



Managing Ménière's Disease

Volume II

By

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When I received my Ménière's diagnosis years ago, doctors introduced me to several basic treatments they said would be available to me during my journey with Ménière's —

- Lifestyle Changes
- Medication
- Medical Devices
- Physical Therapy (Vestibular Rehabilitation)
- Counseling
- Alternative Therapies
- Hearing Aids
- Surgery

As we saw in the last part of our series, these and other treatments are recommended by medical specialists in countries across the world.

I'd like to begin by looking at one of the easiest things each of us can do — change the way we live our life. By that, I mean changes in our 'lifestyle' in ways that may help us deal more effectively with our illness.



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Lifestyle Changes

I like to say — “Change what you can, pray for what you can’t.” As I’ve moved through my Ménière's journey, I’ve found that making changes (sometimes ‘tweaks’, sometimes major shifts) in the way I live my life have usually had a positive impact on me.

Water

Let's begin with drinking water (hydration). We've all heard that adults should drink 6-8 glasses of water a day. Some water glasses hold about 8-10 ounces, while others are 12 ounces or more. Many water bottles hold about 16-18 ounces of water. Some of the ones I have hold 20 or 28 ounces.

The U.S. National Academies of Sciences, Engineering, and Medicine recommends about 3.7 liters a day for men, and 2.7 liters a day for women.

“This report refers to **total** water, which includes the water contained in beverages and the moisture in foods, to avoid confusion with drinking water only ... About 80 percent of people's total water comes from drinking water and beverages -- including caffeinated beverages -- and the other 20 percent is derived from food.”

The Cleveland Clinic recommends considering the National Academies' numbers as a starting point —

“Your size, metabolism, location, diet, physical activity and health all factor into how much water you need,” says preventive medicine specialist Roxanne B. Sukol, MD.

Let's do a little math to see what the National Academies recommendations mean for adults. 3.7 liters equals about 125 fluid ounces. 2.7 liters equals about 91 fluid ounces. You can divide those numbers by how many ounces your glass or water bottle holds. The glass I use at home holds about 12 ounces of water. After subtracting the 20% of water that comes from food, it's about 8 12-ounce glasses a day for men and 6 12-ounce glasses a day for women. Thus the well-known recommendation of drinking 6-8 glasses of water a day would hold true in that case.

Here's a recommendation from the Mayo Clinic —

You've probably heard the advice to drink eight glasses of water a day. That's easy to remember, and it's a reasonable goal.

Most healthy people can stay hydrated by drinking water and other fluids whenever they feel thirsty. For some people, fewer than eight glasses a day might be enough. But other people might need more.

Mayo went on to say that the amount of water a person should drink each day may also depend on things like exercise, environment, overall health, pregnancy, and breastfeeding.

Here are some thoughts from Harvard Health —

While the daily four-to-six cup rule is for generally healthy people, that amount differs based on how much water they take in from other beverages and food sources. Also, certain health conditions, medications, activity level, and ambient temperature influence total daily water intake.

For healthy individuals, the average daily water for men is about 15.5 cups and for women about 11.5 cups. That might mean you need only four to six cups of plain water, depending on other fluid sources such as coffee, tea, juice, fruits, and vegetables.

What About Ménière's Patients?

The National Library of Medicine recommends “abundant water intake” for people with Ménière's. Here's the reasoning

—

Naganuma et al [49] proposed time-series study with historical control regarding the water intake therapy for patients with MD that demonstrates that water intake therapy could improve and prevent hearing loss compared to other conventional therapies.

Hearing ability and relieved vertigo are improved in these patients by the increased drinking water and decrease of plasma ADH level.

A group leaded by Kitahara confirmed that abundant water intake (35 mL/Kg/day as specified by Naganuma) can be a feasible treatment in Meniere's disease.

A Japanese clinical trial done in the 1990s found that —

Deliberate modulation of the intake of water may be the simplest and most cost-effective medical treatment for patients with MD.

The control group that led to the above conclusion drank 35 mL/kg of water per day for two years. The other control group, at the same hospital, was treated with conventional dietary and diuretic therapy for more than two years. The number of Ménière's patients involved in the trial was small, so that's important to note. You can read the [details of the trial here](#).

I've read recommendations from many Ménière's groups that also encourage MD patients drink plenty of water each day. Some of the medical research I've seen recommends drinking water at about the same time period each day. Here are some recommendations from various sources —

Drink adequate amounts of fluid daily. Fluids can include water, milk, and low-sugar fruit juices but not coffee, caffeinated tea, alcohol, or soft drinks. If possible, extra fluids should be drunk before and during exercise and in hot weather. It is important to make sure that you drink at least 5 or more glasses of water over the course of the day. You should not have all your fluid intake at one time. Vestibular.org

Drink adequate amounts of fluid daily. This should include water and low-sugar fruit juices (for example cranberry). Try to anticipate fluid loss which will occur with exercise or heat, and replace these fluids before they are lost. [University Hospitals Sussex](http://UniversityHospitalsSussex)

On the day itself try to keep to the same times for any medication you take and do not take any medication that you have not taken previously. Keep some water handy so that you do not become dehydrated, particularly on summer days. For a summer wedding, if you are in the main bridal party, arrange for water to be in the wedding cars, in the church vestry, and available

on arriving at the hotel to save having to carry a water bottle. Coping with Vertigo on Special Occasions, Menieres.org.uk

** Let me add a note of **caution** here. It is possible to drink too much water in a day (known as water intoxication), so find what works well and safely for you. Ask your doctors for recommendations about how much water you should drink as a Ménière's sufferer. Your doctors know you and your health history, so they should be in a good position to guide you.

Diet

Next, let's look at our diet (nutrition). That's something else we can control. Some of the news areas I covered during my years as a journalist were health. I also worked for a natural health food company for 14 years after retiring from television news. We used to say that everyone is a laboratory of one — meaning that each person is unique and should be treated uniquely. What works well for one person may not work as well for you, and vice versa.

Some people living in Western countries eat too much food and/or too many "bad" foods. By that I mean foods that are bad in themselves or are prepared in ways that are bad for the human body (e.g. fried foods, over-salted foods, etc). Eat less of the foods that are bad for you, more of the foods that are good for you, and prepare them in healthy ways.

I've long been guided by something many know as the 'Biblical Diet.' It combines what we read in Genesis 1 & 2, Leviticus 11, and Daniel 1. Some people refer to them individually as —

- The Genesis Diet (Herbs, Seeds, Vegetables, Fruits)
- The Levitical Diet (Clean Meats)
- The Daniel Diet (Vegetables and Water)

When you put the three diets together, you get a great balance of healthy foods (e.g. with macro and micro nutrients) that your body will appreciate. People who are vegetarians or vegans can still use portions of these diets to fulfill their body's nutritional needs.

One key is eating plenty of “raw” food each day (e.g. raw vegetables, fruits, nuts, seeds, etc). Another key is eating food that is nutrient dense and calorically low. Some people refer to it as the CRON Diet (Caloric Restriction with Optimal Nutrition). I slowly changed my eating habits toward the CRON diet more than 20 years ago and found it impacted me in many positive ways. It's worth a look.

While the Bible refers to using salt to ‘season’ and ‘preserve’ food, there’s no mention about how much salt a person should have every day. The American Heart Association and other health organizations report that Americans eat too much salt, which can lead to heart disease and failure.

