

A Patient Comes From Paris

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By Dr. Derek Conte

Anne Marie lives in a Paris suburb and is related to a family here in Smyrna we have served for years. The relative called me and asked if we could help Anne Marie with her intractable neck pain and headaches. She told me the doctors in France felt there was nothing short of surgery that could help and that there was a high risk of permanent paralysis if surgery were done due to the location of the problem. In short, no one would touch her and suggested dealing with the symptoms through medication.

The relative sent me a file with MRI's and medical reports. I reviewed them and saw disc bulges at multiple levels of the cervical spine exerting pressure directly on the spinal cord, but no striking structural abnormalities. I told her it was a long way to travel and only a direct exam by me in the office would reveal further risks or complications that would preclude successful care but I felt that, based on what I saw so far, we could help Anne Marie.

The official diagnosis was "neuralgie d'Arnold chronique resistante au traitement medicale" --- in English, "chronic, treatment-resistant Arnold's neuralgia". Also known as Occipital Neuralgia, Arnold's Neuralgia affects the greater occipital nerve, arising from the C-2 nerve root, which exits the spine rearward between the 1st and 2nd cervical vertebrae and provides sensation for the entire back of the head from the base to the top and across from ear-to-ear. The C-2 nerve also brings proprioceptive (positional) information, from the sternocleidomastoideus and trapezius muscles, to the brain. This nerve also shares a nucleus in the spinal cord with the 5th cranial nerve (CN-5), which distributes itself to the lips, tongue, teeth, jaw, cheeks, eyes and forehead to the top and controls the chewing muscles as well.

The symptoms can be very harsh and the pain exquisite along the areas described above, including jaw pain, eye pain, ear pain and hyperacusis (abnormally sensitive hearing). Even very small movements of the head can be excruciating for the patient. The ability to concentrate or even sleep can be impossible. Anne Marie had all these symptoms.

So, arriving from Paris, Anne Marie came in and we examined her thoroughly. She had almost no range of motion in her neck and the muscles there were extremely tight as a result of all the guarding against her pain. The pain and fear were so great she was unable to get on the adjusting table without holding her head and without some assistance. The leg lengths were more than 1" unequal. This is an indication of the unevenness of neural firings to the postural muscles from the brain. As expected, the upper cervical area from the base of the head to C-1 and C-2 were the principal involvements. In a case like this extra time must be taken to relax the patient and release the muscles before an adjustment can be done.

We began with gentle CranioSacral Therapy and, after a time, her breathing slowed and the muscles relaxed. We then moved on to some specific adjustments to C-1, C-2 and C-3. We repeated this protocol for three visits over six days. On the fourth visit four days later, Anne Marie had balanced legs, much greater range of motion and was able to get up and down off the table without holding her head and did not require any assistance. She reported significant improvement in her symptoms. Her family commented on her new-found "fluidity of movement" and the large psychological benefit she received from knowing there was help out there and she was not condemned to be miserable for the rest of her life. Anne Marie is seeking chiropractic and CranioSacral care in Paris.

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