



Managing Ménière's Disease

Triggers and Treatments (Part Five)

How to Deal with Stress, Anxiety, and Environmental Hazards

By

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You can read about various triggers for Ménière's Disease here. As for treatments, we're currently looking at **Lifestyle Changes**. You can read about water and diet here, and exercise and rest here.

We move next to dealing with **Stress, Anxiety** and **Environmental Hazards**.



I'm speaking specifically of "bad" stress. Stress is a necessary component of being alive — blood "pressure" for instance. We need just the right amount of pressure to keep blood flowing throughout our body. Even "high" stress can have its good moments, like when we see that a young child has wandered into a busy highway. Hundreds of biochemical reactions occur in our brain and body at the same time, pushing us into action. We rush to pull the child from oncoming traffic, saving

his or her life. Our heart beats faster; we breathe faster. Adrenaline does its job.

But what about after we've saved a child's life? Most healthy people experience a few moments of what might be called *adrenal fatigue*, but they bounce back pretty quickly. What about someone with Ménière's Disease?

Stress is a 'trigger' for many people with MD. Whether it's saving a child's life, or being anxious about something, a Ménière's sufferer could spin out of control and have a vertigo attack. That means we have to learn how to deal with stress in such a way that the 'trigger' is not pulled — or if it's pulled we need to have a way to 'de-stress' as quickly as possible.



ANXIETY

It's not often that we are called on to save a child's life. That's not something we can manage. The child runs into traffic, we run after them. However, anxiety is something we can usually manage.

Example: being aware that danger might be lurking is a good thing, but being 'anxious' is not. Anxiety can 'freeze' your thinking and problem-solving abilities. Learning how to 'unfreeze' your thinking is crucial to self preservation. That's one of the first lessons in self-defense training. **Move.** Do what you've been trained to do. Run. Block. Strike. Kick. Throw. Yell. Do something that will save you from the dangerous person or situation.

Question — Are ‘anxiety’ and ‘worry’ the same thing?

People often use the terms *worry* and *anxiety* interchangeably, but they are very different psychological states. Although both are associated with a general sense of concern and disquiet, how we *experience* them is quite distinct—as are the implications they have for our emotional and psychological health. Worry tends to be more focused on thoughts in our heads, while anxiety is more visceral in that we feel it throughout our bodies. This difference is important, as emotional mental images such as those associated with anxiety provoke a much greater cardiovascular response than emotional verbal thoughts (such as those associated with worry). This is another reason why we experience anxiety throughout the body. Worry can lead us to think about solutions and strategies for dealing with a given situation. Anxiety is more like a hamster wheel that spins us around but doesn't lead us to productive solutions. Indeed, anxiety's diffuse nature makes it less amenable to problem solving. [Psychology Today](#)

In light of this, it's interesting to note that in the famous Sermon on the Mount, Jesus Christ told His followers not to 'worry' —

- *“Therefore I say to you, do not worry about your life, what you will eat or what you will drink; nor about your body, what you will put on. Is not life more than food and the body more than clothing?”* (Matthew 6:25).

King Solomon wrote, *“Anxiety in the heart of man causes depression, But a good word makes it glad.”* (Proverbs 12:25)

As for 'anxiety,' the Apostle Paul wrote, *“Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus.”* (Philippians 4:6-7)

Neither worry nor anxiety are good for anyone — especially for people suffering from Ménière's —

Ménière's disease has links with stress and anxiety. However, it is unclear whether stress and anxiety cause symptoms of Ménière's disease, or whether the disease leads to stress and anxiety.

Either way, stress and anxiety management can help reduce the intensity of symptoms. People may find that yoga, meditation, tai chi, or mindfulness helps them relax. [Medical News Today](#)

Meniere's disease is frequently associated with high levels of anxiety and other forms of psychological disturbance . Although some clinicians have offered somatopsychic explanations for this association, describing how vestibular disorder can lead to anxiety, panic, agoraphobia, and depression a popular hypothesis is that Meniere's disease has a partly psychosomatic origin. One form of the psychosomatic hypothesis suggests that Meniere's disease may be

provoked by stress. All three major symptoms of Meniere's disease have been associated with stress in the literature. [Science Direct](#)

In MD, there seem to exist a vicious circle of interaction between the somatic symptoms especially vertigo and resultant emotional disturbances, which in turn tend to provoke some other somatic symptoms. The QOL of the sufferers is severely incapacitated by the illness, especially the psychological well-being, which manifest mainly with anxiety and depression, dominating the physical and environmental disturbances. Worse QOL tends to occur in Meniere's patients with more severe vertigo symptom. [QOL is short for Quality of Life] [National Library of Medicine](#)

