

## A SINGLE CASE STUDY OF THE EFFICACY OF ERANDADI TAILA NASYA IN MANAGEMENT OF KARNANADA WSR TO TINNITUS

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### ABSTRACT

Tinnitus is the sensation of hearing ringing, buzzing, hissing, chirping, whistling, or other sounds. The noise can be intermittent or continuous, and can vary in loudness. It is often worse when background noise is low. On analyzing the disease condition with *Ayurvedic* approach, it seems to be nearer to *Vata Kapha* dominant *Karnanada* and needs to be treated at local as well as systemic level. *Karnanada* can be correlated with Tinnitus. It is a condition in which there is a perception of sound that appears to originate in the head in the absence of external stimuli. Epidemiologically this disease is present in older population above 50. Tinnitus is not merely a lifethreatening disorder. It costs quality of life

(QoL) by impairing hearing loss of sound sleep and irritation. In this case study patient presented with symptoms of tinnitus. He is treated with *Snehana* and *Brihaman*. Patient got 50% relief with this treatment.

**KEYWORDS:** *Karnanaada, Karnapoorana, Tinnitus.*

### INTRODUCTION

*Karnanaada* is a *karna-roga* studied under *urdhavajatrugata vikara*. The term *Karna* refers to organs which are responsible for the perception of the sound, The term *Nada* or *Ninada* refers to that which produces rhythmic sounds in the ear. The vitiated *Vata dosha* either entering into other channels or encircled by *Kapha dosha* in *Shabdavaha Srota* produces different types of sounds like *Bheri, Mrudanga, Shankha* etc. in the ears is known as *Karnanaada*.

## Karnanada

The following are the aetiological factors responsible for the causation of the *Karnanaada Pratishyaya* (Rhinitis), *Avashyaya* (Exposure to cold wind currents), *Jalakreeda* (Swimming), *Karna Kanduyana* (constant rubbing or irritating the ear with finger or any other instruments), *Mithya* yoga of the *Shashtra* (improper usage of instrument for diagnosis and treatment on the ear), *Atiyoga*, *Ayoga*, *Mithya* yoga of the *Shabda* (Incompletable correlations of sensation of sound (excessive, low, nil) with the organ of hearing) and other factors causing *Vata Prakopa*. Among three *doshas* *Vata* is considered major *dosha* for the causation of *Karnanaada*.

As well as noise pollution, air Pollution and Routine disturbing life style is the hetus.

## Clinial features

*Karnanaada* is described as an independent disease. It is also present as *Lakshana* of other diseases. There are no *Poorvaroopa* explained for *Karnanaada* but it is a *Poorvaroopa* of many Roga for example- *Apasmara*, *Vataja Unmada*, *Grahini*.

## Roopa (Clinical features)

*Nanavidha Shabdan* –Different types of sounds hearing in *Shabdavaha Srotas*., *Vividhanshabda* like *Bheri*, *Mrudanga*, *Shankha*, *Bhrungaara*, *Kauncha*, *Mandoora*, *Tantri*, *Saamturyasvanam* are heard in *Shabdavaha Srotas*.

## Samprapti of karnanaada

*Hetus*, as described in *Nidana*, causes vitiation of *Vata*. *Vata* gets lodged in the *Shabdavaha Srotas*. It causes a perception of different sounds and causes *Karnanaada*.

## Tinnitus

Tinnitus is when you experience ringing or other noises in one or both of your ears. The noise you hear when you have tinnitus isn't caused by an external sound, and other people usually can't hear it. Tinnitus is a common problem. It affects about 15% to 20% of people, and is especially common in older adults.

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Tinnitus is an auditory sensation within the ear or head, i.e. perception of noise within those areas. Characteristic feature of *Karnanada* is that it is originated within the patient. This may affect one or both ear or be interrupted or continuous in nature. This sound appears in ear may vary in pitch (high or low), loudness (high or low) and in nature, it might be like hissing, roaring, swishing and clicking type of sound.

It is more disturbing in quiet environment because masking effect due to surrounding noise has lost.

Evaluation of tinnitus: Due to vast array of possible underlying diagnosis, careful evaluation of each patient who presents with tinnitus is warranted for assessment of tinnitus. Careful thorough history should be taken first and some questions should be asked from the patient about the disease such as nature of sound (that may be buzzing, hissing, roaring, clicking, pulsatile in nature), pitch (High or low), intensity (loud or soft), laterality (unilateral or bilateral), duration (constant or intermittent). Questions about onset of disease and alleviating or aggravating factors should be asked.

Any history about any infection, trauma, noise exposure, medication, hearing loss, vertigo, pain and family history about similar disease should be found out. General physical examination along with complete head & neck examination with otoscopy should be performed.

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. Instead of classifying tinnitus in 'subjective' or 'objective tinnitus', 'genuine tinnitus', could be used and replace the term 'subjective tinnitus'. Objective tinnitus (sometimes referred to as somatic tinnitus) in which is a sound sensation created by an acoustical source within the body, should rather be described by the condition causing this sensation and not be described as tinnitus.

For tinnitus it's really tough to pin point the exact cause of disease, but it's generally agreed that it may come from any physical or mental change but not essentially related to the ear.

Where possible cause discovered, and treated tinnitus get resolve but some time even the treatment of underlying disease cannot alleviate tinnitus. Therefore, tinnitus can consequently be defined as “a sound sensation in the absence of an internal or external acoustical source or electrical stimulation”, hence in this article we will discuss about subjective tinnitus.

### Case report

A patient aged 59 years presented with a complaint that he hears ringing sound in his right ear for the past 8 months. On further enquiry, he explained that sound was high-pitched and non-pulsatile.

