

## AYURVEDA MANAGEMENT OF KARNAKSHWEDA W.S.R. TO TINNITUS - A CASE REPORT

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### ABSTRACT

**Background:** The term "tinnitus" is derived from the Latin word *tinnire*, which means "ringing." It refers to a condition where patients perceive abnormal sounds in the absence of any external sources. The incidence and prevalence of tinnitus are increasing over time. Various pharmacological treatments, such as anticonvulsants, anxiolytics, antidepressants, and muscle relaxants, are currently being used or tested to alleviate the condition, but there is limited evidence supporting their benefits over potential harms. The effectiveness of both invasive and non-invasive neurostimulation treatments, which are believed to be highly effective, is still not well understood. Consequently, there is a need for the development of universally accepted and broadly effective treatments that can significantly reduce the intensity and impact of tinnitus, and that can be reliably replicated in clinical practice. Causes of tinnitus according to modern medicine

are unclear or have multiple etiologies therefore treatment guideline of tinnitus in modern practice is not definite hence prognosis of disease also remains uncertain. But in Ayurveda prognosis and line of treatment of *Karnakshweda* (Tinnitus) is mentioned and we can achieve good and satisfactory results. **Aims and Objectives:** To study the role of Ayurveda *Chikitsa* in the management of *Karnakshweda* (Tinnitus). **Materials and Methods:** A male patient aged 23 years presented with a complaint of Whistling noise in both ear, Blocking of ear & Dizziness. The patient was diagnosed as *Karnakshweda* (Tinnitus). Tablet *Ekangaveer Rasa* with combination of *Godanti Bhasma*, *Rasayana Churna* with *Ghrita*, *Nasya* and *Karnapoorana* started after Administration of *Deepana Pachana Aushadhi* for 7 days. After the 2 month's treatment, a significant response in various symptoms such as Blocking of ear,

Whistling in ear, Dizziness was found. **Results:** There is a need to make treatments that are widely recognized, widely successful, and capable of with standing systematic replication available These treatments should be able to significantly reduce the volume and impact of Tinnitus. **Conclusion:** Ayurveda has great approach in curing the *Karnakshweda* (Tinnitus).

**KEYWORDS:** *Karnakshweda*, Tinnitus, *Nasya*, *Karnapoorana*.

## INTRODUCTION

Tinnitus is a perception of any sound originating in an involuntary manner, either unilaterally or bilaterally, in the absence of any external acoustic or electric stimulus.<sup>[1]</sup> It is generally classified as either objective or subjective. Objective tinnitus in which sound produced by Para auditory structures which may be heard by patient and examiner both, often pulsatile in nature. In subjective tinnitus sound is only perceived by the patient. The great majority of the tinnitus sufferers have subjective tinnitus and generally when the word tinnitus is used; it implies subjective tinnitus, which only is audible by the tinnitus patient. It is more irritating in a silent environment as in night when the masking effect of ambient noise from environment is lost. It is a symptom not a disease and causes might be present in external, middle, or inner ear in 8th nerve or inside the brain. Some systemic disorder like anemia, hypo or hypertension, certain drugs which effect on inner ear or auditory pathway may also precipitate tinnitus. It can also result from prolonged exposure to excessive loud sound, which could be the possible reason of increasing cases of tinnitus in youngsters, as large number of young people uses mobile phones, headphone, ear phone etc. for longer duration which radiates electromagnetic wave and high level of electromagnetic field, which can be harmful to ear along with other body parts. In Ayurveda, the disease with symptoms similar to those of Tinnitus has been delineated in the name of *Karnakshweda* and has been described in *Shalakya Tantra*. *Karnakshweda* comes under heading of *Karna Roga* in *Shalakya Tantra*. *Acharya Sushruta* has depicted Twenty-eight *Karna Roga*, whereas *Acharya Vagbhata* has described Twenty one *Karna Roga*. *Venughosha-Vata-Shabda* coming from ear is called as *Karnakshweda*. In *Karnanada* various sounds are coming from ear like *Bheri*, *Mridanga* and *Shankha*. *Acharya Sushruta* has described *Karnakshweda* as *Vata* predominant, *Dalhana* as *Tridoshaja* and according to *Acharya Videha* it is *Vata* with *Kapha* and *Rakta Samsrushta*.<sup>[1]</sup> *Samprapti* :*Shrama*, *Kshaya*, *Ruksha* & *Kashaya Ahara*, *Shita-Sevana* after *Shirovirechana* Leads vitiation of *Vayu* in *Shabdapath*.<sup>[2]</sup> *Acharya Yogratnakar* has explained *Samanya Karnaroga Nidanas*. According to him *Avashyaya*

