

*Learn About Hearing Series:*

***Meniere's Disease***  
***Atlas Adjustments Alleviate Meniere's Disease***

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## ***Meniere's Disease: Atlas Adjustments Alleviate Meniere's Disease***

More articles in the series:

***Everything You Wanted to Know About Your Hearing Loss But Were Afraid to Ask  
(Because You Knew You Wouldn't Hear the Answers Anyway!)***

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# Meniere's Disease

## Atlas Adjustments Alleviate Meniere's Disease

### Introduction

To most people in the medical community, Meniere's disease is a mysterious condition—I say mysterious because although it has been known for more than 150 years, doctors still don't know what Meniere's disease really is.

You see, unlike a typical disease where doctors can define it and test to see if you have it or not, Meniere's disease is not a disease as such. Rather, it is a collection of symptoms. Thus, it should more correctly be called Meniere's syndrome.

Since doctors can't "find" Meniere's disease—they can't put their finger on it and say, "here's your problem"—they diagnose Meniere's disease by the process of elimination. In other words, they rule out everything else that "looks" somewhat like Meniere's disease. After they have done this, they diagnose whatever remains as Meniere's disease. Thus, Meniere's disease is what doctors call an idiopathic disease from idiopathic causes.

"Idiopathic" is just a fancy medical term that means "unknown". In short, doctors are saying they don't know what Meniere's disease is, don't know what causes it, and consequently, don't know how to effectively treat it.

That's a pretty bleak picture isn't it. It's even bleaker if you suffer from Meniere's disease. Then you know just how horrible an experience these attacks can be.

If you don't know what Meniere's disease is like, here's the 30-second "elevator" version. Meniere's disease typically comes as a series of "attacks". A classic Meniere's attack includes a fluctuating hearing loss, vertigo (often accompanied by nausea and vomiting), tinnitus and a feeling of fullness in your affected ear. An attack can last from a few minutes to a few hours to a few days.

For many people with Meniere's disease, vertigo is the worst symptom. Here's three real-life examples to help you understand the severe trauma such people can suffer through.

Mark remembers,

I used to have terrible vertigo attacks. The room would spin in one direction constantly for a week or two, then in the opposite direction for 'daze' on end. Then it would stop for a week, or for several months, and then start again.

To Muriel, Meniere's disease is a dreaded, disabling affliction. Depending on the severity of her attacks, she experiences mild to violent dizziness/vertigo. During light attacks she may be able to manage on unsteady legs—bumping into door jambs or furniture—trying to carry out necessary chores around the house. Severe attacks are another story. At such times she has no sense of balance whatsoever. She can't walk or otherwise move around. Her overwhelming sensation is the horrendous spinning of the world around her and the attending nausea.

Leigh has even more severe attacks called drop attacks. As she explains,

A drop attack is when you are literally thrown to the ground quite violently with a severe case of spinning vertigo. I've blacked out from the force of hitting my head either on the way down or when I hit the ground. You cannot get your hands out in time and that's the scariest part of it. I've hit my head many times and opened it up a few times.

That's the bad news.

## **Dr. Burcon's Discovery**

Now for some good news. Although medical doctors and medical science may not know much about Meniere's disease, and apparently have mostly been "barking up the wrong tree" all these years, that's not to say that no one knows anything about the basic causes of, and effective treatment for, Meniere's disease.

Surprisingly, one of the most common factors that results in Meniere's disease is quite simple to ascertain. Even better, the treatment can be fast, simple and painless.

What's amazing is that it has taken all these years for someone to figure this out. Furthermore, the solution was serendipitous. It did not come about through a lot of scientific research. Here's the story.

In the year 1999, upper cervical chiropractor Dr. Michael Burcon (affectionately called "Dr. Mike" by his patients) made an intriguing finding. (Note: upper cervical chiropractors specialize in adjusting the top two vertebrae in your neck.) Three of his patients, who just happened to have Meniere's disease, quickly recovered from their vertigo after receiving upper-cervical-specific chiropractic treatment. Imagine the unmitigated joy these three patients experienced when they realized that the vertigo that had plagued them for years had miraculously vanished. This is a far cry from how people with Meniere's sometimes come to him. As Dr. Burcon ruefully admits, "I've had people crawl down my office floor to the wastebasket and throw up from the nausea of Meniere's". (1)

One early patient explained,

I suffered from Meniere's syndrome, or loss of balance, spinning and dizziness for forty-five years! I had all the things that went along with it: nausea, ringing in my ears, falling with the resulting broken bones and pain. It's a force that could really throw me to the floor at times. I could not look up or down, or lie flat, without the spinning starting immediately. So, to avoid falling, I learned to walk around by walls, and to keep my head steady or level and to hang onto everything. Michigan University Hospital in Ann Arbor, Wesley Memorial Hospital in Chicago and many neurosurgeons in Michigan, Illinois and Florida could do nothing to help me—only medication, which would make me sleep.

Three months ago, Dr Michael Burcon gave me an [upper cervical chiropractic] treatment. I couldn't believe it. I was no longer dizzy! The next day, I realized all the ringing in my ears and other noises in my head were gone! I am still free from the dizzy spinning today." Mrs. G. H (1999). (2)

This and similar success stories from other patients got Dr. Burcon thinking. He began carefully documenting any cases of people with Meniere's disease that came to him. He soon realized that there was one thing in common that all the people with Meniere's disease that came to him had—and that was evidence of neck trauma—specifically, whiplash. Once he understood the cause, his chiropractic training suggested the treatment needed to correct this horrible condition. To date he has **successfully** treated more than 530 **consecutive** cases of people with Meniere's disease. That is not just an impressive success rate, it's a phenomenal success story, and one you need to know about if you have Meniere's disease and nothing else is working for you!

# The Physiology Underlying Meniere's Disease

There are a number of physical factors that seem to underlie Meniere's disease. Here are some prominent ones.

## The Atlas-Axis Connection

You have 7 vertebrae in your neck numbered from C1 through C7. Your head sits directly on the C1 vertebra, often called the "atlas" because it has a difficult job. (It got its name from Greek mythology where Atlas had the weight of the "celestial spheres" on his shoulders, just like your atlas vertebra has the weight of your head on it.)

Specifically, your head, which typically weighs around 10 or 11 pounds, rests on top of the two-ounce, doughnut-shaped atlas vertebra. The atlas is also called the "yes" bone because your head rocks back and forth on its two articulations when you nod your head to indicate "yes". That is why, when your skull slips partially off one of these atlas joints in one direction or another, pressure is applied to the brain stem, causing you to be "off your rocker"! (3) As Dr. Burcon explains, "Meniere's is a nasty disease, but we can usually help people get their heads on straight." (1)

Your second vertebra (C2) is called the "axis". This is the vertebra that allows you to turn your head left and right. You could call it the "no" bone because it allows your head to rotate left and right as you shake your head "no".

