

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

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### ABSTRACT

Meniere's disease is an inner ear disorder that cause episodic attack of Vertigo, Sensorineural hearing loss & Tinnitus. It occurs due to distension of endolymphatic system with endolymph. The cause of the disease is not known.<sup>[1]</sup> According to Ayurveda it can be considered as per symptoms with Bhrama, Badhira and Karnanada. Pitta-Pradhana Vata Dusti involved in this disease. A 36 years old male patient came with complain of episodic attack of Aural fullness, vertigo, Sensorineural hearing loss & ringing in left ear for 18 months. Headache, nausea & vomiting also occurs with episode. He underwent one course of ayurvedic management, comprised of oral medicine, including Pathyadi Kwatha, Aarogyavardhini Vati, Avipatikara Churna- Kamdudha Rasa – Shankhabhasma, Sarivadi Vati and special procedure like Marshnasya with Shadbindu Taila, Karnapurana with Bilwadi Taila, Shiropichu with Bala Taila. At the end of a month of Ayurvedic treatment, episodic attack of above symptoms improved with decreased in frequency and duration and increased in interval. Ayurvedic treatment effectively resolve inadequate absorption of endolymph or control the production of normal endolymph.

**KEYWORDS:** Meniere's disease, Bhrama, Badhira, Karnanada, Pathyadi Kwatha, Inner ear, Vertigo, Tinnitus, Sensorineural hearing loss.

### INTRODUCTION

Meniere's disease is a Psychosomatic disease. This disease affects the persons physical, mental and social condition. Vertigo, tinnitus, sensorineural hearing loss and aural pressure all these symptoms make the individual feel embarrassed in his personal and social life. Meniere's disease is not a fatal disease yet the consequences like drop attacks, severe vertigo may lead to fatal condition. Meniere's disease also known as Endolymphatic hydrops. In Meniere's disease, main pathology is distension of endolymphatic system, mainly affecting the Cochlear duct (Scala media) & the Saccule and, to lesser extend the Utricle & Semicircular canals. In Meniere's disease, Stress & Vasomotor Disturbance leads to Sympathetic Overactivity Cause spasm of vessels supplying neuroepithelium. Perisaccular ischemia and fibrosis lead to inadequate absorption of endolymph by the endolymphatic sac. Due to Anoxia increased permeability of Stria vascularis Lead to transduction of Fluid and over-accumulation of Endolymph.

Overaccumulation of endolymph at the expense of perilymphatic space results in the distortion of membranous labyrinth. Alterations in the size of endolymphatic duct and sac along with reductions in tubular specializations of the lining of these structures. Endolymphatic hydrops mainly occurs. It can occur in pars inferior (cochlea and saccule) and changes in pars superior (utricle and SCC) are usually less. The basilar membrane gets distended into scala tympani. Saccular distension can distort not only utricle and SCCs but can also come in contact with stapes footplate. Hair cells and their neurons are usually spared. Membranous rupture, which can occur in any part of the inner ear. Which allows leakage of potassium-rich endolymph into perilymph. The high concentration of K<sup>+</sup> depolarizes the neurons and inactivates both vestibular and auditory neurons that result in vertigo (paralytic nystagmus) and deafness. Healing of membranes allows restitution of normal chemical and clinical status. Repeated membranous rupture and potassium exposure lead to

chronic deterioration in the functions of inner ear. Modern treatment includes a. General measures - Reassurance: Explaining the nature of disease relieves the patient's anxiety. Lifestyle changes - Cessation of smoking. - Avoid excessive intake of water and salt. - Avoid too much tea, coffee and alcohol. - Avoid stress: Practice mental relaxation exercises, meditation and yoga. - Avoid flying, diving and working at great heights to prevent accident in cases of sudden episode. In Acute attack, Reassurance, bed rest, Vestibular sedatives - include prochlorperazine (Stemetil), promethazine theoclate (Avomine), dimenhydrinate (Dramamine), and diazepam. Atropine can also be very effective, Vasodilators - Inhalation of carbogen (5% CO<sub>2</sub> with 95% O<sub>2</sub>) causes cerebral vasodilation and improves labyrinthine circulation and Histamine diphosphate 2.75 mg in 500 ml glucose slow IV drip helps in managing acute episodes. C. In Chronic phase, Dietary modification, Salt restriction, Intermittent dehydration, Hyperosmolar dehydration, Diuretics like - Hyperosmotic diuretic isosorbide, Acetazolamide are helpful.<sup>[1]</sup>