Sodium is a mineral that we all need. It plays a role in the healthy function of nerves and muscles and helps keep your body’s fluid levels in proper balance.

But that fluid balance is delicate. “Too much sodium can cause fluid retention, which can increase blood pressure,” says Dr. Laffin. And high blood pressure is a major risk factor for heart attack, stroke and heart failure.

So keep tabs on your sodium, especially if you have high blood pressure or heart disease or are at risk of developing them. Cleveland Clinic

Salt can be a 'trigger' for some Ménière's patients, so it's good to take control of how much salt you ingest each day if that affects you. Some doctors recommend a maximum of 1,200 - 1,500 mg of sodium per day, spreading that amount across the day (not eating it at one sitting). Other doctors recommend 2,000 mg of sodium per day as the maximum.

Here's why the medical community makes this recommendation —

Cutting back on salt will help keep the inner ear fluid low and help prevent vertigo. For most patients, 2000 mg of sodium a day is the target value. When symptoms are severe, 1500 mg a day is advisable. A low-salt diet consists of: not adding salt to food, avoiding prepared foods, and tallying the sodium intake by reading food labels. Ménière's Disease Treatment NYC/Mt. Sinai

2,000 mg sodium limit can help alleviate symptoms, but some people need to limit their sodium intake to 1500 mg. If this limit does not help, please consult your doctor. Read nutrition labels. Know how much sodium is in your foods. [Medical University of South Carolina](#)

I also know some people with Ménière's who have no problem with the amount of salt they use in a day. Others use Himalayan Pink salt and report that works well for them. You can check with your doctors to see what they recommend for you.

Here are a some other recommendations about diet for Ménière's patients —

Distribute food and fluid intake evenly throughout the day and from day to day. This includes consuming approximately the same amount of food at each meal, not skipping meals, and eating snacks, if needed, at regular intervals. Evenly spacing food and fluid intake helps with inner-ear fluid stability; hypoglycemia (low

blood sugar) can trigger migraine attacks. Having breakfast soon after rising can help stabilize your system for the day.

Avoid foods and beverages that have a high salt or sugar content. In general, a diet high in fresh fruits, vegetables, and whole grains and low in canned, processed frozen food, and other processed foods helps control salt and sugar intake. Be careful of drinking fruit juices as they may have a very high sugar content. Vestibular.org

Dietary modification includes a low sodium diet, a reduction in daily alcohol and caffeine intake, a gluten-free diet, and a new dietary approach to specially processed grains, all of which are first-line treatments. [National Library of Science](http://NationalLibraryofScience)

Many dietary changes have been suggested to benefit patients with Ménière's disease. Salt restriction has been suggested to be of benefit for many years, with dietary intake of sodium usually recommended to be less than 2000 mg per day (Sharon 2015). A survey of UK-based

ENT surgeons found that restriction of salt was the second most common 'medical intervention' recommended to patients with Ménière's disease, after betahistine (Smith 2005). Restriction of caffeine and alcohol has also been said to benefit individuals with Ménière's disease, although there does not appear to be a consensus on the level of intake that is acceptable. [National Library of Medicine](#)

Eliminating caffeine, chocolate, alcohol, and salt may reduce the frequency and intensity of symptoms. [Johns Hopkins Medicine](#)

Menieres.org also has a good article about [what NOT to eat here](#).

Herbs, Spices, and Vitamins

Some ENTs and Ménière's organizations recommend eating herbs and spices and taking vitamins as part of a patient's nutrition. Depending on what medical or Ménière's group you contact, you may find various views on whether these really help us or not. I checked with several doctors I know and they said it couldn't hurt, and might even help.

Here are some of the herbs, spices, and vitamins I've found recommended (in no particular order). As a journalist I am only reporting what I've found doctors, herbalists, nutritionists, and others recommend. I cannot independently verify the efficacy of any of these recommendations for every Ménière's patient. I suggest you talk with your medical providers to see what they think about these and other food options. If I've left out something you've found helpful, please add it in the Comment section below —

- Vitamin D3
- Calcium
- Alfalfa
- Ginkgo Biloba
- Vitamin B12
- Vitamin C
- Ginger
- Wheatgrass
- CoQ10
- Echinacea
- Ginseng
- Lavender
- Manganese
- Lysine
- Vitamin B3 (niacin)
- Dandelion Tea
- Vitamin B2 (riboflavin)
- Lemon Riboflavin
- Turmeric
- Zinc
- Peppermint Tea
- Grape seed extract

- Lipo Flavonoid
- Vitamin B6
- Glycerol
- Feverfew
- St. John's Wart
- Lecithin

The Traditional Chinese Medicine doctors I've seen through the years also recommended several herbal remedies (for example — Ban Xia Bai Zhu Tian Ma Tang). The TCM doctors either had the remedies available for sale in their office, made their own, or sent me to a Chinese pharmacist with a 'prescription' for the herbal combination. I'll share more about TCM and Ménière's when we look at 'alternative' treatments in future articles.

Movement (Exercise)

If you already have an exercise program that's working well for you, keep at it. If you are not exercising regularly at this time, you may want to join an age-appropriate exercise group at a local gym, Y, or community center. You can also work with a personal trainer, though that's more expensive. You might want to check with your medical insurance carrier to see they'll cover any of the costs of a gym or trainer because of your Ménière's diagnosis. If you are covered by Medicare, you can join Silver Sneakers. Most gyms I've checked with work with Silver Sneakers, which is free to Medicare recipients.

I've taught martial arts fitness for 60 years and T'ai Chi for 25 years. Both are excellent ways to strengthen the body. Depending on how motion and exertion affect your Ménière's, you may want to begin with T'ai Chi. It's a gentle exercise that is done slowly and fluidly. It's very good for strengthening the body while de-stressing through the deep

breathing that is part of the exercise. You can do it standing, sitting, or even in a supine position.

You can learn some 'vestibular specific' exercises from specially trained physical therapy doctors. Both my ENT and Neurologist highly recommend PT for Ménière's sufferers —

Improve and help maintain adequate balance e.g. Vestibular rehabilitation (an exercise-based program, designed by a specialty-trained vestibular physical therapist, to improve balance and reduce problems related to dizziness) includes: Balance and/or leg strength/flexibility exercises; Gait training; Visual stability and training; Neck mobility and neck and arm strength techniques. The goal of treatment plan is to improve any deficits, in turn, will improve ability to function in activities of everyday living, reduce risk for falling and ultimately, improve quality of life .. Educate patients on how to avoid injury due to imbalance or vertigo, techniques on how to fall to minimize injury .. Rehabilitate patients after destructive

treatments that result in static unilateral or bilateral vestibular loss .. Treat the “spin-offs” of Meniere’s disease. [Physiopedia](#)

Most of the exercises that are related to Meniere’s disease focus on improvement of balance. There are different levels of these exercises and they usually begin with an exercise known as Romberg exercise, and gradually progress to other levels and forms of exercise.

It is advisable to start these exercises for Meniere’s disease very slowly and gradually increase them in duration and repetition. While starting with these exercises it is advisable to have someone with you just in case you feel like losing balance. [ePain Assist](#)

You may find that you prefer certain exercises over others. That’s fine. The idea is to keep moving. I remember that was one of the first things my ENT told me after I received my Ménière's diagnosis. He told me to keep moving and even ‘push’ myself a little when I didn’t feel like it. The primary idea, I believe, was *don’t give up*.

