

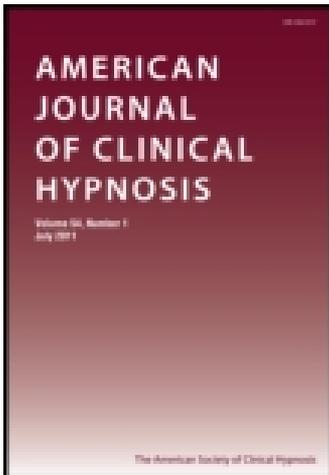
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### Objective Tinnitus Aurium Hypnotically Treated

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## BRIEF CLINICAL REPORTS

*(Editor's Comment: There is much to be learned in every aspect of psychological and somatic interrelationships. Much of this learning must necessarily come from patient, carefully planned, long-continued studies that eventually constitute the reports of clinical progress recorded in the scientific literature.*

*But another, and equally important, share of clinical learning must necessarily come from small, incidental or unexpected findings and observations, indicative of new or different possibilities and understandings but not sufficiently important in themselves to warrant separate scientific report. Many of these learnings are isolated findings whose importance is not recognizable until discovered again and again and in differing relationships. But, even so, they constitute the cumulative wealth of clinical experience. It is with this thought in mind that this JOURNAL will, from time to time, publish accounts of special clinical findings and observations to make them available to others and to stimulate more extensive considerations of clinical possibilities. That they are not planned and controlled and carefully governed observational findings is fully recognized, but as meaningful indications of possibilities in future thinking and investigation they are of definite value.)*

### OBJECTIVE TINNITUS AURIUM HYPNOTICALLY TREATED

by E. E. Mihalyka, M.D.,<sup>1</sup> and A. D. Whanger, M.D.<sup>2</sup>

Objective tinnitus aurium, while rare, is well known. The theories and types will not be detailed here; they are basically the vascular and the non-vascular. Freund(1) recently presented a case with clonus of the palate and described the possible neuro-anatomy. Pearson and Barnes(4) reported two cases apparently almost identical with the one cited below, and they reviewed the rather scanty literature on the subject. They recognized the clonic contraction of the palatine and eustachian tube orifice muscles as a tic phenomenon and successfully used hypnosis in its treatment. Motta and Profazio(3) report a similar case, which they treated by alcohol injection of the trigeminal nerve. Our case is as follows:

T.D.L., 36-year-old white male, was first seen by us in September of 1957 because of a complaint of clicking in both ears. The patient had been a bomber pilot for two years, 1942 to 1944. In the year following

his discharge he began to have intermittent episodes of fullness in his ears and a clicking sound, over which he had no voluntary control. By 1949 the clicking had become constant during his waking hours. The patient's wife stated that this sound was loud enough to awaken her on occasions, and people near the patient often looked around for the source of the noise. With the onset of the clicking, the patient had noted an increasing "nervousness." He stated that he had seen "dozens of doctors," including a psychiatrist, and had been hospitalized for medical and psychiatric treatment, all without relief of the clicking. The patient had also noticed occasional episodes of light-headedness and nausea and also that an upper respiratory infection would aggravate his condition. The only thing that would slow down the clicking, even temporarily, would be Valsalva's maneuver (forcible exhalation against the closed glottis).

Physical examination showed an anxious, agitated, cooperative male. The head was non-tender and without bruit. The nose was clear. The drums were thin bilaterally, but moved and had normal reflexes. No other pathology of the drums was observed. There was an audible clicking heard, especially on the left, accentuated by swallowing, but continuing without it. The hypopharynx was normal, and the oropharynx had an overactive gag reflex, but no eustachian tube obstruction. The re-

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mainder of the examination findings were within normal limits. Mastoid and sinus x-rays were interpreted as normal. An audiogram showed bilateral decibel loss of 10 up to 2,000 cycles but a drop of 40 decibel loss at 4,000 cycles. He was placed on dehydration regime with antihistamine and meprobamate, with slight lessening of the clicking. Then phenobarbital and later chlorpromazine were tried, with again some decrease in frequency. However, when these three medications were each discontinued, the symptom of clicking resumed its original frequency. He returned to his job and when seen three months later had become much worse, even on tranquilizers. He stated that this clicking made him so nervous that he could hardly work. Detailed questioning disclosed only diffuse anxiety.

Re-examination revealed an irregular clicking, which could be heard up to two feet from the patient's head, about 90 per minute, and asynchronous with the pulse. Palpation of the soft palate revealed spasmodic contractions synchronous with the sound, which could also be produced at will by swallowing. The sound resembled the snapping of fingernails and was recorded on a standard tape recorder. It was explained to the patient with diagrams that the spasms of the muscles of his palate and eustachian tube produced the tinnitus and that, if he could learn to relax properly and then to focus his relaxation, he could help himself. Both an eye fixation and a hand levitation technique of trance induction met with some unconscious resistance initially, but a moderate trance was achieved in about 90 minutes. Four trances, totaling 150 minutes, were used. Although no suggestion regarding the clicking itself was made until the fourth

session, the patient spontaneously noted improvement from the very beginning, so that, by the third session, the tinnitus had completely stopped for the first time in nine years. He was taught a method of autosuggestion to obtain relaxation and to control the tic, since it was anticipated that it might return periodically, inasmuch as no attack was made on the basic anxiety of the patient. He remained tinnitus-free for 48 hours and was discharged. A follow-up one month later revealed the condition to be "improved," so that the clicking was present only when the patient was under particular emotional stress. He stated he was able to control the tinnitus most of the time by the method of autosuggestion taught to him.

#### COMMENT

This case of objective tinnitus, while being an unusual phenomenon in itself, demonstrates the possibility that a certain number of psychosomatic disorders may present themselves in the otolaryngologist's office. The basic treatment of these cases must be psychiatric, but a certain number of these individuals will fail to respond to the more usual forms of therapy or will not have such help available, and yet will have signs and symptoms which in themselves are disturbing and disabling to the patient. Hypnosis, limited deliberately to specific symptom and tension reduction, is sometimes a potent and readily available tool for those who must handle this type of symptomatic problem.

#### REFERENCES

1. Freund, M. E. Objective audible clicking in the ear. *A. M. A. Arch. Otolaryng.*, 1956, **64**, 129.
2. Gwartney, R. H., and Krikes, N. Hypnosis in suppression of cough reflex. *New Engl. J. Med.*, 1955, **253**, 561.
3. Motta, G., and Profazio, A. (Study of clonus of palatine muscles associated with objective tinnitus.) *Clin. Oto-rino-laring. (Ital.)*, 1954, **22**, 523.
4. Pearson, M. M., and Barnes, L. J. Objective tinnitus aurium: report of two cases with good results after hypnosis. *J. Phila. gen. Hosp.*, 1950, **1**, 134.