

Cambs Tinnitus Support Group

No. 169

NEWSLETTER

November 2023

SELF-HELP SESSION

For our November meeting we are hosting our popular annual self - help session, where everyone has the opportunity to share thoughts about their tinnitus with others in a relaxed atmosphere. As usual we are under the expert guidance of Rachel Knappett, Head of Adult Auditory Rehabilitation at Addenbrookes. We are pleased to announce our Bring & Share Brunch is back after a 3 year absence. Contributions are welcomed, but they are not a requirement for attending! Our traditional minced pies and mulled wine will also be available.

Saturday 19 November

10.00 for 10.30 am

New Meadows Community Centre

299 Arbury Road, Cambridge, CB4 2JL

The car park is located off Arbury Road between the new Community Centre and the apartment block (NB. The vehicle barrier will be up, no code required)

[NB: If insufficient parking places please use St Albans Road. Turn R out of car park, St Albans Rd is next R](#)
[Parking is free and the Centre is just across the green space](#)

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Refreshments and Raffle

EDITOR'S CHAT

April 2001 was the last time one of our meetings featured the topic of acupuncture. Unfortunately my archiving of newsletters back then wasn't brilliant, so I cannot make any direct comparisons with our speaker in September, Kim Bee. Having said that, her talk was more akin to old school, where hands-on demonstrations were par for the course, rather than a projector and PowerPoint slides! Kim talked as she demonstrated, relying on volunteers to illustrate her technique, and our members responded enthusiastically.

Unfortunately we still had problems at the Centre; too much warmth being the problem this time. Two large portable coolers were keeping the room at a reasonable temperature, but when they were switched off (far too noisy otherwise), it became rather uncomfortable. I have to praise our members for putting up with the inconvenience, and it didn't stop the session from being interesting and worthwhile. It's such a pity that a brand-new facility should have so many built-in problems. With the cooler weather coming, November's meeting shouldn't have the above problem, however we are looking at other venues, and will keep you posted.

After a 3-year delay it will be great to have our Bring & Share Brunch back. Members and newcomers talking to each other at our meetings is what the group is about, and the Brunch post-meeting really will encourage this to happen. You will have seen my e-mails listing the goodies that members will be bringing, and there's plenty of time to still contribute, either with items from the list, or something different. Just e-mail me what you would like to bring. And don't forget this is a self-help meeting, so if you have any tinnitus questions, preferably of interest to everyone, then Rachel will be there to answer them for benefit of us all.

The report of our acupuncture meeting was somewhat curtailed due to a failure of my voice recorder about halfway through Kim's talk. Fortunately two volunteers kindly provided their thoughts to help fill the void!

Hair Cell Regeneration with FX-322 - a potential new cure for tinnitus?

(from Treble Health website)

Frequency Therapeutics is an MIT (Massachusetts Institute of Technology) spinout. They are aiming to reverse hearing loss not with the existing technology of implants or hearing aids, but by regenerating tiny hair cells in the ear. These cells are part of what allow us to hear. This treatment for hearing loss can also be seen as a potential treatment for tinnitus, as the two are closely related. They have studies published in reputable scientific journals showing some early promise about how their FX-322 injection works.

The main condition in which people have hearing loss is called sensorineural hearing loss (SNHL), which

affects over 90% who have hearing loss. This happens when hair cells in the inner ear are damaged. They are unable to regrow themselves naturally, and this leads to hearing loss.

FX-322 proposes to repair these tiny hairs by drug injections into the ear. There are no FDA-approved treatments to repair these cells as of yet. Studies done so far show mixed results in patients who received the FX-322 dose. Studies in the future need to be expanded to more patients to see if this drug will show significant improvement in those who have tinnitus.

(Treble Health rating-3/5 stars too early to tell)

THOUGHTS

- An article in the Daily Mail referred to an article about research in Botox as a possible treatment for tinnitus. Although few positive results were found, more research is needed in this area. Watch this space. (Could this mean that in future we would be able to lose our wrinkles as well as our tinnitus?)
- 'You never get a second chance to make a good first impression'
- 'Amen is the same in more languages than any other word – taxi is the second'

DEFINITIONS

Claustrophobia: the fear of Santa Clause. **Committee:** a group of the unwilling, picked from the unfit, to do the unnecessary. **Lecture:** The art of transferring information from the notes of the lecturer to the notes of the students without passing through the minds of either. **Middle age:** when you exchange emotions for symptoms.

JIM'S PIECE

Summer has now come to an end, How was yours ? We all look forward to warm weather and blue skies, and I hope you got your fill, whether it was at home or abroad.

