

~Chapter 9 Symptoms That May be Improved/Cerebral Palsy~

The following is a list of dysfunctions that can be either eliminated or their effect greatly lessened with the use of Nasal Specific.

Accident Related	Guillain-Barre Syndrome
Allergies	Hearing Loss
Alzheimer's	Headaches
Anger	Indecision
Anxiety	Infant Colic
Appetite Changes	Irritability
Arthritis	Insomnia or Somnolence
Asthma	Learning Disabilities
Attention Deficit Disorder	Loss of Attention Span
Bad Breath	Loss of Mental Coordination
Birth Trauma	Loss of Smell
Biochemical Trauma	Loss of Visual Acuity
Bedwetting	Medical Procedures
Bi-polar Disorder	Mental Retardation
Bell's Palsy	Multiple Sclerosis
Cerebral Palsy	Muscular Dystrophy
Chronic Fatigue Syndrome	Muscular Systems Atrophy
Coma	Neck and Back Pain
Dental Pressure	Nervousness
Disorientation	Neurological Dysfunctions
Dizziness or Vertigo	Obsessive Compulsive Disorders
Dyslexia	Parkinson's Disease
Ear infections	Poor Memory/Memory Loss
Easily Frustrated	Reduction in the Ability to Read
Encephalitis (brain swelling) Confusion	Severe Emotional
Epilepsy	Sensitivity to Light and Sound
Falls	Sports Injuries
Fatigue	

Over the years I have had tremendous success with nasal specific some of the more notable long lasting effects that this has had include.

Ability to Speak	Hearing
Anxiety	Increased Energy
Attention Span	Increased Mental Capacity
Balance	Muscular Dexterity
Confusion	Muscular Response
Decrease in Headaches	Neck and Back Pain
Decrease in Indecision	Nervousness
Feeling throughout my body	Straightness of Teeth
Greater vocal capacity	Vision Enhancement

These have and are just a hand full of the benefit's that I have noticed over the years of treatment, and I am positive that there are many, many more.

Cerebral Palsy:

I would like to take this time and talk about a disability that is close to me and in fact is apart of whom this author is. Cerebral Paralysis (CP) was first identified by the English surgeon William Little back in the early 1860's. Dr. Little worked under the assumptions that asphyxia, which is a sever lack of oxygen during the birthing process was the cause of this dysfunction. In 1897, Sigmund Freud suggested that the difficult birth process was not the source and cause of this disorder but was only one of the effects on the development of the child. Research in the 1980's revealed that the lack of oxygen contributes only to a very small percentage to those children born with cerebral palsy. Cerebral palsy is a general term, an umbrella term if you would, for encompassing a group of non-progressive, and non-contagious neurological dysfunctional disabilities. Cerebral palsy causes physical disability in the human developmental process especially in the body's ability to conduct movement, correct posture, and in the ability to stand up straight. In developed countries, the probability of a child having this disorder is 2 to 2.5 % per 1000 live births. It is worth our time to mention that this statistic relatively has stayed the same over the past 60 plus years, neither increasing nor decreasing. Cerebral palsy can occur in three various ways. It can occur during the birth process, estimated around 5% of all documented cases. It can occur during the months of pregnancy, this is estimated to be around 75% of the time, and it can result from after birth trauma, which is about 15% of the time. In all regards over 80% of all cerebral palsy cases go unknown or are miss diagnosed. In the 15% plus cases that are identified we know that this disorder can be caused by sever head trauma, malnutrition, and from various infections. All of which play a critical role in the part of the developing child, in the womb, during pregnancy, as when the child may become stuck in the birth canal or against the mothers tailbone, and after birth, on the neurological scale. This disability is referenced as a motor function disability and in many cases but not always it is also accompanied with seizures, and lessened ability in communications, verbally and physically. All types of cerebral palsy are consistent with abnormal muscle tone, or the lack there of in the ability to conduct reflexes, and in the ability to have posture, or the ability to sit upright. There is a decrease in the sensory functions of the nervous system, perception in depth may be effected, and behavior in many cases is also effected on some scale. Small children and