(exposure to cold), *Jalakrida* (swimming, diving, or any other means by which water can enter ear canal) *Karnakandu* (improper aural scratching), *Mithyayoga* of *Shastras* (improper instrumentation) etc. and other similar causes which leads to vitiation of *Vata Dosha*. Further this *Dushit Vata* vitiate other *Doshas*, then these *Dushta Doshas* will reach to *Karna* (aural) *Shiras* and causes aural diseases. These above explained *Nidanas* Can be considered the causation factors of *Karnakshweda*. *Chikitsa*: *Acharya Sushruta* has depicted common line of treatment for four diseases i.e. *Karnashoola*, *Karnanada*, *Badhirya* and *Karnakshweda*.<sup>[3]</sup> Keeping the gravity of the disease into the consideration, its management should incorporate three tier holistic approaches comprising of Symptomatic improvement, Progression arrest and Rejuvenation of damaged or degenerated nerve cells. According to our classics, generally *Vata Dosha* lies behind the maximum aural disease and *Karnakshweda* (Tinnitus) is one among them. Hence *Vata Shamaka* treatment such as *Ghruta Paana*, *Rasayana Sewan* should be useful for it. As tinnitus is a *Vata* disorder then *Vata* balancing herbs and therapies (*Snehana*, *Sewdana*, *Nasya*, *Karnapoorana*, *Shiro* and *Pada Abhyanga* along with *Medhya*, Sedative or *Balya Chikitsa*) will be beneficial.

## CASE REPORT

A 23-year-old male patient came to OPD of *Shalakya Tantra* with the complaints of noise in both ears, Blocking of ear & Dizziness since 4 month. He was Not diabetic, normotensive, a febrile and conscious. He was fine before 4 months, and then he gradually developed whistling from both the ears for 4 months. He was treated with corticosteroids and tranquilizers for 3 months. But he did not get much relief, so he approached us in *Shalakya Tantra* OPD and was diagnosed with *Karnakshweda* (Tinnitus) and treatment was started. In past history, patient was taking corticoid-steroids, tranquilizers drugs for the same disease. No any surgical history and systemic disease found. In personal history, patient is vegetarian with average appetite, regular bowel, normal micturition, normal sleep and no addiction.

## EAR EXAMINATION

EAC	Clear (Right)
	Clear (Left)
T.M.	Intact / Normal (Right)
	Intact / Normal (Left)

**Tunning fork test (512 Hz)**

Rinne's Test	AC > BC
Weber Test	No lateralisation

**Samprapti Ghataka**

Dosha	Vata, Pitta, Kapha, Rakta
Dushya	Rasa, Rakta
Agni	Mandagni or Vishamagni
Srotas	Rasa-Raktavaha Srotas
Sroto-Dushti	Sanga, Vimargamana
Adhisthana	Karna
Sadhyasadhya	Kriccha Sadhya

**INTERVENTION**

No	Drug	Dose	Route of administration	Duration
1	Aama Pachana Vati	2 Tab 500mg BD Before meals	Oral with Luke warm water	For first 7 days
2	Ekangaveer Rasa Godanti Bhasma	2 Tab 250 mg of Ekangaveer Rasa BD After Meals 125 mg of Godanti Bhasma BD after meals	Oral with Cow's milk and Cow's Ghee	After 7 days, For 2 months
3	Rasayana Churna	3 gm In the morning	Oral with Madhu and Ghrita	After 7 days, For 2 months
4	Ashwagandhadi Ghrita	8-8 drops in both nostrils	Marsha Nasya	Was started after 7 days, 4 sittings with the gap of 7 days
5	Bilva Taila	6-6 drops in both ear for 7 min.	Locally in EAC	Was started after 7 days, 4 sitting with the gap of 7 days

**Follow up:** Follow up was taken for 1 month after completion of the treatment.

**Pathya-Apathya**

Pathya	Apathya
Laghu-Snigdha-Supachya Ahara Godhuma, Shaali, Goghrita Mudga, Yava Patola, Shigru Alpa-Bhashana	Ati-Ushna-Tiksha-Amla-Kshara Sevana Virudhha-Ahara Sevana Vega Dharana Atibhashana, Ativyayama Shirah Snana Ratri Jagrana

