

Chiropractic Management of chronic sinusitis and breathing difficulty in a 67-year-old male: A case report

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Abstract: A 67 year old male presented for chiropractic care with a chief complaint of chronic sinusitis, post-nasal drip, breathing difficulty and generalised discomfort, from which he had suffered for ten years. ENT Specialists had failed to diagnose an underlying cause.

Intervention/Outcomes: Chiropractic care for the reduction of vertebral subluxations using the *Advanced BioStructural Correction* technique was concomitant with a significant improvement in sinusitis

Conclusion: Chiropractic care was concomitant with a 50-60% reduction in chronic sinusitis, and a 50% reduction in sinus medication.

Indexing Terms: Chiropractic; Subluxation; Immunity; Sinusitis.

Background

The use of complementary and alternative modalities in the management of chronic sinusitis is well documented in traditional research. (1) It is thought that 16% of sufferers of this relatively common condition seek out chiropractic as a care modality.

In chiropractic literature, chiropractic care for sinusitis is well represented, while generalised breathing difficulty (or rather upper thoracic restriction) is less commonly represented in the case report literature. Further research is required to establish the mechanisms behind improvement in sinusitis or breathing difficulties, and to establish causation when it comes to improvements in the conditions.

However, the present case report covers immune function more broadly.

History and Examination

A 67-year-old male patient presented for chiropractic care with a primary complaint of chronic sinus problems. He reported suffering from the condition for approximately

... This 67yo male experienced a 50-60% reduction in post-nasal drip as well as 50% decrease in pharmaceutical interventions in sinusitis where GP and ENT consults had ineffective ...



10 years, during which time his symptoms included a chronic running nose, post-nasal drip, and an irritating, chronic cough (the latter which he now suffered on a daily basis). He also reported general discomfort accompanying the sinus issues, as well as decreased breathing.

He had undergone a complete assessment by both a General Practitioner and an ENT (Ear, Nose and Throat) specialist, both of whom failed to diagnose an underlying cause.

The patient noted secondary complaints of tightness in the back, back and knees also occurring on a daily basis, but he reported no pain in conjunction with said tightness. Finally, he suffered from Tinnitus in both ears, with the right ear presenting as more severe than the left.

Upon presentation, the patient underwent a thorough history and examination in which he disclosed having sustained fractures to the right humerus and right clavicle. He had undergone surgery to repair the humerus fracture, and this had included insertion of a surgical screw, and he had undergone surgery to remove a pituitary tumor within the past two years. At the point of presentation, his treatment for sinus problems was limited to daily alternation of saline or steroid nasal flushes/sinus rinses.

During his examination, orthopaedic tests revealed pain in the lower back. This was measured/ascertained by undertaking a right standing Kemp's manoeuvre, while pain in the right neck area was revealed during a right-seated neck Kemp's manoeuvre. Initial postural assessment using the Posture Pro software system measured a forward head angle of 26 degrees with an overall posture score of 33 (0-10 is considered a healthy range). X-rays revealed scoliotic curves throughout the cervical and thoracic spine, osteophytic degenerative changes at C4-7 and a loss of disc height at L5-S1 (See Appendix A for films).

Following examination, it was thought his chronic sinus issues may be due to postural factors. It is assumed that the GP, ENT and patient had ruled out seasonal allergies as the cause of his problems.

Treatment

Following examination, the patient commenced a 24-session course of care, to be reviewed at the 12-session mark. The chiropractor utilised the *Advanced BioStructural Correction* (ABC) Protocol in which the patient is assessed for meningeal adhesions, and anterior subluxations of the spine. Lower limb adjustments are also included as standard interventions (along with vertebral subluxations). Home care includes ergonomic and sleeping posture advice, as well as the recommendation for more regular gentle movement throughout the work-day.

The initial care plan included three sessions for the first four weeks, totalling twelve sessions which would trigger the progress review. He would then undergo two sessions per week for the following six weeks, followed by a comparative review.

Following the initial care plan, a plan for further correction was recommended: one session per week for twelve weeks followed by a wellness review. The patient is four sessions into this stage of his plan at the time of writing.

