

"AN AYURVEDIC APPROACH TO MENIERE'S DISEASE"**Dr. Adharsh Ganesh S. K.¹ and Dr. Savita S. Angadi*²**

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ABSTRACT

Meniere's disease is a chronic inner ear disorder characterized by episodic vertigo, tinnitus, fluctuating hearing loss, and aural fullness. The condition commonly affects one ear but may involve both ears in a subset of patients. It predominantly occurs between 40 and 60 years of age and significantly impacts quality of life due to unpredictable vertiginous attacks. From an Ayurvedic perspective, Meniere's disease can be correlated with *Shrotrendriyagata Vata*, a subtype of *Indriyagata Vata* described by Acharya Vagbhata and Charaka. Vata is considered the primary dosha responsible for sensory and motor functions, with Pitta and Kapha being dependent on its regulation. The vitiation of Vata in the auditory pathway leads to symptoms resembling vertigo, tinnitus, and hearing disturbances. Ayurveda emphasizes treating the disease based on dosha-dushya involvement rather than relying solely on nomenclature. This correlation provides a comprehensive understanding of the disease etiology, pathogenesis,

and management within the framework of Tridosha theory, highlighting the importance of Vata in the manifestation of auditory and vestibular dysfunctions.

KEYWORDS: Meniere's disease, Vertigo, *Shrotrendriyagata Vata*, *Indriyagata Vata*, Ayurveda, Tridosha theory, Vata vitiation, Tinnitus, Hearing loss, Inner ear disorders.

MATERIALS AND METHODS INTRODUCTION^[1,2,3,4]

Meniere's disease is a disorder of the inner ear that causes severe dizziness (vertigo), ringing in the ears (tinnitus), hearing loss, and a feeling of fullness or congestion in the ear. Meniere's

disease usually affects only one ear, but in 15% to 25% of people with the disorder, both ears may be affected.

Attacks of dizziness may come on suddenly or after a short period of tinnitus or muffled hearing. Some people have single attacks of dizziness separated by long periods of time. Others may experience many attacks close together over several days.

According to the American Academy of Otolaryngology-Head and Neck Surgery, Meniere's disease can develop at any age, but it is more likely to occur in adults between 40 and 60 years of age.

The basic principles of Ayurveda are founded on the Tridosha Theory, which comprises the three doshas—Vata, Pitta, and Kapha. These doshas are essential for regulating all physiological functions as well as contributing to pathological changes within the body. The condition was correlated to, shrotrendriyagata vata, Vata has more importance as the other two doshas are dependent on it.

Acharya Vagbhata has mentioned indriyagata vata - Shrotrendriyagata

Acharya Charaka^[5] has mentioned indriyagata vata under vataja nanatmaja vikaras and also he mentions that it is not necessary to name every disease, just by knowing the *dosha* and *dushya* involvement, one can treat the clinical condition and so Vertigo can be approached as *Indriyagata Vata*.

MATERIALS AND METHODS – CASE REPORT

Structured Timeline of Patient Presentation, Diagnosis, and Management

Structured Timeline of Patient Presentation, Diagnosis, and Management

Day	Clinical Condition	Marma Points Stimulated	Technique	Karnapoorana	Remarks
Day 1	Giddiness and loss of balance	Adhipati, Sthapani, Shrungataka, Karnamula, etc	Gentle to-and-fro pressure, minimal circular rotation	Yes (Biva Taila)	Vatahara and activating sensory centers
Day 2	Under treatment, slight improvement	Same Marma points	To-and-fro + slow clockwise and anticlockwise rotations	Yes	Promote sensory conduction, channel clearance
Day 3	Under treatment, slight improvement	Add Pacchi Varmam Kannadi varmam Pala varmam Kurunti kutti varmam Penkulli varmam	To-and-fro pressure + rotations, light stroking over chest	Yes	Support Majja Dhatu and enhance vitality
Day 4	Improved in symptoms	Add Sirunkolli varmam, Bala Kalam, Nakshatra Kalam, Sevikuthi varmam, Sevithandhu varmam,	Pressure + circular rotations over limb Marmas	Yes	Begin peripheral nerve stimulation
Day 5	Improved in symptoms	Sulukku Varmam, Thilartha Kaalam.	Mild deeper pressure, longer rotations	Yes	Strengthen the circulatory imbalances in ear
Day 6	Better	Continue all points	Deeper stimulation as tolerated, smooth circular movements	Yes	Strengthen the circulatory imbalances in ear
Day 7	Early rehabilitation	Continue all points	Complete Marma circuit with systematic pressure and rotations	Yes	Transition to active recovery and stability

