

Treating Positional Vertigo at Home

What is it?

You're dizzy! It's worst when you lift or turn your head. It's better with your eyes closed. Your hearing and vision are okay; you don't have a fever or one-sided muscular weakness; you haven't had a head injury. You just feel like you have the spins, or like you're seasick, whenever you try to change position. You probably have Benign Paroxysmal Positional Vertigo, or BPPV.

Why is it happening?

The way you usually keep your balance is this: You have three fluid-filled canals in the inner ear, each facing a different direction. When you turn your head, the fluid washes around, bending the tiny hairs lining the canals, which sends a signal to the brain, telling it which way your head is pointing. There are tiny grains or crystals stuck to these hairs, that increase the sensitivity of the signals sent to the brain. If these get loose, they move around when you move your head, and send incorrect signals to your brain. When your inner ear disagrees with what your eyes are telling your brain, the result is vertigo.

How to fix?

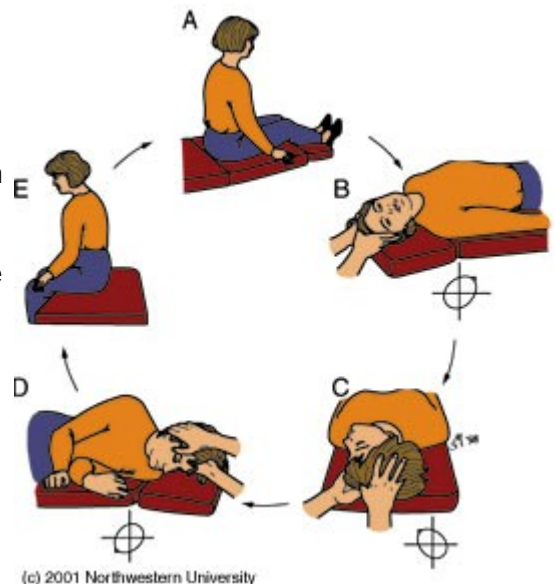
One way to solve this problem is to collect the loose crystals in an insensitive part of the inner ear. That's what these home exercises do. Some people do them several times a day. Other people are "cured" by doing them once or twice.

There are three kinds of exercises. (See below for videos of all three.)

- In the Epley maneuver (diagram to the right), you lie down, and move your head in several directions, alone or with help. It is effective in more than 90% of cases.
- In the Semont maneuver, you lie down, then sit up and lie down again. It is not as common in the U.S. as is the Epley, and appears to be less effective. Instructions below.
- The Brandt-Daroff exercises are for more severe cases and are a little more time-consuming. Instructions below.

A note on terminology you might hear in the videos:

- "Dix-Hallpike" is a way of tipping the head to cause vertigo and nystagmus, to diagnose BPV.
- Nystagmus ("niss-STAG-muss") is a fluttering of the eyes back and forth, in response to vertigo.
- Canaliths are the tiny grains or crystals in the inner ear canals ("-lith" means "stone").



Videos:

I recommend studying these carefully - especially the Epley videos - before home treatment. They're short!

Epley in doctor's office, super fast version
<http://bit.ly/5rQPez>

Do-it-yourself Epley, 2-3 minute version
<http://bit.ly/5I7PW1>

Epley by physical therapist, still pretty fast
<http://bit.ly/jmslVK>

Semont
<http://bit.ly/c6myiR>

Do-it-yourself Epley, 30-second version
<http://bit.ly/11f2ts>

Brandt-Daroff
<http://bit.ly/ken837>

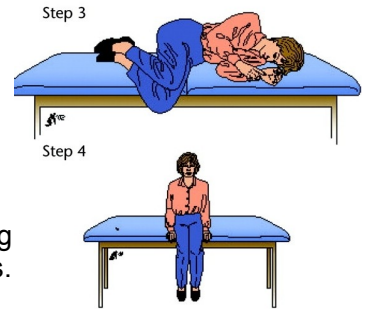
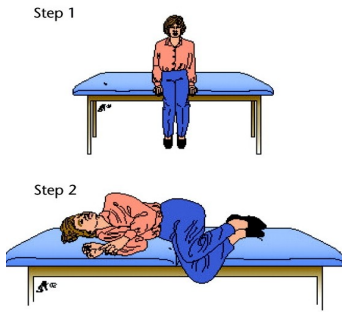
Fast or slow? You'll note some of these demonstrations are fast, and some are slow. It seems prudent to stay in each position until the dizziness passes. If it doesn't pass, then at least give it a couple of minutes. Close your eyes, if that helps.

