

# TAKE YOUR LIFE BACK

**How Treating TINNITUS Can  
Restore Peace, Rest, Relationships  
and Happiness To Your Life**



**BY DR. LAYNE M. GARRETT**



# **TAKE YOUR LIFE BACK**

**HOW TREATING TINNITUS CAN RESTORE PEACE,  
REST, RELATIONSHIPS AND HAPPINESS IN YOUR LIFE**

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Dr. Layne M. Garrett

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First Edition

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How Treating Tinnitus Can Restore Peace, Rest, Relationships  
and Happiness in Your Life

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This book is dedicated to the 11 million people in the U.S. with  
constant tinnitus. There is help!

**TABLE OF CONTENTS**

Chapter 1: Introduction .....9

Chapter 2: A Short Discussion About My Own  
Experience With Tinnitus .....13

Chapter 3: History and Prevalence of Tinnitus.....17

Chapter 4: What Causes Tinnitus? .....23

Chapter 5: The Cognitive and Psychological Effects of  
Tinnitus .....29

Chapter 6: Myths and Facts About Tinnitus .....37

Chapter 7: How To Choose The Right Tinnitus  
Treatment Specialist .....43

Chapter 8: The Comprehensive Tinnitus Evaluation..49

Chapter 9: Treatment Options.....54

Chapter 10: What is NOT recommended.....59

Chapter 11: Lifestyle Modifications .....64

Chapter 12: Frequently Asked Questions .....67

Chapter 13: Success Stories .....70

Resources.....78

*Part 1*

# **The Facts About Tinnitus**



# Chapter 1

## Introduction





# Chapter 1: Introduction

“Tinnitus can’t be cured. You just need to learn to live with it.”

This is the phrase that many of our patients have heard from their doctors when they ask what can be done about the awful ringing, buzzing or humming sound they hear 24 hours a day, 7 days a week.

*It. Never. Stops.*

People who suffer from tinnitus often tell us they have trouble sleeping or concentrating on daily tasks. They say it makes it hard to relax. Many say that tinnitus makes it hard to hear others. About 25% of people with tinnitus report depression and anxiety and some even have suicidal thoughts.

If you get nothing else out of this book, I want you to know first and foremost that ***there is hope, in spite of what you’ve been told!***

The doctors who say there is no cure aren’t exactly wrong, there is no *cure* for tinnitus— just like there’s no *cure* for heart disease or diabetes. However, just like those other conditions, there are very effective, scientifically-proven treatments that work for over 90% of patients.

When they tell you you need to learn to live with tinnitus, they aren’t wrong either. But, there are treatments, tools, and therapies designed to **HELP** you to live with a greatly diminished experience of tinnitus— many of our patients say they don’t hear it at all or barely even notice it after treatment.

*It. Can. Stop.*

All of this being said, **this book is about you** and your tinnitus journey, not about us, about other diseases or about other patients. It's about the information *you* need to know to make intelligent, responsible decisions about your auditory health, brain health, treatment options, confidence and independence. This book is meant to help you and your family to make intelligent, informed, and responsible decisions about your or your loved one's health, to help you understand treatment options when it comes to tinnitus, and to help you decide how **you** want to live.

Many people feel that their tinnitus takes away their power to live a happy life but because knowledge is power, once you know about tinnitus, you start to take that power back as you realize what causes tinnitus and what can be done about it. No matter what you've been told in the past, you are not helpless in the face of tinnitus— there are effective treatments and you CAN do something about it!

Throughout this book, we will address some of the most common questions patients ask. We will walk you through some of the common struggles we see patients face. Questions like “What causes tinnitus?” “Why does tinnitus bother me when it doesn't seem to bother others?” “Why have I been told in the past that there is no cure?” “What treatments are most effective?” “How do I know where to go to get help?” “Is my tinnitus even something I should be worried about?”

This book isn't *Harry Potter*. I just can't make it that exciting. But if you will take the time to read it, you will KNOW nearly everything you need to know to make decisions about your or your loved one's tinnitus treatment and future confidence and independence.

# Chapter 2

## **A Short Discussion About My Own Experience With Tinnitus**





## **Chapter 2: A Short Discussion About My Own Experience With Tinnitus**

I became fascinated with hearing science after serving as a missionary for the Church of Jesus Christ of Latter Day Saints in Massachusetts. After learning American Sign Language and attending audiology appointments with my companions who had hearing loss, you can say I “heard the call” to audiology and thus began the road which led me to where I am now.

Upon arriving home from my two-year mission, I enrolled in school and found a beautiful girl to marry me. I earned a Bachelor’s degree in Communication Disorders from Utah State University, a Master’s Degree in Audiology from BYU, and a Doctorate Degree in Audiology from Salus University. Because of my interest in tinnitus, I studied Tinnitus Retraining Therapy from Dr. Pawell Jastreboff, a leading expert in tinnitus. I also earned a Diploma in Auditory Neuroscience from the University Isabel, a certificate in tinnitus management from the American Academy of Audiology, and I became a Certified Tinnitus Provider through Excellence in Audiology. I and the other providers in my office are also recognized providers of the American Tinnitus Association. I have done everything in my power to gain as much knowledge as possible on tinnitus and tinnitus treatment.

Now, the reason I have done so much specialty work with tinnitus lies in the fact that I, myself have tinnitus. I admit I went to too many rock concerts and noisy sporting events

without hearing protection when I was young. This left me with tinnitus, as well as a desire to find treatment for myself and others who have suffered like me.

I've been practicing audiology for over 25 years— over 20 of that in my own practice. In those 20 years, we have helped over 8,000 people with their hearing and tinnitus disorders.

A couple of years ago, I had the opportunity to meet Dr. Keith N. Darrow, who holds a Ph.D. in Speech and Hearing Bioscience from a joint Harvard Medical School and M.I.T. program. Because I am committed to providing the best care for my patients, I decided to collaborate with Dr. Darrow to establish the best possible protocol for diagnosing and treating tinnitus and hearing loss. Since implementing this science-based protocol, we have over a 95% success and satisfaction rate with our patients. You could say with confidence that this medical model of diagnosing and treating tinnitus and hearing loss *works*.

# Chapter 3

## History and Prevalence of Tinnitus







## Chapter 3: History and Prevalence of Tinnitus

One of the first questions we get asked about tinnitus is how you pronounce it. You can say it **tin**-ni-tus or tin-**night**-us and either way is correct. However you say it, it's useful to know that tinnitus isn't a modern affliction and you are not the only one experiencing the tinnitus sound—it's not something unique that only you are experiencing. It's not normal, but it's not rare either. Tinnitus has been documented throughout history— here are some notable mentions:

### Ancient Egypt

- **Ebers Papyrus (c. 1550 BCE):** One of the oldest medical texts, the Ebers Papyrus, mentions a condition that can be interpreted as tinnitus. Remedies for ear-related problems were prescribed, indicating an awareness of such conditions.

### Ancient Greece

- **Hippocrates (c. 460–370 BCE):** The Father of Medicine wrote about tinnitus and suggested treatments such as applying external remedies or using a combination of sounds to mask the ringing.

### Ancient Rome

- **Celsus (c. 25 BCE–50 CE):** The Roman encyclopedist included tinnitus in his medical writings.

He recommended treatments like bloodletting and diet changes to alleviate symptoms.

### **Medieval Islamic Medicine**

- **Avicenna (980–1037 CE):** In his medical encyclopedia, "The Canon of Medicine," Avicenna discussed tinnitus and proposed treatments involving herbs and other natural remedies.

### **Renaissance Europe**

- **Paracelsus (1493–1541):** The Swiss physician and alchemist mentioned tinnitus in his writings, recognizing it as a condition needing medical attention. He suggested various remedies, including mineral baths and herbal treatments.

### **19th Century**

- **Jean Marie Gaspard Itard (1774–1838):** The French otologist is considered one of the first to systematically study tinnitus. He described the condition in detail and attempted various treatments, including the use of sound masking.

### **You're Not Alone!**

Ever feel like you're the only one suffering from tinnitus and no one knows how bad it really is? While each person experiences tinnitus in their own unique way, you are definitely not alone. There are many famous people who have suffered from tinnitus— you may have heard of some of these:

### **Ludwig van Beethoven**

- The famous composer suffered from severe hearing loss and tinnitus, which impacted his ability to compose and perform music.

### **Eric Clapton**

- The legendary guitarist has been open about his struggles with tinnitus, attributing it to years of exposure to loud music.

### **Pete Townshend**

- The guitarist and songwriter for rock band *The Who* has tinnitus and has been a vocal advocate for hearing protection, sharing his experiences to raise awareness.

### **Barbra Streisand**

- The renowned singer and actress has dealt with tinnitus since she was a young girl and has spoken about the challenges it presents.

### **Chris Martin**

- The lead singer of *Coldplay* has tinnitus and has emphasized the importance of protecting one's hearing, especially among musicians.

### **William Shatner**

- The "Star Trek" actor has been a prominent figure in raising awareness about tinnitus, which he developed after a special effects accident on the set of the show.

### **Steve Martin**

- The comedian and actor developed tinnitus after an explosion on the set of his film "The Three Amigos."