Outcomes

Following the first adjustment, the patient reported that his breathing felt '*much freer with no toe pain or foot cramps or discomfort in his shoes.*' However, it did take him longer to fall asleep (approximately 30 minutes instead of the usual 2-3 minutes). His breathing remained improved for the following three days after the first adjustment. The patient also self-reported that his body felt generally freer following the first appointment. He had less problems with walking and no issues with his knees which had previously been painful.

The initial issues with falling asleep resolved during the first week post-appointment. During this time the patient also reported improved energy levels. Towards the end of the first week,

pain in the legs and hip started to return with stiffness in the back and shoulders. Evening reflux and indigestion appeared one week after his first adjustment. The nose continued to produce mucus, but at the start of the second week (post appointment and adjustment), he found it was not dripping down the back of the throat and was only present on the left side. At the end of the week, there was still not dripping down the back of the throat and subsequently no throat issues, but the left nostril was running.

At his first review, after twelve sessions in three weeks, the patient reported minor to moderate improvements in the primary complaint (sinus issues). This had resulted in decreased use of the steroid nasal flush and a self-reported 50-60% decrease in the post-nasal drip. Other improvements included decreased watering in the eyes, increased quality and quantity of sleep, decreased muscle cramps in addition to improved ability to breathe more deeply and easily. Walking and right shoulder tightness were also both improved at the first review. At the second review, the only enduring complaints were the nasal drip and some residual knee pain.

These improvements were concomitant with postural improvements as recorded by the Posture Pro Assessment tool. His anterior head carriage had reduced by 8 degrees, and his overall posture score had moved closer to the normal range by 8 points and was now 25 instead of 33. This resulted in a reduction in loading to the spine from an additional load of 119.7 Newtons (N) force down to 80 N force.

At his comparative review, after twenty-four sessions, while the patient reported no further changes in frequency/intensity to the primary symptom (post-nasal drip), he did note a further decrease in the need for sinus medication. He remarked that his body was feeling generally better than it was prior to commencement of care and reported continued improvements with breathing as well as better energy levels.

This coincided with a *Posture-Pro* reassessment which revealed further reduction in his forward head angle which now measured 11 degrees. His overall postural score was now 16. This results in the addition force to the spine reducing to 48.5 N

The enduring complaints are the nasal drip and knee pain, the latter of which remained largely unchanged.

Discussion

This case report indicates a significant improvement (50-60% reduction in post-nasal drip as well as 50% decrease in pharmaceutical interventions) in sinusitis where GP and ENT consults had failed to arrive at an underlying cause. This was concomitant with improved posture, ability to breathe deeply, which may have implications for immunity and sleep more broadly for the patient.

Significant postural improvements, particularly in terms of the forward head carriage were noted. However, in this case, the knee pain seemed to improve in the short term, but remained unresolved in the long term.

While chiropractic care has been shown to be an effective modality for the care and management of back and neck pain, the implications chiropractic care may have on the nervous system, and by extension, the immune system as seen in this case of chronic sinusitis is noteworthy.

While case report data findings cannot be generalised to the wider population, this and other case reports may provide the impetus to investigate the biomechanical and neurophysiological mechanisms that may link the reduction of vertebral subluxations and the improvement of posture to increased immune function.

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References

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About the Chiropractor

Adam Luc graduated from Macquarie University with a Master of Chiropractic. He has since gone on to become proficient in *Advanced Biostructural Correction* technique, and uses this specialisation of Chiropractic to correct the postures of his patients. He is passionate about correcting posture as he believes better posture means his patients breathe better, have more energy and are more resilient to injuries. Having a lifelong interest in sport, he has worked closely with elite sportsmen and is a regular guest at gyms and community centres to raise awareness of postural issues in today's sedentary society.

About the Case Report project

This Case Report is a part of the [ASRF Case Report Project 2021](#), a project designed to gather client studies from chiropractors and transform them into much-needed case reports, focused on the effects of chiropractic care on clinical presentations highly relevant to chiropractic, such as stress, immunity and adaptability. This project was made possible by the generous fundraising and contributions of ASRF supporters.

