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 Shirobhigathath (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[1].

Acharya Charaka had clearly mentioned the treatment of Karnasrava should be on the line of Vranakriya (wound management). Karnasrava were treated with Jatyadi Taila[2] in for of Karna Pichu as a local application and Kaishore Guggulu[3] had taken orally.
CASE REPORT
MATERIAL AND METHODS
Place of study- National institute of Ayurveda, Jaipur (Rajasthan), 302002

Table 1: Personal history-

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

Treatment plan- Patient was treated on OPD basis.
Selected Ayurvedic drug-
Jatyadi Taila- KarnaPichu used twice a day for one hour, followed by Karna Pramarjana once in a week.
Kaishore Guggulu- 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 Pramarjana (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 Pramarjana 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 treatment duration it was found that the signs and symptoms such as perforation and discharge in right ear resolved completely.

DISCUSSION
Acharya Sushruta has explained the line of management of Karnasrava in the chapter Karnagata Roga Pratishedha Adhyaya with Shirovirechana, Dhupana, Pramarjana etc. To evacuate all the exudates and to maintain the aural hygiene Karna Pramarjana 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-oxidant and blood purifying properties. It has wound healing property along with Rasayana effect and Acharya Sushruta has also describes the use of Rasayana in Samanya Chikitsa viz. Ghritapan, Rasayana etc for all Karna Rogas including as a Karnasrava.
CONCLUSION

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

REFERENCES

1. Dhingra PL, Dhingra Shruti. Diseases of ear, nose and throat. 6\textsuperscript{th} edition. Elsevier a division of reed elsevier india private limited; 2014:68.


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