



BreatheBetter

Institute

VERTIGO (LABYRINTHITIS, DIZZINESS)

You have vertigo. This is the feeling (sensation) that you are moving when you are not. If these attacks occur when you are at work, driving, or performing other difficult activities, you may be injured or injure someone else. It may seem as though the world is spinning around or that you are falling to the ground. Because your balance is upset, vertigo can cause you to feel sick to your stomach (nausea) and vomiting. Vertigo may be caused by an infection, related to drug toxicity, or simply a rapid change of position such as lying down or rolling over in bed. There are many different causes of Vertigo.

HOME CARE INSTRUCTIONS:

- Follow your caregiver's instructions.
- Avoid:
 - Driving
 - Operating heavy machinery
 - Performing other tasks that would be dangerous to you or others during an attack.
- Tell your caregiver if you notice that certain medications seem to be causing vertigo. Some of the medications used to treat attacks can actually aggravate them. Be aware of this and report to your caregiver should this occur.
- If the problem you are having is positional, your caregiver may be able to give you instructions for movements and procedures that can help this.

SEEK IMMEDIATE MEDICARE IF:

- Medications do not relieve the attack or are making it worse.
- You develop any of these changes:
 - You develop severe headaches.
 - No relief is obtained for nausea or vomiting or it becomes worse.
 - You develop visual changes.
 - A family member notices behavioral changes.
 - Your condition gets worse.

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BENIGN PAROXYSMAL POSITIONAL VERTIGO

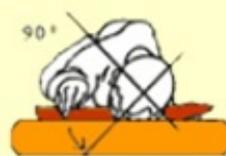
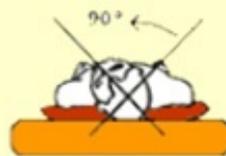
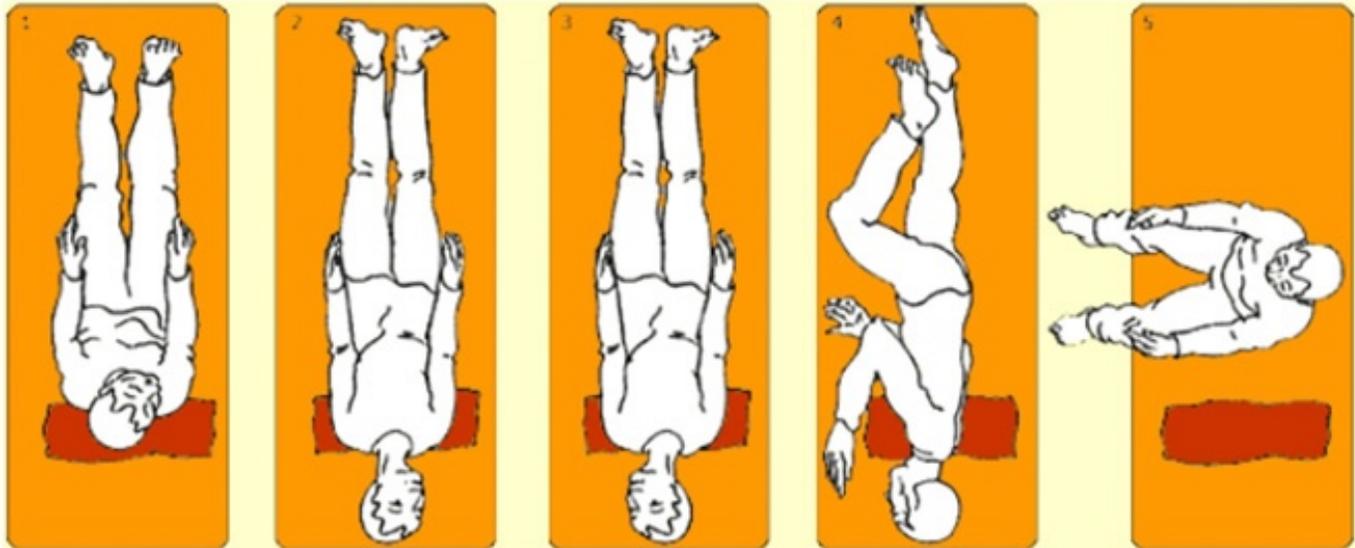
In Benign Paroxysmal Positional Vertigo (BPPV) dizziness is thought to be due to debris which has collected within a part of the inner ear. This debris can be thought of as "ear rocks", although the formal name is "otoconia". Ear rocks are small crystals of calcium carbonate derived from a structure in the ear called the "utricle" (Figure 1). While the saccule also contains otoconia, they are not able to migrate into the canal system. The utricle may have been damaged by head injury, infection, or other disorder of the inner ear, or may have degenerated because of advanced age. Normally otoconia appear to have a slow turnover. They are probably dissolved naturally as well as actively reabsorbed by the "dark cells" of the labyrinth (Lim, 1973,1984), which are found adjacent to the utricle and the crista, although this idea is not accepted by all. BPPV is a common cause of dizziness. About 20% of all dizziness is due to BPPV. The older you are, the more likely it is that your dizziness is due to BPPV, as about 50% of all dizziness in older people is due to BPPV. In a recent study, 9% of a group of urban dwelling elders were found to have undiagnosed BPPV (Oghalai, J.S. et al., 2000). The symptoms of BPPV include dizziness or vertigo, lightheadedness, imbalance, and nausea. Activities which bring on symptoms will vary among persons, but symptoms are almost always precipitated by a change of position of the head with respect to gravity. Getting out of bed or rolling over in bed are common "problem" motions. Because people with BPPV often feel dizzy and unsteady when they tip their heads back to look up, sometimes BPPV is called "top shelf vertigo." Women with BPPV may find that the use of shampoo bowls in beauty parlors bring on symptoms. An intermittent pattern is common. BPPV may be present for a few weeks, then stop, then come back again.

