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Management of Meniere's Disease - An Analytical Ayurveda Perspective

Abstract

Meniere's disease, also called endolymphatic hydrops, is a disorder of the inner ear where the endolymphatic system is distended. It is characterized by vertigo, sensorineural hearing loss, and tinnitus. The main pathology in Meniere's disease is distention of endolymphatic system due to increased volume of endolymph. This can result either from increased production of endolymph or its faulty absorption or both. As the Meniere's disease pathology, clinical signs and symptoms may be correlated to *karnakshweda*, *karnanada*, *badirya* and *bhrama* in which the vitiation of *karnagata tarpaka kapha vikruti* can be seen. Hence the treatment protocol for Menier's disease should include *agni deepana*, *amapachana*, *anuloma*, *shirovirechana*, *vatashamana sneha*, and *rasayana* therapies which will give promising results.

Keywords: Meniere's disease, *Karnakshweda*, *Karnanada*, *Badhirya*, *Bhrama*.

Introduction

Meniere's disease, also called endolymphatic hydrops, is a disorder of the inner ear where the endolymphatic system is distended. It is characterized by a classic triad of (i) vertigo, (ii) sensoryneural hearing loss, and tinnitus. The condition is named after French Physician Prosper Meniere who in an 1861 article first reported that vertigo was caused by inner ear disorders.

Etio-Pathogenesis

The main pathology in Meniere's disease is distention of endolymphatic system due to increased volume of endolymph. This can result either from increased production of endolymph or its faulty absorption or both. Normally endolymph, secreted by stria vascularis, fills the membranous labyrinth and is absorbed through endolymphatic sac. The exact cause of Meniere's disease is not known.

Various theories have postulated defective absorption by endolymphatic sac, vasomotor disturbance, allergy, sodium and water retention, hypoadrenalism and hypopituitarism, hypothyroidism, autoimmune and viral etiologies.

The main pathology is distention of endolymphatic system affecting the cochlear duct and saccule, semicircular canals. The dilated cochlear duct may fill completely the scala vestibule; there is a marked bulging rissneir's membrane which may even herniate through the helicotrema of the apical part of scala tympani. The distended saccule may lie against the stapes footplate. The utricle and saccule may show outpouchings into the semicircular canals.

Clinical Features

The disease is commonly seen in age group of 35–60 years. Males are more dominant than females. Vertigo, hearing loss, tinnitus, sense of fullness/ pressure, etc., are some of the symptoms.

Concept of Modern Treatment

It is of four parts: one is general measures, acute treatment, chronic treatment, surgical treatment. Reassurance, avoiding smoking, low salt diet, bed rest, vestibular sedatives, vasodilators, diuretics, elimination of allergens and conservative line of surgical procedures.

Concept of Meniere's Disease in Ayurveda

As per the Ayurveda text, *shravanendriya* is an important sense organ situated in *urdhva jatru pradesha* which is a seat of *vata* and *akasha tatva* and also nourished by *tarpaka kapha*. As the Meniere's disease pathology, clinical signs and symptoms may be correlated to *karnakshweda*, *karnanada*, *badirya* and *bhrama* in which the vitiation of *karnagata tarpaka kapha vikruti* can be seen.

The etiological factors of *samanya karna rogas* are: exposure to cold breeze, diving or swimming, probing the external auditory canal, sound pollution, untreated chronic systemic disease and *apathy ahara*. The clinical features of Meniere's disease are because of the vitiation and *prakopa of vata* in *urdhvagamini siras of shravanendriya* which will disrupt the normal physiology of the *antahkarna*.

Analysis of manifestation of *karnanada* (tinnitus), *karnakshweda* (tinnitus), *badirya* and *bhrama*:

Karnanada (tinnitus): The vitiated *vata dosha* attains the *vimargagamana* in the *shabda vahini nadi*. The *tiryak gami vata* is encircled by vitiated *kapha* causing *avaruddata* or *sanga* of *shabdavahi nadi* by producing different types of sounds.

Karnakshweda (tinnitus): Due to excessive exercise, *dhatukshaya*, *ati rooksha*, *kashaya ahara sevana*, will lead to *vata prakopa* and enters the *shabdavaha nadi's* by producing flute like sounds in the ear. The difference between the *karnanada* and *karnakshweda* is: *karnanada* is due to *margavarodhajanya shravanendriya vikara* which may be compared to conductive deafness, *karnakshweda* is due to *dhatu kshaya janya shravanendriya vikara* which may be correlated to nervous deafness

Badhirya: Here in this disease *kaphanubandha vata* enters the *shravana vahini siras* causing the impairment of hearing.

Bhrama is induced due to *rasavaha sroto dushti* or *dhatukshaya*.

Samprapti

Apathya ahara vihara sevana, atiyoga/ mithya yoga of shabda. By analyzing the modern concepts of disease review and the therapeutic points of the disease, we can correlate the etiology, pathology, and pathophysiology according to Ayurveda *dosha dhatu siddanta*.

Hence there is a similar *laxana samuha* of *karna nada*, *karna kshweda*, *bhrama* and *badirya* can be correlated to Meniere's.

