Weiner G, Blum CL. Vasomotor Rhinitis (VMR) and Cerebral Spinal Fluid Flow: A Chiropractic issue. Asia-Pac Chiropr J. 2026;7.3 https://www.apcj.site/WeinerRhinitis.pdf

MANUS Summary

Weiner and Blum present a narrative analysis exploring vasomotor rhinitis (VMR) as a nonallergic, noninfectious condition associated with autonomic nervous system dysregulation and heightened nasal sensory responsiveness. Drawing on medical, osteopathic, and chiropractic literature, they describe how altered parasympathetic and sympathetic activity can influence mucus secretion, vascular tone, and nasal congestion. The discussion includes acetylcholine-mediated secretion, transient receptor potential vanilloid 1 (TRPV1) receptors, and neuropeptides involved in neurogenic inflammation. The authors also examine reported associations with gastrointestinal disorders, migraine, and cognitive symptoms, arguing that VMR may warrant consideration within a broader clinical assessment rather than being viewed solely as an isolated nasal complaint.

The paper proposes connections between cervical and cranial biomechanics, autonomic function, cerebrospinal fluid (CSF) circulation, and glymphatic waste clearance. Particular attention is given to the myodural bridge and CSF outflow through the cribriform plate into nasal lymphatic pathways. The authors suggest that nasal congestion and structural dysfunction could compromise these processes, and advocate chiropractic care, especially Sacro Occipital Technique (SOT), as a potential means of improving autonomic regulation and fluid drainage. However, this publication is a narrative exposition rather than an original controlled clinical study; its proposed causal relationships and therapeutic benefits should therefore be regarded as hypotheses requiring clinical validation. The authors recommend further research to investigate these mechanisms and treatment outcomes.

MANUS QUIZ

1. Which description best characterises vasomotor rhinitis as discussed in the paper?

   A. It is a bacterial infection of the nasal mucosa.
   B. It is a nonallergic, noninfectious condition associated with altered autonomic regulation and nasal hyperresponsiveness.
   C. It is an exclusively IgE-mediated response to airborne allergens.
   D. It is a structural disorder that invariably causes nasal polyps.

Answer: B. The paper emphasises autonomic dysregulation and exaggerated responses to environmental stimuli rather than allergy or infection.

2. Which neurotransmitter is identified as a principal parasympathetic stimulant of nasal mucus secretion?

   A. Dopamine stimulates nasal mucus secretion through dopamine receptors.
   B. Serotonin stimulates nasal mucus secretion through serotonin receptors.
   C. Acetylcholine stimulates nasal mucus secretion through muscarinic receptors.
   D. Norepinephrine stimulates nasal mucus secretion as the principal parasympathetic transmitter.

Answer: C. The authors describe acetylcholine acting predominantly at M3 muscarinic receptors to promote glandular secretion.

3. Which anatomical route does the paper highlight for CSF outflow towards nasal lymphatics?

A. CSF travels alongside olfactory nerves through the cribriform plate.
B. CSF travels through the auditory tube into the middle ear.
C. CSF travels through the optic canal into the lacrimal glands.
D. CSF travels directly through the nasal septal cartilage.

Answer: A. The paper identifies the pathway accompanying olfactory nerves through the cribriform plate as an important CSF drainage route.

4. What role do the authors attribute to the myodural bridge in their proposed mechanism?

A. It produces acetylcholine within the nasal mucosa.
B. It forms the principal barrier between the nasal cavity and the bloodstream.
C. It directly filters metabolic waste from cerebral blood vessels.
D. It connects suboccipital muscles to the spinal dura and may transmit movement-related forces that influence CSF dynamics.

Answer: D. The authors discuss the myodural bridge as a mechanical connection potentially linking head movement with dural tension and CSF circulation.

5. Which statement most accurately reflects the evidence provided by this paper for chiropractic treatment of VMR?

A. The paper reports a randomised controlled trial establishing SOT as superior to medication.
B. The paper presents a narrative rationale for potential benefits, while further clinical studies are needed to establish efficacy and causal relationships.
C. The paper establishes that chiropractic treatment has no adverse effects in all patients.
D. The paper demonstrates that every case of VMR is caused by cervical misalignment.

Answer: B. The publication synthesises existing literature and propose