Rest (Relaxation and Sleep)

Ménière's Disease can take a toll on your body. Fatigue is a big problem for many sufferers. Here's how one person explained the experience —

Fatigue comes up frequently with people who have Meniere's Disease.

One of the suspected reasons for the fatigue is the continuous conflicting information the brain gets from the damaged balance organ in the inner ear/ears and the other parts of the balance system, the eyes and the muscles.

In a sense both the brain and the muscles are constantly adjusting for the constantly conflicting information, which is what wears you out.

There are some days, when I need more sleep than others and after an attack of vertigo, it may take several

days, or longer to recover. You shouldn't feel bad about the extra sleep needed. Acceptance of the changes taking place in your life is sometimes the hardest part of dealing with your disease. Menieres.org

Here's some good advice about 'rest' from Menieres.org.uk —

Plan your day. Start with a short, realistic list which includes time for breaks. Breaks are important, especially if you begin to feel tired. Rest when you feel tired; sit quietly for 5-10 minutes. Rest before and after any major activity during the day. At night, listen to a relaxation tape or soothing music.

More sleep advice from Menieres-Help.com —

Lack of Sleep, is agreed to be a problem. Meniere's sufferers need their sleep. You know how much sleep your body needs, so make sure you are getting it. Regular sleep patterns are recommended.

Exertion

Exertion is a ‘trigger’ for some people with Meniere’s. It can bring on anything from fatigue, to internal spinning, to external spinning and vertigo. Those of us who deal with the ‘exertion’ trigger need to be aware when we’ve pushed too hard. I often find that sitting and closing my eyes for 15-20 minutes is enough to restore my ability to move around again. However, I sometimes need to lie down for a few hours to allow my mind and body to recover.

“Living with Ménière's Disease: Understanding Patient Experiences of Mental Health and Well-Being in Everyday Life” is a chapter from the 2017 book *Up to Date on Meniere's Disease*. Here is a small portion of the chapter that addresses the importance of rest and relaxation for people with Ménière's —

With the assistance of the Ménière's Society UK, a purposive sample of 20 Ménière's patients was recruited from across south west England, focusing on individuals diagnosed by an Ear Nose and Throat consultant, reporting symptoms within the previous 12 months ... Participants described lifestyle shifts made in an effort to regain some semblance of control over Ménière's, be they diet-related, or focused more on physical activity, rest and relaxation. Some of these were in response to recommendations from their Ear Nose and Throat consultants (e.g. reducing salt, caffeine and alcohol), whereas others were strategies they had identified through trial and error in the process of learning to 'read' their body as the condition progressed. These included, for example, the use of specific vitamin supplements, postural adjustments, finding activities that would build their core strength without aggravating symptoms (e.g. modified versions of yoga, pilates, tai chi) and maximising sleep and rest where possible.

The Challenge of Sleep

A good night's sleep can be a challenge for people with Ménière's —

Our finding of decreased deep sleep and an elevated arousal index is a striking new finding in Ménière's disease. This poor quality of sleep in Ménière's disease patients has received little attention in the past, but may cause additional stress and lead to a negative spiral of symptoms. *Impaired Quality of Sleep in Ménière's Disease Patients*, Journal of Clinical Sleep Medicine (2010)

This Sleep Advisor article had some interesting takes on how to sleep better with Ménière's —

Not getting enough sleep can make your episodes more frequent and pronounced. By sleeping restfully and through the night, you may find relief. Further, not sleeping in the right position can trigger an episode.

Avoid eating spicy food: Hot and spicy food can disrupt your digestive processes and make it harder to sleep through the night. In the several hours before you go to bed, stick to milder options.

Avoid looking at bright screens: The light from your television or phone delays the production of melatonin, a crucial hormone to help you fall and stay asleep. Instead of looking at electronics, try reading a book instead.

Avoid caffeine: In addition to keeping you awake, the acid in caffeine could wake you up with heartburn. Its diuretic nature could also make you feel like you have to go to the bathroom in the middle of the night. If you're making a concerted effort to sleep through the night,

abstain from caffeine after morning hours. How To Sleep With Vertigo – Causes, Symptoms, and Treatments (2023)

Though not specifically addressed to people with Ménière's, you might also want to read 9 Simple Nighttime Rituals To Help You Relax and Unwind. (2023)

I also came across an interesting study about Obstructive Sleep Apnoea (OAS) in some Ménière's patients struggling with sleep —

The otologist/neurotologist must be mindful that some patients with MD may have concomitant OSA. Unless this comorbidity is treated, it may not be possible to control the symptoms of MD with standard medical therapies. Identification and successful treatment of OSA could potentially avoid the need for functionally destructive MD surgeries which are normally reserved for patients with uncontrolled disease. Symptoms suggestive of OSA must be proactively sought as these

patients may not exhibit obvious phenotypic features of OSAS, especially in Asians. Concomitant Obstructive Sleep Apnoea in Patients with Meniere's Disease: A Case Report and Literature Review (2021)

As for the best sleep position, many doctors recommend sleeping on your back. If you are a side sleeper, consider sleeping with your “bad” ear up. If you have *Bi-lateral Ménière's* and are a side sleeper, you can experiment to see which side is better for you. You may also find that sleeping (or resting) with a wedge pillow helpful, especially during or after a vertigo attack. I find that moving my head in any direction is most uncomfortable during and immediately following a vertigo attack. I lie on my back on a wedge pillow for a few hours until I can finally move to my side and go to sleep. Everyone is different, so learn what's best for you.

Getting up from a 'lying down' position (whether sleeping or resting) is another challenge for people with Ménière's. Many experts recommend moving from a lying to sitting position slowly, then sitting for a minute or two to get your balance. Moving too quickly for some people can set off a vertigo attack.

I find that lying on my back and doing some simple leg and arm stretches in the morning helps me prepare to get up to face the challenges and opportunities of the day. I move slowly to a sitting position, do a couple of sitting stretches, then slowly move off the bed. I'm in my mid-70s and have had Ménière's for many years. You may not find this routine necessary, but thought I'd mention it if it helps someone.

Here are some articles about sleep that you might find helpful in your 'quest for rest' —

[10 Ways to Get Better Sleep Tonight For Better Health](#) — *Mind Over Ménière's*

[Sleeping Positions that can Combat Vertigo](#) — Neuroworks

[Sleeping and Vertigo: How They Relate and Tips For Better Sleep](#) — The Sleep Judge

[Don't Let Meniere's Disease Keep You Up At Night – Treatments To Help Improve Sleep](#) — Sleepation

[A Healthy Lifestyle for Managing Ménière's Disease](#) — menieres.org

[What you need to know about Ménière's disease](#) — Medical News Today

[Meniere's Disease](#) — American Hearing Research Foundation

[How to Understand and Cope With Meniere's Disease](#) — WikiHow Health

[Choosing the Best Sleep Position](#) — John Hopkins Medicine



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](#)



Your doctor has just confirmed a diagnosis of Ménière's Disease for you. What's next? Usually a course of 'treatments.' What kind of treatments? We recently completed our look at *Lifestyle Changes*, so let's move on to *Medications*.

