

Meniere's Disease: Symptoms and its Diagnosis

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DESCRIPTION

Meniere's disease is an inner ear condition that can cause potentially severe and incapacitating vertigo, tinnitus, hearing loss, and a sense of fullness in the ear. Hearing and balance are functions of the inner ear. Meniere's disease is assumed to be caused by a problem with pressure deep inside the ear, but its specific aetiology is unknown. It probably involves both genetic and environmental factors. Recurrent episodes of vertigo, fluctuating hearing loss, and tinnitus are the hallmarks of Meniere's illness. Sound sensitivity is a common and significant Meniere's disease symptom. Measuring the loudness discomfort levels makes this hypersensitivity simple to diagnose.

Symptoms

There are many ways in that the symptoms of Meniere's disease and Migraine-Associated Vertigo (MAV) are similar. Even so, while hearing loss is a common symptom of MAV, it is uncommon in Meniere's disease, and hearing loss in MAV often does not increase as quickly as it does in MAV. One test to determine whether particular head motions cause vertigo is the Dix-Hall pike test. Other procedures to determine whether Meniere's illness is present include an electronystagmogram (ENG), it records eye movements, and a hearing test. BPPV is brought on by the otoconia, as these are microscopic calcium crystals that normally reside on the utricle, an inner ear sensory organ. Once the crystals separate, they are free to move around in the fluid-filled inner ear regions, particularly the Semicircular Canals (SCC) that detects head rotation. The most typical vestibular ailment (BPPV) is benign paroxysmal positional vertigo. The most frequent reason for vertigo is this. Although it can be frightening, vertigo is not a serious ailment in and of itself.

Vertigo can, however, be connected to other potentially harmful medical disorders. Physical therapy exercises are one of the best therapies for benign paroxysmal positional vertigo. These activities are intended to transfer the calcium carbonate granules back into the utricle from the semicircular canals. The particles resorb more quickly and painlessly in this location. Prolonged stress and anxiety can actually result in a specific vestibular disease that is also known as Benign Paroxysmal Positional Vertigo (BPPV). Additionally, it creates an ischemic stroke risk factor. Vertigo can also be brought on by several illnesses, such as labyrinthitis, dementia, head injuries, and vestibular nerve inflammation.

Diagnosis

Since the Ménière's disease is brought on by the stroke, medication is the most effective vertigo treatment. Thus, medications such include aspirin, clopidogrel, dipyridamole, and warfarin. Some patients who take certain migraine drugs may also experience relief from vertigo symptoms. Home cures for vertigo prevention include brandt-daroff exercise, stress reduction, yoga and tai chi, getting enough sleep, being hydrated and taking ginkgo biloba.

The root cause of vertigo will determine the final course of treatment. A low-salt diet, intratympanic injections of the antibiotic gentamicin, or surgical procedures such a shunt or labyrinth ablation in situations of refractory vertigo and tinnitus are some of the therapeutic options available to people with Ménière's disease. Anticholinergics, such as hyoscine hydrobromide, Beta blockers, such as metoprolol for vestibular migraines, and anticonvulsants, such as topiramate or valproic acid, are common medication treatments for vertigo.

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