Vertigo is probably the symptom that is most frequently associated with psychological disturbances. In the "anxiety neurosis" description of classic psychopathology, the relationship between anxiety and vertigo has already been recognized. In the psychodynamic interpretation, vertigo in particular is

considered to be associated with separation anxiety, of which it seems to be a somatic expression. Psychological characteristics of patients with Meniere's disease compared with patients with vertigo, tinnitus, or hearing loss

Environmental Hazards



Environmental hazards are all around us — literally. They are in the air we breathe, the water we drink and bathe in, the food we eat, and the chemicals we put in and on our body. Toxins in our environment can affect every part of our body and cause physiological and emotional harm to people.

One researcher explained the problem this way —

The exposure to endocrine disrupting chemicals (EDCs), also called hormone disrupting chemicals, in the environment are ubiquitous. Our endocrine system includes different glands — like the thyroid or pituitary gland — that produce hormones. These hormones help regulate body functions. Toxins are artificial chemicals that interfere with the proper functioning of our hormones.

EDCs cause disruption at the cellular level at any point during the hormonal process, from the gland that produces the hormone to the tissue that receives it and many points in between. We still have much to learn about how the disruption occurs, but we know it happens. Studies have linked EDCs to cancer, heart problems and reproductive concerns. [Cleveland Clinic](#)

Here are some other insights into how environmental hazards can affect people with Ménière's —

Diet, stress, and lifestyle are associated with the progress of Meniere's disease, and environmental factors such as atmospheric pressure and humidity are strongly related to the aggravation of Meniere's symptoms, but the relationship between this disease and environmental pollution is not yet well known. Several recent studies have shown that environmental pollution affects middle and inner ear diseases. Therefore, identifying the relationship between air pollution and Meniere's disease can help understand the pathophysiology of the disease and manage it.

Our time-stratified case-crossover analysis showed that Meniere's disease hospital visits were associated with the measured concentrations of ambient air pollutants ... This association was stronger in the age of 40–64, female, summer (June–August) season, and urban subgroups. Further studies are needed to confirm

these associations and determine their mechanisms.

Nature

Ototoxicity is ear poisoning that results from exposure to drugs or chemicals that damage the inner ear, often impairing hearing and balance. Many chemicals have ototoxic potential, including over-the-counter drugs, prescription medications, and environmental chemicals. Currently available treatments focus on reducing the effects of the damage and rehabilitating function. Vestibular.org

Environmental factors may also trigger vestibular symptoms. For many vestibular patients, busy and bright environments like malls and grocery stores can cause dizziness. Others find that lighting, odors, noises, or patterns (on carpets, for example) can be problematic. Riding in vehicles can often provoke symptoms of motion sickness, which can be exacerbated by traveling on windy roads, repetitive starting/stopping of the vehicle, riding on congested highways, or excessive elevation changes. Air travel,

with its changes in barometric pressure, can be especially problematic. Some individuals notice symptoms associated with changes in weather, or when allergens, like pollen, are present. Vestibular.org

Weather

Weather is another environmental aspect that can affect people with Ménière's. Many of us can predict weather changes to friends and family hours or even days before the changes occur. Our ears fill, tinnitus gets louder, and our head aches as storms approach. We check radar and the atmospheric 'app' on our phones, and it usually confirms a storm is approaching from two or three states away. It's even worse with hurricanes. We can often feel pressure changes in our ears when hurricanes begin to form hundreds of miles away. A powerful hurricane that hit Florida recently set off my 'inner ear alarm' when it was forming almost a thousand miles south of where I live. That just goes to show how the weather can impact some people with Ménière's.

This study provides the strongest evidence to date that changes in atmospheric pressure and humidity are associated with symptom exacerbation in MD. Improving our understanding of the role of weather and other environmental triggers in Ménière's may reduce the uncertainty associated with living with this condition, significantly contributing to improved quality of life.

This study suggested that lower atmospheric pressure was associated with higher odds of attacks and higher levels of vertigo, tinnitus, and aural fullness in individuals suffering MD. High humidity also increased the odds of experiencing an attack. Monitoring weather by those who suffer MD may remove some of the uncertainty of when attacks may occur, which is known to significantly contribute to the lowered quality of life among patients. These findings, pending further validation, could result in the Met Office providing a health forecast for MD sufferers in the UK. For example when extreme lows are forecast (e.g., incoming storm fronts) individuals with MD (or a

sub-group of sufferers) could be warned and potentially modify their plans and/or treatments for that day. [Journal of Otology and Neurotology](#)

People often tell us the weather affects their vestibular symptoms. Does sunshine and heat, or stormy, windy weather have an affect on your symptoms?