A Word of Caution

The word 'medication' comes from the word 'medicine,' which explains these definitions —

a substance used for medical treatment, especially a medicine or drug — Oxford Languages

a medicinal substance — Merriam-Webster

a medicine, or a set of medicines or drugs, used to improve a particular condition or illness — Cambridge Dictionary

Medication is medicine that is used to treat and cure illness — Collins Dictionary

the act or process of treating a person or disease with medicine — Britannica Dictionary

You may have heard the saying, “Let food be thy medicine, and let medicine be thy food.” It’s often attributed to the ancient Greek physician Hippocrates. We’ve addressed the importance of nutrition for Ménière's patients, but is there a place for modern medicine as well? Most doctors I’ve met would say ‘yes,’ but many are aware of potential dangers and are careful to explain those dangers to their patients.

- Chemical medications often have side effects. Some are common side effects, some are known as uncommon, and some are rare. Check with your doctor or pharmacist, then do your own research. It’s your body, your health.
- Some people may be allergic to the active or inactive ingredients in medications. Be sure to ask about what’s in the medications your doctor prescribes. If you have any concerns, discuss them with your doctor and pharmacist.
- If you are taking medications for other health problems, ask your doctor about the potential for increased side effects with medications for Ménière's. The more medicines you take, the higher possibility of potentially

serious side effects. Those may include increased confusion, dizziness, and risk of falling.

- Another issue you may face with medications is ‘drug interactions.’ That’s where medications can interact with each other in ways that may be harmful to you. Drug interactions can also cause some medications to be less effective. Talk with your doctor and pharmacist about how medications you’re taking for other health problems may impact your Ménière's medications.
- Alcohol and other substances can have negative impacts when used with some medications. Be sure to read the warnings included with your medication.
- Older people often process medications differently than younger people. That includes the way your kidneys and liver work with medications. If you’re in your 60s, 70s or older, discuss those concerns with your doctors and pharmacist.

You can search for prescription medications or over-the-counter medications (OTC) online before purchasing. You can also use websites like these to check for medication side effects and drug interactions —

Drug Side Effects Checker (Drugs.com)

Daily Med Checker (DailyMed.com)

Drug Interactions Checker (Medicine.com)

Drug Interaction Checker (RxList)

Drugs Interaction Checker (WebMD)

Drug Interaction Checker (Medscape)

Now, let's look at some of the medications your doctor may prescribe to help you deal with Ménière's.

Medications for Ménière's Disease

Here is a small amount of the information available from a variety of sources concerning medications that doctor's prescribe for Ménière's patients —

- **Motion sickness medicines.** Medicines such as meclizine (Antivert) or diazepam (Valium), may lessen the spinning feeling and help control nausea and vomiting.
- **Anti-nausea medicines.** Medicines such as promethazine, might control nausea and vomiting during a vertigo attack.
- **Diuretics and betahistine.** These medicines can be used together or alone to improve vertigo. Diuretics lower how much fluid is in the body, which may lower the amount of extra fluid in the inner ear. Betahistines ease vertigo symptoms by improving blood flow to the inner ear.
- Your health care provider may prescribe a medicine to reduce fluid retention and suggest limiting your salt

intake. This helps control the intensity and amount of Meniere's disease symptoms in some people. [Mayo Clinic](#)

Healthcare providers may start with treatments to reduce pressure on your inner ear from high endolymph levels. They may also prescribe medications to help with vertigo, including:

- **Diuretics:** This medication reduces the amount of fluid in your body. Reducing fluid overall may bring down inner ear fluid levels.
- **Motion sickness medications:** These medications help control vertigo episodes.
- **Antihistamines:** This medication may reduce vertigo attacks
- **Intratympanic steroid injection:** A medical provider may inject steroids through your eardrum as a means of controlling episodes of Ménière's disease. [Cleveland Clinic](#)

Medications that are effective for Meniere's disease include:

- **Diuretics** are the most commonly prescribed maintenance medications for Meniere's disease. Diuretics work by restricting the overproduction of fluid in the inner ear. Diuretics are long-term medications. They help reduce the number of vertigo attacks, and in some cases, they help stabilize hearing. Commonly used diuretics are Diamox (acetazolamide) and Dyazide (triamterene/HCTZ).
- **Meclizine (Antivert or Bonine)** is the most commonly prescribed medication for the control of vertigo. **Dramamine**, available over-the-counter, is milder but might also be effective.
- **Valium** in small doses may be helpful when other medications fail to control the vertigo. Mount Sinai Hospital

Your clinician may prescribe medications to use when you have an attack. These medications do not lower fluid pressure in your inner ear, but they do provide symptom relief. They include:

- **Antiemetics** to reduce nausea and vomiting
- **Vestibular suppressants** to reduce vertigo and anxiety associated with attacks

Medications can also help prevent and reduce the frequency of Ménière's disease attacks. They include:

- **Diuretics** to reduce fluid build-up in the inner ear
- **Migraine medications**, due to the overlap of migraine and Ménière's disease — [Stanford Health Care](#)

Ménière's disease is also called idiopathic endolymphatic hydrops. It is a problem with the inner ear. It's one of the most common causes of dizziness that starts in the inner ear. Only one ear is usually involved, but both ears may be affected. Certain medicines can help manage the symptoms of this disease. Some help reduce fluid pressure in the inner ear. Others help ease symptoms themselves. There is no known medicine that will cure Ménière's disease and no one medicine that is right for everyone. Discuss your options with your healthcare provider.

Fluid buildup in your inner ear often causes the symptoms of Ménière's disease. Medicines called diuretics rid the body of excess fluid. By doing so, they may help reduce fluid buildup in the ear. Diuretics may cause your body to lose an important mineral called potassium. Because of this, you may also need to take dietary supplements.

Certain medicines can help control symptoms. They include:

- Antidizziness medicines. These help relieve vertigo.
- Antinausea (also called antiemetic) medicines. These help ease nausea and vomiting.
- Sedatives. These help you relax and sleep during a vertigo attack.

Attacks often cause nausea and vomiting. So these medicines may be given in the form of a rectal suppository. This helps make sure that the medicine stays in your system even if you throw up. Saint Luke's Health System

The most commonly used maintenance medications for Ménière's disease are diuretics, such as Diamox Sequels (acetazolamide extended-release capsules) and Dyazide (triamterene/HCTZ). These medications relieve the inner ear fluid build-up thereby reducing vertigo frequency and avoiding hearing loss progression. Acetazolamide (a carbonic anhydrase inhibitor) alkalinizes urine, encourages kidney stone formation, and increases

ammonia reabsorption and hypokalemia risk. The usual counseling points of Dyazide for hypertension apply to its use in Ménière's disease. Little evidence exists investigating similar regimens. The single double-blinded cross-over study supporting Dyazide found no impact on hearing loss, but patients expressed an unspecified preference over placebo. Loop diuretics are less favored because of their ototoxic effects.

Providers often recommend or prescribe meclizine (OTC Bonine and prescription Antivert) to control vertigo as needed. Dramamine is less effective, but patients may prefer it to Bonine. Bonine "motion sickness only" labeling and Antivert are FDA approved for vertigo. A patient may use 12.5 mg to 50 mg up to 3 times daily. The reasoning behind this labeling differences is from the possibility for serious causes of vertigo (eg, stroke or ototoxin consumption). Transient ischemic attacks can present as periodic dizziness and headache for months prior to a larger stroke. This presentation is difficult to differentiate from combined Ménière's disease with migraine. Pharmacists should recommend provider

consultation if a patient wants to use Bonine for vertigo without a prescriber's approval.

