

Vertigo

What is vertigo? Vertigo is defined as the sensation of the room spinning while you are stationary. Common symptoms include unsteadiness with standing or walking, falling, nausea, and vomiting. In more severe cases of vertigo, people can experience blurred vision, inability to focus, and sometimes difficulty with speaking.

Vertigo is often grouped into two categories, persistent and episodic. Persistent vertigo usually has symptoms lasting longer than one day. Typically this category is caused by degeneration of the electrical nerve pathways that control balance and coordination as we age. These people may also notice a decrease in vibratory sensation as their nerve pathways deteriorate.

The other type, episodic vertigo, affects people for short durations of time such as several seconds to several minutes. The most common cause of episodic vertigo is a problem with the vestibular system or inner ear balance system. The inner ear is composed of tiny structures called semicircular canals. The semicircular canals are like fluid-filled “hula hoops” that are orientated in different planes (X, Y, and Z). Inside the semicircular canals are little floating structures called canaliths. These canaliths are like little pieces of styrofoam that float to the top of the fluid-filled semicircular canals. It is comparable to how a carpenter’s level works. Located inside the semicircular canals are very fine hairs. These hairs are actually little nerve endings, that tell your brain the position of your head at any moment in time based upon where the canaliths are located.

Benign Paroxysmal Positional Vertigo (BPPV) accounts for nearly 32% of all cases of episodic vertigo. It happens when small pieces of calcium carbonate debris break free from structures in the inner ear and enter one of the semicircular canals. If this occurs, the tiny hair-like nerve endings are stimulated thereby creating the sensation of motion. Approximately 10% of people will have at least one attack during their lifetime. BPPV may be diagnosed with a procedure known as a Hallpike Test.

In the past, treatment for BPPV consisted of manually positioning the head in a series of motions to help reposition the calcium carbonate debris to a less vulnerable area of the inner ear. The two most commonly used procedures are the Epley Maneuver and the Semont Maneuver. Although clinically effective, these procedures have been critiqued for their lack of reproducibility from one provider to the other. In order to increase the accuracy of these procedures, a device known as a VertiGONE Goggle was cleared by the FDA for the treatment of BPPV. Our office utilizes this device and it has been shown to reduce BPPV by 60-75% within 36 hours after the first treatment and another 15-20% within 36 hours after the second treatment. There may be some remaining imbalance of approximately 10% that will resolve spontaneously over time as the calcium carbonate debris is reabsorbed.

If you or someone you know is suffering from vertigo and have not found the relief you are looking for, please call our office. We may be able to help.

Information provided by Christopher M. Renze, D.C., D.I.B.C.N., of Renze Chiropractic Clinic, P.C. For more information, visit www.renzechiro.com or call the office at 965-3844.