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Research
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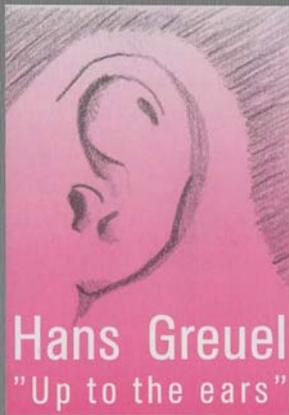


Dr. med. Hans Greuel

Tinnitus is curable !

"Up to the ears"

Sudden
Deafness
Vertigo
Tinnitus



S u d d e n
D e a f n e s s
V e r t i g o
T i n n i t u s



Hans Greuel M.D., born in 1950 in Düsseldorf (West-Germany), son of the internist and radiologist Prof. Dr. med. Greuel. Medical studies, specialisation in deep-therapy psychology under Prof. Dr. Rechenberger, and in otorhinolaryngology under Prof. Dr. Neveling. Founder and head of the psychosomatic outpatients' department of the ENT-Clinic, development of the "Biamental Therapy" for sudden deafness, Ménière's disease and tinnitus (1982), scientific publications and first edition of this book in German (1986).

SCIENTIFIC RESEARCH PROJECT

Since the end of 1988 Dr. Greuel has been entrusted by the German Government with a one-year scientific research project which includes the treatment of patients treated unsuccessfully.
German Government "Bundesministerium für Arbeit und Sozialordnung"

DEUTSCHES ARZTEBLATT (leading German medical journal)

"Finally a suggestive sudden deafness therapy with healing hypnosis by Greuel is recommended"

Prof. Dr. H.G. Boenninghaus

HNO (German scientific journal for ENTs, SPRINGER VERLAG)

"After reading this book many patients and their personal stress situation will be better understood"

Prof. Dr. Dr. E. Lehnardt

ÄRZTLICHE PRAXIS (German medical journal)

"Patients report on experiencing a mental relaxation never felt before"

Dr. P.

DIE WELT (one of the leading German newspapers)

"A method of treatment is introduced which makes it possible to attain a noticeable hearing improvement within a few minutes without medication or an operation after an attack of sudden deafness"

Silvia Bergmann

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Hans Greuel M.D.

V.D.G.
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Hans Greuel M.D.

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Dear Reader,

this book is dedicated to you as a patient suffering from sudden deafness, tinnitus or Menière's disease. This book is also dedicated to those trying to help patients - partners, friends but also doctors. There are millions of people all over the world with the same or similar problems. Most of them have not been healed by conventional medicine. In others the symptoms have disappeared by themselves. However the symptoms return again - sooner or later. In the ears or differently in other organs.

Tinnitus, sudden deafness and Menière's disease are illnesses with a background. They do not come without any reason. The causes can be found in your daily life, in the environment you live in, in your job, in your family, in all the people and influences around you.

This book will give you many answers to some of your most personal questions. And you will not have "to live with it" as patients confirm to me everyday. You will learn to understand your own illness in its correlation and causes. Not until this understanding of your own situation is achieved, the preconditions for a healthy and functional organism are provided.

Hans Greuel M.D. May 15, 1989 Düsseldorf

Preface

The subtitle of this book- sudden deafness, vertigo, tinnitus - mentions 3 types of illnesses which can arise in the inner ear. The assumption would therefore perhaps be justified that it is a highly scientific treatise for otorhinolaryngologists. One could assume that this book presents another of the desperate yet fruitless attempts of school medicine to treat these symptoms. Or it might be a text book for ENT-specialists refining and modifying current knowledge. Hope might even arise that the often frustrating attempts to treat the three illnesses mentioned in the last decades have been improved on in this book. Far from it! The author tackles the problems of patients suffering from sudden deafness, vertigo or tinnitus from a completely new angle. On the one hand he does have a well-founded education as a otorhinolaryngologist. On the other hand he has enjoyed a far broader education. also specialising in psychoanalysis and psychotherapy. His way of seeing, for example, sudden deafness and its therapy is thus not narrowed down to that of the ENT-specialist, but on the contrary it encompasses the studying of mankind and its problems with coping with modern civilisation.

The title of this book, a saying whose real meaning is brought back to us, clearly points out the main theme of this book: sudden deafness is not viewed as an illness of the ear- not even as one of the entire auditory organ - but rather as a complication which arises when man, as he has developed during the millions of years of evolution and has adapted himself optimally to his surroundings, is forced into a hypermodern life style called civilization, a life style for which he has not been created. The world which man has put together himself is not suited to man. This results in civilization illnesses such as, for example, sudden deafness. This book is grist on the mill of all those ENT-specialists who have always suspected that treating sudden deafness by means of medication has no effect. This book has been of great help to me in learning to cope better with my difficulties in adapting to our modern world. As long as the forms of therapy tried out until now do not deliver better results than the method proposed by Dr. Greuel, this book has its justification. It isvaluable impetus for both doctors and laymen to reflect on these problems.

Ralf-Peter Pohl M.D. - Otorhinolaryngologist. Oberhausen,
West-Germany

Background - the ear is an organ of sense

Sound-waves are capable of causing movements on the surfaces of bodies which can be perceived by living beings through their skins and by higher creatures through their ears. No living being is in a position to ignore skin- or ear perceptions. In contrast to other sense-organs, such as the nose or the eyes, the sense of hearing, being derived from the skin, is subjected to incessant stimuli. Optical impressions are only noticeable as long as one's eyes are open. One can close them if one wishes. Smells, as a rule, only trouble one from time to time, and one can get away from them, or hold one's nose as long as they last. Of course one could also plug one's ears but, for reasons of safety, this is only possible for a relatively short period.

Since the ear is a sense-organ used to warn of dangers, for example intrajob (carhorn) or in mountainous areas (the thundering sound caused by avalanches or falling stones), and since both ears used simultaneously can pinpoint directions by using the stereo effect, both ears must be free of soundmuters. One can however also choose which kinds of sounds enter one's ears: music, speech, sounds of nature, street noise, occupational noises etc..When one wishes to have one's peace the telephone has, for some decades now, been a considerable disturbance. As a rule one cannot resist answering as one is afraid of missing something of importance. Mostly, however, the calls are not of importance for the telephone owner and thus disturbing.

Refuge can only be found outdoors, on a ship or in a car, but even here walky-talkies, radio or cable-less telephones can trouble one's ears. No wonder that such phrases as "I am up to my ears in ..." or "it all goes into one ear and out of the other" are highly relevant phrases at our times. Children can't "hear", which means that they don't obey what they have heard. Mother "doesn't want to hear any more about it", and father's ears buzz when he comes home from a meeting. The ostrich's method of burying its head in the sand in order to avoid seeing things it does not want to, does not work for one's ears. The ear is a receiver which cannot be switched off, but just like every other receiver the ear needs to be switched off occasionally. Human beings who live in an age and in surroundings where excessive demands are placed on their ears, must think up a method of switching off this stressed receiver. If they do not, the ear finds its own method of doing so. As long as physical and physiologi-

cal laws are still valid, every organ, and of course every sense-organ, can only be burdened within limits. Excessive burdening of the joints and of the spine by carrying heavy loads leads to a corresponding wear and tear of the organs. Excessive noise at work causes the so-called occupational deafness. However even less intensive but persistent noises cause damage, which can be irreparable (sudden deafness, buzzing in the ears (tinnitus) and diseases of the organs controlling equilibrium).

I will differentiate between the various diseases later on.

Why "Up to the ears"?

Why is a person "up to the ears"? He could do less, be satisfied with less, live in modesty, avoid all difficulties. He could try to attain a secure position, receiving a regular income, and thus ensure himself a cozy life. To put it more precisely, a person could also renounce all luxury and passing fads. Given a certain level of education, intelligence and ideas, a person could lead a decidedly content life. He could also live in the country, leading a modest existence as a crop farmer, a cattle breeder or something similar. Some people lead these lives because they have recognized the dangers inherent in civilization and have "dropped out". However there are also many people who would not be satisfied with such a life. Due to certain personality traits they expect more of life. It is not only luxury, wealth and power but rather success which is strived for. Not only the big successes in life are meant, since even the small ones cause a fair amount of strain. The type of person of whom I am speaking is not satisfied with a household, a company or a club functioning, but rather expects that everything must be correct and perfect, whereby carelessness of one's own or of others is not tolerated. Paramount virtues are reliability, punctuality, etc .. These traits tax a person and exhaust him compared to other people who are not chained by this inner "must". Someone who expects a lot of himself continually tires faster, and is already weakened before the battle has even started. This inner stress reveals itself in the phrase "I demand a lot of myself".

But why does one person demand a lot of himself and another less? The origin of this trait lies in one's upbringing. I deliberately did not say that "one's upbringing is at fault", because one cannot speak of fault or guilt. After all these are not intentionally negative personality developments but rather positive ones. The origin of these traits is not only to be sought in one's home but also lies in society, which esteems certain behaviour highly. Such norms as punctuality, reliability, a sense of duty etc. have been so thoroughly impressed upon these people that they are dominated all their lives by them. The importance of work or performance in our lives becomes clear in the drilled in phrase: "Business before pleasure". This sense of duty regarding work and performance is closely linked to ambition. Ambition, however, inevitably leads to conflict with one's surroundings. One of the reasons for this is that ambitious people wish to set things going, create things which, for their part, disturb others. Rivalry

and competition result automatically, i.e. an "external stress" is provoked. This stress follows one's activities like an echo increasing with an increase in one's activities. This purposeful creative urge is impeded by different barriers, hurdles and traps, such as legal paragraphs, envy, the jealousy of others, intrigues, difficulties with business partners, employees or authorities, complaints and the dissatisfaction of others and reaches one either in writing or by telephone, increasing the echo.

In addition to the typical personal traits (inner stress) and their echo (external stress) all persons are subjected to blows of fate. These experiences, such as death, accidents, illness and divorce etc. act as additional stresses on people who are already burdened by their character traits and the resulting echo. No wonder that the person involved collapses in one form or another at some time. How, though, can a heavily burdened person find the chance to avoid collapsing, to recuperate and regenerate? If he were able to retreat, gathering new strength, he could cope with the strain without having to change his life fundamentally, which in itself would be impossible.

As the traits cannot change by themselves, nor the echo disappear, and as a person is dealt blows of fate unforeseen, suddenly and, at worst, simultaneously, he must be able to digest all this inwardly. If one cannot one falls ill, indeed one must fall ill, since the illness, as a "pseudosolution", forces one to escape from dangerous situations.

But why must a person fall ill?

Why is he not capable of "switching off", of regenerating, of recovering, of gathering strength?

Why does he consider everything but himself and his health?

Do you belong to these people?

Test yourself by ticking off the phrases which you could have said yourself. If you tick off more than half the phrases, then you are affected.

Checklist of personality traits:

Business before pleasure

I need stress

I have a well-developed sense of duty

I am physically active on holiday and cannot laze about in the sun

I cannot "switch off"

I am conscientious. 100% or even more

I achieve a lot

I am ambitious

A lot goes on inside my head, I cannot switch it off.

A checklist as above or a questionnaire as a means of psychological diagnosis is very inexact and incomplete. The possibility of the questions being misunderstood cannot be excluded and certain statements hidden between the lines are lost. Nevertheless you can get an idea from the checklist whether you belong to the group of people who, because of their characters, tend to "stress-related diseases" or not.

