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Ayurveda Approach Towards Karnanada

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Abstract:

Tinnitus is a non-life-threatening condition causing emotional distress, cognitive difficulties, and various somatic complaints. Its prevalence is increasing, and existing pharmacological treatments show limited benefits. Neurostimulation treatments and hearing aids' effectiveness is inconclusive. Cognitive behavioral treatment hasn't demonstrated a significant change in tinnitus loudness. This article aims to present Ayurvedic remedies for tinnitus, known as Karnanada, including procedures like Nasya, Karnapoorana, and Shiro Dhara. Several case studies and clinical studies conducted in different Ayurvedic centers and institutes on tinnitus are also discussed.

Keywords: Tinnitus, Karna Nada, Ayurveda, Nasya, Karnapoorana, Shiro Dhara.

Introduction

Tinnitus, a condition causing emotional distress, cognitive difficulties, and somatic complaints, is on the rise. Ototoxic medications and factors like age, body mass index, smoking, diabetes, and hypertension contribute to its prevalence. Current treatments lack broad effectiveness, and drugs, hearing aids, and cochlear implantation show limited benefits. Neurostimulation treatments (invasive or non-invasive) and Cognitive Behavioral Treatment (CBT) vary in their effectiveness. Tinnitus Retraining Therapy (TRT) combines counseling and acoustic therapy, but controlled trials face criticism. Sound therapy and acupuncture lack high-level evidence. Ayurveda, specifically Shalakya Tantra, addresses tinnitus as Karna Nada. When Vata Dosha is vitiated in the auditory canal, it produces sounds known as Karna Nada. Ayurvedic management involves a three-tier approach: symptomatic improvement, progression arrest, and rejuvenation of damaged nerve cells. This holistic approach includes adopting preventive measures like proper nutrition, sleep, and a healthy lifestyle while addressing underlying causes.

For the management of tinnitus, Ayurveda recommends a holistic three-tier approach focusing on symptomatic improvement, halting progression, and rejuvenating damaged or degenerated nerve cells. The following treatments are suggested:

- 1. **Preventive Measures**: Emphasis is placed on consuming a proper diet, ensuring adequate sleep, and maintaining a healthy lifestyle. Treating underlying causes is also crucial.
- **2. Snehapana** (Internal Administration of Lipids): This can be performed using various Ghritas such as Indukant Ghrita, Ashwagandhadya Ghrita, Dashmool Ghrita, and Bilvadi Ghrita.
- **3. Karnapoorana** (Filling the External Acoustic Meatus): This involves the use of medicated oils like Bilva Taila, Dipika Taila, and Dhanvantar Taila. The procedure involves three steps:
 - **Purva Karma:** The patient lies in a lateral position, and a gentle massage with lukewarm oil around the ear is followed by mild fomentation.



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- **Pradhana Karma:** Medicated oil, gently warmed, is poured into the auditory canal until full, and left for a specific period.
- Pashchata Karma: The ear is cleaned with dry cotton.
- **4. Virechana** (Therapeutic Purgation)
- 5. Nasya (Nasal Infusion of Medicine)
- 6. Shiro Dhara (Rhythmic Pouring of Medicated Oils on the Head)
- 7. Vasti (Therapeutic Enema)
- **8. Oral Ayurvedic Medications**: These include Balarishta, Saraswatarista, Sariwadi Vati, Ashwagandha, Yashtimadhu, Giloya Satva, Godanti Bhasma, Vatavidhwansaka Rasa/Mahavatavidhwansaka Rasa, Brihat Vata Chintamani Rasa, Ekangveer Rasa, and Swarnamakshika Bhasma.

Significant case and clinical studies at various Ayurvedic institutions have substantiated the efficacy of these treatments. These include:

- Kapikacchu Ghanavati: Administered with cow milk, showing overall improvement in tinnitus symptoms.
- Mahamash Taila Karnapoorana and Ashwagandhadya Ghrita Paana: Demonstrated statistically significant improvements.
- Bilva Taila Karna Poorana With and Without Ashwagandhadya Ghrita: Showed significant improvement in both groups.
- Erandadi Taila Nasya and Sarshapa Taila Karnapurana: Reported statistically significant relief in tinnitus symptoms.
- Karnapoorana with Mahamashataila and Shamana Aushadha: A case study highlighted the effectiveness in a patient with a history of exposure to loud environments.

