

# Ayurvedic Management of Otitis Media with Effusion: A case Study on Holistic Healing

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## ABSTRACT

Otitis media with effusion is one among the most common cause for hearing loss, especially in the children. In this condition there will be buildup of fluid inside the middle ear cavity, which creates negative pressure in the middle ear cleft leading to obstruction for conduction of sound waves. In this article we have discussed a case of 6year old female came to OPD with clo of reduced hearing since 6 months. A clinical examination and pure tone audiometry with tympanometry report shown moderate conductive hearing loss with B type tympanometry. For above condition nasya with anutaila , shirodhara with dhanyamla , dhuma nasya with dashamoola Kashaya and lepana with nagaradi churna was followed and after 2<sup>nd</sup> sitting once again PTA with Tymponometry done and report shown improved hearing.

**Keywords:** Otitis media with effusion, Badhirya, Nasya, Karnapoorana

## INTRODUCTION

Sense of hearing plays an important role in learning and social development of the child. Reduced hearing affects a significant degree of physical, mental and social health of child. Hearing loss can be classified as conductive hearing loss, sensory nueral hearing loss and mixed hearing loss based on the involvement of phathogenesis.

Otitis media with effusion is most common cause for the conductive hearing loss. In otitis media, there occurs a collection of nonpurulent nearly sterile effusion in the middle ear cleft<sup>1</sup>. This fluid places a pressure on tympanic membrane leading to prevention of proper vibration of tympanic membrane there by obstruction to conduction of sound waves from external ear.

### Causes

The estuchial tube dysfunction is the main cause for the improper drainage and ventilation of middle ear cavity

Factors affecting the middle ear clearance mechanism<sup>2</sup>

1. Ciliary dysfunction
2. Mucosal edema and hyperplasia
3. Viscous secretions
4. Adenoid hyperplasia and infection
5. Chronic rhinitis
6. Sinusitis
7. Tonsillitis
8. Benign and malignant tumor of the nose, paranasal sinus and nasopharynx

## 9. Cleft palate and palatine paralysis

Viral infection -Adenorrhinoviruses infection of upper respiratory tract

In Ayurveda we can correlate otitis media with effusion as a badhira. When kaphavruta vata does shabdahavaha strotomarga avarodha leads to badhira. There are two types vataja badhira and vata-kaphaja badhira<sup>3</sup>.

## MATERIALS AND METHOD

### HISTORY OF PRESENT ILLNESS

The patient parents from the past 6 to 8 months gradually started noticing reduced hearing in the patient as the patient would not respond immediately when addressed. The patient also had repeated attacks of cold and cough from the past 2 years (every 2-3 months) and mild ear ache. The patient would find difficult to breathe at the night and occasional mouth breathing and snoring was noted by the parents. With the above complaints visited an ENT specialist, the patient was advised syp-montal 0-0-5ml and Nasivion -P drops and was advised adenoidectomy with bilateral myringotomy with grommet insertion. Then patient approached SDMIAH for further management.

### FAMILY HISTORY

Nothing contributory to the present illness

FTND

### PERSONAL HISTORY

Ahara-vegetarian, sheeta, Madhura guru ahara sevana

Vihara -exposure to cold weather

Nidra -sound sleep

Abhyasa -nil

Anyas -nil

### ASHTA STANA PARIKSHA

Nadi -75bpm

Mutra – 4-5 times/day

Jihwa – Aipta

Shabda -Reduced hearing

Sparsha -Prakrta

Drik -Prakrta

Akruti -Madhyama

### DASHAVIDHA PARIKSHA

Prakruti -Kaphavata

Vikruti -Kaphavata

Sara – Madhyama

Samhanana -Madhyama

Pramana -Madhyama

Satmya -Madhyama

Satva -Madhyama  
Aharashakti -Madhyama  
Abhtavarana shakti -Madhyama  
Jaran shakti -Madhyama  
Vyayama shakti -Madhyama  
Vaya \_Bala

## EAR EXAMINATION

### EXAMINATION OF PINNA

	Inspection	Palpation
Right ear	Normal	Normal
Left ear	Normal, no tenderness	Normal, no tenderness

### EXAMINATION OF EXTERNAL AUDITORY CANAL

EAC	Without speculum	With speculum
Right ear	Dry wax present	Dry wax present
Left ear	Normal	Normal

