

AN AYURVEDIC MANAGEMENT OF MENIERE'S DISEASE- A CASE REPORT

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ABSTARCT

Meniere's disease is an inner ear disorder characterized by episodes of vertigo, fluctuating sensorineural hearing loss, tinnitus, and aural fullness. In *Ayurveda*, these symptoms correlate with conditions such as *Bhrama* (vertigo), *Karnanaada* (tinnitus), and *Badhira* (hearing loss). The pathogenesis (*Samprapti*) is understood as a *Tridoshaja* condition with a predominance of *Vata* and *Pitta doshas*. There is no promising cure to this disease in conventional science only with life style adjustments and surgery used to manage the condition. The present case study patient with meneires disease was successfully managed with *Ayurveda* treatment. A 63year old male patient presented with episodes of vertigo lasting for 4-5 hours, tinnitus, hearing difficulty, and aural fullness in the both ears for 6 months. Based on clinical features, a probable

diagnosis of Meniere's disease was made. The treatment protocol included was *Marsha Nasya*, *Shiropichu*, *Karnabasti* and Internal medications was administered for a period of 2 months. The patient exhibited gradual improvement in all symptoms within 15 days. Complete relief was achieved by the end of two months, indicating the efficacy of the Ayurvedic treatment protocol in managing Meniere's disease. This case demonstrates that understanding the disease through *Ayurvedic* principles allows for effective treatment strategies. The selected therapies aimed at *Agnideepana* (enhancing digestive fire), *Amapachana* (digesting toxins), *Vatanulomana* (normalizing *Vata*), and balancing *Vata-Pitta doshas*, along with *Rasayana* (rejuvenation) therapies, contributed to the patient's recovery.

KEYWORDS: *Bhrama, Badhirya, Endolymphatic hydrops, Karnabasti, Karnanada, Nasya, Shiropichu.*

INTRODUCTION

Meniere's disease is still a mystery disease which is hard to diagnose. It is also called as endolymphatic hydrops, which is a disorder of the inner ear where the endolymphatic system is distended with endolymph.

It is characterized by vertigo, sensorineural hearing loss, tinnitus and aural fullness.^[1] On the basis of clinical variation, it can be divided into two types. Probable and Definite Meniere's disease. True or Definitive Meniere's disease is rare and hard to diagnose fundamentally. The worldwide incidence of Meniere's disease approximately 12 out of every 1,000 people. Despite that, 2% of people living in the U.S. believe they have symptoms that would indicate a diagnosis of Meniere's disease.^[2] These people either have the disease, and it has not been formally diagnosed. The proper diagnosis of Meniere's disease should be done with PTA, special audiometry, Electrocochleography, caloric test, glycerol test and MRI. The treatment includes General measures like Dietary modification and lifestyle modification, medicinal therapy like electrolyte balance, vestibular sedatives, vasodilators, diuretics etc. and surgical treatment. These treatment modalities can be effective but too costly.

On the basis of the clinical presentations, Meniere's disease can be correlated to the multiple diseases in *Ayurveda* like, *Bhrama* (Vertigo), *Karnanaada* (Tinnitus), and *Badhirya* (loss of hearing). *Bhrama* occurs due to *Vata-Pitta-Kapha-Tama Dosha*. *Badhirya* and *Karnanaada* occurs due to *Doshavrutta Vatadosha*. Therefore, *Samprapti Vigatana* can be helpful in selection of the treatment of the Meniere's disease.

Samprapti: Due to *Nidanasevana*, *Agnimandhya* and *Ama* formation occurs in *Koshtha*. Which will further lead to *Pratilomagati* of *Vata* and *Pitta Dosha* and gets localised to *Khavaiguniya Srotoindriya* caused due to *Nidanasevana* too. At that site *Sanga* of *Vayu* occurs with *Kapha Avarana* and *Atipravrutti* of *Kapha* and *Pitta* occurs. Which will create pathogenesis like Inflammation and excess secretion. Vitiated *Doshas* will produce *Vyadhis* like *Bhrama, Baadhirya, Karnanaada*. With the understanding of this *Samprapti* treatment modalities like *Agnideepana, Amapaachana, Vatanulomana, Vata-Pitta Shamaka, Mutrala* and *Rasayana* can be beneficial for the management of the Meniere's disease.

