

AYURVEDIC MANAGEMENT OF BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV) W.S.R. TO BHRAMA – A CASE REPORT

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ABSTRACT

Introduction: Benign paroxysmal positional vertigo (BPPV) is one of the most common cause of vertigo. BPPV causes brief episodes of mild to intense dizziness. It is usually triggered by specific changes in head's position. The signs and symptoms of BPPV can come and go and commonly last less than one minute. Benign paroxysmal positional vertigo can be correlated with *Bhrama*. This is a case report of 59-year-old male who complained of dizziness and vertigo which was associated with numbness in the right thumb and index finger since 5 months.

Materials and Method: The subject who approached Shalaky Tantra OPD of GAMC, with symptoms of dizziness and vertigo with associated symptom, numbness of right thumb and index finger was thoroughly examined, and treatment was planned based on the *Doshas* involved in the *Bhrama*. **Result:** The subject had shown good improvement. **Discussion:** *Bhrama* is a *pithavataprakopavyadhi* associated with involvement of *rajas*. So, treatment is focused on pacifying *pithavata* doshas.

Keywords: Benign paroxysmal positional vertigo, *Bhrama*.

INTRODUCTION

Benign paroxysmal positional vertigo (BPPV) is an inner ear disorder in which changes in the position of

the head, such as tipping the head backward, lead to sudden vertigo – a feeling that the room is spinning¹.

BPPV is the most common cause of vertigo. Brief episodes of sensation of vertigo may range from mild to moderate and lasts for few minutes. It is triggered by some specific changes in the position of head and might occur when tipping the head up and down, when lie down, or when turn over or sit up in the bed. Clinical features of benign paroxysmal positional vertigo are dizziness, vertigo, nausea, vomiting, loss of balance or unsteadiness. Usually BPPV is a benign condition but become serious when it occurs in older age people because of the fear of falling. And sometimes it may be associated with fever, diplopia, hearing loss, trouble speaking, leg or arm weakness, difficulty walking, numbness or tingling which shows its seriousness.

BPPV is caused by inner ear problem. BPPV occurs when tiny calcium crystals called otoconia come loose from their normal location on the utricle, a sensory organ in the ear.²when the crystals become detached from the utricle, they will flow freely in the fluid filled space and enter into the semicircular canals (SCC). The otoconia in the semi-circular canals will not cause any problem until the head position changes. When it moves to the lowest part of canal stimulates the eighth cranial nerve and causing vertigo and nystagmus.

Benign paroxysmal positional vertigo can be correlated with *Bhrama* in *Ayurvedic* classics and here the treatment is given based on the *Doshas* involved in *Bhrama*.

Materials and Methods

Case Report: basic information of the patient

Age: 59

Sex: male

Religion: Hindu

Occupation: retired teacher.

Chief complaints: dizziness and vertigo since 5 months.

History of present illness: The patient was apparently normal before 5 months and he suddenly developed dizziness and vertigo. After the first attack, he developed dizziness and vertigo for everyday for some specific movements such as turning head, wake up from bed, head movements during bending, closing tap etc. On consulting a physician, the subject was diagnosed

to have benign paroxysmal positional vertigo. He took ECG, CT- BRAIN which showed normal findings. And also, he underwent some ear function tests suggested by the physician, like Pure Tone Audiometry and Tympanogram which showed normal hearing and 'A' type Tympanogram respectively. He took some medicines like Tab. Betavert-8mg and Tab Ginkotrack 1mg prescribed by them, but there was no improvement in the condition.

History of past illness: no history of Hypertension, Diabetes, Asthma, RA etc.

Family history: nothing significant

Personal history:

Appetite: good

Sleep: disturbed

Bowel: regular

Micturition: 4-5times/ day

Examination

Ashtashtanpareeksha:

Nadi: 76/min

Mutra: 4-5 times/day

Mala: regular

Jihwa: aliptha

Shabda: parkrutha

Sparsha: anushnaseetha

Druk: prakrutha

Akruthi: madhyama

Vitals

Pulse rate: 76/min

Respiratory rate: 22/min

BP: 120/80mmof Hg

Systemic examinations

All systemic examinations revealed no abnormalities.

Investigations: shown in table number 1.

Diagnosis

BPPV (benign paroxysmal positional vertigo) Diagnosis was done by DIX HALL PIKE TEST in OPD. Nystagmus was absent for both sides and dizziness was present on left side.

