

**CRITICAL ANALYSIS OF BADHIRYA WITH SPECIAL REFERENCE
TO HEARING LOSS (SENSORINEURAL HEARING LOSS)****Shriya Uniyal^{1*}, Dayashankar Singh², Shushmita Sharma³**

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ABSTRACT

According to Ayurvedic texts, Badhirya is a Karna Roga marked by either whole or partial hearing loss. According to Acharya Sushruta and Acharya Vagbhata, its pathophysiology is Vata-pradhana with Kapha^[1,2] association that obstructs Shabdavaha Srotas. According to modern medical research, Badhirya is associated with sensorineural hearing loss (SNHL), which is caused by injury to the cochlea, auditory nerve, or central auditory. The search for efficient and affordable alternatives is required due to the rising incidence of hearing loss and the high expense of contemporary treatment choices. For the treatment of Karna Rogas, Ayurveda promotes both systemic oral formulations and regional therapeutic techniques like Karnapoorana. The objective of this paper is to objectively examine the Ayurvedic notion of Badhirya, with a focus on sensorineural hearing loss and its correlation with

etiopathogenesis, clinical presentation, prognosis, and treatment options. The integrative understanding could offer management techniques a more comprehensive viewpoint.

KEYWORDS: Badhirya, Karna Roga, Sensorineural Hearing Loss, Vata Dosha, Karnapoorana.

INTRODUCTION

One of the most important senses for social interaction and communication is hearing. One of the most prevalent sensory impairments in the world, hearing loss has a substantial negative impact on quality of life. Akasha Mahabhuta dominates Shrotendriya,^[3] which is in charge of sound perception. Hearing impairment results from any disruption in its structure or function. Acharya Charaka refers to Badhirya as a Vataja Nanatmaja Vyadhi; Acharya Sushruta and Vagbhata have expanded on this under Karna Rogas. Srotorodha of Shabdavaha Siras is the outcome of Vata Dosha vitiation, which is frequently linked to Kapha Dosha. Since sensorineural hearing loss exhibits identical clinical characteristics and pathological causes in contemporary medicine, Ayurvedic treatment is pertinent and important.

Damage to the vestibulocochlear nerve (cranial nerve VIII) or the inner ear, specifically the cochlea and associated tissues, can cause sensorineural hearing loss (SNHL), a kind of deafness. It accounts for around 90% of all hearing loss cases that are recorded. The severity of SNHL can vary from mild to moderate, severe, profound, or even complete hearing loss, and it is usually permanent.

PREVALENCE

A significant global public health concern is hearing loss, much of which is avoidable. Approximately^[4] 466 million people worldwide—432 million adults and 34 million children—have hearing loss that is incapacitating, making up more than 5% of the world's population. According to projections, this figure might increase to over 900 million people by 2050, implying that about one in ten people globally could be impacted.

Hearing loss is the second most common cause of disability in India, according to a national disability survey. Deafness and hearing loss are widespread and present in every region and nation. According to WHO estimates, there are about 63 million people with significant auditory impairment in India. Effective care of hearing loss and ear disorders depends on early detection.

NEED OF STUDY

Hearing impairment is a major social and educational disability that can make social interaction more challenging, reduce social involvement, and cause despair. Since middle-class and lower-class people cannot afford the cost of surgery or hearing aids, there is still room to find a better treatment for the illness. Many Ayurvedic treatments and medications,

such as ghritpan, regular Rasayanayog use, Nidana Parivarjana, avoiding head baths, resting or avoiding excessive strain, Karnapooran, etc., are used to treat hearing loss. The current study was conducted in light of the rising prevalence and its effects on quality of life.

AIM AND OBJECTIVE

- To conduct a detailed literature review on Badhirya
- To conduct the conceptual study of Badhirya with respect to Hearing loss (sensorineural hearing loss)
- To study the principles of management and various treatment modalities for Badhirya in Ayurveda

MATERIAL AND METHODS

Relevant Ayurvedic and modern medical literature was reviewed, along with selected journal articles and online sources. The collected information was critically studied, interpreted, and logically analysed to present this review article. The collected literature was systematically analysed to understand the concept of Badhirya including its Nidana, Samprapti, Lakshana, and Chikitsa, and to correlate these descriptions with the modern understanding of Hearing loss (sensorineural hearing loss).

