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A Role of *Shirodhara* in Posterior Canal Benign Paroxysmal Positional Vertigo (PC-BPPV) with special reference to *Bhrama* - A Case Report

Karthik M.¹, Ahalya S.²

¹Post Graduate Scholar, Department of PG Studies in Shalaky Tantra, ²Principal, Government Ayurveda Medical College, Bengaluru, Karnataka, INDIA.

ABSTRACT

Introduction: This is a case report of 45 year old male who stepped into our OPD with complaints of dizziness during walking and heaviness of head since 7 months. The subject was not a known case of hypertension, diabetes mellitus, stroke or any cardiac problems. The Pure Tone Audiometry results showed bilateral mild sensory neural hearing loss. But the subject had no symptoms of Tinnitus to be included in the vicinity of Meniere's disease. The Dix-Hallpike test was positive for left ear and confirmed the diagnosis as left posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV). **Materials and Methods:** The subject who approached *Shalaky Tantra* OPD of GAMC, with symptoms of dizziness, was systematically reviewed and intervention was planned for *Doshic* components involved in *Bhrama*. **Results:** The subject showed considerable improvement subjectively as shown by Dizziness Handicap Inventory (DHI) score. **Discussion:** The repositional maneuvers prescribed in the BPPV, though effective in most of the cases, recurrence is noted in one third of the patients. This study sheds light on holistic treatments like *Shirodhara* told in the *Ayurveda* classics that could be integrated with the maneuvers thereby improving the quality of life with no potential risk of side effects.

Key words: Posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV), *Bhrama*, *Shirodhara*.

INTRODUCTION

Vertigo is a symptom in diseases like Meniere's disease, Labyrinthitis, Hemiplegia, Multiple sclerosis etc. and also an independent entity as Benign Paroxysmal Positional Vertigo (BPPV). It is estimated that more than 25% of patients who present to the general practitioner with vertigo suffer from BPPV.^[1]

Address for correspondence:

Dr. Karthik M.

Post Graduate Scholar, Department of PG Studies in Shalaky Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, INDIA.

E-mail: mkarthikm008@gmail.com

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The onset is usually in the fourth or fifth decade of life and affects females more than males. The pathogenesis involves otoconia which gets displaced from utricle and get deposited in the cupula of posterior semicircular canal. Vertigo spell usually lasts for seconds and not more than a minute. However patients usually complain longer subjective feeling of dizziness. The diagnosis is made by Dix-Hallpike test and the treatment consists of repositioning maneuvers like Epley's maneuver and Semont maneuver. There is no role of oral medicines in the conventional medicine. Though BPPV is not a life threatening condition, the quality of life in patients is compromised.

In general, *Bhrama* is the nearest correlation to vertigo in *Ayurveda* classics. *Bhrama* is a *Vataja Nanatmaja Vyadhi*^[2] which means it is caused by *Vatadosha* alone. There is also a reference that it's a disease caused by the confluence of *Rajas*, *Pitta* and *Vata*.^[3] Apart from giving *Bhrama*, the status of a

Vyadhi, it is widely mentioned as a symptom in many *Pittaja* diseases. In the present case, the treatment protocol is planned based on *Gunas* of the *Bhrama*.

OBJECTIVES

1. To understand Posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV) under the umbrella of *Bhrama*.
2. To study the effect of *Shirodhara* in Posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV).

MATERIALS AND METHODS

Case report

Basic information of the patient

Age: 45 years

Sex: Male

Religion: Hindu

Occupation: Salesman

Socioeconomic status: Middle class

Chief complaints

Dizziness within few steps of walk associated with heaviness of head since 7 months.

History of present illness

The patient was apparently normal 7 months ago. One day, he experienced dizziness while walking and sat for sometime after which he experienced heaviness of head. Thereafter, the patient started experiencing dizziness followed by heaviness of head almost every day which was slightly relieved after a nap. The patient approached an ENT surgeon for the same and was asked to do a Pure tone audiometry (PTA).

PTA report revealed as bilateral mild sensori-neural hearing loss. The patient was provisionally diagnosed as having bilateral Meniere's disease and given Vertin 48 mg, 1 tablet O.D for 2 weeks. The patient did not find any relief and approached *Shalaky Tantra* OPD of GAMC Bengaluru.

History of past illness

No past history of seizures, stroke, cardiac problems or any other systemic abnormalities.

Personal history

- a) *Aharaja*: Diet is predominantly with *Katu-Madhura Rasa* (spicy & sweet diet)
- b) *Viharaja*: The patient being a salesman, spends most of his day walking under the sun.