Treatment: patient was given treatment for a period of 2 months. Patient was administered orally *Shaman aoushadhis* like *Drakshadi kashayam*³15ml BD with 1 pinch *Sitha*, ¼ tsp *Madhu* and 1 tsp *Laja* as *Sahapana*, *Ksheerabala 101*- 2 drops BD and *Dhanvantharam*

tablet 1 BD, Vidaryadi ghritha⁴ 1 tsp at early morning in empty stomach, Avipathi churna⁵ ½ tsp at night after food. Ksheerabala was given for local application over head

Observation and Result

Phase 1 – *Drakshadikashayam* and *ksheerabala 101* was given for 2 weeks. Observation: initially there was no improvement. After 14 days of continuous medication there was decrease of frequency of vertigo. It reduced to once in a week. Dizziness and vertigo were absent while closing tap, turning head which shows the reduction of severity of vertigo. And also, he complained of vertigo, only while waking up from bed. Advised the patient to reduce the previous medications to half of the dose.

Phase 2 - Internally *Drakshadikashayam*, *Ksheerabala 101*, *Dhanwantharma tablet*, *Avipathichurna* and *Ksheerabala* for local application overhead had been given for 1 month. Observation: dizziness and vertigo were completely cured. Sometimes a sort of uneasiness was present. Advised the patient to completely stop the previous medications.

Phase 3 – Observation: subject was completely devoid of symptoms. Advised the patient to take *Vidaryadighrutha* for 2 weeks. The subject was advised to follow the proper *Pathya* during and after the treatment.

DISCUSSION

Benign paroxysmal positional vertigo can be correlated to *Bhrama* as per the symptoms. *Bhrama* caused due to vitiation of *Pitha* and *Vata* along with the involvement of *Manoguna Rajas*. So here *pithavathahara* line of treatment is adopted. *Drakshadi kashaya* and *ksheerabala 101* was given for 2 weeks. For next 2 weeks *dhanwantharam tablet*, *avipathi churna* and *ksheerabala* application was given along with the previous medicines. After this continuous 1-month treatment the patient had shown improvement in symptoms. Only a sort of uneasiness was present. So, for curing that and for a *rasayana* effect *vidaryadi ghrutha* was given which is having *vatanulomana* along with *pithahara* action. Mode of action of particular medicine is given below.

Probable mode of action of medicine

- a) **Drakshadikashayam:** contains *Draksha*, *Madhuka*, *Mrunala*, *Lodhra*, *Kashmarya*, *Patala*, *Amlaka*, *Padmakesara*, *Padmakam* etc having *Vatapithahara* action. And it is indicated in *Bhrama*.
- b) **Sitha:** is having *Madhura rasa* and is *Vatapithahara*
- c) **Madhu:** Since it is having *Madhura rasa* and *Kashaya anurasa*, it pacifies the *Pitha*
- d) **Laja:** *pithahara*, *grahi*, *balya* and *rasayana*
- e) **Ksheerabala 101:** contains *Bala* which is *Madhura rasa*, along with *Ksheera* and *Taila* acts as *Vatahara* and *Pithahara*
- f) **Dhanwantharam tablet:** acts as *Vatanulomana*
- g) **Avipathichurna:** acts as *Pithahara*,
- h) **Vidaryadighrutha:** It is having *Madhura rasa*, *Madhura vipaka* which acts as *Vatashamaka*. *Srothoshodhaka* properties of this *Ghrutha* helps in the clearance of channels and improves the circulation and nourishment of *Dhatus*. *Vatanulomana* and *Pithashamaka* properties of this medicine helps in maintenance of *Agni*. It is having *Brumhana* effect because of its *Guru*, *Seetha*, *Snigdha* and *Mruduguna*
- i) **Ksheerabalataila:** balances *Vata* and *Pitha*, improves nerve function and good for anxiety and depression.

CONCLUSION

In the present study the BPPV is treated according to the *Dosha* involvement in the *Bhrama*. Since it is a *Pithapradhanamvyadhi*, *Brhamana* line of treatment is adopted. Later *Rasayana* is advised to stabilize the *Doshas*.

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Table 1:

SL.no.	Investigations	Reading
1	WBC	10.3/ μ L
2	LYM%	35.7%
3.	HB	13 g/dL
4.	ESR	18mmhr

Source of Support: Nil

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