Clinical presentation

A 38-year-old female pt visited in Shalakyatantra's OPD No.26 at KLE Ayurveda Hospital and Research Centre, Belagavi. With chief complaints of Sudden loss of balance, giddiness, Nausea, Profuse sweating and Tinnitus for 4 years.

Complaint History

Patient was apparently healthy 4 years back and developed with sudden episode of vertigo preceded by Reduced hearing and severe tinnitus prior to the episode. Which has also caused

disturbances in her day-to-day activities. She is having recurrent episodes of this attack for twice or thrice a year which lasts for 3 to 4 weeks for 4 years.

Occupational History

The patient was housewife and there was no any etiological related occupational history.

Treatment History

Three years before patient had approached conventional treatment but found only symptomatic relief for few days. Since there was no relief in complaints and patient wanted to seek an alternative approach, she came to KLE Ayurveda hospital, Belagavi.

Table 1: Personal History.

Name - XY	Bala - Madhyama	Prakriti - Pita Kapha
Age –38 years	Sex – Female	Marital status - Married
BP – 120/80 mm of Hg	Addiction - None	Weight – 50 Kg
Occupation – Home maker	Bowel Habit - Irregular	Koshtha – Madhyam
Sleep – Disturb	Appetite - Lost	Height – 150cm

Table 2: Astha Vidha Pariksha.

Mala – Malavshatmbha	Shabda – Regular
Mutra – Regular	Druk – Regular
Jihva – Sama	Sparsha – Ushna
Nadi – 76/ minute	Akriti – Madhyam

Table 3: Darshana

Structure	Right Ear	Left Ear
Pre - Auricular	NAD	NAD
Post - Auricular	NAD	NAD
External Auditory Canal	NAD	NAD
Tympanic Membrane	Intact	Intact

Samprapti

Samprapti for Vertigo as Indriyagata Vata (Shrotrendriyagata Vata)

1. Nidana (Causative factors)

- Ati Vyayama (excessive exertion)
- Vega Dharana (suppression of natural urges)
- Ruksha, Laghu, Sheeta, Khara, Vishada Ahara Vihara (diet and habits that aggravate Vata)
- Excessive fasting, mental stress
- Aging (natural Vata increase)

2. Dosha Prakopa (Vata aggravation)

- Nidanas cause vitiation of **Vata** — specifically **Chala, Sukshma, Ruksha, Laghu** gunas are predominant.
- Vata gains abnormal movement and subtleness, reaching minute structures (Sukshma Srotamsi).

3. Dushya

- **Majja Dhatu** (as it supports sensory functioning)
- **Rasa, Rakta, Mamsa** are secondarily involved due to Srotovaigunya (disturbance in microchannels).

4. Srotas involved

- **Rasavaha Srotas** (primary carrier of nutrition)
- **Majjavaha Srotas** (nerve and sensory pathways)

5. Adhithana

- **Shrotrendriya** (Inner ear and balance mechanism)
- **Mastishka** responsible for spatial orientation and equilibrium.

6. Srotovaigunya (Vitiation of channels)

- Due to Rukshata and Khara guna of Vata, the normal flow of fluids in vestibular structures (perilymph, endolymph) is disturbed.
- Leads to improper sensory perception (Bhrama – giddiness/illusion).

