

AYURVEDIC MANAGEMENT OF KAPHAJA KARNASHOOLA W.S.R. TO OTOMYCOSIS – A CASE STUDY

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ABSTRACT

Karnashoola is one of the *Karna rogas* mentioned in *Ayurveda*. In various texts, the number of *Karna rogas* varies. *Karnashoola* is mentioned in detail by both *Sushrutacharya* and *Vagbhatacharya*. *Karnashoola* can be taken as a separate disease entity and also as a *Lakshana* of other diseases. *Acharya Sushruta* describes *Shoola* alone as a clinical feature in *Karnashoola*. On the other hand, *Acharya Vagbhata* incorporates *Shoola*, *Srava*, *Nada*, and *Badhirata* as salient features of *Karnashoola*. Various research works consider *Karnashoola* as acute or chronic inflammatory conditions of the external and middle ear. Signs and symptoms of *Kaphaja Karnashoola* have a close resemblance with the disease *Otomycosis*. As chronicity and recurrence rate of disease is high, utmost importance should be given to these conditions as the slightest negligence may result in hearing impairment. In this current study, 36yr old male patient of *Kaphaja Karnashoola* who denied treatment for complications of ASOM was managed through an *Ayurvedic* line of management with controlling of infection and significant improvement in Hearing loss and healing of perforated Tympanic membrane.

Key words: *Karna Roga*, *Kaphaja Karnashoola*, *Otomycosis*

INTRODUCTION

Ayurveda is unique among all health care systems. The treasure of ancient wisdom is depicted in the textbooks of Ayurveda. Ayurveda is the science of life and is a traditional treatment in India. *Shalakya Tantra*, one among the eight branches of Ayurveda, mainly deals with *Urdhwajatru vikaras* which includes *Karnagata Rogas*. Description of 25 *Karnagata rogas* by Acharya Vagbhata¹ includes *Karnashoola* and can be correlated with acute or chronic inflammatory conditions of the external and middle ear; ASOM is a condition in which the patient will have severe pain in the first two stages followed by discharge, perforation of the tympanic membrane, reduced hearing as its consequences. Clinical features of *Kaphaja karnashoola* are *Kandu*, *Srava*, *Mandaruja*, *Gouravata*, *Vaishrutya*. These symptoms simulate with Otomycosis of modern science. Otomycosis is a superficial, sub-acute, or chronic infection of the external auditory canal due to candida and aspergillus species. It is characterised by Itching, Pain, Discharge, Ear blockage, Impaired hearing and added sounds in the ear. The fungal molds may appear white, black or brown and have been likened to a wet piece of filter paper².

According to the American academy of Otolaryngology, the prevalence of otomycosis is 5.2% all over the world and 9% in India³. It is a disease with a high rate of recurrence. Treatment measures include dry mopping, syringing, suctioning, use of antibiotics, antifungal and steroid ear drops, but excessive usage of these topical drugs over the long run result in a rebound phenomenon. There is a need for Ayurvedic modalities of treatment to reach the public for better health care, especially in developing countries where less expensive but effective health care measures are yet to be developed. In this case, study *Kaphaja Kar-*

nashoola having the H/O ASOM was managed with multiple Ayurvedic modalities of treatment.

CASE HISTORY

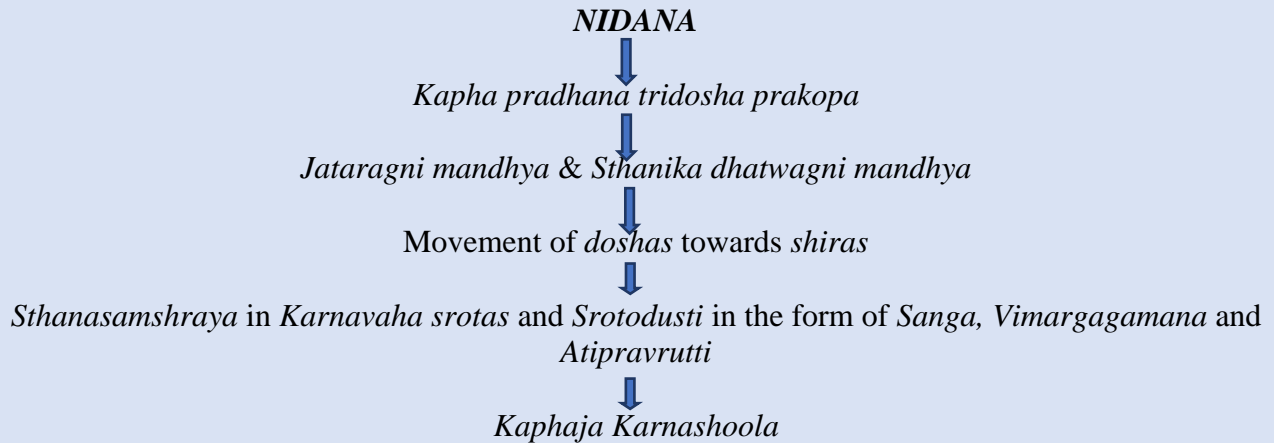
A 36year old male Hindu patient who is an agriculturist by profession and belongs to a lower-middle-class family visited the O.P.D. of SKAMCH & R.C. with complaints of Pain, Itching, Discharge, Heaviness and a sense of blockage in the right ear since one week, associated with added sounds and reduced hearing in the right ear. Six months before, he had severe pain and discharge from the right ear, which indicates the signs and symptoms of ASOM for which he got treated by a local doctor. Since then, the patient has been suffering from a cold, cough, and throat irritation on and off prior to the exacerbation of ear symptoms. He consulted an E.N.T. specialist and was advised to undergo surgery, which he found more expensive. He denied surgery and took oral and topical medications. Due to the subsequent episodes bothering his daily routine, he visited our O.P.D. with all the above said complaints seeking mainly non-invasive treatment measures.

