

**CONCEPTUAL STUDY OF KARNANADA IN AYURVEDA AND  
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**ABSTRACT**

Shalaky Tantra describes various ear disorders under the category of Karnaroga. Karnanada is one such condition characterized by the perception of abnormal sounds in the ear without any external stimulus. In modern otology, this condition closely resembles tinnitus. Prevalence of Tinnitus is increasing due to various factors such as excessive noise exposure, stress, infections, ototoxic drugs, and degenerative auditory disorders. Ayurveda considers aggravated Vata dosha as the main pathological factor in Karnanada. Classical Ayurvedic texts mention detailed etiopathogenesis and therapeutic approaches including Nasya, Karnapoorana, Snehana, and Shamana Chikitsa. Modern medicine explains tinnitus through cochlear dysfunction and altered neural activity within auditory pathways. The present article attempts

to conceptually correlate Karnanada with tinnitus and analyse Ayurvedic principles in the light of contemporary otological understanding.

**KEYWORDS:** Karnanada, Tinnitus, Karnaroga, Ayurveda, Otolgy, Vata Dosha.**INTRODUCTION**

Hearing is one of the most important sensory functions of the human body. Diseases affecting the ear are extensively described in Ayurvedic classics under Karnaroga. Among them, Karnanada is characterized by the perception of various abnormal sounds such as Bheri, Shankha, Mridanga, and Venu Dhvani in the absence of any external auditory source.

In modern medicine, tinnitus is defined as the conscious perception of sound without an external acoustic stimulus. Patients commonly complain of ringing, buzzing, roaring, humming, or whistling sounds. It affects approximately 10–15% of the adult population worldwide and significantly impairs quality of life.

The incidence of tinnitus is increasing due to urbanization, noise pollution, prolonged use of headphones, stress, and lifestyle disorders.

Modern treatment options often provide only symptomatic relief. Ayurveda offers holistic therapeutic principles aimed at balancing doshas and improving auditory function. Therefore, understanding the conceptual similarity between Karnanada and tinnitus is clinically significant.

### **AIM**

To conceptually evaluate Karnanada described in Ayurveda and correlate it with tinnitus described in modern otology.

### **OBJECTIVES**

1. To review Ayurvedic literature regarding Karnanada.
2. To establish correlation between Karnanada and tinnitus.
3. To analyse Ayurvedic management principles for Karnanada.

### **MATERIALS AND METHODS**

This study is a conceptual review conducted through detailed exploration of classical Ayurvedic literature along with modern medical and otolaryngological references. Information relevant to Karnanada and tinnitus was collected from authentic Ayurvedic compendia, contemporary ENT textbooks, scientific journals, and previously published research papers.

### **Ayurvedic References**

The Ayurvedic concepts and descriptions were reviewed from the following classical texts:

- ✓ Sushruta Samhita, *Sushruta Samhita* Uttara Tantra, Karna Roga Vijnaniya Adhyaya, Chapter 21, pp. 614–620.
- ✓ Charaka Samhita, Agnivesha; Sutra Sthana, Chapter 20, pp. 113–120.



- ✓ Anxiety and stress
- ✓ Dry and Vata aggravating diet
- ✓ Excessive use of earphones

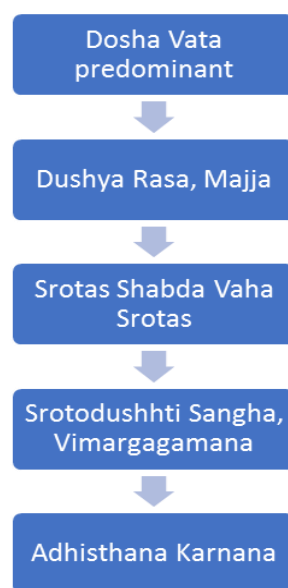
These factors disturb Vata and affect the auditory pathways.

### ***SAMPRAPTI (PATHOGENESIS)***

Vitiated Vata enters the Shabda Vaha Srotas and produces abnormal auditory sensations.

### **Samprapti Ghataka**

Component Description



### ***CLINICAL FEATURES***

#### **Features of *Karnanada***

- ✓ Bheri Dhvani
- ✓ Mridanga Dhvani
- ✓ Shankha Nada
- ✓ Venu Nada

#### **Symptoms of *Tinnitus***

Tinnitus typically presents with

- ✓ Ringing
- ✓ Buzzing
- ✓ Humming
- ✓ Roaring

- ✓ Hissing
- ✓ Sleep disturbance
- ✓ Irritability
- ✓ Difficulty concentrating

### Modern Otological View

Tinnitus is a symptom that occurs due to dysfunction in the auditory pathway.

#### *Aetiology*

- ✓ Noise-induced hearing loss
- ✓ Age-related hearing loss
- ✓ Ear infections
- ✓ Earwax blockage
- ✓ Ménière's disease
- ✓ Ototoxic medications
- ✓ Acoustic neuroma
- ✓ Neurological disorders
- ✓ Pathophysiology

Modern theories suggest that abnormal spontaneous activity in the cochlear hair cells and auditory pathways leads to the perception of phantom sounds.

