



Touch, sight, taste, smell and hearing. Contrary to *The Sixth Sense*, humans have only the five senses from which we derive our interaction with the greater world. While we begin life with these senses intact and at their apex of clarity, they unfortunately have the capacity to fade as we get older.

While touch, smell, and taste only ever truly decline in rare circumstances, usually in the event of neurological damage or disease, eyesight and hearing loss are much more common phenomena. In the case of eyesight, glaucoma, cataracts, refractive errors, and age-related macular degeneration (ARMD) comprise 78% of the world's visual impairment cases. In all these cases, with the exception of ARMD, surgery is able to restore lost capabilities.

Moving on to hearing loss; It is a [widespread condition](#), with over a billion sufferers worldwide. [Conductive hearing loss](#), as well as Sensorineural, are the two most common forms of the condition. [Sensorineural hearing loss](#) has to do with nerve problems in the inner ear, while Conductive loss is resultant from issues involving the ear canal or ear drum. Often, the former is caused by exposure to loud noise, aging, and head trauma, while the latter is typically connected to developmental issues, such as malformation of the ear canal or poor eustachian function. Infections, perforated eardrums and benign tumors can also contribute to Conductive hearing loss.

Depending on the root cause of the hearing loss, [treatment may vary](#). For instances where full correction, restoration, or preservation are possible, surgery is a common option. This includes loss that has been induced by tumors or deformities in the bone structure. For all other irreversible

causes hearing impairment, such as aging or tinnitus by way of noise exposure, hearing aids are the most common method of resort.

Before jumping to conclusions involving otological health, such as hearing loss and the [decision to invest in hearing aids](#), it is important to first visit an Ear, Nose and Throat Specialist. In regards to hearing difficulty, the doctor will administer a series of questions and tests. “Do you prefer the television louder than other people?”, “Do you frequently ask people to repeat what they have said?”, or “Do you strain to hear conversations?”, are simple questions that can help clarify the issue at hand.

Also, it is typical to test a patient’s hearing, since some deafness can be localized to frequency, rather than volume. For instance, some suffer in the face of [low-pitched sounds](#), while others cannot hear [high-pitched](#). This binary can be particularly prevalent when dealing with specific genders.



If all tests and diagnostics indicate that hearing aids are the correct course of action, then the next hurdle is to [choose the type](#) that works best for the given situation. The key difference between hearing aid varieties mostly depend on the cost, where they will be located in relation to the ear, and how large they will be. Different types include, ‘behind the ear’, ‘in the canal’, and ‘in the ear’, among others.

Generally speaking, the decided-upon option should reflect the severity of the hearing loss. While ‘in the canal’ is great for those with mild deafness, ‘in the ear’ can assist with all manner of impairment levels, including those suffering severe loss. While smaller aids, such as ‘in the canal’ are attractive due to their lack of visibility, their size detracts from the battery life and level of hearing improvement.

Once a hearing aid style has been decided on, it will take some time to [get accustomed](#) to its benefits, and to accept that hearing aids are not the ‘quick and easy’ fix that may seem at first. Since hearing aids collect external sounds and, via a microchip, amplify them based on the recorded level of hearing loss, the user will have to become used to hearing clearly once again. To that end, it is critical to relearn proper ‘listening etiquette’. That means, even if it seems easier to take out the hearing aids and opt out of a conversation, it will provide no progress.

It is also important to regularly communicate with the hearing aid supplier on record. If the hearing aids are not fitting as they should, or they become uncomfortable after a long period of time, it is not worth the invested time or energy to simply ‘let them be’. Furthermore, these basic actions could prevent [greater side effects](#) down the line. If the aids haven’t been fitted properly, for instance, unnecessary feedback could be produced. Additionally, an improper, and unreported, volume setting can produce headaches, as well as symptoms resembling tinnitus.

For most hearing aid users, this is the end of the line in terms of managing hearing loss. By and large, luckily, hearing aids are regarded with a [reasonably high overall success rate](#). According to studies, 90% of hearing aid purchasers found them to be reliable, while “92% no longer felt disabled”. At those levels, hearing aids are reinforced as the go-to method for hearing loss treatment. Should an investment in hearing aids be on the cards, our list of [Top 10 Hearing Aids](#) would be a singular place to start looking.