

A CASE STUDY ON AYURVEDIC MANAGEMENT OF BHADIRYA W.S.R TO MIXED HEARING LOSS

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ABSTRACT

Acharya shushrut describes Badhirya in Karnagata roga. A person with badhirya may experience hearing loss at any stage of life, including old age. Due to their potential inability to hear or respond, people with hearing impairments often struggle greatly, which can cause them to feel depressed, frustrated, and alone. While most people who have hearing loss find that wearing aids helps them, it may not be the best solution. For it, there isn't presently a recommended course of action. Ayurveda links hearing loss to Badhirya, for which our Acharyas have prescribed numerous therapeutic approaches. Any malfunction that affects the normal function of the auditory system can result in a hearing loss. Loss of Conductivity in Hearing is a condition that prevents sound waves from passing through the middle or outer ear and results in conducting hearing loss. Sensorineural Hearing Loss results from malfunctions in the inner ear or hearing nerve. Both

conductive and sensorineural components of hearing loss are present in mixed hearing loss. Many people who suffer from dual hearing loss perceive sounds as being extremely faint and hard to make out. In present study we have discussed a case of a 65-year-old female patient who came to OPD with complains of abnormal sounds in right ear with reduced hearing. Audiometry report showed Right ear - moderate mixed hearing loss & Left ear - mild to moderate mixed hearing loss. First *Ayurveda* treatment of mixed hearing loss with three sittings of *Karnapurana* from *Ksheerabala Taila* and *Nasya* with panchendriya vardhana

taila along with internal medicines. After this treatment Patient felt better hearing in both ears. This case study shows the effectiveness of the ayurvedic treatment which brought good improvement in the hearing capacity.

KEYWORDS: bhadhrya, mixed hearing loss, karna poorana, ksheerabala taila, nasya, panchendriya vardhana taila.

INTRODUCTION

Hearing loss is an extremely common medical condition, progressing in incidence and severity with age. The affected population is also vast, varying between neonates to elderly patients, and is nearly omnipresent in the 70+ age group. To correctly address hearing loss, understanding the nature of hearing loss and the equipment that is needed to improve auditory reception is crucial. Hearing loss can be conductive, senso neural, or mixed. Age-related hearing loss involves a gradual reduction of the hearing capacity of the individual and poor speech discrimination scores, most noticeable initially in noisy environments, which is likely related to age-related degeneration of the cochlea in various sites, particularly the hair cells. Hearing loss is a condition that occurs when the sound transmission from the outer ear to the brain suffers a disruption. The disruption can happen at any stage, either before or after the cochlea, and the hearing loss is conductive or sensorineural, respectively. If both sites, pre and post the cochlea, are affected, then the hearing loss is characterized as mixed. 432 million adults and 34 million children, or over 5% of the world's population, require rehabilitation to address their incapacitating hearing loss. A disabling hearing loss is predicted to affect over 700 million people by the year 2050, or one in every ten people. In Ayurveda this condition can be compared to Badhrya, which is brought on by the Sanga in Shabdhavaha Srotas (obstruction of the sound wave carrying channel) caused by the Kapha and Vata Dosha and made worse by the person's unhealthy habits and lifestyle. Vata hara chikitsa and, later, rejuvenating Rasayana therapies are used to treat it. In order to improve the diseased condition, we have tried to implement both internal and external therapies for the patient.

CASE HISTORY

A 65-year-old female patient arrived at the OPD complaining of abnormal sounds coming from her right ear and having decreased hearing in both ears for the past six years. The patient had a history of acidity, constipation, and recurrent colds and coughs. Patient does not have known hypertension or diabetes mellitus.

H/O PRESENT ILLNESS

Before six years, the patient appeared to be normal. Over time, ringing in both ears and hearing loss gradually developed in the patient. It was minor at first, but as the severity increased, the patient sought advice from an ENT doctor. He was advised to use hearing aids there, but the patient refused. He sought further management from our OPD as a result.

FAMILY HISTORY – nothing significant.

MEDICAL HISTORY- nothing significant.