#### *Correlation between Karnanada and Tinnitus.*

<b>Ayurvedic Concept</b>	<b>Modern Correlation</b>
Vata Prakopa	Neural hyperactivity
Shabdavaha Srotodushti	Auditory pathway dysfunction
Nada perception	Phantom auditory sensation
Karna Roga	Otological disorder

Both conditions share similar symptoms and underlying causes.

#### **Ayurvedic Management**

##### **Samanya chikitsa**

**Ghrita pana-** Brahmi Ghrita

**Rasayan chikitsa-** Ashwagandha Churna, Chyawanprasha

##### **Nidana Parivarjana**

1. Aharaj (dietary factors)
2. Viharaj (daily routine activities)

- Loud noise
- Stress
- Excessive fasting
- Dry and spicy food

### Medicinal treatment

#### 1. Shodhana Chikitsa

- ✓ Nasya Karma - Sadabindu Taila 4 drops per nostril for 14 days
- ✓ Karnapoorana - Bilva oil both ear for 7 days
- ✓ Shirobasti- ksheerbala tail
- ✓ Mridu Virechana -Trivrut Avalehe

#### 2. Shamana Chikitsa

- **Powder**- Ashwagandha
- **Vati**-Sarivadi vati
- **Kashaya**-Dashamoola
- **Avaleha**- Kushmanda Avaleha,

### DISCUSSION

Karnanada is primarily a Vata-related condition affecting the auditory channels. The clinical features closely match those of tinnitus as described in modern otology. Modern treatment usually focuses on symptom relief and counselling, whereas Ayurveda aims at balancing the doshas, nourishing the auditory tissues, and addressing the root cause.

Nasya and Karnapoorana may help improve local circulation and reduce nerve irritation. Rasayana and Medhya drugs may assist in reducing stress and offer neuroprotective effects. The overall Ayurvedic approach may therefore be beneficial in enhancing the quality of life for patients.

### CONCLUSION

Karnanada as described in Ayurveda can be closely related to tinnitus based on the causes, symptoms, and underlying mechanisms. Ayurveda offers a holistic and natural treatment approach that aims to balance Vata and improve auditory function. Further clinical studies are needed to scientifically validate the effectiveness of Ayurvedic treatments in managing tinnitus.

**REFERENCES**

1. Sushruta. *Sushruta Samhita* with Nibandhasangraha Commentary of Dalhanacharya. Edited by Acharya YT. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; Uttara Tantra, Karna Roga Vijnaniya Adhyaya, Chapter 21, 2022; 614–620.
2. Charaka Samhita. Agnivesha. *Charaka Samhita* revised by Charaka and Dridhabala. Edited by Acharya YT. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan. Sutra Sthana, Chapter 20, 2022; 113–120.
3. Ashtanga Hridaya. Vagbhata. *Ashtanga Hridaya* with Sarvangasundara Commentary of Arunadatta. Edited by Paradakara HS. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan. Uttara Sthana, Karna Roga Vijnaniya Adhyaya, Chapter 18, 2022; 850–855.
4. Diseases of Ear, Nose and Throat. Dhingra PL, Dhingra S. *Diseases of Ear, Nose and Throat and Head & Neck Surgery*. 8th ed. New Delhi: Elsevier. Chapter 12 (Tinnitus), 2022; 95–98.
5. Davidson's Principles and Practice of Medicine. Ralston SH, Penman ID, Strachan MWJ, Hobson RP, editors. *Davidson's Principles and Practice of Medicine*. 24th ed. Edinburgh: Elsevier. Chapter 26 (Diseases of Ear), 2022; 1180–1183.
6. API Textbook of Medicine. Munjal YP, Sharma SK, Agarwal AK, Gupta P, Kamath SA, Nadkar MY, editors. *API Textbook of Medicine*. 11th ed. Mumbai: Association of Physicians of India. ENT Disorders Section, 2019; 2: 1680–1684.
7. Tinnitus. Baguley D, McFerran D, Hall D. Tinnitus. *Lancet*. 2013; 382(9904): 1600–1607.
8. Clinical Practice Guideline: Tinnitus. Tunkel DE, Bauer CA, Sun GH, Rosenfeld RM, Chandrasekhar SS, Cunningham ER Jr, et al. Clinical Practice Guideline: Tinnitus. *Otolaryngol Head Neck Surg.*, 2014; 151(2): S1–S40.
9. Underlying mechanisms of tinnitus. Henry JA, Roberts LE, Caspary DM, Theodoroff SM, Salvi RJ. Underlying mechanisms of tinnitus: Review and clinical implications. *J. Am. Acad. Audiol.*, 2014; 25(1): 5–22.
10. Tinnitus. Cima RFF, Mazurek B, Haider H, Kikidis D, Lapira A, Noreña A, et al. A multidisciplinary European guideline for tinnitus. *Nat. Rev. Dis. Primers.*, 2019; 5(1): 1–23.