

## Celebrating the International Tinnitus Seminar 1979–2011, Florianópolis, SC, Brazil, March 28<sup>th</sup>, 2011

*At the invitation of Tanit Sanchez, MD, PhD, president of the International Tinnitus Seminar (ITS), Florianópolis, SC, Brazil, March 28, 2011, the following message was prepared for delivery to the attendees of the Tenth International Tinnitus Seminar, in acceptance of an honor extended to the SUNY Downstate tinnitus team for their role in the initiation of this seminar in 1979.*

Madam President, Dr. Sanchez (Tanit), members of the Organizing Committee of the Tenth International Tinnitus Seminar, friends, colleagues, ladies and gentlemen who have come to Florianópolis, SC, Brazil, this March 28, 2011:

Barbara Goldstein and I congratulate the presidents of past ITS meetings, organizing committee members, and attendees to these meetings—all—who since 1979 have contributed in the past and present to achievement of the original goal of the first and second ITS. We welcome this first contact from the ITS since 1995 and look forward to our participation in future activities of the ITS.

Our ongoing tinnitus experience has introduced us to colleagues and friends worldwide. Thank you for your interest in our tinnitus efforts and for the many words of appreciation. To our tinnitus patients, we empathize with your complaint, share your frustration, and thank you for the privilege of allowing us to attempt to establish an accuracy for the tinnitus diagnosis, to provide tinnitus relief, and to receive your words of appreciation for our efforts. A special thank-you to my wife, Arlene, and family for their love and support over the years.

Together with all tinnitus professionals, we have witnessed the emergence of a new discipline dedicated to tinnitus and the tinnitus patient, identified as *tinnitology*. Initially, it was identified in 1987–1991 as the association of multiple disciplines interested in the investigation and understanding of how the perception of an aberrant auditory phenomenon can be translated into one of sensation and affect, and of the interface between ear/brain and the mind. Tinnitology is a discipline that attempts to understand an aberrant auditory phenomenon unrelated to an external source of sound.

Our experience in the organization and chairing of the first and second ITS has achieved its stated goal,

as demonstrated in the continuation of the ITS meetings (i.e., to focus on tinnitus and the tinnitus patient and to provide to both the tinnitus professional and the tinnitus patient state-of-the-art information, obtained worldwide, for improvement in the establishment of an accurate tinnitus diagnosis and increasing the efficacy of modalities of treatment attempting tinnitus relief.

What started out as a clinical interest associated with an evolving cochlear implant surgical experience has become an ongoing learning experience in neurotology, sensory physiology, and brain function. Specifically, as a neurotologist, together with our team, I am experiencing — in the elicitation of the clinical history and observation of the tinnitus patient — a reflection not only of a particular aspect of the acoustic sensation (i.e., the sensory component) but also of the emotional response to the presence of the aberrant acoustic stimulus (i.e., the affect component) and, by observation, of the motor expression of the patient to the sensation (i.e., the psychomotor component). Simply stated, the tinnitus patient is reflecting clinically the basic components of sensory physiology that have been identified for all sensations, in combination with the manifestations of multiple brain functions.

We are pleased that the introduction of nuclear medicine SPECT imaging in 1989 for evaluating the symptom of tinnitus is continuing worldwide and providing a correlation of structure and function of the cochleovestibular system with that of brain function and the mind in the tinnitus patient. One of the highlights that has evolved from this initial effort has been the hypothesis of the *final common pathway for tinnitus*, which has been clinically translated for tinnitus diagnosis and treatment and all sensations.

Barbara's and my neurotologic audiologic tinnitus experience has benefited not only tinnitus patients for diagnosis and treatment but also all patients with cochleovestibular complaints.

In 2010, we have no cure for tinnitus. However, protocols combining medication and instrumentation now exist for tinnitus diagnosis and treatment that are providing an increasing incidence of significant long-term tinnitus relief. Based on our tinnitus experiences to date, a cure for all clinical types of tinnitus depends on the clinical translation for diagnosis and treatment of advances being reported both in the basic science

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of sensory physiology and in the neurosciences attempting to understand brain function. This is expected to take considerable time and effort.

In the interim, until the cure is achieved, I share with you our positive clinical tinnitus experiences and reports from other colleagues of an increasing incidence of achieving tinnitus relief. Our team expects this trend to continue with the clinical translation for tinnitus diagnosis and treatment of anticipated increased advances in understanding ear and brain function.

I consider the symptom of tinnitus to be the challenge of the 21<sup>st</sup> century to otolaryngology, audiology, and neuroscience investigators of sensory physiology and brain function. I encourage all who are young of heart to participate in the realization of the ultimate goal

of all tinnitus patients and professionals — to achieve a cure for all clinical types of tinnitus. Aim high; be not intimidated by the past; be open to criticism and honest in your response.

Lastly, my friends and colleagues, I recommend you reflect on the words of William James: “Science, like life, feeds on its own decay. New facts burst old rules: then newly divined conceptions bind old and new together into a reconciling law.”

Thank you.

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