

# 78y female with symptoms of Ménière's Disease, and subluxation.

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**Indexing Terms:** Ménière's Disease; subluxation, upper cervical, Gonstead Methods.

## Introduction

This is a 'pre-case-report' written in the chiropractor's real-world clinical language. The express purpose is to document an interesting case from the day-to-day perspective of a practitioner in a suburban practice in Australia, thus adding to the overall body of evidence for chiropractic. The two elements are the report itself as written by the chiropractor, and 'what we know' compiled by the editorial team.

The method is Quantitative Autoethnography with Thematic Report of relevant chiropractic literature held within the profession's referent data base, the Index to Chiropractic Literature.

Our intent is to provide primary evidence of chiropractic practice which will be indexed and retrievable to guide future case reports prepared by others in the formal 'CARE' style, and to inform the development of research protocols. [Editors]

... head pain in a 78y female anxious patient related to weather and low-pressure systems. Cranials? Or manual adjustment of her upper cervical complex?

Quick Tap or Scan:



## Subluxation with Ménière's Disease in an ageing female

### Context

[Practitioner] The long-term female patient was aged 78 years at this time of this report and had been diagnosed with Ménière's Disease five years prior. I considered she demonstrated a nervous disposition indicating cranial techniques and Activator™ for correction of upper cervical dysfunction.

### History

The patient reported a distant history of domestic violence in which she was often dragged around by the hair; clinically this could account for the found C0 PSRSRA subluxation. She also had a number of falls post-middle age, resulting in fractures to her coccyx and sternum and a low back disc bulge, requiring six weeks off work, but she also reported being active with cycling,

swimming and walking in her time. Currently she stays well hydrated by drinking water, her osseous structures appear good for age and she is in her healthy weight range.

Of interest is her report that low pressure weather systems negatively affect her head-related symptoms.

### Examination

The patient has recently acquired new state-of-the-art hearing aids. Our previous interactions required me to type my words for screen display due to her deafness but now she is able to hold verbal conversations. The patient continues to lip-read to a reasonable extent.

She reported signs of Ménière's Disease which related to my clinical findings. These symptoms had afflicted her for some 5 years.

Spinal analysis with Gonstead Methods showed evidence of subluxation typically at the ilium, T9 and C6 with T5 sometimes indicated. Subluxation of the upper cervical complex was a constant finding with C0 PSRSRA, yet C1 ASR seemed compensatory at each visit because it reduced greatly after other adjustments.

The patient also injured her lower back with shearing forces while mopping 4 months into treatment, causing an L5/S1 disc bulge. L5 then presented itself as PRS-m.

### Treatment

Chiropractic adjustments in the Gonstead Methods appropriately modified for her age, somatotype, and disposition, were typically given at segments T9 usually as PRS-T, C6 as PLS-inf, and C0 as PSRSRA. T9 was inferior on X-ray analysis, suggesting a traumatic cause. Until writing this report I addressed her C0 subluxation with cranial adjustments and achieved acceptable responses. The cranial findings were sometimes accompanied with T5 subluxation (PRI-T), with reflux and mid-back pain being intermittent complaints. Her pelvis presented itself as a R) PIEX initially, but settled into a L) ASIN over time, which would correlate with her reduced lumbar lordosis.

I consider the intermittent involvement of T5 to most likely be compensation related to her reported structural stressors which have clinical significance to this report. T5 is also related to her low back pain through the use of strong analgesia (oxycodone), which was eventually weaned by her medical provider and replaced with a low-dose muscle relaxant (diazepam), from which she is now also weaning. It is possible the involvement of T5 is related to visceral stimulus associated with the medication. I consider her to be a complex clinical case and note that T5 can at times be considered a primary subluxation but unsupported by her X-ray, and at others a compensation related to her L5 disc issue. When indicated, the PRI-T adjustment to T5 produced good outcomes for the patient, with less reflux and reduced mid-back pain.

The cranial findings are accompanied with clinical changes in her PNS. The patient agreed to exercise her mental health and improve relaxation by working through a puzzle book before bed. I continue to monitor this matter.

On the occasion which prompted this report, her C1 remained subluxated after adjusting other levels as indicated. I considered her system sufficiently settled to finally allow for a C1 adjustment, but as the patient being of nervous disposition Activator was used instead of a manual adjustment. Following the adjustment, the patient reported she felt immediately clear-headed. This is difficult to quantify in the active clinical environment beyond documentation as a clinical note.

On her subsequent attendance the patient's reported response to the C1 adjustment and my clinical findings confirmed that the upper cervical complex had held its adjustment and was not indicated for further intervention at that time.

## Imaging



The patient's radiology report states:

*Referral notes:* History of trauma. Difficulty swallowing. Tender pelvic/SIJ region. Scoliosis. Current possible L5-S1 disc issue after mopping. Left buttock pain left leg pain.

