



Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/20100
DOI URL: <http://dx.doi.org/10.21474/IJAR01/20100>



RESEARCH ARTICLE

“A CLINICAL STUDY ON THE EFFECT OF “SARSHAPATAILA”KARNAPOORANIN THE MANAGEMENT OF “KARNANADA”W.S R TO TINNITUS

Sonal Wankhede

Manuscript Info

Manuscript History

Received: 20 October 2024

Final Accepted: 23 November 2024

Published: December 2024

Abstract

Copyright, IJAR, 2024,. All rights reserved.

Introduction:-

Karnanada is one of the KarnagataRoga explained in Shalakyta Tantra. It is the most common complaint encountered in clinical practice of Shalakyta. Vata dominant Tridosha along with Rakta presents as the chief pathological factors in the case of Karnanada. Karnanada can be correlated with tinnitus. It is the condition in which there is a perception of sound that appears to originate in the head in the absence of external stimuli. Epidemiologically this disease is present in 38% population below the age of 40 years and 68% population above the age of 40 years.

Karnanada is a Karnaroga studied under Jatru-UrdhwagataVikara. The vitiated VataDosha either entering into other channels (Vimargagamana) or encircled by KaphadiDoshas in ShabdavahaSrotas (auditory canal) produces different types of sounds¹.in the ear like Bheri, Mrudanga, Shankha etc. is known as Karnanada or Karna Pranada.² The vitiated Vayu gets lodged in the ShabdavahaSrotas, thereby causing different types of sounds in the ear called as Karnanada.³ Etiological factors of Karna Roga such as Avasyaya (exposure to snow), Jalakreeda (swimming, diving), Karna Kandooyana (probing of EAC) and MithyaYogenaShastrasya (improper use of instruments during examination of ear and during treatment) has been mentioned by Yogaratnakara.⁴ Acharya Haritha explained that Karnanada can be caused by different Doshas and sound produced accordingly in the disease. If one hears sounds like crepitus of teeth, flute with burning then it is due to Pitta Dosha. If one hears sounds of thundering its due to Kapha Dosha.⁵Hetus described in Nidana causes vitiation of Vata. Vata gets lodged in the ShabdavahaSrotas. It causes a perception of different sounds leads to Karnanada.

Approximately 1/3rd people experience tinnitus sometime in their lives.⁶ Tinnitus can be categorized into different groups - subjective and objective, pulsatile and non pulsatile, vascular and non vascular and idiopathic. Tinnitus can be diagnosed with the help of history taking, physical examination, audiologic evaluation, tinnitus evaluation, radiological imaging and blood tests. There are different treatment modalities to treat the tinnitus like Masking, Counseling, psychotherapy, pharmacotherapy, Acoustic therapy and tinnitus retraining therapy etc. Despite all measures the result is unsatisfactory

In Ayurveda, According to Ayurvedic theory, unhealthy aspects occur when a person consumes an excessive amount of KarnagataRogaNidana and then Karna Pradesh SthitaVata becomes vitiated, then it is encircled by Vata and other Doshas, and this encircled vitiated VataDosha eventually leads to VimargGaman of Dosha, which produces Various Ear Related issues and one common among them is Karnanada^{7,8} While Planning the Ayurvedic treatment plans for Karna Roga, Acharya mentioned various Aushadhi Siddha Tails and other preparations for Karnapooran in KarnarogaChikitsa, such as Ghrit, Swaras, Kwath, and Asta-Mutra.⁹ Because the core cause of Karnagataroga is Shabdavahastrotas and the dosha primarily engaged is vataj with TridoshaAvrutVata.

Karnapooran

Karna means ear and Pooran mean filling. So it is a process in which the ear is filled with medicated Taila, Mutra, and Swarasa, etc. for treatment of various Vyadhis. Acharya Charak said that those who practice Karnapoorana daily do not suffer from Vataja Karna Roga, Badhirya (deafness), Manya and HanuRoga.[19] Acharya Sushruta described it as the treatment of Hanu, ManyaShirah, and KarnaShoola.¹⁰ Karnapoorana not only treats diseases but also helps to preserve the health of the Ear, Neck, and Head. Ayurveda cures diseases using Dosh vikruti Avastha¹¹, which are impacted by a variety of elements such as Vaya, Bala, Ahara etc¹²

Hence, taking into consideration the above points, this study is a genuine attempt to foresee the effect of one such Ayurvedic Interventional Therapy called as Karnapooran in the treatment one of the Common Ear Ailment Karnanada.

