



UNDERSTANDING BHRAMA THROUGH THE LENS OF AYURVEDA: A COMPREHENSIVE LITERARY REVIEW

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ABSTRACT

Background: Vertigo affects nearly 20% of the global population, presenting as a sensory illusion of rotational movement - a state closely correlated with the classical Ayurvedic concept of Bhrama. Classically, Bhrama was described as a complex psycho-somatic entity involving both Sharirika and Manasika pathomechanisms. Although listed as an independent Vataja Nanatmaja Vyadhi, clinical practice predominantly recognized Bhrama as a secondary manifestation (Paratantra) across diverse systemic pathologies.

Aims & Objectives: The study aimed to conduct a comprehensive literary review of Bhrama across Ayurvedic classics, analyze its Samprapti through the specific involvement of Sharirika and Manasika Doshas, and evaluate its clinical correlation with modern neuro-otological conditions.

Materials & Methods: A rigorous qualitative literary search of primary Ayurvedic treatises including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana alongside classical commentaries Ayurvedadipika, Nibandhasamgraha, and Sarvangasundari was undertaken in conjunction with a review of contemporary literature on vestibular disorders and neuro-otology.

Results: Bhrama was characterized by an illusory sensation of rotational movement, driven by aggravated Vata through its Chala Guna operating in synergy with Pitta through its Ushna-Tikshna Guna and Raja Guna. The disturbance localized within Manovaha, Pranavaha, and Rasavaha Srotas correlated with peripheral vestibular vertigo, central vascular syndromes, and persistent postural-perceptual dizziness.

Conclusion: Analyzing Bhrama through a systematic Ayurvedic lens alongside modern neuro-otological concepts provided a holistic framework for diagnostic precision, risk stratification, and targeted multi-modal management.

KEYWORDS: Bhrama, Vertigo, Vataja Nanatmaja Vyadhi, Raja Guna, Srotodushti, Neuro-otology

INTRODUCTION

Ayurveda conceptualized health not merely as the absence of physical illness, but as a state of equilibrium among Sharirika Doshas, Agni, Dhātu, and Mala, integrated with the harmonious functioning of Atma, Indriya, and Manas. The process of sensory perception (Jnana-grahana) relied upon an uninterrupted functional axis connecting the external sense organs (Indriyas), the mind (Manas), and the self (Atma). When structural or functional impairment occurred within this perceptual apparatus due to psycho-somatic imbalance, it resulted in sensory distortion (Bhramanti) or cognitive disorientation. Among such perceptual aberrations, Bhrama represented a significant clinical entity characterized primarily by a subjective sense of rotational instability and spatial disorientation, reflecting a profound disruption in both physical and psychological homeostasis.

Classically designated as one of the eighty Vataja Nanatmaja Vikaras¹, Bhrama demonstrated a unique nosological character. Although Vata Dosha provided the requisite kinetic force (Chala Guna) for its manifestation, classical literature revealed that Bhrama rarely existed as an isolated or independent (Svatantra) disease entity. Instead, it occurred across a broad spectrum of medical conditions as a

premonitory feature (Purvarupa), a cardinal symptom (Lakshana), Pathologically, it involved the concurrent vitiation of Vata Dosha, Pitta Dosha, and Raja Guna², leading to Srotodushti in the Pranavaha, Rasavaha, Raktavaha, Majjavaha, and Manovaha Srotas. In contemporary clinical practice, presentations of rotational illusion closely correlated with neuro-otological conditions such as Benign Paroxysmal Positional Vertigo (BPPV), Meniere's disease, and labyrinthine dysfunctions. However, managing such presentations solely with symptomatic vestibular suppressants often overlooked underlying systemic impairments such as Dhātu-kshaya, Agni-vaigunya, and Oja-hani.

Despite the frequent occurrence of Bhrama across classical treatises, its textual descriptions remained scattered throughout the Brihatrayi and their respective commentaries. This fragmentation often posed a diagnostic dilemma for clinicians, leading to the misinterpretation of Bhrama as a transient, superficial symptom rather than an indicator of deeper Dosha-Dhātu-Mano pathology. Therefore, a comprehensive literary synthesis was undertaken to compile, organize, and critically analyze these classical references. This review aimed to systematically elucidate the Hetu, Lakshana, Samprapti, and multi-systemic dynamics of Bhrama, bridging



classical Ayurvedic principles with contemporary neuro-otological frameworks to establish a structured diagnostic approach for rational *Chikitsa*.