### PURPOSE OF THE STUDY

The purpose of conducting a study on the Ayurvedic management of Meniere's disease would be to generate scientific evidence highlighting Ayurvedic interventions in effectively managing this specific type of the disease. By demonstrating the efficacy of Ayurvedic therapies, such as dietary modifications, lifestyle interventions, and specialized therapeutic procedures, the study aims to establish Ayurveda as a potent and resealable alternative to conventional approaches.

### AIMS AND OBJECTIVES

In order to demonstrate the overall Ayurvedic care in improving patient well-being and reducing the burden of disease, the study will evaluate patient satisfaction, quality of life improvements, and long-term results. In the end, the objective is to establish Ayurveda as a preeminent integrated approach to ear health, providing Meniere's disease patients with a thorough and efficient

treatment choice that either matches or outperforms traditional alternative therapies.

### MATERIALS AND METHODS

Source materials included a variety of classical Ayurvedic books, such as Brihatrayee and Laghutrayee. In addition, websites, current textbooks, and published papers were searched for this investigation.

### CASE REPORT

A 36 years old male patient came to OPD of Shalakyatantra department of Govt. Akhndanand Ayurveda Hospital with complain of episodic attack of Aural fullness, spinning sensation, decreased in hearing & Ringing in left ear for 15 min. to 30 min. at interval of 2 to 3 days since 18 months. Headache, nausea & vomiting also occurs with episode. He had no history of ear related problems earlier, and his family history was not remarkable. He approached an Otorhinologist and diagnosed his condition as Meniere's disease in left ear and prescribed him allopathic medicine and advised Rest. He didn't relieve in symptoms after allopathic treatment for few months. For better relief he came at ayurvedic hospital for further management.

### PERSONAL HISTORY

The patient followed a vegetarian diet, was a daily hair washer, and had a distinct eating schedule. He had to travel around 60km daily, and his emotional make up was anger, irritable and due his profession. He had habit of speaking for 6 to 7 hours daily. His Agni was Vishamagni, he slept for six hours every night. His Mala-Pravrutti was 1 to 2 time per day with intermittent constipation. His Mutrapravrutti was 7 to 8 time per day. Systemic examination of respiratory, cardiovascular and CNS systems revealed no abnormality.

**ENT EXAMINATION:** On examination his B/L EAC was found clear and B/L Tympanic membrane was Intact. On Nose examination His B/L Nasal Mucosa was Pinkish and B/L mild hypertrophy of inferior turbinate was found. All the finding on throat examination were found normal.

Examination	Right ear	Left Ear
Rinne's test	Positive (AC>BC)	Positive (AC>BC)
Webber's test	Lateralized toward right ear	
Audiometry	Minimal Sensorineural Hearing loss	Moderate to Severe Sensorineural Hearing loss
Unterberger test	Negative	
Dix-hallpike test	Negative	
Romberg test	Negative	

### ROGA PARIKSHA DIAGNOSIS MADE UNDER AYURVEDA FUNDAMENT

**Nidana:** Daily head bath, Excessive travelling and speaking, Different timing of meal with or without hunger also emotional make up is angrier and more anxious.

**Purvarupa:** Headache, Head heaviness and aural fullness.

**Rupa:** Sense of aural fullness with sense of spinning vertigo, increased ringing and decreased hearing in left ear.

**Upashaya:** Rest

## MAJOR COMPONENTS FOR THE PATHOGENESIS OF MENIERE'S DISEASE

Dosha	Vatapradhana Tridosha
Dushya	Rasa, Rakta
Agni	Mahabhutagni
Srtotas	Rasavaha, Raktavaha
Srtodushti prakara	Sanga, Vimargagamana
Udbhav sthana	Pakvashaya
Roga marga	Madhyama
Vyakta sthana	Karna
Sanchara sthana	Sira
Adhisthana	Karna
Vyadhi swabhava	Chirkari
Sadhyaasadyata	Kruchha Sadhya

disease by Committee of Hearing and Equilibrium American Academy of Otolaryngology- Head and Neck Surgery.

