Vestibular Neuritis

Vestibular Neuritis is an inflammation of the vestibular nerve. The current theory assumes that it is the reactivation of the dormant herpes simplex type I virus\(^1\). It is characterized by the sudden onset of vertigo which develops over a period of several hours, is severe for a few days, and subsides over the course of a few weeks. Many people experience a persistent dizziness, imbalance and oscillopsia (false illusion of movement of objects in the visual field) during rapid head and body movements that continues for several months after the initial episode. During the acute phase, it is difficult to stand and walk without assistance and there is a tendency to veer toward the affected side. Nausea and vomiting are frequently present the first few days\(^1\).

Treatment during the acute phase is directed at decreasing the symptoms of nausea, vomiting and vertigo and treating the inflammation\(^2\). Your physician may prescribe medications to suppress the vestibular system in order to decrease these symptoms.

Recovery from a peripheral vestibular loss, as in the case of vestibular neuritis, occurs as a result of a combination of restoration of peripheral vestibular function and central vestibular compensation. It is widely believed that compensation occurs more rapidly and is more complete if vestibular exercises as started as soon as possible. This is why it is so important to begin moving around and moving your head as soon as possible. Many people develop a habit of holding their head still and avoiding any movements that provoke symptoms. These strategies are detrimental to recovery and can lead to additional problems of muscular tightness and anxiety with movements. Vestibular suppressant medications should also be avoided after the first few days to allow maximal compensation to occur.

Vestibular Rehabilitation Therapy (VRT) should be started as soon as possible, ideally within the first few days, once the nausea and vomiting have subsided. Since the complete recovery of the peripheral vestibular system is rare following vestibular neuritis, the goal of VRT is to try to adjust the whole balance system to the new function of the vestibular system\(^2\). It accomplishes this by using other systems to compensate or substitute for the vestibular system, by improving the ability to stabilize gaze, and by improving balance reactions. It is important to realize that many people undergo a phase of worsening symptoms once VRT is started\(^2\). This is a normal response and indicates that compensation is occurring. It is important not to get discouraged and to be patient, as compensation may continue over several weeks.

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