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### RESEARCH ARTICLE

## SUCCESSFUL AYURVEDIC MANAGEMENT OF SENSORINEURAL HEARING LOSS - A CASE REPORT

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### Manuscript Info Abstract

#### Manuscript History

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#### Key words:-

Sensorineural hearing loss, Badriyam,  
Electric shock induced hearing loss, Pure  
tone Audiometry, Tympanometry,  
Tuning fork test

A 23-year-old female patient, presented with Hearing loss on right ear. The onset of the symptoms were 10 years back, were she met with an electric shock while she was in grade 8th, the patient only focused on her injured hand and was not even bother of hearing loss, thus she neglected it and did not take any medical opinion. Later she noticed hearing loss and the condition was becoming worse. She couldn't understand words while using phone in right ear, when she was in 10th grade. She now consulted an ENT surgeon, who suggested to undergo audiometric tests which confirmed the biomedical diagnosis as Sensorineural hearing loss while she was in grade 11. She never took any medicines. Later she approached our hospital. The ayurvedic diagnosis was Badriyam. The line of treatment initially followed was koshtashodana. So snehapana and sadyo virechana was done. Following Takradhara, vasti, shirovasti, karnapooranam and marsha nasya were planned. The severity of the symptoms reduced significantly and the quality of life improved.

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### Introduction:-

Sensorineural hearing loss (SNHL) results from lesions of the cochlea, 8th nerve and central auditory pathways. Sensorineural hearing loss (SNHL) can significantly impact an individual's social life, leading to feelings of isolation, frustration, and decreased quality of life.

Electric shock-induced hearing loss is a type of hearing loss caused by exposure to electrical current. Symptoms are Sudden hearing loss, Tinnitus, Ear fullness, Vertigo, Treatments includes Corticosteroids, Hyperbaric oxygen therapy, Hearing aids or cochlear implants, Rehabilitation

Assessment of patients includes a detailed case history, measurement of hearing function and identification of causal factors, associated symptoms, and comorbidities. objective test available for most hearing loss cases are Tuning fork test, audiometry, tympanometry and diagnosis are made on the basis of medical history and an assessment of the

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effect on the patient her family. Important questions include the character of pattern of the hearing loss, particularly whether it is a familial progressive SNHL or autoimmune SNHL.

#### Patient Information:-

A 23-year-old female patient, presented with hearing loss on right ear. Medical History: A 23-year-old female patient presented with hearing loss on the right ear. The patient noticed hearing loss following an electric shock. According to the patient, while she was in the 8th standard, she met with an electric shock, thus her hand was injured. She only focused on the hand injury and didn't even bother about the ear. After that, she noticed difficulty in hearing. Later she felt it difficult while using the phone on the right ear. Words heard were not clear, this was during her 10th grade. She took an audiometry for the 1st time when she was in 11th standard but never took treatment.

Following that, in 2021, another audiometry was taken and diagnosed with severe hearing loss on the right ear and mild hearing loss on the left. Thus, she approached our hospital for better ayurvedic management. The ayurvedic diagnosis is Badhiryam. Subjective parameters of hearing loss (According to this patient). Symptoms are difficulty hearing soft sounds, Difficulty hearing in noise, Tinnitus, Difficulty understanding speech and Communication.

#### Clinical Findings/Physical Examination

##### Routine Ear examinations:

External ear examination- Both Right and Left normal

External auditory canal- Tympanic membrane- Cone of light - present

No perforation noted (both ears)

