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### **Correspondence**

**Dr Saumendra Nath Bandyopadhyay**

*Editor*

**Bengal Journal of Otolaryngology and Head Neck Surgery**  
C/O The Association of Otolaryngologists of India, West Bengal  
CMC House, 91B Chittaranjan Avenue, Kolkata - 700073  
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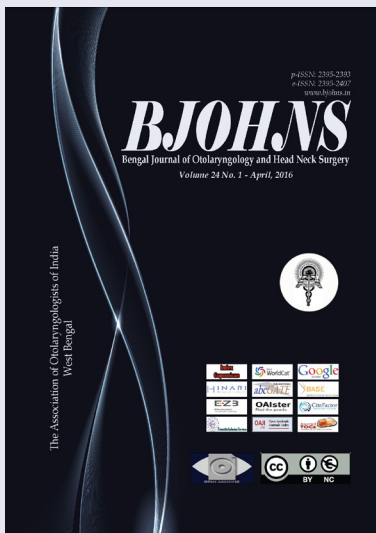
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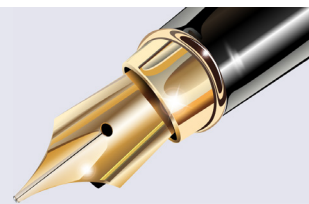
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# *From the Desk of the Editor*



Menière's disease remains an enigma despite extensive research on the pathogenesis of endolymphatic hydrops. The uncertainty over control of endolymphatic hydrops and consequent uncertainty over control of recurrences of acute episodes have prompted researchers to explore other probable aetiological factors of Menière's disease outside the patho-physiologic hypotheses.

The high incidence of psychological disturbances like anxiety, agoraphobia, depression, avoidance of social interaction and other troubling mood states may be secondarily associated with the uncertainty, discomfort and extreme disability of acute episodes. But Patrice Tran Ba Huy, in an editorial in *Otology & Neurotology* (2005; 27:1-3), reviewed numerous articles to suggest that psychological factors might disturb the endolymphatic homeostasis to induce endolymphatic hydrops.

Kessén-Söderman et al. (*Laryngoscope* 2004; 114:1843-48) demonstrated that emotional rather than physical or mental stress increased the risk of an attack within the next few hours. Ba Huy, while recounting his experience in the research on Menière's disease, had "little doubt that anxiolytic agents, antidepressants and psychotherapy are as efficient as antivertigo, vasodilator or anti-inflammatory drugs."

We still do not know if Menière's disease is caused by psychological factors or if the psychological manifestations are secondary to the disease. "A vicious circle of interaction seems to exist between the somatic organic symptoms of Menière's disease and resultant psychological stress" (Orgi FT. *Ann Med Health Sci Res.* 2014; 4:3-7).

A patient suspected to be suffering from Menière's disease should be assessed for psychological disturbance including its physical, behavioural and cognitive symptoms to find a relationship between the vestibular symptoms and the psychological status. But it is practically not possible to explore the entire field of human psychopathology and the full range of situations. The best possible option may be to allow the patient to talk freely. "If the patient feels at ease; may reveal marital disharmony, sexual abnormalities, socio-economic problems or other stressful events concomitant with the onset of the symptoms." Talking and listening should be considered to be an integral component of management of Menière's disease in addition to clinical, investigative and conventional therapeutic procedures.

Dr Saumendra Nath Bandyopadhyay  
Editor,  
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