### **Charles Darwin**

- The famous naturalist and author of "On the Origin of Species" reportedly experienced tinnitus along with other health issues.

### **Martin Luther**

- The seminal figure in the Protestant Reformation is believed to have suffered from tinnitus, which he mentioned in his writings.

### **David Beckham**

- The former professional soccer player has mentioned experiencing tinnitus, likely due to exposure to loud stadium noises and frequent travel.

### **Stephen King**

- The prolific author has discussed his experiences with tinnitus, which he developed after a serious accident.

### **Vincent van Gogh**

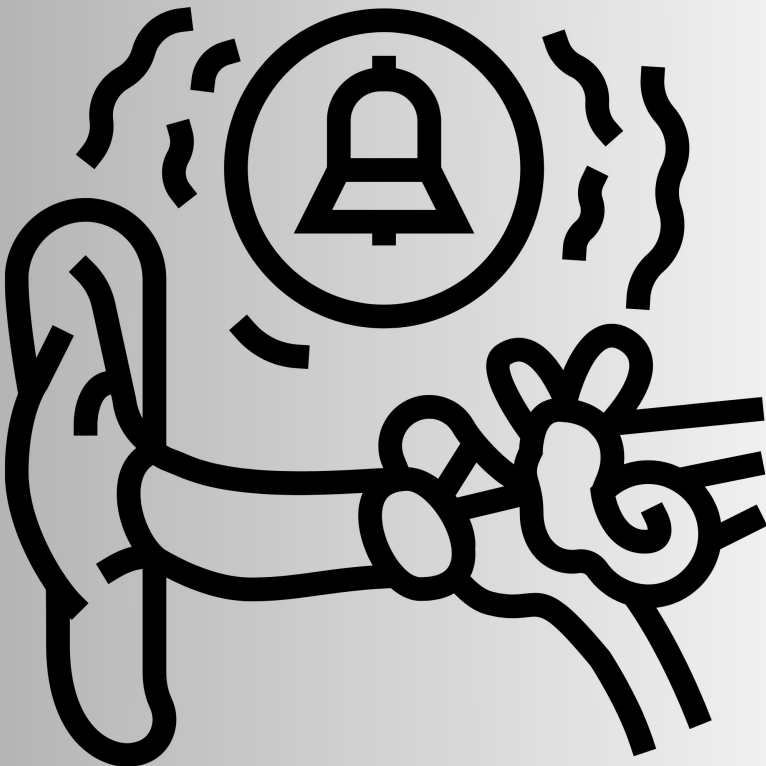
- The master artist suffered from vertigo, dizziness, physical imbalance, hearing symptoms, and “ear noises” (tinnitus), all probably caused by Menière's disease.

### **Prevalence**

Today, according to the Lancet Regional Health Journal, in the United States, prevalence of tinnitus is about 11.2% of the population, or about 27 million people. Of those with tinnitus, 41% (11 million) always have symptoms, and about 28% had been experiencing it for over 15 years. (Batts and Stankovic, Jan. 2024) According to the American Tinnitus Association, about 20% of those with tinnitus have “burdensome, chronic tinnitus”, with 7-8% (roughly 2 million people) experiencing tinnitus at a “debilitating” level. These people need help.

# Chapter 4

## What Causes Tinnitus?





## **Chapter 4: What Causes Tinnitus?**

Tinnitus can be classified into two main types: subjective and objective. Here's a breakdown of each:

### **Objective Tinnitus**

Objective tinnitus is rare, accounting for less than 1% of all cases. In this type, the noises in the head or ears can be heard by both the affected individual and others. These sounds are typically produced by internal bodily functions, such as blood flow in the circulatory system or movements in the musculoskeletal system.

### **Subjective Tinnitus**

Subjective tinnitus involves noises in the head or ears that only the affected person can hear. This type is usually linked to auditory and neurological reactions to hearing loss, although it can also be triggered by various other factors.

### **What Causes Subjective Tinnitus?**

Because 99% of cases are subjective, I will focus on the causes of subjective tinnitus. While some cases are due to vascular issues, jaw problems, or other medical conditions, 95% of tinnitus cases are caused by damage in the auditory system. This damage can come from the natural aging process of your ears, your genetics, exposure to loud sounds, and a variety of other health conditions ranging from

cancer to Covid-19, all of which lead to a decline in how well your auditory system functions.

### **The Hidden Damage in the Auditory System**

Our hearing system is quite resilient, and sometimes the damage doesn't show up in obvious ways. For example, you might have some hearing loss that doesn't affect your ability to understand speech, or it might not be enough for you to notice any problems with hearing and communication. In fact, research shows that you can lose up to 50% of the neurons in your auditory system before you notice any hearing loss. Just because you don't notice it, doesn't mean the damage isn't there.

### **How a Damaged Auditory System Leads to Tinnitus**

To understand how damage in your auditory system leads to tinnitus, think of your ears as microphones and the nerves that connect your ears to your brain as microphone cords. Your brain is where the actual hearing happens. When the brain's auditory cortex doesn't get the usual sound signals from the ears due to damage, it starts to fill in the gaps with random firing of the auditory cortex. This is similar to what happens in phantom limb syndrome, where people feel sensations in a limb that is no longer there. The brain starts to create these sensations because it's used to getting input from that limb.

The textbook definition of tinnitus is a phantom sound. The brain creates sounds to make up for the lack of stimulation it's used to receiving. Different people perceive these sounds in different ways—some might hear ringing, while others might hear humming, buzzing, or even musical tones. This variety in perception is just how the brain fills in the gaps caused by the damaged auditory system.

### **What Makes Tinnitus Bothersome for Some People and Not Others?**



When the damage in the auditory system first causes tinnitus, the subconscious part of the brain determines whether the tinnitus is a problem or a threat. For most people, the brain decides that it is not important and ignores it, just like it ignores the sound of a ticking clock, a running refrigerator, or the hum of an air conditioner. The sound is there, but your brain doesn't perceive it unless you consciously pay attention to it. This means most people with tinnitus are not bothered by it.

However, in about 20% of people, the brain reacts differently and they develop what is known as Clinically Significant Tinnitus. In these cases, the subconscious brain determines that the tinnitus is a problem to which it should pay attention. Instead of ignoring the tinnitus, these people begin to pay more attention to it. This leads to a cycle where the more you hear the tinnitus, the more you pay attention to it, and the more you pay attention to it, the more you hear it. It's like having a pebble in your shoe—once you notice it, it's hard to ignore.

## **The Emotional Response**

Once the listening-hearing cycle begins it's only a matter of time before the part of your brain responsible for emotions gets involved. Patients report feeling worried, upset, angry, frustrated or anxious because of the tinnitus. This causes the amygdala, the part of your brain responsible for sensing and reacting to danger, to activate to the tinnitus. This then triggers the autonomic nervous system, which controls heart rate and alertness, leading to a "fight or flight" response. Your body reacts as if the tinnitus is something to either run away from or fight, making it harder to relax, concentrate, or sleep.

This emotional response makes the tinnitus even more noticeable, creating a vicious cycle: the more you hear the tinnitus, the more you think about the tinnitus, which causes

a stronger emotional response, firing up the amygdala even more, thus increasing the fight or flight response which then starts the whole cycle over again.

# Chapter 5

## **The Cognitive and Psychological Effects of Tinnitus**





# **Chapter 5: The Cognitive and Psychological Effects of Tinnitus**

## **HOW TINNITUS AFFECTS THE BRAIN**

Recent studies have shown that tinnitus is linked to several cognitive problems. Researchers looked at data from 17 different studies with a total of 62,270 participants. They found that tinnitus is strongly associated with dementia, anxiety and depression, altered learning and attention, and sleep disruption. I will discuss each of these in more detail.

### **DEMENTIA**

While the links between tinnitus and dementia have been well established (see the Meta-Analysis in Frontiers in Neuroscience Feb. 2024 by Yang, Zhang, Zhang, and Li), the exact mechanisms of how are not certain. Here are a few of the potential reasons for the correlation:

#### **1. Brain Overload**

When you have tinnitus, your brain is constantly dealing with the annoying noise. This non-stop effort to process the phantom sounds can overload your brain. Just like a computer can slow down when too many programs are

running, your brain can also get tired from trying to handle too much at once. This extra stress can make it harder for your brain to work well and can lead to problems with memory and thinking.

## 2. Reduced Brain Activity

Tinnitus can cause changes in the way your brain works. Normally, your brain gets a lot of signals from your ears, which helps it stay active and healthy. When tinnitus disrupts this normal hearing process, some parts of your brain might not get as much activity as they should. This lack of stimulation can cause these parts of the brain to weaken over time, which can contribute to dementia.

## 3. Emotional Stress

Living with tinnitus can be very stressful. The constant noise can lead to feelings of frustration, anxiety, and depression. These negative emotions can affect your brain health. When you're stressed or depressed, your brain doesn't function as well, which can increase the risk of dementia.

## 4. Poor Sleep

Tinnitus often makes it hard to sleep. Poor sleep can have a big impact on your brain. When you don't get enough good quality sleep, your brain can't repair itself and get rid of waste products as effectively. Over time, this can lead to brain problems, including dementia.