Disease Review

Badhirya is derived from "Badhnathi Karnamithi" means one who has feeling of his ears closed. "Badhirasya Bhava Ithi Badhirya" which means 'a sense of being deaf.

Acharya Sushruta detailed twenty-eight forms^[5] of Karna rogas, while Acharya Vagbhata described twenty-five types^[6] Acharya Charaka specified only four karna rogas^[7] based on the dominance of doshas; Badhirya is one of the various karna rogas mentioned by Acharya Sushruta and Acharya Vagbhata. This condition is primarily distinguished by srotorodha due to the predominance of vata or Vata kapha dosha.

Samanya Nidana of Karna Rogas^[8]

| S.No | Nidana of Karna Rogas | S.S | A.H | Y.R |
|------|------------------------|-----|-----|-----|
| 1 | Avashyaya | + | + | + |
| 2 | Jalakreeda | + | + | + |
| 3 | Karnakandooyana | + | + | + |
| 4 | Mithya Yogen Shastraya | + | - | + |
| 5 | Mithya Yoga of Shabda | + | + | + |
| 6 | Abhigaata | + | + | + |

| | | | | |
|---|--------------------|---|---|---|
| 7 | Nitya Shira Snaana | + | + | + |
| 8 | Pratishyay | + | + | + |

Samprapti

Acharya Sushruta stated in Nidaansthana that vitiated Vayu or Kevala Kapha causes Badhirya by blocking the Shabdavaha Srotas.^[9] In Uttartantra, Acharya Sushruta states that Kapha accompanies Vata throughout the Samprapti^[10] of Badhirya. "The Shudha or Kevala Vayu, accompanied by Kapha, initiates the pathology of Badhirya, which can be understood as follows: Due to the various etiological factors favoring vitiation of Vata and Kapha, Vata is being covered, hindered, or obstructed by Kapha. Because of the obstruction in the Gati of Vata, its functions will be impeded, resulting in the incorrect conduction of sound.

Acharya Vagbhata discusses the same Samprapti as Badhirya. He also states that leaving Karnanada untreated can lead to Badhirya. In Karnataka, vitiated Vata deviates from its course, Vimargagamana, and ends up in the Shabdavaha Siras, where it performs Srotodushti, resulting in subjective sense of sounds. The same core Samprapti of the disease is Srotodushti, which if not addressed causes further Dushti of Sthanika Vata Dosha and complete loss of its function, i.e. Shabda-Grahana, which leads to Badhirya.

Acharya Charaka mentioned Badhirya in Vataja Nanatmaja Vyadhi.^[11] Madhavakara, in explaining the Samprapti of Badhirya, states that Badhirya occurs when Shabdavahi Srotas is vitiated by Vata or both Vata and Kapha, hence it can be classified into two types: Vataja and Vata Kaphaja.^[12] Bhavamishra also indicates that Badhirya is generated either entirely by Vata or by the conjunction of Vata and Kapha.^[13] Whereas in Yogratnakara, it occurs owing to vitiated Vata, which leads in the destruction of Shrotradi Indriyas, resulting in their functional loss.^[14]



↓
Karna Badhirya

Samprapti Ghataka

Nidana - Vata & Kapha Prakopaka

Dosha - Vata

Dushya - Rasa

Srotasa - Shabdavaha

Sroto Dusti - Vimarga Gamana

Dosha Marga - ZBahya

Adhithana - Karna

Pratyatma Lakshana - Badhirya

TREATMENT**a) Samanya Chikitsa**

Samanya Chikitsa of Vata Dosha can also be followed.

- 1) Vatakshya Upakrama is to be followed.
- 2) Vataja Pratishyaya Chikitsa.
- 3) Nidana parivarjana.
- 4) Oral intake of Ghee with Luke warm milk especially at night.
- 5) Regular usage of Rasayana Yogas.
- 6) Taking rest or avoiding excessive strain.
- 7) Avoiding head bath.
- 8) Absolute sexual abstinence.
- 9) Abstinence from talkativeness.
- 10) Advised to take Vatahara, Kaphahara Ghritas at night.

b) Vishishta Chikitsa of Badhirya

The disease Karnanada, Karnashula, Badhirya and Karnakshweda have similar line of treatment. The main aim of treatment is elimination of Vata Dosha.