Small doses of diazepam or lorazepam, promethazine (oral or rectal), and dexamethasone are used infrequently for treatment-resistant vertigo. Benzodiazepines are most effective for patients triggered by stress. Promethazine treats vertigo-induced nausea. The rectal suppository formulation has lower bioavailability and slower absorption than the oral syrup, so prescribers should reserve it for patients unable to take medications orally. Oral dexamethasone can reduce inner ear swelling and provide symptomatic relief. Pharmacy Times

Drug therapy can play an important role in the treatment of most Ménière's disease patients. Betahistine is of benefit and, unlike sedative alternatives, does not interfere with the development of vestibular compensation. Diuretics can also be of benefit, although the use of acetazolamide in Ménière's disease is still controversial. When the transition from acute to chronic treatment fails to alleviate symptoms, mild vestibular sedatives such as cinnarizine may be of help.

Where an inflammatory component is suspected in bilateral Ménière's disease, short courses of systemic glucocorticoids may be appropriate. It recently has been shown that glucocorticoids not only influence inflammatory process in Ménière's disease, but also alter fluid dynamics via an interaction with the sodium pumps in the semicircular canals (Ponduglula et al 2004). Intra-tympanic application of corticosteroids appears to have only temporary effects and is probably not recommended.

Anti-depressive treatment (eg, selective serotonin reuptake inhibitors) may improve the psychological handicap aspect of vertigo in pre-existing depression, but is of no benefit to vertigo itself nor in patients without pre-existing depression. Where anxiety and stress susceptibility exacerbate the condition, short courses of benzodiazepines (eg, alprazolam or serenade) can be administered, but dependence is a concern during the longer term. National Library of Medicine

Below is an overview of the medication often prescribed for vertigo. This information is not intended to replace specific medical advice from your GP, consultant, specialist or pharmacist, but to give a general description of the medication currently prescribed. You should always check with your medical professional for information and advice relating to your symptoms/condition and treatment.

- Betahistine
- Prochlorperazine
- Cinnarizine
- Cinnarizine and Dimenhydrinate

- Domperidone — Menieres.org.uk

Clinically, treatment options for patients with vertigo include symptomatic, specific and prophylactic approaches. Symptomatic treatment involves controlling the acute symptoms and autonomic complaints (e.g., vertigo and vomiting). Specific treatment involves targeting the underlying cause of the vertigo (e.g., ear infection). Prophylactic treatment aims to reduce the recurrence of specific vertiginous conditions, as in Ménière's disease, migrainous vertigo or vestibular paroxysmia.

There are six major groups of medications that can be used to treat vestibular symptoms such as vertigo and dizziness: antiemetics; anti-inflammatories, anti-Ménière's, anti-migrainous; antidepressants and anticonvulsants. Vestibular.org

Anything New?

People with Ménière's often ask me if I've heard of any new medications being tested? I have. However, many fail during clinical trials (example), so it's good to stay on top of those trials to see what works and what doesn't.

Here are some medications currently in various stages of clinical trials —

- SPI-1005 from Sound Pharmaceuticals. The company recently “completed enrollment in its first Phase 3 clinical trial.” You can read about more about it here.
- Spiral Therapeutics, Inc. is involved in an investigational clinical trial in Australia. The drug is known as SPT-2101 and is a “sustained-release steroid formulation designed for precise inner ear administration.”
- Serotonin and Norepinephrine Reuptake Inhibitor (venlafaxine)

- Nortriptyline-Topiramate Stepwise Regimen — [UCH Clinical Trial](#)
- [Continuous Ambulatory Vestibular Assessment](#) — [ClinicalTrials.gov](#)

I'm curious, but skeptical about new treatments for Ménière's. By using the word 'skeptical' as a journalist, I don't mean that I can't be convinced that something is true or that it works as advertised. I simply mean that I am skeptical until I see the evidence that demonstrates efficacy. As Dr. Timothy Cain wrote earlier this summer —

In general, it is best to be very skeptical about new treatments for Meniere's. Because the disease fluctuates, very large numbers are needed to prove that a treatment is effective. In other words, one can easily by chance have a sequence of patients who do well on any particular regimen, medication or device, which is actually a placebo. There are many Meniere's treatments which are probably placebos. Considerable data supporting the placebo idea has been put forth by Torok

(1977) and Ruckenstein (Ruckenstein et al. 1991). There is very little evidence that any currently available treatment, whether it be medical or surgical, changes hearing. (Am J Otol 18:67-73, 1997). [Dizziness-and-Balance.com](#)

Medical Devices

A medical device is any appliance, apparatus, software, material, or other articles, which may be used in isolation or combination (as defined by the manufacturer) by individuals for a medical purpose. News Medical Life Sciences

Since Ménière's Disease affects people in so many different ways (e.g. dizziness, imbalance, hearing loss, vertigo), we will find many 'medical devices' that can help. Here are some to consider, depending on your need at the moment or in the future. You may want to discuss these devices with your ENT, Neurologist, and/or Audiologist before purchasing. You can also talk with other Ménière's patients who have experience with these devices to see if the investment is worth your time and money. Also, check to see what devices are covered (fully or partially) by your insurance company

[I am a journalist, not a salesman. I am in no way recommending any of these devices. My only purpose is to report about what medical devices are available to the public. The decision to use them (or not) is yours and your doctor's.]

Hearing Protection

Choose The Hearing Protection That's Right For You —
NIOSH, CDC

- Expandable Foam Plugs
- Pre-molded Reusable Plugs
- Semi-insert Earplugs
- Canal Caps
- Safety Earmuffs

Hearing Aids and Implants

[Types of Hearing Aids and How They Work](#) — Cleveland Clinic

[Hearing Aids vs. Cochlear Implants](#) — Duke Health

[CROS and BiCROSS Hearing Systems](#) — Healthy Hearing

[Bone Anchored Hearing Aid \(BAHA\)](#) — Healthy Hearing

[Bone Conduction Hearing Aids](#) — Johns Hopkins Medicine

[Middle Ear or Cochlear Implant](#) — Cambridge University Hospitals

[Benefits and Risks](#) - FDA

[Auditory Brainstem Implant](#) — Mayo Clinic

Meniett® Device — National Library of Medicine

Positive pressure therapy — Cochrane Library

Meniett Clinical Trial: Long-term Follow-up — JAMA
Otolaryngology

Tinnitus Devices

Hearing Aids / Masking Devices — American Tinnitus Association

Sound Therapy/Generators — American Tinnitus Association

Retraining Device — NYU Langone Health

Common Device Masking - Dizziness-and-Balance

Sound and Electrical Stimulation of the Tongue — Science Daily, University of Minnesota

Tinnitool Therapy — National Library of Medicine

Clinical Trials

Mastoid Oscillator — ClinicalTrials.gov

Transcutaneous Auricular Vagus Nerve Stimulation —
ClinicalTrials.gov

Otoband Experimental — ClinicalTrials.gov

Surgical Procedures

If the incidences of vertigo are not controlled by medications, surgery may be recommended. Surgical procedures can eliminate the frequent spells of vertigo that occur in Meniere's disease; however, no surgery has been found to improve the hearing loss. Mount Sinai Center for Hearing and Balance

Some surgical procedures for Ménière's Disease are viewed as 'non-destructive' to hearing, while others are viewed as 'destructive' to hearing. Doctors have told me that surgical procedures to the ear are 'very delicate.' I was also told that 'ablative' treatments for people with bilateral Meniere's Disease was generally 'contraindicated' because of risks of 'bilateral vestibular and cochlear hypofunction.'