The inability to regenerate

In one's education "business before pleasure" was one of the most important maxims. By business one means all activity with a goal in mind: washing and cleaning to achieve cleanliness, working in a job to earn money and be successful; painting, drawing and sculpturing serve to sell the objects. Creativity as recreation, or for its own sake sometimes as an unprofitable hobby, is not regarded as work, but as pleasure. When, however, is it pleasure's turn? When the work is done? Work, though, is never done. The people of whom I am writing will always have work and will always find work to do. Pleasure after work is impossible for them, cannot be possible. What, though, do we mean by pleasure? To begin with it has a negative tang. Meant is perhaps spending time in a circle of friends, going to a fair, celebrating and dancing - relaxation and recuperation are however also seen as "pleasure". Leisure, relaxation, recuperation and the resulting regeneration actually belong to the field of work, should be directly linked to work, as working man must relax in order to prevent exhaustion. Pleasure is something completely different and has nothing to do with work. Pleasure is a necessary part of life too, since life is not worth living and not worth putting all the effort into work without the longing for pleasure. In every society, however poor, pleasure is the driving force for both work and pleasure. Pleasure in the form of play, festivities, celebrations, song and dance will, thank God, never disappear from life. The negative image of pleasure is caused by an exaggerated craving for pleasure - an extreme which I do not want to discuss in this book furthermore.

Pleasure unfortunately is rare while work is to be found in abundance. This is even more unfortunate as recreation, rest and leisure are often confused with pleasure. The latter though is a daily necessity. The more intensively one works, the more necessary relaxation becomes. The more inner and external stress there is, the more helpful relaxation becomes. People who are not heavily burdened, who have enough time for themselves every day, do not need relaxation as much as people do who are subjected to constant tension. The argument that the necessary regeneration can be found in a night's rest is misguided since sleep prevents physical exhaustion. The psychic tension caused by responsibility, a sense of duty, fears (fears of failure, etc.) hardly changes. Sometimes a dream can reduce the tension, one of the self-help mechanisms of man. On the whole, however, tension prevents a deep sleep and causes a

short superficial sleep accompanied by difficulties in falling asleep and in sleeping uninterrupted, often accompanied by night mares or a lack of dreaming.

What would happen if one followed the seemingly good advice to "reduce one's work-load" to "sell one's company". After all one "could live on the rest without difficulties". The effect would be the opposite of that desired. One's bad conscience would lead to anxieties and to a hopeless situation if, for example, one were forced to sell one's company painstakingly built up over the years. This person would then be without his beloved work and would not be in a position to rid himself of the energy which he should be investing in his work. For one must assume that the type of person described here does not employ his energy, which is more or less the same in all people, over a broadly spread area but rather bundled, with the aim of full-filling his duties. If this energy is robbed of the chance to follow its aims, it behaves like steam in a steam boiler, the original value of which has the original valve has been welded shut. It is not difficult to foresee when it will destroy itself. Related to man, the destruction manifests itself in the form of psychic reactions, anxieties or depressions, or it is suppressed into the body and manifests itself as psychosomatic diseases: sudden deafness, buzzing in the ears or vertigo. Other psychosomatic diseases such as stomach ulcers, cardiac infarcts, asthma, strokes etc. arise on a similar principle.

Both the inability to regenerate and the increasing exhaustion (external and inner stress) cause illness. In other words: both too much stress, with no chance to recuperate, and too little stress, which cannot consume the pent-up energy, are dangerous. For these reasons it is not at all surprising that relatively many people suffer an attack of Menière's disease or tinnitus or vertigo while on holiday. They are forced to spend their holidays paralyzed in their creative urge and unable to reduce their working energy. Holidays, supposed to be a time free of stress, become a strain causing inner stress and illness.

The area of well-being, the safe area, is a narrow path between too much stress and too little. For an unforeseen negative event (death or accident of a person close to one) can just as much cause a dangerous stress situation as an unforeseen time period without work (holidays, dismissal, loss of orders or working premises etc.). Some people are able to avoid the dangers of boredom by spending their holidays physically active, believing that they can thus direct their energy into a meaningful activity. Once again though this does not serve the purpose of recuperation.

ration, relaxation, regeneration.

The greater the success achieved. the greater the fear also becomes of not dedicating oneself sufficiently to success and the greater too becomes one's lack of interest in other things such as managing one's energy resources, relaxation, recuperation and in the prevention of certain related illnesses. One's interest in one's own health is reduced to a minimum in time for, after all, time is money- an absolute godsend for companies wishing to sell relaxation in the form of medication, appliances, tapes or records. They profit from promising the attainment of health in a time-saving form. "Health on the run" does not exist. Time is health and health is life and only he who is alive can earn money. The phrase "time is money" is incorrect if the intermediary steps are forgotten.

"Health on the run" - it would be too good to be true if it were so simple. Unfortunately it is much more difficult since the type of person of whom I am speaking is by nature incapable of relaxing and regenerating, of reducing the negative results of stress and cannot neutralize his or her inner energy if it is not possible to do so by working. They have to be "taught" to do both. Only one technique is needed to protect oneself from the results of too much or too little stress.

A sense of duty, conscientiousness, accuracy, precision, achievement, success etc. are values taught us during our childhood, which must be complied with, voluntarily or not, in order not to suffer from a bad conscience. These kinds of values are the remains of a strict Victorian or Prussian upbringing, in which obedience and a sense of duty were the highest virtues. They are the real causes of the diseases involved. They are, however, also the cause of the proverbial diligence of the Germans and the sound workmanship produced. Only a dutiful person can maintain such a reputation over decades. A decline in this trait would probably lead to a healthier life-style but also to a corresponding decline in the economy. If the stress-plagued worked to live and did not live to work, we would probably live in the same poverty to be found in countries with such an attitude. The climate in warm countries naturally leads to a greater joie de vivre, but then a Prussian education would not have had a chance in such countries. Even though there must be a few diligent martyrs from whom all others can profit. After all success is only given to those who do not know what it means to "knock off work". The benefits of their diligence are soon to be seen: work and orders increase. When the work cannot be mastered alone

any more, employees, apprentices etc. are employed. Yet still the employer will not know the meaning of knocking off. Only the boss's inability to knock off enables his employees to do so.

Working to live - or living to work?

The sheer weight of work should not lead one to forget that not only one person is working but often the partner too, who often enough has a bad conscience for he suffers from neglecting the "family duties". Work, however, is not the only binding factor, for feelings also play a role. At the beginning of a partnership there is still enough time for feelings, but what happens when work becomes a rival - when being married to one's work leads to a marital crisis? Put simply - stress in the partnership. The person sacrificing himself for his work out of a sense of duty neglects not only his health but also the partner. The body responds to this neglect with illness (sudden deafness, vertigo, buzzing), the partner responds with reproaches. The result is that the wife is accused of being grouchy, dissatisfied, unappreciative. Not seldom these conflicts result in separation as the following example could show:

The stressed husband comes home, wants his peace and quiet, wants to switch off. Perhaps he plays some sport to tire himself physically, or goes to the sauna to "relax", to shake everything off, to sweat everything out, or he switches on the TV and watches whatever is offered indiscriminately. The wife, however, wants something completely different. She wants attention, tenderness, a talk, or to undertake something together. She wants to share in his life, to be included, to play a role in his life and not only be responsible for the menial tasks. She has to see to it that the household runs without a hitch, that there are enough supplies, for example of heating oil, in the house, that the children "function" at school, that there is nothing that could burden the "stressed husband" when he comes home from work. Being a mere housewife, she should also have enough time to buy her husband's clothes without his having to fit them on, as she after all must know his size off by heart. As much as this division of roles seems to function perfectly, the discrepancy in the field of sexual feelings is much greater and more obvious. The sexual contact in the time remaining cannot satisfy the wife, especially if he gets up afterwards or falls asleep. She desires tenderness spread over the whole day. She wishes to be taken in the arms from time to time, to receive a compliment, to get attention and, afterwards affection, tenderness and the feeling of belonging. The husband does not understand and is incapable of under-

standing - after all he has "other- vital - things to worry about" - she will become dissatisfied and, after showing some patience, she will make a corresponding remark which "the stressed husband is forced to listen to in this precious free-time". It then can happen too easily that the misunderstood wife meets a man who, for whatever reasons, is capable of listening, has enough time and is also tender. The latter will as a rule be registered by the husband above all else - if he finds out about it - as a love-affair.

A partnership which has existed for a long time and which is threatening to break up for the reasons described is nevertheless a partnership until it has broken up. It is indeed a partnership between equals with both partners being equally burdened a fact not recognized at first glance. It is only the - inability of the one partner to understand the other which leads to such misunderstandings. The wife of an industrious husband, of a workman, of a much occupied manager, of a company director, a politician etc. protects her husband out of concern for him; she bears everything else on her shoulders and is thus subjected to the same stress. Since neither reduces the burden one of them falls ill, sometimes both. I have already mentioned the double strain placed on working wives. How though is it possible that the situation can become so critical?

At the beginning of a career everything runs its due course. Contacts are established, important positions are accepted, one meets influential people and flatters them. One undertakes important commitments and, on top of it all, works too much, as one wants to build up something. In the initial stages the solidarity between the partners is very large because they are, after all, building up a common future. This leads to one's private life becoming less and less. It is only after some time that one realizes that, even weekends and holidays are being misused for business purposes. A cozy evening formerly spent with friends becomes a business dinner. business correspondents become one's only friends. Apart from the few friends left from one's youth, one's new friends are only business connections, since the contact with other people from whom. after all, one cannot gain anything, who bring one no particular advantage has become uninteresting. One only undertakes things which are expected of one and which are "in". One's own interests and hobbies soon disappear. One plays tennis in order to be interesting for one's business partners. One goes hunting although one would earlier have found the idea of shooting at animals repulsive.

One does many things although they are not all interesting. If one were clever, the working days would be more than sufficient for work. One's partner is right when she or he insists that the weekend belongs to the family and that one should go on holiday at least three times a year for two weeks. I do not expect people to "drop out" but rather believe that certain rules are essential. It is evidence of the weakness of our culture that no leisure time or ceremonies form a part of our daily lives as in the Japanese culture. In view of the prevalent diseases of civilization and stress it is essential that life and especially human relationships are cultivated - or should one say recultivated? In the last decade old standards seem to have disappeared and to have been replaced by new ones. Aggression and egoism seem to have become everyday. Men fight against men, women against women, men against women, and women against men. Learning to formulate and articulate one's interests - without affection - seems to be confused with "learning to be an egoist". Expressed differently, this would mean "Don't ask - take what you want", i.e. encouraging a lack of consideration, theft and brutality. Partners do not want to fight. Both want to do what is right; he wants to offer his security, to make them independent, strong and influential; she wants to keep them together, shelter them and protect them from danger. Nevertheless things can turn out due to the misunderstandings negatively above-mentioned. The result is that separation has become a matter of course although the problems in the relationship are recognizable. It would be important to sharpen one's consciousness for these problems in order to understand each other better. On the other hand it is wrong to draw the partner's attention to one's rights, for as soon as that phrase has been introduced, other related phrases such as justification, accusation, punishment etc. start playing a role.

On the brink of exhaustion

A certain form of "blindness", also called suppression, can be seen as a necessary form of adaptation. A person who cannot suppress would not be able to live with a good conscience. He would be plagued by depression and guilt. Who after all could eat in peace, perhaps even leave a rest on their plate, if they consider the poverty and famine prevalent on other continents. A successful person would also have to be plagued by guilt because success can only be had at the expense of others. The diligent become successful, powerful and eventually belong to the ruling elite while the others are the servants. Neither guilt amongst the "ruling class" nor the envy of the "serving class" would exist if all people were equal, were equally wealthy, were equally happy. Nature has wanted it otherwise. There are always the strong and the weak both in the animal kingdom and amongst humans. Only one can be the stronger, the others must subordinate themselves.

