International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Ayurvedic Management of Serous Otitis Media: Case Report

Dr Swathy N[1], Dr D. B. Vaghela[2]

[1]M.S.Second Year Scholar, Dept of Shalakya Tantra, I.T.R.A. Jamnagar.
[2]Professor and HOD, Dept of Shalakya Tantra, I.T.R.A. Jamnagar.

ABSTRACT

Serous otitis media is also called secretory otitis media or mucoid otitis media. It is characterized by accumulation of nonpurulent effusion in the middle ear cleft and mastoid air cells due to negative pressure produced by dysfunction of the eustachian tube or incomplete resolution of acute otitis media. It is more common occur in children as eustachian tube that connect nasopharynx and anterior wall of middle ear is small and straight. It is characterized by fullness in the ear, mild hearing loss, loss of balance. Symptomatically it can be correlated with Kapha Vataja Badhirya. This case report discusses the Ayurvedic treatment of a case diagnosed as otitis media with effusion, which was posted for myringotomy with grommet insertion. A 42 Year old male patient with complaints of fullness and heaviness of B/L ears along with mild hearing loss since 9 days. The features suggestive of otitis media with effusion were diagnosed by pure tone audiometry and tympanogram. . Management done with OPD based treatment i.e. Vyoshadi Vataka with honey ,Khadridai Vati for chushnarth. Shadabindu Taila for Nasya, Virechana Dhoompaan, gargle with Triphala Yavkut and advised for steam inhalation. Significant result was observed with this treatment protocol in the management of Serous otitis media.

KEYWORDS: Serous Otitis Media, Kapha Vataja Badhirya, Shadbindhu Taila Nasya, Virechana Dhoomapan

INTRODUCTION

Serous otitis media is accumulation of nonpurulent or purulent effusion in the middle ear. In most cases effusion is thick and viscid but sometimes it may be thin and viscous. It is more common seen in school going children. The main reason behind to develop SOM i.e. Dysfunction of eustachian tube, it can occur due to Adenoid hyperplasia, chronic tonsillitis, incomplete resolution of otitis media, it can occur due to inadequate antibiotic therapy, Some allergy and viral infection in upper respiratory tract can also deveop SOM. As eustachian tube is connected to nasopharynx and anterior wall of middle ear so infection can easily travel to upper respiratory tract to middle ear. It is characterized by hearing loss (it is presenting and sometimes the only symptom), mild earaches, fullness of ear, history of rhinitis. Diagnosis can be assured by symptoms along with otoscopic finding that shows – Tympanic membrane is dull and opaque with loss of light reflex and appear yellowish, grey and bluish in colour. Tympanic membrane may show retraction and sometimes bulging most common in posterior part. Fluid level and air bubbles may be seen when fluid is thin and tympanic membrane is transparent.

Symptomatically it can be correlated with and Kapha Vataja Badhirya, Kapha in the form of fluid that restricting the movement of sound waves(Vata). Normalising Kapha and channelizing Vata will restore the sense of hearing. As this condition Pratishyaya Chikitsa can also be adopted.

CASE REPORT

A 42 Year old male patient presented with complaints of fullness and heaviness of B/L ears along with mild hearing loss since 9 days. . The patient was administered anti-histamines and antibiotics but did not improve, so approached us for Ayurveda treatment. Family history was nonsignificant. On general examination, all vital signs were within normal limits. Pure tone audiometry showed 45 dB and 30 dB hearing loss in right and left ear respectively, which is suggestive of moderate conductive hearing loss. Tympanometry of the right ear demonstrated a Type B graph (suggestive of middle ear involvement from fluid), while the left ear demonstrated a type C graph (suggestive of Eustachian tube dysfunction).

History of Past Illness

Nothing specific

Family history

Nothing significant

Personal history

- Bowel: Regular
- Appetite: Good
- Micturition: 4-6 times/day
- Sleep: Sound

Ashtasthana Pareeksha

- Nadi: 76/min
- Mutra: 4-6 times/day
- Mala: Regular
- Jihwa: Aliptha
- Shabda: Prakrutha
- Sparsha: Anushna Sheetha
- Druk: Vikrutha and shuskatha
- Akruthi: Krusha

Vitals

- Pulse rate: 76/min
- Respiratory rate: 24/min
- Temp: 98.60 F
- BP: 120/80mm of Hg

Examination of Ear

Both external ears showed normal pinnae.

Otoscopic Examination

- Normal external auditory canal and skin with no sign of inflammation, wax, foreign body, or growth.
- Tympanic membrane revealed a pearly grey colour and distortion of cone of light. The fluid level was appreciated in the tympanic membranes of both ears.
- Rinne's test showed that BC greater than Ac B/L ears , while Weber's test was lateralised to the right ear.