PERSONAL HISTORY

Bowel – occasionally constipated

Appetite – Normal

Micturition – 5-6 times a day

Sleep – Disturbed

GENERAL EXAMINATION

Pulse rate- 74/minute

Respiratory rate- 16/minute

Blood pressure- 130/80mmHg

Systemic examination was within normal limit

EAR EXAMINATION (Table 1)

SL. NO	EXAMINATIONS	FINDING
01	PINNA	NORMAL
02	OTOSCOPY	EAC- B/L CLEAR, TM- SCLEROSED B/L
03	TINITUS	SUBJECTIVE
04	THROAT	NORMAL
05	AUDIOMETRY	RIGHT EAR- MODERATE MIXED HEARING LOSS LEFT EAR- MILD TO MODERATE MIXED HEARING LOSS

TREATMENT ADOPTED

20-6-2022			
SL.NO	TREATMENT	MEDICINE	DOSE
1	PINDA SWEDA KARNAPOORANA	KSHEERABALA TAILA	100 MATRAKALA
2	NASYA	PANCHENDRIYA VARDHANA TAILA	6 DROPS
3	KAVALA	YASHTIMADHU+TRIPHALA CHOORNA	2-3 TIMES

4	INTERNALLY	TAB SEPTILLIN	2 BD
5		SUDHA GO GHRITA	10ML BD
6		MANASA MITRA VATAKAM	1 OD
7		SITOPALADI CHOORNA-3GM SARJIKA KSHARA -500MG SANKHA BHASMA- 250MG	

29-8-2022

SI.NO	TREATMENT	MEDICINE	DOSE
1	KARNAPOORANA	KSHEERABALA TAILA	100 MATRAKALA
3	KAVALA	YASHTIMADHU+TRIPHALA CHOORNA	2-3 TIMES
4	INTERNALLY	TAB SEPTILLIN	2 BD
5		SUDHA GO GHRITA	10ML B D
6		MANASA MITRA VATAKAM	1 OD
7		ERANDA BRISHTAHAREETAKI	1 TSP AT BED TIME
8		SITOPALADI CHOORNAM	
9		GODANTI BHASMA	

29-09-2022

SI.NO	TREATMENT	MEDICINE	DOSE
1	KARNAPOORANA	MAHANARAYANA TAILA	100 MATRAKALA
2	NASYA	PANCHENDRIYA VARDHANA TAILA	6 DROPS
3	KAVALA	YASHTIMADHU+TRIPHALA CHOORNA	2-3 TIMES
4	INTERNALLY	ERANDA BRISHTA HAREETAKI	2 TAB AT NIGHT
5		BRIHAT VATA CHINTAMANI RASA	1 BD
6		CAP PALS NEURON	1BD BD
7		MANASA MITRA VATAKAM	1 OD
8		SITOPALADI CHOORNA-3GM SARJIKA KSHARA -500MG SANKHA BHASMA- 250MG	

07-11-2022

SI.NO	TREATMENT	MEDICINE	DOSE
1	KARNAPOORANA	MAHANARAYANA TAILA	100 MATRAKALA
3	KAVALA	YASHTIMADHU+TRIPHALA CHOORNA	2-3 TIMES
4	INTERNALLY	SUDHA GO GHRITA	10ML BD
7		SYRUP HAEMO	10 ML BD
8		SITOPALADI CHOORNA-3GM SARJIKA KSHARA -500MG SANKHA BHASMA- 250MG	

RESULT

The patient got significant changes in signs and symptoms after treatment. Patient got completely cured from recurrent cold and cough. Acidity and constipation also cured after treatment. There is significant improvement in hearing also.

DISCUSSION

Ears are considered to be the home of vata dosha. The vitiation of vata and kapha doshas is the main cause of badhira. The Ushna, Sara, Snigdha, Shukshma, and Sthira Guna of swedana help in vata shaman and accelerate the absorption of oil into the ear. Additionally, they strengthen the ears and increase blood circulation. In addition to performing the vata shaman, Karnapooran also helps to eliminate the dosha's aavran. The most recommended method for treating Badhira is the combination of Karnapurana and Nasya. With Nasya, the indriyas (Karnaindriya) function gets better and the Kapha Dosha from Shira as well as srotorodha is also get removed by Srotorodha. It balances the circulation of blood in the sense organs, including the ear, and calms the aggravated Vata Dosha in the head. It also aids in returning the central nervous system to normal function. As the intersection of all sense organs, including the eye, ear, and nose, is the Shringataka marma in Shira, any medication applied over this area targets the vitiated doshas related to all sense organs and aids in nourishing the nerves supplying these areas. The only part of the body where the CNS and the atmosphere are directly connected is the nasal mucosa. The cribriform plate is quickly penetrated by medications given to the nasal mucosa.

