



## AYURVEDIC MANAGEMENT OF MENIERE'S DISEASE: A CASE REPORT

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## ABSTRACT

Meniere's disease is a disorder of internal ear, in which endolymphatic system is distended with endolymph. It is characterized by vertigo, sensory neural hearing loss, tinnitus and aural fullness. *Bhrama*, *Karnaksweda*, *Karnanada*, *Karnabadhira* can be compared with Meniere's disease symptomatically. However, it is not possible to compare Meniere's diseases with any Ayurvedic disease. Here treatment protocol used was *Dhanvayas Kwatha*, *Punarnavashtaka Kwatha*, *Eranda Bhrusta Haritaki* internally with *Ksheera Bala Taila Nasya* and *Asanbilwadi Taila Karnapoorana*. After 3 months of treatment patient got relief from vertigo and tinnitus and mild hearing loss persist. Hence the single case report shows that Ayurvedic management of Meniere's disease gives excellent result.

**Keyword:** *Asanbilwadi Taila Karnapoorana*, *Dhanvayas Kwatha*, *Ksheera Bala Taila Nasya*, *Punarnavasthaka Kwatha*.

## INTRODUCTION

Meniere's disease, also called endolymphatic hydrops. It is a disorder of internal ear, in which endolymphatic system is distended with endolymph. It is characterized by vertigo, sensory neural hearing loss, tinnitus and aural fullness<sup>1</sup>. The main pathology in Meniere's disease is distention of endolymphatic system due to increased volume of endolymph. This can be result either from increased production of endolymph or faulty absorption of endolymph or both. The exact cause of Meniere's disease is not yet known. Potential etiological or precipitating conditions include genetic variations, infection, vascular risk factors, diet, allergy, autonomic, endocrine and autoimmune factors. In this disease, symptoms occur at irregular and unpredictable intervals. Vertigo comes in attacks; with sudden onset and patient have feeling of rotation of himself or his environment. Hearing loss usually accompanies vertigo and it improves after attack and may be normal during the period of remission but after recurrent attacks some hearing loss is permanent. Tinnitus is low pitched type and is aggravated during acute attack<sup>2</sup>. The annual incidence of Meniere's disease is 5-7 / 10,000. Disease is common in middle age group. In the differential diagnosis of Meniere's disease, vestibular migraine, vestibular paroxysmia and chronic subjective dizziness have to be considered. To exclude these Meniere's like diseases full clinical examination of the head and neck region (including vestibular examination), liminal and speech audiometry, tympanometry, multidetector computed tomography (CT scan) of the temporal bone, MRI of the posterior fossa (with intravenous injection of gadolinium), blood analysis (haematology, thyroid, biochemical and genetic testing). The posterior fossa MRI with intravenous administration of gadolinium is the most sensitive examination to exclude cerebellopontine angle and inner ear pathology (in the absence of any contraindications to MRI).

Treatment in the modern science for this is disease is conservative management only and generally is treated with counseling for dietary restrictions, drug therapy and surgical interventions to prevent recurrence of vertigo. Hearing loss is treated by hearing aids, bone-

conduction implants for unilateral deafness and cochlear implantation in cases of bilateral profound hearing loss.

According to Ayurvedic text *Bhrama, Karnaskweda, Karnanada, Karnabadhriya* can be compared with Meniere's disease symptomatically. However, it is not possible to compare Meniere's diseases with any Ayurvedic disease. *Shrotrendriya* is seat of *Vayu* and *Akasha Mahabhuta*. So, *Vata Shamaka Dravya* should be used. In *Bhrama* there is vitiation of *Vata Pitta Dosh*<sup>3</sup>, So *Vata Pitta Shamaka* treatment should be given. There is an accumulation of endolymph in the membranous labyrinth, thus in the modern pharmacology diuretics are recommended and salt restriction is advised. Hence in the management of Meniere's disease *Shothaghna, Mutraladravya Prayoga* if given therapeutically and if *Vishyandakaraka, Kledajanaka Dravyas* like *Samudra Lavana* are restricted, clinical improvement will be necessarily noticed.

## CASE REPORT

A 26-year female patient come to OPD of Shalakyta Tantra Department with the chief complain of episodic vertigo associated with Tinnitus and Hearing loss since 9 months.

### History of present illness:-

Patient was well before 9 months. Gradually she started suffering from episodic vertigo (several times in a day) and hearing to loud sound also cause episode of vertigo, continuous tinnitus and hearing loss, during every attack tinnitus and hearing increase. So, she consults to modern doctor, but no relief was found, So she came for Ayurvedic treatment.

**History of past illness:-** There was no relevant past history of any other disease.

**Family History:-** No any positive family history was found.

### Personal History: -

Diet:- Vegetarian, Appetite: Moderate, Bowel: Constipated, Micturition: Normal, Sleep: Disturbed, Addiction- No addiction. All vital signs and general physical examination were found to be within normal limit.

**Astavidha Pariksha:-**

1)Nadi	Sama
2)Shabda	Prakrita
3)Sparsha	Ruksha
4)Akriti	Madhyama
5)Jihva	Nirama
6)Mala	Vibandha
7)Mutra	Samyaka
8)Drika	Aprakrita

**Occupational History:-** Patient was housewife

**Diagnosis:-** When patient came to OPD of Shalakya Tantra, she has already done audiogram before 4 month and findings in audiogram was left ear moderate sensory neural hearing loss and right ear normal hearing. SISI Test was carried out at 1khz and 4khz and it has left ear 100% cochlear sensitivity and right ear 0% cochlear sensitivity. Audiogram was repeated

on 10/01/2020 and findings were left ear sensory neural moderate hearing loss with slopping at high frequency and right ear normal hearing. SISI Test was carried out at 1khz and 4khz and it has left ear 100% cochlear sensitivity and right ear 10% cochlear sensitivity. Dix Hallpike Manoeuvre was done, and result was negative. After assessing the causes and symptoms, patient was diagnosed as Meniere's Disease.

