How My Brain Put Tinnitus in its Place

by Dennis Byrne

We hate hearing that nothing can be done about our tinnitus. But sometimes doing nothing is doing something. And doing something is doing nothing.

If that leaves you confused, consider me Exhibit A of how desperate attempts to do something, anything, to fight tinnitus at times can accomplish little, and perhaps lead you into danger. And how leaving your tinnitus alone, and letting that marvelous and mysterious instrument called the human brain work its magic can help return your life to you.

You see, in my desperation to do something, I lost hearing in my left ear, and nearly lost my life, twice. Combined with an existing impairment in my right ear, I'm now a spectator at, instead of a participant in, many social and business events.

How did I get into this mess?

My tinnitus didn't happen all at once, the product of sudden noise exposure. It was the creeping, insidious kind, just like my hearing loss, which began before I even noticed, perhaps 20 years ago. Eventually, my stability was under attack. Thanks also to an unrewarding newspaper job, my energy and purpose were replaced by depression and anxiety. I didn't know if the depression and anxiety worsened my tinnitus or tinnitus worsened my depression and anxiety. Probably both.

Finally, I sought help.

And didn't get it. “Get used to it,” said one doctor, echoing what almost all of us have heard. He said his advice came firsthand, because he, too, had tinnitus. That's why he became an ear doctor.

I was undaunted. Antidepressants and anti-anxiety medications helped. I quit my job and, luckily, found that I could do well as a freelance writer and consultant.

Still, the ringing continued. And it was beginning to get the better of me again. I tried a different doctor. This time I felt hopeful. A brain scan revealed something that “shouldn't be there.” A blood vessel wrapped around the left auditory nerve made my tinnitus pulsate with each heartbeat. In surgery, they could separate the vessel and nerve by inserting a small insulator, thus reducing the pounding.

But this was brain surgery. Did I really want to do this? One doctor warned that I had a 40 percent chance of losing my hearing; another thought it was only 10 percent. I chose to believe the wrong one. They mentioned that this wouldn't cure the tinnitus; only diminish the pulsating sound. I chose to hope that it would do more.

Something went terribly wrong.

After about six hours of surgery and while in recovery, I began acting “goofy.” A new brain scan revealed a life-threatening subdural hematoma spreading across the left surface of my brain. It took another three hours in surgery to repair. For my family, it was a day in hell.

Yet, the ringing continued. And a few days later, I discovered that I could hear nothing on the left side. Except for that ringing, and, to some extent, pulsating – the only sign of life in a dead ear.

I turned to white noise machines, the comforting sound of a miniature water fountain, relaxation tapes, and a hypnotherapist. I hoped that the hearing might come back. But my doctor assured me it was gone for good; the tiny hairs in the inner ear were as flat as a tornado-swept wheat field.

I can't say exactly when my “cure” started. Like the tinnitus, it began without my notice, without any program, plan, or treatment. Gradually, I began to be less aware of the ringing. I like to think that my mind was taking over. That it was imposing patience. That it was putting aside the noise so I could more fully enjoy life.
No, my tinnitus has not gone away. I still have moments when it takes my consciousness captive. Sometimes I desperately want peace. Sometimes, I fear it has become worse. Sometimes, I despair because it will be with me the rest of my life.

But now, five years after my operation and for the vast part of my day, my tinnitus does not exist for me, even though it is ringing away. Miraculously, I can go for hours without noticing. And when I notice, it’s not for long. I can concentrate on other things. I can go through an entire game of golf or movie without noticing. While it occasionally intrudes into my consciousness, it no longer controls my life. I’m awash in the love of my family, who stayed by my side despite my foolishness. Maybe it’s love that did it, or maybe it’s some mysterious power of the brain to overcome adversity. I’ll let the scientists, philosophers, and theologians figure it out.

I know how painful it is to read about others controlling or overcoming their tinnitus, while yours continues to ring, pound, or whistle away. I know that my experience may not be your experience. I know that I might in some way be exaggerating to myself how much better I am.

But, for some reason, I no longer feel as chained by tinnitus. And if that gives one person hope and comfort, then it’s worth it. ❍

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ATA-Funded Research — Toward the Cure

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ATA: What would help you progress with your tinnitus research?

Holt: Funding from the National Institutes of Health is crucial for the advancement of scientific understanding of tinnitus as well as other disorders. Just as I was doing research in another area and saw the applicability of my research to the field of tinnitus, there are many other scientists doing research in other areas whose research could result in advances in the tinnitus field. The proposed NIH budget includes a much smaller increase than expected, which will directly affect the field of tinnitus and all disciplines, and threaten to slow advances in finding a cure for this critical area of research.

I also think funding is needed to help tinnitus researchers from the same geographical area meet quarterly to discuss their results. This could spur experimental advancement.

Receiving copies of Tinnitus Today helps me, and I believe it would help other scientists who are doing the research feel more connected to those who suffer with this disorder.

ATA: Do you see your work carrying over into your ‘real’ life? If so, how?

Holt: While working in animal models is interesting and gives insights into mechanisms that may be involved in disorders such as tinnitus, understanding that the results of our studies may impact real people is a great motivating factor for me. In the long term, these studies may provide a foundation for the design of a prosthetic device that could be integrated into the central nervous system to reintroduce hearing, or for the design of a drug-delivery device that can be used to alleviate the symptoms of tinnitus. ❍