



Case Study

AYURVEDIC MANAGEMENT OF *BADHIRYA*

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ABSTRACT

In Ayurveda, hearing loss is described as *Badhirya*, resulting from obstruction of *Shabdavaha sira* (blood vessel carrying sound) by vitiated *Vata* and *Kapha dosha*. This case report highlights the role of Ayurvedic management as supportive therapy in a child with persistent conductive hearing loss. **Methods:** A 9-year-old male child with bilateral decreased hearing for six years was evaluated clinically and audiotologically. The condition was assessed as *Badhirya* (hearing loss) with *Vata-Kapha* predominance. The patient underwent inpatient Ayurvedic management including *Deepana-Pachana* (stimulate digestive fire and digest toxins), *Brimhana* (nourishing therapy) *Rasayana* (rejuvenating therapy) and *Shodhana* (purificatory therapy) therapies. Internal medications included *Ashtachoornam*, *Krimighna Vati*, *Rasnadasamoola Ghrita*, *Ashwagandha choorna*, and *Rajanyadi choorna*. *Panchakarma* procedures such as *Takrapana* (consuming medicated butter milk), *Snehapana* (consuming medicated ghee), *Abhyanga* (massage), *Mridu Virechana* (purgative therapy), *Ksheeradhooma Nasya* (nasal drops), *Shirovasti* (keeping oil in head), and *Karnapoorana* (filling the ear with medicated oil) were administered. **Results:** Pure tone averages reduced from 53.3 dB to 33.3 dB in the right ear and from 50 dB to 33 dB in the left ear. Speech reception thresholds improved from 55 dB to 35 dB bilaterally. **Discussion:** The observed improvement may be attributed to correction of *Agni* (digestive fire), reduction of *Kapha* obstruction, pacification of *Vata*, and nourishment of *Dhatus*. The combined use of *Shodhana* (purificatory therapy) and *Brimhana* (nourishing therapy) therapies likely enhanced middle ear function, immunity, and overall vitality.

INTRODUCTION

One of the most important senses in a child's development is hearing, which influences not just speaking and language but also learning, socialization and self-assurance in general. When hearing loss occurs during the formative years, its effects extend far beyond the ear-it can affect academic progress, communication with peers, and even emotional well-being.

Hearing loss may be present from congenital or acquired. The acquired type is commonly divided into conductive, sensory neural and mixed. In conductive hearing loss the passage of sound waves from the outer ear to the inner ear is blocked or impaired.

Everyday causes include otitis media with effusion, chronic ear infections, damage to the ear drum, and conditions like otosclerosis<sup>[1]</sup>.

The prevalence of hearing loss is high in India, where community studies show that between 6 and 26% of people have hearing loss, with disabling hearing loss occurring in 4.5% to 18.3% of cases<sup>[2]</sup>. Among children, the prevalence ranges from 6.6% to 16.47%, with otitis media being the leading cause. For a school-going child, even a moderate impairment can become a daily struggle-difficulty following lessons in the classroom, inability to recognize sounds during play, or missing important social cues.

A variety of treatments are available through modern medicine. Middle ear infections often go away on their own with time. However, surgical techniques such as grommet insertion are used if the fluid continues and the hearing loss more than 25-30 dB. Recurrence of symptoms and consequences such as infections or tympanosclerosis are common, even though they frequently restore hearing<sup>[3]</sup>.

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Hearing loss is referred to as *Badhirya* in Ayurveda. According to Susruta, *Shabdhavaha sira* (the auditory pathway) of the *Srotendriya* (the organ of hearing) is blocked by *Vata* and *Kapha*, which leads to *Srotorodha* (channels obstruction), which in turn causes hearing impairment<sup>[4]</sup>. The *Samanya chikitsa* (general management approach) stresses *Rasayana* (rejuvenating therapy) treatment, *Ghritapana* (medicated ghee intake), and cautious lifestyle practices such as abstaining from excessive exertion, regular head showers, and indulgence while adhering to *Brahmacharya* (celibacy).

The experience of a 9-year-old boy who has been dealing with hearing loss for six years is shown in this case. Even after receiving surgical treatment, he still has difficulties in his day-to-day activities and academic performance. His illness influenced his confidence among peers in addition to his capacity to identify noises. With this background, the child was admitted to Ayurvedic management.