WHAT CAUSES BPPV?

The most common cause of BPPV in people under age 50 is head injury. There is also an association with migraine (Ishimiyama et al, 2000). In older people, the most common cause is degeneration of the vestibular system of the inner ear. BPPV becomes much more common with advancing age (Froeling et al, 1991). In half of all cases, BPPV is called "idiopathic", which means it occurs for no known reason. Viruses affecting the ear such as those causing vestibular neuritis, minor strokes such as those involving "anterior inferior cerebellar artery (AICA) syndrome" and Meniere's disease are significant but unusual causes. Occasionally BPPV follows surgery, where the cause is felt to be a combination of a prolonged period of supine positioning, or ear trauma when the surgery is to the inner ear (atacan et al 2001).

SELF-TREATMENT OF BENIGN POSITIONAL VERTIGO (RIGHT):

Self-treatment of benign positional vertigo (right)



Start sitting on a bed and turn your head 45° to the right. Place a pillow behind you so that on lying back it will be under your shoulders.

Lie back quickly with shoulders on the pillow and head reclined onto the bed. Wait for 30 seconds.

Turn your head 90° to the left (without raising it) and wait again for 30 seconds.

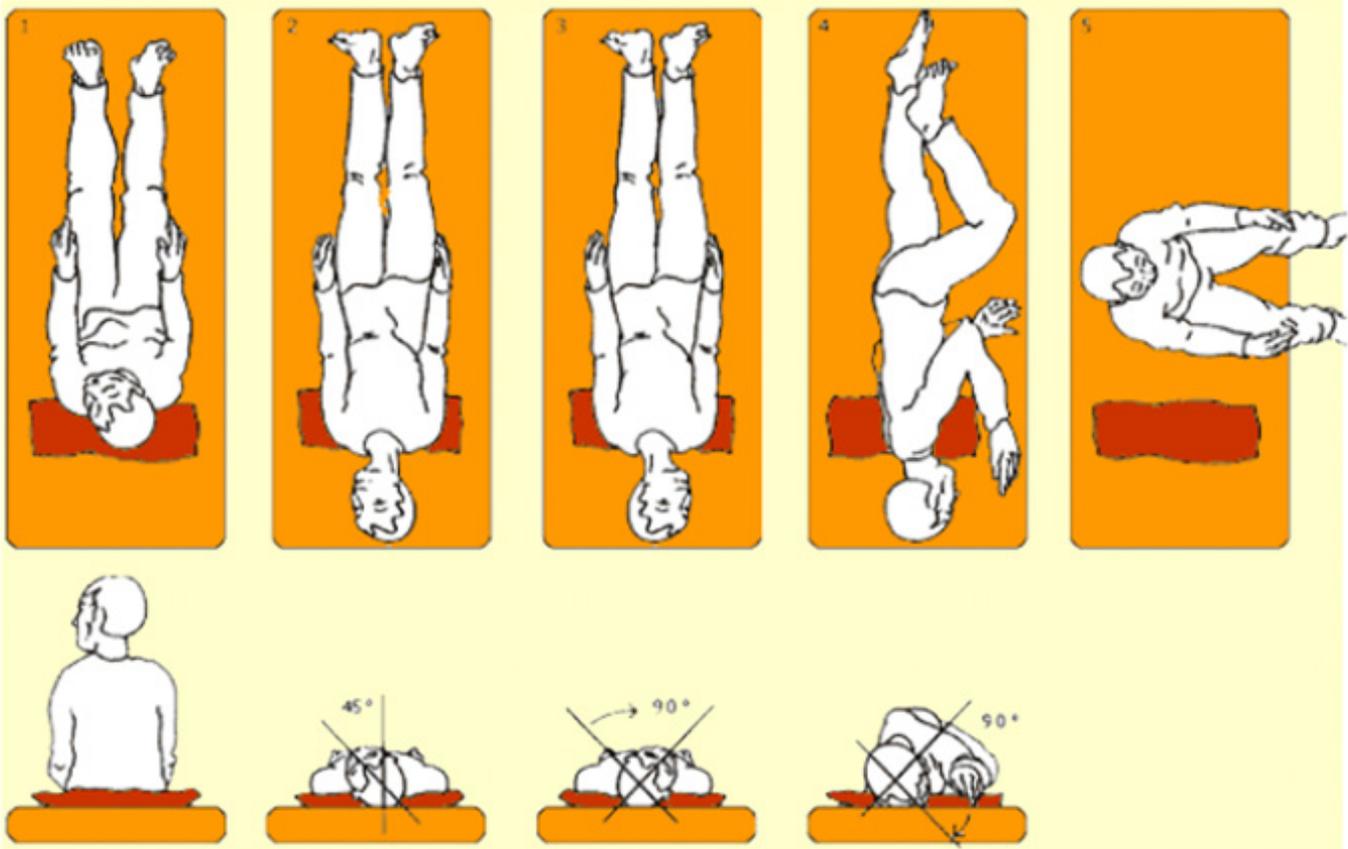
Turn your body and head another 90° to the left and wait for another 30 seconds.

Sit up on the left side.

This maneuver should be carried out three times a day. Repeat this daily until you are free from positional vertigo for 24 hours.

SELF-TREATMENT OF BENIGN POSITIONAL VERTIGO (LEFT):

Self-treatment of benign positional vertigo (left)



Start sitting on a bed and turn your head 45° to the left. Place a pillow behind you so that on lying back it will be under your shoulders.

Lie back quickly with shoulders on the pillow and head reclined onto the bed. Wait for 30 seconds.

Turn your head 90° to the right (without raising it) and wait again for 30 seconds.

Turn your body and head another 90° to the right and wait for another 30 seconds.

Sit up on the right side.

This maneuver should be carried out three times a day. Repeat this daily until you are free from positional vertigo for 24 hours.

EPLEY REPOSITIONING MANEUVER:

