

WELLNESS
COMICS



KNOWLEDGE!
PREPAREDNESS!
EMPOWERMENT!

NO. **1** JUNE
2026

The **ESSENTIAL**

MÉNIÈRE'S DISEASE SURVIVAL KIT

12¢

**FIGHT THE
INVISIBLE
BATTLE!**

**EEEEEEEEEE!
RING! RING!
RIINNNGG!**

VERTIGO
STRIKES WITHOUT
WARNING!

TINNITUS
THE SOUND
THAT WON'T
BE SILENCED!

IMBALANCE
UNSTEADY STEPS,
UNPREDICTABLE
DAYS!

YOUR GUIDE TO:

- ✓ MANAGE SYMPTOMS
- ✓ REDUCE TRIGGERS
- ✓ BUILD YOUR TOOLKIT
- ✓ STAY RESILIENT
- ✓ YOU ARE NOT ALONE!

★
TOOLS!
★
TIPS!
★
HOPE!
★

INFORMATION IS POWER. PREPARATION IS FREEDOM.

The content contained in this guide, including text, graphics, images, and other material, is for educational and informational purposes only. The information provided is not intended as a substitute for advice from a qualified medical professional. Always consult with your healthcare provider regarding your medical condition and any symptoms you may be experiencing.



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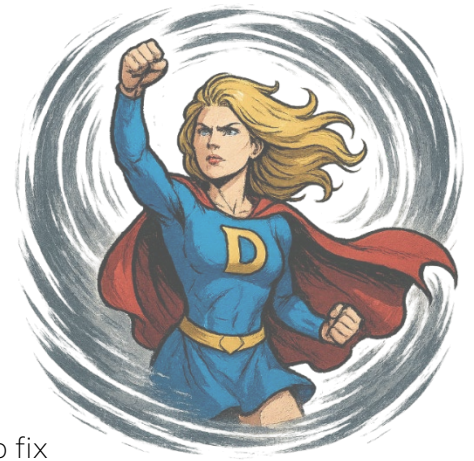
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Welcome!

Think for a moment of the number of people you know, or have known, who've been diagnosed with some form of cancer. Now, think of everyone you know who has Ménière's disease. Excluding yourself, that number is likely zero. Ménière's is fairly rare (only .02 percent of the population will get it). By comparison, about 38.9% of men and women in the U.S. will be diagnosed with cancer in their lifetime. It doesn't take an Einstein to figure out where the research money's going. Fewer lives affected means fewer people motivated to fix the problem. It's simply reality.



After I was diagnosed in 2006, I was stunned by the lack of information about Ménière's within the medical community. I heard about the same treatment options over and over. The ones I tried were uninspiring and ineffective. This was a buzz kill in terms of encouragement. Doctors, who could only offer limited options, failed to convey much empathy: "You've got vertigo, tinnitus, and fullness. Sounds like Ménière's. Good luck!" Maybe because Ménière's is not immediately life-threatening. Okay, I get that part. But try living your life with uncertainty, unable to move for hours or days. With nausea. Ringing ears. Repeatedly. For many of us, it feels torturous and hopeless. Over the years, I kept inquiring about new treatments. Nothing until I learned about and participated in a clinical trial in 2022-2023 ([SPI-1005 For the Treatment of Patients with Meniere's Disease](#)), for which I was extremely hopeful, traveled extensively, and, eventually, did not see any improvements.

Ménière's is not easy. It can be lonely. Terribly isolating. And in far too many instances, completely debilitating. I knew there was a lot more to know about fighting this thing. And, I realized I'd have to figure a lot of things out myself. Necessity (aka, desperation) is the mother of invention, as they say. This survival kit is the product of my efforts ... so far. It will continue to evolve as new technologies and meaningful advancements unfold.

In this guide, you'll find insights, tips, resources, and other tools to support you through specific challenges. Use it to help navigate the medical system, share your story, track your health, manage symptoms—whatever works for you. You may also want to use it to educate friends, family, and coworkers. Regardless of where you are on your journey, I hope this leads you down a path of greater wellbeing and substantial improvement in the quality of your life.

Everyone can be superhero when it comes to standing up to Ménière's. So put on your cape and let's get started!

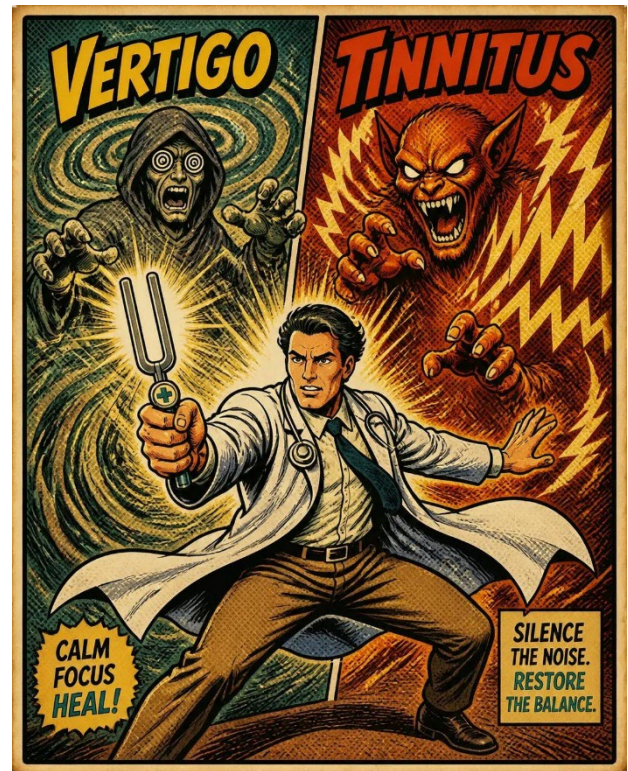
With love, humor, and healing thoughts,

The Dizzy Lady

1

Ménière's disease: One battle after another

Once upon a time there was a French doctor named [Prosper Ménière](#). Born in 1799, he fought epidemics, political upheaval, and the limits of early science before zeroing in on a mysterious inner-ear condition that caused [vertigo](#), [tinnitus](#), and a lot of anguish. By studying his own patients, he uncovered something novel: the [labyrinth](#), the deepest part of the ear that plays an essential role in hearing and balance—not the brain—was the true battleground of the chaos. *Mon Dieu!* he might have cried out after having such a revelation. His theory went against everything people in the medical world believed at the time. Little did he know, his discovery would go on to reshape medicine and give countless patients a name for their foe. In the grand saga of science, Ménière stands as the sharp-eyed pioneer who turned dizziness into a potentially solvable mystery and began the long process of answering the question: What is Ménière's disease?



The battle: defined

Ménière's disease is an inner-ear condition known for dishing out vertigo, tinnitus, hearing loss, and the feeling that a water balloon has been shoved into the ear. It usually targets one ear (unilateral), though sometimes it decides two (bilateral) are much more fun. Attacks can ambush you out of nowhere or follow a quick warning—muffled hearing, a sudden ring, a shift in pressure. Some people get rare cameo appearances; others get multi-episode events. And when vertigo hits hard enough to knock you flat, you've met the infamous "[drop attack](#)."

The few, the nauseous, the ones who get Ménière's

The [National Institutes of Health](#) estimates that around [615,000 Americans](#) are currently living with this condition. That means you, me, and a couple other lucky lottery winners. Beyond that, it's an equal-opportunity mischief maker with a soft spot for adults in their 40s to 60s. About 7–10% have a family history, meaning somewhere in the lineage, one or more of your ancestors was zig-zagging across room feeling just as confused as you.



The battle begins... somewhere

What we currently know about Ménière's is that symptoms are tied to excess fluid pressure in the inner ear—what's commonly called [endolymphatic hydrops](#). Easy for the scientists to say! That fluid buildup can scramble the signals your ear sends to your brain, throwing hearing and balance into disarray. Doctors list everything from circulation problems to [autoimmune](#). Patients cite stress, weather, salt, emotions, and the universe as triggers. In short, nearly anything remotely enjoyable can cause an attack, including a potato chip.

Getting that kooky feeling

What's it feel like to have Ménière's? Basically, as our chapter title implies, it's one battle after another, absent the elaborate movie sets and quirky humor. Make no mistake, Ménière's is a versatile actor, rarely failing to put on a stellar performance. In the beginning it might play coy with intermittent hearing fluctuations and mild dizziness. But later, completely unannounced, it will enter the scene showing no mercy and invariably steal the show—along with your hearing. Count on Ménière's to wow an audience of perfect strangers, befuddled friends, and unprepared family members with impressive, destabilizing skill.

The gift that keeps on giving

Like most anti-heroes, Ménière's keeps its own schedule. It arrives unannounced, leaves without explanation, and never apologizes. Attacks might show up weekly, monthly, or once every couple of presidential administrations. They typically last 20 minutes to 24 hours, though some stretch longer. Unpredictability is part of its cagey persona, which, for you and me, is about as inspiring as a cigarette butt floating in warm beer.

Diagnosing a firm possibility of a definite maybe

Enter the [Bárány Society](#), an international brain-trust of vestibular experts headquartered in Uppsala, Sweden. Think of these guys as Medical Science meets [Girl with the Dragon Tattoo](#). In 2015, they laid out the diagnostic criteria, which still stands today:

- At least two surprise vertigo episodes lasting 20 minutes to 12 hours
- Hearing loss in one ear confirmed on a test
- Fluctuating symptoms like tinnitus or fullness

Not exactly the technical protocol of dead-on balls accurate, but it's all we've got right now.

Please tell me there's a cure

Unfortunately, I cannot. A cure would require fixing the root cause and reversing the damage and Ménière's isn't that cooperative. There are ways to manage the symptoms, which we'll get to shortly. Softening the blows and (hopefully) ending some of these battles is what this guide is about.



In the meantime...

The medical community touts three main strategies for dealing with this thing:

1. Calm the attack while it's happening

As ridiculous as this sounds, the point is to stay calm and try to curtail your anxiety. Right. Like that's going to happen.

2. Take medications

What would a discussion on health be if we didn't mention drugs? Let me just say that if you and your care provider(s) decide to go this route, there are several popular choices: (you can read an [exhaustive list](#)), that may help relieve the anxiety, vertigo, and nausea. The drugs won't give you super powers, but they might keep you from bonding with the bathroom floor.

3. Reduce attacks over time

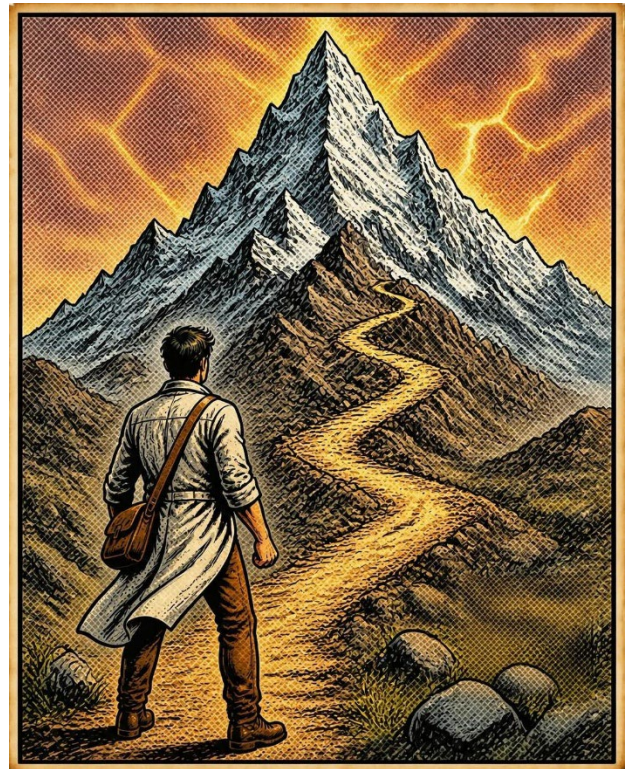
Physicians like to prescribe what I've come to call the Holy Trinity of Ménière's Management: [low-sodium diets](#), [steroids](#), and [diuretics](#), maybe because they're not the ones subjected to them. In my experience, the low-sodium part is solid—more on that in [Chapter 5](#). The diuretics and steroids, well, that's for each of us to decide for ourselves. The general battle plan is to keep track of symptoms, then assess the damage to find out what works.

Because of its rarity, Ménière's disease remains highly misunderstood, elusive, and frustrating. However, as medical technologies advance, let's keep the faith and hope that this dastardly villain will soon be vanquished for good.

2

Finding practitioners for the long haul

The saying, “A journey of a thousand miles begins with a single step” is a Chinese proverb attributed to [Lao Tzu](#), founder of Taoism and the alleged author of the [Tao Te Ching](#). The saying infers that even the most daunting of undertakings begins with a tiny action. It’s basically ancient wisdom for “stop thinking and just start already,” which is somewhat comforting unless that first step is a doozy and it’s a pretty safe bet you’re headed for the floor. Still, the message stands: WHEN YOU CAN, take the first step. The rest will follow.



Expect the unexpected

Unlike many other conditions with well-honed protocols and clear courses of treatment, Ménière’s doesn’t inspire such efficiency. There’s no clear diagnosis → treatment plan → period of recovery. Uh uh. The path is much more circuitous and uncertain. Less [Rocky V](#) and more like [Everything Everywhere All at Once](#). Without a cure on the horizon (yet), the journey is going to be a little rocky with plenty of twists and turns, some of them feeling like a masterclass in the absurd. But, know this going in: you *will* overcome temporary setbacks because that’s just what they are—temporary. With a little ingenuity and patience, you’re going to thrive.

Get creative

Here’s a thought: working with more than one practitioner might just be the Holy Grail in getting control of your symptoms. The disease’s complexities may mean mixing modern Western medicine with holistic approaches or trying something totally creative and original. Stay curious. Stay open. It’s worth it. Different experts bring different tools, perspectives, and ways of thinking. Some may even talk to each other—just don’t count on it.

