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## A Role of *Shiropichu* in Posterior Canal Benign Paroxysmal Positional Vertigo (PC-BPPV) with special reference to *Bhrama*- A Case Report

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### ABSTRACT

**Introduction** This is a case report of 44 year old male who complained of dizziness during walking followed by heaviness of head since 1 month. The subject was not a known case of hypertension, diabetes mellitus, stroke or any cardiac problems. The Pure Tone Audiometry results showed bilateral mild sensory neural hearing loss. But the subject had no symptoms of Tinnitus to be included in the vicinity of Meniere's disease. The Dix-Hallpike test was positive for left ear and confirmed the diagnosis as left posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV).

**Materials and Methods** The subject who approached *Shalakyatantra* OPD of GAMC, with symptoms of dizziness, was systematically reviewed and intervention was planned for *doshic* components involved in *Bhrama*.

**Results** The subject showed considerable improvement subjectively as shown by Dizziness Handicap Inventory (DHI) score.

### Discussion

The repositional maneuvers prescribed in the BPPV, though effective in most of the cases, recurrence is noted in one third of the patients. This study sheds light on holistic treatments like *Shiropichu* told in the *Ayurveda* classics that could be integrated with the maneuvers thereby improving the quality of life with no potential risk of side effects.

### KEYWORDS

Posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV), *Bhrama*, *Shiropichu*

### INTRODUCTION



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Vertigo is a symptom in diseases like Meniere's disease, Labyrinthitis, Hemiplegia, Multiple sclerosis etc. and also an independent entity as Benign Paroxysmal Positional Vertigo (BPPV). It is estimated that more than 25% of patients who present to the general practitioner with vertigo suffer from BPPV<sup>1</sup>. The onset is usually in the fourth or fifth decade of life and affects females more than males. The pathogenesis involves otoconia which gets displaced from utricle and get deposited in the cupula of posterior semicircular canal. Vertigo spell usually lasts for seconds and not more than a minute. However patients usually complain longer subjective feeling of dizziness. The diagnosis is made by Dix-Hallpike test and the treatment consists of repositioning maneuvers like Epley's maneuver and Semont maneuver. There is no role of oral medicines in the conventional medicine. Though BPPV is not a life threatening condition, the quality of life in patients is compromised. In general, *Bhrama* is the nearest correlation to vertigo in Ayurveda classics. *Bhrama* is a *Vatajananatmaja vyadhi*<sup>2</sup>, which means it is caused by *Vatadosha* alone. There is also a reference that it's a disease caused by the confluence of *Rajas*, *Pitta* and *Vata*<sup>3</sup>. Apart from giving *Bhrama*, the status of a *vyadhi*, it is widely mentioned as a symptom in many *pittaja* diseases. In the present case,

the treatment protocol is planned based on *gunas* of the *bhrama*.

## OBJECTIVES

1. To understand Posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV) under the umbrella of *Bhrama*.
2. To study the effect of *shiropichu* in Posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV).

## MATERIALS AND METHODS

### Case report: Basic information of the patient:

Age: 44 years

Sex: Male

Religion: Hindu

Occupation: Salesman

Socioeconomic status: Middle class

**Chief complaints:** dizziness within few steps of walk associated with heaviness of head since 1 month.

**History of present illness:** The patient was apparently normal one month ago. One day, he experienced dizziness while walking and sat for sometime after which he experienced heaviness of head. Thereafter, the patient started experiencing dizziness followed by heaviness of head almost everyday which was slightly relieved after a nap. The patient approached an ENT surgeon for the same and was asked to do a



Pure tone audiometry(PTA). PTA report revealed as bilateral mild sensori-neural hearing loss. The patient was provisionally diagnosed as having bilateral Meniere's disease and given Vertin 48 mg, 1 tablet O.D for 2 weeks. The patient did not find any relief and approached Shalakyta tantra opd of GAMC Bengaluru.

**History of past illness:** No past history of seizures, stroke, cardiac problems or any other systemic abnormalities.

**Personal history:**

a)Aharaja: Diet is predominantly with *katu-madhura rasa* (spicy & sweet diet)

b)Viharaja:

The patient being a salesman, spends most of his day walking under the sun.

**Examination:**

1. Prakriti (Constitution): Pitta-vatajaprakriti
2. Vitals were normal.
3. Respiratory system, Cardiovascular system and Per abdomen had shown no abnormality.
4. Central nervous system:  
Romberg's test: Negative
5. Ophthalmic examination: No abnormality detected
6. ENT examination: A. i) Right ear:  
Tympanic membrane: Intact  
External Auditory canal: Clear  
ii) Left ear: Tympanic membrane:  
Intact  
External Auditory canal: Clear

**B. Tests of hearing**

i) Rinne's test: Right ear- Rinne's positive  
Left ear- Rinne's positive

ii) Weber's test: No lateralization. iii) Pure Tone Audiometry: Right ear-33.3 dB HL  
Left ear- 31.6 dB HLC. Tests for Balance:

a) Unterberger's stepping test: no vestibular pathology.

b) Dix-Hallpike test: Positive for left ear.c)

Supine roll test: Negative for both ears.

**Diagnosis:**

Left ear posterior canal Benign Paroxysmal Positional Vertigo (PC-BPPV).

**Treatment adopted:** Phase 1:1. Marsha nasya with ksheerabalataila 101 for 7 days (from 12/03/2019 to 18/03/2019).2. Kushmanda Rasayana 1 tsp-0-0 with warm milk before food for 20 days (from 19/03/2019 to 07/04/2019).

