



President and CEO MDHearingAid  
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## Do You Hear What I Hear? Can You Hear Me Now? Can You Hear...

By [Bonnie Jean Adams](#), Chicago Culture & Events Examiner  
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The sound of laughter- of giggling, jingle bells, the sound of music and the pattering of rain against a city sidewalk- Even when I couldn't see, I could be very much in the spirit of the season. I could share in conversation, listen to the latest holiday CDs, and even listen to those old television movies that I had liked so much as a kid.

I stood just outside the line for Santa and listened to the merry 'Ho ho ho' of what I imagined was still the bearded gentleman in the red fur trimmed suit. I heard the shuffling of feet, the mother's admonitions and the nervous whispering of children as they waited in line to tell Santa of their dearest wishes. Being part of the holiday has always been a good memory for me.

What is your favorite memory of sight, of sound? What if it stopped? Not suddenly, but over time- maybe you missed the end of that joke, a whispered comment, a sigh. Imagine the holiday season. Take away all of what I described. You see someone moving a bell, rain on a sidewalk, Santa, children in line, mother's leaning down to children, mouths moving, a lot of smiles, children leaning in to Santa's ear, Santa nodding and how much do you hear?

Some of it- if you listen very closely? Very little, but... You try to finish people's sentences; guess at what they could have said. Sometimes you're right. It's hard to admit, and even more difficult to accept. When actor, Paul Newman said that "Growing Old Ain't for Sissies", he wasn't joking.

While there is ongoing discussion of provision of a goal being affordable healthcare for all, as a society, we have to admit to being impatient; in a hurry and demanding of convenience and 'make it speedy'. We are impatient with those who just can't move fast enough, with those who can't see or hear us or understand the first time. If we complain about automated answering machines, we complain more about those who

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ask us to repeat once, then once again. We may feel pity but just do not have the time to practice patience.

But whether we like to think about it or not, however long we're able to push aside thoughts or fact of the inevitable, we will all be there one day. And this is a lonely place to be. I've been blind. I live with someone who is becoming increasingly hard of hearing. I know the struggle first hand. Not many understand. Author Helen Keller wrote, "I have always thought it would be a blessing if each person could be blind and deaf for a few days during his early adult life. Darkness would make him appreciate sight; silence would teach him the joys of sound."

During this holiday season, why concern ourselves about this? If you do not know what hearing loss is yourself, you, no doubt, have a loved one who is driving you just crazy. You have to repeat and repeat-often so much that you just stop talking to them. Or maybe, you are beginning to wonder if they are becoming senile. They've stopped talking or they don't follow or understand anything you say. Is the television too loud- so loud that you want to scream, or move them to their own room where they can be alone and you can get some peace?

Is there no connection with grandchildren because there can't be whispered secrets? Do they avoid the phone? Do they cry sometimes- maybe in frustration, because they have to ask someone to repeat what they've said over and over and still, often don't hear it all; even enough for a response. This is being 'hard of hearing'. This is losing connection with friends and family because you can't hear enough to understand.

I spoke with Dr. Sreek Cherukuri about hearing loss and his work. "The purpose of my project is to bring hearing health to the forefront."

According to Dr. Cherukuri, "I asked my colleagues 'what do you do with these patients?' And the answer was similar to what mine had been before I began the research. 'Once we've ruled out a medical or surgical cause, it's between the audiologist and the patient. We don't really see them.' In the medical field, there's a subtle disconnect and most doctors don't really know the prevalence of hearing loss.

In a recent study, the numbers are that about 1/3 of patients over age 65 have hearing loss, about 1/2 over age 75 have hearing loss, and about 80% over age 85 have hearing loss. But only 9% of internists routinely screen for hearing loss and less than 15% of all primary care doctors have some element of asking about hearing loss.

Even when the doctors have to yell at the patients, they're worried more about the blood pressure, the heart attack, the cholesterol; critical things, things that make a lot of headlines, that are more readily fixable. But hearing loss has kind of been put into a corner; even among doctors, it's not well known.

