



PITTAJA BHRAMA (VERTIGO OF PITTA ORIGIN): AN AYURVEDIC REVIEW WITH CONTEMPORARY CORRELATION

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ABSTRACT

Background: Pittaja Bhrama is a Pitta-dominant subtype of Bhrama Roga characterised by rotational vertigo, burning sensation, and neuro-psychological instability arising from vitiation of Pitta Dosha, with secondary Vata involvement and Rajas (psychic) aggravation affecting Manovaha Srotas and Mastishka. **Objective:** To systematically review the etiopathogenesis, clinical features, differential subtype analysis, and management of Pittaja Bhrama through classical Ayurvedic texts, and to establish contemporary pathophysiological and clinical correlates with vestibular migraine, GERD-related vertigo, and psychosomatic neurovestibular disorders. **Methods:** A narrative review of primary Ayurvedic classical texts — including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana, and Bhaishjaya Ratnavali — was conducted. Contemporary biomedical literature on vestibular migraine, neurovestibular physiology, and HPA axis dysregulation was reviewed for conceptual integration. **Results:** Pittaja Bhrama presents with intense rotational vertigo, cephalic burning (Daha), photopsia, nausea, tachycardia, and psychomotor irritability. Its pathogenesis follows a defined Samprapti from Pitta Prakopa through systemic Prasara, Sthanasmashraya in Mastishka and Manovaha Srotas, and culminates in Indriya Vibhrama with Vata Anubandha. Management encompasses Pitta Shamana, Agni Deepana, Panchakarma (Virechana, Nasya, Shirodhara, Takradhara), herbo-mineral formulations, and Rasayana therapy. **Conclusion:** Pittaja Bhrama is a clinically coherent Ayurvedic diagnostic category with credible pathophysiological correlates in contemporary vestibular medicine. An integrative framework combining Shodhana, Shamana, and Rasayana offers a rational evidence-informed approach. Prospective clinical trials with validated outcome measures are warranted to build a robust evidence base.

KEYWORDS: Pittaja Bhrama; Bhrama Roga; vertigo; Pitta Dosha; Manovaha Srotas; Samprapti; vestibular migraine; Pitta Shamana; herbo-mineral formulations; Ayurveda.

1. INTRODUCTION

Bhrama, defined in Ayurvedic classical texts as an illusory sensation of self-rotation or environmental rotation accompanied by disequilibrium, giddiness, and impaired postural stability, represents a complex neuro-sensory disorder with both somatic and psychic dimensions. The condition involves simultaneous derangement of *Sharirika* (somatic) and *Manasika* (psychic) homeostasis, implicating Manovaha Srotas, Indriya (sense organs), and Mastishka (brain and CNS) within a unified Ayurvedic pathophysiological construct.^[1,2,3]

Among Bhrama's three principal Doshic subtypes — Vataja, Pittaja, and Kaphaja — Pittaja Bhrama occupies a clinically significant position as a *Nanatmaja Vyadhi*^[6] of Pitta Dosha. The involvement of Pitta's inherent Guna (Ushna, Tikshna, Drava) directly accounts for the cardinal features of this subtype: intense rotational vertigo, cephalic burning, photopsia, nausea, and psychomotor agitation. Its pathogenesis also incorporates Vata Anubandha and Rajas aggravation, producing a composite neuro-vascular and psychosomatic disorder with a close conceptual parallel to vestibular migraine, GERD-related vertigo, and stress-induced

neurovestibular imbalance in contemporary medicine.^[13,14]

Classical texts provide a precise shloka defining Bhrama

“chakravat bhramatoḥ gātram bhūmau patati sarvadā |bhramaroga iti jñeyo rajaḥ pittānilātmakaḥ”

(Mādhava Nidāna 1) — The individual spins as if on a wheel, falls to the ground, afflicted by Rajas, Pitta, and Vāta.

This review aims to provide a comprehensive, publication-ready analysis of Pittaja Bhrama's etiopathogenesis, clinical characterisation, subtype differentiation, management protocols, and modern correlates, serving as a resource for integrative clinical research and evidence-based Ayurvedic practice.

2. MATERIALS AND METHODS

2.1 Classical Text Review

A narrative conceptual review was undertaken drawing from the following primary Ayurvedic classical texts:

- Charaka Samhita (Nidanasthana, Chikitsasthana)
- Sushruta Samhita (Uttaratantra)
- Ashtanga Hridaya of Vagbhata
- Madhava Nidana (Bhramaroga Nidana)
- Bhaishajya Ratnavali (Shiroroga Adhyaya)
- Yoga Ratnakar; Sarangadhara Samhita

2.2 Contemporary Literature Review

Biomedical databases — PubMed/MEDLINE, Scopus, and AYUSH Research Portal — were searched using terms including ‘vestibular migraine,’ ‘GERD-related vertigo,’ ‘HPA axis vestibular disorders,’ ‘Ayurvedic vertigo management,’ and ‘herbo-mineral formulations neurovestibular.’ Publications between 2000 and 2024 in English and Hindi were included.