Specific Ayurvedic Cleansing Procedures and Medicines: A detailed treatment procedure including Mahakalyanaka ghritam, Brahma rasayana, Mahavata vidhwamsa rasa, followed by Virechana, Nasya, Karnapurana, and Sirodhara, resulted in a substantial reduction in tinnitus severity.

Rasayana Therapy: Addressed noise-induced tinnitus and sensorineural hearing loss, showing significant improvement after 3 months of Ayurvedic treatment.

Specific Ayurvedic Preparation: A case involving a young patient with Cochlear Synaptic Tinnitus treated with Ekangveer rasa, Geriforte, and Saraswatarishta, demonstrating a considerable improvement in tinnitus and associated symptoms.

Comprehensive Ayurvedic Procedures and Medicines: A case of otosclerosis with tinnitus undergoing a combination of Ayurvedic procedures and herbomineral preparations showed remarkable improvement in symptoms after 2 months of treatment.

Discussion

The management of tinnitus, a condition that significantly impacts the quality of life for many individuals, is a complex challenge in contemporary healthcare. The exploration and subsequent findings related to Ayurvedic procedures and medicines offer a new dimension to this challenge, presenting a holistic



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approach to treatment that not only aims to alleviate symptoms but also to restore the body's natural balance. The fundamental principles of Ayurveda, focusing on the balance of Doshas (Vata, Pitta, and Kapha), provide a comprehensive framework for understanding and treating tinnitus, particularly when considering the condition as predominantly a Vata disorder.

Snehanakarma is highlighted as an exceptionally effective treatment in the management of Vataja disorders, including tinnitus. The principle behind Snehanakarma—utilizing the lipid or ghee-based treatments for internal consumption (Ghrita Paana) and ear filling (Karnapoorana)—is based on the counteracting properties of Snehana (oleation) to the characteristics of Vata Dosha. Given that Vata's qualities are dry, light, cold, and mobile, the lubricating, heavy, warm, and stabilizing attributes of Snehana directly pacify Vata's excesses, addressing the root cause of tinnitus in many cases.

The significance of Nasya treatment in Ayurvedic therapy cannot be understated, especially given the anatomical and physiological connection between the nasal cavities and the sensorineural pathways of the brain. This method serves not just as a treatment for local pathologies but as a systemic therapeutic approach, influencing the brain's control over sensory perceptions, including hearing.

Moreover, the inclusion of Virechana (therapeutic purgation), Shiro Dhara(pouring medicated oil on the forehead), and Vasti (medicated enemas) in the treatment regimen underscores Ayurveda's multifaceted approach to health and disease management. These procedures further validate the efficacy of Ayurvedic practices in the management of Vata-related health issues, offering a broader spectrum of therapeutic options for individuals suffering from tinnitus.

The therapeutic use of Ayurvedic medicines such as **Ashwagandha**, **Balarishta**, **Vatavidhwansaka Rasa**, **Brihat Vata Chintamani Rasa**, **and Ekangveer Rasa**, among others, showcases the rich pharmacopeia available in Ayurveda for the treatment of tinnitus. These medicines are known not only for their Vatapacifying properties but also for their immunomodulatory and anti-stress benefits, providing a comprehensive treatment that addresses both the symptoms and underlying causes of tinnitus.

Conclusion

The exploration of Ayurvedic treatments for tinnitus reveals a promising alternative to conventional medicine, particularly for a condition with limited treatment options in mainstream healthcare. Ayurveda's holistic approach, focusing on the individual's balance of Doshas, offers a personalized treatment plan that encompasses dietary and lifestyle adjustments, herbal medications, and specialized procedures such as Snehanakarma, Nasya, Virechana, Shiro Dhara, and Vasti.

The case studies and clinical observations discussed herein underscore the potential of Ayurveda in significantly improving, if not entirely resolving, the symptoms of tinnitus for many patients. These treatments, grounded in centuries-old practices, highlight the importance of understanding and treating the body as an interconnected system where balance and harmony are key to health and well-being.

Furthermore, the success of these Ayurvedic interventions in managing tinnitus emphasizes the need for greater awareness and education among the masses regarding alternative therapies. There is a compelling



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argument for the integration of Ayurvedic principles and treatments into the broader healthcare system, providing patients with a wider array of treatment options.