## 5. Social Isolation

People with tinnitus might avoid social situations because the noise makes it hard to hear and focus. Avoiding social activities can lead to isolation, which is a known risk factor for dementia. Staying socially active is important for keeping your brain healthy.

## **ANXIETY AND DEPRESSION**

### **1. Constant Noise Disruption**

When you have tinnitus, the constant sound can be very distracting and frustrating. It can interrupt your thoughts and make it hard to concentrate on other things, causing you to feel anxious, sadness, and hopelessness.

### **2. Sleep Problems**

Tinnitus often makes it difficult to sleep. When you can't get enough rest, you can feel tired and cranky the next day. Lack of sleep can make it harder for you to cope with stress, leading to increased anxiety and depression.

### **3. Hyperawareness**

Some people with tinnitus can become hyperaware of the sounds in their ears. They might focus on the noise all the time, which can make it seem louder and more bothersome. This focus on the tinnitus can make you feel more anxious because it's hard to ignore something that's always there.

### **4. Social Isolation**

The constant noise of tinnitus can make it hard to hear what people are saying, especially in noisy places like restaurants or parties. This difficulty can make you feel left out or embarrassed, so you might start avoiding social situations. Feeling lonely and isolated from friends and family can lead to depression.

### **5. Increased Stress**

Living with tinnitus can be very stressful. The noise can make it hard to focus on tasks or relax. Over time, this constant stress can wear you down and make you feel overwhelmed. Stress is closely linked to anxiety and

depression, and the more stressed you are, the more likely you are to feel anxious and depressed.

#### 6. Feeling of Helplessness or Negative Thinking

Sometimes, people with tinnitus feel like there's nothing they can do to make the noise go away. This feeling of helplessness can be very discouraging. The constant noise of tinnitus can lead to negative thinking. You might start to believe that the noise will never go away or that it will ruin your life, increasing anxiety and depression.

#### 7. Impact on Daily Activities

Tinnitus can make it hard to concentrate, work, or even enjoy quiet moments. When the noise disrupts your daily life and makes everything more difficult, it can lead to feelings of anxiety from important tasks left undone, as well as sadness and frustration, which can develop into depression.

#### 8. Fear of the Unknown

Not knowing what's causing the tinnitus or worrying that it might get worse can lead to worry about your health or about the possibility that the noise will never go away, increasing anxiety and depression.

#### 9. Emotional Response

The constant noise can trigger an emotional response. You might feel frustrated, helpless, or angry that you can't control the sound. These negative emotions can increase your overall anxiety, making you feel more stressed and uneasy.

#### 10. Fight or Flight Response

Tinnitus can trigger your body's "fight or flight" response, a natural reaction to danger. When you hear the constant noise, your brain might interpret it as a threat, even if it's not.



This response can make your heart race, your palms sweat, and your muscles tense up, all of which are signs of anxiety.

## **REDUCED ATTENTION AND LEARNING ABILITIES**

Tinnitus can significantly impact learning and attention in several ways. A 2020 study in *Nature* found that people with tinnitus had slower reactions during a vigilance task, increased distress and increased concentration difficulties while performing complex tasks. The tinnitus group also had significantly poorer sustained attention. Some potential reasons for these results include:

### **1. Constant Distraction**

When you have tinnitus, you hear a noise that isn't actually there, like a ringing, buzzing, or humming sound. This constant background noise can be very distracting. Imagine trying to read a book or do your homework while someone is constantly tapping their pencil. The persistent sound can make it hard to concentrate on what you're doing.

### **2. Reduced Focus**

Because your brain is always aware of the tinnitus, it has to work harder to stay focused on other tasks. This extra effort can make it difficult to pay attention, especially during activities that require a lot of concentration, like studying or listening to a speaker.

### **3. Interference with Memory**

Tinnitus can also interfere with your memory. When you're distracted by the noise in your ears, it's harder to process and remember information. This means that you might have trouble recalling what you just read or heard, making learning more challenging.

#### 4. Sleep Problems

Tinnitus often makes it hard to sleep. If you're not getting enough good quality sleep, your brain can't function at its best. You might feel tired, cranky, and have trouble concentrating. Lack of sleep can make it harder to pay attention and learn new things during the day.

#### 5. Increased Stress

Dealing with tinnitus can be stressful. The constant noise can make you feel anxious or frustrated, and stress can make it harder to concentrate. When you're stressed, your brain is more focused on the things that are worrying you, which can take attention away from your learning.

#### 6. Multitasking Difficulties

Tinnitus can make it harder to do more than one thing at a time. If you're trying to listen to a meeting while taking notes, the noise in your ears can make it difficult to keep up with both tasks. This can affect your ability to learn and retain information.

#### 7. Impact on Listening Skills

Tinnitus can also affect how well you listen. Because most tinnitus is caused by damage to the auditory system, the ability to hear and understand is compromised, especially in noisy environments. This can lead to misunderstandings and missed information, which can impact your learning.

### **SLEEP DISRUPTION**

According to a 2019 study in the International Tinnitus Journal, about half of people who suffer from chronic tinnitus suffer from poor sleep quality (Henk M Kohning). A few possible reasons include:

## 1. Direct Impact of Noise

**Constant Noise:** The persistent noise associated with tinnitus can make it difficult for individuals to fall asleep or stay asleep. The brain may find it challenging to ignore the sound, especially in quiet environments typically conducive to sleep.

## 2. Stress and Anxiety

**Emotional Response:** Tinnitus can cause or exacerbate stress and anxiety, which are well-known factors that disrupt sleep. The distress caused by the persistent noise can lead to a heightened state of arousal, making relaxation and sleep more difficult.

## 3. Sleep Cycle Disruption

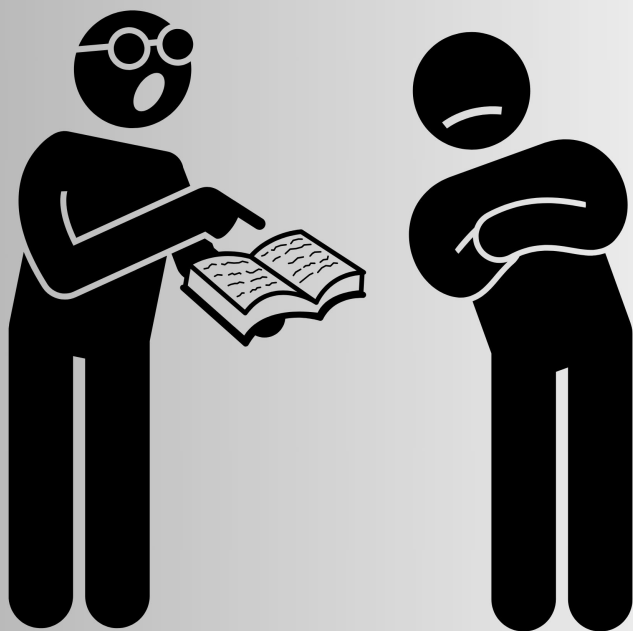
**Altered Sleep Architecture:** The presence of tinnitus may alter normal sleep patterns, leading to less restorative sleep. Individuals with tinnitus often report waking up frequently during the night and experiencing non-restorative sleep.

## 4. Physiological Responses

**Sympathetic Nervous System Activation:** The constant irritation from tinnitus can activate the sympathetic nervous system, leading to an increased state of alertness and making it difficult to fall asleep or stay asleep.

# Chapter 6

## Myths and Facts About Tinnitus



## Chapter 6: Myths and Facts About Tinnitus

Research has shown that the more you learn about tinnitus, the better you are able to choose an effective treatment strategy and begin to get your life back. In other words, the more you know, the better chance you have of lessening the effects of tinnitus on your life. Additionally, there is a lot said about tinnitus that is not always accurate or true. If you have beliefs about your tinnitus that are not correct, it is going to slow down the progress that you can make. It is important to learn the truth about tinnitus so that you can move forward with treatment. The following list contains some common myths and facts about tinnitus. This list is not exhaustive, but covers the most common myths we have encountered over many years of treating tinnitus patients.

*Myth 1: Tinnitus is a disease.*

Fact: Tinnitus is not a disease or condition in and of itself, but is instead a symptom of an underlying condition, such as hearing loss, ear injury, or a circulatory system disorder. It's like the pain you feel when you injure yourself– it is a symptom of a bigger issue that needs to be addressed.

*Myth 2: Only older people get tinnitus.*

Fact: While tinnitus is more common in older adults due to age-related hearing loss, it can affect people of all ages,

including children. Exposure to loud noise and other risk factors can cause tinnitus in younger individuals.

*Myth 3: There is nothing you can do about tinnitus.*

Fact: While there is no cure for tinnitus, various treatments and strategies can help manage the symptoms. These include treating hearing loss with hearing devices, sound therapy, cognitive-behavioral therapy (CBT), Lenire or other bimodal stimulation therapies, and lifestyle changes like reducing exposure to loud noises and managing stress.

*Myth 4: Tinnitus is always caused by loud noise.*

Fact: Although exposure to loud noise is a common cause of tinnitus, it is not the only one. Tinnitus can also be triggered by ear infections, earwax buildup, hearing loss, certain medications, head or neck injuries, and other health conditions like Meniere's disease or acoustic neuroma.