[Table 1](#) shows U.S. practitioners and the types of healthcare they provide. This is a starting point. As always, things may look different depending on where you live.

**Table 1. Practitioners and their primary functions**

Practitioner Type	What They Do	Potential Benefits for Ménière's Patients	How to Find One
Primary Care Providers	Medical Doctor (MD) – trained in allopathic medicine, focusing on diagnosing and treating conditions using pharmaceuticals, surgery, and research-based methods. Doctor of Osteopathy (DO) – receive similar training but take a whole-body, preventive approach, often incorporating hands-on techniques to support the musculoskeletal system.	Play a crucial role in managing Ménière's disease by coordinating care, recommending hearing tests, and providing referrals to specialists. They can also help patients implement lifestyle changes and stress management techniques that may alleviate symptoms.	Contact your health insurance provider or look online in your area.
Medical Specialists (ENTs, Otologists, Neurotologists)	Diagnose and treat ear-related conditions including hearing loss, vertigo, tinnitus, infections, and balance disorders. Subspecialties include otology, neurotology, rhinology, laryngology, pediatric ENT, head & neck surgery, and facial plastics.	Provide medical evaluation, diagnostic testing, and evidence-based treatments. Can identify underlying causes, manage acute episodes, and coordinate long-term care.	Contact your health insurance provider or look online in your area.
Functional Medicine Practitioners	Identify and address root causes of illness using personalized, systems-based approaches. Practitioners may be MDs, DOs, NPs, PAs, NDs, or other licensed professionals with IFM training.	May address underlying contributors such as inflammation, fluid imbalance, or nervous system dysregulation. Often use diet, lifestyle, and integrative therapies to reduce episode frequency and severity.	The Institute for Functional Medicine (IFM)
Integrative Medicine Practitioners	Combine conventional medicine with evidence-supported complementary therapies. American Board of Physician Specialties (ABPS)-certified practitioners are MDs/DOs; others may use integrative approaches without certification.	Offer whole-person care, blending medical treatment with acupuncture, nutrition, stress reduction, and mind-body practices. May improve overall resilience and reduce vertigo severity.	Academy of Integrative Health & Medicine



Practitioner Type	What They Do	Potential Benefits for Ménière's Patients	How to Find One
Naturopathic Doctors (NDs)	Provide holistic medical care using nutrition, herbal medicine, lifestyle counseling, and natural therapies. Licensed NDs complete accredited naturopathic medical programs.	May support symptom management through diet, supplements, herbal remedies, and lifestyle changes. Can complement ENT care with whole-body strategies.	American Association of Naturopathic Physicians
Nutritionists	Provide guidance on diet and nutrition. They create personalized meal plans, educate clients about healthy eating habits, and support them in managing health conditions through proper food choices.	Can provide dietary recommendations that may reduce symptoms, such as a low-salt diet to decrease fluid retention in the inner ear. They can also suggest foods that reduce inflammation and tailor a plan to individual needs.	Eatright.org allows you to locate registered dietitians by specialty and location. You can also explore local health services or ask for recommendations from your healthcare provider.
Holistic Health Practitioners	Use whole-body, non-Western approaches such as nutrition, lifestyle counseling, herbal medicine, and slow-healing modalities. Typically not trained in Western medical schools; training varies widely.	Offer supportive care focused on stress reduction, lifestyle balance, and symptom management. May complement medical treatment with individualized, whole-person strategies.	* See specialties within Holistic Health below.
* Homeopaths	Take a patient-centered approach using highly diluted natural substances to stimulate the body's self-healing mechanisms, based on individualized symptom profiles.	Offer remedies aimed at reducing vertigo, tinnitus, and ear fullness. Remedies are complementary to Western medicine and treat the root cause of disease rather than symptoms.	National Center for Homeopathy
* Acupuncturists	Use thin needles to stimulate specific points in the body to promote healing and regulate energy flow. Certified through NCCAOM or ACAOM-accredited programs.	May reduce dizziness, tinnitus, and ear fullness. Can improve overall quality of life and complement conventional therapies.	American Academy of Medical Acupuncture



Practitioner Type	What They Do	Potential Benefits for Ménière's Patients	How to Find One
* Aromatherapists	Use essential oils therapeutically to support relaxation, mood, and wellness. Training varies; some become Registered Aromatherapists (RA).	May reduce stress and promote relaxation, which can indirectly ease Ménière's symptoms. Oils like lavender or peppermint may support calm and comfort.	Association for Holistic Aromatherapy
* Ayurveda Practitioners	Apply traditional Indian medicine principles to balance mind, body, and spirit. Use dosha-based assessments, herbal remedies, diet, and lifestyle changes. Certified through the National Ayurvedic Medical Association Certification Board.	May help balance Vata/Kapha imbalances linked to vertigo and tinnitus. Personalized herbal and dietary plans may reduce symptom frequency and improve well-being.	National Ayurvedic Medication Association
* Herbalists	Use plant-based remedies to support healing. Training varies widely; no national U.S. certification.	Can provide natural remedies that may help manage symptoms of Ménière's disease, such as vertigo and tinnitus, through the use of herbs like ginkgo biloba and ginger. They can offer personalized guidance on dietary adjustments and lifestyle changes.	American Herbalists Guild
* Traditional Chinese Medicine (TCM) Practitioners	Use acupuncture, herbal medicine, and energy-balancing techniques rooted in yin-yang theory. Certified through NCCAOM or ACAOM-accredited schools.	May reduce dizziness, tinnitus, and hearing fluctuations by restoring energetic balance and improving fluid regulation. Can also reduce stress and support overall wellbeing.	Referrals from other health practitioners or search directories for TCM services in your area.
* Chiropractors	Diagnose and treat mechanical disorders of the musculoskeletal system, particularly the spine.	May help ease symptoms of Ménière's by addressing upper-cervical or jaw dysfunction that may worsen vertigo, tinnitus, or pressure.	Contact your health insurance provider list, or visit International Chiropractors Association



Trust your instincts

You know yourself best. If certain options feel awkward or creepy, trust that instinct and move on. Keep looking until you find someone who aligns with your needs, values, and personality. The right fit can mean the difference between feeling dismissed and being empowered.

3

Talking to your doc like you've got a pair

When you meet a new practitioner, you're basically delivering the director's-cut version of your Ménière's saga. That story is probably not short, simple, or linear. Trying to cram it into a five-minute summary can be a challenge. You can do it. Just remember that your story is important and you have limited time to get the facts out there. Whether you're meeting in-person or virtually, there are a few things you can do to ease yourself into the process.



Get your paperwork together

Some of the steps outlined below might seem like overkill. Just remember, you're dealing with Ménière's, a disease that remains largely mysterious to the medical world and has the ability to wreak havoc on the quality of your life. Give yourself the best chance. Be prepared.

Step 1

Gather copies of your personal notes, lab work, imaging results, prescriptions, and other pertinent information in one file (or scan into PDFs). This stuff can include journal entries, phone memos, symptom lists, or the scribbles you wrote at 2 a.m. when you couldn't sleep. Basically, this is your medical scrapbook.

Step 2

Compile a **Health History**. Here's what to include:

- **Every medication, supplement, and herb you're currently taking.**

This is important. Many supplements affect the efficacy of certain medications (for example, calcium in dairy binds to antibiotics such as [tetracycline](#) and [ciprofloxacin](#) and reduces absorption). Or, some supplements, if used in tandem with prescription blood thinners or aspirin, can raise the risk of bruising or bleeding (example, [Ginkgo biloba](#), which is often



used by Ménière's patients to improve blood circulation to the inner ear). Use the [Drug Interaction Checker](#) from Drugs.com to search for any possible interactions.

- **The names and contact information of past and current practitioners.**

Doing this up front will save you time when requesting records or coordinating care.

- **Your current symptoms.**

Include dates, detailed descriptions, and what prompted them, if known.

- **Past surgeries.**

Include the date, description, physician, and facility for each procedure.

- **Chronic or major health issues throughout your life (childhood to present).**

Include a timeline and descriptions, as best as you can remember. Examples might include: Scoliosis, age 9; broken ankle, age 13; COVID, age 45. If you have never received certain vaccines that are routinely administered to children (e.g., Measles, Polio), list those too.

- **Major or stressful life events.**

Emotional stress plays a major role in Ménière's. Past and current events may reveal themselves as triggers for your symptoms. And while some of these occurrences may seem irrelevant to you, they may later prove significant—anything from the deaths of loved ones to serious illnesses to major life upheavals can provide insight to you or your practitioner.

- **Known viral infections.**

Because Ménière's is thought to be viral in cause, at least partially, providing a history of viral infections, with dates and symptoms, will be helpful to your practitioner. Examples: herpes, shingles, chickenpox, COVID, etc.

- **Known exposure to environmental toxins.**

Also relevant if you've ever lived in, say, a moldy house or had prolonged contact with toxic chemicals at work, etc.

- **Questions to ask your provider.**

Go through your notes and research. Are there tests you're curious about? Any therapies you want to explore? Anything you're uncertain about? Some of your questions might be:

- "Could these symptoms be connected to something else?"
- "Can we look for other underlying issues (such as viral infections)?"
- "Do you have advice on ways I can manage my symptoms on a daily basis?"
- "Should I see a dietician or nutritionist?"



Step 3

Prepare your [elevator speech](#). Outline your story on a sheet of paper or your phone. Include the most significant aspects of your Ménière's experience, particularly the most recent, your biggest concerns, and any treatments you've tried. You should also write down what you expect in terms of progress (or make a note to discuss during your visit).

Step 4

Do plenty of upfront research. Educating yourself about Ménière's helps you walk into the appointment with some momentum. That knowledge can spark useful questions about testing, treatment, lifestyle factors, and many other things you can't imagine right now.

Find your MOJO

Learning how to advocate for yourself at the doctor's office is a special skill, like cat juggling or Acapulco cliff diving. Some people are born to the call. Others, not so much. Thankfully, in the modern era we have many resources that can help us along our journey.

YouTube

Online videos on how to advocate for yourself abound. Here are a few that can get you started:

- [How to Advocate for Yourself to Your Doctor](#)
- [Medicolegal 101: How to Advocate for Yourself at the Doctor's Office](#)
- [How to be Your Own Best Advocate in the Doctor's Office](#)

Patient advocacy organizations

In some cases, you might want some extra help navigating the healthcare system. Patient advocates can assist you in finding the right care, resources, insurance advice, and financial support. They know the terrain, they speak the language, and they can carve a path forward when you're overwhelmed or too bummed out to make the effort.

- [Patient Advocate Foundation](#) (800) 532-5274
- [Umbra Health Advocacy](#)

Talk to the Doc

It's showtime! Give your elevator speech. Plan to tell your story twice—once to the practitioner's assistant, and then to the practitioner, depending on the situation.

Take scrupulous notes

Or, take a trusted friend or relative with you to manage that task. Ask if you can record the conversation on your phone (or during a virtual session). Your goal is to glean as much information as you can and come away with a clear plan on what comes next—various treatment options and how to implement them. How will you chart your progress? Follow-up with your practitioner going forward?



Be prepared to regroup

Sometimes things don't work out. Your first husband. Bellbottoms. That egg-salad sandwich you bought from the vending machine. So it goes with members of your care team. Give yourself permission to switch providers when things aren't going well. Ask for your medical records and fill out a feedback survey to let the practitioner know what didn't work for you.

4

Writing an action-packed symptom journal

Maybe you've always dreamed of writing a book about your wacky experiences spinning through life. Perhaps a real page turner à la [The Year of Magical Thinking](#) but with a little more couch time. You can

see your words in print already—tall tales of vertigo, nausea, and the long hours lying around the house longing for the day you will stand upright again. Well, dream no more! One of the best ways to get a handle on how this disease affects you is by keeping a symptom journal. Recording what you experience on a day-to-day basis can alert you to reactions from medications, therapies, foods, chemicals, and other triggers. It will help bring some order to the chaos, not to mention provide fodder for that surefire best seller.

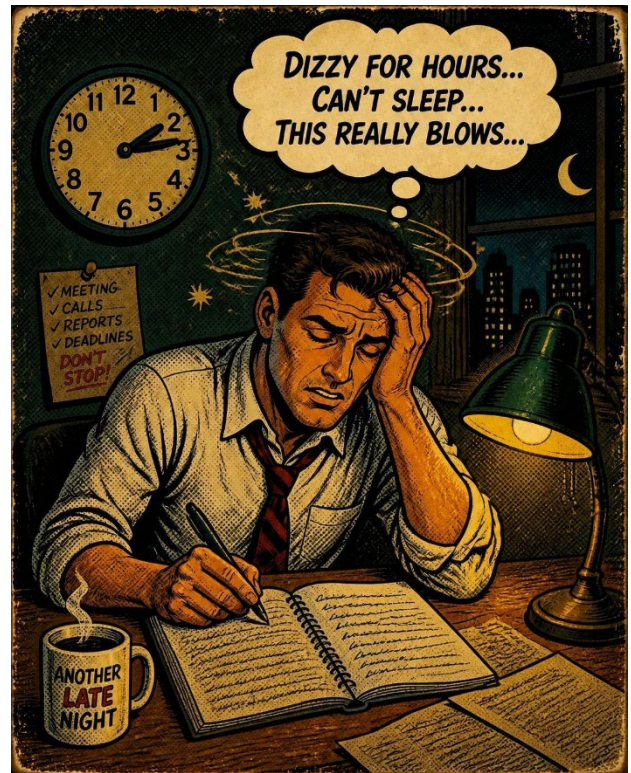
Include the details

In the beginning, whatever symptoms and emotions you're experiencing, write it all down. Don't worry about how it sounds—this is a learning exercise. Keeping a symptom journal is as easy as taking a few moments to record events on your tablet or phone; a spreadsheet, if you're so inclined, maybe to include a few colorful charts. Or, go “old school” and use a simple notebook. They still sell those, you know. Keep it in a place that's accessible, like on the kitchen counter or next to the bed. Maybe on the floor if that's where you spend most of your time (!). Throughout the day, as you experience changes in your body or mental state, jot down the details. Make it fun—

Captain's log. Stardate: [whatever day it is]. A hostile ringing has begun in my left ear. No enemy vessel detected. The noise is internal. I repeat: the noise is internal. Morale is low.”

