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

Lakhwinder Singh¹, Ashu², Manoj Kumar³

1Post Graduate Scholar, Department of Shalakya Tantra, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.
2Professor and HOD, Department of Shalakya Tantra, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.
3Associate Professor, Department of Shalakya Tantra, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

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.
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.
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 Shabdavaha 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 Shalakya 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.**

<table>
<thead>
<tr>
<th>SN</th>
<th>Examination</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Otoscopy</td>
<td>1) EAC: B/L clear, 2) TM: B/L visible and Intact</td>
</tr>
</tbody>
</table>

2. Rinne’s Test Positive AC>BC (Both Ears)

3. Weber’s Test Not lateraledized

4. PTA

- Right Ear - Moderate sensorineural hearing loss (45dbHL)
- Left Ear - Mild sensorineural hearing loss (40dbHL)

**Ashtavidha Pareeksha**

**Nadi** - Vatapittaja

**Mala** - Prakruta

**Mutra** - Prakruta

**Jihva** - Prakruta

**Shabda** - Vikruta

**Sparsha** - Prakruta

**Drik** - Prakrita

**Akrithi** - Madyama

**Dashavidha Pareeksha**

**Prakriti** - Vatapittaja

**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.

Table 2: Treatment given

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

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.

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), Rasayanosevana (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 Karnpurana.[7] Karnpurana, with Bilwadi Taila, has the Vatashamaka property. Sarivadi Vati[8] performs Vatanulomana and eliminates Srotorodha. It is the best Rasayana Dravya for Shravanendriya Vikara Dashmoolar Ashivagandhra Arishta, having Vatahrar 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.

REFERENCES


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