

KARNAPRAMARJAN AND KARNADHOOPAN IN THE MANAGEMENT OF KARNASRAVA (CSOM) – A SINGLE CASE STUDY

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INTRODUCTION

Karnasrava is a disease mentioned by *Acharya Sushruta* in the chapter of *Karnaroga Vigyaniya* under 28 *Karnarogas*. *Acharya charak* included *karnasrav* as a symptom under the 4 type of *karna roga* due to vitiation of different *dosha*.

Karnasrava (Ear discharge) signifies discharge from ear but with advancement of medical science and improved hygienic status of society, discharge from the external ear is not very common and discharge from internal ear or other cause is very rare condition. But ear discharge from middle ear cavity is till date a common ENT

problem.

Chronic suppurative otitis media (CSOM) as per WHO guidelines is defined as a chronic inflammation of the middle ear and mastoid cavity, which is characterized with recurrent ear discharges or otorrhoea through perforation of tympanic membrane. The prevalence of CSOM varies widely across world mostly affecting countries.

CSOM (Chronic Suppurative Otitis Media) is the term given to the middle ear discharging problem in the modern medical literature. It mostly causes Eustachian tube blockage and infection spared to middle ear. Both Ayurveda and modern science agrees unanimously that nose and nasopharynx are the main culprits for *Karnasrava*. *Ayurveda* presents a similar condition namely *Karnasrava* which resembles to chronic suppurative otitis media on the basis of aetiology and clinical manifestations Prevalence is 46 and 16 per thousand in rural and urban population respectively. It is single most important cause for deafness in rural population.

The best and cheap treatment of CSOM includes instillation of topical antiseptics or topical antibiotics after thorough aural toilet for at least 2 weeks for the short-term resolution of otorrhoea. But all the topical drugs are not safe and they may be ototoxic by themselves. Long term treatment protocol needs surgical interventions. However, surgery carries the risks of deteriorating hearing, as well as the potential damage to the facial nerve limiting its use.

Ayurveda describes handful of modalities to be used in it with good outcome. These modalities include use of oral and topical drugs, special cleansing procedures and systemic approach. The general line of treatment of *Karnasraava* includes *Shirovirechana*, *Dhupana*, *Karnapurana*, *Pramaarjana*.

METHODS

A 35-year-old Hindu, female, non-diabetic, normotensive patient visited OPD of Government Government Ayurveda Mahavidhyalaya, Nanded on 22 Jan 2022 with Chief complaints of *ubhaya karnasrava* (yellows sticky profuse discharge) since 7 days, *karnakandu* mild itching, patient also having complain of felt bad smell from her ear since last 7 days.

AIM: To find out the results of *karnapramarjan* and *karnadhoopana* in the management of *karnasrava* (CSOM).

CASE FINDINGS

Patient was said to be asymptomatic 10 days back. Then gradually onset *ubhaya karnasrava* since 5 days, *ubhaya karnakandu*, patient also having complain of felt bad smell from her ear since last 5 days month. She had taken allopathic medicines for same problem before 6 months but she didn't get satisfactory results, Hence, she approached OPD of Government Ayurveda Mahavidyalaya, Nanded for the further treatment purpose.

PAST HISTORY: Patient had recurrent history of rinitis. **WORK HISTORY:** she was work in private company.

FAMILY HISTORY: There was no any disease related history found in this case.

INVESTIGATIONS

Routine haematological and urine investigation were normal, Haemoglobin - 9.6 gm. %, RBS - 106 mg/dl. Otoscopic examinations for objective assessments.

CLINICAL FINDINGS

Patient was afebrile. Pulse - 87/min. Respiratory rate -17/min. and blood pressure - 120/80 mmHg.

DASHA VIDHA PARIKSHA

Prakriti of the patient was *VataPitta Vata Pradhan Pittaj vikriti* was observed during the analysis. *Satwa, Sara, Samhanana, Ahara Shakti, Vyayama Shakti, Satmya and Pramana* of the patient were of normal level.

ASHTAVIDHA PARIKSHA

Nadi, Mutra, and Shabda were *Sadharana*. *Mala* were *Savibandha, Jihwa* was *Anupalepa, Sparsha* was *Anushna sheeta, Akriti* was *Madhyama and Drik sadharana*.

