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Ayurvedic Management of Conductive Hearing Loss Due to Serous Otitis Media: A Case Report

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ABSTRACT

Serous Otitis media is having symptoms like a nonpurulent effusion of the middle ear that may be mucoid or serous. Symptoms usually involve deafness and heaviness of ears but typically do not involve pain or fever. In the present study we have discussed a case of a 34 years-old male patient who came to ENT OPD with complains of blockage of ears with heaviness in head and hearing loss since 1 month. Patient was getting often attack of blockage of nose on and off. On examination tympanic membrane was seen with the changes of serous otitis media. Patient was given Ayurvedic management with *Anu Taila Nasya* with *Sitopaladi Churna* and *Haritaki Churna* orally was given, *Lavangadi Vati* was given for chewing for Eustachian tube exercise and ventilate middle ear so to make middle ear pressure on normal level. Excellent result was found after two weeks of treatment and patient was able to hear better as normal. With this study we can manage conductive type of deafness due to middle ear effusion without any surgical intervention and help them to live their life in a better way.

KEYWORDS

Anutaila, Ayurveda, Hearing loss, Nasya, Serous otitis media



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INTRODUCTION

The presence of sterile fluid in middle ear, which is not associated with nasopharyngeal tumor or barotraumas, is generally referred to secretory or serous otitis media (SOM). It is a common nostalgic entry found mainly in children and looked upon by most authors as a hydrops due to tubal obstruction. Symptoms usually involve deafness or heaviness of ears but typically do not involve pain or fever. In children, hearing loss is generally mild and is often detected only with an audiogram. Serous otitis media is a specific type of otitis media with effusion caused by transudate formation as a result of a rapid decrease in middle ear pressure relative to the atmospheric pressure. The fluid in this case is watery and clear¹. So we can say that, Serous otitis media is a Chronic inflammation of middle ear characterized by accumulation of non purulent fluid behind an intact tympanic membrane. Otitis media with effusion is most common type of acquired conductive hearing loss in children. The fluid is watery and clear in this case.

In some cases, eustachian tube obstruction may be secondary to inflammatory processes in the nasopharynx, hypertrophic adenoids, allergies or other obstructive lymphoid aggregations on the torus of the

eustachian tube and in the Rosenmuller fossa, or benign or malignant tumors but, the effusion may be sterile or contain pathogenic organism sometimes, although inflammation is not observed.

OME is found to be more common in the winter season due to the following reasons; 1) Increased frequency on upper respiratory tract infection 2) Greater chances of passing them on to other children due to close contact in winter season. Diagnosis of secretory otitis media can be made clinically and it needs pneumatic otoscope, in which an insufflator attached to the otoscope head is used to change external auditory canal pressure and to see movement of the tympanic membrane (fluid in the middle ear, a perforation, or tympanosclerosis inhibits this movement). Tympanometry may be done to diagnose middle ear effusion (i.e, by showing lack of mobility of the tympanic membrane)². For most patients, watchful waiting is all that that's needed. Antibiotics and decongestants don't seem to be useful. For patients of allergic disorders, antihistamines and topical corticosteroids may be helpful. If no any improvement occurs in one to three months, myringotomy/tympanotomy may be done for aspiration of fluid and insertion of a ventilation tube, that permits ventilation of the middle ear and temporarily ameliorates



eustachian tube obstruction, regardless of cause

OME is that the commonest sickness of the ear in childhood and also the commonest reason for hearing impairment in childhood. 80% of all children normally have an episode of this disease by the age of ten years. The prevalence is about 20% at the age of two years with decreases in prevalence to 8% at the age of 8 years.

Case report:

A 34 years old male patient came to ENT OPD with complains of blockage in ear since past one month with decreased hearing and fullness of head. Patient was often getting attacks of blockage of nose. He was having history of common cold with blockage of nose and cough before one month. Sometimes he was getting abnormal sounds in ear also. Patient was not having complain of pain in ears.

Examination:

1. Ear: External auditory canal- Clear bilateral

Tympanic Membrane - Intact/ Retracted
Bluish color with bubbles appearance behind TM (Figure: 1)



Fig 1 Before treatment photo of Right Tympanic membrane with bluish discoloration and bubble appearance with anterior retraction and handle of Malleus prominent

2. Nose: Pale mucosa with Inferior turbinate hypertrophy

Nasopharynx: normal with mild congestion

3. Throat: Mild congestion

General Examination

Weight – 62 kg

Height – 174 cm

Pulse rate- 72 /min

BP-110/82 mmHg

Personal History

Diet – vegetarian

Appetite – good

Bowel – regular

Micturition – normal

Sleep – normal

Past History

Patient was not having any past history related to this before 2 months.