Aim and Objectives:-**Aim:-**

To Assess the Efficacy of Sarshap Tail in the Management of Karnanada(Tinnitus)

- To assess the efficacy of Sarshap Tail in the management of Karnanada(Tinnitus)On Audiometry.
- To assess the efficacy of Sarshap Tail in the management of Karnanada(Tinnitus) On Subjective Parameters

Materials and Methods:-**Selection of Patients**

1. The patients fulfilling inclusion criteria, attending the O.P.D. of Department of Shalakya, PakwasaSamanvayaRugnalaya Nagpur, were selected irrespective of age, sex, religion, race, occupation, etc.
2. A Detailed Proforma was prepared and incorporated with Ayurvedic and Modern points.
3. After Screening of the Patients, Total 30 Patients were Recruited in the Pre-Post Experimental Interventional Study for the duration of 45 days

Subject Eligibility**Inclusion Criteria**

1. Patients in the Age Group of 18-40 years.
2. Patients Complaining of Ringing sound in the Ear(Any one or both) for the past 1 year
3. Disturbed Routine or sleep and irritation for minimum past 1 month.

Patients having the above symptoms were selected irrespective of age, sex, religion, race, occupation, etc.

Exclusion Criteria

1. Patients having any Systemic or Metabolic Complications
2. Patients suffering from Conditions like ASOM, CSOM, OM, Otorrhoea, Severe Otalgia,and Perforations.
3. Toxic and Severely Infected Patients.
4. Patients with Fungal Infections

Examination Of Ear

1. Pinna: Normal
2. Pre and post auricular area: Normal
3. External auditory canal: Normal
4. Tympanic membrane: no discharge, no perforation, bilateral TM is intact
5. The oral cavity proper, Larynx and Nose – Normal

Study Design

The study was conducted on 30 diagnosed cases of Karnanada. Patients were selected from OPD, Department of Shalakya, PakwasaSamanvayaRugnalaya, Shri AyurvedCollege,Nagpur.

Ethical Clearance

The study was cleared by the institutional ethics committee. Written consent from each patient willing to participate before starting the study was taken. For those patients who were unable to read or write consent of their relative was taken. Patients were free to withdraw from the Study.

Sampling Method:-

Random Sampling Method

Assessment Criteria

The Efficacy of the Therapy was assessed on the Basis subjective criteria, for statistical analysis scoring was designed according to the severity of symptoms.

Drug And Posology

Sr.No	Parameters of Experimental Group	
1	Treatment Modality/therapy	Karnapooran
2	Interventional Drug	Sarshap Tail
3	Matra (Dose)	ShatamMatra(ear should be filled with oil)
4	Kala(Duration)	Bhaskare-astam, after sunset
5	Follow Up Days	Day 7,Day 14,Day 21, Day 30, day 45
6	Assessment Criteria	Objective and Subjective

Method Of Karnapooran

- The Drug of Choice, Sarshap Tail was warmed (app.upto 70-80 degrees)
- The Ear is filled with sarshapTailam and Kept for 100 Matra (4-5 min)
- The same procedure was repeated with the other Ear and then the excessive Oil is Cleaned with Cotton.
- Hence, the Same Procedure was repeated for 45 Days.
- Follow up was taken in each 15 days.
- No Extra Colour/Fragrance was added to the Oil

Instruments Required

- Ear Speculum
- Torch
- Tuning Fork
- Audiometer
- Dropper
- Cotton

Assessment Criteria

1.Objective Assessment (Pure Tone Audiometry)

2.Subjective(Gradations of Symptoms)

- No Karnanada-0
- Low Pitch intermittent-1/2 to 2 hours-1
- Moderate Pitch2-3 times,2-6 hours -2
- High pitch, continuous -3

Observations and Results:-**Table 1:-** EffectoftherapyinGroup-Aonsignsandsymptomsin13patientsofKarnanada(Tinnitus).

Symptoms	n	Mean	%	S.D.	S.E.	't'	P	
		B.T.	A.T.					
Karnashula	13	1.375	0.062	90.91	0.5774	0.1443	8.6603	<0.001
Karnapratinaha	12	2.666	0.266	90	1.0556	0.2726	8.8056	<0.001
Badhirya	10	1.642	1.071	34.783	0.5136	0.1373	4.1633	<0.01
Karnanada	09	1.230	0.307	68.75	0.3755	0.1042	8.124	<0.001

Table 2:- EffectoftherapyinGroup-Bonsignsandsymptomsin13patientsofKarnanada(Tinnitus).

