



Respect Your Ears

An Analysis of the Current ENT-Therapeutic Strategies Regarding Hearing Impairment in Children, Hyper- and Dysacusis (Auditory Hypersensitivity and Auditory Distortion), Ear Pressure, Tinnitus (sounds inside the ear), Hearing Impairment, Hearing Loss, Condition after Auditory Trauma, Vertigo (dizziness), and Ménière's Disease (spinning sensation and vomiting) in comparison to the effectiveness of LLLT.

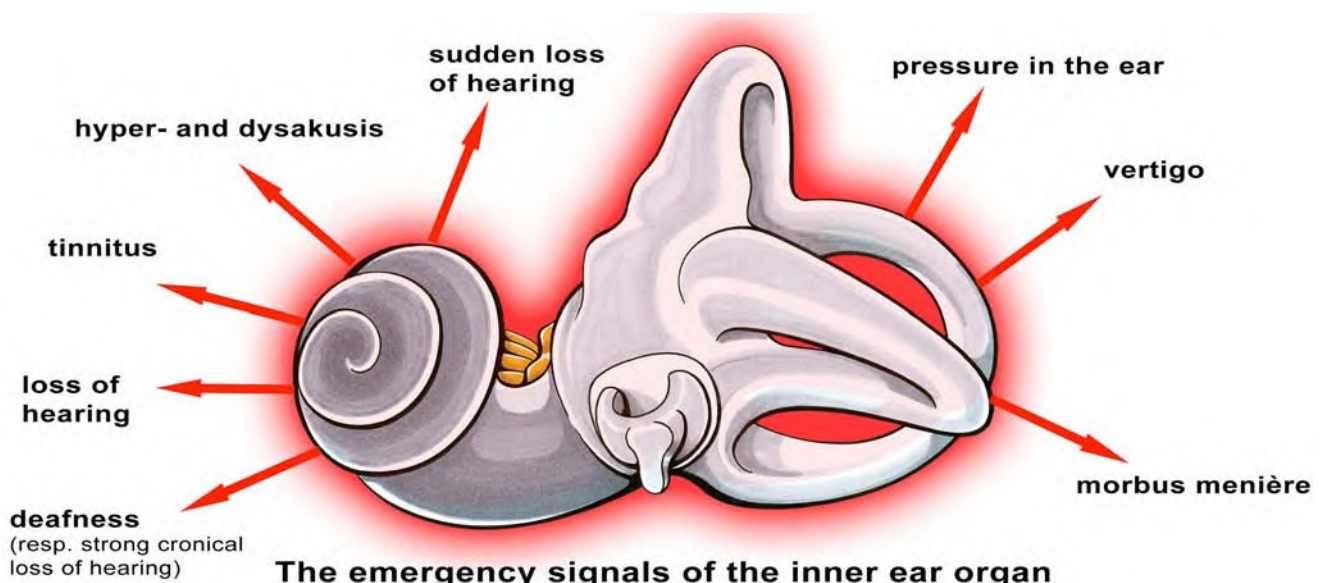


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Preliminary Notes Regarding the Term: „Generally Scientifically Recognized“

The perspectives and statements that are presented here about our auditory and vestibular organs (our inner ear organs) resulted from my years of medical practice in the field of inner ear overstrain.

My statements and information about anatomy (formation) and functional principle of the ear, and especially of the inner ear organ and the auditory and vestibular cells located there, are thereby “generally scientifically recognized”, as well as something like biological “basic knowledge” that all people are entitled to.

My information about processes and conditions of overstrain caused by noise and noise volume (also continuous noise volume) are also “generally scientifically recognized”, especially the processes and conditions that occur in the inner ear organ and the auditory and vestibular cells located there.

However, this is the paradox situation regarding the ear: On a therapeutic level (the level of medical therapy and/or therapeutic services being offered and sold to the public), my views, such as: 'Tinnitus is the acoustic pain signal of our biologically overstressed auditory cells and it does not originate in the brain', are currently not considered to be “generally scientifically recognized” by the dominating opinions in ENT-medicine.

It is generally ENT-scientifically recognized and publicly acknowledged with the help of high university validity, that the long-known and generally experienced connection between specific strain on a body organ and the resulting body sensations regarding the ear explicitly does not exist.

This is reflected by the official opinion of ENT-medicine: Almost all sensations the patients receive and feel in their ear, such as ear pressure, hyper- and dysacusis (auditory hypersensitivity and auditory distortion) and tinnitus (sounds inside the ear), are actually not caused by the ear, but by the patients' psyche and their brains. Furthermore, it is a fact that current ENT-medicine makes no connections between our civilization's continuously growing every-day noise and the simultaneously steadily increasing number of “ear problems” of Millions of people.

My, as already mentioned, currently not “generally scientifically recognized” opinion on this topic is: The connection mentioned above indeed also exists in the case of the ear. This means, I take the view that our ears do not behave differently than e.g. our lungs. They react immediately when we inhale smoke. It makes us cough.

Our ears, or consequently we, react to noise volume in the same way. We experience our ears when a certain noise volume intensity is reached. The noise volume is perceived as unpleasant or painful.

We want to cover our ears, so we can keep the noise away from them, just like the lungs want to keep away the smoke by coughing. This (my) opinion is, and I am repeating myself, “not generally scientifically recognized”, at least not by university ENT-medicine. “Generally scientifically recognized” is the prescription of sound amplifiers (= hearing aids), that are put into an auditory organ that was weakened by sound amplification in the first place.

The complete destruction of a weakened auditory organ and the surgical implantation of artificial cochleas (= cochlea implants) are also “generally scientifically recognized”.

Low-Level-Laser therapy (LLLT) has been scientifically and clinically treated and discussed for more than 50 years. In this context, the FDA (Food and Drug Administration / USA) confirmed years ago, that LLLT is free of undesirable side effects. Consequently, this property of LLLT is “generally scientifically recognized”.

The bio-stimulative (vitalizing the somatic cells, or improving their respective biological quality, or increasing the ATP-production) effect of LLLT, which was confirmed by several thousand studies about LLLT, is however “not yet generally scientifically recognized”, according to the German Heilmittelwerbeengesetz (law on advertising in the health care sector).

It is my information obligation to tell you about this, and I hereby gladly fulfill it.

However, the obvious, general bio-stimulative (= vitalizing) effect of natural solar radiation on humans and animals (= so-called heterotrophic living beings) is “generally scientifically recognized“, while particularly considering and excluding the UV-component of natural solar radiation.

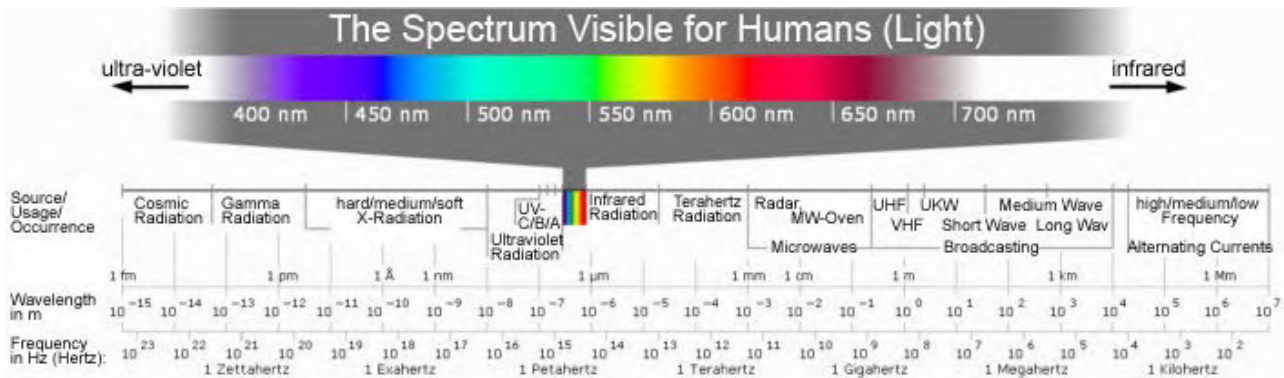
Colloquially formulated, this means that light “is good” for all of us, including animals, and that we consequently like living in an environment with high-quality light – this can be commonly experienced and observed.

A Low-Level-Laser is a light-compressor of a certain wavelength range, excluding the UV-component of the light. The more light it can compress while at the same time remaining under the level of heat generation, the higher its quality is considered to be.

In my opinion, the light-compression of the laser reinforces (exponentiates) the “generally scientifically recognized” universal bio-stimulative effect of light on our body. The connection between the “generally scientifically recognized” bio-stimulative effect of light in general, and the bio-stimulative effect of Low-Level-Laser light is in turn “not yet generally scientifically recognized”.

At this point, the situation becomes obviously confusing. However, I think this is not because of the natural element light (= the visible component of natural solar radiation) or because of the entirety of natural solar radiation, while particularly considering and excluding the UV- component. It is also not caused by Low-Level-Laser light, but by our biological sciences, which until today are insecure when facing the biological effects of natural solar radiation on human and animal cells, as well as the therapeutic effect of laser light.

In this context, I want to mention that meanwhile a scientifically conclusive model of the effect of natural solar radiation and Low-Level-Laser light is available, which until today could not have been disproved by the biological university authorities (see: www.biolaserlicht.de).



Electromagnetic Spectrum with Depiction of the Visual Component (Light)

„Generally scientifically recognized“ means that the majority of specialists that are active in a particular field, amongst others the respective specialists considered to be scientists, have more or less the same opinion (view) on a certain subject or question from this field. Thus, „generally scientifically recognized“ is the respectively predominant opinion of the majority. This, again, is not a benchmark for measuring the actual scientific “substance” of a specialist opinion or theory.

It often takes a lot of time until a scientific fact is “generally scientifically recognized”.

Medical history contains a lot of examples of medical opinions and procedures that had been valid for decades and that at a certain point of medical advancement were detected to be completely absurd (obsolete) and harmful for the patients.

For example: Until the beginning of the 20th century, the majority of physicians held the opinion that bloodletting was the necessary treatment for almost every disease. Back then, this opinion was “generally scientifically recognized”, and bloodletting was frequently used “on the patient”, unfortunately not always to his advantage.

The fate of Dr. Ignaz Semmelweis (1818 – 1865) is another example for certain medical behaviors.

For all his professional life as gynecologist and obstetrician, Semmelweis tried to convince his colleagues, that the puerperal fever, or childbed fever, that was going about at that time and that had killed thousands of women over the decades, was caused by toxics and germs from the fingers and hands of physicians that had examined the women in childbed.

As it was normal at that time, they often had dissected corpses before examination, and they had not washed their hands in the meantime.

Semmelweis found out about this after extensive research; for example he could prove by means of hospital documents, that no single case of childbed fever and no respective fatalities occurred in childbirth hospitals where only midwives and no physicians were working, while in hospitals where midwives and physicians assisted at birth and conducted examinations, up to 80 % of the women in childbed died from puerperal fever.

He also found out that the most mothers died at clinics where many physicians were dissecting corpses (which was something very reputable amongst physicians at that time), consequently at university clinics.

At the same time, he found out that the problem could be solved if the physicians intensively washed their hands with a special chlorine solution.

By introducing this simple method, he reduced the cases of puerperal fever to 0 % at the clinic he was running in Budapest, while in Vienna, Munich and many other German and European university clinics, the fever was still going about uninterruptedly. Despite all efforts, Semmelweis could not convince the contemporary medical (especially the gynecological) university authorities of his insight in the biological-hygienic connections and the 100% effective method (disinfecting the physicians' hands with a simple chlorine solution). On the contrary: For all his life, he had been excluded and defamed as “unscientific” or “not generally scientifically recognized”.

Until today, the circumstances of his death remain unsolved. He died three days after being involuntarily hospitalized in a psychiatric clinic in Vienna.

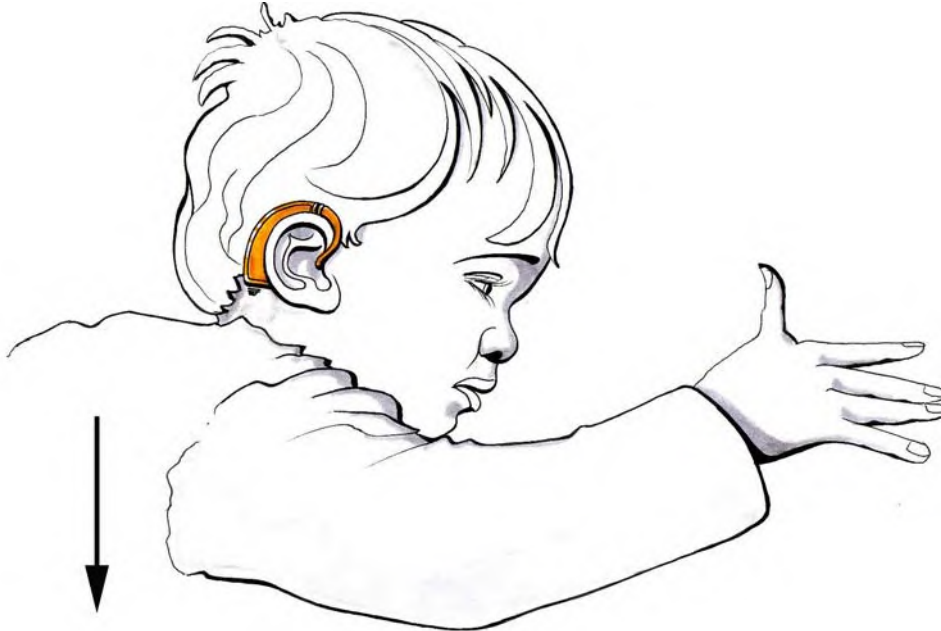
In my opinion, the particularly aggressive resistance against his discovery had a lot to do with wounded academic-hierarchical vanity.

His contemporary colleagues could not bear the insight that the physicians themselves were the root of all evil.

Today, Semmelweis is regarded as the founder of antiseptics, which now of course is the top priority in all practices and hospitals. Consequently, he serves as a prime example for the adaptability of the term “generally scientifically recognized”.

The Practical Effects of the Term „ Generally Scientifically Recognized“ when it Comes to the Treatment of Hearing Impairment in Children.

So far, the earliest possible prescription of hearing aids is considered to be the only possible choice when it comes to the treatment of hearing impaired children. It is the “generally scientifically recognized” standard procedure.



Child with Hearing Aid

If children are prescribed hearing aids in their early childhood, it will very often lead to cochlea-implants. This is also considered to be without alternative by ENT-medicine, and it is generally scientifically recognized.



Child with Cochlea-Implant (Link to Google search result for Cochlea-Implant)



Therapy Situation of a Child being Treated With High-Quality Laser Therapy

Until today, ENT-medicine has been ignoring the treatment of hearing impairment in children with high quality laser light, which has been possible for years and which is free of side effects, and calls it “not generally scientifically recognized”.

So far, ENT-medicine has constantly refused to examine LLLT, which has been approved for many years.

Introduction to the Topic of Inner Ear Overstrains and the Economic Utilization Strategies that have been Respectively Established

After more than 25 years of medical work with people of all age groups, including children and young people having suffered from inner ear overstrains, I know for sure that we are facing a serious problem.

Hearing impairment in children, acute hearing loss, hyper- and dysacusis (auditory hypersensitivity and auditory distortions), ear pressure, tinnitus (sounds inside the ear), chronic hearing loss, hearing impairment, conditions after auditory trauma, vertigo (dizziness) and Ménière's disease (spinning sensation and throwing up) are serious experiences, which are impairing the quality of life of millions of people at the moment, and which will be impairing the quality of life of many more people in the future.

In my opinion, the conventional medical ENT-institutions do not sufficiently inform the affected people and the public in several aspects.

The cause of their sufferings, the biological overworking and overstraining of their auditory and vestibular organs (= their inner ear organs) due to our civilization's constantly increasing every-day noise, which affects us all, is not sufficiently explained. Moreover, they are not shown any strategies for the prevention of inner ear overstrains and also no strategies for self-help, in the case of already existing auditory- and vestibular damages.

At the same time, with highly authoritarian determination, the same ENT-universities offer people the prescription of hearing aids and cochlea-implants (= irretrievable destruction of the auditory organ and surgical implantation of artificial ears) as eventually only possible treatment.

Those two things are obviously connected.

The continuously increasing number of prescriptions of hearing aids and cochlea-implants has been a very attractive business field for years.

Everyone can comprehend this when taking a look at the steadily growing number of acousticians (hearing aid shops) and the steadily growing number of newly founded university cochlea-implant centers, as well as the equally steadily growing number of public relations work financed by the cochlea-implant industry, which with all for advertising available means is trying to convince people that our current situation regarding the ear is no problem, as the perfect technical solution, wearing hearing aids and cochlea-implants, has long since been available.

In medicine, there is the term 'compliance'; this means the patient's willingness to accept a therapy that was proposed by the physician.

Regarding the global ear problem, this term plays an especially important role. For years, thousands of experts have been busy with positively influencing affected people and the public in regard to their acceptance of hearing aids and cochlea-implants.

However, the amplification of sound caused by the hearing aids biologically logically leads to further overstrain on our auditory and vestibular organs, including the accompanying increasing perceivable discomforts. Thus, all people that are involved in the currently dominating hearing aid strategy must be negating that all auditory and vestibular disorders are organ-related.

As a result, regarding the officially acknowledged treatment guidelines of auditory and vestibular disorders, the working organ inner ear is currently 'being skipped'. You find the official ENT-information regarding this topic on: <http://www.awmf.org/>

Only if people remain uninformed about the sufferings of their auditory and vestibular cells and their whole inner ear organ, and only if they remain unable to assign the perception of their inner ear organs' distress to their ear, the progressing commercial exploitation of our auditory and vestibular organs can be promoted as uninterruptedly as possible.

Thus, ENT-medicine must by all means exclude the simple truth – hearing aids are always sound amplifiers that are put into an auditory organ that is already overstrained by noise (volume) - from public discussion.

I advise parents of children that wear hearing aids or partners of people with hearing aids to experience their children's or partners' hearing aids themselves, every now and then.

This is also a useful experience for all other people that have never been wearing hearing aids.



Illustration of Hearing being Amplified by only 9 dB with a Hearing Aid

No matter how sophisticated they are presented to the public, or how expensive they are – Hearing aids are always sound amplifiers that resound a twice or even more amplified noise into an inner ear organ that has been biologically overstrained by noise in the first place. Thereby, hearing aids further stress and overstrain all already weakened biological structures that are located there (auditory and vestibular cells, basilar membrane, and others).

The biological strains on the inner ear organ, caused by hearing aids, increase with the amplification of sound, and with the timespan during which the hearing aids are being used.

Since ENT-medicine essentially offers healing by prescribing hearing aids, this means sound amplifiers, it is only logical that the patient and the public must remain uninformed about the actual cause of the steadily increasing auditory and vestibular disorders (the continuously growing every-day noise that affects all of us), in order to sustain the patient's compliance.



Illustration of hearing being amplified by only 9 dB with a hearing aid(B)



How does this fit together?

The civilization's general every-day noise volume



Noise and noise volume stress our inner ear organs.

Hearing aids are used for already obviously overstrained, weary (= hearing less well) auditory organs.

Hearing aids amplify the civilization's general every-day noise.

Our civilization's every-day life produces more and more noise volume every day.

Noise volume is our auditory organs' organ-specific stressor, this means noise volume overstrains our ears.



Illustration of hearing being amplified by only 9 dB with a hearing aid



The fact that our hearing and our balance has to be accomplished by the inner ear is not sufficiently acknowledged.

This information, that hearing and spatial orientation (balance) must be acquired by a highly sensitive and at the same time biologically very strong body organ, our inner ear organ, also has to be kept as far away from public awareness as possible, so the acceptance of hearing aids is not put in jeopardy.



Illustration of hearing being amplified by only 9 dB with a hearing aid

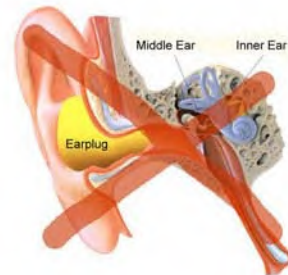


The fact that our hearing and our balance has to be accomplished by the inner ear is not sufficiently acknowledged.

This especially applies to the simple and generally comprehensible and perceivable fact that we can of course biologically overstrain our inner ear organ ourselves, and then, just like all other organs, it sends out its organ-specific distress signals.



Illustration of hearing being amplified by only 9 dB with a hearing aid



There are no ENT-strategies for the prevention of inner ear overstrains.

In this context, ENT-medicine deprives the public from a prophylaxis of inner ear overstrains. Likewise, instructions for self-aid in cases of already existing inner ear overstrains are also not provided for the affected people. This is a very alarming situation for our ears and our children's ears. However, sales of hearing aids and the cochlea-implant industry are thereby steadily increasing. Their products should be less and less labeled as prostheses and medical aids, but the affected people and the public should perceive and accept them as lifestyle products. Basically, this PR-strategy already became our social reality.

You will find proof for my argumentations, if you do some research about information about your inner ear organ provided from other parties : Has anybody else ever informed you about you inner ear organ the way I am trying to do with this text, and with www.dasgesundeohr.de, or my book "Save Your Ears"?

I am not concerned with “condemning” hearing aids per se. Of course there are people with genetically or otherwise caused hearing problems, who can indeed profit from the usage of hearing aids. Nevertheless, in the case of such implications, hearing aids must also be used in a way that protects the inner ear. This means using the hearing aids as little as possible, and as much as necessary.

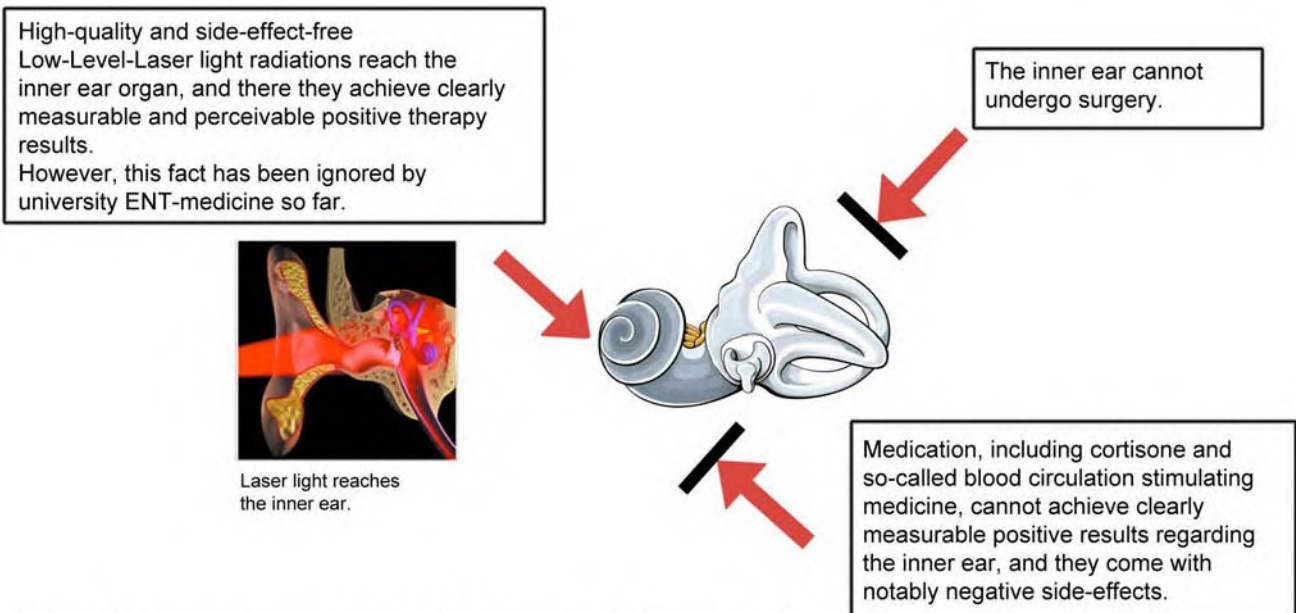
But it is factual that the number of people who are hearing impaired because of genetic reasons did not increase. The currently continuously increasing number of hearing aid users are people who actually initially were hearing normally.

My personal impression is that by now, a development that was not primarily wanted by ENT-medicine “has completely gotten out of hand”.

At the beginning of today's situation, there is a certain ENT-medical discomfort regarding the inner ear.

The inner ear organ cannot be surgically reached, as it mainly consists of fluid spaces and highly specialized cellular entities (auditory and vestibular cells), and it would collapse in the case of a surgical procedure.

Furthermore, the inner ear organ cannot be specifically positively medically treated. This only works by means of Low-Level-Laser light radiation.



How the inner ear organ can be therapeutically reached

Both facts together cause a particularly high frustration potential for ENT-medicine.

In this situation, the prescription of hearing aids offers a certain ostensible relief from medical powerlessness: "At least in this way, one can do something for the patients".

Of course, the older ENT-colleagues were completely aware that the inner ear organ is thereby biologically overstrained.

"Wait as long as possible before you start using a hearing aid".

"And if you have a hearing aid, only use it in situations when you really need it".

So this was an approach that biologically spared the inner ear organ.

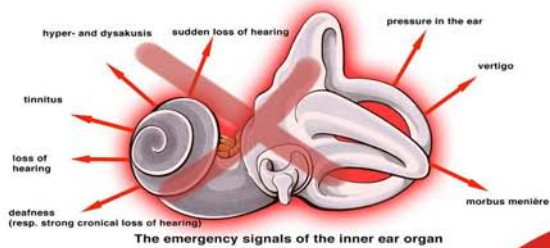
However, today, hearing aids are by tendency prescribed earlier and earlier, pressured by the increasing inner ear overstrains and the optimal economic utilization of inner ear overstrains, and very often the following advice is given:

"Use your hearing aid as often and as long as possible!"

This is an approach that biologically strains the inner ear.

I think that the public should know these simple facts and should be allowed to openly discuss them.

(8) This is producing more and more human beings which are getting prescribed cochlea implants (especially children)

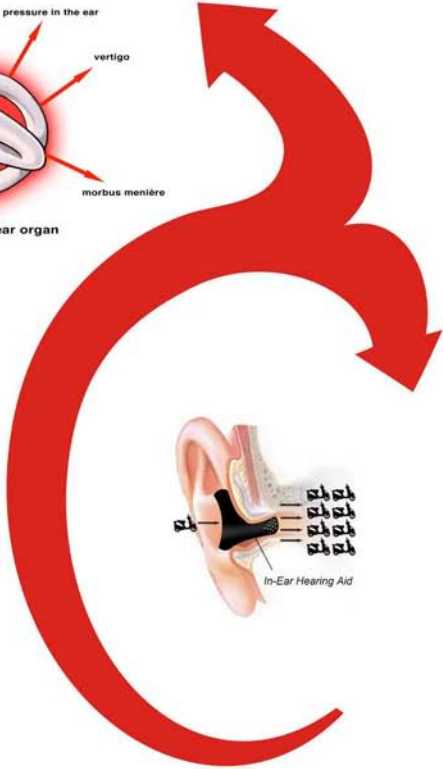


(6) This is producing more and more inner ear exhaustions.

