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Ayurvedic management of Sensorineural Hearing Loss (*Badhirya*) - A Case Study

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ABSTRACT

The inner ear is the main culprit of sensorineural hearing loss (SNHL), which is a specific type of hearing loss. Peripheral and Central SNHL (auditory pathway or cortex) can be distinguished. It might be congenital or acquired. Congenital: resulting from prenatal or perinatal conditions or from defects of the inner ear. About 90% of reported cases of hearing loss are related to it. There is currently no suggested course of treatment for it. Hearing loss is associated with *Badhirya* (hearing loss) in *Ayurveda*, and our *Acharyas* have prescribed numerous therapeutic techniques and formulations for the effective treatment of *Badhirya* (hearing loss). This case study demonstrates the efficacy of *Ayurvedic* treatment in improving the hearing capacity of a 42-year-old male patient who has had moderate to severe SNHL for two years. He was made to undergo both *Ayurvedic* procedures and medications. The names of the *Ayurvedic* procedures adopted are *Nasya* (nasal drops) with *Shirbala Taila* (101 *Avrti*), *Karnapoorana* with *Bilwa Taila* for 7 days, *Sarivadi Vati*, *Dashmoola Arishta*, and *Ashavagandha Arishta* internally for 45 days. The intervention resulted in a good improvement in hearing.

Key words: *Badhirya*, *Nasya*, *Karnapurana*, *Sensorineural Hearing Loss*.

INTRODUCTION

A person's capacity to hear is crucial to the development of their speech and language abilities. After an inner ear injury, sensory neural hearing loss, or SNHL, develops. SNHL may also be brought on by issues with the nerve connections that go from your inner ear to your brain. Mild sounds could be difficult to grasp. Even louder sounds could sound muffled or indistinct. The most prevalent kind of irreversible

hearing loss is this one. Surgery or medication alone cannot usually correct SNHL. You could hear better with hearing aids.^[1] SNHL can vary in severity, from partial to total hearing loss, based on the extent of the injury.

1. Mild hearing loss: A loss of hearing between 26 to 40 decibels.
2. Moderate hearing loss: A loss of hearing between 41 to 55 decibels.
3. Severe hearing loss: Hearing loss greater than 71 dB. Although SNHL is rarely life-threatening, improper management may cause communication difficulties.^[2] Several pathophysiological causes, including trauma, noise trauma, ototoxicity, diabetes, autoimmune disease, congenital abnormalities, and consumption of aminoglycoside medicines, contribute to inner ear damage and cause sudden hearing loss (SNHL). Its symptoms include tinnitus, ear fullness, and sudden or persistent hearing loss.

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About 430 million people, or more than 5% of the global population - 432 million adults and 34 million children need rehabilitation to treat their hearing loss. It is projected that one in ten individuals, or more than 700 million, will suffer from disabled hearing loss by the year 2050.^[3] A comfortable, financially feasible, and efficacious *Ayurvedic* treatment regimen. This illness can be compared to *Badhirya*, which is brought on by the *Sangatva* of *Shabdhavaha Srotas* (obstruction of the channel that carries sound waves) caused by *Kapha* and *Vata Doshas*, which is made worse by the person's unhealthy habits and way of life. In the first stages, revitalising *Rasayana* therapies are used to cure it, along with *Vatahara Chikitsa*.^[4] Therefore, in an attempt to improve the illness state, we have implemented an *Ayurvedic* diet and treatment plan.

MATERIALS AND METHODS

History of present illness - The patient's hearing was normal two years ago, but gradually he began to experience reduced hearing in both ears. He consulted an ENT physician and was advised to use a hearing aid, but he was not willing to do so. As a result, he decided to visit the Shalaky Tantra OPD IASR in Kurukshetra.

History of Past illness - Not a known case of DM/HTN.

Family History - Nothing Specific.