Apart from guilt and envy, which need to be suppressed, humans also feel pity, an "unnatural" though at the same time very human emotion. Pity is unknown to other creatures. Emotions such as guilt, envy, and pity are taught us by our upbringing. Thank heavens that people are not constantly plagued by these emotions but only when directly confronted by situations leading to such emotions. As a rule people do not experience certain feelings if they do not see certain things. If they feel for situations which do exist but which they do not experience directly they are called melancholic. Put briefly people who cannot suppress their feelings are ill. In daily life one must be able to suppress a lot in order not to despair. Sometimes one is dealt a hard blow, one feels depressed, would like to throw everything in the corner. The next morning, though, a lot has been forgotten and one's problems can be seen as a challenge. A night's sleep has brought some relaxation and one's suppression mechanism works again. On the other hand, though, a suppression mechanism which functions too well can also cause illness, for example if one suppresses one's limited stress ability or the exhaustion overcoming one. The people described in this book suppress problems from their surroundings just as others do, but unfortunately they also suppress their own problems. They believe themselves to be stronger than they are, believe they can cope with everything and also fulfill all their duties without suffering any damage. On the one hand, they exhaust themselves in fulfilling their duties, especially in their professions, on the other hand, they have not learned that they also have a duty to-

wards themselves. For fear of neglecting their duties they do not recognize their limits. This superadapted behaviour suppresses the oncoming exhaustion.

At the same time they have not learned that they also bear a responsibility for themselves. "Work before pleasure" does not mean that looking after one's own health is to be understood as pleasure. A human being is not a work-horse, not a robot or a machine which only exists to work. Amongst these people are often entrepreneurs who are often called exploiters by their employees. Perhaps they are hard on others but they are merciless on themselves. They exploit themselves. They have never learned to protect themselves especially from diseases, for fear of not being able to fulfill their duty. They who are called the exploiters are the exploited. The ostensibly exploited themselves profit from the situation. There is no such thing as a smart, reckless businessman. On the contrary, he is an artificially invented figure misused for political purposes. The person to be sympathized with is the person who works hard only to die of exhaustion at the age of sixty; all too readily one forgets that this exhaustion is expressed in the form of a heart attack, a stroke, a heart failure etc.. It is much less problematic to claim that the person died of a heart attack. "Oh well", one says, "he must have had a weak heart", and forgets to mention that the person worked himself or herself to death. That the person is at least partly responsible for his own death should, though, not be forgotten. One should actually not speak of his being at fault, since no-one told him or her that he can actively do something to save himself.

One often talks of risk factors which lead to illnesses as if these had nothing to do with stress or exhaustion. Smoking, drinking coffee and alcohol, gluttony etc. are, after all, not bad or stupid habits, which affect only the wealthy. They are not the result of the economic upswing or of a general disintegration of morals, but rather "natural" or "do-it-yourself" methods of treating exhaustion and the resulting anxieties and depressions. The abuse of semi-luxury foods and drugs of whatever sort, which results in the weakening of the corresponding organs, is preceded by psychic exhaustion as the real cause of all resulting diseases. Alcohol, food and smoking are means of relaxing when no other possibilities are at hand; just as coffee, tea and tobacco are used to prevent tiring. Amongst the drugs used by the youth there are both relaxing drugs and stimulants. The vicious circle, in which the overstressed person is caught, consists of stimulants to be able to fulfill one's duties and relaxants to be able to

sleep. The natural feeling of tiredness and exhaustion is thus veiled over and, even worse, not recognized until an illness arises which seems to have no discernible connection (sudden deafness, vertigo, buzzing in the ears). In order not to have to carry the responsibility for their illness many patients and also many doctors seek other scapegoats; these can for example be a vague disturbance in the blood circulation or perhaps a virus or a sudden exposure to cold temperatures. Of course, everyone is satisfied and relieved when an external cause can be found for the illness. The doctor's advice to smoke less, to drink less, to eat less etc ..after all, only results in one's being tired, in being unable to sleep so well, in brooding, anxiety and depression. Truly a good doctor's advice? It would be better if the doctor were to offer the patient a real alternative to semi-luxury foods and drugs of whatever kind. This is, as you will learn on the following pages, easily possible by using certain techniques.

This book does not deal with lethal exhaustion but rather with its precursors. It deals with the type of exhaustion which manifests itself in an impairment, a disablement or the destruction of the organs of hearing and equilibrium. In this book I do not intend to defer to any particular political direction, but only to illustrate which causes manager illnesses and especially the illnesses of the inner ear and the organs of equilibrium have. On the one hand, this helps those who are ill to know why they may have fallen ill; on the other hand my book is also of a certain importance for those, who may still fall ill, but also those who will not suffer from these illnesses because they have not had the corresponding upbringing and attitude to life. The latter group should understand that the persons described here do not want to do everything better, to become richer and more powerful but that they are driven by the necessity to fulfill the duties they have taken upon themselves. These people with their extremely high demand on their own performance are not happier than others who are not as successful. Others are able to enjoy more things in life than success. One recognizes that nature does, after all, provide a certain equality amongst mankind, more than could ever be provided by superficially thinking people. People assume that equality and justice can be reached by political means, which, however, can only result in injustice.

Exhaustion

The person described in this book has not recognized that his mechanisms for coping with stress are not adequate. Due to his "blindness" he has not recognized the limits to which we can be burdened. The hearing organ, always on stand-by, has had to function without a rest. The result is that the body and its physiological reactions assume responsibility for one's health. As if a fuse has blown, the hearing-organ switches off - it goes on strike. The person cannot have his own will any more, he or she can do what they like, the ear does not hear any more - it whistles, the person becomes dizzy and nauseous. Migraines too have the same cause as in fact do all psychosomatic illnesses - although the basic personality structure is different, a fact which I will not be considering closer in this book.

The illness is a pseudo-solution. It prevents an even greater exhaustion, perhaps even lethal exhaustion, but causes the patient to neglect his duties and to pay heed to the greatest duty he has not known until now: his health. It is possible that most illnesses arise for these reasons, for illnesses enforce behaviour which would not be feasible without the illness. This solution is, as I said, a pseudosolution for at worst it must be paid for with the loss of an organ. Man, as a patient, for the first time has the possibility of truly considering himself. Something which is a matter of course for other people, which employees have written into their contracts, must be bought by the patient with the loss or impairment of an organ. The ear has switched off.

Thanks to the body and the physiological reactions and reflexes rendering themselves independent of one's will the ear has obtained what it needs: quiet. At best the patient will be put into hospital as quickly as possible and there for the first time he has the chance to think about his lifestyle. Often he will recognize that he has been up to the ears in work and has neither granted himself a break nor recuperation. It is the duty of the doctor to encourage the patient to reflect. Unfortunately some doctors go off the track in their diagnosis and treatment, thus robbing the patient of the chance to be healed.

As already described above, bodily functions take command in cases of exhaustion. As in the instinct of self-preservation the animalistic traits in man come to the foreground. In this manner the physiological origin of illnesses of the inner ear can be explained. Man's mechanism to cope with problems is insufficient for coping with the burdening situations. The alert-reflex is activated, i.e. man reacts to dangers like an animal and prepares himself to fight or to flee. The reserves necessary to fight or

to flight are made available and activated in the form of vegetative impulses and the pouring out of hormones, amongst others the best-known: adrenalin. The organisms, prepared to fight or to flight as in animals, do not lead to any action in mankind. The expected muscle activity does not take place. Man does not react, but rather controls himself. The available hormones, the vegetative impulses have been produced to no purpose, are not used, but rather lead to disturbances. The comparison of the body to a steam engine is not wrong here either, for a steam engine put under pressure and prepared for rapid movement either explodes or only cools down slowly if the journey does not take place. The body of the exhausted person gathers its strength to fight or to flee - something which in the conventional sense is not possible. The organs of hearing and equilibrium, being thus placed under the highest demands, suffer. This is tantamount to fleeing from the danger. The barely audible "I do not want to hear anything any more" has become an "I cannot hear anything anymore". The effects of exhaustion on the organs of hearing and equilibrium can be described as follows:

Sudden deafness

(acute loss of hearing) is a sudden inability to hear, mostly in one ear, which is noticed in the mornings. It creates a feeling of having cotton-wool in one's ear. There is a feeling of pressure on the ear, more seldom vertigo. If the attack of sudden deafness is not examined, it is often thought to be an ear wax plug or a catarrh of the eustachian tube. Infrequently sudden deafness can arise in both ears, i.e. both ears hear badly or are deaf. Relapses are frequent.

Meniere's disease

is an attack of vertigo accompanied by a hearing impairment in which three symptoms arise (trios): a rotary vertigo or sway vertigo with nausea and vomiting, noises in one ear (ringing in the ear), a feeling of pressure in the ear and one-sided hearing impairment, often connected with diplacusis (the tones are heard higher than they are in the effected ear). The attacks of vertigo can last from minutes to hours and are repeated at daily or weekly intervals.

Vestibularis neuronopathy

(neuronitis n. vestibularis) is a sudden attack of acute rotary vertigo (with vomiting), which is not accompanied by any hearing impairment.

Tinnitus

(noises in the ears) consists of ringing buzzing, roaring, whistling, hissing and various other sounds. They can accompany an attack of sudden deafness or Menière's disease but can also arise without either vertigo or a hearing impairment. They are subject to strong vegetative and hormonal influences, for the autonomic nervous system and the endocrine systems form the main influences on the organs of hearing and equilibrium.

Noises of the ear which are not discussed in this book are caused by occlusions of the auditory meatus, otitis media, otosclerosis, illnesses of the auditory nerves, intoxications (poisoning). They arise in a pulsating form in acute otitis media (infections of the middle ear) and mastoiditis, hypertonia, glomus tumors, angiomas, deformations of the cerebral vessels, and aneurysms.

Migraine

In many cases migraine is a predecessor of sudden deafness, Menière's disease and tinnitus. It is very similar to the symptoms (nausea and vomiting) of Menière's disease. The patient is also forced to lie down, mostly has a severe headache in only one half of his face and avoids bright light. Tinnitus which can be very tormenting is described as an audible migraine pain.



Goya (1746 - 1828) himself suffered from tormentuous Tinnitus, which he therefore pictured in this leaf from the 'Caprichos' as the work of demons.

Conventional treatment

The doctor carries out the necessary examinations to be sure of his diagnosis - this is possible fairly quickly. Then, though, he often takes his diagnostics a step further, using mainly complicated technical instruments, computed tomography etc. - instead of finding out the causes of the illness by a deep-action anamnesis lasting no more than perhaps fifteen minutes. By the use of equipment the patient is diverted from recognizing the mistakes in his own behavior. His or her thoughts are directed towards complicated illnesses of the organs as if something "supernatural" has happened inside his or her head. Of course an exact examination is necessary if certain symptoms are present - this, however, is mostly exaggerated because, after all the expensive apparatus has to be paid for. Under no circumstances, though, should this happen at the expense of the patient's health. Relieved the patient can turn his thoughts away from his own shortcomings and concentrate on complicated organic correlations for which he does not have to be responsible. The diagnosis stops at the smallest measurable symptom, which is then regarded as the cause of the illness. Mostly it is forgotten that the cause lies much further back and is not measurable. The diagnosis is then mostly "disturbance in the circulation". This is treated in Germany conventionally by medication in the form of infusions, injections or tablets, which cannot be successful as this type of medication cannot lead to an improvement in the ear's blood circulation. It is obvious, though, that even the attempt shows that not the cause is being treated, but rather that the "receiver" is being given a stronger "fuse" so that it can cope with more. A stronger fuse, though, leads to less security and even greater damage is inevitable. It would be just as senseless to strengthen weak points which have been deliberately built into an engine. After all the weak points have the purpose of preventing greater damage when they fail. Unfortunately this incorrect idea has now become common in medicine - probably because it is easier to maintain than the treatment of the causes themselves. However, it prevents any possibility of a cure. This, too, is an example of the "head-in-the-sand" method, as when the symptoms have disappeared the cause is also believed to have disappeared. I only wish to discuss the conventional methods of treatment of illnesses of the vestibulo-cochlear system (sudden deafness, vertigo, buzzing in the ears) briefly.

