

Improvement in dizziness and hearing loss in a 29-year-old male with Meniere's Disease: A case report

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Background: A 29-year old male presented for Chiropractic care with primary concerns of hearing loss and episodic dizziness following a prior diagnosis of Meniere's disease. At the time of his presentation, his condition was severely impacting his quality of life.

Intervention: The patient commenced a 12-week initial course of Chiropractic care during which subluxation-based care was delivered using knee-chest upper cervical techniques.

Outcomes: At the tenth visit, his hearing aids were no longer needed, and hearing had returned by the 12th visit review. At the second review (24 visits), he reported a decrease in depression, anxiety and dizzy spells, and an increase in quality of life.

Conclusion: Chiropractic care may impact hearing loss and dizziness related to Meniere's disease, and provide a conservative, non-pharmaceutical intervention that can move towards remission of symptoms.

Indexing Terms: Chiropractic; Subluxation; Upper cervical; Meniere's; Hearing loss; deafness.

Introduction

Meniere's Disease is a rare and chronic inner ear disorder marked by recurrent episodes of vertigo, hearing loss, tinnitus, or feelings of fullness in the ear. During attacks of Meniere's Disease, balance may be compromised, headaches may occur, and nausea and vomiting may accompany the attacks.

While the aetiology is currently unknown, the condition is believed to have some link to the structure and function of the inner ear. Data indicates that prevalence rates increase with age from 18 to 65. (1) Current information suggests that stress, fatigue, age, family history and endolymph (abnormal fluid build up in the inner ear) may contribute. Aside from these likely contributing factors, it is thought of as an idiopathic bioenvironmental disorder. (2)

This is a condition for which it is said there is 'no cure.' Ordinary treatment includes pharmacological interventions for symptoms that accompany the

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disorder (such as vertigo, nausea and tinnitus), as well as dietary changes, trigger avoidance and stress management. Vestibular rehabilitation is often recommended, again for symptomatic relief, and in rare cases, surgery. (1)

Permanent deafness has been known to occur in rare cases, and treatment is not geared at cure or remission, but rather symptom management and quality of life. While limited case report data has been presented in which symptoms of Meniere's disease have improved concomitant with chiropractic care, no larger studies have been completed thus far.

This case report presents the management and symptomatology of a 29-year-old male with Meniere's disease and accompanying hearing loss.

Case details

A 29-year-old male presented for Chiropractic care with a primary complaint of episodic dizziness and hearing loss spanning the two years prior. He was an administration executive with a sedentary lifestyle and only limited experience with Chiropractic. He had been diagnosed with Meniere's disease by an ear, nose, and throat specialist.

Over the last two years, his dizziness had reduced in frequency, however his episodes of hearing loss had increased in frequency and could last longer than two months. The patient also reported fullness and a ringing sound in his left ear. Following a flight one month prior to his visit, his hearing loss worsened to and was now moderate to severe, and he had therefore been prescribed hearing aids.

He reported that hearing loss in the left ear had negatively affected his social life. He was now experiencing difficulties with reading, concentrating, travelling, being in loud or public places, going outside, engaging in hobbies and sports, and even struggling with meeting family, talking to friends, working, sleeping or studying. To say that this was having a profound impact on his social connectedness and activities of daily life would be a reasonable summation of the situation. He also had a history of depression and anxiety for which he was taking psychiatric medications for an extended period of time.

While dizziness, hearing loss and Meniere's Disease were his primary complaints, his secondary complaints were '*spinning spells*' of severe dizziness, as well as depression and anxiety.

Clinical findings

Upon presentation to a Chiropractic clinic, a thorough examination took place, during which he was examined using Tytron thermography nerve scans, the Bournemouth Questionnaire. Biomechanical open mouth cervical x-rays, as well as a normal battery of Chiropractic examinations. The latter included cervical range of motion tests, posture assessments, leg length inequality and upper limb muscle tests.

Examination revealed subluxations at C1 Atlas left posterior, C1 Atlas right anterior, C2 (body left) and C2 (body right). Additional findings included antalgic posture with left head tilt and right shoulder tilt, as well as upper limb muscle weakness, a 1.3 kg skew to the right on the balance scales, a right short leg and limited range of motion in the cervical spine in extension. The patient was hypotensive with his blood pressure reading 107/66-67.

The patient commenced a course of Chiropractic care involving three visits per week for the first two weeks, and then two visits per week. He had review sessions at the 12th session (one month into care) and the 24th session (four months into care). During this time, he was managed using knee-chest upper cervical protocols, given the upper cervical subluxations were the focus of care.

