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Management of Bhrama Correlated with BPPV through Ayurvedic Intervention: A Case Report

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Abstract

Vertigo is a false sensation of movement, commonly presenting as a spinning or whirling sensation. Benign Paroxysmal Positional Vertigo (BPPV) is one of the most common causes of vertigo and is triggered by changes in head position. In Ayurveda, its clinical presentation can be correlated with *Bhrama*.

A 28-year-old female presented to the Shalakya Tantra OPD with complaints of whirling sensation while changing position from lying to sitting, especially on the right side, for 10–15 days. The episodes lasted about 30 seconds and were aggravated by viewing fast-moving objects. Based on history and clinical examination, BPPV was diagnosed. The patient was managed with Ayurvedic medications and Brandt-Daroff exercises according to the involved doshas and clinical features.

Significant subjective improvement was observed within one month of treatment.

BPPV can be correlated with *Bhrama* described in Ayurveda, a condition characterized by a sensation of whirling and instability. It is associated with the vitiation of Vata, Pitta, and Raja doshas and may be linked to *Majja Pradoshaja Vikara* and *Majjadhatu Kshaya*.

This case study suggests that Ayurvedic management along with Brandt-Daroff exercises may be beneficial in the treatment of BPPV (*Bhrama*).

Key words : Benign paroxysmal positional vertigo, Dizziness, *Bhrama.*

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Vertigo refers to a feeling of self-motion when no movement exists or a false sensation of motion during normal head movement.[1] It is a type of dizziness characterized by an erroneous perception of self or object motion, most commonly rotatory in nature. Vertigo may be vestibular or non-vestibular and peripheral or central. Among peripheral causes, Benign Paroxysmal Positional Vertigo (BPPV) is the most common, presenting with brief episodes of vertigo triggered by changes in head position such as lying down, turning in bed, or getting up. The prevalence of BPPV among patients with vertigo ranges from 17% to 42%.[3] Although it is more common in individuals aged 50–70 years, it can occur at any age.[4]

BPPV occurs due to the displacement of calcium carbonate crystals (otoconia) into the semicircular canals of the inner ear, most commonly the posterior semicircular canal (80–90%).[5] In Ayurveda, based on its clinical presentation, BPPV can be correlated with *Bhrama*. *Bhrama* is described by Acharyas as a sensation of spinning and instability and is associated with the vitiation of Vata, Pitta, and Raja doshas. It has been mentioned both as a disease and as a symptom in various disorders, including *Majja Pradoshaja Vikara*. Due to the limited evidence available regarding BPPV in Ayurveda, its correlation with *Bhrama* warrants further clinical exploration.

Objectives :

1. Understand vertigo under the umbrella of Bhrama.
2. To investigate the efficacy of ayurvedic intervention combined with Brandt-Daroff exercises in the therapy of benign paroxysmal positional vertigo (BPPV).

Case Report :

A 28-year-old female presented to the Shalakya Tantra OPD with complaints of recurrent spinning sensations while rising quickly from a right lateral position and on viewing fast-moving objects for the past 10–15 days. The episodes lasted approximately 20–30 seconds and were precipitated by sudden head movements.

History of Present Illness : The patient was apparently healthy 10–15 days prior to the onset of symptoms. She experienced recurrent episodes of vertigo triggered by positional changes, particularly when getting up from lying on her right side. She had previously consulted an ENT physician and was diagnosed with Benign Paroxysmal Positional Vertigo (BPPV). Treatment with Tab. Vertin 16 mg provided temporary relief, but the symptoms recurred after a few days. No significant family history was reported.