One usually attempts to treat an acute attack of sudden deafness, protracted sudden deafness, Meniere's diseases, Neuro-

nitis n. vestibularis and tinnitus by infusions, as well as by vitamin combinations, dieting recommendation and medication thought to improve the circulation. Operations are also undertaken for Meniere's disease and unbearable tinnitus. These are, though, seldom successful and in view of the less dangerous and better methods of treatment they should be viewed extremely critically.

Latest scientific comparative studies have confirmed that an attack of sudden deafness which is not treated more often heals spontaneously than one treated conventionally. The conclusion to be drawn is that the methods used until now (treatment by infusion, medication) against these types of illnesses have been totally ineffective. How after all can a shortlived improvement in the circulation, if at all possible by medication, lead to the elimination of the causes? The symptoms of an illness of the inner ear disappear or do not disappear with or without therapy.

However, if the patient does not change his lifestyle, he can be sure to have a relapse. "Symptom transfers" are also possible i.e. after the symptoms have disappeared, another illness seemingly unconnected arises in accordance with the same principle.

The logical conclusion seems to be that one could dispense with the form of treatment proposed in this book, if the illnesses improve by themselves. This is, however, contrary to experience gathered in the treatment of attacks of sudden deafness. In order to heal spontaneously, whether with or without infusion, the ear needs about a week - using biomental, though, only twenty minutes. Spontaneous healing (with or without infusion) takes place in about 60% of the patients, using my method, though, in about 90%.

All the conventional methods of treatment mentioned above attempt to eliminate the symptoms, mostly without success.

Amongst these are also methods not yet mentioned such as lontophoresis, a method almost completely forgotten, which is experiencing a renaissance, furthermore cortisone therapy or certain methods of "natural" treatment which - as it is well known - appear to help against everything possible. All the methods - whether of the conventional school of medicine or outsider methods - which only wish to eliminate the symptoms must be condemned. The symptoms are, after all, "danger signals" with which our organism informs us that something is amiss. Often these warning signals have a symbolic nature (body language): Sudden deafness means "switching off", rotary vertigo means "spinning" or "dither between two things", and tinnitus

means "being under pressure".

Naturally I do not believe that the complaints from which the patient is suffering should not be eliminated. Of course, the symptoms should be treated but only after they have led us to the causes of the illness. When the causes have been eliminated, the symptoms mostly disappear, too, although it is often impossible to eliminate the causes. One can then learn to avoid their damaging effect or to become resistant. For it is most certainly possible to learn to be more "thick-skinned" - by an autonomic stabilization.

The psychosomatics of the vestibulo-cochlear system

In order for the reader to understand the origin of my psychosomatic viewpoint of inner-ear illnesses I must, inevitably, give him some more background information on my professional training. After I had completed my studies as a psychotherapist, I started a second qualification as an otorhinolaryngologist in order to be able to combine psychotherapy with plastic facial surgery later on. During this second specialization as an otorhinolaryngologist I received permission to open a psychosomatic outpatient's department for the corresponding illnesses in otorhinolaryngology.

In this outpatients' department those illnesses of the ear, nose and throat which were known to have a psychosomatic-, a psychofunctional or a psychogenic cause, such as the globe feeling, stuttering, psychogenic aphonia and dysphonia, psychogenic hearing impairment, psychogenic muteness etc. were treated. Sudden deafness, tinnitus, vestibularis neuronopathy and Ménière's disease were not amongst the illnesses treated in the psychosomatic consultation hours.

One day a patient appeared in the emergency outpatients' department who, due to an attack of sudden deafness, could not hear in one ear any more. The head of the department at that time recommended the usual method of treatment: infusion treatment, probably for a period of ten days. The patient was against at this recommendation for he was a musician and on this evening he was due to play in a concert, which was to be climax of his career. The professor regretfully pointed out that it would not be possible to normalize his sense of hearing by that evening. It was also impossible to postpone the concert making it difficult now what to do.

Being the doctor on duty, I had followed the conversation and remembered a method of hypnosis treatment in which the criteria of success had been the reddening of the outer ear, something I had also observed when the function of the ganglion cervicothoracicum had been blocked by injecting suitable substances. I thus suggested trying the hypnosis treatment with which I also believed I could attain an improvement in the blood circulation in the hearing organ.

The patient consented, and after he had lain down, I carried through a light hypnosis. Of course, we had diagnosed an attack of sudden deafness, using a hearing test and the other usual methods. After about twenty minutes of hypnosis the pati-

ent reported experiencing a sense of relaxation never experienced before and believed that he was able to hear better. We immediately carried out a hearing test which proved that his hearing ability had improved by 20 decibels. The patient left the hospital, in the same evening hearing markedly better. He had been requested to return the next morning. The next morning the patient came towards me beaming with delight. He reported that he had been able to hear perfectly on the evening before and had thus been able to participate successfully in the concert. During the hearing test on this morning his hearing was proven to be perfectly normal.

At that point of time (1982) we deemed infusion therapy to be necessary, for purely forensic reasons, although nowadays, it is known that infusion therapy with flow-improvement medication cannot be successful. My colleagues were amazed by the success of the hypnosis and recommended using the same treatment for other patients, which I did. A hearing improvement after hypnosis could be ascertained in every sudden deafness patient so that I published my first article in the medical journal "HNO" (31, 1983) otorhinolaryngology.

After I had opened my own practice in 1984, I carried out plastic surgery but also continued my method of suggestive treatment although hardly any acute cases came to my consultation hours. Most of the patients had had an attack of sudden deafness for some time and complained about remaining noises in the ear space, furthermore there were patients suffering from Menière's disease and tinnitus (noises in the ear) without any hearing impairment and migraines.

More than 25 thousand patients have been treated until now in a similar, improved form by me, which led me to my programme of treatment in the end. In the meantime I have published four scientific articles on this subject and many journalists have reported on my method in magazines, newspapers and TV. One could say that this revolutionary development in the treatment of illnesses of the inner ear and the organs of equilibrium arose purely by chance. The many cases of success which I have had with my method have strengthened me in my view that this is the right way to treat "manager diseases" generally. In this book I discuss stress illnesses in the organs of hearing and equilibrium, but psychosomatic and stress-illness of other organs could be treated in a similar method, of course with some changes in the programme of treatment.

Before one causes damage to one's own health through one's sense of duty towards work and others, one should first develop

a sense of duty towards oneself and one's health. One of the aims of this learning process is that the patient has to commit himself to scheduling twenty minutes a day exclusively for his or her own use. It is of prime importance that the patient should not be disturbed under any circumstances whatsoever - and should not be available for anybody. To offer the ear the necessary protection, only a few rules have to be adhered to and only a few techniques have to be learned (techniques which can be learned by anyone). This is true not only for the ear but also for other vital organs.

Of the more than one thousand patients who have learned this technique I have not yet heard that an illness of this type has recurred. For scientific and statistical reasons all my patients were asked to inform me should a relapse occur. Three patients have contacted me. In all three cases, though, we were able to establish that they were suffering from a catarrh of the Eustachian tube - an illness of the middle ear, which often arises after a cold and which leads to a feeling of pressure in the ears. After a week the symptoms had disappeared by themselves.

In contrast to other illnesses which have already led to extensive damage in the corresponding organs and where therefore a strict diet or permanent medication is necessary my method of treatment does not reduce the general quality of life at all. It is not necessary to change one's lifestyle or personality completely, it is only necessary to introduce a daily health training of about twenty minutes. One should not regard this time as wasted or as an interruption in one's daily duties, but rather as a time to be enjoyed. In the following passage I wish to discuss in more detail and more scientifically the development of my method briefly described above by summarizing my scientific work into a broad view of the psychosomatics of the vestibulo-cochlear system:

In stress situations the sympathetic nerve system and the hypothysis-corticotropin-glandula suprarenalis axis release catecholamines and adreno-cortical hormones, causing corresponding changes in the metabolism - so that stress can be directly related to the increased tendency toward angiospasm, acute increased formation of thromboses and poor bloodflow property. In the field of cardio-vascular research these are recognized theories. On the whole the sudden deafness patient is a person who, through disappointment or the inability to regenerate, weakens himself, overtasks himself, does not recognize the limits of his own ability to cope with stress, and suffers an attack of sudden deafness when an external event affects his life (triggering situation). The attack of sudden deafness must be seen in this situation as a "weak point" or "fuse" serving the purpose of pre-

venting greater damage. This pseudo-solution is an event which interrupts a fatal vicious circle. It is not difficult to describe the personality traits of sudden deafness patients which come to the fore again and again like a leitmotiv, during the deep-action therapy anamnesis of these patients. The head with its abundant supply of blood vessels and accompanying sympathetic nervous system apparently offers a sensitive starting point for troubles of the hearing- and equilibrium organs. A disturbance in the micro-circulation and thus in the oxygen supply leads either to a weakening of the functions or the total collapse of the organ affected especially as the inner ear is supplied by an end-artery and is not able to form any collateral circulatory system.

Often the hearing ability recovers spontaneously within a few days as in the meantime a *vita minima* in the cells seems to be maintained by an anaerobic metabolism. Nevertheless an attack of sudden deafness should be regarded as an emergency and the patient should be treated as soon as possible. The treatment consists on the one hand of relaxation and protecting the patient from stress, on the other hand of a correction of the autonomic malfunction of the hearing organ (improvement of the blood circulation by suggestive treatment). The latter is however only possible through special biomenal training. Furthermore, in order to prevent relapses, the patient should be informed of the risk factors inherent in his or her personality. The triggering stress for the illness mostly consists of burdening events which can either be self-induced or arise in addition to the risks already existing in their personality. The sudden deafness patient is subject to the same amount of blows of fate as other people, however also provokes further blows because of his personality traits.

All patients who consulted me during the psychosomatic consultation hours because of an attack of sudden deafness were first diagnosed by ENT-methods as having an attack of sudden deafness. Within the framework of a psychoanalytic anamnesis the triggering situation (T.S.), self-description, relevant points from the patient's life, psychic situation, psychodynamics etc. were recorded. Furthermore a deep-action-psychological examination (MMPI) was carried through on a random basis and evaluated. The results of the psychoanalytic anamnesis were listed, the triggering situations for the attack of sudden deafness and the personality traits of the patients were compared.

The latter information was won through self-description, psychic results, relative points from the persons' lives and the psychodynamics of the persons.

As the triggering situations are those with which anyone could be confronted, an attack of sudden deafness can only be cau-

sed if the personality is already weakened or if a distinct type of personality by itself provokes triggering situations in increased numbers. Events which interrupt our normal routine demand an increased ability to adapt oneself. This is not true of all events in the same measure but rather of those which we believe to entail undesirable, unexpected, not influenceable or negative results. The occurrence of certain types of events within a short time can become so burdensome for a person that the normal ability to cope is not adequate any more. As a result emotional tension, excessive neurohormonal or pathological reactions arise. If risk factors for the development of organic illnesses are already present, they lead with a great degree of certainty to illness. Certain types of events as well as an accumulation of different events within a short period of time can be the result of a person's personality: for example active successful people in responsible positions are more often subject to confrontations, difficulties, dangers, and anxieties than introvert, inactive and easily satisfied people. In the following I wish to list some traits which are typical for patients who consult me.