AIMS AND OBJECTIVES

1. To systematically review classical Ayurvedic literature regarding Bhrama to elucidate its Hetu, Samprapti, and clinical presentations.
2. To establish a structured clinical synthesis bridging the classical manifestations of *Bhrama* with contemporary neuro-vestibular spectrums (peripheral, central, and psychogenic etiologies).

MATERIALS AND METHODS

A Narrative review was conducted across primary Ayurvedic treatises of the *Brihatrayi* -Charaka Samhita, Sushruta Samhita, Astanga Hridaya and Astanga Sangraha to compile references pertaining to *Bhrama*, *Vibhrama*, *Bhranti*, and *Chittodbhrama*. Classical commentaries, including *Ayurvedadipika*, *Nibandhasamgraha*, *Sarvangasundari* and *shashilekha*, were reviewed to elucidate pathological nuances. Concurrently, standard clinical textbooks and indexed research databases (PubMed, Google Scholar) were screened for contemporary literature on vestibular physiology, peripheral and central vertigo, and psychogenic dizziness. A comparative narrative synthesis was subsequently executed to align Ayurvedic *Samprapti Ghatakas* with modern anatomical and neurophysiological mechanisms.

LITERATURE REVIEW

A. Etymology and Lexical Meanings

- *Bhrama* is derived from the Sanskrit verb root भ्रम् (*Bhram*), meaning *Calana* (movement), *Parisarana* (whirling/wandering), *Bhranti* (illusion), and *Anavasthitatva* (instability).
- **Lexical Definition:** The *Medini Kosha* defines *Bhrama* as *Mithyajnana* (false perception) and *Bhramana* (circular motion). *Acharya Charaka*, *Sushruta*, and *Vagbhata* described *Bhrama* across various sections of classical Ayurvedic treatises. Commentators such as Chakrapanidatta, Dalhana, Jejjata, and Gayadasa elaborated upon its specific definitions and diagnostic criteria:

- “*Tatha Bhramashcha Vatikah.*” (Ch. Su. 20/11) *Acharya Charaka* categorized *Bhrama* as one of the eighty *Vataja Nanatmaja Vikaras*, establishing that its primary kinetic pathogenesis did not occur without the aggravation of *Vata Dosha*.
- “*Bhramashcha Vatikah Smritimoharupah*” (Chakrapani on Ch. Su. 20/11) Chakrapanidatta elaborated that *Vataja Bhrama* presented with impairment of memory (*Smriti*) and cognitive confusion (*Moha*), highlighting the direct involvement of higher psychological functions.
- “*Bhramah Yena Chakrasthitamivatmanam Manyate, Kimva Bhramah Bhrantih*” (Chakrapani on Ch. Chi. 3/89) Chakrapanidatta defined *Bhrama* as a subjective perceptual illusion wherein an individual perceived oneself as if seated upon a revolving wheel, or experienced general sensory misinterpretation (*Bhranti*).
- “*Rajah Pittanilad Bhramah*” (Su. Sha. 4/56) *Acharya Sushruta* delineated the psycho-somatic etiology of *Bhrama*, defining it as a condition originating from the combined vitiation of *Raja Guna*, *Pitta Dosha*, and *Vata Dosha*.
- “*Vibhramah Atyartham Chakrarudhasyeva Bhramanam*” (Dalhana on Su. Utt. 55/16) Dalhana described *Vibhrama* as an intense rotational sensation, comparable to the experience of riding a rapidly spinning wheel.
- “*Indriyanamasanjanam Vastutattve Bhramah Smritah*” (Dalhana on Su. Su. 11/9) Dalhana defined *Bhrama* from an epistemological perspective as the failure or inability of sense organs (*Indriya*) to comprehend the true nature and reality of an object.
- “*Bhrama Iti Chakrasthitasyeva Bhramad Vastu Darshanam... Swadehabhramanajnanam*” (Gayadasa on Su. Sha. 4/56) Gayadasa explained that when *Raja Guna* combined with *Pitta* and *Vata*, it distorted sensory perception and mental stability, causing an individual to perceive surrounding objects as revolving or experience a false sense of bodily rotation.