The Better Hearing Institute [www.betterhearing.org](http://www.betterhearing.org) did a study, the results of which found that untreated hearing loss costs on average \$12,000. in income a year, and up to \$23,000 a year depending upon the severity of the hearing loss. And it makes sense if you think about it. People with hearing loss that interferes with their functioning are not being promoted; they're placed into more mundane jobs. They do not have the hearing to participate in the meetings to show what they're doing or to know what is going on.

America has become a nation of individuals who think that if someone doesn't hear you, they just assume that that person has decreased cognition, but it may just be a hearing problem. In fact, they did a study

that looked at Alzheimer's patients; people who were given the diagnosis of Alzheimer's, and a number of them had hearing loss because the symptoms are almost the same: when they don't understand you, it could be that they're just not hearing you. One of the things with Alzheimer's is memory loss plus one other deficit has to be evident for the diagnosis to be made.

And in a study of nursing home patients, about 80% of patients had untreated, undiagnosed hearing loss. Even if there was no dementia diagnosis, hearing loss is just being neglected or not looked into."

Sometimes you meet people, and you just have to tell their story. They are making such a difference in the lives of others, that their own story cannot go untold. Dr. Sreek Cherukuri is one of those people.

"I was born and raised in Michigan, and I went to the University of Michigan for undergrad and medical school. In just the process of trying to decide what field to pursue in medical school, I planned on Otolaryngology or ENT (ear, nose, and throat). The main appeal of this is actually, you're a surgeon with responsibility for the primary care for the head and neck region, which means we deal with a lot of non-surgical or medical issues. We also deal with the entire gamut of age; from babies to the elderly. There's a wide range of people we can help.

And it's with that elderly population that we, in the medical profession, see people with hearing issues, balance issues, anything to do with the ear. I've been working since 2003 in Indiana and what struck me mainly was we see the patients with hearing loss and most of the time, it's age related or noise induced. It's not a surgical or medically correctable condition but a simple device like a hearing aid can help. Just like I wear glasses, just like if someone had a sprained ankle, and uses crutches; a hearing aid is a disability assistive device.

But what I realized over time is that a fair number of our people in the steel belt of Indiana were going home without a solution. In that area, some insurance companies cover the cost of hearing aids but many do not. And Medicare does not cover hearing aids. I didn't know that until I was in the field. So I started looking into what happens to these people.

Medically speaking, there's a fair amount of functional and social decline that occurs with untreated hearing loss, especially with the elderly. This is how the project started. With the advances in technology; where four or five years ago, you could buy an iPhone or an iPod for a certain amount of money, now, you can buy an even more powerful device for much less. Technology improves and costs go down.

And I thought that there should be an entry level device, you know, an affordable hearing aid that works. The ideal solution is that hearing aids need to be covered by insurance and Medicare, just like everything else. Short of that, which is a big administrative and political issue, there should be solutions available at all price levels."

Whatever the cost, hearing aids don't work was my comment to Dr. Cherukuri. I had heard too many stories from people who paid too much for hearing aids and who still couldn't hear; who returned for adjustments and replacements, and who still couldn't hear. It became an issue not only of the initial frustration at not being able to hear but then, being 'cheated' out of the hope of hearing because the 'assistance' was really no assistance at all.

His reply: "Patients should see a doctor; make sure it's not ear wax or some medical condition. Hearing

loss is nerve damage; as we age, the ear cells start to wear out. It's not like glasses where it's physics or a prism issue. You can't get 20/20 hearing once the nerve is damaged. A hearing aid can only give you a decent result. It can't give you a perfect result. That's why there's a fair amount of dissatisfaction. I would contend that they do work but they don't work as well as people may want them to work when they pay that much.

If better hearing is possible, why don't people do something about it? Dr. Cherukuri explains: "It's a complex problem. The main reason is people don't think their hearing is bad enough. People with hearing loss don't know what they're missing.

