



Review Article

**AN APPROACH TO THE MANAGEMENT OF DIZZINESS (*MURCHA*) AND VERTIGO (*BHRAMA*)
BASED ON AYURVEDIC CLASSICS**

Sapna^{1*}, Swati Mishra¹, Rashmisnata Dash¹, Sujeet Kumar²

¹PG Scholar, ²Assistant Professor, Department of Kayachikitsa, Govt. Ayurvedic College, Patna, Bihar, India.

Article info

Article History:

Received: 21-03-2024

Accepted: 16-04-2024

Published: 04-05-2024

KEYWORDS:

Murcha, Dizziness,
Bhrama, Vertigo,
Duralabaha.

ABSTRACT

Ayurveda is a science of life as it defines health and factors responsible for its maintenance and promotion. It is one of the oldest traditional systems of medicine which comprises of thousands of concepts and hypothesis. The primary objective of Ayurveda includes maintenance of health and prevention of diseases. At present, dizziness and vertigo are common symptoms in the patients with the rising prevalence of about 20%. Dizziness is correlated with *Murcha* in Ayurveda, which is a general feeling of being unstable and fainting whereas vertigo is correlated with *Bhrama* which is illusion of self and environmental motion. Modern medicines nowadays have harmful impact on health due to their side effects that affect the quality of life. So this is the need of the time that a direct, safe and holistic approach should be established to treat the diseases. The fundamental principles hold a strong ground in Ayurveda. Our Ayurveda classics have mentioned a lot about signs and symptoms of various diseases with their specific herbs. Ayurveda drugs popularity and demand are increasing day by day. Ayurveda drugs are helpful in treating the dizziness (*Murcha*) and vertigo (*Bhrama*) through the principles of nature to bring back the individual into equilibrium.

INTRODUCTION

Dizziness and vertigo are common symptoms in the general population with increasing prevalence of about 20%. It contributes to a wide span of indirect burden due to reduced capacity to work in daily life. It covers various diseases of various origin. [1] There are different causes, which include vestibular neuritis, benign paroxysmal positional vertigo, anemia, orthostatic hypotension, anxiety and panic attacks, etc. This can be divided into episodes that last for seconds, minutes, hours or days. Sometimes it can be provoked by changes in head and body position. Dizziness and vertigo can be a manifestation of variety of neurological disorders. [2] Dizziness is most frequently described as a combination of unsteadiness and lightheadedness. It is an episode of loss of consciousness, altered consciousness, vertigo and unsteadiness.

A patient may complain of “blacking out”, “going dizzy” or having a feeling of floating and “funny turn”. Funny turn means a transient period of amnesia when patient loses memory for a short period of time. Recurrent dizziness affects 30% of people aged over 65 years.

Differential Diagnosis

1. If loss of balance is present, conditions will be:

Ataxia and gait abnormality: Impaired balance or coordination occurs due to damage of nerves, brain or muscles.

Visual disturbance: It causes misalignment of eye movements results in double vision, headaches and nausea.

Bilateral vestibular hypofunction: It refers to hypofunction of vestibular nerves of both sides results in dizziness, unsteadiness which worsens in darkness or uneven ground.

2. If Lightheadedness is present, then the conditions will be:

Hypoglycemia, anxiety, hyperventilation, dehydration, anemia, orthostatic hypotension [3].

Vertigo is derived from the Latin word ‘Vertere’ which means to turn around. Abnormal perception of movement of the environment or the person

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ijapr.v12i4.3191
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

itself. Vertigo is caused by an alternation in function of the peripheral vestibular organs or the central control mechanisms of balance and posture [4].

Differential Diagnosis

There are many causes of vertigo but some which are most commonly found are:

Peripheral causes

BPPV (Benign Paroxysmal Positional Vertigo): It is caused by particles in the semicircular canals which alter the endolymph flow. Vertigo duration is less than one minute.

Meniere's disease: It is caused by increased volume of endolymph in the semicircular canals. Vertigo is less than one day and more than one minute.

Vestibular neuritis: Inflammation of the vestibular nerve possibly due to viral infection. Vertigo is longer than one day.