Symptoms	n	Mean	%	S.D.	S.E.	't'	P	
		B.T.	A.T.					
Karnashula	10	2	0	100	0.9189	0.3063	6.5293	<0.001
Karnapratinaha	12	3.0714	0.1429	90.69	1.3522	0.3614	7.7081	<0.001

Badhirya	10	1.0909		0.3636	66.667	0.4924	0.1485	4.899	<0.001
Karnanada	07	1		0	100	0.378	0.1543	6.4807	<0.01

Total effect of therapy

In Group-A, patients showed 90.91% relief in Karnashula followed Karnanada (68.75%) and Badhirya (34.78%), statistically all the results were found highly significant at the level of $P < 0.001$ except Badhirya (< 0.01) which is significant. Patients showed 100% relief in Karnanada. The results were statistically highly significant in all the signs at the level of $P < 0.001$ [Table 1].

In Group-B, patients showed 100.00% relief in, Karnashula, and Karnanada followed by 90.69% relief in Karnapratinaha, and 66.66% relief in Badhirya [Table 2]. The results were found highly significant at the level of $P < 0.001$ in all the symptoms except Badhirya where it was significant at the level of $P < 0.01$. Patients showed 100% relief in tenderness and erythema.

The result was significant at the level of $P < 0.01$ [Table 2]. Overall effect of therapy 46.16% cure was found in Group A, while 69% cure in Group B. Over all effect of the therapy is depicted at Figure 1

Discussion:-

Non-surgical, non-invasive and cost effective management of tinnitus is possible with the adoption of Ayurvedic procedures coupled with that of proper diet habit, regimen and code of conduct. Acharya Charaka mentioned Karnanada as a Vataja Nanatmaja Vyadhi and Karna is one of the Adhistana of Vata Dosha.¹⁴ Vata predominant causative factors are responsible for Karanada. Sneha becomes treatment choice to control the localized and increased Vata Dosha in case of Karnanada. Karnapoorana is the type of Bahya Snehana. Sarshapa Taila is a good Vata Shamaka drug as it is prepared with Sneha along with other Dravya which acts especially as Vata Shamaka.¹⁵

Mode of Action of Sarshap Tail^{16,17}

The mode of action of the drug under trial i.e. Sarshap Tail can be understood on the basis of inherent properties of the drug. Rasa of the drug is Katu and Tikta; Guna are Ruksha, Laghu, Tikshna; Snigdha and Ushna Veerya and mainly Kapha-Vata Shamaka properties. With the properties of Katu and Tikta Rasa, it will encounter Vata and Kapha Dosha. The Katu Rasa removes all vitiated Vata and relieves Pain, irritation and Snigdha Guna provides soothing effect to the ear. relieves obstruction, dilates the passages, and relieves Kapha. Tikshna Guna is Shighrakari which means it starts action very quickly and will encounter Vata and Kapha Dosha. Due to Ushna Veerya it will encounter Vata Dosha and Gati of Vata gets normalized (Anulomana). This way it will work on functional mechanism. Another benefit of Ushna Veerya is that it enhances local as well as general metabolism. Because of this, it will correct Dhatu Poshana Krama and ultimately it will lead to production of Uttama Twaka and Mamsa Dhatu.¹⁷

Conclusion:-

The potential of Ayurvedic procedures and medicines is yet to be exploited. Ayurveda is capable of playing a major role in combating tinnitus and subsequently in checking compromised quality of life without imposing any adverse reaction to the user. In the present case series, patients having symptoms of Karnanada treated with Vata Shamaka Chikitsa i.e. Karnapoorana with Sarshap Tail. In the modern era, people follow an unhealthy lifestyle which is the cause of many disorders. Our environment where we live and where we work should be healthy. In the case of tinnitus, noise-free places should be opted to work. Ayurvedic literature also mentioned that Atiyoga and Ayoga of Indriya should be avoided. Prevention should be given prime importance in the management of the disease.

References:-

1. Ambikadatta Shastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Uttartantra, Varanasi: Chaukhambha Sanskrit Sansthan, 2011; 115:20 – 7.
2. Yadunandana Upadhyaya, Madhava Nidana of Madhavakara with Madhukosha Commentary by Shri Vijayarakshita and Shrikanthadatta with Hindi Vidyotini Commentary, verses Chaukhambha Prakashan, 2019; 286: 2-3
3. Atrideva Gupta, Ashtanga Hridaya of Vagbhata with Vidyotini Hindi Commentary, Utharasthan, Varanasi: Chaukhambha Prakashan, 2012; 692: 17 – 9.

