

www.jmscr.igmpublication.org

Impact Factor 5.244

Index Copernicus Value: 83.27

ISSN (e)-2347-176x ISSN (p) 2455-0450

crossref DOI: <https://dx.doi.org/10.18535/jmscr/v4i11.86>



Journal Of Medical Science And Clinical Research

An Official Publication Of IGM Publication

To Study the Efficacy of Homoeopathy in Management of Cases of Benign Paroxysmal Positional Vertigo (BPPV)

Authors

Dr Parth Aphale*, Dr Atul Rajgurav

Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Pune

Corresponding Author

Dr Parth Aphale

Email: parth.aphale@gmail.com

Abstract

Background: *Dizziness is a common and often vexing symptom. Dizziness or Vertigo is a hallucination of the sense of equilibrium and movements, where the person feels that either his surroundings are going round him, or he himself is rotating.*

Approximately 25- 40% patients who present with the chief complaint of dizziness have benign paroxysmal positional vertigo (BPPV).

BPPV is characterized by momentary vertigo, which occurs only in certain positions of the head, while changing the position. It is often accompanied by nystagmus. The lesion is supposed to be in the Otoliths of the vestibule. In half of all cases, BPPV is called "idiopathic".

Methods: *30 cases were selected fitting the case definition. Inclusion and exclusion criteria were laid down. Criteria for assessment was laid down.*

Results: *All the results were tabulated. Graphical presentation was made of all the observations. Score before and after treatment was compared. It was found that there was vast difference in scores before and after treatment which showed that there was great improvement after treatment with Homoeopathic Medicines.*

Conclusion: *Homoeopathic Medicines are effective in managing cases of BPPV.*

Keywords: *BPPV, Dizziness, nystagmus, Idiopathic.*

INTRODUCTION

BENIGN PAROXYSMAL POSITIONAL VERTIGO

BPPV is defined as an abnormal sensation of motion that is elicited by certain critical provocative positions. The provocative positions usually trigger specific eye movements (i.e. nystagmus). The character and direction of the

nystagmus are specific to the part of the inner ear affected and the pathophysiology.

In Benign Paroxysmal Positional Vertigo (BPPV) dizziness is thought to be due to debris, which has collected within a part of the inner ear. This debris can be thought of as "ear rocks", although the formal name is "otoconia". Ear rocks are small crystals of calcium carbonate derived from a

structure in the ear called the "utricle". While the saccule also contains otoconia, they are not able to migrate into the canal system. The utricle may have been damaged by head injury, infection, or other disorder of the inner ear, or may have degenerated because of advanced age. Normally otoconia appear to have a slow turnover. They are probably dissolved naturally as well as actively reabsorbed by the "dark cells" of the labyrinth, which are found adjacent to the utricle and the crista.

BPPV is a common cause of dizziness. About 20% of all dizziness is due to BPPV. The older the person, the more likely it is that the dizziness is due to BPPV, as about 50% of all dizziness in older people is due to BPPV. In a recent study, 9% of a group of urban dwelling elders were found to have undiagnosed BPPV.

The symptoms of BPPV include dizziness or vertigo, lightheadedness, imbalance, and nausea. Activities that bring on symptoms will vary among persons, but symptoms are almost always precipitated by a change of position of the head with respect to gravity. Getting out of bed or rolling over in bed is common "problem" motions. Because people with BPPV often feel dizzy and unsteady when they tip their heads back to look up, sometimes BPPV is called "top shelf vertigo."^[1]

CAUSES OF BPPV

In older people, the most common cause is degeneration of the vestibular system of the inner ear. There is also an association with migraine. BPPV becomes much more common with advancing age. In half of all cases, BPPV is called "idiopathic," which means it occurs for no known reason. Viruses affecting the ear such as those causing vestibular neuritis, minor strokes such as those involving anterior inferior cerebellar artery and Meniere's disease are significant but unusual causes. Other causes of positional symptoms are discussed here.

SYMPTOMS

The onset of benign paroxysmal positional vertigo (BPPV) is typically sudden. Many patients wake up with the condition, noticing the vertigo while trying to sit up suddenly. Thereafter, propensity for positional vertigo may extend for days to weeks, occasionally for months or years. In many, the symptoms periodically resolve and then recur. The severity covers a wide spectrum. In patients with extreme cases, the slightest head movement may be associated with nausea and vomiting. Despite strong nystagmus, other patients seem relatively unfazed.