Incidentally, your atlas and axis are the only two vertebrae which do not have inter-vertebral discs between them like the rest of the vertebrae in your spine have. Furthermore; they are the two most freely moveable vertebrae; and as a result, are the ones most commonly misaligned and the easiest to be misaligned. (4)

You might not realize this, but your brainstem actually extends down into the atlas and axis cavity so your spinal cord basically begins with the C3 vertebra. Thus, if your top two vertebrae are out of alignment (what chiropractors call a subluxation), they put pressure on the base of your brainstem. This, in turn, interferes with the free flow of signals up and down your nervous system—sometimes with serious consequences. As Dr. Burcon explains, "Five of the twelve cranial nerves originate in the brainstem. The base of the brain controls many important bodily functions, such as breathing, blood pressure, the sleep center, and balance."

When a C1 or C2 subluxation occurs, the weight of your head is no longer balanced evenly on your atlas. Rather, it is moved off center because of head tilt. When this happens, the rest of your body will begin to compensate for that shift of weight. One

shoulder will drop down, one hip will come up bringing a leg up with it creating imbalance in your body. Now you have a problem with your back. One leg appears relatively shorter than the other and you are not walking with a normal gait. (5)

As we have just seen, this head-neck misalignment results in pressure on the brainstem. This can cause interference at the point where your head and neck join (the atlas). "If the atlas is out of its proper position, it can irritate, constrict or disrupt vital nerve signals to any portion of your body. This can cause muscle or joint pain, organ dysfunction, lowered immune system and countless other conditions that you would not ordinarily relate to a problem originating in your neck" (6) including the symptoms of Meniere's disease. Therefore, it is important for your health to keep your head "screwed on straight".

From the side, you want your spine to have a nice curve to it. If the atlas is subluxated, it takes the curve out of your spine. However, as seen from the front or back you want your spine to be straight, not curved sideways in any place. (5)

This is where upper cervical chiropractic treatment comes in. Adjusting the atlas (and axis) can take this pressure off your brainstem, thus alleviating many problems by allowing your brain to send its healing messages throughout your body and allowing your spine to revert to its proper alignment.

## **The Endolymph Connection**

Meniere's disease is also called "endolymphatic hydrops". Endolymphatic hydrops, according to the Merck Manual, is defined as, "The accumulation of the fluid of the membranous labyrinth of the ear, thought to be caused by the over production or under absorption of that fluid".

Your inner ear consists of two fluids, endolymph and perilymph (Think of a balloon filled with endolymph inside a larger balloon filled with perilymph.) Hydrops is just the fancy medical name for excess fluid. Thus endolymphatic hydrops really is just an excess of endolymph.

When everything is working correctly, your body continually produces new endolymph, and at the same time—since your inner ear is a closed system—absorbs an equal amount of the existing endolymph, thus maintaining a constant endolymphatic pressure.

Doctors keep coming back to the idea that Meniere's disease is somehow associated with the build-up of excessive endolymph (endolymphatic fluid) in the balance

(vestibular) portion of the inner ear. This only happens if something upsets this delicate system so that your body produces too much endolymph or cannot absorb the existing endolymph fast enough. When something impairs your body's ability to properly regulate the amount of endolymph in your inner ears, such as pressure on your vestibulo-cochlear nerve from a subluxation of the atlas, you can end up with Meniere's disease. Thus the real problem underlying Meniere's disease isn't found in your inner ear, but is caused by having your atlas/axis vertebrae out of proper alignment.

## The Whiplash Connection

Whiplash can knock you "off your rocker". Dr. Burcon has positively established a link between both Meniere's disease (and trigeminal neuralgia) with whiplash injuries that misalign the base of your skull with the top of your neck. This creates a lesion affecting your Eustachian tubes and/or the trigeminal ganglion. Whiplash injuries set the stage, and then other conditions may eventually follow.

For example, you may also get bad facial pain (trigeminal neuralgia) because of head/neck trauma or whiplash injuries when you were quite young. Your first indication may be Bell's palsy. It may go away spontaneously and then a worse condition comes along. (5)

One thing Dr. Burcon has found in his research of 530 consecutive Meniere's patients is that they all have one thing in common. Their X-rays show that they have significant whiplash injury from falling on their heads or from car accidents. According to Dr. Burcon, about half of these traumas were caused by vehicle accidents and the other half from injuries involving head trauma. Interestingly enough, most of his patients deny these earlier injuries because they happened so long ago that they have forgotten about them, or they didn't take them seriously in the first place. (5)

In addition, Greg Buchanan, who suffered for years as a result of an atlas/axis subluxation, further explains,

simple accidents such as falling from a bike and hitting your head, hitting your head on a door jam or bedside table, sustaining a head, neck or shoulder injury when playing contact sports can, and do, result in these subluxations. (7)

In layman's terms, basically whiplash is when the vertebrae in your neck are "out" such that your head gets stuck tipped forward and off to one side. This irritates the nerves in your autonomic nervous system so they don't work properly. In addition, blood flow is reduced in the cervical area. So is the flow of cerebral-spinal fluid (CSF). This is important since, as we previously noted, Meniere's disease is thought to be

related to problems with excess endolymph (CSF) in your inner ear. Furthermore, since the 5th cranial nerve (trigeminal nerve) is compressed, it affects your soft palate so it quits working right, thus affecting proper Eustachian tube function. In turn, this causes the feelings of fullness in your middle ear on the side affected by Meniere's disease. The 5th cranial nerve also controls the proper functioning of your temporo-mandibular joint (TMJ) which also can affect Eustachian tube function. Finally, when the 8th cranial nerve (the vestibulo-cochlear nerve) is affected, it can result in low-frequency hearing loss, tinnitus and balance conditions such as vertigo and dizziness. (8) Who would have guessed that a single neck bone could cause all these problems and result in what we call Meniere's disease?

## **The Subluxation Connection**

Chiropractors talk about subluxations. I just say my back or neck is "out". In medical terms a "luxation" is a complete dislocation of two bones. In contrast, a subluxation is an incomplete luxation (slight dislocation). Thus, a subluxation occurs when the alignment between two bones is altered, yet at the same time, the two joint surfaces remain in contact with each other (Stedman's Medical Dictionary).

Subluxations may be quite small—only 1 or 2 mm—but this is enough to cause problems. Medical doctors typically discount these slight subluxations as not being medically significant. Typically, when they read cervical X-rays, they say everything is normal because they can't see any broken bones, or they can't see any tumors. Furthermore, they think any misalignments will right themselves on their own. However, the truth is that if you get a reverse curve in your neck, the only way to get that curve restored to normal is if you go to an skilled chiropractor according to Dr. Burcon. (5)

In addition, if you get a vertebra out in your neck, you will usually end up with lower back pain because, as Dr. Burcon says, "your spine starts adapting and compensating and twisting trying to take the pressure off your brainstem, and the vertebrae will move in several directions to keep you upright." This is because "if your body has to choose between your head and your lower back, it will sacrifice your lower back in order to keep your eyes and ears level so you don't get dizzy." (5)

"Misalignments in other spinal vertebrae", according to Dr. Blair, the father of the Blair method of upper cervical spine chiropractic, "require far more force to occur and are usually as a result of significant trauma. They are usually secondary to an upper cervical subluxation." (4)