Scheme of personality traits of sudden deafness-, vertigo-, tinnitus- and migraine-patients.

Professions

engineers, teachers, executives, business people, musicians, male and female politicians, doctors, jurists etc., or the partners of successful or striving men or women.

Triggering situations

T.S. 1: accidents, case of death, illness, catastrophe etc.

T.S. 2: court case, loss of position, incorrect decisions, failing an exam, rivalry etc.

Occurrence of the symptoms

immediately till three months after T.S.

Permanent - stress

career ambitions, fear for one's livelihood, fear of failure, competition, perfectionism, responsibility, inner unrest etc.

Self - description

"Business before pleasure", "I create my own stress", "I need a lot of work", "I demand a lot of myself", "I feel responsible for everything".

Related illnesses

sudden deafness, vestibularis n. neuronopathy, Menière's disease, tinnitus, migraine.

Accompanying symptoms

tinnitus, circulatory disturbances, symptoms reminiscent of multiple sclerosis, sleeping disturbances, ear depressions etc.

Therapeutic approach

(A) suggestive and mental training with a specially combined method of regeneration, stabilization and correction of the autonomic malfunctions (improvement in the circulation);

(B) making the patient aware of the risks inherent in his/her personality;

(C) strategies to avoid self-induced triggering situations, T.S. (2)

Therapeutic aim

(A) improvement or elimination of the symptoms (disturbance in the hearing ability, dizziness, ear noises) and the accompanying symptoms, prevention of relapses;

- (B) elimination of causal anxieties in order to reduce the permanent stress;
- (C) learning to avoid triggering situations (T.S.2)

Patients suffering from one of the illnesses named above (sudden deafness, vertigo, tinnitus) have commonly been under permanent stress and are subjected to such blows of fate as the following, which act as triggering situations:

1. blows of fate (as for example accident, death, illness etc.),
2. events provoked by personality traits (court case, loss of a position through one's own fault, failing an exam etc.).

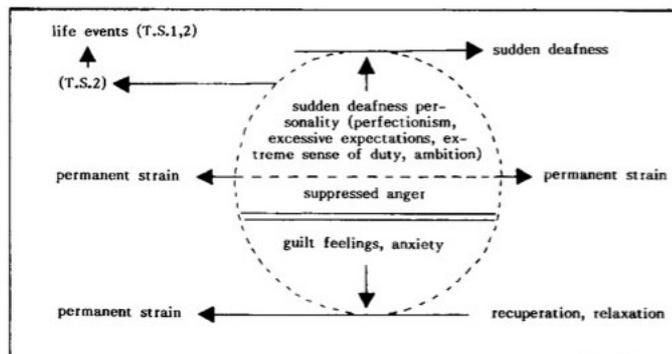
In nearly all patients relevant triggering situations could be found. Both women and men showed identical personality traits which could be established in the frame work of the psychoanalytical anamnesis; furthermore definite concurrence could also be found in the MMPI tests (psychological tests) carried out at random. If neither such typical personality traits nor a triggering situation could be found, it could be assumed with great certainty that the patient was not suffering from either an attack of sudden deafness, Menière's disease, or a related tinnitus. In the following passages I shall try to describe the characteristic personality traits of sudden deafness and Menière's disease patients.

The first personality traits which must be emphasized are perfectionism, excessive demands, ambition connected with excessive pressure, a sense of duty leading to self-sacrifice. Due to its inattainability this attitude is doomed to failure and is characterized by disturbances in the patient's ability to perceive correctly: The patients perceive selectively unsolved or not yet completely solved tasks. The lack of the experience of success and the inattainability of the excessive demands generate a condition of tension and tiredness until an "external" event aggravates the strain already present and causes an attack of sudden deafness.

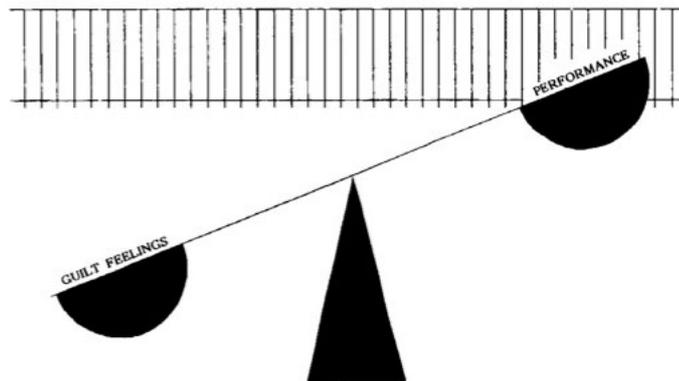
The normal initial stages of the illness consist of a condition of suppressed anger. There does not seem to be any possibility of ridding oneself of the bottled-up anger. For an attack of sudden deafness to be caused as for other related illnesses (Menière's

disease, tinnitus, vestibularis n. neuronopathy, migraine) to be caused, both inner and external conflicts, both external and inner stress must be present. Not granting oneself the feeling of success necessary to one's self-esteem and the inability to practise "psychohygiene" (relaxation recuperation), prevent the growth of the power needed to cope with stress.

Sometimes it is possible to start relaxing, this, however, is often interrupted by guilt feelings arising from one's childhood. This is the cause of, for example, attacks of sudden deafness occurring before, during or after holiday. Another cause for attacks occurring during holidays is the penting up of energy which cannot be eliminated without work, or a feeling of guilt for neglecting one's work - a feeling which can always arise during periods of freedom from work, also through a delayed emotional reaction. Thus it is possible that stress does not lead to an immediate reaction, but that the effect is delayed by some weeks or up to three months and first makes itself felt during a stress-free period (holidays). Stress can thus lead to one's falling ill (sudden deafness, vertigo, tinnitus) up to three months later.



1) This scheme attempts to illustrate that due to his personality a sudden deafness patient is subject to permanent stress, which increases spirally! This vicious circle cannot be reduced by relaxation or attempted, recuperation, but rather increases constantly until an event causes an attack of sudden deafness. The patient is then withdrawn for a certain amount of time from this fatal vicious circle, reenters it, though, after having recovered, which is the conclusive reason for relapses.



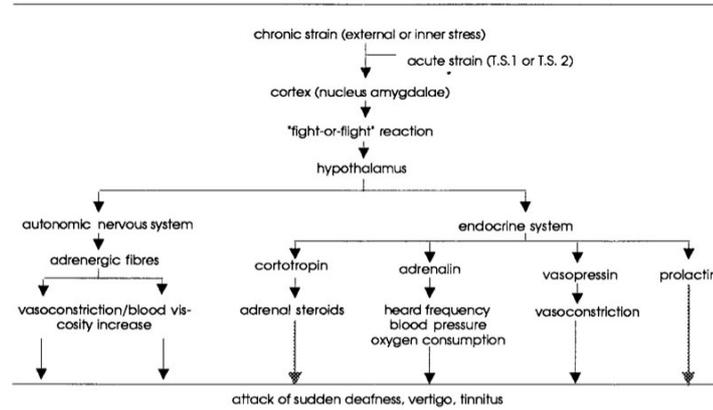
2) The illustration of the symbol "scales" tries to explain the danger which arises when either of the two scales enters the hatched area; the scales show the changes in balance between guilt feelings (towards one's own performance or lack of it) and performance itself (stress). It is seldom that performance and guilt feelings remain in balance, mostly one of the two scales enter the hatched area "disturbance in equilibrium". If the "performance" enters into the field, i.e. if there is too much external pressure (stress), then the feelings of guilt are extremely low, but the danger of exhaustion is high. Feelings of guilt enter the field when the patient is unable to perform, such as on holiday, so that the feelings of guilt (inner stress) and the energy, now no longer expendable which are normally directed towards performance, cause exhaustion. "A disturbance in the balance" manifests itself not only in disturbances of the equilibrium, but also in the loss of hearing (sudden deafness) or in tinnitus;

Psychopathophysiology

When the "drop" (T.S.2) causes the "barrel" (stress-coping capacity) to "overflow", i.e. when a burdening situation, which can be either a blow offate or self-induced, burdens the stress-coping mechanism, physiological defence mechanisms enter into action, which can lead to sudden deafness or to related illnesses. When the stress tolerance is overtaxed, the cortex triggers off alarm reactions ("fight" or "flight"). The nucleus amygdalae has the function of activating the hypothalamic structures. In this process the sympathetical-cholinergic nerve fibres (vasodi-

lation of the arteriolar of the skeletal muscles) and the adrenergic fibres (vasoconstriction of the remaining vessels) of the autonomic nervous system are stimulated. In animal experiments not only vasoconstriction (of the remaining vessels) but also an increase in the blood viscosity were noted. Furthermore during this process adrenalin from the adrenal marrow is released into the endocrine system. This is responsible for thrombocyte aggregation, influencing the heart frequency and blood pressure, oxygen consumption of the tissue etc .. Additionally there is an increase in the release of corticotropin and thus in adrenal steroids, an increase in the growth hormones and prolactin, to mention only the most important. Their role in the genesis of sudden deafness attacks is not yet sufficiently clear. The release of vasopressin after stress influence on higher centres with the resulting vasoconstriction has been proved experimentally.

This scheme of the pathophysiological reactions to outside influences, which can be self-induced or a blow of fate, illustrate the genesis of an attack of sudden deafness.



In the description of the development of my concept I have concentrated mainly on sudden deafness since the first patient had suffered an attack of this illness. This is also the case in my scientific publications. Furthermore the improvement not only in this patient's but in all patients' condition could be technically measured (audiograph). If the first patient had suffered from a vestibular illness (vertigo) or tinnitus, he could have subjectively expressed the lack of symptoms, however this lack would not have been technically measurable, i.e. not have been provable - this, however, is absolutely indispensable in science. Of course the personality traits described are also valid for patients with vestibular illnesses (Menière's disease, vestibularisneuronopathy) and certain forms of ear noises. However, an improvent in

the "before-afterwards" form cannot be objectively proven. As I have also mentioned in passing, migraine patients also belong to this group, but here too improvements cannot be proven in an objectively measurable form. If I did not have the objective results of sudden deafness patients, one would probably insinuate that my suggestive treatment has only led the patient to believe that he or she is free of symptoms. Thank goodness, however, they do not only believe that they are free of symptoms - in fact they are.

In the following chapter further use will be made of extracts from scientific articles to illustrate the objectively measurable results.

Treatment and prevention

Put simply one could say that the causes of illnesses of the inner ear and the organs of equilibrium are activities with a definite aim exhausting the person, which have their origin in an inner "must". Mostly blows of fate worsen the situation and cause the "barrel" to overflow. However, also those energies which are pent up and do not have the opportunity of expressing themselves in the form of performance cause exhaustion. At the same time the patient is incapable of coping with the strains arising and of recognizing the limits of his or her own ability to cope. Since the causes of the illnesses of the inner ear consist, on the one hand, of strains and stresses, on the other hand of the inability to cope with strain, it would theoretically be possible to tackle the problem from two starting-points. First of all, one could try to change the patient, a method often suggested by laymen - but not a practicable one. This aim would necessitate a therapy to change a person's personality, which all in all would consume too much time, a lot of will and the cooperation of the patient. However, I consider this to be inexpedient for both patient and therapist. It is much easier to tackle the problem from the second starting-point, namely from the inability to cope with strain (excessive demands, burdening experiences, inner energy which cannot be consumed). The patient needs to undergo a learning process, which most patients can manage. A combination of several relaxation techniques leads to the elimination of a certain inner restlessness and sense of being driven, at the same time enhancing the patient's willingness to relax. The steps towards relaxation are chosen in such a fashion that not only a psychic but also an autonomic relaxation takes place which, through the relaxed neck muscles, leads to an improvement in the circulation of the organs of hearing and equilibrium. It could be established that many of the patients had already attempted to learn some type of relaxation through self-hypnosis as if they had sensed their inability to relax. Mostly they did not succeed because the lessons within a group were not intensive enough. Another aspect is that relaxation by self-hypnosis in its original form is unsuitable for illnesses of the inner ear and can even lead to tinnitus (ear noises) being increased. Some patients have even reported being sent to such training because of their tinnitus and suffering an attack of sudden deafness or Ménière's disease during exercises. Under our biomenal training at home this is not possible.