2.3 Inclusion Criteria

Classical formulations and procedures with documented indications for Bhrama or associated Pitta disorders; biomedical literature providing mechanistic or clinical correlates to classical Ayurvedic constructs.

3. NIDANA PANCHAKA (FIVEFOLD DIAGNOSTIC FRAMEWORK)

3.1 Nidana (Etiological Factors)

The classical Nidana of Pittaja Bhrama encompasses dietary, lifestyle, psychological, and environmental triggers that specifically aggravate Pitta Dosha and disrupt Manovaha Srotas. The classical dictum —

“amla lavaṇṣṇatikṣṇaiḥ pittam prakopam ṛcchati”

(Sour, salty, hot, and sharp substances provoke Pitta Dosha)

— underpins the dietary Nidana cluster.

Table 1: Nidana of Pittaja Bhrama with contemporary pathophysiological equivalents.

Category	Ayurvedic Nidana	Modern Pathophysiological Equivalent
Dietary	Amla (sour), Katu (pungent), Ushna (hot) ahara; fermented foods; curd; alcohol	High-acid diet, spicy food: trigger vestibular migraine and GERD-related vertigo via vagal activation and labyrinthine fluid dysregulation
Dietary	Atiyoga of Lavana (excess salt)	Sodium dysregulation → endolymphatic hydrops (Meniere's-like state)
Lifestyle	Ratri Jagarana (night waking); Divasvapna (daytime sleep); irregular meals	Circadian rhythm disruption → HPA axis hyperactivation; sleep deprivation sensitises central vestibular nuclei
Psychological	Chinta (chronic worry), Shoka (grief), Manasika stress, Krodha (anger)	HPA axis activation; elevated cortisol sensitises vestibular nuclei; anxiety amplifies vestibular perception in PPPD
Environmental	Excessive heat (Atapa), Ushna Vata, humid conditions	Dehydration and heat stroke alter labyrinthine fluid homeostasis; vascular dilation mimics serotonergic migraine trigger
Seasonal	Greeshma Ritu, Sharad Ritu (Pitta-aggravating seasons)	Seasonal cortisol variation; summer neurovestibular vulnerability in migraine sufferers

3.2 Purvarupa (Prodromal Features)

Prodromal symptoms typically precede the acute vertiginous episode by hours to days and serve as critical early diagnostic markers for Pitta aggravation.^[1,6,7]

- Mild intermittent dizziness and postural unsteadiness
- Progressive head heaviness (Shirogaurava) and mild throbbing headache
- Nausea, visual instability, and transient photopsia
- Mild burning sensation in eyes, forehead, or epigastrium

- Restlessness (Autsukya), irritability, and low-grade feverishness
- Bitter or sour taste in mouth (Mukha Vairasya) indicating early Amlapitta

3.3 Rupa (Clinical Features)

In fully manifested Pittaja Bhrama, the following features predominate, reflecting the Ushna, Tikshna, and Drava Guna of aggravated Pitta.^[1,2,6]

Table 2: Clinical features of Pittaja Bhrama by symptom domain.

Symptom Domain	Ayurvedic Description	Clinical Manifestation
Vestibular	Bhrama (Chakravat Bhranti)	Severe subjective or objective rotational vertigo
Thermal	Daha (burning)	Burning in head, eyes, palms, body; heat intolerance; flushing
Fluid / Metabolic	Trishna (thirst), Sweda (sweating)	Excessive thirst, diaphoresis, hot flushes
Visual	Timira / Photopsia	Sparks, stars, or flame-like visual phenomena; photophobia
Gastrointestinal	Amlapitta (acid reflux)	Nausea, vomiting, epigastric burning, acid taste
Neuropsychological	Manas Vikara (Rajas aggravation)	Irritability, agitation, mental confusion, emotional lability
Headache	Shirashoola	Throbbing, typically frontal or temporal, heat-associated

3.4 Upashaya and Anupashaya

Table 3: Upashaya and Anupashaya in Pittaja Bhrama.