7. Vyadhi Utpatti

- Aggravated Vata invades and occupies the Shrotrendriya.
- Impairs the normal perception of motion and balance → producing symptoms like dizziness, vertigo, spinning sensation.

Diagnostic Assessments

Table 4: Assessment criteria.

Gradation	SYMPTOMS
0	No Vertigo
1	Mild symptoms leading to some restrictions in life style, but not interfering with day-to-day lifestyle of the patient
2√	Moderate symptoms that significantly restrict life style and can manage independently but with a slight difficulty
3	Severe symptoms leading to total dependence, requiring constant attention during day-to-day activities

Therapeutic intervention

Table 5: Ayurvedic Treatment given to the patient^[6,7]

Treatment	Duration
Marma Chikitsa	20 Minutes
Karnapoorana	20 Minutes
Internally Kamadugdha muktayukta tablet	1 BD after food

Marma chikitsa was performed over patient for a duration of 20 minutes as poorva karma over the following marma points.

Sl. No.	Marma/ Varmam Points	Anatomical Positions
1.	Vidhura marma	Retro Auricular sulcus
2.	Sthapani Marma	Situated in 1 grain size, the midpoint of both the eyebrows.
3.	Utkshepa marma	Situated in 2 grain size above the midpoint of both the eyebrows.
4.	Avarti marma	Anterio-superior part of the temporal fossa. (1 Finger above the outer canthus of both the eyes)
5.	Apanga Marma	At the area outer to lateral canthus and below the tail end of eye brow within half angula dimensions.
6.	Shringhataka marma	Cavernous sinus area
7.	Pacchi Varmam	Anterior aspect of forehead, 1 and half finger below the midpoint of the forehead
8.	Kannadi varmam	Over the nasal bridge 2 fingers below the Thilartha Kaalam.
9.	Pala varmam	Over the nasal bridge 1 finger below the Thilartha Kaalam.
10.	Kurunti kutti varmam	Situated in the anterior aspect of ear, 1 irai inferior to tragus
11.	Penkulli varmam	Situated in the occipital bone, 1 finger inferior to lambdoid suture.
12.	Sirunkolli varmam	Situated in the Lambda of the skull, where 2 parietal and occipital bone joins posteriorly
13.	Bala Kalam	Over the nasal bridge 1 finger below the Thilartha Kaalam.
14.	Nakshatra Kalam	Situated 1 grain below the outer canthus of the eye.
15.	Sevikuthi varmam	Situated in the depression anterior to tragus, or 4 fingers Postero-inferior from Nakshatra Kalam
16.	Sevithandhu varmam	Situated in the tragus
17.	Sulukku Varmam	Situated in upper nasal end of philtrum
18.	Thilartha Kaalam.	Situated in 1 grain size below the midpoint of both the eyebrows.

These are the marma sthanas and their anatomical landmarks where in the stimulation was done.

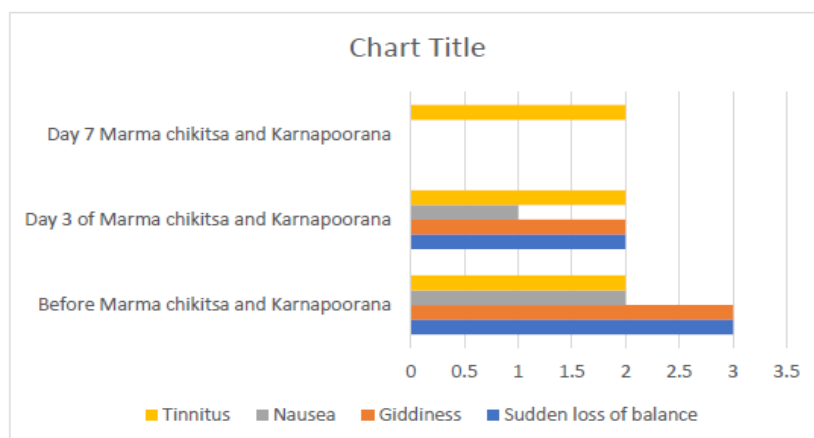
The process of stimulation included both too and fro pressure as well as clock-wise and anti-clockwise rotation over the marma sthanas. The Marma chikitsa and Karnapoorana was done for 7 days for 20 minutes.



