

References & Case Studies

- Amalu, W., et al. Applied Upper Cervical Biomechanics Course. International Upper Cervical Chiropractic Association, Redwood City, CA 1993.
- Arky, R., et al., Physicians' Desk Reference (PDR). Montvale, NJ. Medical Economics Data Production Co., 2003.
- Blair Upper Cervical Chiropractic Certification. Palmer College of Chiropractic, Davenport, IA 2005.
- Chaudhuri A., Behan European Journal of Neurology. 2001
- Christie B. Multiple Sclerosis Linked With Trauma in Court Case. British Medical J, 1996; 313[707]:128
- Elster EL. Upper Cervical Chiropractic Management of a Multiple Sclerosis patient: A Case Report. J Vertebral Subluxation Research, 2001; 4(2):22-30.
- Ericson, K: Upper Cervical Subluxation Complex - A Review of the Chiropractic and Medical Literature. Baltimore, MD, Lippincott, Williams & Wilkins, 2004.
- Grostic, JD. Dentate Ligament-Cord Distortion Hypothesis. Chiro Research J, 1988; 1(1): 47-55.
- Guyton, A., Hall, J.: Textbook of Medical Physiology. Philadelphia, W.B. Saunders Co., 2000.
- Kale, MU. Kale Certification Residency Program. Spartanburg, SC, 2004.
- Killinger LZ, Azad A. Multiple Sclerosis Patients Under Chiropractic Care: A Retrospective Study. Palmer J Research, 1997;2(4):96-100.
- Kirby SL. A Case Study: The Effects of Chiropractic on Multiple Sclerosis. Chiropractic Research Journal, 1994; 3(1):7-12.
- Mayo Clinic. 200 First Street Southwest, Rochester, MN 55905
- National Upper Cervical Chiropractic Association Guidelines and Standards of Care. NUCCA. Monroe: 1997
- Palmer, B.J.: Chiropractic Clinical Controlled Research, Vol. XXV. W.B. Cronkey Company, Hammond, IN, 1996 (reprint).
- Palmer, B.J.: Subluxation Specific, Adjustment Specific, Vol. XVIII. 1991 (reprint).
- Poser C. Trauma to the Central Nervous System May Result in Formation or Enlargement of Multiple Sclerosis Plaques. Archives of Neurology, July 2000
- Rana NA. Natural History of Atlanto-Axial Subluxation in Rheumatoid Arthritis. Spine, 1989; 14(10):1054-1056.
- Sandyk R, Awerbuch GI. Vitamin B12 and its relationships to age of onset of multiple sclerosis. Int J Neuroscience. 1993 July;71(1-4): 93-99.
- Sibley WA, Bamford CR, et al. A prospective study of physical trauma and multiple sclerosis. J Neurol Neurosurg Psychiatry, 1991 July;54(7):584-9.
- Sweat, RW. Atlas Orthogonal Board Certification. Life University, Atlanta, GA, 2005.
- Tierney, L.M., et al.: Current Medical Diagnosis and Treatment 2005, 44th Edition. New York, NY, Lange Medical Books, McGraw-Hill, 2005.
- Tomasi J. what Time tuesday? International Christian Servants, Oklahoma City, OK. 2005
- Upper Cervical Diplomat Program, Sherman College of Straight Chiropractic. Spartanburg, SC, 2005.

MULTIPLE SCLEROSIS

MS affects more than one million people around the world. This disease is unpredictable and varies in severity, from a mild illness in some patients to a permanent disability in others.

Can Upper Cervical Spinal Care help?

HEALTHY LIVING
SPINAL CARE

©2022 Healthy Living Spinal Care. All Rights Reserved.

HEALTHY LIVING
SPINAL CARE

healthylivinghickory.com

MULTIPLE SCLEROSIS

Multiple sclerosis (MS) is a chronic, potentially debilitating disease that affects the brain, brain stem and spinal cord. MS affects more than one million people around the world. This disease is unpredictable and varies in severity, from a mild illness in some patients to a permanent disability in others.

Symptoms typically begin between ages 20 and 40, with women being afflicted twice as often as men. The most common symptoms of multiple sclerosis include numbness and tingling in the arms and legs, difficulty walking, impaired balance, muscle weakness, visual disturbances and memory loss.

