

## Ayurvedic management of *Bhrama* W.S.R. to BPPV: a case report

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### Abstract

Benign paroxysmal positional vertigo (BPPV) is characterized by occurring of vertigo when the head is placed on certain critical position. It is the most common peripheral vestibular end organ disease. No any direct correlation can be made of BPPV with *Karnaroga*. In BPPV, Vertigo is the main symptom. So symptomatically it can be correlated with *Bhrama*. Here treatment protocol used were *Dhanvayas Kwatha*, *Avipattikar Churna* and *Sootshekhara Rasa* internally with *Anu Taila Nasya*. After 2 months of treatment patient got relief from vertigo. Hence the single case report shows that Ayurvedic management of BPPV gives good result.

**Keywords:** *Avipattikar Churna*, BPPV, *Bhrama*, *Nasya*

### Introduction

Benign paroxysmal positional vertigo (BPPV) is a disease in which patient feels vertigo when the head is placed on certain critical position. There is no hearing loss or other neurological symptoms [1]. BPPV is the commonest presenting cause of vertigo with an estimated lifetime prevalence of 2.4% [2]. It is treated by performing Epley's Manoeuvre, but after manoeuvre several patients report gait instability and recurrence of BPPV increases with length of follow-up and eventually occurs in most patients.

*Acharya Sushruta* has described 28 *Karnarogas* [3] and *Acharya Vagabhatt* has described 25 *Karnarogas* but there is no any description of symptom like *Bhrama*. So, no any direct correlation can be made of BPPV with *Karnaroga*. In BPPV, Vertigo is the main symptom, so symptomatically it can be correlated with *Bhrama*. *Bhrama* is a *Vataja Nanatamaka Vyadhi* and *Acharya Sushruta* has described that due to Vitiating of *Raja* and *Vata-Pitta Dosha* patient suffers from *Bhrama* [4]. In BPPV it can be correlated that due to *Avarana* of *Otoconia* Vitiating of *Vata* occurs. So here *Vatanulomaka* and *VataPitta Shamaka Drvaya* should be given as treatment.

### II. Case Report

A 45 year old female patient come to OPD of Shalaky Tantra Department with the chief complain of episodic vertigo associated with head movement since 6 month.

#### History of present illness

Patient was well before 6 month. Gradually she started suffering from episodic vertigo (several times in a day) during changing the position, Specially when sitting up from the lying position and when bend toward earth and from that upright position associated with burning in chest. So she came for Ayurvedic treatment.

She has same complain before 1 year. At that time she has taken allopathic medicine. No any positive family history was found.

### Personal History

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

### Occupational History

Patient was housewife

### On Examination

Ear Examination: Normal

Nose Examination: Normal

Throat Examination: Normal

Audiogram: In both ear Hearing Threshold was within normal limit (below 20 dB) (See Image 1)

SISI: Left ear – 0% Cochlear sensitivity at 1 khz and 4khz  
 Right ear- 15% Cochlear Sensitivity at 1 khz and 4khz (See Image 1)

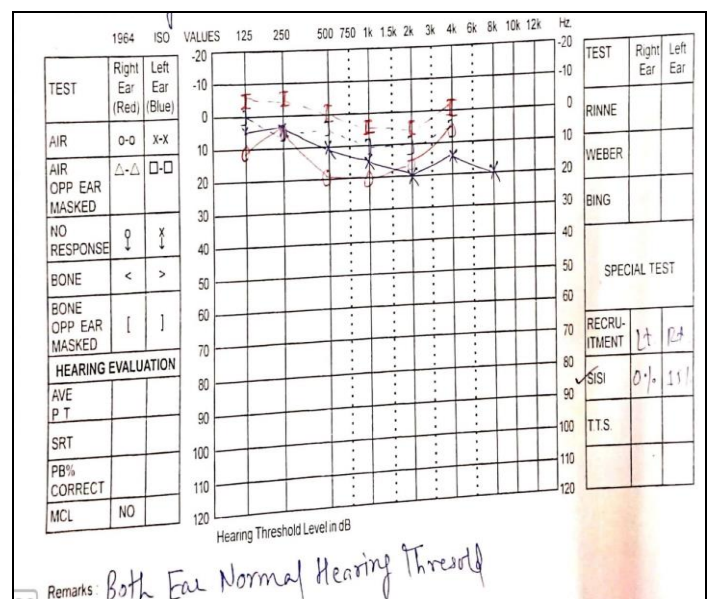


Fig 1

**Diagnosis**

After general examination, Dix Hallpike Manoeuvre, Audiogram and SISI test was done. Dix Hallpike Manoeuvre was positive. The finding of Pure Tone Audiogram of patient hearing threshold was within normal

limit (In both ear below 20 dB). SISI test finding was right ear 15% and left ear 0% at 1 khz and 4 khz. After assessing the symptoms and all the finding, patient was diagnosed as BPPV.

**Table 1:** Treatment Protocol

Sr.No.	Drug	Dose	Route	Duration
1	<i>Avipattikar Churna Sootashekhara Rasa</i>	5gm 125mg	Oral	Twice a day before meal with <i>Ghruta</i> for 2 months
2	<i>Dhanvayasha Kwatha</i>	10 gm	Oral	Twice a day before meal with <i>Ghruta</i> for 2 months
3	<i>Anu Taila Nasya</i>	8-8 drops in each nostril	<i>Nasa</i>	1 sitting for 7 days after that <i>Pratimarsha Nasya</i>

**Pathya – Apathya**

Avoid loud noise and using headphones. *Sunthi Jalapana* daily. Avoid *Amla*, *Lavana* and *Katu Rasa Dravya*.

**III.Result and Discussion**

There was significant improvement in the episodes of vertigo (1-2 times / Day) after 1 month treatment. After 2 month treatment no vertigo persist.

Ayurvedic management of BPPV is based on the principle of *Vata Pitta Shamaka*, *Vatanulomaka* and *Shtroto Shodhaka*. In BPPV there is pathology in inner ear. *Karna* is *Adhithana* of *Shravanendriya*. For *Shiro Shtroto Shodhana* *Nasya* should be used, so *Anu Taila Nasya* is given here for *Shtroto Shodana* of *Karna*. *Dhanvayasha Kwatha* is mention by *Acharya Chakradatta* in *Bhrama Rogadhikara* [5] and having *Pitta Shamaka* properties and is given with *Ghruta* for *Vata Shamana*. *Avipattikar Churna* is mainly *Pitta Shamaka* and also having properties of *Vatanulomana*. In *Phala Shruti* of *Sootashekhara Rasa*, *Bhrama* is also described and its main *Rogadhikara* is *Amalapitta*. Patient also having complain of *Amalapitta*. So here *Sootashekhara Rasa* is given with *Avipattikar Churna*. This case report concludes that Ayurvedic management with *Nasya* and internal medicine offers good result in the treatment of BPPV.

**References**

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