

Ayurvedic Management of Meniere's Disease - A case Report

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Abstract

Meniere's disease is a chronic condition that affects the inner ear. It is marked by episodes of vertigo and shooting type of headaches, altered levels of hearing, tinnitus, and disturbed sleep pattern. The condition is mainly due to changes in the endolymph fluid dynamics, but the exact pathophysiological processes behind this condition are still not clear. Traditional treatment mainly provides relief from symptoms through changes in diet, diuretics, and some surgeries. In Ayurveda, similar symptoms appear in conditions like *Karnanaada*, *Karnakshweda*, *Badhirya*, and *Bhrama*. These are considered *Vata Pradhana Tridoshaja Vyadhis*. To evaluate the effectiveness of Ayurvedic treatment in managing Meniere's disease with special focus on symptomatic relief and quality of life enhancement. This article presents a case study of a 61-year-old female patient who was diagnosed with Meniere's disease and presented with recurrent episodes of vertigo, tinnitus, hearing difficulty, and disturbances in sleep pattern. Her condition was managed with a comprehensive Ayurvedic approach that included *Drakshadi Kashayam* (60 ml twice daily before food), *Hingvashtakam churnam* (5gm twice daily before food), *Sarivadi Vati* (2 tablets twice daily after food) and *Avipattikara Churnam* (5g at night after food) as internal medications. External therapies included *Thalam*, *Padabhyanga* with *Ksheerabala Tailam*, *Karnapurana* with *Dhanwantharam Tailam*, *Shirobasti* with *Bala Tailam*, and *Pratimarsha Nasya* with *Shadbindu Tailam*. Upon discharge, *Shirashuladri Vjara rasa*, *Sarivadi Vati* and *Pratimarsha Nasya* with *Anu Taila* were advised for continued care and later the patient is asked to continue *Rasayana Therapy*. The treatment led to significant relief, with marked reduction in vertigo episodes, improvement in sleep, and better auditory function.

This case illustrates the efficacy of Ayurveda in managing the complex symptomatology of Meniere's disease and highlights the

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potential of traditional therapies in conditions with limited options in modern medicine.

Key words : Meniere's disease, Ayurveda, Vertigo, *Bhrama*, *Karnakshweda*, Tinnitus, *Nasya*, *Shirobasti*, *Karnapurana*, *Rasayana* therapy.

Meniere's disease possesses the classic triad of symptoms—episodic vertigo, fluctuating hearing difficulties, and tinnitus—a chronic, idiopathic inner ear disorder. The intensity and duration of these symptoms can differ. As the illness worsens, tinnitus and imbalance may continue, vertigo episodes may become less frequent, and hearing loss may become irreversible. By affecting balance, auditory function, and psychological well-being—which frequently results in anxiety and sleep disturbances—the condition has a substantial negative influence on the patient's quality of life.²

Endolymphatic hydrops, another name for Meniere's disease, is a condition in which the membranous labyrinth's endolymphatic sac and ducts swell as a result of an increase in endolymph volume. Increased production, decreased absorption, or a combination of the two could be the cause of this. However, the precise cause is still unknown, and it is typically regarded as a multifactorial disorder.⁶ Conventional medicine's current treatment options mostly concentrate on symptomatic relief through the use of steroids, diuretics, vestibular suppressants, dietary salt restriction, and occasionally surgical procedures like endolymphatic sac decompression or labyrinthectomy. Patients still experience recurring or chronic symptoms in spite of these interventions, suggesting the need for a more comprehensive strategy.⁴

Although Meniere's disease is not specifically mentioned in Ayurveda, its symptoms are very similar to those of a number of other conditions, including *Karnakshweda*, *Badhirya*, and *Bhrama*. These ailments are typically categorised as *Vata Pradhana Tridoshaja Vyadhis*, with *Pitta* and *Kapha doshas* playing a supporting role. In certain instances, the related psychological manifestations are also attributed to the *Rajo* and *Tamo gunas*.