People who have BPPV do not usually feel dizzy all the time. Severe dizziness occurs as attacks triggered by head movements. At rest between episodes, patients usually have few or no symptoms. However, some patients complain of a continual sensation of a "foggy or cloudy" sensorium. Classic BPPV is usually triggered by the sudden action of moving from the erect position to the supine position while angling the head 45° toward the side of the affected ear. Merely being in the provocative position is not enough. The head actually must move to the offending pose. After reaching the provocative position, a lag period of a few seconds occurs before the spell strikes. When BPPV is triggered, patients feel as though they are suddenly thrown into a rolling spin, toppling toward the side of the affected ear. Symptoms start very violently and usually dissipate within 20 or 30 seconds. This sensation is triggered again upon sitting erect; however, the direction of the nystagmus is reversed.^[2]

SIGNS

The physical examination findings in patients affected by BPPV are generally unremarkable. All neurologic examination findings except those from the Dix-Hallpike maneuver may be normal. However, the presence of neurologic findings does not preclude the diagnosis of BPPV.

The Dix-Hallpike maneuver is the standard clinical test for BPPV. The finding of classic

rotatory nystagmus with latency and limited duration is considered pathognomonic. A negative test result is meaningless except to indicate that active canalithiasis is not present at that moment.

This test is performed by rapidly moving the patient from a sitting position to the supine position with the head turned 45° to the right. After waiting approximately 20-30 seconds, the patient is returned to the sitting position. If no nystagmus is observed, the procedure is then repeated on the left side.

Dix-Hallpike maneuver tips include the following: Do not turn the head 90° since this can produce an illusion of bilateral involvement.

Tailor briskness of the Dix-Hallpike test to the individual patient.

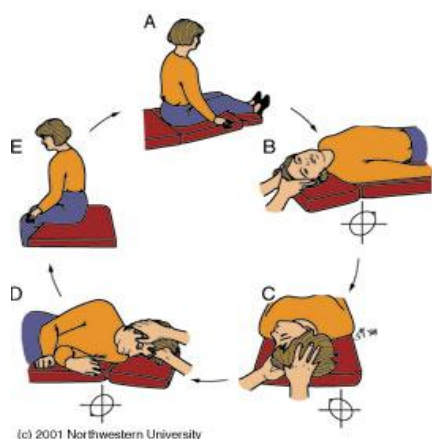
Consider the Epley modification. From behind the patient, performing the maneuver is easier, since one can pull the outer canthus superolaterally to visualize the eyeball rotation.

In typical nystagmus, the axis is near the undermost canthus. Minimize suppression by directing the patient gaze to the anticipated axis of rotation.

Classic posterior canal BPPV produces geotropic rotatory nystagmus. The top pole of the eyes rotates toward the undermost (affected) ear.

Purely horizontal nystagmus indicates horizontal canal involvement.

Sustained or nonfatiguing nystagmus may indicate cupulolithiasis rather than canalithiasis. [3,4]



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DIAGNOSIS OF BPPV

Physician can make the diagnosis based on your history, findings on physical examination, and the

results of vestibular and auditory tests. Often, the diagnosis can be made with history and physical examination.

PRECAUTIONS FOR BPPV

Certain modifications in your daily activities may be necessary to cope with your dizziness. Use two or more pillows at night. Avoid sleeping on the "bad" side. In the morning, get up slowly and sit on the edge of the bed for a minute. Avoid bending down to pick up things, and extending the head, such as to get something out of a cabinet. Be careful when at the dentist's office, the beauty parlor when lying back having ones hair washed, when participating in sports activities and when you are lying flat on your back.

MANAGEMENT

Symptoms tend to wax and wane. However, various kinds of physical maneuvers and exercises have proved effective. Three varieties of conservative treatment, which involve exercises, and a treatment that involves surgery are described. [5]

PURPOSE OF SELECTION OF TOPIC

Dizziness is a common and often vexing symptom. Dizziness or Vertigo is a hallucination of the sense of equilibrium and movements, where the person feels that either his surroundings are going round him, or he himself is rotating.

Approximately 25- 40% patients who present with the chief complaint of dizziness have benign paroxysmal positional vertigo (BPPV).

BPPV is characterized by momentary vertigo, which occurs only in certain positions of the head, while changing the position. It is often accompanied by nystagmus. The lesion is supposed to be in the Otoliths of the vestibule. In half of all cases, BPPV is called "idiopathic".

Medicine, specific exercise programme, reassurance and psychological support can help relieve patient with BPPV. The incidence of BPPV increases with age, occurring more commonly between the ages of 30 and 50 yrs. Vertigo not only hampers the day-to-day activities

but also causes the patients to lose their confidence.

Even though it is a specific disorder every person will present with different symptom complexes. Homoeopathy helps in individualizing such different reactions.

