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## What helps with Tinnitus?

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English

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### ■ Abstract

Noises in the ear are a common complaint in general practice. It often seems that no adequate treatment is available. The paper presents a treatment strategy using anthroposophical medicines which has proved its value. Details are also given on differential diagnosis and treatment of tinnitus, and an attempt is made to gain insight into the question as to why this symptom is such a problem to many patients. The spiritual-scientific findings of Rudolf Steiner and historical sources are considered.

### ■ Keywords

Tinnitus  
Sudden deafness  
Cochlea  
Solum

Most people will, at some point, have experienced a subjective noise in their ears that could not be heard by others, usually following an extreme acoustic impact (for example after attending a rock concert or as the result of an actual blast trauma). The resulting “ringing in the ears” often responds well to higher potencies of Arnica. As we get older, episodic or ongoing noises in the ear can occur more frequently. They are signs of the general “wear and tear” and beginning self-perception of the sense organ<sup>1</sup> similar to the “floaters” we experience visually as a result of the degenerating vitreous body. We usually “overlook” these floaters and only notice them when our awareness is heightened which is when they become a real nuisance. Likewise, a slight tinnitus remains unnoticed or is covered up by similar noises in the environment. In both cases the affected person should consciously try to “blend out” the phenomena of self-perception, because they get worse the more one focuses on them, just as a slight itch on the skin becomes worse when one concentrates on it. Especially in chronic (but also in acute) cases of tinnitus conscious distraction is an essential part of therapy. The fact that tinnitus has its highest incidence

among unemployed and its lowest among self-employed people shows that an unfulfilled soul life invites tinnitus whereas fulfilment keeps it at bay (2).

Unlike any other auditory perception (with the exception of rare vascular ear noises and vertebrogenic tinnitus) tinnitus does not change when the sufferer turns his head or moves around which means that he cannot locate the source of noise nor can he diminish or stop the noise by distancing himself from it or covering his ears.

The sufferer gradually realizes to his horror that “it sounds in me”, that the sound has invaded his body and is depriving him of silence, an experience that can be particularly irritating when one is trying to meditate. Martin Luther, who suffered from a number of ailments, saw his tinnitus as an attack by the devil (3). Babylonian medical writings suggest that spirits are capable of generating noises in the ear. That tinnitus is not a phenomenon of our time is shown by the facts that Hippocrates mentioned it at least six times, that Aristotle devoted time to it and that great physicians from Galen to Paracelsus felt called upon to speculate about its origin.

### Differential diagnosis allows for effective therapy

Tinnitus sufferers are often given the impression, even by ENT specialists, that there is not much one can do about noises in the ear and physicians don’t even carry out the most basic investigations. The first thing to be established is whether the tinnitus is objective or subjective (or as Jean Marie Itard, founder of scientific otiatrics, put it in 1822 in his still outstanding book on ear complaints (4), whether it is a “true” or “false” auditory noise). A tinnitus is objective or “true” if the examiner can also hear it. The physician auscultates the patient’s head (and carotids) to discover any vascular murmur. Most patients describe a hissing sound that is more or less pulsatile. I diagnosed this kind of tinnitus in several instances and most could be cured with surgery. I recommend inserting the tube of the stethoscope into the acoustic meatus to detect, for example, myoclonus of the tensor tympani muscle which causes a clicking or beating sensation that is more or less rhythmical, but not pulsatile. Also ask the patient to do chewing move-

#### Note

1) In line with chapter 14 of “Extending Practical Medicine” (1) we can generally assume excessive silica deposits here. Higher potencies of Silicea, Quartz and Onyx can indeed lead to an improvement of tinnitus in individual patients. If necessary, sulphur can be used in addition (for example Equisetum cum sulfure tostum which supports even distribution of the silica.)

ments, as irregularities of the jaw joint (which should also be examined) can also cause tinnitus.

One of the most severe cases of tinnitus I came across was also the most easily treated: a very frightened, crying, 9-year old child was brought to my surgery because she suffered from a terrible, irregular clanging noise in the right ear. The sound could be picked up—if only faintly—on auscultation. It was caused, as I found out, by a tiny, beautifully shiny and colourful rhododendron hopper<sup>2</sup> which had somehow found its way into the acoustic meatus. It was prevented from backing out again by tiny hooks on its hind legs and was forced to penetrate deeper into the ear. Getting panicky itself it tried to escape from its trap by jumping against the eardrum.

Auscultation can also detect tinnitus caused by whistling air movements in the head, which can accompany infections of the upper respiratory tract due to pressure differences and swollen mucosa.

Psychotic auditory hallucinations (which Itard describes as “fantastic ear sounds” and “symptoms of mental confusion”) must be differentiated against tinnitus which is not difficult as the sufferer experiences them in most cases as meaningful messages.

