

ROLE OF NASYA FOLLOWED BY KARNAPRAMARJAN AND KARNADHOOPAN IN THE MANAGEMENT OF KARNASRAVA (CSOM) - A SINGLE CASE STUDY

Sonal S. Patel^{1*}, Twinkal J. Zala², Sangita M. Sekhaliya³, Aarty A. Aghera⁴, Sudeshna S.R⁵ and Dr. Bhakti Chhaya⁶

^{1,2,3,4,5}M.S. Scholar, Shalaky Tantra Department, Govt. Akhandanand Ayurveda College, Ahmedabad.

⁶Professor & Reader, Shalaky Tantradepartment, Govt. Akhandanand Ayurveda College, A⁶bad.

*Corresponding Author: Sonal S. Patel

M.S. Scholar, Shalaky Tantra Department, Govt. Akhandanand Ayurveda College, Ahmedabad.

Article Received on 09/01/2022

Article Revised on 31/01/2022

Article Accepted on 20/02/2022

ABSTRACT

Karnasrava is the condition characterized by discharge from Karna and occurs mainly due to Avarana of Vata Dosha. CSOM (Chronic Suppurative Otitis Media) is the term given to the middle ear discharging problem in the modern medical literature. In this study an attempt has been made to treat the “disease” with Nasya (Instillation of medication in nose), karnapramajan (cleansing of ear), karnadhoopana (aural fumigation). **Aim:** To find out the results of nasya followed by karnapramarjan and karnadhoopana in the management of karnasrava (csom). **Material and Method:** A case report of 28 year old female patient presented with the complaint karnasrav (pus discharge), shirogouvratata, karnakandu and felt bad smell from her ear so she was treated with nasya followed by karnapramajan and karnadhoopana. along with internal medicine. **Result:** There was significant improvement in symptoms like karnashoola, karnastrav karnakandu and felt bad smell from her ear etc. **Conclusion:** This case study on nasya followed by karnapramarjan and karnadhoopana in the management of karnasrava (csom) can be successfully managed by Ayurvedic treatments.

KEYWORDS: karnasrava, csom, nasya, karnapramarjan, karnadhoopana.

INTRODUCTION

Karnasrava is a disease mentioned by *Acharya Sushruta* in the chapter of *Karnaroga Vigyaniya* under 28 *Karnarogas*.^[1] *Acharya charak* included *karnasrav* as a symptom under the 4 type of *karna roga* due to vitiation of different *dosha*.^[2] *Karnasrava* (Ear discharge) signifies discharge from ear but with advancement of medical science and improved hygienic status of society, discharge from the external ear is not very common and discharge from internal ear or other cause is very rare condition. But ear discharge from middle ear cavity is till date a common ENT problem.

Chronic suppurative otitis media (CSOM) as per WHO guidelines is defined as a chronic inflammation of the middle ear and mastoid cavity, which is characterized with recurrent ear discharges or otorrhoea through perforation of tympanic membrane. The prevalence of CSOM varies widely across world mostly affecting countries.

CSOM (Chronic Suppurative Otitis Media) is the term given to the middle ear discharging problem in the modern medical literature. It mostly causes Eustachian tube blockage and infection spared to middle ear. Both

Ayurveda and modern science agrees unanimously that nose and nasopharynx are the main culprits for *Karnasrava*. Ayurveda presents a similar condition namely *Karnasrava* which resembles to chronic suppurative otitis media on the basis of aetiology and clinical manifestations.

Prevalence is 46 and 16 per thousand in rural and urban population respectively. It is single most important cause for deafness in rural population.^[3]

The best and cheap treatment of CSOM includes instillation of topical antiseptics or topical antibiotics after thorough aural toilet for at least 2 weeks for the short-term resolution of otorrhoea. But all the topical drugs are not safe and they may be ototoxic by themselves. Long term treatment protocol needs surgical interventions. However, surgery carries the risks of deteriorating hearing, as well as the potential damage to the facial nerve limiting its use.^[4] Ayurveda describes handful of modalities to be used in it with good outcome. These modalities include use of oral and topical drugs, special cleansing procedures and systemic approach The general line of treatment of *Karnasrava* includes *Shirovirechana*, *Dhupana*, *Karnapurana*, *Pramaarjana*, *Prakshaalana* etc.^[5]

MATERIAL AND METHODS

A 28-year-old Hindu, female, non-diabetic, normotensive patient visited OPD of Government Akhandanand Ayurveda Mahavidyalaya, Ahmedabad on 12 March 2021 with Chief complaints of *uhaya karnasrava* (yellow sticky profuse discharge) since 5 days, *karnakandu* mild itching, patient also having complain of felt bad smell from her ear since last 5 days.

