



Triggers and Treatments

Part Two

By

Mark McGee

The percentage of people in the United States with an official diagnosis of MD is about 0.2% of the population. I have read where some in the medical community think that number is a little high, while others believe it's a little low. The numbers I've read from medical journals in other countries show Ménière's Disease to be closer to 0.15% of the population. Whatever number you accept, it still points to Ménière's being somewhat rare.

So, what is it?

Ménière's disease is a chronic, incurable vestibular (inner ear) disorder that produces a recurring set of symptoms as a result of abnormally large amounts of a fluid called endolymph collecting in the inner ear. The exact cause of Ménière's disease and its symptoms are not yet known. It may start with fluctuating hearing loss, eventually progressing to attacks of vertigo and dizziness. No treatment currently exists to cure Ménière's disease. However, medical treatments exist that can help manage it. Vestibular.org

Vertigo, Dizziness, Imbalance

Many illnesses cause vertigo, dizziness, and imbalance. Ménière's is just one of them.

There are two primary types of vertigo. They are 'peripheral' and 'central.' Ménière's, Vestibular neuritis, Labyrinthitis, and Benign paroxysmal positional vertigo (BPPV) are subtypes of peripheral vertigo. Central vertigo usually comes from a neurological disorder in the brain. It's a problem in the central nervous center, rather than in the inner ear. One of the MRI tests I took soon after visiting an ENT was for the purpose of ensuring that the problem was not a neurological disorder in the brain. You may have gone through similar testing to rule out that possibility. My Neurologist has put me through many other types of tests to rule out a variety of other illnesses, but supports the MD diagnosis.

I wanted to add this information in case you are experiencing vertigo, dizziness, and/or imbalance for the first time. You may wonder what in the world is happening to you. You may want to see your family physician first, but they will probably send you to an ENT or Neurologist for testing to see what may be causing the problem.

BPPV is one of the most common subtypes of peripheral vertigo. Your doctor may check for that in one of your early consults with an exam called the 'Dix-Hallpike maneuver.' If the doctor finds that you have BPPV, the treatment is fairly simple and requires no pills or surgery. The treatment method is called the 'Eply maneuver' and is usually successful, though you may have to repeat it from time to time. The problem comes from tiny calcium crystals coming loose from their normal position in the inner ear. The Eply maneuver is used to return those crystals to their proper location.

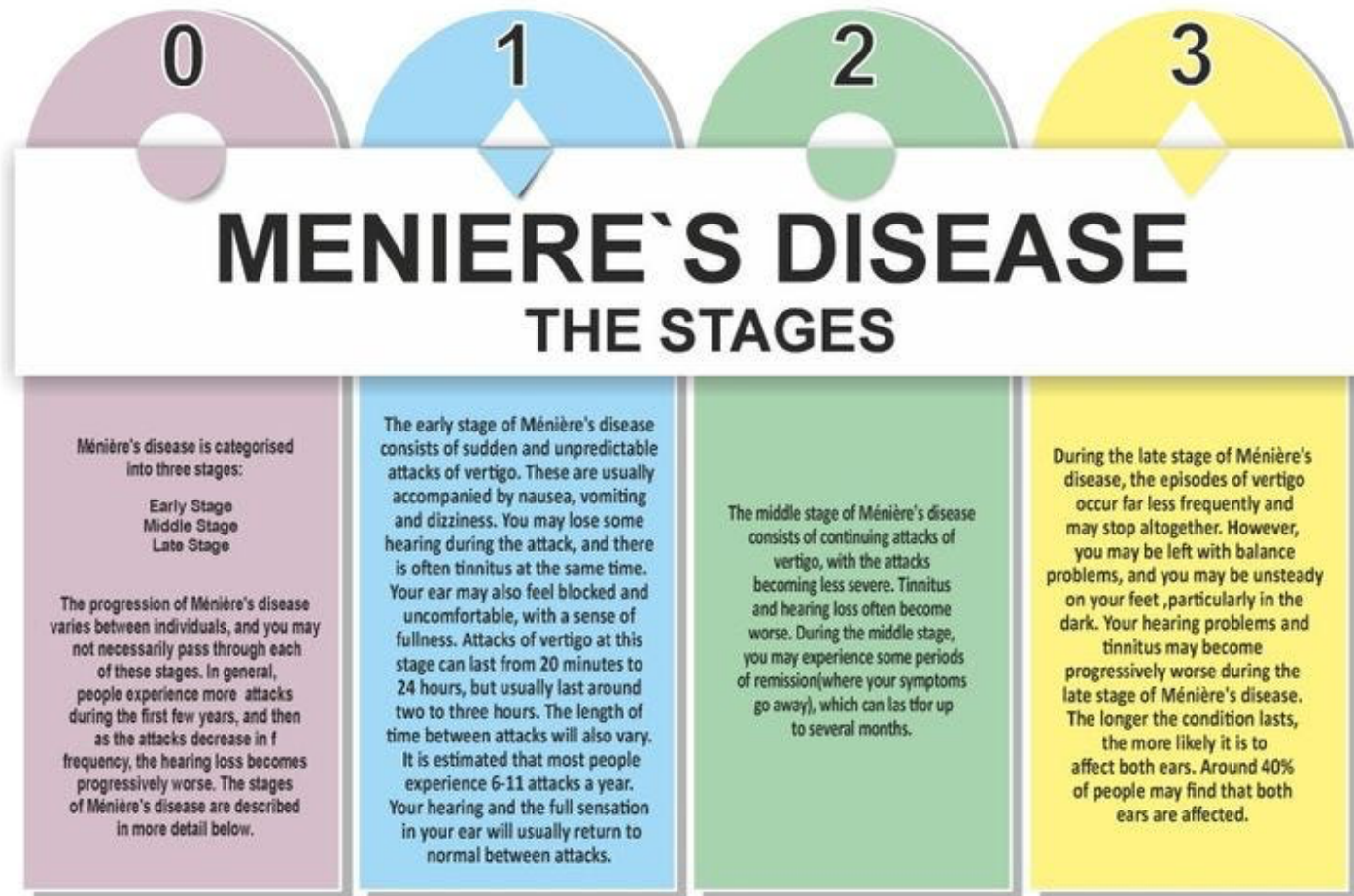
BPPV can be treated successfully. The symptoms of Vestibular Neuritis often go away after several days or a few weeks. That's because VN is usually connected to a viral or bacterial infection. Once the infection clears up, the symptoms of vertigo, dizziness, etc. usually go away.

