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**Meniérè’s Disease**

The root cause of Meniérè's disease is unknown, though the symptoms are thought to be produced by an increase in the fluid pressure in the inner ear, i.e "endolymphatic hydrops." In all likelihood, a variety of insults to the ear can lead to endolymphatic hydrops as their common final pathway, thereby producing symptoms akin to those of Meniérè's disease. When the inciting cause of hydropic symptoms is identified, then the proper descriptor is Meniérè's syndrome or delayed endolymphatic hydrops. When the symptoms develop spontaneously, with no identifiable cause, it is termed Meniérè's disease.

The mainstay of treatment is directed towards attempts to decrease the fluid pressure in the inner ear. This is done by aggressive salt-restriction, sometimes in combination with a diuretic ("water pill"). A diuretic alone will not overcome the inner ear's ability to retain salt, so this medication should be reserved for patients in whom salt-restriction alone is insufficient. It is important not to decrease salt intake too much, as sodium is an essential mineral for the body to function. However, in practice this is not too much of a concern since most people find any sodium restriction to be a greater challenge than over-restriction. The goal is to reduce your daily sodium intake to 1500-2000 milligrams. This involves more than not sprinkling salt on your food. It requires diligence in precisely measuring your sodium intake from all sources by inspecting package labels and kitchen habits. Restaurant eating must usually be limited since it is difficult to accurately quantify sodium intake in that setting, and the foods are typically highly salted.

**Some guidelines for maintaining a low-salt diet are as follows:**

* Do not add salt to food or cooking. If this is too difficult at first, try halving the amount of salt you add to recipes and at the table. If you slowly work your way down it will be much easier. Also, potassium containing salt substitutes are okay, and may be used if desired.
* Restrict salt (sodium) intake to between 1500 milligrams (mg) to 2000 mg ***daily***
* Avoid high-salt (sodium) foods (see table)
* Drink 6-8 glasses of fresh (unsoftened) water per day

Table: **Guidelines for a low-salt diet**

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| **Food Group** | **High-salt foods to avoid** | **Low-salt foods to look for** |
| Dairy | Buttermilk; Cocoa mix; Processed cheeses | Skim or low-fat milk; Low-fat yogurt; Low-sodium cheeses |
| Meat | Canned, salted or smoked meats and fish; oil-packed tuna; bacon; ham; bologna; salami; cold cuts; frankfurters; corned beef; canned hash or stew | Lean meats; poultry; fish; water-packed tuna |
| Vegetables | Regular canned vegetables and vegetable juices; canned soups; olives; pickles; sauerkraut | Fresh, frozen or low-sodium canned vegetables and juices; low-salt soups |
| Bread | Salted crackers; pizza; baked goods prepared with salt; baking soda; some cereals and convenience mixes | Whole-grain or enriched breads and cereals; low-salt crackers and bread sticks |
| Snacks | Potato and other chips; pretzels; salted nuts and snack mixes | Unsalted popcorn; fresh or dried fruit |
| Other | Ketchup; prepared mustard; soy sauce; MSG; bouillon cubes; meat sauces; some antacid medications; commercial salad dressings; frozen, ready-made entrees; fast food meals | Salad bars; Plainer selections |

During the severe, episodic attacks medications may be used to suppress the vertigo and nausea. Diazepam (Valium) works well. Another oral drug that is commonly used is meclizine (Antivert). Both of these are sedating. One problem with these medications for an acute attack is that if nausea is severe they can be impossible to keep it down. In this circumstance antihistamine suppositories such as promethazine (Phenergan) are very useful. It is important to reserve these vestibular suppressants for the acute attacks of vertigo. When used long-term they impair the body's ability to recover from inner ear injuries, and can produce chronic imbalance.