Karnanada is the result of agitated *Vata* upsetting the *Shabdavaha Srotas*, which causes the spontaneous perception of different kinds of sounds without the aid of an outside source. When *Vata* and *Kapha* combine, *Karnakshweda* produces high-pitched or ringing sounds. When chronic *dosha* vitiation, particularly *Kapha*, blocks the auditory pathways and results in hearing loss, *badhirya* occurs.⁸ This is how *Bhrama* is described where the patient experiences a spinning sensation (*Chakravat Bhramate*), imbalance, and loss of coordination.⁴

According to Ayurveda, Meniere's disease is a condition in which several *doshas* are involved, with *Vata* predominating. It is frequently linked to *Rasa Dhatu Kshaya* and *Srotorodha*. Ayurvedic treatment seeks to correct these *dosha* imbalances, unclog sensory pathways, bring the body and mind back into balance, and fortify the *Indriyas*. A comprehensive and long-lasting remedy for

this otherwise challenging condition is offered by therapies such as *Nasya*, *Karnapurana*, *Shirobasti*, *Rasayana* therapy, and *Satwavajaya Chikitsa*. This method enhances the patient's general quality of life in addition to symptom relief.¹

Patient information :

A 61-year-old female patient reported to the OPD of Shalaky Tantra, Khemdas Hospital, Parul University, Vadodara, with complaints of recurrent episodes of positional vertigo, occasional ringing sensation in both ears, reduced hearing, disturbed sleep, and headache, persisting over several months and aggravated in the last 1 month. The vertigo was often positional in nature, associated with imbalance, nausea, and a feeling of spinning. She also experienced a sense of aural fullness, itching and discomfort in the ears. On further examination, she was diagnosed with Meniere's

disease. Her medical history revealed Type 2 Diabetes Mellitus for over 25 years, well managed with medication. There was no other major systemic illness or neurological deficit reported. Dissatisfied with limited relief from conventional therapy, she opted for Ayurvedic treatment.

Ashtasthana Pareeksha :

Naadi - Vata

Mootra- Samanya

Mala- Prakritha

Jihwa- Liptha

Shabda- Prakritha

Sparsha-Anushnasheeta

Drik – Vyaktha

Aakrithi – Madhyama

Ear Examination :

Table-1 Aural Examinations

Parameter	Right Ear	Left Ear
External Ear (Pinna)	Normal	Normal
External Auditory Canal (EAC)	Clear	Clear
Tympanic Membrane	Intact, normal color	Intact, normal color
Mobility of TM	Normal	Normal
Tenderness (Tragus/Mastoid)	Absent	Absent
Tuning Fork – Rinne's Test	AC > BC (Positive)	AC > BC (Positive)
Weber's Test	Equally in both ears	Equally in both ears
ABC Test	Bone conduction reduced	Bone conduction reduced
Tinnitus	Present	Present
Otoscopic Findings	Normal	Normal

Vertigo Assessment :

Table-2 Vertigo Examinations

Test / Maneuver	Observation
Dix-Hallpike Maneuver	Positive on left side; vertigo and torsional nystagmus observed
Head Impulse Test	Positive on left; corrective saccade present
Romberg Test	Positive; swaying on eyes closed
Gait Assessment	Mild unsteadiness on tandem walk
Postural Sway/ Balance	Increased sway when standing with eyes closed
Orthostatic BP/ HR	Negative

Meniere's Investigations :

Table-3 Meniere's Examinations

Investigation	Observations
Routine Blood Investigations	Within normal limits
Pure Tone Audiometry(PTA)	Mild bilateral sensorineural hearing loss
Rinne's Test Weber's Test	AC > BC in both ears (Positive) Heard equally in both ears (faint)
ABC Test (Absolute Bone)	Bone conduction reduced bilaterally