**Subjective Criteria for Assessment**

Grade 0	No whistling sound
Grade 1	Occasional Whistling sound (Lasting few seconds)
Grade 2	Whistling sound in silent atmosphere (Especially at night)
Grade 3	Whistling sound all time

## RESULTS AND DISCUSSION

Day 1					Grade 3 Karna-Kshweda
After	1 <sup>st</sup>	sitting	of	Nasya, Karnapoorana	Grade 2 Karna-Kshweda
After	2 <sup>nd</sup>	sitting	of	Nasya, Karnapoorana	Grade 2 Karna-Kshweda
After	3 <sup>rd</sup>	sitting	of	Nasya, Karnapoorana	Grade 2 Karna-Kshweda
After	4 <sup>th</sup>	sitting	of	Nasya, Karnapoorana	Grade 1 Karna-Kshweda
Follow Up					Grade 1 Karna-Kshweda

## MODE OF ACTION

*Nidan Parivarjana*

It is the most important and foremost line of treatment to break the pathogenesis of any Vyadhi.<sup>[4]</sup> In this patient, there was indulgence of often junk food, Vata-Vardhaka Ahara Sevana, awakening at night and listening to loud noise in Earplugs. These all factors were stopped during the treatment and proper Pathya Ahara Vihara were advised Bilva Taila Padabhyanga and Shiroabhyanga were advised to patient regularly Goghrita and milk was included in diet.

*Deepana Pachana*

Deepana-Pachana is useful to combat the pathogenesis of Karnakshweda (Tinnitus). Patient was having Mandagni, so Aama Pachana Vati was started for 7 days before meals.

*Vata shamaka drug and Rasayana*

Rasayana Churna were given to the patient with Goghrita after Deepana- Pachana. As Rasayana is mentioned as Samanya Chikitsa and cures the disease by nourishing Rasaadi Dhatus.<sup>[5]</sup> Goghrita was also started as Snehapana is Vatahara, which is main Dosha responsible for Karnakshweda (Tinnitus). Most of the ingredients used in Ekangaveer Rasa are of Madhura, Snigdha Guru, Katu Vipaka which can act as Rasayana, Balya, Vata- Kapha Doshahara. Ingredients like Tamra, Loha Bhasma, Abhraka Bhasma acts as immune-modulator and antioxidant which will help in regeneration of damaged cells. In the Vata Vyadiprakarana of Nighantu Ratnakara is advised to give in treatment in Vatavyadhi. As Acharya Sushruta had advised same line of treatment among 4 Karnarogas that are Shoola, Nada, Kshweda, Badhira and in Badhira Chikitsa, Acharya had mentioned to accept the line of treatment which are mentioned in Vatavyadhis and Pratishyaya. Godanti Bhasma was used as it is Balya and also it increases cell survival properties which can be very much effective for hair cells present in inner ear.<sup>[6]</sup>

### *Nasya karma and Karnapoorana*

*Aswagandhadi Ghrita* is selected for *Nasya Karma*. It will act on *Shringataka Marma*. It is site of combination of *Santarpani Sira* of *Ghrana*, *Srotas*, *Akshi* and *Jihva*. It will ultimately work on *Karnasira*. *Bilva taila* is selected for *Karnapoorana*. As per *Acharya Charaka* those who practice it daily do not suffer from *Vataja Karna Rogas*.<sup>[7]</sup> Inculcated medicine in EAC acquires fascinated by skin lining external auditory meatus and tympanic membrane and spreads systemic blood flow creating its effect everywhere in *Karna*.<sup>[8]</sup>

### CONCLUSION

*Karnakshweda* which can be correlated with Tinnitus. Its pathology and definitive cure are still not known. Steroids, Tranquilizers, and masking give temporary relief. Whereas Ayurveda provides good line of treatment which can be seen from above mentioned case report. *Rasayana*, *Medhya Aushadha*, *Karnapoorana*, and other *Kriyakalpas* are examples of effective treatments for this disease, according to Ayurveda. This condition is said to have manifested due to the vitiation of *Vata Dosha*. Drugs from Ayurveda lower the possibility of negative side effects. Thus, we can draw the conclusion that *Ayurvedic* treatment for *Karnakshweda* (Tinnitus) treats the problem systemically and relieves the underlying cause of the dosha.

### ADR DECLARATION

No any adverse drug reaction was noticed during the treatment and follow up period.

### LIMITATION OF THE STUDY

As above mentioned, is a single case report there is need of study in larger population for establishing good protocol.

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