Greg Buchanan adds,

I find a high correlation between many diseases or medical conditions and one particular condition or state. In medical literature it is known as an occipitio-atlantal (C0 to C1) [head to atlas] subluxation and can be accompanied by an atlanto-axial (C1 to C2) [atlas to axis] subluxation. (7)

There are basically 4 directions an atlas subluxation can occur according to the Blair method of chiropractic treatment. It can either be:

1. Anterior (in front of) and Superior (above) on the Right
2. Anterior (in front of) and Superior (above) on the Left
3. Posterior (behind) and Inferior (below) on the Right
4. Posterior (behind) and Inferior (below) on the Left (9)

A head injury may result in the skull/atlas shifting to one of these four positions. Such movement is dependent upon the amplitude of the force, the direction it comes from and the anatomy of the person sustaining the force. A consequence of the injury can be ligaments stretching and/or tearing, resulting in the person's head remaining in a subluxated position, and requiring intervention of some kind to restore the normal skull/atlas relationship and head and neck realignment. (4)

Note that an atlas subluxation both posterior (behind) and inferior (below) on the right (No. 3 above) can irritate the 8th cranial nerve (the vestibulo-cochlear nerve that controls balance and hearing) on the left side and that can lead to the symptoms of Meniere's disease. (10)

It is interesting that Meniere's disease generally occurs in only one ear at a time. Furthermore, which ear it occurs in is determined to a large extent by the direction of the subluxation. The following table is based on the results Dr. Burcon obtained from examining 300 Meniere's patients.

**No. of occurrences    Direction of Subluxation and Ear Involved**

0	Anterior (in front of) and Superior (above) on the opposite side to the involved ear
18	Anterior (in front of) and Superior (above) on the same side as the involved ear
12	Posterior (behind) and Inferior (below) on the same side as the involved ear
270	Posterior (behind) and Inferior (below) on the opposite side to the involved ear (9)

Notice that in 90% of the cases, the atlas subluxation is behind and below on the **opposite** side to the ear with Meniere's disease. Thus this is the condition the overwhelming majority of people with Meniere's disease have. However, if you have been in multiple accidents, or in an accident that caused more than one blow to your head, the subluxations can be in opposite (or any) directions. (5)

In an earlier study of just the first 30 Meniere's patients Dr. Burcon treated, he discovered that prior to the onset of their symptoms, all 30 people suffered cervical traumas; most from automobile accidents, resulting in previously-undiagnosed whiplash injuries. These patients all had the same subluxation that resulted in Meniere's disease as the 270 cases (above). At that time, Dr. Burcon noted, "It cannot be coincidental that thirty consecutive Meniere's patients would present with a posterior and inferior atlas listing with laterality on the opposite side of the involved ear." (10)

Note: Many more people suffer whiplash and other cervical trauma than have Meniere's disease. One reason everyone doesn't end up with Meniere's disease from an atlas/axis subluxation is because they didn't get the specific subluxation that Dr. Burcon has found to result in Meniere's disease (bottom line in the above table). Other subluxations don't seem to cause Meniere's disease (or at least not very often), but they can certainly cause a number of other problems in your body. (See the next section.) Therefore, it is a good idea to have your atlas/axis checked by a upper cervical chiropractor after any occurrences of whiplash or other head/neck trauma if you desire to remain in good health.

Incidentally, the C1 and C2 vertebrae are intimately related. As a result, if one goes out, the other is also probably out too. They both usually move in the same direction. (5) However, they are not necessarily "out" by the same amount.

Dr. Burcon further explains, "When the **atlas** is the **major** subluxation, vertigo with vomiting is the major symptom. However, when the **axis** is the **major** subluxation, hearing loss, ear fullness and tinnitus are the major symptoms." (9) This is why if only one vertebra is "off", you may have incomplete Meniere's disease—what doctors sometimes call vestibular hydrops (in the case of an atlas subluxation) and cochlear hydrops (in the case of an axis subluxation).

Also, it often happens that subluxations occur in pairs. The most common subluxation pair are the atlas and C5 vertebrae. The next most common pair are the axis and C6 vertebrae. The third most common pair are the atlas and axis together. People with both their atlas and axis "out" typically cannot drive or work. They rarely leave their homes. (9)

If your C5 vertebra is “out” as well as your atlas (C1), you may experience a number of problems with your body in addition to your major Meniere’s symptoms of vertigo and associated vomiting. As Dr. Burcon explains,

When the C5 vertebra is out, it messes up the vagus nerve and you could thus have digestion problems, or irritable bowel syndrome, or headaches, or pain in your arm, or tingling in your arm and hand. You could have pain in the joints in your arm. It could cause some problems with your lungs and breathing. It can contribute to panic attacks, also anxiety and depression as well. (5)

Not only do subluxations affect your nerves, they can also affect the blood supply to your inner ears (and other parts of your body). That is why right after an upper cervical treatment you may feel a rush of blood in your head. Some people’s faces turn beet red for a bit as a result. The good news is that if the lack of an adequate supply of blood (and oxygen) to your inner ears has caused much of your hearing loss, you may experience a dramatic return of much of your hearing as your inner ears start working properly again. (This cannot happen if the hair cells are dead, but it does happen if the hair cells and other inner ear structures are just “sick” from lack of oxygen.)

## **The Multi-Symptom Connection**

Because the atlas and axis vertebrae are the gateway to the rest of your body, when either or both of these vertebrae are “off”, it prevents the nerves from working properly and transmitting healing messages to the rest of your body. The result is that a number of what seem to be unrelated problems can develop.

For example, about 50% of the people with Meniere’s disease get migraine headaches. As you can see from the list below, migraine headaches can be caused by an atlas subluxation, so this makes sense.

In addition to causing Meniere’s disease symptoms such as vertigo, dizziness, tinnitus, hearing loss and feelings of fullness in the ear, subluxations of the atlas and/or axis can cause a whole host of apparently-unrelated conditions such as, but not limited to:

- allergies, arthritis, asthma, arm pain, athletic injuries, attention deficit disorder
- back pain, bed wetting, Bell’s palsy
- carpal tunnel syndrome, cerebral palsy, chronic fatigue, chronic infections, constipation
- depression, digestive problems

- epileptic seizures, ear infections, eye infections
- female disorders, fever, flu symptoms, frequent colds
- hacking cough, hay fever, headaches (all types), high (and low) blood pressure, hip pain
- immune system deficiency, indigestion, infertility
- knee pain
- leg pain, loss of sleep, low back pain
- migraine headaches, muscle spasms
- neck pain, nervousness, neuralgia, neuritis, numbness
- pain (chronic), poor vision
- restlessness
- shoulder pain, sinus problems, sore throat
- tendonitis, tight muscles, tingling sensations, temporomandibular dysfunction (TMD), trigeminal neuralgia
- whiplash (11)

Obviously, all the above conditions can have more than one cause, but as Dr. Burcon says, “I always keep going back and back in a person’s case history and I start to see these progressions over time—one thing after another that are seemingly unrelated,” (5) yet most of these conditions are the ultimate result of the upper cervical spine being out of alignment.