GENERAL EXAMINATION – General examination of the patient revealed normal vital functions.

NIDANA

- **NIDANA:** *Akalabhojana*, Excessive intake of *dadhi*, *Prathishyaya* (*nidanarthakara roga*), Excessive travelling, Excessive exposure to wind & cold climate, Scratching of the ear with sticks frequently, *Shirasnana* daily
- **RUPA:** Itching, Pain, Discharge, added sounds, Reduced hearing in the right ear, Presence of fungal moulds
- **UPASHAYA:** *Ushnopachara* and *Aushadha sevana*

SAMPRAPTI



EXAMINATION OF EAR

1. PINNA AND ITS SURROUNDINGS:

Right ear: Normal

Left ear: Normal.

2. EXTERNAL AUDITORY MEATUS

Right ear: Thin mucoid discharge, White fungal moulds obscuring the Tympanic membrane.

Left ear: Minimal congestion of canal wall without any discharge or fungal moulds.

3. TYMPANIC MEMBRANE

Right ear: Congestion, Small central perforation in pars tense part of T.M. posteroinferior to the handle of malleus

Left ear: Intact, minimal congestion.

4. CONE OF LIGHT

Right ear: Absent

Left ear: Present.

5. MIDDLE EAR MUCOSA

Right ear: Hyperaemic

Left ear: Normal landmarks over the intact tympanic membrane indicating normal middle ear cleft.

6. OSSICULAR CHAIN

Right ear: Intact

Left ear: Intact.

7. EUSTACHIAN TUBE

Right ear: Click sound was not heard on performing the Valsalva manoeuvre.

Left ear: Click sound was heard on performing the Valsalva manoeuvre.

8. MASTOID – NAD

9. FACIAL NERVE TESTS- NAD

AUDITORY FUNCTION TEST

FINGER FRICTION TEST

Right ear - Audible

Left ear- Audible.

VOICE TEST

WHISPERED VOICE

- Right ear –Reduced audibility

- Left ear- Normal audibility.

CONVERSATIONAL VOICE

- Right ear – Reduced audibility

- Left ear- Normal audibility.

- **TUNING FORK TESTS**

RINNE'S TEST

- Right ear- B.C.> A.C. (Negative)

- Left ear- A.C.> B.C. (Positive)

WEBER'S TEST – Lateralised to Right ear.

ABC TEST

- Right ear: Same as an examiner

- Left ear: Same as an examiner.

TREATMENT GIVEN:

➤ *Karnaparimarjana* with *Godana arka*

➤ *Sthanika abhyanga* + *PPS*

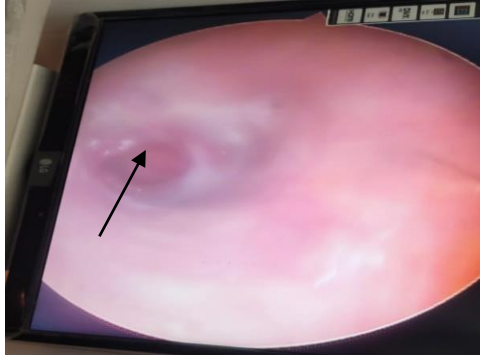
➤ *Karna Dhoopana* with *Guggulu*

➤ *Kavala* with *Triphala Kashaya* twice daily

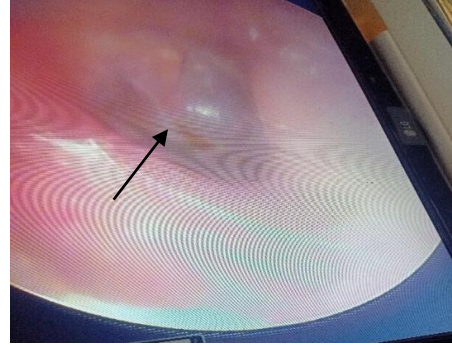
➤ *Tab. Sarivadi vati* 2-0-2 A/F

- Tab. *Gandhaka rasayana* 1-1-1 A/F
- *Agasthya haritaki avalehya* 1tsp B.D. with warm milk B/F

