Critical Analysis of *Badhirya* with special reference to Hearing Loss

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Abstract: Maharshi Sushruta has mentioned 28 types of Karna-Roga in Uttar Tantra and Badhirya is one among them. Badhirya is caused due to the vitiated Vata Dosha or Vatakapha Doshas by deranging or obstructing the Shabdavaha Srotas (pathway of hearing) or Shabdavaha Sira (auditory nerve) or due to negligence of Karnanada etc and gives rise to diminished hearing or incapability of hearing. Deafness is defined as a partial or complete inability to hear. Defect at any level from sound transduction to interpretation can cause hearing loss. Therefore, deafness (hearing loss) can be considered under the caption of Badhirya. In the present study, a review is presented on Badhirya and hearing loss to enlighten the correlation and thus providing an alternative treatment option for hearing loss.

KEYWORDS Vata, Kapha, Badhirya, Hearing Loss.

INTRODUCTION

Shalakya is an important branch of Ayurveda which deals with the diseases manifesting above clavicular region. Aacharya Susrutha is the only person who explained Ophthalmology and ENT in a systematic manner in Uttara tantra portion of his treatise Sushruta Samhita.

Aacharya Sushruta has mentioned 28 types of Karna-Roga in Uttar Tantra and Badhirya is one of them1. According to Ayurveda, Shrotrendriya originates from Akasha Mahabhoota. Shabda (sound) travelling through Vata in the presence of Aakasha (space) comes in contact with Shrottendriya Adhishthana (Karna) and transmitted through Shrottendriya to the Shravana Buddhi which is responsible for perception of sound. So, Vata plays important role in normal hearing procedure. According to Aacharya Sushruta, vitiated Vata Dosha along with Kapha resides in Shabdanuvaha Sira and in the absence of appropriate treatment the person will suffer from Badhirya without any doubts2. Acharya Dalhana comment on this Samprapti that not only Vata Dosha but also Rakta, Pitta and Kapha Doshas also reside in Shabdanuvaha Sira causing Badhirya3. According to Aacharya Vagbhatta, Vata associated with Kapha and getting increased or by neglect of Karnanada, gives rise to hearing of loud sounds only, hearing with difficulty and gradually leads to deafness4.

Hearing loss or hearing impairment is a partial or entire inability to hear. It can result in hearing conversational speech or loud sounds with difficulty. It can be unilateral or bilateral. Disabling hearing loss refers to hearing loss more than 40 decibels (dB) in the better hearing ear in adults and a hearing loss more than 30 dB in the better hearing ear in children. 'Deaf' people have profound hearing loss mostly which indicates very little or no hearing. They generally use sign language for communications.

Deafness can be divided basically into three types- sensorineural, conductive and mixed. A sensorineural hearing loss results from lesions of the cochlea, VIIIth nerve or central auditory pathways. Conductive hearing loss occurs

when there is problem in external or middle ear which interferes with conduction of sound to the inner ear. Mixed hearing loss occurs when both conductive and sensorineural hearing loss are present.

Low and middle-income countries have great number of people with disabling hearing loss. Over 5% of the world's population or 466 million people have disabling hearing loss (432 million adults and 34 million children). It is estimated that by 2050, over 900 million people or one in every 10 people will have disabling hearing loss. Approximately one third of people over 65 years of age are affected by disabling hearing loss6.

Nidana

The specific etiology of each Karnaroga is not mentioned in any Ayurvedic classics, certain common etiological factors of Karnaroga are described which are - Avasyaya, Jalakrida, Karnakandu, Mithya yogensastrasya, and Pratisyaya7. While going through Sushruta Samhita the following Nidana were described to cause the disease Badhirya which were described in different chapter in the contexts of some special disease or references in different Sthana of Sushruta Samhita.

- By trauma on Vidhura Marma8
- By installing Vishana tail in ear9
- By Dosha of Shukra and Shonita in Janambala Pravrita Rogas10
- Due to Karnarsha11
- Due to hearing of profound sound in Ritu Kala12
- Because of Ardita13

