

Who Can Benefit from the Bilateral Nasal Specific Technique? A Clinical and Historical Perspective

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ABSTRACT

The term “bilateral nasal specific” (BNS) refers to a craniofacial manipulation technique in which insufflation of a small balloon is specifically performed in each of the three nasal meatuses on both sides. It is also known by many other names in the profession, including endonasal technique, endonasal cranial adjustment, balloon-assisted craniofacial adjusting technique, endonasal facial cranial release, cranial facial release, functional cranial release, Dr. Stober’s technique and even “nose jobs.”

KEYWORDS: chiropractic, pediatric, bilateral nasal specific, BNS, cranial manipulation, craniofacial manipulation, chiropractic history, Dr. Richard Stober.

Introduction: Reasons to be adept with the Bilateral Nasal Specific Technique.

The short answer to the question “Who can benefit from the Bilateral Nasal Specific Technique (BNS)” is anyone and everyone. With rare exceptions, most people would benefit from BNS because the issues for which it is primarily indicated are quite common in the general population.

For instance, to name some of the most common conditions, nearly half, 45 percent, of the general population suffers from post-concussion syndrome.¹ Symptoms typically appear within seven to ten days following the concussion and can persist for weeks, months, or even years or decades.² Approximately 3.6 percent of children five years and younger suffer from sufficiently severe concussions each year, requiring prompt attention.³

Up to 23 percent of all births in industrialized countries are assisted by instruments, which are linked to a 13 percent rise in attention-deficit/hyperactivity disorder in children who experienced instrumental delivery and a 53 percent increase in intellectual disability among those who had vacuum delivery.⁴

More than 16 percent of children are physically or mentally disabled.⁵

The prevalence of a deviated septum is found in about 20 percent of newborns and can be as high as 93 percent in older individuals.⁶

It has been estimated that up to 56 percent of children are mouth breathers,⁷ which affects almost every function of the body and can lead to many adverse effects, including altered oral ecology, facial and head development, spinal and body posture load on the upper back and neck muscles, headaches, musculoskeletal pain, disordered sleep, lower

physical and learning performance, cognitive problems, lower IQ, fatigue, irritability, depression, behavioral problems, asthma, chronic hypoxemia, increased water lost, decreased growth hormone release, shorter stature, increase inflammatory and oxidative mediators release, and more.⁸

Up to 38 percent of the population suffers from obstructive sleep apnea,⁹ including four percent of children, which is associated with many medium- and long-term comorbidities, including reduced quality of life, daytime sleepiness, nighttime insomnia, hypertension, cardiovascular diseases, and a shorter lifespan.^{10,11}

Eleven percent of children and adolescents have had a diagnosis of sleep-disordered breathing, which is associated with approximately a threefold increase in the subsequent incidence of neurobehavioral issues.¹²

About 40 percent of the general population suffers from allergic rhinitis,¹³ 50 percent of children and teenagers have enlarged adenoids,¹⁴ and 11 percent of schoolchildren have enlarged tonsils.¹⁵

It is estimated that 6.1 percent of the child population and 4.6 percent of the adult population in the United States suffer from Eustachian tube dysfunction.¹⁶

Up to 12 percent of the general population suffers from chronic sinusitis.¹⁷

Up to 30 percent of the adult population clench and grind their teeth chronically.¹⁸

Malocclusion is present in up to 93 percent of children and teenagers.¹⁹

Approximately 90 percent of the population has a limb-length discrepancy,²⁰ which is associated with low back pain and hip, knee, and foot pathology.²¹

Forward head posture is quite common, with a prevalence of approximately 66 percent.²² As a result, individuals with forward head posture will tend to develop stooped shoulders or a slouched posture, winging of the scapulae, and increased thoracic curvature (kyphosis).²³ Forward head posture has been strongly associated with tension headaches, reduced neck mobility, neck pain, the severity of neck pain, and disability in both adults and older adults, as well as with the lifetime prevalence of neck pain and doctor visits for neck pain among adolescents.²⁴

Up to 38 percent of the general population experience episodic tension headaches.²⁵

Up to 87 percent of the general population suffers from neck pain.²⁶

The common link among all the above conditions is that BNS should be considered a treatment of choice.

Based on the clinical experience of generations of BNS practitioners, the list of indications for the application of BNS encompasses more than 250 issues, including cognitive, IQ, mood, sleep, pituitary gland, TMJ, speech, and cranial nerve issues, as well as all forms of physical and mental disabilities, particularly in children.

Dr. Betty Radelet (1920-2016), DC, ND, an instructor in obstetrics, reported that the infants she assisted in delivering received four BNS treatments during their first month of life. She also reported that these infants rarely experienced the allergies and sinus problems of their parents. Chapter six of her book, *Anecdotes and Antidotes—Forty Years of Smiles and Tears in a Natural Health Clinic*, is titled “Nose jobs,” in which she added, “These are lucky babies—the babies who receive this attention at birth.”²⁷ BNS applied early may not only help prevent problems but also harmonize facial architecture.

However, the most common indication for BNS is head and facial trauma, which often can occur at birth for babies delivered vaginally and is even more pronounced for those delivered with the assistance of instruments such as forceps. The effects of head and facial trauma are cumulative over a lifetime. The more numerous and severe head and facial injuries are, the greater the impact on a person’s overall health. Dr. Richard Stober, DC, ND, our BNS instructor, used to tell his patients that they were moving through life with their brakes on because of pressure from a tight skull on the central nervous system, whereas BNS relieved that pressure, allowing them to function fully.²⁸

Any bodily and mental functions can be impacted by head and facial trauma, including energy levels, moods, cognition, sleep, pain, and endocrine, digestive, and immune functions. This explains the broad range and variety of conditions from which clinicians who practice BNS see patients improve under their care.

