A CLINICAL STUDY ON THE CONCEPT OF KARNANADA & KARNAKSHVED WITH SPECIAL REFERENCE TO TINNITUS

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ABSTRACT

Objective: The study was conducted to establish the specific Ayurvedic line of treatment in the management of Karnanada and Karnakshveda. Method: A prospective, open-label study method was followed. Sixty patients of either sex, between the age group of 18 – 75 yrs were selected randomly for the study after thorough informed consent. Patients with Karnanada and Karnakshveda were placed into 2 groups. Group KN and Group KS. Both the groups are treated by two line of treatment. Plan – 1 is vatvyadhivatchikitsa and Plan – 2 is Pratishhyayvatchikitsa. The effect of both the Therapy was observed for 2 months including weekly follow up. Observation of Clinical symptoms, signs of Karnanada and Karnakshveda were carried out. Results: The clinical observations showed better improvement in Karnanada with plan – 1 and significant improvement in Karnakshveda with plan – 2. Conclusion: Vatvyadhivatchikitsa’ is effective more in Karnanada and ‘Pratishhyayvatchikitsa’ is effective in Karnakshveda.

Key words: Karnanada, Karnakshveda, Tinnitus, Vatvyadhivat, Pratishhyayvat

INTRODUCTION

Ayurved is a complete medical science. It is known as panchamveda. It is narrated in Sratmak form. So there are many hidden concepts which are still to be understood, elaborate and research. Shalakyatantra is the branch of Ayurved which deals with all the diseases above clavicle¹. Acharyasushruta have mentioned 28 karnaroga in Uttartantra.² Karnanada and Karnakshveda are among them. The cardinal symptom of both the diseases is sound heard in the ear. But the characteristics of the sounds are different. In Karnanada, different kinds of sound like the sounds emerge from mridanga, bheri, koncha etc³. Whereas, in Karnakshveda, venugoshavat sound (like flute) is heard.⁴

According to modern science, both the disease can be correlated with tinnitus. It is very enormous disease and difficult to treat. Now a day, in the era of noise pollution and faulty lifestyle, number of the patients suffering from tinnitus is increasing. There is no permanent cure in modern science for tinnitus. So, ayurveda is the only answer.

AcharyaSushruta has mentioned same treatment for Karnashoola, Karnanada, Badharya and Karnakshveda.⁵ Now it is our duty to
understand the hidden concept of the treatment. Here in this study and attempt has been done to highlight the ‘vatavyadhivatchikitsa’ and ‘pratishayavatchikitsa’ clinically in the management of Karnanada and Karnakshveda.

Aims and Objectives:
- To establish the role of ayurvedic line of treatment according to etiopathology of Karnanada and Karnakshveda.
- To explore a correlation of Karnanada and Karnakshveda with Tinnitus.
- To evaluate the role of Vatvyadhaiwitchikitsa in the management of Karnanada.
- To evaluate the role of Pratishayavatchikitsa in the management of Karnakshveda.

Materials and Methods:
The patients having the symptoms of Karnanada and Karnakshveda, of either sex and between the age of 18 – 75 have been included in the study. Patients of Hypertension, Diabetes, Pregnancy, COPD, Otitis media, epistaxis have been excluded from the study. Patients have been selected from the OPD of Govt. Akhandanand Ayurved hospital after inform concern. Patients have been divided into two groups. Group KN diagnosed as Karnanada and Group KS diagnosed as Karnakshveda. All the patients of each group have given two types of the therapy i.e. Plan – 1(Vatavyadhiwitchikitsa) and Plan – 2 (Pratishayavatchikitsa).

**TREATMENT PLAN – 1**
1. Rasayanchurna – 3 gm with warm water.  
2. Tab. Ashwagandha – 2 BD  
3. Nasyakarma – Anutaila  
4. Karnapurana – Bilvaditaila

**TREATMENT PLAN – 2**
1. Sitopaladichurna – 3 gm. With honey twice a day.  
2. Tab. Vyoshadivati – 2 BD  
3. Nasyakarma – Anutaila  
4. Karnapurana – Bilvaditaila

All the patients have been observed weekly up to 2 months and assess during the treatment and after the treatment.

**Observations:**
Total 60 patients were treated in this study. Among 30-30 patients of Karnanada and Karnakshveda, 15 have been treated with plan – 1 and 15 with plan – 2.

<table>
<thead>
<tr>
<th>GROUP</th>
<th>PLAN-1</th>
<th>PLAN-2</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP-KN</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>GROUP-KS</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

**Table 1: Age wise distribution**

<table>
<thead>
<tr>
<th>AGE</th>
<th>KARNANADA</th>
<th>KARNAKSHEVED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 25</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>26 - 35</td>
<td>1</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>36 - 45</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>46 - 55</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>56 - 65</td>
<td>11</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>66 -75</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>30</td>
<td>60</td>
</tr>
</tbody>
</table>
The age vise observation shows Karnanada was found more between the age of 46 – 65 and Karnakshveda was found in early age i.e. between the ages of 26 – 65.

Table 2: Gender vise distribution

<table>
<thead>
<tr>
<th>SEX</th>
<th>KARANADA</th>
<th>KARNAKSHVEDA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>18</td>
<td>16</td>
<td>34</td>
</tr>
<tr>
<td>FEMALE</td>
<td>12</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>30</td>
<td>60</td>
</tr>
</tbody>
</table>

The gender vise observation shows almost equal number of patients of either gender was found in both the groups.

Table 3: Associated symptoms

<table>
<thead>
<tr>
<th></th>
<th>KARANADA</th>
<th>KARNAKSHVEDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEAFNESS</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>RHINITIS</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>OTITIS EXTERNA</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>OTITIS MEDIA</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>LABYRINTHITIS</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>ANXIETY</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>HYPERTENTION</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>NONE</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>

Deafness and anxiety were found more with Karnanada. Rhinitis, Deafness, Otitis media and anxiety were found more with Karnakshveda.

