

**AYURVEDIC MANAGEMENT OF MAJJAGATVATA AND TINNITUS-A SINGLE CASE STUDY**

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**ABSTRACT**

Tinnitus is an auditory sensation within the ears or head in the absence of any relevant external stimulus to cause it.<sup>[1]</sup> In the present case a 56 years old patient diagnosed with tinnitus along with *dosha samprapti* heading towards *majjavaha* and *shabdavaha strotro dushti* was treated with ayurvedic therapeutic modalities as explained in *shiroroga* and *majjavaha strotas chikitsa siddhanta*.

**KEYWORDS:** Tinnitus (*Karna-kshweda*), *Majjagatvaat*, Type-1 Vascular loop, *Shirodhara*, *Nasya*, *Yoga basti*.

**INTRODUCTION**

According to modern science tinnitus is an abnormal sound or noise in the ear.

Characteristic features of tinnitus are as follows<sup>[2]</sup>:-

- Origin of this sound is within the patient.
- Usually it is unilateral but may affect both ears.
- Varies in pitch and loudness.
- Variously described by the patient as roaring, hissing, swishing, rustling or clicking type of noise.

- Types:
  - Subjective tinnitus (heard by the patient alone)
  - Objective tinnitus (heard even by the examiner with the help of stethoscope)
    - Pulsatile tinnitus
    - Non Pulsatile tinnitus

According to Ayurveda Tinnitus is described as *Karna-naada* and *Karna-kshweda*. The below mentioned Table no. 1 gives a detailed information about the both.

**Table no 1: Comparative aspects of Karna naada and Karna kshweda according to Ayurveda.**

		<i>Karna naada</i>	<i>Karna kshweda</i>
<b>Classical textual references by:</b>	Acharya Vagbhata <sup>[3]</sup>	✓	✗
	Acharya Sushruta <sup>[4]</sup>	✓	✓
	Madhav Nidan <sup>[5]</sup>	✓	✓
<b>Dosha Involvement:</b>	<i>Vaata</i>	✓	✓
	<i>Pitta</i>	✗	✓
	<i>Kapha</i>	✗	✓
<b>Dushya Involvement:</b>	<i>Rakta</i>	✗	✓
<b>Etiological Factors:</b>		Not Specific General cause of <i>vaata prakopa</i> .	<i>Atishrama</i> , <i>dhatukshaya</i> , <i>Ruksha bhojanam</i> , <i>Kashaya bhojanam</i> .
<b>Sounds heard:</b>		<i>Bheri</i> , <i>Mridanga</i> , <i>Shankha</i> etc.	<i>Venughoshvat</i> sound.

**In the present case patients CT-Brain revealed**

- Mild cerebral atrophy (Fazekas Type 2)
- Type 1 vascular loop abutting VII and VIII nerve complex.

- Mild mucosal thickening involving ethmoid sinus.

*Majjagatvatva:* Chronic ischemic changes in frontoparietal and periventricular region and mild cerebral atrophy.

*Majjakshaya* according to *praudhavastha* → *Karnakshweda lakshana.*

*Majjashukrasamuthanam aushadham swadutiktakam*  
*Annam vyavay vyayamau shudhi kale cha matraya* ||<sup>[6]</sup>  
 -Cha. Su 28/28

According to *Charak sutrasthan* 28, *vaat* and *kaphaprapakopaka hetu sevanam* leads to *rasadushti*, with due course of time vitiated *doshas* along with *rasa, rakta* creates *sthansanshraya* in *majjavaha strotas*.

Thus the *samprapti* could be summed up as *Rasadushti-Majjagatvaat* with *karnaroga* i.e *karnakshweda*.

**Prevalance of tinnitus<sup>[7]</sup>**

Prevalance range of tinnitus in U.S population is 8% - 25.3%, whereas in other nations it has found to be ranging from 4.6% - 30%. In India tinnitus affects 7% of population and has been associated with a range of physical and emotional disorders.