For example, one of the major causes of back pain is having your neck out of place for a long time. Since it takes a long time before you begin to have the back pain, when you finally go to your doctor about your lower back pain, he doesn’t ask you about your neck, so neck trauma from “way back” gets overlooked as the primary cause. (5)

The good news is that by adjusting the atlas and axis (and any other vertebrae) that need adjusting, upper cervical chiropractors can generally alleviate, and often eliminate, the above conditions.

## The Time Connection

One of the interesting things about Meniere's disease resulting from whiplash and other head trauma is that typically there is an average delay of 15 years between the time of the head trauma and the appearance of the Meniere's disease symptoms. (8)

Probably this long latency period is why no one previously saw the correlation between whiplash and Meniere's disease until Dr. Burcon came along. (This also applies to trigeminal neuralgia.)

This is also probably why few people are diagnosed with Meniere's disease at a younger age. Remember, this 15-year delay is the **average** delay. Some people have their Meniere's symptoms appear much sooner (and obviously this is what happens when children and young adults get Meniere's disease), and some have a greater delay than 15 years.

In any event, people typically are diagnosed with Meniere's disease in middle age—around age 40 or so—yet their injuries most often happened 15 to 25 years previously during their high school or college years. For example, they may have been in a car accident when they were learning to drive or soon after—during their reckless driving years. They may have had one or more sports injuries in high school or college. They may have done some dumb stunts in their youth or in college that resulted in “falling on their heads”.

Furthermore, few people list these old injuries on their doctor's admission paperwork. In fact, they have often long-since forgotten about them. Thus, they fail to make any connection with these old injuries and their current Meniere's disease symptoms.

## The Genetic Connection

Some people feel that Meniere's disease runs in families, and thus there must be a genetic connection. In truth, Meniere's disease may have something to do with genetics. You see, Meniere's disease can run in families because family members likely have similar bone structures, and some varieties of these bone structures may be more susceptible to misalignment. (5)

For example, you may be big-boned or small boned. That is a genetic trait you inherited from your parents. You may wonder what this has to do with Meniere's disease. If you have big bones, you will have larger vertebrae and larger holes in the center for

the spinal nerves to pass through. If you have smaller bones, your vertebrae likely will have smaller holes in their centers.

You may also have larger or smaller nerves (another genetic trait). If you have large bones and small nerves, obviously your atlas could have a subluxation to some degree and still not “pinch” your nerves. In contrast, if you have small bones and larger nerves, even just a tiny subluxation could put pressure your nerves and lower brainstem and result in things such as Meniere’s disease.

As chiropractor Dr. Robert Brooks explains,

Some people have big bones and little nerves. Thus, most of their problems are going to be structural. Some people have bigger nerves and smaller bones and they are going to have all kinds of neurological and functional complications with that structure. Furthermore, some people have a combination of both and their problems will go in both directions.

This is just one example of how genetics can play a role in whether you experience Meniere’s disease or not.

## **Putting It All Together**

As we have seen, Meniere’s disease symptoms almost always initially stem from whiplash or similar head trauma. In addition, there may be a number of other factors that together result in an upper cervical subluxation complex. (9)

They call it a complex for a good reason. Not only have you had an upper cervical misalignment for a long time, but there are a lot of different components. With Meniere’s disease, as Dr. Burcon explains,

you have different symptoms, different intensities, different cycles. You could have an autoimmune component. There could be less blood going to the inner ear. There could be too much pressure in the cerebrospinal fluid. (There are two main fluids inside the skull which is an enclosed hydraulic system. If the blood pressure is too low, the other pressure is too high.) (5)

Furthermore, Meniere’s disease involves the 8th cranial nerve (the vestibulo-cochlear nerve that controls both the hearing and balance systems). When this nerve is compressed, it can result in an inner-ear symptom complex consisting of attacks of vertigo, low-frequency hearing loss, and tinnitus.

In addition, Meniere's disease is not just an inner ear problem, it is also a middle ear syndrome highlighted by Eustachian tube dysfunction (e.g. feeling of fullness) compounded by dysfunction of the temporomandibular joints. (9)

This is because Meniere's disease also has to do with the trigeminal nerve. (The trigeminal or 5th cranial nerve is responsible for sensations and motor functions in the face and jaw.) Among other things, the trigeminal nerve opens and closes the muscle in the middle ear. When the trigeminal nerve is not working correctly, it can result in Eustachian tube dysfunction. This is often why people with Meniere's disease don't like big pressure changes from the weather. The other end of the Eustachian tube lies right between the C1 and C2 vertebrae so swelling there can close up the opening of the Eustachian tube. That's why sometimes when a plane is landing, the rapid pressure changes can set off a Meniere's attack. Even getting up too quickly can cause an attack. (5)

In support of this view, note,

that insertion of a middle-ear ventilation tube can temporarily alleviate Meniere's symptoms, suggesting Eustachian tube dysfunction (ETD) as a contributing factor. Furthermore, clinical practice also shows that treating disorders of the upper and lower cervical spine and temporomandibular joints can lessen Meniere's disease symptoms." (9)

Also, "stellate ganglion blocks [injecting a local anesthetic to temporarily numb the sympathetic nerves] can be beneficial in controlling Meniere's disease symptoms, highlighting the influence of the autonomic nervous system." (9) The stellate ganglion are a collection of sympathetic nerves located on each side of your voice box at the level of the sixth and seventh cervical vertebrae (the last vertebra in your neck).

Another factor is that you can have a systemic virus like the herpes virus, so you can have an infection in your ear, and that can contribute to some of these things including Eustachian tube dysfunction. It may be any kind of viral infection, or any other type of infection for that matter. (5)

As you can see, there are many factors that can be involved in Meniere's disease, but it always seems to come back to the underlying fact that the atlas and/or axis vertebrae are out of proper alignment.

In fact, Dr. Burcon has proved that Meniere's disease is primarily the result of the subluxation of the atlas and/or axis vertebrae. For example, he found that 470 consecutive patients, diagnosed with Meniere's by ENTs, and coming to his practice for care of vertigo, tested positive for upper cervical subluxations. He then took three cervical X-rays of each patient. Analysis of these X-rays confirmed the presence of such

subluxations, and also showed evidence of whiplash—in spite of the fact that more than 50% of these patients denied that had had any cervical trauma. (8)

After treating these 470 consecutive people with Meniere's disease using upper cervical techniques, the results were impressive. "Long-term neurophysiological improvements after initial adjustments have been clinically documented in 90% percent of these cases." (10)

Reduction in **vertigo** for Meniere's patients are similarly impressive. Before treatment, on a scale of 0 to 10 with 0 being no vertigo and 10 being the worst vertigo imaginable, these 470 patients rated their vertigo (both frequency and intensity combined) at an average of about 7.8.

Six weeks after initial treatment they again rated their vertigo, but now their frequency/intensity rating dramatically fell to just 2.8 (a 64% reduction) That alone would make most Meniere's sufferers ecstatic! But that's not all.

At one year post treatment, vertigo frequency/intensity ratings dropped to about 1.8, and by the end of two years post treatment, these ratings were down to 1.2.

Even more impressive, by the end of 3 years these ratings dropped to less than 0.1! In other words, by the end of 3 years, you essentially do not have problems with vertigo anymore! (9) That is wonderful news!