So Homoeopathy will help relieve the patients of their discomfort, thereby looking forward to a better quality of life.

AIMS AND OBJECTIVES

AIM

- To assess the utility of Homoeopathy in cases of Benign Paroxysmal Positional Vertigo (BPPV).

OBJECTIVES

- To judge the efficacy of Homoeopathic remedies in treatment of BPPV.
- To prevent any complications.
- To prolong and prevent the recurrence of attack of vertigo with help of Homoeopathy

METHODS AND MATERIALS

A sample of 30 cases from the author's OPD's was studied. Diagnosis was mostly done clinically. Patients from all ages and both the sexes were studied. The data has been collected by a structured interview session.

Case definition-

1) BPPV is as an abnormal sensation of motion that is elicited by certain critical provocative positions. The provocative positions usually trigger specific eye movements i.e. nystagmus. The character and direction of the nystagmus are specific to the part of the inner ear affected and the pathophysiology.

2) Clinical diagnosis is based on detail history, findings on physical examination eliciting-latency, fatigability and habituation.

Latency (time between attaining head position and onset of the symptom) which varies from 3-40 sec.

Fatigability (disappearance of symptoms with maintenance of offending position) Habituation (lessening of symptoms from repeated trials)

3) Typical cases of BPPV require no investigations once clinical diagnosis is made. ^[4]

Inclusion Criteria-

Cases fulfilling the case definition will be included in the study

Exclusion Criteria-

Patients having the following conditions will be excluded from the study-

1. Any orthopedic or connective tissue disorder that impairs functional neck or trunk range of motion.
2. Have a significant neurological disorder or spinal cord damage.
3. Are on vestibular suppressant medications.

Investigations or diagnostic technique-

These will be done if and when required. The condition is diagnosed by taking a patient history, and by performing the Dix-Hallpike maneuver and/or the roll test.

Criteria for assessment- will be

- a) Relief of symptoms as regards severity and number of attacks
- b) Sensation of well being
- c) Relief from re-occurrences

Selection and administration of drugs-

Drugs will be obtained from reputed Pharmacy and administered orally.

Potency selection will depend on individual susceptibility.

Case Records

Cases will be recorded in standard format. Only significant findings will be mentioned to keep the records concise.

Observation and Statistical Analysis

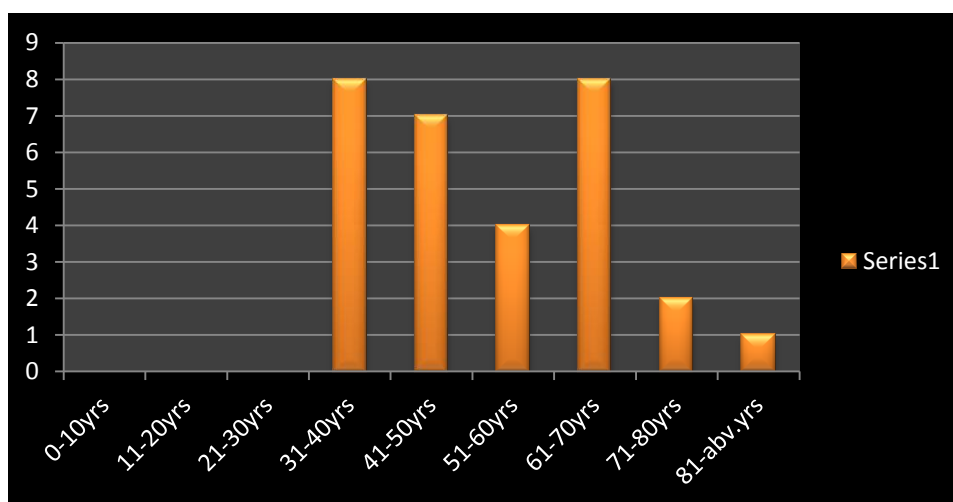
A sample of thirty cases from the author's OPD's was taken for this study. All the thirty cases were followed up for a period of six months. These cases were subjected to statistical study. The following tables reveal the observation and result of this study.

Distribution of cases according to their age

Age (in years)	Number of cases	Percentage
1 – 10	0	0%
11 – 20	0	0%
21 – 30	0	0%
31 – 40	8	26.6%
41 – 50	7	23.3%
51 – 60	4	13.3%
61- 70	8	26.6%
71 – 80	2	6.66%
81 and above	1	3.33%
Total	30	100%

The age of the sample varies from 33 – 81 years. Among this maximum number of cases 8 patients (26.6%) were noted in the age group of 31-40 years & 61 – 70 years. In the age group of 41-50, 7 patients (23.3%) and 51 – 60 years 4 patients (13.3%). The next incidence of age group is in 71-80 years with 2 patients (6.66%). This is followed by the age group 81 years and above with 1 patient (3.33%).

