

## AN AYURVEDA APPROACH IN THE MANAGEMENT OF KARNASRAVA (CSOM): A CASE STUDY

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### ABSTRACT

Chronic Suppurative Otitis Media (CSOM) is a chronic inflammation of the middle ear that is characterised by discharge from the middle ear through a perforated tympanic membrane. As per *Ayurveda* classics this condition can be correlated with *Karnasrava* which is the result of *Avarana* of *Vata Dosha*. In this case, a female patient, aged 27 years presented with features of discharge in right ear for a long time. In this study *Karna Pichu* with *Jatyadi Taila* after *Pramarjana* and *Kaishore Guggulu* was selected. Highly significant results were observed in the form of improvement in the chief complaints of the patient. *Ayurvedic* treatment has valuable effect in the management of *Karnasrava* and enhancing its speed of recovery.

**Keywords:** *Karnasrava, Jatyadi Taila, Kaishore Guggulu, Karna Pichu.*

### INTRODUCTION

*Acharya Sushruta* has mentioned *Karnasrava* among 28 types of *Karna Roga* in 20th chapter of *Uttartantra*. Vitiated *Vata Dosha* causes pus discharge from the ear due to *Shirobhighatha* (head injuries), *Jala Nimajjana* (diving in water), *Karna Paka* (inflammation of aural mucosa), and *Karna Vidradi* (ear abscesses) etc causes, is named as *Karnasrava*. In our texts only *Sushruta* has mentioned *Karnasrava* as a disease and others have taken it as a symptom of disease.

Chronic suppurative otitis media (CSOM) is a long-standing infection of a part or whole of the middle ear cleft characterised by ear discharge and a permanent perforation. A perforation becomes permanent when its edges are covered by squamous epithelium and it does not heal spontaneously. A permanent

perforation can be likened to an epithelium-lined fistulous track.

Incidence of CSOM is higher in developing countries because of poor socio-economic standards, poor nutrition and lack of health education. It affects both sexes and all age groups. In India, the overall prevalence rate is 46 and 16 persons per thousand in rural and urban population respectively. It is also the single most important cause of hearing impairment in rural population<sup>[1]</sup>.

*Acharya Charaka* had clearly mentioned the treatment of *Karnasrava* should be on the line of *Vranakriya* (wound management). *Karnasrava* were treated with *Jatyadi Taila*<sup>[2]</sup> in for of *Karna Pichu* as a local application and *Kaishore Guggulu*<sup>[3]</sup> had taken orally.

**CASE REPORT****MATERIAL AND METHODS**

**Place of study-** National institute of Ayurveda, Jaipur (Rajasthan), 302002

**Table 1:** Personal history-

Name: xyz	<i>Bala: Madhyama</i>	<i>Prakriti: Vata- Kapha</i>
Age: 27 years	Sleep: Adequate	BP:126/80 mmHg
Sex: Female	Addiction: None	Weight: 61 kg
Marital status: Unmarried	Bowel habit: Regular	Height: 167cm
Occupation: Student	Appetite: Good	

**Treatment plan-** Patient was treated on OPD basis.

**Selected Ayurvedic drug-**

**Jatyadi Taila-** *KarnaPichu* used twice a day for one hour, followed by *Karna Pramajana* once in a week.

**KaishoreGuggulu-** 2 tablets each of 500 mg orally twice daily

**Duration-** Regular visit was done for 2 month at 7 days interval.

**Follow up-** Once in 15 days for 1 month.

**Criteria for selection of medicines-** *Jatyadi Taila* and *Kaishore Guggulu* were selected on the basis of their properties useful in *Karnasrava* and ability to relieve signs and symptoms.

**Local Examination**

A small central perforation in anteroinferior quadrant in right tympanic membrane with mild discharge seen in external acoustic meatus where as the left tympanic membrane and canal was found normal. oropharyngeal and nasal examination revealed no abnormalities.

- Otoscopy
- Tuning fork test

**Treatment-**

After *Karna Pramajana* (right ear), *Jatyadi Taila* was applied in the affected ear as *Karna Pichu* for one hour at morning and evening. This procedure continued for 2 month followed by *Karna Pramajana* once in a week. *Kaishore Guggulu* was administered in the dose of 2 tablets twice a day orally with luke warm water. After the completion of

**Presentation-** A 27 years old female patient of *Karnasrava* complaining of discharge in right ear since 4 months attending *Shalaky* OPD of N.I.A. Jaipur

treatment duration it was found that the signs and symptoms such as perforation and discharge in right ear resolved completely.

**Follow up**

The patient was followed up once in 15 days for one month to elicit any further symptoms but it was found completely normal.

**DISCUSSION**

*Acharya Sushruta* has explained the line of management of *Karnasrava* in the chapter *Karnagata Roga Pratishedha Adhyaya* with *Shirovirechana*, *Dhupana*, *Pramajana* etc. To evacuate all the exudates and to maintain the aural hygiene *Karna Pramajana* plays an important role. A thick sterilized rolled cotton swab inserted in the right ear for dry mopping.

*Jatyadi Taila* act on *Vrana*(wound) mainly in two ways *Shodhana* and *Ropana* which help in proper healing of wound. For local application *Taila* was used through *Karna Pichu*. Local action of *Pichu* is based on cellular absorption of medicine, acts as in *Snehana*, *Shodhana*, *Ropana* etc.

*Kaishore Guggulu* mainly possesses antiallergic, antibacterial anti-oxident and blood purifying properties<sup>[4]</sup>. It has wound healing property along with *Rasayana* effect and *Acharya Sushruta* has also describes the use of *Rasayana* in *Samanya Chikitsa* viz. *Ghritapana*, *Rasayana* etc for all *Karna Rogas* including as a *Karnasrava*.

## CONCLUSION

In this study it was found that *Jatyadi Taila* and *Kaishore Guggulu* were very effective in treating *Karnasrava*. *Pramarjana* was also found to be very effective as it maintained the ear hygiene by wiping away the discharges.

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**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Rakesh Bishnoi: An Ayurveda Approach In The Management Of Karnasrava (Csom): A Case Study. International Ayurvedic Medical Journal {online} 2018 {cited May, 2018} Available from: [http://www.iamj.in/posts/images/upload/1140\\_1142.pdf](http://www.iamj.in/posts/images/upload/1140_1142.pdf)