

MENIERE’S DISEASE – EXPLORING ITS TREATMENT THROUGH AYURVEDA

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The Indian system of medicine, *Ayurveda* is the best available health care system. *Ayurveda* delineates there support of life *Ahara, Nidra and Brammacharya* for maintenance of perfect health.

Now a day’s maximum people suffer from common disease like Hypertension, Arthritis, Hearing and vision impairment, Coronary artery diseases, Chronic lung diseases, Diabetes mellitus, Peripheral vascular disease, Cancer, Parkinson’s disease, Cerebro vascular disease, Depression and Mood disorders, Dementia etc.

Meniere’s disease is explained in modern classics of medicine, neurology, psychiatry, and E.N.T disorders. This disease is also called as Endolymphatichy-drops. It is a disorder of ear where the endolymphatic system is distended. Treatment in the modern science for this is disease is conservative management only.

In the Ayurvedic text *shrotrendriya* (one of the *jnanedriya*) is seat of *Vayu* and *Akashatatwa*, and is nourished by *Tarpa-kakapha*. After going through the Pathophysiology and signs and symptoms of Meniere’s disease it can be inferred that in this disease there is *vatasthanagatakaph-vikruti* in *shravanedriya*.

The presentations like *Bhrama, Karnaskweda, Karnanada, Karnabadhirya* can be compared with Meniere’s disease symptomatically. However it is not possible to exactly compare or co-relate Meniere’s diseases with the different clinical entities explained in *Ayurveda*.

Meniere’s disease is characterized by episodic vertigo, fluctuating sensor neural hearing loss, tinnitus and aural fullness.

This illness occurs at irregular and unpredictable intervals. Tinnitus and deafness may be absent during the initial phase of attack of vertigo but invariably these symptoms appear as the disease progresses. The annual incidence of Meniere’s disease is 5-7 / 10,000 and onset is most frequent in the 5th decade of life it may also occur in young adults rarely. The exact cause of Meniere’s disease is unknown.

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There is an accumulation of Endolymph in the membranous labyrinth, thus in the modern pharmacology diuretics are recommended and salt restriction is advised. Hence in the management of Meniere’s disease *shothaghna, mutraladra-vaprayoga* if given therapeutically and if *vishyandakaraka, kledajanakadravyas* like *samudralavana* are restricted, clinical improvement will be necessarily noticed.
Amapachana chikitsa followed by prayoga of vatapitta-hara-bhrama-nashaka aushadhi yogas along with mutraya dravyas is to be recommended in the management of Meniere’s disease.

Snehapana with kalyanaka ghrita in alpamatra followed by snigdha virechana is the other step of treatment because the upakrama of vatadosha is to be done with snehana, swedana and then mrudu virechana. Urdwa jatragata vikaras are generally managed by Nasya karma. Laxmivilasa taila mentioned in Bhaishajyaratnavalli (Mastishka Rogadhikara 29-36) administered through the nostrils is found to be effective in relieving some symptoms of Meniere’s disease. The Bhrama hara kashaya yoga comprising of vata-pitta hara dravya (Kalyanaka kashaya and Shothagna mahakashaya) which is effective manodosha hara aushadhi yoga is found very effective in relieving some symptoms of Meniere’s disease according to the expert physicians of Ayurveda. Bruhat Sootashekara Rasa is an excellent vata-pittahara, bhrama nashaka nadi uttejaka aushadhi yoga. The chikitsa-siddhanta is planned according to the basic concepts of Kayachikitsa.

Here an attempt is made to understand Meniere’s disease in light of Ayurveda and its management through the basic concepts of Kayachikitsa. This study is taken up to confirm and to highlight the scientific, therapeutic approach in relation to the shareerika dosha – vata and pitta, manasika dosha rajas and vatasthanagata kapha. Further it is also intended to assess the efficacy, potency of Ayurvedic formulations in this regard.

In any form of research a critical, analytical work, rational interpretation and useful discussion on the different aspects of the particular research work done is very essential. In the present study, various aspects of Meniere’s disease are dealt.

The rampage of Meniere’s disease in the modern era is such that Meniere’s disease has acquired the status of social-occupational disorder. The annual incidence of this triode system disorder is 0.5-7.5 / 1000 and the onset is most frequent in the 5th decade of the life, it may also occur in young adults rarely.

Many of the times Meniere’s disease is produced due to complication of some psychosomatic disorder like anxiety neurosis etc, and also due to Meniere’s disease some complication occurs such as hypertension, tension headache, lack of restoration of intellectual capacity etc. Though in the present clinical study, the complications are excluded, the severe clinical complications of the trial, which are excluded, stimulate to study further on them.