Vertigo – 2 or more episode of spontaneous whirling vertigo lasting for 20 min. or more.

SNHL – Documented on audiometry.

Tinnitus or aural fullness.<sup>[2]</sup>

## DIAGNOSIS

Diagnosis made on basis of clinical presentation according to Classification and Diagnosis of Meniere's

## THERAPEUTIC INTERVENTION

The following ayurvedic intervention has been made for Samprapti Vighatana based on Nidana Panchaka.

Sr.No	Medicine	Dose	Frequency
1	Sneha-shodhana-nasya with Shadabindu tail	6- 6 drops in each nostril	2 sittings of 7 days at interval of 7 days gap in between
2	Karnapurana with Bilwa tail	2 - 3 ml in each EAC	for 21 days
3	Shiropichu with Bala tail	-	for 21 days
4	Avipatkar Churna + Shankhabhsma + Kamadudha Rasa	2 gm 500mg 500mg	Twice a day with luke warm water for 1 month
5	Tab. Sutsekhararasa	2 tab	Twice a day after meal for 1 month
6	Tab. Sarivadi Vati	2 tab	Twice a day after meal for 1 month
7	Pathyadi Kwatha	40ml	Twice a day on empty stomach for 1 month

## OBSERVATIONS

- ❖ An attack of symptoms, Headache, head heaviness, aural fullness, spinning vertigo, combined with increased ringing and decreased hearing, followed by nausea and vomiting, were reduced in severity, frequency and duration after 1<sup>st</sup> sitting of Nasya along with oral medicine.
- ❖ After 14 days, there was significant improvement in the incident of spinning vertigo. Following treatment, the symptoms of headache, head heaviness, vomiting and nausea were completely alleviated.
- ❖ After second session of Marsha Nasya, there is a significant improvement in subjective measures such as spinning vertigo, a sense of aural fullness, increased ringing, and decreased hearing in left ear during Episode.
- ❖ At the end of the second follow-up of treatment at an interval of 15 days, the symptoms have almost reduced.
- ❖ There is no change in the audiogram as an objective parameter.

Sr no.	Symptoms	Observation				
		B.T.	D.T.		A.T.	Follow up
		1 <sup>st</sup> day	7 <sup>th</sup> day	14 <sup>th</sup> day	30 <sup>th</sup> day	45 <sup>st</sup> day
1	Episodic spinning Vertigo	+++	+++	++	+	+
2	Sense of aural Fullness	+++	+++	++	+	+
3	Increased ringing in Left ear	++	++	++	+	+
4	Impaired hearing in left ear	++	++	++	+	+
5	Frequency of attack	Once in 4 to 5 days	Once in 4 to 5 days	Once in 7 to 10 days	Once in 18 to 20 days	Once in 25 to 30 days
6	Duration of attack	Last for 15 to 20 min.	Last for 15 to 20 min.	Last for 17 to 15 min.	Last for 10 to 13 min.	Last up to 10 min.
7	Vomiting	+	+	+	-	-