I used a variety of medical and health insurance information publicly available for my research. I talked with doctors from a variety of specialties concerning Ménière's, watched many videos about surgical options, talked with people suffering with Ménière's, and visited many Ménière's forums to see what other people were saying about their experience with surgical procedures.

As always, discuss these options with your doctors.

Non-Destructive to Hearing

1. Endolymphatic sac, or shunt, surgery — Mount Sinai Center for Hearing & Balance
2. Endolymphatic sac decompression/endolymphatic sac drainage — JAMA Otolaryngology
3. Intra-tympanic corticosteroids injections/perfusions — National Library of Medicine
4. Lateral semi-circular canal plugging — Otology & Neurotology Journal
5. Perilymphatic fistula patching — Cleveland Clinic
6. Sacculotomy — Otolaryngologic Clinics of North America
7. Tympanostomy tube insertion — National Library of Medicine
8. Vestibular nerve decompression — Bon Secours
9. Vestibular neurectomy (nerve section) or neurotomy (including middle fossa or retrosigmoid vestibular neurotomy) — Science Direct

Destructive to Hearing

1. [Cochleosacculotomy](#) — JAMA Otolaryngology
2. [Intra-tympanic gentamicin](#) — The Lancet
3. [Labyrinthectomy](#) — Science Direct
4. [Translabyrinthine vestibular neurectomy](#) - Mercy Health
5. [Vestibulocochlear neurectomy](#) — MedicineNet

Investigational and Experimental

(Some insurance companies may not cover these, so check on that before proceeding.)

- Cochleostomy with neurovascular transplant — Centers for Medicare and Medicaid Services
- Intra-tympanic injection of dexamethasone thermo-sensitive gel — National Library of Medicine
- Positive pressure therapy for improving outcomes of endolymphatic sac surgery — Frontiers in Neurology
- Simultaneous labyrinthectomy with cochlear implantation (for bilateral Meniere's disease) — Cambridge University
- Tenotomy of the stapedius and tensor tympani muscles — Acta Oto-Laryngologica Journal
- Triple semi-circular canal plugging — MedicalXPress
- Triple semicircular canal plugging: a novel modality for the treatment of intractable Meniere's disease — National Library of Medicine

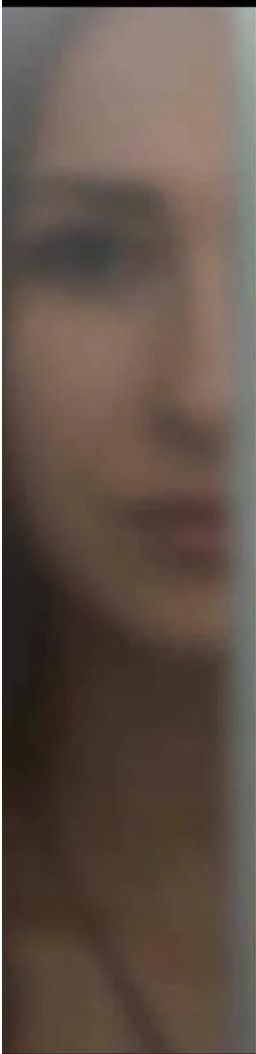
Counseling

Counseling is simply the process of two people talking about something of interest to both of them. The American Counseling Association defines counseling as, “a collaborative effort between the counselor and client.” Your counselor may be a doctor, a professional counselor, a family member, a friend, or someone who is also suffering from Ménière's.

This disease affects the real essence of life and can be debilitating. Finding support within a community that suffers with similar symptoms can help you build effective coping strategies. This is particularly important for those recently diagnosed. Find a support group near you through the Vestibular Disorders Association. Connecting with a community is essential for any chronic illness but particularly for one that has symptoms as debilitating as this condition. One-on-one counseling can also help you learn to adjust to your new reality while also learning effective stress-busting

techniques when tinnitus or vertigo symptoms flare. Natural Ways to Manage Meniere's Disease Symptoms

This is a tough disease. I've heard some people say that Ménière's is the worst disease that doesn't kill you. 2nd Chapter Productions is working on a documentary called "Unheard: The Ears of Meniere's" that includes many personal testimonials about how difficult it is to live with Meniere's. I recommend you watch the trailer and share it with people who don't understand what this disease can do to people.



I HAVE MENIERE'S DISEASE
PLEASE DON'T BE DISAPPOINTED IF I

Often cancel our plans at the last moment

Am often too fatigued to participate in family functions, or I leave early

No longer talk on the phone

Seems like I am not listening because in fact I may not hear you

Lay on the couch all day - It's not laziness it's dizziness

Seems like I'm a different person

I would love to be my old self. The happy me the adventurous me. Each day I pray this illness goes away and I can retrieve my old self. Until then please understand.

Meniere's Awareness Project

There are times when some sufferers wonder if they can go on another day. Ménière's Disease is a thief. It steals very precious things from lives including balance, hearing, a sense of personal control, relationships, and even careers. You often have to cancel appointments at the last minute, which may cost you financially. I've learned to tell people that I may have to cancel at the last minute if I have an attack. Some professionals will understand — some won't. I have to find the ones who do. That's just the reality of having this disease. That kind of continual onslaught year after year takes a toll on a person. We need someone to talk to about how it's affecting us, but who will listen? That's where 'counseling' becomes an important part of the equation.