The aim of this case report is to share the clinical course of this young patient with conductive hearing loss, correlating it with Ayurvedic concept of *Badhirya* (hearing loss). The objective is to emphasize the possible role of Ayurvedic therapeutic measures as supportive care in children who continue to struggle with hearing loss despite conventional treatment

## MATERIALS AND METHODS

### Case Description

#### Demographic data

Age: 9 years

Sex: Male

Occupation: Student

Place: Kannur, Kerala

#### Chief Complaints

Decreased hearing in both ears for 6 years.

#### History of presenting complaints

A 9-year-old moderately built male child presented to our OPD with complaints of bilateral decreased hearing for the past 6 years. He initially reported inability to hear approaching vehicles and horns while riding bicycle. Subsequently, he also had trouble in following classroom instructions, particularly when seated in last bench. There is no history of ear discharge, tinnitus, vertigo, head trauma or exposure to ototoxic drugs. The child was admitted in our IPD for further evaluation and management.

#### History of past illness

- No history noted
- Family history – Nil

#### On local examination

Nose, throat – NAD

**Table 1: Examination of ear**

	Right Ear	Left Ear
Pinna	NAD	NAD
Pre auricular and post auricular area	NAD	NAD

**Table 2: Otoscopic examination**

	Right Ear	Left Ear
EAC	Clear	Clear
TM	Retracted	Retracted
COL	Absent	Absent

**Table 3: Tuning Fork Examination**

Rinne test	BC>AC	BC>AC
Weber test	Lateralised to right ear	Not lateralised
ABC	Same as that of examiner	Same as that of examiner

**Table 4: PTA**

24/02/2024	Right Ear	Left Ear
Pure tone average	53.3dB	50dB
Speech reception threshold	55dB	55dB

#### Tympanogram

B curve in both ears – Middle ear pathology indicated fluid in the middle ear.

#### General Examination

Pulse – 72 bpm

Respiratory rate – 20/min

Heart rate – 70 bpm

#### *Samprapthi ghatakas*

- *Dosha: Vata kapha*
- *Dushya: Rasa*
- *Agni: Mandagni*
- *Srotas: Rasavaha*
- *Srotodushti: Sanga & Vimargagamana*
- *Adhishtana: Karna*
- *Sadhyasadyatha: Krichra sadya*

**Table 5: Internal medicines**

S.No	Drug	Dose	Duration
1	Ashtachornam	1 tsp bd with lukewarm water	7 days
2	Krimighna Vati	1-0-1 a/f	7 days
3	Rasnadasamoola ghrita	1 tsp HS	Whole treatment period
4	Aswagandha choornam	1tsp bd a/f with milk	Whole treatment period
5	Rajanyadi choornam	1 tsp bd a/f with honey and ghee in unequal qty.	Whole treatment period

**Table 6: Procedures**

S.No	Procedure	Medicines used	Duration
1	Takrapanam	Ashtachornam	1 day
2	Snehapanam	Rasnadasamoola ghrita	3 days
3	Abhyangam + Ushnambusnanam	Lakshadi taila	2 days
4	Virechanam	Gandharverandam + milk+ triphala Kashaya	1 day
5	Ksheeradhooma nasysa	Rasnadasamoola ghrita	5 days
6	Shirovasthi	Ksheerabala +karpasastyadi taila	7 days
7	Karnapooranam	ksheerabala 101 Avarti	7 days