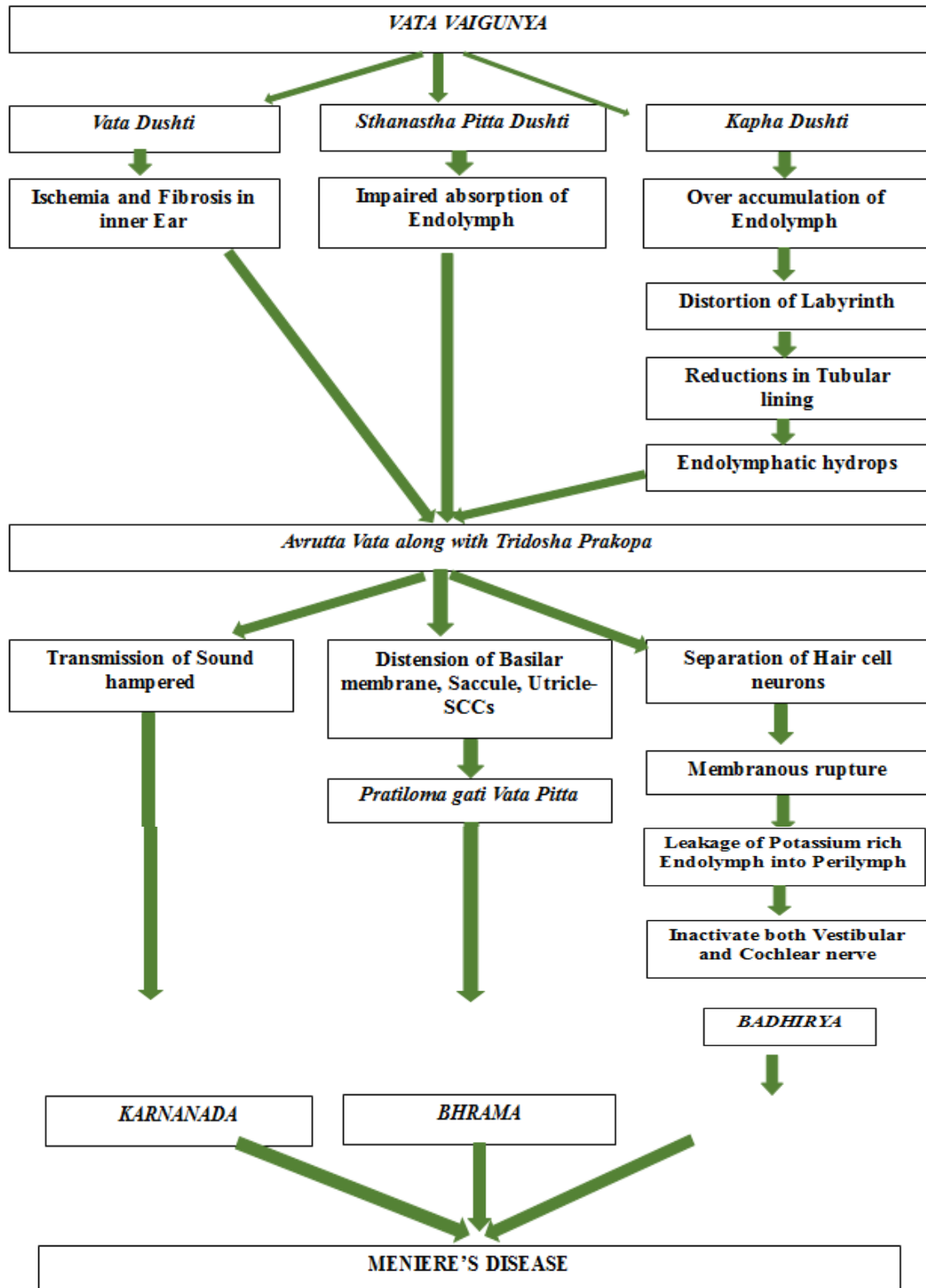
**DISCUSSION**

Exact correlation of Meniere's disease is not found in Ayurveda Samhita. But, the triad of Meniere's disease are correlate with Karnanada, Badhira and Bhrama. Common factor of all above is Avruta Vata. So, it can be stated that Meniere's disease occurs due to Avruta Vata.

विकारनामाकुशलो न जिहीयात् कदाचन।

न हि सर्वविकाराणां नामतोऽस्ति ध्रुवा स्थितिः॥ AH SU. 12/64.<sup>[3]</sup>

A Vaidhya should not be ashamed of not knowing names of all Vyadhi, because it is not possible for Tantrakara to give name of all Vyadhis. As per clinical presentation, pathology of Meniere's disease can be understood in the light of Ayurveda fundamentals.



**MODE OF ACTION OF DRUGS**

Chikitsa is to be planed according to Vyadhi Avastha and Rogi Bala. Treatment should be aimed at pacifying Vatapradhan Tridosha.