Or make it practical—more [Joe Friday](#)—and incorporate “just the facts...”:

- Date/Time
- Name the symptom (vertigo, ringing in the ears, trouble keeping balance while walking, etc.)
- Whether it's connected to a certain activity (mealtime, exercise, taking medication, etc.)
- Its frequency (constant, intermittent)





- Your mental state (pissed off, frustrated; perhaps hopeful the symptoms are less severe)
- Other details as you deem pertinent

Watch for patterns

After journaling for a while, you'll begin to see patterns. Maybe eating big meals aggravates tinnitus, or that walking through a grocery store triggers vertigo. This is when things start to get meaningful. Learning when and how your symptoms occur is your roadmap forward, what to do next—cutting back on double-shot lattes, perhaps, or getting more sleep. The most important point: WRITE THEM DOWN. They may spark questions to ask or tests to request during medical appointments.

Take your journal everywhere you go

Symptoms come up unexpectedly throughout the day. Having your journal on hand enables you to capture details on the spot. And we all know immediate capture beats memory every time. That may mean keeping your journal on your phone or a tablet. Whatever method you choose, here are some other reasons to keep it with you:

It can help you advocate on the spot

An unexpected urgent care visit? A random conversation with a specialist you bumped into? Having your journal at the ready means you don't have to rely on recall when you're dizzy, nauseated, or distracted.

It keeps your story consistent

Doctors love to ask questions like:

- "When did this start?"
- "How often does it happen?"
- "Has it gotten worse?"

Your journal keeps your answers accurate, consistent, and grounded in real data.

It validates your lived experience

Your journal becomes a record of reality. It says: *This happened. I felt this. It mattered.* And that's grounding.

It becomes a tool for pacing and prevention

- You may catch early warning signs you wouldn't have noticed otherwise.
- You could realize you've been pushing too hard.
- You might see a flare coming before it hits.



5

Eating your way out of Hell

For those of us living with Ménière's, food can be the quickest route out of the underworld. One of the most powerful tools you have in this struggle is control over your diet. What you eat—and just as importantly, how consistently you eat—can mean the difference between a day that feels like eternal punishment and one that's surprisingly pleasant.

Many people with Ménière's find that thoughtful nutrition choices, like moderating sodium, managing blood sugar, and limiting caffeine or alcohol, can make their lives more predictable and happier.

The first line of defense is to be aware of the foods and beverages that increase fluid retention, trigger migraines, or overstimulate the inner ear. Primarily:

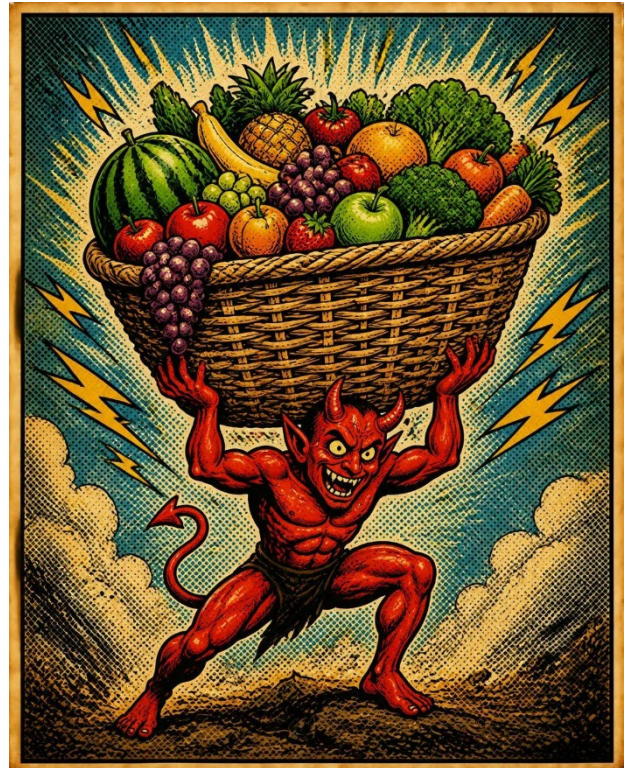
- Salt
- Caffeine
- Sugar
- MSG
- Alcohol
- Artificial sweeteners

The devil is in the details, so let's take a closer look at these cunning agitators.

Ditch the troublemakers

Salt and sodium-containing foods and beverages

Sodium is the inner ear's arch enemy because it plays havoc with fluid pressure. People with Ménière's are unique in that our [endolymphatic sacs](#) fill up disproportionately with fluid when sodium enters the picture (see this [graphic](#)). That's why avoiding salt can have a significant impact on calming symptoms. If you've talked to a doctor about this already, you've probably heard the spiel—aim for **1000 to 1500 mg of sodium per day**. That translates to about **¾ teaspoon of salt**. If you're wondering how anyone could possibly manage to keep to that regimen, read on.





Remove the salt shaker from your table.

- Don't add extra salt to meals. You're likely getting enough from the foods you eat already. (Note: for people who love salty food, it may take a while to adjust. If that's your story, try an incremental approach—little by little, add less and less. Over time, your palate will get used to the change and you won't miss it.)

Read labels carefully.

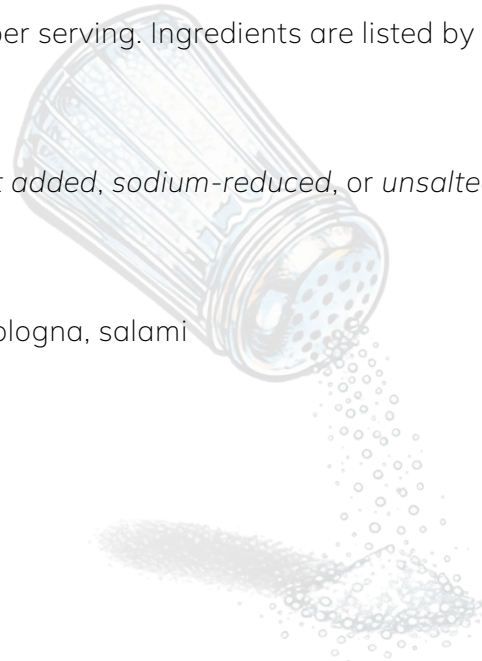
- Look for products with less than 100 mg of sodium per serving. Ingredients are listed by quantity. If you see salt near the top, move on.

Seek out certain phrases.

- Your new lexicon is *low-sodium, sodium-free, no salt added, sodium-reduced, or unsalted*.

Avoid these salt bombs

- Canned foods (unless labeled low or no sodium)
- Processed meats: bacon, sausage, ham, hot dogs, bologna, salami
- Packaged mixes: macaroni and cheese, rice blends
- Pickled items: anchovies, olives, pickles, sauerkraut
- Salty sauces: soy sauce, Worcestershire
- Vegetable juices: tomato and others
- Many cheeses
- Bottled salad dressings
- Snack foods: chips, crackers, pretzels



Eat out or at home with savvy

When you dine out, choose simple, clean cooking methods. Your safest bets are steamed, grilled, baked, boiled, or broiled dishes without added sauces or cheese. Initially, this may sound horribly bland—and it is—but things will get better as you adapt. At home, you'll discover easy ways to prepare foods that taste delicious (see [Cookbooks](#), [Chapter 8](#)). Experiment with pepper, garlic, herbs, citrus, and salt-free seasonings to incorporate flavor. Olive oil mixed with vinegar (or citrus) and a little honey and herbs added is great for salads. For desserts, try berries or sorbet to keep things light.

The takeaway

Avoiding salt is absolutely essential in helping tamp down Ménière's symptoms. That means being more aware of what you buy and what's in your food. Lean into fresh ingredients, herbs, and spices to build flavor. Experiment. Challenge yourself. When you start to see symptoms abate, you'll be so thrilled you'll never want to go back to the old ways.



Caffeine

Caffeine, as much as we crave it, love it, and consume it can worsen Ménière's symptoms like our three constantly returning champions: vertigo, tinnitus, and ear pressure. That's why specialists recommend reducing or eliminating caffeine.

How caffeine affects Ménière's

- Stimulates fluid retention, which increases inner-ear pressure
- Triggers vasoconstriction (narrows blood vessels), which may reduce circulation to the inner ear.
- Excites the nervous system, which can heighten tinnitus and make vertigo episodes more intense

Sources of caffeine

Not everyone with Ménière's reacts the same way. And some sources may be more problematic than others. You'll need to learn where your sensitivity levels fit into the mix.



Table 2. *Common sources of caffeine*

Product Type	Examples	Be aware
Coffee & Espresso	Regular brewed coffee, lattes, cold brew	Even decaf may contain small amounts of caffeine
Tea	Black, green, oolong, matcha	Herbal teas like chamomile or rooibos are caffeine-free
Sodas	Coca-Cola, Pepsi, Mountain Dew, Dr Pepper	Diet versions also contain caffeine
Energy Drinks	Red Bull, Monster, 5-Hour Energy	Often very high in caffeine
Chocolate	Dark chocolate, chocolate milk, cocoa powder	Caffeine content varies by type
Medications	Some pain relievers, cold meds, weight-loss pills	Check labels for caffeine or stimulants

The takeaway

If you're trying to reduce caffeine to help manage Ménière's symptoms, a few small shifts can make a big difference. Start by swapping your usual brew for herbal teas like peppermint, ginger, or rooibos. Try decaf or explore [caffeine-free substitutes](#). Read labels, especially with sodas, snacks, and supplements. And most importantly, keep track of how you feel. Noting your symptoms in your symptom journal as you cut back can help you spot patterns and figure out what works best for your body.



Sugar

When you eat sugary foods or refined carbohydrates, your blood sugar rises quickly. Your body responds by releasing insulin, which can cause blood sugar to drop just as fast as it went up.

How sugar affects Ménière's

- Creates fluid imbalances
- Triggers or intensifies vertigo episodes
- Increases tinnitus
- Makes symptoms more unpredictable

Sources of sugar

Sugar shows up in places you might not expect, from yogurts and cereals to sauces, dressings, coffee drinks, baked goods, snack bars, and even fruit juices or smoothies. Many “low-fat” products rely on added sugar for flavor, so checking labels becomes essential when you’re trying to keep symptoms steadier. Even natural sugars—like those in fruit—can cause blood sugar spikes if eaten in large amounts or without protein/fiber.

Fresh fruits

Fresh fruits contain fructose, which can spike blood sugar. The good news is that doesn't mean you should avoid them.

Fresh fruits that best support blood sugar control share three traits: low [glycemic impact](#) (GI), [high fiber](#), and [bioactive compounds](#) that improve insulin sensitivity. These options stand out for their ability to deliver sweetness without destabilizing glucose levels.

Table 3. Fresh fruits and glucose impacts

Fresh Fruits	Why They're Beneficial
<i>For steadier blood sugar</i>	
Apples	Apples are rich in pectin, a soluble fiber that slows sugar absorption and improves insulin sensitivity. Their natural sweetness satisfies cravings without sharp glucose spikes.
Tart Cherries	Tart cherries are low in sugar and contain anthocyanins , antioxidants linked to reduced inflammation and better insulin response. They may also lower risks of diabetes-related complications.
Grapefruit	Grapefruit contains naringenin , a compound that helps the body use insulin more effectively. Its low glycemic index makes it a strong choice for glucose stability. Note: Grapefruit can be vestibular-triggering (see page 19) and can interact with certain prescription medications; consult a doctor before consuming.
Berries (blueberries, raspberries)	Berries are low GI, high in fiber, and packed with antioxidants that support metabolic health. They digest slowly and help prevent glucose surges.



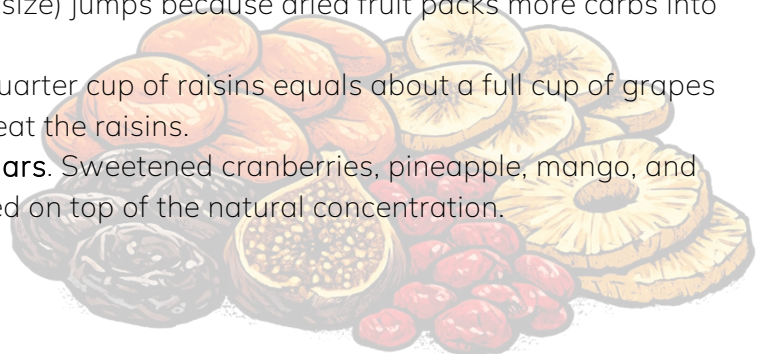


Fresh Fruits	Why They're Beneficial
Pears	Pears offer both soluble and insoluble fiber, slowing digestion and supporting insulin sensitivity. Their low GI makes them a steady energy fruit.
Peaches	Peaches provide vitamins, antioxidants, and moderate fiber with a low glycemic impact, making them a safe sweet option.
Apricots	Apricots deliver sweetness with minimal sugar and a good amount of fiber, helping moderate post-meal glucose.
Kiwifruit	Kiwi contains both soluble fiber and digestive enzymes that slow glucose absorption and support gut health.
Plums	Plums may help increase adiponectin , a hormone that regulates glucose levels, while their fiber supports steady digestion.
<i>Vestibular-triggering</i>	
Bananas	Listed among fruits that may trigger migraines/inner-ear symptoms.
Citrus Fruits (oranges, grapefruit, lemons)	Noted as potential triggers for some individuals.
Avocados	Included in the same trigger category.
<i>High-glycemic (limit for blood sugar control)</i>	
Pineapple, Mango, Watermelon	Higher GI and more likely to cause glucose spikes.