Hetu :

Table 1 : The etiological factors for *Bhrama* are classified into four distinct categories

Nidana	Etiological Factors
Aharaja Nidana	<i>Atikatu</i> , <i>Atitikta rasa sevan</i> ⁴ , <i>Ruksha</i> , <i>Laghu</i> , <i>Ushna</i> , <i>Atiushna Anna Sevana</i> , <i>Atiamla Sevana</i> , <i>Anashana</i> , <i>Vishamashana</i> , <i>Madatyaya</i> , <i>Atilanghana</i> , ⁵ <i>Ajirna Bhesaja Sevana</i> . ⁶
Viharaja Nidana (Lifestyle & Iatrogenic Factors)	<i>Ativyayama</i> , ⁷ <i>Atinidra</i> , ⁹ <i>Nidranasha</i> , <i>Ratri-jagarana</i> , <i>Vegadharana</i> ¹⁰ (<i>Kshudha</i> , <i>Pipasa</i> , <i>Bashpa vega dharana</i>), <i>Santapa</i> , <i>Shirasi Abhighata</i> , ¹² <i>Vamana ayoga Vyapat</i> , ¹¹ <i>Virechana atiyoga Vyapat</i> , ¹¹ <i>Basti Vyapat</i> , <i>Nasya Atiyoga</i> , ¹³ <i>Akale Dhumapana</i> ¹⁴
Manasika Nidana	<i>Hinasattva</i> , <i>Chittavibhrama</i> , <i>Bhaya</i> , <i>Shoka</i> , <i>Krodha</i> , <i>Chinta</i> , <i>Trasa</i> .
Environmental factor	<i>Rutu vyapat</i> , ¹⁵

Lakshana

Although *Bhrama* was enumerated among the eighty *Vataja Nanatmaja Vyadhis*, it was predominantly encountered in clinical practice not as an isolated primary disease (*Svatantra Vyadhi*), but rather as a secondary manifestation (*Paratantra*

Lakshana) secondary to broader systemic imbalances. Understanding these clinical associations is essential, as *Bhrama* frequently served as a key diagnostic pointer across diverse pathological states:



Table 2: Clinical Spectrum and Disease Mapping of Bhrama in Classical Ayurvedic Treatises