*Myth 5: Tinnitus will always get worse over time.*

Fact: Tinnitus does not necessarily worsen over time. For many people, the severity and impact of tinnitus can remain stable or even improve with appropriate management and treatment. In fact, for many chronic tinnitus sufferers, tinnitus tends to cycle up and down depending on stress levels, sleep patterns, and other factors.

*Myth 6: Tinnitus is only a problem if it is very loud.*

Fact: The impact of tinnitus on a person's quality of life is not solely dependent on its loudness. Even mild tinnitus can be distressing and interfere with daily activities, sleep, and concentration. The amount of distress varies greatly among patients.

*Myth 7: Tinnitus is all in your head.*

Fact: Tinnitus is a real condition with physical and neurological causes. It is not imagined or psychological, although stress and emotional factors can exacerbate the perception of tinnitus.

*Myth 8: There is a universal treatment that works for everyone with tinnitus.*

Fact: Tinnitus affects people differently, and what works for one person may not work for another. Treatment plans are tailored to the individual's specific needs and the underlying cause of their tinnitus.

*Myth 9: Tinnitus always causes severe distress*

Fact: Only about 10 to 20% of those with tinnitus, which is 1 to 3% of general population, are very distressed by tinnitus. Most people are initially bothered, but after a few months, their annoyance lessens. For this reason, we generally recommend that people wait at least 4-8 weeks from the onset of tinnitus to make an appointment with a tinnitus specialist.

*Myth 10: Tinnitus is always loud and very bothersome.*

Fact: Tinnitus loudness and annoyance are not always linked. When tinnitus is really loud, it sometimes makes tinnitus more bothersome. There are also factors that affect how bothersome it is. These include what you are doing or your focus at the time. Some people with loud tinnitus are less annoyed than others with a quiet level of tinnitus. Overall, the loudness of the tinnitus is not as important as how people feel about their tinnitus.

*Myth 11: The only way to reduce the distress caused by tinnitus is by stopping the tinnitus.*

Fact: Although there is no quick cure for tinnitus, many people have habituated to the tinnitus and report noticing it much less frequently. Some people need treatment in order to habituate to the tinnitus. The goal of treatment is to decrease the emotional and physiological effects of tinnitus so that even if it doesn't go away 100%, it is not causing distress anymore.

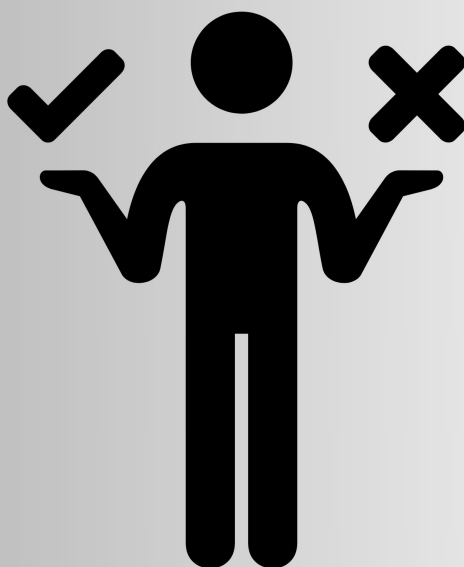
*Myth 12: Tinnitus can cause hearing loss, sound sensitivity, or dizziness.*

Fact: Although tinnitus makes it harder to focus on things, it doesn't cause hearing loss— in fact, in most cases, the tinnitus and dizziness are caused by hearing loss. This is not the case in every patient, hence the need for a comprehensive tinnitus assessment by a qualified tinnitus specialist to determine the cause of tinnitus and the best course of treatment.



# Chapter 1

## How To Choose The Right Tinnitus Treatment Specialist





## **Chapter 7: How To Choose The Right Tinnitus Treatment Specialist**

We've been in the hearing health care industry for over 25 years, and much has changed in that time. We think of some of the patients we had 25 years ago and very much wish we had available to us the amazing treatments that we have now. However, we have always been and continue to be committed to providing the best care available for our patients.

As with anything human beings are involved in, there is the potential for overprescribing or malpractice by some hearing professionals. Unfortunately, there are bad apples in every orchard. Nevertheless, we have found that as we stay committed to a science based, medically modeled system of treatment, we have been and continue to be successful in providing the best care for the underlying problems of hearing loss and tinnitus, which is damage to the auditory system.

You undoubtedly looked for tinnitus treatment options on the internet and found many people claiming to have a pill, infrared lasers, diets or even a special ear drops or sprays "guaranteed to cure tinnitus." It's true that there are more proven treatment options than there were 20 years ago, but as with any life-changing healthcare decision, the best plan is always to find the most qualified specialist available. If you need a complicated quadruple bypass surgery, would you want your family doctor to perform it, or would you want a specially-trained heart specialist?

The question then becomes, how do I know I am seeing a qualified tinnitus specialist? There is a large selection of places to go for hearing and tinnitus health care— from places that make hearing devices in their back rooms, to big box stores like Costco where you can buy your groceries in the same trip, to hospital-based clinics, national chains, manufacturer-owned clinics, and independent hearing care practices. We see people in our clinics every day who have spent hundreds of dollars trying out the so-called “guaranteed” tinnitus treatments without success. The fact is there are only a couple of scientifically proven ways to treat tinnitus, and they depend on following the medical model of treatment. This means following the process of performing a comprehensive exam to discover the cause of the problem, then using expertise and research-based recommendations to determining a treatment plan right for the patient.

If you are concerned about achieving the best outcomes, about decreasing tinnitus and treating the root cause of the problem, you will want to find a clinic that is committed to that kind of success. Here are a few signs that you have found a clinic with that kind of commitment:

- **They are not a retail sales office**— they are focused on hearing healthcare issues. There are some things for which you can simply buy a product. For other things, you know it is smart to seek out the best specialist there is. If you had a cancer diagnosis, you would not want them to buy a ‘treatment’ from the retail big-box store that also sells peanut butter. This is not to take anything away from anything the traditional audiologist or hearing instrument specialist has achieved or can do; most just haven’t taken the next step to become experts in the field of tinnitus treatment.
- **They perform a comprehensive evaluation to find the root cause of your tinnitus.** The traditional

audiogram isn't enough to get a complete picture of what is truly going on in the auditory system. See chapter 8 for a description of what a comprehensive evaluation should look like.

- **They have multiple treatment options available.** Some professionals only offer hearing devices or sound therapy or cognitive behavioral therapy as the only treatment method. A true tinnitus clinic understands that tinnitus is unique to each person and may have different causes and effects. An effective treatment plan will take that uniqueness into account and provide a tailored solution to each patient's unique experience.
- **The clinic and its tinnitus specialists will have multiple certifications, professional associations and awards in the field.** Some of these might include associations with the American Tinnitus Association, being Certified Tinnitus Providers through Excellence in Audiology, certificates in Tinnitus Management from the American Association of Audiology or International Hearing Society, training on Tinnitus Retraining Therapy, or other further education aimed at tinnitus treatment.
- **They will verify treatment effectiveness using standardized verification tools such as Real Ear Measurement or repeated Tinnitus Handicap Inventory administration.** These tools enable clinicians to verify that treatment goals are being met, and if they aren't meeting those goals, they will know and can alter the treatment plan.
- **They will monitor your progress over time and adjust treatment as necessary.** Hearing loss and tinnitus are progressive, degenerative disorders, meaning they get worse over time, especially if left untreated. Our goal is always to retain the hearing that you do have for as long as possible, as well as to maintain adaptation in the case of tinnitus. However, we recognize that as time passes, your hearing will

change and your tinnitus may ebb and flow. As medical professionals, our job is to stay on top of those changes and to make adjustments to your treatment plan as needed. To do this, you should be seen in the office at least four times a year if hearing devices are part of your treatment plan— once for an appointment to have your hearing tested again to make sure that the prescription matches your current needs. The other quarterly visits are for your hearing technology to make sure that it is clean, disinfected, has updated software, and is functioning properly. We will also give you all necessary supplies at these appointments, such as domes and wax guards. If you have a treatment plan that does not include hearing devices, we recommend yearly hearing exams to ensure that increased damage in your auditory system is addressed as soon as possible.

*Part 2*

**There is Help!**



# Chapter 8

## The Comprehensive Tinnitus Evaluation





# **Chapter 8: The Comprehensive Tinnitus Evaluation**

Understanding tinnitus requires more than just a standard hearing test; it demands a comprehensive evaluation that goes beyond what most audiologists and hearing care providers typically offer. Many individuals seek help for their tinnitus only to be told that their hearing is fine or normal, leaving them feeling helpless and without solutions. The standard beep test, often considered the gold standard for hearing assessments (even though it was invented over 100 years ago), falls short in providing a complete picture of the auditory system. In the field of tinnitus treatment, this test is considered only one piece of the puzzle.

## **The Importance of a Thorough Case History**

A thorough tinnitus evaluation begins with a detailed case history. The tinnitus provider should ask questions to better understand your experience with tinnitus and how it is impacting your life. Additionally questions about your health history, current medications, history of noise exposure, family history of hearing/tinnitus issues, perceived hearing difficulties (loss of clarity, difficulty hearing in noise, etc.) This information is crucial in tailoring the best course of treatment for your specific needs.

## **Outer Ear Examination: Otoscopy**

The first part of the a examination is otoscopy. The provider will look in your ear to rule out an ear full of earwax or broken ear drums.

## **Middle Ear Examination: Tympanometry**

The next step in the diagnostic process is an assessment of the middle ear, which comprises the eardrum, the hammer, anvil, and stirrup. This examination is a quick pressure test called tympanometry. The goal is to identify any damage or issues within the middle ear that might be obstructing sound transmission to the cochlea, thereby affecting the auditory system.

## **Cochlear Health: Otoacoustic Emissions**

The next critical test in the evaluation is called Otoacoustic Emissions (OAEs). The OAE test is a painless procedure where responses to sound by the cochlea are measured. The test takes about 30 seconds per ear and requires you to listen to some beeps without any active response by you. The results provide a much clearer understanding of cochlear function than the regular hearing test. Remember, it's possible to lose up to 50% of the neurons between your ear and your brain before experiencing noticeable hearing loss on a regular hearing test. Without OAEs the damage in your ears causing your tinnitus can be easily missed. Otoacoustic Emissions allow us to identify the damage in the cochlea causing your tinnitus that standard hearing tests will sometimes miss.

## **Standard Hearing Test: The Audiogram**

Following the OAE test, a standard hearing test, or audiogram, is performed. However, in tinnitus patients, the damage often lies in a range of hearing not covered by the standard hearing exam frequencies of 250-8000 Hertz. This range is typically chosen by hearing care professionals because it encompasses the frequencies vital for speech comprehension. The focus is on determining whether you can understand speech clearly and whether you struggle with volume or clarity. Most of the time the damage in the

auditory system causing the tinnitus will be found during this traditional hearing test.

### **Extended High-Frequency Testing**

However sometimes the damage in the cochlea is not in the range of the traditional test. This is why people are told they have normal hearing and that nothing can be done about their tinnitus. In these situations additional testing is required. The human hearing range extends from approximately 125 hertz to 20,000 hertz, with anything above 8,000 hertz not contributing significantly to speech understanding. Consequently, these higher frequencies are often ignored. In fact when we are born we can hear dog-whistles, but as we age begin to lose the ability to hear these really high pitch sounds so that by the time you are an adult they are no longer audible. In tinnitus patients, the damage in the cochlea causing the loss of these upper ranges can be the cause of their symptoms, necessitating exploration beyond the standard hearing test range. A true tinnitus hearing test includes a broader array of frequencies than a typical hearing test until that damaged area is found.

### **Speech Understanding**

Evaluating how well your brain comprehends speech in both quiet and noisy environments is another essential component of the tinnitus evaluation. Hearing happens in the brain, with the ears acting as microphones that conduct sound to the brain's auditory processing areas. We use specific tests to assess how well your brain discerns sounds in noise, providing a complete picture of your auditory system's functionality from the ear canal to the complex regions of the auditory cortex.

### **Additional Tests: Pitch and Intensity Matching**

Depending on the findings thus far, additional tests, such as pitch matching and tinnitus intensity matching may be

performed. Pitch matching aims to identify the pitch of your tinnitus, while intensity matching determines how loud the tinnitus is for you. These tests further refine our understanding of your condition, aiding in the development of a tailored treatment plan.

## **Conclusion**

A comprehensive tinnitus evaluation is a multifaceted process designed to uncover the underlying causes of your symptoms and provide a pathway to effective treatment. At Timpanogos Hearing and Tinnitus we go beyond the standard beep test and incorporate a range of specialized assessments, to obtain a complete and accurate diagnosis. This allows us to develop a treatment solution which addresses your unique tinnitus challenges. Through this thorough approach, we aim to bring you closer to finding relief from the persistent and often debilitating effects of tinnitus.

# Chapter 9

## Treatment Options



## **Chapter 9: Treatment Options**

As we said before, for many people, tinnitus isn't a problem. For those who are not bothered by it, when they notice tinnitus, their brains decide it's not something they need to worry about and they classify it as a non-threatening sound, like the sound of a refrigerator that you notice once in a while, even though it's always on. For others, their brains decide that the tinnitus is a problem and the more they hear it, the more they listen to it, creating a cycle leading to an emotional reaction of anger, stress, frustration or anxiety.

When this happens, the amygdala, the part of our brain responsible for responding to danger, becomes activated toward the tinnitus sound, leading to our body's natural fight or flight response. This is what causes the difficulty sleeping, relaxing or concentrating. This makes us pay more attention to the tinnitus, strengthening that emotional response and making that cycle even more vicious.

Treating tinnitus is as simple, and yet as complicated, as helping the brain to break that cycle either by receiving the stimulation it is craving or at least by rerouting those pathways so the sound isn't so noticeable. In a previous chapter, we mentioned a few so-called "cures" for tinnitus. These have all been researched, and yet only three treatments have proven effective in the medical literature. We will discuss those options now.

### **RESTORING SOUND THROUGH AMPLIFICATION**

First is the treatment with which we've seen the most success after treating literally thousands of patients— hearing devices specifically designed and programmed to replace the missing stimulation to your brain— effectively negating the auditory damage causing the tinnitus. And yes, this does mean hearing aids.

When you think about it, It makes sense. If you have hormone issues, your doctor prescribes hormone replacement therapy. If your body has a hard time producing enough insulin, your doctor prescribes insulin replacement therapy. If your body is missing stimulation to the auditory system, it only makes sense to prescribe auditory replacement therapy, or hearing devices. There have been 34 studies to date on the effectiveness of using hearing devices to treat tinnitus and all 34 studies found it to be an effective treatment. The Academy of Otolaryngology has actually stated that even marginal hearing aid candidates should be fit with hearing aids to treat their tinnitus.

Before you get completely turned off at the idea of wearing hearing aids, let me just remind you of research that has been all over the news in the last few years. Untreated or undertreated hearing loss has some pretty scary consequences, including increased risk of dementia and cognitive decline, increased risk of falling, and increased risk of cognitive overload— not to mention the tinnitus you are already experiencing. By treating the hearing loss most likely causing your tinnitus, you will decrease your risk of all of those other things!

Just one word of caution though— not all hearing aids are created equal. For example, over-the-counter hearing aids that you can buy at the corner drug store are not approved for treating tinnitus and may or may not provide the other health benefits I just discussed. You need devices that are specifically designed for treating tinnitus and programmed just for you. Some devices are far more effective than others

and it requires a trained professional to evaluate and recommend the devices that will be best for you.

## **BIMODAL NEUROMODULATION WITH LENIRE**

That brings me to our second effective treatment option for tinnitus. There are some people who wouldn't receive any benefit from wearing hearing devices, or who refuse to wear them. There are some who are currently wearing hearing devices but not seeing as much relief of their tinnitus as they would like. For those people, Lenire is an effective, FDA approved, tinnitus treatment device using bimodal neuromodulation to facilitate tinnitus adaptation in the brain and decrease the experience of tinnitus.

So what is bimodal neuromodulation you ask? Simply put, it is the stimulation of two nerves at the same time. Lenire stimulates nerves in the tongue as well as the ear. Research suggests that the combined stimulation of these two nerves simultaneously drives stronger adaptive neuroplasticity, which can reduce the brain's attention and sensitivity to tinnitus. It sounds crazy, but the research shows that 83% of Lenire users find relief and would recommend it for others suffering from tinnitus.

## **ADAPTATION THERAPY WITH MY TINNITUS THERAPY**

The third effective treatment for tinnitus is adaptation therapy using mindfulness, relaxation techniques, and other cognitive therapeutic tools. We have created a proprietary 8 week online program to deliver this adaptation therapy called My Tinnitus Therapy. When done in conjunction with hearing devices and or Lenire, My Tinnitus Therapy is incredibly



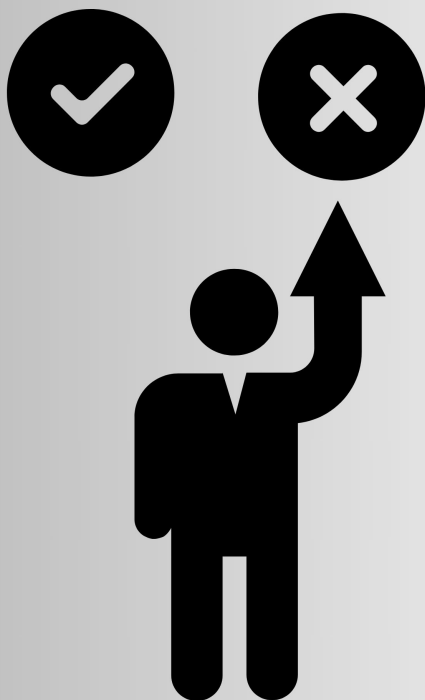
effective at helping people decrease their experience of and discomfort with tinnitus.

In our clinics, treatment begins with an in depth evaluation by one of our specially trained providers. Once we know the cause and extent of your tinnitus, we will recommend one of the therapies we just discussed, or maybe even a combination of them.

