What’s a sphenoid? 

The sphenoid is the butterfly-shaped bone at the bottom of the skull (see Figures 1 and 2). It is considered the most important of the cranial bones because it touches (directly or indirectly) every other bone in the skull. If the sphenoid is out of proper alignment (subluxated), the entire skull, spinal column, and even the brain may be affected.

The sphenobasilar (SB) junction

The sphenoid joins at the bottom of the skull with the occipital bone to form the sphenobasilar (SB) junction or joint (see Figure 2). This junction acts like a pump to move a special fluid known as cerebrospinal fluid (CSF) throughout your nervous system. CSF delivers nutrients to your brain, spinal cord, and nerves and removes wastes. Its chemistry affects the proper functioning of your immune system as well as your nervous system.

What can a sphenoid/sphenobasilar (SB) subluxation do to me?

If the sphenoid is subluxated, it can cause many different physical and mental problems. The list of these conditions is long and includes 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,
After the sphenoid pattern is corrected, patients often report feeling a sense of expansion or “lightness.” Sometimes they may remark that their vision is clearer or sharper. Headaches, even migraines, may decrease and chronic problems may begin to go into remission. In addition, mood and depression improve and a sense of calm and relaxation is often reported.

Koren Specific Technique
Koren Specific Technique (KST) was developed to easily and quickly analyze and correct (adjust) the entire structural system, including the cranial bones. It is a gentle low-force technique that, because of its specificity, keeps patients subluxation-free for longer periods, promoting greater health, healing and well-being.

Locating the sphenoid
The wing of the sphenoid is felt behind each eye. The wing most commonly subluxates (goes out of place) forward or backward and, less commonly, inferior or superior.

Occiput subluxation
Since both bones join and affect each other’s movements, there is rarely a sphenoid subluxation without an occipital subluxation. The occipital bone is located at the back of the skull and makes up the bottom (or base) of the skull.

Fixing the sphenoid pattern with KST
The cranial bones are first analyzed to see if they are out of position or not moving properly (subluxated). If analysis reveals a subluxation, KST doctors usually use an adjusting instrument to correct the subluxation.

Adjusting the sphenobasilar (SB) subluxation “pattern”
The typical sphenoid or SB junction “pattern” is most commonly the following:
1. Left and/or right sphenoid wings are forward.
2. The wings may be forward on one side and backward on the other.
3. There may be inferiority/superiority on either side.
4. The occipital bone goes inferior and sometimes lateral.

After the sphenoid pattern is corrected, patients often report feeling a sense of expansion or “lightness.”

strabismus; deviation of the eyeball; ptosis of the eyelid; vision problems; tinnitus; deafness; disturbances of the vagus nerve (nausea and vomiting) and other conditions.1

As one researcher, Dr. M.B. De Jarnette, writes: “The list of symptoms involved in this subluxation is practically endless…. Nothing can disturb as many cranial nerves as can the sphenobasilar subluxation. The sphenobasilar must always involve the occiput and the sphenoid.”2

Also, the sphenoid bone makes up a portion of the “eye-socket.” That may be one reason sphenoid subluxations cause vision, nasal and related problems. Migraine or headache coming from the eye may be an indication of a sphenoid subluxation.

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