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Les lettres faisant allusion à un article récent du *Journal* doivent nous parvenir dans les six semaines suivant la publication dudit article. Nous ne sommes pas en mesure de fournir d'épreuves de préimpression. Tout envoi non publié ne sera retourné aux auteurs que s'il est accompagné d'une enveloppe affranchie, portant l'adresse de l'expéditeur.

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Cervicogenic vertigo: a report of three cases. JCCA 1991; 35(2):89-94.

To the Editor:

The article Cervicogenic vertigo in JCCA, June, is a credit to both the authors and the profession.

The emphasis is on the cervicals and my experience suggests not enough attention is directed to possible other irritants. I do not intend to denigrate a fine article, merely suggest other parameters that may profitably be considered.

The categorization of "cervicogenic" implies the cervical subluxations are the cause without attempting to explain the cervical subluxations themselves. Palmer said the cause of disease is mechanical, nutritional and emotional. Of the three cases cited, only the third might possibly be related to a mechanical cause.

That all is not well with these patients is evidenced in the text. Patient one was "otherwise healthy" but also had a "mild spondylosis of the mid to lower cervical spine." Health is an

absolute and this patient is suffering from a continuing illness that is being ignored. Patient two, besides being "nauseous" had "a chronic history of low back pain;" surprisingly the doctors accepted the patient's statement he was "in good general health." We can not have it both ways, we are sick or well. If well, we are symptom free; if not well, it is assumed the doctor will attempt to locate any and all irritants that may contribute to the offending symptom. Even in the third case, we find the cervical spine remained painful on extreme motion and episodic headaches persisted.

This fine and straightforward article does suggest "nystagmus is often indicative of more serious neurological or vascular conditions." The authors recognize "the potential of the interaction of more than one physiologic system" but do not pursue this reasoning. As chiropractors we should be concerned with reestablishing homeostasis and not merely relieve symptoms. Our professional premise is rooted in nervous stability and this precludes allowing inattention to persisting symptoms. While we have no panacea, we do have a most effective therapy and we have an obligation to help restore as near total health as possible.

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To the Editor in reply:

Thank you for your interesting remarks. The intent of the article was to illustrate the contribution of the upper cervical spine as one of the possible etiologies of the vertigo syndrome. We agree that numerous potential causes of vertigo exist, as were alluded to in Table 1 of the article. Although you mention that other parameters should be considered, these were not made apparent in your letter.

As you are aware, the term cervicogenic implies that the origin of the signs and symptoms is found in the cervical spine. A subluxation is a broad clinical term that has been the subject of much debate and controversy. For this reason, we elected to define the spinal fixation as a dysfunction. As such, we feel that each of the three cases did relate a mechanical cause of vertigo, justifying the manipulative intervention leading to a successful outcome.

With regard to your second point, we did not simply "accept the patient's statement" as being in good health but rather performed a systems review to exclude other contributing conditions to the symptoms. For that matter, we did feel we located the "irritants" contributing to the offending symptoms of vertigo.

The issue of re-establishing homeostasis is intriguing, yet very nebulous. We are not aware of a chiropractic clinical trial or case study that has suggested that spinal manipulation alone can maintain it. The interaction of other physiologic systems was beyond the scope of the paper and depending upon the extent of such interaction, perhaps beyond the scope of chiropractic management.

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