Central causes

Generally congenital and acquired are the causes. Multiple sclerosis, migraines, infection, stroke, etc. Some drugs like anticonvulsants, hypnotics also causes vertigo [5]. *Murcha* is a commonly known as fainting in modern aspect. It is a state of loss of consciousness of pleasure and pain. It is caused by vitiation of *Rasavaha*, *Raktavaha* and *Manovaha srotas*.

"*Murcha pitta tama*" [6]

Murcha disease arises due to the mental defect *Tama* and physical defect *Pitta*. In *Murcha*, due to excess of *Pitta*, the patient generally loses his consciousness and feels like blacking out or woozy sometimes due to *Tama guna*. Based on the similar symptoms, *Murcha* can be correlated with dizziness, lightheadedness, blacking out or unsteadiness. *Bhrama* is commonly known as delusion in modern aspect. It is correlated with the modern term vertigo, giddiness, illusion or tremor.

"*Raja Pittanilad bhrama*" [7]

It is caused by the vitiation of the *Mansik dosha* "*Raja*" and *Sharirik dosha* "*Pitta and Vayu*".

"*Chakravadbhramta gatram*" [8]

The main symptom of *Bhrama* is roundness and this action can be repeated which is meant by *Sarvada* (forever). Acharya has given it the likeness of rotating like a wheel. As per *Madhava Nidana*, *Bhrama* is a condition in which the patient can also fall on the ground at repeated times. Ayurveda classics have mentioned the symptoms of *Murcha* and *Bhrama*, which are similar to the modern term dizziness and vertigo. It helps us to correlate with the direct approach. As both diseases are psychosomatic defects that's why *Medhya* drugs which increases their cognitive functions and memory power should also be given along with specific herbs of *Murcha* and *Bhrama*.

DISCUSSION

Ayurveda includes all aspects of medicinal knowledge. There are different ways of treatment mentioned in *Brihatrayi* such as *Charak samhita*, *Sushrut samhita*, *Vagbhata* and also in *Laghutrayee* (*Sharangadhara*, *Madhav nidana* and *Bhavaprakash*). [9] *Bhrama* and *Murcha* both can be treated with Ayurveda as Ayurveda classics has mentioned some specific herbs which directly correlate with signs and symptoms of Vertigo and dizziness. *Medhya* drugs should also give with specific herbs to enhance the memory and cognitive functions. Some herbal mineral formulations used to treat *Bhrama* and *Murcha* with a direct approach are.

Duralabha Kwath [10]

Duralaba has been described in *Chakradatta* as the ideal drug for vertigo. It has a thrombolytic effect which helps to prevent blood coagulation and also protect our brain cells, results in prevention of cerebral ischemia. It is also available as *Dhamasa* powder. Acharya has mentioned the *Duralaba* effect of *Pittahara*, *Vatahara* and *Medohara*. This *Kwath* should be taken with *Ghrita* as *Anupan*. *Ghrita* has a unique property "*Samkarasya Anuvartana*" which refers to its ability to carry the properties of herbs that are processed with it. Ghee enhances its activity, absorption rate, and utility when combined with herbs [11]. It works as anti-vertigo used in treating all types of *Bhrama*.

Ashwagandharista [12]

Ashwagandharistam is one of the best Ayurvedic formulations which are useful in treating dizziness, unconsciousness and fainting. It is available in the form of *Arista* which is a decoction of herbs in boiling water. They are moderately alcoholic and sweetish with slight acidity and agreeable aroma. Presence of alcohol shows several advantages like better keeping quality, enhance therapeutic properties and improvement in efficiency of extraction of drug molecules from the herbs and improvement in drug delivery into human body sites [13].

Ashwagandharista works as a neuroprotective, memory boosting, hematopoietic, anticonvulsant and antidepressant [14]. This Ayurvedic formulation is a combination of many drugs, which together act like a boon proven to help manage various types of disorders. As it act like a memory booster that improves memory, attention and cognitive power which helps to manage the psychosomatic disorders.