(5) To not bother the general acceptance of hearing aids, the ENT authorities and the acousticians do not respect the organ specific emergency signals of the inner ear organ.



(4) Because of this the ENT authorities do not work out strategies for prevention of ear problems.



(7) This is producing more and more hearing aid prescriptions and that already prescribed hearing aids are needing more and more strong sound amplifications.



(1) Hearing aids are used on hearing organs which are exhausted from loudness (= daily loudness, produced from our zivilication).

(2) The patients are informed by the ENT authorities and the acousticians to use the hearing aids as much as possible.

The civilization's general every-day noise volume



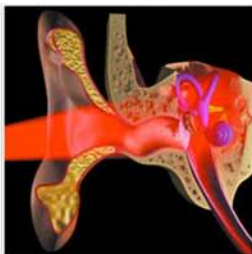
(3) To not bother the general acceptance of hearing aids, the importance of the daily loudness as a cause of hearing problems is not mentioned by the ENT authorities and the acousticians.

The economic dynamic of the constantly increasing prescriptions of hearing aids

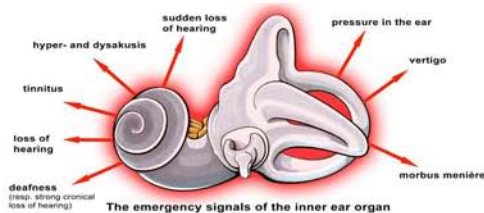
(7) Surgical implantation of cochlea-implants becomes less and less necessary.



(6) Hearing aids become either completely unnecessary, or their amplification intensity can be constantly reduced in the course of long-time therapy.



(5) Sufficiently conducted high-quality Low Level Laser radiation of the inner ear organ achieves clearly measurable and perceivable improvements regarding hearing, and improvement or healing of all other distress signals.

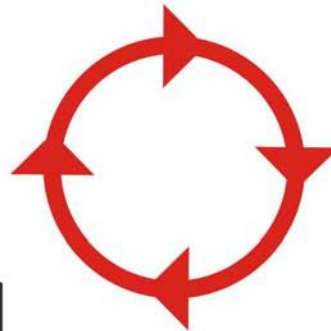


(4) The biologically overstrained inner ear organ's distress signals are recognized correctly and associated with the inner ear.



(1) Informing the public and the affected people about the inner ear's construction and basic biological working processes.

The civilization's general every-day noise volume



(2) The importance of the civilization's general noise volume is accepted the main cause for the huge number of inner ear overstrains.



(3) Strategies for the prevention (prophylaxis) of inner ear overstrains are worked out.

Strategies for self-aid in cases of already existing inner ear overstrains are worked out.

The therapy with high-quality Low Level Laser light that protects and biologically builds up the inner ear organ

In the past, it also used to be conventional to advise the patients as follows, regarding the usage of hearing aids:

The Concept of this Text:

In 2004, "Save Your Ears" was published for the first time on www.dasgesundeohr.de, and 2006 it appeared in book form (ISBN 3-00-014004-2). Nothing has changed ever since, regarding the content about construction and work of our inner ear organs and its distress signals, that are presented there. Consequently, the information presented there was taken over. The same applies to my illustrations of the biological principle of operation of light and Low-Level-Laser light on www.biolaserlicht.de.

What is new, are the supplements to the previous contents in the form of some new graphics and illustrations, which should clarify the indeed generally complex connections.

New are my remarks about the university ENT-people that are responsible, and about their previous approaches regarding inner ear overstrains, as well as the role of the hearing aid- and cochlea-implant industry and the acousticians associated with this.

At this point, I would like to note that formulating this text passage was and is highly difficult for me. The confrontations, which are necessary in my opinion, are free of personal hostility on my part.

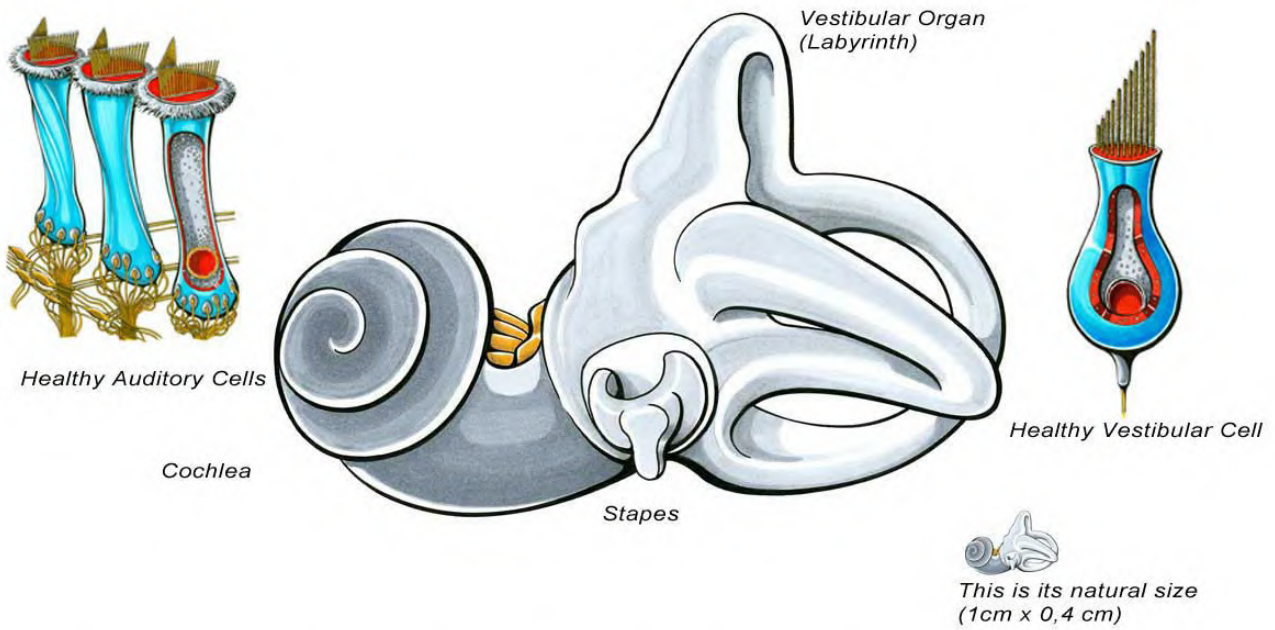
In the following text, I solely show that the current official exclusion of the inner ear organ from public awareness can be contrasted with an approach that biologically lives up to the inner ear organ.

The reasons that pushed me to working out these descriptions are my compassion for the affected people, and the way I understand my profession.

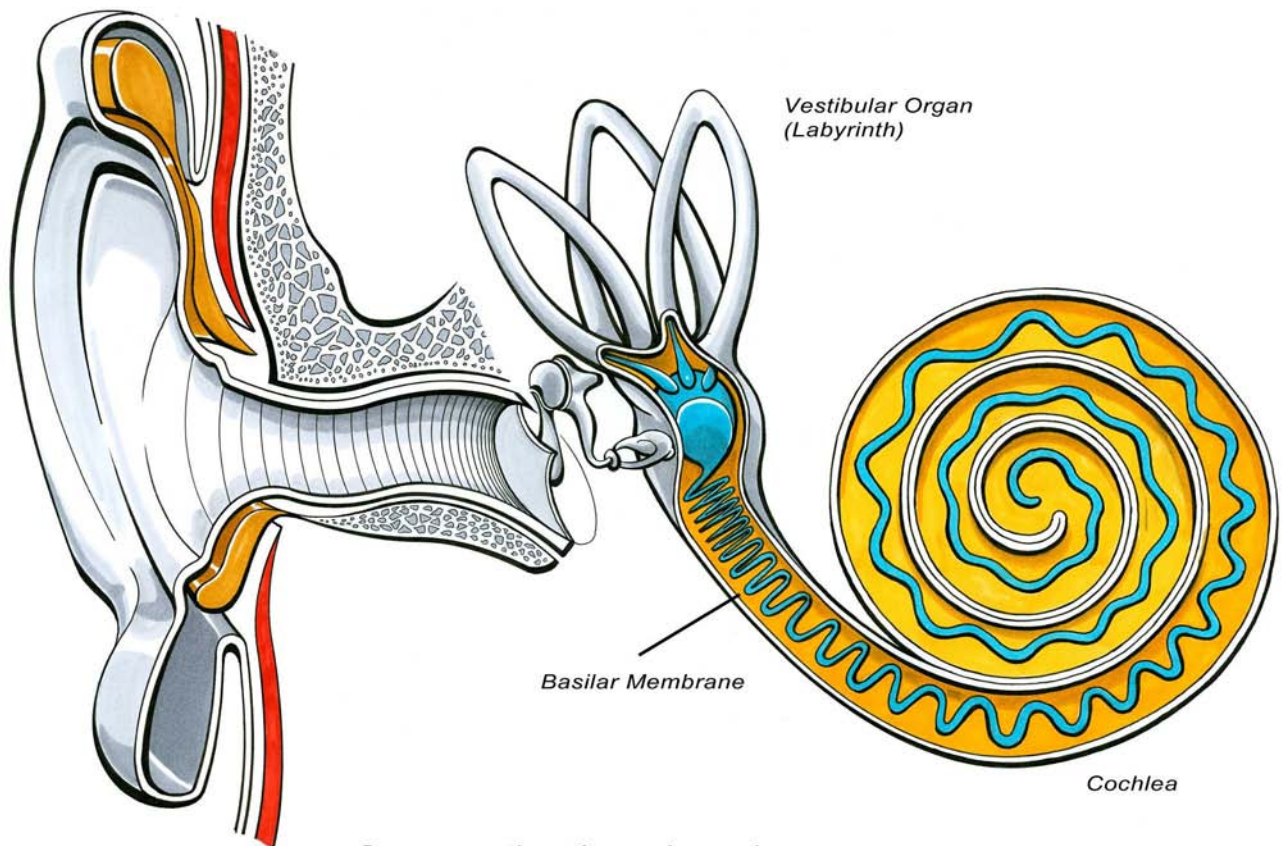
I see myself as a medical craftsman who orientates himself towards the existing biological facts, and who thereby tries to treat his patients in a biologically correct way.

What is also new, are my remarks and depictions regarding the term "basic biological effectiveness" and regarding the biological procedures that characterize and define the inner ear's regeneration process induced by therapy, and thus the course of therapy. These remarks should on the one hand explain our auditory and vestibular cells' way into biological overstraining, and on the other hand describe the regeneration process that the overstrained sensory cells in the inner ear organ undergo during and after the highly dosed Low-Level-Laser therapy By to Dr. Wilden ®.

The new graphic illustrations of our inner ear organs and our auditory and vestibular cells located there want to make these amazing biological structures more easy for you to experience, and give you more compassion for your own ears and those of your children, your family and acquaintances.



This is our inner ear, where our auditory and vestibular cells are located



Cross section through our inner ear with depiction of the so-called basilar membrane, which vibrates with every hearing process, and where all 25000 auditory cells (organ of corti) are located

We should get to know our inner ear organ, because in addition to millions of adults, more and more children and young people are affected by grave inner ear overstrains.

Power and Powerlessness

This text is written in a basically absurd situation. Every day for more than 25 years, I have been witnessing the sufferings and the powerlessness of people who are affected by inner ear overstrain.

At the same time, the fates and the physician- and therapy odysseys of my patients, and the university argumentation, let me experience our medical branch's powerlessness in efficiently facing these sufferings. At the same time, I see a public that, due to a lack of information about the auditory and vestibular organ, continues with open ears from one situation of noise- and noise volume stress to the next, without even slightly surmising what thereby happens to their ears and to themselves.



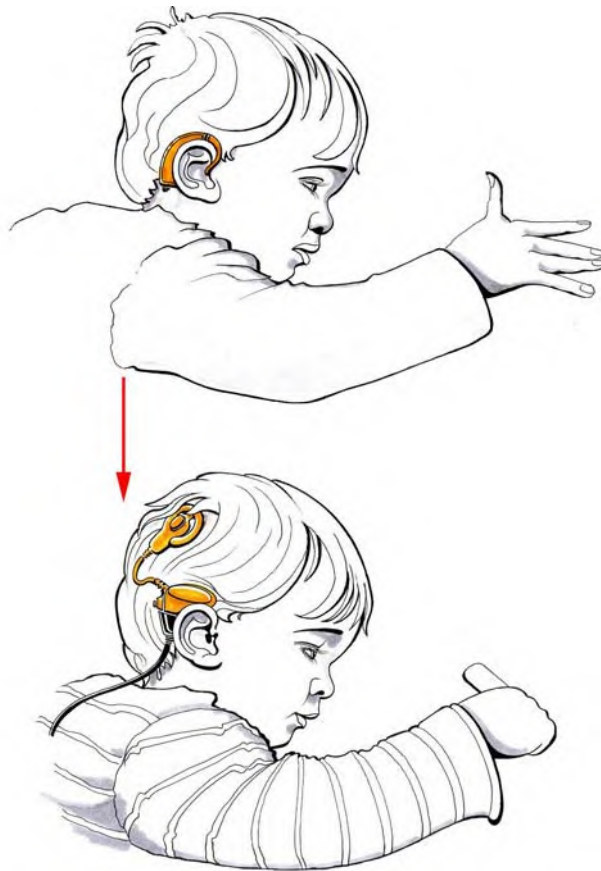
„One day, mankind will have to fight noise the same way as it fought cholera and the plague.“

Robert Koch (1843 – 1910), discoverer of the tuberculosis pathogen (Mycoplasma tuberculosis)

At the same time, I see a highly skilled group of academics, and an educational elite that want to hear, see and know as little as possible regarding all topics that are concerned with the ear (including their own one). Even not if it is about preserving children from the fate of a life-long and steadily increasing handicap caused by hearing aids and cochlea-implants.



At the same time, I witness a continuously growing hearing aid- and cochlea-implant industry, which is at all costs occupying the topic 'ear' across the board and all social classes, with a subtle and aggressive PR-machinery, turning off the inner ear organ and making use of medical authorities.



*More and More Frequently, Hearing Aids in Children and in Adults
Lead to Cochlea-Implants*
(<https://www.google.de/search?q=Cochlea-Implant>)



Therapy Situation of a Child with Hearing Problems (Hearing Impairment) being Treated with Highly Dosed, Side-Effect Free Low Level Laser therapy by to Dr. Wilden ®

At the same time, on a daily basis for more than 25 years, I have been experiencing in my practice that our inner ear organ reacts positively to the scientifically unmistakable agent laser light, in a side-effect free, biologically comprehensible, clearly measurable and perceivable, and furthermore almost exactly predictable way that is experienced as absolutely pleasant by the patients.

At the same time, I see that no one of the people responsible is interested in this wonderful biological fact, despite a more than obvious need for therapy within the population, especially when it comes to the ear. (see www.tinnituspatient.de).

I think that thereby, the affected people, who are patiently suffering and working to pay their health insurance contributions, are deprived of a biologically positive, effective therapy. And this happens although no other medication has ever been examined and approved regarding its biological effectiveness in such a broadly international, experimental as well as clinical, long (more than 50 years) and differentiated way, as Low Level Laser light has been.

The company Siemens, only one of many hearing aid producers, obtained hearing aid sales of 2 billion euro in 2012. Based on these numbers, you can imagine the total amount of money that flows into this branch of our health care (cochlea-implants cost between 30,000 and 70,000 euro apiece). Considering these facts, it is obvious what powerful

forces are interested in maintaining the current situation. Nevertheless, so I hope, the biological truth will be able to become prevalent in near or distant future, for the benefit of humanity.

However, this is not going to be possible without efforts and without massive resistance. For many years, I have been trying to make my contribution to the salvation of our ears and the ears of our children with my texts and illustrations of my therapy results, hoping to rescue these wonderful organs from their current powerlessness.

But please take into consideration that a real change is only possible if more and more people bit by bit build up their courage to change.

Regarding the Ear, we Need a Rebellion of Common Sense

In the field of auditory and vestibular organ overstrain, we therefore need a rebellion of common sense against tactics of confusion and obfuscation from above. We finally need to comprehensively democratically question the market dominance of more and more unrestrained hearing aid prescriptions, which has been existing for decades.

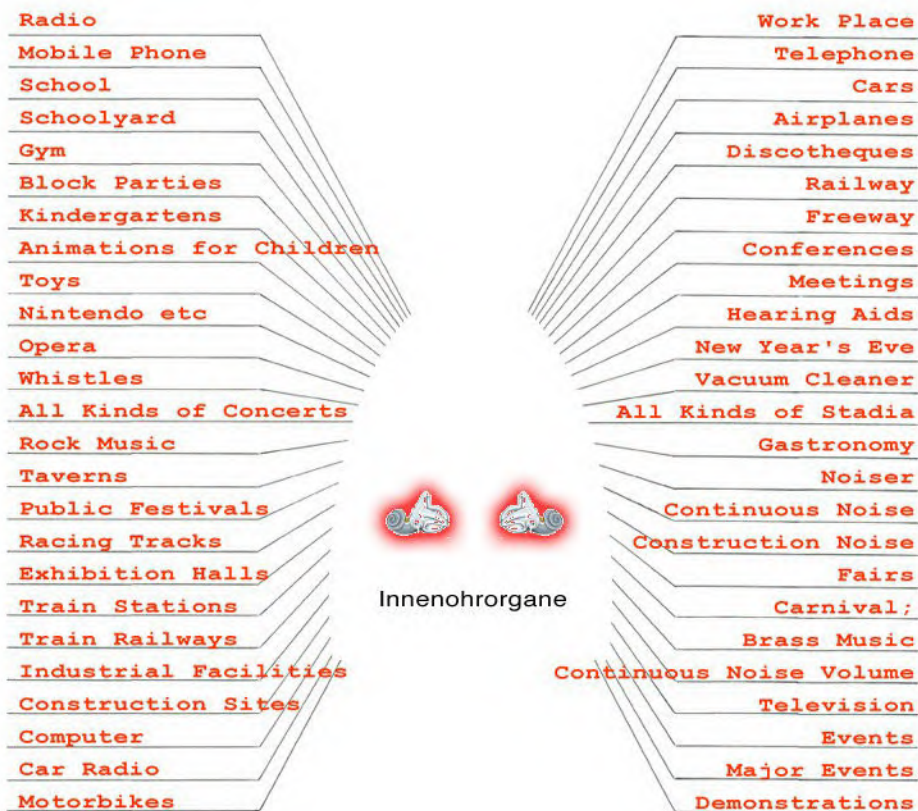
I realize that my current position as a lonely outsider, and my personal, social and economic powerlessness give me a very unfavorable starting situation. Nevertheless, based on my experiences that everybody can verify, I have no other choice but to further try to tell my medical colleagues and all affected people again and again: Nobody, including me, is to blame for Low-Level-Laser therapy being biologically healing and effective for the ear, if it is used correctly.

In connection with an honest strategy of enlightenment and prevention regarding our auditory and vestibular organs, this therapy will however bit by bit overcome the patients' current powerlessness, and the current power of strategies that ignore the inner ear organ.

The Ear

The number of people of all ages that are acutely or chronically affected by hearing impairment, hyper- and dysacusis, tinnitus, ear pressure, vertigo, or even Ménière's disease or conductive hearing loss, is steadily increasing in our country, and all over the world. At the same time, everybody who does not intentionally close his eyes and ears realizes that our ears, and those of our children, have to continuously and constantly work harder and harder for us.

We see the world with our eyes, and we hear the world with our ears, and day by day it gets louder and noisier. Thereby, our ears, and those of our children, get more and more tired, more and more sore and suffering.



Noise and noise volume stress our inner ear organs.

“One day, mankind will have to fight noise the same way as it fought cholera and the plague.”

Robert Koch (1843 – 1910), discoverer of the tuberculosis pathogen (*Mycoplasmata tuberculosis*)

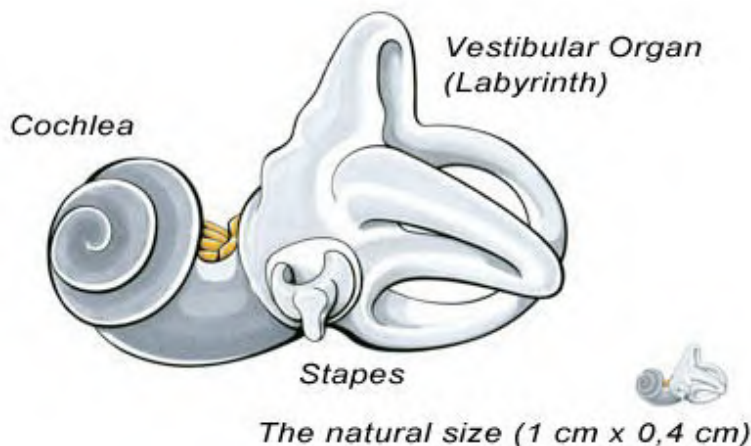
Civilization “eats up” our ears, and a public that thinks to be informed and aware of all areas of our body experiences this in a condition of growing disinformation, helplessness, confusion and suppression. This is really threatening for your own ears, and for those of your children, your family and acquaintances.

Because until now, the only officially acknowledged strategy, dominating all people affected by hearing overstrain, for handling the masses of existing and newly developing inner ear overstrains is additionally overstraining your biologically highly efficient, and wonderfully constructed inner ear organs. This happens under active contribution and supervision of medical specialists.

Our Inner Ear Organ is Capable of Regeneration and Worth to be Protected

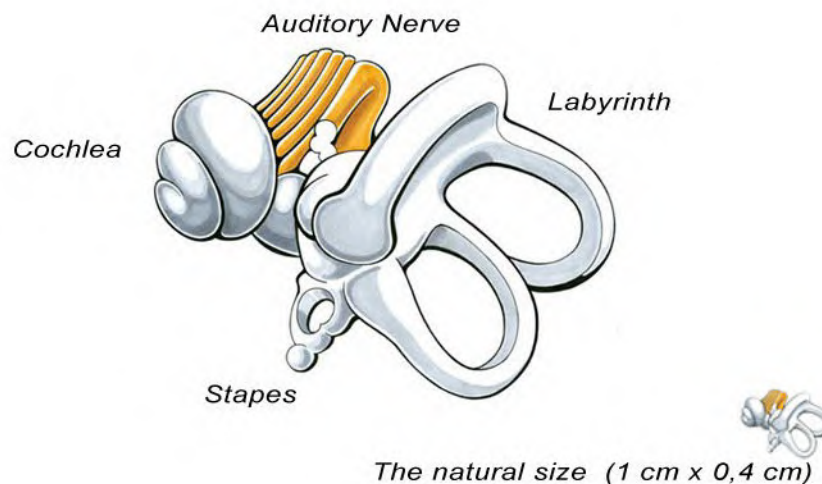
In order to be able to protect something, we need compassion, and for that, in regard to the protection of our ears, we again need elementary knowledge about our inner ear organ. For this purpose, I want to present to you the following basic information that has been scientifically verified (this means “generally scientifically recognized”) for years:

1. The inner ear organ contains 2 sensory organs: the auditory organ, which is located in the cochlea, and the vestibular organ, which is located in the labyrinth. Each of these organs is about as big as a small pearl.

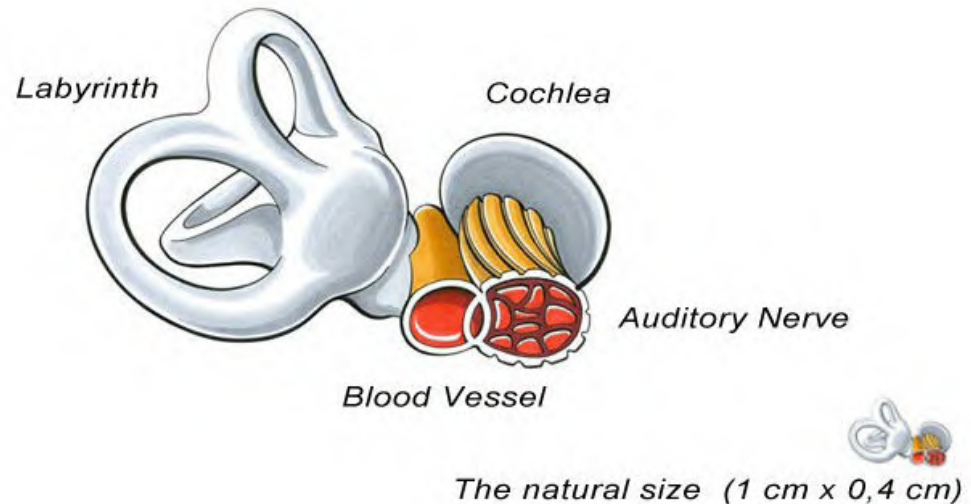


2. Both senses together form our “military” early warning- and navigation system. It is an organ that is absolutely necessary for surviving. Thus, it is an organ that is open and receptive 24/7, and, in contrast to the eye, it cannot protect itself.

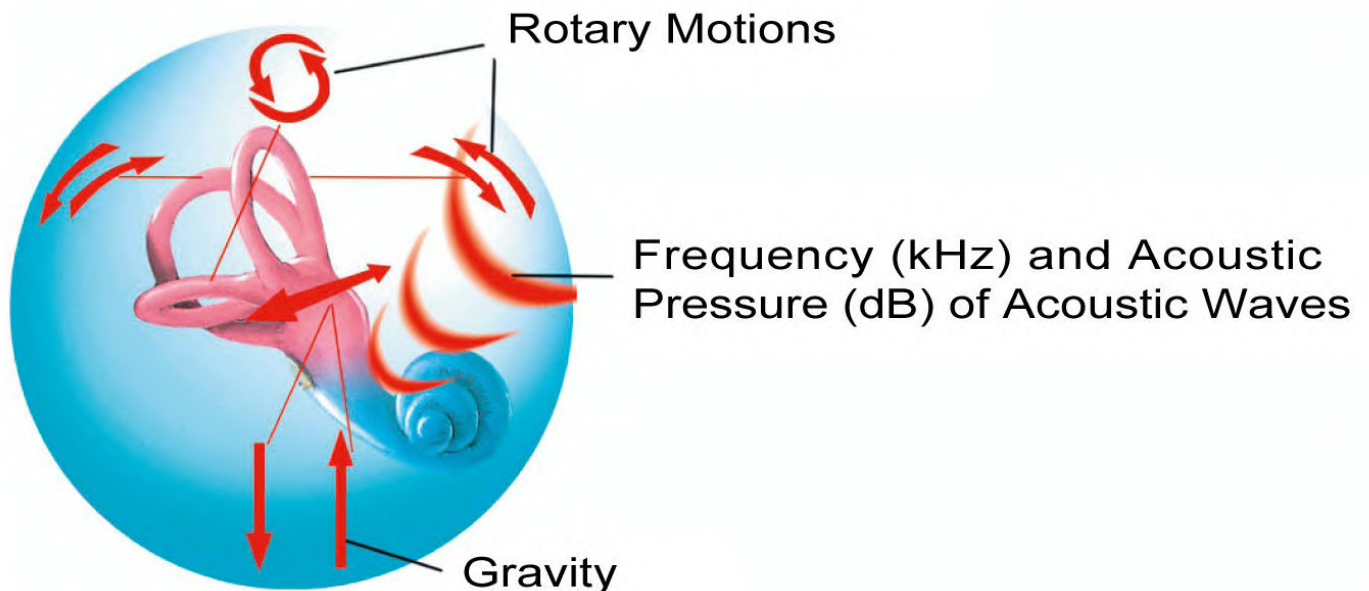
In order to experience this biological fact yourself, I recommend you to go for a walk in the woods at night. In a situation of that kind, one quickly understands the purpose of our ears.



