

Management of a Veteran with Headache Disorder, loss of taste & smell, eye & ear pain: A case report

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Narrative: Headache disorder is the most common disorder of the nervous system, the third highest cause worldwide of years lost due to disability, and significantly impacts the veteran population. This case report demonstrates the value and effectiveness of Applied Kinesiology assessment and procedures for noninvasive management of a veteran with sudden onset headache, loss of taste & smell, eye & ear pain which resolved utilising cranial adjusting techniques, performing cranial nerve tests while cold lasering the brainstem, and addressing mould exposure/sensitivity. To date the patient reports no headache, eye or ear pain and full resolution of taste and smell with no known episode for the past six years.

Indexing terms: Chiropractic; Applied Kinesiology; Headache, Loss of Smell, Loss of Taste, Ear Pain, Eye Pain, Veteran.

Introduction

Headache, defined as pain or discomfort in the head or face area, is the most common disorder of the nervous system impacting nearly 50% of the adult population at least once a year with 1.7-4% experiencing headaches more than 15 days a month. (1)

Headaches can be primary or secondary due to another condition. There are several types of headaches including migraine, tension, cluster, and medication-overuse (MOH). Headache disorders have been underestimated, under-recognised and under-treated throughout the world. They are not only painful but can be disabling, in the *Global Burden of Disease Study* (updated in 2013) headache disorders were the third highest cause worldwide of years lost due to disability. (2) In addition, veterans are more likely to experience headaches than civilians with 36% of US veterans who served one-year in Iraq having been diagnosed with headache and migraine. (3)

Headaches can have varying accompanying symptoms like loss of taste, loss of smell, eye, or ear pain. Traumatic brain injury (TBI) in combat veterans has

...a veteran resolved daily headache, loss of taste & smell, eye & ear pain by cranial adjusting, namely, external frontal rotation, cranial nerve techniques, and addressing mould exposure/sensitivity with supplementation ...'



shown to be correlated to loss of taste and smell with nearly 49% experiencing headache disorder with sensory impairment or deficit. (4)

Headaches with loss of taste and smell that lingers have been shown to be correlated to allergies, sinus issues, and COVID-19 or long-haul COVID symptoms. Numerous factors including smoking, obesity, the common cold, medications, high blood pressure, and cancer treatments increase the likelihood of loss of taste, loss of smell, eye, and ear pain. (5) Currently, treatment is aimed at finding the root cause and addressing it with antihistamines, prescription medication or by providing pain relief through anti-inflammatories, like NSAIDs. (1)

With headache disorder being the most common disorder of the nervous system, the third highest cause worldwide of years lost due to disability and impacting a significant number of veterans other therapies for headache, especially those with loss of taste & smell, eye & ear pain should be studied and noted.

The purpose of this study is to demonstrate noninvasive management of sudden onset headache disorder with accompanying loss of taste & smell, eye & ear pain in a veteran using Applied Kinesiology (AK) procedures

Clinical Features

A 43-year-old male veteran presented with sudden onset headache, loss of taste & smell, eye & ear pain. The symptoms began suddenly, about 8 weeks prior to the initial examination, with sinus issues and the worst headache of his life.

The patient noted that all symptoms were constant, he had a continual sore throat, stuffy nose, and the headache was an achy stabbing pain behind both eyes, into the temples, creating intense pressure in both ears. The sun aggravated all symptoms, and nothing relieved them. These symptoms disrupted daily life especially sleep, job, hobbies, social and self-care which the patient rated 4/10 (with 10 being totally unable to function) on the *General Pain Disability Index Questionnaire*. The patient was not a smoker, had no change in his 4 medications (he had used for several years to help PTSD, depression, and sleep), no traumatic brain injury, and no prior event. He had not found relief with physical therapy or traditional chiropractic care, and nothing was found medically significant through numerous medical providers including MD, ENT, ophthalmologist, or sleep studies.

Upon initial examination, blood pressure was 116/78 mmHg, respiration was normal at 15 bpm, gait was normal, words were not slurred, eyebrows raise equally bilaterally as well as smile/frown, patient reports no dizziness.

