

HOW TO NATURALLY RELIEVE VERTIGO WITHOUT DRUGS



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INTRODUCTION

Drug-Free Relief of Vertigo or Dizziness Symptoms Is Possible!

Thank you for downloading this e-book. I hope that you will find practical and actionable information to help you find hope and healing. My name is Dr. Pete Tsiglieris, and I have been helping people with vertigo, dizziness, disequilibrium, Ménière's disease, and related conditions find natural and drug-free relief for many years.

Most people cannot appreciate the devastating impact of vertigo and similar symptoms. Vertigo disrupts every aspect of life since the person loses the ability to do anything normally, especially when movement is involved. It can totally incapacitate the individual, often confining them to bed.



Many people who have some form of illness or chronic pain that has plagued them for years have had numerous doctors' visits and promises, often without long-term results. Unfortunately there is no magic bullet or pill that will simply heal you! The realization of this has led many people to our door.

The process of getting well requires a doctor that is willing to get to the cause of the illness and/or pain and not just mask the problem with meds; a doctor that understands how to reverse years of degeneration; and lastly, a doctor that can create a success plan incorporating ALL of the fundamental facets of health care, not just one. TRUE healing has occurred when you get your body back to the place it once was (or maybe even better) before you acquired the troubles you have today! Yes, that is possible but it takes hard work and consistency.

The fundamentals of NUCCA upper cervical care re-empower the nervous system so that you can heal properly. It is truly a "miracle" system when done to its fullest potential but it is not enough to create full health. Full health requires the adoption of a proactive healthcare model; doing what it takes to get healthy and stay healthy, not just treating symptoms. This includes a nervous system free of interference, good nutrition, regular exercise and plenty of rest. This recipe will remove the obstacle of "no hope". It is a success system that heals the ONLY effective way...from the "inside out".

According to Dr. Ali S. Saber Tehrani and colleagues, from Johns Hopkins University in Baltimore, emergency department costs for patients presenting with dizziness or vertigo are considerable, accounting for about \$4 billion per year (about 4 percent of total

emergency department costs), the study was published in the [Academic Emergency Medicine Journal](#).

The researchers found there were 3.9 million U.S. emergency department visits for dizziness or vertigo in 2011. A majority of the money is spent on diagnostic testing. There are many different causes of vertigo or dizziness. Medical doctors will use over [50 different medications](#) in an attempt to control dizziness or vertigo.

Vertigo, Dizziness, Disequilibrium and many other conditions can be directly related to old head and neck injuries. If never properly addressed, these types of injuries will result in underlying damage to the upper neck. This damage can then lead to dysfunction in the ears, which is the balancing system of the body.

The area that is first impacted by these problems is the brain stem area, which is basically a part of the brain that extends down into the spine and connects to the spinal cord. **The brain stem area is a key to the balance of our bodies.**



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THE MEDICAL APPROACH TO VERTIGO AND SIMILAR CONDITIONS

Although, often used interchangeably, dizziness and vertigo are two different conditions. Dizziness refers to a feeling of lightheadedness, weakness, or unsteadiness. The term vertigo refers to a false sense that either your body or the environment around you is moving. It may feel as if your body or the world around you is spinning, as if on a merry-go-round. Vertigo may also be accompanied by nausea or vomiting, ringing in the ears or sweating. Some people may even experience visual disturbances, difficulty walking or talking, or a feeling of reduced consciousness. Each episode can last from several minutes to several hours and can be constant or intermittent.

Benign paroxysmal positional vertigo (BPPV) is the most common form of vertigo. This condition is characterized by brief episodes of intense dizziness associated with a change in the position of your head. It may occur when you move your head in a certain direction, lie down from an upright position, turn over in bed or sit up in the morning. Moving your head to look up may also bring about an episode. BPPV usually results from a problem with the nerves and the structures in your inner ear that sense movement and changes in the position of your head.



In the case of BPPV, your medical doctor may treat you with a series of movements known as the canalith repositioning procedure. You must avoid lying flat for 24 to 48 hours and elevate your head on a few pillows when you sleep. If the canalith repositioning procedure isn't effective, your doctor may then recommend a surgical procedure in which a bone plug is used to block the portion of your inner ear that is causing the dizziness of vertigo. Often times, there is no medical diagnosis as to the cause of vertigo, and when medications are ineffective, many patients are told that they have to live with it.

Another common medical solution to vertigo is the prescription of drugs. There are over 50 different drugs that are commonly prescribed for vertigo and dizziness related conditions. Because most medical doctors are unclear of what is causing your vertigo they will give you medications to experiment and see what might work to help relieve your symptoms. However none of the drugs listed below are addressing whatever is causing the vertigo and at best are providing temporary symptomatic relief while giving you a variety of side effects.

Less commonly, vertigo may be caused by conditions that make changes to certain parts of the brain - for example, a stroke, migraine, multiple sclerosis, acoustic neuroma (growth in the brain), diplopia (double vision), and drinking too much alcohol.