*Report:* There is a mild cervical curve concave to the right with evidence of an upper thoracic curve concave to the left. The alignment is otherwise normal. There is mild to moderate degenerative spondylosis with endplate sclerosis and endplate spurs and there is mild disc height loss at C5/6 and 6/7. No focal osseous lesion is seen. The neuroforamina are of good dimensions. There is minor lower cervical facet joint OA. There is no cervical rib.

No abnormality of the thoracic spine was demonstrated. The disc spaces are well preserved.

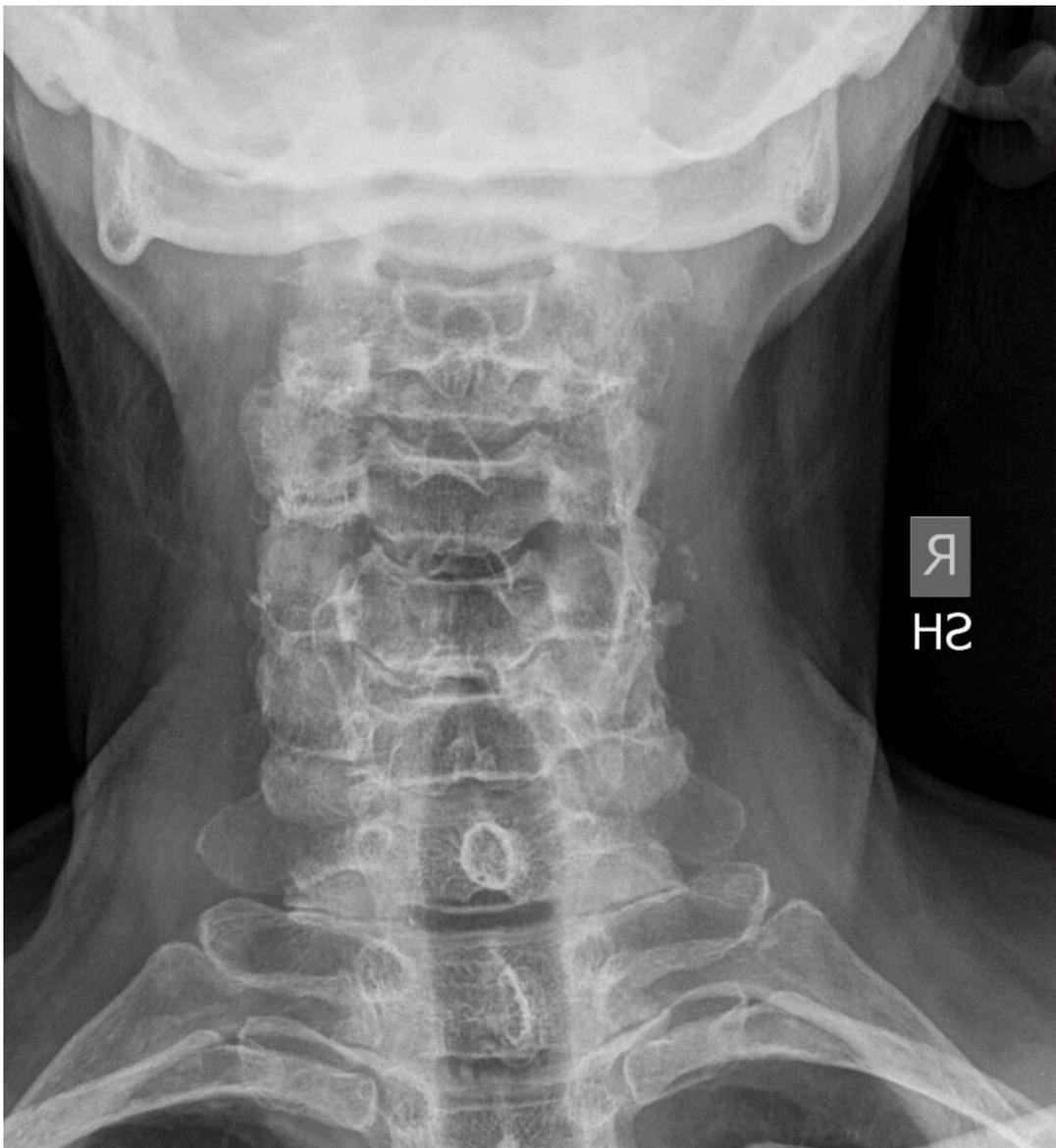
There is degenerative change with disc space narrowing at the L2-3, L3-4 and L4-5 levels. The other disc spaces are well preserved. There is degenerative change in the remainder of the lumbar spine. There is osteoarthritic change in the L4-5 and L5-S1 posterior facet joints.

