



EFFECTIVE MANAGEMENT OF MENIERE'S DISEASE THROUGH AYURVEDA- A CASE REPORT

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ABSTRACT:

Meniere's disease is inner ear disease characterized by episodic vertigo, fluctuating hearing loss and tinnitus. The pathophysiology of the disease is obscure but theories postulated and stated that, due to decreased absorption or increased secretion of endolymphatic fluid in membranous labyrinth of the inner ear leads to pressure increase thus manifests the disease. There is no promising cure to this disease in conventional science only with life style adjustments, low salt diet, diuretics and surgery are used to manage the condition. The present case study patient with Meniere's disease was successfully managed with Ayurveda treatment. A 55yrs old male patient complained of giddiness, reduced hearing and tinnitus since 9months which was hampering his daily activities was treated with *Panchakarma* procedures and internal medicines. The exact Meniere's disease is not mentioned in *samhitas* but on the basis of symptoms and *dosha* predominance it is considered as *Vata-Pitta pradhana tridoshaja vyadhi*. As per *dosha* predominance it is treated with *Virechana* (Purgation), *Pratimarsha nasya* (nasal medication) and internal medicines with *Dhanadhanyadi kashaya*, *Cap Ksheerabala* and *cap palsineuron*, *Tab Kamaduga rasa* was administered. On functional scale level the stage 5 was reduced to 1 which shows good improvement. Meniere's disease may satisfactory be managed with Ayurveda treatment.

Keywords: Meniere's disease, *Virechana*, Ayurveda,

INTRODUCTION

Meniere’s Disease is debilitating hearing and balance disorder, characterized by episodic vertigo, fluctuating, progressive hearing loss, tinnitus and aural pressure in the diseased ear.[1] It is also termed as Endolymphatic hydrops due to excessive collection of endolymphatic fluid in the membranous labyrinth of the inner ear because of decreased absorption or excessive secretion of endolymphatic fluid. This leads to distention of endolymphatic system leading rupture of Reissner’s membrane thus affects the organ of Corti. The exact pathophysiology is still unclear.

The prevalence of MD in the United States is approximately 190 per 100,000 and is more often found in females. [2] The

prevalence of MD is increasing significantly with aging. The diagnosis and management of this disease is a burden on the healthcare system as it demands frequent consultations, tests, medications and treatment.

In terms of classification, MD is often characterized as 1) Meniere's syndrome, in which a known or established cause leads to symptoms, such as head trauma or infection such as neurotropic viruses; or 2) Meniere's disease, where there is an idiopathic (unknown) cause leading to symptoms.[3] American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) classification, which was updated by the Barany Society's Classification Committee, there are two types of MD: definite MD and probable MD.[4]

Table-I. Clinical classification of Meniere’s disease.

Types	Clinical Feature
Certain MD	Definitive MD plus histopathological confirmation
Definite MD	Two or more definitive spontaneous episodes of vertigo lasting 20 min or longer, audiometrically documented hearing loss on at least 1 occasion, tinnitus or aural fullness in the affected ear. Other causes excluded
Probable MD	One definitive episode of vertigo, audiometrically documented hearing loss on at least 1 occasion, tinnitus or aural fullness in affected ear. Other causes are excluded
Possible MD	Episodic vertigo without documented hearing loss/ sensorineural hearing loss, fluctuating/fixed with disequilibrium but without definitive episodes. Other causes are excluded.

In Ayurveda exact correlation of the disease is not available. But when we analyze the clinical triad of the disease, these symptoms are taken as *Badhira*, *Karnakshweda* which are due to vitiation of *Vata* dosha whereas *Bhrama* is to

Vata-Pitta. On the basis of *Dosha Siddhanta* this can be well managed by Ayurveda principles.

CASE REPORT

A 58 years old male patient K/C/O HTN presented with recurrent episodes of vertigo

lasts for approximately 20-30min associated with gradual onset of tinnitus in bilateral ear with reduced hearing left ear > right ear since 9 months. Earlier hearing loss and tinnitus was present at the time of acute onset of vertigo later it was said to be present even in the absence of vertigo. Patient consulted ENT surgeons and underwent series of tests such as pure tone audiometry, BERA, Caloric test, Video nystagmography and he was diagnosed as Menier's disease on 28.12.2022 and advised tab Gemvert (cinnarizine+dimenhydrinate) 20/40mg BD, tab Diamox (acetazolamide) 250mg in tapering dose for 1month, tab vertin 48mg, divalprote 250mg for 1 month and on emergency tab diligan 25mg sos was prescribed. Patient was unsatisfied with these long term medications and he didn't get relief out of these, sudden onset of vertigo hampers to perform his daily activities independently. Patient discontinued medicines also and approached to K.L.E Ayurveda Hospital *Shalakya* OPD on 13.9.2023.