Depending on what your medical doctor believes is causing your vertigo symptoms you may have been prescribed a number of medicines including: prochlorperazine or antihistamines such as cinnarizine, cyclizine, or promethazine. These medicines are the same ones that are used to help treat nausea and motion sickness. They work by blocking certain chemicals in the brain. Prochlorperazine blocks a chemical called dopamine; this helps with severe sickness and antihistamines block histamine which helps with

mild sickness and vomiting as well as vertigo. Betahistine is an antihistamine that may be prescribed for patients with Ménière's disease, to prevent attacks from occurring. It is thought that this medicine improves the blood flow around the ear.

These medicines come in various brand names and are available as tablets, capsules, liquids, and injections and some are available as sublingual tablets (tablets that dissolve between the upper gum and lip).

There are no good studies that tell us how well these medicines work. However, they have been prescribed to treat vertigo for many years.

Common side-effects of these medications include drowsiness, constipation, headaches, tiredness, insomnia (trouble with sleeping), and indigestion. Prochlorperazine can cause muscle twitching of the shoulders, face and neck.

THE HEAD AND NECK

In order to understand vertigo, disequilibrium and dizziness, one has to understand where they live: the head and neck.

The Head and Spine

The head and spine are composed of 55 different bones, which house and protect the brain and spinal cord.

There are 22 bones in the face and skull, and 33 bony rings in the spine called vertebrae. There is a large hole at the base of the skull (foramen magnum) that aligns with the rings of the upper neck to create an armored tunnel around the lower brain (brainstem) and spinal cord.



The junction between the head and spine is called the Upper Cervical Spine (also known as the Craniocervical Junction, or the Occipitoatlantoaxial Joint Complex).

The Upper Cervical Spine

The junction between the head and spine is a complex system made up of the base of the head and the first two vertebrae of the neck, or cervical spine.

The first vertebra is called the Atlas Bone. This is a ring-like bone weighing an average of 2 oz. It is named after the mythic god Atlas, who held up the world on his shoulders. Likewise, the Atlas bone holds the weight of the head, and acts as a gate-keeper for all of the structures and fluids which travel in and out.

The second vertebra is called the Axis Bone, and is another key vertebra. The axis allows extraordinary movement of the head and neck, while anchoring many important muscles and ligaments supporting the head.

The upper cervical spine is unique, in that it is the most moveable part of the spine, the most neurologically sensitive part of the spine, and yet the most vulnerable to injury. Small injuries to this area can affect the sensitive structures traveling to and from the brain.

The Meninges

The brain and spinal cord is wrapped in 3 layers of soft coverings called the meninges.

The innermost covering is called the pia mater, followed by the arachnoid mater, and lastly by the dura mater.

The 3 Highways: Nerve flow, Blood flow, CSF flow

There are three main types of communication between the head and the spine. These highways are interconnected, and disruptions to one may affect the others.

Nerve flow: nerves conduct electrical messages to and from the brain and spinal cord. Nerves are organized much like a tree. The majority of nerve flow travels through the “trunk” or spinal cord. From there, nerves “branch” out to the rest of the tissues in the head and neck.

Blood Flow: there are two major roads into the head, and one major road out. The Carotid Arteries carry blood into the front of the brain, and the Vertebral Arteries carry blood into the back of the brain. The Jugular Veins are the main vessels that carry blood out of the brain, back to the body.

CSF Flow: Cerebrospinal fluid circulates within and around the brain and spinal cord, protecting it from injury and circulating important chemicals. Proper CSF flow is necessary for proper brain function. Now that you understand some of the basic anatomy and physiology of the head and neck many of the concepts that we will cover in the rest of the e-book will make more sense.

In the next section we are going to take a look at a variety of conditions that you may have been diagnosed with where vertigo is a common symptom involved in the condition.



MÉNIÈRE'S DISEASE

Is your vertigo a symptom of a condition called Ménière's disease?

Meniere's Disease is defined by www.mayoclinic.com as a disorder of the inner ear that causes spontaneous episodes of vertigo along with fluctuating hearing loss, ringing in the ear (tinnitus), and sometimes a feeling of fullness or pressure in your ear.

Vertigo is the most distressing symptom of Meniere's disease. Vertigo is a sensation of rotation or spinning. The vertigo can last from ten minutes to 24 hours. It may also be associated with nausea and/or vomiting. After the vertigo has gone away, most patients have imbalance and fatigue for one or two days until returning to normal.

Hearing loss is also an associated symptom of Meniere's disease. Hearing loss usually fluctuates. In most cases hearing loss is only in one ear, but in rare instances, hearing loss can be in both ears. The hearing loss is typically in the low tones. If left untreated,



hearing can drop until there is permanent loss in that ear. Pressure and/or fullness in the diseased ear are another complaint. This can occur before or during an attack. Tinnitus, or ringing in the ear, can also occur. This is often a result of the hearing loss.