Phase 2:1. Shiropichu with yashtimadhutaila for 7 days(08/04/2019 to 14/04/2019).

**Assessment criteria:** Subjective criteria: Dizziness Handicap Inventory(DHI)<sup>4</sup> questionnaire score- before and after treatment

**RESULTS**

1. The DHI score showed moderate handicap (score-50) before phase 1 of the treatment. There was no change in DHI



score after phase 1 of the treatment.

2. After shiropichu, the DHI score showed mild handicap(score-32).

## DISCUSSION

In this clinical trial, the treatment protocol was planned based on the doshic components involved in *Bhramai.e., Vata, Pitta* and *Rajas*. *Vata* and *Pitta* are

*shareerajadoshas* and *Rajas* is a *manodosha*. The common factor involved in all the three doshas is *Laghuguna* (lightness). Therefore the medicines selected were *Brimhanadravyas* which counteracts *laghuguna*. The rationality behind the selection of type of therapy and medicines is detailed in table 1.

**Table 1** Rationality behind selection of the therapy and medicines.

S. no.	THERAPY/ MEDICINES	REASON
1	<i>Marsha Nasya with Ksheerabalataila 101</i>	<i>Nasya</i> in general is indicated in all supraclavicular disorders. <i>Ksheerabalataila 101</i> is <i>Vata-Pittahara</i> and does <i>Brimhana</i> action
2	<i>KushmandaRasayana</i>	<i>KushmandaRasayana</i> is an <i>avaleha</i> . All <i>avalehas</i> are basically <i>guru</i> (heavy), which is against <i>laghuguna</i> in <i>Bhrama</i> . <i>Kushmandarasayanais</i> mainly <i>Pitta-vatahara</i> and <i>Bhramaghna</i> (Anti-vertigo preparation).
3	<i>Shiropichuwith Yastimadhutaila</i>	<i>YastimadhutailaisTridosahara, Rasayana</i> . The procedure of <i>Shiropichu</i> counteracts the <i>rajas dosha</i> of <i>Manas</i> (Mind).

Although BPPV and Meniere's disease can exist together in an individual, the present case is purely a case of left posterior canal BPPV since there was never a complaint of tinnitus in the patient. After phase 1 of the treatment, there was no hint of improvement in the patient. But during phase 2 of the treatment, on 4<sup>th</sup> day itself, the patient felt relief in the symptoms and there were no symptoms of heaviness of head during those 4 days. After completion of 7 days of *shiropichu* in phase 2, the patient experienced considerable relief in the symptoms. *Shiropichu*, one of the four *murdhnutaila*, though not indicated for *bhramain* the *Ayurveda* classics, is selected in the present study based on its hypothetical relation with the *Rajasdosha* of

the mind. In *Shiropichu*, a cotton pad dipped in warm medicated oil is kept in the region of *Seemanthamarma*(anterior fontanellae) for 45 minutes. The oil thus kept for a stipulated period will be absorbed through *Seemanthamarma*(Anterior fontanellae) into the diploic veins and intracranial venous veins. Any injury to this *Seemanthamarma* is known to provoke mental diseases caused by *rajas* like *Bhaya*(fear), *Chittanasha*(mental retardation), and *Unmada*(Insanity) indicating the relationship between the *Rajas* and *Seemanthamarma*. Hence the medicines which are *Vata-Pittahara* and the procedure *shiropichu* which acts on *rajasdosha* of mind are selected for *bhrama*. Apart from this, for subjective



assessment of the patient, Dizziness Handicap Inventory questionnaire is selected, which incorporates functional(F), emotional(E) and physical(P) impacts on disability caused by vertigo. This again, gives a hint that vertigo is not purely a somatic disease, but also includes mental factors as told in the *Ayurveda* classics.

## CONCLUSION

In patients of posterior canal BPPV, repositional maneuvers like Epley maneuvers have been found to be effective in 90% of the cases, though the condition recurs in around one third of cases. The maneuver aims to move the particles (otoconia) from cupula of posterior semicircular canal which cause symptoms such as vertigo, and reposition them to where they do not cause these problems. Surgery is advised as a last option only in severe and persistent cases which fail repositional maneuvers. Along with these maneuvers, the holistic approach in the form of *Nasya* can be integrated as the primary line of treatment in BPPV, which detoxifies the supraclavicular region, followed by the procedure of *Shiropichu*, which negotiates with the mind thereby improving the quality of life in the debilitating disorders like BPPV and any other disorders involving vertigo.



## REFERENCES

1. Mohan Bansal. (2013). Diseases of ear, nose and throat. New Delhi, India: Jaypee Brothers Medical Publishers (P)Ltd: page 237.
2. Jadavaji Trikamji Acharya, editor. (Reprint Edition: 2011). Charaka Samhita of Agnivesha, Sutrasthana; Vataja Nanatmajavikaras: Chapter 20, Verse 11. Varanasi: Chaukhambha Orientalia: Page 113.
3. K. R. Srikanta Murthy, English translator. (Reprint Edition: 2011). Madhava Nidanam of Madhavakara, Chapter 17, Verse 19/1. Varanasi: Chaukhambha Orientalia: Page 63.
4. Jacobson GP, Newman CW(1990). The development of the Dizziness Handicap Inventory, Arch Otolaryngol Head Neck Surg, 116: 424-427. Retrieved from <https://southampton.stonybrookmedicine.edu/sites/default/files/Dizziness%20Hanica%20Inventory%20-%20English.pdf>