Ultimately, the management of tinnitus through Ayurveda is a testament to the system's potential in addressing complex health issues without the risk of adverse effects often associated with conventional medications. This calls for further research and clinical trials to validate and standardize Ayurvedic treatments for tinnitus, paving the way for their acceptance and integration into global healthcare practices. The journey towards recognizing and utilizing the full scope of Ayurvedic medicine in combating tinnitus and enhancing the quality of life for sufferers is ongoing, promising a future where holistic and personalized healthcare solutions are readily available to all.

References

- 1. Brams HB, Mc Ardle R, Folmer RL et al. (2012) The tinnitus functional index: development of a new clinical measure for chronic, intrusive tinnitus. Ear Hear 33(2):153–176.
- 2. Longridge NS (1981) A tinnitus clinic. J Otolaryngol 8(5):390–395 (Cited in Slater R, Terry M (1987). Tinnitus: definitions, causes and theories of tinnitus. Croomhelm, USA, p.167–176).
- 3. National Centre for Health Statistics (1980) Basic data on hearing levels of adults, 25–74 years. United States, 1971–1975. Vital and health statistics publication series, 11, No. 215 (Cited in Van ED, Jacobs JB, Bensing JM (1998) Assessment of distress associated with tinnitus. J Laryngol Otol 112:258–263).
- 4. Nondahl DM, Cruickshanks KJ, Wiley TL, Klein R, Klein BE, Tweed TS. Prevalence and 5-year incidence of tinnitus among older adults: the epidemiology of hearing loss study. J Am Acad Audiol 2002; 13:323–331.
- 5. Shargorodsky J, Curhan GC, Farwell WR. Prevalence and characteristics of tinnitus among US adults. Am J Med 2010; 123:711–718.
- 6. Daniell WE, Fulton-Kehoe D, Smith-Weller T, Franklin GM. Occupational hearing loss in Washington state, 1984-1991: II. Morbidity and associated costs. Am J Ind Med. 1998;33:529–536.
- 7. Sindhusake D, Golding M, Newall P, Rubin G, Jakobsen K, Mitchell P. Risk factors for tinnitus in a population of older adults: the blue mountains hearing study. Ear Hear. 2003; 24:501-7.
- 8. Henry JA, Loovis C, Montero M, Kaelin C, James K (2007) Based on tinnitus retraining therapy. J Rehabil Res Dev 44(1):21–32.
- 9. Folmer RL, Martin WH, Shi Y. Tinnitus: questions to reveal the cause, answers to provide relief. J Fam Pract. 2004;53(7):532–540.
- 10. Shargorodsky J, Curhan GC, Farwell WR. Prevalence and characteristics of tinnitus among US adults. Am J Med. 2010;123(8):711–8.
- 11. Langguth B, Elgoyhen AB (2012) Current pharmacological treatments for tinnitus. Expert Opin Pharmacother 13(17):2495–2509.
- 12. Tunkel DE, Bauer CA, Sun GH, Rosenfeld RM, Chandrasekhar SS, Cunningham ER Jr, Henry JA et al. (2014) Clinical practice guideline: tinnitus. Otolaryngol Head Neck Surg 151:S1–S40.
- 13. Del Bo L, Ambrosetti U (2007) Hearing aids for the treatment of tinnitus. Prog Brain Res 166:341–345.
- 14. Hoare DJ, Adjamian P, Sereda M (2016) Electrical stimulation of the ear, head, cranial nerve, or cortex for the treatment of tinnitus: a scoping review. Neural Plast 2016:513050.