babies show signs and symptoms in the way they maneuver around. Either their little bodies are too stiff, like a board, or they are overly floppy, due to lack of muscle tone. Sometimes birth defects are also associated with the signs of (CP), such as a smaller than normal jawbone, a smaller head, miss shaped spine, and compressed temple bone/cranial plates, that makes the head look like it has been placed in a vice, are all symptoms that can be attributed to the effect of cerebral palsy. The causes of cerebral palsy are not generally known, due to the broad spectrum that it covers. However, we can point out that some of these causes are related to the lack of oxygen, and the birth process, when the child is pushed through the birth canal do to contractions. This pressure on the head at times is enough to compact the cranial plates causing dysfunction in the nervous system. Other causes also include: premature birth, infections, improper diet, and fever in the mother before birth. Central nervous system infections that lead to various dysfunctions and extreme stress on the body that effects the neurons, such as extreme stress when the individual has a high temperature may lead into signs and variations of nerve dysfunction and thus leads to the development of cerebral palsy on any given level. Likewise during the birth process the use of forceps, suction devices, or turning of the child's head to the point that it pinches or twists the neck can lead to a variety of disabilities including (CP). It has been determined that the lack of oxygen is no longer the focal point in the development of (CP), although there is still a certain percentage of births where this is the case. The focus today is on the well-being of the mother and on various infections that the mother might have during a given pregnancy. These infections have a direct impact on the developing child's brain and take their form in varying levels of toxicity that are produced in response to fight the inflammatory infections. Premature babies are at a higher risk of contracting cerebral palsy do to the simple fact that their bodies have not yet fully developed. The lack of oxygen, blood, and cerebrospinal fluid, the fluid that feeds and lubricates the nervous system and assists in stimulation circulation on and in the brain is a major factor in this area. An important link and cause of cerebral palsy is *periventricular leukomalacia*, which is the death or dieing off of the white matter within the brain, which leads to a wide array of dysfunctions.

Cerebral palsy is not progressive, however, in many cases there may be other elements related and going on in the body's neurological system that may cause or seem to cause digression. For the most, cerebral palsy is what it is a non-progressive but yet

debilitating functional disorder. It is extremely crucial to point out that it is not a disease but it is an unrelated neurological formation. In most cases mainly due to extreme pressure on the developing child, either inside or outside of the womb. Secondary disabilities do form in many cases outside of the initial cerebral palsy diagnosis. They include such deformities as paralysis in the hips and hip dislocation. As well as scoliosis of the spine, or what is commonly referred to as the serpentine spine. Furthermore, even though there is no cure for this dysfunction there are means of limiting its effect upon the individual and over a period of time. If the individual with (CP) is worked with, they can improve dramatically and just may be able to live a fuller and richer life. This author knows this to be true because I myself have cerebral palsy.

The categorization of cerebral palsy is subdivided into four classifications. The reason why the term is subdivided is to identify with different impairments in movement, and in movement capability. These areas also encompass the ideals and areas of brain related damage. The four classifications are: Spastic, Athetoid, Ataxic, and Mixed forms of cerebral palsy. There are also other various forms of cerebral palsy however these four are the main categories and the focus of our study here.

Spastic:

Individuals that are associated with spastic (CP) have dysfunction and damage to their motor cortex, which is a part of the ability to properly move various muscles and organs. The corticospinal tract, are a collection of axon neurons that travel between the brain and the spinal cord. This affect occurs approximately 70% of the time in all documented cases. It is well to point out that spastic (CP) is further classified by the regions that it affects. These classifications are as follows. *Hemiplegia*, refers to one side of the body being affected. *Diplegia*, entails the lower extremities of the body including the lumbar area being effected more so than the upper regions of the body, and the *Quadriplegia*, which affects all four limbs of the body. In spastic formation, the muscle tone is either too high, resulting in excess muscle or in many cases, the muscles are too tight, and sometimes these muscles are generally permanently contracted. It takes a great deal of work and therapy to work with unlocking these muscles so that they do become functional or at least somewhat functional. Individuals with this form, usually have short jerky movements with limited mobility and in many cases have a difficult time of letting