RESULTS AND DISCUSSION

Table 6: Showing difference in the symptoms before and after Marma chikitsa and Karnapoorana. ^[8,9]

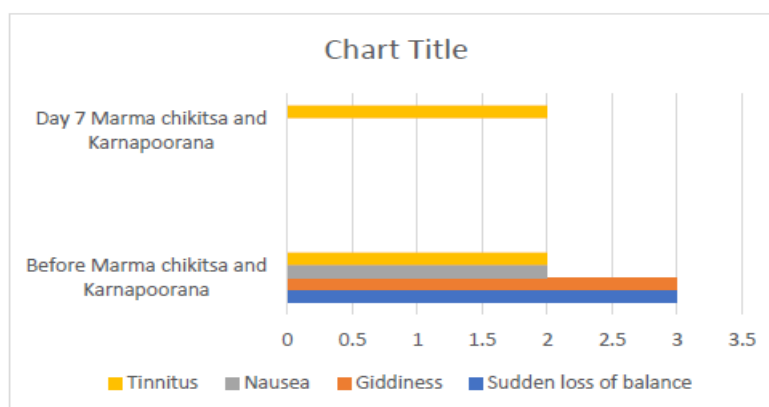
Symptoms	Before Marma chikitsa and Karnapoorana	Day 3 of Marma chikitsa and Karnapoorana	Day 7 Marma chikitsa and Karnapoorana
Sudden loss of balance	3	2	0
Giddiness	3	2	0
Nausea	2	1	0
Tinnitus	2	2	2



Graph 1: Showing relief before and after the Marma chikitsa and Karnapoorana. The patient's condition significantly improved after receiving Ayurvedic treatment for one week.

Table 7: Showing difference in the symptoms before and after Treatment.

Symptoms	Before Treatment Before Marma chikitsa and Karnapoorana	After Treatment Day 7 Marma chikitsa and Karnapoorana
Sudden loss of balance	3	0
Giddiness	3	0
Nausea	2	0
Tinnitus	2	2



According to Ayurveda, Vata holds a position of greater importance among the three doshas

One of the causative factors (Nidana) for the aggravation (prakopa) of Vata is trauma to vital points (Marma Aghata) The manifestations (Lakshana) of Vata disorders are said to vary depending on the site of affliction, as explained in the principle the nature of the disease depends on the specific causative factor and the site involved.

A special aspect of the pathogenesis (Samprapti) described in this context is that the disease may affect either the entire body (Sarvanga) or be localized to a specific part (Ekanga), Acharya Charaka has classified *Indriyagata Vata* (Vata affecting the sensory organs) under *Vataja Nanatmaja Vikaras*. Acharya Vagbhata further elaborates on this concept by specifically mentioning *Shrotrendriyagata Vata*, indicating Vata's affliction of the auditory sense organ.

- In the management of Vata disorders, treatments that are unctuous, warm, and nourishing, to balance Vata's dry, cold, and mobile qualities. As described in *Ashtanga Hridaya*, key treatments include Snehana (oil therapy), Swedana (fomentation), and mild purification. A warm diet with sweet, sour, and salty tastes is recommended. External treatments such as oil massage, Veshtana, dhara, and abhyanga are useful. and medicated oils for deeper nourishment.
- **Kamadugdha Rasa with Mukta** : Acts as a **Pittashamaka** (Pacifier of aggravated Pitta).

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.

4. CONCLUSION

This case study demonstrates how effective Ayurvedic treatment can be for patients with Meniere's Disease. Marma chikitsa and karnapoorana aids to reduce the aggravated vata and thus helps in reducing the indriyagata vata.

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