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Health Bulletin/Newsletter-38
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Tinnitus or Ringing In The Ears: What Can You Do?

This article came about due to a very informative article from Jane Brody, science writer of the New York Times, "Living with a Sound You Can't Turn Off", December 3, 2012, science section. So what can you do to deal with the problem, or are there any therapies that might help you cope with this condition? The outcome of treatment seems to be dependent on the patient's participation in a program of psychotherapy, with emphasis on a specialty of cognitive behavioral therapy had the best outcome. One claimed a 95 percent improvement rate from Dr. Henry of the Veterans Medical Center; however this may be because they are dealing with tinnitus from head trauma and explosions that injured the hearing mechanism.

A recent study was done in the Netherlands, by Dr. Cima's team. They enrolled 492 patients with varying degrees of tinnitus using the double blind study method. Then the participants were randomly assigned into groups that would receive either usual care or "specialized" care. Usual care both in United States and the Netherlands included medical examination and hearing tests and prescriptions for hearing aid and/or masking devices. Drugs were given to deal with symptoms, such as antidepressants, sleeping aids, anti-anxiety medications; this was done to relieve emotional distress and other disabling symptoms.

The Dutch treatment "specialized" care which relied solely on psychological techniques, education session about tinnitus and lessons in deep relaxation. These patients were then gradually exposed to external sources to various ringing similar to what they hear in their heads. After 10 or 12 sessions, the patients become habituated and no longer seem to be threatened by this experience.

To understand this condition better I am defining of tinnitus. It is described as a perception of sound in the absence of an acoustic stimulus, which is a subjective experience to be distinguished from a bruit a noise heard by the examiner. Tinnitus can be described as buzzing, ringing, roaring, and whistling or hissing. It is important to both classify the sound as well as quantify the level of the problem, so to be objectively able to judge the treatment method. Other factors that should be examined in tinnitus are the following descriptions considered to be intermittent, continuous, or pulsatile which is synchronous with the heart beat. Other information you should know is there will usually be an associated hearing loss. Tinnitus may occur as a symptom in nearly all ear disorders, including obstruction of the external auditory canal, otitis media, middle ear neoplasm, Eustachian tube obstruction other infections such a meningitis, syphilis, and Meniere's disease.

Serious disease conditions must be ruled out before starting a conservative treatment program. It will be important to have an evaluation by an otolaryngologist who can test the hearing using a variety of tests such as audiometry, pure tone audiometry, and/or tympanogram. Other tests that may be considered are otoacoustic emission, evoked response electrocochleography, brain stem audio evoked response (BEAR) or vestibular evoked myogenic potential (VEMP). Finally, x-rays, CAT Scans and MRI, MRA stand for magnetic resonance angiogram, and what is known as functional MRI listed as MRI-f.

The causative factors that I can check out for patients with tinnitus is to evaluate for TMJ dysfunction which is a major cause of this problem along with cranial faults that might be caused from head trauma that occur in sports such as football, car accidents that have whiplash injuries as well as the most common alimentary canal dysfunction of Ileocecal Valve Syndrome (ICV). Postural pattern known in Applied Kinesiology as Pitch, Roll, and Yaw, which changes the blood flow to the brain and might precipitate tinnitus. Past Health Bulletin/Newsletter that you will find informative that tie to this subject are #8-TMJ Dysfunction, #18-Concussion, Brain Injuries and Cranial Faults, and #36-Fear-Anxieties-Phobia and Depression, What Can We Do? Go to my web site at paulsprieser.com, patient information click tool bar and look to the right side of page, click top and read or copy.

When it comes to Temporomandibular Joint Dysfunction, I can say without a doubt that I am an expert. I was the first chiropractor in the United States to staff (non-compensated) at Fairleigh Dickenson University, School of Dentistry, Department of Prosthodontics MPD Clinic. I spent ten years working at the school on TMJ patients with the dentist from 1979 to 1989, and I was a lecturer at New Jersey College of Medicine and Dentistry to their post graduate TMJ program in 1983 and 1984.

Just remember the psychological technique that I use in practice of Thought Field Therapy (TFT), (EFT), and Neuro Emotional Therapy (NET). This will be enhanced by Kim St. Clair, Ph.D., psychologist who specializes in EMDR and Cognitive Behavioral Therapy. By combining services chiropractic/applied kinesiology and psychology we should be better able to serve the patient with tinnitus.

Through the use of manual muscle testing we will be able to determine food allergies on sensitivities. We can also check nutritional supports that effect to the ear and its associated muscle the upper trapezius. Dr. Goodheart had recommended a Standard Process product Cyruta, Chlorophyll for the ICV, some homeopathic products and lipoflavinoids have been reported to be beneficial. Other newsletter/health bulletin that will assist you in understanding this problem and my methods of treatment that you can read are the following: #5-Allergies, #8-TMJ, #15-IBS and IVC Syndrome, #17-Anxiety Disorders, #24-Posture, #34-Pills-Powers-Postions, and #36-Fear-Anxieties-Phobias and Depression, What Can We Do? You can find these Newsletters on my web site at paulsprieser.com click the tool bar at top of page on patient information and view the right side of the page. Click on newsletter topics which are PDF files and read or print.

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