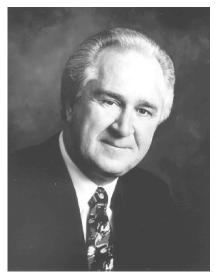


## **UPPER CERVICAL TECHNIQUES**

## KALE UPPER CERVICAL

Dr. Michael U. Kale, D.C., F.I.C.A., F.K.C.S. September 20, 1939 - July 2, 2001

www.kale.com/Chiropractic



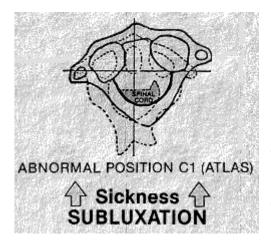
## The KALE Upc X-ray Analysis

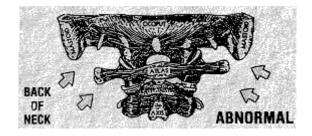
Michael Kale, who is a Palmer graduate, has worked to emulate B.J. Palmer's work and Kale's adjustment procedure is very similar to that of Palmer's Hole in One [HIO] procedure.

In the Kale upper cervical X-ray analysis 3 X-ray views are used to determine the patient's listing (subluxated atlas position):

These X-ray views are the AP open mouth, the lateral cervical spine (central ray through C1) and the base posterior. The X-rays are not used as a definitive guide to existence of a subluxation, thus Kale incorporated scanning using thermal scanning equipment. If the apparent listing does not clear the

scan, then the listing will be re-evaluated and changed until the end result is a clear pattern on the scan. Kale did not teach palpation as a reliable source of information due to his opinion as to the subjectivity of palpation.





These figures again show the 'phenomenon', which **IS** the atlas subluxation. Think about the weight of a person's head and imagine the job that the ligaments supporting it have to perform. It's not hard to visualize what

can happen to the skull to atlas to axis relationship when someone sustains a bump or knock to the head and/or neck.

## The KALE ADJUSTMENT

The knee-chest table is utilised in making the atlas adjustment and such adjustments are delivered only when the patient presents with the subluxation pattern. Kale considered that the pattern which will be identical always when the patient is subluxated. The adjustment mimics the way Palmer had intended it to be following his research and refinement of the technique. It is a torque, toggle adjustment. The adjustment relies on "that extra something" - the torque. The torque is dependant on the superiority or inferiority of atlas or axis. The body drop is also crucial in delivering a proper adjustment. Doctor position and hand placement is dependant on the side and anteriority and posteriority of atlas or axis.

After a rest period of at least 15 to 20 minutes, the patient is rechecked to see if the pattern has not returned thus confirming that the subluxation is removed. Kale never really emphasised leg length as a pointer to subluxation so he would rely on the scanning instrumentation to determine if subluxation remained. There can also be leg length discrepancies as a result of anatomic variations, and thus relying on leg length analysis requires understanding of this factor.

From the Kale website I acquired the following statistics. I have no way of verifying these numbers, however I place them here for reference. Apparently, the statistics used in this chart are based upon the 'Committee on Research of the International Chiropractors Association, the Kale Network and Kale Research Centre'. These findings represent the results obtained with specific chiropractic ("Brain Stem Procedure") care for a wide range of chronic conditions. The majority of these cases had also been previously diagnosed and treated by practitioners other than chiropractors.

Having researched upper cervical chiropractic for years, the results in the table do not surprise me and emphasise the importance of Governments around the World putting far more priority and funds into chiropractic research. Research is far too heavily weighted towards drug research or research which involves surgical procedures. Specific upper cervical chiropractic, and the gentle adjustment techniques used today involve no invasive procedures. Seems to me that for the sake of sick people, chiropractic should be given a chance. The human body is quote capable of looking after itself given the right conditions.

**Comment:** look at the "% well or much improved" column for so-called hearing disorders; deafness, dizziness, Meniere's disease and vertigo. The correlation between hearing disorders and dysfunction of the upper cervical spine is well known in upper cervical chiropractic.