A study by researchers at the European Centre for Environment and Human Health (ECEHH) in collaboration with the Met Office and a local business (Buzz Interactive) has added to the evidence base that low atmospheric pressure may exacerbate symptoms. [Menieres.org](#)

Although weather related correlations have escaped researchers for many auditory, vestibular and facial nerve disorders, it appears that is rather well known, almost common knowledge, that Menière's patients are sensitive to changes in weather. While there does not seem to be recent studies into this phenomenon, it is logical that weather could play an important role

in generating active symptoms. Since the disorder is thought to be related to increased fluid pressure in the membranous labyrinth is very sensitive to barometric pressure changes. For this reason, spring and fall when the weather changes the most drastically, tend to be “bad seasons” for those with Meniere’s Disease.

Hearing Health and Technology Matters

Allergies

I remember the day I called my ENT and asked if allergies might be a trigger for Ménière's. He said ‘yes’ and recommended some things I could do during allergy season to help. If you have problems with allergies, check with your doctors to see what they recommend.

Here’s some of the science behind it —

There is considerable clinical and immunologic evidence for a probable role of allergy in the production of the symptoms of Meniere's disease. The endolymphatic sac is the seat of immune reactivity in the inner ear. Inhalant and food allergies have been linked with

symptoms of Meniere's disease, and many of the clinical characteristics of Meniere's disease suggest an underlying autoimmune etiology. A significant percentage of patients with Meniere's disease and allergy show improvement in their symptoms of tinnitus and vertigo when receiving specific allergy therapy. [National Library of Medicine](#)

Patients with Meniere's disease can show improvement in their symptoms of tinnitus and vertigo when receiving specific allergy therapy. The inner ear may be the target, directly or indirectly, of an allergic reaction. [National Library of Medicine](#)

One of the earliest reports of a link between allergies and Meniere's disease was published in 1969. Since then there have been several reports analyzing this relationship.

The reason allergy is suspected is due to the seasonal timing, relationship to ingesting a particular food, the observation that those with Meniere's are more likely

to have allergies, bilateral ear symptoms and poor response to surgery or other treatments. In 1992, a study showed the majority of patients with Meniere's disease tested positive for low levels of airborne allergens and some of these patients had "hidden" food triggers.

In 2004, a study evaluated the role of allergy contributing to Meniere's disease by measuring cytokine profiles (chemical mediators of the immune system), allergen IgE and lymphocyte subgroups (particular type of white blood cell). There were 46 patients (age 26-68 years) diagnosed with Meniere's disease that were compared to 46 healthy volunteers. Total IgE levels, and specific IgE levels pertaining to tree, mold, fruit, egg, milk, wheat, corn, beef, and rice were measured. Total IgE levels were above normal in 41% of the patient group, compared to only 19% in the control group. A history of allergy was found in 67% patients compared to 34% in the control group. Specific IgE levels were more likely to be positive in patients compared to controls. This study found that the

prevalence of allergy was higher in patients with Meniere's disease than in the control group. Some studies have shown benefit from allergy immunotherapy and/or specific dietary limitations. Some foods that may trigger attacks include caffeine, alcohol and chocolate. Family Allergy Asthma and Sinus Care

Excess endolymph buildup in the labyrinth can interfere with the normal balance and hearing signals between the inner ear and the brain. This is Ménière disease.

Fluid buildup in this area may be caused by:

- Allergies
- Abnormal immune system response
- Abnormal fluid drainage caused by a blockage
- Head injury
- Genetic risk
- Migraine headaches
- Viral infection

Most often, Ménière disease is caused by more than one factor. [John Hopkins Medicine](#)

An important part in the management of Meniere's disease is for the patient to recognize if there is any particular behavior or exposure which seems to precipitate an attack. There may a wide variety of causes such as emotional stress, food sensitivities, or allergies. If there are particular triggers, identifying and avoiding them is a major step in controlling the disease. Stanford Medicine - [Stanford Ear Institute](#)

This study found that the prevalence of allergy was higher in patients with Ménière's disease than in the control group. Thus the authors suggest that allergy should be taken into account when patients with this disease are treated. [Cambridge University Press](#)

We'll look at **Medications** as we continue looking at 'Treatments' in the next *Managing Ménière's Disease* eBook.

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

Here's to hope!