# Upper Cervical Protocol for Thirty Meniere's Patients


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"Is your head on straight?"

## OBJECTIVE

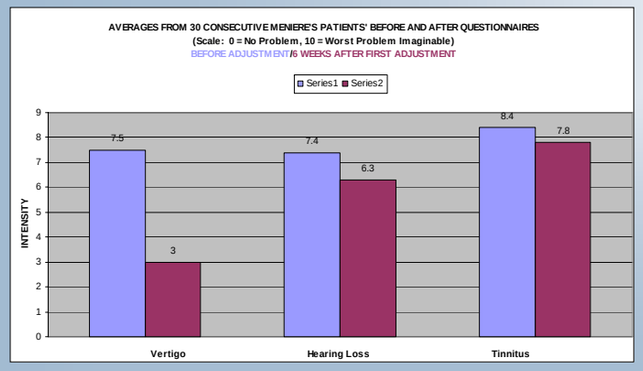
The Merck Manual states that the cause of Meniere's disease is unknown, the pathophysiology is poorly understood and the treatment empirical. (1) Idiopathic endolymphatic hydrops is often used interchangeably with Meniere's disease and Meniere's syndrome in the literature. Endolymphatic hydrops is the accumulation of the fluid of the membranous labyrinth of the ear, thought to be caused by the over production or under absorption of that fluid. Question, "What would cause an over production of endolymphatic fluid?"

My theory is that the most common cause of Meniere's disease is a structural problem that is effecting function, i.e., an atlas subluxation that is irritating the origin of CNVIII, the Vestibulocochlear (exact morphology yet to be determined). My objective is to demonstrate the effectiveness of upper cervical specific chiropractic management with thirty patients medically diagnosed with Meniere's disease.

## STUDY DESIGN

Detailed case history was taken on first visit, followed by spinal examination. Patients were required to furnish a letter from their ENT specialist, along with copies of the reports from the tests performed leading to the diagnosis of Meniere's.

Because evidence of upper cervical subluxation was discovered in each patient, three cervical x-rays were taken; lateral, A-P open mouth and nasium. Detailed leg checks were performed utilizing the modified Prill leg check system (2)* to determine which cervical vertebrae to adjust, and when to adjust it. (3)





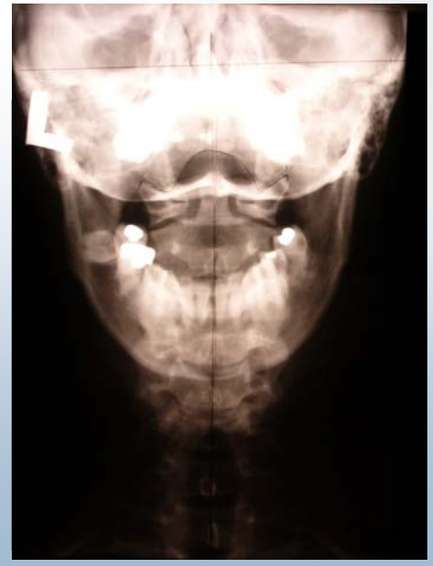

## *MODIFIED PRILL LEG CHECK SYSTEM

Derifield/Thompson Cervical Syndrome Test- Hold patient's shoes with thumbs under the heel, while applying very mild cephalic pressure. Lift the legs one inch off from the table, keeping the shoes one inch apart. Compare the welts to estimate the leg length differential. Notate differential of short leg to closest 1/8 inch. Instruct patient to slowly turn their head to the right, then to the left. If the legs change length only while turning to the right, notate the amount of change as a right cervical syndrome (RCS). If the legs change length only while turning to the left, notate the amount of change as a left cervical syndrome (LCS). If the leg length changes while turning the head in both directions, notate the total amount of change as a bilateral cervical syndrome (BLCS). If there is no change in leg length when the head is turned, there is no cervical syndrome. Perform following tests to determine which upper cervical vertebrae is subluxated.

C1 (Atlas) Subluxation Test: Instruct the patient to gently and steadily raise both feet, with knees locked, while you lightly rest your hands on their heels. This correlates to the flexion and extension of the skull on atlas.
C2 (Axis) Subluxation Test: Instruct the patient to gently and steadily pull their feet together, while you lightly hold the insides of their heels apart. This correlates to the rotation of axis within atlas.

**Pre-Adjustment (C1 PIL)**

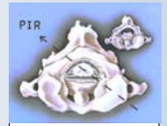
**6 Weeks Post-Adjustment (C1 Juxtaposition)**



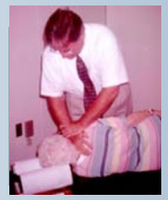
## RESULTS

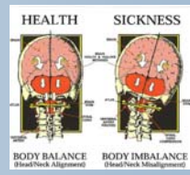
X-Rays were analyzed using the Blair technique. There are four atlas subluxation listings under this system: anterior and superior on the right or the left, and posterior and inferior on the right or the left. All thirty patients have inferior and posterior listings with laterality on the opposite side of their involved ear. (4)

After one or two specific atlas adjustments (see photograph below), twenty-seven of the thirty patients presented with balanced legs and an absence or reduction of symptoms, especially vertigo (see graph lower left).




When atlas subluxates Posterior and Inferior on the Right (PIR), it can irritate CNVIII on the left.






## CONCLUSIONS

Prior to the onset of symptoms, all thirty cases suffered cervical traumas; most from automobile accidents, resulting in previously undiagnosed whiplash injuries. It cannot be coincidental that thirty consecutive Meniere's patients would present with a posterior and inferior atlas listing with laterality on the opposite side of the involved ear.

Long-term neurophysiological improvements after initial adjustments have been clinically documented in ninety percent of these cases. (5,6)

## REFERENCES


(1) *The Merck Manual*, Sixteenth Edition. Berkow MD, Robert Rathway, NJ: Merck Research Laboratories, Merck & Co., Inc., 1999.
(2) Prill, DC, Clarence E., The Prill Chiropractic Spinal Analysis Technique, 2001.
(3) Burcon M., Owens E., *Modified Prill Leg Check Cervical Protocol*, 11th Annual Vertebral Subluxation Research Conference, Sherman College of Straight Chiropractic, Spartanburg, SC, Oct 2003.
(4) Blair, WG. Blair upper cervical spinographic research; primary and adaptive malformations; procedures for solving malformation problems; Blair principle of occipito-atlanto misalignment. Davenport, IA: Palmer College of chiropractic; 1968.
(5) Burcon M, Parkinson's Disease, Meniere's Syndrome, Trigeminal Neuralgia and Bell's Palsy: One Cause, One Correction, *Dynamic Chiropractor*, May 19, 2003, Vol 21, Issue 11.
(6) Burcon M, Upper Cervical Protocol for Ten Meniere's Patients, Upper Cervical Subluxation Complex, Ericksen, K, Lippincott, Williams & Wilkens, 2004, pp 284-286.