Drakshadi Kashayam [15]

Drakshadi kashayam is an Ayurvedic formulation that contains *Vata* and *Pitta* balancing herbs in perfect proportion useful in treating balancing issues like vertigo and dizziness. It also helps to treat conditions like heat exhaustion, chronic fatigue and

effectively treat anxiety and sleep disorders [16]. It has antioxidative and antipyretic effect, also rich in vitamin B that covers all health issues occur due to *Pitta dosha*. It is available in the form of decoction.

Sarawatarishta [17]

Sarawatarishta is said to be a "*Rasayana*" in Ayurveda as it is a potent combination of *Medhya* drugs like *Bramhi* and *Shatavari*. It acts as an effective nervine tonic used to treat acute anxiety, insomnia, slurred speech, epilepsy, etc [18]. It has an antioxidant and neuroprotective effect which helps to reduce dementia and improve cognitive functions. It helps to control the manifestations of neurological illness and disorders like Parkinsonism and Alzheimer's disease.

Kamdudha Rasa [19]

Kamdudha rasa is a poly herbal formulation commonly used to treat pituitary disorders. It contains *Gilroy Satva*, *Suvarna garik*, *Kaparda bhasma*, etc which are helpful in balancing *Dosha* and improving immunity. *Suvarna garik* is *Pittshamak* and *Raktsthambak*. It has anti vertigo, antioxidative, analgesic, antiemetic and anti-inflammatory effects useful in treating disorders like hyperacidity, vertigo, and headache. This *Rasa* should be taken with *Godugdha* and *Sharakara* for balancing *Pitta Dosha*. *Godugdha* act as a vitalizer and helps to alleviate the diseases of *Pitta dosha* [20].

Pathyadi Kashayam [21]

Pathyadi kashayam is an Ayurvedic formulation that is useful in treating all types of migraines, sinusitis, earache and all type of headache [22]. It is available in liquid decoction form. It contains *Bhoonimba*, *Nimba*, *Triphala* etc having antioxidative, adaptogenic and laxative properties that helps to treat *Rakta dusti* and reduce the intensity of migraine attacks. It is *Tridoshnasak*, anti-inflammatory and purgative contains *Pitta* pacifying herbs which helps to clear migraines over a period of time.

CONCLUSION

Dizziness and vertigo both can be correlated with neurological diseases and are nowadays common symptoms in general population with a rising prevalence of about 20%. As we discussed that our Ayurvedic classics have mentioned a lot about signs and symptoms of various diseases having direct correlation with their specific herbomineral formulations. Ayurvedic drugs work on multiple targets in a disease network having a combination of poly herbal formulations which may accelerate its effect on health. Here we discussed herbomineral formulation used to treat *Murcha* and *Bhrama* that correlate with the modern aspect of vertigo and dizziness. It is surprising to note that how our classics has mentioned the every detail of diseases and specific herbs for the disease with the specific *Anupan* also.

Anupan plays its important role in treatment as it increases the absorption rate, efficiency and potential of herbs, also act as a vehicle that carries the drug to their target site. Ayurveda is great in every aspect of knowledge whether it is signs and symptoms of diseases or the medicinal knowledge. Ayurveda represents a holistic and simplest form of healing approach. It has a belief that health and wellness depend on a delicate balance between the mind, body, spirit and environment.