**Rationale**

The problem of tinnitus in India is also as alarming and as severe as in western countries; but there is dearth of studies in India related to tinnitus and its management. This study will help professionals to understand tinnitus and its Ayurvedic management in a more satisfactory manner.

**MATERIALS AND METHODS**

Materials: Materials used are as mentioned in table no. 4- Table no. 9

Methods: Single Case Study.

**AIMS AND OBJECTIVES**

- To study basic clinical approach through ayurveda in *karnaroga* treatment with special reference to *karnakshweda*.
- To treat patient through Panchakarma.

**CAUSES**

- **According to modern science<sup>[8]</sup>**
  - **Otologic causes:-** Impacted wax
  - Fluid in middle ear
  - Acute and Chronic Otitis Media
  - Meniere’s disease
  - Otosclerosis
  - Abnormally patent Eustachian tube
  - Ototoxic drugs
- **Non Otologic causes**
  - Blood vessel disorder
  - Drugs
  - Epilepsy
  - Nervous system disorder.

**CAUSE FOUND IN PATIENT:** Blood Vessel disorder and Nervous system disorder.

**According to Ayurveda:** *Atishrama, dhatukshaya*, intake of more and more *ruksha* and *kashaya ras pradhan aahar, Sheet Sevanam* after *Shirovirechana*.<sup>[9]</sup>

**CAUSES FOUND IN PATIENT**

**Aahar hetu:** Curd, Milkshakes, puffed rice (*murmura*), flattened rice(*poha*), *paryushit anna sevanam*

**Vihar hetu:** *Avyayam, akalbhohanam*, day sleeping (*divaswaap*)

**Kalaj hetu:** *Praudhavastha.*

**Manas hetu:** *Chinta* (psychological distress), Over thinking.

**SIGNS AND SYMPTOMS**

The pattern of sign and symptoms can be quite different from person to person. The most frequent first symptom in present case is ‘*Karnakshweda*’ viz tinnitus associated with occasional headache and recurrent rhinorrhea. Knee joint pain, delayed digestion, ultered bowel habits were other symptoms found in the patient.

**SAMPRAPTI GHATAK**

**Table no.2: Samprapti Ghataka.**

1.	<b>DOSHA</b>	<i>Vaata- Prana, Udana, Samana.</i>
		<i>Pitta- Pachaka, Sadhaka.</i>
		<i>Kapha- Avalambak, Kledak, Tarpak</i>
2.	<b>DUSHYA</b>	<i>Rasa Dhatu, Rakta Dhatu, Asthi dhatu</i>
3.	<b>STROTAS</b>	<i>Rasavaha strotas, Asthivaha strotas, Majjavaha strotas</i>

**SAMPRAPTI VIVECHANAM**



**Flow Chart No.1: Samprapti vivechanam.**

**DIAGNOSIS****Diagnostic scan-CT brain plain revealed**

- Mild cerebral atrophy with chronic ischemic changes in bilateral fronto-parietal and periventricular white matter (fazekas type 2~ as white matter scale-beginning confluency of lesions).
- Mild mucosal thickening involving ethmoid sinus.
- Type 1 vascular loop in right cerebro pontine angle abutting ipsilateral vii/viii Nerve complex.

**X ray cervical spine revealed**

- Osteoarthritis and *asthikshaya* (Osteopenia) therefore the patient was treated with the help of *asthimajjagat vyadhi samanya chikitsa siddhanta* which has yielded into significant improvement in post treatment status of patient.

**CASE REPORT**

A female patient aged 56 years with no history of any major past illness from Nigdi,Pune(Maharashtra State) with OPD No. 2381 approached CSMSS Ayurved

Hospital,Aurangabad. on 11 February 2022. Her chief complaints were tinnitus (*karnanaad*), headache, knee joint pain, recurrent rhinorrhea, delayed digestion, altered bowel habits. During history taking patient narrated about the history of *Jwara* and *Pratishyaya* two years ago and ever since then patient suffered from *Shirashool*. Later gradually patient could hear abnormal ear sounds in left ear (*Vaama karnanaada*).Patient had taken ayurvedic as well as allopathic treatment but had no relief thus with the above mentioned complaints patient got enrolled to *Panchakarma* OPD on 11 feb 2022 at 9:30 am.

