

According to AAO-HNS criteria, improvement with ACV therapy on this patient was calculated as numeric value 0 (complete control of definitive spells). No complaints were expressed about hearing after the therapy.

4 Discussion

4.1 Diagnosis of MD

For general physician, it is almost impossible to satisfy all the requirements of tests that the Japanese Ministry of Health and Welfare proposed for diagnosis of MD. In many cases, if the attacks were relatively mild, the patients visit general physicians, but in case of severe attacks, patients are usually sent to neurosurgeons by ambulances. In most cases, patients enter partial remission in about 3 days, however, they require 1 to 3 months to get back to a normal life cycle. When whirling sensation, tinnitus, hearing disorder attack the patient repeatedly, he would often be suggested to visit otolaryngologists.

In this study, the author accepted the test results and diagnoses of specialists of otolaryngology, neurology and neurosurgery, where the patients experienced such tests as CT, MRI, intelligence tests, psychoanalyses, etc., except 10 cases which he diagnosed according to the typical clinical symptoms of the patients.

4.2 Clinical evaluation of effectiveness of the treatment.

The randomized well controlled study should be required to prove the effectiveness of the new trial of treatment for a disease. The author first intended to make the randomized controlled study to evaluate the effectiveness of the ACV therapy on Meniere's syndrome. However, he could not carry out a double-blind controlled study, since the patients knew the effectiveness of ACV and wished to be treated with ACV. A guideline for evaluating improvement of dizziness, hearing and equilibrium in MD (AAO-HNS criteria) has been reported⁹⁾, however, assessment of hearing could not be always made for all of the patients. In this report, the author used his own criteria of effectiveness, as mentioned above, including both subjective and objective evaluations, and this seemed to work well. If the author would have used AAO-HNS criteria, about 90% of cases of "marked effect" and "effective" of the author's criteria would have been 0 in numeric value (complete control of definitive spells), since only about 10% cases showed recurrence within 24 months after ACV treatment. The author is trying to re-evaluate the records of his patients according to AAO-HNS criteria.

4.3 Treatment with ACV

There are several papers suspecting viral infection is the cause of MD⁴⁻⁸⁾. As for the treatment of MD using anti-viral remedy, there have been no reports except the author's previous two papers^{1,2)}. Therefore, the dosage and duration of administration of ACV had to be determined in accordance with the treatment against herpes simplex and genital herpes without any certain ground in treatment of MD. To date, there is no reason to consider the dosage and duration of ACV administration in this report is not appropriate.

4.4 About recurrences

Out of 301 cases 39 had recurrences. All of the patients with recurrent disease wanted to be treated with ACV. If MD would be caused by herpes virus, it should be natural to presume recurrence occur in the disease. Generally speaking, in the case of Herpes simplex, it is known that re-treatment with ACV will make the interval of recurrences longer or will prevent recurrences for several years. It is confirmed that the same is true in ACV-therapy of MD by current follow-up study of many cases.

4.5 HSV and VZV as causative agents of MD

The dramatic effects of the treatment with ACV for MD strongly suggested that MD is caused by