4. Yogaratnakara, Yogaratnakara, Karnarogadhikara, edited by Shree LaxmipatiShashtri, ChaukhambhaPrakashan Varanasi, 2013; 309: 1 – 2
5. Vaidya JayminiPandeya, Harita Samhita of Harita with Nirmala Hindi Commentary Varanasi: ChaukhambhaVisvabharati, 2016; 449: 3 – 4.
6. Mohan Bansal, Diseases of Ear, Nose and Throat 3rd Edition, New Delhi: Jaypee Brothers Medical Publishers,2021; 111.
7. Schleuning AJ. Management of the patient with tinnitus. Med Clin North Am, 1991; 75(6): 1225-37.
8. Trikamji, Yadavji. AgniveshaAcarya, Caraka Samhita with the Ayurveda Deepika Comm.- Chakrapanidatta Reprint Edition 2013. ChaukhambhaSurbharatiPrakashan Varanasi, Cikitsasthana 28/19, pg- 617
9. AcaryaSusruta, Susruta Samhita with the NibandhaSangraha Comm. – Dalhana Reprint Edition 2012. ChaukhambhaSurbharatiPrakashan Varanasi, Uttartantra 20/7.p.643.
10. Madhava, Acarya. Madhava Nidana- Madhukosha Sanskrit Comm. with Vidhyotini Hindi Comm. Reprint Edition 2012 ChaukhambhaPrakashan Varanasi, Vol-2 57/2. p.286.
11. Sastri, BhisagratnaBrahmasankar, Yogartnakara with Vidhyotini Hindi Comm., Reprint Edition 2015 ChaukhambhaPrakashan Varanasi, Uttrardha, Karnarogadhikara pg-310.
12. Trikamji, Yadavji, AcaryaSusruta, Susruta Samhita with NibandhaSangraha Commentary by Dalhana Reprint Edition 2012; ChaukhambhaSurbharatiPrakashan, Varanasi, Uttartantra 21/4.p.645
13. Tripathi, Brahmanand. AstangaHridayam edited with Nirmala Hindi Commentary, Reprint Edition 2011 Chaukhambha Sanskrit Prakashan Delhi, UtrasthanaAdhyaya – 18/6, 22-24, pg1007.
14. Sastri, Kasinatha& Chaturvedi, GorakhaNatha. Caraka-samhita. Reprint Edition. Varanasi (India): Chaukhambha Bharati Academy; 2005
15. Sarangadhar- Sarangadhar Samhita. Ma. Kha. 9/144, Adhamalavirachita Deepika tika and KashiramaRachitaGudharta Deepika. 7th ed. Varanasi: ChaukhambhaPrakashana; 2008.
16. Sushruta, Sushruta Samhita, Uttara Tantra, 20/10, Nibandhasangraha Commentary of Shri Dalhanacarya. Edited by JadavajiTrikamjiAcarya. 7th ed. Varanasi: Chaukhamba Orientalia; 2002
17. Agnivesha. Charaka Samhita- Sutra 26, Ayurveda Dipika Commentary of Cakrapanidatta. Edited by Vaidya JadavajiTrikamji Acharya. Re-print ed. Varanasi, India: ChaukhambaSurbharatiPrakashana; 2008.
18. Dr. ShailjaShrivastva, Sharangadhra Samhita of Sharangdhara Jeevan Prada Hindi Vyakhya, SharangdharaUttarakhanda chapter 11 verse 129, Reprint Edition 2013 Chaukhambha Sanskrit Sansthana, 2013; 450.
19. Yadavji Trikamjiacharya& Narayan Ram achaya(Editor). Commentary :Nibandhasangraha of Dalhanacharya&Gayadasacharya of Sushruta Samhita, Sutrasthan, Chapter 45, verses No.112, 3rd edition, Varanasi; Chowkhambha Sanskrit Sansthan: 2014: 205
20. Yadavji Trikamjiacharya& Narayan Ram achaya(Editor). Commentary :Nibandhasangraha of Dalhanacharya&Gayadasacharya of SushrutaSamhita, Uttartantra, Chapter 21, verses No.20-21, 3rd edition, Varanasi; Chowkhambha Sanskrit Sansthan: 2014: