

## A Brief View on Meniere's Disease

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### DESCRIPTION

The symptoms of Meniere's disease (MD), an inner ear condition, include potentially severe and incapacitating episodes of vertigo, tinnitus, hearing loss, and a feeling of fullness in the ear. In most cases, only one ear is initially afflicted, but with time, both ears may get impacted. The length of an episode might range from 20 minutes to several hours. The intervals between episodes can differ. Over time, the ringing in the ears and hearing loss may become continuous.

Although the exact origin of Meniere's illness is unknown, genetic and environmental factors are probably involved. There are several hypotheses as to why it happens; including blood vessel constriction, viral infections, and immunological responses. 10% of cases involve family members. It is thought that increased fluid collection in the inner ear's labyrinth is what causes symptoms to manifest. A hearing test and the symptoms are used to make the diagnosis. Similar symptoms can also be caused by transient ischemic attack and vestibular migraine.

No treatment exists and Medication is frequently used to treat attacks in order to relieve the nausea and anxiety. Overall, the data is not strong enough to suggest measures to prevent attacks. Diuretics, corticosteroids, and a low-salt diet can all be tried. Balance-related physical therapy and anxiety-related counselling may both be helpful. Other techniques don't work, you could possibly try ear injections or surgery, but both options come with dangers. Despite its widespread use, tympanostomy tube use is not recommended.

Prosper Meniere originally recognized Meniere's disease in the early 1800s. Between 0.3% to 1.9/1,000 people are affected. It typically begins in persons between the ages of 40 and 60. Males are less likely to be impacted than females. The instances of the world spinning may stop after 5 to 15 years of symptoms, leaving the person with balance issues, impaired hearing in the afflicted ear, and ringing or other sounds in the affected ear or ears.

### Medications

Medication to lessen nausea and pharmaceuticals to lessen the anxiety brought on by vertigo are also utilized during MD episodes. The data base is thin for all treatments' ability to cease progression over a prolonged period of time. Although it is

unclear if allergens cause Meniere's illness, taking medicine to manage allergies may be beneficial. Glycopyrrolate has been discovered to be an effective vestibular suppressor in individuals with Meniere's disease to help with vertigo and balance issues.

The assumption behind the widespread usage of diuretics, such as the thiazide-like diuretic chlortalidone, is that they lessen fluid buildup (pressure) in the ear. Diuretics tend to be beneficial for reducing the frequency of bouts of lightheadedness but do not appear to prevent hearing loss, according to evidence from numerous but limited clinical trials.

A chemical labyrinthectomy, in which a drug such gentamicin is injected into the middle ear and kills sections of the vestibular apparatus, may be recommended in cases when hearing loss and persistent severe episodes of vertigo occur. The potential for increasing hearing loss exists with this therapy.

### Diagnosis

A Sound sensitivity is a common and significant MD symptom. Measuring the loudness pain levels makes it simple to identify this hypersensitivity (LDLs). There are many ways in which the symptoms of MD and migraine-associated vertigo (MAV) are similar, but when hearing loss occurs in MAV, it typically affects both ears, whereas this is uncommon in MD, and it typically does not advance as quickly as it does in MD. For those who are at risk, magnetic resonance imaging should be done to rule out TIA or stroke since patients who have had a transient ischemic attack (TIA) or stroke sometimes exhibit symptoms that are similar to MD

### CONCLUSION

MD patients are frequently told to consume less salt. But there is little research on salt reduction. Some advice avoiding "migraine triggers," such as caffeine, on the theory that MD is similar in origin to a migraine, but the evidence for this is tenuous. There is no solid proof that altering one's diet to cut back on salt, caffeine. Increased fluid collection in the inner ear's labyrinth is what causes symptoms to manifest. A hearing test and the symptoms are used to make the diagnosis. Similar symptoms can also be caused by transient ischemic attack and vestibular migraine.

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