Dried fruits

Dried fruits are notorious for spiking blood sugar, far more than their natural counterparts. Here's why:

- **Sugar becomes concentrated when water is removed.** A small handful of dried fruit can contain the same or more total sugar as a full cup of fresh fruit. This makes it easy to overconsume without realizing it.
- **Lower water content speeds up digestion.** Dried fruit is denser and moves through the gut more quickly, causing a sharper glucose rise.
- **Dried fruits have a higher glycemic load per serving.** Even if the glycemic index isn't extremely high, the *load* (GI × portion size) jumps because dried fruit packs more carbs into fewer bites.
- **Large portions are easier to eat.** A quarter cup of raisins equals about a full cup of grapes in carbs, but it takes only seconds to eat the raisins.
- **Some dried fruits contain added sugars.** Sweetened cranberries, pineapple, mango, and papaya often have extra sugar layered on top of the natural concentration.



**Table 4. Dried fruits and glucose impacts**

Dried Fruit	How They Affect Blood Sugar
<i>Less likely to spike glucose</i>	
Dried Apricots	Lower GI than many dried fruits; still concentrated but more balanced.
Dried Apples or Pears (unsweetened)	Retain some soluble fiber that slows absorption.
Prunes	Contain sorbitol and fiber, which slow digestion.
<i>Limit or avoid (if glucose stability is the goal)</i>	
Dates	Extremely high natural sugar concentration; among the fastest to spike glucose.
Dried Cherries	Naturally sweet and often sold with added sugar.
Dried Bananas	Very high glycemic load and often sweetened.
Raisins	High GI and GL; listed among fruits that can cause quick rises in blood sugar.
Sweetened Dried Pineapple, Mango, Papaya	Typically contain added sugars and digest rapidly.

The takeaway

When it comes to fresh fruit, people with Ménière's do best with:

- Eating lower-glycemic fruits (berries, apples, pears, cherries)
- Avoiding or limiting high-glycemic fruits (bananas, citrus, watermelon)
- Pairing fruit with protein or fat to slow absorption

If you enjoy dried fruit, keep portions small. Choose only unsweetened varieties and avoid eating them on an empty stomach. It's also important to spread servings throughout the day to prevent glucose stacking.

MSG-containing foods

Monosodium glutamate (MSG) is a flavor enhancer found in many packaged foods and restaurant dishes. While it's considered safe for the general population, people with Ménière's should avoid it. MSG can trigger reactions in some individuals, such as headaches, flushing, or nausea. Neurologists and other Ménière's specialists recommend avoiding MSG because it may contribute to inner-ear fluid imbalance.

Sources of MSG

The following table consolidates high-glutamate foods by type.



**Table 5. High-glutamate foods**

Description	Examples
Fast Food and Restaurant Items	Stir fried foods Noodle dishes Fried rice Soups Many chain restaurant entrées Seasoned fries, chicken, burgers, gravies
Heavily Processed Foods	Canned soups Packaged deli meats Bacon products Pepperoni Cured ham Hot dogs Beef jerky Sausages Meat snack sticks
Frozen Convenience Foods	Frozen dinners Frozen pizzas Chicken nuggets Breakfast sandwiches Macaroni & cheese
Packaged Snacks	Flavored chips Seasoned crackers Savory snack mixes
Sauces, Seasonings, and Condiments	Bouillon cubes Gravy mixes Salad dressings Seasoning packets Marinades
Asian Sauces	Soy sauce (up to 1,700 mg glutamate per 100 g) Fish sauce Oyster sauce (≈900 mg per 100 g) Fermented bean pastes

The takeaway

Reducing MSG intake is a common part of symptom-management because it helps many individuals minimize triggers and maintain more stable days. However, because MSG may be hidden in many popular foods, being vigilant when dining out or shopping is important to avoid symptom aggravations.

Artificial sweeteners

News flash! Artificial sweeteners aren't the harmless sugar swap they appear to be. These additives, which are found in diet sodas, sugar-free snacks, protein powders, and many "low-calorie" products, can influence the systems Ménière's sufferers are trying to keep stable.



How artificial sweeteners affect Ménière's

- **Disrupt blood sugar regulation.** Even though artificial sweeteners don't contain sugar, research shows they can still affect [insulin response](#) and [glucose regulation](#) in some people. Because blood sugar swings are a known trigger for Ménière's symptoms, this can create unexpected instability.
- **Affect the nervous system.** Some artificial sweeteners, especially [aspartame](#), have been reported by patients to worsen tinnitus, head pressure, or brain fog. While responses vary, many people with Ménière's find they feel better when they avoid them.
- **Influence fluid balance.** Certain sweeteners may alter gut hormones and hydration patterns, which can indirectly affect the body's fluid regulation. For someone with Ménière's, even small shifts in fluid balance can matter.

Sources of artificial sweeteners

- Diet sodas
- Sugar-free energy drinks
- "Zero-sugar" flavored waters
- Sugar-free gum and mints
- Protein shakes and bars
- Low-calorie desserts
- Packaged foods labeled *light*, *diet*, or *reduced sugar*



The takeaway

Artificial sweeteners can influence blood sugar, hydration, and neurological sensitivity, areas that play a role in Ménière's stability. You'll probably feel better when you reduce or eliminate them, opting instead for whole foods and naturally low-sugar options.

Alcohol

Alcohol is well-known to be a direct trigger for vertigo, tinnitus, and the sense of fullness in the ear. Because of Ménière's propensity for fluid imbalance within the inner ear, anything that disrupts hydration, circulation, or electrolyte stability can make symptoms flare. Alcohol happens to hit all three.

How alcohol affects Ménière's

- **Alters inner-ear fluid balance.** Alcohol is a diuretic, meaning it increases fluid loss through urination. This can lead to dehydration and shifts in the body's electrolyte levels. These changes can disturb the delicate fluid pressure in the inner ear, making vertigo episodes more likely.
- **It can intensify tinnitus.** Alcohol causes blood vessels to dilate, which can increase blood flow to the inner ear. For many people, this leads to louder or more persistent tinnitus.
- **Blood sugar swings add another layer of trouble.** Alcohol can cause rapid changes in blood sugar, especially sugary cocktails, wine, and beer. Since blood sugar instability is a known trigger for the Ménière's crowd, alcohol can compound symptoms.
- **Hidden sodium in alcoholic drinks aggravates symptoms.** Think twice before you pick up that margarita. Many alcoholic beverages, especially cocktails, mixers, and canned drinks,



contain more sodium than people realize. Extra sodium can increase fluid retention, and we all know where that can lead.

The takeaway

Alcohol affects hydration, circulation, and blood sugar, which are all systems that directly influence inner-ear stability. While some people may tolerate small amounts, many Ménière's patients find that reducing or avoiding alcohol helps control symptoms.

Feel better... gradually

After weeks or, in some cases, months of avoiding triggering foods and by implementing other lifestyle changes, many people begin to notice subtle shifts. Maybe their vertigo occurs less frequently or the ear fullness eases a bit. Whatever changes you experience, remember that progress will likely be slow and punctuated by setbacks that test your patience and resolve. This is natural as the body recalibrates. Take heart in knowing that each adjustment will offer clues about what helps *your* body and what *you* can do next. Putting the devil in his place requires persistence. So be stubborn. Stand up to the bully. Don't be afraid to tweak habits and try new approaches. Keep learning. Over time, those small, deliberate choices can turn your own personal Hell into a new beginning that looks, and feels, a lot better. That's the point where you feel like you can finally kick the devil to the curb.

6

Throwing a wrench into the chaos

Never forget, Ménière's disease is cagey. It doesn't exist in a vacuum. Its signature symptoms—vertigo, hearing loss, tinnitus, and ear pressure—can be amplified or destabilized by other physical and emotional conditions. Heart disease, diabetes, autoimmune disorders, and chronic stress can all influence how often attacks occur, how severe they feel, and how well you respond to treatment.

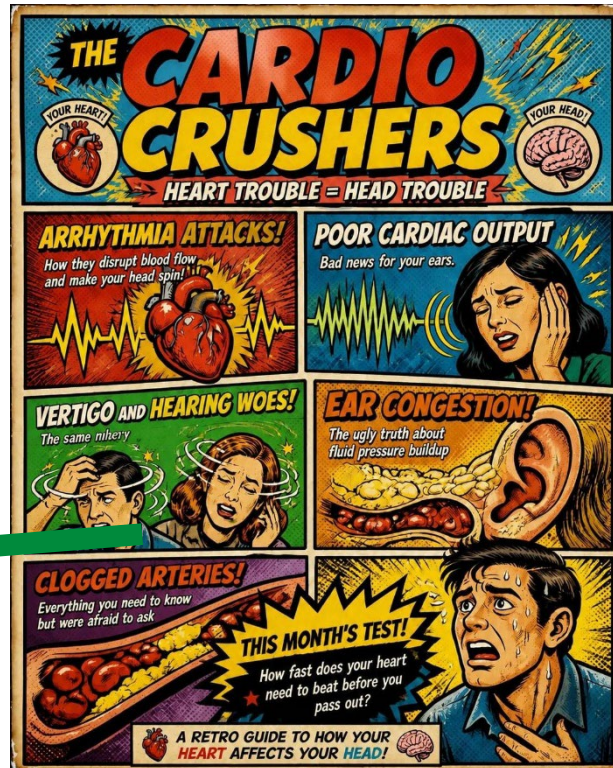
These overlapping conditions can affect blood flow, fluid regulation, and neurological signaling in ways that directly impact the inner ear. Anxiety and depression may also heighten sensitivity to symptoms or make recovery more difficult. If any of these conditions are in your health picture, it would be prudent to consult a specialist (cardiologist, neurologist, immunologist, etc.) to assess your specific situation and treatment options.

Don't overlook the mischief makers

Heart disease

Heart conditions like [atrial fibrillation](#) (AFib), coronary artery disease, and hypertension can worsen Ménière's disease by disrupting inner ear blood flow and fluid regulation, which increases the risk of vertigo attacks and hearing loss. Vascular dysfunction is increasingly recognized as a key contributor to Ménière's symptoms.





Things to be aware of:

Microvascular dysregulation

- The inner ear relies on stable blood flow from the [labyrinthine artery](#), which is part of the [vertebrobasilar system](#).
- Conditions like AFib, hypertension, and [atherosclerosis](#) can reduce [perfusion](#), leading to endolymphatic hydrops, the fluid imbalance central to Ménière's.

AFib and irregular perfusion

- AFib causes erratic heart rhythms that impair consistent blood delivery.
- This can trigger [inner ear ischemia](#), worsening vertigo and tinnitus episodes.

Shared risk factors

- Ménière's patients often share cardiovascular risk factors with those who've had posterior circulation strokes, including:
 - Hypertension
 - Diabetes
 - [Dyslipidemia](#)
 - Smoking
 - Obesity

Management tips

- Managing heart conditions may reduce Ménière's severity.
- Cardiovascular screening is recommended for Ménière's patients with persistent or worsening symptoms.



Diabetes

Diabetes can significantly worsen Ménière's disease by disrupting inner ear fluid balance and blood flow, especially in cases of insulin resistance or [hyperglycemia](#). Up to 72% of Ménière's patients show signs of [hyperinsulinemia](#), even before full-blown diabetes develops.



Things to be aware of:

Inner ear vulnerability

- The labyrinthine artery, which supplies the inner ear, is sensitive to vascular changes.
- [Diabetes-related microvascular damage](#) can reduce perfusion, triggering endolymphatic hydrops.

Glucose and insulin disruption

- Studies show hyperinsulinemia is common in Ménière's patients, even without diagnosed diabetes.
- Reactive hypoglycemia and glucose intolerance can destabilize inner ear function, increasing vertigo and tinnitus risk.

Shared risk factors

- Ménière's and diabetes share overlapping contributors:
 - Central obesity
 - Hypertension
 - Dyslipidemia
 - Insulin resistance



Diagnostic insight

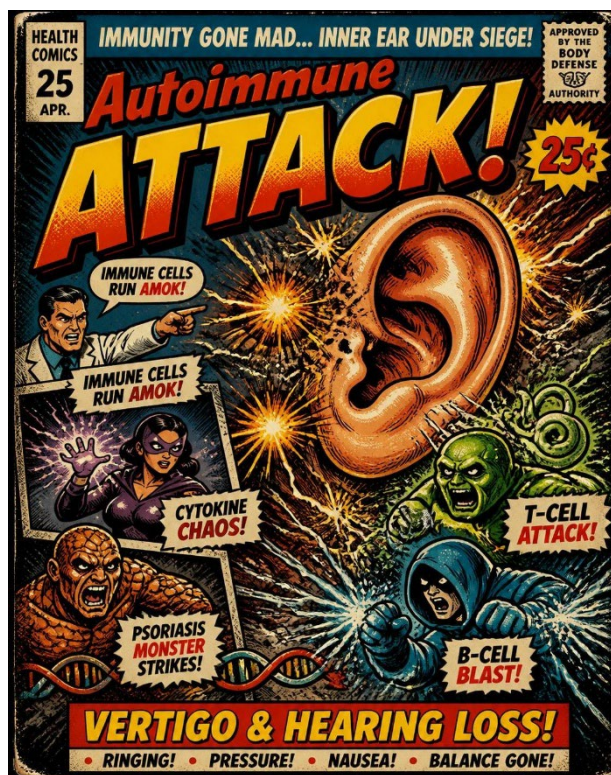
- A [5-hour glucose and insulin curve](#) is more sensitive than standard tests for detecting early metabolic dysfunction in Ménière's patients.