In general, the body cannot fully heal from head and facial trauma without assistance, which can result in numerous compensations that are less efficient and can have long-term ramifications. BNS treatments free individuals from the otherwise lifelong effects of these injuries. Most patients report experiencing a sense of freedom immediately after each treatment.

Furthermore, any facial asymmetry or uneven posture (e.g., one ear, shoulder, or iliac crest being lower than the other) could indicate the need for BNS. Patient’s posture is corrected in a durable manner after BNS. In clinical practice, BNS practitioners report that the need for spinal manipulation decreases significantly once the cranium has been adjusted. Pain, tension, stiffness, range of motion, and related organ function in the rest of the body have been reported by patients to improve dramatically and durably immediately after a BNS treatment. This answers the question recently posed in this journal, “Why don’t our adjustments ‘hold’?”²⁹

A good example is G.B., a 60-year-old wildlife biologist treated on October 11, 2024. He had been diagnosed with multiple sclerosis around 2005. He had numerous MRI scans over a 19-year period, which revealed accumulated sclerotic lesions along his ventricles. By 2010, he had lost control of his left arm and leg. He couldn’t move his left toes and lost his ability to read. He made many lifestyle changes and self-treatment, which significantly improved his condition. For example, he followed a two-year raw, whole-foods-based diet. He presented with a wobbly gait, poor manual dexterity and many other health issues unrelated to multiple sclerosis.

He had experienced paralysis on the left side of his face since age seven, when the facial nerve was accidentally cut during an eardrum graft. He had experienced migraines about twice a month since age 12, which were linked to severe pain in his right upper cervical spine (12/10), causing him to crack his neck every 15-20 minutes during the day or 40-50 times daily. This cervical pain was so intense that he couldn’t be touched, even lightly, without causing him extreme discomfort. He had chronic sinusitis with recurrent green post-nasal discharge for decades. He experienced several other, milder chronic ailments: sensitivity of his right cheek (5), pain of his right trapezius (7), low back pain (1), right iliac pain (5), right elbow pain (8), and bilateral TMJ pain (5-6).

After his first BNS treatment, the tender points on his head and face decreased from 15.5 to 8.5, representing a 45 percent improvement.

He returned three weeks later, with all his symptoms improved, including a new sensation that his face felt more relaxed. He reported feeling calmer, more alert, and generally more comfortable, with enhanced focus. He felt more rested on waking (from 2-3 to 6-7). He reported being able to do everyday tasks with his hands for the first time in about 20 years. He had more energy and endurance. He used to need to stretch his jaw about 30 times a day, which dropped to 2-4 after his fourth treatment. It was only after his sixth BNS treatment that he reported the brain fog he likely had for decades had progressively decreased from 8.5 to 1. He experienced only three migraines in nine months; each was linked to drinking too much alcohol.

After his ninth treatment, he reported that all his symptoms had continued to improve, and the progress was maintained between appointments. By then, he rarely needed to crack his neck, maybe once a week, or stretch his jaws. His neck was not sensitive anymore. He felt more stable and grounded on his feet. His gait had improved so much since his first treatment nine months ago that it now appears normal. The only remaining symptom by his twelfth treatment was the sensitivity of his right cheek, which decreased from 3 to 0.5 before and after that session. He reported that he was able to garden all day in the summer heat for the first time in decades.

It is interesting to note that as the pain in his right cervical area gradually subsided with each treatment, he asked whether his neck should be adjusted at some point. He was told that usually there is no need for that, since the bones of the head and face are being adjusted over time through BNS, most of the spinal pain, even in the lumbar area, including from herniated discs and spondylolisthesis, will tend to resolve without directly touching those regions, which was his case. In brief, all the pain, tension, and decreased range of motion of his neck that he had since childhood progressively disappeared without ever having to treat his neck, which illustrates how crucial the integrity of the cranium is for structural integrity and overall health.

In fact, restoring the integrity of the cranium is achieving what Dr. B.J. Palmer was seeking with his hole-in-one (HIO) technique, which is based on the working hypothesis that a precise adjustment to the atlas can influence the entire spine and nervous system. However, when compared side by side, BNS could outperform HIO because it is safer, more effective, and less expensive, as no X-rays are required. Additionally, it offers a more versatile, easier, and faster method of application from the newborn outward. We must be cautious when using X-rays, as recent estimates

indicate that diagnostic X-rays account for approximately 10 percent of all pediatric and adolescent hematological malignancies.³⁰ It is crucial that physicians abide by “First of all, physicians do no harm,” and diagnostic X-rays are used only when it is absolutely necessary.

Trauma to the head and face

As mentioned previously, the most obvious and common indication for BNS is trauma to the head and face. While some symptoms following an injury to the head or face begin to abate within hours or days after the incident, research suggests that even a single blow to the head can have severe consequences later in life. It has become increasingly recognized that the sequelae from head injuries are long-lasting, and a recent study reported that the incidence of dementia increased by 44 percent among people who had at least one incident.³¹

The data from studies on former American football players is staggering. A survey involving over 2,000 retired professional athletes found that those with a history of multiple concussions were three times more likely to be diagnosed with clinical depression.³² Another study analyzing death certificates revealed that the death rate from neurodegenerative diseases was three times higher for professional football players than for the general population.³³

It is also important to realize that the effects of trauma to the head and face are cumulative, including what might be considered at the time merely benign jolts and jars. People who have experienced concussions report that even simple jarring or jolting of the head, or a small impact, such as raising the head to pick something up and accidentally bumping into a lightweight lampshade, can significantly exacerbate their symptoms.³⁴

