

The Sphenoid Pattern

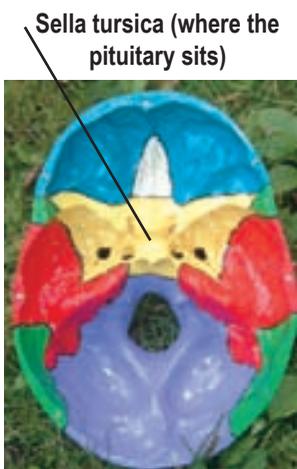
(and fixing it with Koren Specific Technique)

BY TEDD KOREN, D.C.



Gentlemen, damn the sphenoid bone!

Oliver Wendell Homes (1809-1894), opening anatomy lecture at Harvard Medical School



I DON'T KNOW WHAT HOLMES WAS COMPLAINING about; perhaps he was frustrated at his inability to adjust the sphenoid (he was an MD after all).

For most of my chiropractic career, I limited my practice to correcting spinal subluxations. While developing Koren Specific Technique (KST), a vitalistic analysis and adjusting technique, I was often directed to correct cranial subluxations. The cranial bone calling for the most attention was the sphenoid.

What's a sphenoid?

The sphenoid is a butterfly shaped bone (sphenoid means butterfly) at the anterior base of the skull.

The sphenoid directly or indirectly articulates with every bone in the skull; if the sphenoid is subluxated, the entire skull and meningeal system may be affected. A sphenoid subluxation can affect total body structure.

The sphenobasilar (SB) junction

The sphenoid articulates with the base of the occipital bone to form the sphenobasilar (SB) junction, one of the most vital articulations in the body. It serves as a "pump" (the sphenobasilar pump) to move cerebrospinal fluid (CSF), which bathes the nervous system, delivering nutrients, removing wastes and modulating the neuroimmune system.

NOTE: In all photos the sphenoid is the yellow bone, the occiput is purple and the

sphenoid and occiput join at the sphenobasilar junction represented by a black line.

Histologically, the sphenobasilar joint is a synchondrosis. It does maintain some degree of flexibility throughout life.¹

The sphenoid, the occiput and the petrous portion of the temporal bones are modified vertebrae joined by a modified intervertebral disc structure in a synchondrosis...there remains some mobility of the sphenobasilar.²

The sphenoid/sphenobasilar subluxation

If the sphenoid is subluxated, it can greatly impact physical and mental health.

Conditions related to sphenoid/sphenobasilar subluxation include: depression; endocrine disturbances; migraine; headache; impairment of taste, smell, hearing and speech; disturbances of movement and trembling; disturbance of temperature regulation; increased intracranial pressure; memory disturbances; impairment of brain function; "brain fog"; insomnia; disturbance of lacrimal and nasal glands; problems with drainage of the nasal cavities; double vision; strabismus; deviation of the eyeball; ptosis of the eyelid; vision problems; tinnitus; deafness; disturbances of the vagus nerve (nausea and vomiting) and other conditions.³

According to Dr. M. B. De Jarnette: "The list of symptoms involved in this subluxation is practically endless.... Nothing can disturb as many cranial nerves as can the sphenobasilar subluxation. The sphenobasi-



Sphenoid, frontal and maxilla make most of the eye socket



lar must always involve the occiput and the sphenoid...⁴

The sphenoid makes up a portion of the “eye-socket” (see top photo at right). That may be one reason sphenoid subluxations cause vision, nasal and related problems. Migraine or headache coming from the eye is often an indication of sphenoid subluxation.

Palpating the sphenoid

The sphenoid is easily palpated behind each eye (see bottom photo at right) and most commonly subluxates anterior or posterior and, less commonly, inferior or superior.

Occiput subluxation

With KST we’ve re-discovered that there is rarely a sphenoid subluxation without an occipital subluxation. The occipital bone usually subluxates inferior, sometimes with laterality as well.

