the nervous system, and without proper articulation/rocking motion of the sphenoid bone the master gland is limited in its ability to supply its cerebrospinal fluid to the brain, which then sends it through the central nervous system and into and throughout the spinal column. The master gland that houses this vital fluid relies on the articulation motion of the sphenoid bone to be able to pump the lubricant into the brain and the brain with its electronic pulse then distributes it throughout the body. Decreased flow of cerebrospinal fluid has a direct impact on the nervous system and the effect of lubrication of the entire body. When these nerves and neuron fibers cease to receive the proper level of cerebrospinal fluid the body starts to ache, this being the reason why one feels achy when they are sick or have head stuffiness. At this point, the body is trying to tighten up and work against its normal/natural flow and designed. It is common that when we start to ache we decrease mobility, which then directly affects the blood flow in the body, in the legs, and the body then starts to tighten up. The muscles of the body as well as limits function to the bodies organs, such as the bladder and the intestines become less operative. In the normal person this is communally referred to as being sick, but it is a good indicator what a person, a child with a disability or a child with cerebral palsy is going through. Therein, the body is trying to tighten and work against itself. In people and children with disabilities this tension and pressure goes unknown by them because they know no difference in their well being and in many cases, decreased neurological sensory feeling is the reason why

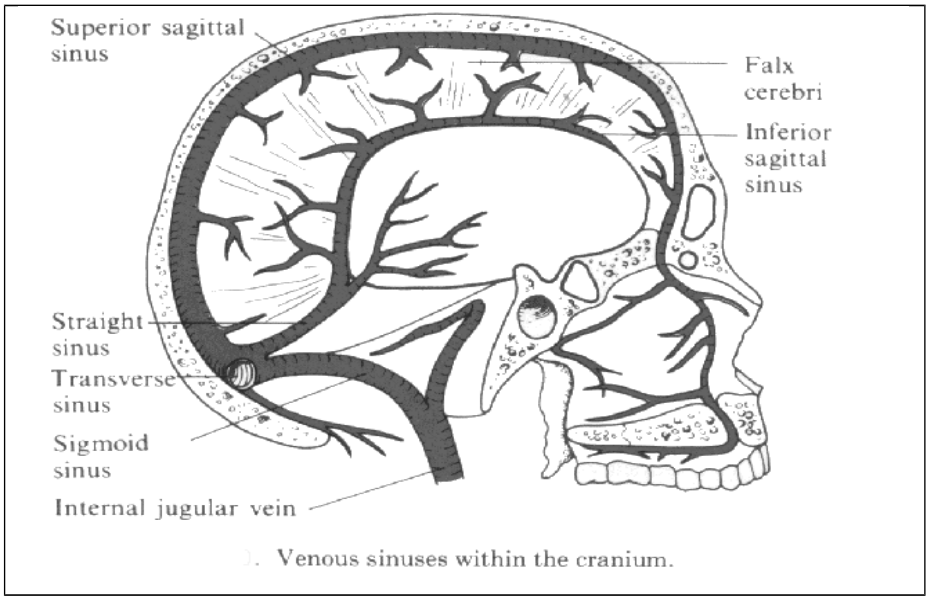
they do not know that anything is wrong. However, those of you who do have normal nerve function can better understand what these people are going through and now you can move forward in helping them relieve the tension and pressure that is housed in their spine and cranium so that they to can live fuller and richer lives.



The sinuses are primarily cavities within the bone structure that allow for brain fluid/mucus to drain and ooze out through small pore shaped holes and into the back of the throat. These sinus cavities within the skeletal bones are connected to the nose through small tunnels/tubes that are no bigger than the head of a sewing pin. Blockage of these tubes/tunnels adds increased pressure upon the nose and sinuses and causes headaches and facial pain, mainly in the cheekbone region. When these tubes become clogged, with mucus it leads to a back build up of mucus as well as the ideal breeding ground for bacteria due to the accepted idea that the nose warms, filters, and moistens the air that it takes in. Allergies and fevers create swelling in the lymph nodes/membranes of the nose, the result is swelling of these structures, and it usually limits the natural capabilities of being able to efficiently clear out the mucus and bacteria from the sinus cavity. Prolonged nasal blockages will lead to adverse effects in the growth of the developing child. This tension could lead to a variety of slow developing dysfunctions and can be one of the causes of misaligned teeth formation, as well as increased pressure and tension upon the cranium and on the cranium nerves. The maxillary sinus can cause added pressurized pain and discomfort to the maxillary regions that include frontal headaches and toothaches. Frontal sinus pressure leads to discomfort and pain in the frontal regions including the cheekbones and also takes on the form of frontal headaches. Ethmoid sinus pressure causes discomfort and pain between the eyes and in the frontal regions of the face.