But everyone else knows what they're missing. They could be embarrassed or there might be some vanity or stigma issues. But the response of 50 % to 65 % of people in a 1999 survey was that cost was the main barrier to buying a hearing aid. Unlike other technology; the market for entertainment devices, for example, the prices of which have gone down, the average cost of hearing aids has only gone up over time since 1980."

Dr. Sreek Cherukuri project is not limited to bringing hearing health to the forefront. He has done something about it. His research has resulted in the development of an affordable hearing aid. The MDHearingAid is a low cost hearing aid (Under \$200. per ear) while hearing aids generally cost between \$1,500. and \$3,000. per ear. "Our product has a higher satisfaction rate than the industry average. When we're born, we can hear about 20,000 Hz, and then, quickly, often by the teenage years, we can't hear that super high frequency anymore. In fact, in a very recent study, the findings were that 20% of people under age 21 have hearing loss.

Human conversation is generally between 1000 Hz and 4000 Hz, the critical frequencies that we want any hearing aid to amplify; our product does that. There are a lot of cheap hearing aids; usually with amplification lower than 1000 Hz, you hear a lot of static and background noise. You will hear the refrigerator humming but not words. And so these are generally not good solutions.

For the the best result, it is recommended that you have a professional help tune the hearing aid to the individual's specific hearing loss. That takes a lot of man power, and time. Here's the process. Let's say you wanted a hearing aid. Ideally, you'd go to your family doctor. You probably bring it up, because 90% of family doctors may not bring it up.

You're then sent to an audiologist for a hearing test. That can happen on one day. Then, you have a hearing aid consultation which is a one-hour discussion about what is important to you, your lifestyle needs (How well do you use your hands, to be able to use the hearing aid, do you use the phone a lot and will you need special adjustments and adaptation for that?) There will be questions about your insurance coverage and family budget.

If you decide to go ahead, the audiologist will test your hearing and depending on the type of aid, might make a mold for a hearing aid. You would come back in two weeks, have the hearing aid programmed, and then go home. You would come back a couple of times more to tweak it or perfect it. That six to eight week process is a lot of time. And at the end of that, the best you can do is a less than perfect result. So it's discouraging for a lot of people.

It's not as simple as just walking into Walgreens and trying on a pair of reading glasses. Going to the drugstore getting reading glasses, you know, they're not perfect reading glasses, but you can read. There's not a really good equivalent in hearing aids. We're trying to remove the obstacles; we're trying to make sure cost is not a big problem. Because of federal regulations this product is internet based or mail order based.

We're trying to make buying hearing aids a convenience. We're also making it effortless; easy to return. You have a 45 day period to try it. An important part is the support. We have 24 hour, 7 day a week support. I answer a lot of the calls myself, and the emails, because people need to know how to use these things. And there's only so much you can put in words; a user manual, or something like that.

The project is enormous, yes, but hopefully, with this project, we can bring some attention to this important issue, and offer affordable help which will improve the quality of life for a lot of people.

"Hearing aid usage rate remains at 23%. It's been the same since 1980." Technology improves. There is increased opportunity for communication. But there are large numbers of people being left behind.

"Hearing loss is the third most chronic problem in America behind hypertension and arthritis. There are 34 million people in America now with some degree of hearing loss that interferes with their quality of life. There are hundreds of people worldwide. In a country where we're supposed to have the best healthcare and the best everything else, it's a massive problem." Dr. Sreek Cherukuri intends to change that.

Can you hear me now?

For the stories of some of the people who can hear (affordably) now, stay tuned...

Dr. Sreek Cherukuri can be reached in IL at: 888-670-HEAR

For more information about MDHearingAid: <http://www.mdhearingaid.com/>

For more information about hearing aids:

Clinical Geriatrics <http://www.clinicalgeriatrics.com/articles/Evaluation-and-Management-Hearing-Loss-Older-Adult>

Consumer Reports Health.org <http://www.consumerreports.org/health/healthy-living/home-medical-supplies/hearing/hearing-aids/overview/hearing-aids-ov.htm>

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