- *Dashamoola Kashaya* 3tsp B.D. with warm water B/F
- Valsalva manoeuvre 5times/day



BEFORE TREATMENT



AFTER TREATMENT

DISCUSSION

Karna is one among the *Panchajnanendriya*, the sense organ which connects us to the external world through *Shabda Grahana*, i.e., auditory perception. A pathological condition of the ear exhibits an impact not only on Auditory physiology but also on one's academic, professional and social life.

Kaphaja karnashoola is a condition characterised by *Kandu*, *Srava*, *Manda ruja*, *Gouravata*, and *Vaishrutyā*⁴, which can be compared with Otomycosis in modern science. Otomycosis is a diffuse otitis externa caused due to fungal infection. It is most prevalent in hot and dusty areas. The management of this condition was initiated by *Karnapramarjana*, *Karnadhoopana* and *Kavala*. The main purpose of *Pramarjana* is *Sroto shodanartha*, which helps to remove *Karnamala* (fungal moulds) and *Kleda*(discharge). *Karnapramarjana* here refers to the dry mopping technique followed by the application of *Godana arka* having *Ksharana*, *Shodana* and *Ropana* effects helps in clearing discharge, removing fungal moulds, maintaining the normal flora of the external auditory canal with normal pH. *Karnadhoopana* uses *Guggulu*, which possesses anti-inflammatory, anti- microbial, *Vrana shodhana* and *Vrana ropana* properties, which helps to dry up the discharge and favours healing of T.M. perforation.

Kavala with *Triphala Kashaya* and Valsalva manoeuvre helped to remove the blockage of the eustachian tube, thus removing the negative pressure and tympanic membrane retraction, ventilating the middle ear cleft and resolving *Karnashoola*. *Sthanika abhyanga* and *Patra pinda Swedana* causes increased local warming, pseudo inflammation and increased blood circulation, there by helping in the healing of the perforated Tympanic membrane⁵. Subsequent two sittings of *Sthanika abhyanga* and *Sweda* for ten days and internal medications aimed at repairing of tympanic membrane helped in regaining hearing ability.

*Sarivadi vati*⁶ is herbomineral formulation mentioned in *Bhaishajya ratnavali* containing *Sariva*, *Madhuka*, *Kusta*, *Chathurjathaka*, *Priyangu*, *Guduchi*, *Nilotpala*, *Devapushpa*, *Triphala*, *Abhraka bhasma*, *Loha bhasma* and *Bringaraja swarasa*. It is used to manage hearing problems, tinnitus, ear infections, etc. anti-microbial action of *Sarivadi vati* due to *Kusta*, *Guduchi*, etc., fights against the infections of the ear. It removes *Avarodha* of *srotas* does *Vatanulomana*. *Triphala* having antioxidant properties, scavenge free radicals from the body cells and reduce the damage caused by oxidation. The main *karma* of *Sarivadi vati* is *Rasayana*. It helps to remove *Indriya dourbalya* and is the best *Rasayana dravya* for *Shabdavaha srotas* and *Shravanendriya vikaras*. As *Pratishyaya* is the main cause of *Urdwajatru vikaras*⁷, infection of

the nose and nasopharynx can spread to the middle ear through the eustachian tube. Eustachian tube dysfunction creates negative pressure. In this case, the patient used to have frequent episodes of *Pratishyaya* before the manifestation of ear disease. *Agasthya haritaki rasayana*⁸, *Dashamoola kashaya*⁹ was given for the management of *Pratishyaya*.

Along with all the above treatments, *Pathya* and *Apathya* were advised strictly to prevent the recurrence. *Pathya* like intake of *Laghu ushnaahara*, *Ushnambupana*, plugging of ear with cotton, intake of *Shigru*, *Godhuma*, *Patola* and *Vartaka*¹⁰, avoidance of *Guru Sheeta ahara*, *Sheetambupana*, *Yana*, *Atibhashana* and *Shirasnana*¹¹. A total of 38 days of treatment with three months of oral medications relieved not only signs and symptoms of Otomycosis, but the Tympanic membrane was also restored with normal landmarks with significant improvement in hearing ability.

CONCLUSION

Kaphaja karnashoola or Otomycosis is a common condition and can be frequently found in cases of *Pratishyaya*. A male patient had suffered from signs and symptoms of ASOM and due to the indulgence in *Nidanas*, developed signs and symptoms of Otomycosis. Local and oral medications proved very effective as control over frequent episodes of ear infections was relieved and the structural and functional ability of the ear was restored.

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