

Dizziness and the Misaligned Neck

By Charles Masarsky, DC, FICC

Author's note: Dizziness can be a frightening symptom. Unfortunately, it often frightens people away from the very chiropractic care they need, thanks to decades of disinformation linking cervical adjustments to stroke. The following patient-education article reviews some of the literature linking chiropractic care to recovery from dizziness. Please feel free to use it on your bulletin board, as a front-desk flyer or as a lay-lecture handout.

The exact cause of a patient's dizziness can be difficult to diagnose. It is a symptom that often resists standard treatment. For many people, dizziness is accompanied by neck-related symptoms, which bring many of them to doctors of chiropractic.

In a clinical case report published in 2009, an Australian doctor of chiropractic described a 25-year-old woman who had suffered from neck pain, headache and dizziness for several years.¹ During these years, she had suffered from several fainting episodes. She was diagnosed with a syndrome of sudden drops in blood pressure when changing position - a condition known as *orthostatic hypotension*. Standard medical treatment for orthostatic hypotension failed to bring relief.

One important measurement for patients suffering from orthostatic hypotension is the difference between the upper blood pressure reading (systolic blood pressure) and the lower reading (diastolic blood pressure). This difference is called *pulse pressure*. Pulse pressures lower than 40 mm/Hg are considered problematic.

At her first chiropractic visit, the patient's pulse pressure was 20 mm/Hg. Chiropractic examination revealed evidence of abnormal alignment and mobility (subluxation) in the upper cervical (upper neck), lower cervical (nape of the neck), and upper thoracic (upper back) regions. After six weeks of chiropractic adjustments to correct these subluxations, the patient experienced reduced levels of dizziness, neck pain and headache. Her pulse pressure was 42 mm/Hg. There were some episodes of improvement and worsening after this point related to her stress levels; however, her pulse pressure did not drop to initial levels.

An earlier report by a Canadian practitioner describes a 37-year-old woman with a three-month history of neck pain, facial numbness, pain on swallowing and dizziness.² A full medical workup, including an MRI of the brain and a referral to a specialized dizziness clinic, failed to identify the cause of her problems.

Chiropractic examination revealed cervical and thoracic subluxations, complicated by strain of several muscles, including a major neck muscle (the sternocleidomastoid). These problems may have had their origin when the patient had to carry her youngest child (who was suffering from an extended illness) with her left arm while doing housework with her right.

Chiropractic adjustments were combined with manual therapy for the neck muscles for two weeks. This was followed by 12 weeks of rehabilitative exercises. At that point, the patient reported her symptoms to be 80 percent resolved.

These reports are recent contributions to a growing body of evidence indicating that patients with dizziness often respond well to correction of cervical and upper thoracic subluxation.³⁻⁶ If you suffer from dizziness, consider the importance of your chiropractor as a member of your health care team.

References

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