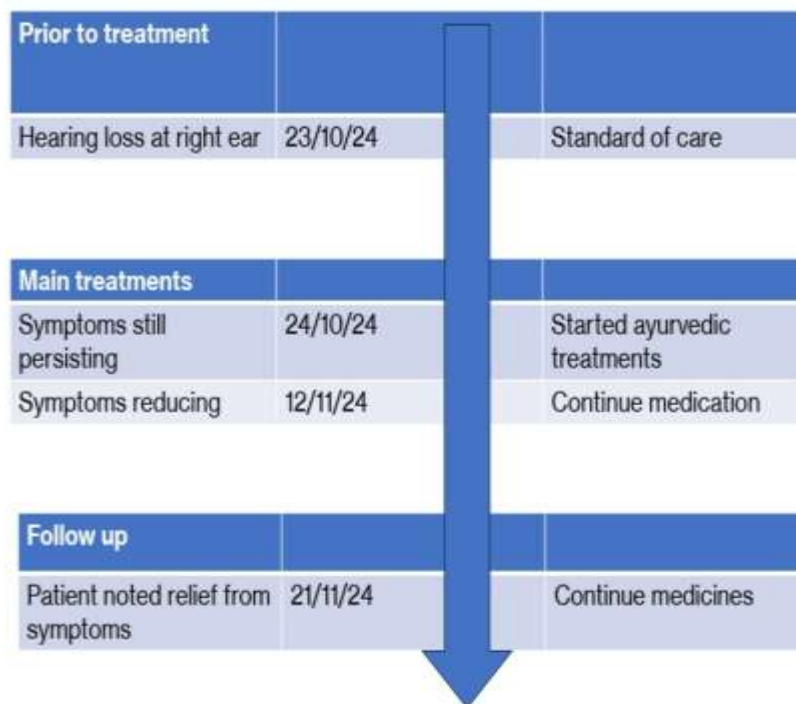
Rinne test- AC > BC (both ears)

Weber test- Lateralized towards left ear

Absolute Bone Conduction Test: Right ear- reduced, left ear-Not Reduced

#### Time line:

Image 1. Timeline of events attached below



**Diagnostic Assessment:**

Modern Diagnostic parameter: The biomedical diagnosis was made based on Tympanogram and audiometric tests which showed bilateral 'A' type tympanogram, and Pure tone audiometry results in moderate severe sensorineural hearing loss in right ear and mild sensorineural hearing loss in left. her Tympanometry is, in Right ear: Reflexes are absent, in left ear: reflex is present, except at 4 Hz. Ayurvedic Assessment was done based on the clinical evaluation by the ayurvedic physician.

Differential Diagnosis- This does not apply as the patient came in with a definite diagnosis. Prognosis- Depends on Onset, Duration, Severity (25 - 50% of patients may recover spontaneously). Recovery may be total or partial. Younger patients and those with moderate losses have better prognosis.

**Therapeutic Intervention:**

See the tab -Treatment details

Name of Medicine	Dosage Form	Dosage	Mode of Administration	From - To (Date)	Medicine Reference
Gandarva hasthadi kashayam	Kashayam	15ml +45 ml lukewarm water	With lukewarm water 6am 6pm	2024-10-24 - 2024-10-31 2024-11-12- 2024-11-21	Sahasrayoga kashaya prakaram
Sudarshanam Gulika	Gulika	1	8am 8pm	2024-10-24 - 2024-10-31 2024-11-16- 2024-11-21	Bhaishajya ratnavali Jwaraadikaram
Gandarva hasta erandam	Tailam	5 ml	6am 6pm with kashaya	2024-11-12 - 2024-11-21	As. Ch. 15/21
Thikthakam grtham	Grtha	30ml	9pm	2024-10-22 - 2024-10-23	Ah. Ch. 19/2-7
Nimbamritaadi erandam Taila	Taila	20 ml	Virecana	2024-10-23 - 2024-10-23	Ah. Ch. 21/58-61
Vilvam pachottyaadi tailam	Taila	10 ml	Karnapoorana	2024-11-12 - 2024-11-16	Sahasra yogam. Taila prakarana

Dhanawanthara Taila	Taila	Require d quantity	Sirovasti	2024-11-12 - 2024-11-16	Sahasra yogam. Taila prakarana
Dusparshakadi kashayam	Kashaya	15ml +45ml lukewar m water	Twice daily  Before food	2024-10-22 - 2024-11-05	Anubhuta dravya prayoga
Gorochanadi gulika	Gulika	1	Twice daily  Before food	2024-11-21- 2024-12-4	Vaidyayoga ratnavali gulika prakaram
Sidhamakara dwaja	Choornam	1 packet with honey	Twice daily  After food	2024-11-21- 2024-12-4	Rasa taragini

### Follow-Up And Outcomes:

Clinician-based assessment; Subjective parameters were assessed. Patient feels better after 3 days of treatment. The patient started attaining symptomatic relief within 7 days of treatment. No pain in the abdomen, normal bowels and hunger were restored.