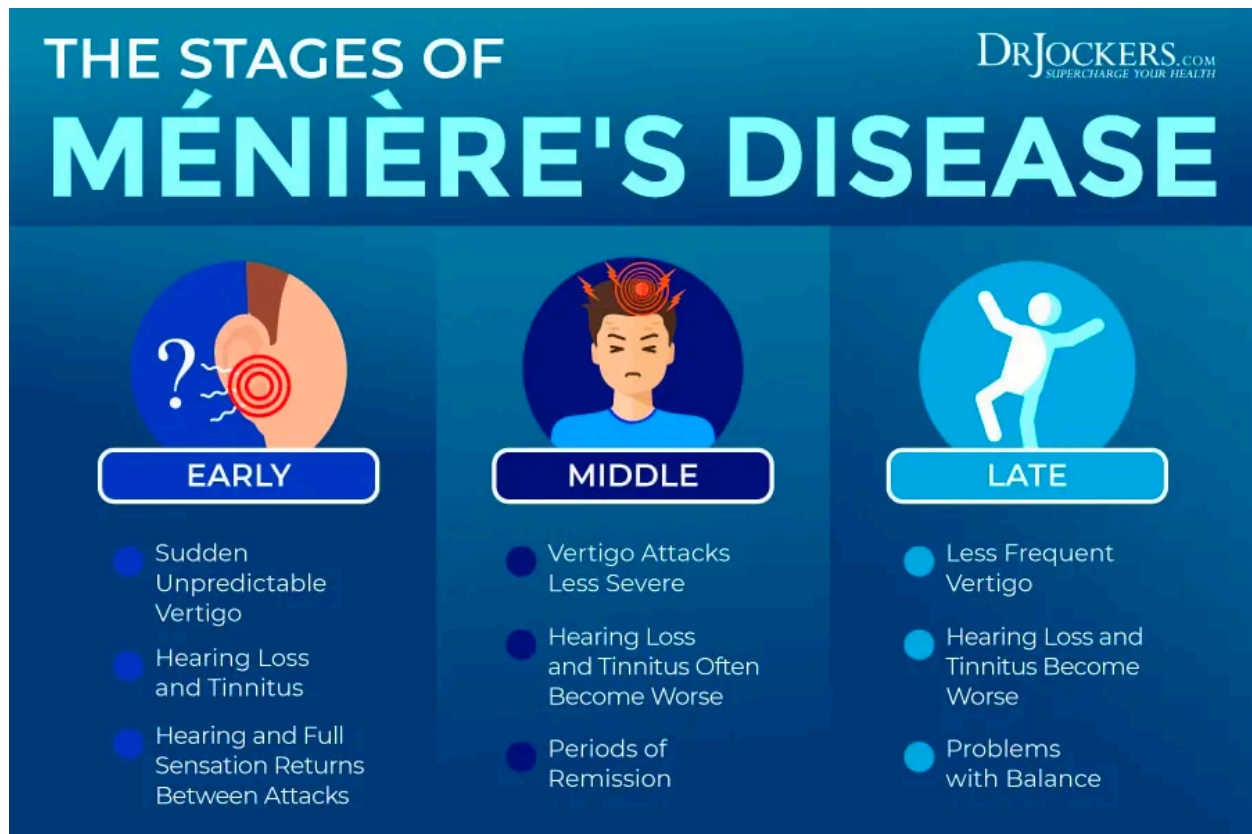
I've personally met more than two dozen doctors, nurses, clinicians, and therapists in the last decade. Most told me the same thing — my condition will get worse and there's no cure. As a journalist, and a realist, I appreciate hearing the truth. I just wish the truth was different than what I heard. I watched my mother and other close relatives go through the same thing, so I know what may be coming. Though I wish no one the suffering and struggle of this disease, there is

something about talking with someone who understands what you're facing and how you feel about it.

People with Ménière's need understanding and a support system. That support can come from family, friends, co-workers, and other people with MD. Counseling may also help. You may want to meet with a professional counselor. If you can, find one who has some knowledge about Ménière's. If they don't know about it, ask them if they'd be interested to learn about it to better help them help you. If they're not interested to do some research, you may want to look for another counselor.

Ask your ENT, Neurologist, Audiologist, or Physical Therapist if they know someone they'd recommend as a counselor who understands Ménière's. You may find it helpful. If not, at least share your thoughts and feelings with someone you trust. Sometimes we just need someone to listen and care.

Ménière's Disease can be an isolating illness, especially as it progresses. People can misunderstand why they don't see you out and about as often. Life moves on and you can feel as if you have nothing left to offer the people you love.



My greatest Counselor is God. Isaiah the prophet wrote that He was going to send His Son — “And His name will be called Wonderful, Counselor, Mighty God, Everlasting Father, Prince of Peace.” Jesus Christ promised His disciples “another Helper.” That other Helper is the Holy Spirit — “the Spirit of truth.” (John 14). The Apostle Peter told people about “casting all your care upon Him, for He cares for you.” (1 Peter 5)

God is my greatest Counselor. He cares about me and always hears me. When I’m too sick to get out of bed, He hears me and I hear Him as I repeat Bible verses memorized through the years. When all I can do is sit in a chair and hold my head in my hands until the spinning stops, God is there.

I know that this life is temporary. Ménière's is not a permanent disease. I will be cured when, as the Apostle Paul wrote, “this corruptible must put on incorruption, and this mortal *must* put on immortality” (1 Corinthians 15). In light of that, we continue to do God’s will to the best of our abilities knowing that our labor is not in vain.

Physical Therapy

I've had several different physical therapists in the last several years. I found that some move to other locations as they gain more certifications. I'm glad for them, even though it's hard to see them go. Most of the physical therapists I've seen had some knowledge about Ménière's Disease, but there are some who specialize in what's known as 'vestibular rehabilitation therapy.' They've been especially helpful to me personally because I've also been diagnosed with Cervicogenic Vertigo (CV).

The reason I mentioned that is because several therapists told me that there is little they can do for someone with Ménière's Disease — especially in the early and middle stages when vertigo attacks are still a challenge for the patient. Research about Vestibular Rehabilitation Therapy (VRT) supports those comments —

Patients whose symptoms occur only in spontaneous episodes, such as seen with Ménière's disease, are unlikely to benefit from VRT. VRT is unsuccessful in patients with only spontaneously occurring events of disequilibrium, especially if the spontaneous vertigo or disequilibrium develops more than once per month. The primary objective in such patients is to prepare them for anticipated dizziness rather than to make any permanent change in their vestibular condition. Patients suspected of perilymphatic fistula whose condition deteriorates during exercise therapy are more likely to benefit from other treatments such as surgery. *Vestibular Rehabilitation Therapy: Review of Indications, Mechanisms, and Key Exercises*, National Library of Medicine

Due to the fluctuating nature of the disorder, vestibular physical therapy has had a limited role in the treatment of Meniere's disease. In general, rehabilitation has been used only as a postoperative treatment for the acute vertigo seen after vestibular neurectomy or labyrinthectomy. This is the first report advocating the role of vestibular physical therapy in a group of patients receiving medical therapy of intracochlear medicines (other than gentamicin). *The role of vestibular rehabilitation in the treatment of Meniere's disease*, Sage Journals - Otolaryngology-Head and Neck Surgery

Interestingly, the Academy of Neurologic Physical Therapy listed Ménière's as an 'exclusion' to the 'effectiveness' of vestibular rehabilitation —

Exclusions: Compensated vestibular loss; cognitive or mobility deficit that impedes effective application; or active Meniere's disease

Exclusions: Cognitive or mobility deficit than impedes effective application or active Meniere's disease

I did find some hopeful information about VRT being somewhat helpful to Ménière's patients who are in the **late** stage of the disease or have had certain types of surgeries that ended their vertigo attacks —

Once the episodic spells of vertigo associated with Meniere's disease have abated, vestibular rehabilitation exercises play an important role in promoting adaptation to the decreased vestibular input. Outlines of different treatment approaches for three types of patients with Meniere's disease are presented. The exercise approaches advocated here consist of exercises to foster adaptation of the vestibular system in cases of unilateral loss or hypofunction and exercises to promote the substitution of alternative strategies and to enhance remaining function in cases of bilateral vestibular hypofunction. The selection of the appropriate exercises is based on the nature of the vestibular loss, the patient's symptoms, and the functional capabilities of the patient. Based on an understanding of the vestibular system, the balance system, and normal functional capabilities, appropriate rehabilitative exercises can be

designed for this group of patients. *Vestibular Rehabilitation Strategies In Meniere's Disease*, Otolaryngologic Clinics of North America

Resources You May Find Helpful

Vestibular Rehabilitation — Ménière's Society

For patients who have been referred for vestibular therapy —
Dizziness-and-Balance

Alternative/Complementary Treatments

As AARP wrote, “There is no known cause or cure for the condition, but it is treatable.” We’ve looked at a lot of different types of treatments for Ménière’s Disease during the last few months including Lifestyle Changes, Medical Treatments, Surgeries, Counseling, and Physical Therapy. There is one last treatment area I’d like to share with you. Many people call it ‘alternative.’ Some people also speak of ‘[complementary](#) treatments for Ménière’s.’ The Cambridge Dictionary defines complementary medicine as — **“a wide range of treatments for medical conditions that people use instead of or in addition to ordinary medicine.”**

I taught and demonstrated T’ai Chi and Dao Yin exercises in hospital and clinical settings years ago as ‘complimentary’ and/or ‘integrative’ — meaning that the hospital/clinical staffs believed that what I taught could help patients who were also receiving modern ‘medical’ treatments. Many of my T’ai Chi students served in various medical fields (e.g. physical therapists, nurses) and believed what they were learning would benefit themselves and their patients. That opened

many opportunities for me to share healthy exercises at hospitals and clinics.