## Upper Cervical Treatment

Now that you have learned just how valuable upper cervical chiropractic treatment can be in treating your Meniere's disease, you might ask, "Can't I just go to any chiropractor for upper cervical treatment? Aren't all chiropractors trained in spinal adjustments?"

The answer is "yes, all chiropractors are trained in spinal adjustments, but their training does not prepare them to be experts in specifically adjusting the atlas and axis vertebrae!

Conventional chiropractors are people who have attended a recognized chiropractic school and received their Doctor of Chiropractic degree (DC). To obtain this degree they must first earn a 4-year bachelor level degree followed by a 4-year doctoral degree in chiropractic.

All upper cervical chiropractors have earned DC degrees, but they have also gone on to take a 1-year post-doctoral specialty in upper cervical spine treatment techniques and associated clinical training. Only about 2% of chiropractors go on to take the upper cervical post-doctoral training, but even so, there are upper cervical chiropractors scattered around the country.

Another question you might be asking is, “If upper cervical chiropractic is so wonderful, and works so well for Meniere’s disease and other conditions, how come I’ve never heard of it before?”

There are two main reasons. First, the medical community typically has been, and largely still is, strongly prejudiced against chiropractic. Thus, medical doctors don’t tell their patients about upper cervical chiropractic and how it can help them. This keeps their patients in the dark about effective upper cervical treatments and thus keeps them coming back to their doctors again and again for treatment rather than letting them go elsewhere and be cured. (Can’t you hear the money talking here?)

Second,

there are laws in every state and Canada that prevent chiropractors that use any particular procedure, whether upper cervical or otherwise, from freely advertising the procedure they have dedicated their lives to learning. One law in particular forbids any chiropractor that uses any particular procedure to infer that his method is superior or more advanced than other chiropractic methods. (6)

There are a number of different approaches to upper cervical chiropractic adjustments—about 10 or so. All of them require extra training. Furthermore, all of them require extra time with each patient. Dr. Burcon is partial to the “hands-on” Blair method, but he is quick to point out that the other methods are all good too.

In addition to the Blair method for treating the upper cervical spine, some of other methods include the Atlas Orthogonal, the HIO (Hole-in-One) Toggle Recoil, the Kale Brainstem, the NUCCA, the Knee Chest, the Orthospinology/Grostick, the Quantum Spinal Mechanics and the Palmer Specific to name some of the more common ones. You can learn more about these various upper cervical treatment methods at <http://www.upcspine.com/tech.htm>.

Each of these methods have their unique advantages in certain situations. As Dr. Burcon explains, “There is no one chiropractic technique that works best for every patient, every time.” (9) For any given patient, one method may be better than the others for some reason. (5) Since everyone is made slightly differently, each person may need one or another of the various treatment methods.

Upper cervical treatments are for the most part gentle. Greg Buchanan explains,

Upper cervical spine chiropractors utilize very specific, and mainly gentle approaches, techniques, methods and procedures to measure and 'adjust' displacements [subluxations] in the upper cervical vertebrae—in particular, displacements of the atlas with respect to the skull. There are quite a few approaches, which differ in analysis, and adjustment technique, but overwhelmingly they are gentle, very accurate and very effective. Those people who have been ill, who have a confirmed subluxation of their atlas and who have received a professional and well-executed upper cervical adjustment to the atlas will testify to the adjustment's effectiveness. Just like me they have seen the benefits of this wonderful alternative health approach. (12)

The Upper-Cervical website (<http://www.upper-cervical.com/>) explains it this way:

The upper cervical correction can be described as a slight predetermined direction of pressure applied to the first bone (atlas) or second bone (axis) in the neck. Depending on the technique, it can feel like a brisk thrust, a light tap, or a massage on the side of the neck just below the earlobe. That's where the atlas is. Sometimes this is accompanied by a loud pop or series of tiny ticks as the bone moves back into place. (6)

If you are worried about chiropractors being too rough and jerking you around and cracking you up, you'll be in for a pleasant surprise. You see, upper cervical chiropractors do not "manipulate" your neck; they "adjust" it. This adjustment technique is quite tolerable, non-invasive and involves no twisting or cracking of your neck.

Buchanan explains,

Cutting through the noise about manipulation, it's important to understand that there is a 'huge' difference between 'manipulation' and 'adjustment'. True upper cervical spine chiropractors don't just grab your head and twist your neck 'hoping' to unlock, some 'locked' vertebrae. Nor do they crack, crunch, rotate, or take your neck to its full range of motion and move it with high velocity in the other direction. This type of approach is what I would call manipulation.

Upper cervical spine chiropractors, on the other hand, are very deliberate and very measured in their approach. They measure displacements in upper cervical vertebrae with accuracy, utilizing precision X-rays to analyze such displacements thoroughly in order to determine the best direction of the adjusting force to achieve the best result possible. This specific before and after measurement and correction is the hallmark of the upper cervical spine chiropractor and determines the difference, in my opinion between manipulation and adjustment. (12)

When choosing an upper cervical chiropractor, you want to make sure that your chiropractor uses specific measuring techniques so he knows what is "out", and which way it is "out". After treatment, you want to be sure your chiropractor has ways of knowing that the atlas and axis are now in proper alignment.

One technique many chiropractors use is to have you lay on your stomach. They then compare your leg lengths. (Typically they check that the back of the heels on your shoes match exactly.) If any vertebrae are “out”, typically your spine shifts, which tilts your pelvis, resulting in one leg appearing shorter than the other. They then adjust your spine so it is in proper alignment. When they do this, your pelvis returns to level, and thus both of your legs now appear the same length.

Unfortunately conventional chiropractors often treat your lower back to get your pelvis level again, but fail to properly treat the atlas and axis. As Dr. Burcon explains,

The chiropractor that is hurrying pushes on the longest leg and straightens out your lower back and your legs are now balanced. However, 15 minutes later, it pops back out because the real problem originated from your neck. Furthermore, most general chiropractors don’t let you rest for 15 minutes or so, then recheck your vertebrae to make sure the adjustments are holding. (5)

Apart from the leg-length check, Dr. Burcon feels that every chiropractor should have at least two totally different ways to check that he has adjusted things correctly—such as the X-ray and thermography methods he uses. He explains,

I think that it is most important that you’re good at a couple of different ways, otherwise you might miss something. There’s no one test that works for everyone 100% of the time. You need two different checking systems, but that doesn’t always have to be thermography. You could pick something else, practicing to learn how to do it well. (5)

He continues,

I use X-rays. I always take X-rays before, but not always after, especially if a patient doesn’t want many X-rays taken. As for post-treatment X-rays, sometimes the insurance company wants one, sometimes the patient wants one, sometimes I need one for my research, but I don’t do a whole lot of post-treatment X-rays.

If you are doing well, I probably wouldn’t take another X-ray for a year if we were getting the results that we were looking for and I didn’t need more information or confirmation.

If you just go by feel (challenges) you will be right about 85% of the time, but that is not good enough for me. That is why I take X-rays. B. J. Palmer, who started the specific cervical treatments, said you couldn’t be specific without an X-ray. He was one of the first chiropractors to buy an X-ray machine.