Management tips

- Stabilizing blood sugar may reduce Ménière's attacks.
- Dietary strategies that avoid spikes and crashes, like low-glycemic meals, can help.

Autoimmune disorders

Autoimmune disorders can intensify Ménière's disease by triggering chronic inflammation, damaging inner ear structures, and disrupting fluid regulation. Conditions like [lupus](#), [psoriasis](#), and [autoimmune thyroid disease](#) are significantly associated with Ménière's, especially in patients with bilateral symptoms or poor response to standard treatments.



Things to be aware of:

Immune dysregulation

- Ménière's patients often show [immune cell infiltration](#) in the inner ear, including macrophages, T cells, and B cells.
- These cells release [proinflammatory cytokines](#) that damage cochlear and vestibular tissues, worsening vertigo and hearing loss.

Chronic inflammation

- Autoimmune conditions like autoimmune thyroid disease, [systemic lupus erythematosus](#), and psoriasis are linked to Ménière's through shared inflammatory pathways.



- Elevated [immune complexes](#) and [autoantibodies](#) against inner ear antigens have been found in some patients.

Genetic susceptibility

- Variants in genes like [TLR10](#), [NFKB1](#), and [MICA](#) may predispose individuals to immune-mediated inner ear damage.

Management tips

- Ménière's patients with autoimmune comorbidities may benefit from [immune profiling](#) and targeted therapies like corticosteroids or biologics.
- Screening for autoimmune markers is recommended in cases of bilateral Ménière's, early onset, or treatment-resistant symptoms.

Chronic stress

Chronic stress can significantly worsen Ménière's symptoms by disrupting inner ear fluid balance, blood flow, and immune regulation. Studies show that stress increases the frequency and severity of vertigo, tinnitus, and hearing loss episodes in Ménière's patients.



Things to be aware of:

Hormonal imbalances

- Stress triggers the release of [cortisol](#) and [adrenaline](#), which can alter fluid pressure in the inner ear, which may lead to endolymphatic hydrops, the hallmark of Ménière's disease.



Inflammation and immune dysfunction

- Chronic stress promotes [systemic inflammation](#), impairing the delicate structures of the inner ear.
- It also weakens the immune system, increasing susceptibility to infections that can exacerbate symptoms.

Blood flow disruption

- Stress constricts blood vessels, reducing labyrinthine artery perfusion.
- Poor circulation can intensify vertigo, tinnitus, and hearing loss.

Mental health impacts

- Ménière's patients show elevated rates of anxiety (23%) and depression (34%), which can amplify symptom perception and reduce coping ability.

Management tips

- Mindfulness, aerobic exercise, and relaxation techniques (e.g., deep breathing, yoga) can help reduce stress and stabilize symptoms (see [Chapter 12](#)).
- A holistic approach that supports emotional wellbeing is essential for long-term Ménière's management.

7

Going natural

People living with Ménière's disease often become experts in creative problem-solving, especially when it comes to easing symptoms in ways that feel gentle, accessible, and safe. Natural approaches can offer meaningful support—whether someone is trying to calm vertigo, settle tinnitus, reduce pressure, or simply soothe an overstimulated nervous system. While it's always wise to consult a specialist in whatever modality you're exploring, that isn't always practical or available in the moment. Fortunately, there are **many well-tolerated, low-risk options** that patients commonly turn to.



On the next few pages, I consolidate popular natural remedy choices on “cheat sheets.” The remedies are organized by symptom so you can explore options and build a toolkit that supports your day-to-day stability.

When trying out natural options, remember the following:

- **It's always a good idea to consult a qualified healthcare professional first.** Many natural products can interact with medications or be unsafe for certain conditions.
- **Assess your full health picture.** Chronic illnesses, allergies, pregnancy, age, and current medications all influence whether a remedy is appropriate. Or not.
- **Quality varies widely.** Natural products are not regulated as strictly as pharmaceuticals, and contamination, adulteration, or inconsistent potency are well documented concerns.
- **Avoid replacing proven medical care.** Delaying effective treatment by relying solely on natural remedies can worsen outcomes.
- **Start low, go slow, and track your response.** Natural remedies can still cause side effects, allergic reactions, or symptom aggravation. Do your research. Ask a practitioner who specializes in the field.

Now, let's take a look at some interesting options:



The “cheat sheets”

For Vertigo

Table 6. *Natural remedies for vertigo and dizziness*

Remedy	How It May Benefit Vertigo Symptoms	Learn More
<i>Aromatherapy (essential oils)</i>		
Peppermint	Calms the vestibular system, reduces nausea, eases head pressure, and supports mental clarity after episodes.	Myhealthopedia.com
Ginger	Reduces inner-ear inflammation, eases nausea and motion sensitivity, and supports circulation to stabilize balance.	Myhealthopedia.com
Lavender	Helps to regulate the nervous system, reduces anxiety spikes that worsen vertigo, and promotes steadier sleep.	Myhealthopedia.com
Lemon	Provides gentle stimulation that reduces brain fog and may ease nausea during or after dizzy spells.	Sciencedirect.com
Chamomile	Calms the autonomic nervous system, reduces stress-triggered flare-ups, and supports restorative sleep.	Myhealthopedia.com
Juniper	Supports lymphatic drainage and fluid balance, potentially easing ear fullness and pressure.	Organicfacts.net
Cypress	Encourages circulation and fluid movement, which may help reduce inner-ear congestion and fullness sensations.	Myhealthopedia.com
Reputable Retailers: Eden's Garden - P&J Trading - Rocky Mountain Oils		General use guidelines
<i>Ayurveda</i>		
Brahmi (Bacopa monnieri)	Nervine tonic that steadies the mind and reduces dizziness.	Organicfacts.net
Ashwagandha	Adaptogen that calms the nervous system and reduces stress-triggered vertigo.	Myhealthopedia.com
Shankhpushpi	Supports neurological balance and reduces sensory overload.	Ayurvedhealing.com
Triphala	Supports detoxification and lymphatic flow, indirectly easing dizziness.	Organicfacts.net
Reputable Retailers: Banyan Botanicals - Ayurscape - Bipha Ayurveda		General use guidelines



Remedy	How It May Benefit Vertigo Symptoms	Learn More
Homeopathy (Dosage: 30c, 1-2 times a day unless otherwise noted)		
Conium Maculatum	Used for severe vertigo worsened by head movement, noise sensitivity, and spinning sensations common in Ménière's.	Homeopathyremedies.org
Gelsemium Sempervirens	Addresses dizziness with weakness, imbalance, and "heavy, dull" sensations often seen post-episode.	Homeopathyremedies.org
Chininum Sulphuricum	Targets roaring tinnitus, postural dizziness, and hearing loss patterns associated with Ménière's.	Homeopathyremedies.org
Chenopodium Anthelminticum	Used for buzzing tinnitus, heartbeat-synchronous ringing, and sudden vertigo episodes.	International Journal of Homeopathic Sciences
Kali Muriaticum (potency 10X)	Supports relief from ear fullness, crackling, and conductive-style hearing issues.	Dailyhomeopathy.com
Salicylicum Acidum	Addresses tinnitus with vertigo, severe nausea, and roaring/buzzing sensations.	International Academy of Classical Homeopathy
Natrum Salicylicum	Used for low-tone tinnitus, dizziness when raising the head, and hearing loss.	International Academy of Classical Homeopathy
Phosphorus	Supports sound sensitivity, difficulty hearing human voices, and dizziness when rising.	Homeopathyremedies.org
Reputable Retailers: Boiron USA - Helios Homeopathy - Hahnemann Labs		General use guidelines
Herbs and Supplements		
Ginger Root	Anti-inflammatory; anti-nausea; supports circulation; reduces motion-triggered dizziness.	drugs.com
Ginkgo Biloba	May improve microcirculation in the inner ear, supporting tinnitus reduction and balance.	drugs.com
Turmeric (Curcumin)	Reduces systemic inflammation that may contribute to inner-ear pressure and flare-ups.	drugs.com
Holy Basil (Tulsi)	Calms stress pathways, supports adrenal balance, and may reduce stress-triggered vertigo cycles.	drugs.com
Lemon Balm	Nervous-system calming herb that reduces anxiety, motion sensitivity, and sleep disruption.	drugs.com
Magnesium Glycinate	Supports nerve stability, reduces migraine-associated vertigo, and calms the vestibular system.	Medicinenet.com



Remedy	How It May Benefit Vertigo Symptoms	Learn More
Vitamin B2 (Riboflavin)	Helps reduce migraine-related dizziness and supports mitochondrial energy in the ear.	Drugs.com
CoQ10	Supports cellular energy in the auditory and vestibular systems; may reduce fatigue after episodes.	Drugs.com
Lysine	Possesses a noted potential antiviral effect and strong anecdotal track record.	Meniere's.org
Vitamin C	Provides antioxidant support that may ease vertigo by reducing oxidative stress and inflammation in the inner ear.	NIH, Office of Dietary Supplements
Omega-3 Fatty Acids	Anti-inflammatory support that may help reduce pressure, fullness, and vascular triggers.	NIH, Office of Dietary Supplements
Vitamin D3	Supports immune regulation and may reduce autoimmune-linked vestibular flare patterns.	Drugs.com
Reputable Retailers: Thorne Research - Life Extension - Now Foods		

For Tinnitus

Table 7. Natural remedies for tinnitus

Remedy	How It May Benefit Tinnitus Symptoms	Learn More
Aromatherapy (essential oils)		
Lavender	Calms the nervous system, reduces stress-related tinnitus spikes, and promotes relaxation.	Myhealthpedia.com
Frankincense	Supports inner-ear circulation and reduces inflammation that may worsen tinnitus.	Myhealthpedia.com
Helichrysum	Known for regenerative properties; may support auditory nerve health and reduce ringing intensity.	Myhealthpedia.com
Basil	Stimulates circulation and may help relieve ear pressure and ringing sensations.	Myhealthpedia.com
Sandalwood	Promotes deep relaxation and reduces anxiety-driven tinnitus perception.	Myhealthpedia.com
Reputable Retailers: Eden's Garden - P&J Trading - Rocky Mountain Oils		General use guidelines
Ayurveda		
Guggulu	Improves microcirculation and reduces inflammation that can worsen tinnitus.	Drugs.com
Guduchi (Tinospora cordifolia)	Anti-inflammatory and immune-modulating; supports stable ear function.	Ayurvedhealing.com
Shilajit	Mineral-rich; supports cellular energy and circulation, sometimes easing tinnitus intensity.	Ayurvedhealing.com



Remedy	How It May Benefit Tinnitus Symptoms	Learn More
Ashwagandha	Reduces stress, which is a major tinnitus amplifier.	Ayurvedhealing.com
Brahmi (Bacopa monnieri)	Calms mental agitation and reduces the perception of ringing.	Organicfacts.net
Reputable Retailers: Banyan Botanicals - Ayurscape - Bipha Ayurveda		General use guidelines
Homeopathy (Dosage: 30c, 1-2 times a day unless otherwise noted)		
Chininum Sulphuricum	Addresses roaring tinnitus and hearing loss patterns associated with Ménière's.	Homeopathyremedies.org
Graphites	Used for low-pitched humming tinnitus and ear fullness.	Homeopathyremedies.org
Kali Carbonicum	Used for tinnitus accompanied by vertigo and ear pressure.	Homeopathyremedies.org
Natrum Salicylicum	Targets low-tone tinnitus and dizziness when raising the head.	PeaceHealth
Lycopodium	Used for buzzing tinnitus and digestive-linked ear symptoms.	Homeopathyremedies.org
Reputable Retailers: Boiron USA - Helios Homeopathy - Hahnemann Labs		General use guidelines
Herbs and Supplements		
Ginkgo Biloba	May improve microcirculation in the inner ear, supporting tinnitus reduction and auditory clarity.	Drugs.com
Hawthorn	Supports vascular health and may reduce tinnitus linked to poor circulation.	Drugs.com
Black Cohosh	Calms nervous system excitability and may reduce tinnitus intensity.	Drugs.com
Turmeric	Anti-inflammatory; may reduce oxidative stress affecting auditory pathways.	Drugs.com
CoQ10	Enhances cellular energy and may reduce fatigue-related tinnitus perception.	Drugs.com
Magnesium	Supports nerve stability and may reduce stress-related tinnitus spikes.	NIH, Office of Dietary Supplements
Omega-3 Fatty Acids	Anti-inflammatory support that may help reduce auditory inflammation and pressure.	NIH, Office of Dietary Supplements
Vitamin B12	Supports nerve regeneration and may reduce tinnitus in deficiency-related cases.	NIH, Office of Dietary Supplements
Zinc	Essential for cochlear function; deficiency may worsen tinnitus.	NIH, Office of Dietary Supplements
Reputable Retailers: Thorne Research - Life Extension - Now Foods		