Until controlled clinical research is conducted, we must rely on the extensive clinical experience of generations of BNS practitioners, which suggests that BNS may be the most effective method for treating patients with post-concussion symptoms. As a rule, most victims of at least a moderate concussion experience various combinations of symptoms immediately, including disorientation, blurry vision, dizziness, lack of balance, nausea, brain fog, and headache. These symptoms are soon followed by a decline in cognitive function, including poor concentration, memory, and thought processing. Furthermore, they may experience profound fatigue, requiring 10 or more hours of sleep per night for up to 18 months. Their sleep tends to be unrefreshing. Mood-wise, depression and apathy can dominate their lives. As a rule, their work and studies become greatly compromised. Many cannot look at screens without incurring consequences, such as increased headaches, fatigue, brain fog, or blurry vision. Many

patients feel that their quality of life has diminished after one or more concussions.³⁵

Upon instituting insufflations during a BNS treatment, patients report hearing a crackling sound, and most patients immediately begin to feel some relief from their chronic concussion symptoms, including those that have persisted for decades.

It is important to recognize that conventional medicine offers very few options to ameliorate the symptoms that victims of concussions experience. Victims of concussions will often present who have been to some of the “top” concussion clinics in the world, where they were thoroughly examined by concussion specialists, including neurologists, neuroradiologists, orthopedists, physiatrists, physical therapists, neurovestibular experts, psychiatrists, and neuropsychologists. They are recommended various rehabilitation treatments and approaches, including behavior management methods, physical or exertional therapy, and appropriate return to aerobic and strength exercises. They are also prescribed medications for pain, nausea, mood, and sleep management. However, there exists a significant gap between thorough and sophisticated examinations of concussion victims and protocols that provide truly effective treatment resulting in recovery and or long-lasting relief.³⁶

The goal of the physician is to heal the sick, not to perform extensive examinations or theorize. Extensive examination of concussion victims with minimal beneficial outcomes should be critically assessed, considering that highly effective therapeutic approaches are often overlooked or not utilized.

For example, at the end of December 2024, an American college linebacker³⁷ came in with post-concussion syndrome. He sustained a serious head injury during training camp in April 2021 and spent the next four days in intensive care. When he came out of it, the neurologist said, “No more football.” He was then taken under the care of a specialized concussion clinic. He underwent thorough examinations, including scans, met with many specialists, and was prescribed medications and rehab exercises. However, he has not had a restful night of sleep since. He has been experiencing “focus” headaches every other day on average. He also experienced constant neck and back pain and stiffness. His girlfriend said he snored loudly and kept moving all night long.

A week after his first BNS treatment, he reported experiencing 80 percent deeper, more refreshing sleep. His sleep was no longer restless, and he had not had neck pain or a headache in the week following that first treatment. His energy and stamina significantly improved. The only

remaining symptom was the constant dorsal pain, which had decreased from 4-5 to 1. His girlfriend also reported, “It’s amazing, as he barely snores now and sleeps peacefully.” Furthermore, his posture improved significantly after the first treatment and was normalized by the second. At his initial exam, he showed the usual reduced peripheral vision common among concussed individuals, which fully returned to full visual field after the first treatment. Of eight tender points on his face and head examined for sensitivity, he scored 35 out of 80, dropped to 19 after his first treatment, and to two after his second. Lastly, before treatment, he had been experiencing chronic bilateral nasal obstruction caused by accumulated facial injuries. After his first treatment, airflow improved from 3 to 9 on the left side and from 5-6 to 9 on the right side.

The above case is typical of individuals with a concussion. They tend to receive quite thorough examinations from conventional medical care, including scans and consultations with numerous concussion specialists, but are only marginally improved through conventional treatment, as the lasting structural effects of the injuries are either very rarely or not addressed at all.

Frequency of facial and head trauma in a person’s life

Almost every child has experienced at least one head or facial injury severe enough to affect brain function and overall physical habitus, such as causing facial asymmetry and a crooked posture. Facial trauma can also encompass forceful dental procedures and any alterations that disrupt the bite.

However, regarding more severe injuries, such as those necessitating immediate medical interventions, a recent study reported that the annual number of sports-related concussions is closer to 3.8 million in the US alone.³⁸

The incidence of milder head and facial injuries, not severe enough to prompt a consultation with a healthcare provider but substantial enough to produce cumulative negative effects on health and well-being, is much higher. Recently, an osteopath, a mother of two girls, was interviewed by the author. She mentioned that her children would sustain head injuries severe enough to necessitate cranial treatment at least once or twice a year during the first five years of their lives. On the same day, a family sought BNS treatment with three young children, aged 14 months, 3 years, and 4 ½ years. The same question was asked of these parents, who live on a farm, and they quickly replied that their children hit their heads almost every day.

Later that day, a man in his early fifties stated that he had played many sports when he was younger, particularly soccer, which he still plays. When asked how many times he had headed the soccer ball in his life, he answered,

“Millions of times.” Of course, it is an exaggeration, as, on average, a soccer player experiences up to 1,000 intentional and unintentional head impacts per year.³⁹ And upon examination, this man displayed the posture of someone who had suffered the cumulative effects of numerous concussions. The positive response he reported immediately following his first BNS treatment was remarkable, particularly with respect to his posture, peripheral vision, and the tender points on his head and face, which decreased from 27/80 to 4/80.