Upper cervical adjustments were performed in the knee-chest position. Thermography nerve scans were used pre and post-adjustment to monitor the patient's subluxation status and decide whether or not the patient needed an adjustment at each visit.

Outcomes

At the 10th visit, which was prior to his first review, the patient reported that he had stopped wearing his hearing aids. This had not been done under medical advice, but rather as a personal experiment. At the 12th visit, he reported that the hearing in his left ear had returned gradually over the one to two weeks prior. The patient reported a significant reduction in spinning spells or dizziness. On the 24th visit, a second reassessment was undertaken during which the patient reported better mood and a reduction in anxiety.

The patient's hearing was also being monitored by his ENT doctor. This confirmed the return of his hearing, which was now back within normal limits. Thermography nerve scans were taken at every visit and had significantly improved over the course of care.

Given that the patient had previously been told that his hearing loss '*could be permanent at this time*', the patient was happy and relieved that his hearing had returned. He no longer had to depend on hearing aids or have his social, work, or recreational life negatively impacted by dizziness or hearing loss. This represented a significant increase in his quality of life across numerous metrics.

The patient no longer had to depend on hearing aids or live with the anxiety that he may never regain his hearing. This in itself contributed greatly to his increased well-being. Regaining hearing also meant he was able to return to his social life, work and hobbies, thus increasing his quality of life significantly.

Discussion

There is a paucity of Chiropractic literature on Meniere's Disease beyond a small number of case reports.

Subluxation, specifically upper cervical subluxation, might impact on the biomechanical structures underpinning Meniere's Disease and may impact on proper drainage and fluid balance and function although this is yet to be confirmed. However, it stands to reason that if we adjust upper cervical subluxations and support proper biomechanics in that region of the spine, we might see improved function. This may be due to the proximity of the brainstem to the upper cervical spine, as subluxation in the upper cervical area may cause irritation and pressure affecting the cranial nerves originating from this area. Such nerve interference may cause deficits in cranial nerve function.

In Meniere's Disease, this may come together as follows:

- ▶ Two branches of CNVIII (Vestibulocochlear nerve): The vestibular nerve transmits information about head position and movement from the vestibular system in the inner ear to the brain. It is responsible for balance control and spatial orientation. While the cochlear nerve transmits auditory signals from the cochlea in the inner ear to the brain, it is responsible for the perception of sound;
- ▶ CNX (Vagus nerve) and the mandibular branch of CNV (Trigeminal nerve) are involved in controlling the tonicity and function of the Eustachian tube.

Thus, the upper cervical adjustment may support cranial nerve function and directly impact the areas of function involved in Meniere's Disease.

The heart of Chiropractic is about the body being a self-healing, self-regulating system that is able to intelligently heal when free of subluxation. This case, at its simplest, is one of optimal

function being restored and then the body being able to heal and regulate itself. It also serves to show that even with a diagnosis of Meniere's disease and hearing loss, Chiropractic can offer a better quality of life and remissions of symptoms, in this case with upper cervical Chiropractic care.

Conclusion

This case report is limited in that it is a single patient's case. Furthermore, the patient was initially recommended a 36-visit plan. However, he stopped his care after 27 visits as he had regained his hearing.

A repeat of the Bournemouth Questionnaire was planned at the 36th visit but was not done to measure his subjective outcomes. Given he attained better results than he expected we expect there would have been a significant improvement on the original score.

Given the paucity of Chiropractic research in the area of upper cervical subluxation-based care and Meniere's disease, further research in this area would be beneficial.

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About the Chiropractor

Upon graduating from AECC University College, UK in Masters of Chiropractic, Jessey now practices in Singapore. Using a holistic approach, Jessey has experience helping people of all ages, including paediatrics and geriatrics.

Dr Jessey is equipped with knowledge and skills in various chiropractic techniques including: Blair Upper Cervical, Sacro-Occipital Technique (SOT), Sanrocco Method, Total Body Modification (TBM), Bio-Energetic

Synchronization Technique (B.E.S.T.), Applied Kinesiology, Syntropy Adjusting, and Steve Williams Academy of Functional Paediatrics.

Jessey is a nature lover and loves spending time outdoors. In her free time you can find her scuba diving, camping, or hiking. Chiropractic is her passion and she loves guiding people towards a healthier, more sustainable lifestyle through her profession.

About the Case Report project

This Case Report is a part of the [ASRF Case Report Project](#), a project designed to gather client studies from chiropractors and transform them into much-needed case reports, focused on the effects of chiropractic care on clinical presentations highly relevant to chiropractic, such as stress, immunity and adaptability.

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