

Effect of Vidaryādi Kaṣāyaṃ in Managing Vertigo: A Case Series

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Abstract

Background: Vertigo (*Bhrama*) is a frequent vestibular disorder caused by *Vāta-Pitta* vitiation. *Vidaryādi Kaṣāyaṃ*, a decoction formulated from the *Vidaryādi Gaṇa* described in *Aṣṭāṅga Hṛdaya*. This is indicated for *Śīroroga*, *Bhrama*, and *Dhātu-kṣaya* through its *Vāta-Pitta śāmaka* and *Balya-Rasāyana* properties.

Objective: To evaluate the clinical effect of *Vidaryādi Kaṣāyaṃ* in adults with vertigo.

Methods: A prospective, single-arm case series was conducted in an academic Ayurveda OPD among selected 5 known case of vertigo patients. Participants with peripheral vertigo received *Vidaryādi Kaṣāyaṃ* 15–20 mL with equal warm water, twice daily before meals for 4 weeks.

Results: Out of 5 patients, 4 subjects had symptomatic improvement in their symptoms and one subject had minimal improvement. During the period of study there was no adverse effects noted.

Conclusion: *Vidaryādi Kaṣāyaṃ* produced clinically meaningful reductions in vertigo-related disability and symptom frequency, supporting its adjunctive use in *Bhrama*.

Introduction

Vertigo is a sensation in which a person feels that they or their surroundings are spinning, even when there is no actual movement. It commonly occurs due to disturbance in the inner ear such as BPPV, Vestibular neuritis or Meniere's disease. It is a disabling sensory disturbance affecting balance and quality of life. Standard tests such as the **Dix-Hallpike maneuver** and **Dizziness Handicap Inventory (DHI)** quantify severity of the disease.^(1,2)

In Ayurveda, *Bhrama* results from *Vāta-Pitta prakopa* acting on *Śīras* and *Indriyavāha srotas*. *Aṣṭāṅga Hṛdaya Sūtrasthāna 15/9–10* lists the *Vidaryādi Gaṇa*—eighteen drugs exhibiting *Vāta-Pitta śāmaka*, *Balya*, and *Rasāyana* qualities⁽³⁾. This case-series evaluates *Vidaryādi Kaṣāyaṃ* for vertigo using validated biomedical tools^(1,6).

Materials and Methods

Study Design and Setting

Prospective, open-label, single-arm case-series conducted at a tertiary Ayurveda teaching-hospital OPD (Jan – Apr 2025).

Inclusion Criteria

Subjects with age group of 18–70 years with peripheral-type vertigo (BPPV, vestibular neuritis, Ménière's, or idiopathic) and baseline DHI ≥ 24 ⁽¹⁾

Exclusion Criteria

Subjects with Central lesions, acute neurologic deficits, pregnancy, major systemic illness, or continuous sedative/corticosteroid use.

Intervention**Formulation**

Vidaryādi Kaṣāyaṃ was prepared per *Aṣṭāṅga Hr̥daya Sūtrasthāna* – 15th Chapter *Sodhanadigana sangraha adhyaya* ⁽³⁾ from the **18 dravyas of the *Vidaryādi Gaṇa***, authenticated to Ayurvedic Pharmacopoeia standards (API Vol. I–VII).

Table 1 List of Medicines in Vidaryadi Gana

No	Sanskrit Name	Botanical Name	Common Name
1	Vidārī	<i>Pueraria tuberosa</i> DC.	Indian Kudzu
2	Pañcāṅgulā (Eranda)	<i>Ricinus communis</i> L.	Castor Plant
3	Vṛścivā	<i>Boerhaavia diffusa</i> L.	Punarnavā
4	Vṛścikalī	<i>Tragia involucrata</i> L.	Indian Stinging Nettle
5	Devāhva	<i>Cedrus deodara</i> Roxb.	Deodar Cedar
6	Māṣaparnī	<i>Teramnus labialis</i> Spreng.	Mashaparni
7	Mudgaparnī	<i>Phaseolus trilobus</i> Ait.	Mudgaparni
8	Kaṇḍūkarī	<i>Mucuna pruriens</i> L.	Kapikacchu
9	Abhīru	<i>Asparagus racemosus</i> Willd.	Śatāvarī
10	Vīra	<i>Ipomoea mauritiana</i> Jacq.	Kṣīravīdārī
11	Jīvantī	<i>Holostemma ada-kodien</i> Schult.	Jeevanti
12	Jīvaka	<i>Malaxis acuminata</i> D.Don	Jīvaka
13	R̥ṣabhaka	<i>Manilkara hexandra</i> Roxb.	Rishabhaka
14	Bṛhatī	<i>Solanum indicum</i> L.	Brihati
15	Pṛśniparnī	<i>Uraria picta</i> Desv.	Prishniparni
16	Śālaparnī	<i>Desmodium gangeticum</i> DC.	Shalaparni
17	Gokṣura	<i>Tribulus terrestris</i> L.	Gokhru
18	Kaṇṭhakārī	<i>Solanum xanthocarpum</i> Schrad.	Kantakari