### EXAMINATION OF TYMPANIC MEMBRANE WITH OTOSCOPE

	Right ear	Left ear
Color	Congested	Congested
Cone of light	Not well appreciated	Not well appreciated
Position	Dull bulged	Dull bulged
Mobility	Restricted	Restricted
Surface	Normal	Normal

### EXAMINATION OF MIDDLE EAR – not seen

### EXAMINATION OF MASTOID

	Inspection	Palpation
Right ear	Normal	Normal
Left ear	Normal	Normal

Examination of Eustachian tube Valsalva -Not appreciated by the patient

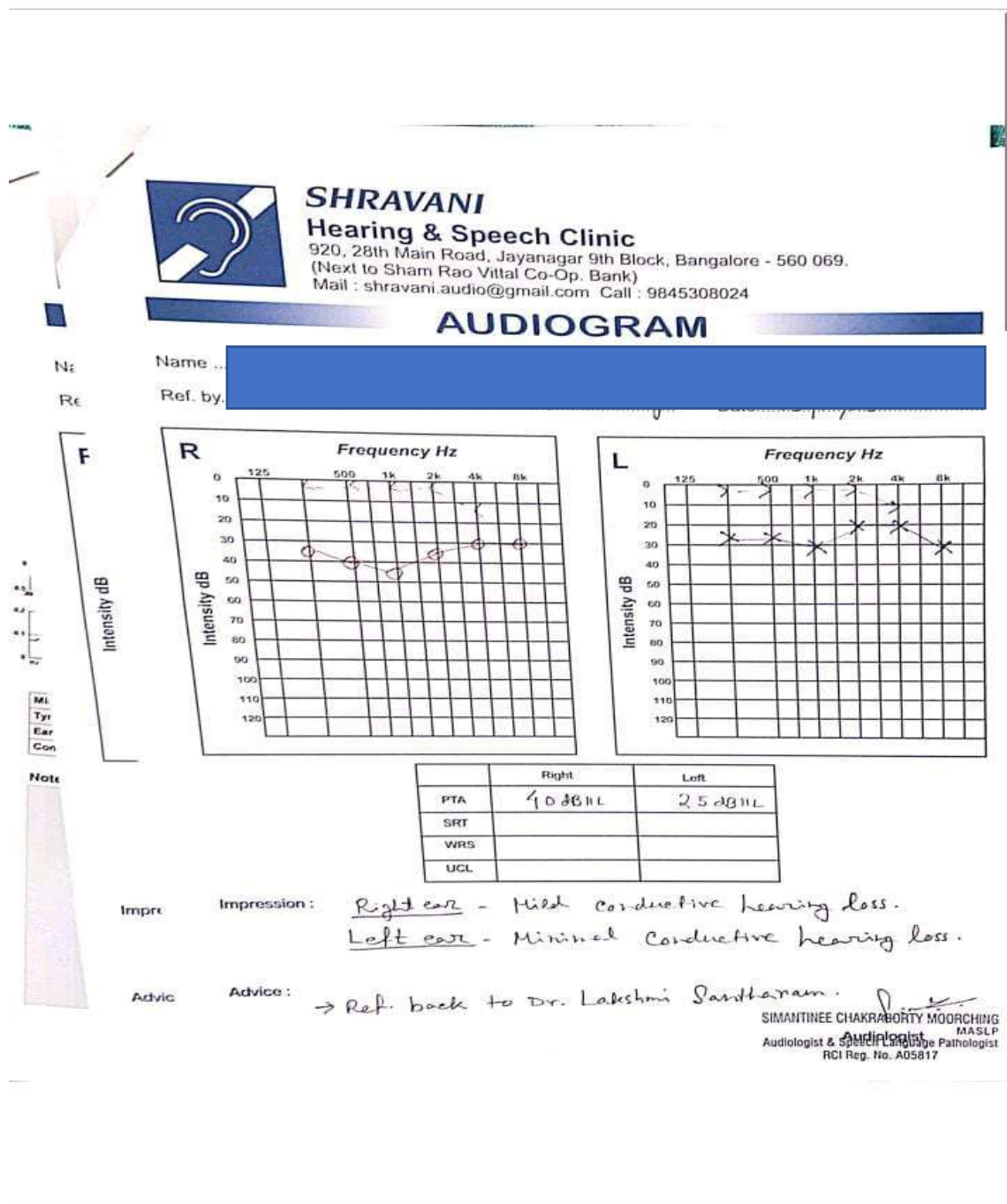
### EXAMINATION OF FACIAL NERVE

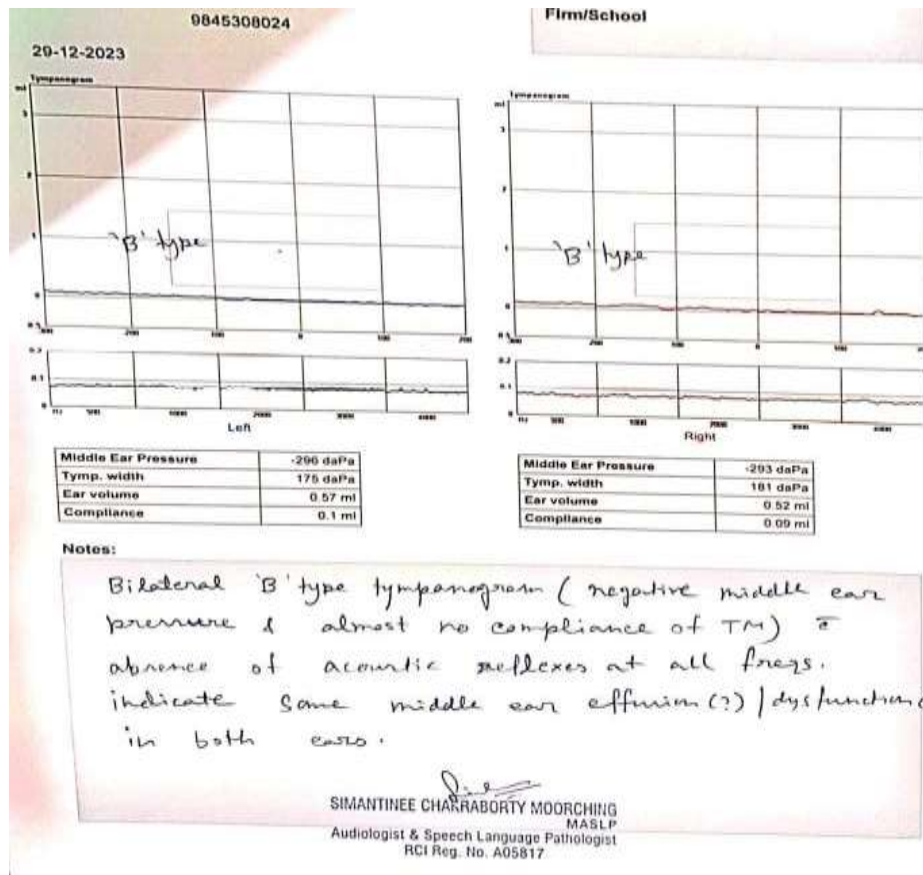
Inspection	No facial asymmetry,normal nasolabial fold
Closing of eye	Bilateral normal
Forehead wrinkling	Bilateral normal
Puffing the cheeks	Bilateral normal
Clenching of the teeth	Bilateral normal
Reflexes	Normal