Causes of hearing loss in modern science are as mentioned in table 1 14-

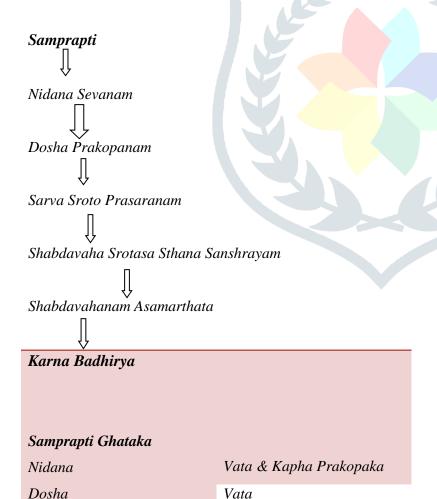
Table 1 Causes of Hearing loss Conductive	Sensorineural Hearing Loss
Hearing Loss	
Congenital causes-	Congenital causes-
Meatal atresia	present since birth due to anomalies of the inner ear
• Fixation of stapes footplate	or damage to the hearing apparatus by prenatal or
• Fixation of malleus head	perinatal factors
Ossicular discontinuity	
Congenital cholesteatoma	
Acquired causes-	Acquired causes-
External ear	• Infections of labyrinth
Any obstruction in the ear canal, e.g. wax, foreign	• Labyrinth or VIIIth nerve trauma
body, furuncle, acute inflammatory swelling, benign	• Noise-induced hearing loss
or malignant tumour or atresia of canal.	Ototoxic drugs
Middle ear	• Presbycusis
• Perforation of tympanic membrane	Ménière's disease
• Fluid in the middle ear	Acoustic neuroma
• Mass in middle ear	• Sudden hearing loss
• Disruption of ossicles,	• Familial progressive SNHL
• Chronic suppurative otitis media	• Systemic disorders, e.g. diabetes, hypothyroidism,
• Cholesteatoma	kidney disease, autoimmune disorders, multiple
• Fixation of ossicles	sclerosis, blood dyscrasias

• Eustachian tube blockage

Chikitsa

Acharya Sushruta has mentioned general line of treatment for Karnaroga. It comprises of Snehana, Swedana, Ghrita pana, Rasayana Sevana, not to do excessive work, to take bath except head, not to indulge in intercourse, not to talk excessively 15. Acharya Charaka 16 and Acharya Vagbhata 17 had advocated daily Karnapurana to avoid the diseases of the ear. Treatment modalities mentioned for Badhirya are Snehavirechana, Raktamokshana, Bastikarma, Murdhabasti, Nasya, Dhupana etc18. According to Acharya Vagbhatta poor hearing associated with Sopha and Kleda, should be given Vamana therapy19. Deafness found in Bala, Vridha and that persisting for a long time is not treatable 20.

According to modern science treatment of hearing loss depends on the specific cause if known as well as the extent, type and configuration. Most of hearing loss resulting from age and noise are progressive and irreversible. Some types of hearing loss, mainly conductive types, can be medically or surgically corrected but others cannot. Commonly used treatment modalities for sensorineural hearing loss are properly fitted hearing aids, cochlear implants and other assistive devices.



Rasa

Bahya

Shabdavaha

Vimarga Gamana

Dushya

Srotasa

Sroto Dusti

Dosha Marga

Adhisthana	Karna
Pratyatma Lakshana	Badhirya

including Snehana, Swedana, Virechana, Vamana, Nasya and Rasayana.

Ahara Dravyas predominant in Guru Guna and which leads to increase in Kapha should be avoided. Head bath, vigorous brushing of teeth, physical exertion, exposure to humid climate, scratching the ear etc. should also be avoided.

DISCUSSION

Aacharya Sushruta has mentioned the disease Badhirya under the caption of Karnagata Roga. The vitiated Vata Dosha or Vata Kapha Doshas by deranging or obstructing the Shabdavaha Srotas (auditory canal) or Shabdavaha Sira (vessels) and Shabdavaha Nadi (nerves) or neglecting Karnanada etc. diseases causes difficulty in hearing or incapability of hearing i.e. Badhirya. Therefore Badhirya can be of three types-



Table 2 Types of	Dosha predominance	Involvement of ear	Types of deafness
Badhirya Sr. No.		parts	
1	Kaphanubandha	Bahya Karna (External	Conductive
		Ear)	
		Madhya Karna	
		(Middle Ear)	
2	Vatanubandha	Antah Karna (Internal	Perceptive
		Ear)	(Sensorineural)
		Shabdavaha Nadi	
		(Cochlear Nerve and	
		higher center)	
3	Kaphavatanubandha	Bahya Karna (External	Mixed
		Ear)	
		Madhya Karna	
		(Middle Ear)	
		Antah Karna (Internal	
		Ear)	
		Shabdavaha Nadi	
		(Cochlear Nerve and	
		higher center)	24.