Upashaya (Ameliorating Factors)	Anupashaya (Aggravating Factors)
Cooling therapies (Sheeta Dravya); Pitta-pacifying diet; medicated ghee (Tikta Ghrita); rest in cool, quiet environment	Heat exposure; spicy, sour, fermented foods; fasting; alcohol; mental stress; anger; night waking; screen overexposure
Shirodhara, Takradhara; pranayama; meditation; Brahmi or Amalaki intake	Physical exertion during acute episode; suppression of natural urges (Vegas); NSAIDs (Pitta-aggravating)

3.5 Samprapti (Pathogenesis)

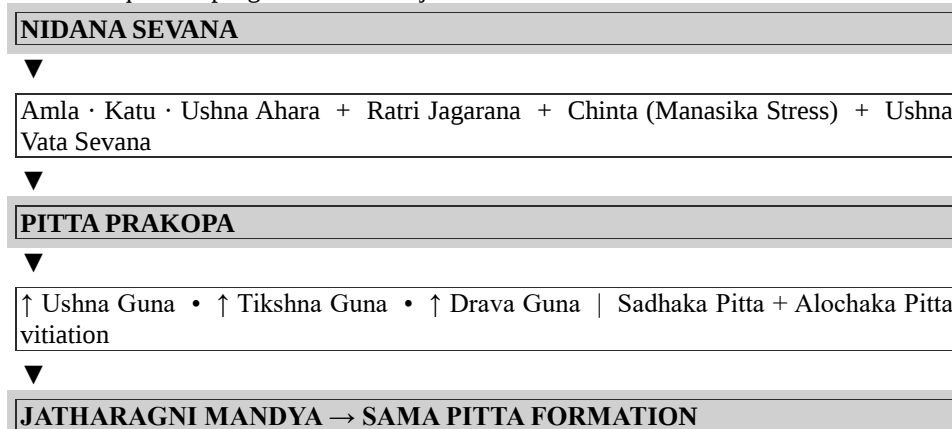
Samprapti Ghataka (Pathogenic Components)

Table 4: Samprapti Ghataka (pathogenic components) of Pittaja Bhrama.

Samprapti Ghataka	Description
Dosha	Pitta (primary — Ushna, Tikshna, Drava Guna); Vata (secondary — Chala Guna anubandha); Rajas (Manasika Dosha)
Dushya	Rasa Dhatu (plasma/lymph); Rakta Dhatu (blood); Manas (psychic substrate)
Srotas	Manovaha Srotas (primary); Rasavaha Srotas; Raktavaha Srotas
Adhisthana	Mastishka (brain/CNS) — primary locus of pathology; Indriya (sense organs, especially Chakshu and Shrotra)
Agni	Jatharagni Mandya → Sama Pitta formation → Ama-Pitta Dushti
Udbhava Sthana	Amashaya (stomach/proximal intestine) — primary origin of Pitta prakopa
Sanchara	Systemic circulation via Rasa-Rakta Dhatu to Mastishka and sensory pathways
Vyakta Sthana	Mastishka and Indriya (vertigo, visual and auditory disturbance, photopsia)
Bheda	Vataja, Pittaja, Kaphaja (Dosha-based subtypes); Sama or Nirama (Ama status)

Samprapti: Sequential Pathogenesis (Flowchart)

Figure 1 represents the sequential progression of Pittaja Bhrama from causative factors to clinical manifestation:



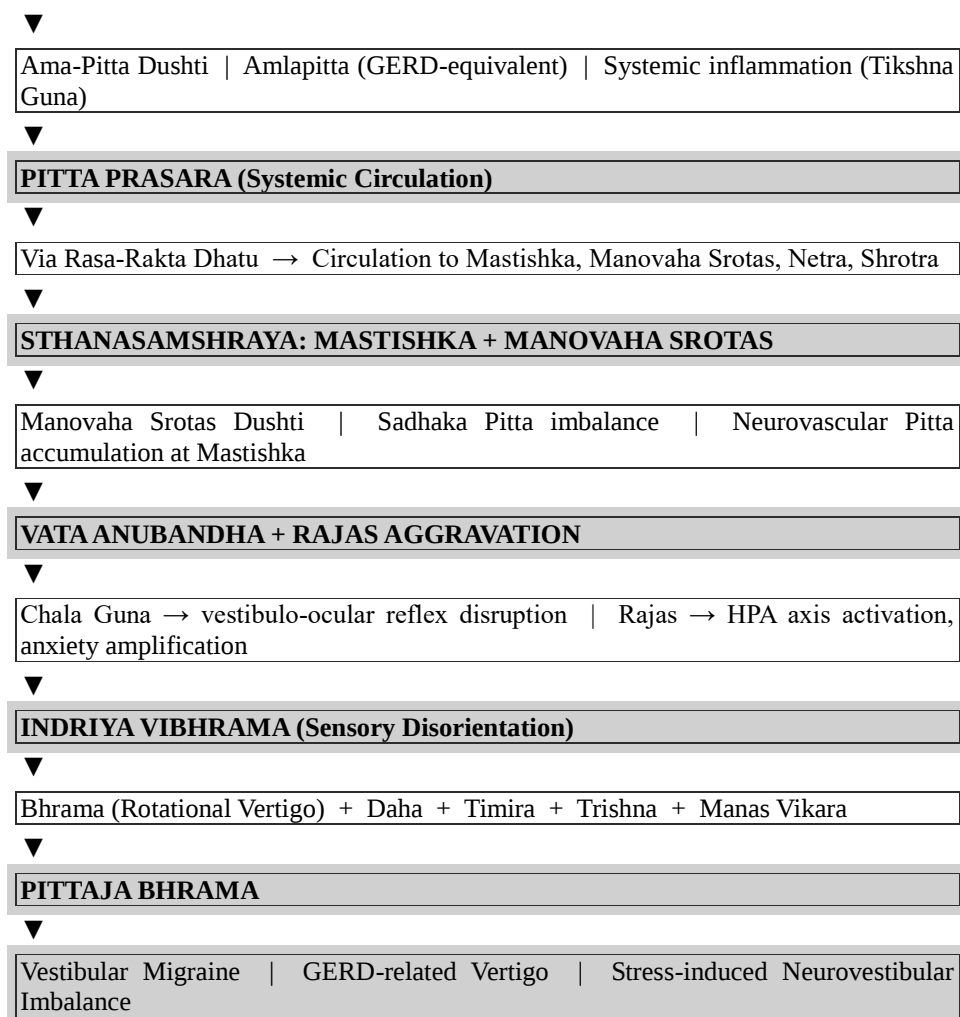


Figure 1: Samprapti (Sequential Pathogenesis) of Pittaja Bhrama from causative factors to clinical manifestation and modern diagnostic correlates.

4. COMPARATIVE ANALYSIS OF BHRAMA SUBTYPES

The three Doshic subtypes of Bhrama — Vataja, Pittaja, and Kaphaja — differ substantially in their dominant

Guna, clinical character, pathogenesis, and therapeutic approach.^[1,2,3,6] Table 5: Presents a comprehensive comparative matrix.

Table 5: Comparative analysis of Vataja, Pittaja, and Kaphaja Bhrama with modern clinical correlates.

Feature	Vataja Bhrama	Pittaja Bhrama	Kaphaja Bhrama
Dominant Dosha	Vata	Pitta (+ Vata anubandha)	Kapha
Dominant Guna	Ruksha, Laghu, Chala	Ushna, Tikshna, Drava	Guru, Snigdha, Manda
Vertigo Character	Mild, floating, intermittent	Intense, spinning, severe	Dull, heavy, persistent
Distinctive Symptoms	Anxiety, dry skin, tremors, bodyache	Daha, Trishna, Timira, photopsia, irritability	Tandra, Alasya, heaviness, expectoration
Mental State	Fear, restlessness (Bhaya, Udvega)	Irritability, agitation (Krodha, Rajas)	Dullness, lethargy (Tamas)
Aggravation	Fasting, cold, dryness, irregular meals	Heat, spicy/sour food, mental stress, bright light	Heavy/oily food, excess sleep, sedentary lifestyle
Relieving Factors	Snehana, Swedana, warm nourishing diet	Cooling therapies, Sheeta Upachara, Tikta Ghrita	Langhana, Ruksha Upachara, vigorous exercise
Srotas Involved	Majjavaha, Manovaha	Manovaha, Rasavaha, Raktavaha	Rasavaha, Medovaha
Modern Correlation	Vestibular neuritis; anxiety-related dizziness	Vestibular migraine; GERD-vertigo; PPPD	Chronic labyrinthitis; metabolic vestibular disorder
Primary Chikitsa	Vatahara Chikitsa; Brimhana; Nasya	Pitta Shamana; Virechana; Shirodhara	Kaphahara Chikitsa; Vamana; Nasya

5. MODERN CORRELATION AND PATHOPHYSIOLOGICAL PARALLELS

The Ayurvedic pathophysiological construct of Pittaja Bhrama — involving aggravated Pitta and Rajas

operating on Manovaha Srotas and Mastishka via Rasa-Rakta Dhatu — aligns with a spectrum of contemporary neurovestibular and psychosomatic disorders.^[13,14,15] Table 6 details these correlations at the mechanistic level:

Table 6: Ayurvedic concepts in Pittaja Bhrama and their modern pathophysiological correlates.