Preparation

Powdered drugs (10 g each) of vidaryadi gana dravyas were boiled in 16 times water and reduced to one-quarter.

The filtrate (*kaṣāya*) was administered 15 mL with 30 ml warm water twice daily before meals for 4 weeks.

Outcome Measures

- **Primary:** Change in DHI (baseline → week 4); clinically significant ≥ 18 points (1).
- **Secondary:** Change in VSS-T ⁽⁶⁾, weekly episode frequency, PGIC rating.

Ethical Considerations

Written informed consent was obtained; protocol approved (IEC/2025/AYU-VERTIGO).

Results

Table 2

Case	Diagnosis	DHI (BL→W4)	ΔDHI	VSS-T (BL→W4)	Episodes / Week (BL→W4)	PGIC
1	BPPV	44→12	-32	41→18	4→1	Much improved
2	Vestibular neuritis	56→26	-30	63→36	6→2	Much improved
3	Ménière’s (probable)	62→28	-34	68→45	6→2	Much improved
4	Cervicogenic	36→14	-22	29→12	3→1	Minimally improved
5	Anxiety-related	45→11	-34	52→21	5→1	Much improved

Group Summary: Mean DHI 48.6 → 18.2 ($\Delta -30.4$); median VSS-T 50 → 31 ($\Delta -19$); episodes 5 → 1; no adverse events.

Figures

Figure 1. Effect of *Vidaryādi Kaṣāyam* on DHI scores.

Figure 1. Effect of Vidaryādi Kaṣāyam on Dizziness Handicap Inventory (DHI) Scores

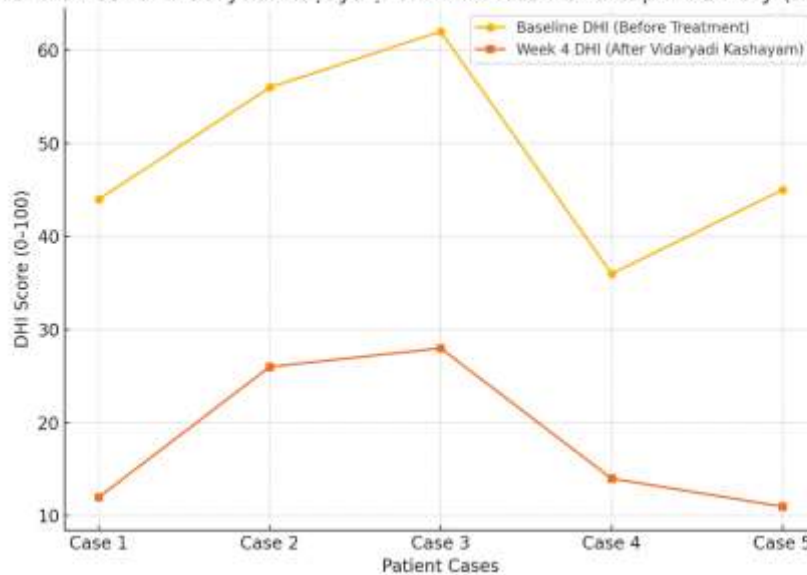


Figure 2. Change in VSS-T.