Here's the thing you need to know and why you can congratulate yourself on choosing Timpanogos Hearing & Tinnitus for your treatment– we are the ONLY clinic with access to all three of these treatments. Any hearing clinic can prescribe hearing aids, but in Utah, Timpanogos Hearing & Tinnitus is currently the only full-time clinic trained and licensed to dispense the Lenire therapy. And because we developed it ourselves, My Tinnitus Therapy is ONLY available at one of our clinics.

# Chapter 10

**What is NOT  
recommended**



# **Chapter 10: What is NOT recommended**

Tinnitus, the persistent ringing, buzzing, or humming in the ears, affects millions of people worldwide. In the quest for relief, many seek various treatments, some of which are heavily advertised as "cures." However, not all of these treatments are supported by scientific evidence. The American Academy of Otolaryngology (AAO) released a Clinical Practice Guideline with a Tinnitus Executive Summary in October 2014, providing clear recommendations on treatments that should not be routinely recommended for tinnitus. This chapter outlines these treatments.

## **Medical Therapy**

Antidepressants, Anticonvulsants, and Anxiolytics

Despite their potential to affect the nervous system, the AAO advises against the routine use of antidepressants, anticonvulsants, and anxiolytics for treating tinnitus. These medications are commonly prescribed for mood disorders and anxiety but have not shown consistent benefits in alleviating tinnitus symptoms. Moreover, their use can lead to side effects without providing significant relief from tinnitus.

## **Intratympanic Medications**

Intratympanic medications involve injections directly into the middle ear. While this approach might seem promising due to its targeted delivery, the AAO recommends against it for tinnitus treatment. The evidence does not support the efficacy of intratympanic medications for managing persistent, bothersome tinnitus, and the procedure carries risks such as pain, infection, and potential damage to the ear structures.

## **Dietary Supplements**

### **Ginkgo Biloba, Melatonin, Zinc, and Other Supplements**

Many dietary supplements are marketed for tinnitus relief, including ginkgo biloba, melatonin, and zinc. Despite their popularity, the AAO advises clinicians not to recommend these supplements. Research has shown that these supplements do not provide significant or consistent benefits for tinnitus sufferers. Additionally, taking these supplements can lead to unnecessary expenses and potential side effects without the promise of relief.

## **Acupuncture**

Acupuncture is often promoted as a treatment for various conditions, including tinnitus. However, the AAO states that no recommendation can be made regarding the effect of acupuncture on tinnitus due to poor-quality trials and inconsistent results. While acupuncture is generally considered safe and has minimal risk, its efficacy in treating tinnitus remains unproven.

## **Transcranial Magnetic Stimulation (TMS)**

Transcranial Magnetic Stimulation (TMS) is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain. Although it has shown promise in treating depression, the AAO recommends against the routine use of TMS for tinnitus treatment. Clinical trials have yielded

inconclusive results, and there is insufficient evidence to support its effectiveness for tinnitus relief. As a result, TMS is not recommended as a standard treatment for persistent, bothersome tinnitus.

### **Electro-Shock Therapy****Electroconvulsive Therapy (ECT)**

Electroconvulsive Therapy (ECT) is a procedure used primarily to treat severe depression and certain psychiatric conditions. It involves applying electrical currents to the brain to induce seizures. Despite its use in psychiatric treatment, ECT is not recommended for tinnitus. There is no substantial evidence to support its efficacy for tinnitus, and the risks associated with the procedure, such as memory loss and cognitive impairment, outweigh any potential benefits.

### **Homeopathic Remedies**

Homeopathy is an alternative medicine practice based on the principle of "like cures like," using highly diluted substances to treat various conditions. Homeopathic remedies are often marketed for tinnitus relief, but rigorous scientific studies have consistently shown that homeopathy is no more effective than a placebo. The AAO and other medical organizations do not recommend homeopathic treatments for tinnitus due to the lack of evidence supporting their efficacy.

### **Hyperbaric Oxygen Therapy (HBOT)**

Hyperbaric Oxygen Therapy (HBOT) involves breathing pure oxygen in a pressurized chamber to promote healing. While HBOT is beneficial for certain conditions, such as decompression sickness and chronic wounds, its effectiveness for tinnitus is unproven. Research on HBOT for tinnitus has produced mixed results, and the AAO does not recommend it as a standard treatment for tinnitus.

## **Low-Level Laser Therapy (LLLT)**

Low-Level Laser Therapy (LLLT) uses low-intensity lasers or light-emitting diodes to stimulate cellular function and promote healing. Despite claims that LLLT can reduce tinnitus symptoms, scientific studies have not demonstrated consistent benefits. The AAO does not recommend LLLT for tinnitus due to the lack of high-quality evidence supporting its efficacy.

## **Non-FDA Approved Neuromodulation Devices**

Various neuromodulation devices claim to treat tinnitus by altering nerve activity. However, only a few of these devices, such as Lenire, have undergone rigorous testing and received FDA approval. Non-FDA approved neuromodulation devices should be approached with caution, as their safety and efficacy have not been thoroughly evaluated.

## **Conclusion**

I understand when you are suffering from tinnitus and it is severely impacting your quality of life, it may be tempting to explore a wide range of options. In my experience, patients who go this route waste money and time on “cures” that are just not supported by scientific evidence. I always recommend that patients be wary of these unproven interventions and focus on evidence-based treatments that have demonstrated effectiveness in managing tinnitus symptoms. The reality is that currently, scientific-based treatment isn’t a quick fix for tinnitus, but for 90% of patients, relief can be found within a reasonable amount of time.

# Chapter 11

## Lifestyle Modifications



# Chapter 11: Lifestyle Modifications

While the three treatment options in the chapter 9 are the only AAO recommended and most effective treatment options for chronic tinnitus, there are some things that you can do on your that may help. Reducing the impact of tinnitus involves a holistic approach, incorporating lifestyle changes, diet, sleep habits, and stress management. Here are some strategies:

## **Diet**

1. **Reduce Caffeine and Alcohol:** Both caffeine and alcohol can affect blood flow and may exacerbate tinnitus in some individuals.
2. **Limit Salt Intake:** High salt intake can increase blood pressure, which might worsen tinnitus. Reducing sodium in your diet may help.
3. **Healthy Diet:** A balanced diet rich in fruits, vegetables, whole grains, and lean proteins supports overall health and can help manage tinnitus.
4. **Stay Hydrated:** Dehydration can affect the fluid balance in the inner ear, potentially worsening tinnitus. Drink plenty of water throughout the day.

## **Sleep Habits**

1. **Consistent Sleep Schedule:** Go to bed and wake up at the same time every day, even on weekends, to regulate your sleep cycle.
2. **Create a Relaxing Bedtime Routine:** Engage in calming activities before bed, such as reading, taking a warm bath, or practicing mindfulness.
3. **Comfortable Sleep Environment:** Ensure your bedroom is conducive to sleep—cool, dark, and quiet.



Consider using a white noise machine to mask tinnitus sounds at night.

4. **Limit Screen Time:** Avoid screens (phones, tablets, computers) at least an hour before bedtime, as the blue light can interfere with sleep.

### **Stress Management**

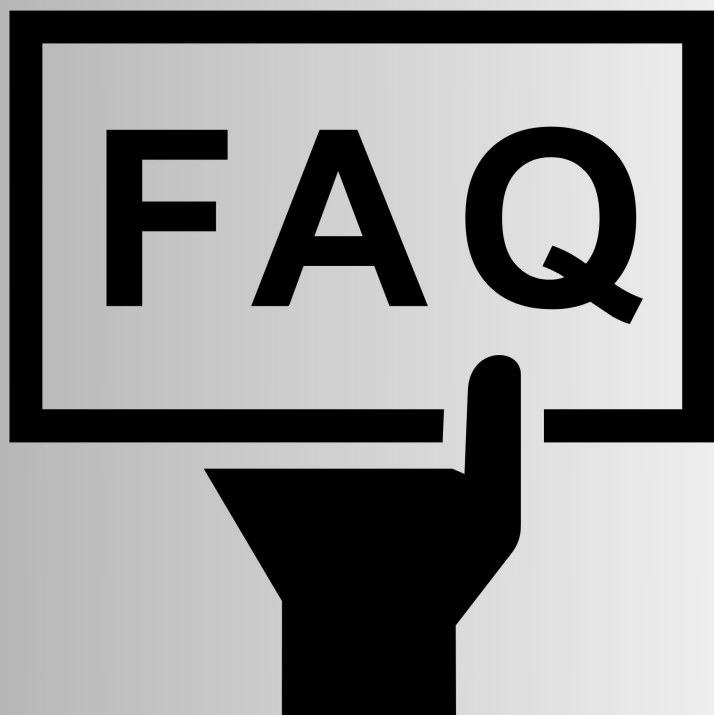
1. **Mindfulness and Meditation:** Practices such as mindfulness meditation can help reduce stress and make tinnitus less bothersome.
2. **Exercise:** Regular physical activity can reduce stress and improve overall well-being. Aim for at least 30 minutes of moderate exercise most days of the week.
3. **Cognitive-Behavioral Therapy (CBT):** CBT can help change negative thought patterns related to tinnitus and develop coping strategies.
4. **Relaxation Techniques:** Techniques such as deep breathing, progressive muscle relaxation, and yoga can help manage stress levels.