Merriam-Webster defines **alternative** as — “different from the usual or conventional.” That definition is probably as good as any. Here’s a list of some of the ‘[alternative](#)’ treatments for Ménière’s. I’ll list them in alphabetical order. Please know that by listing these ‘alternative’ or ‘complimentary’ treatments, I am not endorsing any of them as ‘effective’ treatments for Ménière’s Disease. What may help one person may not help another. This is simply for your information and consideration.

I will attempt to share three online sources for each alternative/complimentary treatment so you can research each ‘therapy.’ Please consult your doctors and do your own research about participating in any of these treatments. It is your health and your choice.

One other note that might be helpful concerning the use of the terms 'alternative' and 'complementary' is that Ménière's Disease affects people across the world. If you live in a country that focuses primarily on Western Medicine, you may think of treatments from Eastern Medicine to be 'alternative' or 'complementary.' If you live in a country where Eastern Medicine is primary, then you may consider treatments from Western Medicine to be 'alternative' or 'complementary.' Complementary is often where 'East meets West'.

[This list does not contain all of the 'alternative/complementary' treatments for Ménière's Disease, Tinnitus, Vertigo, etc. If you know of a treatment that helped you that I do not list here, please add it to the Comments section below with any appropriate supportive information.]

Acupuncture —

- [Acupuncture Today](#)
- [National Library of Medicine](#)
- [Healthcare Medicine institute](#)

Acupressure

- [Makari Wellness](#)
- [National Library of Medicine](#)
- [Align Wellness Center](#)

Alexander Technique

- [Andrew Weil, M.D.](#)
- [Science Direct](#)
- [Relias Media](#)

Ayurvedic Medicine

- [Matha](#)
- [Ishani Ayurveda](#)
- [Menieres.org](#)

Biofeedback

- [National Library of Medicine](#)
- [Saint Luke's Health System](#)
- [American Tinnitus Association](#)

CBD Oil

- [Vestibular Disorders Association](#)
- [HealthLine](#)
- [National Library of Medicine](#)

Chiropractic (Upper Cervical)

- [National Library of Medicine](#)
- [Delaware Integrative Healthcare](#)
- [Top Chiro UK](#)

Cranio-sacral therapy

- [Science Direct](#)
- [Cleveland Clinic](#)
- [Scandinavian Physiotherapy Center](#)

Essential Oils

- [Timeless Essential Oils](#)
- [Menieres.org](#)
- [Pain Assist](#)

Feldenkrais Method

- [Andrew Weil, M.D.](#)
- [The Keep Illinois University](#)
- [MDVIP](#)

Foam Rolling

- [Dr. Axe](#)
- [Peaceful Mind](#)
- [National Federation of Professional Trainers](#)

Herbal Medicine

- [Menieres.org.uk](#)
- [Health CMI](#)
- [Menieres.org](#)

Holistic Therapy

- [Pacific College of Health and Science](#)
- [Philadelphia Holistic Clinic](#)
- [Springer Nature Group](#)

Homeopathy

- [All About Homeopathy](#)
- [PeaceHealth](#)
- [Welling Homeopathy](#)

Massage

- [The Anatomy of Wellness](#)
- [The Massage Rooms](#)
- [Herald Scholarly Open Access](#)

Osteopathy

- [Victoria University, Melbourne Australia](#)
- [Menieres.org.uk](#)
- [National Library of Medicine](#)

Reflexology

- [Footworks](#)
- [Modern Reflexology](#)
- [University of Leeds](#)

T'ai Chi

- [Vestibular Disorders Association](#)
- [Neuro Equilibrium](#)
- [National Library of Science](#)

Traditional Chinese Medicine (TCM) —

- [Art of Wellness](#)
- [Asante Academy of Chinese Medicine](#)
- [Evergreen Chinese Medical Centre](#)

Yoga

- [The Yoga Institute](#)
- [Neuro Equilibrium](#)
- [Vestibular Disorders Association](#)

Do Alternative/Complementary Treatments Work?

I think it depends how you define the word 'work.' If you mean that an alternative/complementary treatment makes you feel better, more relaxed, etc., then the answer is probably 'yes' in some cases. However, if you mean that an alternative/complementary treatment 'cures' Ménière's Disease, then I believe the answer is probably 'no.' You may disagree, and I encourage you to share any evidence to the contrary with me. I am a journalist, therefore, evidence is paramount to supporting any 'truth claim.'

I have tried several 'alternative/complementary' treatments during my journey with Ménière's. I was already teaching and practicing T'ai Chi Ch'uan and Dao Yin, so I found that experience helpful. T'ai Chi includes five primary practices: Standing, Rowing, Walking, Push Hands, and Forms. It also includes an aspect of Qigong (Dao Yin) which is good for stretching and flexibility. You may find learning T'ai Chi from a qualified instructor helpful. It helps with balance and flexibility as the disease progresses.

I went through 12 weeks of acupuncture with a TCM doctor. While the treatments did have a positive effect on my tinnitus, I didn't notice any improvement in the vertigo attacks from Ménière's. My insurance didn't cover acupuncture, so I couldn't afford more treatments. Without the weekly acupuncture, the tinnitus came back as loud as before.

I have visited several TCM doctors, pharmacists, and herbalists through the years. While I saw some temporary improvements with tinnitus and allergies, the treatments didn't control vertigo, dizziness, imbalance, or fatigue very well or for long periods of time.

Because of my double diagnosis of Cervicogenic Vertigo (CV) along with Ménière's, I found that Upper Cervical Chiropractic has helped. So has vestibular physical therapy for my CV. Ménière's still progressed, but chiropractic has helped keep the 'Cervicogenic' dizziness in check. My chiropractor also helps my aural fullness with a technique called a 'J' hook adjustment. [This article](#) explains how that works.

I learned acupressure as part of my training in martial arts. I won't explain in this article how to use pressure points to subdue an opponent, but I will say that pressure points can also help control a variety of symptoms that are part of Ménière's. Some include headaches, migraines, nausea, and fatigue. I have used the P6 pressure point (Pericardium 6) for nausea and found it often helps keep me from having the nausea that accompanies a vertigo attack. The National Library of Science has some [information about it here](#). [P6 is known as the Neiguan point in TCM.]

I was asked by one of our readers whether psychedelic medicine might be helpful in healing Ménière's. While there are some peer-reviewed studies concerning the efficacy of psychedelic medicine (including cannabis) for severe stress, severe PTSD, and moderate to severe major depressive disorders, the usage for Ménière's disease has a limited number of studies. Even the few studies I've read include warnings about the possibility of cannabis making vertigo, nausea, and tinnitus even worse. Talk with your doctor before trying any psychedelic medicine to treat Ménière's.

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

Here's to hope!