There was no associated ear pain or discharge. He additionally explained that there was a progressive decrease in hearing in both ears. This substantially affected his quality of life by disturbing sleep and mood.

No history of any discharge,

No AT.M. perforation, any trauma,

No surgery, DM, HTN, PTB,

Ototoxic medications, vertigo, vomiting.

On examination,

Pulse was 76/min,

Blood pressure-130/80mm of Hg,

Respiratory rate was 22/ min.

Examination of Ear- pinnae, pre and post aural area, external auditory canals, and Tympanic Membranes were WNL after that a Qualitative test for hearing by Tuning. fork - Rinne's Test- AC>BC (B/L), Weber's Test lateralized to better hearing ear (Rt.) and ABC reduced (B/L)

### The procedure of *karnapoorana*

*Karnapoorana* is described as a preventive measure for ear diseases and a treatment modality. It is a process in which the ear is filled with lukewarm *Taila*, *Swarasa*, *Snehadravya* or *Gomutra*, etc. *Karnapoorana* comes under the external type *Snehana*. Acharya *Vagbhatta* and *Shaarangadhara*, have described the procedure of *Karnapoorana*.

Indulging daily in *Karnapoorana* can prevent *Vata-roga* of Karna including *Karnashoola*, *Karnanada*, *Badhirya*. The entire procedure of *Karnapoorana* broadly can be divided into 3 steps.

### 1. *Purva karma*

#### 1) *Purva karma*

The patient should be made to lie down on right or left lateral depending on the affected side. Gentle massage with lukewarm oil around the ear for a short period should be done (*Snehan*), mild hot fomentation around the ear like *Tapasweda* should be done (*swedan*).

#### 2) *Pradhan karma*

The medicated oil should be gently warmed (lukewarm). The external auditory canal should be straightened by pulling the Pinna backward and upward. The oil should be poured in drops till the ear canal is filled up to the base of concha. The roof of ear should be gently massaged in order to potentiate action of the drug.

#### 3) *Pashchyata karma*

The excess oil should be taken out of the external auditory canal (EAC) by dry cotton. After retaining the medicated oil for the prescribed time, the ear should be cleaned with dry cotton mopping. In bilateral case the same procedure should be repeated in the fellow ear also.

### *Nasya*<sup>[54]</sup>

After the *Purvakarma* the patient is asked to lie down in a bed with his hand and legs kept straight. His head is maintained at a lower position by keeping the pillow below the neck. This position will facilitate the direct passage of the drug. Placing the medicine above hot water gently warms it and then it is made to flow in to one nostril, while the other is kept closed the same process is carried out in the other nostril also. For the administration of the drug a *pichu* (Cotton swab) or *nadi* (tube) may be used (dropper can be used).

The sole, shoulder, neck, ear and palm are gently massaged after the administration of the drug. He must spit out all the impurities and medicine that reach his mouth. The spitting is repeatedly carried out turning to both sides while the patient is lying. *Swedakarma* (sudation) should be repeated after in bilateral case the same procedure should be repeated in the fellow ear also.

### **Nasya- Mode of action**

*Nasya* karma main line of treatment in *Urdhvajatrugata Rogas* (diseases above the neck) can be adopted in the management of *Karnanada*. The drug *Erandadi Taila* have *Madhura Katu Rasa Guru Snidgha Gunaand Ushna Virya Shadindriya Prasadana, Balya, Tarpana, Brinhana, Vata Kapha Shamaka* properties So it provide very good effect on aggravated *Vata Kaphaand* also provide nourishment to nerves in the form of *Nasya Karma*. In *Purva Karma* of *Nasya*, *Abhyangaand Swedanaare* done. In *Pradhana Karma*, the drug in *Taila* form is administered into the nostrils through *Gokarna* in the head-low position of the patient. The *Nasya* drug medicine act as *Sringataka Marma* from where is spreads into various *Srotas* (vessels and nerves) and bring out all vitiated *Doshas*.

*Erandadi taila nasya* in the management of *Karna Nada* (Tinnitus) *Taila* is having *Vata Kaphahara* property. It is mentioned all classical text of Ayurveda like *Ashtangahridaya*. The procedure is usually done after local *Snehana* and *Swedana* around the ear which increase the local circulation hence better absorption of the drug. *Karnapurana* is a method of filling or dropping the medication into the external ear. The use of *Taila* helps to subside *Vata Kapha Doshaand* clears the *Srotas* of the *Karna*. Disease *Karna Nada* is *Vata Kapha* dominant and so compound drug employed should also have *Vata Kapha Shamaka* qualities, so that it can counteract vitiated *Doshas* to disintegrate the pathology of the disease.

### **RESULT**

After every follow-up patient reported slight comfort and improvement. After 21 days patient came for follow up and explained that his problem is not completely cured but he has 50 to 60% relief. His hearing loss is improved with a sound sleep. Previously he used to be irritated due to lack of proper sleep now he is relaxed. He is asked to maintain a healthy and noise-free workplace. He is advised to take healthy food and stay away from stressful situations.

### **CONCLUSION**

In the present case-patient having symptoms of *Karnanaada* treated with *Vata Shamaka Chikitsa*. *Karanpooran* given with *Erandadi Taila* as a process of *Bahya Snehana* along with oral medications which are potent *Vata* pacifiers and *Brihaman* in nature. *Erandadi taila* contains drugs that are very effective in *Vataja* disorders.

In the modern era, people follow an unhealthy lifestyle which is the cause of many disorders. Our environment where we live and where we work should be healthy. In the case of tinnitus

noise-free places should be opted to work. *Ayurvedic* literature also mentioned that *Atiyoga* and *Ayoga* of *Indriya* should be avoided. Prevention should be given prime importance in the management of the disease.

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