On examination

Ashtasthana pareeksha (eightfold examination)
Nadi-72bpm, *Mala*-Constipated, *Mutra*- normal frequency, *Jihva-Ishat lipta* (midly coated), *Shabda*-Ringing sound in bilateral ear, *Sparsha*-normal, *Drika*- normal, *Akriti*-well built.

Ear examination-

External auditory canal normal and tympanic membrane was intact normal cone of light at bilateral. Rinne's test was positive with weber test was not appreciated by patient.

Investigations-

Video nystagmography (VNG)-

Spontaneous nystagmus: normal

Gaze induced nystagmus-Normal

Dx Hallpike Right-Nystagmus present, no torsion

Dx Hallpike Left- No nystagmus

Caloric test- SPV -Na, CP-N

Diagnosis- Certain Menier's disease

INTERVENTION TIMELINE

Table-II. Treatment intervention along with results is given.

Date	Treatment	Medicine with Dosage
13.9.2023	<i>Deepana</i> and <i>Pachana</i>	Tab <i>Chitrakadi vati</i> 2BD Before food with warm water for 7 days
20.9.2023 (Admitted)	<i>Snehapana</i>	<i>Daimadi Ghrita</i> 30ml on empty stomach
21.9.2023	<i>Snehapana</i>	<i>Daimadi Ghrita</i> 60ml on empty stomach
22.9.2023	<i>Snehapana</i>	<i>Daimadi Ghrita</i> 90ml on empty stomach
23.9.2023	<i>Sarvanga Abhyanga</i> and <i>Bashpa sweda</i>	<i>Ksheerabala taila</i>
24.9.2023	<i>Sarvanga Abhyanga</i> and <i>Bashpa sweda</i>	<i>Ksheerabala taila</i>

25.9.2023	<i>Sarvanga Abhyanga and Bashpa sweda</i>	<i>Ksheerabala taila</i>
	<i>Virechana</i>	<i>Trivrita leha</i> 50gms+50ml <i>Triphala kashaya</i> Total 8 vegas observed.
30.9.2023 (After <i>samsarjana krama</i>)	1. Cap <i>Ksheerabala</i> DS-101	2 TID Before food with warm water
	2. <i>Dhanadhanyadi Kashaya</i>	20ml BD with warm water before food
	3.Tab <i>Kamadugha</i> with <i>mukta</i>	2BD after food
	4. <i>Ashwagnadha Ksheerapaka</i>	20ml BD before food
	5. <i>Anutaila Pratimarsha Nasya</i>	2 drops BD each Nostril
16.10.2023	Same medicines continued	
	<i>Avipattikara churna</i>	1tsf with warm water before food at night
4.11.2023	1.Cap <i>Ksheerabala</i> DS 101	2 TID before food with warm water
	2. <i>Avipattikara churna</i>	1tsf at night with warm water before food
	3.Tab <i>Kamaduga</i> with <i>Mukta</i>	2 BD after food
	4.Cap <i>Palsineuron</i>	1 TID after food
	5. <i>Anutail Pratimarsha Nasya</i>	2drops BD each Nostril
25.11.2023	Cap <i>Ksheerabala</i> DS 101	4 BD before food with warm water continued for 1month

Assessment

Table-III. Functional level of scale-Otolaryngology head and neck surgery 1995 [5]

1	My dizziness has no effect on my activities at all.
2	When I am dizzy, I have to stop what I am doing for a while but, soon passes and I can resume activities. I continue to work, drive and engage in any activities. I choose without restrictions. I have not changed any plans or activities to accommodate my dizziness
3	When I am dizzy I have to stop what I am doing for a while, but does pass and can resume activities, I continue to work, drive, and engage in most of activities and I choose, but I have had to change some plans to make some allowance for my dizziness.
4	I am able to work, drive, travel, take care of my family or engage in most activities but I must exert great deal or effort to do so. I must constantly make some adjustments in my activities and budget in my energy. I am barely making it.
5	I am unable to work, drive and take care of my family. I am unable to do most of active things that I used to even essential activities must be limited. I am disable.
6	I have been disable for 1 year. I receive compensation because of my dizziness or balance problem.