The Merck Manual states that the cause of Meniere's disease is unknown; the condition is poorly understood, and the medical treatment is ineffective.

A theory proposed in the NUCCA Upper Cervical Chiropractic community is that the most common cause of Meniere's disease is a structural problem, i.e., an atlas (top bone in the neck) misalignment that is irritating the origin of a nerve that controls both equilibrium and hearing in the ear (Cranial Nerve VIII). Misalignment between the atlas and Occiput can cause swelling in the immediate area, putting pressure on the nucleus of nerve and/or the auditory (Eustachian) tube.

Recently Dr. Michael Burcon investigated the effects of NUCCA upper cervical specific chiropractic management of one hundred and thirty-nine patients medically diagnosed with Meniere's disease.

After NUCCA upper cervical specific chiropractic care, one hundred and thirty-

six out of the one hundred and thirty-nine patients presented with an absence or dramatic reduction of symptoms, especially vertigo...that's 97%!

After two years, on a scale of 0 to 10, with 0 representing the absence of the symptom and 10 being the worst imaginable, vertigo was lowered from an average of 8.5 to 1.4. Prior to the onset of symptoms, all one hundred and thirty nine cases suffered cervical traumas; most from automobile accidents, resulting in previously undiagnosed whiplash injuries.

These improvements made a significant difference for 135 out of 139 patients, effecting whether or not they could work, drive and/or have a positive relationship with their spouse.

They might get dizzy, but would not have vertigo. They might get nauseous, but would no longer vomit. For those that still had attacks, they occurred less often, lasted for a shorter duration and were not as intense. Recovery time was also significantly shorter.

Here an Example from Dr. Burcon's study of a Typical Case History with Results



“Jack first presented with left-sided Meniere's on June 11, 2001. He was diagnosed by an [Ear, Nose and Throat](#) specialist based on the results of a normal MRI of the brain, positive audiological examination for hearing loss, and an abnormal bithermal caloric test (ENG). He was referred to the Michigan Ear Institute, where endolymphatic sac decompression surgery was recommended. He declined surgery and received a letter recommending that he apply for disability benefits, which were granted by the State of Michigan.

Case history included a rear ended type of automobile accident at 45 mph in 1980. Meniere's symptoms started in 1994 with frequent bouts of vertigo lasting from one day to one week, accompanied by nausea and vomiting. Complaints included constant ear fullness and tinnitus, and frequent neck pain and headaches.

Jack presented with a 1” short left leg relative to his right. The next week he presented with his legs balanced and was vertigo free. His wife said that his voice had changed. He reported being able to walk four times as far. At six weeks, according to his Meniere's questionnaire, vertigo was down to 2 from

10, nausea/vomiting down to 0 from 10 and ear pressure 1 from 10 (10 being the worst possible). He went just over one year with no vertigo.”

In the conclusion of Dr Burcon’s research he stated that



“All patients with a history of vertigo or dizziness should be questioned about a history of trauma, especially whiplash from an automobile accident, contact sports injury, or serious falls. Patients often forget these accidents, thinking that they were not hurt because they did not break any bones and were not bleeding. Patients with a history of both vertigo and trauma should be referred to an NUCCA upper cervical specific chiropractor for examination.”

MULTIPLE SCLEROSIS

One of the most common symptoms of multiple sclerosis is vertigo, dizziness or disequilibrium.

Has your life been dramatically affected by multiple sclerosis?

Have you seen your health deteriorate over time?

Are the side effects of the drugs becoming too much for you?

There has to be a better way!! And there is... But it comes from an unlikely source.

Have you ever had a head or neck injury? Have you ever had whiplash? Had a fall? Been in a car crash? Have you been knocked unconscious or had a concussion? If the answer is yes, then you are likely to have had an undetected brainstem injury!!

The brainstem is the vital connection between your brain and your body. Small injuries called misalignments frequently happen during these types of accidents when the head and neck are violently twisted, turned or whipped around. These brain stem misalignments disrupt the brain's ability to properly regulate the body's systems.

Multiple Sclerosis Drugs

The standard medical approach to multiple sclerosis and other chronic conditions is to give medications which can be toxic and dangerous.

In the last couple of decades, many new drugs have come on the market to treat M.S. Yet for all the new options, many of the 400,000 people in the United States afflicted with the disease have not seen improvements, and some M.S. patients find that the adverse reactions from the drugs aren't worth the benefits.



Some of the most [common side effects](#) of multiple sclerosis medications are flu-like symptoms, depression, liver and heart problems, and even many deaths!

Side effects are more the rule than the exception when it comes to MS drugs, but unfortunately they continue to be offered as a first-line treatment for those with MS, even though natural strategies can be extremely effective.

A relatively unknown procedure known as upper cervical care has shown dramatic improvement in those struggling with multiple sclerosis.