Tinnitus—as Itard pointed out—can accompany any processes of gradual hearing loss. The tinnitus frequency usually lies within the audio frequency that is most affected and therefore patients often (wrongly) assume that they will be able to hear better again as soon as the ear noises disappear. As far as possible, any acute ear complaint, such as otitis media, must be treated first. As the hearing loss progresses, more complex—non-psychotic!—auditory hallucinations (of melodies, for example) occur quite frequently (5). They are equivalent to Charles Bonnet syndrome which occurs with deteriorating vision (cataract, for example). In this case the “emptiness” of the visual field is filled with complex visual hallucinations. Quite often these complex auditory hallucinations, but simple tinnitus also, improve or disappear even with the use of hearing aids or a cochlear implant. In individual cases the (mostly modern) anti-convulsants help reduce local over-excitability in the brain (which arises because it is not sufficiently suppressed by physiological sensory “input”).

Tinnitus also occurs—alongside hearing loss and dizziness—with Ménière’s disease. The underlying endolymphatic fluid build-up sometimes responds well to high potencies of *Stannum met.*

Tinnitus resulting from cervical spine disorder typically changes when the head is moved and greatly improves with craniosacral therapy and osteopathy.

In rare cases an increasing tinnitus that is accompanied by gradual hearing loss can be caused by a growing acoustic neuroma. In this case, the acoustically evoked potentials (AEP or “BERA”) are delayed in the affected ear and a MRI scan is recommended. (Operating the acoustic neuroma remains problematic, as it is statistically more likely to make the tinnitus worse rather than better.)

Making a diagnosis in the case of a newly developed tinnitus should definitely include blood pressure determination in both arms and the exclusion of vascular risk factors (cholesterol, possibly also fibrinogen, etc.), inflammation and *Borrelia* infection as these conditions can also, in rare cases, cause tinnitus. (An even rarer cause is syphilis, which allegedly led to Robert Schumann’s continuous hearing of the “horrible A”). We also have to exclude tinnitus that occurs as an adverse effect of certain drugs (very frequent with aspirin, non-steroidal anti-inflammatory drugs, anti-arrhythmic drugs—esp. quinidine—, azythromycin, aminoglycoside antibiotics, cytostatics—esp. platinum compounds and taxanes—, beta-blockers, diuretics—esp. furosemide.

The most common kind is a whistling, continuous “idiopathic” tinnitus that often goes with hearing loss and is assumed to be related to sudden deafness (the pathogenesis of which is still entirely unclear). It primarily affects people who suffer from excessive nervous strain and lack of exercise. Itard wrote in 1821: “most common in people with a sedentary lifestyle, hypochondriacs and hysterical women”. In the United States physicians prescribe a holiday in these cases, and no drugs; whereas in Germany, rheological treatment with HES (hydroxyethyl starch) infusions and glucocorticoids are considered necessary measures. It has happened that physicians were successfully sued for damages because they omitted to prescribe this treatment. One should therefore inform patients that these therapies are available, but one can also point out that there can’t really be such a big difference between American and European ears. In any case, one should save one’s patients from more than one week of HES infusions, because once a threshold dose has been exceeded, the substance is deposited in the skin and the outcome is a highly unpleasant pruritus. Sometimes only continuous showering can alleviate this additional pathological self-perception. In one particularly tragic case a woman’s complaint that she had a splitting headache after each infusion was ignored with the result that during one session an aneurism of her anterior communicating artery ruptured and she has had to live for years now with the effects of severe frontal lobe syndrome.

There are many cases of patients who, after undergoing conventional infusions unsuccessfully, were cured afterwards by the anthroposophical treatment described below. In one case, however, the latter had only showed a short-term effect, while the patient was effectively cured afterwards by corticoid treatment.

### Proven treatments in anthroposophical medicine

The infusions make sense, in so far as the patient, whether admitted to hospital or at home on sick leave, has a break from stressful life and can find a new and more independent relationship to it. I usually give 10 ml Solum inject in 100 ml NaCl 0.9%, a medicament which has an obvious, mentally balancing and “shielding”, effect. Peat moss naturally occurs in areas with stagnating water. Potentized or pharmaceutically rhythmicized it

#### Note

2) *Graphocephala fannahi* Young. I would like to thank Professor Dr Ernst-Gerhard Burmeister who identified the insect.

can dissolve similar conditions in the human being and, for example, help clear swellings in the inner ear. The preparation also contains potentized *Equisetum* which supports kidney activity and arterial blood flow and potentized chestnut for the veins; both enhance the effect of the *Solum* (peat moss). *Apis ex animale* G1 30x helps with inflammations or swellings (as cortisone does in conventional medicine), for example of the intima or endothelium of the small vessels that supply the cochlea; *Cochlea* G1 15x prevents this organ from becoming too loud in the “organism’s orchestra”. *Cuprum met praep* 6x, finally, relaxes and loosens possible muscular or vascular spasms.

In the first newsletter of the Medical Section at the Goetheanum (6), Rudolf Steiner and Ita Wegman wrote in answer to a question regarding the treatment of auditory noises that the condition arose because “the astral body is growing weaker than the ether body in the bladder area”. This might seem astonishing, but a surprising number of tinnitus sufferers have pathological urinary conditions, often bacteriuria, while not experiencing any subjective discomfort. This could be an expression of reduced development in the bladder area which allows foreign life to develop that remains unnoticed and does not give rise to inflammatory reactions. The astral body, which is then not active in the abdomen, has moved higher up where it causes pathological self-perception. Apart from treating the bladder if necessary, one should try and enhance self-perception in the lower body, which we do in our clinic by placing a hot water bottle on the feet during the infusion. A eucalyptus oil compress or a camomile steam sitz bath can also be used. In order to generate a sense of protection and calm we apply the infusion, if possible, in a quiet room where the patient can lie down, warmly wrapped up. The infusion is usually applied three to five times on consecutive days.