The weather is becoming increasingly unpredictable and extreme so I hope you haven't been caught out. It's something we are all going to have to learn to cope with, which for some, e.g. the elderly, it will be much harder. Meanwhile politicians take a very long time to get their head around what radical actions they are prepared to take to combat climate change. I would like to feel optimistic, but I'm not.

I spent several years working in Bangladesh, an extremely hot and humid country in the summer. The humidity makes the heat even more unbearable, just as it does here with the cold. Coping with that discomfort is a bit like managing tinnitus. One must resist the temptation to focus on it, and do exactly the opposite by trying to ignore the sticky heat. Luckily a shower provides temporary relief, but that is not something you can do with tinnitus, but listening to music or some other sound can have the same affect. In either case, it's about the mind over the body.

I look forward to seeing you at our next 'bring and share brunch' meeting which are always an enjoyable social gathering. I'll be back in the country, returning from my current travels in Italy. What a wonderful country I am so privileged to visit and have friends to stay with, at a reasonable price, when not using my tent !

Best wishes
Jim Infield
CTSG Chair

First-ever mobile app developed to cure tinnitus

(Edited from the article in the Brighter side of News)

After two decades of searching for a cure for tinnitus, researchers at the University of Auckland have announced promising results from a clinical trial of a new mobile-phone-based therapy

The study was led by Grant Searchfield, Associate Professor in Audiology, who said the trial was designed to test a new mobile phone-based therapy planned to address multiple factors that contribute to the condition. "What this therapy does is essentially



rewire the brain in a way that de-emphasises the sound of the tinnitus to a background noise that has no meaning or relevance to the listener," says Dr Searchfield. The prototype of the new 'digital poly therapeutic' (a comprehensive

therapy that combines a range of treatments), including cognitive-behavioural therapy, sound therapy, and mindfulness techniques. The therapy is delivered via a mobile app and can be customized to meet the specific needs of each individual patient.

To test the effectiveness of the therapy, the research team conducted a randomized controlled trial, where 61 patients with tinnitus were randomly subjected to either the polytherapeutic treatment or a popular self-help app producing white noise.

The patients were assessed at 4, 8, and 12 weeks after starting the treatment.

The results of the study were very encouraging. The group with the polytherapeutic treatment showed clinically significant improvements at 12 weeks, while the other group did not. According to audiology research fellow Dr Phil Sanders, "Sixty-five percent of participants reported an improvement. For some people, it was life-changing - where tinnitus was taking over their lives and attention." The improvements included a reduction in the severity of tinnitus, as well as improvements in mental health and quality of life.

The study is a significant step forward in the search for a cure for tinnitus. Currently, the only treatments available are designed to manage the symptoms of the condition, rather than address the underlying causes. However, the new mobile-phone-based therapy shows promise as a comprehensive treatment that can address multiple factors that contribute to tinnitus. These encouraging results have excited researchers who believe that this breakthrough could have a direct impact on the future treatment of tinnitus.

OBSCURE WORDS

Given that it runs to more than a quarter of a million words, there's a good chance that the English language will probably have the word you're looking for. But when it comes to describing hard-to-describe feelings and emotions, much is made of the English language's shortcomings: However so vast is the English language that words for feelings and emotions, and to describe the human condition, have actually found their way into the dictionary. Here are a few of them:

1. Croochie-Proochles

The superb Scots dialect word means the feeling of discomfort or fidgetiness that comes from sitting in a cramped position (like, say, on an airplane for hours).

2. Shivviness

A shive is a tiny splinter or fragment of something, or else a loose thread sticking out of a piece of fabric. And derived from that, shivviness is an old Yorkshire dialect word for the feeling of discomfort that comes from wearing new underwear - a word that surely needs to be more widely known.

3. Huckmuck

This is the confusion that comes from things not being in their right place. Like when you've moved everything around while you're cleaning your house - is called huckmuck.

Dr James Jackson's LinkedIn post - a legal question?

A question for those legal people out there. "Judge orders retrial owing to 'important evidence' being missed by jury, which also included juror with hearing loss caused by tinnitus." The story concerns a mistrial in Sheffield after one juror kept falling asleep and another missed important information due to hearing loss caused by tinnitus. Is this last one possible?

Firstly, I've often heard of the 80/80 rule. That 80% of people with tinnitus have hearing loss, and that 80% of people with hearing loss have tinnitus. I'm not entirely certain how true that is, but there is a huge overlap between the two - yet it remains perfectly possible to have one without the other. Research does suggest that people with tinnitus often have ear damage (i.e. dead zones in the cochlea) even though this may not lead to anything detectable (by standard audiogram).