AIM: To find out the results of *nasya* followed by *karnapramarjan* and *karnadhoopana* in the management of *karnasrava* (CSOM).

CASE FINDINGS

Patient was said to be asymptomatic 10 days back. Then gradually onset *ubhaya karnasrava* since 5 days, *ubhaya karnakandu*, patient also having complain of felt bad smell from her ear since last 5 days month. She had taken allopathic medicines for same problem before 6 months but she didn't get satisfactory results, Hence, she approached OPD of Government Akhandanand Ayurveda Mahavidyalaya, Ahmedabad for the further treatment purpose.

PAST HISTORY: Patient had recurrent history of rinitis.

WORK HISTORY: she was work in private company.

SPECIFIC EXAMINATION

EAR	RIGHT	LEFT
Pina	Normal	Normal
EAC	profused pus discharge present in left ear.	mild pus discharge present in right ear
T.M	Central Perforation present (1 to 2 mm-round shape) posterior inferior part of pars tensa	Central perforation present (4 to 5 mm-oval shape) anterior inferior part of pars tensa

TREATMENT PROTOCOL

Treatment protocol was *Nasya* followed by *Karnapramarjan* and *Karnadhoopana* along with internal medicine.

1. Nidana parivarjana.

2. Nasya.

Nasya is a unique concept of Ayurveda to administer drugs through nasal route for most of the diseases affecting head and neck area. Ayurveda consider nasal cavity as route to various organs of head region and drug administered through nose reaches these organ and cleanse them from pathogenic factors.^[6] in this study used *Anutail Nasya* as *shodhan nasya*.

FAMILY HISTORY: There was no any disease related history found in this case.

PERSONAL HISTORY

Ahar: She took *Niramish ahar*, spicy, fermented and bakery food every day and also excessive *Amla* and *Lavana rasa sevan*.

Vihar: *shitalvayu sevan* (a.c room), *shirasnan*

INVESTIGATIONS

Routine haematological and urine investigation were normal, Haemoglobin - 10.6 gm. %, RBS - 96 mg/dl.

- Otoscope examinations for objective assessments.

CLINICAL FINDINGS

Patient was afebrile. Pulse - 89/min. Respiratory rate - 18/min. and blood pressure - 130/80 mmHg.

DASHA VIDHA PARIKSHA

Prakriti of the patient was *VataPitta Vata Pradhan Pittaj vikriti* was observed during the analysis. *Satwa, Sara, Samhanana, Ahara Shakti, Vyayama Shakti, Satmya* and *Pramana* of the patient were of normal level.

ASHTAVIDHA PARIKSHA

Nadi, Mutra, and Shabda were *Sadharana*. *Mala* were *Savibandha, Jihwa* was *Anupalepa, Sparsha* was *Anushna sheeta, Akriti* was *Madhyama and Drik sadharana*.

3. Karnapramarjan

The word *pramarjana* means cleaning of some body parts through swabs etc. *Karna pramarjana* is procedure of cleaning ear (pus discharge) with the help of cotton or gauze piece.

4. Karnadhoopana

It is a technique of fumigation of ear with the smoke of anti-infective drugs. Like *gugulu, haridra, nimba churna, sarsapbija, ghrita*.^[7]

5. Orally drug

1. *Sunthi churna* 1 gm

Harde churna 3 gm 2 time after food for 15 days

2. *Sarivadi vati* 500mg 2 bd for 1 month.

3. *Triphala gugulu* 500mg 2 bd for 15 days.

Observation of Complains

Symptoms	1 st wk	2 nd wk	3 rd wk	4 th wk
Karnasrava	++++	+++	+	-
Karnakandu	++	+	+	-
Foul smell Frome karna	+++	++	-	-

After treatment examination of EAR

	RIGHT	LEFT
EAC	Clear	Clear
TM	Central perforation present	Central perforation present

Drugs are also mentioned for the management of Karnasrava. Oral drugs with generalized action on all ear diseases or specially ear diseases of infective etiology are described in various Ayurveda classics. Some of them are compiled in Table 1. Procedures for the management of Karnasrava Karna Poorana It is procedure of instillation of drug in either of form like powder, decoction, juices, oil or combination, into affected ear after preparation of the part by preceding procedures like sudation. The medicine is kept in the ear for given time durations. Acharya Sharngadhara has mentioned this time duration as 100, 500 or 1000 matra time (time taken for Karnapamarjana Karnadhoopan. Sarivadi vati 500mg. 2 tab BD for 1 month. FOLLOWUP After 1 month all complains were reduced. There were no karnastrav, karnakandu, felt bad smell from ear after one month follow up.

OBSERVATION

During procedure the patient experienced mild pain but cooperated with some anxiety.

