Management of Karnasrava – A Case Report

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ABSTRACT

As per Acharya Sushruta Karnasrava is the condition characterized by discharge from Karna (ear) and occurs mainly due to Avarana of Vata doshas. *Among* many types of *Srava*, *Twakagata* and *Mamsagata Srava* can be clinically correlated to Chronic suppurative Otitis media.

Otitis media is an inflammatory condition affecting the mucous membrane of the middle ear cleft characterized by purulent ear discharge along with swelling, pain and perforation of tympanic membrane. Prolonged condition causes mastoiditis, sub-periosteal abscess, trigeminal neuralgia, facial paralysis, meningitis and labrynthitis.

The treatment of this particular disease has never been satisfactory and therefore, a number of treatments were advised to relive this condition. So as to overcome above problems there is a need to find cheaper and easily available Ayurvedic medicine.

In this study, a patient fulfilling the diagnostic and inclusion criteria of chronic otitis media was selected and an Ayurvedic medication -Raasnaadi Guggulu and Sarivaadi vati which is given for 1 month. The efficacy of the drug was analyzed in terms of the relief produced in the signs and symptoms before and after treatment.

KEYWORDS: Karnasrava, CSOM, Tympanic membrane, Raasnaadi guggulu, Sarivaadi vati

INTRODUCTION

In Vranasrava Vigyaniya Adhyaya, Acharya Sushruta has described many types of Srava. Among them *Twakagata* and *Mamsagata Srava* can be clinically correlated to Chronic suppurative Otitis media. Acharya Charaka has described about four types of Karna roga (diseases of ear). Acharya Sushruta has described twenty eight types of ear diseses¹. Acharya Vagbhatta has described twenty five types of Karna roga (diseases of ear). Acharya Susruta is the first who described Karna Srava as a disease. Ayurvedic texts have referred Karnasrava as a disease rather than a symptom signifying its prevalence in that era.

Chronic Suppurative Otitis Media is a long standing infection of a part or whole of the middle ear cleft characterized by ear discharge and a permanent perforation². A perforation becomes permanent when its edges are covered by squamous epithelium and it does not heal spontaneously. A permanent perforation can be linked to an epithelium lined fistulous track *How to cite this paper*: Dr. Yuvraj More | Dr. Vinod Jadhav | Dr. Santosh Pujari "Management of Karnasrava – A Case

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The prevalence of otitis media varies in different countries, populations and ethnic groups. Studies around the world have reported that the prevalence of acute suppurative otitis media varies from 2.3% to 40%, chronic suppurative otitis media 1% to 46%. The prevalence rate of acute suppurative otitis media in India is around 17-20% and Chronic suppurative otitis media estimates a range between 1-46%.

According to Acharya Sushruta the etiologies like trauma of head, drowning or head bath and suppuration of ear abscess causes Karnasrava³. He advocates that Avrita Vata is the underlying pathology which leads to discharge ear. Acharya Sushruta mentions general line of treatment for karna roga. It comprises of ghrta pana ,rasayana sevana, Avoid excessive work, Head bath, Sexual intercourse, excessive Talk etc. Therfore Samanya and Visesha chikitsa siddantha⁴ is essential to do Samprapthi International Journal of Trend in Scientific Research and Development @ www.ijtsrd.com eISSN: 2456-6470

vigatana of Karnasrava which is essential in managing the Karnasrava by eliminating the Vitiated doshas.

CASE REPORT

A 26 year male patient complains of Right ear Karnasrava since 6 months, associated with mild reduced hearing, itching sensation in the ear and very often ringing sound in the ear.

Past history:

Patient was given a history of fever, severe cough and cold, therefore he consulted local doctor and got treated before 6 months, later a week after Patient gradually developed karnasrava and ringing sound in the right ear

On examination right ear =

EAC- Mucopuruent discharge TM - Not visible Tuning fork test – Rinnes test negative and

Webers test lateralized to right ear

Diagnostic criteria: Based on classical symptoms of karna srava

Sign and Symptoms⁵

Table no 1. Showing sign and symptoms of

Karnsrava 🔎

Karnasrava 🖉	/+±
Karna kandu ሯ	oti
Karnashula 🌾	1
Badhiryta	1+8
Karnanada	\mathcal{A}
Karnaprathinaha	<u>S</u>

Treatment Schedule:

Medicine	Dosage	Duration	Anupana
Rasnaadi	500 mg	1 Bd after food	Leukwarm
Guggulu	500 mg	for 15 days	water
Sarivaadi	500 mg	1 Bd Before food	Leukwarm
Vati	500 mg	for 15 days	water

Follow up: Patient were advised to come for follow up on 30th and 45^{th} day

Assessment criteria:

Effect of the treatment will be assessed with the help of parameters. The parameters selected for the study were divided in two categories

- 1. Subjective parameters
- 2. Objective parameters

1. Subjective parameters with Gradings

- A. Karnasrava
 - a. Nature of discharge.

0 - No discharge . 1- watery, 2- Mucopurulent, 3 – Purulent b. Amount of discharge

0 - No discharge , 1- Scanty, 2- Moderate, 3 - Profuse.

- c. Periodicity
- 0. No discharge, 1.- Occasionally, 2- Intermittent, 3- Constant
- d. Colour of discharge.
- 0-No discharge, 1-Whitish , 2- Yellow, 3-Greenish
- B. Karna kandu -
- 0-No itching, 1-Mild, 2-Moderate, 3-Severe
- C. Karnashula

0 - No pain, 1 – Pain is tolerable, 2 – Pain can be controlled , 3- Pain disturbing patients routine work

D. Badhiryta

0 - No hearing loss, 1- Mild, 2 – Moderate, 3- Severe.

E. Karnanada

0 – No sound 1- Ocassional, 2 – Day / night, 3 - Continuous

F. Karnaprathinaha

0 - No blockage, 1- Occasional feeling of blockage, 2-Day / Night, 3 – Whole day feeling of blockage

tion 2. Objective parameters

- of Trend in A. Otoscopic examination
 - Research artuning fork test

DevelopAssesement of Results

Subjective Parameter: The effect of therapy on Subjective parameter was assessed below:

No improvement	0-25%
Mild Improvement	26-50%
Moderate Improvement	51-75%
Marked Improvement	76-100%

Observation and Results:

Parameters	BT	AT	% Change in Improvement
Karna srava	2	1	50 %
Karna kandu	2	1	50%
Karna shoola	0	0	0
Badirytha	1	0	100%
Karnaprathinaha	0	0	0

DISCUSSION :

After treatment, Patient got 50 % relief from *Karnasrava and Karna kandu and* 100% relief in Badirytha. After follow-up days, the patient was absolutely normal. No side-effects were Observed during study period.

CONCLUSION:

Ayurveda enlists various *nidanas* which includes *Aharaja, Viharaja* and *Manasika* factors etc. Most of

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the *nidanas* mentioned in our classics go in similarity with Karnasrava, which has an active part in the diagnosis of the condition and as well as in planning the Chikitsa. The first line of treatment is *Nidanaparivarjana* and following proper pathya Ahara-vihara is needed.

It is the single case study by the intervention of Rasnaadi guggulu and Sarivaadi vati showed moderate improvement in the both Subjective and Objective parameters.

Therefore the combined effect of Rasnaadi guggulu and Sarivaadi vati highly effective in the management of *Karnasrava* W.S.R to CSOM.

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