Follow-up and outcome (Results)

Table-IV. Results

Date	Results (Functional level Scale)
13/9/2023 to 25 /9/2023	5
30/5/2023	3
16/10/2023	2
4/11/2023	1
Results of Audiometry	
Before Treatment	After Treatment
Left Ear	Left Ear
50 dB HL	45 dB HL
Moderate Sensory Neural Hearing Loss	Moderate Sensory Neural Hearing Loss
Right Ear	Right Ear
58.3 dB HL	40 dB HL
Moderately Severe Sensory Neural Hearing Loss	Moderate Sensory Neural Hearing Loss

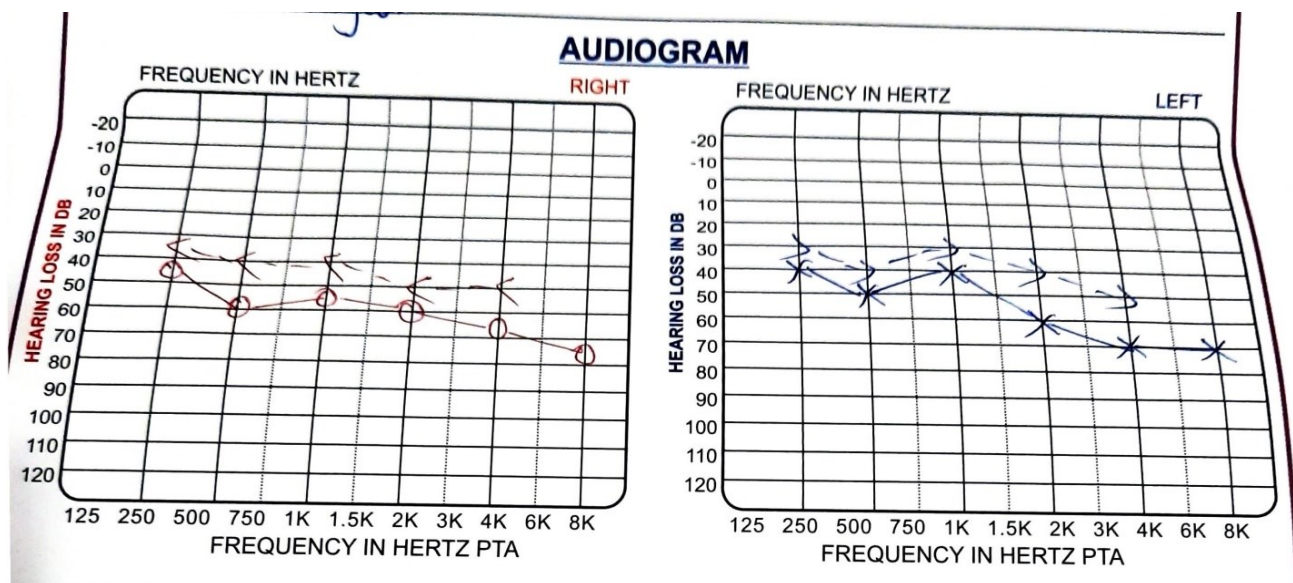


Figure 1. Before Treatment

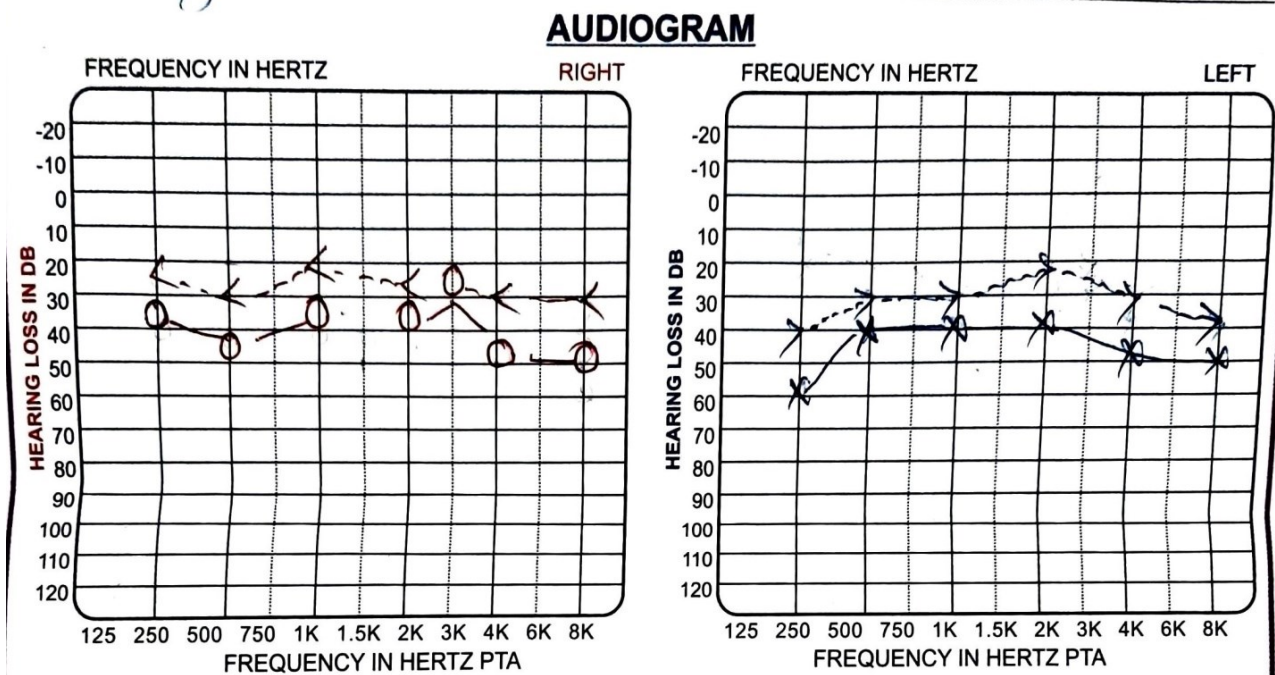


Figure 2. After Treatment

DISCUSSION

As per Ayurveda the root cause for all the diseases is *agnimandya* (reduced digestive fire). *Pitta* is responsible for metabolism so when it gets affected leads to improper absorption and secretion of *rasa dhatu*. *Rasa dhatu* here can be taken as Endolymphatic fluid. As the verse goes “*Raso api shleshmavat*”[6] so it indirectly *tarpaka kapha dusti* and *rasa dusti* occurs at *shrotrovaha nadi* of *Karna* which is a location for *Vata dosha* and also *indriya mana dharana* (supporting the sense organs) is a function of *Prana vayu*. The causative factors are when indulged by patient *Agnimandya* leads to *rasa and Kapha dusti* and also *Prana vata prakopa* at *Shrotendriya* as *kapha* does *avarana* to *vata dosha* it get *margavarodha* and produces symptoms *Karnanada*, *Badhirya* and *Bhrama*. So applying these basic concepts it is easy to manage the Meniere's disease.

Karnanada- when *vayu* obstructed ear it produces *bheri*, *mrudanga*, *shankaha* different sounds in ear its termed as *karnanada* (tinnitus).[7]

Badhirya- viated *vata* or *vata* with *kapha* dosha get lodges at the ear manifests the *badhirya* (hearing Loss). [8]

Bhrama- It is caused by increase in *chala* (movement) property of *vata dosha* in body produces *bhrama* and also because of *rasadusti* or *rasa kshaya brama* will occur.