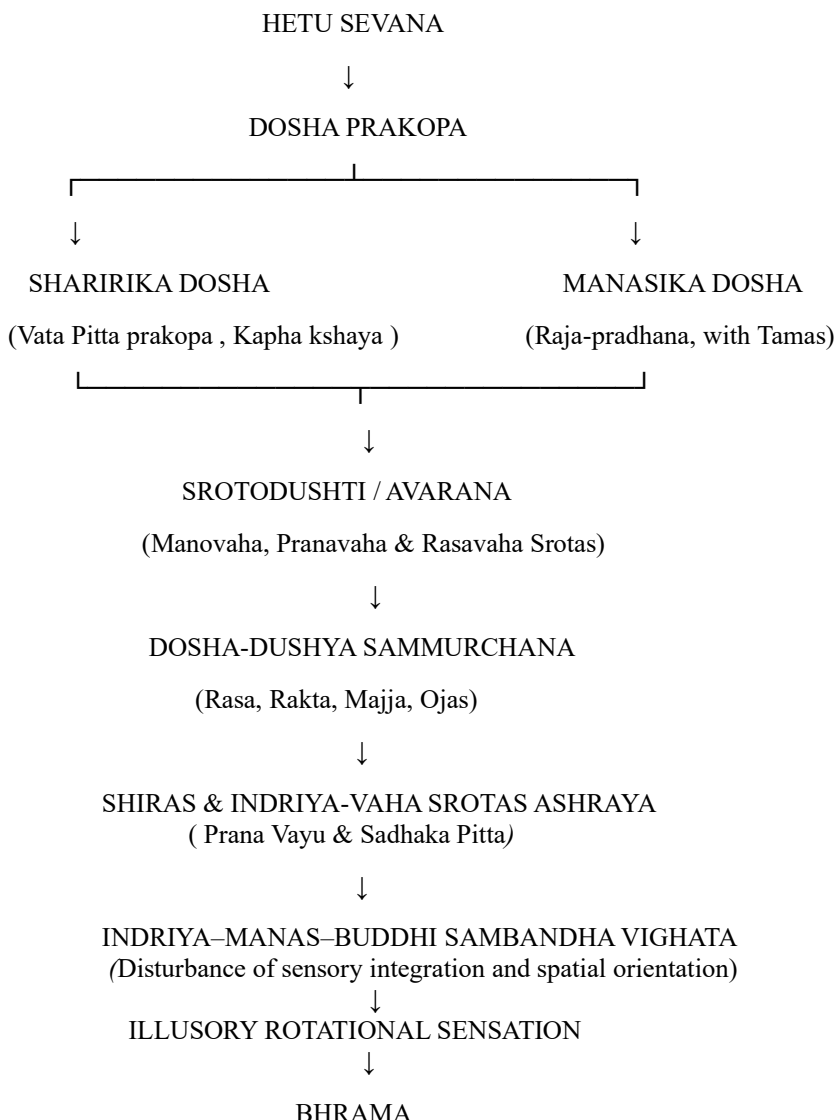
Classification	Diseases
As a Purvarupa	Apasmara, ¹⁶ Raktapitta, ¹⁷ Unmada.
Lakshana (As a cardinal symptom)	<i>Vataja Jwara, Pacyamana Jwara, Antarvega Jwara, Pittaja Jwara, Raktadhatugata Jwara, Ardhavabhedaka,¹⁹ Vataja Arshas,²⁰ Udavarta,²¹ Vatashonita,²² Pittaja Hridroga,¹⁸ Pitta Gulma, Pittaja Shotha, Pittaja Kasa, Dustha Pratishyaya,²⁴ Grahani,²⁵ Pittaja Chardi, Ajirna, Visuchika, Sannipataja Atisara, Pittaja Udara, Chidrodara, Pittaja Asrgdhara, Pandu,²³ Halimaka, Kamala, Visarpa,²⁶ Trishna, Pranavaha Srotoviddha Lakshana,²⁷ Udana Avruta Pitta, Pranavruta Pitta,²⁹ Purishaja Krimi, Abhyantara Krimi, Madatyaya, Amashayagata Visha, Dwitiya Visha Vega, Kita Visha, asrigdhara, Kapha kshaya, Majja kshaya³</i>
Upadrava	<i>Hridroga⁸</i>

Bhrama served as a premonitory *Purvarupa* signaling early psycho-somatic or vascular disruption in conditions like *Apasmara*, *Unmada*, and *Raktapitta*. Additionally, it manifested as a cardinal *Lakshana* across various disorders including *Jwara*, *Pandu*, *Grahani* etc

Categorizing *Bhrama* as a *Paratantra* phenomenon carries substantial clinical significance. It underscores that

managing *Bhrama* solely through symptomatic vestibular suppressants or generic *Vata-hara* measures often overlooks the true root etiology (*Nidana*). Consequently, a thorough patient history and meticulous clinical evaluation (*Roga-Rogi Pariksha*) were required to differentiate whether *Bhrama* existed as a primary pathology or as a secondary systemic manifestation, thereby directing rational and targeted *Chikitsa*.

Samprapti





The progression of *Bhrama* begins with exposure to etiological factors *Nidana-sevana*, this leads to the simultaneous aggravation of *Vata* (*Chala Guna*) and *Pitta* (*Uṣṇa-Tikṣṇa Guna*), alongside the elevation of *Manasika Raja Guṇa*.