There is emerging evidence that repeated sub-concussive head impacts can have cumulative, concussive-like effects on brain health. Sub-concussive impacts that do not result in clinical signs or symptoms of concussion are quite common, especially during contact sports, and are speculated to lead to alterations in cerebral structure and function later in life. When the legendary British soccer player Jeffrey Astle died at 59 after a five-year history of diminishing mental ability, concerns were raised that the repeated impact forces involved in heading a soccer ball may lead to unrecognized injuries. At autopsy, extensive degenerative brain disease consistent with chronic traumatic encephalopathy was found, leading the coroner to conclude that minor repetitive trauma was the cause of his death.⁴⁰

A case illustrating the frequency of head injuries in young children and how BNS can transform their lives is that of A.C-K., a 6-year-old boy, first presenting on March 5, 2024. His parents listed six main complaints during his initial visit: 1) poor concentration and lack of focus, 2) poor balance and coordination, 3) recurrent headaches, 4) poor digestion, 5) nightmares once or twice a week, and 6) poor sleep. He has experienced three to four notable head injuries from hits and falls. After his first BNS treatment, his posture improved by about 70 percent. When they returned for his second treatment six weeks later, they reported that he had fallen on the back of his head two weeks earlier. However, they also noted that his concentration had significantly improved; he had not experienced a headache, and his sleep had become deeper, with less waking, occurring only every few days instead of every two hours. After his third BNS treatment, his posture was further improved, and he had no tenderness at any of the eight points on his head. However, they returned on February 6, 2025, after he fell on his occiput at the end of December, following which he experienced vertigo, nausea, and vomiting. Despite this, last fall it was reported that his overall focus had improved by approximately 60 percent, that he had no headaches or nightmares, and that his balance, coordination, and digestion had significantly improved. Additionally, they noted that he performed better in school.

The case of his 4-year-old brother is relevant to report because he was born with a misshapen head and torticollis.

During labor, his mother was told to push even though she was not fully dilated. Since birth, it would take him three hours to fall asleep each night, and he would have nightmares with vociferation nearly every night. His posture was very crooked. After his first BNS treatment on June 27, 2024, his posture was nearly normal. He was falling asleep within 45 minutes. Four days after his second treatment on July 22, 2024, he injured his head and remained unwell until he returned three months later, on October 25, 2024. At that time, he was waking every night at 2 a.m. with a nightmare. However, it now took him only 20 minutes to fall asleep, and his sleep was deeper. When he returned for his fourth BNS treatment on March 3, 2025, his parents reported that he was waking only every second or third night, and his nightmares occurred only every two weeks. I last saw him for his fifth treatment on October 28, 2025. It was then taking him five minutes to fall asleep. He was still waking up every other night but was soon falling back to sleep on his own. He was rarely talking in his sleep, had no nightmares, and headaches were only occasional.

The most interesting part of this story about these brothers is that when they first presented to the clinic for the evaluation of the younger brother, the older brother slipped into the treatment room and lay down on the table. When we all entered the room, A.C-K. was told that it was not his turn to be treated, but rather, it was his younger brother's turn. He insisted he wanted to be treated. After his parents explained that he didn't need treatment, he continued to insist that he was the one to be treated, and his father had to remove him from the table. A.C-K. appeared to innately recognize that he, too, required treatment.

It is also noteworthy to report that although the treatment is uncomfortable, it is not unusual for children to come voluntarily after the second or third treatment, as they know how well they feel afterward.

BNS in children

BNS can change children's lives, not only the ones who have had head or facial trauma, but also the ones with disabilities. For instance, in 1991, I began treating a three-month-old baby with Down syndrome. Before treatment, his mouth was open, as with all mouth breathers; he had a dull facial expression and showed little interest in what was happening around him.

As soon as he received a BNS treatment, his mouth closed, his eyes brightened, and he became alert. These benefits lasted for several weeks post-treatment. Over the years, it was easy to tell when he relapsed, as his mouth would open, his expression would become dull, and he would lose his coordination and any interest in learning. His parents would then bring him back for another BNS treatment. He was seen approximately five to six times per year until he

entered primary school at age 5.5, when he advanced to second grade because he could read and write and had no intellectual disability.

However, one of the most notable cases was that of David Jones, who was born in 1975 with cerebral palsy. His parents were told he would never talk or walk and would live the rest of his life with severe mental disabilities. He received BNS treatment from Dr. Stober as an infant and later developed speech and the ability to walk. He holds two college bachelor's degrees and an MBA. He is employed full-time and plays drums and guitar, and sings in the band he formed. In 2006, he wrote a 137-page digital paper to share information about BNS. This paper, *Bilateral Nasal Specific—A Patient's Perspective*, was available on his website, which was dedicated solely to BNS, until a few years ago. We could then read: "This site was developed to assist and provide resource information to those who seek assistance and as a means of improving their quality of life."⁴¹

History of the bilateral nasal specific technique

A significant portion of the history of the development of bilateral nasal specific will remain unclear, as those who could have provided details have now passed away. Nevertheless, the author has endeavored to compile a variety of facts about its past.⁴²

In the early twentieth century, physicians from the Philadelphia-based Neuropathic School⁴³ were inserting their fifth finger into patients' noses to adjust the accessible bones of the face and head through the nose.

