

No Salt Added Diet (2 gram Na Diet)

- Cook with no salt.
- Add no salt at the table.
- Avoid foods with visible salt such as potato chips, crackers, French fries, pretzels, and fast food.
- Avoid the “Luncheon Meats” cured with sodium nitrite - salami, bologna, bacon, ham, hot dogs, and sausage.
- Watch out for “Sauces” such as soy sauce, ketchup, barbecue sauce, marinades, etc.
- Pre-pared foods often have a lot of salt. Some examples are Campbells’ Soup, frozen dinners, etc. If the label has the word “salt” do not eat it.
- Chinese food often contains MSG or monosodium glutamate. Make sure that all food is prepared with no salt or MSG.
- When in a restaurant tell your waiter that you are on a no salt or MSG diet. He can advise you what is safe. Also, do not order food with sauces or gravy, and avoid “made dishes”.

Websites of Interest

- www.MedlinePlus.gov
- www.BalanceandMobility.com
- www.Vestibular.com
- www.ENT.net
- www.AmericanHeart.org
- www.WebMD.com

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MENIERE’S DISEASE

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Meniere's Disease

Meniere's Disease was first described over 100 years ago. Since then we have learned a lot about the process. We now know that Meniere's is a disease of fluid pressure built up in the inner ear. There are no causative factors, and it comes and goes intermittently.



(picture from www.krames.com)

Symptoms

Meniere's Disease usually starts with a sudden attack of severe whirling vertigo. It is commonly associated with a roaring tinnitus (head noise), hearing loss and pressure sensation in the ear. The attacks come suddenly, and are unpredictable, and last for several hours to days. Usually Meniere's Disease is unilateral, but it affects both ears in a few individuals. It can lead to severe hearing loss and imbalance but is often much milder with some individuals only having one or two attacks in a lifetime.

Pathophysiology

Theory tells us that as the pressure builds up in the endolymphatic system, the membrane first stretches and then finally ruptures. That is when the sudden attack happens. If

the site of the rupture is on the cochlea (the hearing organ of the inner ear) one might only have hearing loss and tinnitus with no vertigo. More rare is Vestibular Meniere's in which the rupture is in the Vestibular system and the individual only has vertigo with no hearing loss.

Treatment

Acute Attack: Medication such as meclazine (Antivert), valium, scopolamine, etc. (meclazine is over the counter but has potential sedative side effect)

Medical Therapy:

- No Salt (Sodium) Added Diet - 2 gram Na Diet.
- Fluid Pills such as HCTZ, acetazolamide
- Control of allergies
- Avoid caffeine, tobacco, and alcohol

Surgical Therapy:

- Gentamycin instillation via tube into the middle ear.
- Endolymphatic Sac decompression or shunt
- Vestibular Nerve Section
- Labarynthectomy (Destruction of the Inner Ear)
Surgical therapy is aimed at controlling the vertigo and does not help the hearing.