REFERENCES

1. Eva Kovacs, Xiaoting Wang and Eva Grill; Economic burden of vertigo: A Systematic Review. Health Economic Review <https://doi.org/10.1186/s13561-019-0258-2>
2. Jameson, Fauci. Kasper. Hauser. Longo. Localzo. [2018]. Harrison's principle of internal medicine. McGraw Hill Education. Chapter Dizziness and Vertigo page no. 129
3. Ralston, S. H., Penman, I. D., Strachan, M. W. J., & Hobson, R. [Eds.]. [2018]. Davidson's principles and practice of medicine [23rd Ed.] Elsevier Health Sciences page no. 1121
4. Ralston, S. H., Penman, I. D., Strachan, M. W. J., & Hobson, R. [Eds.]. [2018]. Davidson's principles and practice of medicine [23rd Ed.] Elsevier Health Sciences page no. 1121
5. Dizziness. Heba. L. Thuwaini. <https://www.slideshare.net/hebaalthuwaini/dizziness-42727969>
6. Sushruta Samhita (Hindi commentary), Vol.1, Ambika Dutta Shastri, editor. 1st ed. Varanasi: Chaukhambha Sanskrit sansthan; 2017 Sharir Sthan 4/55 page no. 48
7. Sushruta Samhita (Hindi commentary), Vol.1, Ambika Dutta Shastri, editor. 1st ed. Varanasi: Chaukhambha Sanskrit sansthan; 2017 Sharir Sthana 4/55 page no. 48
8. Madhava Nidanam. Reprint edition by Prof. Yadunandan Upadhyaya printed by Chaukhambha Prakashan, Varanasi; 2015; Chapter 17 page no. 441
9. Patil YB, S.Banne. (2024). "Anti-Vertigo (Bhramahara) Drugs of Bhavpraksha Nighantu: A Classical Survey". International Journal of Biology, Pharmacy, and Allied sciences, page no.431-435.
10. Chakradatta (Hindi translation) by Vaidya Ravi Dutta Shastri printed by Chaukhambha Surbharati Prakashan, Varanasi, 2012; Chapter 17/8; page no. 98
11. Athira S, Arun Pratap, Lekshmi R. (2023). "The Role of Go Ghrita in Epilepsy - A Review". An International Journal of Research in AYUSH and Allied sciences, page no. 45-50

12. Bhaishajya Ratnavali (Sanskrit Text with Hindi translation) by Siddhi Nandan Mishra printed by Chaukambha Surbharati Prakashan, Varanasi, 2015; Chapter 21/15-21
13. A.k Mishra, A Gupta, Vishali Gupta, Rajesh Sannd. (2010). Asava and Arishta: An Ayurvedic Medicine - An Overview. International Journal of Pharmaceutical & Biological Archives, page no. 24-30.
14. Astang Hridayam of Vagbhata (Vidyotini Hindi commentary) by Pandit Atridev Gupt printed by Chaukambha, Varanasi, 2016; Chikitsa Sthana 1/55-58
15. Drakshadi Kashayam, by Dr. Jagdev Singh [Published on 6 September 2016], <https://www.ayurtimes.com/?p=21612>
16. Bhaishajya Ratnavali (Sanskrit Text with Hindi translation) by Siddhi Nandan Mishra printed by Chaukambha Surbharati Prakashan, Varanasi, 2015; Chapter 73/182-196
17. Reshma.R Parekar, Kshitij.S Jadhav, Padmaja. A Marathe, Nirmala Rege. (2015). "Effect of Saraswatarishta in animal models of behavior despair. Journal of Ayurveda and Integrated Medicine", page no.141-147.
18. Rasayogsagar by Vaidya Hariprapannaji printed by Krishnadas academy, Varanasi. 1st edition, 1998; Chapter 159
19. Dr. Vasavi Totawar, Dr.Mukund Dive, Dr. Sneha, Kubde. (2020). "A Review Study of the Role of Kamdudha Ras in Mahastrotasa Vyadhi. World Journal of Pharmaceutical And Medical Research", page no. 258-261.
20. Sharangdhar Samhita (Ajananidana of Agnivesa with Deepika Hindi commentary) by Dr. Brahmanand Tripathi printed by Rasayan pharmacy, New Delhi. 2019; Madhyama Khand Chapter 2/143-145
21. A. Abraham, S. Samuel, L.Mathew. (2018). "Phytochemical analysis of Pathyashadangam kwath and its standardization by HPLC and HPTLC". Journal of Ayurveda and Integrated Medicine, page no. 153-158.

Cite this article as:

Sapna, Swati Mishra, Rashmisnata Dash, Sujeet Kumar. An Approach to the Management of Dizziness (Murcha) and Vertigo (Bhrama) Based on Ayurvedic Classics. International Journal of Ayurveda and Pharma Research. 2024;12(4):38-41. <https://doi.org/10.47070/ijapr.v12i4.3191>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Sapna

PG Scholar

Department. of Kayachikitsa

Govt. Ayurved College, Patna,

Bihar, India.

Email:

sapnadhankar1614@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.