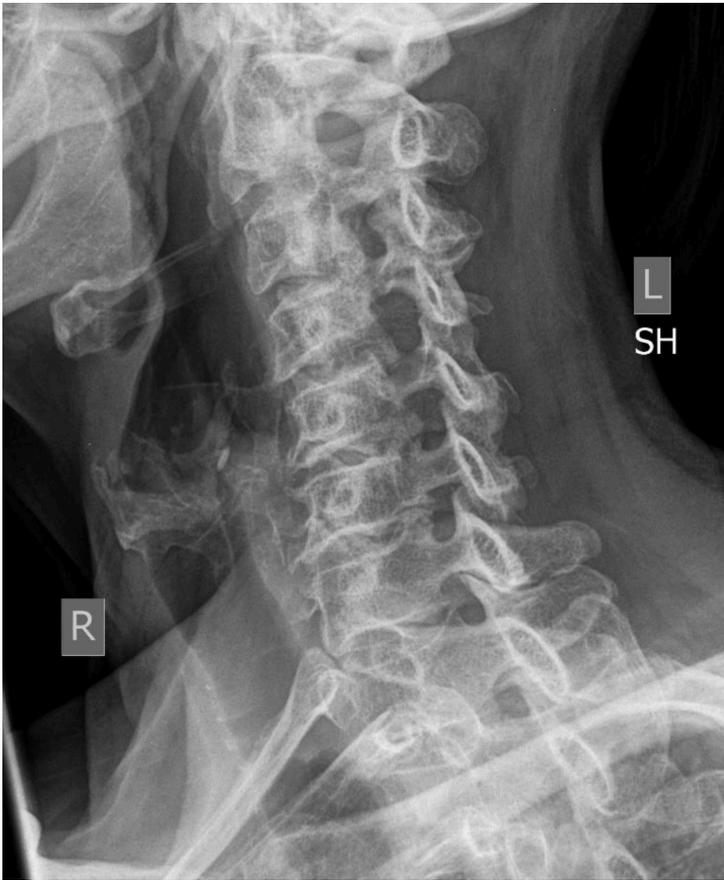
There is no significant leg length discrepancy. There is mild hip joint OA with a little subchondral sclerosis and cystic change in the lateral aspect of the roof of each acetabulum. No focal osseous lesion is seen. The sacroiliac joints appear well preserved. There is mild degenerative change at the sacrococcygeal junction.





From the lumbosacral lateral view I note the horizontal endplates of L5 and that her disc spaces are within normal expectations given her age. I note from other reports an L5/S1 disc bulge, a common asymptomatic finding.





### Outcomes

The patient reported positive outcomes such as a clear head, improved quality of life and reduced dizzy attacks.

### What we know

Ménière's Disease is a disorder of the inner ear that causes severe dizziness (vertigo), ringing in the ears (tinnitus), hearing loss, and a feeling of fullness or congestion in the ear, usually affecting only one ear. (1)

The indexing term 'Ménière's Disease' returned 12 articles (02 October 2020) in the *Index to Chiropractic Literature*. Some are reported here.

In 1979 unnamed academics at CMCC (2) reported a relationship between 'vertebral dyskinesia' and 'cervical syndrome'. This was the second year of [publication for JMPT and its early papers are incomplete for indexing. Twenty years ago Terrett (3) gave an account of the improved hearing in Harvey Lillard after Palmer's adjustment. We are not suggesting Stephenson's patient could have improvement in her hearing however this will be monitored for any change.

Pennington and Miller (4) reported on 'successful chiropractic management of a patient [65y female] with Ménière's Disease post vestibular nerve section'. Burcon's case series N=300 found 'One hundred thirty out of one hundred and thirty nine patients had inferior and posterior listings with laterality on the opposite side of their involved ear. After one or two specific cervical adjustments, one hundred and thirty six out of the one hundred and thirty nine patients presented with balanced legs and an absence or dramatic reduction of symptoms, especially vertigo.' (5)

Emery reported the positive response of a 40y female. (6) Chung and O'Connell found that correction of 'subluxation at the C1 vertebrae' following the protocol of the 'National Upper Cervical Chiropractic Association (NUCCA)' resolved symptoms with 34 visits on which the found

subluxation was '*adjusted a total of 22 times.*' (7) Successful outcomes with the NUCCA approach were also reported by Jones and Salminen. (8) Improvement is also known for the application of Network Analysis. (9)

Bryner and Cowin (10) reported an association between improved quality of life and Pettibon Technique and found that '*Hearing fluctuated in approximate synchrony with changes in angular displacements of upper cervical vertebrae during the treatment period.*'

Oliverio reported (11) that '*many practitioners use exclusively an upper cervical technique and remain successful in treating low back pain patients*' and stated '*There are several theories as to why cervical subluxations are related to low back pain.*'

In this case presented by Stephenson the care was conventional chiropractic which is patient-focussed and guided by findings documented with the Gonstead Methods of spinal analysis, the identification of subluxation with consideration as to whether they were primary or compensatory, and then adjustment.

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### About the chiropractor

Dr Stephenson is a December 2005 graduate of Macquarie University, commencing practice in early 2006. This is a busy practice in a country town near Australia's capital city, Canberra.

This report is published with the informed consent of the patient. No identifying information is given.

On the basis that this *Journal* reports matters of direct relevance to chiropractors, the captions for each X-ray are redundant. All were taken by an independent provider within a state Health Service and with the patient erect.

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