3. Just like every other body organ, the inner ear organ has its own organ-specific stressors. For the eye, this is mainly light intensity. For the liver, it is e.g. alcohol, for the lungs it is smoke. For the inner ear organ, it is mainly noise volume and movements. The respective organ stressors strain the particular organ, basically by their intensity and also by their duration. Of course, this also applies to the inner ear organ.

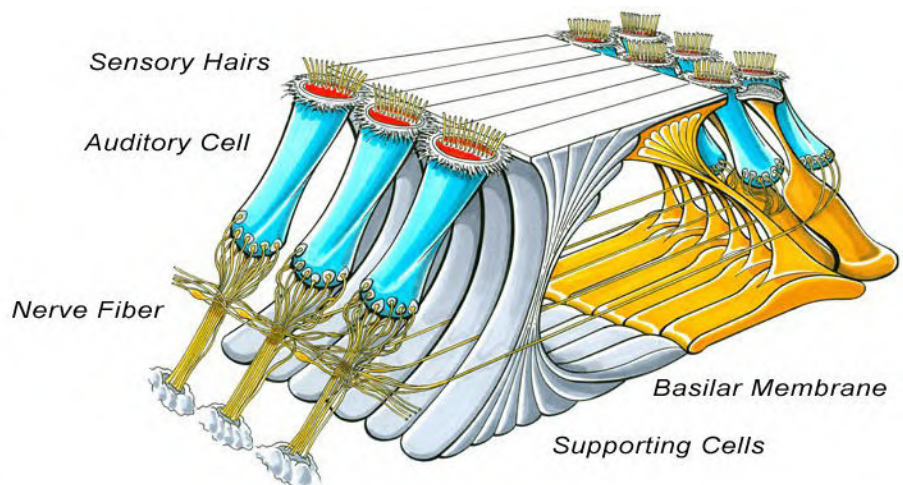


4. The auditory and vestibular cells have to produce living nerve impulses from the inorganic stimuli acoustic waves (acoustic pressure – measured in decibel (dB), and frequency – measured in Kilohertz (kHz)) and gravitational forces (rotational- tangential- hoist powers). For the auditory and vestibular cells, this transformation process is a biological, energy-consuming work process, just like the kidney cells' excretion work, the liver cells' metabolic work, the heart cells' pumping work, the photoreceptors' visual work, the brain cells' mental work are biological, energy-consuming work processes.



The Inner Ear Organ is a Measuring Instrument for Physical Forces

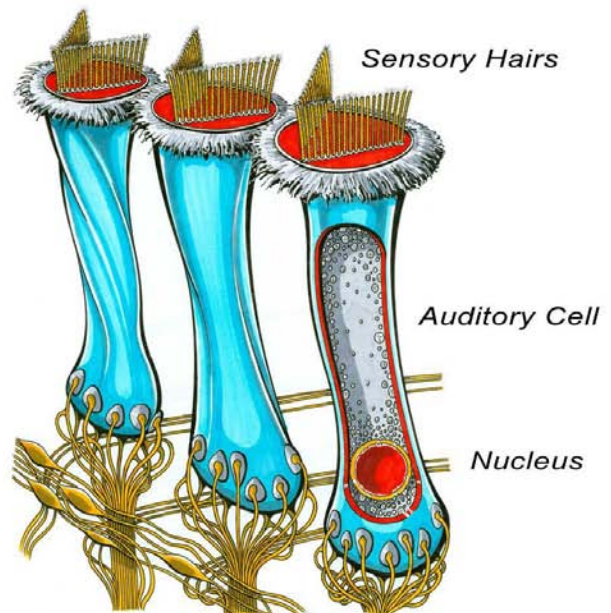
5. Only 25,000 auditory cells are working for us in the cochlea. The eye has about 1,5 million photoreceptors (visual cells).



Electron-microscopical Depiction of Healthy Auditory Cells (=magnified one million times)

Graphic Depiction of Healthy Auditory Cells (Detail of the Organ of Corti)

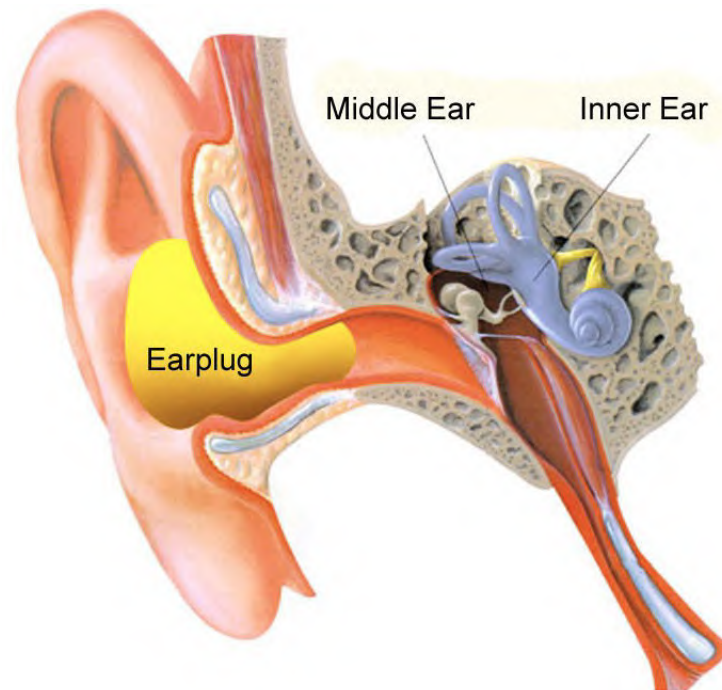
6. Like all other nerve cells, these 25,000 auditory cells are born with us and die with us. This means, they have to work out our hearing and our balance for their whole life, always as the same cellular individuals.



Zoom on the Sensory Hairs of Healthy Auditory Cells (=magnified one million times)

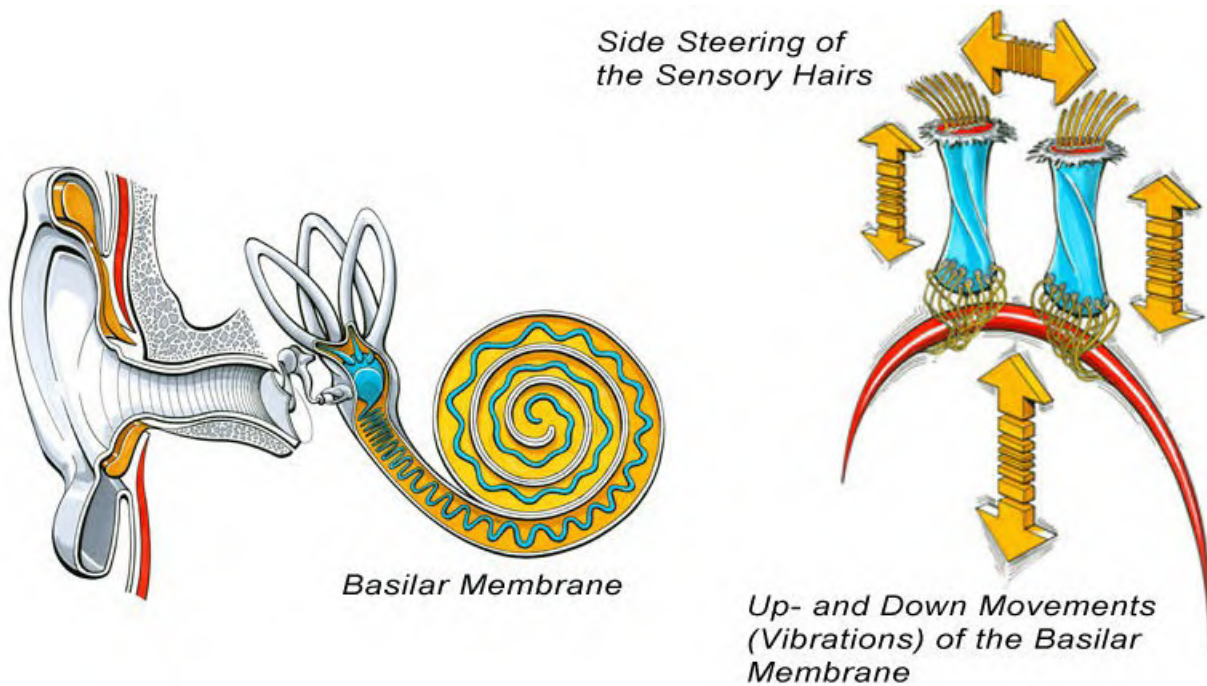
Graphic Depiction of Healthy Auditory Cells (Detail of the Organ of Corti)

7. This is only possible because evolution provided them with a very strong ability to regenerate. They use every moment of silence to regenerate. Consequently, active protection of the ears against every-day noise is not only protection, but also therapy.



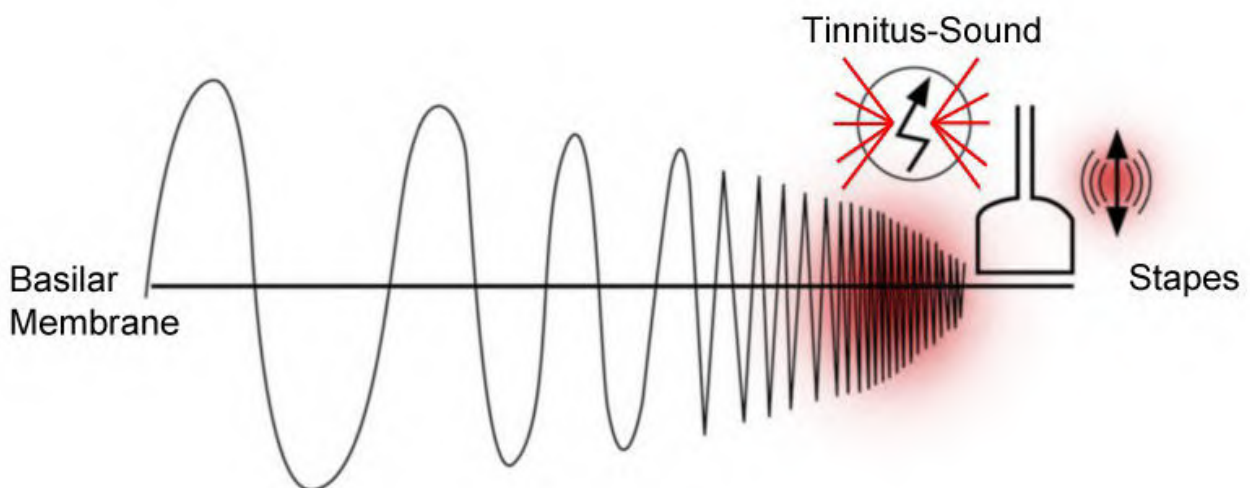
Active self-protection against every-day noise is not only protection, but also therapy.

8. Of all sensory cells, only the auditory cells have to accomplish their biological work processes (their hearing work) under mechanical circumstances. Those circumstances are very hard; thus, in the case of particular stress, this leads to characteristic, clearly perceivable and measurable conditions of overstrain in the auditory cells and other biological structures inside the cochlea (e.g the basilar membrane).



Cross Section through the Ear with Depiction of the so-called Basilar Membrane, which Vibrates at every Hearing Process, and on which the Auditory Cells (the whole Organ of Corti, thus all 25,000 Auditory Cells) are Located

Mechanical Strain on the Auditory Cells during every Hearing Process



About 98% of all tinnitus patients suffer from high-frequency tinnitus.

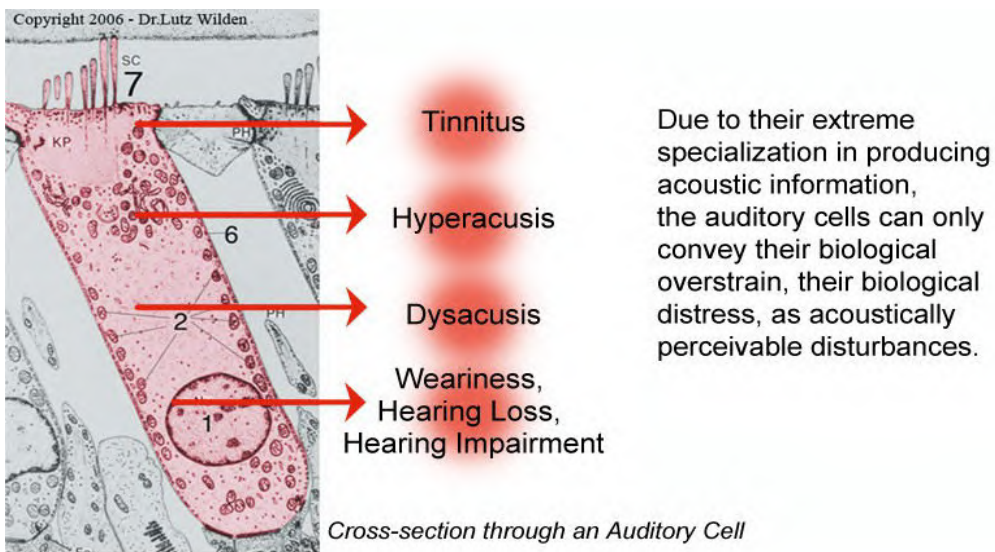
The auditory cells that process high frequencies are located at the entrance of the cochlea, where the stapes transfer their vibrations into the inner ear organ.

In this area, the basilar membrane moves/vibrates the most “aggressively”, this means that there is the point of the highest material stress. (see: „Tinnitus Does not Develop in the Brain“ on: www.dasgesundeohr.de)

Consequently it is not surprising that especially the auditory cells responsible for hearing high frequencies are the first auditory cells that become biologically overstrained, and that they are the cells that most frequently send us their distress signals (high-frequency tinnitus).

9. Just like all other somatic cells, auditory and vestibular cells also have their cell-specific distress signals.

Regarding auditory cells, those distress signals are acoustic; regarding vestibular cells, those distress signals are disturbances of our ability to orientate ourselves.

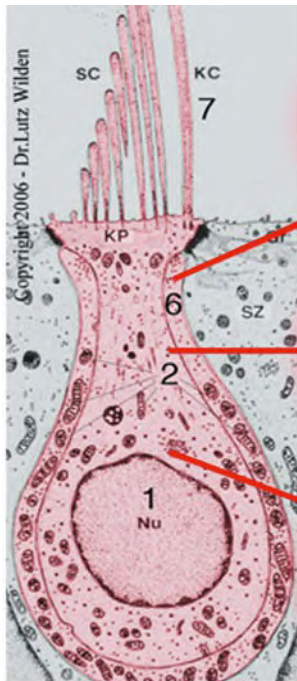


Auditory Cells, Level of Distress: 2

The biological fact that our highly specialized sensory cells can only convey their biological stress in a sensory-cell-specific way can also be comprehended when taking a look at the eye.

If the photoreceptors are biologically strained (traumatized), e.g. by a blow to the eye, we see stars or colored rings, this means we perceive this visually. In the same way, we experience the biological overstrain on our auditory cells acoustically.

We also experience overstrain on our vestibular cells in a sensory-cell-specific way, this means we experience disturbance of balance, and vertigo.



Acute/Slowly Growing
Unsteady Gait
and Movement

Acute/Slowly Growing/
Constantly Recurring
Dizziness
(Vertigo)

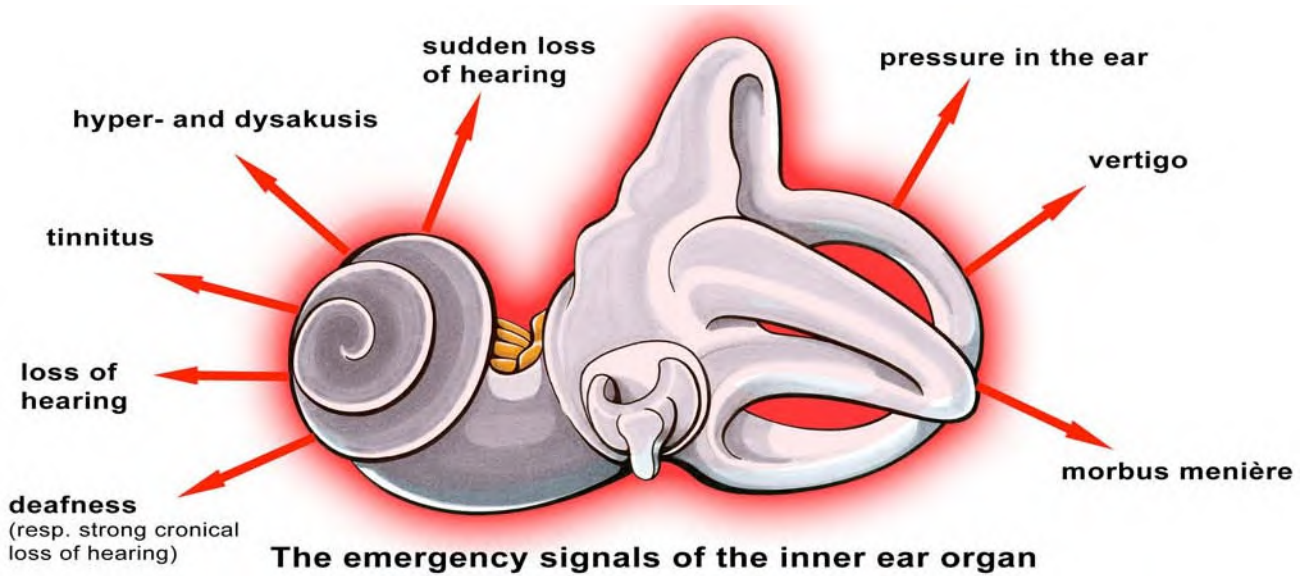
Spinning
Sensation
and Throwing up
(Ménière's Disease)

Due to their extreme specialization in producing balance information, the vestibular cells can only convey their biological overstrain, their biological distress, as disturbance of balance.

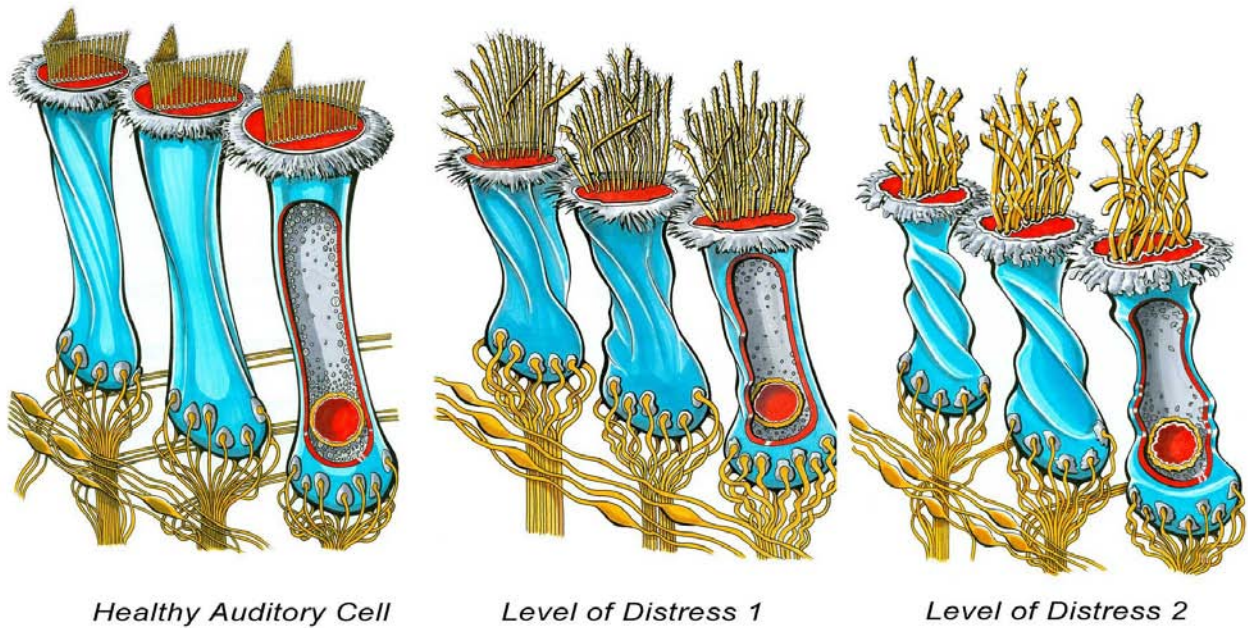


*Auditory Cells,
Level of Distress: 2*

10. The whole organ 'inner ear' has of course its organ-specific distress signals as well. Those are: Hearing loss, hearing impairment, also hearing impairment in children, hyper- and dysacusis (auditory hypersensitivity and auditory distortion), ear pressure, tinnitus (sounds inside the ear), otogenic vertigo (dizziness) and Ménière's disease (spinning sensation and throwing up).



11. All organ-specific distress- and overstrain symptoms, thus also the inner ear's, occur in a certain variety, correspondingly to the degree of severity of the individual organ overstrain, this means from perhaps only one symptom of overstrain to all symptoms of overstrain at the same time.





Increasing Strains on the Auditory Cells Cause Increasing Hearing Afflictions



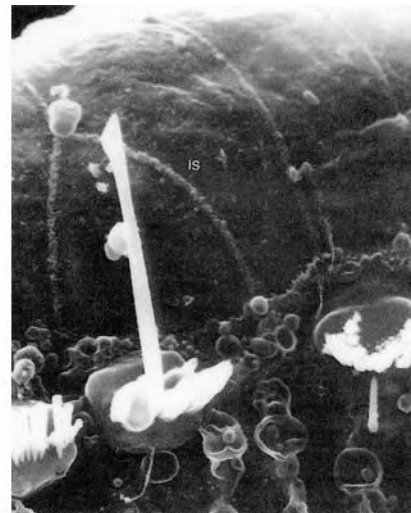
Level of Distress 3

Level of Distress 4

Level of Distress 5



Increasing Strains on the Auditory Cells Cause Increasing Hearing Afflictions



Electron-microscopical depiction of overstrained auditory cells and their thereby changed sensory hairs (agglutination and coarsenment). Even such grave changes are not irreversible; the cells can experience possible gradual natural regeneration, and obvious regeneration caused by respective high-quality Low Level Laser therapy. This fact is clearly measurable by means of hearing improvement achieved by LLLT.



Healthy Vestibular Cell



Level of Distress 1



Level of Distress 2



*Increasing Strains on the Vestibular Cells Cause
Increasing Disturbances of Balance and Increasing Vertigo*



Level of Distress 3



Level of Distress 4

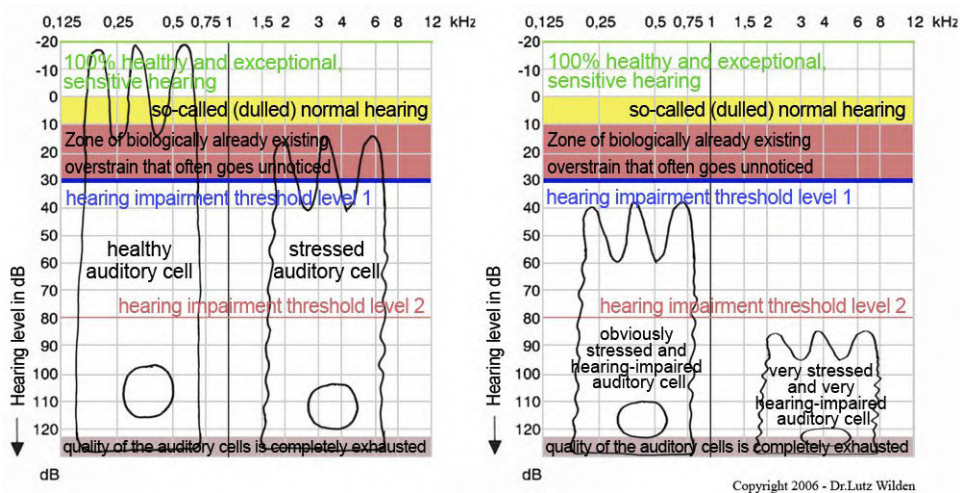
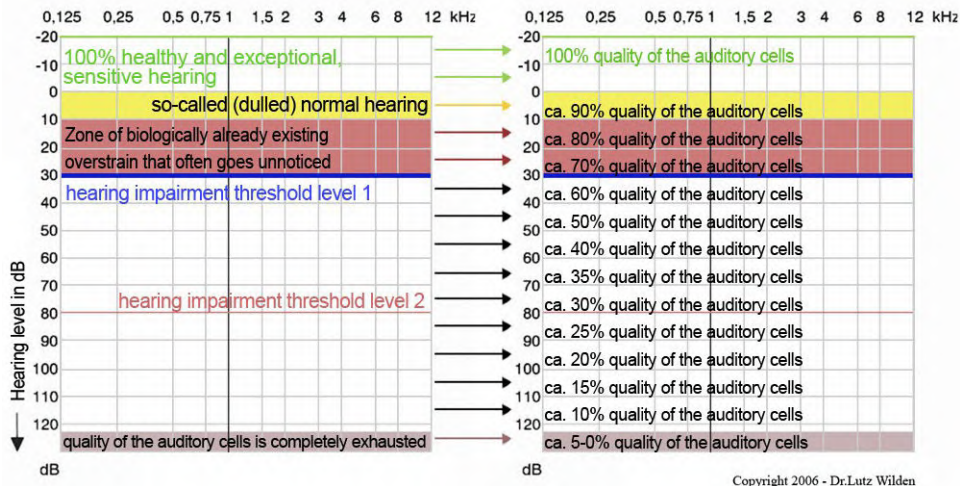


Level of Distress 5



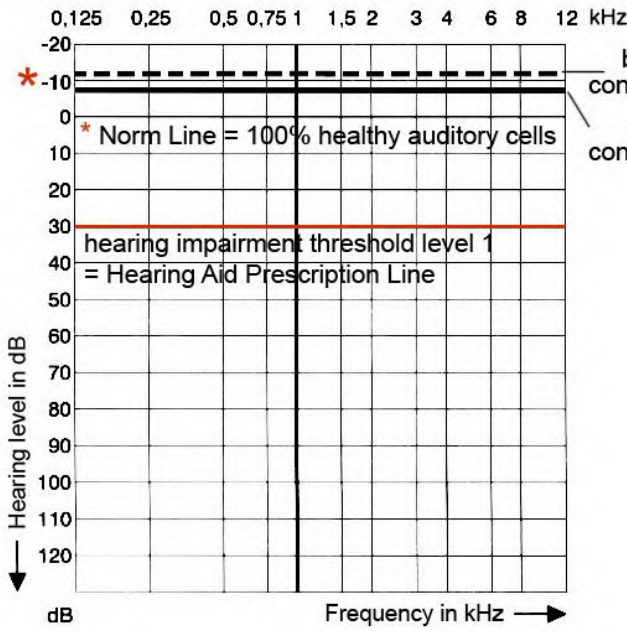
*Increasing Strains on the Vestibular Cells Cause
Increasing Disturbances of Balance and Increasing Vertigo*

12. You can have the biological condition of your auditory cells depicted with the easy, safe, inexpensive procedure of audiometry (= hearing test or creation of a hearing curve), and thus make it visible for yourself.