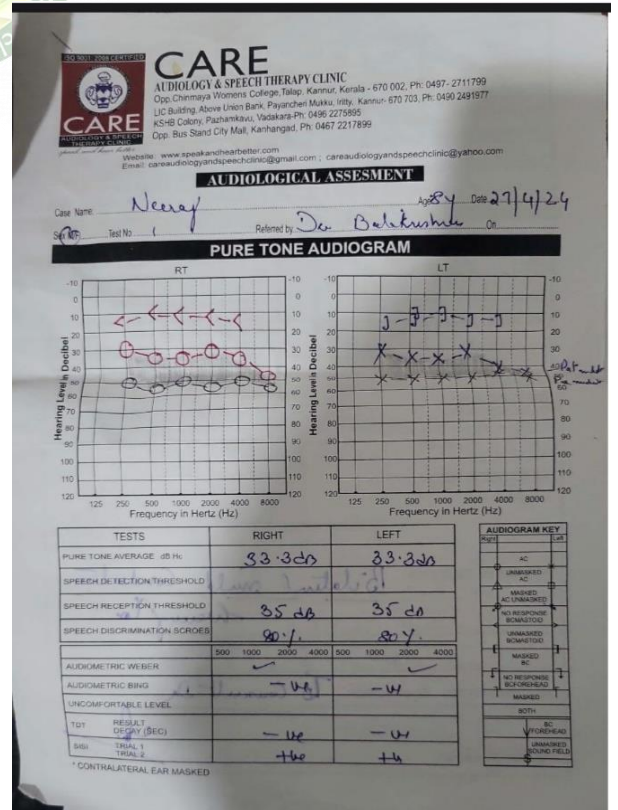
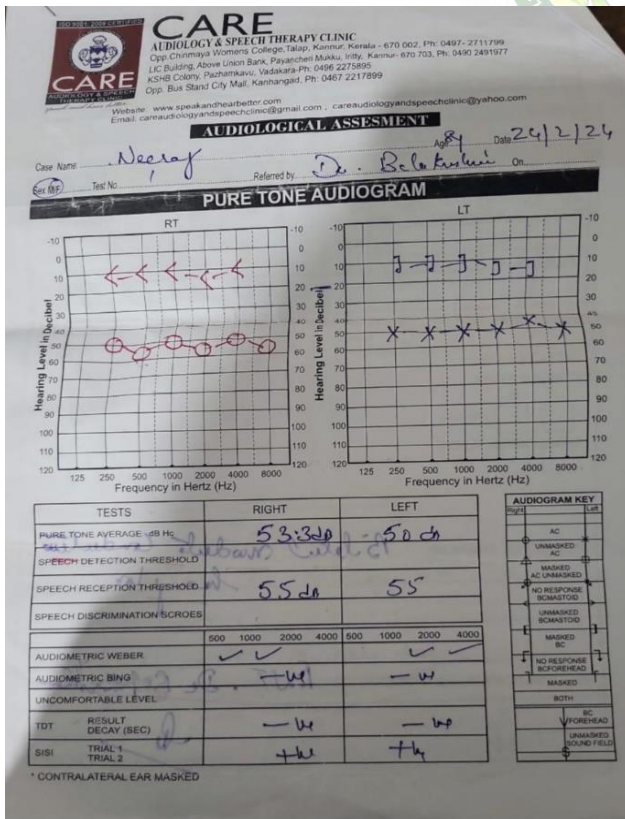
**RESULTS AND DISCUSSION**

**Table 7: After treatment**

27/04/2024	Right Ear	Left Ear
Pure Tone Average	33.3 dB	33.3 dB
Speech reception threshold	35 dB	35 dB

Before treatment

After treatment



## DISCUSSION

In this case, the aim of the protocol was to correct *Agni* (digestive fire) deworming, *Brimhana* or nutritive therapy, and immune boosters. Proper *Agni* (digestive fire) and deworming help in providing good nutrition by absorption and assimilation of drugs given. Also, hearing loss will not progress further. *Brimhana* (nourishing therapy) drugs provide proper *Dhatu poshana* (tissue nutrition) which strengthens the *Srotas* of *Karna* and balances the aggravated *Vata*. An immune booster helps in supporting the child's immune system thereby preventing further infection which can worsen the hearing loss.

Internal medications

**Rajanyadi choorna:** In this case, *Kapha dosha* is seen as a significant predisposing factor, given that childhood represents a naturally *Kapha*-dominant phase of life, and this physiological predominance may become pathological when associated with diseases such as allergies, sinusitis, or adenoids. Chronic *Kapha* aggravation in such youngsters can result in *Shiro Abhishyanda*, which may later have an impact on ear health. To prevent and treat ear diseases in children, it is therefore essential to control *Kapha* and preserve the power of *Agni*. Also, *Rajanayadi choorna* has immunomodulatory and antioxidant potential.