Research that has come out in the past few years has more and more multiple sclerosis researchers looking at the [blood and cerebrospinal fluid flow to and from the brain](#). When a misalignment occurs in the upper neck and obstruction takes place. Cerebrospinal fluid, blood from arteries and veins and nerve flow is disrupted.

These upper neck misalignments are frequently caused by accidents and injuries that may have occurred years or even decades prior to the onset of symptoms.

Harvard Multiple Sclerosis researcher, Dr. Charles Poser noted that “in some patients with MS, certain kinds of trauma (to the brain and/or spinal cord, including whiplash injuries) may act as a trigger at some time for the appearance of new or recurrent symptoms.”

According to the National Multiple Sclerosis Society [Chronic Cerebrospinal Venous Insufficiency](#) or CCSVI, is an abnormality in blood drainage from the brain and spinal cord, that may contribute to nervous system damage in MS. CCSVI has been getting a lot of press in recent years due to research published by [Dr. Paolo Zamboni](#) from the University of Ferrara in Italy. Dr. Zamboni and others have recommended larger scale studies to determine if CCSVI may be treated through a surgical procedure, which involves inserting a tiny balloon or stent into blocked veins in order to improve the flow of blood out of the brain. This procedure produced complete remissions in MS in 90% of the participants of the original study!



But the question is why are the veins blocked to begin with?

New research from Europe, some published some not published yet, that examined multiple sclerosis patients with CCSVI is adding to the growing body of evidence that a misalignment in the upper neck may be the underlying cause of the blockage. The [new research articles](#) found that the upper neck was misaligned and causing the compression in the majority of the patients.

So how does the upper neck get misaligned?

Dr. Charles Poser of Harvard Medical School who has been looking into this connection for more than 20 years and has stated that...

“A cervical cord whiplash injury is likely to unmask or worsen the natural course of MS”

Upper cervical doctors have always had tremendous results with multiple sclerosis patients symptoms such as vertigo, balance problems, fatigue, migraines etc. but now we have begun to get validation from scientific research conducted by medical doctors.

2 Italian medical doctors Dr Mandolesi and Dr. Marceca currently conducting multiple sclerosis research have recently stated:

“Our preliminary results of our research of how upper cervical care can help multiple sclerosis is very positive. This is very exciting to us! To find something that helps multiple sclerosis patients and to do the research that documents the results statistically”

You can read more about this research in Dr Ray Drury's book [The Best Kept Secret in Health Care](#)

POSTCONCUSSION SYNDROME

Do Concussions Cause Chronic Headaches and Vertigo?

For years NUCCA upper cervical doctors have been asking patients if they have a history of head and neck injuries including, car accidents, falls, times where they have been knocked unconscious, had a concussion or stitches to their head.

Why?

When accidents and injuries tear loose the connective tissue that holds the spine in place it creates a weakness, which allows the spine to break down and lock into a stressed position.

The area of the body that is the most vulnerable to injury and has the most far reaching effects is the upper neck. The top bone in the spine, the atlas sits right underneath the skull and when the tissues around it become stretched and damaged the weight of the head will be shifted from center.

Once the position of the head is altered the position of the eyes and ears is altered as well. The brain will initiate a reflex called the righting reflex in order to balance the eyes and the semicircular canals in the ears with the horizon.

The problem is now the head is slightly off center and the spine must adapt to that position by twisting and turning the remaining structure of the spine. This will lead to tilting of the shoulders, the hips and imbalance all the way down to the legs leading to an unequal distribution of weight.

Body imbalance can lead to a variety of different health problems, but frequently has the same root cause...

The original head or neck injury created a misalignment of the Atlas bone at the base of the skull which led to the subsequent problems with the structure of the body, nerve and blood flow from the brain to the body.



Concussion Research

Here is a great example from a research article published in the Journal of Upper Cervical Chiropractic Research ~ January 6, 2011

A 23-year-old female patient presented for NUCCA upper cervical chiropractic care five months after a slip and fall that resulted in a concussion. The patient presented with symptoms of vertigo and headaches consistent with post concussion syndrome. The patient had a longstanding history of headaches that were exacerbated by the concussion and a new complaint of positional vertigo that occurred immediately following the trauma. Significant body imbalances were noted including a leg length difference. Specific NUCCA Upper Cervical X-rays demonstrated an upper cervical misalignment.



She began to receive NUCCA Upper Cervical Specific Chiropractic care and the headache and vertigo was gone immediately following the first adjustment. Post X-Ray evaluation showed a significant improvement in the alignment of the head and neck. The follow up examination the following day revealed a significant decrease in muscles spasm in the neck and the legs were balanced.

The patient's care was continued on a frequency of twice per month for evaluations and progress monitoring. She continued to report a complete resolution of vertigo and a significant improvement in the headaches as well.

