What is Meniere’s Disease?

Meniere’s disease is a progressive inner ear disorder that causes repeated spells of 1) vertigo (spinning), 2) fluctuating hearing loss, 3) ringing in the ears, and 4) fullness or pressure in the ear. These episodes, or attacks, start suddenly and last for minutes to hours. Most people do not have symptoms in between episodes. The exact cause of Meniere’s disease is not known. One thought is that the fluid in the inner ear builds up, causing pressure within the inner ear. Meniere’s disease usually starts at ages 20-50 years of age.

The severity of symptoms may be different with each episode and between people. Some people have spells weekly, others may not have spells for months or years. During a Meniere’s spell, a person may have nausea and vomiting, and they may not be able to walk or perform their daily activities. Since the spells are not predictable, people may get frustrated, anxious and depressed because they lose control of their lives.

How does Meniere’s Disease progress?

In the beginning stages of the disease, people have spells of spinning, temporary hearing loss and ringing. As the disease progresses over months or years, low-frequency hearing loss may occur between episodes. Damage to the balance (vestibular) portion may also occur.

What is the treatment for Meniere’s Disease?

Conservative Treatments:
- Eat a well-balanced diet with frequent small meals
- Limit caffeine and alcohol
- Regular aerobic exercise
- Stress reducing activities: yoga, meditation, deep breathing
- Low-sodium diet or diuretics (water pills)

Non-Conservative Treatments:
- Drug (gentamicin) injections across the ear drum into the inner ear to damage the sensory cells (multiple procedures may be required)
- Surgery to the inner ear nerve to separate the connection to the brain to stop the spells
These procedures cause permanent damage to the inner ear system and are performed after other methods have failed. These treatments can lead to good control of attacks. Imbalance and visual blurring will get worse after the injections and surgery and therapy will help you recover. Hearing aids may be needed for hearing loss.

**How can physical therapy help in the management of Meniere’s Disease?**

Between spells, patients with dizziness, visual blurring, or imbalance are referred to physical therapy. PT’s can help improve these problems with balance and gaze stability exercises. You need to stay physically active between attacks. If a patient has injections or surgery, there will be no more spells, but the patients will need rehabilitation to improve their balance and dizziness. After discharge from PT, it is important to continue physical activity such as daily walking and home exercises to make sure that your risk for falls or dizziness do not return.