TABLE from http://kale.com/kaleweb/chiropractic/results.htm

Conditions	Percent Accepted for treatment	Percent Well or Much Improved	Percent Slightly Improved	Percent Same	Percent Worse
<b>Allergies</b>	92.3%	87.2%	10.3%	2.5%	0%
Anaemia	88.3%	81.5%	9.2%	7.7%	1.6%
Arthritis	89.2%	73.3%	16.8%	9.4%	.5%

Asthma	92.3%	80.5%	12.1%	6.5%	.9%	
Back Disorders, General	98.2%	81.75%	17.3%	.95%	0%	
<b>Bronchitis</b>	94.3%	84.2%	9.9%	3.9%	2%	
Bursitis	96.1%	89.3%	7.1%	3.6%	0%	
Constipation	98.3%	79.2%	13.3%	6.7%	.8%	
Deafness	96%	71.9%	17.7%	10.4%	0%	
Diabetes Mellitus	100%	67.5%	22%	9.7%	.8%	
Dizziness	94.6%	86.3%	7.8%	5.9%	0%	
Dyspnea	90%	89.5%	0%	10.5%	0%	
Emotional Disorders	90.4%	85.5%	8%	5.5%	1%	
<b>Epilepsy</b>	83%	79.5%	10.9%	8.4%	1.2%	
Gall Bladder Disorders	90.3%	80.9%	14.3%	4.8%	0%	
General Tension	86.4%	72.5%	16.5%	8.8%	2.2%	
General Weakness	89.2%	87%	8.7%	0%	4.3%	
Goitre	82.3%	85.7%	10.7%	3.6%	0%	
Hay Fever	92.3%	81.6%	13.4%	5%	0%	
Headaches, Non-migraine	98.7%	83.2%	11.1%	5.1%	.6%	
<b>Herniated Discs</b>	87.3%	88.2%	7.9%	3.5%	.4%	
High Blood Pressure	88.6%	73%	19.3%	6.4%	1.3%	
Indigestion	96.4%	89.4%	4.5%	5.3%	.8%	
Insomnia	94.6%	81.8%	11.4%	5.1%	1.7%	
Kidney Disorders	88.3%	81.9%	3.6%	9.7%	4.8%	
Liver Disorders	87.1%	80.5%	16.7%	2.8%	0%	
Low Blood Pressure	94.1%	73.6%	17.6%	8.8%	0%	
Lumbago	96.7%	73%	18%	4%	5%	
Meniere's Disease	88%	92%	0%	8%	0%	
Menopause Disorders	87.1%	73.4%	13.3%	13.3%	0%	
Menstrual Disorders	94.6%	81%	12%	6%	1%	

Mental Disorders	91%	73%	17%	8%	2%	
Migraine Headaches	93.6%	86.6%	8.1%	2.9%	2.4%	
Multiple Sclerosis	75%	33%	31%	26%	10%	
Nausea	84.2%	87.2%	10.3%	2.5%	0%	
Nervousness	95.6%	80.8%	12.8%	5.3%	1.1%	
Neuralgia	97.3%	80.1%	14.2%	5.7%	0%	
Neuritis	98.2%	86.4%	6.4%	7.2%	0%	
Parkinson's Disease	82%	35%	35%	26 %	4%	
Pleurisy	93.2%	91%	7.1%	1.9%	0%	
Prostate	88%	84%	7%	9%	0%	
Rheumatism	96.1%	77.2%	14.7%	8.1%	0%	
Sacro-Iliac Disorders	98.4%	81.8%	17.2%	1%	0%	
Sciatica	97.2%	85%	9.4%	5.1%	.5%	
Sinusitis	93.1%	83.2%	11.8%	4.7%	.3%	
Spinal Curvatures	97.1%	82.9%	5.7%	8.6%	2.8%	
Stiff Necks	92.6%	93.2%	4.4%	2.4%	0%	
Stomach Disorders	91.3%	82.5%	13.1%	3.7%	.7%	
Strabismus	95%	80%	13%	7%	0%	
Tic Douloureux	91.2%	77%	12%	9%	2%	
Ulcers	92.1%	80.2%	13.2%	6%	.6%	
Varicose Veins	85.1%	89.2%	5.4%	5.4%	0%	
Vertigo	98%	86%	8%	6%	0%	