CASE REPORT

A 63-year-old male patient (OPD No.16427), residing in Bengaluru, Karnataka came to the *Shalakya* OPD, Government Ayurveda Medical College, Bengaluru-09, with the complaints of giddiness which lasts for 4-5 hours for 3 times in a week. Also associated with ringing sound, difficulty in hearing and aural fullness in both ears from last 6 months.

History of present illness: patient was apparently normal 6 months before. Later he gradually developed vertigo which is episodic in nature along with tinnitus and he noticed reduced hearing with aural fullness. For all these presentations he visited to allopathic hospital from there he referred to ENT specialist and he was diagnosed with Meniere's disease. He was prescribed with sedatives, vasodilators like histamine, diuretics along with some Diet and lifestyle modifications.

He took medicines for almost 2 months but didn't felt any improvement. Later for the same complaints he visited to *Shalakyatantra* department, at GAMC Bengaluru on 10/11/25. He was thoroughly examined and treatment is adopted accordingly. Patient got significant symptomatic improvement and was clinically observed through PTA reports.

Past history: k/c/o Allergic rhinitis: 2-years (takes Cetirizine on allergic attack)
Not k/c/o Diabetes/Hypertension/Hypothyroidism.

Family history- Nothing contributory.

Clinical findings:

(a) General Physical Examination

Weight- 68kg

Height-5.10feet

BP- 130/70mmhg

Pulse rate- 72bpm

Respiratory rate- 18cpm

Temperature- afebrile

Appetite- good

Bowel- regular

Micturition- 3-4/1-2, d/n

Sleep-Disturbed.

(b) Systemic Examinations

All recorded vital parameters were found to be within normal physiological range.

Table 01: Dashavidha pareeksha.

<i>Prakriti- Vata Pttaja</i>	<i>Satwa-Madyama</i>
<i>Vikriti- Tridoshaja</i>	<i>Abhyavarana Shakti-Madyama</i>
<i>Saara- Madyama</i>	<i>Vyayama Shakti- Avara</i>
<i>Samhanana- Madyama</i>	<i>Pramaana- Madyama</i>
<i>Satmya- Madyama</i>	<i>Vaya- Madyama</i>

Table 02: Ashtavidha pareeksha.

<i>Nadi- Vata Kaphaja</i>	<i>Shabdha- Reduced</i>
<i>Mala- Samyak</i>	<i>Sparsha- Ruksha</i>
<i>Mutra- Samyak</i>	<i>Drik- Avila Darshana</i>
<i>Jihwa- Alpa Lipta Jihwa</i>	<i>Akriti- Madhyama</i>

Table 03: Otoscopic examination.

	Right ear	Left ear
EAC	Clear	Clear
TM	Intact	Intact
COL	Dull	Dull
Tuning fork test	Right ear	Left ear
Renne`s test	AC>BC	AC>BC
Webber`s test	No lateralization	No lateralization

INVESTIGATIONS

1. Routine haematological investigation was carried out and findings were not of any pathological significance.
2. PTA of Before and After treatment shown below as Figure No-1 and Figure No-2 respectively.

ASSESSMENT**Table No. 04: Functional level of scale-otolaryngology head and neck surgery 1995.**

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.

DIAGNOSIS-

Based on clinical presentations and investigations the present case is diagnosed as Meniere`s disease and is corelated to *Brama, Karnanada, Badhirya* disease in ayurveda and treated accordingly.

Table 05: Treatment protocol.

Date	Purpose	Medicine	Dose/frequency/Anupana	Duration
30/10/2025 to 3/11/2025	Amapachana	<i>Chitrakadi vati</i>	2-0-2, B/F with water	5 days
		<i>Avipattikara choorna</i>	1tsp, HS, with lukewarm water.	5 days

**Chitrakadi vati*- Dhoothpaoeshwar, *Avipattikara chuoorna*-AVP.

Table 06: Shodhana therapy.