For Ear Fullness/Pressure

Table 8. Natural remedies for reducing ear pressure

Remedy	How It May Benefit Ear Fullness Symptoms	Learn More
<i>Aromatherapy (essential oils)</i>		
Lavender	Calms the nervous system and may ease tension that contributes to inner-ear pressure.	Myhealthpedia.com
Peppermint	Promotes circulation and can help relieve congestion or fullness sensations.	Myhealthpedia.com
Rosemary	Stimulates lymphatic flow and supports fluid balance.	Homeopathyremedies.org
Cypress	Known for its diuretic and circulatory properties, helping reduce fluid retention.	Myhealthpedia.com
Juniper	Encourages detoxification and may assist in reducing edema and ear pressure.	Organicfacts.net
Reputable Retailers: Eden's Garden - P&J Trading - Rocky Mountain Oils		General use guidelines
<i>Ayurveda</i>		
Punarnava	One of Ayurveda's strongest natural diuretics; reduces fluid retention system-wide.	Ayurvedhealing.com
Trikatu (Ginger, Black Pepper, Long Pepper)	Reduces mucus, improves metabolism, and decreases Kapha congestion.	Ayurvedhealing.com
Cumin–Coriander–Fennel Tea (CCF Tea)	Gentle diuretic and digestive support; reduces bloating and fluid buildup.	Ayurvedhealing.com
Triphala	Supports lymphatic drainage and reduces heaviness in the head.	Organicfacts.net
Reputable Retailers: Banyan Botanicals - Ayurscape - Bipha Ayurveda		General use guidelines
<i>Homeopathy (Dosage: 30c, 1-2 times a day unless otherwise noted)</i>		
Conium Maculatum	Used for vertigo with ear fullness and pressure sensations.	Homeopathyremedies.org
Gelsemium Sempervirens	Helps relieve dizziness and heaviness linked to fluid imbalance.	Homeopathyremedies.org
Chininum Sulphuricum	Addresses tinnitus and pressure fluctuations in the inner ear.	Homeopathyremedies.org
Kali Muriaticum (potency 10X)	Supports drainage and balance of ear fluids, easing congestion.	Dailyhomeopathy.com
Theridion Curassavicum	Reduces sensitivity to motion and pressure changes.	Homeopathyremedies.org

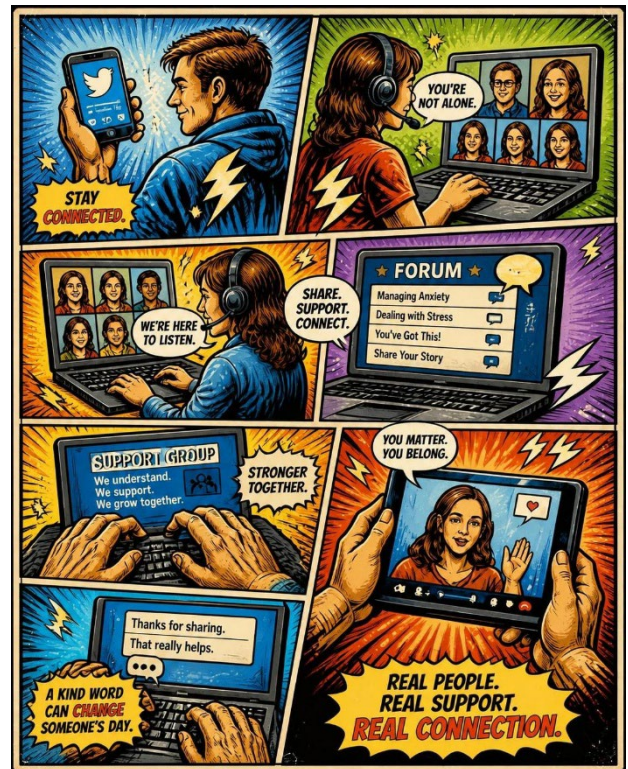


Remedy	How It May Benefit Ear Fullness Symptoms	Learn More
Natrum Salicylicum	Targets fluid retention and ringing sensations in the ears.	PeaceHealth
Reputable Retailers: Boiron USA - Helios Homeopathy - Hahnemann Labs		General use guidelines
<i>Herbs and Supplements</i>		
Dandelion	Natural diuretic that helps reduce fluid buildup in tissues.	Drugs.com
Parsley	Supports kidney function and gentle fluid elimination.	Drugs.com
Corn Silk	Promotes urinary flow and reduces systemic fluid retention.	Medicinenet.com
Hawthorn	Improves circulation and may stabilize inner-ear pressure.	Drugs.com
Green Tea	Mild diuretic and antioxidant that supports fluid balance.	Drugs.com
Magnesium	Supports vascular tone and may reduce inner-ear fluid pressure.	NIH, Office of Dietary Supplements
Vitamin B6 (Pyridoxine)	Helps regulate sodium and fluid balance in the body.	NIH, Office of Dietary Supplements
Vitamin B3 (Niacin)	Improves microcirculation in the inner ear.	NIH, Office of Dietary Supplements
Vitamin C	Strengthens capillaries and supports immune and fluid regulation.	NIH, Office of Dietary Supplements
Zinc	Aids in tissue repair and may help reduce inflammation in the ear.	NIH, Office of Dietary Supplements
Potassium	Balances sodium levels, helping prevent fluid retention.	NIH, Office of Dietary Supplements
Reputable Retailers: Thorne Research - Life Extension - Now Foods		

8

Getting into the online groove

Connecting online can be fun and reaffirming when you live with Ménière's. Online spaces offer something rare and deeply needed: a place where you don't have to explain the basics. When you find others who share this condition, your stories of dizziness, brain fog, and sudden hearing shifts, among everything else, are met with nods instead of confusion. Whether you're swapping battle stories, sharing practical tips, or simply realizing that you're not going through this alone, digital connection creates community when in-person support is limited or not possible.



Ménière's communities

One way to find the right online connections is to dip into your kit bag of hashtags. Below, I've listed some of the most popular that you can use when searching through social media. Links and descriptions for two large communities follow.

Popular hashtags

#menieres #menieresdisease #vertigo #vestibularmigraine #vestibularmigraines #dizziness #chronicillness #migraine #vestibularneuritis #meniereshelp #dizzinessrelief #menieresdiseasesucks #vestibularrehabilitation #migraines #vestibulardisorder #pppd #migraineawareness #derealization #depersonalization #vestibular #migrainerelief #hearingloss #tinnitus #cancer #derealisation #chronicmigranes #depersonalizationdisorder #derealizationdisorder #butyoudontlooksick #dissociation

Menieres.org

[Menieres.org](https://www.menieres.org) is an online support community founded in 1997 to provide information, resources, and connection for people living with Ménière's disease and related vestibular disorders. The site offers articles, treatment overviews, lifestyle guidance, and personal stories. It serves as a hub for [forums](#), where people with Ménière's and vestibular conditions can talk openly about symptoms, coping strategies, and the emotional side of chronic illness.



The Mighty

[The Mighty](#) is a massive online health community where people living with chronic illness, disability, mental health conditions, and rare diseases share their stories. It creates a space where lived experience is treated as expertise and demonstrated through personal essays, practical tips, and peer support. With thousands of contributors and condition-specific groups, it's a place to feel seen, learn from others, and connect with people who truly get it. (Search for Ménière's to find others with this condition.)

Here are a few communities I've uncovered on popular platforms. Tailor your own experience to find more.

Instagram

- [Meniere's disease](#)
- [Dizziness/anxiety](#)
- [PPPD](#)
- [Vestibular migraine](#)

Facebook

- [Meniere's disease support group](#)
- [A Chronic Voice](#)
- [Chronic Illness Humor](#)

Reddit

- [Meniere's](#)
- [Meniere's research](#)

TikTok

- [Meniere's](#)
- [Meniere's disease](#)
- [Vertigo](#)
- [Tinnitus](#)
- [Dizziness](#)
- [PPPD](#)

Podcasts

Meniere's Muse

[Meniere's Muse](#) is a warm, insightful show where host Heather Davies blends personal experience with practical strategies. She offers encouragement, education, and a sense of community for people living with Ménière's.

The Curbsiders

[Episode #379 Hearing Loss, Tinnitus, and Meniere's Disease](#) offers a clinician-focused deep dive into the science behind hearing loss and vestibular disorders. It features expert guidance on diagnosis, treatment options, and what patients actually experience.



The Backtable

[The Backtable](#) is a broad medical podcast featuring specialists across disciplines. Episodes touching on ear and balance disorders offer clear, expert-level explanations of current treatments, technology, and patient care.

Mind Over Meniere's

[Mind Over Meniere's](#) is a personal, practical podcast created by Glenn Schweitzer, a writer and advocate who lives with Ménière's disease. It is rooted in lived experience, sharing mindset tools, symptom- management strategies, and lifestyle adjustments that help listeners feel more in control of their condition.

The Meniere's Puzzle

[The Meniere's Puzzle](#) offers thoughtful exploration of the many factors that contribute to Ménière's—from diet and stress to physiology and environment. It aims at helping listeners piece together what works for their own bodies.

Blogs

Blogs offer something uniquely comforting: real stories from people who've been in the trenches. Blogs remind you that you're part of a larger community where people learn, adapt, and keep moving forward. Here are a few to check out:

Dizzylady.com

[Dizzylady.com](#) is my own blog. Under the guise of The Ménière's Chronicles, I offer a humorous, comic book-style take on my experiences with Ménière's disease over the last 20 years. Alongside the personal narratives are lifestyle and health tips, social and cultural musings, and plenty of inspiration.

My Shadow Meniere's

[My Shadow Meniere's](#) is a reflective, emotionally honest blog chronicling one woman's life with Ménière's disease. Posts blend personal storytelling with medical insight, including cochlear implant experiences and the psychological toll of an invisible illness. It's intimate, candid, and deeply validating for anyone navigating this disease.

Our Family's Meniere's Story

[Our Family's Meniere's Story](#) is a family-centered blog that documents what it's like when Ménière's doesn't just affect one person—it affects everyone. The writing typically explores caregiving, communication, parenting through unpredictable symptoms, and the emotional labor of supporting a loved one with a chronic vestibular condition. It's practical, heartfelt, and community-oriented, offering solidarity to families learning to adapt together.

Meniere's Dietician and Biomedical Scientist

[Ménière's Dietician and Biomedical Scientist](#) is a science-driven blog run by a nutrition professional with biomedical training, focused on evidence-based dietary strategies for Ménière's disease.



Expect breakdowns of sodium management, metabolic factors, hydration, supplements, and the physiology behind symptom triggers. The tone is analytical but accessible—ideal for readers who want research-backed guidance rather than anecdotal advice.

The Wudy Way

[The Wudy Way](#) is a lifestyle-forward chronic illness blog that blends personal experience with practical tools for living well despite Ménière's. Posts often highlight mindset shifts, low-sodium cooking, stress reduction, and sustainable habit-building. The vibe is upbeat, encouraging, and grounded in real-life trial-and-error. This is a “here's what actually helped me” approach rather than prescriptive rules.

From Ear to Eternity: A Cochlear Implant Diary

[From Ear to Eternity: A Cochlear Implant Diary](#) is a narrative blog documenting the journey from hearing loss to cochlear implantation—the fears, the surgery, the activation day, the strange early sounds, and the gradual rediscovery of hearing. It's part memoir, part educational resource, offering a rare, vulnerable look at what the CI process *really* feels like from the inside. A powerful read for anyone considering or supporting someone through implantation.

Apps

With so many health and wellness apps available today, your phone can become a surprisingly powerful ally. From symptom tracking to stress reduction to meal planning, here are a few you might find helpful.

Well Balanced

[Well Balanced](#) is a personalized vestibular rehab with free at-home exercises and optional one-on-one support. I've used this App personally and found it to be both fun and effective for dealing with [PPPD](#).

Happify

[Happify](#) offers quick, science-based mindfulness games and activities designed to build resilience and ease stress.

MediSafe

[MediSafe](#) is a medication-tracking app that reminds you when to take doses, flags refill times, and alerts you to potential drug interactions.

My Ménière's

[My Ménière's](#) is a symptom-tracking app on Google Play created specifically for people managing Ménière's disease.

Real Plans

[Real Plans](#) is a customizable meal-planning tool that simplifies cooking when you're following protocols like low-sodium, AIP, paleo, gluten-free, dairy-free, or low FODMAP.



Talkspace

[Talkspace](#) is an online therapy that matches you with a licensed counselor and offers flexible, message-based sessions (insurance accepted).

In-person connections

Don't forget, meeting people in the flesh still works too. Sometimes the simplest way to find your crowd is to mention your health condition out loud, casually, the way you might comment on the weather or the price of avocados. You'd be amazed at how often someone comes up to you and says, "I thought I was the only one!"

When you're out running errands or staring blankly at the grocery store shelves, a little small talk about whatever you're holding—almond milk, earplugs, a screaming child—can open the proverbial doors. Chronic illness lurks everywhere. You never know who might be walking around with a story that sounds a lot like yours.

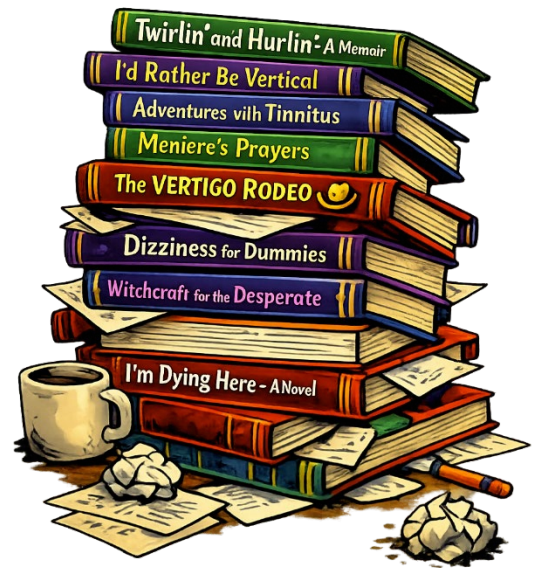
And of course, there are in-person support groups, too. They're a reminder that you're not alone, not strange, and not broken. Just human.

A few ways to find connections:

- Visit bulletin boards at a local library or religious institution.
- If you are a student, your college or university may have a support group that interests you.
- Ask your doctors about services and support groups provided by the hospital or medical center.
- Use the [Meetup](#) platform's list of support groups by city.

9

Becoming a know-it-all



When your situation gets you down, stories and information can be pleasantly grounding by offering a way to reconnect with yourself instead of your symptoms. Reading (traditional or audio books) can be a window into hope. Books expand your knowledge, deepen your coping mechanisms, and remind you that your mind is still functioning even when everything else feels broken.

Here's a short, curated reading list to get your started.