Patient assessed: Tuning fork test was graded before, during and after treatment, Pure Tone Audiometry was graded before and after the treatment and follow ups to assess the outcomes of the treatment. They were documented as follows:

- Before Treatment her Tympanometry is, in Right ear: Reflexes are absent, in left ear: reflex is present, except at 4 Hz
- Before Treatment her Pure tone Audiometry is, in right ear: moderately severe Sensorineural hearing loss, in left ear: minimal hearing loss
- After 30days of treatment (completion of treatment)- Right ear Moderate sensory-neural hearing loss, Left ear Minimal hearing loss.

**Image 1. Tympanometry results dated 03.02.2022 added below**

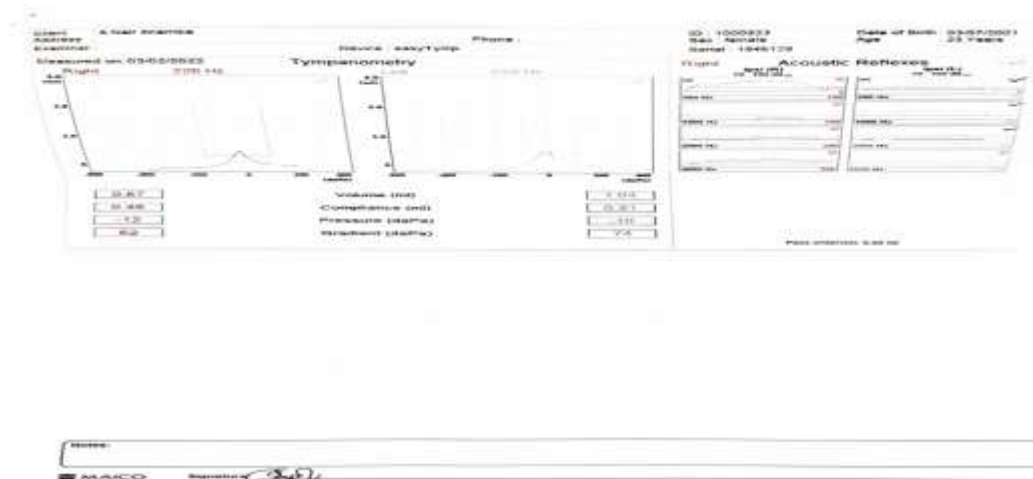


Image 2. Tympanometry results dated 28.08.2024 added below

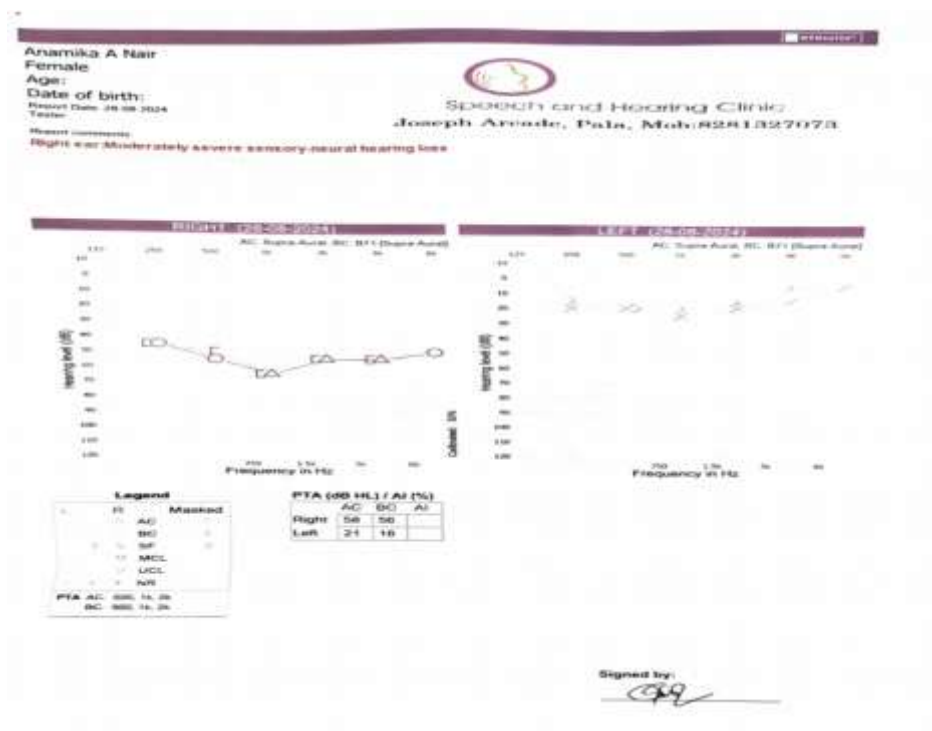


Image 3. Pure Tone Audiometry results dated 28.08.2024 added below

**JOSNA**  
Speech and Hearing Clinic

Joseph Arcade, Near Maharani Theatre,  