Your central nervous system contains millions of nerve fibers that carry electrical impulses from your brain and brain stem to almost every tissue, organ, and cell in your body. The degenerative process of MS is called demyelination. This is the destruction of the fatty substance, or myelin, which coats and protects the nerve fibers. This fatty substance functions much like to the insulation that shields electrical wires. In patients with MS, the body mistakenly destroys the myelin sheath, which becomes inflamed and swollen and detaches from the nerve fibers; then, hardened (sclerosed) patches of scar tissue form over the fibers. Eventually, this damage slows or even blocks the nerve signals from the brain, brain stem and spinal cord that control muscle coordination, strength, sensation, and vision. This results in some of the permanent disabilities that may develop in patients with MS.

MEDICAL TREATMENTS FOR MULTIPLE SCLEROSIS

According to the National Multiple Sclerosis Society, the typical medical treatment for MS includes a variety of Interferon drugs (Avonex®, Rebif® and Betaseron®, Copaxone®, Novantrone® and Tysabri®). For acute relapses, corticosteroids such as Prednisone are used, as well as muscle relaxants, antidepressants, anticonvulsants, central nervous system stimulants and NSAIDS.

MULTIPLE SCLEROSIS & PHYSICAL TRAUMA

For more than a century, physicians and scientists have unsuccessfully attempted to determine the cause of multiple sclerosis. The textbook, Current Medical Diagnosis and Treatments, states that trauma may trigger or precede exacerbations.

An article in the European Journal of Neurology concluded that there is a definite sub group of MS patients in which trauma, specifically whiplash of the neck, appears to worsen the natural course of MS. In susceptible individuals, these injuries can unleash critical changes in the central nerve system and trigger the onset of MS symptoms.

A renowned expert on Multiple Sclerosis, Dr. Charles Poser of The Harvard Medical School, published a similar article entitled "Trauma to the Central Nervous System May Result in Formation or Enlargement of Multiple Sclerosis Plaques". Dr. Poser concluded that trauma to the head, neck, or upper back can act as a trigger for the appearance of new or recurrent symptoms in some patients with MS. He further stated that only trauma affecting the brain and/or spinal cord can be considered significant, as is the case in some whiplash injuries.

At the very least, these studies show that indeed there is a relationship between trauma and the aggravation or creation of MS. However, in this particular situation, the symptoms of multiple sclerosis may not develop for days, months, or even years after the injury.

CAN UPPER CERVICAL SPINAL CARE HELP MULTIPLE SCLEROSIS?

The most common misperception about Upper Cervical care is that it only helps back and neck pain. Although our doctors can certainly help those who come to us seeking relief from back and neck pain, we help patients suffering from a variety of conditions, including MS. Healthy Living Spinal Care has helped thousands of patients restore their health through Upper Cervical Spinal Care.

Upper Cervical Chiropractors recognize that the body is a self-healing organism controlled and coordinated by the central nervous system, which is protected by the skull and spine.

UPPER CERVICAL SPINAL CARE; A SIMPLE CONCEPT

Upper Cervical care is based on the universal law of cause and effect. For every effect or symptom, physical or mental, there must be a root cause. At Healthy Living Spinal Care, we focus on locating and removing interference to the nervous system that can be the cause of the health condition. Removing this interference allows the body to heal itself naturally without drugs or surgery. An Upper Cervical correction is very controlled; there is no pulling, tugging, or jerking of the head. This precise yet gentle touch allows the head, neck, and spine to return to the proper position, thus removing the interference and restoring balance to the body.

UPPER CERVICAL SPINAL CARE & MULTIPLE SCLEROSIS

Some of the newest and most relevant research on Upper Cervical care has demonstrated the link between MS and the upper cervical spine. A study published in 2005 revealed that 100% of the patients with multiple sclerosis had a history of upper cervical injuries, although the injuries could be months or years old.

Another recent case study by Dr. Erin Elster, an Upper Cervical chiropractor, showed that the correction of upper neck injuries may reverse the progression of multiple sclerosis. Elster's report published in The Journal of Vertebral Subluxation Research stated, "According to medical research, head and neck injuries have long been considered a cause of multiple sclerosis, but this is the first research to show that the correction of those injuries can have dramatic effects on reversing MS." The same, promising results Dr. Elster had with MS patients are now being duplicated in Upper Cervical chiropractic clinics across the country.

Although Upper Cervical Spinal Care is not considered a cure for MS, studies show that patients suffering from multiple sclerosis benefit greatly from Upper Cervical care.