Patient got admitted in the IPD of CSMSS Ayurved Hospital on 11 february 2022 at 11 am with IPD no.84.

Patient X-ray cervical spine revealed degenerative changes thus patient was treated according to *Majjagatvata* and *karna naad* with '*Pachan*' and *vataghna chikitsa*.

**INTERVENTION****Treatment protocol at glance****Table no. 3: Complete treatment protocol at a glance.**

Phases	<i>Purvakarma</i>	<i>Pradhankarma</i>	<i>Shaman chikitsa</i>
Phase 1	<i>Sarvanga snehana</i> + <i>sarvanga swedana</i>	<i>Shirodhara</i>	Aampachak vati, Avipattikar churna, Dashmooladi vatagna kwath, Rasnadi guggulu.
Phase 2	<i>Sarvanga snehana</i> + <i>sarvanga swedana</i>	<i>Pratimarsha Nasya</i>	Aampachak vati, Rasnadi guggulu, Tab.chandrakala Ras, Avipattikar churna.
Phase 3	<i>Sarvanga snehana</i> + <i>sarvanga swedana</i>	<i>Yoga basti krama</i>	Rasnadi guggulu.

**PHASE 1**

- **PANCHAKARMA CHIKITSA**

**Table no. 4: Details of Panchakarma Chikitsa given to the patient in phase 1 of treatment protocol.**

Sr.no.	THERAPY	DATE	DRAVYA NAME	DURATION
1	<i>Sarvanga snehana</i>	12/02/2022 To 18/02/2022	<i>Abhyang tailam</i>	30 mins <sup>[11]</sup>
2	<i>Sarvanga swedana</i>		<i>Peti sweda</i> with <i>Dashmool kwath</i> .	Until <i>samyak swinna lakshanotpatti</i> <sup>[12]</sup>
3	<i>Shirodhara</i>		<i>Til tailam</i> + <i>Chandanbalalakshadi tailam</i>	45 mins

- **SHAMAN CHIKITSA**

**Table no.5: Details of Shaman chikitsa given to the patient in phase 1 of treatment protocol.**

Sr.no	DRUG	DOSE	ANUPANA	DURATION
1	Aampachak vati(200 mg)	2 BD	Lukewarm water	7 days
2	Avipattikar churna	1 gm HS	Lukewarm water	
3	Dashmooladi vataghna kwath	30 ml BD	Lukewarm water	
4	Rasnadi Guggulu(250 mg)	2 BD	Lukewarm water	

During the treatment, on examination patients vitals were normal. Nasal as well as ear examination showed no such abnormality externally. Bone conduction test for ear examination was normal. After *shirodhara* patient was given lukewarm water for drinking. After a few hours of

*shirodhara* patient felt *shirolaghava* once *dosha-stravan* was observed through *nasa*. After 4<sup>th</sup> day of *shirodhara* patient was seen *upashayanugami* (mild cure).

After 7<sup>th</sup> day of *shirodhara* patient was discharged with continuation of *shaman chikitsa* for the next 3 days and

the patient was called upon after 3 days for *nasya*.

## PHASE 2

- **PANCHAKARMA CHIKITSA: Pratimarsha Nasya.**

**Table no. 6: Details of Panchakarma treatment given to the patient in phase 2 of treatment protocol.**

Sr. no.	1	2	3	4	5	6	7
Date	23/02/2022	24/02/2022	25/02/2022	26/02/2022	27/02/2022	28/02/2022	1/03/2022
Time	8:30 am	8:30 am	9:00 am	8:30 am	8:30 am	9:00 am	8:30 am
Dravya	<i>Dashmooladi Tailam- Dashmool, bala, maasha, til tailam.</i> <sup>[13]</sup>						
Quantity	3-4 bindu.						