Conduction)	
Tympanic Membrane (Otoscopy)	Intact bilaterally
Romberg's Test	Negative
Gait Examination	Normal
Neurological Examination	No focal neurological deficit
Nerve Conduction Test	Normal
Systemic History (DM – 25 years)	Controlled diabetes mellitus

Neurological Examination :

Gait: Normal

Romberg's test: Negative

No signs of cerebellar dysfunction

Investigation :

Routine Blood Investigation -Normal

Pure Tone Audiometry – Mild Sensorineural Hearing Loss in Bilateral Ear

Nerve Conduction Test -To rule out differential diagnoses involving peripheral or cranial neuropathies and to assess neural conduction integrity, especially due to the persistence of atypical symptoms such as prolonged headache and balance disturbances.

(K/C/O DM - 25years)

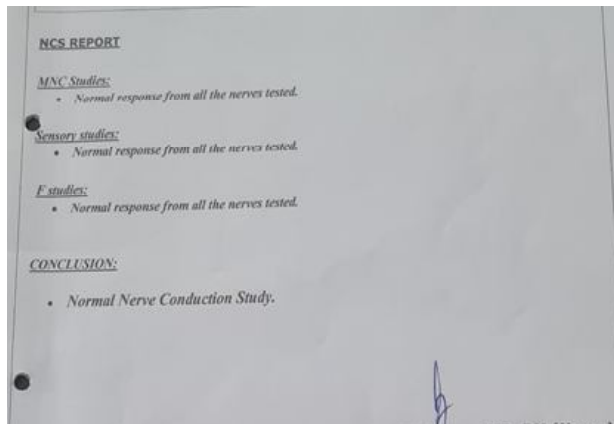


Figure 1 -Audiometry Report Before Treatment

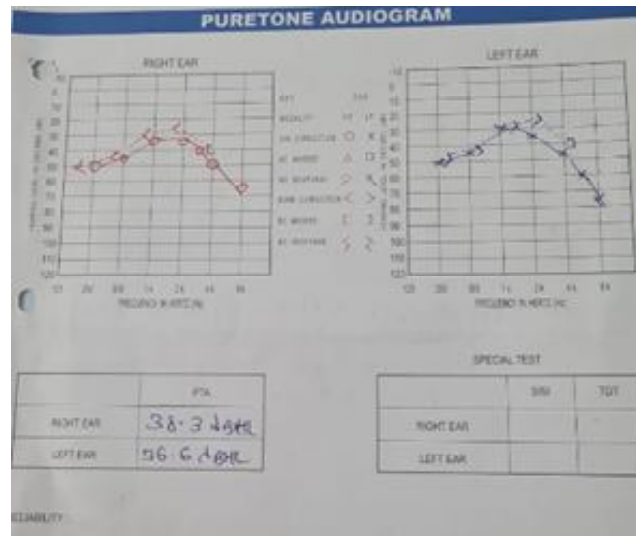
Timeline

Figure 2. Nerve Conduction Test Report

Table No.04 Sequential Representation of Treatment Done

22/03/2024	23/03/2024	20/05/2024	03/06/2024
<ul style="list-style-type: none"> • C/o recurrent episodes of positional vertigo, • Occasional ringing sensation in both ears, Reduced hearing and Aural fullness • Disturbed sleep, and headache, persisting over several months and aggravated in the last 1 month. 	<ul style="list-style-type: none"> • Considering the earlier carried out reports and after diagnostic examinations - Diagnosed of Mineres Disease • Admitted (IPD)- Panchakarma procedures and Internal Medications Started 	<ul style="list-style-type: none"> • After 1st Setting of treatment, C/o Vertigo, Tinnitus, Aural fullness, headache and reduced hearing reduced • Patient Discharged 	<ul style="list-style-type: none"> • 1st Follow up After Discharge • C/o Vertigo, Tinnitus, Aural Fullness and Reduced hearing cured • C/o Headache slightly persists • Patient advised to continue Rasayana Treatment

Diagnostic Assessment :

The patient was assessed based on classical symptoms of Meniere's disease, including recurrent positional vertigo, tinnitus, hearing loss, aural fullness, and sleep disturbances. Clinical examination revealed no cerebellar dysfunction, a negative Romberg's test, and normal neurological findings. Otoloscopic examination showed intact tympanic membranes and Weber's and Rinne's tests were consistent with sensorineural involvement. Audiometry confirmed mild bilateral sensorineural hearing loss. Considering the constellation of symptoms, the nature of vertigo, and audiological findings, the patient was diagnosed with Meniere's disease.