Measures to increase the patient's awareness analytically, combined with suggestive and feedback techniques, make it easier

for the patient to learn the necessary ability to switch off. The suggestive measure, an extended and modified form of healing hypnosis, is a mental concentration training, which leads to the ability to influence one's own autonomically controlled body functions. Thus, as the intensive concentration on a lemon can lead to salivation, the concentration on certain individually elaborated ideas can lead to an improvement in the inner ear's circulation. A bio-feedback appliance, specially designed for disturbances in the inner ear's circulation, acoustically and optically conveys certain autonomic functions so that the suggestive part of the treatment is reinforced by training. The suggestive formulae are spoken onto a CD during the treatment. This CD is given to the patient, facilitating the process of learning to relax by oneself at home. This suggestive and mental training takes about 2-3 hours per treatment day and must be regarded as an extremely intensive process with which one can achieve maximum success in furthering the regeneration of the organs of hearing and equilibrium. This method can be learned by any patient, under the condition that the willingness to do so and a certain intellectual attitude as well as the ability to think logically are present.

To summarize, the treatment thus consists of making the patient aware of the dangers, strategies to solve conflicts, thus avoiding risks, bio-feedback methods, healing hypnosis, mental training and autosuggestive measures with the aim of learning to switch off (regeneration, controlling one's energy) and of improving the blood circulation. The different treatment methods cannot be regarded separately but are interlinked. The aim of the ten day treatment is to reserve the damage already caused. In most cases it is possible to reduce or even eliminate ear noises which have existed for several years. The more the noises fluctuate, the better are the chances of success, but also hearing distortions which have existed for a long time respond to this method of treatment. Even after years there are some cases of hearing improvement, however they cannot be expected to occur to the extent that ear noises or vertigo can be eliminated - two symptoms which can be influenced well. Many patients with vertigo can be spared an operation through this method of treatment. An improvement in the hearing ability after an acute attack of sudden deafness is the rule as the reader will be able to see during the following case histories. The patients were furthermore taught a method of self-treatment which leads to the patient being able to control the autonomic functions. The patient should continue actively applying the method learnt for about half a year after the end of treatment until finally the desired autonomic correction arises and remains. Apart

from the corrective effect on the circulation of the organs of hearing and equilibrium, this technique should furthermore be used to cope with the strains which, after all, continue existing. It is a healthy possibility to switch off and relax, to block dangerous diseases - causing stress-reactions. The patient who continues burdening himself needs this method in order to establish a natural counterbalance, which he is incapable of providing by nature. It has been established that in certain illnesses disturbances in the perceptive faculties arise. Thus there are people who suffer from a body outline perception disability, i.e. they are not able to estimate whether they are thick or thin. small or large. Some of these patients (e.g. patients suffering from anorexia) are not able to estimate what quantities they eat because they do not have sense of being full. Most people have a feeling of saturation as well as a feeling for their bodily appearance in their body perception, in the case of the patients discussed here they have disturbances in recognizing the limits of their ability to cope with stress. Just as a person stops eating when he feels full, most people relax or take a nap when they are exhausted or have been under great stress.

The loss of a saturation feeling leads to the person eating everything on the plate as he has been taught. The inability to recognize exhaustion has similar results, namely the feeling of having to work until everything has been done. even if one is not physically or mentally able to do so.

People who by themselves take the necessary break to relax do not need artificial breaks such as the patients described here need to learn. At least once a day one must plan a break of at least twenty minutes within the framework of a day's work to prevent exhaustion and the resulting illnesses.

The "art of taking a break" is the prescription for success. A person who masters this "art", can be successful without having to fall ill. Cultured persons often have the disadvantage of having lost the natural reactions such as described above so that ceremonial and ritual events have to be created to prevent certain mass-illnesses. Thus the meatless Friday has a certain meaning, just as fasting times and the prohibition of eating certain types of meat have. The sense of these was mostly to prevent diseases and malnutrition. In modern society it is necessary to prevent stress-illnesses, not only by introducing the breaks demanded by trade unions - mostly used to drink coffee or to have a cigarette. These breaks must rather allow one to relax and find regeneration. The ancient cultures of other countries have Yoga, meditation or certain ceremonies and rituals with the same aim, which we in our cultures can reach with the me-

thods described here.

In the following extracts from my first scientific publication on sudden deafness therapy using suggestive methods, I will only discuss the treatment of acute attacks of sudden deafness. The description is also true for acute vestibular illnesses and the related ear noises. It was soon possible to do without the further post - or parallel treatment with infusions, carried through in the initial cases for forensic reasons. Furthermore illnesses of the vestibulo-cochlear system which had occurred some time before were later also treated with altered and extended methods, as described above.

Assuming an oxygen deficit due to a disturbance in the microcirculation of the inner ear, conventional therapeutic measures had attempted to tackle the problem using infusion treatment with the following aims:

1.
Reduction of the thrombocyte agglutination and adhesion ("anti-sludge" therapy),
2.
activation and increase of the cerebral circulation, furthermore blocking of the function of the ganglion cervicothoracicum by the injection of suitable substances.

Apart from these methods, which amongst others were supposed to influence the autonomic malfunctions, I, as a psychotherapist, was well aware of the effects on the autonomic nervous system of suggestive and training methods such as hypnosis and relaxation through self-hypnosis. Thus the reddening of the auricle during a certain type of hypnosis has the same origin as the hyperaemia of the auricle after the blocking of the function of the ganglion cervicothoracicum, which was quasi used as an indicator that the desired effect had taken place.

The idea of "warmth" and "heaviness" suggested to the patient during hypnosis and self-hypnosis, puts a "neuro-organic switch-over" into effect. The patient is in a comfortable condition of rest, leading to an increased suggestibility towards verbal and tactile stimuli. All controllable body functions are in a state of medium relaxation. The voluntary muscles are relaxed (=feeling of heaviness). The superficial skin vessels are also relaxed, dilated and thus better supplied with blood (= feeling of warmth). After initial unrest and an increase of the pulse and breathing through anxiety they both become regular and relaxed.

If one asks the patient, after he or she has experienced this sta-

te, about his self-experience, he will, as a rule, state that he had felt extremely relaxed and well. It is understandable that this condition of rest, relaxation and recuperation suffices, if carried through regularly, as a treatment method for many cases of "constitutional nervousness", "functional syndromes", "autonomic stigmatisation" with their manifold psycho-autonomic symptoms. From the point of view of neurophysiology, the suggestion can be explained as a cortically controlled reflex, in which auto-suggestion can also be included. Attention should also be drawn to the manifold motory, sensory and autonomic symptoms which can thus be triggered. If, for example, one suggests to a test person that he or she is eating bread, the composition of the gastric juice would be different to that caused by the suggestion of eating meat. A hypnotic or auto-suggestive "warming" of the liver, for example, changes the blood sugar level and the blood count significantly. Similarly the microcirculation of the organs of hearing and equilibrium can be influenced positively.

The treatment scheme for acute cases of sudden deafness was, at that point of time, fixed as follows:

After the anamnesis the last test done is determining the auditory threshold (A). If an attack of sudden deafness is confirmed the first half of an hour is used for a deep-therapy psychological talk in order, on the one hand, to prepare the patient for suggestive treatment; and on the other hand, to establish the psychogenesis of the illness. Within the framework of the deep-therapy psychological anamnesis a psychodynamically relevant triggering situation is sought. If it can be found with definiteness, this can favourably influence the patient's motivation to be treated further psychotherapeutically, if necessary.

In the case of a psychosomatic functional disturbance, a disturbance in the autonomic regulation, in which psychic components dominate, a sympathetic predominance should not be regarded as a constantly present criterium of the patient's personality, but rather as the expression of an only temporary situation, such as for example fear of examinations. In the majority of patients a psychic conflict could be found which could be linked directly to the illnesses' origin.

In the second stage of the treatment the patient is subjected to suggestive mental treatment. In which, amongst others, "warmth" and "heaviness" are suggested. After these further thirty minutes the auditory threshold (B) is measured. Under this method it is found in almost all patients thus treated that a clear hearing improvement has been achieved, corresponding to the

subjective impressions of the patients. These are amazed by the success of the treatment and confirm they have felt themselves in a sense of relaxation never before experienced. In these acute cases and in illnesses lying further back, treated by my method, the effect of the therapy can be seen in the reddening of mostly only one auricle, namely of that of the affected ear. This phenomenon is even used by me as a diagnostic criterium of the functional disorder.

Using certain selected cases, I will attempt to illustrate the suggestive treatment.

In contrast to the somato-functional and psycho-functional attacks of sudden deafness, suggestive treatment in the form described is, of course, not effective with psychogenic hearing impairment and certainly not with simulants. The reason for this is to be found in the aim of my method of treatment, namely in the autonomic-corrective functional changes in the hearing organ. The cause of "hysterical deafness" is not to be sought in the environment. but rather to be regarded as a subconscious "switching off" of a central function accompanied by impaired consciousness. The patient only believes him - or herself to be hard of hearing. The simulation, after all, is, exactly like the aggravation, a consciously centrally directed action with the aim of deception.

Of course the treatment presupposes certain intellectual abilities such as rational logical and critical thinking and the ability of self-criticism. Patients whose illness is a means of establishing contact with other people (self-help-groups), or where the illness is used as a means of pressure or of triggering guilt-feelings in other people, are not treatable because of the "benefits" brought about by their illness.

Casestudies

The first patient whose treatment I wish to discuss is a 57-year-old man.

Anamnesis

Mr. Friedrich K., born on 17.11.25. reports never having been seriously ill and always having been able to hear well. Since this morning he is almost incapable of hearing in the left ear, so that he fears not being able to participate in a concert on the same evening. This is even more tragic for him as, being a cellist, he has waited for years for this opportunity, the more so as it meant to be the climax of his career - a climax after which he wished to retire from his musical career.

Apart from the Weber's test (tuning fork is lateralised to the better-hearing right ear) and the audiograph (inner-ear hearing impairment left increasing in the high frequencies-auditory threshold A) there were no further abnormal findings

The diagnosis was: acute sudden deafness left.