Pala, Kerala - 686 575, India  
Mob : 82813 27073, Tel: 04822-201275  
E-mail : info@josnaspeechandhearing.com  
Web : www.josnaspeechandhearing.com

Date: 28-08-2024

Wednesday, August 28, 2024

Respected doctor,

Thank you very much for referring **Ms. Anamika A Nair** for audiological evaluation.

**Tympanometry results are as follows:**

**Right ear:**  
Compliance value is within normal limits.  
Ear canal volume is within normal limits.  
Peak pressure is within normal limits.  
Reflexes are absent.  
Tympanogram Type: "A".  
-No indication of any middle ear pathology

**Left ear:**  
Compliance value is within normal limits.  
Ear canal volume is within normal limits.  
Peak pressure is within normal limits.  
Reflexes are present, except at 4 kHz.  
Tympanogram Type: "A".  
-No indication of any middle ear pathology

**Speech Audiometry results are as follows:**

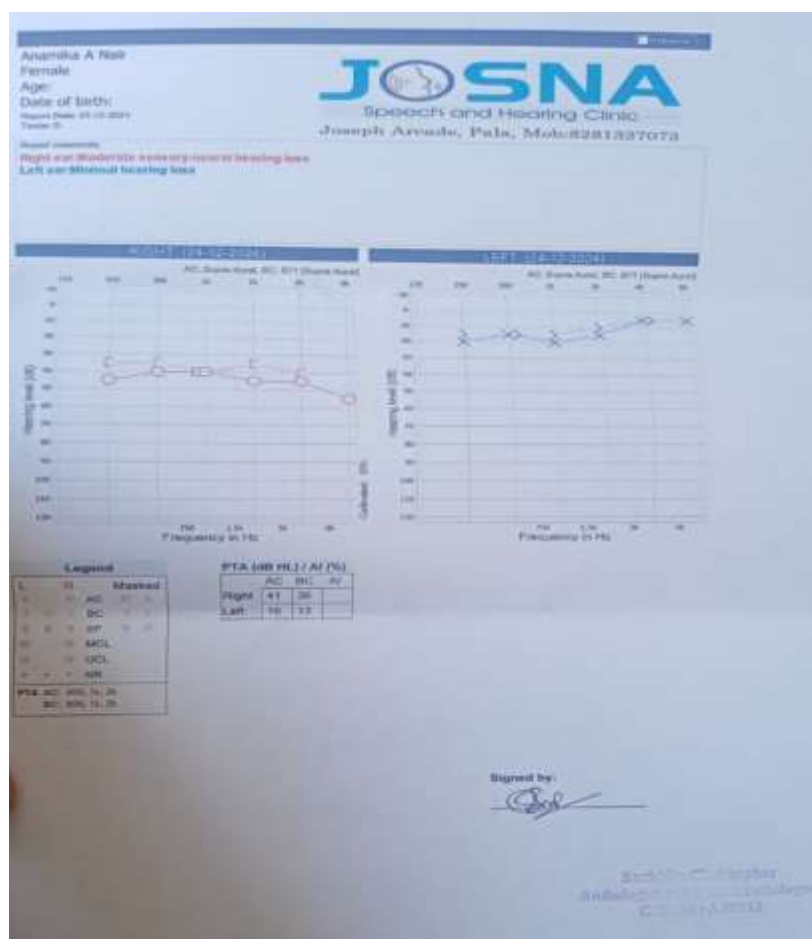
	Right ear	Left ear
SRT	58 dB	21 dB
SOS	92%	90%