Modern science considers Meniere’s disease as endolymphatic hydrops, a disorder of inner ear where the endolymphatic system is distended. It is characterized by classic triad of vertigo, tinnitus and temporary sensori-neural hearing loss where as in Ayurveda, vertigo (Bhrama) is induced due to either rasa dhatu dusti or kshaya of majja dhatu. Tinnitus (karna kshveda or karna nada) and hearing loss (karna badhirya) are induced due to dusti of asthi and majja dhatu. In these three symptoms all three doshas are involved specially subtype tarpaka kapha, sadhaka pitta and prana vayu.

1. Historical Review:

Vedic texts define Karnas as sense organ and it is included in the urdwa-Jatru Pradesh of the body. Ayurvedic texts define symptoms like Bhrama, Karnaksveda, Karna badhirya etc. in detail but not
defined any disease that includes these symptoms.

In Modern science, Scientist Meniere defined the disease of trio but did not explain it in detail. Various theories are similar to ones presented in Ayurveda, However, this disease have been extensively studied and documented by a battery of investigative procedures after 1900’s.

2. Disease Review:

We find similarities in the Ayurvedic as well as in the modern text with regards to the following aspects; Definitions, Eti-pathology, Physiological and Anatomical aspect, Clinical features, Complications and Management. Meniere’s disease is broadly described above as in modern aspect but in Ayurveda, we find many terms like Bhrama, Karna kshweda, Karma badhirya, Shirashoola etc. However, these symptoms would be safe to consider in correlation to Meniere’s disease.

Ayurvedic Review

Nidana:

No Ayurvedic texts have mentioned specific nidanas of bhrama roga but according to dosha, dhatu, mala involved, we can define the suspected nidanas as follows. Vata prakopaka nidanas like Ativyayama, prajagarana, langana ruksha shita ahara sevana. Atimaruta-atapa sevana etc.

Pitta prakopaka ahara, atapa sevana, ati agni sannidyata, katu - lavana - amla gunatmaka ahara sevana etc. Rajoguna vardhaka cheshta i.e lobha, moha, kama etc, and aghatadi agantuja karana etc.

Samprapti: (Pathophysiology)

Ahavishiha sevana Aghatadi Agantuja
Rajagunatmakar (Pitta Prakopaka)
Ahar vihar

Work of Mana gets disturbed

→ Amashaya desha amotpathi

→ Dushta ahara rasa

→ Nirmana

→ Majjadhautu dushti

→ Bhrama roga (lakshanotpathi)

Karana

Raktadi dhatu kshaya

Majja dhatu kshaya

Samprapti Ghataka:

1. Dosha -Pitta, vayu
2. Dushya -Majja mainly
3. Agni -Jatharagni, majja dhatwagni
4. Ama -Koshtagnimandya janya
5. Srotas - majjavaha and manovaha
6. Sroto dusti -Sanga,vimarga, gamana
7. Sanchar sthana - Rasayani and vatavahini sira
8. Adhisthana -Sharira and Manas
9. Vyakta sthana -Shiras
10. Sadhy- asadhyata -Kashtatasadhya

Chikitsa: (Treatment)

Madhura, balya, brumhaniya, pitta vata shamaka chikitsa along with satwava-jaya line of treatment

- Intake of kshira, which is processed with shatavari, bala and draksha.
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- Intake of the *choorna* of *vatyalika bija* with *sita*.
- Intake of a *duralabha kwatha* with *ghruta*.
- *Triphala siddha kshira*.

**Important Yogas:**
1. *Vasant kusumakara ras.*
2. *Laxmivilasa ras.*
4. *Sootsekhar ras.*
5. *Suvarna makshika bhasma.*
6. *Abhraka bhasma.*
8. *Suvarna makshika bhasma.*
10. *Chyavana prashavaleha.*

**Pathya-Apathya:**

**Pathya:**
*Madhura rasa pradhana ahara* i.e *sita, dugdha, ghruta* etc. *Shiro abhyanga, Mamsa sevana, majja sevana.*

**Apathya:**
*Katu, amla, lavana rasa pradhana ahara, ruksha, shita, bhojana, ativayama, ativayavaya, maruta- atapa sevana, prajgarana, krodha, chinta, etc.*

**Sadhya - Asadhyata:** *Bhrama* is *Kashtsadhyaya vyadhi.*

**Materials and Methods:**
Total of 13 subjects were studied in a single group. They had follow up period of 1 month after the treatment schedule.