- *Nasyottar parikshan* revealed *shirolaghav*.

- **SHAMAN CHIKITSA**

**Table no.7: Details of Shaman Chikitsa given to the patient in phase 2 of treatment protocol.**

Sr. no.	DRUG	DOSE	ANUPANA	DURATION
1	Aampachak vati(200 mg)	2 BD	Lukewarm water	7 Days
2	Rasnadi Guggula(250 mg)	2 BD	Lukewarm water	7 Days
3	Tab Chandrakala Ras	2 BD	Lukewarm water	7 Days
4	Avipattikar churna	1 gm HS	Lukewarm water	7 Days

## PHASE 3

- **Panchakarma chikitsa**

*Yoga basti (\*A- Anuvasana basti-Til tailam, N- Niruha basti-Dashmool kwath)*

**Table no. 8: Details of Panchakarma chikitsa given to the patient in phase 3 of treatment protocol**

Number of basti	1	2	3	4	5	6	7	8
Type of basti	A	N	A	N	A	N	A	A
Date	05/03/2022	06/03/2022	07/03/2022	08/03/2022	09/03/2022	10/03/2022	11/03/2022	12/03/2022

- **Shaman chikitsa**

**Table no. 9: Details of Shaman chikitsa given to the patient in phase 3 of treatment protocol.**

Sr.No.	DRUG	DOSE	ANUPANA	DURATION
1.	Rasnadi Guggulu (250 mg)	2 BD	Lukewarm water	8 days

- **PATHYA-APATHYA**

*Pathya:* Normal light diet.

*Apathya:* *Paryushit anna, viruddhahar, akal bhojanam, day sleeping, chinta* etc.

## DISCUSSION

In the present case diagnosed with *majjagatvata (kaphavrutta vaat)* and *karna-kshweda*, according to Phase 1 of the treatment protocol *shirodhara* was performed for *pachana* and *vilayan* of *shirogat* vitiated *doshas*. Moreover the *shaman chikitsa* helped in *pachana* and *anuloman* of *sarvadehik doshas*. Thus Phase 1 yielded significant relief in symptoms of patient.

*Karna-kshweda* being an *urdhva jatrugata roga, pratimarsha nasya* with *dashmoola tailam* was performed in Phase 2 of treatment protocol.

In Phase 3 of treatment protocol *yoga basti krama* was performed for 8 days with *Anuvasana* and *Niruha basti* alternatively for the *shodhana* of remaining *koshtagat doshas*. (*Mulsthana dosh Shodhanam*).

Below mentioned Table No. 10 and Table No. 11 gives us a precise idea about the relief in the symptoms in the patient according to the phases of treatment.

## Karnakshweda

**Table No. 10: Gradation of symptoms of Karnakshweda.**<sup>[14]</sup>

1	Absent	0
2	Occasional & Tolerable	1
3	Occasional & Non tolerable	2
4	Constant & Nontolerable	3

**Table No.11: Gradation of symptoms of karnakshweda before and after treatment in the present case.**

Symptom	Phases Of treatment	Before Treatment	After Treatment
TINNITUS	Phase 1	3	2
	Phase 2	2	1
	Phase 3	1	0

### ➤ CONCLUSION

The above mentioned combination of *sarvanga snehana-swedana, shirodhara, pratimarsha nasya* and *yoga basti* along with oral medications has given positive results in the patient of *majjagatvat* and *tinnitus(Karna-kshweda)*. All the above treatment protocol would have decreased the abultion of facial and vestibulo-cochlear(auditory) nerve complex of *majjavahastrotas* by the *shaman* of *kapha* and *vaata dosha* thereby reducing the symptoms and improving the health of the patient.

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