However, if the vertigo does not go away after a period of days or weeks your doctor will probably send you for further testing. That's what happened in my case. First diagnosis was VN, but when the vertigo continued and got worse I was sent to other specialists for more testing. That led to the MD diagnosis. You may go through something similar.

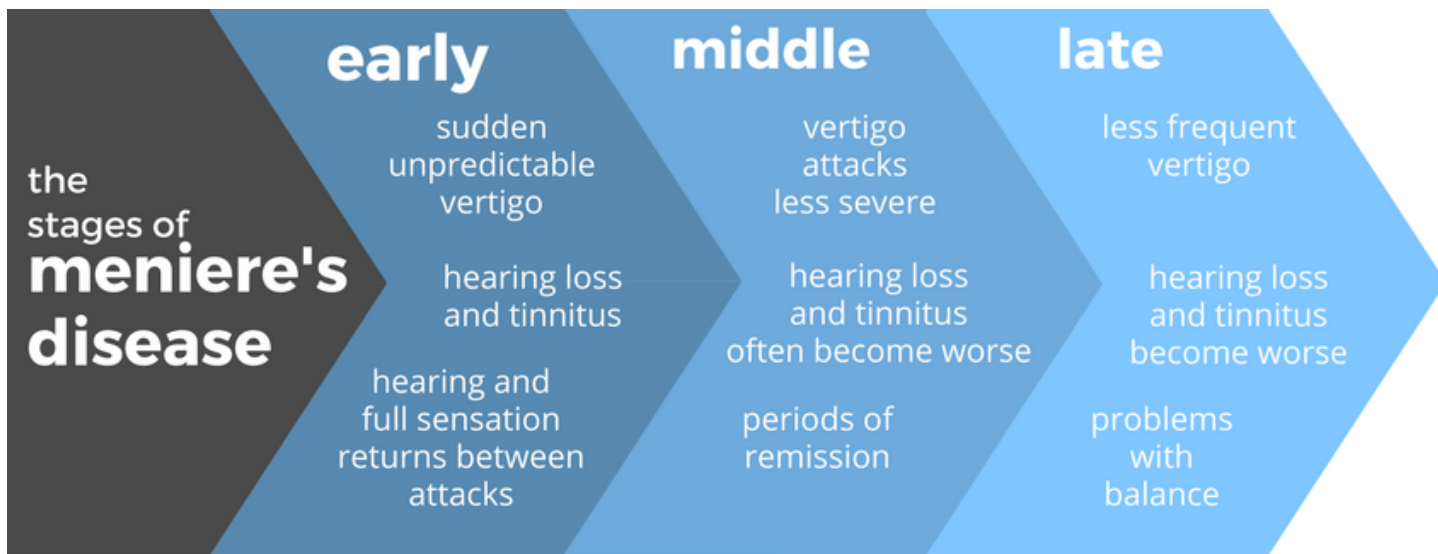
The Progression of Ménière's

If you do receive (or have received) a diagnosis of Ménière's Disease (MD), you are on a challenging journey. As a health researcher and journalist, that's why I'm writing this series on managing MD. The more we know about the disease, including how it progresses through various stages, can help us understand what we're experiencing and how to manage our lives better.

Here are a couple of graphics that help explain the progressive process of MD —



Credit: Philadelphia Holistic Clinic



Credit: Living With Menieres Disease

Late-stage Ménière's is thought to be the worst stage for several reasons. Here's part of a recent article from [Physician's Weekly](#) about it —

Patients with advanced-stage Meniere disease (MD) have greater vestibular damage, higher degree of endolymphatic hydrops (EH), and atrophy of hippocampal volume (HV), according to a study published online June 14 in *The Laryngoscope*.