Fixing the sphenoid pattern with KST

Koren Specific Technique (KST) was developed to analyze, easily and quickly, and

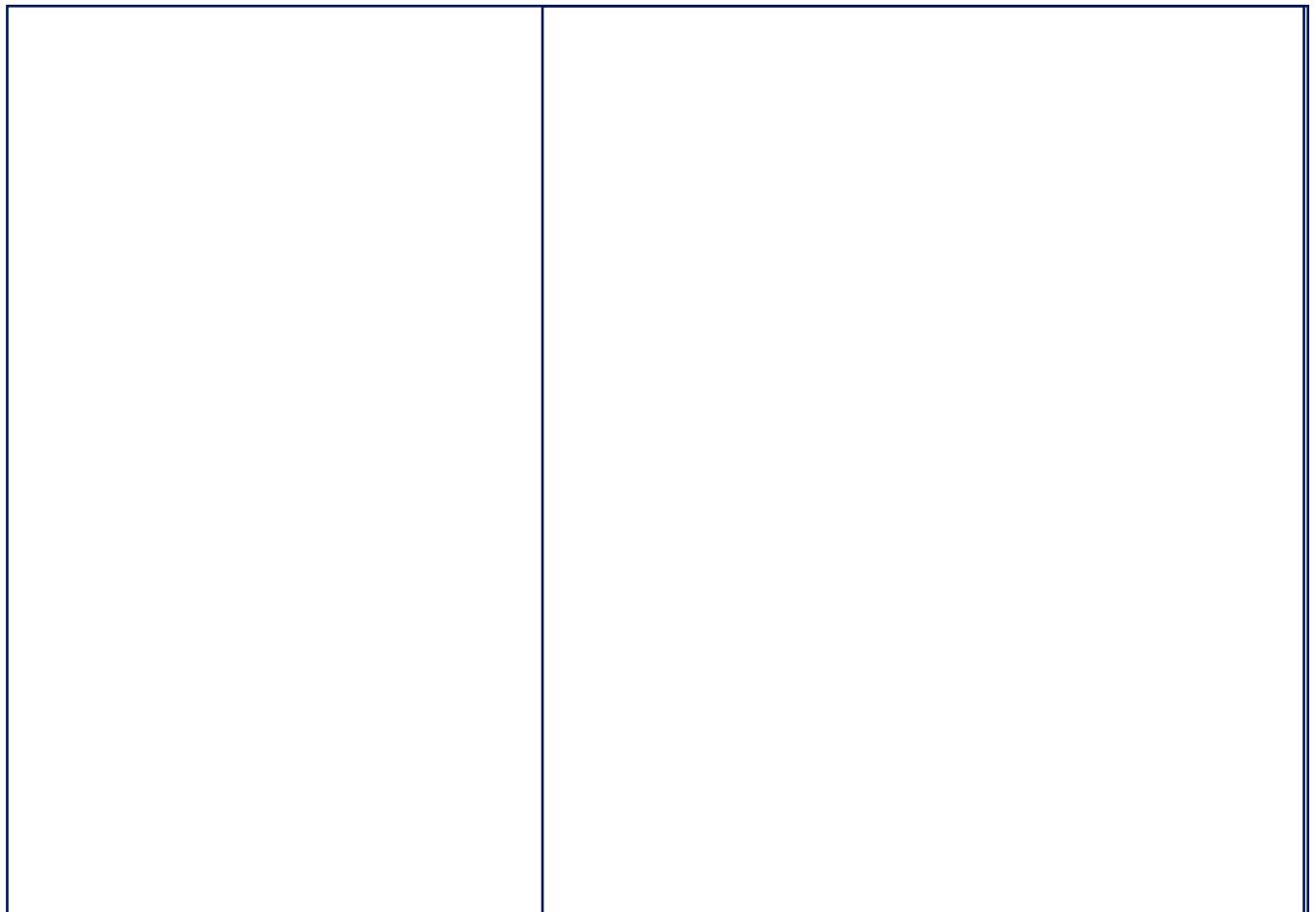
correct (adjust) the entire structural system, including the cranial bones.

Segments in question are analyzed for listing by challenging; the body reaction is observed. KST uses the base of the skull reaction: the occipital/mastoid drop (OMD). This is similar in practice to the muscle weakness phenomenon of applied kinesiology (AK) or the short leg reflex of directional non-force technique (DNFT)/Truscott.

The occipital/mastoid drop permits the practitioner to accomplish analysis with great speed. Additionally, the practitioner can analyze the patient in posture of subluxation/dysfunction very easily. An advantage of using the OMD is that the practitioner has the ability to self-analyze and self-adjust.

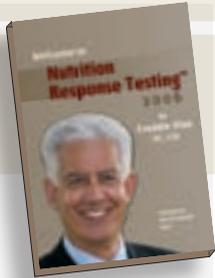
After the listings are determined, we recommend using an adjusting instrument to correct the involved segments. Often the patient is adjusted standing or sitting. Usually no table is needed.

The ArthroStim™ adjusting instrument taps or “toggles” at 12 cycles per second, which appears to be a healing frequency. I’ve noticed that infants find this rhythm



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especially relaxing. Sometimes they smile or laugh during a correction. In a pinch, a hand-held adjusting instrument may work as well as a thumb toggle (à la DNFT).

The sphenoid is contacted behind each eye. The stylus of the adjusting instrument is placed with a line of drive opposite to the subluxation.

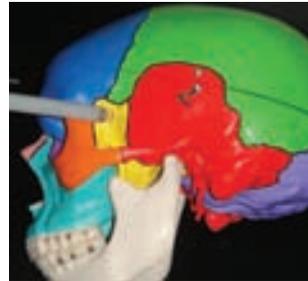
If the sphenoid is anterior, for example, the line of drive is anterior to posterior.

Note: You only need to touch the adjusting gun to the sphenoid for less than a half second. As a general rule of adjusting, but especially with cranial work, use the least amount of force.

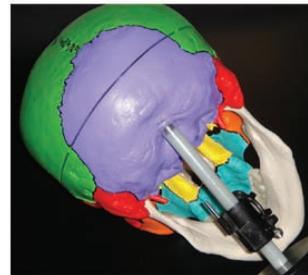
Adjusting the sphenobasilar subluxation "pattern"

The typical sphenoid or sphenobasilar junction "pattern" is most commonly the following:

1. Left and right sphenoid wings are anterior (one or both wings).
2. May be anterior on one side and posterior on the other side.
3. There may be inferiority/superiority on either side.
4. The occipital bone goes inferior and sometimes lateral.



Using the ArthroStim™ to adjust the sphenoid from anterior to posterior. Note: Do not adjust sphenoid lateral to medial.



Adjusting the inferior occiput with the ArthroStim™.

After the sphenoid pattern is corrected, patients often report feeling "lightness." Sometimes they may remark that their vision is clearer or sharper. Headaches, even migraines, may stop suddenly. Chronic illnesses begin to go into remission. In addition, mood and depression improve and a sense of calm and relaxation is often reported.

Koren Specific Technique, developed by Tedd Koren, DC, is a quick, easy way of locating and correcting subluxations anywhere in the body. Patients hold their adjustments longer and, because it is a gentle, low-force technique, it's easy on the doctor too. An additional (and very important) bonus for KST practitioners is the ability to specifically analyze and adjust themselves. For seminar information, go to www.teddkorenseminars.com or call 1-800-537-3001. For information on the ArthroStim™ adjusting instrument, go to www.impacinc.net. Write to Dr. Koren at tkoren@korenpublications.com.



References

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