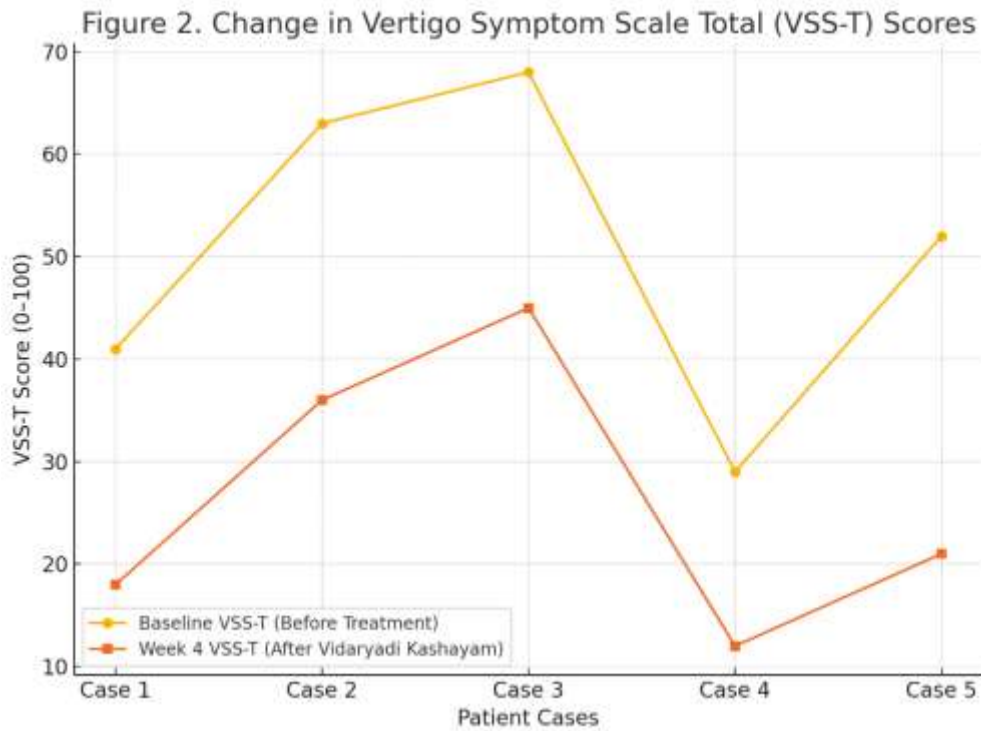
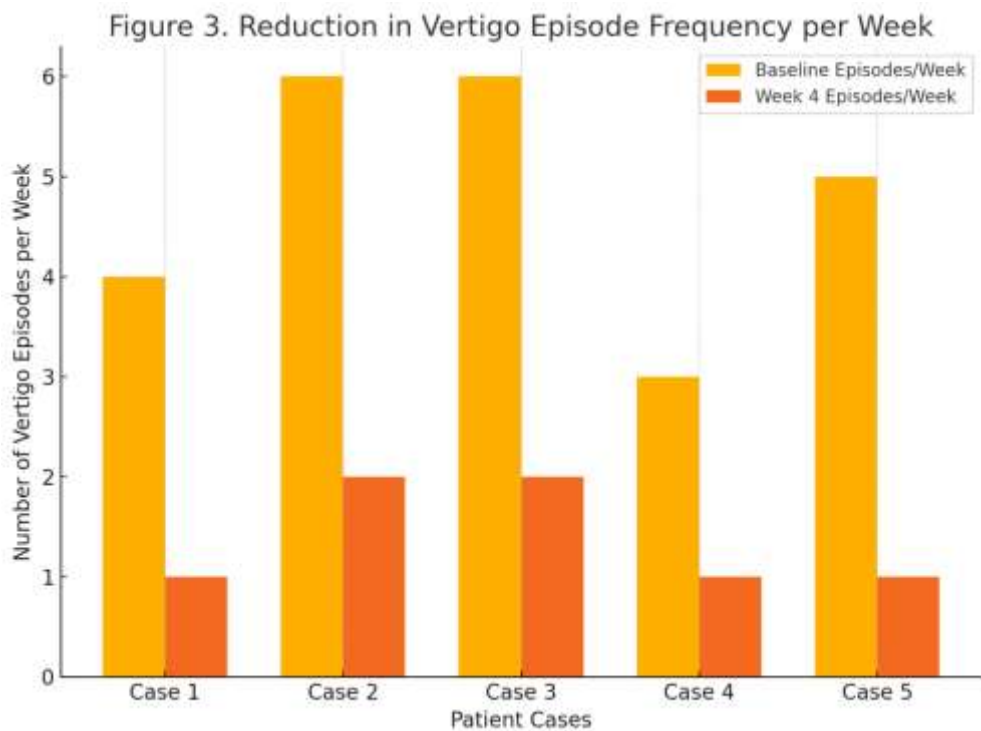


Figure 3. Reduction in weekly vertigo episodes.