In his 1921 book, *Chiropractic Analysis of Chiropractic Principles as Applied to Pathology, Relatology, Symptomology and Diagnosis*, Dr. Willard Carver mentioned the use of a probe inside the nose to correct septal deviations, as such conditions could lead to problems with the throat and eyes: "The nose is frequently distorted and should have corrective attention. Here, the force can only be applied by use of the thumbs and fingers, and it is sometimes necessary to use such auxiliaries as flattened hard rubber levers, which may be placed within the nostrils against the wing cartilages in order that gentle pressure may be directed upon these structures, as well as the nasal bones, and the septum. It is not well known among chiropractors, but it is true that distortions of the nose are frequently responsible for many adverse situations of the throat and eyes, and in such conditions, it is very essential that the nose shall be corrected."⁴⁴

Similar approaches were described by Dr. M.L. Richardson, who presented a paper in 1926 before the Osteopathic Society of the City of New York, in which he discussed the intranasal use of the finger to alleviate a variety of patient problems: "All of the cranial nerves leave the base of the

skull through close-fitting bony foramina. Of the first six, some are constantly, and the others sometimes, in contact with a sinus wall. ... That these nerves are accessible to influence from nasal and sinus disease is established clinically and experimentally. ... These ganglia with their cranial and sympathetic connections link up the first six with the rest of the cranial nerves and with the cervical sympathetics, establishing a network involving the special senses of sight, hearing, taste and smell; the sensation of the head, face and neck; the motor impulses of expression, voice, deglutition, hearing, and ocular accommodation; and the entire sympathetic system of the head, neck and thorax. In no other part of the body is such a network of nerves and ganglia so exposed to surface influence. ... The acute conditions of this district first come to the general practitioner as is proper and best. Your treatment [osteopathic] is superior to any therapy for shortening these inflammatory reactions. ... Serious and disabling diseases here develop and progress ... we are justified in ordering a complete examination of the district in all cases that do or may suggest an involvement of the cranial nerves or ganglia or sympathetic associations, including facial, cervical and brachial neuritis and neuralgia. Tic douloureux, optic neuritis and atrophy, headaches, especially the low-grade unending type, the sub-occipital type, migraine, vertigo, head noises, deafness, hay fever (seasonal or perennial), bronchial and hay asthma. ... digital pressure which will not harm healthy tissue, turbinates and septa, which have been displaced by soft tissue pathology or traumatic injury, are adjusted, adhesions severed, and the patency of the Eustachian tube restored, ventilation and drainage to the paranasal spaces and middle ear recovered and a gradual and permanent improvement to the entire head results. ... In proper and qualified hands, finger surgery is safe. It can be depended upon to give results in the conditions mentioned, results that are permanent."⁴⁵

In his 1942 book, *Endo-Nasal, Aural and Allied Technique*, neuropathic physician Dr. Thomas Lake detailed how to introduce a finger into the nasal cavity, along with other techniques for moving the bones of the face and head.⁴⁶ Dr. Frank Finnell, a student of Dr. Lake and the teacher of Dr. Stober, mentioned in 1951, "Negative and positive pressure with the finger technique will show marked improvement in every case of nasal catarrh and catarrhal deafness."⁴⁷

For patients with sinusitis, Dr. Lake recommended "nasal dilation" by opening the sutures of the facial bones and inserting a small finger into each nostril one at a time. Dr. Lake emphasized that one of the benefits of this technique is the improvement of breathing, "The fact that they dilate and create a hyperemia in the nasal passages can be ascertained by the much easier breathing of the patient. It is also evidenced by the insertion of a nasal dilator before and after the treatment." Dr. Lake noted in the conclusion

of his book, “The techniques were born of experience and experimentation.”⁴⁸

A new technique to adjust the bones of the skull

From a practical point of view, many techniques have been developed over the years to mobilize the bones of the skull, including Dr. Nephi Cottam’s Craniopathy,⁴⁹ Dr. William Sutherland’s cranial osteopathy,⁵⁰ Dr. Leo Spears’ cranial remodeling,⁵¹ Dr. Richardson’s finger surgery⁵² and Dr. Lake’s endonasal techniques.⁵³

In 1939, chiropractor Dr. Homer G. Beatty described the intranasal technique again, “nose troubles are usually traumatic” and that “a bent septum may usually be straightened or the turbinates pushed lateralward with a lubricated and covered little finger worked gently into the nostril. Opening the nostrils will free obstructed breathing ... Both the internal and external bones and cartilages of the nose may be molded and straightened to a great extent with the fingers.”⁵⁴

However, Dr. Beatty also described in the same book, perhaps for the first time in the literature, the practice of insufflating a finger cot into the nose with the aid of a sphygmomanometer bulb, which is particularly indicated for patients presenting with sinusitis: “Inserting a lubricated fingerstall with a wooden applicator and then pumping the fingerstall full of air also massages and separates the mucous walls. A fingerstall may be attached to the sphygmomanometer bulb for this purpose.”⁵⁴

It is interesting to note that Dr. Stober mentioned that an older physician told him that the practice of inserting finger cots attached to a blood pressure bulb to open the nasal cavities originated in Germany around 1910.⁵⁵

This insufflation technique was further described in Dr. Joseph Janse and colleagues’, *Chiropractic Principles and Technic* (1947), found under the heading “Distention of the Nasal Chamber”: “This technic may be used, in conjunction with the sinus manipulations, to open the nasal chambers. Using the detached cuff of an ordinary sphygmomanometer, the doctor attaches to the opening of the inflation tube a carefully lubricated and sterile finger cot. With this probe, he carefully works upward into the nasal chamber, inserting the end of the cut tube a short distance. Then, carefully folding the cuff and grasping it firmly in his hand, the doctor, with the other hand, begins to pump on the cuff bulb. This will slowly distend the finger cot within the nasal chamber in all directions, exerting an even pressure against the walls and turbinates of the nasal chamber and producing a widening and distension of all the sinus openings into the meatuses. Outwardly, that side of the nose treated will bulge, and the patient will experience a marked, but not necessarily distressing, pressure on the inside. The air within the cot

is temporarily released, after which another distention is made; this procedure is repeated *several times*.”⁵⁶

It is interesting to note that practitioners of manipulative therapy, who had practiced for ten or more years before incorporating BNS into their practice, report witnessing much more remarkable results. The speed and types of results obtained with BNS tend to revolutionize their practice. This was the case of Dr. Adam Del Torto. When he was first exposed to BNS, he left a seminar where it was taught. Fifteen years later, he realized its clinical importance by reading the case of an equestrian who had incurred a concussion following a fall, “had consulted every neurologist and ‘brain-trauma expert’ on the planet with minimal results” and “got her life back” after a BNS treatment.