Personal History

Appetite: Good

Sleep: Sound

Bowel: Twice a day

Micturition: 5-6 times a day

Diet: Mixed

Examination

Table 1: Ear Examination.

SN	Examination	Findings
1.	Otoscopy	1) EAC: B/L clear, 2) TM: B/L visible and Intact

2.	Rinne's Test	Positive AC>BC (Both Ears)
3.	Weber's Test	Not lateralized
4.	PTA	Right Ear - Moderate sensorineural hearing loss (45dbHL) Left Ear - Mild sensorineural hearing loss (40dbHL)

Ashtavidha Pareeksha

Nadi - Vata-pittaja

Mala - Prakruta

Mutra - Prakruta

Jihva - Prakruta

Shabda - Vikruta

Sparsha - Prakruta

Drik - Prakrita

Akrithi - Madyama

Dashavidha Pareeksha

Prakriti - Vata-pittaja

Vikriti - Vata

Sara - Madhyama

Samhana - Madhyama

Satmya - Madhyama

Satva - Madhyama

Ahara Shakti - Madyama

Vyayama Shakti - Madyama

Vaya - Madyama

Pramana - Madyama

General Examination

Respiratory system - Normal breathing sound heard, No added sounds

CVS - S1 S2 heard no added sounds

Per abdomen - on palpitation nothing specific.

BP - 124/90 mm/hg

Pulse rate - 72/min

Weight - 60 kg

Height - 168 cm

Investigation

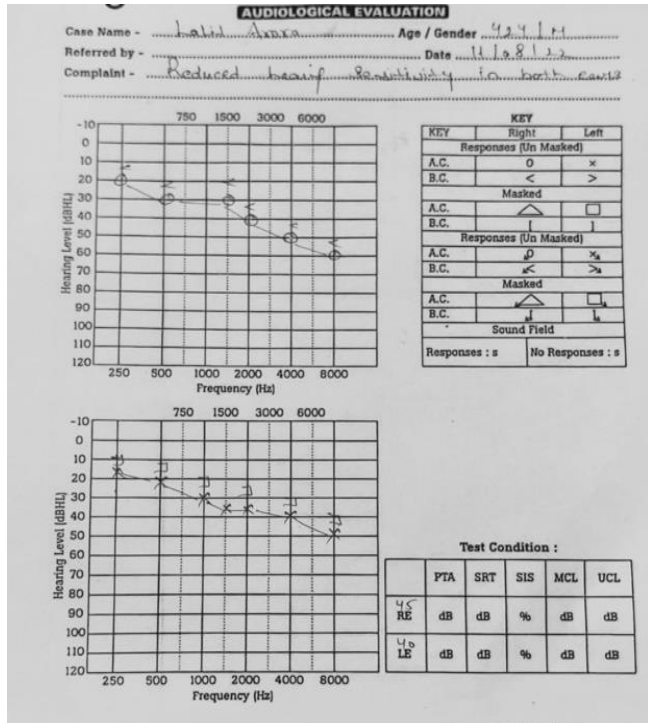


Figure 1: Pure Tone Audiometry

Diagnosis: Badhirya, Moderate Sensory Neural Hearing Loss.

Treatment given

Table 2: Treatment given

SN	Treatment	Medicine	Mode of administration	Duration
1.	Karna Poorna	Bilwadi Taila	QS - to both the ears	7 Days
2.	Pratimarsh Nasya	Kshirbala Taila (101 Avrti)	2 drops each nostril	7 Days
3.	Internally	Dashmoola Arishta + Ashavagandha Arishta	15ml each with equal amount of water BD (After Meal)	45 Days
		Sarivadi Vati	2 BD with Godugdha	45 Days

RESULTS

After 45 days of Ayurvedic treatment and a strict lifestyle, the patient had an improvement in hearing. PTA in the Right ear is 30 dBHL, and in the left ear 25 dBHL.