The second method I use is thermography. Thermography is only measuring the heat you are giving off. Thus, there is no X-ray radiation to worry about. As a result, you can take as many thermographs as you want without any danger to the patient. Most Blair chiropractors use thermography as their second way to check their adjustments.

With thermography, I take heat pictures of your neck. I can do your back too if you complain of problems in your back. Over time I've learned to see certain patterns. You can see which vertebra is lighting up and is too hot, and which leg is too short and how things change when you use different methods. You have to tailor your methods of treatment to each individual person because each person is different. Too many chiropractors use the same adjustments on everybody because they are going for quantity (more patients), not quality. (5)

After you have had an upper cervical chiropractic treatment you need to be very careful not to put your neck "out" again. Thus, an important part of the treatment is to lay down and rest for 20 minutes or so right there in the chiropractors office, after which, a good chiropractor will recheck your neck to be sure it is still in proper alignment.

Some good upper cervical chiropractors tell those patients who drive to their appointments to back their cars into a parking stall so they can drive out without turning their necks too far like they would have to if they were backing out of a parking spot. Doing this helps you prevent your atlas and axis from going "out" again before you even get home. It takes time for your ligaments, tendons and muscles to shrink and hold the proper alignment again. Thus you may have to have several adjustments in short order to keep them in place while they heal.

Thus the question arises, "How often do I have to have an upper cervical chiropractic treatment?" The answer is that it depends on your own body. You see, your vertebrae may not stay in place after the initial treatment because, by the time you sought treatment, your ligaments, tendons and muscles had all been stretched out of shape for a number of years, and it takes time for them to shrink and get used to holding your vertebrae in their proper positions again. This is why initially "some people have to be corrected once or twice a week, or even more often, then one or twice a month. Other people can hold their correction for several months, even a year at a time. Everyone is different.

One rule of thumb is that it will take roughly one month for every year the subluxation existed. This means that if your vertebrae were "out" for 12 years, you could expect it could take up to 12 months for your body to completely adjust, and for your vertebrae learn to stay in their correct positions. Remember, this is just a rule of thumb. For some people their symptoms disappear soon after the first treatment. For others, it takes months. As Dr. Burcon explains, "Relief may be instantaneous but sometimes it has to run its course."

"The upper cervical doctor's objective is to make as precise an upper cervical correction as possible. Then, he must help you maintain the correction with as few corrections as possible so that you may live pain-free and enjoy a better quality of life." (6)

After upper cervical treatment, your Meniere's and other symptoms may decrease immediately, or pain may change and move to another area of your body. This is a good sign that your body is now busy healing itself.

Dr. Burcon's typical chiropractic treatment includes a detailed case history, including a letter from the patient's ENT and copies of all the ENT's tests used to diagnose Meniere's disease. He takes cervical thermographs (using a Titronics TyTron C-3000). He performs a modified Prill leg check analysis. He takes 3 modified Blair cervical X-rays. Then, after careful analysis of the above, he makes adjustments to the upper cervical spine based on his analysis. Finally, the patient lays down for a 15-minute rest after which Dr. Burcon rechecks him to be sure everything is still in alignment. (7)

## Will Upper Cervical Spine Treatment Help You?

The short answer is you won't know for sure until you have tried this treatment. However, here are some common ear and related conditions that may indicate your atlas is "off", and thus you could benefit from upper cervical chiropractic treatments.

1. Do you have ear symptoms such as tinnitus, watery sounds in your ear, your ears feel blocked, or you have Meniere's Disease, otalgia (ear pain), or recurrent ear infections?
2. Do you often get headaches or migraines?
3. Can you remember any trauma (even minor) to your head, neck or shoulders?
4. Do you experience any balance problems such as dizziness, vertigo or movement sensations when nothing is moving?

If you answered yes to one or more of these questions, it might be wise to get yourself checked out by an upper cervical chiropractor. (13)

## Finding an Upper Cervical Chiropractor

By now you probably are eager to find an upper cervical chiropractor and see what they can do to help you bring your Meniere's disease under control. Fortunately, upper cervical chiropractors are easy to find if you know where to look.

Greg Buchanan's website (<http://www.upcspine.com/>) gives a wealth of information on upper cervical chiropractic. Furthermore, he maintains a list of upper cervical chiropractors scattered all over the world so you (hopefully) can find one near you. Just

go to the above link and click on the fifth button across the top "Practitioners". From the drop-down menu choose your area of the world. If you live in the USA or Canada, choose North America, then click on the "View" button (on the right) for your state (or province) and you will see an alphabetic listing (by chiropractor's last names—not business names) of the upper cervical chiropractors in that state/province. Each listing gives not only all the contact information you need, but also what method of upper cervical techniques they use, what instruments they use, whether they take X-rays or not, etc.

You can also go to the main web page for each of the various upper cervical chiropractic associations (each organization is associated with one specific method) and look at the listing of chiropractors trained in their method. These listings may be more complete and up-to-date than those on Buchanan's website.

To find an upper cervical chiropractor that practices a specific method (such as the Blair method), go to Buchanan's web page that lists these various methods (<http://www.upcspine.com/tech.htm>) and click on the name of the method you want to investigate (in the column on the left) or on the "Read More" link at the bottom of the paragraph describing the method on the main part of the page. Usually there is a listing of chiropractors using that method somewhere on that website.

I'd suggest you look for upper cervical chiropractors that have/do the following:

1. A good number of years of experience (a minimum of 15 or 20 years). This is because it takes years of practicing to become an expert upper cervical chiropractor, especially in treating a complex condition such as Meniere's disease.
2. A chiropractor that uses the Blair method (if you can find one reasonably near you).
3. A chiropractor that has a proven track record in successfully treating people with Meniere's disease.
4. A chiropractor that uses at least two methods to tell if you are in adjustment (X-rays and thermography, for example).
5. A chiropractor that takes X-rays so he won't miss tiny subluxations.

If you want to start with the most experienced upper cervical chiropractor for Meniere's disease and other difficult neurological cases, you can't go wrong by contacting Dr. Burcon's clinic. He has a spectacular 97% success rate for people with Meniere's

disease and trigeminal neuralgia. (11) He treats people from all over the world (and also sometimes collaborates with an upper cervical chiropractor near you if you need extended treatment).

Dr. Burcon's contact information is on his website (<http://www.burconchiropractic.com/g5-bin/client.cgi?G5genie=53>). Select "Contact" (on the left). Also, check out the "Burcon Chiropractic Research Institute" website (<http://www.iahp.com/BurconChiropractic.com/>) for further information about him.

Last, but certainly not least, don't forget to investigate each chiropractor before you commit to him/her (some chiropractors are better than others, some have more training than others, some have more experience with Meniere's than others, some have better testing protocols than other, etc.). You alone are responsible for your own health, so do your own "due diligence", then decide whether you want to proceed, and if you choose to proceed, to whom you want to go.

For those who choose to seek upper cervical treatment, please comment here on your experiences whether good or bad. This will help other Meniere's sufferers decide whether, and from whom, they want to seek upper cervical chiropractic treatment.

I wish you well in getting your head "screwed on straight" and finally kissing good-bye to your Meniere's (and other) symptoms that have plagued you for so long.