Dr. Del Torto learned how to practice BNS, which he introduced into his well-established chiropractic practice, and reported: “So, I took the seminar and quickly realized what had been missing from my practice all these years as I started witnessing a level of healing beyond what I thought was even possible—and usually with last-resort patients who had given up hope of ever getting better—for things like head trauma, post-concussion syndrome, post-stroke symptoms, Bell’s palsy, trigeminal neuralgia, migraines, vertigo, tinnitus, seizures, breathing disorders, snoring, sleep apnea, sinusitis, deviated septum, loss of smell, loss of taste, cranial deformities, and the list goes on.”⁵⁷

He then realized that up to the time he introduced BNS into his practice, which he calls “cranial ballooning,” he was only addressing 20 percent of the nervous system: “The primary focus: the other 80 percent of the nervous system, at the source of the nerve impulse, before we move farther down the chain and concern ourselves with how that nerve impulse is transmitted. Exactly what B.J. [Dr. B.J. Palmer] was talking about when he coined the phrase, ‘from above-down’ first, before focusing on the second half of the equation, the ‘inside-out’ portion. Yet as chiropractors, we rarely address the primary subluxation, which lies above the neck in the cranium.”⁵⁷

The next step in the history of BNS is Dr. Frank L. Finnell, one of the early chiropractors in Oregon. He received his doctorate in chiropractic from the Pacific Chiropractic College in 1918. Dr. Finnell continued to study in the field that would become his specialty: eye, ear, nose, and throat. He subsequently obtained a doctorate in optometry from the Northern Pacific College of Optometry in 1927. He learned endonasal, oral, and aural techniques directly from Dr. Thomas Lake. In 1944, he became the main instructor of the eye, ear, nose, and throat course at the Western States College of Chiropractic and Naturopathy (WSCCN) and remained on the faculty until 1960. He was, therefore, Dr.

Stober's teacher, who was a student at WSCCN from 1946 until 1951.

In 1951, Dr. Finnell published the first edition of his book, *Manual of Eye, Ear, Nose and Throat: Etiology, Pathology and Treatment of Diseases of the Eye, Ear, Nose and Throat, Including Corrective Measures and Methods of Restoring the Eyesight without the Aid of Glasses*. In it, he introduced the technique described by Drs. Beatty and Janse, under a new name, "If you will refer to this treatment as the nasal specific, it will sound much better than if you speak of the 'balloon treatment.'" This is the first reference in the literature that I could find of the term "Nasal Specific Technic."⁴⁷

Dr. Finnell reported the types of cases in which the endonasal or nasal specific techniques have improved, "Endo-nasal techniques have been used with success in snoring, mouth breathing, coryza, chronic stoppage of the nose, seizures, Grave's disease, diabetes, tachycardia, headaches, insomnia, cervical adenitis, chronic eye trouble, tonsillitis, sinusitis, asthma, otitis media and catarrhal deafness."⁴⁷

Dr. J. Richard Stober (1922-1988) and the Bilateral Nasal Specific

This was when Dr. Richard Stober came into the picture. After serving in the South Pacific during World War II, he matriculated in 1946 at the Western States College of Chiropractic and Naturopathy (WSCCN), from which he graduated with dual degrees in chiropractic in December 1950 and naturopathy in the Spring of 1951. He therefore learned the nasal specific technique from Dr. Finnell.⁵⁹



Dr. Stober later persuaded his younger sister, Appa Anderson (Stober), to enroll at the WSCCN in 1949, three years after he did. She arrived with substantial radiology experience, as during her time in the Women's Auxiliary of the Army Medical Corps from 1944 to 1946, she served as a radiographer. Shortly after graduating from WSCCN in 1953, where she earned dual doctorate degrees in



Dr. Richard J. Stober (1922-1988) and his sister, Dr. Appa Anderson (1924-2012).

chiropractic and naturopathy, she joined the faculty to teach the radiology course. She eventually became the first female radiologist in the chiropractic profession.

Dr. Stober mentioned that he first became interested in cranial manipulation while serving in the Navy, where he worked as an assistant to an orthopedist who corrected sailors' broken noses upon their return to base after bar brawls by pulling the nasal septum with an improvised instrument resembling a pair of pliers. While attending school in 1948, Stober stated that he was busy learning osteopathic manipulation from "these old osteopaths."⁶⁰

One year ahead of him at the WSCCN was Wilbur F. King, who was born with cerebral palsy and successfully underwent treatment with Dr. Sutherland's osteopathic cranial manipulation approach.⁶¹ His primary focus as a doctor was to help children born with cerebral palsy. Although he graduated from WSCCN in June 1949, Dr. King remained on campus, possibly to teach cranial manipulation methods he had learned from osteopaths. Dr. Loyd T. Jacob (1928-2022), DC, ND, who graduated from WSCCN in 1954, wrote, "Already in 1952, Stober was teaching cranial manipulation." He was likely continuing Dr. King's teachings after Dr. King had left Portland for Coeur d'Alene, Idaho. However, Dr. Stober continued to learn from Dr. King through frequent visits to his office.