go of objects in their hands. This is due to the inability to follow through with smooth muscle mobility, due to the fact that, their muscles are tight and due to the lack of nerve function. For instance, the neuron/fibers that control the muscle maybe damaged, severed, pinched off, or the cerebrospinal lubrication that feeds these fibers has failed, blocked, or dried up. Colder temperatures such as the winter months are difficult on individuals with spastic (CP). This is due to the fact, that the colder weather further aggravates the stiffness throughout the body, making movement even more difficult. Furthermore, excessive muscle tension can lead to, and can be quite painful, like a muscle cramp. That is, if the neurons are able to receive these pain signals and relate them to the brain. In many cases of individuals with (CP), there is also the loss of neuron pain sensory. That is, they may not be able to feel heat or cold, until it is too late or there may be inner organ dysfunction due to the lack of feeling. For this author this is true. All throughout my childhood, I could not feel the pain I was in, nor could I feel heat and cold, only extreme versions of the two. Likewise, my feet and right hand have lessened sensory and to this day, I still have areas in my lower back, in the lower lumbar, that cannot feel anything at all. This also has affected the internal organs of the body such as bladder and colon, but I have learned to listen to my body in these cases and have saved myself from many embarrassing circumstances, but not all.

There are three types of spastic (CP) the first includes *quadriplegia*, which involves all four limbs, both of the legs and arms, and in most cases these individuals are unable to stand or walk. The second, *diplegia* effects both of the lower limbs/legs but only to a cretin point, many individuals with this form have some use of there legs. The person usually uses a cane, walker, or crutches to get around. More often, when the individual does walk their legs bend in and form a crisscross pattern at the knees. This is referred to as the scissor walk or scissor legs, and it can be damaging to the hips and lower lumbar portions of the back. Even though this may be the case, the individual still needs to get up and move around so that they can continue to build muscles in their legs, keep blood circulation going, and stimulate the nervous system. The third type of spastic (CP) is *hemiplegia*. In this case only one side of the body is affected, we can see this more relevant in individuals who have had strokes and in those who have paralysis in one side of their body. It is also possible for this effect to crisscross. That is, the left arm may be ok but the right arm has paralysis, then in the legs the right leg may function fine and the

individual may drag their left foot. Such is the case in my being. It's not that I really drag my left foot, it's more of the case that I have difficulty picking up my toes. The heel can go down but the toes have difficulty coming up. In such a case as this, one ends up going through a lot of shoes, because, the individual wears out the toe and under sole portion of the shoe faster than normal. In roughly about 30% of all cases that involve the spastic form it has also been proven that it is accompanied with one or more of the other remaining types.

Ataxic:

Ataxic (CP) is the rarest type of all the four categories and only occurs with approximately 10% of all known diagnosed cases. Individuals with Ataxia version of (CP) have damage to their cerebellum. This damage then results in the form of the inability to have steady balance, and is most noticeable when the person is walking. It is very likely that these individuals have varying degrees of difficulty with visual perception or auditory processing of objects and distance that go hand in hand with gravitational lack of proper placement and body symmetric in the ability to balance. Some individuals who have ataxic (CP) also have low-muscle tone. In some of these case's the individual may also be associated with tremors, a constant light shaking of the hands, or in lower extremities, and are most prevalent when they utilize their finer motor skills, as in writing or when the individual grasps an object such as a fork or spoon.

Athetoid:

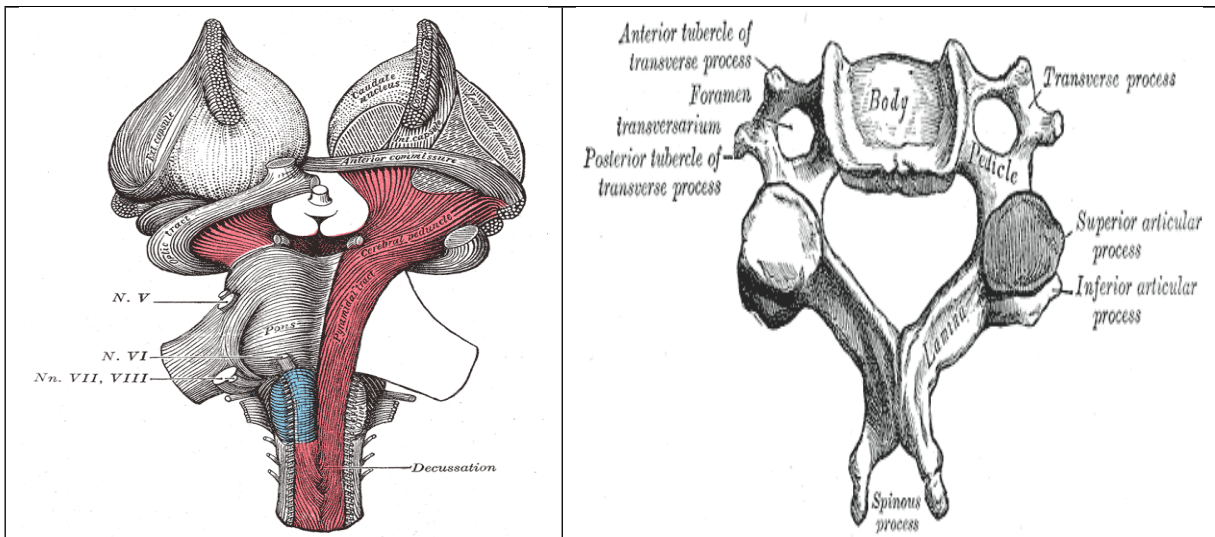
Individuals in this category are considered to have mixed muscle tone, the individual either is considered to have an overly high amount of muscle tone or just the opposite less than normal muscle tone. There are about a quarter of individuals that are classified with (CP), that are also associated with athetoid formation and its dysfunction is located and occurs in the *extrapyramidal* motor system, a network of neurons involved in the coordination of movement or in the basal ganglia, which are a group of neurons that are associated with a variety of functions. These functions include: motor control, cognition, emotions and learning capabilities. Children who have this form of (CP) have difficulty holding themselves upright. They also have difficulty in walking, difficulty in the ability to set up straight, and in some cases show signs and express themselves through facial expression, and extreme movement of the arms and head, almost like a whiplashing

effect, which in itself leads to further neurological damage. These movements are random and in most instances uncontrollable voluntary movements. The individual may have trouble grasping and holding on to things as well, such simple items as a cup or a toothbrush may become almost impossible to keep hold of. This is due to spastic erratic movement and the lack of muscle tone and control of the neurological signals in the neurons/fibers to process the command to reach and grasp, as well as the lack of ability to control such movements.

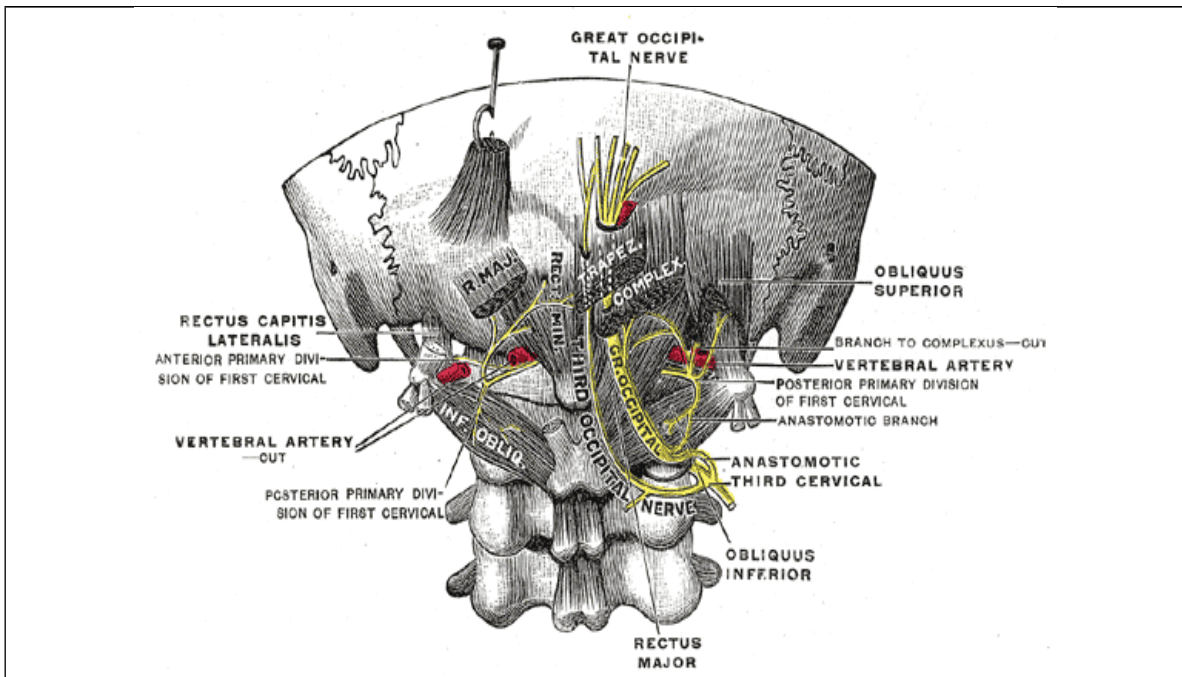
Mixed Forms:

Individuals with this type of (CP) have a combination of two or more forms of this dysfunction and as with anything can take on variations and different intensities, affecting various parts of the body.

There are two major areas that affect the development of a child with cerebral palsy. The first is the cranial plates and their relationship to each other and the cranial faults/joints/membranes and how these joints/membranes function. The second is related to the upper part of the spinal column and goes hand in hand with the cervical region of the spine. Those spinal joints that are in an individual's neck, specifically C1 through C5. In the diagram to the below, we are referring to the upper portion of the spinal column. Here we want to look and pay attention to the lower portion, which is the beginning portion of the spinal column that works its way through the cervical plexus. The diagram to the right is of one of the spinal bone structures in the cervical plexus region. It is through these openings the spinal column interweaves and flows.



If for some reason there is a blockage, such as calcium deposits or a miss aligned vertebra it directly puts adverse pressure upon the spinal column and thus adding adverse pressure upon the nerves and more importantly on the cranial nerves. In the case of calcium, deposits or excess bone that fills in this area where the spinal column flows through it compresses and limits the ability to provide normal function in the body. In this authors case the lower lumbar region has one of these vertebra half filled in with excess bone/hard calcium deposit making my left leg drag somewhat and causing partial paralysis in the right leg. I am fortunate that this blockage occurred in my lower lumbar. In some cases such as in (CP), this effect happens in the neck/ cortex region. The effects are dynamic and greatly limit the ability and improvement of the individual in such circumstances.



In many cases, the point where dysfunction takes place is at the base of the occipital bone, the foramen magnum. Where the spinal column enters into and is surrounded by the brain, the brain stem. When the occipital is misaligned it puts pressure upon the brain stem and the spinal column causing dysfunction, and pinches the nerves. Likewise, the vertebra in the neck may be out of alignment as well, putting excess pressure upon the spinal column and decreasing the optimum flow of nerve signals to the brain and decreases the flow of cerebrospinal fluid. This area is especially fragile, and even more so with those with (CP) that have a lack of muscle tissue that supports the cortex, neck and head. Extreme care is needed when working with this region, but working with this region is a must for any individual who is suffering from dysfunction, to have a chance to improve.

The overall prognosis for individuals with cerebral palsy is not overly exciting. We know that (CP) is not a progressive disorder, so that tells us that related neurological damage will not worsen, although this is a pleasant thought the symptoms that cause cerebral palsy and are related in lessened motor skills which play a critical role and part in the well being of the individual down the road. This is do to the wear and tear on the body's elements and organs that do function or have partial function in circulation with the extra pressure that is placed on the joints and on the nervous system. These organs must work harder to stimulate their well being and to send signals to each other.

Basically, over time, the wear and tear on the bodies of these individuals will take its toll, and if these individuals go through life without any assistance, their bodies will wear out faster than normal. It is true and critical that the development of a child with cerebral palsy all depends on the type of therapeutic treatment that that individual receives. If the child is left alone and not worked with on a daily basis their possibilities for improvement will not be as good. With cerebral palsy, there is the idea to use stimulants to work with the child. In many cases, the child seems to enjoy riding a horse or attempting to pet a cat or dog, but yet the therapists are only using stimulation effects instead of working with the body. In order for the child to be able to improve the therapists, parents, and/or guardian of the child must work with the child every day, in stretching their arms, legs, and hands. Work with opening and closing their hands, and work with massaging their limbs as well. For instance in such cases where the body is contracted the use and physical therapy in moving the legs helps decrease the tension on these legs, it stimulates blood flow, and works in stimulating nerve endings as well as helps exercise the muscles in the legs to help them loosen and become stronger. In this authors case my right arm was locked in a closed position up against my head. Mom worked with my arm pulling it down just a little bit every day, multiple times a day, eventually over a period of months the arm was able to hang at my side. This proves that with dedication a child with (CP) can improve. However, it is just not enough to stimulate the muscle function of the child, it is the utmost importance to work with the child to stimulate the nervous system. This is where physical therapy administrated via chiropractic care and manipulation comes in. The adjustments allow for stimulation and release of pressure that is built up within the joints and nerve fibers helping the pinned up tension to unwind reliving stress and stimulate mobility. The adjustments of the joints either cranial or spinal cause a stimulating effect on the neurons/fibers, thereby increasing motor skills, and stimulating the body's organs so that they function more normally. This stimulation is simply the release of tension, terrific tension that allows cerebrospinal fluid and blood flow to become more efficient.

Adjustments made to the spine and stretching the legs and arms will only go so far. To get the best results for an individual with cerebral palsy the cranial plates must be adjusted, either by massaging such as in the art of osteopathy, where a trained individual uses light touch and gentle massage technique, to massage the cranial faults and releases pressure that may be stored up in them. This pressure is due to a variety of elements

including falls, jars and bumps on the head, as well as pressure from the birth canal during the birthing process. Likewise, in extreme cases of (CP) and other dysfunctions, the use of nasal specific should be applied. Nasal specific uses small finger cots affixed to a blood pressure bulb. The finger cot/balloon is inserted into the nasal passageways, and gently inflated. The finger cot/balloon pushes its way through the nasal passage, expanding it and comes out in the upper back portion of the throat, where the finger cot/balloon taps the tissue directly in front of the sphenoid. This adjusts the sphenoid, thus adjusting all of the cranial plates and stimulates the nerve endings by releasing compressed plate pressure. This allows the function of the master gland to operate and restores the flow of cerebrospinal fluid throughout the nervous system. To have proper cerebrospinal fluid flow one must be able to have proper rhythmic breathing patterns. The finger cot allows this to happen by widening the nasal passageways and clearing out clogged mucus. Proper breathing is necessary for proper movement of the vomer bone and the sphenoid. The articulation of these two bones working together is what stimulates the master gland. The use of nasal specific has long lasting effects. However, as with anything when dealing with such a condition as (CP) it takes a long time for the body to unwind and restore nerve function and mobility. In the developing child the effect/improvements of nasal specific lasts about 2 weeks, then treatment is needed again to keep the body functional. This is do to the effect of a growing head and the growing body. The head and the brain start to grow at a considerable rate at about 4 months. If the brain is trying to grow and is, bumping up against locked or compressed cranial plates the pressure that is inflicted upon the child's body is overly extreme. Nasal specific releases this pressure all at once, and is the most effective means in treating nerve dysfunction. I know this to be true. From the age of 6 months until I was 2, I had this treatment every two weeks, after this time I received treatments once a month throughout my childhood. Even though I still have some dysfunction I truly and sincerely, believe that this process has allowed my body to be as functional as it can be. For a more complete in-depth study of the use and benefits of nasal specific please refer to the rest of this paper, or seek out a professional individual that practices this technique.

Many times massaging the muscles and chiropractic adjustments are not enough. It is also important to eat healthy natural foods, so that the body can absorb the nutrients that they provide. Greasy and processed foods are not as healthy for the body and do not

provide the body with the needed nutrition that it needs to correct dysfunction, and to heal itself. With this, the use of soy oils or soy based products that are commonplace, a cooking ingredient in many of our food products, when digested will over a period of time put a thin layer coating within the stomach and intestines. This coating is like plastic, and it prevents the much-needed nutrients from entering the body. In short, people become less healthy, and their immune systems start to fail, or they can no longer ward off bacteria and infections.

There is a way for individuals/children who have cerebral palsy to improve. It takes a lot of dedication and hard work, but if, a parent is willing to do so there is the means and there is the way. Stretching the child's arms and legs, to stimulate blood flow and to strengthen muscles is extremely important, as well as, massaging and adjustments to the back and neck to release tension in the nervous system. A healthy natural foods diet, that allows the body to heal itself and allow the body's organs to function properly. The massaging of the cranial plates, and the adjustment of the cranial plates via nasal specific to stimulate proper breathing, increase blood flow, increase cerebrospinal fluid flow, unlocking of the cranial plates, and in releasing the pinned up stress and tension upon the body. All are needed and must work together over the period of development time if the child with cerebral palsy is to have a fair chance at becoming self sufficient and independent, to become more normal, and function more normally. [29]