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- 15. Reato D, Rahman A, Bikson M, Parra LC (2013) Effects of weak transcranial alternating current stimulation on brain activity-a review of known mechanisms from animal studies. Front Hum Neurosci 7:687.
- 16. Cima RFF, Maes IH, Joore MA, Scheyen DJ, El Refaie A, Baguley DM, Vlaeyen JW et al. (2012) Specialised treatment based on cognitive behaviour therapy versus usual care for tinnitus: a randomised controlled trial. Lancet 379(9830):1951–1959.
- 17. Hesser H, Weise C, Westin VZ, Andersson G (2011) A systematic review and meta-analysis of randomized controlled trials of cognitive behavioral therapy for tinnitus distress. Clin Psychol Rev 31(4):545–553.
- 18. Martinez-Devesa P, Perera R, Theodoulou M, Waddell A (2010) Cognitive behavioural therapy for tinnitus. Cochrane Database Syst Rev 2010(9):CD005233.
- 19. Suchova L. Tinnitus retraining therapy-the experiences in Slovakia. Bratisl Lek Listy 2005; 106:79–82.
- 20. Berry JA, Gold SL, Frederick EA, Gray WC, Staecker H. Patient-based outcomes in patients with primary tinnitus undergoing tinnitus retraining therapy. Arch Otolaryngol Head Neck Surg 2002; 128:1153–1157.
- 21. Forti S, Costanzo S, Crocetti A, Pignataro L, Del Bo L, Ambrosetti U. Are results of tinnitus retraining therapy maintained over time? 18-month follow-up after completion of therapy. Audiol Neurootol 2009;14:286–289.
- 22. Parazzini M, Del Bo L, Jastreboff M, Tognola G, Ravazzani P. Open ear hearing aids in tinnitus therapy: an efficacy comparison with sound generators. Int J Audiol 2011;50:548–553.
- 23. Phillips JS, McFerran D. Tinnitus Retraining Therapy (TRT) for tinnitus. Cochrane Database Syst Rev 2010:CD007330.
- 24. Sushruta, Sutra Sthan, 1/7/2., Sushruta Samhita Dalhana Commentary-Nibandhasangraha, Gayadasacharya commentary-Nyayachandrika Panjika on Nidanasthana, Ed. By Vd.Jadavaji Trikamji Acharya& Narayana Ram Acharya, Chaukhamba Surbharti Prakashana, Varanasi, 2012, p.03.
- 25. Sushuta, Uttartantra 20/6, Sushruta Samhita Dalhana Commentary-Nibandhasangraha, Gayadasacharya commentary-Nyayachandrika Panjika on Nidanasthana, Ed. By Vd.Jadavaji Trikamji Acharya& Narayana Ram Acharya, Chaukhamba Surbharti Prakashana, Varanasi, 2012, p.643.
- 26. Dr. Gajanan Balkrishn Patil. Clinical Evaluation of effect of Kapikacchu Ghanavati on Karnanad (Tinnitus) associated with Senile Deafness. International Journal of Scientific Research, August 2019, Volume 8, issue 8, page 37-41.
- 27. Naveen Kumar, Vijayant Bhardwaj, Satish Sharma and Chanda Chopra. A clinical study of Mahamash Taila Karanpoorna and Ashwagandhadya Ghrita Paana in the Management of Karna Naad w.s.r. to Tinnitus. International Journal of Recent Scientific Research. June, 2018, Vol. 9, Issue, 6(A), p. 27229-27232.
- 28. Parth Prakashbhai Dave, D. B.Vaghela, K. S. Dhiman, Hiral Brahmabhatta. Role of Bilva Taila Karna Poorana With and Without Ashwagandhadya Ghrita In the Management of Karna Nada And Karna Kshweda w.s.r. to Tinnitus, Punarnav, Volume 2, Issue 6, p.1-12.
- 29. Rakesh Bishnoi & Gulab Chand Pamnani, A Study on the efficacy of Erandadi Taila Nasya and Sarshapa Taila Karnapurana in the management of Karna Nada (Tinnitus)-Ayushdhara, Nov-Dec 2017, Volume-4, Issue-6.p. 1474-1477.
- 30. Dr. Sandeep Purohit. A Case Study of Karnanaada w.s.r to Tinnitus, wipmr, 2019, 5(12), 140-144



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

- 31. Haripriya H., Ayurvedic Management of Tinnitus A Case Study-IAMJ: Volume 6, Issue 12, December –2018, p.2449-2452
- 32. Kinjal J Oza and Krishna Makadia, A case study of karnanada (tinnitus) with Rasayana therapy of Ayurveda-International Journal of Development Research, April 2017, Volume-7, Issue 4.
- 33. Waghmare G. A. Ayurvedic Management of Cochlear Synaptic Tinnitus-A Case Report-Global Journal of Otolaryngology, 30 August 2017, vol.10 issue-2, p.17-18
- 34. Dr. Daya Shankar Singh, Dr. Shrawan Kumar Sahu and Dr. Abhishek Bhushan Sharma, Ayurvedic Management of Otosclerosis: A Case Study. World Journal of Pharmaceutical Research