EJPMR, 2026, 13(8), 233-235 **Case Study** **Impact Factor: 8.158**

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

ISSN (O): 2394-3211
ISSN (P): 3051-2573
Coden USA: EJPMAG

EFFECT OF SHIRODHARA AND KARNAPOORANA IN MENIERE'S DISEASE: A CASE STUDY

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How to cite this Article: Dr. Sapna[1]*, Dr. Shridev Phondani[2]. (2026). Effect of Shirodhara And Karnapoorana in Meniere's Disease: A Case Study. European Journal of Pharmaceuticaland Medical Research, 13(8), 233–235.

Article Received on 30/06/2026 **Article Revised on 21/07/2026** **Article Published on 01/08/2026**

ABSTRACT

Background: Meniere's disease is a chronic inner-ear disorder characterized by episodic vertigo, fluctuating sensorineural hearing loss, tinnitus, and aural fullness. Contemporary treatment often provides symptomatic relief but may not adequately address recurrent manifestations. Objective: To evaluate the effect of Shirodhara and Karnapoorana along with Ayurvedic internal medications in a patient with Meniere's disease. **Case Presentation:** A 46-year-old male presented with tinnitus, fluctuating hearing loss, vertigo, and headache of 7–8 months duration. Intervention: Deepana–Pachana, Sadya Virechana, Shirodhara with Balaswagandhadi Taila, Karnapoorana with Bilwadi Taila, and internal Ayurvedic medications were administered. **Results:** Improvement was observed in tinnitus, vertigo, headache, and hearing impairment. **Conclusion:** Ayurvedic management based on doshic assessment may provide beneficial symptomatic relief in Meniere's disease.

KEYWORDS: Meniere's disease, Karnanada, Badhirya, Shirodhara, Karnapoorana, Ayurveda, Vertigo.

INTRODUCTION

Meniere's disease is an inner-ear disorder associated with endolymphatic hydrops and characterized by recurrent vertigo, fluctuating sensorineural hearing loss, tinnitus, and aural fullness. In Ayurveda, although no direct disease entity corresponds to Meniere's disease, its manifestations resemble Karnanada, Badhirya, Bhrama, and Shirashoola. The pathology can be interpreted as Kapha-predominant Tridoshaja involvement with Rasavaha Srotodushti and vitiation of Vata affecting the auditory apparatus.

AIM AND OBJECTIVE

To study the effect of Shirodhara and Karnapoorana in the management of Meniere's disease.

CASE REPORT

A 46-year-old male machine-industry worker presented with ringing sensation in the right ear, fluctuating hearing loss, moderate-to-severe vertigo, and headache. Symptoms had persisted for 7–8 months. Otoscopic examination was normal. Rinne's test was positive bilaterally and Weber's test lateralized to the left side, suggesting right-sided sensorineural hearing loss.

MATERIALS AND METHODS

Phase 1

- *Chitrakadi vati* 2 tab twice a day before meal with lukewarm water for Day1 to Day 3
- *Sadhya virechana* with *Trivrit leha* 30gm on 4th day

Phase 2

- From Day 6 to Day 12 (One Week)
- *Shirodhara* with *Balaswagandhadi Taila* for 7 days
- *Karna Poorana* with *Bilwadi Taila* for 7 days
- From Day 6 to Day 35 (One month)
- *Sarivadi vati* 2 tab bd
- *Brihat Vata Chintamani Rasa* 1 Tab bd
- *Gokshura Guggulu* 2 tab bd

RESULTS

Following treatment, moderate improvement was observed in tinnitus, vertigo, headache, and sensorineural hearing loss. The patient reported improved ability to perform daily activities and overall satisfaction with treatment outcomes.

Table 1: Detailed Patient Assessment.

Parameter	Details
Age/Sex	46 years/Male
Occupation	Machine industry worker
Duration	7–8 months
Symptoms	Tinnitus, fluctuating SNHL, vertigo, headache
Otoscopy	Normal
Rinne Test	Positive bilaterally
Weber Test	Lateralized to left ear
Ayurvedic Assessment	Kapha-pradhana Tridoshaja involvement; Karnanada, Badhirya, Bhrama

Table 2: Symptom Grading Scale (0–4).

0=None, 1=Mild, 2=Moderate, 3=Marked, 4=Severe

Symptom	Before	After	% Improvement
Tinnitus	4	2	50%
Vertigo	4	1	75%
Headache	3	1	66.7%
Hearing loss	3	2	33.3%

Table 3: Pure Tone Audiometry.

Parameter	Before	After
PTA Right Ear (dB HL)	55	45
PTA Left Ear (dB HL)	Normal	Normal

Table 4: Follow-up Assessment.

Visit	Observation	Clinical Status
Baseline	Severe symptoms	Poor
Day 12	Mild improvement after Shirodhara/ Karnapoorana	Fair
Day 35	Marked reduction in vertigo, tinnitus and headache	Good

DISCUSSION

The therapeutic protocol was selected according to Ayurvedic principles of Dosha balancing. Deepana-Pachana and Virechana were employed to improve Agni and facilitate Dosha elimination. Shirodhara may exert calming and neurophysiological effects, while Karnapoorana supports local management of auditory dysfunction. In this case study, the treatment protocol was planned according to involvement of *doshas* in the disease. Therefore, the medicine selected were dominantly *vata shamaka* and *tridosha shamaka.*

The patient was advised *Chitrakadi vati* followed by *virechana* as it promotes *agnideepana & amapachana before* cleansing the body & does *vatanulomana. Balaswagandhadi* Oil was used for *shirodhara* as it consists of *tridosha shamaka dravyas* e.g *bala & ashwagandha* having *vata shamak* properties, *manjishtha* having *pitta shamak* properties, *devdaru* having *kapha shamaka* properties, all providing rejuvenating neurological and strengthening effects.

Gokshura Guggulu acts as a diuretic and hence relieves the fluid pressure. *Sarivadi vati* is mentioned in *Bhaishajya ratnavali* as a treatment for *karnarogas* such as *karnanada & badhirya.* It acts as a rasayana & balya aushadha. It promotes more blood supply to the ear thereby helping in ischaemic condition of the inner ear. *Bilwadi taila* is mentioned in *karnarogas* in *Bhaisajya Ratnavali*. It helps in providing relief in *karnanada & badhirya.* It has *vata kapha shamaka* property which helps in restoring *vata dosha* to normalcy. *Brihat vata chintamani Rasa* has a *vatahara* property and neuroprotective action. The key ingredients acts as a stimulant, nervine and have rejuvenating properties. Hence it provides useful results in *karnanada & badhirya.*

The patient did not get any relief from the symptoms in the first few days of the treatment. But by the end of Shirodhara in Phase 2, the patient started getting mild relief. After completing the treatment, the patient got much relief from headache, tinnitus & vertigo and mild relief in hearing loss.

Hence this study concludes that *ayurveda* can provide relief in meniere's disease by understanding the involvement of *doshas* as per *ayurvedic principles* & balancing them with different treatment modalities.

CONCLUSION

This case study indicates that Ayurvedic interventions including Shirodhara, Karnapoorana, and selected internal medications may offer symptomatic relief in Meniere's disease. Larger controlled studies are required to validate these findings.

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