It is well to point out that the sinuses are not just contained to the facial portions of the head but also indeed do reach and encompass the entire cranium. Paranasal sinuses are air-filled cavities that are located throughout the frontal, maxillae, sphenoid, and the ethmoid bones, more communally and noticed as the various shaped pours within the bones themselves. These sinuses encompass, surround, and open into the nasal cavity where air intake is present. The paranasal sinuses acts as a regulator of pressure and also functions as the regulator that reduces the weight of the skull and the brain housed within. The paranasal sinus functions to secrete mucus/brain fluid, and to influence the vocal quality by acting as one of the bodies resonating chambers.

There are a hand full of sinus cavities, tinny tubes, which run throughout the cranium and intersect or end up in the major veins of the skull. These inner-housed sinus cavities provide trace amounts of air intake needed to stimulate and refreshes not only the blood supply but also helps keep the cognitive tissue of the brain healthy and active, this is referred to as oxygenation. The *superior sagittal sinus*, which is also referred to as the superior longitudinal sinus, which occupies and is attached to the convex margin. The superior sagittal sinus connects through the formamen cecum/frontal bone and

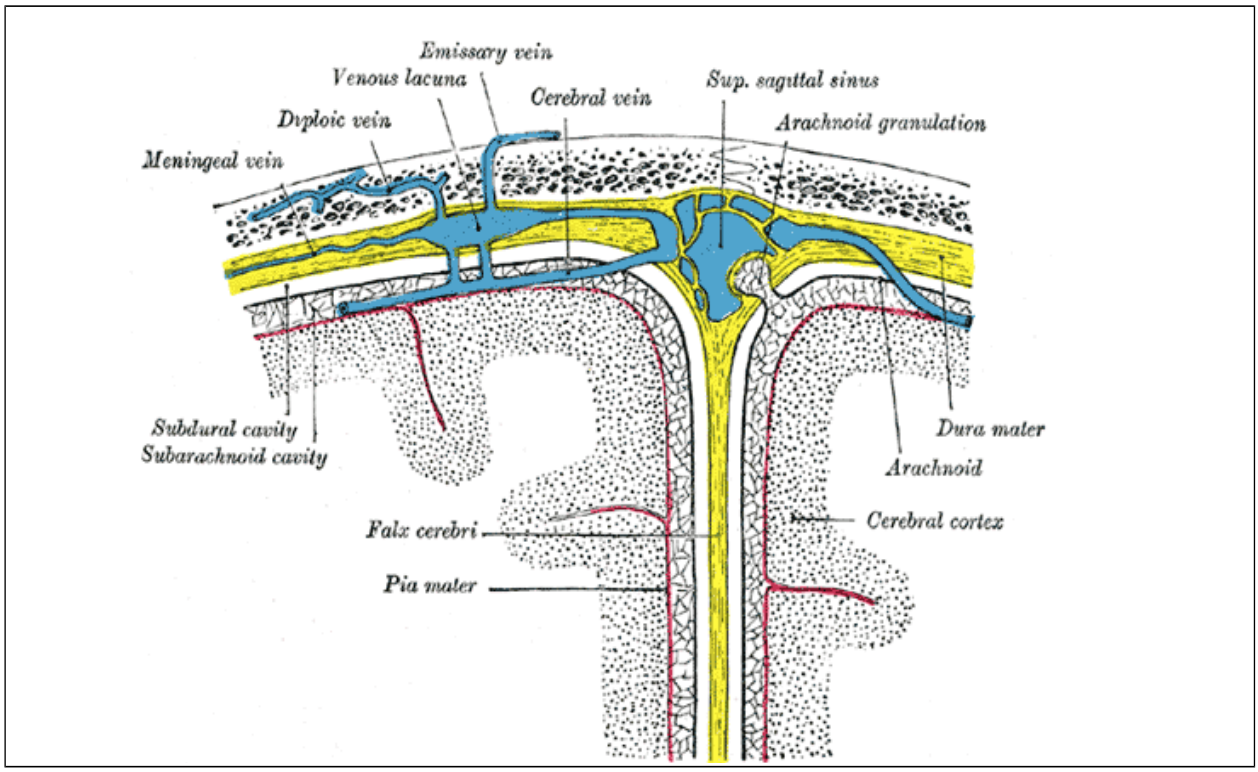


. Venous sinuses within the cranium.

receives a vein from the nasal cavity. It then runs along the inside grooves of the frontal cranial plate and works its way towards the back of the head passing along the inside of the parietal cranial plates and the superior divisions of the cruciate eminence, which is the ridge that divides the occiputal cranial plate into four regions. It then diverts to one side or the other and then continues as the T*ransverse Sinus*. The superior sagittal sinus is triangular in design, narrow in

the frontal cranial plate and gradually increases in size as it passes back toward the occipital. The inner surface of the superior sagittal sinus that are closest to the structure of the brain connects with the superior cerebral veins. The superior sagittal sinus and the superior cerebral veins are connected by numerous fiber folds/bands that extend across the superior sinus. As well, the superior sinus receives the superior cerebral veins through and from the diploe, the thin layer of tissue that is on the inside of the cranium walls, and from the dura mater, the outermost layer that protects the brain.

The *Inferior Sagittal Sinus* is also referred to as the inferior longitudinal sinus. It travels along the inside border of the flax cerebri. It receives blood from the cerebral hemispheres and along its path merges into the straight sinus.



The *Straight Sinus* is also referred to as the tentorial sinus and is located at the line point/junction of the flax cerebri, which is a strong, arched fold located in the dura mater, and with the tentorium cerebelli, which is an extension of the dura mater that separates the cerebellum from the inner portion of the occipital lobes. The straight sinus is triangular in shape and increases in size, as it makes its way backwards. From the end of the inferior sagittal sinus, it continues as the left transverse sinus and has a communication connection intersection referred to as the confluence of the sinuses. The confluence of the sinuses is where the superior sinus, the straight

sinus, and the occipital sinus connect together. This intersection is located on the inside of the occipital protuberance of the skull the occipital protuberance being the raised section that divides the occipital cranial plate into its four regions. The intersections main and primary function is to drain blood into the left and right transverse sinuses. The straight sinus also receives the great cerebral vein, which is one of the larger blood vessels of the skull, and the superior cerebellar veins, which act as the supplier of nutrients to the vermus portion of the brain.

The S*igmoid Sinus* begins beneath the temporal cranial plate region and follows joint connections to the jugular, where the sigmoid intersects and becomes part of the internal jugular vein.

The *Transverse Sinuses* are also known as the lateral sinuses. They begin at the internal occipital region and are the direct link and communicator to the superior sagittal sinus and to the straight sinus. The transverse sinus passes laterally forward to the base of the petrous portion of the temporal bone. The petrous portion is pyramid in shape and is wedged in at the base of the skull between the sphenoid and occipital cranial plates. In the petrous portion of the temporal bone the transverse sinuses is attached to the tentorium cerebelli, which is an extension of the dura matter that separates the cerebellum from the inner portion of the occipital lobes. From here the transverse sinuses leaves the petrous portion and curves downward toward the jugular foramen, where it enters into the internal jugular vain. In the course of travel, the transverse rests along side the mastoid part of the temporal cranial plate, on the mastoid angle of the parietal cranial plate, and on the squama portion of the occipital plate. The transverse sinuses are usually unequal in size, the interesting points that connect to the superior sinus increase in size as it moves from the back forward. The transverse sinuses function is to receive blood from the superior petrosal sinuses at the intersection point of the petrous portion of the temporal cranial plate. Communications to the veins are transmitted through the mastoids, the part that makes up the posterior part of the temporal bone, and via the condyloid emissary veins. The condyloid emissary veins drain the inner cranial venous sinuses to veins on the outside of the cranial housing/structure. The condyloid emissary veins also act as valves, allowing blood to flow into the cranium structure of the skull as well as making it possible for the transmission of outward cranial infection, infections that are on the outside of the cranial wall, to access into the intracranial structure. The transverse sinuses also receive some of the inferior cerebellar veins, as well as some of the veins that emerge through the diploe, the thin layer of tissue that is on the

inside of the cranium walls. When present the petrosquamous sinus runs backwards along the squama junctions and the petrous temporal junctions, these petrosquamous sinuses then open into the transverse sinus.

The flow and transformation of oxygen into the cranial sinuses provides the brain and the body stimulation and refreshes the blood supply so that the body structure as a whole continues to operate smoothly and effectively. When there is clogged pores or clogged sinuses resulting from improper flow and drainage of mucus/brain fluid it adds and stresses the inner sinus cavities throughout the head. This stress then adds and manifests itself in pressure and directly affects the blood flow and proper drainage of the blood off of the brain. It also then hinders the flow of blood back out of the internal jugular vain. It can be approximated that the lack of proper stimulation in the internal cavity sinuses may indeed lead to stagnant blood supplies that in turn manifest themselves in the forms of clots. These formations of blood clots in the cranium result in strokes, miss firing of brain signals in relation to neurological impulses, and can cause and lead to various aspects of Alzheimer's and brain deficiency/injury. Add to this the tension of the cranial plates being miss-placed or locked and there is direct added pressure applied to the brain. No single effect upon the cranium will have profound compilations, however everything works hand in hand and what effect one aspect or region will have a direct or an indirect impact in a disabling formation/effect upon the body's structure. Without proper respiratory, function to stimulate the master gland and to stimulate the inertial sinuses and blood flow, then the nervous system suffers a lack of sufficient lubrication and supply. If the brain is having difficulties sending and receiving neurological impulse signals to and from the central nervous system then various dysfunctions will eventually show themselves.

Endonasal balloon therapy/nasal specific therapy is the only means of being able to deliver a controlled applied adjustment to the nasal and sinuses passageways. As well, it is the only way to correctly and properly adjust the cranial faults, the joints/membrane's, to allow the cranial plates to release their tension. Thereby, releasing tension on the nervous system, sinuses, and to the blood supply, allowing the brain to expand and contract with ease. This also allows the brain to properly grow without limitation or adverse pressure. Endonasal/nasal specific also realigns the cranial plates back to their original design. This therapy also has a direct impact on the spinal column/brainstem. Once the pressure is released on the cranium specifically the sphenoid and the occipital cranium plates it likewise releases the pressure that is built up in the spinal

column and in the brainstem. This release of pressure will further stimulate the nervous system and further enhance the abilities of the body's inner organs and limbs, restoring mobility and feeling. The simple inflation of a finger cot/balloon into the three nasal passageways and protruded out into the upper back of the throat is the most reliable, controlled technique and in many cases surpasses medically controlled drugs and operations in offering life long permanent changes to the structure of the disfunctioning body. Each time endonasal/nasal specific technique is used it unlocks a portion of the tension that is stored and presenting pressure upon the body. Over time and with regular treatments the body will indeed unwind and return to a functional state.

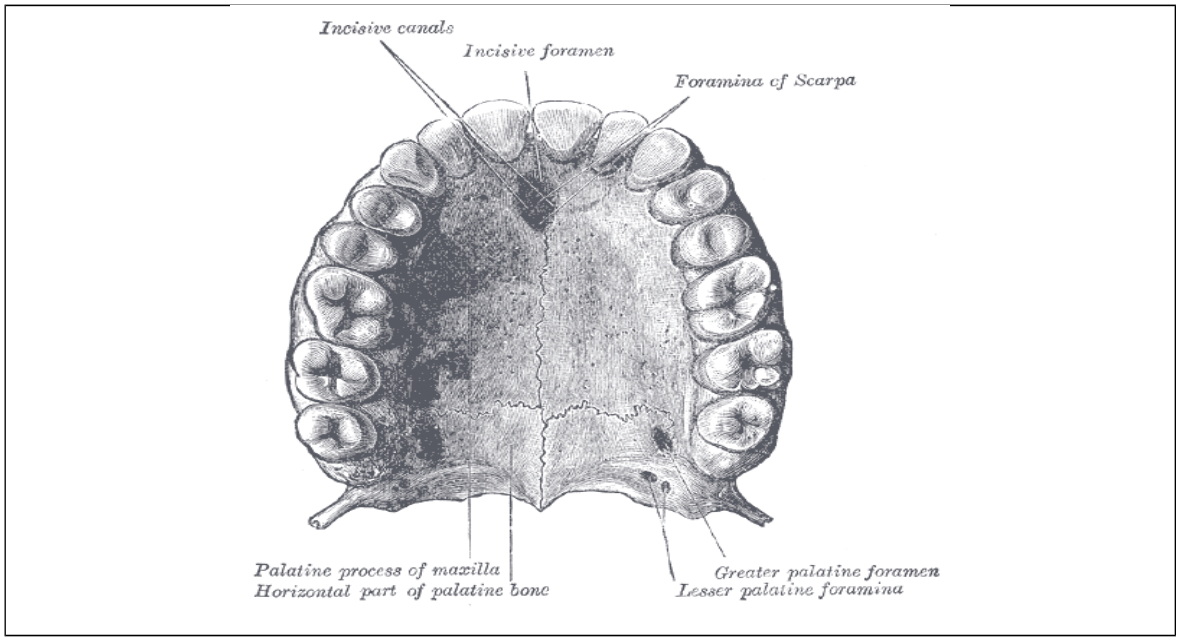
Adjustments to the sinuses will allow a full spectrum of enhancements, including clearing out the sinuses from clogged mucus build up as well as being able to aid in the release of headaches and assist those with allergies. It also reverses the effects of the following listed conditions below.

There are a handful of symptoms that are associated with sinus blockage they are as follows.

- Bad Breath
- Bad taste in mouth
- Congestion
- Facial pain,
- Fatigue
- Discolored mucus from the nose (yellow/green)
- Discolored post-nasal drainage
- Headache
- Loss of smell and taste
- Nasal obstruction/blockage
- Pressure/tension
- Sore upper teeth
- Temperature or shivers
- Tiredness

Teeth:

Our teeth provide us with the means of chewing up and grinding our food so that it is easier for the stomach to digest. Sometimes the teeth in our mouth become miss proportioned and start to grow in adverse directions. The front teeth may start to move outward resulting in buckteeth and the spacing between our teeth may become compressed leading to what is commonly referred to as a compressed row of teeth. The reason why our teeth start to crowd or miss align is simply do to the fact that increased pressure is presenting itself upon the facial cranial bones. The teeth are under, at times, light or tremendous amounts of pressure. To adjust for this they move in directions that will



allow them to continually move away from this pressure, much like a plant or tree growing towards the sun. This pressure is caused by cranial plate compressions and subluxations that leads to adverse nerve pressure. These subluxations can easily come from a fall or a jar to the body as well as adverse pressure from a head injury, or the natural growing body's inability to properly adjust and make room for improvement as a child goes from childhood to adulthood. The cranial plate misalignment also affects the development and the placement of the jawbones, and vice versa. The jawbones when miss aligned will result in direct pressure upon the temporal region and on the sphenoid bone. Traditionally braces are used to realign teeth back to their original design and for proper alignment. However, it is well to point out here that applied pressure of braces no

matter how light and the applied pressure of other dental devices contributes and adds to the tension/pressure that is already exerted upon the cranium. This then causes the body to continue to wind and tighten causing at first small amounts of stress that later in life manifest themselves as health problems and a varying degree of dysfunction. There are a handful of dentists that refer to themselves as holistic practitioners that are currently using endonasal/nasal specific as an alternative means to braces. The use of endonasal/nasal specific allows the cranial and facial bones to realign and reposition to a more natural shape. It also releases the pinned up tension upon the cranium as well as stimulates the nervous system, allowing the jawbones to realign and relive's the pressure that has been exerted on the teeth and the nerves in the jawbones and teeth there by shifting and unlocking the tension that has been building up on the teeth. The roof and the floor of the mouth are made up of bones; these bones as illustrated in the diagram above have faults running through them. If these faults are compressed then the teeth will tend to tighten. After the use of endonasal/nasal specific therapy, these fine faults are once again opened, allowing the nerve endings that run through them to regain signal impulse as well as it works towards realignment of the teeth into their original position. Usually after treatment, the gums may feel a bit tender, this is a common felt effect and it is a positive one because it lets us know that the tension on our jawbone and upon our teeth has been released. There have been cases when applied dental pressure has been so great that it locked the jaw, has bruised the neck, via compressing the nerve fiber endings, and in extreme cases has put people into a comma status. After a couple sessions of endonasal/nasal specific this tension and locked jaw was released, as well the induced comma brought about by the dental work was reversed and the individual involved woke up. [1, 11, 14, 15, 23]