We often observe that patients for whom conventional treatment had not worked experience that the tinnitus disappears, or is at least considerably improved, during the infusion. A musician who suffered from tinnitus, had to postpone conventional treatment because of his busy schedule and when he finally had it, it showed no effect (causality is not certain here, the treatment often remains without result even when given early on). After only one of the infusions described above he was fully cured and has been symptom-free for some years now. Many colleagues have found the treatment successful, too, and I would say it works in 80% of tinnitus cases that are acute and have not persisted for more than three months.

#### **What else can be done in chronic tinnitus cases?**

Chronic tinnitus that has been going on for more than six months rarely responds to the treatment, although it does also happen. As with chronic pain syndromes or phantom pain the cause has shifted from the periphery to the CNS. This is evident in the fact that, in these cases, destruction of the cochlea with drugs (such

as streptomycin), severance of the cochlear nerve, neurectomy or labyrinthectomy often do not (!) result in lasting improvement. In some cases the Janetta procedure, which is also used for trigeminal neuralgia, seems to do the trick (7). In this operation, a small piece of padding is interposed between the auditory (e.g. trigeminal) nerve and an aberrant arterial vessel that presses on it causing demyelination and, associated with this, increased autogenous excitability. The implant dampens the “neurovascular conflict” or—anthropologically speaking—the blood-nerve conflict. 30% of the operations resulted in definite improvement and even complete symptomatic relief (8); with small case numbers and strict pre-operative selection, the reported success rate was 70% (9). Traditional treatments using various anticonvulsant drugs such as pregabalin or carbamazepine or local anaesthetics like lidocaine or flecainide are moderately successful. Itard, by the way, tried this method in his day by blowing ether vapours into the ear canal. He often observed improvement afterwards, but complained that the effect did not last. What Jean Marie Itard described in 1821 still holds true today for most cases of chronic tinnitus: “Nothing can be done apart from making it a little less unbearable”. The methods he proposed are still in line with the most modern medical principles, which suggest attenuating the unbearable “internal” sound by “an analogous and regular outer sound”. Itard suggested “noisy machines” that are set off by clockwork or the sound of water streaming into a copper basin. Physicians today recommend a radio with interference or even a tinnitus masker, a hearing aid that imitates the frequency of the tinnitus and can be part of a complex retraining programme. An indoor water fountain can also be useful. “It is remarkable that this different sound, which necessarily has to be stronger than the pathological sensation, does not prevent sleep, as the noise in the ear does, but gently induces it and soothes and calms.” It seems that a purposely generated noise, which can also be switched off at will, i.e. a sound over which the patient has control, is well tolerated, while a quieter sound from which one cannot escape can drive the sufferer almost insane. Rudolf Steiner’s indication in the newsletter mentioned above confirms this approach, but he went a step further and suggested that the patient should convince himself that he is actually generating the tinnitus (which is—from a patho-physiological point of view—the case). This also relies on the fact that a self-generated sound is more easily bearable (which means it can then recede) than a sound of which one is the victim. Another creative approach consists in music therapy where the tinnitus is copied as closely as possible and transformed into a more and more satisfying, surrounding and harmonious sound experience. Other (art) therapies can also be successful if they manage to keep the soul from turning inward and closely observing the body, but help it turn outward in order to joyfully engage with the world.

Excessive auditory sensibility, hyperacusis, can sometimes prevent this turning outward, because the patient

cannot bear noises such as children screaming and escapes into isolation. In these cases potentized doses of China, Chininum sulfuricum or Chininum arsenicosum, but also Cerebrum comp. B can be helpful, even healing.

As a general rule, the tinnitus sufferer should seek noises and liveliness in his environment, because withdrawing from the world is not good for him. Here is one of Itard's case studies from 200 years ago: "29-year old Madame de Souvray, a very imaginative person with great agility of the nervous system" had experienced a severe shock because of an accident, in which her baby had nearly died, and developed tinnitus as a result. Itard, who took a careful history, noticed that the complaint became better when Madame drove through cobbled streets in her carriage. This led him to prescribe, after she had suffered for almost two years, that she should play a musical instrument such as the clarinet or violin ... drive more often through cobbled streets in her carriage and ... move to the liveliest part of town instead of shutting herself off in a little isolated house as she had done up to then". The obedient patient then moved to a watermill where she was cured from her tinnitus within a fortnight, but stayed on for another two months for fear she might suffer a relapse.

In any case, it is best to try and prevent tinnitus from becoming chronic and Solum inject, Apis ex animale Gl 30x, Cochlea Gl 15x and Cuprum met. praep. 7x can play a significant part in this.

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