WHIPLASH ASSOCIATED DISORDERS

Old whiplash injuries linked to a variety of different chronic conditions

An injury to the neck caused by a sudden movement of the head, backward, forward, or sideways, is commonly referred to as “whiplash.” While the term “whiplash” is most frequently used to describe auto accident injuries (in which a person is rear-ended, hit head-on, or hit from the side), whiplash can also frequently occur during ski accidents, bike accidents, falls, blows to the head, and other head/neck traumas.

THE MYTH: “If I don’t have any symptoms right away, I’m O.K.”.

THE TRUTH... After many auto and sport-related traumas, symptoms can be so slight at first, an individual may not realize he/she has been injured. Even if a person feels relatively normal after an accident, he/she should be thoroughly examined. Symptoms can be delayed for days, months, or even years.

COMMON SYMPTOMS: The following are symptoms that can occur following a head/neck injury (days to years later):

In many cases, more severe immune-related, neurological, pain, and disease conditions (Chronic Fatigue Syndrome, Susceptibility to Infection, ADHD, Seizures, Multiple Sclerosis) can result from head/neck injuries, sometimes occurring many years after the accident.

- Neck pain and/or stiffness
- Blurred or double vision
- Irritability
- Depression
- Fatigue
- Insomnia
- Dizziness / Vertigo
- Pain between the shoulder blades
- Pain in the arms, legs, feet, hands
- Headaches, Migraines
- Low back pain and/or stiffness
- Shoulder pain
- Nausea
- Ringing in the ears (tinnitus), Hearing loss
- Numbness and tingling
- Jaw and/or face pain
- Post-concussion syndrome and many more!

In many cases, more severe immune-related, neurological, pain, and disease conditions (Chronic Fatigue Syndrome, Susceptibility to Infection, ADHD, Seizures, Multiple Sclerosis) can result from head/neck injuries, sometimes occurring many years after the accident.

Whiplash Facts

Two million people are exposed to whiplash injury (related to an auto accident) in the U.S. every year.

When the head is suddenly jerked back and forth or side-to-side beyond its normal limits, ligaments supporting the neck vertebrae can be sprained (over-stretched) or torn, forcing vertebrae out of their normal position.

In tests of low speed rear impact collisions, it was reported that the neck can be injured even in slow speeds accidents as low as 5 mph.



Most rear impact accidents occur at crash speeds of 6 to 12 mph - speeds below the threshold for property damage to the vehicle - but sufficient to cause neck injury.

Whiplash injuries to the cervical spine can occur in sports (skiing, hockey, football, cycling, ice skating, gymnastics, boxing), during falls (down a flight of stairs, on an icy sidewalk), and many more!

How Can Upper Cervical Help An Accident Sufferer?

If a person (infant, child, or adult) experiences an accident, a proper spinal exam is necessary to assess whether a neck injury occurred. An upper cervical chiropractic specialist uses specialized testing and specific x-rays of the upper neck to accurately assess a neck injury. If a neck injury is found, a specific adjustment is used to correct the injured vertebrae. Correction of the neck injury can improve, reverse, and prevent numerous whiplash symptoms.

HEAD AND NECK INJURIES

Dr. Michael Burcon in Michigan has done excellent work in researching the connection between the upper neck and conditions like Meniere's Disease, tinnitus, vertigo and others.

Burcon has established a link to these conditions with whiplash injuries that misalign the base of the skull with the top of the neck creating a lesion affecting the Eustachian tube. About half of these traumas are caused by car crashes and the other half from injuries involving head trauma. **Burcon believes that the correlation was not made because it takes an average of fifteen years from the time the patient was injured until the onset of symptoms.**

Patients typically get diagnosed with these conditions in middle age. **Their injuries most often happened during high school or college years from a car accident, sports injury or fall on their heads.** Few patients list these old injuries on their doctor's admission paper work. **In fact, they have often forgotten about them, believing they were not hurt if they were not admitted to the hospital.**

When the cause is addressed amazing recovery can take place. But the cause has to be identified and addressed.

Here's another example from the literature:

"Data from 60 chronic vertigo patients who recalled prior trauma, presented with upper cervical injuries, and received NUCCA upper cervical chiropractic care. Each patient was examined and cared for in the author's private practice in an uncontrolled, non-randomized environment over an eight-year period.

The 60 patients were diagnosed by their physicians with the following types of chronic vertigo: benign paroxysmal positional vertigo (BPPV), cervicogenic, disembarkment syndrome, labyrinthitis, Meniere's, and migraine-associated vertigo (MAV). Of the 60 vertigo patients, 56 recalled experiencing at least one head or neck trauma prior to the onset of vertigo including auto accidents (25 patients); sporting accidents, such as skiing, cycling, or horseback riding (sixteen patients); or falls on icy sidewalks or down stairs (six patients).





Upper cervical subluxations were found in all 60 cases. All 60 patients responded to NUCCA upper cervical specific chiropractic care within one to six months of treatment. Forty-eight patients were symptom-free following treatment and twelve cases were improved in that the severity and/or frequency of vertigo episodes were reduced.”

