



Management of Serous Otitis Media with Ayurveda: Case Report

1.Mamta, 2.Vaghela DB

1. PG Scholar, 2. I/C HOD & Associate Professor

Department of Shalakya Tantra, ITRA, Jamnagar, Gujrat, India

Abstract

Background: 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 *Karanapratinha*, *Vata Kapha badhiraya*. **Methods:** A 35-year-old patient presented with complaint of fullness of left ear, disturbed balance, mild hearing loss associated with rhinorrhea, cough, mild throat pain since last 7 days. Management done with OPD based treatment i.e. *Talishadi Churna* with honey, *Khadridai vati* for *chushnarth*. *Shadabindu Taila* for *Nasya*, *Virechana dhoompaan*, gargle with *Triphala yavkut* and advice the patient for steam *inhalation*. **Result:** There was marked improvement in symptoms like heaviness and fullness in ear, hearing loss, disturbed balance, rhinorrhea, cough, throat pain. **Conclusion:** Significant result was observed with this treatment protocol in the management of Serous otitis media.

Key Words: *Ayurveda*, Serous otitis media, *Karanapratinha*, *Shadbindu tail*,

Introduction

Serous otitis mediaⁱ 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 childrenⁱⁱ. 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 develop 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 *Karanpratinaha* and *Vata Kaphaja badhirya*, *Kapha* in the form of fluid restrict the movement (*Vata*) of sound waves. Normalising *kapha* and channelizing *vata* will restore the sense of hearing. As this condition *Pratishyaya chikitsa* can also be adopted. *Acharya Sushruta* mentioned its line of treatment as *Karanpratinaha tikshna sirovirechan nasya* and *Kavaladharana* with various formulations.

PATIENT INFORMATION

A 35-years-old patient presented with complaint heaviness and fullness in ear, mild deafness, disturbed balance associated with rhinorrhea, cough, throat pain since last 10 days at *Shalakya Tantra* (ENT) OPD of I.T.R.A hospital, Jamnagar on date 6/5/2022.

History of present illness

Patient was apparently normal before 10 days. Gradually patient suffered with heaviness and fullness in ear, mild deafness, disturbed balance associated with rhinorrhea, cough, throat pain. For that patient approached contemporary medical sciences for rhinorrhea and cough after that patient got mild relief by these symptoms but heaviness in left ear and mild deafness persists.

So, patient came to our hospital, and was treated with *Talishadi Churna* with honey, *Khadiradi vati*, *Shadabindu Taila*ⁱⁱⁱ for *Nasya*, *Virechana dhoompaan*, gargle with *Triphala Yavkuta*, no other past history was noted according to patient statement.

Personal History

Diet: Vegetarian, Appetite: Moderate, Bowel: Regular (1 time/ day), Micturition: Normal (5-6 time/ day), Sleep: Disturbed, Addiction: Tea (2 times/day)

ASSESSMENT CRITERIA

Otoscopic finding

Left ear TM – Dull and opaque
Loss of light reflex in left ear
Appear greyish with air bubbles

Right ear TM- Normal and intact
Light reflex present



1.before treatment



2.after treatment

Diagnosis

When patient came to OPD of *Shalakya Tantra*, otoscopic examination was done and after that PTA done, patient was diagnosed as SOM. After assessing the causes and symptoms, Ayurvedic diagnosis was made "*Karnapratinaha*" and also can be correlated with *kaphaja badhiraya*.

Drug	Dose	Route of administration	Duration
<i>Talishadi Churna</i>	3 gm BD with Madhu	Orally	14 days
<i>Khadiradi vati</i>	1-1-1-1	<i>Chushanarth</i>	14 days
<i>Shadabindu Taila</i> for <i>Nasya</i>	6-6 drop per nostril at morning	Nasal route	14 days
<i>Virechana dhoompaan</i>	3snuff	Nasally	14 days
<i>Triphala Yavkuta</i>	Two times in a day	Gargling (<i>Kavala</i>)	14 days

Pathya-Apathya:

Patient was strictly advised not to take chocolates, cold drinks, icecream, fast food, fermented food items, spicy food, or any color chemical containing items. 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.

Duration	Result	On examination
7 th day of treatment	Complete relief in fullness of left ear, hearing loss, disturbed balance. Moderate relief in symptoms i.e. Rhinorrhea, cough, throat pain.	Moderate improvement in congestion of nose. EAR – EAC is clear TM is normal and intact
14 days	Complete relief in all symptoms.	Complete relief in ear and nose

Discussion

Acharya Sushruta mentioned its line of treatment for *Vata- Kapha badhira* as *Virechana nasya* and *Virechana dhoompaan*, *Kawalartha* with *Ayurvedic* formulations.

1 Shadbindu taila nasya

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.

Pathway of Nasya Drug

The *Shadbindu Taila* instilled in nasal cavity moves to olfactory epithelium and Olfactory bulb which pass through Cribriform Plate, Anterior Cranial fossa and Medial and lateral area of cerebral cortex.

The chemical impulse, which generated by *Nasya* converts into neuronal impulse and influences on cerebral cortex area and there by producing stimulatory effect resulting in evacuation of *Doshas*.

Paschat karma

The *Dhoompaan Varti* helps in the removal of residual *Kapha* after *nasya karma*. *Kavala* with *tripphala yavkut* after *dhoompaan*^{iv} causes vasodilation and by this the remaining *doshas* expelled out

When *Triphala Yavkuta*^v 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*.

3 Khadiradi vati^{vi} 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.

4 **Talishadi Churna**^{vii} – It contains *Talishpatra*, *Adrak*, black pepper, *Pippali*, *Vanshalochana*, *Elaichi*, *Dalchini* and *Mishri*. It is used to treat different types of respiratory and digestive conditions. It acts as a bronchodilator, expectorant, anti-inflammatory and mucolytic.

Steam inhalation decrease inflammation and congestion of nose, throat so it helps in opening of eustachian tube and expulsion of cough.

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.

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