Therapeutic Intervention

Table-5. Treatment Done In First Visit

Date	Internal Medication	Procedure
22nd March – 4th April 2024	<ul style="list-style-type: none"> • <i>Thalam</i>–7 days <ul style="list-style-type: none"> □ 22nd March – 28th March • <i>Padabhyanga</i> with <i>Ksheerabala Tailam</i> – Daily for 14 days <ul style="list-style-type: none"> □ 22nd March – 4th April 	<ul style="list-style-type: none"> • Started from Day 1 (22nd March) and continued throughout: <ul style="list-style-type: none"> ○ <i>Drakshadi Kashayam</i> – 60 ml BD before food ○ <i>Hingvashtaka Churna</i> – 5 g BD before food ○ <i>Sarivadi Vati</i> – 2 tab BD after food ○ <i>Avipattikara Churna</i>– 5 g HS after food
5th April – 11th April 2024	<ul style="list-style-type: none"> • <i>Karnapurana</i> with <i>Dhanwantharam Tailam</i>–7 days <ul style="list-style-type: none"> □ 5th April – 11th April 	<ul style="list-style-type: none"> • Internal medications continued
12th April – 25th April 2024	<ul style="list-style-type: none"> • <i>Shirobasti</i> with <i>Bala Tailam</i>– 7 days <ul style="list-style-type: none"> □ 12th April – 18th April • <i>Pratimarsha Nasya</i> with <i>Anu Tailam</i> – Daily from this point <ul style="list-style-type: none"> □ 12th April – 20th May 	<ul style="list-style-type: none"> • Internal medications continued
26th April – 20th May 2024	<ul style="list-style-type: none"> • Continued <i>Pratimarsha Nasya</i> <ul style="list-style-type: none"> □ Till discharge (20th May) 	Monitoring: <ul style="list-style-type: none"> • Symptomatic observation: Marked improvement in vertigo, tinnitus, and sleep • Headache still persists

Table-6. Discharge medication & Follow-up

Date	Internal Medication	External Medication
□ Discharge: 20th May 2024	<ul style="list-style-type: none"> • <i>Shirashuladri Vajra Ras</i> – 2 tab BD , After food • <i>Sarivadi Vati</i> – 2 tab BD after food 	<ul style="list-style-type: none"> • <i>Pratimarsha Nasya</i> – With <i>Shadbindu Tailam</i>
□ Follow-Up: 3rd June 2024 (14 Days after Discharge)	<ul style="list-style-type: none"> • Evaluated for symptom regression or continuation • <i>Brahmi Ghrita</i>(5gm)+ <i>Ashwagandha Churna</i>(5gm) in warm milk 	

*Follow-Up and Outcomes :*Table-7 Assessment Grading Scale¹⁰

Assessment Criteria	Grade 0	Grade 1	Grade 2	Grade 3
Vertigo	No vertigo	Occasional episodes of vertigo	Frequent episodes of vertigo	Repeated episodes
Tinnitus	No Tinnitus	Occasional tinnitus	Frequent tinnitus	Continuous tinnitus
Reduced Hearing	Normal	Occasional hearing difficulty	Frequent hearing difficulty	Persistent hearing difficulty
Aural Fullness	No fullness	Occasional sensation of fullness	Frequent sensation of fullness	Persistent sensation of fullness
Headache	No headache	Occasional headache	Frequent Headache	Persistent Headache