Here is another case study:

A 23-year-old female patient presented for NUCCA upper cervical chiropractic care five months after a slip and fall that resulted in a concussion. The patient presented with symptoms

of vertigo and headaches consistent with post-concussion syndrome. The patient had a longstanding history of headaches that were exacerbated by the concussion and a new complaint of positional vertigo that occurred immediately following the trauma. Significant body imbalances were noted including a leg length difference. Specific Upper Cervical X-rays demonstrated an upper cervical misalignment.

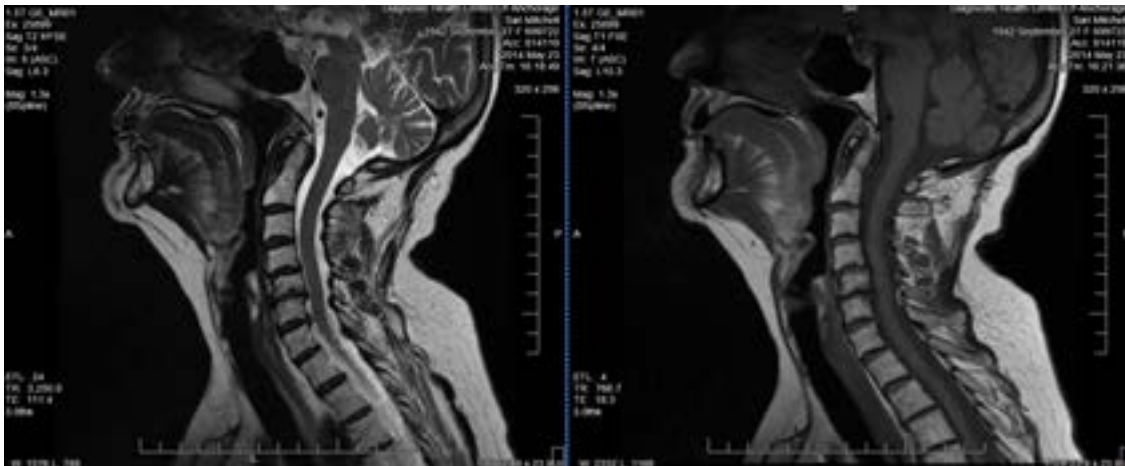
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The patient’s care was continued on a frequency of twice per month for evaluations and progress monitoring. She continued to report a complete resolution of vertigo.

Here is another:

“A 54 year-old female patient entered the office with complaints of migraines 1-2 times per week and extreme chronic neck pain and vertigo for the past 10 years. She was injured in a motor vehicle accident ten years prior to her first visit in our

office. The patient was seen 19 times over a period of 12 weeks. She received 3 NUCCA upper cervical corrections during this time. The patient reported having 1 migraine 2 weeks after the first correction. Since that time, she has reported no migraine episodes, neck pain or vertigo.”



You'll see that the common denominator in all of these cases is head or neck injuries. Whiplash, concussions and other head and neck injuries leading to upper neck misalignments changes in brain fluid and blood flow and resulting symptoms.

Dr. Raymond Damadian, the inventor of the MRI has been doing some amazing research with upright MRIs. He's been able to show that when someone has a misalignment in the upper neck it is actually changing the flow of cerebral spinal fluid (CSF) to, from and through the brain. CSF is the fluid that lubricates the brain and spinal cord. This research is helping scientists to explain the results upper cervical chiropractors are seeing in their offices every day.

The upright MRI technology can show the obstruction at the first few bones in the neck and how this misalignment causes a backup of CSF and increased intracranial pressure. When the misalignment is corrected by an upper cervical procedure, the studies show that the pressure decreases by 28.6%! And the CSF flow becomes normal.

These changes in CSF, blood flow and intracranial pressure are likely linked to the results upper cervical chiropractors see with vertigo patients and several other conditions, especially after a history of head or neck trauma.

Keep reading to learn more about the upper cervical approach

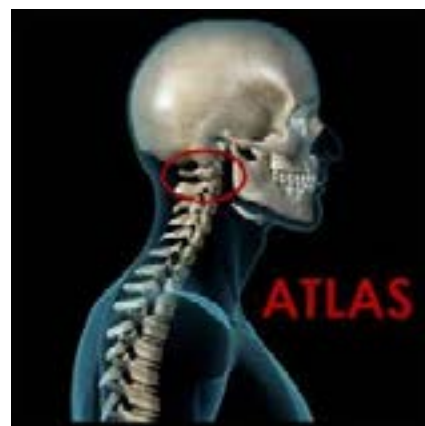
GETTING HELP FROM A DIFFERENT KIND OF SPECIALIST

If you've been suffering from vertigo, dizziness, disequilibrium, Ménière's disease, multiple sclerosis, post concussion syndrome or whiplash associated disorders or other related conditions for some time you've likely been to countless numbers of doctors, specialists and other practitioners.