Using AK Manual Muscle Testing (MMT), *rectus femoris*, *tensor fasciae latae*, *pectoralis major sternal*, *latissimus dorsi*, and *upper trapezius* muscles were inhibited bilaterally. The cruciate suture, temporal bulge fault (on the right), external frontal (right), inspiratory assist (bilaterally), symphysis menti, lambdoidal suture (left), internal frontal (left), zygomatic (left), and lateral shear cranial fault (left) were all noted.

Performing cranial nerves tests for cranial nerve 1, 3, 4, 6, 7, 8, & 12 inhibited any previously strong muscle. Moving the eyes in any direction, smiling or frowning, moving the tongue, hearing rustling in the ears, and smell (the patient could not smell at all bilaterally) were all noted. Therapy localisation over the ileocecal valve, frontal sinuses, and emotional points also inhibited any previously strong indicator muscle for the patient.

Management and Outcomes

The treatment plan goal was to alleviate headache, eye, & ear pain symptoms as quickly as possible and longer term address the loss of taste & smell. This meant addressing root cause issues found during the initial examination that could improve many areas of the body at a time.

The first treatment began with adjusting the right sided temporal bulge fault & external frontal rotation. (6) I give the procedure:

External Frontal Rotation:

A. Diagnosis

- a. Find a strong indicator muscle
- b. TL 2 hands over 1 eye on side of external fault
- c. If strong muscle goes weak challenge

B. Challenge

- a. Press caudal over central incisor on external side

C. Correction

1. step one

- a. contact hard palate on side opposite external rotation just posterior to cruciate suture using 100-200g (4-8 oz) pressure
- b. vary pressure vector until digital pain over eyeball is relieved or...
- c. challenge in various vectors testing a previously strong muscle (PSM)
- d. hold pressure 20-40 seconds or...
- e. phase above challenge, c, to respiration and use respiratory adjustment

2. step two

- a. contact pterygoid plate on side of external rotation
- b. apply superior pressure for 10-20 seconds or...
- c. challenge *pterygoid process* superiorly, test PSM.
(1) if above challenge is negative - challenge inferiorly
(2) phase above challenge to respiration and use respiratory adjustment

3. step three...the frontal lift

- a. contact superior edge of orbit on side of superior sphenoid lift (above)
- b. challenge superiorly, test PSM.
- c. if challenge was positive, phase to respiration and correct with superior pressure over 3-4 respirations
- d. this relieves a possible jamming of the internal suture between the inferior border of the frontal and superior border of the sphenoid bones
- e. this step is not always needed
- f. if sphenoid lift (step 2) resists adjustment, try frontal lift first

4. Re-challenge after each step to verify correction

These two adjustments significantly changed how the patient's body was testing through AK MMT. Immediately after verifying correction, bilateral *rectus femoris*, *tensor fasciae latae*, *pectoralis major sternal*, *latissimus dorsi*, and *upper trapezius* muscles were all very strong. All other cranial faults as well as spinal subluxations cleared and no longer therapy localised (TL) or inhibited the patient. Cranial nerve testing of all cranial nerves no longer weakened a previously strong muscle. Recommendations for consulting with his medical provider were given as 3 of the 4 prescription medications had serious interactions including tinnitus, sinusitis, headache, and fatigue.

The first 48 hours the patient had no pain related symptoms, however, still experienced loss of taste & smell. Pain began to return the third day, the patient noticed slight earache, pain behind eyes, and headache. The next visit included adjusting the external frontal rotation (right) and lateral shear fault (left) along with spinal subluxations C1, C2, T3, & T6. He noted the ear pain was less intense and less frequent and the pain for the headache and eye was only noted on the left side.

Energetic vial testing found mould mix 1 & 2 to weaken a previously strong indicator muscle. Master set points were cold lasered which strengthened any inhibited muscle and cleared all spinal subluxations including C1 which was repetitive. Patient returned stating no headaches unless over exerting, no ear pain, no eye pain, with continued loss of taste and smell. Cranial nerve tests (1, 3, 4, 6, 7, 8, & 12) smelling, moving the eyes in all directions, smiling/frowning, rustling in the ears and moving the tongue were all performed while cold lasering the brainstem.