Discussion

Clinical Interpretation

The DHI and VSS-T improvements parallel vestibular rehabilitation outcomes ^(2,6) but without sedation. Good tolerability and no adverse effects affirm clinical safety.

Mode of Action Table 3

(a) Ayurvedic Perspective

Parameter	Dominant Characteristics of <i>Vidaryādi Gaṇa</i>	Pharmacodynamic Role in Vertigo (<i>Bhrama</i>)	Āyurvedic Interpretation / Reference
Rasa	<i>Madhura, Tikta, Kaṣāya</i>	Pacifies <i>Vāta & Pitta</i> ; clears <i>Śrotas</i> ; nourishes <i>Dhātu</i>	A.H. Su. 15/9–10; Su. Su. 38/30
Guṇa	<i>Snigdha, Guru, Mridu</i>	Stabilizes <i>Śiras</i> ; counters <i>Rūkṣa–Laghu Guṇa</i> of <i>Vāta-Pitta</i>	A.H. Su. 1/11; Ch. Su. 26/43
Vīrya	<i>Śīta</i>	Reduces <i>Uṣṇa Pitta</i> and head heat (<i>Śiras-dāha</i>)	A.H. Su. 15/10; Ch. Su. 26/41
Vipāka	<i>Madhura vipāka</i>	Enhances <i>Ojas</i> , nourishes <i>Majjā Dhātu</i>	A.H. Su. 9/8; Ch. Su. 28/4
Prabhāva	<i>Śirasah prasādana</i>	Clears dizziness; improves sensory steadiness	A.H. Su. 15/10; Su. Su. 21/39
Doṣa Karma	<i>Vāta-Pitta hara, Kapha-anulomaka</i>	Normalizes <i>Prāṇa Vāyu</i> ; removes <i>Kapha āvaraṇa</i>	A.H. Su. 15/9–10; Su. Ni. 1/21
Dhātu Karma	<i>Rasa–Māmsa–Majjā–Ojas vardhaka</i>	Strengthens nerve and marrow tissues	A.H. Su. 11/4; Ch. Su. 28/4
Srotas Karma	<i>Manovāha, Indriyavāha, Śira-mārga śodhana</i>	Purifies neural channels; improves vestibular clarity	Su. Su. 21/5; A.H. Su. 15/9–10

Therapeutic Significance: Clears cranial *āvaraṇa*; calms neural excitability; rejuvenates *Majjā Dhātu*; restores sensory coordination.

(b) Modern Correlations of the 18 Dravyas

Modern Correlations of the 18 Dravyas in *Vidaryādi Kaṣāyaṃ*

No	Sanskrit Name	Botanical Name	Principal Phytoconstituents / Pharmacological Actions	Relevance to Vertigo (Pathophysiological Correlation)
1	<i>Vidārī</i>	<i>Pueraria tuberosa</i> DC. ⁽⁴⁾	Isoflavonoids (puerarin, tuberosin), antioxidant and neuroprotective	Protects vestibular neurons from oxidative stress; modulates Ca ²⁺ channels and improves synaptic stability
2	<i>Pañcāṅgulā (Eranda)</i>	<i>Ricinus communis</i> L. ⁽⁷⁾	Ricinoleic acid, flavonoids, anti-inflammatory, vasorelaxant	Reduces labyrinthine micro-edema and vascular spasm; facilitates endolymph drainage
3	<i>Vṛścivā (Punarnavā)</i>	<i>Boerhaavia diffusa</i> L. ⁽⁵⁾	Punarnavine, rotenoids, diuretic, anti-inflammatory	Controls inner-ear fluid accumulation and reduces endolymphatic hydrops