- ❖ **Avipatkar Churna**<sup>[4]</sup> - Major quantity in Avipattikara Churna is Khanda sharkara having Madhura Rasa, Snigdha Guna, Sheeta Virya, and Madhura Vipaka, and helps in Shamana of Vidagdha Pitta. Second major quantity is contributed by Trivrit (nishotha) it has mainly Katu Rasa, Laghu, Ruksha, Tikshna Guna, Ushna Virya and Katu Vipaka. It has Rechana and Shothahara property leading to Vayu Anulomana and Pitta virechana thus helpful in Samprapti Vighatana. Lavanga being the third high quantity ingredient has Katu, Tikta Rasa, Laghu, Tikshna Guna, Sheeta Virya and Katu Vipaka. It has Deepana, Amapachana, Vatanulomana, Shulaprashamana activity which improve Jatharagni. Rest 11 ingredients are in minimal quantity i.e each 1/11th part of lavanga. All these possess Katu, Tikta, Madhura Rasa, Laghu, Ruksha, Teekshna, Snigdha Guna, Ushna Virya, Katu and Madhura Vipaka having Deepana, Pachana, Vatanulomana property. It causes Vata and Pitta Shamana.
- ❖ **Shankha Bhsama**<sup>[5]</sup> having Rasa Katu and Kashaya, Grahi, Guru and Snigdha Guna, Madhura Vipaka, Sheeta Virya. It causes Shamana of Vidgdha Pitta.
- ❖ **Kamadudha Rasa**<sup>[6]</sup> - The contents of this Herbo-mineral formulation are Mukta Pishti, Muktasukti Bhasma, Prawal Pishti, Shankha Bhasma, Suvarna Gairika, Kapardika Bhasma, Guduchi Satva. These drugs are Madhura, Tikta, Katu, Kashaya Rasa, Sheeta virya and kinchit Ushna in Virya, Madhura Vipaka, Laghu, Snigdha, Ruksha, Teekshana Guna. Kamadudha Rasa having properties like Deepana, Pachana, Balya, Rasayana, Tridoshshamaka (mainly Pittashamaka), Anulomana, Vrushya. Mukta Pishti is a Madhura Rasa, Sheeta Virya and Madhura Vipaka. These properties of Mukta Pishti help in the Tridoshshamana (mainly Vata and Pitta Shamana).
- ❖ **Sutshekhar rasa**<sup>[7]</sup> - contains mainly those drugs having Deepana, Pachana, Shulaghna, properties having mostly Ushna Virya, Katu, Tikta, Kashay, Madhur Rasa, Laghu, Ruksha, Tikshna, Vyavayi, Vikasi Guna with Madhura, Katu Vipaka. Hence, this formulation mainly works as Pachana of Aama.
- ❖ **Avipatkar Churna Shankhabhsma + Kamadudha Rasa and Sutshekhar Rasa** - They work on Kosthagata Vayu and Pitta, which break the Nidana pathway from Kostha to Samurchhana. This reduces the formation of vitiated doshas in Kostha, breaks the Nidana that travels from Kostha to Samurchhana, and normalises Agni in Kostha. Anulomana of Vata reduce stress over sympathetic system and relieve Vasospasm. By normalize Vata and Pitta, improves absorption of Endolymph which prevent the distension of inner ear structure.
- ❖ **Pathyadi Kwatha**<sup>[8]</sup> - As Pathyadi kwatha is indicated in Shiroroga Adhikara. We can also understand the effect of Pathyadi Kwatha on Bhootagni. Thus, it pacifies Shirahgata dosha. The ingredients of Pathyadi kwatha having Tikta Rasa majorly, Ushna Virya and Laghu, Rooksha in Guna. It possesses Shoshan and Shodhan properties. Which remove Avarana of Kapha Dosha and promote Vatanulomana from Urdhwajatra. Further we can understand that, it normalizes the endolymphatic fluid volume and prevent damage occurs due to over accumulation of Endolymphatic fluid. It reduces the episode of triad of Meniere's disease.
- ❖ **Sarivadi Vati**<sup>[9]</sup> is indicated in Karnaroga. All the contents are having mainly Madhura, Kashaya and Tikta rasa and Laghu and Ushna Guna. Therefore, it acts as Kleda-shoshaka, Vrana-Shodhaka, Rasayana, Ropana, Shonita-Sthapana, Shoolanashaka, Vata-Kapha-Nashaka, Sandhaniya, Shothahara, Balya and Deepana. Which pacify the vitiated Dosha in Karna Adhithana. It is act on Vikruta Dosha and Rasa-Rakta Dhatu and normalizes the Dosha and Dhatu and stop further impairment of Karna Adhithanagata Dosha and Dhatu. It helps in resolution of inner ear pathology and prevent the leakage of endolymph by promoting healing and reestablishment of normal blood supply to affected parts of inner ear where blood supply was hampered.
- ❖ **Nasya with Shadbindu Taila**<sup>[10]</sup> - Nasya is the part of Panchakarma. Panchkarma are focused on Samurchhana Vighatana by eradicate Samurchhana from Adhithana. Shodhana Nasya give Shirovirechana effect. Shringataka Marma is the conjugation of Siras of Netra-Nasa-Kantha-Shrotra, thus the medicine reaches Shringataka Marma via Nasa Marga. Remove vitiated Dosha from Shirah and Karna Pardesh. Ingredients of Shadbindu Taila are Eranda, Tagara, Shatahva, Jivanti, Rasna, Bhiringa, Vidanga, Yashti, Shunthi, Saindhava Lavana etc. have Katu, Tikta Rasa, Ushna Virya, Ruksha, Tikshna Laghu Guna & Doshagnata is Vata Kapha hara which help in Shodhana and cause eradicate morbid dosha and prevents Vata Parkopa. It helps in removing endolymphatic hydrops and over accumulated endolymphatic fluid and prevent vertigo and deafness.
- ❖ **Shiropichu with Bala Taila**<sup>[11]</sup> - Shiropichu is one of the types of Murdhataila. Shiropichu improves the brain circulation which is very important in stress. Systemically cellular absorption and circulation has effects on CNS. Local application passes through the stratum corneum into the blood vessel and reaches the appropriate organ. Thus, it pacifies the



