

AN AYURVEDIC APPROACH TOWARDS MANAGING TRAUMATIC BULLOUS MYRINGITIS – A CASE REPORT

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ABSTRACT

A wide range of traumatic ear conditions can be observed in day to day clinical practice. Trauma to ear can occur from several factors like accidental injuries during boxing, improper instrumentation during examination, self cleaning of ear, RTA and many more. They can be as minor as a laceration to as threatening as skull base fracture, etc. Traumatic bullous myringitis presents as an acute condition with severe ear pain. In Ayurveda, *Raktaja Karnashula* is a condition wherein *Rakta* vitiated due to *Abhighatadi nidana*, produces severe pain in the ear. This study is about a 7-year old girl presenting with severe right ear pain following a self-inflicted injury to ear. On examination, the external auditory canal was congested with inflammation and bullous over tympanic membrane. Hence the case was treated with *Pravala pishti*, *Samshamani vati* and *Triphala guggulu*. Appreciable results were noted by 7 days. No complication was reported during the treatment period as well as follow up period of

next 7 days. Altogether Ayurvedic approach proved to be an effective management strategy in the case.

KEYWORDS: Traumatic bullous myringitis, *Raktaja karnashula*, *Samshamani vati*, *Pravala pishti*.

INTRODUCTION

Young and active individuals are at risk for ear trauma from the activities in which they engage.^[1] The ear trauma can have various dimensions of impacts ranging from a laceration in the pinna to skull base fractures. Bullous myringitis is an inflammatory or infectious condition disease primarily believed to be viral.^[2] But it can also be induced from a trauma. Inflammation of the tympanic membrane can occur as a direct result of trauma such as a foreign body, accidental trauma while cleaning the ear canal, sudden loud noises, changes in airline cabin pressure, and even an inflicted blow to the ear.^[3] Bullous myringitis is an acute inflammatory condition affecting the tympanic membrane characterized by the presence of bullae or vesicles on the surface of the TM. The bullae may be single or multiple, may affect a segment or the whole of the TM and may even spread on to the adjacent ear canal.^[4-7] Symptomatic management is the main line of treatment in the contemporary system of medicine. In Ayurveda, *Raktaja Karnashula* is a condition characterised by *Abhighata*, etc and presenting with *Karna Shula* and other *lakshanas*.^[8] Hence in this case the treatment was initiated considering *Raktahara kriya* and appreciable differences were noted.

PATIENT INFORMATION

A 7-year old female child with OPD no.XXX19 consulted Shalakya tantra OPD on 20/07/2025 with complaints of pain in the right ear since the previous day.

The patient had introduced a small stick into the right ear playfully, after which she developed sudden pain in the ear. The pain was constant and sharp in nature. It was not associated with fever, malaise or bleeding from ear. On examination, the tympanic membrane was inflamed and a bullous was evident over the TM as described in Table 1.

Table 1: Clinical findings.

Sl. No.	EXAMINATION	RIGHT EAR	LEFT EAR
1	Pinna	Normal in size, shape and position	Normal in size, shape and position
2	Pre and post auricular regions	No sinus or fistula, scar, swelling	No sinus or fistula, scar, swelling
3	EAC	CONGESTED	Minimum wax
4	Tympanic Membrane:		
	Colour	REDDISH	Pearly white
	Cone of light	ABSENT	Present in antero-inferior quadrant
	Bulging/ retraction	BULGING	Absent
	Transparency	TRANSLUCENT	Semi transparent

	Bullae/ vesicles	BULLOUS PRESENT IN INFERIOR POSTERO-QUADRANT	Absent
	Perforation	Absent	Absent
5	Mastoid	No swelling or tenderness	No swelling or tenderness
6	Auditory function	Normal	Normal
7	Vestibular function	Normal	Normal

DIAGNOSTIC ASSESSMENT

Based on otoscopic findings, the condition was diagnosed as *Raktaja Karnashula* (traumatic bullous myringitis) (Fig. 1)

TIMELINE OF TREATMENT

Table 2: Timeline of treatment.

