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## CASE STUDY

# MIGRAINES AND LOWER CERICAL SUBLUXATION

### ABSTRACT

The purpose of this case study was to correlate the efficacy of cervical manipulation for migraine was evaluated. For the sample, migraine symptoms were significantly reduced. Chiropractic treatment was effective the lower cervical subluxation was the major cause of the vestibular migraines in this case and was corrected.

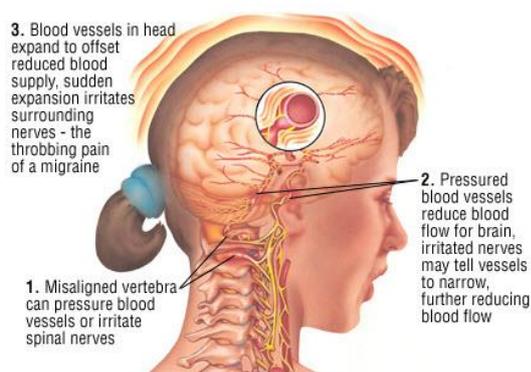
### INTRODUCTION

A vestibular migraine is a nervous system problem that causes repeated dizziness (or vertigo) in people who have a history of migraine symptoms pulsatile/throbbing/pounding. They have light or sound sensitivity and get nauseous or vomit. The episodes vary in time from minutes to hours and there is also a chronic form where people have a constant sense of imbalance (1)

As written by (2) proprioceptive input from the neck participates in the co-ordination of eye, head and body posture as well as spatial orientation. This is the basis through which vestibular migraine exists.

Lower cervical subluxations can be common causes of Vestibular migraines (3). They have often been overlooked by many chiropractors who predominantly investigate the upper cervical region in these cases or have been incorrectly adjusted by many others. Dr. Gonstead highlighted the importance of properly identifying Lower Cervical Subluxations and specifically listing and adjusting them.

This case study presents the history, management, findings, diagnosis and treatment of six female patients suffering from Vestibular Migraine. It demonstrates the significance of the lower cervical subluxations in patients and the effectiveness of specific hands-on chiropractic when dealing with such cases.



## **CASE HISTORY**

34-year-old woman with a history of vestibular migraines and neck pain. Started at front of head and at base of skull, no pain in eyes and face. Headache commenced at 7am and at 1pm vomited which made migraine worse after vomiting. Patient had vomited and had diarrhoea prior to walking into clinic. The migraines occurred monthly. Headaches also accompanied the vestibular symptoms. The headaches were located over the right orbital, frontal and parietal regions. Getting out of bed or off a chair usually brought on the dizziness. Once initiated, the dizziness remained for hours.

INSTRUMENTATION: Slightly inferior to C7 SP

STATIC PALPATION: Pain over C7 SP and oedema over C7/T1 junction

MOTION PALPATION: Restriction in C7 motion

POSTURE: Reduced cervical curve

LISTING: C7PRS

Post treatment:

Patient experienced pain and tingling down arm and patient doesn't look pallor in colour and just vomited again – looked at them again about 15min and ice the area and walk up and down the hallway. Went home and ate and slept.

The following day

Patient slept well and drove into the clinic, Scope and was fine, Less swelling, ROM no referred pain, no treatment required.

## **DISCUSSION**

This case study has demonstrated the effectiveness of specific chiropractic adjustments on lower cervical subluxations in the handling of vestibular migraines.

It is important to discuss the relationship between these subluxations and vestibular migraines and attempt to understand why specific chiropractic care can be so effective in such a potentially debilitating condition.

Three major pathways connect the vestibular nucleus to the anterior horn cells of the spinal cord.

They are the medial and lateral vestibulospinal tracts (VST) and the reticulospinal tract (RST). The lateral VST generates antigravity postural motor activity; the medial VST mediates ongoing postural changes in response to semicircular canal sensory input. The medial VST also activates cervical axial musculature (4).

The RST is involved in balance reflex motor actions, including postural adjustments made to extr vestibular sensory input.

When discussing Chiropractic management, (5) and (3) have both stated that upper cervical subluxations are commonly involved in patients suffering from vertigo and/or vestibular syndromes. However, (5) has often stated that Dr. Gonstead corrected many cases of vestibular migraines via adjusting subluxations in the sympathetic system, such as the lower cervical region.

Considering the brief neurology summarized above, it would be safe to imply that lower cervical subluxations, as a result of the obvious neuritis, could potentially interfere with the vestibulospinal and vestibulocervical reflexes, thus leading to vestibular symptoms. These

symptoms, when associated with others caused by cervical subluxations, could then lead to vestibular migraines.

## **CONCLUSION**

It is commonly known that lower cervical subluxations may be a cause of vestibular migraines, however many practitioners may automatically assume that the upper cervical should be adjusted. This unfortunately leads to poor results as the subluxation has not been found or accepted where it is found.

This can be avoided if the Chiropractor finds the subluxation correctly.

Accepts it where it is found,  
Adjusts it specifically and then  
Leave it alone

To allow the body to use all of its power to heal.

## **REFERENCES**

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