Ayurvedic Concept	Modern Equivalent	Pathophysiological Mechanism
Pitta (Ushna Guna)	Neurovascular inflammation; serotonergic dysregulation	Heat-mediated vasodilation mimics serotonergic vascular changes in migraine; ↑ vascular permeability at blood-labyrinth barrier
Pitta (Tikshna Guna)	Trigeminal sensitisation; hyperexcitability	Trigeminovascular pathway activation: central sensitisation of vestibular nuclei as in vestibular migraine
Pitta (Drava Guna)	Endolymphatic fluid dysregulation	Fluid instability within labyrinthine compartments; analogous to endolymphatic hydrops in Meniere's spectrum
Vata Anubandha (Chala Guna)	Vestibulo-ocular reflex (VOR) disruption	Irregular neural conduction at vestibular nuclei; cortical spreading depression — hallmark of migraine pathophysiology
Rajas (Manasika Dosha)	HPA axis hyperactivation	Cortisol and catecholamine excess sensitise central vestibular nuclei; anxiety-mediated amplification in PPPD
Sadhaka Pitta imbalance	Neurotransmitter dysregulation	Serotonin/dopamine imbalance: migraine-associated vertigo (MAV); serotonergic system mediates both vestibular and gastrointestinal symptoms
Manovaha Srotas Dushti	Cortical dysrhythmia; limbic dysfunction	Cortical spreading depression in migraine; limbic-vestibular pathway dysregulation in psychosomatic vertigo
Amlapitta (associated Nidana)	GERD-related vertigo	Oesophageal acid reflux → vagal stimulation → neurovestibular imbalance; cervicogenic and vagal vestibular reflex pathways
Ratri Jagarana Nidana	Sleep deprivation-induced vestibular sensitisation	Circadian disruption → ↑ cortisol → sensitised central vestibular nuclei; reduced GABAergic inhibition in brainstem

5.1 Pitta Dosha and Neurovascular Mechanisms

Pitta's Ushna Guna drives heat-mediated cerebrovascular vasodilation that closely parallels the serotonergic vascular changes underlying vestibular migraine.^[13,14] Sadhaka Pitta — the Pitta subtype governing intellect, emotion, and cognition — corresponds to serotonergic and dopaminergic neurotransmitter regulation. Its vitiation produces concurrent vestibular, visual, and emotional dysregulation, consistent with the composite symptom profile of vestibular migraine with neuropsychological features.^[14]

5.2 Vata Anubandha and Vestibulo-Ocular Pathways

Vata's Chala Guna (irregular motion) drives aberrant vestibulo-ocular reflex (VOR) dynamics, manifesting clinically as gaze instability, oscillopsia, and positional nystagmus.^[16] At the neural level, Vata Anubandha corresponds to cortical spreading depression and irregular neural firing at vestibular nuclei — both established mechanisms in migraine-associated vertigo.^[13,14]

5.3 Rajas and the HPA Axis

The psychic Dosha Rajas, invariably implicated in all Bhrama subtypes, maps precisely onto HPA axis

dysregulation. Chronically elevated cortisol and catecholamines sensitise central vestibular nuclei, amplifying perceived vertigo intensity in psychosomatic and stress-induced presentations such as Persistent Postural-Perceptual Dizziness (PPPD)^[15] — a condition with striking conceptual overlap with chronic Pittaja Bhrama complicated by Rajas excess.

6. MANAGEMENT OF PITTAJA BHRAMA

Management follows a phased, multi-modal strategy encompassing Pitta Shamana (pacification), Agni Deepana (metabolic correction), Shodhana (purification via Panchakarma), Manas stabilisation, and Rasayana therapy.^[1,5,6,10] The following integrated framework presents each modality in clinical context.

6.1 Herbo-Mineral Formulations

Table 7: Herbo-mineral formulations for Pittaja Bhrama: composition, therapeutic role, and clinical indication.

Formulation	Key Ingredients	Therapeutic Role	Clinical Phase / Indication
Suvarna Sutashekhara Rasa	Suvarna Bhasma, Kajjali (Parada-Gandhaka), Shunti, Pippali	Neuro-psychological stabilisation; corrects Sadhaka Pitta-Rajas imbalance; cognitive and emotional equilibrium	Moderate to severe; neuropsychological involvement; chronic recurrent cases
Praval Panchamrita Rasa	Praval (coral), Mouktika (pearl), Shankha, Shukti, Kapardika bhasmas	Digestive-metabolic correction; Amlapitta-hara; Pitta-Rakta pacification; gastroprotective	Vertigo with hyperacidity, impaired Agni, nausea, epigastric burning
Kamadugha Vati	Praval, Mouktika, Shankha, Kapardika, Shukti, Guduchi (satva)	Rakta-Pitta pacification; rapid anti-burning; anti-emetic; cooling; Pitta-Kapha shamaka	Acute phase: intense burning, nausea, heat intolerance, acute vertiginous attack
Suvarna Makshika Bhasma	Chalcopryrite (copper-iron sulphide) with Suvarna anupana	Rasayana; neuro-metabolic stabiliser; adaptogenic; Ojovardhaka; stress-mediated vertigo	Chronic or recurrent Bhrama; stress-related; post-acute Rasayana phase