Left or right? The ear that is "affected" causes worse symptoms when you look in that direction. Example: Sitting up, look upward to the right, then lie back. Feel dizzy? Right ear is affected. Now sit up, look upward to the left, then lie back. NOT so dizzy? Left ear is NOT affected. Start the Epley by looking toward the affected side - "Look to the side you want to treat."

How to do the Semont maneuver <http://bit.ly/KYhi>:

Diagram shows treatment of right-sided vertigo.

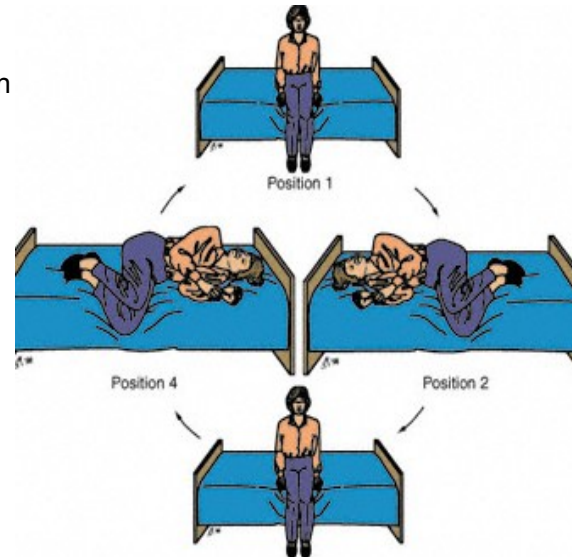
1. Sit on a table or bed with legs hanging off the side. Turn your head towards the unaffected side.
2. Quickly lie down on the affected side. The head position is maintained, so your head is turned up. This position is maintained for 3 minutes.
3. Now quickly move so you're lying on the unaffected side with your head in the same position (now facing downwards). This position is also held for 3 minutes.
4. Finally, slowly sit back up in a seated position.



Brandt-Daroff exercises, from <http://bit.ly/inq0Uj>:

These exercises are performed in three sets per day for two weeks. In each set, one performs the maneuver below five times.

- Start by sitting up (diagram right).
- Then move into the side-lying position, with the head angled upward about half-way.
- Stay in the side-lying position for 30 seconds, or until the dizziness subsides, then go back to the sitting position.
- Stay there for 30 seconds and then go to the opposite side and follow the same routine.



Aftercare, from <http://bit.ly/17JVA>:

1. Wait for 10 minutes after treatment, before going anywhere.
2. Sleep semi-reclined for the next night. This means sleep at a 45 degree angle, using a recliner chair or pillows arranged on a couch.
3. For at least a week, avoid provoking head positions that might bring BPPV on again.
 - Use two pillows when you sleep. Avoid sleeping on the "bad" side.
 - Don't turn your head far up or far down. Take care when shaving, shampooing, tying shoelaces, or using eyedrops, that you keep your head straight upright, not tilted.
 - Be careful to avoid any head-extended position, in which you are lying on your back, especially with your head turned towards the affected side. Don't go to the hairdresser or dentist.
 - Exercises for low-back pain should be stopped for a week. No "sit-ups" should be done for at least one week and no "crawl" swimming or diving. Also avoid far head-forward positions such as might occur in certain exercises (i.e. touching the toes, yoga).
 - Do not start doing Brandt-Daroff exercises for several days after the Epley or Semont maneuver, unless specifically instructed otherwise by your health care provider.
4. At one week after treatment, if you have been symptom-free, put yourself in the position that usually makes you dizzy. Position yourself cautiously and under conditions in which you can't fall or hurt yourself. Let your doctor know how you did.

What if it doesn't work?

There are several reasons home treatment might not work.

- *You might need a lot of treatments.* Some people have done maneuvers three times a day.
- *You might not be doing it correctly.* The most common mistake is not tilting the head back far enough.
- *You might be having recurrent vertigo* - the inner-ear crystals often get out of place again, after being repositioned. More than half of people who have BPPV once, will have it again.
- *You might have double-sided vertigo* (both ears). Some people need to do the maneuvers starting on one side for a week, then on the other side for a week, alternating back and forth.
- *You might not have BPPV.* There are other causes of vertigo, and you may want to discuss these in detail with your doctor or an ear specialist.
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