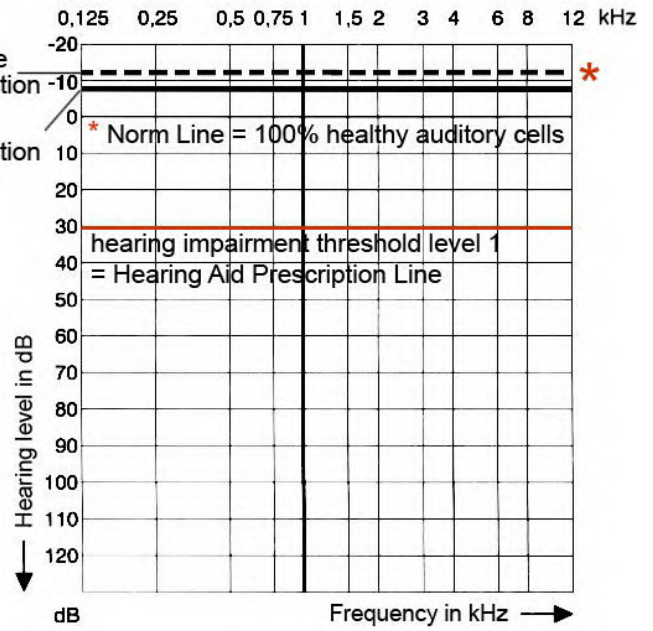


Your personal audiometry makes the overall biological quality of your 25000 auditory cells visible for you. Their quality is a direct indicator for the quality of the vestibular cells.

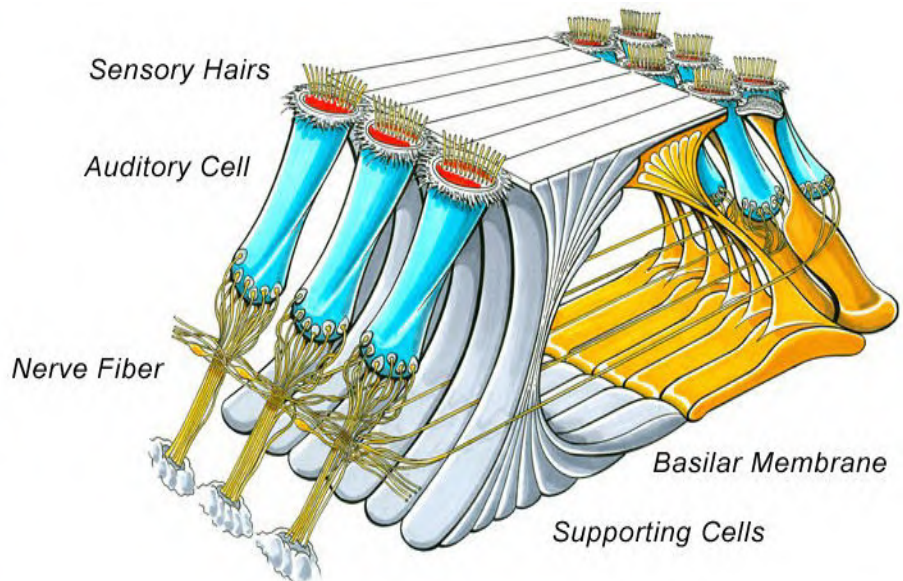
Right Ear



Left Ear



This is how 100% healthy auditory cells look, depicted in a hearing curve (audiometry).

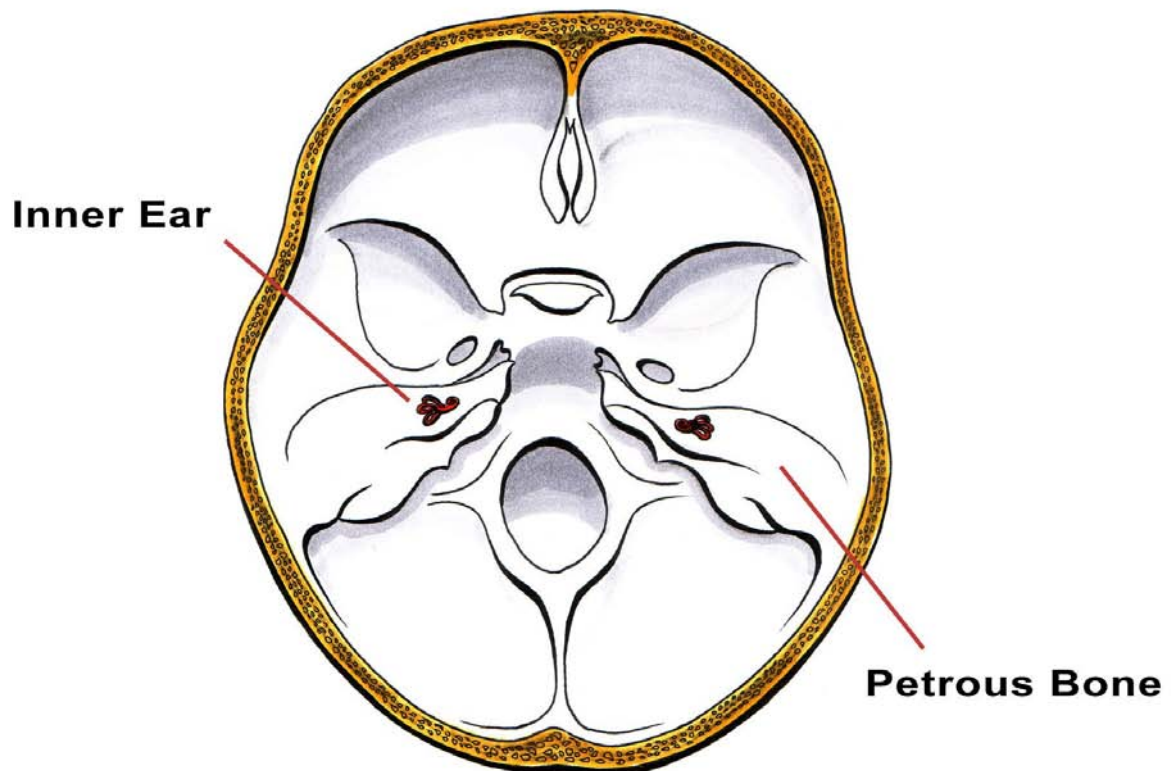


This is how the 100% healthy auditory cells look that belong to the results above.

I suggest you compare your personal hearing curve (audiometry) to this. For every other organ, or every other biologic structure, deviation from the norm is perceivable and noticeable at a certain point. Of course, this also applies to the auditory and vestibular cells, and respectively to the entire organ inner ear.

13. Evolution put the human and the animal inner ear organ in the best location possible. It is embedded in the skull base's cross-bracing, in the petrous bone. Thus, it is optimally protected from mechanical stress. For this reason, it is not influenced by the cervical spine, or the jaws/jaw joints, or the paranasal sinus. This anatomical fact alone underlines the vital importance of our inner ear as our military early warning and navigation system.

In this context, evolution proceeded like an aircraft engineer who puts the navigation system in the cockpit, so it is protected from vibration and cannot be influenced from the outside.



The Inner Ear Organs' Location in the Skull Base

Were you aware of these simple pieces of information, which also apply for your individual sensory organ and your very individual ear situation?

We have to start loving our ears – and we can only love what we know. Consequently, it is worth for everybody to pay attention to, and show interest in, his/her own ears.

ENT-medicine puts in our minds that the inner ear organ becomes overstrained and endangered by itself and for inexplicable reasons. However, it is our own lack of knowledge about this organ that makes us force it into a state of overstrain and biological distress.

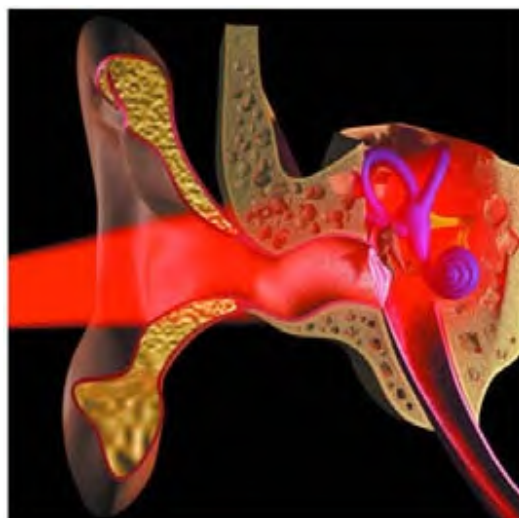
It is also not the inner ear organ that, as officially stated, refuses biological improvement (= step-by-step healing or improvement). It is us, the people who are responsible for our own ears, and who nevertheless do not give them the opportunity (like e.g. active self-protection against every-day noise) to help themselves again.

It is our officially recognized ENT-therapy management of the ear that hinders prophylaxis and healing of inner ear overstrains, and that additionally approves of continuing disinformation of the affected people and continuing overstrain on our inner ear organs.

Light and Low-Level-Laser Light:

Concurrently with the growing problem regarding the inner ear, a slowly, but steadily increasing number of physicians and patients experience positive biological reactions of our body, when being exposed to light of certain wavelengths and intensity. Especially therapy with laser light, the so-called Low-Level-Laser therapy, is by now attested by thousands of scientific studies: It is completely free of side-effects, and positively biologically effective. Almost every day, new clinical and experimental studies are released all over the world, confirming the healing efficiency of light and laser light therapies, and making us understand it in detail (www.pimabooks.com). This also applies to our inner ear.

The theoretic background work has also been existing, and irrefutable, for 25 years. It reveals the entire scientific conclusiveness of the biological effect of light in general, and of Low-Level-Laser light in particular, as well as the current academical-pedagogic blockades of this new biology of light (see www.biolaserlicht.de).



Graphic Illustration of the Inner Ear Organ being Exposed to Laser Light Radiation

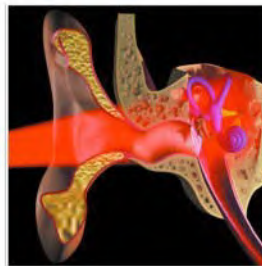
Low-Level-Laser therapy (LLLT) has been internationally experimentally examined and clinically used for more than 50 years.

LLLT has a biologically positive effect on all somatic cells.

Also for the auditory organ, LLLT is free from side-effects.

LLLT is free from unwanted side-effects (Evaluation of the Food and Drug Administration /FDA, USA).

For the patients, LLLT is associated with very pleasant and relaxing sensations, especially when it is used at the auditory organ.



Regarding the auditory organ, the frequently occurring positive therapy results (= improvement of hearing ability) are clearly measurable and perceivable by means of audiometry.

In contrast to surgical laser, LLLT is not invasive, this means it does not hurt or damage your body.

The positive therapy results of LLLT can be visually observed in the context of wound healing (Ulcus Cruris – ulcerated leg).

LLLT is very effective for children and young people.

By now, LLLT is successfully used in almost all medical fields, such as dermatology, orthopedics, sports medicine, pediatrics, dental medicine, internal medicine, and much more.

LLLT is frequently used in veterinary medicine (animal medicine).

Properties of LLLT (a selection)

My Own Therapeutic Experiences with Low-Level-Laser Therapy

Since the middle of the 1980s, beginning at my former practice for general medicine, and since 1997 at my private practice for highly dosed Low-Level-Laser therapy, I have been dealing with the biological effects of Low-Level-Laser light on me, my family and my patients.

In addition to numerous general medical indications for Low-Level-Laser therapy (LLLT), such as all kinds of skin problems, problems from the field of internal medicine, orthopedic, pediatric and surgical (wound healing) problem areas, I focused my therapeutic efforts more and more on the area of auditory and vestibular disorders, and thus on the inner ear organ.

Thereby, after 25 years of working with LLLT on our auditory and vestibular organ, and especially on our inner ear organ, I can frankly and clearly declare:

The completely pain- and danger-free therapy, and the respective optimal individual healing of hyperacusis, dysacusis, ear pressure, hearing impairment, tinnitus (sounds inside the ear), hearing loss, vertigo and Ménière's disease is possible, and it could be instantly made available within our health care system, for every suffering child, every suffering young person, every suffering adult and every suffering older and old person.

At the same time, this therapy of inner ear overstrains makes it possible to simply avoid inner ear overstrains in the future as well as possible, for example by regularly checking the hearing ability (= current biological quality of the inner ear organs) in kindergartens and schools. In the case of deviations from the norm, this can be easily cured with little therapeutic effort (e.g. only 2-3 x 15 minutes therapy per ear), back to the normal condition.

The two components of this globally realizable therapy are:

1. Informing the public about the anatomic construction of our auditory and vestibular organs, as well as their functioning and the consequential conditions of overstrain and their symptoms, and furthermore about the resulting consequences for the prevention of inner ear overstrains and for self-aid in cases of already existing inner ear overstrains.
2. The high-quality Low-Level-Laser therapy of inner ear overstrains, in clinics and practices, as well as the high-quality home- and self therapy of our inner ear organs with high-quality home-laser-therapy devices.

In the field of tooth prophylaxis, early educational work in kindergartens and schools has already been regulated by law for many years. I wish that one day, this will be possible for the ears of our children.



LLLT - Therapy Situation of a Hearing-impaired Child

My efforts to make LLLT Transparent Among Experts and to Discuss it

During the last 25 years, the guiding principle of my medical approach has always been to inform the medical-biological experts about my therapeutic procedures and my thereby achieved therapy results.

Since 1990, I have given 40 scientific lectures at different medical congresses and symposiums for this purpose, and I have published several articles in medical magazines and books (see: www.dr-wilden.de). Furthermore, I made several informational websites (www.dasgesundeohr.de; www.biolaserlicht.de) accessible for the public, and I published the book "Save Your Ears" for the first time in 2004.

Since the beginning of my medical work in the field of inner ear overstrains, in addition to my congress work, I have been trying to get the attention of my medical and therapeutic colleagues, and I espoused patient-oriented, cooperative collaboration. So already years ago, I offered all Bavarian ENT-university clinics to continuously check my audiometry results, either by a person assigned by the university, who could have personally conducted the audiometry before and after my therapy in my practice, or by connecting my audiometry computer to a university control point. The latter possibility could have been realized almost without expenses.

Unfortunately, there was no reaction regarding my proposals from the institutions I contacted. Furthermore, all efforts of some of my patients who wanted official institutions to deal with LLLT remained without any useful results (see www.tinnituspatient.de).

My previous local efforts here in Regensburg were also unsuccessful: I tried to get the local ENT-colleagues, especially Prof. Strutz from the ENT-university clinic and Mr. Langguth from the tinnitus research center, interested in LLLT for inner ear overstrains. I also offered them to treat a patient known to the ENT-colleagues for free, under supervision of one or more ENT-colleagues.

In addition to various other attempts to make university ENT-authorities aware of LLLT and my thereby achieved therapy results, for example letters or personal discussions in the context of congresses, I sent this letter to all German-speaking ENT-universities in spring 2012:

Dr. med. Lutz Wilden Privatpraxis
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Naturheilverfahren Sedanstraße 15 ·
93055 Regensburg
Tel. 0941 58614634 · Fax. 0941 58614636
www.lasertherapieregensburg.de
info@lasertherapieregensburg.de

Dear Ladies and Gentlemen,

In the context of the European Research Council (ERC), we are trying to conduct a study about the biological effectiveness of high-quality and highly dosed Low-Level-Laser light on biologically overstrained auditory organs, especially overstrained inner ear organs.

We assume that the enormous number of occurring cases of hearing impairment (also **hearing impairment in children**), hyperacusis, dysacusis, ear pressure, tinnitus, otogenic vertigo, Ménière's disease and hearing loss are due to our civilization's every-day noise overstraining the biological inner ear quality (www.dasgesundeohr.de)

The **regenerative effect** of Low-Level-Laser light, also on the inner ear organ, has been clinically obviously (www.dr-wilden.de/publikationen), and theoretically clearly comprehensible (www.biolaserlicht.de, [Pubmed](#)) verified for many years, and by now it is confirmed in animal experiments. Here you can find these studies online -> [Studie Präsentation](#)

In our experience, inner ear overstrains, including hearing impairments of all kinds in children, are prophylactically preventable and clinically treatable with high-quality Low-Level-Laser therapy (LLLT).

LLLT is **free from side-effects** in general (FDA evaluation), and also for the human inner ear organ. Furthermore, this therapy always has a bio-stimulative effect, and the therapy results can be predicted. Taking these facts into consideration, regularly conducted ENT-examinations, including audiometry for kindergarten- and schoolchildren, would make comprehensive early detection and prophylactic early therapy possible.

Early therapy of already existing inner ear overstrains (hearing curve only slightly above, or slightly under the 30 dB-line in the audiogram), even few therapy sessions, would spare adults, as well as, or **especially children**, a hearing aid.

The treatment of already advanced inner ear overstrains with enough therapy units would prevent the patients from otherwise inevitably progressing further worsening of the hearing, and in many cases thus from a cochlea-implant. Instead, a slowly but gradually progressing process of inner ear regeneration would be achieved.

However, there is no clinical study yet, respective to current scientific conceptions, that objectively examines the courses of therapy that we experience in therapeutic every-day life in our practices, and that are documented by pre- and post therapeutic audiometry results; a study that then evaluates this, respectively to the reality that is constituted in this course.

The previous and soon to be verified quality of our therapies concern ambulant therapy in the practices (highly dosed Low-Level-Laser therapy by to Dr. Wilden), as well as home-therapy with our home-therapy lasers.

Patients that have already been successfully treated with highly dosed Low-Level-Laser therapy are incredibly strongly committed to this therapy (see www.tinnituspatient.de, www.tinnitus-lasertherapie.de, www.eurotinnitus.eu). There you can also find numerous **patient reports** on this subject. I respectfully ask you to let me know if you are interested in collaborating in the context of ERC.

Yours sincerely,
Dr. med. Lutz Wilden

The Previous Reactions of the University- ENT- Elites

There was absolutely no reaction from the ENT-universities. Considering the steadily growing sufferings of people who are already affected by inner ear overstrains, and considering the still unrestrictedly increasing number of new cases, especially when it comes to children, and considering the official therapy strategies that are characterized by therapeutic helplessness and riskiness, I cannot understand this behavior.

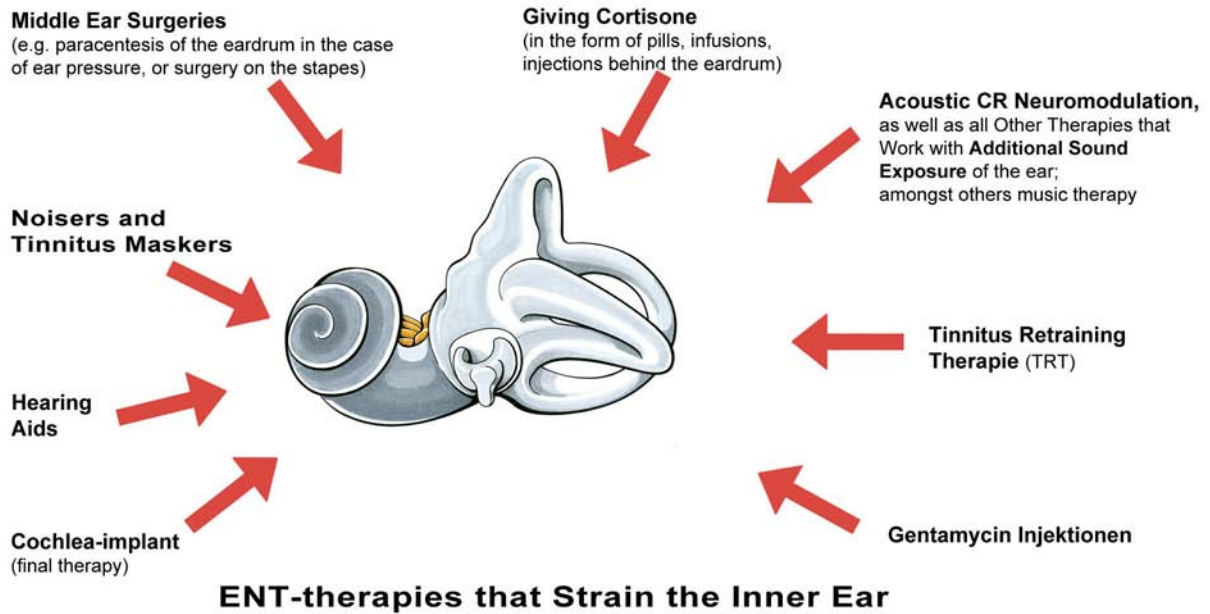
What gives our ENT-ordinaries the right to reject a scientific therapy that has been internationally documented for 50 years, and that has already been clinically verified to be effective and free from side-effects, without even examining it adequately themselves?

What sense does medical science make, if it does not objectively take care of improving medical care for the people that are financing this science by means of health insurance contributions and taxes. And this is happening in the face of a therapeutic crisis regarding inner ear overstrains, which is obvious to everybody, and which affects the whole population.

The obvious problem is not a biologically positively effective therapy for the inner ear - this is something we do have. The problem is is our ENT-universities refusing to question their old, inefficient therapy strategies, and objectively examining LLLT regarding its effectiveness.

As you, dear readers, will be able to comprehend in the course of the following, all current official ENT-therapies used on the ear are therapies that biologically strain the inner ear organ. At the same time, they are only made possible by the natural, extraordinarily high biological quality of our auditory and vestibular cells, and of the whole organ inner ear.

So e.g. hearing aids and noisers (devices that send continuous noise into the ear) can only be used because even massively overstrained auditory cells can still bear the additional acoustic stress caused by hearing aids and noisers, at least repeatedly for a certain amount of time. This means that all the people who consider the inner ear organ to be a more or less biologically stupid organ that does not have to be taken further care of, and that can preferably be ignored, ironically are living with the wonderful biological quality (e.g. toughness) of this organ, and are using it to operate in their every-day, and professional lives.



The money people pay for insurance is currently being pumped into officially recognized and intensively propagated ENT-strategies (no prophylaxis at all; instead hearing aids and cochlea-implants) that strain the inner ear organ. If it was instead invested in new inner ear organ-protecting, and regenerative strategies of extensive education and prophylaxis, and extensive Low-Level-Laser therapy, the rampant global problem of inner ear overstrain would theoretically be solved in no time.

In many writings, I pointed out this fact to the boards of statutory and private health maintenance organizations.
In this context, I want to show you an example of one of my many covering letters.

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Mr
John Smith
Street ...

12345 Example City

Dear Mr. Smith,

16.10.2012

thank you very much for showing friendly interest in our therapy, and also for your very insightful information on the history and the current profile of Debeka.

As agreed, I send you some information on the current status of inner ear overstrain therapy (see www.dasgesundehoer.de, as well as my book "Save Your Ears" and my informational essay "Tinnitus Does Not Develop In The Brain") with highly dosed Low-Level-Laser light (see www.biolaserlicht.de, www.lasertherapieregensburg.de, www.dr-wilden.de).

The documented medical-clinical application of Low-Level-Laser light starts in 1962, with the works of Endre Mester, a surgeon at Semmelweis University in Budapest. He was able to cure diabetic Ulcera cruris (ulcerated legs), partly caused by diabetes, and considered to be incurable by conventional therapies, with the help of Low-Level-Laser light radiation.

Ever since, international literature about Low-Level-Laser therapy (LLLT) has been steadily increasing (see Tuner www.prima-books.com, as well as all other documents you get when conducting a respective literature research).

In this context, the following facts have been verified over and over again: The generally positive so-called bio-stimulative effect of LLLT on all kinds of human tissue, and the fact that it is completely free from unwanted side-effects (confirmed by the FDA for many years).

At the same time, the international supply of therapy devices for the application of LLLT in ambulant and clinical medical care is slowly growing. I advise you to have a respective literature research conducted in your company.

The first documented application of LLLT on the inner ear (in combination with Gingko-Biloba intravenous) dates back to Dr. Hesse from Hamburg. Of course, by now there exists a considerable number of studies about LLLT for inner ear overstrains (see amongst others: www.tinnituspatient.de).

I myself have been working with LLLT as monotherapy since 1990, especially on the inner ear organ. On a regular basis, I have been informing the international experts, and I have been publishing studies. Since 1997, I have been working according to the parameters of highly dosed Low-Level-Laser therapy by Dr. Wilden®.

The central medical dogma, which determines the current conventional therapy of inner ear diseases, is the claim that auditory and vestibular cells cannot regenerate.

This biologically incorrect assertion leads to therapeutic nihilism regarding all beginning cases of inner ear overstrain. This nihilism continues until the biological overstrain of the inner ear becomes so grave, that hearing aids are prescribed.

Hearing aids again increase the auditory organ's organ-specific stressor noise volume. This in turn causes further progressing overstrain of the inner ear organ, eventually leading to a cochlea-implant. At the same time, there is absolutely no education of the public in regard to our inner ear organ, what again goes hand in hand with the lack of clear medical strategies for the prophylaxis of inner ear overstrains.

In contrast, within the last 20 years I have been witnessing thousands of patients suffering from the inner ear overstrain symptoms hearing loss, hyper- and dysacusis, ear pressure, tinnitus, hearing loss, otogenic vertigo and Ménière's disease. They showed me that side-effect free radiation of the auditory organs with high-quality Low Level Laser light in sufficient dosage (=highly dosed Low-Level-Laser therapy by Dr. Wilden®) achieves regularly occurring improvement of the hearing (measured with audiometry controls before, during and after a series of treatment).

Concurrently to the hearing improvements, which are subjectively experienced and measured by audiometry, predictable changes and improvements occur, and in the case of certain therapeutic options even complete healing of the inner ear overstrain symptoms mentioned above. By now, this clinical experience has also been verified in animal experiments (see: <http://www.ncbi.nlm.nih.gov/pubmed/22734788>).

For years, committed patients who experienced our therapy have been making a lot of effort to enforce official testing of the highly dosed Low-Level-Laser therapy by Dr. Wilden® (see: www.tinnituspatient.de).

Most recently, in spring 2012, I myself requested all German ENT-clinics to examine my therapy management (see enclosure). Against this background, I would like, if I may, dear Mr. Smith, request you to check to what extent Debeka could assist in verifying my therapy regarding its cost-benefit ratio, and thereby in step-by-step making the therapy available for the insured people.

In this context, sparing more and more children from hearing aids and cochlea-implants is a matter close to my heart. I have a lot of ideas regarding this whole topic and the cooperation with Debeka. However, I do not want to anticipate anything in this context, but I would rather wait for your reaction on my request mentioned above.

In the hope of having awakened your interest, I remain sincerely Yours,

Dr. med. Lutz Wilden

Also in this case, I received no response.

This is very surprising, considering the monthly increasing costs in the area of inner ear overstrains, which are allegedly incurable but at the same time are getting more and more expensive.

In my estimation, integrating Low-Level-Laser therapy for the ear into our reimbursement system would at least halve the current costs, and on the long run reduce the expenses to 20% of the current costs.