The author's personal communication with Dr. Stober revealed that he lived or practiced near an institution for children with disabilities, where he applied cranial manipulation. One day, after one of those visits to Dr. King in Coeur d'Alene, he drove back home to Oregon—a journey of over six hours—and contemplated using Dr. Finnell's nasal specific technique on those children with disabilities, which he did as soon as he returned to his practice. Eureka! Dr. Stober reported that the results were so remarkable and almost immediate that he radically shifted his practice from cranial osteopathic manipulation to Dr. Finnell's approach with these children.⁶² It's estimated that this must have occurred around 1955-1956, as Dr. Stober often said in his 1980 lecture series, "... for the past 25 years ..."

Dr. George Siegfried, DC, ND, from McMinnville, Oregon, who practiced alongside Dr. Stober for many years, wrote: "Many patients have had cranial manipulation, craniosacral therapy, torque release technique, condyle lift, and the list of cranial manipulative techniques goes on. However, to my knowledge, the bilateral nasal specific technique, although not by any means the only method of adjusting or manipulating cranial bones, is by far the most impactful. Indeed, due to the lack of research studies, this places it in the clinical research field at best, and anecdotal research at least. ... It is a technique that is dynamic, specific and incredibly powerful."⁶³

The author would like to add to Dr. Siegfried's testimonial that, in all of his nearly fifty years of experience in the field of manipulative therapy, nothing—old or modern—has been reported to restore health to patients as effectively and efficiently as BNS.

Eventually, Dr. Jacob was one of the first doctors to learn bilateral nasal specific from Dr. Stober: "He [Dr. Stober] was very helpful and said he could 'teach anyone to turn the key in the lock.'" Dr. Jacob commented, "If the wonders done through this treatment were the result of some new medicine or surgery, you'd probably hear about it through the media."⁶⁴

Dr. Stober practiced this technique on nearly all the patients who came to see him. He would see 30 to 50 patients per day, and he chose to have up to 80 percent of his patients be children who were, as a rule, significantly disabled. He reported, with regret, that it took another practitioner more than 10 years to adopt his approach.

Dr. George Siegfried noted that Dr. Stober practiced on Southeast Hawthorne Boulevard in Portland until 1981, when he moved his practice to Milwaukie: "From 1966 until 1985, he also had an office in Seattle, and he had offices in Salem and Canada at other times. He claimed to have cured blind people, deaf-mutes, people afflicted with cerebral palsy and children diagnosed with Down syndrome by using the BNS to expand the cranium."⁵⁹

Dr. Siegfried had been an athlete throughout his life, and when he was younger, he incurred many head injuries. In 1976, after completing his studies at Schiller University in Heidelberg, Germany, he returned to the United States, suffering from the effects of several concussions sustained while playing rugby and boxing. He then consulted Dr. Wendell Diebold,⁶⁵ an old osteopath and naturopath who was still teaching at the Western States College of Chiropractic in 1976. He told the injured George Siegfried to instead get treatments from Dr. Stober for his concussions and nasal obstruction due to a broken nose. "Dr. Diebold knew Sutherland and, I believe, worked with him for some time," and said to Siegfried, "As good as Dr. Sutherland's cranial osteopathy is, which he practiced, Dr. Stober took the work to another level. ... the efficacy of Dr. Stober's technique surpassed that of Dr. Sutherland. He said what Dr. Sutherland could achieve in 18 months, Dr. Stober would do in less than 10 minutes."

Dr. Siegfried's intimate knowledge of Dr. Stober and his method surpassed that of Dr. Stober's close older colleagues: "Dr. Stober was passionate and fearless in this most unusual specialty. I never saw him turn down an attempt to help someone with problems related to the head and brain. He was blessed with a 6th, 7th and 8th sense!!

He knew cranial anatomy and physiology inside and out, upside down, backward and forward. He was kind enough, due to my dogged persistence, to let me sit by his side for years, observing, assisting and discussing cases, many of which were miraculous in their results. Patients with birth-damaged heads, concussions, hearing loss, and speech impairment, chronic sinusitis, migraines, etc., were commonplace."⁶²

Dr. Steven Lenahan, a graduate of Western States College of Chiropractic in 1982, shadowed Dr. Stober weekly for a year and reported on his experiences with Dr. Stober in the *Townsend Letter for Doctors*, "The waiting room was always full. And full mostly of mothers holding children. It was obvious from my first step into that waiting room that this abundance of children had special needs. There were many children with Down syndrome and many others who looked like what is termed today developmentally delayed. Working my way to the treatment room, I was shortly introduced as 'the student who called to observe'. Dr. Stober greeted me with that infectious smile and got quickly to work. At first, I thought I was in Dr. Frankenstein's office. The room was mildly disheveled, kind of like a mad scientist with tools of the trade everywhere. It wasn't long before I learned that these were the tools of his trade, unique to him, and most probably found nowhere else on Earth. [Incidentally, the author visited the same office on SE Hawthorne Boulevard in Portland in 1981 and had a similar impression.]

"Soon afterward, I had my first observation of this artist at work. A child was being carried in by her mother. First, it began as a slow whimper, and soon, the inevitable screams and crying. Dr. Stober was rather efficient in his approach. Embracing the child with a gentle reassurance that everything would be all right, he took the child from her mother. Onto the treatment table, customized with seat belts, probably from an old Ford. My eyes must have popped out of my head as I saw that first child strapped down on the table. The 'surgical strike' was at hand. And with the swiftness and compassion only aligned with Dr. Stober, the nasal specific was employed. First, the inferior, then the middle and then the superior nasal meatuses, bilaterally, of course. Then, back to the inferior for the final installment. The whole process took less than 45 seconds. The kid must have felt like she had been struck by a bolt of lightning. Some gentle pumping of the cranium ended this process. With a quick release of the constraints, the young girl was drawn up into his arms and over to the cabinet and given a chewable Vitamin C. With a little joking around, they were best friends again. I soon learned why mothers so willingly gave up their screaming child to this man. Things were happening in his hands that the medical community wasn't able to touch."