Table-8. Observations

	Before Treatment	After Treatment	1 st Follow-Up
Vertigo	3	1	0
Tinnitus	3	1	0
Reduced Hearing	2	1	0
Aural Fullness	2	1	0
Headache	3	2	1

In Ayurvedic treatment of Meniere's disease the pharmacological measures that manages the underlying *Vata-Kapha* imbalance, *Rasa* and *Majja Dhatu Kshaya*, and *Srotorodha* are the mainstay. The main objective is to pacify the aggravated *doshas*, especially *Prana Vata*, which controls hearing, balance, and spatial orientation. Drugs and therapies with *Vata-Kapha shamana* properties are used in treatment to lessen tinnitus, vertigo, and aural fullness. To removes *shrotorodha* of *srotases* of *shiras* and *karna*, *srotoshodhana*, is necessary. In order to support long-

term recovery and prevent recurrence, medicines with *Brimhana* and *Rasayana* actions are used to strengthen and nourish the nervous and auditory tissues. Chronic vertigo frequently disrupts sleep, which is why *medhya* and *rasayana* line of treatment is necessary to help stabilise the mind, lower anxiety, and enhance sleep. Furthermore, the incorporation of anti-inflammatory and neuroprotective agents helps in relieving nerve irritation and restoring sensory functions.¹³

Having a wide spectrum of symptoms,

various therapeutic modalities are employed in a systematic manner, along with the simultaneous administration of internal medications, to effectively manage and keep the symptoms of Meniere's disease in check. These include external therapies like *Thalam* (the application of medicated paste over the vertex), with *Ksheerabala Tailam* has specific calming and neuroprotective effects by directly affecting cortical centres and *Sahasrara Marma*. The oil's *Brimhana* and *Majja* dhatu-*pushti* action strengthens the nervous tissue, lowering neurovascular instability linked to vertigo and tinnitus, while its *Ushna-Snigdha* qualities calm *Vata*. *Bala* (*Sida cordifolia*) and *Ksheera* (milk) work together to reduce symptoms like imbalance and cranial nerve pain by promoting nerve regeneration, enhancing circulation, and calming inflammation. By activating key *Marma* points on the soles that represent the ears, brain, and spine, *Padabhyanga*, which uses the same oil, also has a grounding effect. It aids in balancing *Prana Vata* which governs equilibrium, hearing, and spatial awareness, which controls balance, hearing, *Ksheerabala Snigdha*, *BrimhaGa* nature improves sleep, lowers anxiety, and encourages systemic relaxation—all of which are critical for long-term recuperation and preventing vertigo attacks in Ménière's disease. When combined with *Ksheerabala Tailam*, *Thalam* and *Padabhyanga* offer a profoundly nourishing and stabilising treatment.¹¹ *Shirobasti* which involves the retention of warm medicated oil over the scalp for a prescribed duration. It is especially indicated in *Urdhwajatru Vata Vyadhi*, targeting the central nervous system and sensory organs. *Shirobasti* also pacifies the aggravated *Prana* and *Vyana Vata* in the *shiro pradesha*, which are responsible for