Age Incidence

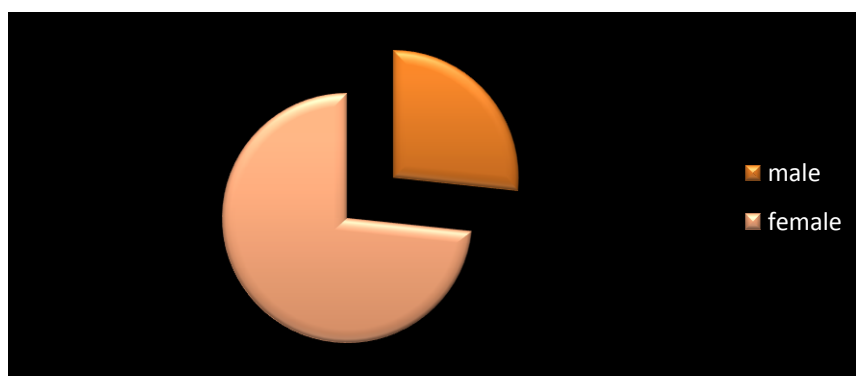


From the above table we can observe that total 89.3% cases belonged to the age group 31-70 years. Out of which 49.9% cases are in the age group 31-50, this finding matches with the findings of studies on BPPV.

Sex Incidence

Distribution of cases according to their Sex:

Sex	Number of cases	Percentage
Female	22	73.33%
Male	8	26.66%
Total	30	100%

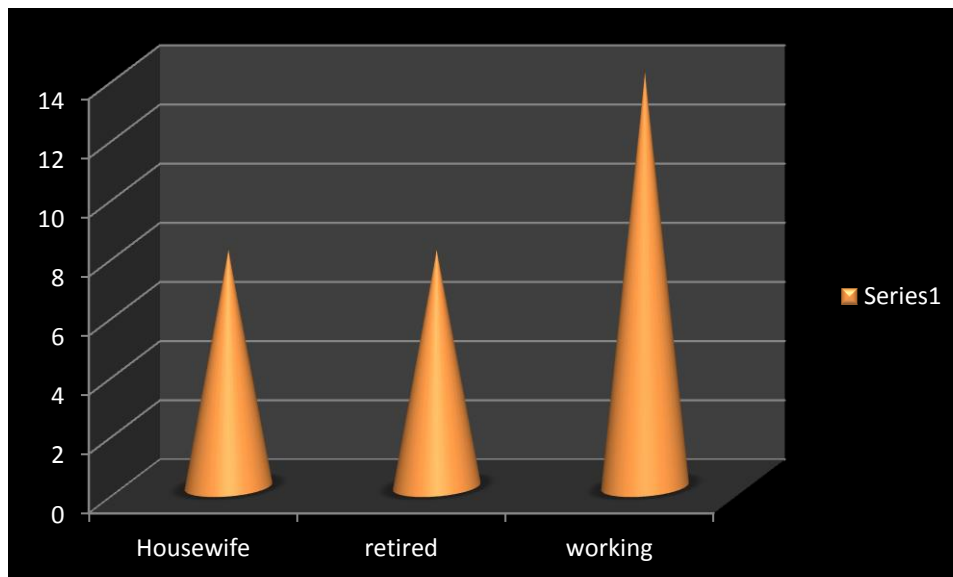


In these thirty cases 8 patients were males with a percentage of 26.66% and 22 patients were females with a percentage of 73.3%. The male and female ratio is 1:2. This again shows the female predominance in cases of BPPV.

Occupational Incidence

Distribution of cases according to their Occupation

Occupation	No. of Patients	Percentage %
Housewife	8	26.66
Working	14	46.66
Retired	8	26.66
Total	30	100



From the above diagram and table we can observe that the maximum incidence is seen in the working class (46.66 %).

List of remedies indicated is as follows

Name of Remedy	No. Of cases
Sepia	4
Nat – M	4
Bryonia	3
Lachesis	2
Ars alb	2
Gelsemium	2
Graphitis	2
Sulphur	2
Ignatia	2
Calc – C	2
Lycopodium	1
Thuja	1
Platina	1
Pulsatilla	1
Conium	1

The remedies were selected after repertorisation with Synthesis 9.1 repertory.

Sepia, Natrum Mur were indicated in maximum number of cases. This was followed by Bryonia, Lachesis, Arsenic Album. Per se no single remedy was prominently indicated in the study which shows that how individualization is the hallmark of Homoeopathy and no one remedy can fit each and every case.