Dr. Stober had much to teach, but unfortunately, he didn't take time away from his busy practice to write about his tremendous experience with BNS. This author first encountered BNS while visiting the National College of Naturopathic Medicine in Portland, Oregon, as a prospective student in 1979. I subsequently learned to practice it in 1981 from Dr. Stober. He was one of the most dynamic and enthusiastic teachers ever known. Dr. Stober clearly expressed his desire to write a textbook on BNS at some point. Unfortunately, Dr. Stober died on May 17, 1988, at the age of 66, amid a very active career. Nevertheless, his teachings have endured and continue to reach many, remaining relevant to this day. Hopefully, a recently published practitioner's manual, the first ever on BNS, will help fill part of this void.⁶⁶

Prevention

BNS can play a significant role in preventive medicine. If individuals, especially infants and young children, were routinely examined for head and facial symmetry, posture, and nasal breathing patency during regular check-ups and given appropriate care when needed, it would yield immeasurable benefits. It would be as valuable for health as choosing a lifestyle and environment conducive to it. It would enable individuals to better develop and realize their full potential while significantly reducing the need for healthcare interventions, including costly dental treatments for adolescents. "Full potential" encompasses not only the optimization of physical well-being and emotional and mental growth and expression, but also improved athletic abilities and artistic talents. Additionally, this approach could significantly reduce aberrant behavior that leads to delinquency and crime.⁶⁸

It is the author's hope that a recently published illustrated practitioner's manual on BNS reaches as many healthcare practitioners as possible and that BNS is eventually made available to everyone who could benefit from it. Further, it is this author's hope that a recent book on BNS, aimed at the public, reaches as many people as possible and shows how BNS can help them regain their health.⁶⁹

Conclusion

The primary objective for using BNS is to restore the integrity of the craniofacial structure, which potentially affects the structure and function of the entire body. Many musculoskeletal issues outside the head and face tend to improve after BNS treatments, including restoration of overall posture and structural integrity. Furthermore, by

fully restoring nasal breathing, the entire vital process is unleashed, allowing health to naturally return. In addition to alleviating common complaints that drive people to seek BNS treatments, such as the typical effects of concussions (including headaches, dizziness, brain fog, fatigue, pain anywhere in the body, etc.), obstructed nasal breathing, recurrent sinusitis, migraines, or problems with cranial nerve functions, individuals report experiencing longer, deeper, and more restful sleep post-BNS treatments, along with increased energy levels, heightened happiness, reduced anxiety and depression, and significantly improved cognition, alertness, focus, physical strength, endurance and abilities.

The restoration of structural integrity of each individual should thus be at the very heart of any enlightened healthcare system. Further, it is essential to note that the full range of benefits BNS can provide remains to be explored.

Several articles and a book chapter have been written on BNS, all of which are cited in a recently published practitioner's manual.⁶⁷ Unfortunately, there has been very little clinical research on BNS. A notable exception is a study demonstrating near or significant improvements in vision, hearing, and craniofacial measurements before and after treatment in a placebo-controlled trial.⁷⁰ Most of the evidence for this paper relies on the clinical expertise of multiple generations of BNS practitioners, as compiled in the aforementioned manual, and constitutes one of the three pillars of evidence-based practice.⁷¹

As this author's specialty is homeopathy, BNS and homeopathy are a natural fit. While homeopathy fine-tunes the vital force, BNS liberates it.

This paper ends with words from Dr. Stober, the undisputed authority on BNS, who encouraged students to learn this technique, "The ones who will today perceive the full potential nasal specific has for unlocking cranial bone jams and helping patients attain greater and more durable health will be on their way to obtaining phenomenal results with them."⁷²

Acknowledgements

A large part of this article has been extracted and adapted from the book, *The Art, Principles and Practice of Bilateral Nasal Specific—A Practitioner's Manual*, written by the same author. Another book, *The Life-Changing Treatment That You Need... But Never Heard Of*, written by the author for the public, has also been referenced.

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Book Review:

Saine A. *The Art, Principles and Practice of Bilateral Nasal Specific*. Montreal: Dare to Know, Press of the Canadian Academy of Homeopathy; 2025.

Dr. Saine has written a comprehensive history of a fascinating cranial technique that I’ve only heard spoken of in whispers, behind closed doors and through four or five patients over my 40 years of practice relating their personal experiences. His voluminous text is replete with historical anecdotes and a rich treasury of personal clinical case histories to illustrate not only the myriad of complaints that are associated with cranial lesions but also their resolution through applying BNS. In his text, Dr. Saine reviews in detail: cranial anatomy, the equipment required, therapeutic treatment planning and the application of the technique. Many of the scenarios shared are frequently seen presentations of the pediatric population ranging from otitis media, chronic sinusitis and sleep-disordered breathing to cerebral palsy, epilepsy, ADHD and ASD.

Dr. Saine’s answer to the question, “Why don’t our adjustments hold?” Is reiterated time and again in his text, suggesting that thorough cranial adjustments utilizing this technique corrects the foundation around which children are compensating (potentially since birth) and traditional chiropractic adjustments are only ameliorating symptoms for a temporary period of time.

In a healthcare era that includes a growing understanding and appreciation of the benefits of chiropractic and osteopathic treatment, parents are continually seeking more effective, natural approaches to incorporate into their family’s health and wellness regime. Dr. Saine makes an excellent case for including this technique in any pediatric chiropractor’s repertoire.