I have the impression that right now, all people responsible have now interest at all in a really possible solution for the problem, or they do not want to make any efforts at all to find a solution.

Seemingly, one on all levels adjusted to the big money-making machine, which is driven by the inner ear overstrains occurring in masses.

My Own Initiative

However, as a physician I continue feeling obliged to respect the biological facts, and to actively work on the permanent advancement of medicine for the benefit of the patients. The dominant medical positions regarding our auditory and vestibular organs and their conditions of overstrain contradict, or counteract, the given biological facts.

Thus, I first concentrate on correcting the existing, biologically incorrect and misleading statements from ENT-medicine about the ear.

Only a change in public awareness regarding our auditory and vestibular organs would immediately change the peoples' general situation of the ear to the positive: Away from the ignorant, continuing exploitation of our own ears, to an understanding and compassionate cognition of our ears and its distress signals, and to an intelligent, protecting way of dealing with our ears.

Concurrently with the negation of the inner ear organ, the therapeutic progress made possible by Low-Level-Laser therapy is presently still broadly ignored by our current university physicians, especially by university ENT-medicine; and this in spite of steadily increasing international verification of this therapy.

I as a physician can thus only work on this topic using my own moderate possibilities on my own initiative.

Opposing the own professional group is no pleasure to anyone, also not to me.

Furthermore, it is no fun to be seen and treated as a more or less "obscure" outsider by colleagues, and also in the public.

Irritating habitual patterns of thinking and of imagination brings you no love.

Also not from the audience.

Consequently, at least I have had to put a lot of effort into my patients, every day for 25 years. This text, and all my generally accessible Internet information are part of this effort.

The Individual Initiative of the Affected People

The biological facts presented in this text, about the inner ear organs and their symptoms of overstrain, have been known for many years within the circle of experts, and they are clearly comprehensible and verifiable for everybody!

Considering the power relations within our health care system, I slowly but then clearly realized that this system cannot be impressed only by biological logic and therapeutic effectiveness, as long as this does not serve the own interests, or as long as it is even contrary to them.

Only if a medical innovation can be collected by the presently dominating forces of our health care systems, and only if it can be economically realized by the existing groups of interest, it will have the chance to be broadly and extensively brought to bear, respectively to its real necessity. You should consider this when you pass your verdict.

Presently, there is no economic force within our health care system, that could economically benefit from nursing and healing our auditory and vestibular organs.

Consequently, in the area of prophylaxis and self-aid for inner ear overstrains, we are far away from a broad strategy supported by many powerful groups of interest.

For this, the positions and strategies of the groups of interest, which are making enormous monetary profit from the further continuing overstrain of our auditory and vestibular organs, are much too strong and powerful.

The same applies to the currently only therapy of hyper- and dysacusis, ear pressure, hearing loss, hearing impairment (also hearing impairment in children), tinnitus (sounds inside the ear), otogenic vertigo, Ménière's disease and conditions after auditory trauma, that is biologically positively effective in a generally provable and noticeable way: high-quality Low-Level-Laser therapy (LLLLT).

None of the „Big Players“ that call the shots in our official health care systems has any kind of interest in taking a stand for a new, efficient therapy that does not benefit his own interests.

This applies to the pharmaceutical industry, which offers you ginkgo, so-called blood-flow-stimulating medicine, cortisone and infusions of all kinds, up to psychotropic drugs and antidepressants, and so-called health supplements, as a solution for your problems. This especially applies to the „Big Players“ of the hearing aid-, noiser- and cochlea-implant industry, and the expert-university-interest groups strongly connected to them, including the people who run ambulances and clinics, and the acousticians, that offer you their services and products especially for the ear.



Adults with Hearing Aids



Young man with Cochlea Implant

Accordingly, dear readers, the only solution if you want to keep your ears healthy, or if you want to get out of (save yourself from) the vicious circle of already existing inner ear overstrain, is your own initiative:

As ENT-medicine has been successful in depriving the public from simple and comprehensible information about our inner ear organ and its symptoms of overstrain, you might need a little patience in order to be able to step-by-step get an idea on your own. Do not feel discouraged from doing this, because in the end, the connections are far less complicated that they might seem to you right now. The best starting point for getting to know your own inner ear organs are your own feelings and experiences, in addition to some basic information that you get from the text.

Make your own Judgments!

Please check all pieces of information and all recommendations, regarding you personal situation, that you got from the respective ENT- physicians, professors, your acousticians, and all others offering therapy.

- Is it comprehensible to you?
- Is it logically conclusive?
- Does the information you got correspond to your own experiences and feelings?
- Does the information you get about your situation help you?
- Does your condition improve when you follow these recommendations?
- Do you feel like you have been adequately informed about your ears?
- Have the recommended procedures and the then conducted therapies helped you so far?
- Do you have a better “ear feeling” than before?
- What do other people who suffer from inner ear overstrains tell you about their disease?
- Do you recognize aspects of your own situation when listening to their remarks?
- How are their experiences with therapy?
- Have you ever experienced the things those people tell you yourself, or something similar?

Then please, in the same exact and critical way check the information on your inner ear organ any your personal situation, that we give you in this text.

- Is it comprehensible to you?
- Is it logically conclusive?
- Does our information correspond to your own experiences and feelings?
- Does the information we give you about your situation help you (e.g. active protection against every-day noise)?
- Does your condition improve if you follow our recommendations and information?

And of course our most important question for you:

- Has our therapy already helped affected people?

In this context, I recommend our patient reports on www.tinnituspatient.de, as well as on the patients' websites listed there, and on www.dr-wilden.de.

Do not wait for a solution “from above” regarding the inner ear problem!

It will not come from there, at least not for a long time. Fortunately, you will not have to wait any longer for a signal “from above”, when it comes to the solution of your personal inner ear problem. The solution exists; it developed “from the bottom up”. You only need to use it for yourself. With this text, I want to give you the necessary information for this purpose.

More and More of Our Children Have Problems With their Ears

A study conducted from 2007 to 2009 by the Hessian ministry of education and cultural affairs showed that 28 per cent of the children aged between 5-18 years suffer from hearing impairments, and that only 14 per cent of the male pupils and only 26 of the female pupils have sufficient feeling of balance.

Nationwide, this is a total number of more than 500,000 children with auditory and vestibular disorders who need treatment. We must assume that the number of affected children has been continuously increasing since then.

At the same time, measurements of sound levels in large school halls (gyms, break halls), showed that the sound level temporarily becomes so high (90 – 120 dB), that almost nothing can be understood when speaking at a normal noise level (40 – 60 dB).

Even in normal class rooms, noise levels up to 87 dB were measured. Measurements of sound levels in kindergarten groups showed values between 80 dB (playing) and 120 dB (romping around). Industrial noise protection is obligatory at a level of 80 dB!!!

The authors of the study arrive at this conclusion:

„Noise pollution has increased during the last years. It is therefore absolutely necessary to minimize every-day noise pollution.

Education and prevention regarding noise pollution and the resulting damages is one of the main goals of health-conscious pedagogy.“

An essential precondition is therefore to finally support and develop an open and generally understandable information policy regarding adults' rampant auditory and vestibular problems. As early as 100 years ago, Robert Koch, discoverer of the tuberculosis pathogen, wisely said: „One day, mankind will have to fight noise the same way as it fought cholera and the plague“. This day has already come.

What should be the future of our ears, if we continue like this?
 First every 20. child, than every 10. child, then every second child “provided” with hearing aids or cochlea implants?



„One day, mankind will have to fight noise the same way as it fought cholera and the plague.“

Robert Koch (1843 -1910) discoverer of the tuberculosis pathogen (*Mycoplasmata tuberculosis*)

A Lot of People are Committed to Preserving our Own and our Children's Ear Health

Pedagogues and social scientists get involved, institutions for statutory accident insurance and prevention, and industrial medicine are committed to this problem, engineers and developers of low-noise cars, household appliances and industrial machines get involved, also architects of schools and kindergartens, and traffic- and urban planners. There are dedicated local initiatives against aircraft- and traffic noise and for public spaces with no acoustic irradiation, initiatives for the day against noise, and committed authors of picture books, such as “Die wunderbare Ohrschnecke” (means: The wonderful cochlea) (www.mausini.com); there are dedicated patient initiatives (www.tinnituspatient.de), and many more.

But why do all these efforts not reach our opinion leaders?
Why do all these “well-meant” efforts seem kind of helpless? Why do they still not reach the public, which is usually interested in all topics that deal with health?

In my opinion, this is because of the people who have no interest in the preservation of our and our children's ear health. The people who consequently do not take a stand for drastic prophylaxis of inner ear overstrains.

Who is not Committed to Preserving our Own and our Children's Ear Health?

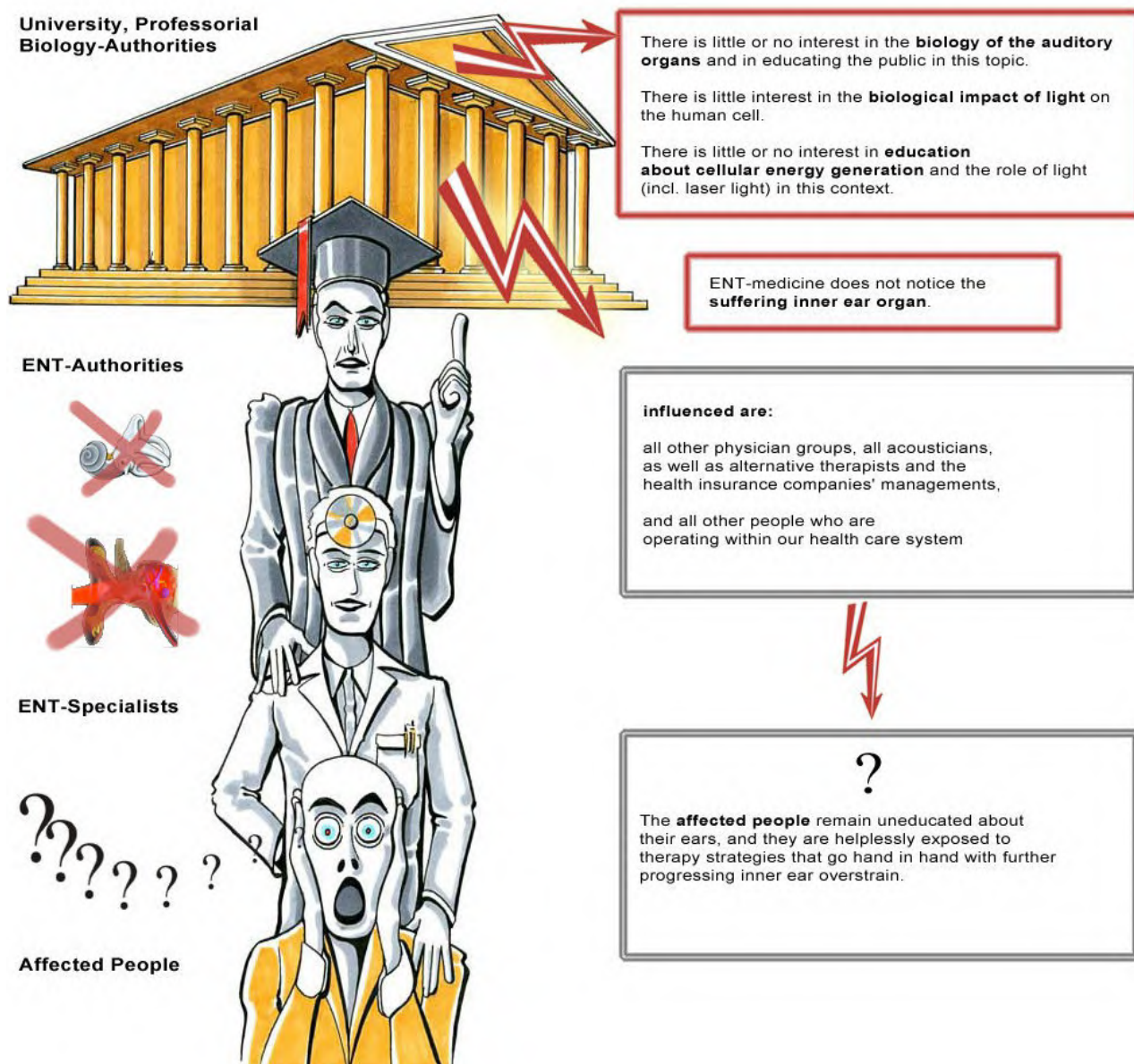
Unfortunately, not a single one of the university clinics all over the world is committed to ENT (ear, nose and throat medicine), not a single organization of medical specialists, not a single organization of audiologists, not a single organization of globally operating acousticians or acoustician-chains is involved, and not a single university- or otherwise suitable cochlea implant center is dedicated to the matter of efficiently educating the public.

Furthermore, not a single representative of the globally acting hearing aid- and cochlea implant industry is committed to the prophylaxis of hearing disorders.

How could they be interested in reducing their number of clients? Just like all other economic structures, they have to make sure that their sales are continuously increasing. However, it is astonishing that until now these simple connections have been almost completely ignored by the public.

It is alarming that almost all other groups of physicians, alternative practitioners, or otherwise operating therapists make no efforts regarding this public education! How can this be possible?

The Medicine Business is Structured Hierarchically



The Power Structure Behind the Global Ear Problem

For me, the wide-spread academic disinterest in our inner ear organs is basically only describable, not understandable.

Biological-university fundamental research on the inner ear organ is either not existent, or it has no public, preventive effect.

The general social lack of knowledge and information regarding our inner ear organs is growing unrestrictedly.

You can verify this if you think about the information I am giving you on the inner ear organ and the auditory and vestibular cells located there: Have you been aware of these facts or not?

The fundamental research's lack of public effectiveness goes hand in hand with university ENT-medicine that also does not show any interest in the inner ear organ.

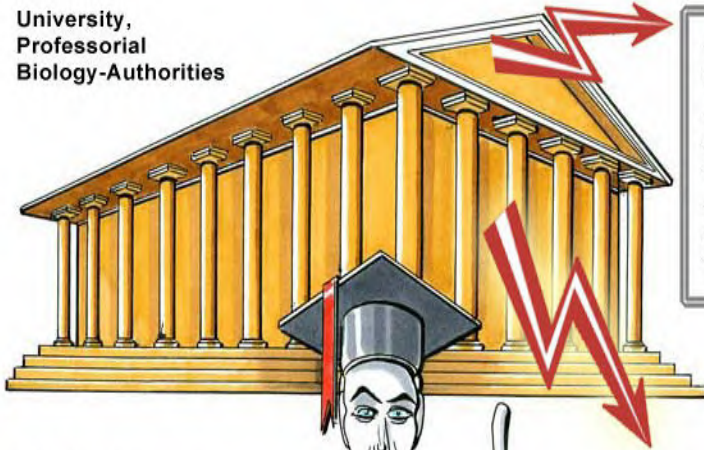
This again influences the whole ENT-medicine, and both together again influence the whole medical profession, as well as all acousticians and also many alternative therapists, the insurance companies and other people operating in the health sector, as well as all kinds of media and thus the whole public, including politics and the economy.

Altogether, this is a merely “impregnable fortress” of academic opinions and economic interests.

Nevertheless, we will have to make a decision about what we prefer:
Preserving our auditory and vestibular organs and those of our children and grandchildren, or the apparently soothing certainty that those “up there”, or “our ENT-universities” and “our ENT-specialists” and “our acousticians” and “our cochlea implant industry” will know what is best for us and our ears.

The Biologically Incorrect Statements of the ENT-Universities

University,
Professorial
Biology-Authorities



There is little or no interest in **the biology of the auditory organs** and in educating the public in this topic.

There is no contradiction against **the biologically incorrect statement** of ENT-medicine: "Auditory and vestibular cells are not able to regenerate".

There is no or little interest in the **huge number of already existing and newly developing conditions of inner ear overstrain** from which the whole population has to suffer.

ENT-Authorities



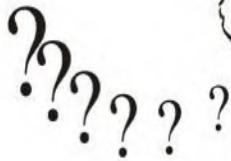
"Auditory and vestibular cells are not able to regenerate!"

"As a consequence, already existing hearing disorders are permanent, fateful, fundamental, and incurable 'for all eternity'."

"The only possible therapy are hearing aids and cochlea implants."

"The biological condition of the inner ear organ is not relevant for therapy."

ENT-Specialists



Despite these statements, ENT-medicine is not developing or publicly offering any strategies for the prevention (prophylaxis) of hearing disorders. ?

Because if it was true that auditory and vestibular cells could not regenerate, logically ENT-medicine would have to put great efforts in protecting those allegedly non-regenerative cells from overstrain. Instead, those allegedly non-regenerative sensory cells are further exploited by hearing aids.

Affected People

The Biologically Incorrect Statements of the ENT-Universit

The biologically clearly incorrect main university dogma is:

„Auditory and vestibular cells are not able to regenerate! As a consequence, already existing hearing disorders are permanent, fateful, fundamental, and incurable 'for all eternity!'”

They thus claim that there is no other possible therapy for the affected people than getting used to hearing aids.

Right now, this basic message dominates the entire global ear problem.

The biological consequence of this approach is steadily progressing overstrain of the already damaged inner ear organs, caused by sound amplification of the hearing aids.

This leads to more and more people being brought to total overstrain of their ears, and thus to a cochlea-implant.

Our Auditory Cell's Biological Regeneration Capacity is an Everyday Experience

The biological truth is that the auditory cells are the biologically strongest (this means with the highest regeneration capacity) of all somatic cells.

I want to offer you three simple examples, so you can personally test this statement:

1. The first perception when we wake up from being unconscious or from anesthesia is hearing noise and voices, because our auditory cells are the first body cells to recover from anesthesia or intoxication (narcosis), due to their biological strength (= their individual regeneration capacity).

2. In former times, people most often died at home, within the family circle. It was customary to close the decedent's eyes, to tie up the chin and to fold the hands. However, it was absolutely, for-the-love-of-God-forbidden to talk or argue about the inheritance, because the "last thing" to fall asleep when dying are the auditory cells of the decedent.

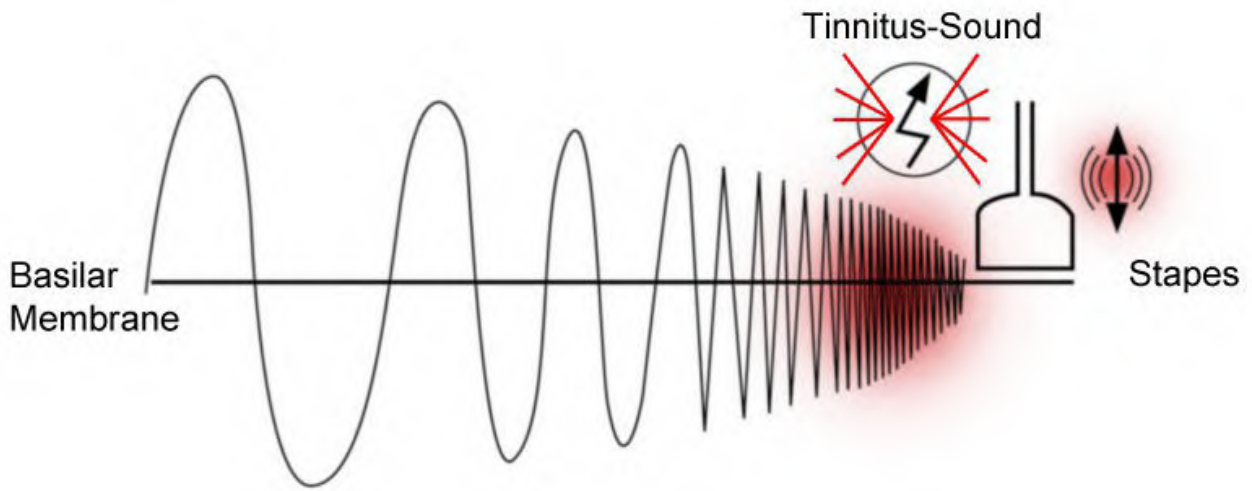
3. Everybody who protects his or her ears for a couple of hours experiences that this dogma is incorrect. He or she realizes that for a short time after this, the hearing has become more clearly (= better) than before. The auditory cells consequently have noticeably regenerated for a short time, this means they are basically able to regenerate.

Hearing aid users experience the same if they do not use their hearing aids for a bit longer.

The Biological Background of our Auditory Cell's Strong Regeneration Capacity is Clear

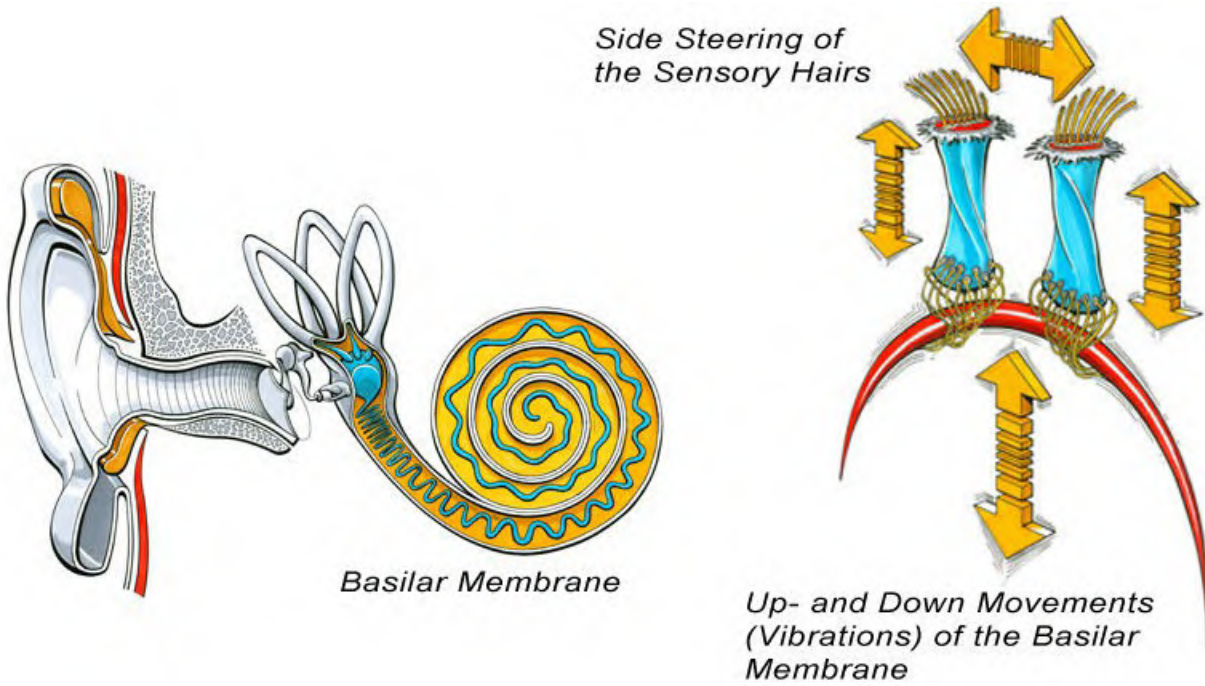
a) Defining their cell-type, they are nerve cells. As a matter of common knowledge, nerve cells have the highest regeneration capacity of all somatic cells. This is due to nerve cells generally not being able to regenerate by means of cell division, because of their high degree of specialization. This means that they have to work for us and survive as the same cellular individual for a whole lifetime, over a period of several decades. This only works out because nature equipped them with the highest regeneration capacity (toughness), in order to compensate for the inability to regenerate by means of cell division. This is a basic biological fact.

b) Of all nerve cells and sensory cells, the auditory cells are the ones who must bear the highest mechanical stress when doing their daily work. This is due to their location on a vibrating membrane, the so-called basilar membrane, which is moved by every noise, by every acoustic sensation. The vibration pattern of the basilar membrane, that all our 25,000 auditory cells are subjected to, is the same as the pattern of a guitar or piano string.



Vibration Pattern of the Basilar Membrane, which Mechanically Stresses the Auditory Cells

In addition to the thereby caused vertical mechanical stress on the auditory cells, they are at the same time exposed to massive horizontal pulling and moving forces during every hearing process. Those forces affect the entire auditory cell and its delicate cell protuberances, the auditory cell's so-called hairs (hair cells).



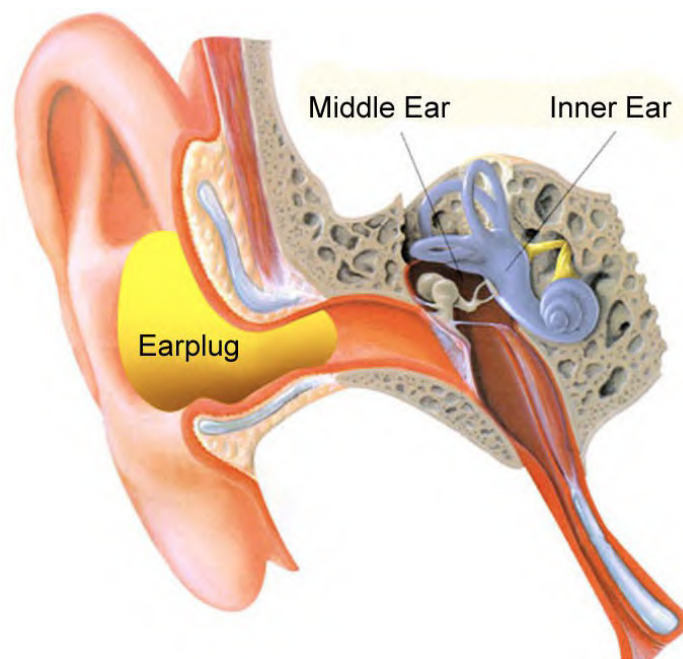
Cross section through our inner ear with depiction of the so-called basilar membrane, which vibrates with every hearing process, and where all 25000 auditory cells (organ of corti) are located.

Mechanical Stress on the Auditory Cells During Every Hearing Process

In contrast to our ENT-medicine and in contrast to the completely unaware public, biological-evolutionary intelligence knows about these connections. Consequently, nature proceeded at this point just like every engineer building a machine, using e.g. the best kind of steel for the place of the highest material, stress. This also is a basic biological fact, comprehensible to everybody.

Only this short description by the university ENT-experts of the biological realities in our ears would suffice to make efficient therapy for already existing inner ear overstrains possible, and also to accomplish broad prophylaxis of inner ear overstrains, because our auditory cells are only that tough because they use every work pause for regeneration.

This again means that broad education about the nature of our auditory and vestibular cells would make efficient prophylaxis and at the same time biologically optimal first aid for inner ear overstrains possible for the people.