The article is short, so I suggest you read it when you have time.

Ménière's Treatment Background

As I've written before, we're all a laboratory of one. Each of us may experience Ménière's Disease differently, though most of the people I know with MD have many common symptoms and often follow the stages of progression to some degree.

That leads us to the question of how to 'treat' MD. Researchers have found that some treatments work better for some people than others. In my experience and research, it's a process of learning about the severity of your MD and what treatment methods work best for you.

Here are some of the treatment methods recommended by members of the medical community in several parts of the world. You can click on the clinic or hospital name to read the full treatment articles. Please talk with your personal medical providers to see what they recommend for your particular situation.

Mayo Clinic —

- **Motion sickness medicines**
- **Anti-nausea medicines**
- **Diuretics and betahistine**
- **Rehabilitation**
- **Hearing aid**
- **Gentamicin**
- **Steroids**
- **Endolymphatic sac surgery**
- **Labyrinthectomy**
- **Vestibular nerve section**

Cleveland Clinic —

- **Diuretics**
- **Motion sickness medications**
- **Antihistamines**
- **Intratympanic steroid injection**
- **Pulse Treatment**
- **Cognitive Therapy**
- **Endolymphatic sac procedure**
- **Vestibular nerve section**
- **Labyrinthectomy**

John Hopkins Medicine —

- **Surgery**
- **Medicine**
- **Change in diet**
- **Behavior therapies**
- **Hearing Aids to treat hearing impairments.**

Mount Sinai Center for Hearing and Balance —

- **Diuretics**
- **Meclizine (Antivert or Bonine)**
- **Valium**
- **Low-salt Diet**
- **Gentamicin**
- **Dexamethasone**
- **Endolymphatic sac, or shunt, surgery**
- **Vestibular nerve section**
- **Labyrinthectomy**

Stanford Medicine Health Care —

- **Lifestyle Changes**
- **Medications**
- **Injections**
- **Surgery**
- **Hearing Aids**
- **Balance Therapy**

Duke Health —

- **Lifestyle Changes**
- **Vestibular Therapy**
- **Medications**
- **Hearing Devices**
- **Inner Ear Perfusions**
- **Labyrinthectomy**
- **Endolymphatic Sac Decompression**
- **Vestibular Neurectomy**

NHS.UK —

- **medicines to help symptoms such as vertigo, feeling sick and being sick**
- **hearing aids**
- **help to manage your tinnitus**
- **help to improve your balance (vestibular rehabilitation)**
- **Rarely, you may be offered surgery on your inner ear if you're finding it difficult to manage your symptoms.**

NHS Inform – (Scotland)

- **dietary advice – particularly a low-salt diet**
- **medication to treat and prevent attacks**
- **treatment for tinnitus**
- **treatment for hearing loss**
- **treatment called vestibular rehabilitation to cope with balance problems**
- **treatment for stress, anxiety and depression**
- **surgery**

ENT UK —

If all other treatments have failed, and life is miserable because of the dizzy episodes, an operation on the ear might be suggested. Multiple types of operation have been tried for Menière's disease over the years, and so only a brief description of them can be given here. Almost all are done under general anaesthetic.

- **Insertion of a grommet to relieve pressure in the ear**
Endolymphatic sac surgery
- **Sectioning of the vestibular nerve**
- **Labyrinthectomy**

Sunnybrook Health Sciences Centre, Toronto, Canada —

- **Diuretics (water pill)**
- **SERC (histamine derivative)**
- **Type of antihistamine**
- **Gentamicin injection**
- **Endolymphatic sac decompression**
- **Vestibular neurectomy**
- **Labyrinthectomy**
- **Steroid Injection**

The European Academy of Otology and Neurotology —

- **Diuretics**
- **Intratympanic steroids**
- **Endolymphatic sac surgery**
- **Gentamicin**
- **Labyrinthectomy**
- **Vestibular neurectomy**

European Annals of Otorhinolaryngology, Head and Neck diseases —

- **Diuretics**
- **Betahistine**
- **Local pressure therapy**
- **Intratympanic injection of steroids**
- **Endolymphatic sac surgery**
- **Gentamicin**
- **Labyrinthectomy**
- **Vestibular nerve section**

Gleneagles Global Hospitals, India —

- **Motion sickness medication**
- **Diuretics**
- **Steroids**
- **Endolymphatic sac decompression**
- **Vestibular nerve section**
- **Labyrinthectomy**
- **Rehabilitation therapy**
- **Meniett device**

This is a brief look at how the world's medical community treats people who suffer with Ménière's Disease. We'll begin looking at specific **treatments** in the next *Managing Ménière's Disease* newsletter.

“... rejoicing in hope, patient in tribulation, continuing steadfastly in prayer.” Romans 12:12

Here’s to hope!