Further, a standard self-report scale for tinnitus distress - The Tinnitus Functional Index (Meikle et al., 2012) - has 3/25 items devoted to a subscale measuring auditory difficulties attributed to tinnitus. Items such as: "Over the PAST WEEK, how much has your tinnitus interfered with your ability to FOLLOW CONVERSATIONS in a group or at meetings?" (0-10). So it is a topic.

As someone with fitted hearing aids and a hearing loss of 80-90dB, I can only imagine how challenging it would be to sustain attention and listen to court proceedings in what is likely to be an echo-y room without carpets (hard floors, reverberation etc.), for hours on end, while speakers use formal phrases and strange legal terminology. The sheer mental fatigue would kick in after an hour, at most.

For our September meeting we focused on acupuncture, a topic the group had not visited for several years. Our speaker was Kim Bee of Cambridge Acupuncture Clinic who practices across in the nearby Orchard Estate. She explained there are different styles of acupuncture (e.g. traditional acupuncture, western medical acupuncture), but although these styles differ in needling and diagnostic techniques, they both base their practice on the classical texts. Acupuncture has a holistic understanding of health, developed over 2000 years ago. It is understood that on the body a network of pathways (meridians) and points can be accessed by using needles and acupressure to balance a person with the aim of preventing ill-health and promoting wellbeing for a long life.

Volunteer (s) needed!

Unlike the normal meetings format we are used to, our speaker didn't give us a formal presentation with slides, but preferred to talk about her craft while actually practicing on volunteers! Lynette was our first guinea pig (you will read about her experiences later), and was bravely 'needled' by Kim. Our volunteer seemed very relaxed; when asked to pull her trousers up so a needle could be applied to her foot, she exclaimed "I'm at the seaside – an ice cream would be nice!" We were all invited to see how Kim applies the needles, which are an amazing bit of kit (see below), and Kim was obviously an expert at applying them without any obvious signs of discomfort.

The width of an acupuncture needle is around 10x smaller than a hypodermic needle – one you are given an injection with or have your blood taken with. Hypodermic needles range from around 0.4mm - 1.8mm. Acupuncture needles range from 0.12-0.35mm, depending on the length.



Where to put the needle?

Again there are different approaches to acupuncture, and this includes what particular area is needed. Some practitioners concentrate on where the pain/problem is directly, but Kim has a more balanced approach, with the focus on the person. Symptoms are seen in context of how the whole person presents. She sees problems (pain, fertility, cancer, arthritis, hay fever etc.) as a result of imbalance within the body. She uses pathways (or meridians of which there are 12 regular or principal - see picture below), which run up from the feet through both sides of the body, taking in vital organs like kidneys, gall bladder, liver, stomach, heart etc. She can sense if some of these pathways are out of balance and apply her needles appropriately.



Kim was asked if the meridians are as complicated as a London Underground map? The answer is no, apparently they are quite ordered, and if they are all in balance we can feel really good – in fact we could live to 120!

In answer to the query of how long sessions lasted, Kim said an initial session would be 1-2 hours and follow up ones 30-60 minutes.

What about the application to tinnitus?

When treating tinnitus, of course, the outcome is more problematical, with no guarantee it will work and if it does there is always the chance it may return.

Probably 3 sessions would be needed to see if it is a success, but even if unsuccessful, the client may still benefit from being less stressed, and sleeping better (always good for the condition). Kim noted that it took 5 sessions before there was an improvement in one client's tinnitus, as well as a whole body, holistic improvement.

Another question focused on the whether acupuncture was available on the NHS? Addenbrookes, as with all hospitals, follow the NICE guidelines and currently acupuncture is only available for certain unspecified conditions such as lower back or neck pain.

More volunteers

Several more members volunteered to be needled, and nobody suffered any distress, in fact everyone was positive about their experience. Kim tried to show us where some of the common points were, although I don't think we were very successful!

Recording failed

As mentioned in my Editor's Chat, my voice recorder did a complete wobble about 36 minutes in, so I lost the detail of the rest of the meeting.

In order to give members a feel for how the process felt, I thought it would be useful for some of our volunteers to put their thoughts on paper:

Volunteer Thoughts

1. Lynette

"I felt very relaxed throughout Kim's session and felt no compunction in volunteering. I've been aware of acupuncture for a long time, having had family member successfully treated with GP-administered acupuncture treatment for a specific type of back pain. I felt utterly at ease with Kim and her approach, as she explained the type of acupuncture she practices, whilst applying needles to various points on my arms and legs (often I didn't even know a needle had been placed!), was so peaceful and attentive, I continued to feel quite at home and relaxed, seated at the front of the group too! Kim's clear, and very calm manner helped spread a sense of calm in the room. I felt rested and relaxed and the pain in the particular symptomatic area I had mentioned for treatment, was



Lynette with Kim.
our speaker

Cont. on page 5

Cont. from page 4

gently eased. It was also encouraging to hear the description of an inner warmth experienced by another volunteer during the session. I would not hesitate to recommend Kim and her caring, gentle attentive treatment in this particular acupuncture approach. It was a very interesting, informative and helpful session. I hope to be able to seek more treatment with her.