**On Examination:-**

Ear Examination:- Normal

Nose Examination: - Normal

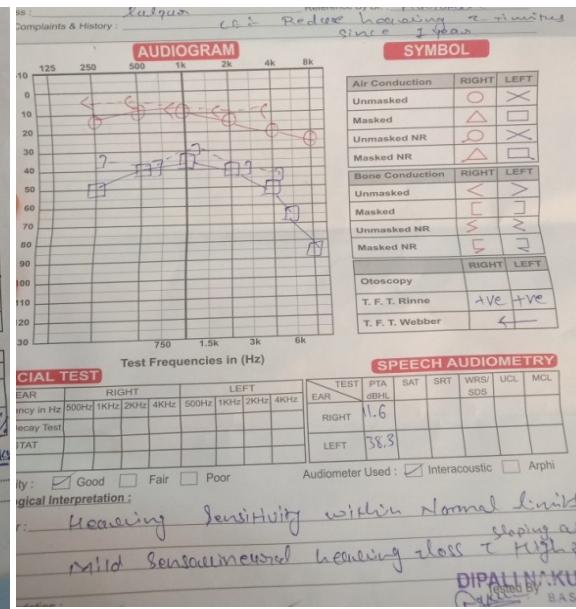
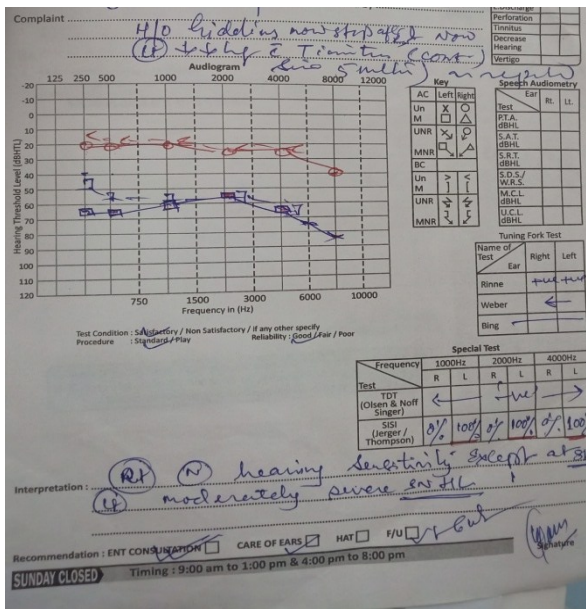
Throat Examination: - Normal

Audiogram:- Left ear moderate sensory neural hearing loss slopping at high frequency.

Right ear normal hearing.

SISI:- Left ear – 100% Cochlear sensitivity at 1khz and 4khz

Right ear- 10% Cochlear Sensitivity at 1khz and 4khz



**Treatment Protocol: See Table No. 1**

**Pathya – Apathya:-** Avoid loud noise and using headphones. Use salt restricted diet.

**Observation and Result:-**

There was significant improvement in episodes of vertigo (1 time in a day) after treatment of 1 month. After 2 month of treatment no continuous tinnitus was present and severity was decreased, and 2-3 episodes of

vertigo per week. After 3 months no complaint of vertigo and no tinnitus was there, and minimal sensory neural hearing loss was there. SISI Test was normal.

**DISCUSSION**

Ayurvedic management of Meniere's disease is based on Chikitsha of Bhrama and Karnaroga, where there is vitiation of Vata-Pitta Dosha in Bhrama, and Karna

being one of the *Adhithana* of *Vata Dosha*<sup>4</sup> So, mainly here *Vata- Pitta Shamana* drugs are used., *Snehana* becomes important to control the localized vitiation of *Vata Dosha*. Hence, *Karnapoorana* was selected in the management of the disease. The use of *Sneha* specially *Taila* helps to subside *Vata Dosha* and clears the *Srotasa* of the *Karna*. In *Sahastrayogama*, *Asanbilwadi Taila* is indicated in *Karnaroga*<sup>5</sup>. So, putting that concern here *Asanabilwadi Taila* was given for *Karnapoorana*. *Nasya* is the main procedure for *Shiro Shodhana*, it will clean the deep seated *dhoshas* from *Karna*, for that *purpose Nasya* was selected here. *Acharya Vagabhatta* has described *Ksheera Bala Taila* in *Vata- Rakta Rogadhikar*<sup>6</sup>; it contains *Ksheera* which is *Pitta Shamaka* and *Bala* having *Vata Shamaka* properties, so it was chosen for *Nasya*. *Dhanvayasha Kwatha* having *Pitta Shamaka* properties and is mention by *Acharya Chakradatta* in *Bhrama Rogadhikara*<sup>7</sup>, So it was given orally. *Punarnavadi Kwatha* is having *Mutrala* properties and *Shothaghana* properties, so it is used to reduce endo-lymphatic hydrops. So, given orally before meal. *Eranda Bhrushta Haritaki* was given for *Vatanulomana* and *Kosthasodhana*. All these above factors will ultimately lead to relieve the symptoms of Meniere's disease. No adverse reaction was observed during the trail and after the treatment.

## CONCLUSION

This case report concludes that Ayurvedic management with *Nasya* and *Karnapoorana* procedure along with internal medicine i.e. *Punarnavadi Kwatha*, *Dhanvayasa Kwatha* and *Eranda Bhrushta Haritaki* offers good result in the treatment of Meniere's disease.

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