On these symptoms it can be considered as *Vata Pitta pradhan tridoshaj vyadi*.

So taking consideration of *dosha avasta* and *samprapti* first *agnideepana* (normalize digestive fire) is done by oral medicines followed by *snehapana* with *dadimadi ghrita* is given, as *Dadimadi ghrita*-as it pacifies *vata kapha* dosha and does *agnideepana*, *vatanulomana*[9]

Virechana karma does *srotoshodhana* (clears the channels) and *pittahara* along with *vatanulomana*. Once obstruction is cleared following oral medicines prescribed for *pitta shaman*, *rasayana* and *vatanuloman*.

Cap Ksheerabala 101 DS- It contains *Bala*, *Godhughda* and *tila taila* which possess *vata* and *pittahara* property. Enhances the functions of the sensory organ.

Dhanadhanyadi kashaya-medicines having property of *agnideepan*, *kaphavatahara* and its mainly explained under *vataroga* context to pacifies *vata dosha*. [10]

Kamaduga rasa with mukta-It pacifies *pitta* and indicated in *bhrama (vertigo)*.

Avipattikara churna – It pacifies *pitta*. As patient is having *amlapitta* symptoms associated to this so for *agnideepana*, *amlapittahara* and also to relieve constipation so as *nitya virechana* (daily purgation) is advised.

CONCLUSION

Through the Ayurveda Treatment plan, symptoms such as giddiness, hearing impairment, and tinnitus associated with Meniere's disease are alleviated. The functional score for Meniere's disease, which stood at 5 before treatment, dropped to 1 after treatment. In this instance, the imbalanced *Doshas* were cleared using *Virechana* therapy. To prevent disease recurrence *Shamana* and *Rasayan chikitsa* were administered. Thus, it can be concluded that Ayurveda treatment is successful in managing the symptoms of Meniere's disease.

DECLARATION OF PATIENT CONSENT

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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