### **Additional Tips**

1. **Protect Your Ears:** Avoid exposure to loud noises. Use ear protection (earplugs or earmuffs) in noisy environments.
2. **Avoid Ototoxic Medications:** Some medications can worsen tinnitus. Discuss with your healthcare provider about potential alternatives if you suspect a medication is affecting your tinnitus.

# Chapter 12

## Frequently Asked Questions



# Chapter 12: Frequently Asked Questions

## **Q:What is tinnitus?**

A: Tinnitus is the perception of a ringing, buzzing, or other sound in the ears when there is no external sound source. It often coexists with hearing loss and can result from damage to the hair cells in the inner ear. The brain's neural circuits involved in processing sound may become overactive, contributing to the perception of tinnitus.

## **Q: Can anything be done about tinnitus?**

A: We are always surprised when we hear from new patients that they were told “nothing can be done about tinnitus, just deal with it.” This is WRONG.

Tinnitus is a common symptom that can cause you to hear a ringing, hissing, clicking, or buzzing in your ears. Tinnitus is a neural consequence of some form of auditory damage and is present in approximately 90-95% of all people with some form of hearing loss. While it will not cause you to lose hearing, tinnitus is a leading indicator of hearing loss. Tinnitus is different for each person, and it can affect your daily activities and quality of life.

There is no cure for tinnitus; however, our experienced and compassionate hearing healthcare professionals can help recommend a customized treatment plan to treat and reduce your tinnitus symptoms.

**Q: I have tinnitus and have seen other doctors in the past that were not helpful. What can your office do for my tinnitus?**

A: We hear that all the time. That's a common misconception. While it's true tinnitus cannot be cured, it can be treated and managed effectively. We have an 90% success rate at reducing or even eliminating the perception of tinnitus.

**Q: What is your treatment for tinnitus- is it just hearing aids?**

A: We follow a 2 step approach where we treat the cause and the effects of tinnitus. We treat the cause by replacing the stimulation your brain is missing by using hearing devices or by utilizing bimodal neuromodulation devices. We also treat the effects of tinnitus such as stress, anxiety, and insomnia with a unique online program called My Tinnitus Therapy.

**Q: How long does it take to work?**

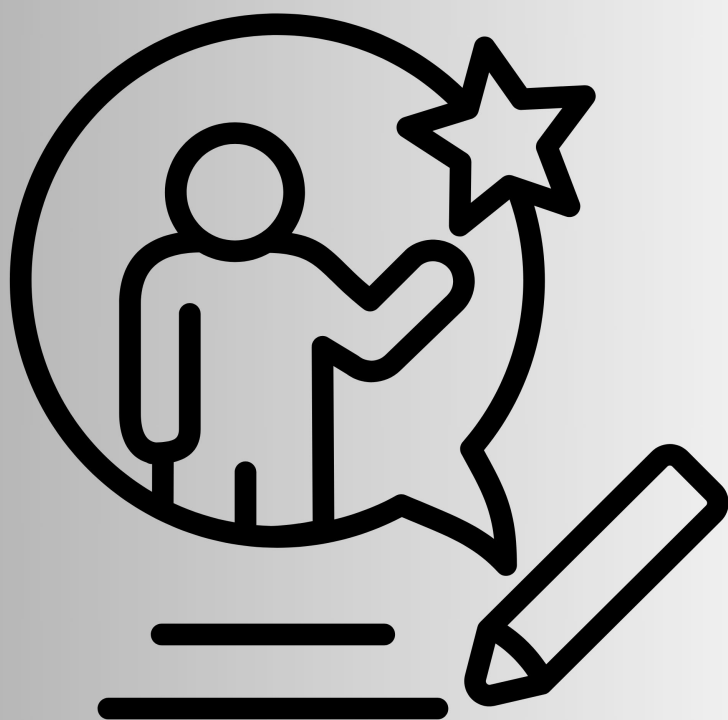
A: While many people experience almost immediate relief, for many others, it can take 6 weeks-18 months of following the treatment plan to achieve the desired results.

**Q. How much does tinnitus treatment cost?**

A. Unfortunately, as with any chronic medical condition, until we know the cause and extent of your tinnitus, it's hard to say what the cost will be. The good news is that the initial consultation is free of charge, so you won't have to pay for anything until we know what is going to be the best treatment for you. Regardless of the treatment recommendation, we have affordable, credit-based monthly plans available.

# Chapter 13

## Success Stories



## Chapter 13: Success Stories

One pernicious problem with tinnitus is that it makes people feel isolated and alone in their suffering. We have found it helpful to read (or watch) stories from other who have experienced the same issues. Below are some of their stories, but if you follow the QR codes by their stories, you'll be able to see them tell their experiences.



### Lynda's Story

Lynda came into our office recently and she had been suffering from tinnitus for over 50 years as the result of treatment she had been given for rheumatoid arthritis. Like so many of our patients, most of her health care professionals had told her there was nothing she could do and she should

learn to live with it. Some had given her unproven and non-FDA recommended “treatment” suggestions ranging from vitamin supplements to dietary restrictions. Nothing worked.

After seeing an advertisement for our office, Lynda skeptically made an appointment. She watched our pre-appointment video and read our book and came in with not only a lot of questions, but with something she hadn't had for years— hope.

We did extensive testing on her and explained the neurophysiological cause of her tinnitus and we recommended a course of treatment that included special

hearing technology meant to give her brain the stimulation it needed in order to reduce the experience of tinnitus. Know what? It worked! Her experience of tinnitus we reduced almost immediately and since then, she has been able to live a much fuller, richer and happier life.



### **Kevin's Story**

Before I came, I was having some hearing loss that was noticeable and extremely annoying as well as tinnitus, I could hear ringing constantly. It was very impactful actually. I couldn't concentrate, I couldn't pay attention to things. I would go home exhausted. I'm was trying to hear things through

the ringing all day long. It was very annoying.

Since I've started treatment, the tinnitus whatever has gone down substantially. I've had a lot more focus. I can pay attention better, not constantly listening to the ringing. And I'm a lot more calm. I think even my wife would tell you, I'm more calm.

(When asked what he would tell others suffering from tinnitus) I would tell you not to wait. Get in and get it treated. It is well worth it—it's the best to decision I've ever made. So don't wait.



### **Bruce's Story**

Before I got in here, I had been struggling with the buzz in the ears to the point that it was just dominating everything that I

did. I couldn't sleep at night. I was unable to concentrate during the day. I was really having some difficulties. I tried some different treatments that were not successful for me. We saw the ad on tv. It made sense to me because I always had a feeling that it had to do with hearing and the loss. When I came in here, they explained the program, set me up, gave me some hearing aids, and I had a dramatic drop in the amount of ring in my ears. It has just changed completely. I go through the day. It's to the point that I almost have to stop and listen to see if it still exists for me, it's made a huge difference. I am back to the point that I'm now dealing with it. Before I didn't know what I was going to do. I was to the point that I didn't have answers. I didn't have people that were giving me correct information, came in here, got set up and had just been absolutely amazed by what's happened to me.

My advice to others? Don't let to online guys that are guaranteeing 100% that a supplement's going to take care of or this or that. Get into somebody that can work with your hearing loss, that has the ability to test it and to do the things that would be beneficial.



### **Michelle's Story**

So the ringing in my ear started and it was just on and off and it was kind of annoying, but no big deal. But then it started to get pretty constant, and I figured there wasn't anything I could do about that. But then I started noticing when there was a lot of noise in the room, I couldn't follow conversations and waiters would ask me questions and I'd have no idea what



they were saying. That was starting to be annoying. And then I started noticing that TV shows, even though the sound was fairly loud, I couldn't make out the words. And so I decided to come in and see if we could do something about all of that.

Well, one of the things is I am a health and well-being coach and an RN. So I want to know what the effects of the symptoms I'm having are. Why am I having these symptoms? There's always an underlying problem. And the more research that I did, the more I saw that balance is affected by hearing, dementia is affected by hearing, and your overall health is affected by your hearing. And I started thinking, well, I have dementia in my family and if I can do something early to stop that progress, then why would I not do that? And so I started thinking, if I'm not hearing really well and I've got this ringing and I've got a few balance issues, then it could be my hearing. So I need to go get that checked.

The first day I got my hearing aids, I went out with friends on Friday night. We went to a really noisy restaurant and I could just take out my phone and turn the volume up in my hearing aids and I could hear everybody talking. I could hear the whole conversation. I'm like, this is awesome. And a couple of times, just because they were so brand new a couple of times, I just turned it off so I could see the difference and I'm like, I can't hear anything!--turn it back on! Then we sat down to watch TV-- a series with English accents. And I thought, I just can't understand it because of the accents. And all of a sudden, no, it was because I couldn't hear them again. I turned it off and nope, can't understand is blah, blah, blah. And then I turned it back on and I could hear it. So those were those big, oh, this is so cool. I can actually hear. And it's not that in everyday conversation I can hear just fine without the hearing aids, but I have to pay attention and I have to hear through the ringing. And with the hearing aids, I

can focus more on what's being said instead of focusing on trying to understand the words.