Books

Ménière's disease

- Hain, Timothy C. [*Ménière's Disease: What You Need to Know*](#). Self-published, 2022.
- Knoblauch, Mark. PhD. [*Overcoming Ménière's: How Changing Your Lifestyle Can Change Your Life*](#). Self-published, 2018.

Chronic illness

- Claflin, Vikki. [*Shake, Rattle & Roll With It: Living and Laughing with Parkinson's*](#). CreateSpace, 2014.
- Prokopy, Jenni. [*ChronicBabe 101: How to Craft an Incredible Life Beyond Illness*](#). ChronicBabe Press, 2017.
- Selak, Joy H., and Steven Gordon. [*You Don't LOOK Sick! Living Well with Invisible Chronic Illness*](#). Demos Health, 2005.

Hearing loss

- Eberts, Shari, and Gael Hannan. [*Hear & Beyond: Live Skillfully with Hearing Loss*](#). Amazon Publishing, 2022.

Cookbooks

- [*Ménière Man In The Kitchen: Recipes That Helped Me Get Over Ménière's*](#). Self-published. n.d.



- Allan, Freda. [*SUPER EASY MENIERE'S DISEASE DIET COOKBOOK: Delicious Low-Sodium Recipes To Manage Symptoms, Reduce Vertigo, And Improve Inner Ear Health*](#). Self-published, 2025.
- Ramsey, Clara. [*Delectable Healthy Recipes with low sodium Diet and Great Taste to Help You Fight Meniere's Disease*](#). Self-published, 2024.

Personal essays

- Miller, Tessa. [*"Five Things I Wish I'd Known Before My Chronic Illness."*](#) The New York Times, February 18, 2019.

Tessa Miller lives with Crohn's disease. This essay offers a succinct roundup of the many ways chronic illness will impact your way of life, as well as change your relationship with others and with yourself.

- Ramey, Sarah. [*"I Was Young, Female, and Catastrophically Sick. Doctors Told Me I Was Crazy."*](#) Washingtonian, March 8, 2020.

Sarah Ramey lives with fibromyalgia, ME/CFS, chronic Lyme, and chronic pain. This essay is an excerpt from *The Lady's Handbook for her Mysterious Illness*. She relays a common story of unexplained symptoms and dismissal by doctors, coupled with the assertion that while women may feel desperately alone, many others are going through the exact same thing.

- Kukla, Elliot. [*"In My Chronic Illness, I Found a Deeper Meaning."*](#) The New York Times, January 10, 2018.

Elliot Kukla is a transgender author living with the autoimmune disease lupus, fibromyalgia, and chronic fatigue. They speak about the taboo of chronic illness and offer a unique perspective that explores what it means to be human.

- Thompson-Spires, Nafissa. [*"On Telling Ugly Stories: Writing with a Chronic Illness."*](#) The Paris Review, April 9, 2018.

This essay is a bold description of how endometriosis impacts the author's life. Nafissa challenges our tendency to sugar-coat and hide away from the raw reality of pain, sex, and everything else involved in human health and chronic conditions, while giving others permission to be vulnerable and candid about their illnesses.

- Ehrenreich, Barbara. [*"Welcome to Cancerland."*](#) Originally published in Harper's Magazine, 2001; widely reprinted (e.g., Longreads).

Ehrenreich gives a sharp, unflinching critique of the culture that has grown around breast cancer in the U.S. Drawing from her own diagnosis, she examines how pink-ribbon marketing, cheerfulness mandates, and corporate sponsorships have shaped the public narrative of the disease. Spoiler alert: It's not pretty

10

What we talk about when we talk about Ménière's

Engaging in conversation about your condition with family, friends, and perfect strangers can be unpleasant or overwhelming at times, especially when you're not feeling your best. Your illness isn't obvious 24/7, which is why some people tend to assume that if you *look* okay, you must *feel* okay. And that's adorable. Kind of in the way a chimpanzee might mix a martini is adorable, if given the chance. Below are some ideas for navigating the tricky terrain of talking about your health with the people in your life.



Know the rules of engagement

- 1) Good communication is a skill.
- 2) Many people suck at it.
- 3) It's not your job to make everyone comfortable, educated, or enlightened.

Not everyone is a conversation expert. Plenty of us have an Uncle Ernie who pretends to be an expert on everything. Or a sister who can't wait for you to finish a sentence before she butts in. (Take a moment to tick through your own list of problem characters.) What that means for us, the Ménière's troop, is that we need to accept this imperfect reality and adapt. Specifically, speak up! Being honest about how you feel and asking for what you need is not just a suggestion, it's a necessity. And that means sometimes the best option is to gently steer the conversation away from your situation to other less explosive topics like, say, politics or climate change.

When you're talking to someone who's never dealt with long-term health issues, it's easy for empathy to go out the window. It may be hard for them to understand the nuances of your situation; how your symptoms shape your days. However, there are ways to make these conversations less soul-draining.



Give yourself permission to be human

Choose who you talk to

Sometimes the person who “gets it” is not your closest relative but the kind coworker or the friend-of-a-friend who listens without flinching. Never forget that you get to decide who hears your story and which parts of it you share.

Trust what you know about people

If you're talking to someone who is normally considerate but manages to say something upsetting, be aware that they may not realize their comment landed like a turd in the punchbowl. Don't ignore it. Take a breath and explain why it bothered you. And whenever you engage with someone who is repeatedly dismissive or antagonistic, save yourself the grief and end the conversation.

Try to understand their perspective

Sometimes people say ridiculous things because they're scared, clueless, distracted, or trying too hard. Those situations are usually pretty easy to spot, so try to separate the socially awkward from the real jerks. Understanding another's perspective doesn't mean excusing their behavior or swallowing your own feelings. It helps you decide how to respond.

Ask for what you need

We often behave as if the people closest to us can read our minds. Spoiler alert: they cannot. For the most part, anyway. That means you have to be clear about what you need, whether it's emotional support or practical assistance. Examples:

- “Can I vent for a few minutes?”
- “Could you help me research something?”
- “Will you come with me to my appointment?”

Or, to keep people on their toes:

- “Can you loan me \$170K for a cochlear implant?”

Share educational resources

If someone wants to understand but doesn't quite get what you're going through, send them an article, a blog post, or something that explains your condition in a way that doesn't drain your battery. Sometimes hearing it from a doctor, or a writer who's been there, helps it sink in.

Be mindful about oversharing

People need time to absorb what you tell them. Don't blather on about your condition. Keep to a few simple statements, then let it go. If you're close to the person, you might try bringing them to a doctor's appointment so they can understand firsthand without your having to narrate the epic saga.



Use social media to inform

If you feel comfortable, sharing posts about your condition can help others understand what you're going through. And if you don't have the words, share someone else's. There are thousands of people writing about similar experiences online. Borrow their language until you find your own.

Prepare your “elevator speech”

In the spirit of “always be prepared,” it might help to have a little script at the ready. This is the elevator speech you can use the first time you tell people about your condition.

As you prepare your script, keep in mind that the way you talk about your health affects how others respond. Try to keep your language neutral, simple, and direct. You're attempting to convey facts, not audition for a medical drama. And here's something you should take to heart: the words you use also shape how you identify with your own experience. **Say something often enough and it becomes the story you live inside, so choose language that feels true and kind to yourself.** Don't let these disease define you!

Some examples:

- “I have Ménière's disease. It's a chronic inner ear disorder. I deal with major vertigo and nausea frequently. It can be debilitating at times but I'm managing the best I can.”
- “I have Ménière's disease, an inner ear disorder. It causes unexpected dizzy spells and nausea and can be really challenging.”
- “I have Ménière's disease, an inner ear disorder that causes severe vertigo, nausea, and tinnitus. I don't mean to be overly dramatic or a pain in the ass, but during attacks I'm pretty miserable.”

It's okay to get pissed off, discouraged, or scared once in a while. Your emotions are not character flaws; they're part of being a human who has a rare, occasionally dramatic condition. When you explain this to people, let your true personality come through.

Roleplay

When someone hits you with an upsetting comment or pulls you into one of those tricky, soul-sucking conversations, remember, you get to choose how to respond. You can answer directly, steer the topic elsewhere, or end the conversation entirely. Be firm. Set the boundary. And if someone keeps pushing their point of view, repeat yourself as many times as necessary. That last technique is called “the broken record” in communication circles. Use it. It works.

And speaking of records, despite all your best efforts, the troublemakers will still find you. Those are the times you might hear [The Shirelles](#) singing in your head, “Mama said there'd be days like this...” That's the moment you know it's time to take a stand.



For example:

They don't believe you

Statements like “You can't be that sick” suggest you're exaggerating. Shake it off. You know your truth, regardless of their opinion. Internally, you might say to yourself: *This person's attitude is not my problem.*

Out loud, you might say:

- “I know it's hard to understand if you haven't lived it.”
- “This isn't something I want to discuss with you.”
- “Let's talk about something else.”

Or perhaps:

- “I may not look sick right now but just wait until I throw up in your car.”

They offer unsolicited advice or miracle fixes

Again, this is a simple issue of someone not knowing what to say. Out of desperation to help, they may start tossing out solutions. You can try:

- “Thank you for your suggestions, but what I need most is a listening ear.”
- “I appreciate that, but it's not that simple.”
- “I'd rather not discuss this right now.”

Or, if you're feeling particularly feisty:

- “Noted. Ignored. Moving on.”

They invite you to an event that might be too much for you

Be upfront about your limits. Try:

- “I'm having a lot of dizziness lately. I may not be able to make it.”
- “I may need to leave early, but I'm looking forward to it.”
- “I'd love to come, but I'm not sure how I'll be feeling. Can I let you know the day of?”

They're upset you can't participate

Even with the best planning, vertigo might come for you when it's least convenient. If you have to cancel or, worse, provide a full-on demonstration of a drop attack in the middle of a dinner party, remember, don't feel guilty or embarrassed. You'll have a good story to tell after the fact. Stay calm. Let others help if they're willing. There's nothing like a drop attack to earn some much needed respect for this condition. Once they witness an attack, they'll never question your condition again!

11

Offering support... the Mènière's version

This chapter is for the people who love us. The friends who show up with soup. The family members who try so hard to understand. The caregivers who keep caring and giving. If someone you love is stumbling through the bewildering landscape of Mènière's, consider this chapter a small lantern for the path.



Understand the terrain

When your friend or partner or family member gets a Mènière's diagnosis, it can feel like they've been handed a death sentence. On one level, they may be relieved in having a name for what's been happening. More likely, it feels like reality has slapped them in the face and life will never be the same. They may begin to grieve for the life they had—the passions, the plans, the good hearing they thought would continue. If you're close to them, you may feel this grief too.

Just as you would be kind to your loved one, be kind to yourself. Your feelings are real too. Fear, worry, concern, and frustration will all be part of the picture. Talk to someone you trust, or a professional who can hold your story with empathy. There are support groups for the people who love the chronically ill (see [Chapter 8](#)). They can remind you that you're not the only one trying to figure out how to be steady in a world that keeps shifting.

Some aspects of Mènière's are less visible. For example, the pain, the exhaustion, the brain fog. The best you can do is learn all you can about what your person is dealing with so you can understand the terrain they're stumbling through. There are many ways to help someone build a full, vibrant life inside the reality they didn't choose. It starts by being present. By listening. By offering love that doesn't ask them to be anything other than who they are right now.



Do simple things that help

Listen

Listen like you're holding a small bird: gently, without trying to yank out its feathers. When they talk about their situation, let your heart stay open and your mouth remain (mostly) closed. Resist the heroic urge to fix anything. Just be there.

Be honest

If you don't know what to say, say *exactly that*. "I don't know how to respond, but I'm here" is a thousand times kinder than generic platitudes. Honesty is its own kind of balm.

Ask questions

Curiosity is a form of love. Ask what their days are like, what's hard, what helps. Let them teach you. And try not to assume you already know the shape of their experience. Ménière's has a way of surprising even the person living with it.

Educate yourself

Do a little homework on your own time. Read an article, watch a video. You don't need to become their personal medical expert, just understand the path they're navigating without judgment.

Share what you learn

If you come across something helpful—online, in a waiting room pamphlet, wherever—tuck it into your pocket and share it with the people around you. Sometimes information is a lifeline, and sometimes it's simply a reminder that none of us is doing this alone.

Show empathy

Let them know you're in their corner, even on the days when their corner feels like [Defcon 5](#). Tell them they're not a burden (yes, even if it's not true). Tell them you're here, even when things are messy or confusing or wildly unfair. It might not look like much on the surface, but it means a lot to the person. They will remember those times with gratitude.

Ask how you can help

Offer help gently, without commentary. If they ask you to pick up groceries, drive them somewhere, or help with a minor task, be prepared to give up some of your time. You might offer to share an experience, like watching a movie, sitting outside, or just being together saying nothing. Remember, sometimes the kindest thing is to let them set the pace.

Be an ally

Stand up for your Ménière's person when you can. Maybe it's at the dinner table or a social setting when someone makes an inconsiderate remark and you can tell it hurt. You don't need a cape or a theme song (although both would be nice). Just find a little courage and the willingness to speak up, perhaps with something like: "Well, that didn't help but it did take up our time."



Avoid well-meaning but useless commentary

People with Ménière's hear all kinds of comments that land with a thud, most of it well-meaning. But let's be honest, a poorly timed or thoughtless remark can minimize what someone is going through, even when spoken with love.

For example, statements like:

"It could be worse!"

This is the emotional equivalent of handing someone a sandwich when they've just told you they're drowning. Yes, technically things *could* be worse, but that doesn't make the current suffering any less real.

"I get dizzy sometimes too."

Sometimes this comes from genuine worry. More often, it derails the conversation. Living with Ménière's doesn't give the same rush as stepping off the Tilt-O-Whirl or climbing five flights of stairs. Minimizing someone's daily struggle by comparing it to your anecdotal situation is... well, unhelpful.

