

SOT cranial therapy for the treatment of intracranial hypertension: A case report

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Objective: A 53-year-old female patient presented to this office with intracranial hypertension and subsequent headaches/dizziness.

Clinical Features: The patient reported a 10-year history of abnormal headaches/dizziness with unknown etiology. After air-travel, increased neck/ear/behind eyes pressure, and hypotension on right-cervical rotation. She had TMJ parafunction, hot flashes, and restless sleep. History included two-optic nerve fenestration surgeries (97% recovery), two-back (L3/4-L5/S1) surgeries, and cholecystectomy.

Intervention/Outcome: Examination revealed forward head posture, narrow dental arches, multiple amalgam fillings, right-anterior-premature contact, tongue-tie, and TMJ parafunction. Pain to palpation was noted to the muscles of mastication with hypertonicity of the right scalene, and right-deltoid myotome weakness. Liver/gallbladder referred pain regions were sensitive to palpation. Left-psoas/*quadratus lumborum* muscles were hypertonic, left SI-joint swelling and left-sided foot-arch pronation. Cranial assessment revealed left-*temporal* bone and *sphenobasilar* imbalance. Treatment consisted of eight-chiropractic treatments (8-weeks) incorporating sacro-occipital technique and craniofacial adjustments. Additionally, she had the dental amalgams removed by dentist. Following care the patient reported significant reduction in all symptoms, no headaches or dizziness with altitude changes. Patient reported no hot flashes and digestion improved with normal blood pressure readings.

Conclusion: Greater study is needed to identify if other patients presenting with chronic intracranial hypertension might benefit from SOT and cranial/craniofacial adjusting interventions.

Indexing terms: Chiropractic; intracranial hypertension; headache; dizziness; dental amalgam; sacro-occipital technique



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