



Labyrinthitis



his condition, also known as 'vestibular neuronitis' or 'acute labyrinthine failure', is an infection of the labyrinth of the inner ear. The suffix '-itis' denotes inflammation; yet, in this case, it's seldom evident and is unproven (Moxham J, Souhami RL. *Textbook of Medicine*, 3rd edn. Edinburgh: Churchill Livingstone, 1997: 1075).

Labyrinthitis is often misdiagnosed as either 'benign paroxysmal positional vertigo' (BPPV) or 'Ménière's syndrome', because of their similar, overlapping symptoms. However, in labyrinthitis, the onset of vertigo is abrupt, occasionally with nausea and vomiting, and can last for one to three days. The vertigo can be minimized by keeping the head still as it's provoked by head movement. BPPV is a syndrome characterized by short-lived episodes of vertigo triggered by rapid changes in head position. Ménière's syndrome comprises sudden, recurrent attacks of vertigo, nausea, vomiting, nystagmus ('jittery' eyes), tinnitus (ringing in the ears) and slowly progressing deafness.

In my clinical experience, vertigo can be caused by malabsorption, usually due to a gastrointestinal dysfunction such as hypochlorhydria (not enough stomach acid) or too little pancreatic juice. A fungal or parasitic infestation, or an imbalance in the usual gut flora can also lead to malabsorption and/or increased gut permeability.

An allergic response can cause a rupture of fluid in the labyrinth that can paralyze the vestibular nerves. High-resolution scans show narrowing of these passageways (possibly due to allergic swelling) in a significant number of patients with labyrinthitis (ORL J Otorhinolaryngol Relat Spec, 1986; 48: 282-6; Lancet, 1982; i: 655-7).

Other, often overlooked causes include organic illness (such as diabetes, hypothyroidism or hypoglycaemia), drug side-effects (such as methyl dopa, phosphatidylcholine, procainamide or propranolol), alcoholism, 'caffeinism', sugar-dependence, so-called 'masked' food allergies, toxic environmental exposure (such as to the solvent dioxane) or withdrawal symptoms (such as from stopping smoking).

No orthodox medical treatment can be said to be fully effective for labyrinthitis. There are, however, a number of useful approaches to be found in natural medicine.

● Osteopathy

In cases where the vertigo (in an adult) is due to debris—so-called 'canaliths'—in the semicircular canal of the ear that continues to move after the head has stopped moving, the treatment of choice is the Epley manoeuvre. This comprises five specific osteopathic movements of the head and body that are designed to move the debris safely, and effectively, out of the ear canal and into a little sac (utricle) in the ear where it can no longer affect balance.

● Diet

An abundance of evidence supports the role of allergies in labyrinthitis and Ménière's syndrome (Otolaryngol Clin North

Am, 1974; 7: 757; Laryngoscope, 1972; 82: 1703). Although conventional medicine mainly blames salt and advises a salt-free diet (Chatton MJ. *Handbook of Medical Treatment*. Los Altos, CA: Lange Medical Publications, 1972: 307), naturopathic medicine considers salt, gluten, caffeine, fried foods, alcohol and drugs to be possible culprits that should be removed from the diet (Trattler R. *Better Health Through Natural Healing*. Wellingborough: Thorsons Publishers, 1987: 432). Other naturopathic measures include supplementing with calcium, to improve the dietary calcium-to-phosphorus ratio, as well as vitamins B1, B2, B3, B6 and D3.

● Herbs

An extract of *Ginkgo biloba* leaves is helpful for all types of vertigo, tinnitus and acute cochlear deafness (Presse Méd, 1986; 15: 1559-72). Dr John R. Christopher, the well-known American practitioner of botanical medicine and author of *School of Natural Healing* (Provo, Utah: BiWorld, 1976), recommends a few drops of garlic oil (say, the contents of a garlic capsule) instilled into the ears each evening at bedtime. The patient could also take two teaspoonfuls of cider vinegar in a glass of water, or use rosemary oil as an inhalant (Bartram T. *Encyclopaedia of Herbal Medicine*. London: Robinson Publishing, 1998: 291).

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Treating children

When children have ear problems and vertigo, self-prescribed treatments are not recommended as there may be other, serious predisposing conditions. Here's how to recognize when your child's condition of the ear is serious.

Symptom	When to worry
Pain in the ear	Severe, with fever
Discharge from the ear	Long duration
Vertigo	Severe
Deformity of the ear	Severe
Lumps around/on the ear	Severe, if with redness, pain and deafness
Headaches	Progressive, severe with short history, with central nervous system symptoms
Facial weakness	With history of ear pain
Deafness	Short history, progressive
Tinnitus	Progressive

From Gascoigne S. *The Manual of Conventional Medicine for Alternative Practitioners*, vol II. Dorking, UK: Jigme Press, 1994: 251; both this volume and volume I are reference books that have proved to have an abiding usefulness.