Therapeutic Intervention

No	Drug	Dose	Anupana	Duration
1	Amapachana Vati	2 BD After food	Luke warm water	1-3rd Day
2	Dasamoola Katutrayam Kashaya	90 ml Before Food		1-3rd Day
3	Vyoshadi vataka	3 gms BD	Madhu	1-3rd Day
4	Kadhiradi Vati	1-1-1-1-1 Chooshanarth		4-18th Day
5	Shad Bindu Taila Nasya	6-6 Bindhu ,Morning		4-18th Day
6	Virechana Dhoomapan	3 puff		4-18th Day
7	Triphala Yavakut Gargling	2 times a day		4-18th Day

Pathya Apathya

Patient was strictly advised not to take, cold drinks, ice cream, fast food, fermented food items, spicy food. Patient was advised to take steam inhalation through mouth two times a day with plain water. Intake of lukewarm water for the whole day as a routine.

RESULT

There was marked improvement in symptoms like heaviness and fullness in ear and in hearing loss.

DISCUSSION

Functionally, the middle ear is closely related to the nasopharynx through the Eustachian tubes. The tensor veli palatini muscle opens the Eustachian tube and facilitates both ventilation of the middle ear and drainage of secretions from it. The Eustachian tube also protects the middle ear from excessive sound pressure and secretions from the nasopharynx. Dysfunction of the Eustachian tube has an important role in the manifestation of middle ear diseases. . Management includes decongestants, anti-histamines, steroids and antibiotics. It's to be employed for removal of fluid and prevention of occurrences but is of no assistance in the presence of thickened fluid.

As per Ayurveda, Badhirya is of two types, viz., Vataja and VataKaphaja. Acharya Vagbhata stresses the importance of Pratishyaya Chikista in the context of Badhirya Cikitsa.This case was diagnosed as Kapha Vata Badhirya. Kapha in the form of fluid obstructs the passage of Vata (sound waves) in the Karna Srotas. Normalising Kapha Dosha (absorption/resolution of the fluid in the middle ear) can automatically channelize the Vata Dosha and ensure proper conduction of sound waves. Thus, the treatment protocol was planned to pacify Kapha so as to regulate movement of Vata and re-establish

hearing.Upper respiratory tract infections are one of the cause for the malfunctioning of the Eustachian tube. Hence, Pratishyaya Chikitsa is important in the management of Badhirya. Vata and kapha are involved in both Badhirya and Pratishyaya.

- Shadbindu taila is a type of Virechana Nasya which expel Kapha easily and also help in decrease congestion of throat and eustachian tube and improve hearing.
- The Virechana Dhoompaan Varti helps in the removal of residual Kapha after Nasya Karma.
- Kavala with Triphala Yavkut after Dhoompan causes vasodilation and by this the remaining Doshas expelled out. When Triphala Yavkuta is filled in mouth to such a level that it can be moved easily, is called Kavala (gargles) help in throat infection and opening of eustachian tube by expulsion of kapha.
- Khadiradi Vati for Chusyanaratha, as it is best for throat infection and help in opening of eustachian tube. It contains Khadira, Javitri and other drugs which help in various disorder of throat. It acts as an antiseptic and anti-inflammatory agent. It also has an expectorant property which will help in opening of eustachian tube.
- Vyoshadi Vati is used to treat different types of respiratory and digestive conditions. It acts as a bronchodilator, expectorant, anti-inflammatory and mucolytic.

CONCLUSION

This single case report concludes that Ayurvedic management with medicine, Nasya, Virechana dhoompaan and Kavala, steam therapy through mouth offers excellent result in the treatment of Serous otitis media with effusion. This protocol should be evaluated in more number of patients for its scientific validation.

ADR DECLARATION

No any adverse drug reaction was noticed during the treatment and follow up period.

LIMITATION OF STUDY

As above mentioned, is a single case report there is need of study in larger population for establishing good protocol.

REFERENCE

1. Wakode PT. Clinical Methods in ENT. 1st ed. New Delhi: Jaypee Brothers Medical publishers (P) Ltd; 2005; Pp. 31-39.
2. Goycoolea MV, Hueb MM, Ruach C. Definations and terminology of otitis media. Otolaryngologic clinics of North America 1991; 24:757– 61
3. BP A, MC R, SM P, Murthy Dr N. Formulation and standardization of khadiradi vati and comparative study with marketed formulation. Journal of Pharmacognosy and Phytochemistry [Internet]. 2019 [cited 2022 Feb 18];8(3):2299–301. Available from: https://www.phytojournal.com/archives/2019.v8.i3.8353/formulation-and-standardization-of-khadiradi-vati-and-comparativestudy-with-marketed-formulation
4. Dhingra PL, Dhingra S. Diseases of Ear, Nose and Throat. 5th ed. New Delhi: Reed Elsevier India Private Limited; 2010. Pp. 69-73.