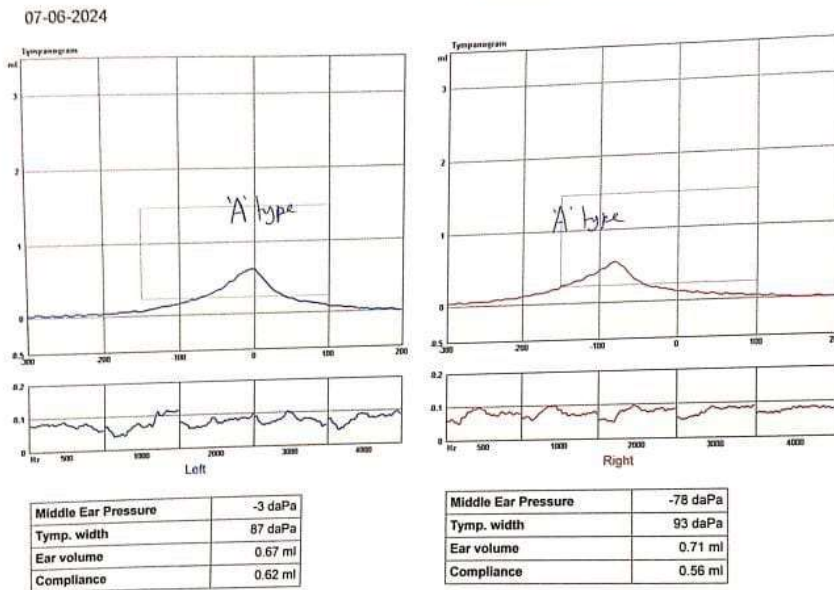
### TUNING FORK TEST

Rinnes test -BC>AC in both ear  
 Webers test -Lateralized to left  
 ABC -normal  
 Vestibular function  
 Spontaneous nystagmus – negative  
 Fistula test -negative  
 Romberg test -negative

## INVESTIGATIONS -







**Notes:**

Bilateral 'A' type tympanogram (normal middle ear pressure & normal compliance of TM) & absence of acoustic reflexes at most freqs. & normal hearing sensitivity indicate normal middle ear function(?) in both ears.

*Signature*

SIMANTINEE CHAKRABORTY MOORCHING

## TREATMENT GIVEN

Sl no	Treatment	Medicine	Mode of administration	Duration
1	Nasya	Anutaila	8 drop to each nostril	7 days
2	Lepa	Nagaradi churna	External application over sinus area	7 days
3	Dhooma nasya	Dashamoola Kashaya	Fumes inhaked through nostril	7 days
4	Shirodhara	Dhanyamla	Shiras	7days
5	Orally	Rhinagra	Orally 1-0-1	30dys
		Maha laxmivilasa rasa	Orally 1-0-1	30 days
		Gokshura guggulu	Orally 1-0-1	30days
		Dashamoola katutraya Kashaya	Orally 10ml-0-10ml	30dyas



## DISCUSSION

Otitis media with effusion is the condition where because of presence of fluid in the middle ear cleft there is no proper conduction of sound waves from middle ear to inner ear. In Ayurveda we can correlate this condition to kaphavataja badhirya, as accumulated fluid in the middle ear doing obstruction to proper conduction of sound waves.

Most common cause for the otitis media with effusion in children is sinusitis and rhinitis. Addressing sinusitis is the main treatment in otitis media with effusion, as eustachian tube blockage caused by sinusitis can lead to improper drainage of middle ear cavity.

Nasya karma is considered as the best treatment for the urdhvajatrugata vikara as medicine instilled through nose will reach the shringhataka marma, junctional area of nasa, karna, mukha, netra and removes morbid dosha from the urdhvajatru.<sup>4</sup>

Anutaila is explained by Acharya Charaka in management of pratishyaya, it is having property of vata - kapha shamana.<sup>5</sup> Anutaila removes morbid kaphadosha from shiras and improves functions of all panchajnanendriya.<sup>6</sup> Anutaila also has antiallergic, anti-inflammatory, antioxidant properties.

Shirodhara with Dhanyamla due to its ushna guna and ushna virya removes vitiated vata-kapha dosha from shiras, dhanyamla antagonist to ama and meda, removes blocks from channels<sup>7</sup>. Hesperidin present in dhanyamla reduces inflammation<sup>8</sup>.

Dhoopana is nothing but the steam inhalation, it is a method of introducing warm moist air into the lungs via nose and throat for therapeutic benefit. The hot steam moistens the nasal passages, causes the temperature to rise leading to dilation of blood vessels<sup>9</sup>.

Dashamoola has potent anti-inflammatory and antioxidant properties.

Lepa with nagaradi churna having katu, tikta rasa and ushna virya causes kapha and vata shamana.

## CONCLUSION

Otitis media with effusion is one among the causes of conductive hearing loss, which can be understood as kaphavataja badhirya. In this condition, kapha causes an obstruction to vata marga, leading to impaired hearing. Therefore, treatment and medicines that balance both kapha and vata will be helpful. Additionally, pratishyaya chikitsa plays an important role in managing this condition.

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