The following algorithm guides phased prescription of herbo-mineral formulations.^[5,17]

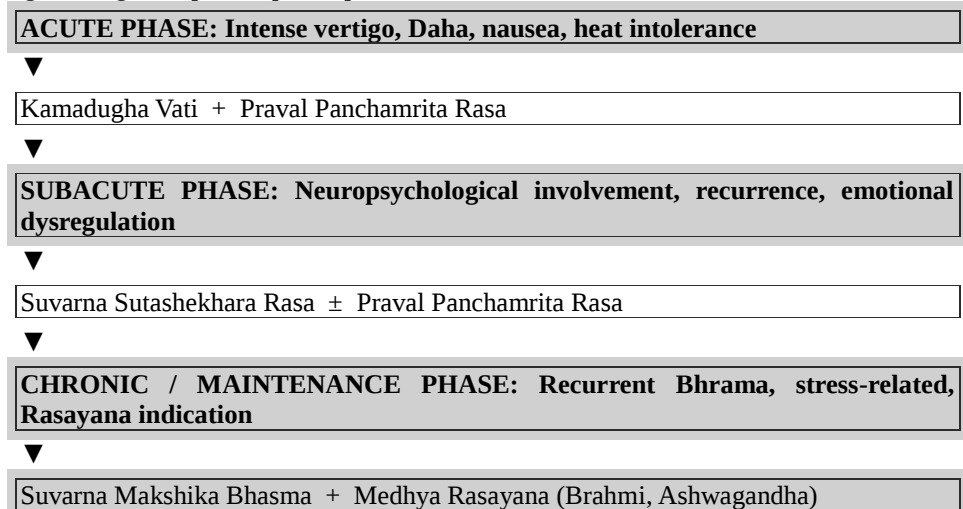


Figure 2: Phased herbo-mineral formulation algorithm for Pittaja Bhrama management.

6.2 Supporting Herbal Drugs

Table 8: Supporting herbal drugs for Pittaja Bhrama with classical actions and contemporary pharmacological evidence.

Herb	Classical Ayurvedic Action	Contemporary Pharmacological Parallel
Amalaki (Phyllanthus emblica) ^[4]	Pitta Shamana, Rasayana, Chakshushya (eye tonic)	Potent antioxidant (ascorbic acid, tannins); hepatoprotective; anti-inflammatory; neuroprotective via free-radical scavenging
Guduchi (Tinospora cordifolia) ^[18]	Deepana, Jwaraghna, Rasayana, Tridosha Shamaka	Immunomodulatory (berberine, tinosporin); adaptogenic; neuroprotective; anti-inflammatory via NF-κB inhibition
Shatavari (Asparagus racemosus)	Pitta Shamana, cooling, nourishing (Brimhana)	Phytoestrogenic; antioxidant; mucosal protective; stress-adaptogenic; reduces HPA axis reactivity
Yashtimadhu (Glycyrrhiza glabra)	Neuroprotective, soothing, Tridosha Shamaka, Rasayana	Glycyrrhizin: potent anti-inflammatory; GABA-ergic anxiolytic effect; mucosal protection in Amlapitta
Ashwagandha (Withania somnifera) ^[19]	Balya, Medhya, Majja Rasayana, nervous system Brimhana	Adaptogenic (withanolides); cortisol normalisation; anxiolytic; neuroprotective via GABA-A modulation
Brahmi (Bacopa monnieri) ^[20]	Medhya (cognition-enhancing), Manas stabilisation, Rasayana	Bacosides: serotonin and acetylcholine modulation; cognitive enhancement; anti-anxiety; reduces cortical neuroinflammation

6.3 Panchakarma Procedures

Table 9: Panchakarma procedures in Pittaja Bhrama: Ayurvedic mechanisms, indications, and modern parallels.