It is interesting to note that some of the benefits of acupuncture have been studied and accepted as clinically beneficial within the UK regulatory healthcare system (NICE), and the approval exists for limited, specific treatments in the UK. One hopes, in time, that the meeting of what are known as Eastern and Western approaches, may find more of a blend in their complementarity and work towards holistic healing everywhere! Thank you Kim."

2. Mick

"I didn't expect to be one of the guinea pigs, but after I asked a question of Kim about the exhaustion of the inner man (as I call it) due to the demands of tinnitus,

particularly after a bad day, I felt I should participate. She placed a small number of needles in certain places. One which I really reacted to was on the inside of my ankle. This felt very much like an electric shock through my foot. Not only when it was put in but also when it was removed. The overall sensation I felt was that of a warm feeling inside and embarrassingly felt quite emotional. According to Kim, this was a normal reaction. I hope everyone at the meeting benefited from my experience.

At the conclusion Kim thanked us for the warm welcome she received, plus our active participation and interesting questions.

I think everyone who was there found the meeting thought provoking and Kim received the usual hearty applause at the close.



Mick with our speaker

Footnote

Tinnitus UK has reviewed the research on acupuncture for tinnitus and concluded "there is no evidence that this treatment is effective." However, it may be effective indirectly as an anxiety treatment. Because stress can trigger or worsen tinnitus, learning ways to cope with stress (and anxiety) is an important tinnitus relief tool.

As VeryWellMind.com puts it, "Acupuncturists and medical professionals are unclear exactly why it helps with anxiety, but research has noted that acupuncture appears to have a calming effect."

It's also worth noting that for chronic pain, acupuncture has been proven to help in clinical trials. The studies were well-done and showed benefit beyond the placebo effect. Pain can trigger stress, which can trigger tinnitus, so again, it may be a therapy that helps tinnitus patients indirectly.

If members want to read their full report on acupuncture, the link is <https://tinyurl.com/46b8ej73>.

WICKED WIT - professions

- If that be the law, I'll go home and burn my books. *Lord Mansfield* My Lord, you'd better go home and read them. *Lord Ashburton*
- When Jimmy Carter gave a fireside chat, the fire went out *Anon*
- Beneath this smooth stone by the bane of his bone, sleeps Master John Gill; By lies when alive this attorney did thrive, and now that his dead, he lies still. *Epitaph for a lawyer, anon.*
- Law is a bottomless pit, it is a cormorant, a harpy that devours everything. *Jonathan Swift*
- Lawyer, *n.* One skilled in the circumvention of the law. *Lawsuit, n.* machine which you go into as a pig and come out a sausage *Ambrose Bierce*
- As God is my Judge – I'm innocent *Convicted Criminal* He isn't; I am, and you're not! *Judge Norman Birkett*
- He has had his fifteen minutes of fame, which is more than he deserves. Let us now put him back in his box. *Lynn Barber, Independent on Sunday, on Judge James Pickles.*
- The art of medicine consists in amusing the patient while nature cures the disease. *Voltaire*
- A doctor's reputation is made by the number of eminent men who dies under his care. *George Bernard Shaw.*

Understanding the origins of tinnitus - research update

(Edited from *Quiet* magazine)

'Chronic' tinnitus is a common condition, and just means tinnitus that has been there for a long period of time, typically six months or longer. Almost all research conducted with people with tinnitus has been on chronic tinnitus. Yet, all chronic tinnitus has to start somewhere, and we believe that this initial period when tinnitus first begins may hold a lot of insight into the causes and mechanisms of the condition. And this may become all but undetectable once the tinnitus has become chronic.

In this innovative research study, funded by Tinnitus UK and RNID, we are studying volunteers whose tinnitus began less than four weeks ago, and comparing the results obtained to matched groups of people without tinnitus at all, or with chronic tinnitus, and also to the same individuals after six months, once their

tinnitus has become chronic. This ability to study the same individuals at multiple time points of their tinnitus course is particularly powerful.

We are taking a variety of measures, including tinnitus symptoms, perception of external sounds, resting-state brain activity, brain responses to sounds at frequencies similar to, and different to, an individual's tinnitus.