The aggravated humors enter the *Manovaha*, *Pranavaha*, and *Rasavaha Srotas*. The depleted state of

Tarpaka Kapha creates a state of *Śhunya* in the head (*Śiras*). The aggravated *Prāṇa Vāyu* and *Sadhaka Pitta* lodge in *Śiras* and *Indriya-Vahasrotas*, disrupting the functional link between the senses (*Indriyas*), mind (*Manas*), and intellect (*Buddhi*). Consequently, spatial orientation is disrupted, producing the illusory rotational motion of *Bhrama*.

Table 3: Samprapti Ghatakas

Samprapti Ghataka	Clinical Specification
Dosha (<i>Sharirika & Manasika</i>)	<i>Vata</i> (<i>Prana, Udana, Vyana vata</i>), <i>Pitta</i> (<i>Sadhaka pitta</i>) <i>Kapha</i> (<i>Tarpaka Kapha</i>) along with <i>Raja Guna</i> exacerbation with <i>Tamas</i> association
Dushya	<i>Rasa, Rakta, Majja Dhatu</i> , and <i>Ojas</i>
Agni	<i>Jatharagnimandya</i> and <i>Dhatvagnimandya</i>
Srotas	<i>Pranavaha, Rasavaha, Raktavaha, Majjavaha</i> , and <i>Manovaha Srotas</i>
Srotodushti	<i>Sanga</i> , and <i>Vimargagamana</i>
Udbhava Sthana	<i>Pakvashaya, Hridaya</i> , and <i>Amashaya</i>
Adhishtana	<i>Shiras, Indriyas</i> , and <i>Karna</i>
Vyakti Sthana	<i>Shiras, Karna, Chakshu</i> , and <i>Manas</i>
Rogamarga	<i>Madhyama</i> and <i>Bahya Rogamarga</i>

Clinical Synthesis

In contemporary medicine, spatial orientation relies upon the functional integration of vestibular, visual, and proprioceptive inputs within the central nervous system. Disruption across these pathways generates vertigo, presyncope, or disequilibrium.

- **Peripheral Vestibular Disorders (*Vataja-Pittaja Pradhana Bhrama*):**
 - Benign Paroxysmal Positional Vertigo (BPPV): Characterized by brief, episodic rotational vertigo provoked by head position changes due to otoconia displacement. This paralleled acute *Vataja Bhrama* driven by the kinetic instability (*Chala Guna*) of *Vata*.
 - Meniere's Disease: Incurred endolymphatic hydrops leading to episodic vertigo, fluctuating hearing loss, and tinnitus. This mirrored *Vata-Pittaja Bhrama* presenting with *Karnanada* (tinnitus) and local *Srotodushti*.
 - Vestibular Neuritis / Labyrinthitis: Acute continuous vertigo caused by inflammation of the vestibular nerve, matching acute *Pittaja-Raktaja Bhrama* characterized by inflammatory heat (*Uṣṇa Guna*) and severe perceptual distortion.
- **Central Neuro-Vascular & Occlusive Disorders (*Majja-Kshaya & Pittavrita Vata*):**
 - Vertebrobasilar Insufficiency (VBI) & Posterior Circulation Ischemia: Transient brainstem and cerebellar ischemia produced dizziness, ataxia, and confusion. This corresponded directly to *Pittavrita Vata* ("*lingam pittavrite dahas trishna shulam bhramas tamah*") and *Majja-kshaya*, where thermal inflammatory factors (*Pitta*) occluded the free flow of motor-sensory impulses (*Vata*), producing vertigo accompanied by burning sensations, thirst, and transient blackout (*Tamah*).
 - Vestibular Migraine: Episodic vertigo linked with migrainous aura, matching *Pittaja Shiroroga* and *Ardhavadhedhaka* with secondary *Bhrama*.