Table 1: Treatment protocol

Sr. No.	Drug	Dose	Duration
1.	<i>Sitopaladi Churna</i>	3gm BD with Honey	15 days
2.	<i>Haritaki Churna</i>	3 gm BD with Warm water	15 days
3.	<i>Anu Taila Nasya</i>	6 – 6 drops each nostrils for 7 days	7 days
4.	<i>Lavangadi Vati</i>	1 tablet 4 times a day for Chewing	7 days



Patient was given *Sitopaladi Churna* 3 gm twice a day with *Anupana* of Honey in morning and evening empty stomach and *Haritaki Choorna* 3gms twice a day with warm water after 1 hour of food. He was given *Marsha Nasya* with *Anutaila* 6 - 6 drops in each nostril for 7 days followed by *Dhoompana* by *Saraladi Dhoomvarti*. Patient was given *Lavangadi Vati* for chewing 1 tablet 4 times in a day. (Table: 1)



Fig 2 After 1 month of treatment normal right ear tympanic membrane

RESULTS

After 3 days of follow up of *Nasya*, patient got half of relief in problems from heaviness of head and hearing loss. Patient was advised to continue *Nasya* and medicine. After 1 sitting of *Nasya* patient got 100% relief in Hearing loss and heaviness in head. Patient also got relief from nasal blockage and sound in ears was also reduced. Patient was advised to continue *Sitopaladi Churna* and *Haritaki Churna* for 1 more week. After treatment of 2 weeks patient got 100% relief in all complains. After 1 month, Follow up was

taken and patient was not having any recurrence of symptoms and his all general conditions were fair. On examination normal tympanic membrane was seen on otoscope examination. (Figure: 2)

DISCUSSION

According to *Acharya Charaka*, *Sitopaldi Choorna* is indicated in *Swasa*, *Kasa* and *Kaphaatura Suptajihwa*, *Arochaka*, *Alpaagni*, *Parshvashoola* disease with *Sarpi* and *Madhu*⁴. *Sitopaladi Churna* with *Anupana* of *Madhu* is having *Kapha Doshahara* and *Kledanashaka* properties which will lower the amount of cough from all over body and its anti-inflammatory activity will reduce inflammation from Eustachian tube and nasopharynx resulting in normal middle ear functions. It is having mast cell stabilizing activity of the extracts presents in *Sitopaladi Choorna* that could be used to treat allergic conditions⁵. *Haritaki Churna* was given for *Anulomana* of *Vata* and also because of its *Kashaya Rasa* and *Ruksha Guna* it will do *Shoshaka Karma* on middle ear fluid. *Nasya* with *Anutaila* was given which is having *Katu-Tikta- Madhura Rasa*, *Laghu-Tikshna-Snigdha Guna*, *Sheeta-Ushna Veerya*, *Katu Vipaka* and *Tridosahara* properties, which will normalize Eustachian tube function. It promotes the immune modulation will



reduces the frequent episodes of inflammation⁶ and it will clear fluid from middle ear and expulse it through nasopharynx. So it will normalize middle ear pressure and hearing will come to its normal level. So, in result Eustachian tube can do its normal functions to ventilate middle ear and drain middle ear fluid to nasopharynx. So it will decrease heaviness and blockage of ears and normalize conductive hearing loss. *Lavangadi Vati* (*Lavanga, Maricha, Haritaki, Khadirasara, Babbula*)⁷ was used for activity of lozenges which will do movements of Eustachian tube by pharyngeal muscles during chewing exercise and helps to open Eustachian tube, resulting in middle ear ventilation and increase middle ear pressure. So combination of *Nasya* with Internal *Kaphahara* drugs with chewing exercise with *Lavangadi Vati* gave excellent result in case of hearing loss due to serous otitis media.

CONCLUSION

Single case report on serous otitis media conclude that *Ayurvedic* management with *Nasya* procedure and *Sitopaladi Choorna, Haritaki Choorna* along with exercise of chewing with *Lavangadi Vati* gives excellent result in blockage of ear with

heaviness of head and faulty sounds in ear and improves patients hearing and bring it to normal. Further studies should be done in more numbers of cases of serous otitis media to validate multiple actions of *Ayurveda* treatment in it without any recurrence.



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