DISCUSSION

In *Samprapti of Karnasrava*, Acharya Sushruta has mentioned that Avarana of Vata by other Dosha is the chief culprit for initiation of the pathology.^[8] Due to *Nidana sevana* like Excessive fermented, bakery food and excessive *Amla* and *Lavan rasa sevan vata dosha* dusty occur. This is the *Sanchay* stage. If this *Nidana sevana* continuous *Dosha Prakopa* occurs and *Dushita kapha pitta* interacts with *Dushita vata* and finally ascend to *Urdhwajatra (vimargagamana)* and localized in *karnapradesha*. T As a result of this, *Sthana Samsraya, rasa, rakta, and mamsa dushti* in karna takes place which leads to the production of prodromal symptoms like *karnastrav*, *karnakandu* etc. according to *Vagbhata* In the management of *karnasraava*, *Pramaarjana* is the first line of treatment with *Varti/Pichu/Kurchika*.

The main protocol of treatment is same as that of wound management, which includes various measures to keep area dry, clean, clear of microbes and providing ideal conditions for healing. Various procedures described in Ayurveda for the management of discharging ear, fulfil these requirements of wound management.

Further more *Shirovirechana* is postulated as first procedure for managing *karnasrava*, which give the insight of treating CSOM from its primary origin site. As in most of instances discharging ear is preceded by upper respiratory infection, *shirovirechana* prevents respiratory infection and also help in decongesting eustachian tube and increasing middle ear aeration as well as immunity. *AnuTaila* eradicates local and systemic infections,

decreases mucosal oedema of Eustachian tube and promotes proper drainage of middle ear secretions.

Other procedures described in ayurvedic classics are mainly achieving local control of infection by their anti-infective potential and relieving local congestion. That is *karnadhoopan* in this procedure all drug used are antimicrobial and antibacterial thus helping in controlling infection and Moreover drugs used in various local procedures pacify Dosha vitiated at local site. The antimicrobial activities are targeted at common pathogens of CSOM, helping in early resolution of infection.

Sarivadi Vati: *Sarivadi vati rogdhikar is karna roga* it used in hearing problem, ear infection etc antimicrobial action of this medicine fight against the bacterial infection in ear. It effects on *vata* and *pita dosha* and also effect on *rakta dhatu*.

Triphalagugulu: relieving inflammation. It has antispasmodic effects. It is astringent, antiseptic, aintipyretic properties.

Sunthi churna and **Hardechurna** together effect as *dipan pachan*, *vatanulomak* and *kleda hara*.

CONCLUSION

As per above mentioned case discussion, it can be concluded that nasya and pamarjan and karnadhoopan are effective in the management of karnasrav. This therapy should be used in karnasrav in large sample as a clinical trial.

REFERENCES

1. Acarya Jadavaji Trikamji., editor. *Nibandhasangraha Commentary of Shri Dalhanacarya*. 7th ed. 3-5. Vol. 20. Varanasi: Chaukhamba Orientalia; 2002. Sushruta, Sushruta Samhita, Uttara Tantra. [Google Scholar]
2. Acharya., editor. *Ayurveda Dipika Commentary of Cakrapanidatta*, re-print ed.3-5.vol 26. Varansi, india: Chaukhamba surbharti prakashana; 2008. Agnivesha.charak Samhita Chikitsasthan.
3. Dhingara P. L., Shruti Dhingara and Deeksha Dhingara. *Disease of ear, nose and throat & Head and neck surgery*. 6 ed. India; Elsevier Inc, 1992; 68.
4. Lasisi AO. *The Chronic Discharging Ear in the Sub-Saharan Africa- Need For Improved Management*. The Internet Journal of Otorhinolaryngology, 2008; 7(2): 1-4.
5. Acarya Jadavaji Trikamji., editor. *Nibandhasangraha Commentary of Shri Dalhanacarya*. 7th ed. 40. Vol. 21. Varanasi: Chaukhamba Orientalia; 2002. Sushruta, Sushruta Samhita, Uttara Tantra. [Google Scholar]

6. Tripathi B, editor. Ashtanga Hridayam, Sutra sthan chapter 20, verse 1, Chaukhamba Sanskrit Pratishthan, Delhi, 2009; 244.
7. Sharma AR, editor. Sushruta Samhita vol-III, Uttara tantra chapter 21, shloka 42-53, 1st edition, Chaukhamba Surbharati Prakashan, Varanasi, 2001; 161-162.
8. Acarya Jadavaji Trikamji., editor. *Nibandhasangraha Commentary of Shri Dalhanacarya*. 7th ed. 10. Vol. 20. Varanasi: Chaukhamba Orientalia;; 2002. Sushruta, Sushruta Samhita, Uttara Tantra. [Google Scholar]