Day	Presentation (Fig. 1 and 2)	Treatment
1	<ul style="list-style-type: none"> • Ear pain • Inflamed tympanic membrane • Bullous over tympanic membrane • Cone of light absent 	For first 7 days: <i>Pravala pishti</i> . ^[9] 2 pinches, bd, After food, with honey <i>Samshamani vati</i> . ^[10] ½ tablet, bd, After food <i>Triphala guggulu</i> . ^[11] ½ tablet, bd, After food
7	<ul style="list-style-type: none"> • No ear pain • Tympanic membrane normal • No inflammation or bullous • Cone of light present 	For next 7 days: <i>Samshamani vati</i> ½ tablet, bd, After food

RESULTS

The signs and symptoms like pain in the ear, inflammation of tympanic membrane and bullous over tympanic membrane subsided by seven days (Figure 2).

Tablet *Samshamani vati* internally was continued for another seven days to ensure complete expulsion of morbid *doshas* (~humours).

No adverse reaction and recurrence were found during the treatment period and follow up period of another week.

FOLLOW UP AND OUTCOMES

Follow up of the patient was done for another week. There was no recurrence reported.



Fig.1: Bullous myringitis and congested EAC of right ear- Before treatment.



Fig.2: Intact tympanic membrane and EAC of right ear- After 1 week of treatment.

DISCUSSION

Acharya Vagbhata has described 5 types of *Karna Shula*- *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja* and *Sannipatika*. *Raktaja Karnashula* is a condition wherein *Abhigata* like *nidana* vitiate *Rakta* and results in ear pain along with other *lakshana* like *daha*, *osha*, *sheeta ichha*, *shvayathu*, *jvara*, *pita lasika*, *ashu paka*.

In this case, *pitta-rakta hara* and *sotha hara* medicines were advised.

PRAVALA PISHTI

Pravala is indicated in *rakta shula* and is *pittahara*.^[12] Its *Kshara*, *Madhura* in *rasa*, *laghu* in *guna*, *sita* in *virya*, *deepana*, *pachana*, *balya*, *tridoshasamana*, *visaghna*, *virya* and *varna vardhana*.^[13] Hence it proves useful in *Raktaja roga*.

TRIPHALA GUGGULU

The ingredients of *Triphala guggulu* are *Triphala churna*, *Pippali churna*, *Guggulu* and is indicated in *shotha*.

In one study, oral administration of aq. resin, stem bark, and methanolic extract of *Commiphora wightii* (Arn.) Bhandari showed anti-inflammatory activity by decreasing carrageenan-induced paw oedema period of 5 hours at the dose level of 500 mg/kg BW, oral.^[14]

An aq. extract of dried fruit of *Terminalia chebula* Retz. showed anti-inflammatory effect by inhibiting inducible nitric oxide synthesis.^[15]

Anti-inflammatory activities of *Terminalia bellerica* Roxb. extract was evaluated in the carrageenan-induced paw oedema model, in which inhibition of paw oedema was compared to control group, observed at different doses of 100, 200 and 400 mg/kg at 1, 3, and 5 hours and comparable efficacy of anti-inflammatory activity were shown for indomethacin at 200 mg/kg.^[16]

In a study, *Emblica officinalis* Gaertn. exhibit anti-inflammatory activities in carrageenan-induced acute and cotton pellet-induced chronic inflammation in Sprague-Dawley rats by reducing paw volume in acute inflammation and the granulomatous tissue mass and plasma extravasation in chronic inflammatory condition.^[17]

It is seen that the fruit decoction showed anti-inflammatory activity against carrageenan-induced rat paw oedema.^[18]

SAMSHAMANI VATI

The ingredient of *samshamani vati- guduchi* has been found effective in acute phase of inflammation. The alcoholic extract of *T. cordifolia* has been found to exert anti-inflammatory actions in models of acute and subacute inflammation.^[19]

CONCLUSION

The medicines *Pravala pishti*, *Triphala guggulu* and *Samshamani vati* had resolved the condition completely in the case. Hence, it was good choice in this case. As it is a single case study, further analysis would help understand the condition and treatment in a detailed way.

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