No	Sanskrit Name	Botanical Name	Principal Phytoconstituents / Pharmacological Actions	Relevance to Vertigo (Pathophysiological Correlation)
4	<i>Vṛścikalī</i>	Tragia involucrata L. (7,8)	Flavonoids, alkaloids, triterpenes, anti-oxidant	Mitigates neuro-inflammation and supports vestibular homeostasis
5	<i>Devāhva</i>	Cedrus deodara Roxb. (8)	Sesquiterpenes (cedrol), lignans; CNS sedative, anxiolytic	Stabilizes autonomic hyperactivity and reduces anxiety-linked dizziness
6	<i>Māṣaparnī</i>	Teramnus labialis Spreng. (11)	Isoflavones, triterpenoids, adaptogenic	Enhances neuronal resilience and improves neuro-muscular tone
7	<i>Mudgaparnī</i>	Phaseolus trilobus Ait. (11)	Amino acids, phenolic compounds	Acts as a nutritive nervine restorative in post-vertigo fatigue
8	<i>Kaṇḍūkarī</i>	Mucuna pruriens L. (10)	L-DOPA, serotonin, phenolics	Balances dopaminergic and vestibular neuro-transmission; reduces central imbalance
9	<i>Abhīru</i>	Asparagus racemosus Willd. (7,11)	Shatavarins I–IV (saponins); antioxidant, neuroendocrine modulator	Acts as adaptogenic Rasāyana; attenuates stress-induced autonomic instability
10	<i>Vīra</i>	Ipomoea mauritiana Jacq. (7,8)	Resin glycosides, flavonoids	Improves neuronal metabolism and supports mitochondrial energy efficiency
11	<i>Jīvantī</i>	Holostemma adakodien Schult. (7,8)	Alkaloids, triterpenes, steroids	Antioxidant and neuroprotective; reduces oxidative vestibular stress
12	<i>Jīvaka</i>	Malaxis acuminata D.Don (7,11)	Phenanthrenes, bibenzyls	CNS protective and oxygen-scavenging activity; stabilizes neuronal membrane potential
13	<i>Rṣabhaka</i>	Manilkara hexandra Roxb. (7)	Saponins, tannins, antioxidant	Improves vascular integrity and reduces oxidative endothelial stress
14	<i>Brhatī</i>	Solanum indicum L. (7,9)	Solasodine, steroidal alkaloids	Anti-inflammatory, antihistaminic; useful in allergic/edematous labyrinth disorders
15	<i>Prśniparnī</i>	Uraria picta Desv. (11)	Isoflavonoids, sterols, adaptogenic	Accelerates vestibular rehabilitation and neuroplastic recovery
16	<i>Śālaparnī</i>	Desmodium gangeticum DC. (11)	Alkaloids, isoflavones	CNS modulator; attenuates oxidative neuronal damage

No	Sanskrit Name	Botanical Name	Principal Phytoconstituents / Pharmacological Actions	Relevance to Vertigo (Pathophysiological Correlation)
17	<i>Gokshura</i>	<i>Tribulus terrestris</i> L. ⁽⁹⁾	Saponins (protodioscin), flavonoids	Enhances endothelial nitric-oxide synthesis; improves inner-ear microcirculation
18	<i>Kaṅṭhakāri</i>	<i>Solanum xanthocarpum</i> Schrad. ^(9,11)	Solasodine, saponins	Anti-inflammatory, antioxidant; improves bronchial and cerebral oxygen delivery

Integrated Biomedical Interpretation

The collective pharmacological matrix of *Vidaryādi Kaṣāyam* suggests a **multi-target neuromodulatory mechanism**. Collective actions include neuro-antioxidant protection, microcirculatory enhancement, anti-inflammatory stabilization, and adaptogenic neural resilience aligning with *Vāta-Pitta śamana* principles (3–11).

Conclusion

Vidaryādi Kaṣāyam, prepared from the authentic 18-drug *Vidaryādi Gaṇa* ⁽³⁾, produced significant improvement in vertigo scores without adverse effects. Its dual Ayurvedic (*Vāta-Pitta śamana*, *Rasāyana*) and modern (neuro-vascular modulating) mechanisms support its use as a safe adjunct in *Bhrama* (Vertigo). Larger controlled studies are recommended for validating and establishing stronger results.

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