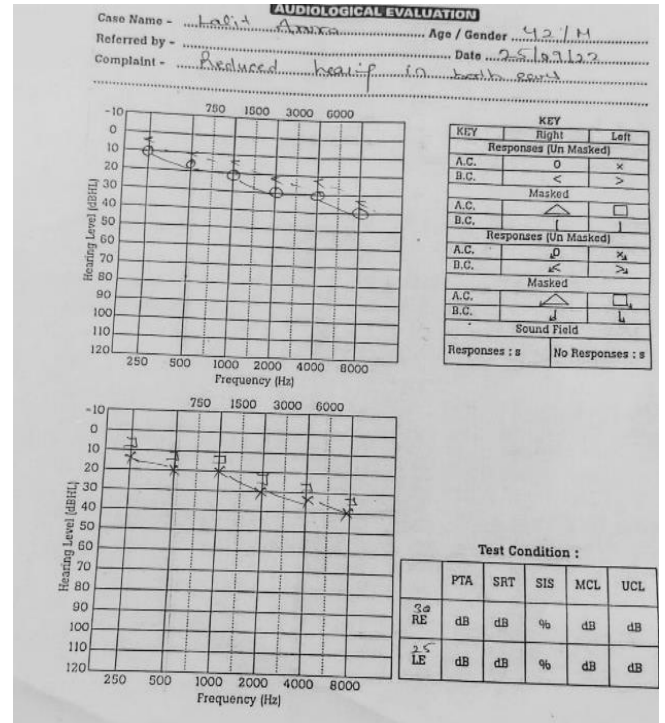


Figure 2: PTA after treatment

DISCUSSION

Sensorineural hearing loss, also known as *Badhirya*, is a prevalent ENT problem that presents a significant challenge to ENT surgeons. Although the disease appears simple, patients often experience inadequate relief, even after multiple visits to the clinic. Consequently, the current medical system's approach to treating *Badhirya* (hearing loss) has not proven to be effective. In these situations, surgical intervention (cochlea implant) is uncommon and is only carried out when presented with complications. It is possible to use the "*Vata Vyadhi Chikitsa*" *Siddhanta* to manage *Badhirya*.^[5] In addition to these, Ayurveda provides a variety of treatment modalities for managing *Badhirya*, such as *Ghritapana* (consuming medicated ghee), *Rasayanasevana* (rejuvenating drugs), *Nasya* (nasal drops), *Snehana* (oleation therapy), *Swedana* (perspiration therapy), *Snehavirechana* (purgative

therapy), *Sirobasti*, *Karnapoorna* (filling the ear with medicated oil), *Jalaukavacharana* (leech therapy), etc.^[6] However, the most commonly recommended procedures for managing *Badhirya* are *Karnapoorna* and *Nasya*. The function of *Indriyas* is enhanced by *Ksheerbala Taila Nasya (Karnaindriya)*. *Ksheerbala Taila* was planned, which calms the agitated *Doshas* in the head, aids in restoring the normal functioning of the central nervous system, and balances the blood flow to all of the sense organs, including the ears. Since *Shringataka Marma* in *Shira* is the point where all sense organs, including the eye, ear, and nose join together, any medication administered to this region helps to nourish the nerves that connect these places and targets the vitiated *Doshas* associated with each sense organ. One of the fundamental therapies for all *Karnarogas* listed in Ayurvedic literature is *Karnapurana*.^[7] *Karnapurana*, with *Bilwadi Taila*, has the *Vatashamaka* property. *Sarivadi Vati*^[8] performs *Vatanulomana* and eliminates *Srotorodha*. It is the best *Rasayana Dravya* for *Shravanendriya Vikara Dashmoola Arishta and Ashavagandha Arishta*, having *Vatahara Rasayana* properties.

CONCLUSION

Ayurvedic medication alongside lifestyle modifications such as adhering to *Pathya* and avoiding *Apathya* as well as yoga practice, have improved the deceased's sensorineural hearing loss. As a result, it is both feasible and effective, and in the future, there should be more research done on this topic.

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