↓

Vitiation of *vata*

↓

Prakopa of *vyana* and *prana vata*

↓

Vitiates the *shravanashrita tarpaka kapha*

↓

Shabdavaha sroto vimarga gamana/ atipravrutti of tarpaka kapha

↓

Disruption of *shabdavaha srotas (bhrama, karna nada, karna kshweda)*

Chikitsa: Concepts of Meniere's disease management

1. *Agni deepaka ama pachaka and vatanulomana*
2. *Vata pitta shamaka, madhura rasa pradhana balya chikitsa*
3. *Nasya karma* with *pitta vata shamaka ghrita/ taila*, e.g., *parinita keri ksheeradi taila*
4. *Karna poorana* with *bilvadi taila, deepika taila*
5. *Shiropichu* with *triphala taila, shatapaka bala taila*
6. *Ghrita pana-maha saraswata ghrita*
7. *Rasayana yogas-Shamanoushadi's-maha shankha vati, saraswatarishta, induvati with amalaki kashaya, sarivadi vati, pathyaksha dhatriyadi kashaya*

Discussion

In Ayurveda group of *laxanas* of three diseases, i.e., *karna nada*, *karna kshweda*, *badhirya* with *bhrama* can be correlated to Meniere's disease. The etiopathology and physiological variations that are occurring in the manifestation of this disease can be studied under the light of *shravanendriya sroto vikara*. Due to *apathy ahara vihara* the vitiated *vata* enter the *shravanendriya*,

shabdavahini siras then there will be physiological variation of inner ear resulting in the *atipravrutti* of the *karna drava dravya* (endolymphatic hydrops) which in turn will cause *karna nada* and *karna kshweda* (tinnitus and deafness) which follows *bhrama*. The *rasavaha sroto dushti* because of vitiated *vata* results in *bhrama*.

Hence the treatment of Meniere's disease should be based on derangement of the *dosha/ dhatu*. *Deepana-pachana with panchakola* for detoxification of the body followed by *sneha*. *Shiropichu with shata paka bala taila* controls the *shirogata vata dosha karna poorana* with *bilwadi taila/ deepika taila* nourishes the surrounding tissues of *shrotrendriya* and establishes effect of *vata pitta shamaka*

Nasya karma, one of the important treatments adopted in all *urdhva jatru vikaras*, holds good in management of Meniere's disease. The *tailas* like *parinita keri ksheeradi taila* or *tridosha shamaka taila* not only reduces the *chala guna* of *vata* but also stimulates *antah karna avayava* (cochlear duct, scala media/ sacculle) for normal production-absorption of the *kapha bhavas* (endolymphatic system) through the *shringataka marma* and its subsequent regions.

Ashwagandha ghrita, maha kalyanaka ghrita, saraswata ghrita, etc., help to pacify the *shirogata vata-pitta*. *Ghrita pana* should be encouraged after food intake at night.

The *rasayanas* like *saraswata ghrita, saraswatarishta, chyavanaprasha, narasimha rasayana* will stimulate the nervous system of (vestibule cochlear, vagus) *vata vaha nadi samshana*. Thus the combined regimens hold effective if administered judiciously with *dosha, desha, kala, vaya and rogavastha*. At the same time *rasayanas* and other *shamanoushadhis* which will correct the *rasavaha sroto dushti's* are to be used.

Pathya apathya: madhura, tikta kashaya rasa ahara, laghu ushna ahara, avoiding exposure to cold breeze, *ratrijagarana, lavana rasa pradhana dravyas* should be avoided.

Conclusion

The early treatment for Meniere's disease should be started to avoid further complications with *nasya karma* and other medications. The *rasavaha srotodushti* should be corrected along with *vimargagamatva* of *vata*. The combined regimen especially the *shirovirechaneeya dravyas, tridosha shamaka dravyas* can be used along with *rasayana* therapy. As the disease prevalence is in the age group of 35–55 years, *agni chikitsa* including

jataragni/dhatvagni can be advised before introducing the treatment and as a post-therapy management to avoid recurrences.

As a result of *vata dushti*, there will be vitiation of *pitta* and *kapha doshas* respectively. *Vata* gets *vimargagamatva* in the *shirovaha srotas*. This affects sensory or motor functions of the sense organs, especially in vestibulocochlear apparatus (*prayaha sarva kriyastasmin pratibaddaha shareerinam*). This vitiated *vata* deranges the *kledaka kapha* which covers the *shirogata avayavas*. This vitiated *pitta* leads to *pramanataha vruddi* which may tend to *kleda sruti*, i.e., excessive secretions of endolymphatic hydrops. Hence the respective *dhatwagnis* will be vitiated as a result, *rasavaha sroto dushti* may establish loss of '*pranana*' activity of *rasadhatu* resulting in *indriya dourbalya*.

Therefore, the treatment protocol for Meniere's disease should include *agni deepana, amapachana, anuloma, shirovirechana, vatashamana sneha*, and *rasayana* therapies which will give promising results.

Conflict of Interest: None

References

1. Vijnana SS, Chaudhary R. 14th Edn. Varanasi: *Chaukambha Orientalia*, 2000; Chap 8: 86-101, Chap 29: 346-85.
2. Vagbhata. *Ashtanga Hrudaya*. Translated by Moorthy KRS. Vol. 3. 3rd Edn. Chap 23. Uttara Sthana. Varanasi: *Krishnadas Academy*, 2000: 218-23.
3. Dhigra PL. *Diseases of Ear, Nose & Throat*. 3rd Edn. Chap 16. *Elsevier*, 2004: 129-34.
4. Dvivedi R. *Shalaky Tantra (Nimi tantra)*. 12th Edn. Chap 2. Varanasi: *Chaukhasmbha Samskruth Office*, 1997: 179-82.
5. Lakshmanachari D, Jayashree D. *The Shalaky Tantra-II*. 1st Edn. Chap 1. 2000: 25.
6. NIDCD. Ménière's Disease. Available from: www.nidcd.nih.gov/health/menieres-disease.
7. Harris J (Ed.). Ménière's Disease. The Hague: *Kugler Publications*, 1999.
8. Haybach PJ. *Meniere's disease: What you need to know*. Portland, OR: *Vestibular Disorders Association*, 1998.
9. Beasley NJ, Jones NS. Ménière's disease: Evolution of a definition. *J Laryngol Otol* Dec 1996; 110(12): 1107-13.

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