balance, coordination, auditory perception, and mental clarity. *Bala Taila* strengthens *Majja* Dhatu and stabilizes the nervous impulses that regulate hearing and balance. Other than pacifying the *vata dosha*, *shirobasti* with *bala taila* also helps in reducing *Kapha*-related symptoms such as aural fullness, itching, and sluggish circulation in the auditory system. The *ushnatva* of *taila* helps in liquefying and eliminating obstructive *Kapha* from the *srotas* and the *snigdhatva* to counteract the *ruksha*, *chala* qualities of *Vata*, reducing vertigo, tinnitus, and nervous agitation.⁹ It encourages restful sleep and lessens related stress and anxiety, which frequently make Meniere's symptoms worse. *Karnapoorana* with *bilwadi taila* is also done by specifically targeting the symptoms related to *karna*, which involves applying warm oil to the ears. By counteracting the *Ruksha* (dry) and *Chala* (unstable) aspects of *Vata*, *Bilwadi Taila* possesses *Snigdha* and *Brimhana* *gunas* which lessen giddiness, ringing sensations, and hearing instability. The *Majja* Dhatu is calmed by the warm oil, which stabilises auditory nerve functions and lessens spinning sensation. *Srotorodha* (channel blockage) caused by *kapha* in the head region results in fullness, heaviness, itching, and diminished hearing. The qualities of *Laghu* (light), *Tikta* (bitter), and *Ushna* (heat) found in *Bilwadi Taila* aid in releasing stored *Kapha*, unclogging the *Karna Srotas* (ear canals), and reducing aural fullness. This *taila* also exhibits *shothahara* and *shodhana* actions, which help clear excess moisture or fluid build-up akin to endolymphatic hydrops seen in Meniere's.¹⁶

Pratimarsha Nasya is administered with *Anutaila* described in classical texts, is *tridoshaghna* during the course of hospital

admission to control vertigo and giddiness by stabilizing *vata* in the CNS which alleviates tinnitus and hearing instability by nourishing auditory pathways and relieves aural heaviness and fullness by clearing *Kapha* from the ear channels. It improves mental clarity, sleep quality, and reduces stress. It acts as a nervine tonic and local *Rasayana*, enhancing the resilience of the auditory and vestibular system. The *sukshma*, *vyavayi* and *tikshna gunas of anutaila* allows it to cross blood-brain barrier-like action, reaching the *shirogata srotases* and clearing the *srotorodha*.¹²

Post-discharge, *Pratimarsha Nasya* is continued with *Shadbindu Taila*, which has stronger *Brimhana*, *Rasayana*, and *Majja-poshaka* properties which supports long-term recovery by rejuvenating the auditory and nervous systems, preventing recurrence of symptoms, and strengthening sensory perception through deeper dhatu-level action. Its *tiktakashaya rasa* and *ushna virya* help in clearing residual *Kapha* and promoting nerve regeneration, aiding in long-term recovery from hearing loss and tinnitus.³

Internal medications such as *Hingvashtaka Churna* will do *Agnideepana* and *Amapachana* which will help in removal of *Avarana* of *Kapha* and do *Vatanulomana*.¹³ *Madhura Vipaka*, *Madhura Kasaya*, *Katu Rasa Yukta*, *Katuvipaka*, and *Ushnavirya* are all found in *Avipattikar Churna*. *Pittashamana*, *Agnivardhaka*, *Bhrama Kasahara*, *Mutrakricchahara*, and *Mrudu Rechana* are among its properties. It can balance *Vata and Kapha* because of *Kashaya*, *Katu Rasa*, *Ushna Veerya*, and *Katu Vipaka*. It was chosen in particular because of its antioxidant, antisecretory, anti-inflammatory, and mild

laxative qualities. Hence, it makes sense that this medication's *Rechana*, *Mutrala*, and *Shothahara qualities* could aid in reducing the excess fluid in the inner ear.⁵ A number of pharmacological effects exhibited by *Drakshadi Kashaya* are extremely pertinent to the treatment of Menier's disease. It calms the *Vata and Kapha doshas*, which are principally responsible for tinnitus, vertigo, hearing loss, and aural fullness. By its *srotoshodhana* action it lessens tinnitus and aural congestion. The formulation supports the stability and nourishment of the vestibular and auditory systems through its *Rasa dhatu poshana* effect. Its neuroprotective and antioxidant qualities help stabilise inner ear function and stop recurrent vertigo, are attributed to ingredients like *Draksha* and *Madhuka*. While its mild anxiolytic effect soothes the nervous system, the *sheetala* (cooling) and *pittahara* (pitta-alleviating) actions aid in the relief of related headaches and head heaviness.¹⁴