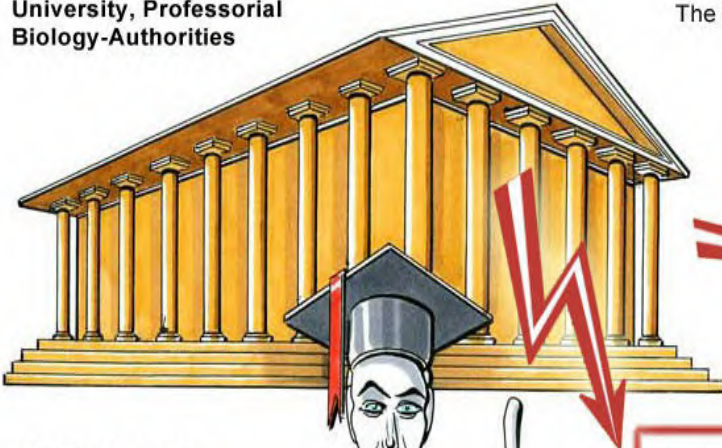
Active Self-Protection Against Every-day Noise Is Not Only Protection, But Also Therapy

ENT-Medicine Takes Away the Inner Ear Organ's Distress Signals

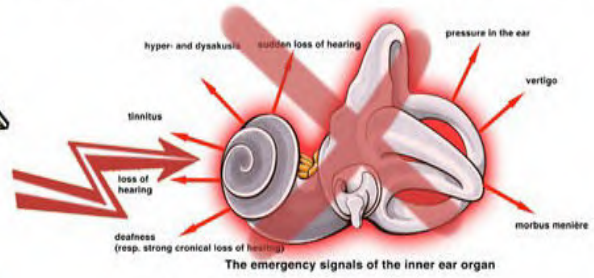
In order to keep on ignoring the biological realities of the inner ear organ, so people do accept the steadily increasing hearing aid usage, all organ-specific distress signals have to be taken away from the inner ear organ.

This again determines the clinical every-day-life, and thus the fates of the affected patients. Their reality then looks like this: They go through all common ENT-therapy-offers that can be billed, so they then can be sent to various specialists, and from there on they go through an often long odyssey of various healing approaches.

**University, Professorial
Biology-Authorities**



The inner ear organ's biology is not publicly discussed.



ENT-Authorities



Tinnitus (sounds inside the ear) "does not come from the inner ear, but is caused by the brain of the affected person. If necessary, treat with hearing aid! The biological condition of the inner ear is not relevant for therapy."

„The patients' acoustic centers are whistling themselves a song!“ or „The neurons are talking to each other“ (statement of the tinnitus-research-center in Regensburg) ???

„**Hyperacusis** (auditory hypersensitivity) does not exist, or if the patient perceives something like that, this is attributable to his/her psyche (and not to the inner ear or the auditory cells located there)! The biological condition of the inner ear is not relevant for therapy.“

Dysacusis (auditory distortion) „does not exist; If it occurs, it is probably mental. (and not caused by the inner ear or the auditory cells located there)! The biological condition of the inner ear is not relevant for therapy“.

Ear pressure „does not exist, if you nevertheless perceive this, it must be mentally caused. The biological condition of the inner ear is not relevant for therapy.“

Vertigo (dizziness) „is fateful, after various clarifications. The biological condition of the vestibular cells is not relevant for therapy! Of course this has got to do with your psyche! If necessary, threat with hearing aids!“

Ménière's disease (spinning sensation and throwing up) „is fateful, after various clarifications, and cannot be influenced. The biological condition of the vestibular cells is not relevant for therapy! If necessary, threat with hearing aids!“

Hearing Impairment (also hearing impairment in children) „is fateful, inevitable, and can only be treated with the earliest possible prescription of hearing aids!“

Hearing Loss „is fateful, of course mental, and if necessary to be treated with hearing aids as early as possible! The biological condition of the vestibular cells is not relevant for therapy!“

ENT-Specialists



Affected People

“Altogether, every disorder of the ear can also come from the cervical spine, the head joints (atlas), the jaw joints, pelvic obliquity, or generally from tension, high blood pressure or various other things.”

ENT-Medicine Takes Away the Inner Ear Organ's Distress Signals

The Official Statements of University ENT-Medicine Regarding our Inner Ear Organs' Distress Signals

„**Tinnitus (sounds inside the ear)** does not come from the inner ear, but is caused by the brain of the affected person.

If necessary, treat with hearing aids!

The biological condition of the inner ear is not relevant for therapy.”

„**The patients' acoustic centers are whistling themselves a song!**” or „**The neurons are talking to each other**“ (statement of the tinnitus-research-center in Regensburg) ???

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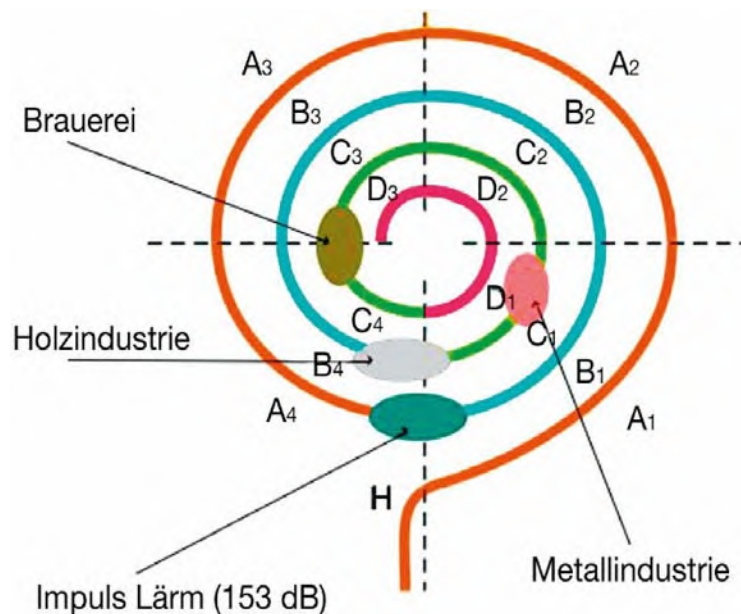
The biological condition of the vestibular cells is not relevant for therapy!”

“Altogether, every disorder of the ear can also come from the cervical spine, the head joints (atlas), the jaw joints, pelvic obliquity, or generally from tension, high blood pressure or various other things.”

ENT-Medicine Suffers from Double Perception Regarding our Inner Ear Organ's Distress Signals

After auditory trauma (also known as acoustic shock or acoustic trauma), there is damage inside inner ear organ, exactly correlating with the quality of the noise that acted upon the ear. The same applies to job-related long-time exposure to noise of certain qualities.

For example people who work at a brewery are exposed to noise qualities (bottle washing machines) that differ from those of metal-working factories or factories in the wood-working industry. The respective inner ear overstrain patterns inside the cochlea are consequently also different:



Assigning Typical Noise Profiles to the Locations of Overstrain that they Cause in the Cochlea

This is a result of occupational health research on the inner ear, and this cannot be ignored by ENT-medicine (see my book „Save Your Ears“, page 54-59). This research is the basis of standards of

- industrial noise protection
- business noise protection
- evaluation of aircraft- and traffic noise
- statements of organizations (e.g. WHO) and of state, non-state-, national and international organizations and
- pension claims and procedures according to the employer's liability insurance associations

People whose inner ear damages are recognized as job-related, or approved by employer's liability insurance associations, do subjectively experience the exact same symptoms of overstrain (distress signals) as "normal patients". People with inner ear overstrains approved by employer's liability insurance associations do suffer from the same distress signals as people with inner ear overstrains that are not approved by the employer's liability insurance associations: Hyper- and dysacusis (auditory hypersensitivity and auditory distortion), ear pressure, tinnitus (sounds inside the ear), hearing loss and hearing impairment, otogenic vertigo (dizziness) and Ménière's disease (spinning sensation and throwing up).

Their hearing curves show exactly the same conditions of overstrain as those of the people whose hearing diseases are not approved by the employer's liability insurance associations.

This means that ENT-medicine indeed associates the auditory damage of people whose hearing diseases are approved by the employer's liability insurance associations with the factors noise and noise level, and their impact on the inner ear organ. Well, there is no other possibility, as the respective obvious scientific findings and correlations are simply there. Simultaneously, as already comprehensively presented, the same ENT-medicine tells the normal population that their distress signals have nothing to do with their inner ear organs!

**University, Professorial
Biology-Authorities**

The inner ear organ's biology
is not publicly discussed.

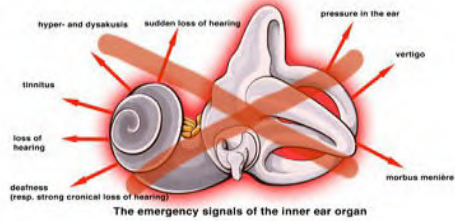
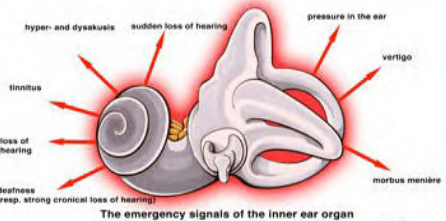


ENT-medicine acknowledges that inner ear overstrains and the respective symptoms that are approved by the employer's liability insurance associations are caused by noise and noise volume.

The noise- and noise volume overstrains of the inner ear organ caused by every-day noises are not acknowledged by ENT-medicine a such, but they are associated with various other causes: cervical spine, jaw joints, pelvic obliquity, etc. "The acoustic center is whistling itself a song" (Tinnitus Research Center University of Regensburg)

Noise protection is recommended (at least at a level of 80 dB)

Lautstärkenschutz wird nicht empfohlen „Klappen Sie Ihre Ohren lieber nach aussen“ (Tinnitus Sprechstunde des Klinikums Charité Berlin)



The double perception of ENT-medicine regarding inner ear overstrains that are approved by the employer's liability insurance associations, and those of the normal population.

This behavior is inexplicable, at least that is what I think, as it has serious negative consequences for the health of the entire population.

If somebody should know (!) the obvious findings of noise research and occupational medicine, that have been known for decades, then it is our university ENT-authorities, as well as all ENT-specialists.

Considering the connections presented above – if you are aware of those connections, how could you tell e.g. a young woman who suffers from high-frequency tinnitus and who additionally has the respective changes in her hearing curve (high-frequency decline), a young woman from whom you know that she works as cashier at the checkout counter and who thus is continuously exposed to high-frequency beep sounds that exactly “beep into” her overstrained high-frequency auditory cells, how could you tell her that her suffering must have something to do with a malfunction in her brain, with her psyche, with her marriage, with her mother-in-law, etc., etc...?

Our federal republic is otherwise so communicative – Shouldn't we finally start also discussing such problems regarding our ears?

Some Basic Biological Facts Regarding ENT-Medicine's Arguments Described Above

Stress: The inner ear organ is our military early-warning- and escape-organ.

Every single one of us can experience this property of our auditory organs, if he/she goes for a walk in the woods when it is dark.

We need it for the most horrible stress situation imaginable – If one of our natural enemies is lurking behind us and wants to attack us. In these moments, we must hear our natural enemies as early as possible, we must locate them (in most cases they are behind us, where we cannot see them), and at the same time we need an unimpaired balance system so we can get away. Evolution is not interested in us or other living beings suddenly having a case of acute hearing loss, or tinnitus, or any other kind of inner ear overstrain, induced by stress.

Have you ever heard of a rabbit suddenly experiencing hearing loss or something similar, because he was chased by a fox?

Because of the reasons mentioned above, evolution made the inner ear particularly resistant against stress.

However, nature could not foresee the fact that we are using our ears all the time, and that we do not want to understand that this can lead to conditions of overstrain.

Cervical spine, jaw joints, pelvic obliquity etc :

As previously explained, the inner ear organ is well protected because of its position in the skull base. Amongst others, this position has the function of sparing the inner ear organ from the influence of mechanically straining body structures, such as the cervical spine including the head joints or the jaw joints.

Nature is not interested in dogs or a tigers suffering from inner ear overstrain because they were chewing on a bone.

There are a lot more examples to underline the biological-anatomical nonsense of the current arguments in regard to the inner ear problem.

Again, we have reached the point when I only can advise everyone to use common sense when dealing with the inner ear problem.

The Acute Triggers that Deteriorate the Ear's Condition are not its Original Cause (Except in the Case of Auditory Trauma)

It is a well-known fact in medicine, that additional stress factors on an already organ-specifically stressed organ are perceived on this very organ.

Thus it is also just natural that it is clearly perceivable for the patients, if their inner ear organ which is already handicapped by our civilization's every-day noise is strained further by additional stress factors.

Consequently, for example conditions of psychic stress can indeed have an impact on the ear, in such way that it triggers worsening of the ear's condition, e.g. hearing loss.

The following situation is a perfect example for this connection:

A 60-year-old farmer is sitting on his garden bench with his 30-year-old son. Suddenly, he starts rubbing his knee, which is affected by arthrosis, and he says to his son:

“Tonight, there is going to be a storm, I feel it in my knee, we need to bring in the hay.”

His son, having strained his knee joints for 30 years less, feels nothing in his knee. Of course, everybody knows that it was not the approaching storm that triggered the pain in the farmer's knee, but that this pain was caused by the farmer himself, having overstrained his knee joint in the course of his life with hard physical labor. This is the cause of his knee arthrosis. Only when he got the arthrosis in his knee, did he feel the approaching storm in his knee joint.

In medicine, one must not make the mistake of confusing cause and effect. The sensitivity to changes in the weather is a consequence of organ strain, not its cause.

Also in the case of hearing loss, it is the same as in the previous example: The stress that is probably existent in the acute trigger situation is not the actual biological cause of what is happening, but it is at best “the last straw that breaks the camel's back”.

Of course, this especially applies to the ear, because the auditory, as well as the vestibular cells are by nature very resistant and both cell types are going through a long phase of silent overstrain before they reach a condition of perceivable overstrain.

Another example is caries pain. The moment you perceive this kind of pain, e.g. when enjoying delicious ice cream or a piece of chocolate, you immediately know that not this certain piece of chocolate or the ice cream is “responsible” for your toothache, but the many sweet candy you have allowed yourself before.

It takes some time until the caries has “eaten its way” through the enamel to the dental nerve. Just like it usually takes quite some time until we perceive the overstrain of our auditory and vestibular cells.

Of course, the same connections apply to inner ear overstrains that have been existent for a longer time. It is medically self-evident that all existing distress- and overstrain signals of the inner ear organ are negatively influenced by additional stress factors.

For example if you are angry because your boss annoyed you, and at the same time, or afterwards, your tinnitus, ear pressure, your hyper- or dysacusis, your hearing ability, your vertigo or your Ménière's disease, or you entire "ear feeling" gets worse, it is not your boss, nor your anger about him that is the cause for the acute worsening of your ear's condition, that you experience in this situation. Your organ-specifically pre- and overstrained and already sore inner ear organ only shows a reaction, along with you.

This also applies to tension or pain in the cervical spine, for general conditions of weakness, and for much more that has an effect on the overstrained inner ear, without being the biologic cause. Basically, everybody knows about these connections.

It is just striking, that especially inner ear patients are constantly stressed with biologically abstruse interpretations, such as: "it is your stress, it is your brain, it is your cervical spine, it is this and that, but it is definitely not your inner ear".

In regard to the cervical spine, I want to add that it does tense up in a compensatory way, every time our balance is impaired, and of course when we are afraid.

However, fear is the constant companion of all forms of inner ear overstrains. Thus it is very important to me to trace back all symptoms of inner ear overstrain to their biologic causes. The clear insight in the biological nature of what we perceive in our body (in our ears) is the best way to overcome a fear that otherwise threatens to become unpredictable and irrational.

Everybody whose inner ears are affected for sure knows what I mean right now.

The Inner Ear Organ's Biological Standards Are No Longer Considered by ENT-Medicine

At the moment, there is no clinically valid standard value for the inner ear organ in ENT-medicine. It is indeed biologically existent, and it is -20 dB, however in ENT-medical practice, usually the entire area from -20 dB to 30 dB is disregarded.

Normally, a hearing curve is only considered to be problematic when it sinks under the 30 dB-line.

The major part of symptoms of inner ear overstrains do however already occur when the hearing curve sinks under 10 dB.

This means that the entire early symptoms of a beginning case of inner ear overstrain are not seen by ENT-medicine in the hearing curve.

In regard to the biology of auditory and vestibular cells, this means that all their distress signals are not recognized by ENT-medicine, until they have reached the condition of clear biological overstrain.

When this condition has been reached, and the hearing curve in the speech range is sinking to, or under the 30 dB-line, ENT-medicine gets active and prescribes hearing aids.

This procedure is completely unusual for medicine.

In all the other medical disciplines, the biologically given standard values apply, and it is self-evident to observe the slightest deviation from the standard value, and to immediately inform the patient about it.

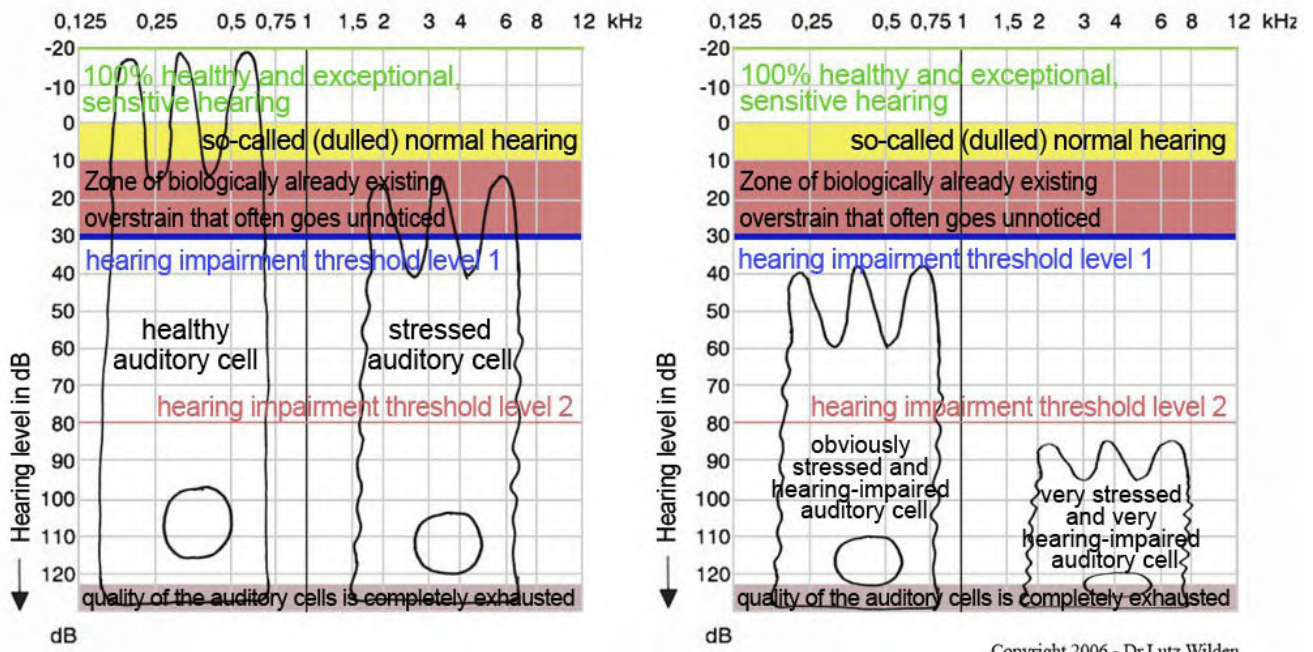
Amongst others, this is of course in order to counteract as early as possible against organ overstrain.

For example, if the blood sugar level, the urine acid level, or the liver values start to deviate from the standard, the patient is prescribed the respective diet measures.

In regard to the inner ear organ, it would help millions of affected people, if ENT-medicine recommended them to consistently protect their ears against every-day noise, even if only for a few weeks, when they see that the hearing curve sinks under 10 dB and they realize the respective early symptoms.

But this does not usually happen in reality.

This circumstance was an essential reason for me to publish the informational website www.dasgesundeohr.de, in order to provide the affected people with helpful information (= when experiencing symptoms of inner ear overstrain, actively protect the ears against every-day noise as early as possible for a few weeks).



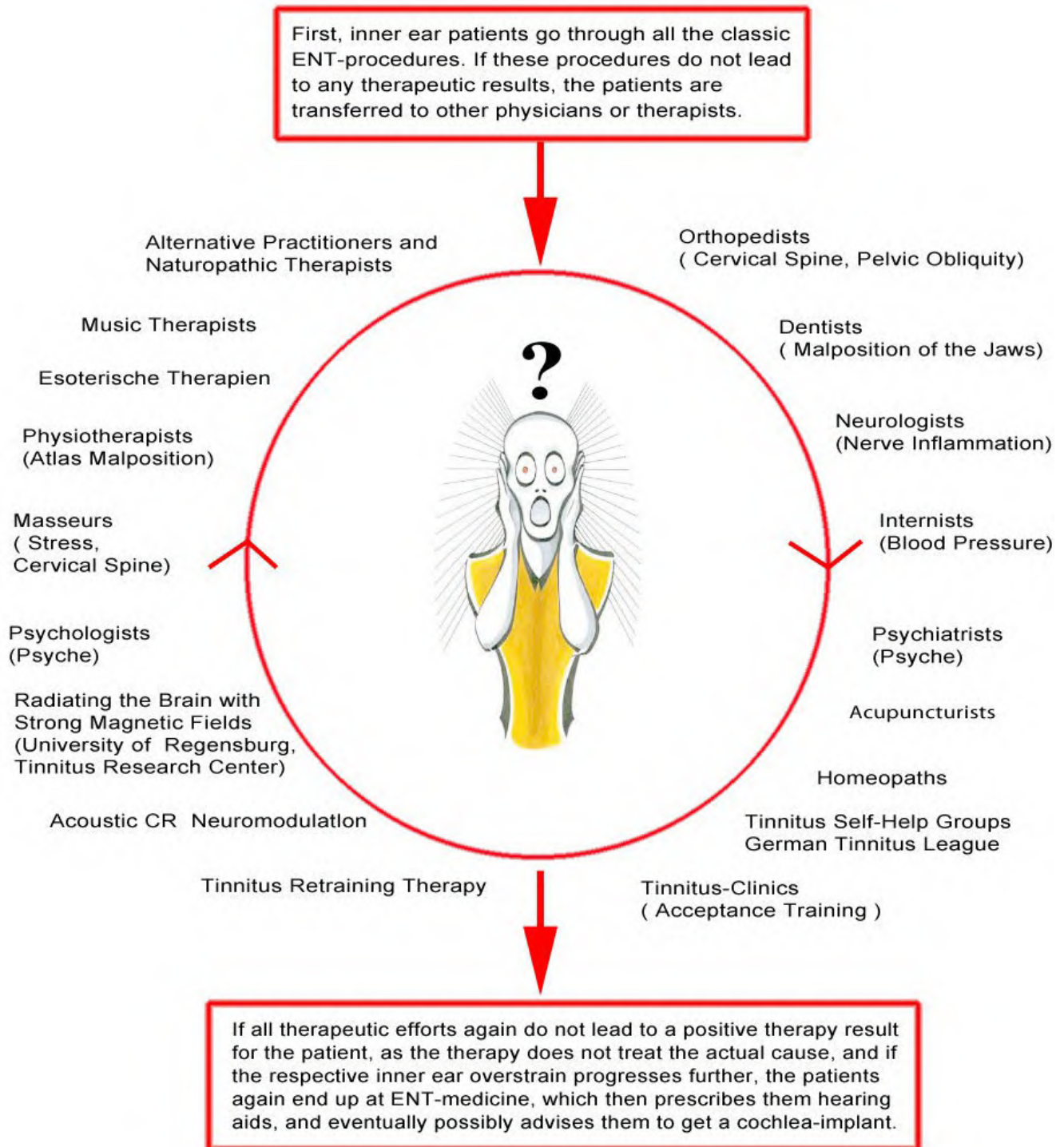
The hearing curve makes the auditory cells' biological quality visible.

For ENT-medicine, the biological condition of auditory cells that lie within the range of -20 to 30 dB is not considerable or important, and thus there is no treatment.

In contrast, the high-quality inner ear treatment with Low-Level-Laser light uses the early symptoms to very quickly achieve positive results for hearing curves that are still above the 30 dB line.

Inner-Ear-Patients' Therapist-Odyssey

Neglecting the biologic causes of hearing loss, hyper- and dysacusis (auditory hypersensitivity and auditory distortion), ear pressure, tinnitus (sounds inside the ear), hearing impairment, vertigo (dizziness) and Ménière's disease (spinning sensation and throwing up) inevitably sends the affected people on an odyssey of most diverse therapeutic attempts.



Schematic Illustration of a frequently occurring therapist-odyssey which inner ear patients have to go through

The Special Situation of Infants, Toddlers and Children in the Current ENT-Approach

At the moment, there is a tendency of prescribing hearing aids to children as early as possible. I think that this unfortunately happens due to very unreliable testing methods. Measuring the hearing ability of infants and toddlers is very difficult, because they cannot actively participate in a hearing test (audiometry), like adults.

The tests used as replacement, such as measuring the otoacoustic emissions, are very problematic, as they very often include many so-called artifacts. This means that even slight movements of the child's head during the measuring procedure can lead to inaccurate results.

This also applies to the so-called early detection screening for newborns.

The main argument for the early prescription of hearing aids for children is the fact that children must be able to hear, in order to learn to speak.

However, children's speech development and its evaluation starts at infancy-age, until preschool age.

Consider the massive biologic intrusion that hearing aids are for infants, toddlers and children, and think about the fact that this often consistently and quickly leads to further worsening of the hearing, again legitimizing the irreversible surgical implantation of cochlea-implants – In my opinion, especially children and their parents should be given enough time to await the actual hearing- and speech development of the child, and to have it accompanied by experts.

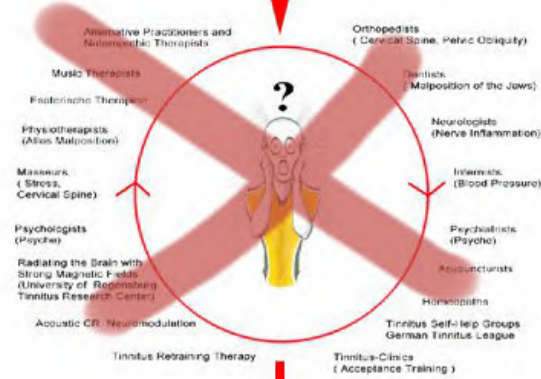
If the same costs that are currently occasioned by ENT-medicine for the early prescription of hearing aids, or the early implantation of cochlea-implants, were invested in intensive logopedic care for hearing impaired children, and in respective intensive expert support for the affected families (e.g. developmental psychologists or other experts specialized in exactly this problem area), I think that a lot of positive results could be achieved in this area.

In contrast, the current situation is that children have almost no chance to escape an increasingly aggressive hearing aid- and cochlea implant strategy.

While adults, as just explained, have at least the possibility during their therapist-odyssey to get other opinions about their individual ear problem from time to time, this is most often not possible at all in the cases of infants, toddlers, and children with hearing problems and their parents.

