

Unravelling the Evidence: Epley Manoeuvre in Managing Benign Paroxysmal Positional Vertigo: A Review

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ABSTRACT

Introduction: Vertigo is the perception of motion without movement, which may be described as persuading, tipping, spinning, or feeling unstable. Benign paroxysmal positional vertigo (BPPV) is the most common cause of peripheral vertigo, counting for over half of all cases. According to multihued estimates, a minimum of 20 of cases presenting to the provider with vertigo have BPPV. This is associated with the threat of falling and is compounded in senior persons with other neurologic deficiencies and chronic medical problems. The aim of Epley's manoeuver, which is noninvasive, affordable, and fluently administered, is to move the canaliths out of the canal to the utricle where they no longer affect the canal dynamics.

Aim: To emphasise the effect of Epley Manoeuvre in managing dizziness in BPPV patients.

Methods: Relevant articles were identified by searching major databases (PubMed, Physiotherapy Evidence Database,

Cochrane Library, Google Scholar) published between 2015 and 2025 on adult participants who received Epley Manoeuvre with a history of BPPV. The focus was to find whether effectiveness of Epley Manoeuvre is superior to conventional interventions with vertigo.

Results: The present search identified 39 studies, of which only 10 trials met the strict criteria for inclusion in this review. These studies consistently showed that Epley Manoeuvre was more effective than conventional treatments in repositioning the otoconia. Additionally, the results suggested that it not only decreases dizziness but also improves overall quality of life.

Conclusion: Epley Manoeuvre is a gentle and effective approach and is a valuable complementary approach that helps to reduce both the frequency and intensity of vertigo episodes.

Keywords: Labyrinth Diseases, Physiotherapy

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