General Examination :

- Pulse-68/min
- Respiratory rate-19/min
- B.P-130/80 mmHg
- Temp- 97.5 F
- Height- 149cm
- Weight-58 kg
- *Agni- manda*
- *Koshtha- madhyama*
- *Prakriti: Vata-Kapha*
- *Dosha Involvement: Predominantly Vata and Pitta*
- *Dushya: Rasa, Majja*

- *Srotas Affected: Manovaha, Rasavaha, Majjavah*

Systemic Examination :

- Respiratory System - on auscultation, normal sounds heard and no abnormality detected
- Cardiovascular System - S1 S2 heard and no abnormality detected.
- Gastrointestinal System - Soft, non-tender, no organomegaly detected
- CNS: Romberg's sign – Positive
- Nystagmus – Present
- Coordination – Slightly impaired during episode
- ENT: No signs of ear infection or wax impaction

Examination

(A) General Examination of Ear

	External auditory canal	Tympanic membrane
Right ear	Clear	Intact with normal limits
Left ear	Clear	Intact with normal limits

(B) Test of Hearing -

	Rinnes test	Webers test
Right ear	AC > BC	No lateralisation
Left ear	AC > BC	No lateralisation

(C) Vestibular system examination :

1. **Spontaneous nystagmus test - positive (spontaneous nystagmus)**
2. **Fistula test - negative**
3. **Romberg's test- negative**
4. **Sharpened romberg's test - positive (swaying to right side)**
5. **Dix- hallpike maneuver - positive (15 seconds)- right side**

***Asthavidha Pariksha (*Eightfold Examination) :**

1	*Nadi*	68/min
2	*Mala*	1time/day
3	*Mutra*	3-4times/day1 time/night
4	*Jihva*	*Niram*
5	*Shabda*	*Prakrut*
6	*Sparsha*	*Sigdha*
7	*Druka*	*Prakrut*
8	*Akriti*	*Madhyma*

Investigations :

Audiometry / Vestibular Function Test: Normal

CT scan: No any deformity seen

Diagnosis :

The diagnosis of vertigo was confirmed by brief episodes of vertigo trigged by specific head movement

- *Ayurvedic* Diagnosis*: Vata-Pitta pradhan Bhrama*
- *Positive Dix- Hallpike test.*

Therapeutic Intervention

Ayurvedic Management-

Nasya with shadbindu tail

Medicine	Frequency	Time period
Vidaryadi ghrita[7]	10ml morning in empty stomach	1month
Saraswatarishta	15ml twice day after food	1month
Pathyadi kadha[8]	15ml twice a day before food	1month
Drakshadi kashyam[10]	15ml twice a day after food	1month
Cap. Sheerabala	1 tab after food twice a day	1month
Tab. Kamadhudha rasa[9]	1 tab twice a day before food	1month
Branch –Daroff exercise[6]	Twice daily in three repetitions	1month

Follow-up and outcomes :

On follow-up after one month, the patient showed significant improvement, with marked reduction in both frequency and intensity of vertigo episodes. The absence of side effects and sustained relief indicate the efficacy of the Ayurvedic protocol.

Vertigo is a common symptom arising from peripheral or central causes. In this case, a 28-year-old female presented with recurrent episodes of vertigo associated with blurred vision and headache. The attacks were spontaneous and triggered by sudden movements, initially suggesting vestibular causes such as Benign Paroxysmal Positional Vertigo (BPPV) or vestibular migraine. However, detailed radiological and ENT evaluations ruled out structural pathology, and the condition was considered functional.

In Ayurveda, vertigo is correlated with *Bhrama*, caused by vitiation of Vata and Pitta doshas affecting Rasa and Majja Dhatu along with Manovaha Srotas. Management was planned accordingly using Shamana Chikitsa. Formulations such as Vidaryadi Ghrita[7], Saraswatarishta, Pathyadi Kadha, Drakshadi Kashayam[10], Sheerabala capsules, and Kamadudha Rasa[9] were selected for their Vata-Pitta shamana and Medhya (neuro-supportive) properties. These helped stabilize the nervous system and restore functional balance.

Supportive therapies like Nasya and Pathyadi Kadha were effective in managing Urdhwajatrugata symptoms. Additionally, Brandt–Daroff exercises were advised to improve vestibular adaptation through repeated positional movements.

Lifestyle and dietary modifications played a crucial role. The patient was advised to avoid triggers such as late nights, spicy food, and excessive screen exposure, which aggravate Vata and Pitta. Incorporation of pranayama and stress-reducing practices further supported recovery.

This case highlights that an individualized Ayurvedic approach, based on Dosha, Dhatu, and Srotas involvement, can provide safe and effective management of functional vertigo, leading to complete symptomatic relief within one month.

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