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More good news. If you have Meniere's disease and want/need support and friendship from other people who also have Meniere's disease, join what is probably the most wonderful on-line support group for people with Meniere's disease—the Meniere's list in the SayWhatClub (SWC).

You can join the SayWhatClub at <http://www.saywhatclub.com/> where you can learn a bit about the SWC and fill out a membership application. Someone from the hospitality committee will then contact you and introduce you to the Meniere's list. You will be welcome. I look forward to meeting you there.

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The original of this article is on the Center's website at <http://hearinglosshelp.com/blog/atlas-adjustments-alleviate-menieres-disease/>.



# Good Books on Hearing Loss

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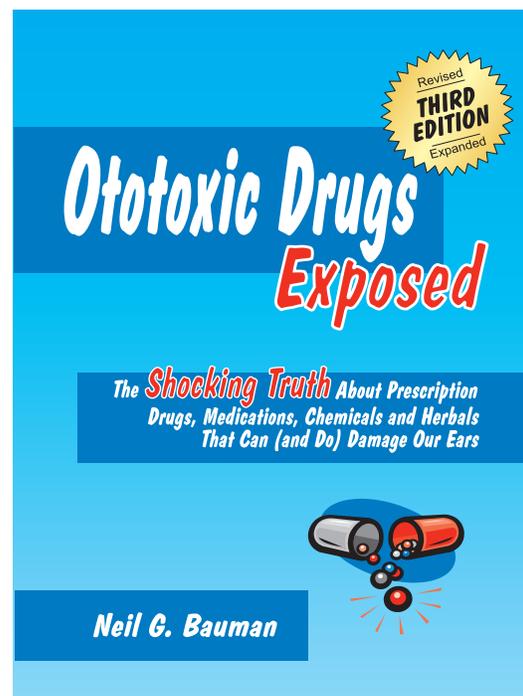
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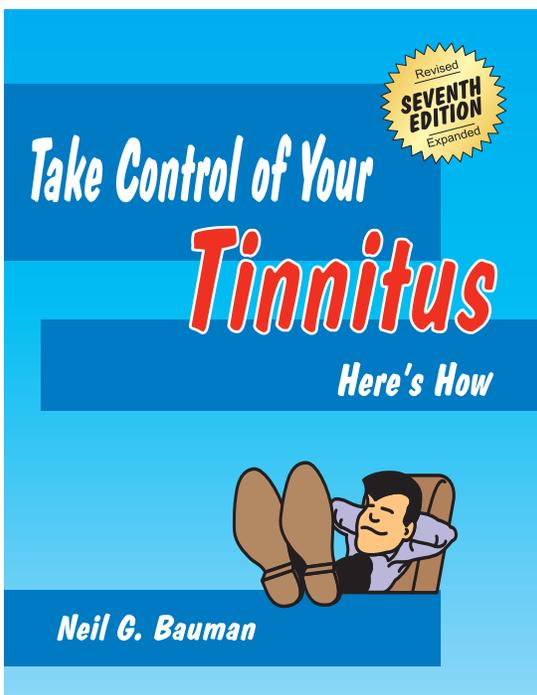
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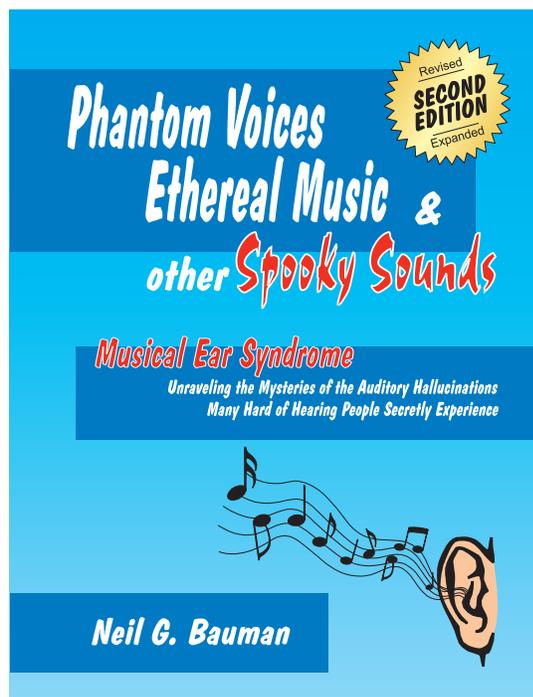


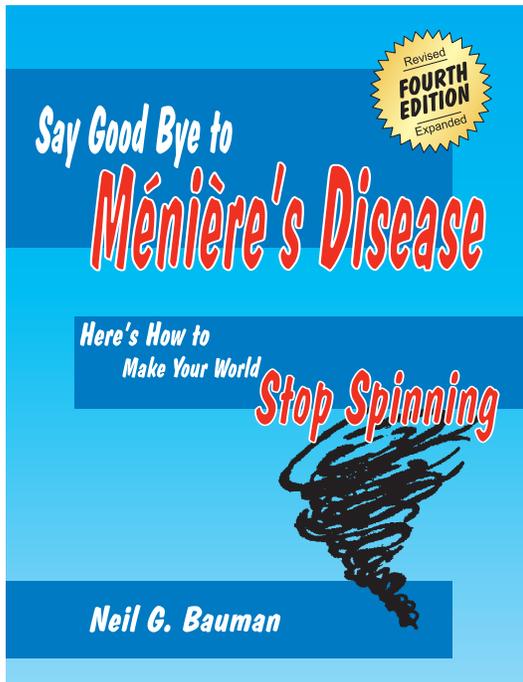
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When you realize you are hearing phantom sounds, you immediately think that something has gone dreadfully wrong “upstairs”—that you are going crazy. Because of this, few people openly talk about the strange phantom voices, music, singing and other spooky sounds they hear. This book, the first of its kind in the world, lifts the veil on “Musical Ear syndrome” and reveals numerous first-hand accounts of the many strange phantom sounds people experience. Not only that, it explains what causes these phantom sounds, and more importantly, what you can do to eliminate them, or at least, bring them under control (178 pages).



