

MÉNIÈRE'S DISEASE

By Jan MacRae RMT DIR ART SMTO

The Disease

Ménière's disease – first described by French physician, Prosper Ménière, in 1861 – is a chronic, incurable vestibular disorder, which produces recurring symptoms due to an abnormally high level of fluid (endolymph) collecting in the inner ear. Both the semicircular canals (balance) and the cochlea (hearing) can be profoundly affected by the condition.

Ménière's disease affects between 1 per 2000 and 1 per 20 000 of the population. The majority of sufferers are white and aged between 20 and 50, with equal distribution between sexes. In the early stages, the condition usually affects only one ear, but up to 50% of sufferers will be affected bilaterally as it progresses.

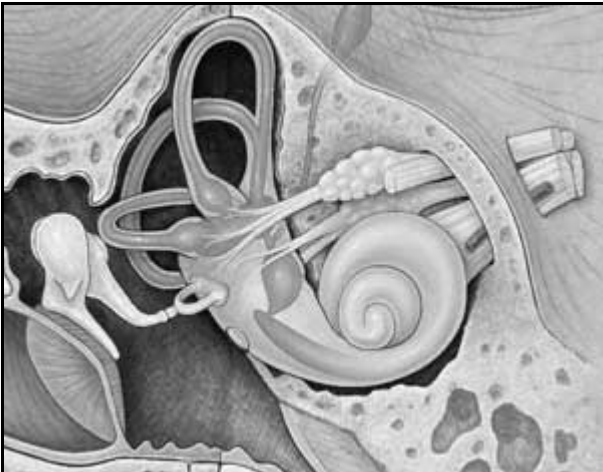


Fig A: Normal membranous labyrinth

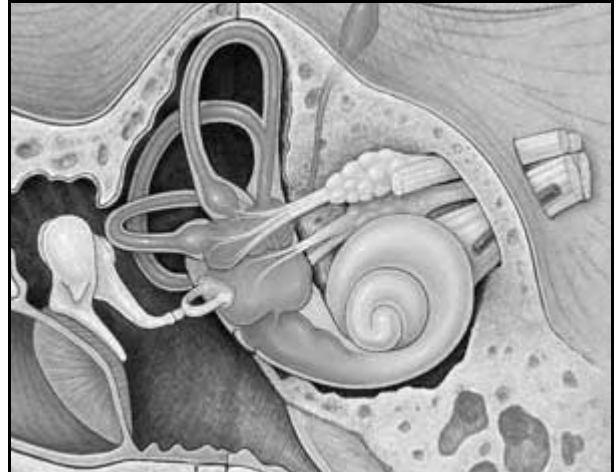


Fig B: Dilated membranous labyrinth in Meniere's disease

The Symptoms

Typical characteristics include:

- Vertigo – episodes may last from minutes to hours with irregular intervals, accompanied by nausea and vomiting;
- Ringing in the ears (tinnitus) – constant or intermittent. Hearing loss typically increases in intensity before or during the vertiginous attacks;
- A feeling of fullness or pressure in the ear;
- Fluctuating hearing loss, usually unilateral and predominantly in the lower frequencies.

Patients may feel that they are tilted or falling and rapidly try to reposition themselves, resulting in a sudden fall ('otolithic crisis of Tumarkin'). This is a particularly disabling symptom, which can occur without warning and may lead to severe injury. An unusual sensitivity to visual stimuli is also very common. In the late stage of the disease, hearing loss is more significant and less likely to fluctuate. Tinnitus and/or aural fullness may be stronger and more constant, whilst vertiginous attacks may be superseded by more constant battles with balance and vision.

On average, an attack will last from two to four hours, although the duration varies enormously; some people will experience brief 'shocks' whilst others feel constantly unsteady. Several episodes may occur within a short period, whilst years may pass between attacks, during which time most patients have no symptoms, or report mild tinnitus and imbalance. Severe attacks lead to exhaustion and the sufferer will usually then sleep for several hours to recover.

The Causes

The exact cause is unknown, although development of the condition may be due to:

- Increased pressure of the fluid in the inner ear;
- Hereditary predisposition;
- Allergens damaging the inner ear;
- Specific viral infections;
- Vascular factors – there is an association between migraine and Ménière's disease;
- Metabolic disturbances involving the sodium and potassium balance in the fluid of the inner ear.

Common triggers include stress, fatigue, overwork, emotional distress, additional illnesses, pressure changes, certain foods and a high-salt diet.

The Diagnosis

Diagnosis is based on a combination of specific symptoms, (usually episodic dizziness and hearing disturbance) hearing tests (which show that, following an attack, hearing is initially reduced and then improves) and the exclusion of other likely causes. Further tests (MRI, ECOG) will then be carried out.

