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We help patients to become better patients! We can help you understand your health and medical problems better so you can get better care in partnership with your Doctor.

OUR VISION

We think patients are the largest untapped healthcare resource and that Information therapy is the most Powerful Medicine !

OUR GOALS

1. Encouraging health insurance companies to invest in patient education.
2. Advocating information therapy.
3. Setting up a national network of patient education centers.
4. Developing patient educational materials in Indian Languages for the web.

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Vertigo



**LET'S HELP
ERADICATE
IGNORANCE**

Vertigo: Causes And Management

The term vertigo is used to describe the illusion of moving or spinning within one's environment. Symptoms result from false messages reaching processing centers in the brain that are responsible for movement and balance. Vertigo ranges in severity from very mild and transient to severe and incapacitating.



Vertigo is often accompanied by nausea, sweating, and abnormal eye movements (nystagmus). Vertigo has several causes, and treatment varies according to the underlying pathology.

Causes of Vertigo

- Benign paroxysmal positional vertigo (BPPV): This most common form of vertigo is usually initiated by moving the head suddenly or in a particular direction. Many believe it is the result of degenerative changes in the inner ear that lead to the formation of canaliths (tiny particles in the semicircular canals of the inner ear).
- Meniere's disease: This syndrome, caused by the relative overproduction of fluid in the inner ear, consists of three symptoms: vertigo, tinnitus (ringing in the ears) and hearing loss.
- Acute vestibular neuronitis or labyrinthitis: Vertigo arises from

inflammation of the inner ear. The most common cause is viral or bacterial infection.

- Acoustic neuroma: Small tumors along the acoustic nerve can cause vertigo and unilateral hearing loss and tinnitus.
- Migraine: Vertigo that is part of the aura that precedes a migraine headache is usually self-limited.
- Head trauma: Injuries to the brain are often associated with vertigo.
- Multiple sclerosis: When certain areas of the brain are damaged by MS.
- Vascular insult: Strokes or other phenomena that reduce blood flow to specific areas of the brain
- Medications: A wide variety of medications and toxins can cause vertigo
- Cholesteatoma: A cystic collection of keratin and debris, usually involving the middle ear space and the mastoid sinus.
- Anxiety or other psychological conditions may cause vertigo.

Treatment for Vertigo

- Medications are frequently prescribed that lasts several hours to days, but drugs are less useful for that last seconds or minutes. Medications are also not recommended for vertigo lasting more than a few days.
- Vestibular rehabilitation exercises are commonly used in the general treatment of vertigo.
- Canalith repositioning maneuvers are effective for treating BPPV. These exercises transfer canaliths from the semicircular canals to the vestibule of the inner ear, thus

decreasing the false messages originating from the semicircular canals.

- When bacterial causes of labyrinthitis or acoustic neuronitis can be identified, antibiotics are prescribed.
- Acoustic neuromas and cholesteatomas are typically treated surgically.
- Meniere's disease usually responds to medications that decrease the production of fluid in the inner ear.
- When migraines, anxiety, and psychiatric conditions are appropriately treated, the accompanying vertigo also improves.
- Victims of stroke and head trauma—as well as patients with MS—often respond to vestibular rehabilitation exercises and/or watchful observation.
- Medications that cause vertigo should be changed or discontinued.

Vertigo can significantly affect one's ability to safely perform activities of daily living. In most cases its impact is transient and manageable. Persistent vertigo or symptoms that recur should prompt consultation with a health care professional.