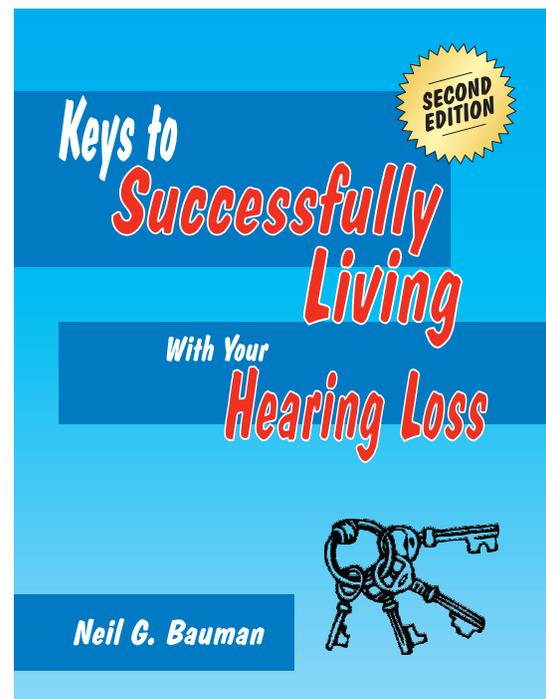


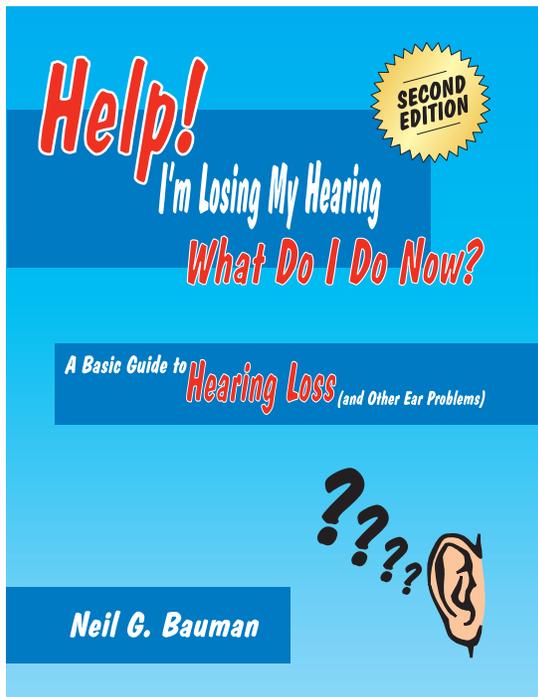
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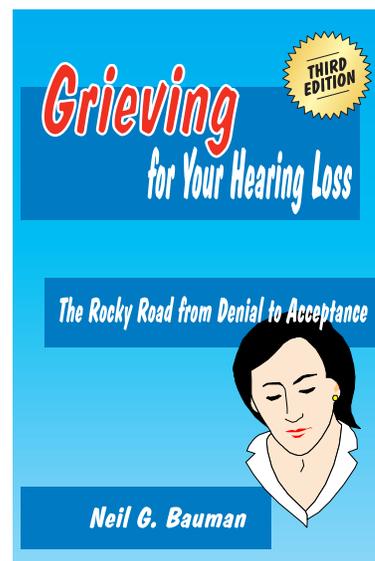


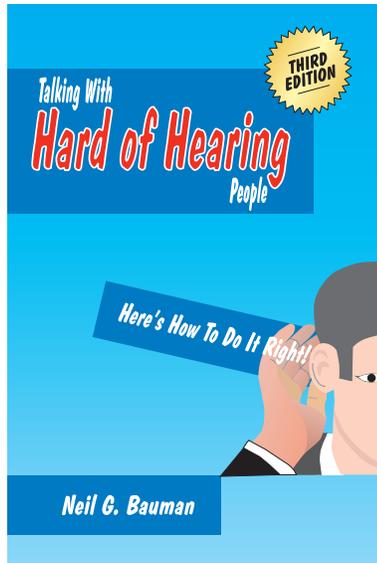
***Help! I'm Losing My Hearing—What Do I Do Now?*** (\$18.95; eBook \$14.49)

Losing your hearing can flip your world upside down and leave your mind in a turmoil. You may be full of fears, wondering how you will be able to live the rest of your life as a hard of hearing person. You don't know where to turn. You lament, "What do I do now?" Set your mind at rest. This easy to read book, written by a fellow hard of hearing person, is packed with the information and resources you need to successfully deal with your hearing loss and other ear conditions. (116 pages).

***Grieving for Your Hearing Loss—The Rocky Road from Denial to Acceptance*** (\$12.95; eBook \$9.95)

When you lose your hearing you need to grieve. This is not optional—but critical to your continued mental and physical health. This book leads you through the process of dealing with the grief and pain you experience as a result of your hearing loss. It explains what you are going through each step of the way. It gives you hope when you are in the depths of despair and depression. It shows you how you can lead a happy vibrant life again in spite of your hearing loss. This book has helped many (56 pages).



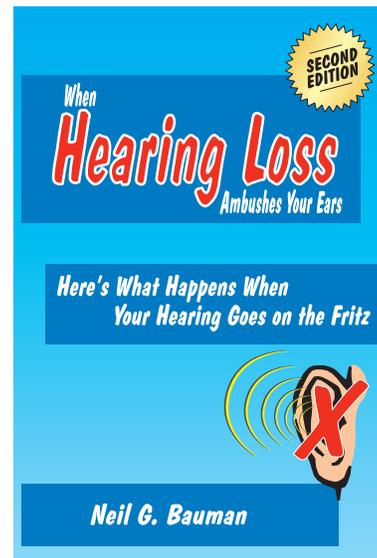


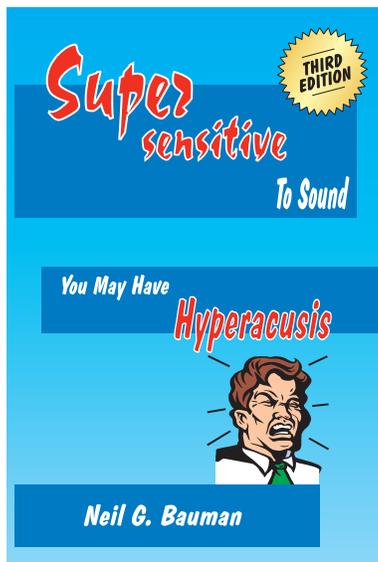
***Talking with Hard of Hearing People—Here's How to Do It Right!*** (\$9.95; eBook \$7.95)

Talking is important to all of us. When communication breaks down, we all suffer. For hard of hearing people this happens all the time. This book is for you—whether you are hearing or hard of hearing! It explains how to communicate with hard of hearing people in one-to-one situations, in groups and meetings, in emergency situations, and in hospitals and nursing homes. When you use the principles given in this book, good things will happen and you will finally be able to have a comfortable chat with a hard of hearing person (38 pages).

***When Hearing Loss Ambushes Your Ears—Here's What Happens When Your Hearing Goes on the Fritz*** (\$14.95; eBook \$11.95)

Hearing loss often blind-sides you. As a result, your first step should be to learn as much as you can about your hearing loss; then you will be able to cope better. This most interesting book explains how your ears work, the causes of hearing loss, what you can expect to hear with different levels of hearing loss and why you often can't understand what you hear. Lots of audiograms and charts help make things clear. You will also discover a lot of fascinating things about how loud noises damage your ears (88 pages).



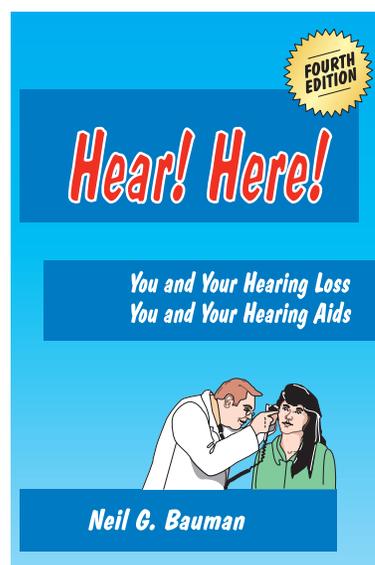


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