The Treatment

Since the exact cause of Ménière's disease is unknown, treatment is aimed at:

- Reducing the severity of a current attack;
- Reducing the severity and number of attacks in the long term.

Such treatment provides some degree of improvement in 60-80% of cases and includes:

- Drugs such as Betahistine and low dose diuretics taken regularly to reduce the frequency of vertiginous attacks. Vestibular sedatives and anti-emetic drugs help to control the vertigo and vomiting during the attacks;
- Vestibular rehabilitation exercises - done between attacks, these can help to compensate for difficulties with balance, especially as the disease progresses;
- Restricted sodium diet – high salt intake causes fluctuations in the inner ear fluid pressure;
- Treatment for tinnitus – white noise generators may have a masking effect;
- Hearing aids – most Ménière's sufferers can be helped, whether hearing loss is uni- or bi-lateral.

If, however, vertigo remains a problem, there are other options...

- Gentamicin treatment – an antibiotic used to weaken the inner ear so that it is incapable of generating dizziness;
- Sacculus decompression – a surgical operation, involving the endolymphatic sac of the inner ear, aimed at reducing the pressure of the fluid within the sac;
- Vestibular nerve section – a neurosurgical operation in which the nerve from the balance organ in the inner ear is cut, thereby preventing abnormal messages reaching the brain and thus eliminating the vertigo;
- Labyrinthectomy – aimed at preventing vertigo by destroying the inner ear. This results in total hearing loss in the affected ear.

The Impact

In its acute phase, Ménière's disease is one of the most debilitating diseases experienced by anyone who survives an illness. In addition to the physical symptoms, there are significant psychological consequences; anxiety, depression, communication problems and isolation. Ménière's disease is unpredictable and incurable, many of the symptoms are not obvious to others and most people have little knowledge of the condition.

The Alternatives

From a general point of view, there is evidence to suggest that various Complementary Therapies may be beneficial in the alleviation of the symptoms of Ménière's disease:

- Ayurveda – as tinnitus is believed to be a vata disorder, a tea prepared from a mixture of comfrey, cinnamon and chamomile may prove useful in the reduction of noise, as may gentle massage of the mastoid bone using warm sesame oil, or the application of garlic oil to the affected ear at night;
- Homeopathy – nausea, dizziness and tinnitus may be successfully alleviated, with the homeopathic remedies being selected according to each patient's specific symptoms. Salicylic acidum, bryonia, cocculus, conium, and theridion are but a few which may be effective;
- Acupuncture – dizziness may be relieved by needling the ear points neurogate, kidney, sympathetic, occiput, heart and adrenal. In chronic cases, the body points spleen, triple warmer and kidney may be treated in an attempt to move and clear the channels and collaterals of the ear;
- Craniosacral therapy – by gently moving the bones of the skull, pressure on the head may be successfully relieved. Osteopathy and chiropractic may also serve a useful purpose in relieving any movement restrictions in the head, jaw and neck which may be affecting the inner ear;
- Herbalism, reflexology, and transcutaneous nerve stimulation (TENS) may also be of benefit.

As stress is undoubtedly a trigger to Ménière's attacks, the work of the Massage Therapist could be invaluable in improving the overall health of the patient:

- Perhaps one of the greatest stressors is the fear of future attacks – the greater the fear, the more frequent and severe the attacks become. While anti-anxiety drugs aim to break the vicious circle, a far less invasive approach would be that of stress reduction and rebalancing through massage therapy;
- Massage to the head, neck and shoulder area may be of benefit, since vascular factors are thought to play a part in the development of the condition. Relieving muscle spasm with soft tissue work will alleviate the pressure on the blood vessels and nerves in the area, allowing the free flow of oxygen and nutrients to the tissues of the brain and head. This, in turn, may decrease the feeling of pressure experienced within the ear itself;
- Improving the flow of lymph and boosting the immune system may make the body more resistant to – or better able to deal with – the allergens and infections, which are thought to be involved with Ménière's. The increase in T-cell formation, together with more efficient removal of toxins from the body, may prove beneficial in dealing with the condition;
- The rebalancing effects of massage may assist in restoration of the acid base balance of the body (disturbance of which may also be a contributory factor in the condition), while advice regarding diet would certainly be of benefit.

The Conclusion

It can be seen from the above writings that although Ménière's disease is hugely distressing, has no known cure and carries significant hidden disability, the role of the Complementary Therapist (and in particular the Massage Therapist) may be an extremely important one in improving the quality of life for those who suffer from such a debilitating condition.

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