Kapha. In addition medicine is used as luke warm, so it has beneficial effect not only on Vata but also removes Avarana of Kapha, thereby helps in reducing Badhirya. In all types of Karna rogas, Ghrita Pana is indicated according to Ayurvedic classics. Ghrita Pana comes under internal Snehana. With the administration of Snehana dravyas, the Vayu is eliminated & mridutva in the body is produced. The vitiated Doshas, which obstructs the srotas, are eliminated with the help of snehana24. It is explained that Nasa being doorway to Shirah, the drug administrated through nostrils reaches Sringataka by Nasa Srota and spreads in the Murdha (Brain), taking routes of Netra (eyes), Shrotra (ears), Kantha (throat) Sira Mukhas and removes the morbid Doshas from Urdhwajatrugata completely just like the removing Munja grass from its stem25. Nasya therapy helps in removal of Srotas obstruction and Shamana of vitiated Doshas. Before the Nasya and Karnapurana, Sthanika Abhyanga and Swedana is given which helps in stimulation of vasodilator nerves which are spread out on the superficial surface of face, this increases the blood circulation to the brain. As mentioned earlier, Badhirya occurs due to vitiation of Vata and Kapha - Pitta- Rakta Doshas which resides in Shabdanuvaha Sira and as per Aacharya Susrutha, in Siragata Vata Raktamokshana is indicated. Therefore Raktamokshana can be an effective therapy in Badhirya. Basti is main treatment modality for Vataja Roga and Badhirya is Vata dominant disease. Similarly Shirobasti helps in pacifying Vata Dosha by giving strength to the nervous system.

CONCLUSION

It can be concluded that hearing loss of modern science comes under the caption of Badhirya in Ayurveda. Considering the limitations of treatment in cases of sensorineural hearing loss, presbyacusis, and other varieties of mild to moderate deafness, above mentioned Ayurveda treatment modalities of *Badhirya* may prove beneficial.

REFERENCES

- 1. Kaviraja Ambikadutta Shastri; Sushruta Samhita of Maharsi Susruta with the Ayurveda tattva Sandipika hindi Commentary; Chaukhambha Sanskrit Sansthan Varanasi, reprint 2013; Uttartantra 20/3-6, pg. No. 111.
- 2. Kaviraja Ambikadutta Shastri; Sushruta Samhita of Maharsi Susruta with the Ayurveda tattva Sandipika hindi Commentary; Chaukhambha Sanskrit Sansthan Varanasi, reprint 2013; Uttartantra 20/8, pg. No. 116.
- 3. Sushruta Samhita with the Nibandha Sangrah Comm. Dalhana Chaukhambha Sanskrit sansthan Varanasi, reprint 2013; Nidana sthana 1/83, pg. No. 269.
- 4. Brahmanand tripathi; astanga hrdayam of srimadvagbhata with the nirmala hindi commentary; Chaukhambha Sanskrit pratishthan delhi, reprint 2014; Uttartantra 17/10, pg. No. 1000.
- 5. https://www.who.int
- 6. https://www.who.int
- 7. Indradev tripathi, daya Shankar tripathi; yogaratnakara with vaidyaprabha hindi commentary; krishnadas academy, Varanasi; 4th edition 2013; karnarogadhikar /1-2 pg. No. 727.
- 8. Kaviraja Ambikadutta Shastri; Sushruta Samhita of Maharsi Susruta with the Ayurveda tattva Sandipika hindi Commentary; Chaukhambha Sanskrit Sansthan Varanasi, reprint 2013; sharira sthana 6/28, pg. No. 75.
- 9. Kaviraja Ambikadutta Shastri; Sushruta Samhita of Maharsi Susruta with the Ayurveda tattva Sandipika hindi Commentary; Chaukhambha Sanskrit Sansthan Varanasi, reprint 2013; kalpa sthana 1/67, pg. No. 12.
- 10. Kaviraja Ambikadutta Shastri; Sushruta Samhita of Maharsi Susruta with the Ayurveda tattva Sandipika hindi Commentary; Chaukhambha Sanskrit Sansthan Varanasi, reprint 2013; sutra sthana 24/6, pg. No. 130.
- 11. Kaviraja Ambikadutta Shastri; Sushruta Samhita of Maharsi Susruta with the Ayurveda tattva Sandipika hindi Commentary; Chaukhambha Sanskrit Sansthan Varanasi, reprint 2013; nidana sthana 2/19, pg. No. 310.
- 12. Kaviraja Ambikadutta Shastri; Sushruta Samhita of Maharsi Susruta with the Ayurveda tattva Sandipika hindi Commentary; Chaukhambha Sanskrit Sansthan Varanasi, reprint 2013; sharira sthana 2/26, pg. No. 17.
- 13. Kaviraja Ambikadutta Shastri; Sushruta Samhita of Maharsi Susruta with the Ayurveda tattva Sandipika hindi Commentary; Chaukhambha Sanskrit Sansthan Varanasi, reprint 2013; nidana sthana 1/71, pg. No. 303.