**Ashta choorna:** To increase the digestive fire and expel the *Ama*, *Ashtachoorna* was given internally with *Takra* (buttermilk) Most of the drugs are *Katu* (pungent) and *Lavana* (salt) *Rasa pradhana* this helps in stimulating *Agni*. It also carries properties like *Laghu* (light), *Ruksha* (dry), and *Theekshna* (sharp) *Guna* which help in easy digestion and *Srotosodhana* (purification of channels). *Ruksha guna* act as *Ama* (toxins) and *Kapha dosha hara*. *Theeksha guna* acts as a *Pitta vardhaka* and enhances *Agni*.

**Krimigna vati:** This promotes smooth muscle contraction, helps faster digestive function, and proper elimination. Because of its building and nourishing qualities, this is excellent for providing *Ojas* and, in this way, providing immunity. Thus, they can prevent further infection.

**Aswagandha choorna:** *Ushna veerya* (hot potency) and *Madhura vipaka* (sweet after digestion) of *Aswagandha choorna* pacify *Vata* and nourish *Dhatu*. Withanolides present in *Aswagandha* stimulate natural killer cells and modulate cytokines and thus improve the host immunity.

**Rasna dasamoola ghrita:** The formulation, which includes *Aja mamsa* (goat meat) and *Jeevaniya gana*, is particularly effective for enhancing the immune system and providing deep nourishment, particularly in young children. The *Ghrita* (ghee), which is of *Snigdha* (smooth) nature, increases the *Bala* (strength). In children this can be understood as a boost to the overall vitality and development. The

overall goal of administering *Snehapana* in this protocol is to correct *Agni* and thereby ensure proper *Dhatu* formation and nourishment.

**Lakshadi taila:** This was carried out as a *Poorva karma* (preparatory procedures) prior to *Virechana* (purgation therapy) to facilitate the body's easy *dosha* elimination. *Lakshadi taila* was employed in this instance; according to Acharya, it is a *Balyam* (strength) that may strengthen the ear ossicles.

**Mridu Virechana:** It is done to correct *Dosha vaishamyam* by eliminating vitiated *Doshas* from *Koshta*. Classical texts mention that properly administered *Virechana* brings about *Indriya prasada*, *Agni deepana*, and the promotion of *Dhatu poshana*.

**Ksheeradhooma nasya:** The idea that *Nasa hi siraso dhwarem* emphasizes how *Nasya* can influence the head, brain, and sense organs, particularly the ear. *Nasya* provides *Dridendriya* (giving strength to sense organs) and *Ghrita* functions as *Yogavahi* (bioenhancers), enhancing therapeutic efficacy by facilitating absorption and delivery of the active phytochemical into deeper tissues, including the structures of the ear. *Ksheeradhooma* also alleviates the increased *Vata* in *Srotra*.

**Shirovasti:** *Shirovasti* provides *Indriya prasada* and treats diseases of *Vataja* origin. *Ksheerabala*, used in this case, is known for its *Indriya prasada* and *Brimhana* action. The ingredients are *Bala*, *Tilataila*, and *Ksheera*, which are known to be *Balyam*, which means they help strengthen and stabilize the middle ear structures, and *Karpasastyadi tailam*. Most of the drugs are *Vata kapha haram* and help in giving strength to nerves and muscles.

**Karnapooranam:** Due to the *Balya* and *Brimhana* qualities of medicine included in *Ksheerabala taila*, it helps in improving the muscle strength. Chemical constituents of *Ksheerabala*, being strong antioxidants, help in preventing possible damage to the ear.

## CONCLUSION

This case report demonstrates the potential role of Ayurvedic management as supportive therapy in a child with chronic conductive hearing loss who continued to experience functional impairment despite conventional treatment. The multimodal Ayurvedic approach, incorporating *Deepana-Pachana*, *Shodhana*, *Brimhana*, and *Rasayana* therapies, resulted in measurable improvement in audiological parameters and subjective hearing ability. Correction of *Agni*, pacification of *Vata-Kapha dosha*, and nourishment of *Dhatu*s may have contributed to improved middle ear function and overall auditory health. Although findings from a single case cannot be generalized, this outcome suggests that Ayurvedic interventions may offer a complementary strategy in managing *Badhirya* in

children. Further well-designed clinical studies with larger sample sizes and long-term follow-up are warranted to establish efficacy and standardize treatment protocols.

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