*But there is one specialist that you have likely never been to...an upper cervical specialist.
Upper cervical specialists correct underlying brain stem injuries with incredible results!*

Have you ever had a car crash, fall, sports injury, or have you been a victim of domestic violence?

Have you been knocked unconscious, had a concussion, whiplash, or other injury to your head, neck or spine? If you have had a head or neck trauma it is likely that you have suffered an undetected injury to your upper neck (the atlas and axis vertebrae is also known as C1 and C2).



Upper neck injuries are very common, especially in those suffering with vertigo, dizziness and disequilibrium. When the upper neck is misaligned due to accidents and injuries it changes the way the brain is working, including changing the flow of blood and cerebrospinal fluid.

When someone experiences an injury that causes the connective tissue, which hold the spine in place, to be torn loose that injury will then cause the spine to breakdown and become locked into a stressed position. The area of the spine that is most frequently affected is the upper neck area because it is the most movable and the most vulnerable to injury. Once this upper neck area is misaligned it will begin to affect the function of the brain stem. This undetected brainstem injury can lead to a variety of problems.

If you have had an accident or injury that has led to a misalignment of your upper neck, we will be able to locate it and correct it with a specialized upper cervical (upper neck) corrective procedure.

But I've Seen a Chiropractor and It Didn't Help

At this point you may be thinking, “but I've seen a chiropractor and it didn't help.” Or you may be wondering, “can any chiropractor do this type of procedure?”

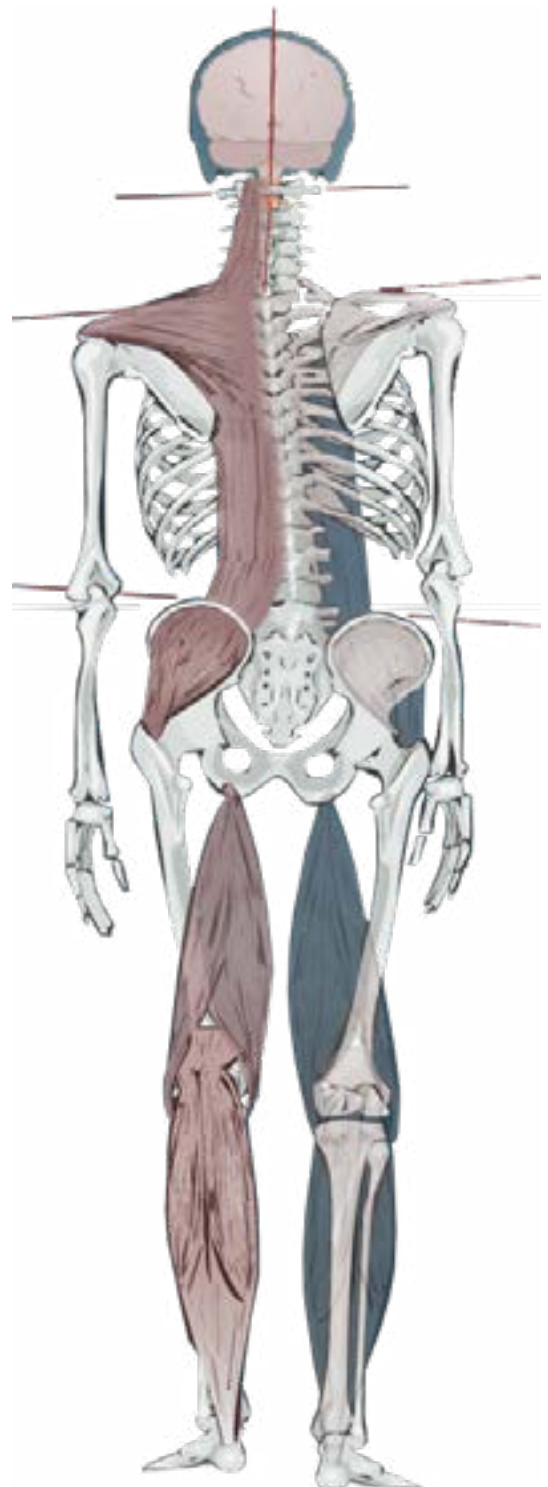
The upper cervical corrective procedure that we utilize has been developed over the past 80+ years. The procedure takes rigorous postgraduate training; this is why only approximately 250 doctors worldwide have mastered this technique.

Upper cervical techniques have been demonstrated to improve high blood pressure, neck pain, multiple sclerosis, seizures, sleep problems, migraine headaches, Parkinson's disease and of course, vertigo and Ménière's disease. The upper cervical correction is very precise and very gentle without any of the popping, cracking, or twisting of the spine involved with a general chiropractic adjustment.

The Upper Cervical Doctor takes extremely precise x-rays of the head and neck to determine the severity and type of the spinal misalignment instead of relying on guesswork. The Doctor will then analyze the x-rays utilizing mathematics, physics and biomechanics to determine a specific upper cervical correction formula that will work to bring your spine back into alignment.