Sarivadi Vati gets rid of *Srotorodha* by performing *Vatanulomana*. Primarily functioning as a *Vata-Kapha shamaka*, it resolves the fundamental doshic imbalance that causes symptoms like vertigo, tinnitus, and progressive hearing loss. Its nervine tonic and *medhya* qualities support sensory perception and balance by fortifying the vestibular and auditory nerves. The formulation counteracts the *dhatu kshaya* that causes the degeneration of auditory functions by improving *Majja* and *Rasa dhatu* nourishment. Additionally, *Sarivadi Vati* has *lekhana* and *srotoshodhana* qualities that lessen *Kapha*-induced blockage in the inner ear channels, which relieves symptoms like noise perception and aural fullness. Ingredients like *Abhraka* and *Swarna Makshika*

Bhasma and *Loha Bhasma* also helps to restore normal ear function by enhancing tissue oxygenation and microcirculation. The psychological stress and irritability frequently linked to chronic vertigo are also lessened by its adaptogenic and anti-anxiety properties.¹⁵ Accordingly, *Sarivadi Vati* provides a thorough pharmacological profile that, in accordance with Ayurvedic principles, targets the underlying pathophysiology in addition to relieving the symptoms of Menier's disease.

When used as a discharge medication for Menier's disease, because of its strong *Shirogata* Vata pacifying, analgesic, and rejuvenating properties, *Shirashuladri Vajra Rasa* is used as headache continued even after the main course of treatment is finished. *Shirashoola* of Vata origin, which frequently arises from disturbed Prana and *Udana Vata* in the *Urdhwajatrugata* region, is specifically indicated by this traditional formulation. By functioning as central and peripheral analgesics, lowering vascular spasm, and removing *Kapha*-induced *Srotorodha* that may linger in the inner ear region, its main ingredients—*Vatsanabha*, *Abhraka Bhasma*, and *Trikatu*—help relieve chronic, intractable headaches. Additionally, it improves microcirculation, stabilises the nervous system and auditory pathways, and supports *Majja Dhatu* nourishment.¹⁸

When used as *Rasayana* therapy following the initial follow-up in Meniere's disease, *Brahmi Ghrita* and *Ashwagandha Churna* complement each other to improve dhatu nourishment, restore neurological balance, and offer long-term stabilisation. As a nervine tonic, *Brahmi Ghrita*, a medicated ghee made with *Brahmi* and other medhya

herbs, enhances memory, neurovascular tone, and cognitive abilities. It helps to lessen vertigo and tinnitus by calming the nervous system, supporting inner ear stability, and calming aggravated *Vata dosha* in the *urdhva jatrugata* region. Because *Majja* and *Rasa* dhatus are frequently depleted in chronic cases, its ghee base guarantees deeper dhatu-level absorption. However, *ashwagandha churna* is a powerful adaptogen and *balya rasayana* that strengthens the neuromuscular system, fights fatigue brought on by stress and balances *Vata* in the nervous system.¹⁷ It helps repair auditory structures, enhances inner ear perfusion, and maintains neuroendocrine balance. Together, these formulations support the objectives of *Rasayana chikitsa* in chronic neurological conditions like Meniere's disease by strengthening the body's resilience, preventing recurrence, and enhancing general mental clarity and vitality in addition to maintaining remission of symptoms like vertigo, hearing loss, and tinnitus.

Patient Perspective :

The patient experienced marked relief from vertigo, tinnitus, and aural fullness after treatment. Hearing improved, balance was restored, and anxiety reduced significantly. Overall, the patient felt calmer, more energetic, and satisfied with the holistic Ayurvedic approach, especially the *Rasayana* therapy, which supported long-term recovery and stability.

Informed consent :

The authors confirm that informed consent has been obtained from the patient, permitting the publication of their clinical

information. The patient is aware that while all efforts will be made to maintain confidentiality, complete anonymity cannot be guaranteed, although their name and initials will not be revealed.

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