Procedure	Ayurvedic Mechanism	Indication in Pittaja Bhrama	Modern Parallel
Virechana Karma	Expels Pitta from Amashaya; restores Sadhaka Pitta and Prana Vata equilibrium; eliminates Ama	Primary Pitta Shodhana; moderate-severe Pittaja Bhrama with systemic Pitta excess and Amlapitta	Gut-brain axis modulation; hepatic detoxification; reduction of systemic pro-inflammatory mediators ^[13]
Shirodhara	Continuous stream of medicated liquid calms Prana Vata; stabilises vestibular pathway; Manasika pacification	Vertigo with mental restlessness, anxiety, sleep disturbance, Rajas aggravation	ANS modulation; reduction of HPA hyperactivation; vestibular habituation; serotonin-mediated calming ^[15]
Nasya Karma	Direct drug delivery to Urdhvajatrugata region; pacifies Pitta in Shiras (head); clears Srotas	Vertigo with headache, photopsia, visual disturbance, Pitta accumulation in Mastishka	Nasal drug delivery bypasses blood-brain barrier; modulates trigeminovascular and limbic pathways ^[14]
Takradhara	Medicated buttermilk on forehead; cooling Pitta; calms Manas; Tarpana for Indriya	Pittaja Bhrama with irritability, heat intolerance, photophobia, Manas-Vikara	Skin cooling → ↑ vagal tone; ↓ sympathetic overdrive; thermoregulatory calming of trigeminovascular axis

6.4 Integrated Management Flowchart

Figure 3 presents the complete stepwise management algorithm for Pittaja Bhrama from initial assessment through Rasayana phase:

STEP 1: INITIAL ASSESSMENT



Nidana Panchaka evaluation | Dosha-Prakriti-Vikriti assessment | Rule out central vestibular pathology (MRI if indicated)



STEP 2: NIDANA PARIVARJANA (Removal of Causative Factors)



Dietary modification (avoid Amla, Katu, Ushna, fermented items) | Sleep hygiene | Stress management | Discontinue Pitta-aggravating medications



STEP 3: AGNI DEEPANA + AMA PACHANA



Praval Panchamrita Rasa | Chitrakadi Vati (if Ama predominant) | Light Pitta-pacifying diet | Warm Jala / Dhanyaka Hima



STEP 4: PITTA SHAMANA (Acute Phase)



Kamadugha Vati | Tikta Ghrita | Shatavari, Yashtimadhu, Amalaki Kwatha | Sheeta Upachara



STEP 5: SHODHANA (if systemic Pitta excess persists)



Virechana Karma (after Snehapana) | Nasya (Shadbindu Taila or Anutaila) | Shirodhara / Takradhara



STEP 6: MANAS STABILISATION



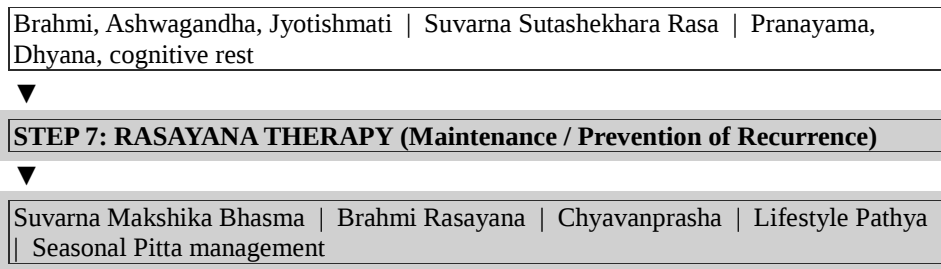


Figure 3: Integrated stepwise management algorithm for Pittaja Bhrama.

6.5 Pathya-Apathya (Diet and Lifestyle Guidelines)

Table 10: Pathya-Apathya guidelines for Pittaja Bhrama across dietary, lifestyle, herbal, and psycho-social domains.

Domain	Pathya (Beneficial)	Apathya (Contraindicated)
Ahara (Diet)	Cow's milk, Tikta Ghrita, coconut water, pomegranate, sweet fruits, rice gruel (Peya/Yavagu), leafy greens, Shatavari Kshira, coriander water (Dhanyaka Hima)	Spicy (Katu), sour (Amla), fermented foods; curd at night; alcohol; excess salt and mustard; deep-fried food; skipping meals
Vihara (Lifestyle)	7–8 hours sleep; lateral decubitus rest during acute episode; gentle yoga (Shavasana, Balasana); pranayama (Sheetali, Nadi Shodhana); meditation; cool shaded environment	Night waking; excess sun or heat exposure; vigorous exercise during acute vertigo; screen overexposure; suppression of natural urges (Vegas)
Aushadhi (Herbs)	Amalaki, Guduchi, Shatavari, Yashtimadhu, Ashwagandha, Brahmi (as prescribed)	Self-medication with Ushna or Tikshna dravyas; excessive stimulants; prolonged NSAID use (Pitta-aggravating); unsupervised herbo-mineral preparations
Manasika (Mental)	Stress reduction; positive social engagement; cognitive and emotional rest; journaling; regular daily routine; Sattvavajaya Chikitsa	Suppression of natural urges; excessive mental work; unresolved anger and grief; competitive high-stress environments; social isolation