Treatment:

a)

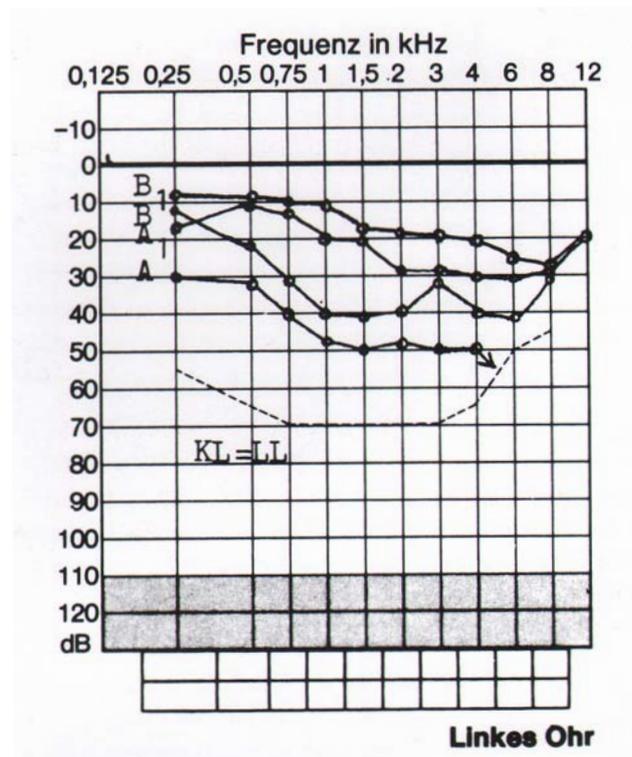
In the deep-therapy psychological talk my suspicion is confirmed that in this case the psychic components are predominant. It can clearly be seen that anxiety (fear of failure) is being denied; but he rather suppresses it in the form of a bodily malfunction, the ischaemia (circulatory reduction) of the musician's ear. In this case the ear is unconsciously chosen - and not another organ - because a loss of hearing in a musician's case would force him to give up his ambition, which is causing him such anxiety. He would not be able to participate in the concert, and therefore he would not be able to fail. Thus the attack of sudden deafness enables the patient to deny the existence of his anxiety and also prevents him from possibly being a failure by "self-disqualification". This is the unconscious primary and secondary "beginning of the illness" - a pseudosolution. Because of his strong antipathy and the double gain through being ill the patient cannot be motivated to participate in psychotherapeutic treatment. However, he agrees to undergo suggestive treatment.

Illustrations 4 and 5 also show patients' condition after an acute attack of sudden deafness - cases which I do not wish to describe further here.

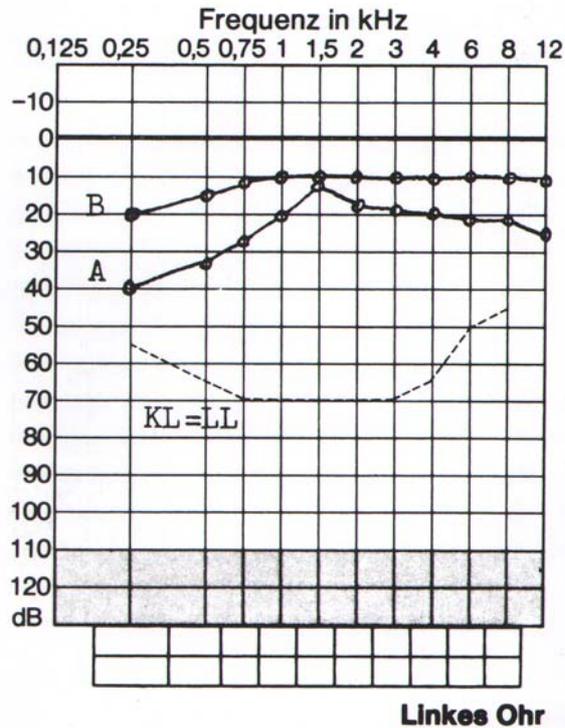
All these initial treatments of acute cases of sudden deafness have in common that they were regarded as an alternative to infusion treatment. It was a purely symptomatic treatment in which making the patient aware of the conflicts during the discussion played only a secondary role.

The patient was not able to learn any technique of switching off, of regenerating, and thus of preventing relapses. It was only after I had started treating attacks which had taken place some time before and had started treating patients who had had repeated attacks of sudden deafness or related illnesses that I developed the present programme of treatment.

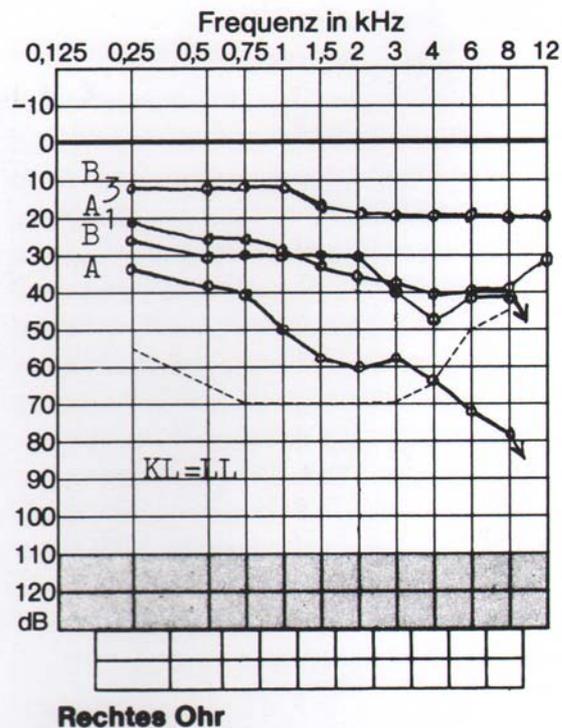
Illustration 6 shows the hearing improvement which took place during the ten-day treatment. This too is a case of a so-called "old" attack of sudden deafness.



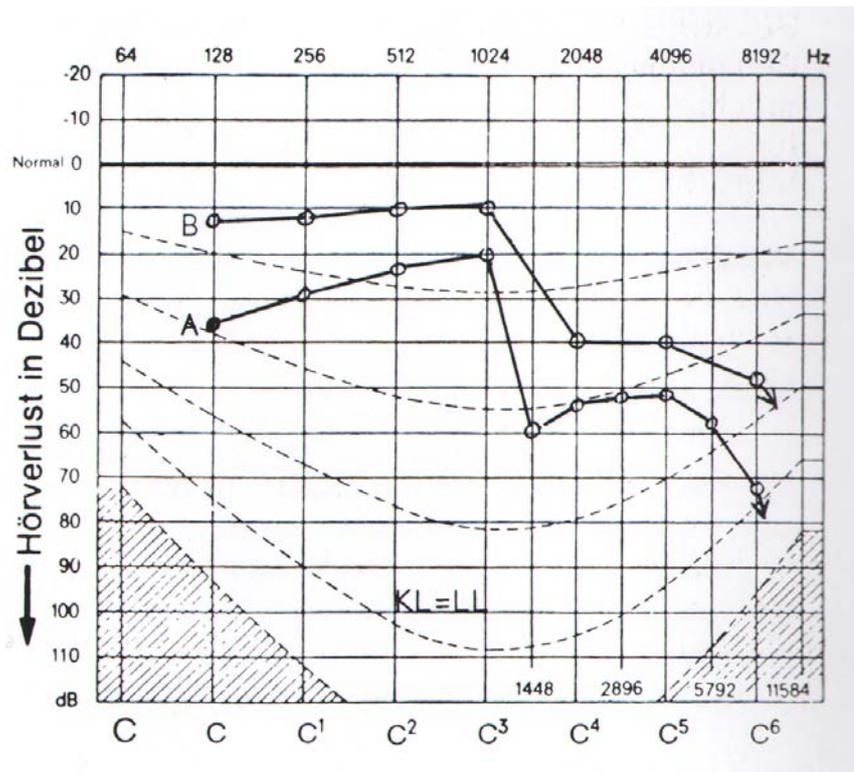
3) Friedrich Kl, born on 17.11.25; audiograph on 13.01.82/Ti and on 14.01.82/Ti.. Inner ear hearing impairment left after sudden deafness attack. Right ear normal hearing ability, Weber's test lateralised right, auditory threshold (A) before and (B) after hypnosis on 13.01.82. Auditory threshold (A2) before and (B2) after hypnosis on 14.01.82. Bone conduction (KL) =air conduction (LL).



4) Michael P., born on 22.07.57; audiograph on 13.03.82/Gr. Inner ear hearing impairment left after sudden deafness attack, normal ability right. Weber's test lateralised right. Auditory threshold (A) before and (B) after hypnosis. Bone conduction (KI) = air conduction (II).



5) Uwe B., born on 31.07 .57. Audiograph on 12.07.82/Ti., on 13.07.82/Ti and on 15.07.82/Ti. Inner ear hearing impairment right after sudden deafness attack. Left normal hearing ability, Weber's test lateralised left. Auditory threshold (A) before (B) after hypnosis on 12.07.82. Auditory threshold (A2) before hypnosis on 13.07.82. Auditory threshold (B3) after the fourth hypnosis on 15.07.82. Bone conduction (KI) = air conduction (II).



6) Jean J., born on 16.05.54. Audiograph on 05.09.1987/ LB and on 18.09.1987/M. Inner ear hearing impairment after sudden deafness attack on 07. 10.1986. Right normal hearing ability, Weber's test lateralised right. Auditory threshold (A) before and (B) after treatment programme. Tinnitus has disappeared fully. Bone conduction (KL)= air conduction (LL).

Apart from the hearing ability improvement after the treatment described of acute and "old" sudden deafness attacks, which can be clearly proven (audiograph), I would like to report on the comparable success in the treatment of Menière's disease and tinnitus.

Tinnitus

The hearing improvement shown in illustration 6 was preceded by the elimination of ear noises. The patient had had his first attack of sudden deafness before being treated by me. An unclarified inner ear hearing impairment had existed since childhood and had been worsened by the first attack of sudden deafness. Since childhood the patient had suffered from a roaring sound in the background, which he had experienced as a deep sound, since the first sudden deafness attack also from a whistling sound. After the fourth treatment (treatment program) the whistling sound had disappeared. After the ninth treatment the deep sound was also eliminated. Simultaneously his hearing ability had improved and was even somewhat better than before the first sudden deafness attack. Even ear noises which date back a long time and arise periodically can be improved measurably by this treatment method or even eliminated.

Menière's disease

The patient, a 36-year-old doctor, suffered an attack of sudden deafness in 1981. Since 1985 she had suffered from rotary vertigo attacks which occurred every two to three days and were accompanied by nausea and vomiting. During a following pregnancy the patient was free of complaints. Three days before birth the symptoms of Menière's disease reappeared and continued at similar intervals. After the second treatment of the treatment programme the accompanying ear noises had already improved - a certain sign for the effectiveness of the therapy. Until the sixth treatment only two relatively mild rotary vertigo attacks had occurred, after that she suffered no more attacks. After half a year of being free of complaints the patient was able to take up her usual activities again.

Distorted Hearing

A 79-year-old patient suffered an attack of sudden deafness in 1976, which did not recover completely, so that a hearing impairment and distorted hearing remained. Already after the sixth treatment the patient noted that the pitch in both ears had become identical. She could hear without distortion - even her hearing disability had improved. After eleven years the patient was able to attend a concert again and experience it with pleasure.

The effect of the "hypnosis" and of the biomenal training on the autonomic regulatory system expresses itself in activation and

increase in the cochlear circulation and the oxygen supply. It is probable that this treatment, being an antistress therapy, reduces the thromboocyte agglutination and adhesion ("antisludge-therapy") by reversing the autonomic and neuro-hormonal stress reactions already described. A stabilization of the circulation under suggestion is also known to take place. Again and again it has been confirmed during suggestive treatment that such treatment can also be effective in preventing relapses, especially furthering an autonomic stabilization. I consider it to be therapeutically effective if the patient is shielded from his environment to a certain extent during the biomenal training in the art of relaxing. The training in relaxation through self-hypnosis, already mentioned in this publication, has been transformed into a much more intensive form for "head-illnesses" in order to be more effective and to avoid the dangers inherent in the original form.

The treatment has been successful in more than 80% of the cases, thanks to the patient's cooperation.

The suggestive treatment, the healing hypnosis and the mental training are adapted and formulated for all patients so that the CD, which is produced for home training, has also been formulated for patients with sudden deafness, tinnitus or vertigo.