Master Chart

Sr. No.	Age	Sex	Remedy	Outcome
1	40	M	Nat Mur	Not improved
2	52	F	Bryonia	Improved
3	38	F	Thuja	Improved
4	67	M	Gelsemium	Not improved
5	58	F	Platina	Improved
6	33	F	Sepia	Not improved
7	40	F	Lachesis	Improved
8	57	M	Bryonia	Improved
9	72	M	Calc Carb	Improved
10	75	F	Sulphur	Improved
11	49	F	Calc Carb	Improved
12	38	F	Pulsatilla	Improved
13	39	F	Nat Mur	Improved
14	52	F	Graphitis	Improved
15	64	M	Ars Alb	Improved
16	68	M	Lyc	Improved
17	67	F	Ars Alb	Improved
18	41	F	Sepia	Improved
19	35	F	Ignatia	Improved
20	63	F	Ignatia	Improved
21	63	F	Conium	Improved
22	42	F	Sepia	Improved
23	42	F	Gelsemium	Improved
24	65	F	Lachesis	Improved
25	35	F	Nat Mur	Not improved
26	42	F	Nat Mur	Improved
27	63	F	Sepia	Not Improved
28	81	F	Sulphur	Improved
29	50	M	Bryonia	Improved
30	48	F	Graphitis	Improved

DISCUSSION

The age of the sample varies from 33 – 81 years. Among this maximum number of cases 8 patients (26.6%) were noted in the age group of 31-40 years & 61 – 70 years. In the age group of 41-50, 7 patients (23.3%) and 51 – 60 years 4 patients (13.3%). The next incidence of age group is in 71-80 years with 2 patients (6.66%). This is followed by the age group 81 years and above with 1 patient (3.33%).

We can observe that total 89.3% cases belonged to the age group 31-70 years. Out of which 49.9% cases are in the age group 31-50, this finding matches with the findings of studies on BPPV.

In these thirty cases 8 patients were males with a percentage of 26.66% and 22 patients were females with a percentage of 73.3%. The male and female ratio is 1:2. This again shows the female predominance in cases of BPPV.

From the above diagram and table we can observe that the maximum incidence is seen in the working class (46.66 %).

The remedies were selected after repertorisation with Synthesis 9.1 repertory.

Sepia, Natrum Mur were indicated in maximum number of cases. This was followed by Bryonia, Lachesis, Arsenic Album. Per se no single remedy was prominently indicated in the study which shows that how individualization is the hallmark of Homoeopathy and no one remedy can fit each and every case.

Total 30 cases were studied and followed. Total 25 out of 30 (83%) cases showed improvement in symptoms as well as reduction in duration and frequency of attack.

SUMMARY AND CONCLUSION

Vertigo not only hampers the day-to-day activities but also causes the patients to lose their confidence. Even though it is a specific disorder every person will present with different symptom complexes. Homoeopathy helps in individualizing such different reactions. Homoeopathy will help relieve the patients of their discomfort, thereby looking forward to a better quality of life.

Total 30 cases were studied and followed. Total 25 out of 30 (83%) cases showed improvement in symptoms as well as reduction in duration and frequency of attack.

The study shows that maximum patients were in the age group of 30 – 50 years which is the professionally active class, who is constantly subjected to various stressors. BPPV is called "idiopathic," which means it occurs for no known reason. Various causative factors ranging from degenerative changes to infective processes have been postulated. The role of stress as a cause of the greater incidence of BPPV in the professionally active demographic segment creates a scope for study.

In none of the 30 cases, was there any recurrence of symptoms. Neither was there any acute complication. Total time duration required for complete eradication of symptoms was also greatly reduced. Statistical analysis also shows that there is great difference in scores before treatment and after treatment.

Therefore, according to the 30 cases I have studied, I can say that Homoeopathy is very much useful in treatment of BPPV. This inference is not only for statistical purpose but it gives us guidelines for prescribing in BPPV. This will give us consistent results in cases of BPPV. This will then be a feather in cap for Homoeopathy. This will also make people get over the myth that Homoeopathy takes very long to act and has little or no role in treating BPPV.

ACKNOWLEDGEMENT

We, Dr. Parth Aphale, M.D.(Hom.), & Dr. Atul Rajgurav, M.D. (Hom.), Faculty, Department of Homoeopathic Pharmacy, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Pune (Dr. DYPHMCRC), would like to thank respected Dr. D.B. Sharma, Principal, Dr. DYPHMCRC, Pune for giving us this opportunity to take up this research project and test the efficacy of Homoeopathy in managing BPPV. We also would like to thank the ethics committee of our college for accepting this research project.

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