Vertigo seems to be on the rise — at least in our little practice. We’ve been getting more and more patients having problems with vertigo and dizziness, so we thought it best to address this ever-increasing issue.

It’s not quite as glamorous as Jimmy Stewart and Kim Novak made it out to be is it?
What is Vertigo?

Vertigo is a type of dizziness often described as a spinning sensation in the head and is many times brought on by sudden changes in posture, although it can also be brought on by visual stimuli and light changes.

Some people who experience it say it feels like standing still in a spinning room, and may feel as if they are about to fall over. This effect, is predictably, often accompanied by nausea.

Vertigo can affect people of all ages, but is most common in older people. It is important to note that although complaints of dizziness are not that unusual as we age, it is a good idea to have it tested. Read our disclaimer.

What is BPPV?

The most common cause of vertigo is called Benign Positional Paroxysmal Vertigo or BPPV.
BPPV happens when tiny particles in the inner ear (ear rocks) are disturbed, usually with sudden movement and it causes a spinning. Ear rocks are debris accumulation, usually small crystals of calcium carbonate derived from a structure in the inner ear called the “utricle”.

Damage to this area may be caused by head injury, infection or other disorder of the inner ear or may have degenerated because of advanced age. About 20% of all dizziness is due to BPPV, and although you do see it in children, the older your are the more likely it is that your dizziness is due to BPPV (50% of all dizziness in older people is due to BPPV.

The four major symptoms of BPPV are:

- Dizziness or vertigo
- Lightheadedness
- Imbalance
- Nausea

Although all symptoms do not have to be present at all times for it to be BPPV.

The activities that bring on the symptoms vary from person to person but they are almost always precipitated by a change of position of the head with respect to gravity (getting out of bed or rolling over are problem motions.)

For people under age 50, the most common cause of BPPV is head injury. It doesn’t have to be that direct, even whiplash injuries have a high incidence of BPPV. There is also a strong association with migraine headaches and viruses affecting the ear such as the ones that cause vestibular neuritis and Meniere’s disease. Although not very common, BPPV can be brought on by surgery including dental work.
Treatment for Vertigo or BPPV

There is no definitive treatment for these conditions as its causes vary from person to person. Here are some steps you can take if you are experiencing dizziness, vertigo or if you suspect BPPV:

1. Wait and see

If your decide to wait and see, be sure to limit the time (not past 2 months) for which you will do this and then seek treatment or testing from a qualified medical professional to rule out any dangers to your health. Here are some modifications you might want to try to your daily activities to help you cope with your dizziness in the meantime:

- Use 2 or more pillows at night
- Don’t sleep on the “bad” side (if you have one)
- Get up slowly and sit on the edge of the bed for a minute when you awaken
- Avoid bending down to pick things and extending the head (such as to get something out of a cabinet)
- Be careful when going to the dentist office or the beauty parlor — let them know about your problem
- Be careful while participating in sports activities and when lying flat on your back
- Motion sickness medications can sometimes be helpful

2. Office treatment of BPPV

There are 2 treatments that can be done in an office situation, the Epley maneuver and the Semont maneuver if your doctor is unfamiliar with them, there is a list of clinicians who specialize in them and you can find their names from the Vestibular Disorders Association (VEDA). Both of these maneuvers are very effective with an 80% cure rate and are intended to move debris our of the sensitive part of the ear to a less sensitive location. They each take about 15 minutes to complete and the patient should typically rest for at least 10 minutes after being treated before heading for home.

3. Home treatment of BPPV

The Brandt-Daroff Exercises are a home method of treating this condition, and are usually used when the side of BPPV is unclear. This maneuver is being used less and less since the home Epley maneuver is more effective. These exercises take longer than other maneuvers and are done in three sets per day for 2 weeks. The home Epley maneuver is similar to the ones done in office and is very effective.

4. Surgical Treatment of BPPV

If the exercises mentioned are ineffective in controlling symptoms, symptoms have persisted a year or longer and the diagnosis is very clear, the a surgical procedure called “posterior canal plugging” may be recommended. “Singular nerve section” is the main alternative to plugging.

5. Cranio-Sacral Therapy (CST)
This is a treatment we find most effective, when symptoms first appear, it can be extremely helpful in deterring long-term issues or in relieving symptoms. Our practitioner, Esther Bell, LMT specializes in CST and SER. If you’d like to learn more about these modalities or how Esther can help you, please contact our office directly for an appointment to get you on the road to recovery.