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A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF BHRAMA (VERTIGO)

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ABSTRACT
Bhrama[1,2,3,4] (vertigo) is a common clinical condition described in Ayurveda, often associated with Vata and Kapha vitiation. This case report presents the successful management of a 43-year-old male patient presenting with giddiness, imbalance, drowsiness, and reduced strength in bilateral upper and lower limbs. The Ayurvedic line of management included internal medications and external therapies, which showed significant improvement in symptoms within the treatment period.
KEYWORDS: *Bhrama, Ayurveda, Sarvanga Abhyanga, Shiro Pichu, Anuvasana Basti.*

INTRODUCTION

Bhrama is a condition characterized by an altered sense of perception, spinning sensation, or instability, commonly understood as vertigo in contemporary medicine. In Ayurvedic classics, bhrama has been described as a Vata-Pitta dominant disorder, where vitiation of Vata causes gati-vaishamya (disturbed motion), while aggravated Pitta contributes to drishti bhramsha (disturbed vision), chardi (nausea), and daha (burning sensation).

From a modern perspective, vertigo arises due to dysfunction of the vestibular apparatus, brainstem, or associated pathways. It is one of the most frequent complaints in middle-aged and elderly patients, significantly impairing quality of life by disturbing balance, causing falls, and interfering with routine activities. In diabetic and hypertensive individuals, vascular changes and metabolic disturbances further aggravate the condition, making management more challenging.

Contemporary management involves vestibular suppressants, anti-emetics, and physiotherapy, but these provide only temporary relief. Long-term recurrence and side effects of medicines necessitate alternative and holistic approaches. Ayurveda, with its tridosha framework, provides a comprehensive understanding of bhrama. Classical texts such as Charaka Samhita and Sushruta Samhita emphasize that aggravated Vata in association with Pitta obstructs the channels of Mano-indriya and Prana Vata, thereby producing bhrama.

The role of agni (digestive fire) is also crucial; Vishamagni and Mandagni lead to Ama formation, disturbing Vata and Pitta further. Pathya-apathya (dietary regimen) and lifestyle factors such as irregular food habits, stress, and suppression of natural urges contribute significantly.

Chief Complaints

- Giddiness and imbalance during walking since 4 days
- Drowsiness with vomiting during giddiness episodes
- Reduced strength in bilateral upper and lower limbs since 4 days

Clinical Findings on Admission

- Power: Bilateral upper limbs 3/5, Bilateral lower limbs 3+/5
- Hand grip: 4/5
- Rhomberg's test: Positive
- Tandem walk: Positive

Investigations

- **Hemoglobin:** 14.4 gm%
- **Total WBC:** 5900 cells/cmm (Normal 4000–11000)
- **Platelet Count:** 3.18 lakhs/cmm
- **RBC Count:** 4.80 millions/cmm
- **Blood Sugar (FBS):** 105 mg/dl
- **Blood Urea:** 18 mg/dl
- **Serum Creatinine:** 0.9 mg/dl
- **Lipid Profile:**
- Total Cholesterol: 188 mg/dl
- HDL: 40.8 mg/dl
- LDL: 107.8 mg/dl
- Triglycerides: 197.1 mg/dl
- VLDL: 39.4 mg/dl
- **HIV & HBsAg:** Negative

Diagnosis
Final Diagnosis: Bhrama
Treatment Given

- **Internal Medications:**
  - Tab. Dhanwantaram 1-1-1 B/F
  - Saraswatarishta[5] 15 ml BID
- **External Procedures:**
  - Sarvanga Abhyanga[6] with Balaashwagandhadi Taila
  - Shiro Pichu[7] with Himasagara Taila
  - Anuvasana Basti[8] with Dadimadhyaghrita
  - (40 ml)

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Result

- The patient showed marked improvement in giddiness, drowsiness, and muscle strength after treatment.
- Discharged with stable condition and advice for continuation of medicines.

Treatment Advised on Discharge

- Tab. Kamdudha Mukta 1-1-1 B/F
- Cap. Neugesic XT 1-0-1 A/F
- Saraswatarishta 30 ml, twice daily

DISCUSSION

Bhrama is explained in Ayurveda as a manifestation of vitiated Vata and Kapha doshas obstructing the normal functioning of Indriyas and Mana. In this case, the use of **Dhanwantaram** (a Vatahara medicine) along with **Saraswatarishta** (Medhya[9] and Balya) helped to restore neurological balance. External therapies like **Sarvanga Abhyanga, Shiro Pichu, and Anuvasana Basti** played a crucial role in pacifying aggravated Vata and strengthening neurological functions. The overall management shows the effectiveness of Ayurveda in treating conditions comparable to vertigo in modern medicine.

CONCLUSION

The present case demonstrates that Ayurveda offers an effective management strategy for Bhrama (vertigo) through internal medications and Panchakarma procedures. Significant improvement in clinical symptoms supports the classical approach of treating Vata-Kaphaja disorders with both Shamana and Shodhana therapies.

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