I use a special biofeedback process which finds its echo in the suggestive therapy and thus increases the effectiveness of the latter. Using suggestive treatment and biofeedback by themselves is almost completely ineffective because, as in the case of medication, it only works at the time of application - the long-lasting therapeutic effect is non-existent. All in all the treatment encompasses the following points: first of all the anamnesis, in which the situation and the conflicts which triggered the illness, is established; secondly the above-mentioned exercise-training and suggestive methods as well as establishing solution strategies take place - a treatment method which presupposes experience in brainstorming. To find solution strategies for conflicts is much easier for the neutral non-involved therapist, as an outsider, than for the conflict-laden patient or one of his family members or friends. In the case of illnesses lying further back the ear-noises tend to be regarded as the most important point, and the triggering situation for the illness lies so far back that not much remains of the conflicts and the occupational stress. Solution strategies for conflicts are irrelevant in these cases. Nevertheless the autonomic constitution has remained unchanged and must therefore be worked on to remove and prevent

the effects. Even when one's professional life has ended, there are still enough private possibilities of becoming "stress-ill". The treatment mentioned above can under no circumstances be learnt by reading alone. Books which purport to teach relaxation techniques - perhaps even in combination with CDs - are not in the position to offer the effect desired. Only hard training and individual instruction by the doctor or the BiomentEar-CDs will bring the success desired. The combination of this method with aids, as they are used on the patient in a ten-day intensive curative treatment, is of great importance.

In the biomental training the suggestion is simulated by aids (feedback) and integrated into the mental training. Contact with the doctor treating one is also necessary when learning conflict-solving strategies. It is possible to prepare oneself for this kind of psychosomatic curative treatment. One only needs to observe oneself when the symptoms improve or become worse. It is also necessary to admit one's "share of the blame" for the illness. During and after treatment a slight change in one's lifestyle is necessary. This, however, does not necessitate any reduction in one's life quality or enjoyment. This contrasts sharply with, for example, weight-reduction diets, which cannot be adhered to for a longer period by anyone who enjoys life and thus are soon ineffective. A diet usually even has the opposite effect to that desired. The normal person who enjoys the pleasures of life tries to compensate for being deprived of those pleasures during the diet by enjoying them even more after the diet is ended - even if this means forfeiting all the gains. The weight increase after a diet mostly happens subconsciously and is often recognized too late. The conclusion to be drawn is that curative treatments should not deprive us of something but rather give us something. To deprive a patient of something without offering a substitute of equal value is not acceptable and will never function.

In our curative treatment the patient should learn to regain some lost things, which he, without having noticed it, has abused (e.g. Sundays).

Not only for religious reasons should one rest on Sundays. The importance of religion has become lost mainly in the cities - in some respects this may be desirable, in many, though, it is regrettable. Leisure, peace and time to reflect, going to church, processions and celebration all had an important effect on relaxation, regeneration and coping with stress. Ceremonies, no matter in what cultural form, have a relaxing effect on people. Whether it is going to church, Far-Eastern ceremonies, or certain, almost ceremonial passions or types of sport, their regene-

rative effect is curative and stabilizing.

All types of sport of a competitive nature are of course excluded as one has enough competition at work. Fishing, sailing, golf - these are sports with a healthy relation between action and leisure of ca. 1:10. Boule (boule, boccia) or similar sports are also relaxing and sociable, a factor which also contributes to recuperation as long as the other players are not one's business customers or colleagues. In Far-Eastern countries ceremonies play a role indifferent areas, not only within a religious framework but also during meals (a day-to-day situation), during the tea-ceremony, arranging flowers etc.. The Englishman's proverbial tea-time also has a ceremonial character. In southern countries, especially in France, meals are extended over hours and thus gain a communicative character, also offering security within the family and one's circle of friends. The bad habit, so often observed in our society, of gulping down one's lunch or going to a stand-up bar for a quick bite during the lunch break are symptomatic of a "cultural decline" and are also responsible for stress-illnesses.

Regarding sports one must also realize that "chasing around the tennis court" in order to prove how fit one still is cannot be relaxing at all. In this respect it must be called more reasonable when people go out to an "exquisite" dinner, when dressing up for the occasion has a ceremonial character, ordering an aperitif, perhaps enjoying a good bottle of red wine with the meal and afterwards a cigar or coffee. One should under all circumstances have enough time for breakfast. Put briefly, it serves one's own health to relearn enjoyment - for enjoyment is a part of the just compensation for hard work and, at the same time, a feeling from which one can regain energy for one's daily work.

If someone were to ask me how he or she could use their energy optimally to perform as well as possible while suffering as little wear and tear as possible, I would give them the same advice.

The art of taking a break

Good manager training takes into consideration this economical equilibrium between performance and leisure, especially as creativity is born through leisure. There is always creativity if there are no typewriters, no notebooks or dictating machines available - i.e. when one is in "another world", for example in the world of enjoyment. Every person has a creative streak, and for many people it is the only possibility of enjoying a certain type of freedom, the feeling of freedom is also a regenerative basic need. Freedom in our civilized society is extremely restricted, one finds oneself in a labyrinth of prohibitions and way-

signs. This also is one of the reasons for the popularity of so-called adventure holidays, which give one the illusion of being free. However, everyone discerns exactly that they are only enjoying a reglemented freedom in a "glass-cage" and can hardly be offered more adventure than by a TV film. Just as TV devours useful time, creativity uses the time to relax. One should not be painting, writing, doing handicrafts etc. with the aim of being able to hold an exhibition, to publish a book, or to develop a machine; but rather to rid oneself of (sublimate) inner aggression, which is often not recognized as such, instead of swallowing it. For this does one no good and, as we have already noted, causes illnesses.

The quality of manager and creative training is very diverse and should only be carried through by experienced psychosomatic specialists, who have a good command of teaching relaxation techniques. After all it is only possible to cultivate mental training effectively during relaxation, and thus to be able to solve problems creatively. In the treatment programme carried out by me, though, these training methods are only featured marginally. It should not be started until the therapy programme has been completed. After all it can only be used effectively after the patient it is free of symptoms. Of course, there is always the possibility of such an additional training being linked to the treatment - with a certain number of persons present it could also be carried out as a weekend or holiday seminar. The entire programme of treatment can, of course, only be carried out in the form of individual therapy or individual training since each patient must be treated differently. Creative handicrafts can, of course, be carried out in a group.

To summarize one could say that the possibility exists of improving, healing and preventing relapses of illnesses of the vestibulo-cochlear system (sudden deafness, vertigo, ear-noises) by learning certain techniques and rules. The time available, for example, during a summer holiday, is sufficient. Thus persons with the corresponding personality profiles are given the possibility of remaining healthy, not only as regards the organs of hearing and equilibrium, but also as regards all "weak-points" of the corresponding organism. Through additional training one can also learn more economical and creative working methods, all in all reducing one's job pressure.

The biamental treatment should not only commence before organic damage has occurred, but rather ideally when the first danger signs are noticed. As a rule, each person knows the weak points in body, and if not, they are easily established. Warning signals for a psychosomatic organic illness are the so-called functional disturbances such as a brief feeling of numb-

ness in one half of the face, a repetitive short-term failure of the hearing organs, brief attacks of vertigo or tinnitus, in other regions: heartburn, stabbing pains in the chest, nausea, circulatory disturbances, stomach pains. etc., for which no cause can be found and are thus mostly termed "nervous disorders". Sleeping problems, increased abuse of alcohol or cigarettes and a weight increase are also stress reactions. Symptoms for which no organic cause can be found should always be suspected to be the beginning of a psychosomatic illness, which inevitably ends with organs being damaged. Mostly then only the damaged organ is treated or even removed surgically. No-one takes into consideration that due to the nervousness of the person another organ is now put under pressure, leading to the next illness. Only after at least half a dozen operations have been carried out, one does hear phrases like the following: "He / she is constantly ill - no wonder being such a bundle of nerves!" Simultaneously with illnesses of the vestibulo-cochlear system one often finds that the patients suffer, either before, during or afterwards, from other illnesses such as migraine, stomach ulcers, multiple sclerosis, headaches, allergies, cardiac infarct and Chron's disease. However, other organic diseases often also accompany or precede attacks of sudden deafness, Menière's disease or tinnitus and will remain as long as the organ itself is treated and not the underlying cause. It would be similar if a garage constantly repaired damage to the bodywork of a car with defective steering - the next damage to the bodywork is inevitable.

Medical science in the last decade has led the patient to become "lazy". Many of them find it too bothersome to learn to help themselves. For laziness one trusts the "quick cure": medication, injections, infusions and operations.

Every medicine is a poison. If a medicine is potent enough to remove a symptom, it must, as long as physical laws are in power, cause another symptom. It is not possible for a symptom to disappear without another appearing elsewhere. However, since the resulting symptoms are, at first, not noticed, they are underestimated. Thus the patient pays for being relieved of a headache by using certain medicaments with kidney damage. Another example would be thalidomide and its consequences. In this connection one realizes that "laziness" and "getting healthy quickly" must be paid for heavily.

In certain cases of ear noises, which have already existed for a long time, they seem to have been transferred to the patient's memory. They cannot any longer be localized in the inner ear, but rather in other areas of the brain. In such cases an ear operation would be meaningless as after such an operation the ear noises would remain undiminished. The same is true for chronic

pain, especially for "phantom pain" (pain arising in an already amputated limb), where the further duration of the pain is a well known phenomenon. A special additional "pain therapy" often helps in relieving these pains and in eliminating ear noises, which must be regarded as "pains" of the inner ear. Since the inner ear consists of skin, since the sound-sensitive hearing ability is derived from the touch-sensitive skin, the beginnings of an illness of the inner ear are often connected to disturbances in the sense of touch of the facial skin. Thus regarded, it seems logical to regard ear noises as pain and to treat them as such - after all the patient suffers under the noises as if they were pain.

The additional "pain therapy" is a special therapy with Botox, which can be done after the treatment programme. If the regenerative effect of the concentrated relaxation is by itself to slow in eliminating tinnitus, Botox-injections are added.

The treatment programme can be described as following in waves, which increase. The treatment of acute attacks shows a steady linear improvement. Should a biomenal acute treatment not be possible immediately, the patient should be treated by means of a "sublingual nitroglycerine therapy" and remain in bed.

Put briefly, it is necessary to carry out a thorough anamnesis and to trace causes and further weak-points to be able to set up a treatment programme for illness of the vestibulo-cochlear system. The resulting improvement and the prevention of relapses should be supported by a more health-conscious way of life and by learning creative techniques to be able to lead one's life more economically. The pressure to perform in our society has resulted in many victims ("stress-dead") and wounded ("stress-diseased") in this "hidden war". In order to avoid further damage one should not abolish performance, but rather relearn to enjoy leisure so that one remains healthy and efficient despite the pressure to perform.

Epilogue

First I would like to apologize for the many errors that are caused by translation and conversions.

The book is still relevant, because no other tinnitus-therapy progress has been made. However, I have had the experience that a Biomental-treatment may be possible and effective without any conversation. It is the Biomental-Therapy program on youtube (<http://www.ohrfrei.de/eta1.html>) that I use for 10 years. In many cases, the triggering conflict is no longer acute. Nevertheless, the tinnitus is still there, because it is already conditioned. Especially in these cases helps the Biomental Therapy. In acute conflicts I offer a private coaching - please mail your problem to drhansgreuel@hotmail.com.

As a preparation or in support of the effectiveness, we use for many years Botox.

Through your help, we would be pleased also.

Account for donations:

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I wish you much success

Sincerely yours
Dr. Hans Greuel