Vataprakopa in Shirah Pradesha and therefore prevent the formation of morbid Dosha in Shirah Pardesh which travel to Karna Adhisthana. It also gives nourishment to Indriya and improves the function of Indriya. Bala tail- Bala is Ushan Virya and Tridoshahara said to be Shreshta Rasayana, Vatashamaka, Vrishya, Balya and Ojovardhaka property. Bala Taila act on stress which is most important etiologic factor. It also promotes damaged call healing, provide nourishment and relieves vasospasm.

❖ **Karnapurana with Bilwa tail<sup>[12]</sup>** – It is act on Sthanastha-Dhatu in Karna Adhisthana. It pacifies vitiated Dosha in Karna and cause Shamana of Vata Dosha through Snehana, swedana. Bilwadi Taila having Vata-Shamaka, Kapha-Shodhaka, Pitta-Shamaka property and also act on Shabdavaha Sira. In Karnapurana, Snehana and Swedana done in Purvakarma helps in rise of blood circulation and increase the permeability of capillaries. Swedana Karma also by virtue of its properties like Ushna, Sara, Sukshma aids quicker absorption of oil into the ear and helps in Vata Dosha Shamana. Karnapurana has Bruhaniya property, hence providing strength and also stimulates the nerves. Bilwa improves microcirculation of sense organ. Bilwa Taila absorption occurs through epithelial tissue of external ear canal and tympanic membrane that can maintain normal function of hearing and equilibrium. It spread into the deeper tissues through (Rasa & Rakta) Shabdavaha Sira. Tila Taila- It has Madhura rasa and Madhura Vipaka. It is 'Vataghnesha Uttam' and 'Na Sleshmabhi Vardhana' property. It consists of vitamin E, vitamin K and minerals like magnesium, calcium, iron, phosphorus, potassium and sodium. These elements help to gain the strength and provide nutrition to nerves of ear. Gaumutra- It is Agnideepana. It removes the vitiated Kapha and Vata Dosha. Ajadugdha- It eliminates all the three vitiated Doshas-Vata, Pitta and Kapha. It heals and rejuvenate damaged part of inner ear. It promotes the restoration of natural collagen and the water-salt balance and also increase cell metabolism.

## CONCLUSION

Meniere's disease occurs due to Avruta Vata and Tridosha Prakopa. It is successfully managed by Ayurveda treatment. Thus, it is concluded that understanding of Dosha-Dushya and its lead to successful intervention.

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