Date	Shodhana therapy	Medicine used	Dose	Duration
4/11/2025 to 10/11/2025	<i>Nasya</i>	<i>Anutaila</i>	10 drops in each nostril	7 days
4/11/2025 to 17/11/2025	<i>Karna basti</i>	<i>Ksheera bala taila</i> <i>And bilwa taila</i>	Q.S	14 days

**Anu taila* -Baidyanath, *Ksheera bala taila and bilwataila* - Kerala ayurveda.

Standard operative procedure of *Nasya*^[3]

Nasya karma is the prime treatment modality for *urdhwajatrugata vikaras* and one of the therapeutic procedures among *pañcakarma* which acts both at local and systemic levels. It is a process wherein the drug herbalized oil or liquid medicine is administered through the nostrils. Since the nose is the gateway of the head, the therapy is highly effective in curing several diseases pertaining to the head, if it is performed systematically. It should be performed during *Sādhāraṇa Kāla* (preferably in the morning) in a *Nivāta Sthāna* (draft-free environment), after complete digestion of the previous meal (in empty stomach). The patient is subsequently positioned in supine position and prior to the procedure, the patient should undergo *Sthānika Snehana* (local oil massage) and *Swedana* (fomentation or steam therapy) covering head and neck region. Followed by this ask the patient to slightly lower the head and elevate the lower extremities and pour lukewarm nasal drops into each nostril alternatively with the help of *Gokarna*, (neither it is too fast nor it is too slow) the speed of pouring nasal drops should be maintained properly. ask the patient to spit it once it comes to

throat. Followed by this *triphala Kashaya* gargling has to be done and lastly *dhomapana* (*virechanika*) is administered. Procedure is performed for 7 consecutive days.

Standard operative procedure of *Karna basti*^[4]

It is nothing but pouring the medicated oil or *gritha* (preferably oil), into the external auditory canal covering whole pinna around the circular bridge (covering whole external ear including pre and post auricular region) made by *Māṣa* flour. Patient is made to lie down in lateral position comfortably. After that *stanika snehana* and *stanika swedana* is given followed by which A dough dam (*Māṣa Pali*) is prepared using a paste of *Yava* (barley) or *Māṣa* (blackgram) and applied around the ears to a height of approximately 2 *Āṅgula* (around 3.6 cm), ensuring it is firm enough to prevent leakage of the medicated ghee. Then lukewarm medicated oil is poured into that bridge and temperature is strictly maintained. After certain period of time (once pain subsides or patient feels better) remove the oil clean the EAC, take out the *Māṣa* dough and do *Stanika swedana*. Advise patient to insert cotton in EAC to prevent entry of other foreign bodies. Same method has to be followed for other ear and is done for 7 consecutive days.

Table 07: internal medications.

Date	Shamanoushadis	Dose/frequency/anupana	Duration
18/11/2025 to 18/12/2025	<i>Avipattikara churna</i>	1tsp, HS, with lukewarm water	1month
18/11/2025 to 18/01/2026	<i>Ksheerabala capsule 101</i>	2-0-2, A/F, with water	2months
18/11/2025 to 18/01/2026	<i>Sarivadi vati</i>	2-0-2, A/F, with water	2months
18/11/2025 to 18/12/2025	<i>Manasa mitra vati</i>	0-0-1, A/F, with water	1 month
18/11/2025 to 18/01/2026	<i>Chavanaprash</i>	1tsp-0-0, B/F with lukewarm milk	2months

**Avipattikara chuoorna*-AVP, *Ksheerabala capsule101*-Nagarjuna ayurveda, *Sarivadi vati*-Baidyanath, *Manasamitra vati*-Amrita, *Chavana prasha*- Kottakkal pharmacy.

OBSERVATION AND RESULT

Table 08: based on assessment criteria as given in table.

Visit	Results (functional level scale)
1	5
2	4
3	3
4	3
5	2

PTA report taken before and after treatment. It is shown in picture 1 and 2. The condition of the patient improved gradually. After completion of 60 days of treatment with scheduled follow up, patient has shown excellent improvement.

Table 09: results of audiometry.

Before treatment		After treatment	
Right	Left	Right	Left
70dbHL	65 db HL	66.6 dbHL	63.3 dbHL

AUDIOGRAM



Figure 01: PTA before treatment.