This cleared all previous findings for that appointment. The patient returned stating his taste and smell had returned to normal, he had not experienced any headaches, eye or ear pain. He noted he has been sneezing and was recommended to use NET Allergy Spray nine sprays three times a day. At the next visit, 1 week later he no longer notes sneezing, sore throat or any previously listed symptom. For the past 6 years the patient has not had another known episode.

Discussion

With headache disorder being the most common disorder of the nervous system, the third highest cause worldwide of years lost due to disability, and impacting a significant number of veterans it is important to further study therapies to improve or resolve these health complaints. Therapies like AK should be noted as being noninvasive and cost effective. AK procedures and methods are used to treat and manage a wide range of conditions and biomechanical concerns. In this case, a veteran resolved ongoing headache with accompanying loss of taste & smell, eye & ear pain that was otherwise not understood or helped by other professionals. He responded favourably to cranial adjusting, namely external frontal rotation, performing cranial nerve tests while cold lasering the brainstem, and addressing mould exposure/sensitivity.

Presently, conventional treatment is aimed at providing symptomatic relief and/or assessing the underlying pathology. After potential pathology has been assessed for and addressed, use of NSAIDs, antihistamines, and prescription medications are routinely used to address symptoms. None of which help resolve the underlying cranial involvement, dysfunction of the cranial nerves, or stress on the nervous system from mould exposure/sensitivity.

Chronic NSAID use has been linked with cardiovascular, cerebrovascular, gastrointestinal, and renal adverse effects. Although they may reduce pain symptoms, they are not addressing the patients' complaints or the underlying issues causing his symptoms. Prescription medications for headache or migraine are commonly linked to fatigue, headaches, dizziness, sore/tight throat and nausea- nearly identical to headache disorder symptoms and do not resolve the underlying root cause for the symptoms. (7)

Also of importance, the serious interaction between 3 of the 4 medications the patient was using, which had side effects including tinnitus, sinusitis, headache, and fatigue. In contrast, the homeopathic remedy recommended to activate the body's natural ability to heal is safe for all ages, low risk of adverse effects, and compatible with other supplements and prescriptions. The cranial adjusting, cranial nerve techniques, and energetic vial testing with accompanying homeopathy offers a noninvasive approach to address the underlying structural, nervous system dysfunction, and biochemical imbalances. The need for each technique was assessed at each appointment until headaches, loss of taste & smell, eye & ear pain resolved completely. Treatment began by adjusting two cranial bones, as the cranium had not been worked on to date and cranial

imbalance is a major contributor to nearly all of the patient's symptoms. With the above measures not only did patient symptoms resolve, but the underlying cause was understood and addressed in noninvasive, nonsurgical, cost effective, and long-term safe methods. Adding clinical value and importance to the area of other therapies not well studied for headache disorders, especially in the veteran population.

Conclusion

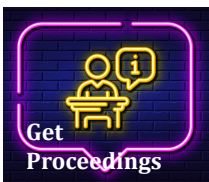
With the prevalence and severity of headache disorders, especially in the veteran population, it is important to further study therapies to improve or resolve these health concerns. Therapies like AK should be noted as being noninvasive, nonsurgical, and cost effective. This case report demonstrates how a veteran resolved daily headache, loss of taste & smell, eye & ear pain by cranial adjusting, namely, external frontal rotation, cranial nerve techniques, and addressing mould exposure/sensitivity with targeted supplementation.

The goal for the treatment plan was to alleviate headache, eye, & ear pain symptoms as quickly as possible and longer term address the loss of taste & smell. The first adjustment the patient had reduction of his headache for 48 hours, which was the first time in several months. By the end of the first two weeks of care, seeing the patient twice a week the patient reported no headaches, no eye or ear pain, as well as his taste and smell back to normal. The patient checked in four more times, or every other week for 2 months post resolution of symptoms, for a total of 3 months under care.

Although the patient has dealt with significant PTSD for the past 6 years to present the patient has not had another known episode. This case demonstrates the value and effectiveness of Applied Kinesiology methods and procedure for noninvasive management of a veteran with sudden onset headache, loss of taste & smell, eye & ear pain.

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