Ksheerabala taila relieves symptoms of vitiated vata dosha and provides relief from neuromuscular disorders. It is rejuvenating, which aids in tissue repair. Bala, a strong herb with neuroprotective properties, is the primary component of ksheerabala oil. KB taila primarily lessens the agitation of Vata Dosha and also calms related Pitta. Since vata dosha vitiation is the primary cause of badhira, ksheerabala acts as vata shamaka in this case and contains a neuroprotective drug that helps to bring down nerve degeneration.

Panchendriyavardhan taila stimulates the sensory functions of throat, nose, and ear. Activates the facial nerve endings. It mainly contains Bala, Punarnava, Rasna, Twak, Pippali, Kamala Pushpa, Pippali, and Gokshura. Owing to its vatashamaka qualities, it not only directly combats the illness but also aids in preventing degeneration. As panchendriyavardhan taila is administered here as nasya, it proceeds to Shira and concurrently creates dosha nirharana and vata shaman.

Yashtimadhu act as balya, vatapitta hara and raktaprasadaka. It directly affects the disease because of these properties Triphala is classified as tridoshic rasayan. Triphala possess anti-inflammatory, antioxidant, free radical-scavenging, and immunomodulating qualities have got direct effect on disease.

Tab septilin strengthens the body's natural defenses and increases immunity. It has strong anti-inflammatory, detoxifying, and antioxidant qualities, and it raises the level of antibodies. All these properties of the medicine helps to prevent the episodes of cough and cold.

Go ghrita is highly regarded for its ability to maintain the proper balance between the vata and pitta doshas as well as its lipophilic properties, which enable it to penetrate the blood-brain barrier for more targeted delivery and bioavailability. In this patient ghrita it act as vata shamaka as well as brihman.

Manasamitra vatakam soothes anxiety and mood disorders while also assisting in the reduction of stress and tension. Helps keep emotional health in check, soothes the agitated Vata Dosha, and encourages sound, restful sleep. Numerous herbs in it calm the channels of Manovaha Srotas, thereby reducing stress. Finding strength and balancing Vata are facilitated by Bala. Swarnabasma facilitates stress management. The herb aswagandha encourages sound sleep. In this case it not only promote sound sleep but also helps to reduce the stress and anxiety of the patient due to diseased condition. The medicine has got indirect role in controlling tinnitus also

Kaphadosha hara and kleda nashaka qualities of Sitopaladi choorna reduces cough, and its anti - inflammatory action lessen inflammation in the nasopharynx and ear canal, restoring normal middle ear function. In this case it cures upper respiratory tract infection of the patient so that the reoccurrence of cough and cold in the patient got reduced after the treatment course.

Ash from shankha, a calcium-containing substance, is used to make shankha bhasma. It regulates the kapha and vata irregularities.

In Eranda brishta hareetaki both castor oil and Hareetaki are considered as good laxatives. Their unique combination is excellent in treating Apanavata disorders. The sookshmata is the important quality of castor oil and this helps for deep invading and taking out the wide spread vitiated vata dosha from different channels. Ultimately it softens the minute and broader

srotas and hence the accumulation of the morbidity is relieved. Here it helps to cure the constipation of the patient so that the treatment can be act from its root level.

CONCLUSION

It can be concluded that in karnabhadirya, combined treatment of nasya, karnapoorana along with internal medications is very effective. It is cost effective and not only treat the symptoms but also gives nourishment to the cells. Along with the treatment, further nidana parivarjana, pathya ahara and vihara are also essential for the complete recovery as well as to prevent the degeration of cells in the patient.

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