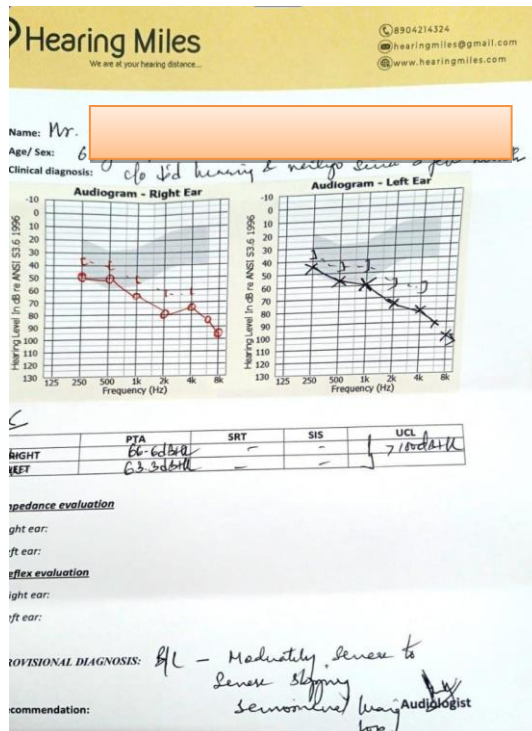


Figure 02: PTA after treatment.

DISCUSSION

As per ayurveda root cause for all disease is the *agnimandya*. at first *agnideepana* and *amapachana* is done by *chitrakadi vati*^[5] and *avipattikara choorna*^[6] Nasya with *Anutaila*^[7] helps to removes vitiated *dosha* from head and neck. Increases circulation in head and neck region reduces endolymphatic hydrops leading to decrease in vertigo and strengthens auditory pathway hence improves hearing ability.

Karnabasti with *Ksheerabala taila*^[8] balances *Vata* and *Pitta Dosha*. Nourishes the nervous system, reduces oxidative stress and potentially alleviating symptoms like vertigo and tinnitus. *Avipattikara choorna* balances *Vata Pitta* it has mild laxative, antisecretory, anti-inflammatory, antioxidant action hence it can be understood that this drug might be helpful in reduction of excess fluid in inner ear and reduces vertigo. *Ksheerabala* capsule it contains *Bala*, *Godhugdha* and *Tilataila* which possess *Vata* and *Pittahara* action and has neuroprotective action and helps to reduce the tinnitus and hearing loss.

Sarivadi Vati^[9]: ingredients of *Sarivadi Vati* have antioxidant and immunomodulatory properties reduces tinnitus and improves hearing.

Manasamitra Vati^[10] provide complimentary support like neuroprotective effects, nourish and aiding in the management of stress related aspects of menieres disease. *Karna Basti* with *Ksheera Bala Taila* gives lubrication, warmth of the oil increases blood flow and nourishes the tissues. As *Bilvataila* is having excess of H⁺ ions concentration it causes dilatation of capillary. Irritation of the skin produces vasodilatation in the locality and helps in absorption of endolymphatic fluid and *Ksheera Bala Taila* has neuroprotective and antioxidant property helps to improve hearing ability and reduces vertigo and tinnitus. *Chyavanaprasha*^[11] balances *Dosha*, *Rasayana* action, action, enhances immunity, enhances cognitive function and Antioxidant property acts as adjunct in managing the condition.

Strengths and Limitations

The patient presented with Meniere`s disease and opted for Ayurvedic treatment as the primary therapeutic approach within the 6months of diagnosis, foregoing conventional management. The early presentation and preference for Ayurvedic intervention were key factors influencing the clinical course.

Scope for Further Study

Ayurvedic treatments effectively managed Meniere`s disease leading to significant improvement in episodes of clinical presentation. Additionally, these treatments helped in prevention of the recurrence. The potential of Ayurveda in managing Meniere`s disease warrants further investigation through clinical trials with larger sample sizes.

CONCLUSION

Modern medical treatment for Meniere`s disease includes symptomatic management, surgical intervention and has potential side effects. As *Ayurvedic* treatment focus on eliminating root cause, approaching through natural remedies, lifestyle changes, long term management with consistent practices and highly personalized based on dosha. This case report shows the significant improvement with ayurvedic treatment. Hence different treatment modality can be accepted as per *Samprapti Vigatana* of the disease.

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