

Vertigo

I had a terrible year in 2014 with a severe dizziness attack on vacation. I was trying to get from the bed to the bathroom in our B&B and had to pin myself flat on my stomach to the floor to stop the awful spinning. When the paramedics turned me over to sit me in a chair the spinning shifted to the center of my head and picked up incredible speed. “Please make it stop,” I cried. Then the first of four trips to the ER, nausea with every step I took for nine months, and eighteen months out of my part-time teaching job. Back at home, I was very lucky to find a good otolaryngologist, a great physical therapist, and a super neuro-otologist. My primary physician was spot-on too, with medication for anxiety.

I’ve had at least two vertigo attacks with nausea and vomiting each year since 2014. CT and MRI scans ruled out brain issues and repeated testing localized my problem to the tiny crystals in my inner ear. It was BPPV, the doctors said, “Benign Paroxysmal Positional Vertigo.” Nothing else was wrong. In my case, the problem comes from my right superior semicircular canal, where the tiny crystals (otoliths) float around sending false signals to the brain.

I asked many questions and did a lot of research online and in medical texts. I had spent seventeen years as a researcher in hearing and deafness, so I knew where to look. I also joined the *Vestibular Disorders Support Group* on Facebook. The members taught me just as much as the medical books and articles had—the heartbreaking stories of those struggling with vertigo for years, disabled from working, raising young children, or visiting doctor after doctor trying to find out what was wrong. Then also, tales of courage and coping and of overcoming incredible obstacles.

This Facebook group pointed to two of the most informative websites

- 1) <https://vestibular.org/article/diagnosis-treatment/>
- 2) <https://dizziness-and-balance.com/disorders/index.html>

which laid out the various types of vestibular disorders with their possible causes and treatments.

I learned from my experience that it’s critical to do your own research, so you can check out what your care providers are saying. Vestibular troubles are complex and not every physician knows how to diagnose and treat them. Beware of the provider who claims to have simple remedies and respect those who say, “I

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don't know." If you're a member of the Vestibular Disorders Support Group, you'll probably need specialty care.

Anyone who tells you that your symptoms, "are all in your head," doesn't know what they're talking about. Someone in our group asked, does anxiety cause vertigo? That's a great question because it opens a discussion that we all need to have. The short answer is that vertigo causes anxiety, not the other way around. Vestibular disorders are physical problems just like measles or a broken leg. Anxiety has both mental and physical components, but you can have anxiety without vertigo. In my mid-forties I suffered an anxiety disorder with panic attacks and depression (without vertigo), both treated with medication and therapy.

My attacks happen when I sleep on the left side of the bed. In the morning when I roll over from my back to my right side and then get out of bed, sitting up from right to left. If it's bad, I'm driven back into bed lying on my left side. Rolling over on my right side or back makes the spinning much worse, so I scooch over to the right side of the bed, still on my left side, and ask my wife to bring the male urinal that we keep.

After I've done with the urinal, my wife brings 2 mg of Valium, 25 of Meclizine, and 4 of Zofran (Ondansetron) for nausea. If I'm lucky I can go back to sleep but when I wake up and move, it's intense vertigo again. I use a rollator to move around the apartment, but after a few steps I throw up.

With my appetite shot, I'll take a very light lunch and maybe do a little work at my computer. Then it's back to bed for a nap. Usually, it's better in the evening and I can eat a light supper and watch TV with my wife. At bedtime, I take another 1 mg of Valium and 12.5 of Meclizine with Zofran if nausea persists. I stay on the right side of the bed lying on my left side and don't dare roll over.

On the second day, I feel like a zombie and wait for the meds to clear my system. I don't go out or drive. My appetite is a little better by dinnertime. I might take 1 mg of Valium at bedtime. On the third day I feel mostly OK but a little shaky. I drive if I need to. I keep sleeping on my left side and rising from left to right for two-three weeks.

I judge my progress after an attack by looking up from bed, in the dark, at a little green light on the ceiling from the smoke detector. Usually, the light does not move left to right (nystagmus) but if I start to roll over on my back from lying on

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my left side, I feel vertigo and the green light snaps left to right. Nystagmus is the involuntary twitching of the eye muscles when the brain receives conflicting signals about the position of the head with respect to the pull of gravity. When I have a week free of this symptom, I move back to the left side of the bed but continue to sleep on my left side.

My attacks have settled into this pattern for the last three years after lots of vestibular rehab and experimentation on my own. I do gaze stabilization and balance exercises five nights a week and take 10 mg Lexapro (Escitalopram) every night for anxiety.

I hope you can benefit in some way from my experience which is specific to uncomplicated BPPV.