After the initial evaluation the doctor will be able to estimate the number of corrections needed and the length of time necessary for the spine to be stabilized. It's not about being adjusted thousands of times. It's about getting the spine back into a normal and balanced position and keeping it that way for as long as possible.

General chiropractic manipulation is a lot like vague directions. Sometimes you will get to your destination but many times you will miss the mark.



A specific upper cervical corrective procedure is like having a preprogrammed GPS. In that circumstance, you're much more likely to get the results that you were looking for. It is spinal engineering...physics, mathematics and biomechanics applied to the spine.

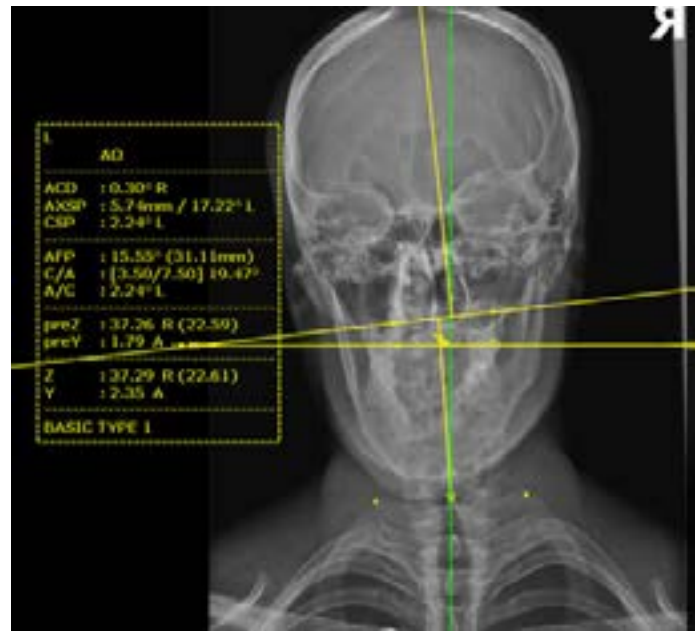
When someone is suffering from vertigo, dizziness, or disequilibrium, the brain stem is frequently involved. **Upper neck misalignments alter the brain stem function and can lead to problems such as vertigo.**

When these old injuries are dealt with by the correction of the head position by a precise upper cervical corrective procedure, the healing process can begin.

Holding the corrections is the key to healing, not having your spine manipulated 1000's of times by a general chiropractor!

Now not all dizziness, vertigo and disequilibrium is related to head and neck traumas. **But if you have a history of those types of accidents**

then an evaluation with a qualified upper cervical specialist is very important. If the underlying cause can be identified, what a difference it can make for your life!



CONCLUSION



In this health report we hope you have learned about a natural approach to health for those suffering with vertigo, dizziness, disequilibrium, Ménière's disease, multiple sclerosis, postconcussion syndrome and other related conditions. We also hope that you are considering that an undetected brainstem injury may be the reason for your symptoms.

Please feel free to read through the research references below. We hope you will find hope and healing soon.

If you would like to speak with me personally in our Redwood City office location call **650-595-0500** about your condition or to schedule a consultation click the button below.

[Schedule a Consultation](#)

Be Well,

Dr. Pete Tsiglieris
Clinic Director
Advanced Spinal Care
<http://bayareanuccacare.com/>
[650-595-0500](tel:650-595-0500)

UPPER CERVICAL RESEARCH

- Upper Cervical Protocol to Reduce Vertebral Subluxation in Ten Subjects with Menieres: A Case Series, Michael Burcon DC
Journal of Vertebral Subluxation Research ~ June 2, 2008 ~ Pages 1-8
- Cervical Specific Protocol and Results for 139 Meniere's Patients, Michael T. Burcon,, D.C.
<http://menieresresearch.com/research/>
- Upper Cervical Chiropractic Care of a Patient with [Post Concussion Syndrome](#), [Positional Vertigo](#) and Headaches Alisha Mayheu DC & Matthew Sweat DC Journal of Upper Cervical Chiropractic Research ~ January 6, 2011
- Upper cervical chiropractic care for chronic migraines and vertigo: a case report Michael Lenarz, D.C., Christopher Perkins, D.C., Mychal Beebe, D.C Journal of upper cervical chiropractic research
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- [Vertigo, tinnitus, and hearing loss in the geriatric patient](#). Kessinger RC, Boneva DV. J Manipulative Physiol Ther. 2000 Jun;23(5):352-62.
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- Atlas vertebra realignment and achievement of arterial pressure goal in hypertensive patients: a pilot study. Bakris G, Dickholtz M Sr, Meyer PM, Kravitz G, Avery E, Miller M, Brown J, Woodfield C, Bell B. J Hum Hypertens. 2007 May;21(5):347-52. Epub 2007 Mar
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