"You seemed fine earlier." "You look fine to me!"

These comments imply exaggeration or drama. Pain, fatigue, brain fog, mild dizziness—none of these come with flashing lights and a siren. What you see on the outside is never the whole story.

The "prove you're sick" paradox

People with Ménière's walk a tightrope between trying to appear "normal" and needing support. They may look fine one day and be unable to get out of bed the next. Symptoms fluctuate. Energy is questionable from day to day. And many people mask their pain because they want to participate in life, not narrate their suffering. For your part, know that flexibility and compassion go a long way.

"Get well soon!"

Like any chronic condition, Ménière's doesn't have a "well" to return to—just better days and harder days. Attacks happen. Symptoms change. A good day is not the same as recovery.

Suggesting miracle cures

People living with Ménière's have usually tried everything short of witchcraft, and sometimes that too. Suggesting a magic supplement or therapy can unintentionally imply they're not already doing enough or that they're ignorant of their own situation. Ménière's is complex. There is no one-size-fits-all fix, no matter what your cousin's neighbor's chiropractor says.

Making illness the center of attention

Your Ménière's person doesn't want to be defined by their condition. They want to talk about books, movies, their dog, or the weird thing that happened at the grocery store. They need space to be whole humans. Follow their cues. Let them vent when they need to and gloriously be themselves the rest of the time.

12

Chilling out

Relaxation is a vital tool for managing day-to-day wellbeing. Stress is a major villain in terms of aggravating symptoms. Learning how to “chill” is a powerful way to reclaim stability and a sense of control.

Make time... it *will* help

Stress and the inner ear

Emotional strain affects fluid regulation and nerve signaling in the inner ear, often triggering or intensifying symptoms like vertigo and tinnitus. Reducing stress = reducing symptom severity.

Symptom relief

Relaxation techniques like deep breathing, meditation, and gentle movement can calm the nervous system, reduce dizziness, and ease ear pressure.

Emotional resilience

Regular chill-out routines help you cope with the unpredictability of attacks, reducing anxiety and restoring a sense of control.

Minimize the chaos

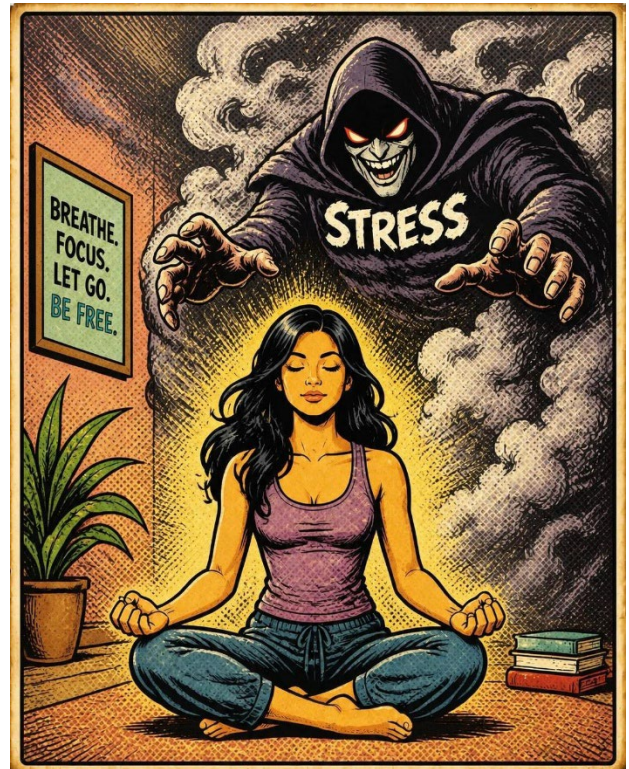
The practices I've outlined below are accessible to everyone and rooted in general wellness principles (not medical advice).

Meditation

Meditation is a mind-body practice that trains attention and awareness, often through breath focus, guided imagery, or observing thoughts without judgment.

How meditation can help someone with Ménière's

- Reduces stress, which is a common trigger for vertigo episodes
- Helps calm the autonomic nervous system, easing the “fight-or-flight” surge that often accompanies dizziness





- Supports emotional resilience during unpredictable symptom flares
- Can improve sleep quality, which many people with Ménière's struggle with

Which meditation style is right for you?

Finding the right meditation style is all about discovering what helps your mind and body feel a little more at ease. Each approach offers its own doorway into calm, whether you're someone who needs structure, prefers gentle guidance, or simply wants a moment to breathe. Think of meditation as a toolkit rather than a single practice; the right style is the one that meets you where you are and supports the kind of steadiness you're hoping to cultivate.

Table 9. Meditation styles at a glance

Meditation Style	What It Is	Why It Helps	Beginner-Friendly Tips
Breath Awareness	Focusing on natural breathing	Calms the nervous system and reduces stress	Start with 2–3 minutes, keep eyes open if dizzy
Body Scan	Moving attention slowly through the body	Helps release tension and reconnect with the body	Do lying down or seated with support
Guided Meditation	Listening to a recorded guide	Reduces overwhelm and supports focus	Choose short 5-minute tracks
Loving-Kindness	Repeating gentle phrases of goodwill	Supports emotional resilience	Keep phrases simple and personal
Sound-Based Meditation	Using soft tones, humming, or gentle sounds	Can soothe tinnitus-related anxiety	Use low-volume, non-directional sound

Yoga

Yoga involves movement-based practice combining physical postures, breathwork, and mindfulness to support strength, flexibility, and nervous-system regulation.

Which yoga style is right for you?

Yoga isn't one thing, it's a whole ecosystem of practices, each with its own rhythm, purpose, and personality. If you're living with Ménière's disease, the differences matter. Some styles soothe the nervous system; others challenge balance or move too quickly. Yoga isn't about pushing through symptoms, it's about partnering with your body. Some days you flow, some days you rest, and some days you simply breathe. Every style has something to offer. The right one will feel like support rather than strain.

How yoga can help someone with Ménière's

- Reduces tension and promotes grounding (particularly gentle forms like restorative or yin).
- Help stabilize the nervous system during or after episodes.
- Improves balance and proprioception, which can be affected by vestibular disorders.
- Offers a structured way to reconnect with the body after periods of instability.

*Table 10. Yoga styles at a glance*

Yoga Style	Pace	Focus	Best For	Notes for Vestibular Sensitivity/Ménière's
Hatha The gentle gateway	Slow–moderate	Foundational poses, breath, alignment	Beginners, gentle strengthening	Predictable, steady movements; generally well-tolerated
Vinyasa The flow state	Moderate–fast	Flowing sequences linked to breath	Cardio, strength, creative movement	Can be too quick on flare days; choose slow-flow versions
Ashtanga The discipline practice	Fast, structured	Strength, discipline, fixed sequence	Athletes, routine-lovers	Intense; not ideal during dizziness or fatigue
Iyengar Precision and props	Slow, precise	Alignment, props, posture	Injury recovery, stability	Excellent for balance support; props reduce fall risk
Restorative The art of doing almost nothing	Very slow	Deep rest, nervous-system calming	Stress relief, burnout, chronic illness	One of the most Ménière's-friendly styles
Yin Slow, deep, and still	Slow, long holds	Fascia, joint mobility, stillness	Flexibility, mindfulness	Avoid deep forward folds during ear-pressure days
Kundalini Breath, sound, and energy	Variable	Breathwork, chanting, energetic shifts	Emotional release, breath control	Some rapid movements may overstimulate
Chair Yoga Stability first	Slow	Accessible movement, supported balance	Mobility challenges, fatigue	Great for flare days or fear of falling
Gentle/Adaptive Made for real bodies	Slow	Custom modifications, comfort	Chronic illness, pain, beginners	Highly customizable; meets the body where it is

Tai Chi

Tai Chi is a slow, flowing martial-arts-based movement practice focused on balance, coordination, and mindful shifting of weight.

How Tai Chi can help someone with Ménière's

- Improves balance and reduces fall risk—a major concern for people with vertigo.
- Helps retrain the vestibular system in a low-stress way.
- Encourages relaxation and body awareness without sudden head movements.
- Builds confidence in mobility, which Ménière's can easily erode.

*Table 11. Tai Chi styles at a glance*

Main Features	What It Means	Benefit for Someone with Ménière's	Beginner Tip
Slow, Flowing Movements	Gentle, continuous motion without sudden changes	Reduces dizziness triggers and supports vestibular retraining	Keep your gaze steady and movements small
Weight Shifting	Controlled transitions from one foot to the other	Improves balance and reduces fall risk	Practice near a wall for support
Deep, Calm Breathing	Coordinated breath with movement	Helps regulate the nervous system and reduce stress-related flare-ups	Exhale longer than you inhale
Mind–Body Focus	Attention stays on posture, breath, and sensation	Reduces anxiety and increases body awareness	Keep sessions short and consistent
Upright, Stable Postures	No inversions or rapid head movements	Minimizes vertigo triggers and supports confidence	Move slowly when turning the head

ASMR

Autonomous Sensory Meridian Response, or ASMR, is a calming, tingling sensation—often starting on the scalp and moving down the neck—that some people experience in response to soft sounds, gentle movements, or focused attention. Although the sensation itself has likely existed forever, it wasn't formally recognized or named until 2010, when Jennifer Allen coined the term after online communities began comparing notes about the phenomenon in the late 2000s. Today, millions of people report experiencing ASMR, though it remains a subjective response. Some feel the signature “tingles” immediately, while others simply enjoy the relaxation without the physical sensation.

How ASMR can help someone with Ménière's

- Reduces stress and anxiety, which may indirectly lessen symptom triggers.
- Helps with sleep—especially useful for people dealing with nighttime tinnitus.
- Provides a soothing sensory focus during periods of ear fullness or discomfort.
- Offers a sense of calm distraction during recovery after an episode.

Experience it for yourself!

- [ASMRMagic](#)
- [ASMR Tingly brain massage for deep sleep](#)



Also, I've included some Ménière's-friendly sound profiles—the kinds of audio textures that tend to feel soothing rather than destabilizing—along with a set specifically tuned for tinnitus relief. These are patterns many people with vestibular or auditory sensitivity find easier to tolerate. They are designed to avoid dizziness triggers, sound fatigue, and sensory overload.

Table 12. Ménière's-friendly sound profiles for relaxation and tinnitus relief

Sound Profile	Description	Why It's Helpful for Ménière's	Notes for Tinnitus Relief
Low-Intensity, Non-Directional Sounds	Soft rain, gentle white or brown noise, steady fan hum, ocean surf without crashing waves	Avoids directional audio that can confuse the vestibular system; steady and grounding	Provides gentle masking without overwhelming the ears
Soft, Textured Sounds	Fabric brushing, page turning, soft tapping with padded objects, hair brushing sounds	No sharp transients; calming sensory focus	Works well as a soothing background layer
Low-Frequency, Warm Tones	Deep hums, soft singing bowls (lower notes), gentle drones	Low frequencies feel calming and reduce ear fullness irritation	Helps mask high-pitched ringing
Slow, Rhythmic Patterns	Slow tapping, repetitive brushing, consistent hand movements	Predictable patterns reduce startle response	Can support relaxation and sleep
Pink or Brown Noise	Soft static with deeper tones	Less harsh than white noise; easier on sensitive ears	Excellent masking for high-frequency tinnitus
Nature Sounds (steady)	Rain on leaves, gentle stream, wind through trees	Natural, non-intrusive, and steady	Avoid sudden sounds like thunder or bird calls
Soft Ambient Music	Slow pads, warm synths, no vocals	Creates a soothing auditory environment	Helps shift focus away from internal ringing
Low-Volume Humming or Toning	Self-humming or soft vocal drones	Vibration can calm the vagus nerve	Provides gentle internal masking

About the author

Every journey starts somewhere. In the Himalayas. On a whim. After a spark of genius, perhaps, that sets a long-repressed dream into motion. Or, in my case, when a raging case of vertigo knocked me to the ground.

Some people have all the luck.

That first episode lasted a couple of hours and felt like days. I hoped it would be a one-time event. It wasn't. In fact, it would be all-consuming for some time and teach me a new vocabulary. Impressive words like *tinnitus*, *vestibulocochlear*, and *endolymphatic hydrops*, to name a few. The truth is, for all its obnoxious qualities (and there are far too many), Ménière's disease has led me toward new possibilities, unexpected wisdom, grace—and of course, the inevitable Rolling Stones song that explains everything: "You can't always get what you want. But, if you try sometimes, you'll find, you get what you need."

Thank you, Mick!

This so-called survival guide and my work on [Dizzylady.com](http://dizzylady.com) was forged out of chaos—the kind you don't choose but eventually learn to wrestle into something meaningful. It became my way to blend creativity with reality. Along with the Stones, it carried me through an awkward childhood, those teenage years when insecurities ran amok, and later into adulthood, when "holding it together" became a full-time job.

Over the years (since 2006), I've logged more hours of "couch time" than I care to count. I lost ground in my career, friendships, social circles, and even in my own home as isolation crept in and the world narrowed. It all felt absurd and surreal. Still, I refused to give up.

Meanwhile, every dizzy spell, every ringing echo, every sidelined moment became part of my story. I researched the disease and absorbed all I could. Made adjustments. Followed instincts. I learned to navigate the vertigo, listen beyond the silence, and find [strength in vulnerability](#), where I uncovered unexpected superpowers: resilience, self-compassion, and a desire to help others climb out of the vortex.

These days I do my best to stand tall even when the ground shakes, which, thankfully, is not nearly so often. I'm hoping that you can find a little light (and maybe a laugh) in the absurdity too.

If you have question or comments, please write me at raae@dizzylady.com and visit my companion blog, *The Meniere's Chronicles*, at <http://dizzylady.com>.





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