7. RESEARCH GAPS AND RECOMMENDATIONS

7.1 Identified Gaps

- Absence of standardised, validated diagnostic criteria for Pittaja Bhrama that operationalise Dosha assessment alongside objective vestibular testing (VNG, VEMP, caloric testing).
- Lack of prospective randomised controlled trials comparing Ayurvedic regimens against standard vestibular therapy or placebo for specific vertigo subtypes including vestibular migraine, BPPV, and vestibular neuritis.
- Insufficient analytical characterisation (batch testing, heavy metal speciation, pharmacokinetics, and toxicology profiles) of herbo-mineral formulations per AYUSH and WHO guidelines.
- Absence of formal pharmacovigilance mechanisms for adverse event monitoring of herbo-mineral preparations in clinical Ayurvedic practice.
- Unexplored molecular mechanisms of key formulations (Suvarna Makshika Bhasma, Praval Bhasma, Guduchi) in vestibular neurotransmission and HPA axis modulation.

7.2 Recommended Outcome Measures for Clinical Research

Table 11: Recommended clinical research outcome measures for Pittaja Bhrama trials.

Assessment Tool	Domain Measured	Ayurvedic Parameter Correlation
Dizziness Handicap Inventory (DHI)	Physical, functional, and emotional impact of vertigo	Rupa severity; Manasika impact of Rajas aggravation
Vertigo Symptom Scale (VSS)	Vertigo frequency, duration, and autonomic symptoms	Vega of Bhrama episodes; Purvarupa progression monitoring
Visual Analogue Scale (VAS)	Subjective symptom intensity	Rupa intensity scoring: Daha, Bhrama, Shirashoola
Caloric Test / VEMP	Peripheral vestibular function (objective)	Indriya Vibhrama: vestibular organ structural integrity
Videonystagmography (VNG)	Nystagmus, gaze stability, VOR assessment	Netra Vikara component and Vata Anubandha (VOR disruption)
Validated Dosha Assessment Scale	Prakriti, Vikriti, Dosha predominance profiling	Samprapti Ghataka documentation and treatment monitoring
Safety Monitoring (LFT, RFT, Heavy Metals)	Hepatic, renal function; toxic metal levels	Pharmacovigilance for herbo-mineral preparations; Koshtanga Bala assessment

8. LIMITATIONS

- This is a narrative review based primarily on classical Ayurvedic texts and selected contemporary sources; it does not constitute a systematic review or meta-analysis.
- The evidence base for specific herbo-mineral preparations and Panchakarma procedures in Pittaja Bhrama is largely traditional and empirical; high-quality randomised controlled trials are sparse.
- Modern diagnostic correlations (vestibular migraine, PPPD, GERD-vertigo) were established conceptually; prospective clinical validation is required before definitive equivalences can be formalised.
- Variability in pharmaceutical quality of commercially available Rasa preparations may affect clinical outcomes and cannot be addressed in a conceptual review.

9. CONCLUSION

Pittaja Bhrama constitutes a clinically well-defined and pathophysiologically coherent Ayurvedic diagnostic entity. Its systematic etiopathogenesis — from Pitta Prakopa through Manovaha Srotas Dushti to Indriya Vibhrama with Vata Anubandha and Rajas aggravation — provides a rational and internally consistent framework that maps credibly onto contemporary neurovestibular pathophysiology, particularly vestibular migraine,^[14] GERD-related vertigo, and psychosomatic Persistent Postural-Perceptual Dizziness.^[15]

The integrated management approach — spanning Nidana Parivarjana, Agni Deepana, Pitta Shamana, Panchakarma Shodhana (Virechana, Nasya, Shirodhara, Takradhara), targeted herbo-mineral formulations, and Rasayana therapy — offers a therapeutically comprehensive and individually adaptable strategy. The progressive phased algorithm ensures that intervention intensity is commensurate with clinical severity, while Pathya-Apathya guidelines address the environmental and psychosocial determinants of disease persistence.

For the field to achieve the recognition it merits in indexed biomedical literature, prospective clinical trials employing validated outcome instruments (DHI, VSS, VNG, VEMP), standardised pharmaceutical protocols for herbo-mineral preparations,^[17] and robust pharmacovigilance frameworks are urgently warranted. The conceptual alignment documented in this review provides the scientific rationale and directional framework for such investigations.

DECLARATIONS

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Author Contributions

UGG: Literature collation, manuscript drafting. **SPM:** Clinical guidance, critical review, corresponding author. **HSP:** Critical revision, academic oversight.

Conflict of Interest

None declared.

Source of Funding

None.

Ethical Approval

This is a narrative review article; no human participants or patient data were involved. Ethical approval was not required.

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