

The Croatian Syndrome

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Croatia

- Population: 4.5 million: predominantly Croats
- 12% Serbs
- Capital: Zagreb
- Geography: size of W. Virginia

Chiropractic is practiced in virtually every country in the world. Croatia has a small but growing interest in chiropractic. A recent broadcast in Croatia from the "Voice of America" recommended chiropractic for alleviation of back pain. Presently there are five U.S.-trained chiropractors from Croatia, and a few Croatian students in U.S. chiropractic schools.

The typical patient in my practice in Zagreb presents a cluster of symptoms, which I will assign the term: Croatian syndrome. The Croatian syndrome consists of severe headaches; tinnitus; vertigo; neck and shoulder pains; paresthesia (abnormal sensations) in the arms and hands; hiatal hernia (stomach elevates into diaphragm) associated with digestive difficulty; and in some patients, visual disturbances.

In many years of practice in the U.S. and the Philippines, I cannot recall such a large number of new patients (5-6) who daily present the above-described symptomatology. In most of these patients, if not all, subluxation of C3 is detected by motion palpation and demonstrated on x-ray. Many of these patients on x-ray also show a 2-3 mm posterior and inferior displacement of C3 on C4.

The phrenic nerve exits at the level of C3/C4 to supply the diaphragm, thus explaining the hiatal hernia. The study of anatomy can also readily explain the muscular spasm and associated pain and paresthesia of the neck, shoulders and arms. The vertigo and tinnitus are not readily explained on the basis of pressure on the C4 nerve root.

A severe subluxation of C3 could place considerable pressure on the spinal cord. A CT scan of the cervical spine was not available for any of these patients. EEG and EMG tests, if available, proved negative.

Most of the patients representing the Croatian syndrome respond to specific correction of C3 subluxation using the Gonstead method. Patients in severe pain receive massage of the neck and shoulders. In my practice, all patients presenting a hiatal hernia also present a C3 subluxation, with a stomach disorder perhaps being the only symptom. What is unique in a Croatian patient is that a C3 subluxation is more often than not associated with the multi-faceted Croatian syndrome.

Patients presenting vertigo and headaches will often find, after initiating C3 segmental correction, that the intensity of vertigo subsides with intensity of headaches increasing.

I recommend a treatment schedule of 10 visits for the Croatian syndrome in the acute stage and subsequent regular follow-up visits as a preventive measure. Those doctors who are seeing similar symptomatology are encouraged to write me at:

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