Examination

1. *Prakriti* (Constitution): *Pitta-Vataja Prakriti*
2. Vitals were normal.
3. Respiratory system, Cardiovascular system and per abdomen had shown no abnormality.
4. Central nervous system: Romberg's test: Negative
5. Ophthalmic examination: No abnormality detected
6. ENT examination
 - A. i) Right ear: Tympanic membrane: Intact
External Auditory canal: Clear
 - ii) Left ear: Tympanic membrane: Intact
External Auditory canal: Clear
 - B. Tests of hearing
 - i) Rinne's test: Right ear - Rinne's positive, Left ear - Rinne's positive
 - ii) Weber's test: No lateralization.
 - iii) Pure Tone Audiometry: Right ear-33.3 dB HL, Left ear- 31.6 dB HL.

Tests for Balance

- a) Unterberger's stepping test: no vestibular pathology.
- b) Dix-Hallpike test: Positive for left ear.
- c) Supine roll test: Negative for both ears.

Diagnosis

Left ear posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV).

Treatment adopted

Phase 1.1. *Chitrakadi vati* 1-1-1 before food for 3 days. (from 02/11/2019 to 04/11/2019).

1.2. *Sadhyo Virechana* with *Trivrt Lehya* 20gms was given on 06/11/2019

Phase 2:1. *Shirodhara* with *Yashtimadhutaila* for 7 days (08/11/2019 to 14/11/2019).

2.2. *Vidaryadi Leha* 0- 0-1tsp with Milk at bed time of 45 days.

Assessment criteria**Subjective criteria**

Dizziness Handicap Inventory (DHI)^[4] questionnaire score - before and after treatment

RESULTS

1. The DHI score showed Moderate Handicap (score-46) before phase 1 of the treatment. There was no change in DHI score after phase 1 of the treatment.
2. After *Shirodhara*, the DHI score showed Mild Handicap (score-30).

DISCUSSION

In this clinical trial, the treatment protocol was planned based on the *Doshic* components involved in *Bhrama* i.e., *Vata*, *Pitta* and *Rajas*. *Vata* and *Pitta* are *Shareeraja Doshas* and *Rajas* is a *Manadosha*. The common factor involved in all the three *Doshas* is *Laghuguna* (lightness). Therefore the medicines selected were *Brimhana Dravyas* which counter acts *Laghu Guna*.

Although BPPV and Meniere's disease can exist together in an individual; the present case is purely a case of left posterior canal BPPV since there was never a complaint of tinnitus in the patient. After phase 1 of the treatment, there was no hint of improvement in the patient. But during phase 2 of the treatment, on 6th day, the patient felt relief in the symptoms and there were no symptoms of heaviness of head. After completion of 7 days of *Shirodhara* in phase 2, the patient experienced considerable relief in

the symptoms. *Shirodhara*, one of the four *Murdhnitaila*, though not indicated for *Bhrama* in the *Ayurveda* classics, is selected in the present study based on its hypothetical relation with the *Rajas Dosh* of the mind. In *Shirodhara*, medicated oil is poured in forehead at optimum temperature for 45 minutes. The oil thus dripping for a stipulated period will be absorbed through *Seemantha Marma* (Anterior fontanelle) and other channels in head into the diploic veins and intracranial venous veins. Any injury to this *Seemantha marma* is known to provokemental diseases caused by *rajas* like *Bhaya* (fear), *Chittanasha* (mental retardation), and *Unmada* (Insanity) indicating the relationship between the *Rajas* and *Seemantha Marma*. Hence the medicines which are *Vata-Pittahara* and the procedure *Shirodhara* which acts on *Rajas Dosh* of mind are selected for *Bhrama*. Apart from this, for subjective assessment of the patient, Dizziness Handicap Inventory questionnaire is selected, which incorporates functional (F), emotional (E) and physical (P) impacts on disability caused by vertigo. This again, gives a hint that vertigo is not purely a somatic disease, but also includes mental factors as told in the *Ayurveda* classics.

CONCLUSION

In patients of posterior canal BPPV, repositional maneuvers like Epley maneuvers have been found to be effective in 90% of the cases, though the condition recurs in around one third of cases. The maneuver aims to move the particles (otoconia) from cupula of posterior semicircular canal which cause symptoms such as vertigo, and reposition them to where they do not cause these problems. Surgery is advised as a last option only in severe and persistent cases which fail repositional maneuvers. Along with these maneuvers, the holistic approach in the form of *Virechana* can be integrated as the primary line of treatment in BPPV, which removes the *Pitta Dosh* from the body, followed by the procedure of *Shirodhara*, which negotiates with the mind thereby improving the quality of life in the debilitating disorders like BPPV and any other disorders involving vertigo.

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