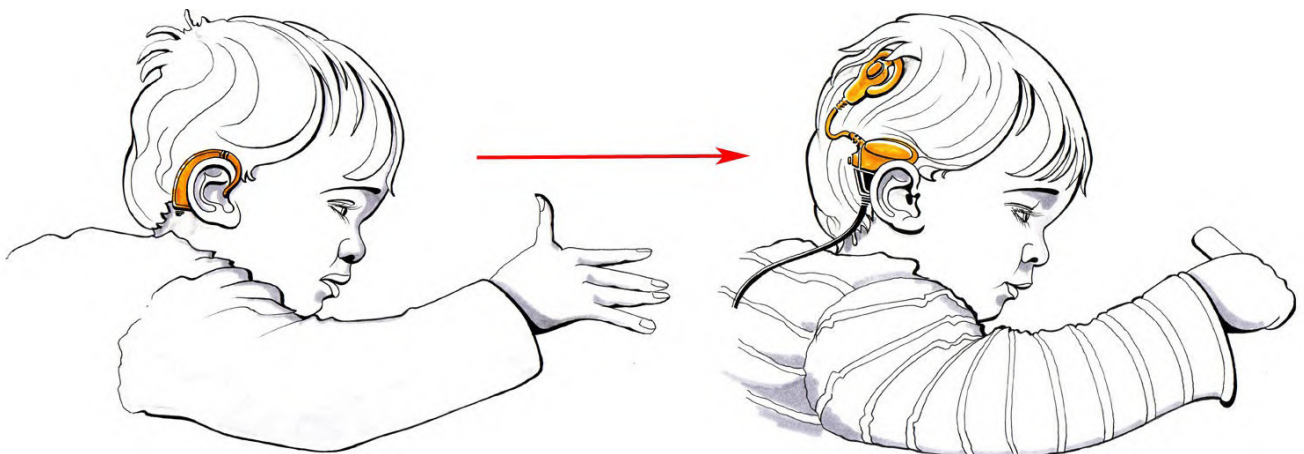
They usually are only taken care of by ENT-medicine. I think that this very important problem area should gain more public attention.

ENT-medicine's inaccurate measurements regarding newborns, infants, toddlers and children in a quasi unfiltered way lead to ...



... early hearing aid prescriptions, and this again leads to ...

... more and more cochlea implants.



Child with Hearing Aid and Child with Cochlea Implant

The Relevance of High-Quality Low-Level-Laser therapy for Children

My previous therapy experiences allow me to say that from the moment it becomes possible, that before hearing-aid prescriptions and cochlea implants, every hearing impaired child is given the chance to get a side-effect-free, painless, pleasant and biologically efficient (improving the hearing) high-quality laser therapy, many children would be spared from hearing aids and cochlea-implants.



*Therapy Situation of a Child Being Treated with highly dosed
Low-Level- Laser Therapy by Dr. Wilden ®*

Because of infants', toddlers', children's and young peoples' especially strong cellular vitality and the regeneration capacity of their somatic cells, including their auditory and vestibular cells, the bio-stimulative effectiveness of high-quality LLLT is very intense.

I offer all parents of hearing impaired children that the father, the mother or both can experience the hearing-improving effect of our therapy themselves, and that they get the results documented in my practice. I consider this to be the best and most fair way of treating children.

Unfortunately, it is currently impossible for me to find partners and supporters in our highly-industrialized Germany for a study with at least 10 children for the verification of the fact that e.g. children who are just facing hearing aid prescription experience such an improvement in hearing after only a few hours of our therapy, that the hearing prescription becomes unnecessary.

My Interpretation of the Inner Ear Organ's Distress Signals

As already repeatedly explained, hearing impairment in children, hearing impairment, acute hearing loss, hyper- and dysacusis (auditory hypersensitivity and auditory distortion), ear pressure, tinnitus (sounds inside the ear), chronic hearing loss, vertigo (dizziness), and Ménière's disease (spinning sensation and throwing up) are the distress signals of our inner ear organ.

Hyperacusis (auditory hypersensitivity)

is in my opinion the overstrained auditory cells "getting sore".

This way, the auditory cells want to tell us: „Avoid noise, because it hurts me.“

Dysacusis (auditory distortion)

is in my opinion a functional loss of the overstrained auditory cells.

This way, the auditory cells want to tell us: „Avoid noise, because it hurts me.“

Ear pressure

is in my opinion the swelling (edema) of the overstrained inner ear organ.

The development of an edema is the classic reaction of organs and biologic structures to overstrain (e.g. swelling of the knee. swelling of the liver etc.).

This can also be perceived as pressure inside the head, or as a general feeling of numbness.

Tinnitus (sounds inside the ear)

is in my opinion the distress signal of overstrained auditory cells.

This way, the auditory cells want to tell us: „Avoid noise, because it is harmful to me.“ The auditory cells are extremely specialized on acoustic signaling. They can only report us their biological overstrain (distress) in an acoustic way. It is the same with the eye; thus we experience the biological overstrain of the eye in an optic way (blow to the eye and seeing stars or other optic sensations).

Hearing loss

is in my opinion no individual disorder, but a case of quickly progressing inner ear overstrain.

Hearing impairment (also hearing impairment in children)

is in my opinion the overworked and exhausted auditory cells getting tired.

In the case of hearing impairment in children, often cumulative infections of the middle ear and the frequent usage of antibiotics lead to so-called toxic overstrain of the auditory cells. In addition, there are more and more cases of children's auditory cells being overstrained without clearly identifiable causes. However, the basic biological situation of the overstrained auditory cells in this case does not differ from the situation of hearing impaired children or adults.

Vertigo (dizziness)

is in my opinion the consequence of the biologically overstrained and exhausted vestibular cells which are not able any more to exactly achieve their signals and to transfer them to the balance center in the brain stem.

Their signaling gets slower and more inaccurate. We then perceive this as disturbance of balance (spatial orientation), or as dizziness, unsteady gait, general numbness etc.

Ménière's disease (spinning sensation and throwing up)

is in my opinion the gravest form of inner ear overstrain, where especially the vestibular cells in the labyrinth are massively affected.

Often comes along with ear pressure (swelling of the inner ear organ) and/or with numbness and intense existential fears.

The conditions of inner ear organ swelling often are faltering (fluctuating), and can come with severe attacks of rotatory vertigo.

In this case, the overstrained vestibular cells' ability to transfer exact signals to the brain stem is even more impaired than in the case of vertigo (dizziness).

Ménière's disease means a massive detrimental impact on the affected people's quality of life..

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The Inner Ear's Distress Signals and their Meaning from my Point of View

The Therapy of Hearing Impairment in Children, Hearing Loss, Hyper- and Dysacusis (Auditory Hypersensitivity and Auditory Distortion), Ear Pressure, Tinnitus (Sounds inside the Ear), Hearing Loss, Hearing Impairment, Vertigo (Dizziness), and Ménière's Disease (Spinning Sensation and Throwing up) with the highly dosed Low Level Laser Therapy By Dr. Wilden ®

Hyperacusis (auditory hypersensitivity)

Laser light radiation strengthens the wounded and thus noise-sensitive auditory cells, and consequently makes them more sensitive(=hearing improvement).

The pain when hearing is gone.

Dysacusis (auditory distortion)

Laser light radiation strengthens the overstrained auditory cells, the now more healthy auditory cells can overcome the previous functional loss.

Ear Pressure

Swelling always indicates acute biological overstrain. In the case of inner ear overstrain, the background of the swelling is the biological overload on the entire organ, and it primarily develops from the exhaustion of the cells that are responsible for keeping up the different salt concentrations of the inner ear fluids (peri- and endolymphs). As these cells are less biologically differentiated than the auditory and vestibular cells, they react more quickly to the strengthening effect of the therapy. Consequently, the swelling goes down (ear pressure) quite quickly.

Tinnitus (sounds inside the ear)

Laser light radiation achieves an improvement of the auditory cells' biological quality. If the auditory cells' biological distress is reduced, the tinnitus' aggressiveness and penetrance will decrease. First, the sounds inside the ear become more high-frequent (in the case of high frequency tinnitus), but at the same time „thinner, flatter, softer“. In general, during and after the treatment tinnitus behaves like the pain of a healing wound. (see: „Tinnitus Does Not Develop In The Brain“ on www.dasgesundeohr.de)

Hearing loss

Laser light radiation of acute inner ear overstrains very quickly achieves very good results. This is because of the overstrained auditory and vestibular cells that develop strong regenerative activity in an acute situation, and this can be acutely supported by laser light radiation..

Hearing impairment (also hearing impairment in children)

Laser light radiation strengthens the overworked and exhausted auditory cells. Thereby, the auditory cells' basic function improves in a clearly perceivable and measurable way. Especially if you (or a child or a young person) are just facing hearing-aid-prescription, usually even 2 therapy sessions per auditory organ are enough for you to experience this basic hearing-improving effect. Consequently, this offers you an alternative to hearing aids.

Vertigo (dizziness)

Compared to auditory cells, the vestibular cells are from an evolutionary point of view the older and tougher cells. Consequently, the biological strengthening achieved by the treatment of the vestibular cells is quickly perceivable.

This means that disturbance of balance and vertigo quickly ease and bit by bit even go completely away, when treated respectively.

Ménière's disease (spinning sensation and throwing up)

The same applies as in the cases of ear pressure and vertigo. Even in the most serious case of Ménière's disease, ear pressure and vertigo attacks are reduced and bit by bit even go completely away, when treated respectively.

In the course of the therapy of Ménière's disease with LLLT, short-term dizziness can occur every now and then. This is connected to the vestibular cells' increasing biological quality, and to their thereby improved signaling to the central balance-coordination-center located in the brain stem. It has to quickly re-adapt itself to the improved signaling of the regenerating vestibular cells.

However, the dizziness is usually flatter in those cases, this means less far reaching than the previously experienced situations of dizziness.

Nevertheless, the M.M. patient in particular needs good therapeutic guidance through his/her regeneration process (see „The Gentle Way To Improve One's Balance“ on www.dasgesundeohr.de)

Condition after auditory trauma

The auditory cells that are overchallenged by acute or chronic (often job-related) noise volume basically react the same way. highly dosed Low-Level-Laser therapy strengthens and vitalizes the traumatized cells and acquires a regeneration process that happens step-by-step, just like in the cases of all other kinds of inner ear overstrains.



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Laser light radiation strengthens the wounded and thus noise-sensitive auditory cells, and consequently makes them more sensitive (=hearing improvement).
The pain when hearing is gone.



Dysacusis (auditory distortion)
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Druck im Ohr
Eine Schwellung zeigt immer eine akute biologische Überforderung an. Im Falle einer Innenohrüberforderung ist der Hintergrund der Schwellung eine biologische Überforderung des Gesamtorgans und entsteht primär durch die Erschöpfung der Zellen welche für die Aufrechterhaltung der unterschiedlichen Salzkonzentrationen der Innenohrflüssigkeiten (Peri- und Endolymphe) verantwortlich sind.
Da diese biologisch weniger differenziert sind als die Hör- und Gleichgewichtszellen reagieren sie rascher auf die kräftigende Wirkung der Behandlung. Von daher klingt die Schwellung (Druck im Ohr) rasch ab.



Vertigo (Schwindel)
Die Gleichgewichtszellen sind gegenüber den Hörzellen evolutionär die älteren und zäheren Zellen. Von daher ist die durch die Behandlung erarbeitete biologische Kräftigung der Gleichgewichtszellen rasch wahrnehmbar.
Das heißt die Gleichgewichtsstörung und der Schwindel lassen rasch nach und verschwinden bei entsprechender Behandlung gänzlich.



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The treatment of distress signals of the inner ear organ with the high dosage low -level- laser therapy by Dr. Wilden



Therapy Situation of a Hearing Impaired Child Being Treated with LLLT

The Basic Biological Effectiveness

The term 'basic biological effectiveness' can be illustrated quite well with the example of pharmaceutical evaluation of an antibiotic (antibiotically operating substance).

Two Petri dishes are used for this purpose. Both are seeded with a bacterium.

Thereby, a bacterial layer develops on the surface of the Petri dish.

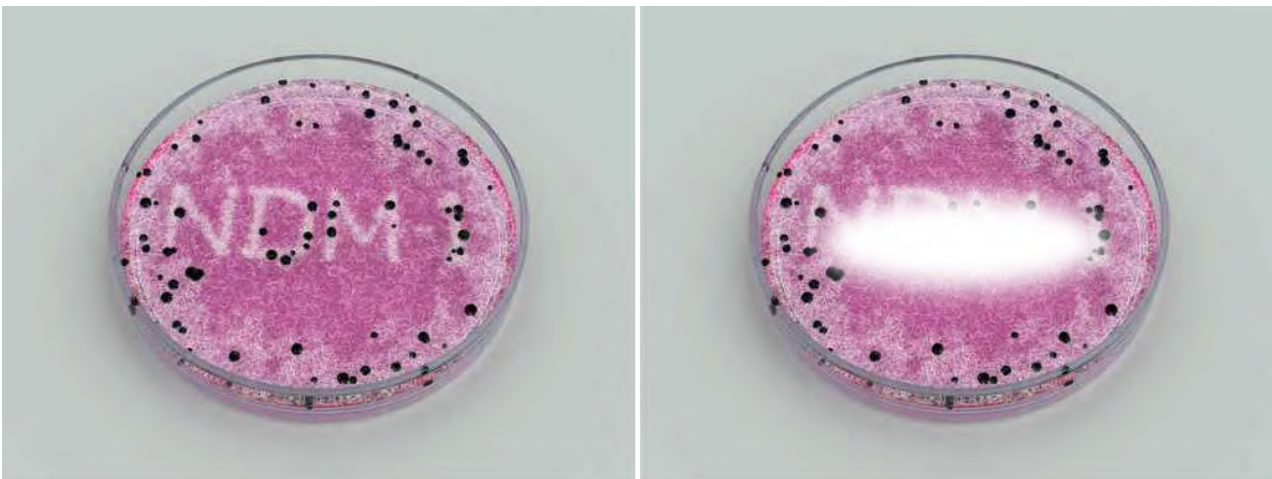


Two Petri dishes seeded with the same bacterium

Then, pure saline solution (sodium chloride solution) is applied to one Petri dish.

And the other Petri dish gets a saline solution that contains an antibiotically operative substance.

A so-called 'hindering ring' develops in the Petri dish with the antibiotically operating substance. This is a bacterium-free zone that is the result of the tested substance's antibacterial effect.

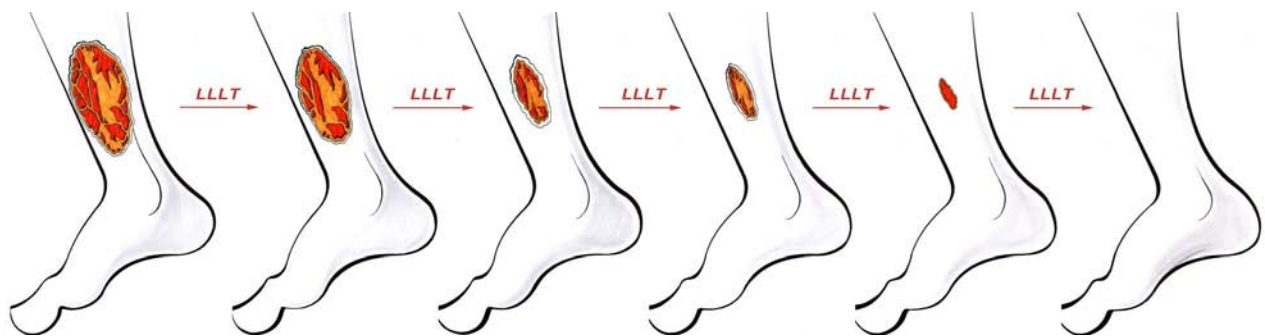


*Petri dish with pure solution of NaCl.
Here no bacteria free ring is built.*

*Petri dish with a solution of NaCl,
containing some antibiotic substance.
Here a bacteria free ring is built.*

The equivalent in Low Level Laser therapy (LLLT) to the just explained biological effectiveness of an antibacterial substance is the basic bio-stimulative effectiveness that is visible in the context of wound healing.

Stimulation of the wound healing of previously not healing wounds is the basic indication of LLLT. As early as 1962, it was observed and documented for the first time by the Hungarian surgeon Dr. Endre Mester in his practice in Budapest. Dr. Mester has been regarded as the father of LLLT ever since.



Progressing Wound Healing of a Previously Not Healing Wound (e.g. a so-called ulcerated leg = Ulcus Cruris) During a Therapy with Low Level Laser Light



Ulcus Cruris (ulcerated leg), before Laser Therapy

Ulcus Cruris (ulcerated leg), after 10 x Laser Therapy

Until today, this basic bio-stimulative effectiveness of LLLT in regard to wound healing has been verified thousands of times, and it has been officially recognized by the American FDA (Food and Drug Administration).

In addition to that, there currently are several thousand international scientific publications that examine and verify the general bio-stimulative, basic biological effectiveness of LLLT, by now for all somatic cells, also especially for the auditory cells and other nerve cells. (amongst others: www.primabooks.com.)

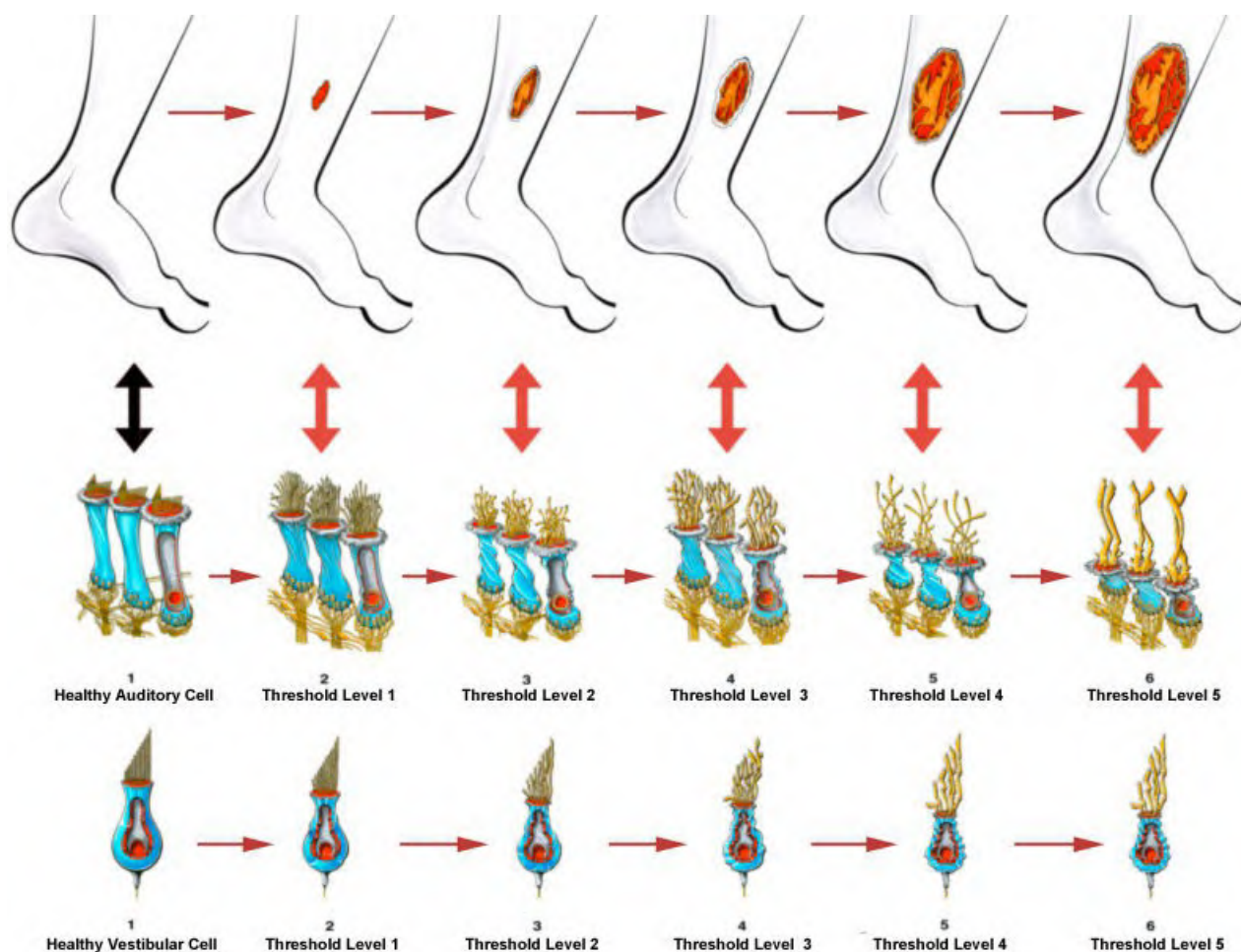
Until today, it has been normal for university medicine to discount this impressive clinical effectiveness of Low Level Laser therapy (LLLT) with the argument: "How is this supposed to work?"

Considering the technical side of medicine, as well as its primary task to develop biological problem solutions for the patients, this attitude is indeed hard to understand.

If you also consider that the biological mechanisms of action of many medications that are prescribed millionfold, e.g. aspirin (acetylsalicylic acid), are not really clearly known, the statement above seems very questionable, at least for me.

Our current academic handling of LLLT becomes completely incomprehensible when more and more people get the chance to learn about the fact that we have a scientifically clear explanation for the biological effectiveness of LLLT (see: www.biolaserlicht.de).

Visualizing the Gradually Proceeding Biological Overstrain of our Auditory and Vestibular Cells, Using the Example of Healing Ulcus Cruris

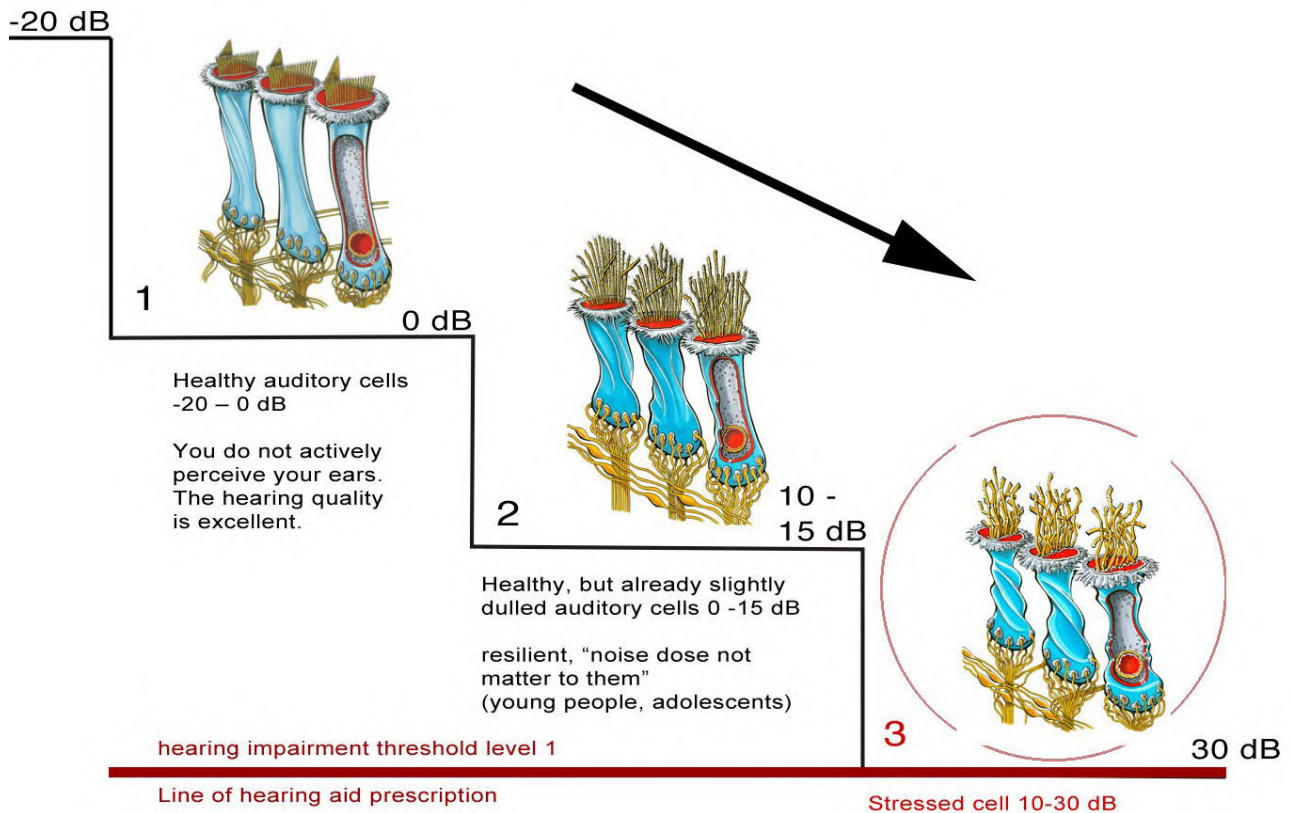


Hearing impairment in children, acute hearing loss, hyper- and dysacusis (auditory hypersensitivity and auditory distortion), ear pressure, tinnitus (sounds inside the ear), chronic hearing loss, hearing impairment, vertigo (dizziness), and Ménière's disease (spinning sensation and throwing up) are the distress signals of our overstrained auditory and vestibular cells, or of our entire inner ear organ.

From a biological point of view, those are symptoms of an internal overstrain wound, just like Ulcus Cruris (ulcerated leg) is a kind of biological overstrain that produces the typical symptoms of an ulcerated leg (pain, feeling of heaviness, exercise intolerance, swellings etc.).

Ulcus Cruris patients with bigger wounds suffer from more intense afflictions. Just like inner ear patients feel their afflictions (symptoms) increasing in the course of progressing inner ear overstrain.

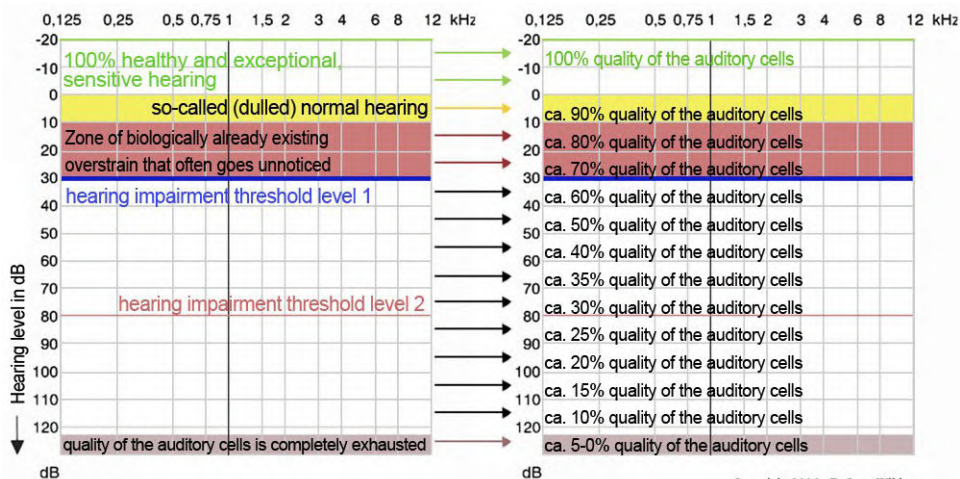
The step-by-step worsening of the auditory and vestibular cells' biological quality compared to your personal hearing curve:



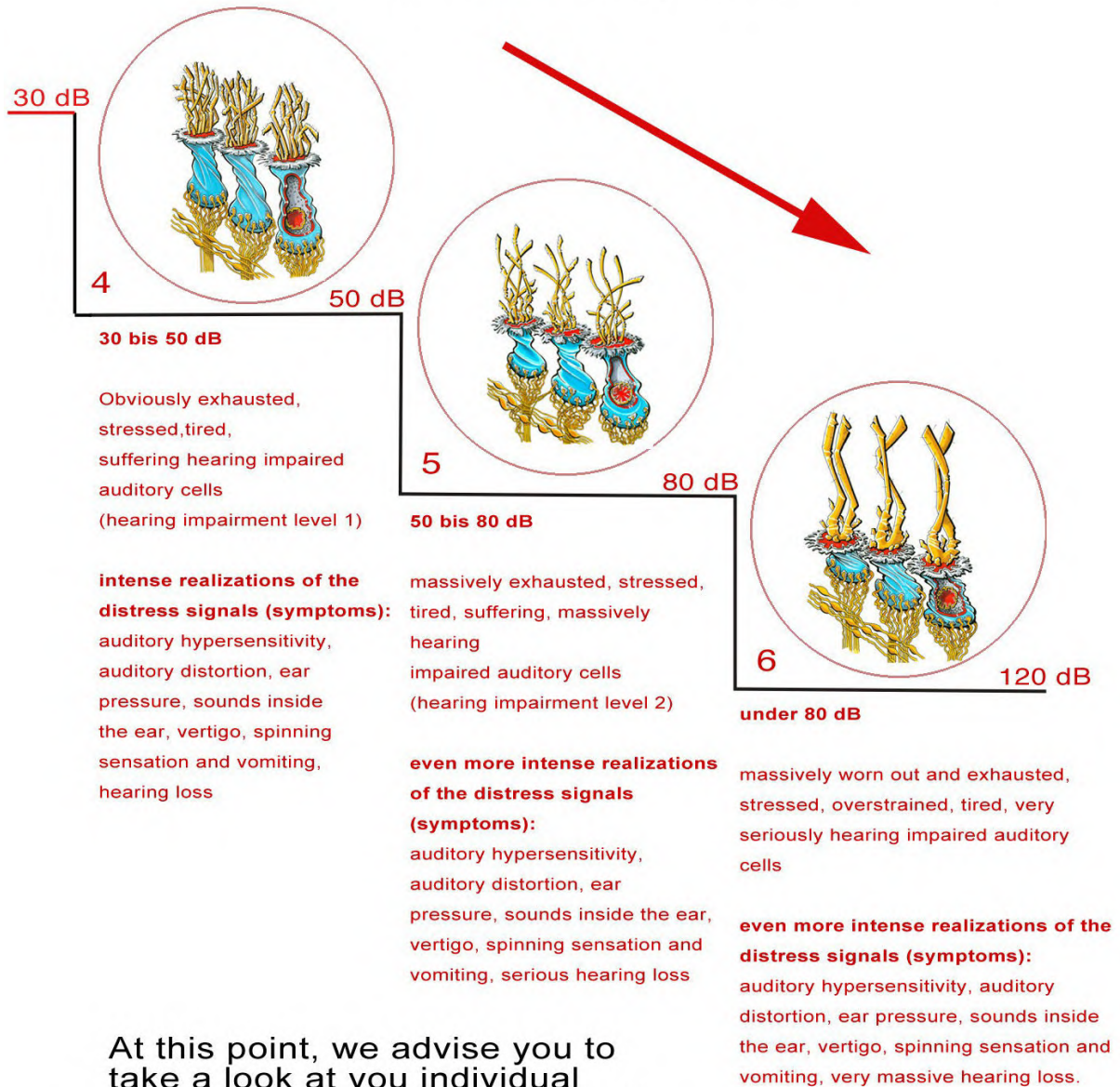
At this point, we advise you to take a look at you individual hearing curve and to compare it. By means of this illustration and this procedure, we want to make you comprehend the previously experienced process of your inner ear organs' overstrain.

Distress signals (symptoms):

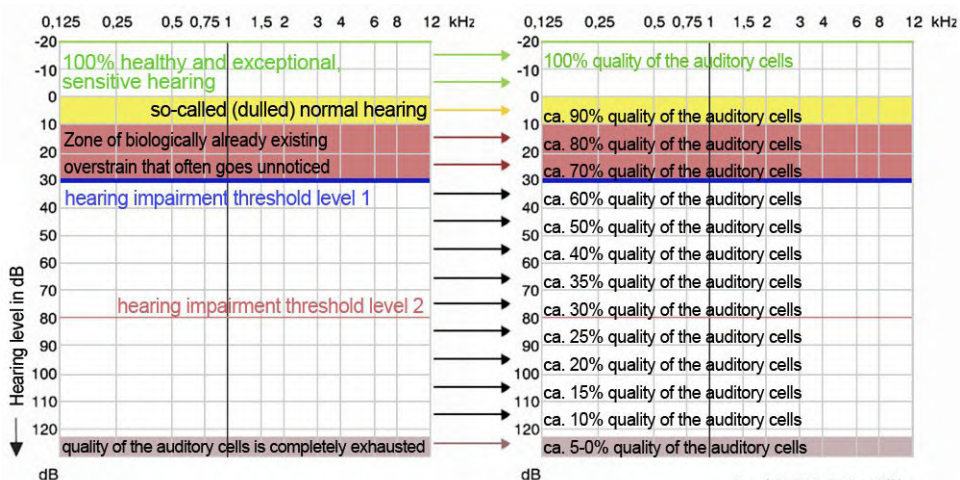
- auditory hypersensitivity,
- auditory distortion,
- ear pressure,
- sounds inside the ear,
- vertigo,
- spinning sensation and vomiting,
- hearing loss (often remains unnoticed)



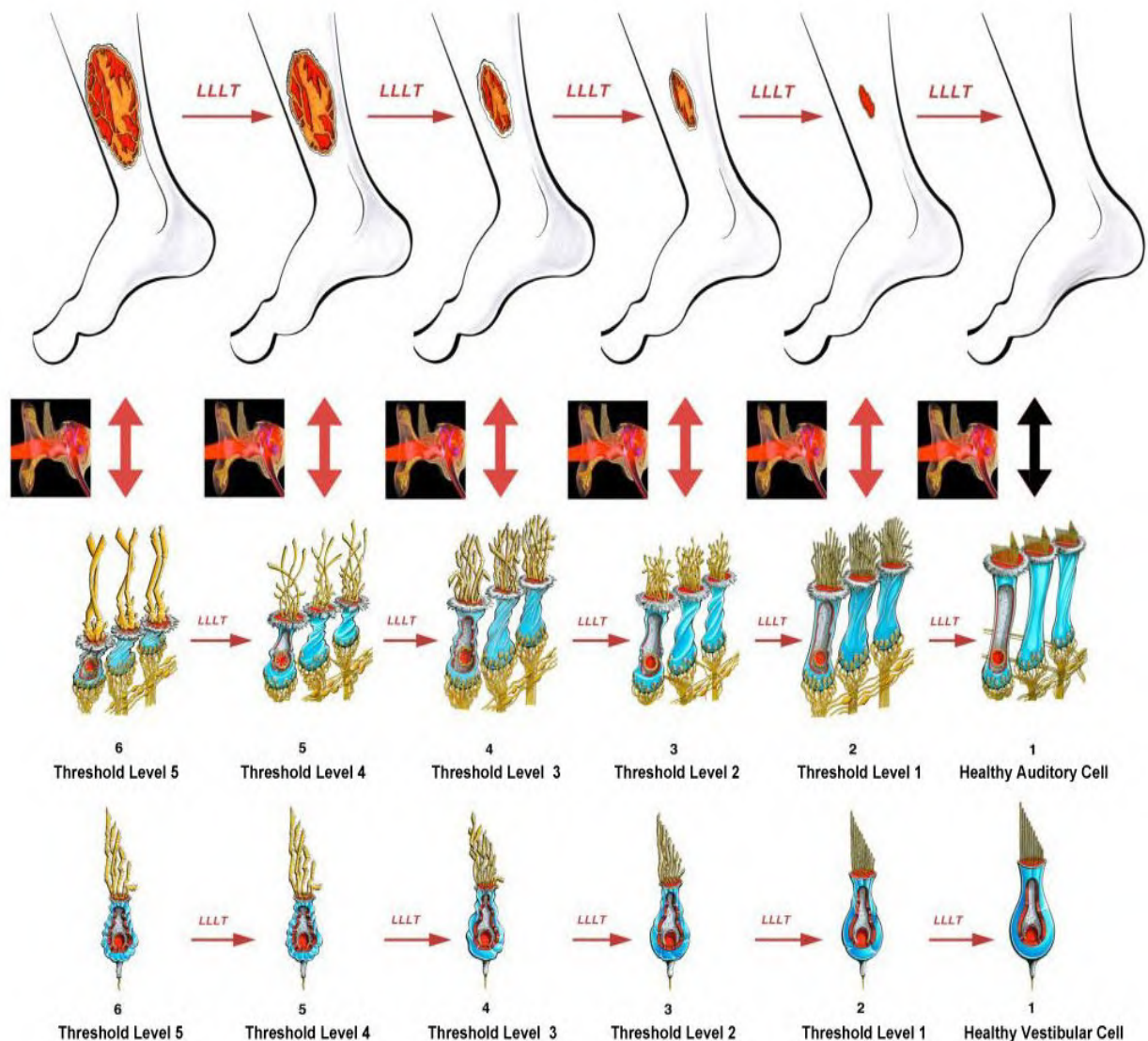
The step-by-step worsening of the auditory and vestibular cells' biological quality compared to your personal hearing curve:



At this point, we advise you to take a look at you individual hearing curve and to compare it.



Visualizing the Gradually Proceeding Biological Regeneration of our Overstrained Auditory and Vestibular Cells with the Help of highly dosed Low Level Laser Therapy (LLLT) By to Dr. Wilden®, Using the Example of Healing Ulcus Cruris



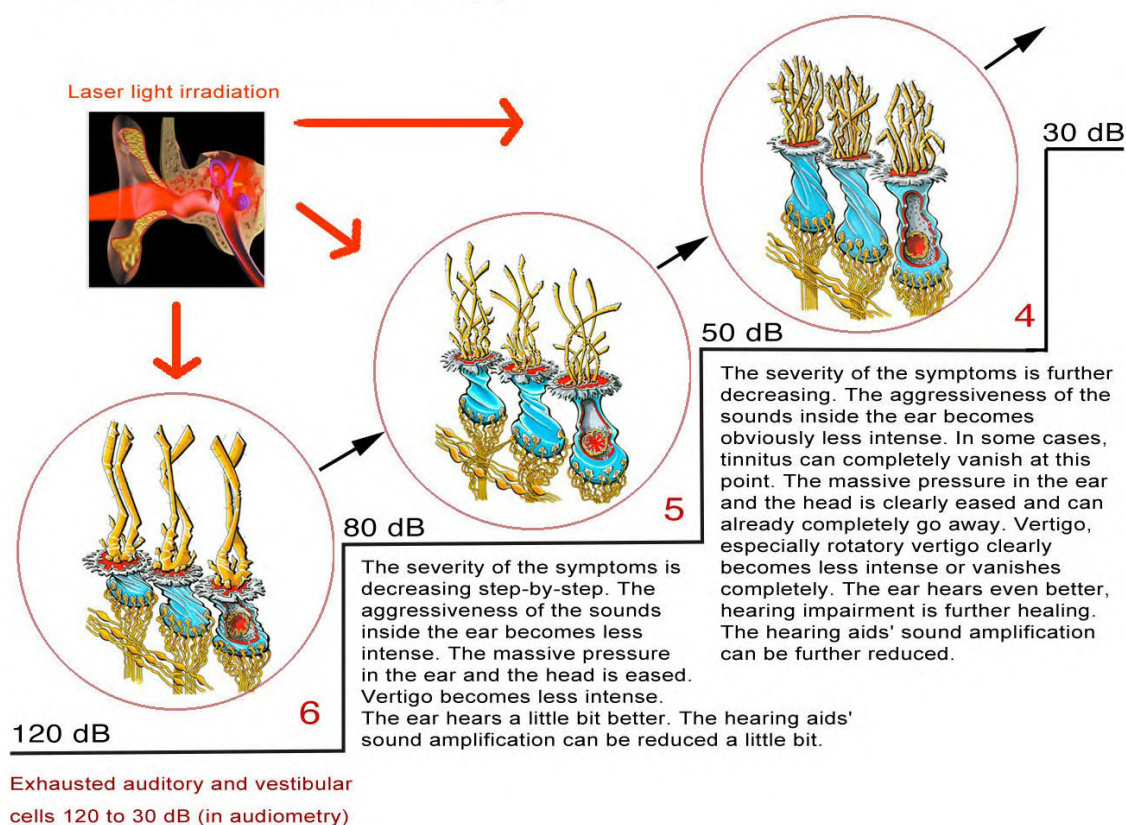
Because of its basic bio-stimulative effectiveness, high-quality laser therapy achieves step-by-step improvement of the biological inner ear quality, and if the therapy is conducted long enough, the symptoms mentioned above are reduced step-by-step, and can eventually be eliminated or healed completely.

From a biological point of view, this is the same process as the previously illustrated healing process of Ulcus Cruris (ulcerated leg).

Of course, the duration of the therapy of inner ear overstrains and their symptoms depends on how grave the respective condition of overstrain is. Just like the duration of the therapy of Ulcus Cruris depends on how big the wound is at the beginning of the therapy.

The regeneration time also depends on the naturally given regeneration times of the nerve cells. Auditory and vestibular cells are highly-specialized nerve cells.

The Therapeutic Procedure of Highly Dosed Low-Level-Laser Therapy



The Step-by-Step Improvement During and After the highly dosed Low-Level-Laser Therapy by Dr. Wilden

The results of our treatment have been achieved for more than 20 years, especially in cases of serious and very serious inner ear overstrains. The improvement of the biological quality of seriously overstrained auditory and vestibular cells can be experienced as follows:

Hyperacusis (auditory hypersensitivity), which accompanies all inner ear overstrains, becomes more intense at first (= The auditory cells' wish for regeneration without disturbing noise).

At the same time, the hearing becomes more sensitive (= hearing ability gets better).

Auditory distortion (dysacusis) gets less and less intense.

Ear pressure fluctuates, decreases step-by-step and at the end gradually goes away completely.

The pressure can temporarily increase a little bit, after noise stress during the regeneration phase. When the stress is over, the ear pressure decreases again.

Tinnitus (sounds inside the ear) is alternating at the beginning, then (in the case of high-frequency tinnitus) it becomes a little bit more high-frequent, but at the same time thinner and finer.

The aggressiveness of all sounds inside the ear steadily becomes less intense (observed over a period of 24 hours).

Altogether, tinnitus (sounds inside the ear) requires the longest regeneration time until it is completely eliminated.

In the case of declining tinnitus, if the auditory cells are further supported with our laser light radiation at longer intervals, the tinnitus will be completely eliminated.

Vertigo (dizziness) and the frequently co-occurring pressure in the head/feeling of numbness disappears step-by-step.

The intensity of the vertigo thereby becomes “more and more flat“. Spatial orientation becomes possible again, without any disturbances. The unsteady gait

disappears. This also applies to spinning sensation and throwing up

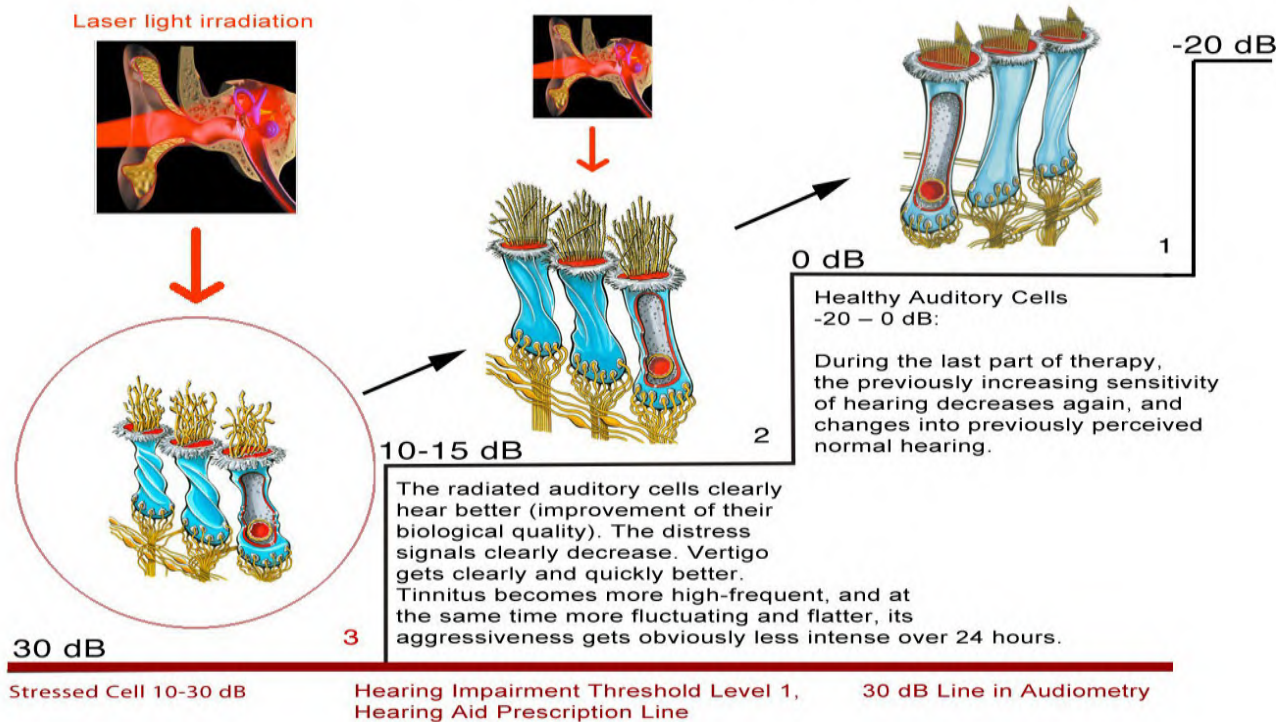
(Ménière's disease).

In cases of very serious vertigo, occasional situations of dizziness can occur in the first phase of our laser light treatment, in the course of long-term regeneration.

Hearing impairment gradually gets better and better. The ears hear better. The measurable hearing improvements are 5-20 dB, if the treatment time mentioned above is complied with. This applies to all frequencies. If the treatment is continued, the hearing improvements will steadily increase.

Altogether applies: the more serious the respective inner ear overstrain, and the longer it has been existing, and the greater your wish for improving the personal situation is, the more intensely you should support your ears with our treatment.

The Step-by-Step Improvement During and After the highly dosed Low-Level-Laser Therapy by Dr. Wilden:



The Step-by-Step Improvement During and After the highly dosed Low-Level-Laser Therapy by Dr. Wilden

As long as most of the auditory cells measured in audiometry are above, slightly above, or slightly under the 30 dB line, our therapy achieves within only few therapy sessions (e.g. 5 x 15 or 5 x 30 minutes radiation time per ear) improvements regarding hearing and symptoms. This is very quickly and very clearly perceivable, and very obviously measurable in audiometry.

The improvement of the auditory cells' biological quality can be experienced as follows:

Hyperacusis (auditory hypersensitivity) becomes clearly milder. Thereby, the hearing becomes more sensitive (= improvement of the hearing ability).

Dysacusis (auditory distortion) quickly eases.

Ear pressure is fluctuating, increasingly eases and completely goes away step-by-step.

Tinnitus (sounds inside the ear) are at first fluctuating, then (in the case of high-frequency tinnitus) it becomes a little bit more high-frequent, but at the same time thinner and finer.

The aggressiveness of the sounds inside the ear steadily eases (observed over 24 hours).

Altogether, tinnitus (sounds inside the ear) requires the longest regeneration time until it is completely eliminated.

In the case of ear sounds more and more vanishing, if the auditory cells are further supported with our therapy at longer intervals, they will be completely eliminated.

Vertigo (dizziness) and the frequently accompanying pressure in the head / feeling of numbness quickly disappears in the case of this starting situation (most of the auditory cells are over 30 dB).

The intensity of the vertigo thereby becomes “more and more flat“. Spatial orientation becomes possible again, without any disturbances. The unsteady gait disappears.

This also applies to spinning sensation and throwing up (Ménière's disease).

Hearing loss (hearing impairment), which often remains unnoticed in this starting situation, changes to a condition of increasing auditory sensitivity.

The measurable hearing improvements are 10-20 dB, if the treatment time mentioned above is complied with. This applies to all frequencies. If the treatment is continued, all symptoms of inner ear overstrain will ease with every therapy session.

In the end, the distress signals that were present before vanish completely.

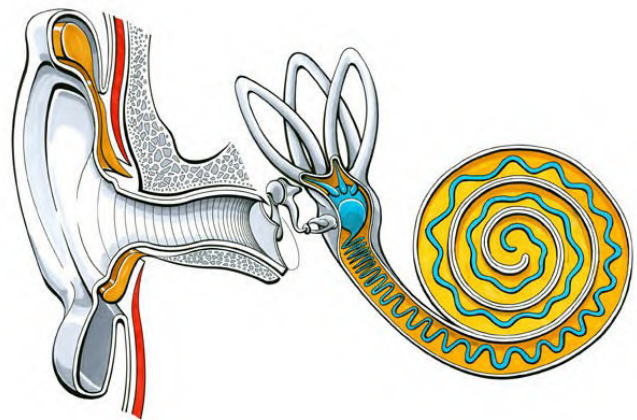
Outlook and Conclusions



Child with Cochlea Implant

At the moment, neither money, nor ENT-medical attention, nor ENT-intelligence is spent in order to spare and treat the inner ear organ which has to biologically process all sound events. Money and ENT-intelligence is only used to surgically destroy it (surgical implantation of cochlea-implants in the skull)

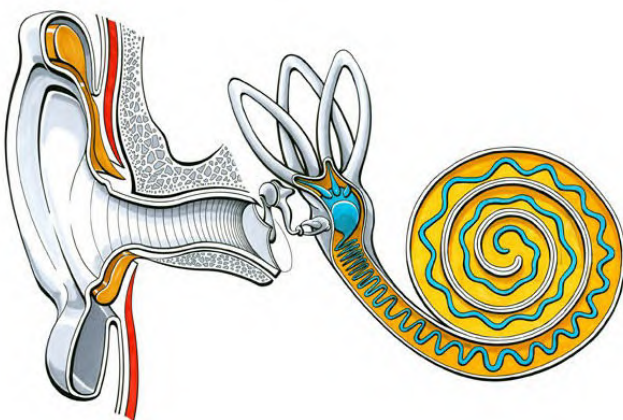
At the moment, a lot of money, technological intelligence and attention is spent on intensifying the acoustic before the hearing aid (e.g. hearing aid technology, loudspeaker technology in i-pads and headphones, in-ear-monitoring, all kinds of techniques of sound exposure, etc.)



Cross Section through the Auditory Organ

Money and technological intelligence is only used for the inner ear, if it is in order to replace it with technical prostheses (cochlea implants).

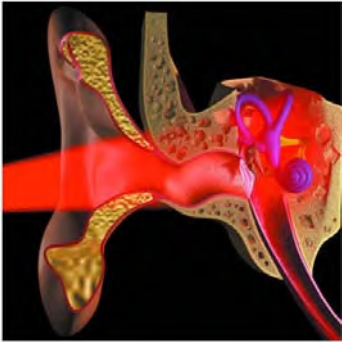
The consequence is:



Cross Section through the Auditory Organ

More and more children, young people, adults and older people thereby become hearing-aid-users, or get cochlea implants. Thus, they become victims of the global ENT-hearing aid and ENT-cochlea implant strategies.

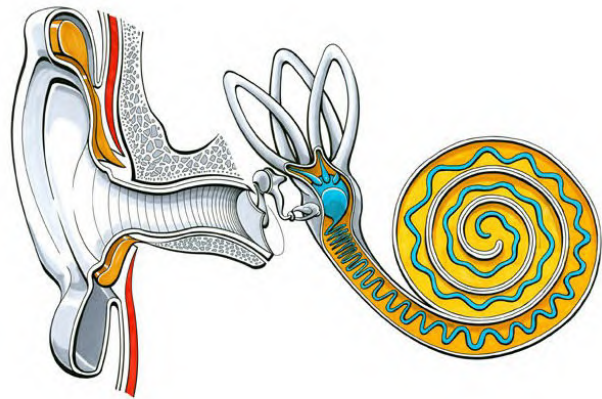
ENT-medicine's procedure for the auditory organ, which has been officially recognized for a long time.



Laser light reaches the inner ear.

The high-quality (= sufficiently dosed) and long-enough dosed LLLT is so far the only therapy which achieves clearly measurable and perceivable improvements or the healing of symptoms of inner ear overstrain (hyper- and dysacusis, ear pressure, tinnitus, acute and chronic hearing loss (hearing impairment), vertigo and Ménière's disease)

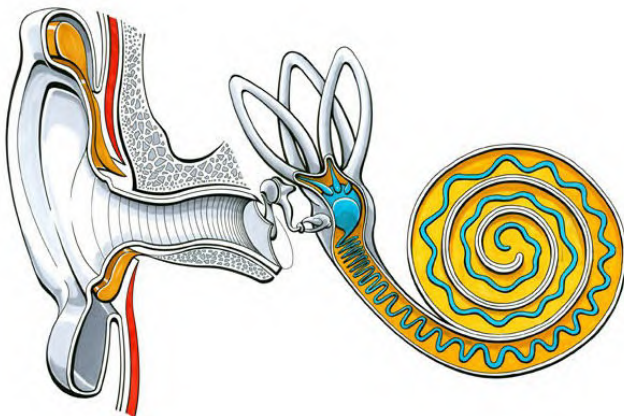
With only a small amount of money, but with enough commitment for broad public education about the significance and the effect of active self-protection against every-day noise, the inner ear can be treated in an intelligent and gentle way.



Cross Section through the Auditory Organ

If money, technological intelligence and ENT-medical intelligence were used for the inner ear organ, it could be kept healthy for its whole life, despite our civilization's every-day noise stress.

The consequence is:



More and more children, young people, adults and older people thereby would be spared from conditions of overstrain, hearing aids and cochlea implants.

Cross Section through the Auditory Organ

LLLT's therapeutic procedure for the auditory organ, which is already realized, but not yet widespread.

In my opinion, the ENT-medicine's current monopole regarding expert opinion and therapy, in connection with the hearing-aid-industry, continuously increased the number of people who suffer from ear problems.

Beyond that, I witness growing intellectual lethargy and resignation within the public, when it comes to the topic ear.

One feels the inner repugnance (on the one hand, „noise is not good for my ear“ – on the other hand, it should be “treated with sound amplification“), but one feels powerless and helpless when facing ENT-authorities' approaches and procedures.

Preferably, one does not want to hear any more about this whole topic.

Only if more and more people are nevertheless searching for solutions of their ear problems, and only if LLLT for the auditory organ is openly discussed in public, more and more peoples will be able to improve their often very desperate situations regarding their ears.

I want to make a contribution for this purpose, in the form of this text.



Therapy Situation of highly dosed LLLT by Dr. Wilden®