Treatment includes,

- 1) Administration of Vata Hara treatment.
- 2) Administration of Snigdha Aushada.
- 3) Snigdha Virechana

- 4) Naadi Sweda
- 5) Pinda Sweda
- 6) Dhoopana with kshouma, Guggulu and Agaru.
- 7) Ghritapana and Rasayana.
- 8) Bastikarma
- 9) Bala Taila in the form of Moordha Basti, Nasya, Karnpooran.

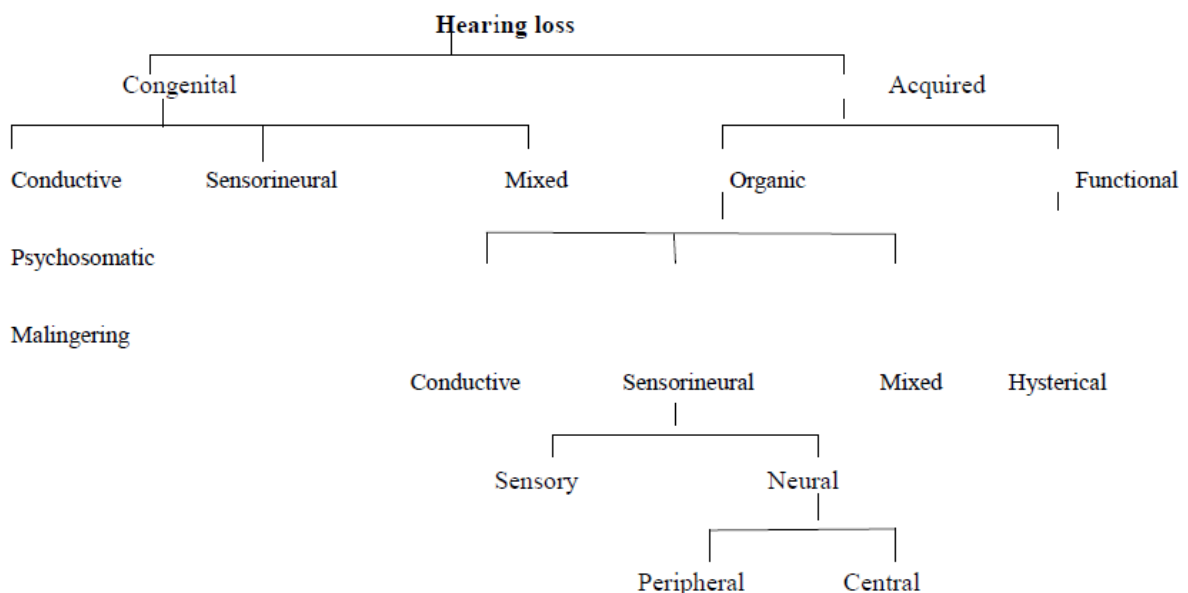
Hearing loss

The inability to hear as well as someone with normal hearing (hearing thresholds of 25 dB or better in both ears) is known as hearing loss. Hearing loss can be mild, moderate, severe, or profound. It can harm one or both ears, making it difficult to hear loud noises and conversational speech. (WHO).^[15]

People who cannot use their sense of hearing in daily life are considered deaf. Even with amplified speech, they are completely incapable of hearing or comprehending noises. (The Indian government's Ministry of Social Welfare).^[16]

Classification of Hearing loss

Hearing loss



Conductive, sensorineural, and mixed mainly are the three types of hearing loss. The SNHL is further divided into central auditory connections, neuronal connections (CN VIII), and sensory connections (cochlear)^[17] When there is a problem with the middle or outer ear, conductive hearing loss occurs. Medical and surgical methods are usually successful in

treating CHL. Damage to the inner ear, particularly the cochlea and associated structures, or the vestibulocochlear nerve (cranial nerve VIII) results in sensorineural hearing loss (SNHL), while mixed hearing loss is the result of both conductive and sensorineural hearing loss.

Sensorineural hearing loss (SNHL)

A lesion of the cochlea, vestibulocochlear nerve (cranial nerve VIII), or central auditory pathway results in sensorineural hearing loss (SNHL).^[18] It may develop later in life (acquisition) or be present from birth (congenital).

The characteristics of SNHL^[19]

1. A positive Rinne test, i.e. AC > BC.
2. Weber lateralized to better ear.
3. Bone conduction reduced on Schwabach and absolute bone conduction tests.
4. More often involving high frequencies.
5. No gap between air and bone conduction curve on audiometry
6. Loss may exceed 60 dB.

Aetiology

• Congenita

Congenital causes manifest at birth and are caused by abnormalities in the development of the inner ear or damage to the auditory system during pregnancy or the postnatal period.

• Acquired^[20]

1. Infections of the labyrinth caused by viral, bacterial, or spirochaetal organisms.
2. Trauma to the labyrinth or the vestibulocochlear nerve such as temporal bone fractures, labyrinthine concussion, or ear surgery
3. Noise-induced hearing loss
4. Ototoxic medications (Salicylates , Dihydrostreptomycin , Indomethacin, Gentamicin , Ibuprofen etc)
5. Presbycusis (age-related hearing loss)
6. Ménière's disease
7. Acoustic neuroma
8. Sudden hearing loss
9. Systemic diseases such as diabetes mellitus, hypothyroidism, renal disorders, autoimmune diseases, multiple sclerosis, and hematological abnormalities.

TREATMENT

A vital component of communication is hearing. It is crucial to identify SNHL early and to treat it right away. A rehabilitation program and steps are taken to halt and reverse the progress. Pharmacological, surgical, and rehabilitative treatments are the three main categories of management approaches. There are presently no conclusive or widely accepted therapeutic treatments for SNHL since it causes irreversible physiological impairment.

There are still few and poorly validated drug treatments. Because of the dangers and expense involved, surgical procedures like cochlear implantation are often saved for people with severe to profound hearing impairment. The main goal of rehabilitation is to maximize residual hearing using strategies like lip reading, better communication, and the use of hearing aids. To maximize benefits, hearing aids are tailored to each person's degree and pattern of hearing loss. Treat any specific underlying conditions, such as syphilis, diabetes, kidney disease, hypothyroidism, etc., and take supplements of vitamins B, A, C, and E.

DISCUSSION

The Ayurvedic Acharyas claim that Akasha Mahabhuta is the primary source of Shrotrendriya. When Akasha Mahabhuta is present, sound (Shabda) travels through Vata Dosha. Shravana Buddhi, which is in charge of interpreting and perceiving auditory stimuli, receives the sound from the auditory organ (Shrotrendriya Adhishthana). Therefore, Vata Dosha is essential to the regular physiological process of hearing.

According to national disability surveys, hearing loss is the second most common cause of disability nationwide, making it a significant global public health concern. There is a substantial link between Vata-pradhana disease reported in Badhirya and the degenerative character and functional impairment observed in SNHL. The search for efficient and affordable alternatives is required due to the rising incidence of hearing loss and the high expense of contemporary treatment choices. For the treatment of Karna Rogas, Ayurveda promotes both systemic oral formulations and regional therapeutic techniques like Karnapoorana.

CONCLUSION

Acharyas like Sushruta and Vagbhata describe Badhirya among Karna Roga. It is primarily characterized by reduced hearing because of vitiation of Vata Dosha, which is frequently linked to Kapha and causes Srotorodha (obstruction of auditory canals). This idea is very

similar to Sensorineural Hearing Loss, which is caused by pathology in the cochlea or vestibulocochlear nerve and results in permanent hearing loss. While modern treatment for SNHL primarily consists of cochlear implants, hearing aids, and rehabilitation, Ayurvedic management concentrates on calming Vata and nourishing the auditory structures through therapies like Karnapoorana, Snehana, and Swedana. Thus, there may be room for integrative treatments that combine Ayurvedic therapy with contemporary diagnostic techniques, as Badhirya as defined in Ayurveda can be crucially connected with Sensorineural Hearing Loss

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