EFFECT OF PLAN - 1 THERAPY
There was a lesser amount of effect of the therapy found by the treatment plan -1 in both the groups. 37% unchanged in group KN and 57% unchanged in group KS was found. In case of improvement there were 26% and 16% improvement found.

EFFECT OF PLAN 2: THERAPIES

The total effect of the therapy of the treatment plan – 2 shows that it was effective in group KS not in the KN. There were 22% and 31% patients got cured and markedly improvement respectively in the KS group. But there were no cure and markedly improvement in the group KN. On the other hand there were 47% patients were got no relief in group KN.

DISCUSSION

AcharyaSushruta has mentioned Karnanada and Karnakshveda, two different diseases with the similar characteristic i.e. sound heard in the ear. But the characteristics of the sounds are different.

The dictionary meaning of Karnanada is the sound heard in the ear.

Samprapti of Karnanada:

The vimaragaga, vitiated shirogata-Vayu get obstructed by Kaph, pitta etc, doshas. This Vayu is then become avrutta by the Avavara of Kaphadidosha. This Avvuttavayu get sthanasamsraya in Shabdabhiphananadi and produced different kind of sound which is known as Karnanada.\(^8\)

Hearing of different kind of sound is the cardinal symptom of Karnanada. In, the characteristic of this sound are mentioned in the commentary of AshtangaSangraha like the sound of bhrungara, kronch, mrudanga, bheri etc.\(^9\) All these sounds are generated by the Avvuttavata so as mentioned in the samprapti of Karnanada. Karnakshveda is also defined as sound in the ear and the characteristic of sound is like venughoshat (like blowing the flute).\(^10\)

Samprapti of Karnakshveda:

The nidanas like Shrama, kshaya, ruksha-kashaya, Bhojana, Shirovirechanapacchatishevana leads to vitiation of Vata, Kapha and Raktadosha. The shirogatavimargagamevayugetsanshrushta i.e. mixed with these prakupitadoshas. The srmshrushtavat get sthanasamsraya in Shabdapatha and produced the sound like Venughosha (flute like) which is known as Karnakshveda.\(^11\)

Chikitsa:
Acharya Sushruta has mentioned the similar treatment for Karnashoola, Karnanada, Badhirya and Karnakshveda. He has also mentioned the two kinds of chikitsasutra Sutras. ‘Pratishhyayvatchikitsa’ and Vatvyadhivatchikitsa. Here Karnanada is Kaphadiavaranaa-vrutakevalavataradhapradhanavyadhi so as Vatavyadhi. So, Karnanada can be treated by Vatvyadhivatchikitsa. And Karnakshveda is Kaphadidoshasanshrushtavatapradhanavyadhi. So, Karnakshveda can be treated by Pratishhyayvatchikitsa.

Here in this study, Plan – 1 is based on vathyadhivatchikitsa sutra and Plan – 2 is based on pratishhyayvatchikitsa sutra. Shodhananasya and Karnapurana were included in both the plans.

**Shodhana Nasya** was administered with Anutaila. The Tikshana, Ushana, Shirovirechanik properties of all the drugs of Anutaila counter on the vitiated Kaphadiodoshas. As a result, it relives the Avarana as well as the obstruction created by the KaphadiDoshas which facilitate the vimargagatavayu to be margastha.

**Karnapurana** of Bilvaditaila is indicated specifically in the treatment of Badhirya. Karnapurana with Bilvadita taila directly effective on vatadosha. Bilva is Vatashamaka and taila is also indicated in vataroga. In the etiopathogenesis of Karnanada and Karnakshveda, vatadosha plays major role. Besides this, Karma is the seat of Vayu. So, in Karnaroga, including Karnanada and Karnakshveda, emphasize should be given to treat the vitiated Vayu. Karnapurana with Bilvaditaila gives palliative effect on Vatadosha.

**Plan – 1:** The therapy selected in plan – 1 was based on Vatavadyadhivatchikitsa. Rasayanchurna and Tab. Ashvagandha were given. The content of rasayanchurna i.e. Guduchi, Gokshura and Amalki, are tridoshashamaka as well as give the benefits of Rasayanchikitsa. Whereas, ashvagandha is balya and vatashamaka also. Ashvagandha also considered as neuro tonic. So, it is beneficial for the repair of Shabdabhidhavahana-dि. Thus, Plan – 1 is more effective in Karnanada which is kevalavatapradhanvyadhi. Results also show the same.

**Plan – 2:** The therapy selected in plan – 2 was based on Pratishhyayvatchikitsa. Sitopaladichurna and Vyoshadiivant were given. The ingredients of Sitopaladigive kaphapittashamaka effect. Ushnaguna of pippali act as Kaphashamak, madhurasa and madhurvipaka act as Pittashamaka which leads to break the Samprapti. Whereas, sraviguna of Sharkara facilitates separating the Sanshlishadosha. In the other hand tikshana-ushna property of Vyoshadivant give effect of kaphashamaka andrelive the obstruction created by the doshas. Thus, Plan – 2 is more effective in Karnakshved. Results also show the same.

**Overall effect of therapy:**

In this study, the results show that the overall effect of therapy is less in group KN. It may possible that the duration of the therapy for the Karnanada in this study is short. So, there will be the possibilities of further research in Karnanada with longer duration by Vatvyadhivatchikitsa. The results show better improvement in group KS.

**CONCLUSION**

Karanada should be treated as per ‘Vatvyadhivatchikitsa’siddhant.

Karnakshveda should be treated as per ‘Pratishhyayvatchikitsa’siddhant.

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