

~Chapter 7 History and Background~

In understanding the importance of this therapeutic technique, it is also well to point out where its origins came from. The exact moment and orientation of where endonasal/nasal specific came from is clouded in mystery. Some say it was brought about in the mid 1930's, still others say it was born out of experiment and exploration, and yet still others have mentioned that the technique was developed overseas. In theory, it can be stated that the process and development of endonasal/nasal specific has been around for many years, and maybe, just maybe, it has been around for centuries. Forgotten for a time and reintroduced into the world at a later time, as such are the things and ideas of so many of our practices and things we know. However, for arguments sake let us look at this from the Western perspective and shed some light on the origins and the development of Bilateral Nasal Specific.

Andrew Taylor Still was born in Virginia in 1828; he was an engineer by trade and an army surgeon during the American Civil War. It is believed that Still was discouraged with the medical means available and at that time was not at all pleased with the shortfalls in its primitive drugging practices, and hacking/drilling surgeries. It is believed that Still was driven by the deaths of three of his children, who died from spinal meningitis, to find more effective and humane ways of dealing with individuals who were dealing with medical problems. The outcome of Stills research and study was the known birth of the study of Osteopathy. In his book, Still describes the study of Osteopathy as the *“scientific knowledge of anatomy and physiology in the hands of a person of intelligence and skill who can apply that knowledge to the use of people who are sick or wounded by strains, shocks, falls, or mechanical derangement or injury of any kind to the body.”* Today Osteopathy is refereed to as *“a system of medical practices based on a theory that diseases are due chiefly to loss of structural integrity which can be restored by manipulation of the parts supplemented by therapeutic measures.”* [30] Osteopathy is in itself a study and a system of diagnoses and treatments that work with the body's structure to help correct dysfunction. Variations and dysfunction in the body can then cause various nerves system disorders that manifest themselves in various forms and in different locations throughout the body. We know that Osteopathy is the massaging of the back, muscles, and skull, thereby reliving built up tensions and stimulating the nervous system. This stimulation then relaxes tense muscles and allows the body to relax. For

our purposes here in this study we focus on what is referred to as Cranio Osteopathy. Cranio Osteopathy has been refined over the years and is a gentle type of hands on osteopathic treatment, which works with and enhances the cranial plates by working with the pressure points to release the stress and tensions that are built up upon the skull. In more recent years, this technique has been referred to as cranosacral therapy. Therein: cranio, referring to the head and sacral referring to the base of the spine. The cranosacral system includes and takes into account the spinal cord, the cerebrospinal fluid, meninges (the membranes of the skull and spinal cord), and the various bones of the spine and skull. It is also well to note that cranosacral therapy is also referred to at times as craniopathy.

William Garner Sutherland studied Andrew Stills work intensely. Sutherland took it on himself to disprove the current widely believed theory of a motionless skull to be irrelevant. The idea and concepts that the bones in the skull fuse together in early childhood originated out of a paper written in 1873, referred to as the “Munro-Kellie Doctrine.” The study and practice of Phrenology was the first western idealistic system to embrace the idea that there were indeed mental functions associated with different parts of the brain. In 1896, Joseph Gall an Austrian physician, theorized and determined the brain sinterialization by working under the ideals that “The skull takes the shape from the brain”. In 1929, Dr. William Sutherland’s studies and observation of the structure of the skull lead him to ideals that the actual cranial bones of the skull are made up and determines the shape and function of the brain. He also theorized that the bones of the skull move ever so slightly, which was a different take on the previously theorized and excepted idea that the cranial plates fuse together. This theory was not scientifically proven until the mid 1970’s, when the use of newly developed x-ray equipment showed this to be the case. William Sutherland set out to prove and reinforce that there was indeed movement in the structure of the skull and that the cranial bones actually work, flex, and articulate with each other. At the same time, he went on to show that there is involuntary movement between the tissues of the body. This movement includes the brain, spinal cord, pelvic bone, and the arms and legs. William Sutherland was a student at the American School for Osteopathy in Kirksville, Missouri, and through his study, Sutherland was able to formulate the ideas that the cranium was indeed capable of primary respiratory function and indeed relatively argued as the key component to health

in the body. His research led to the ideas that when the head is damaged it puts direct force/pressure upon the collective tissues of the skull and neck, thus the trauma causes the dual matter of the body to become bruised, and at times twisted. Under this cause, the compression of this matter ends up producing dysfunction and ill health throughout the body. Sutherland's research and work are the building blocks of what has become known as the Sacro-Occipital Technique, Craniopathy, Craniosacral Therapy, and Sutherland Osteopathy.

In 1929, Sutherland presented his findings and theories at a meeting of the American Osteopathic Association. This work was one of the soul key studies of the twentieth century. At the same time, there were others, who were also studying this effect. Nephi Cotton was one of these individuals and many credit him for coming up with the theory of cranial sacral therapy. It is argued that Cotton came up with the technique in the 1920's. His son Calvin Cotton went on record, as describing cranio osteopathy and craniopathy were undoubtedly the same thing. He went on to state that his father Nephi Cotton had his first official seminar on January 29, 1929, It would be eight months later on September 29, 1929 when Sutherland would release his findings. Due to this variation in what to call the Technique, in 1930 Major B DeJarnett an Osteopath renamed the technique to Sacro-Occipital Technique, S.O.T. DeJarnette taught and studied this practice until 1984.

Bilateral Nasal Specific was born and took shape out of Sacro-Occipital Technique, its exact time frame of development is not quite clear. In 1947, an individual by the name of Janse J. published the first known version describing the pressurized Nasal Specific Technique. In 1951 and again in 1954, Finnel FL published work that described the operation and function of the nasal balloon. It is at this point that the nasal balloon device was coined and given the name Nasal Specific as a means to associate and describe the technique. Nasal Specific/Bilateral Nasal Specific (BNS) uses finger cots, affixed/tied to a blood pressure bulb (a sphygmomanometer) to deliver an even and effective force of pressure. The finger cot portion of this device is inserted into the nasal passageways, and gently inflated for one to two seconds, and then the pressure built up in this finger cot is released. This pushes on the nasal walls clearing out accumulated mucus, and pushes its way through to the back of the upper throat, where it taps against

the tissue that is directly in front of the sphenoid bone. Prior to the use of the balloon device finger cots in the 1920's were inserted on the small finger of the hand and either inserted into the nose or through the mouth in attempts to adjust the cranium plates. This technique is still used today by traditionalists; however, the outcome is more intense and leaves the patient with longer periods of soreness. The practice and awareness of Bilateral Nasal Specific was further developed by Dr J. Richard Stober from the mid 1950's until his passing in 1988. It is well to note here that this author was one of Dr. Stober's patients during early childhood. Dr. Stober was based in Portland, Oregon USA, he taught the affect and practice of Bilateral Nasal Specific at both the Western States Chiropractic College and the National College of Naturopathic Medicine. Stober also practiced this technique at Dunn Chiropractic in McMinnville Oregon. This author has had the honor and the privilege of late to be a guest at Dunn Chiropractic, where Dr. Stober practiced. Dunn chiropractic is also where Dean Howell came to chat with Dr. Stober and asked him to come to his school and lecture. At this present time, Dr. George Siegfried practices at Dunn Chiropractic and is highly regarded by his fellow doctors, as well as being a traditionalist in the teachings of Dr. Stober.

One of Stober's students Dr. Dean Howell has taken the practice of Bilateral Nasal Specific to the next level and practices today using the same method as the base for his treatments. Howell has expanded upon this practice to make the patient more comfortable and relaxed during treatments. The results of which is easier on the patient and for the most seems to have a better all around balancing effect, mainly do to the tying together of various theories and practices, and utilizing them as one in his treatment process. Howell calls this Neuro Cranial Restructuring and he is based out of the state of Washington, USA.

For our purpose here and for understanding we refer to the use of the sphygmomanometer affixed with the finger cot. In the mid 1970's John Upleger and his research team at Michigan State University studied recently deceased individuals (fresh cadavers) using radio waves, electron microscopes, and the new cinematographic x-rays to prove the theories that the bones of the cranium actually do move. Out of these studies it was reinforced that when fusion of the cranial plates occurs it is a direct result from trauma. This trauma then interferes with normal joint mobility and nervous system function. This

is referred to as a pathological condition. Upledger, was able to prove through science, that the bones of the skull the cranial plates, move 100th of an inch and that they contained blood vessels, nerve fibers, and connective tissues. Out of his studies, Upledger was able to develop what is now referred to as Cranial Sacral Therapy. Upledger founded the Upledger institute and is given credit for finding what is referred to as the craniosacral pulse of the body. The energy that is stored and housed in the living being.
[2, 13, 16, 17, 89, 21]