My advice to others? The biggest thing is, so I'm fairly young. I'm 56, and most people equate getting hearing aids with moving into old age. But it doesn't make any sense to me that we have a technology that's so incredible and then we, because we're too proud or we don't want to age or we want to say "I'll do that when I'm absolutely almost deaf." When you can actually correct it early and have it be a way to take care of your health. It's kind of like having a cavity, and instead of taking care of you, you think "I'm just going to wait until it rots and then we can pull it out and then we'll put in an implant that will be better". We take care of problems in our body as we go— I don't know why we have a hard time doing that with our hearing.

To me, what is old is always asking people "what did you say?" What that indicates is that you're old and you're too prideful to get hearing aids when you can just get them and solve the problem. People don't see them— people don't care. You can hear and you don't have to say what all the time.



### **Damian's Story**

'My hope with the (Lenire) device was to try and reduce the level of tinnitus back to a level where I was comfortable. Now I'm back to a situation where my tinnitus is much less prominent, much less distracting. The tinnitus did

affect my interest in music because you say to yourself what's the point if I'm not hearing properly. I can now go back to doing things that I wasn't able to do over the past

few years – writing and recording music. Going on the results I have I would recommend it.'



### **Karen**

'My tinnitus now is at a level (where) I just take no notice of it. I just found, I don't hear it. I just don't hear it all, so for me that Lenire device has been a lifesaver.'



### **Erlandas**

'After about a month, I noticed that using the Lenire device started working, and funny enough I noticed it when I didn't use it. I had to go to the dentist and got some treatment on my teeth – I wasn't able to use the device so I had to pause it for about 5 days and then within 5 days I just noticed that my tinnitus increase and when I started using it again I started paying attention to how it was dropping to the lower levels. At the worst my tinnitus was about a 7 or 8 out of ten, and after using Lenire for

around a year, it has dropped to like 1 or 2. It's very handy for me to use Lenire during my work as I can just plug away and just do the treatment while I'm working. Back when the tinnitus was really bad, I started questioning my music industry job, and I stopped going to the gigs, music events and I started thinking about that I no longer will be

able to participate in any events, but now I'm able to book tickets again. If anyone in the music industry and have suffering from tinnitus I would definitely recommend the Lenire treatment as it is something that helped me a lot.



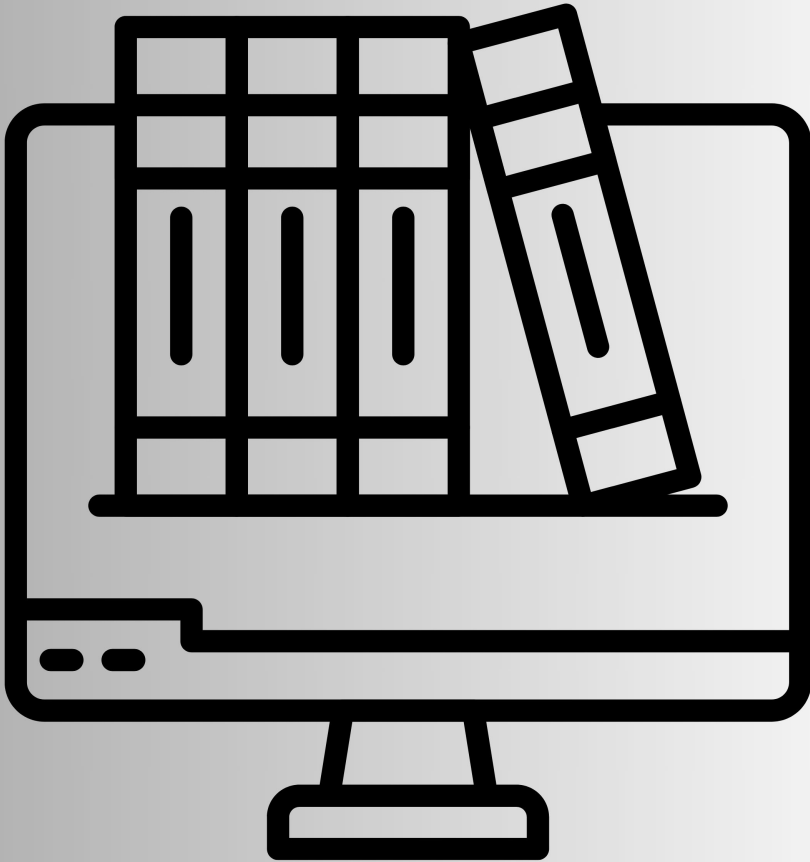
### Orla

'If ten was [*how severe my tinnitus was*] in 2015, tinnitus now is one, maybe two out of ten. Sometimes I just have this feeling in my head, this is a Lenire moment, I use it and then get the relief or comfort from it.

I no longer worry about this tinnitus distressing me when I'm with friends....now I've full control of it.

I definitely recommend it, it changed my life. I'm definitely more relaxed, it has to be because of Lenire.

# Resources



# Resources

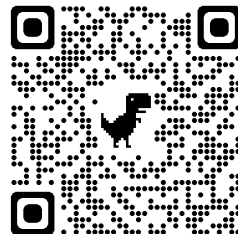
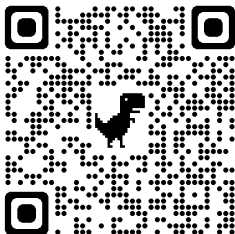
Before or after your consultation, you may want more information for yourself or for your loved one. The following websites provide valuable insight to help you make the right decision for you and your family.

**TheBestHearing.com** is our one-stop-shop for “all things hearing loss”. We have built this website as an extension of educational resources for patients and their loved ones to explore and learn more about hearing loss and tinnitus. Here you will find everything you need from information about medical treatment, patient testimonials to step-by-step videos explaining our entire treatment process.

**<https://www.youtube.com/@TimpanogosHearing>** is our YouTube channel where we have over 140 videos about hearing, tinnitus, and more!

**[www.THBTestimonials.com](http://www.THBTestimonials.com)** is our youtube channel with testimonials from real patients talking about their journey treating hearing loss and tinnitus.

**Tinnitus and Hearing Educational videos below:**



## The Next Step

### **THE NEXT STEP: Your Customized Treatment Plan**

When you are ready, or your loved one agrees that they need to take the next step, I urge you to schedule your complimentary consultation and customized treatment plan (a \$549 value) – *all without cost or obligation.*

You can go to [www.TheBestHearing.com](http://www.TheBestHearing.com) to request your own Hearing, Tinnitus and Cognitive Assessment, or call or visit one of our offices below!

American Fork Office  
343 S 500 E  
American Fork, UT 84003  
801-763-0724

Spanish Fork Office  
642 E Kirby Lane Ste 102  
Spanish Fork, UT 84660  
801-798-7210

**IF YOU READ THIS BOOK**, chances are that you or a family member are struggling to deal with the impact of hearing loss or tinnitus on your social, physical, and mental well-being. By now, we hope you have come to understand the negative impact of untreated hearing loss and tinnitus on overall quality of life and cognitive function.

We thank you for taking your hearing healthcare seriously and for allowing us to provide the education necessary for you to make an informed decision about medically treating your tinnitus. If you are ready to take the next step to improve your life, please visit

**[www.TheBestHearing.com](http://www.TheBestHearing.com)**

or call 801-763-0724 to schedule a complimentary consultation.



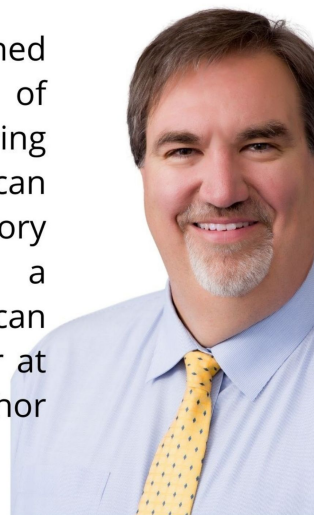


# Have you been told nothing can be done about the incessant ringing in your ears?

*Take Your Life Back* is a guide for people who may be unfamiliar with the causes and treatments of tinnitus. If you've experienced anxiety, depression, frustration, annoyance or trouble sleeping because of ringing, humming, or buzzing in your ears, this book is for you. Many people are told that there is no cure for tinnitus, and while that is true (in the same way it's true that there is no cure for diabetes), there are proven, effective treatments available. There is relief! Giving you the confidence to help you or your loved one to make decisions about the treatment of tinnitus is the goal of this book.

In fact, this book will answer the most commonly asked questions about tinnitus, and present proven, effective treatment options. *Take Your Life Back* is easy to read and will serve as a quick reference and an invaluable resource in the journey of improving your life through the treatment of tinnitus. You will discover why hundreds of patients ask, "Why didn't I get treatment and take back my life sooner?"

**Dr. Layne Garrett** is a BYU and Salus University trained audiologist and business owner with over 25 years of experience in treating over 8,000 patients with hearing loss and tinnitus. Dr. Garrett is a Fellow of the American Academy of Audiology, holds a diploma in auditory neuroscience from University Isabel and holds a Certificate in Tinnitus Management from the American Board of Audiology. Dr. Garrett is a popular speaker at tinnitus and neuroscience conferences and is the author of three books.



Your Next Step is Visiting  
[www.TheBestHearing.com](http://www.TheBestHearing.com)  
to Schedule a Consultation

  
**Timpanogos**  
Hearing & Tinnitus