Dr Will Sedley is a consultant neurologist who runs a research group in Newcastle University. The group investigates sensory processing mechanisms in the brain, especially related to the auditory system, and how changes in these processes can cause or contribute to clinical symptoms and conditions such as tinnitus, hyperacusis and migraine.

Researchers discover the most effective treatment for tinnitus (Edited from the article in the Brighter side of News)
According to a study published in the Journal of Personalized Medicine, low-level laser therapy and associated photobiomodulation is the most effective of the known treatments for tinnitus, compared to the main therapies in current use. The study was conducted by Brazilian scientists affiliated with the Optics and Photonics Research Centre (CEPOF) situated in Sao Paulo, Brazil

Background

According to a European study that analysed five decades of patient data, some 750 million people have tinnitus worldwide. It is considered a symptom rather than a disease but is unpleasant and in some cases incapacitating. Its known causes can range from a buildup of earwax and insufficient peripheral irrigation in the inner ear to brain damage and bruxism (unconsciously grinding or clenching your teeth). There are no standard treatments or drugs approved by the FDA (United States Food and Drug Administration).

"Tinnitus is a very widespread symptom throughout the general population, and is treated with a vast number of methods with differing results," said Vitor Hugo Panhóca, a researcher at CEPOF. "After finding articles in the scientific literature that presented consistent laser therapy outcomes, we decided to compare the main treatments and pursue more responses to the problem."

Study

During a four-week period, Panhóca and his team tested alternative and complementary treatments for idiopathic (with no apparent cause) and refractory tinnitus on more than 100 men and women aged 18-65, divided randomly into ten groups. The treatments tested were laser acupuncture, flunarizine dihydrochloride, Ginkgo biloba (a medicinal plant), and low-level laser stimulation of the internal auditory canal (known as transmeatal stimulation or meatus), on its own and combined with vacuum therapy, ultrasound, G. biloba or flunarizine dihydrochloride. The patients were submitted to eight twice-per-week treatment sessions. They were clinically assessed before treatment began, after the eighth session and a fortnight later, using a tinnitus handicap inventory [THI] questionnaire.

Results

The best outcomes were observed in patients treated with laser acupuncture alone and transmeatal low-

power laser stimulation alone. In the latter case, they improved even more when irradiation time was increased from 6 minutes to 15 minutes. Combinations of laser therapy with vacuum therapy or G. biloba, laser acupuncture alone, and flunarizine dihydrochloride alone also had lasting therapeutic effects.

"The positive effects include anti-inflammatory action and relaxation. We believe laser therapy can increase peripheral irrigation, which may be the main cause of the problem in many cases, as well as stimulating inner ear cell proliferation and collagen production," said Panhóca.

While the CEPOF study is not the only one to show that laser therapy can improve the condition of tinnitus patients, it paves the way to creation of a protocol for use by dentists, ear, nose and throat specialists, speech therapists and other medical practitioners who have such patients, as the number of sessions and intensity of the treatment vary greatly in the literature.

Conclusion

"Understanding how successful therapies work will help us focus on the most productive approaches in forthcoming studies. This is part of the learning curve when you innovate in health treatments like this," Panhóca said, adding that it is also necessary to investigate the long-term effects of laser therapy."



Low-level laser therapy and associated photobiomodulation (PBM Therapy), previously known as Low Level Laser Therapy (LLLT) is the application of red and near infra-red light over injuries or lesions to improve wound and soft tissue healing, reduce inflammation and give relief for both acute and chronic pain.

Please remember

This is your newsletter and all comments, letters, contributions or editorial copy relevant to tinnitus or CTSG, or anything you think maybe of interest to our members would be very welcome. Please send to:- Alan Yeo, c/o Newsletter Editor, 4 Claygate Road, Cherry Hinton, Cambridge CB1 9JZ (Tel. 01223 243570 alanyeo70@gmail)

CONNECTIONS

CTSG website: www.cambstsg.com Facebook: [Cambs Tinnitus Support Group](#)



REGISTERED
TINNITUS
SUPPORT GROUP

CTSG is an independent voluntary organisation with a good supporting relationship with the Audiology Department at Addenbrookes Hospital. It is also a Tinnitus UK-registered tinnitus support group. We receive no financial support other than from membership subs, donations and sales. This pays for the hire of the meeting room, printing and postage of newsletters, replacement equipment and associated activities. Reports and comments expressed in this newsletter do not necessarily reflect the views of CTSG.

Our next meeting will be on Saturday 17 February at the Meadows Community Centre. I will contact you when the speaker and topic is known.