**Pure Tone Audiometry results are as follows:**

**Right ear: Moderately severe sensory-neural hearing loss**  
**Left ear: Minimal hearing loss**

- Reliability: Consistent/Fair/Poor
- Remarks:

Ac Thresholds of **Right ear: 58 dB**  
**Left ear: 21 dB**

**Image 4. Pure Tone Audiometry results dated 24.12.2024 added below**

Intervention adherence and tolerability – The patient adhered to the prescribed treatments and tolerated the treatments well.

**Method of assessment- By monitoring the patient.**

**Adverse and unanticipated events; None reported.**

### Discussion:-

Badriyam is one of the most common karnaroga and it affects one's daily routine. Here Vata kaphaja type of badriyam is diagnosed. Due to vata dosha predominance in this condition, vatahara measures were taken into consideration. Along with vata dosha, here kapha dosha is also involved. The Dushyas involved are Rasa, Raktha, Mamsa. And the condition is Purana thus management was taken considering these

The treatment was started with initial Snehapana, abhyangam was also given externally. Then Virechana was planned as a Koshta Shodana, keeping in mind the importance of Koshta Sodana before starting Shiro procedure. As per the protocol, Gandarvahasthadi kashayam was given for 15 days as Vataharam, agni deepanam, along with Sudarshanam gulika was given considering its Tridosha hara property.

Gandarvahasthadi Erandam was also given by considering its virechana property and vatanulomana property. Snehapana was using Thikthaka Gritha with 30 ml given at night after having kanji. Considering the site of Roga and Aushadha Kala, Thikthaka Gritha was selected considering its indication. Abhyangam was using Dhanwantara tailam, due to its Vatahara property. Following Snehapana, Virechana with Nimbaamritha Eranda taila was done as

koshtashodana. This ghrita was selected considering its indication in moha thus giving priority to the site concerned as well as considering the probable nidana of stress.

Shiro procedures such as takradhara with vilwapatram, jadamamsi, sigrutwak, dusparshakadi choornam and shirovasti using Dhanwantara tailam was given for 5 days along with that karnapooranam with vilwampachotyaadi tailam was given following koshtasodana. Then Vasti was given considering the Vata Dosha. Following Nasyam was administered using Shadbindu tailam. Nasyam started with a dose of 2ml. All three doshas are located in the head with the predominance of kapha. most of the ingredients of Shadbindu Taila are having Vata Shamaka and Vedanahara property.

Dusparshakadi kashya was given considering it's Akasha mahaboota predominance Along with this sidhamakaradwaja was administered with honey considering its vatashamana, sukshmaguna, and action on indriyas, rasayana and balya karma. Apart from this, Karnapoorana (bahyasnehana karma) was done with vilwampachottyadi tailam which is vata hara initiating shamana of sthanika dosha. Along with this, dhanwantaram tailam was given as shirovasti taking into account the vatavridhhi in sira.

**Learning Points/Take-Home Messages:**

This case report demonstrates the successful ayurvedic management of a case of Sensorineural hearing loss in a 23-year-old female, who was not responding satisfactorily to the standard of care.

**Informed Consent:**

Written consent was obtained from the patient to publish the case report.]

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