**Inclusion criteria:**
- Subjects between the age of 20 to 65 years presenting with the clinical features of *Meniere’s disease* described in modern medical texts and fulfilling the diagnostic index scoring system for suspected *Meniere’s disease*.
- Subjects of either sex who are fit for the Nasya therapy.
- Subjects willing to receive Ayurvedic treatment.

**Exclusion Criteria:**
- Subjects suffering from uncontrolled Diabetes mellitus, uncontrolled Hypertension etc.
- Subjects with Cardiac abnormalities and with vertibro bacillary syndrome.
- Subjects who are unfit for Nasya.
- Subjects with Cerebellar ataxia, Focal fits (Epilepsy).
- Subjects suffering from any infectious disorders.

**Study Design:** Clinical Trial

**Materials**
The following materials were utilized for the clinical trial
- *Shaddharana Churna* for Amapachana.
- *Kalyanaka Ghruta* for snehapana.
- *Gandharva Haritaki* for Mrudu Virechana.
- *Lakshmivilas Taila* for Nasya.
- *Bruhat Soota Shekhara* and *Bhramaha raka kashaya* as Shamaanushadhi.

**Trial Group:**
- *Amapachana* with *Shaddharana choorna* – 5g thrice/day for 3-5 days (till nirma lakshanas attained)
- *Snehapana* with *Kalyanaka ghruta*
- *Nasya* with *Lakshmiras Taila*:
  - 4 drops (2 ml) into each nostril for 7 days

**Shamanoushadhi:**
- *Bruhat Soota Shekhar rasa* – 125mg twice a day with *Madhu, Anupana* – Luke warm water
- *Bhrama hara kashaya yoga* – 30 to 45ml twice a day with Luke warm water
- *Nasya* with *Lakshmi vilasa taila*: 4 drops (2 ml) into each nostril for 7 days.
Subjects of trial group were given Amapachana with Shaddharana Churna for 3 to 5 days followed by Snehanapana with Kalyanaka Ghrita in avara matra for 1 to 3 days. Then Svedana was given for one day followed by mrudu virechana with Gandharva Haritaki for one day. Samsarjana karma and vishranthi were advised for 1 to 3 days. After this, Nasya with Lakshmi vilas Taila was given for 7 days.

Shamanoushadhi were given for 3 months and Nasya karma was repeated once in every 30 days in pratimarsha schedule during the course of shamanoushadhi.

DISCUSSION

Shad dharana choorna was selected for purpose of Amapachana and Agni vardharna action. Kalyanaka ghrita selected for snehana in avara matra. Gandharva Haritaki choorna was preferred for its mrudu virechaka action (i.e. oil based soft laxative). Lakshmi vilasa taila was selected for nasya because of its efficacy of sarva mastishika gata roga hara and karnaroga hara property. Bruhat sootashkehar rasa and Bhrama hara kashaya were selected as shamanoushadhi based on their action on vata, pitta and kapha.

CONCLUSION

• Meniere’s disease is one of the chronic diseases, which is critically diagnosed and poorly treated with increasing incidences even in the Indian Society.
• Symptoms mentioned in Ayurveda related with conditions like Karna nada, Badhirya, Karna kshweda, Bhrama roga resembles to Meniere’s disease in different degrees.
• Vata pradhana tridosha and Rajo guna are the prime factors in the causation of Meniere’s disease. The Manas is also provoked by these factors.
• Meniere’s disease is generally related to the middle-aged group and in the elderly population where it could be due to the normal physiological process of ageing and because of the predominance of vata dosha in this avastha.
• Incidence of manifestation of Meniere’s disease is equal in both sexes.
• Erratic life styles, unhealthy eating habits and lack of exercise could contribute towards developing Meniere’s disease.
• Nasya and Shamanoushadhi provided highly significant relief on both the Objective and Subjective parameters of Meniere’s disease.
• Nasya could exert its action on multiple levels of dosha, dhatu, srotas, manas indriyas, marma and Ajna chakra. It could also influence its action on the nervous system by possibly being absorbed by the micro circulation in inner nose. The Gandhapaka vidhi of taila is probably necessary to treat vataja disorders as aromatic substances have a shaman effect on vata as well as on the manas.
• Following Pathya Apathya and Counseling shows an important role in the management of Meniere’s disease.
• To sum up, it can be said that, Meniere’s disease is a condition that needs to be assessed correctly and proper measures should be adopted in its management. Symptomatic treatment is not the answer to these problems.

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