- Hemodynamic & Anemic Vertigo (*Severe Raktasrava / Raktakshaya*):
 - Acute Hypovolemic Presyncope & Severe Anemia: Massive blood loss or chronic severe anemia reduced cerebral perfusion, producing dizziness, postural instability, and syncope. This paralleled *Raktaksayaja Bhrama*, where acute loss of *Rakta Dhatu* provoked severe secondary *Vata* aggravation and deprived the cephalic sensory centers (*Shiras*) of oxygenation and nourishment.
- Post-Traumatic & Structural Vertigo (*Marma Abhigata*):
 - Traumatic Brain Injury (TBI), Cervical Vertigo, & Labyrinthine Concussion: Physical impact to the head or neck disrupted peripheral and central vestibular structures. This mirrored *Marma-abhigata* (specifically trauma to *Shiro-marma* or *Sira-marma*), which instantly disrupted local *Prana*, aggrieved *Vata*, and produced neck stiffness, visual confusion, and acute disequilibrium.
- Psychogenic & Functional Dizziness (*Raja-Pradhana Manasika Bhrama*):
 - Persistent Postural-Perceptual Dizziness (PPPD) & Anxiety Neurosis: Chronic unsteadiness and non-rotational dizziness without acute vestibular deficits. This paralleled *Raja-Pradhana Manasika Bhrama* driven by mental debility (*Sattva-daurbalya*) and psychological disorientation (*Chittodbhrama*).

DISCUSSION

Bhrama was demonstrated to be a complex psychosomatic disorder that extended far beyond an isolated physical symptom. Classical Ayurvedic literature documented its origin through both physical (*Sharirika*) and mental (*Manasika*) pathomechanisms. Aggravated *Vata Dosha* functioned as the primary kinetic driver through its mobile (*Chala*) and unstable



(Anavasthitatva) attributes, while *Pitta Dosha* contributed to sensory perception errors through its sharp (*Tikshna*) and hot (*Ushna*) qualities.

A key finding in the textual analysis was the manifestation of *Bhrama* in occlusive states, specifically *Pittavrita Vata*. As recorded in classical treatises ("*lingam pittavrite dahas trishna shulam bhramas tamah*"), when active *Pitta* obstructed the normal course of *Vata*, the resulting occlusion induced burning sensations (*Daha*), morbid thirst (*Trishna*), colic pain (*Shula*), vertigo (*Bhrama*), and darkness before the eyes (*Tamah*). This demonstrated that *Bhrama* developed not only from pure depletion (*Kshaya*), but also from acute channel occlusion (*Avarana*).

Furthermore, structural and quantitative factors played a decisive role in the pathogenesis. Direct trauma to vital spots (*Marma-abhigata*) severely disrupted *Prana-vaha Srotas* in the head, yielding immediate loss of sensory equilibrium. Similarly, severe hemorrhage (*Raktasrava*) induced rapid *Raktakshaya*, which evacuated the vascular channels, instantly provoked *Vata*, and deprived the head (*Shiras*) and sensory organs (*Indriya*) of vital nourishment.

At the psychological level, the mandatory involvement of *Raja Guna* disrupted *Manas*, producing *Chittodbhrama* and cognitive misperception. From a procedural perspective, the frequent occurrence of *Bhrama* as an iatrogenic complication (*Vyapat*) during *Panchakarma* highlighted the necessity of evaluating a patient's physical strength (*Bala*), mental stamina (*Sattva*), and digestive nature (*Kostha*) prior to administering potent evacuative therapies. Consequently, rational clinical management requires addressing *Vata-Pitta* vitiation, clearing *Avarana*, restoring blood volume, and strengthening psychological stability (*Sattvavajaya*).

CONCLUSION

Bhrama was established as a multifaceted clinical entity involving derangements across *Dosa*, *Dhatu*, *Srotas*, *Marma*, *Indriya*, *Manas*, and *Ojas*. Classical Ayurvedic literature presented an expansive diagnostic framework that linked physical rotational instability ("*Chakrastrhitam iva atmanam manyate*") with mental and perceptual distortion. Contemporary clinical correlation successfully aligned *Bhrama* with peripheral vestibular vertigo, central neuro-vascular occlusions (*Pittavrita Vata*), hypovolemic/anemic presyncope (*Raktasrava*), post-traumatic vertigo (*Marma-abhigata*), and psychogenic disequilibrium. By synthesizing classical Ayurvedic principles of *Nidana-parivarjana*, *Avarana-hara*, and *Dhatu-nutritive Chikitsa* with modern neuro-otological diagnostic frameworks, clinicians can achieve precise diagnosis and formulate rational, etiology-targeted therapeutic strategies.

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