SPECIFIC EXAMINATION

EAR	RIGHT		LEFT
Pina	Normal	Normal	

T.M Central Perforation present 1- 2mm Central perforation present 4-5m.

TREATMENT PROTOCOL

Treatment protocol was *Karnapramarjan* and *Karanadhoopan* along with internal medicine.

1. *Nidana parivarjana*.
2. *Karnapramarjan*

The word *pramarjana* means cleaning of some body parts through swabs etc. *Karna pramarjana* is procedure of cleaning ear (pus discharge) with the help of cotton or gauze piece.

3. *Karnadhoopan* It is a technique of fumigation of ear with the smoke of

Anti-infective drugs. Like <i>gugulu, haridra, ghrita.</i>		<i>nimba</i>	<i>churna, sarsapbija,</i>
4. Orally drug			
<i>Sitopaladi churna – 3g</i>			
<i>Takana bhasma 250 mg</i>			
<i>Sarivadi vati 500mg 2 bd for 1 month.</i>			
<i>Triphala gugulu 500mg 2 bd for 15 days.</i>			
observation of Complains			
Symptoms	<i>Karnasrava</i>	<i>Karnakandu</i>	Foul smell karna
st wk 1	++++	+++	+++
wk 2	+++	++	++
rd wk 3	++	++	+
th wk4	+	+	-

After treatment examination of EAR

EAR	RIGHT	LEFT
EAC	Clear	Clear
TM	Central perforation present	Central perforation present

Drugs are also mentioned for the management of Karnasrava. Oral drugs with generalized action on all ear diseases or specially ear diseases of infective etiology are described in various Ayurveda classics. Some of them are compiled in Table 1. Procedures for the management of *Karnasrava* *Karna Poorana* It is procedure of instillation of drug in either of form like powder, decoction, juices, oil or combination, into affected ear after preparation of the part by preceding procedures like sudation. The medicine is kept in the ear for given time durations. Acharya *Sharngadhara* has mentioned this time duration as 100, 500 or 1000 matra time (time taken for *Karnapramarjana* *Karnadhooan*).

Sarivadi vati 500mg. 2 tab BD for 1 month.

Sitopaladi churna – vata pita balancing property and rejuvenating effect . *Tankan bashma* – antiseptic and ant- inflammatory properties.

Triphaladi guggul – vedana shamak properties.

FOLLOWUP After 1 month all complains were reduced. There were no karnastrav, karnakandu, felt bad smell from ear after one month follow up.

OBSERVATION

During procedure the patient experienced mild pain but cooperated with some anxiety.

DISCUSSION

In Samprapti of Karnasrava, Acharya Sushruta has mentioned that Avarana of Vata by other Dosha is the chief culprit for initiation of the pathology.^[8] Due to Nidana sevana like Excessive fermented, bakery food and excessive Amla and Lavan rasa sevan vata dosha dusty occur. This is the Sanchay stage. If this Nidana sevana continuous Dosha Prakopa occurs and Dushita kapha pitta interacts with Dushita vata and finally ascend to Urdhwajatru (vimargagamana) and localized in karnapradesha. T As a result of this, Sthana Samsraya, rasa, rakta, and mamsa dushti in karna takes place which leads to the production of prodromal symptoms like karnastrav, karnakandu etc. according to Vagbhata In the management of karnasraava, Pramaarjana is the first line of treatment with Varti/Pichu/Kurchika.

The main protocol of treatment is same as that of wound management, which includes various measures to keep area dry, clean, clear of microbes and providing ideal conditions for healing. Various procedures described in Ayurveda for the management of discharging ear, fulfil these requirements of wound management. Further more Shirovirechana is postulated as first procedure for managing karnasrava, which give the insight of treating CSOM from its primary origin site. As In most of instances discharging ear is preceded by upper respiratory infection, shirovirechana prevents respiratory infection and also help in decongesting eustachian tube and increasing middle ear secretion as well as immunity. AnuTaila eradicates local and systemic infections, decreases mucosal oedema of Eustachian tube and

CONCLUSION

As per above mentioned case discussion, it can be concluded that pramarjan and karnadhoopan are effective in the management of karnasrav. This therapy should be used in karnasrav in large sample as a clinical trial.

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