

TREATMENT OF KARNASRAVA WITH SIMILAR RESPECT TO CHRONIC SUPPURATIVE OTITIS MEDIA BY AYURVEDIC MEDICINES- A CASE STUDYShalini Singh¹, Ajay Kumar Pandey*², Sanjay Kumar Tripathi³ and Priyaranjan Tiwari⁴¹PG Scholar PG Dept. of Shalaky Tantra, Gurukul Campus, UAU, Haridwar, UK India Pin-249404.²Associate Professor PG Dept. of Shalaky Tantra, Gurukul Campus, UAU, Haridwar, UK India Pin-249404.³Professor PG Dept. of Kayachikitsa, Rishikul Campus, UAU, Haridwar, UK India Pin-249401.⁴Associate Professor PG Dept. of Kayachikitsa, Gurukul Campus, UAU, Haridwar, UK India Pin-249404.***Corresponding Author: Ajay Kumar Pandey**

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ABSTRACT

Introduction: 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 labyrinthitis. As per Acharya Sushruta Karnasrava is the condition characterized by discharge from Karna (ear) and occurs mainly due to Avarana of Vata doshas. **Objectives:** To evaluate the efficacy of Ayurvedic medications on Karnasrava (chronic suppurative otitis media) cases. **Methodology:** In this study, a patient fulfilling the diagnostic and inclusion criteria of chronic otitis media was selected and an Ayurvedic medication (Trikatu churna, Tankan bhasma, Godanti bhasma, Praval bhasma, Sarivadi vati and Haridrakhand) was given for three months. The efficacy of the drug was analyzed in terms of the relief produced in the signs and symptoms before and after treatment. **Discussion:** If we go in details, we found that long lasting blockade in Eustachian tube and improper treatment are the main reason to existing chronic otitis media. If we treat chronic suppurative otitis media what will be the principles to treat it? The common principles to treat chronic suppurative otitis media are antibiotic drops, steroid containing drops, aural toilet, granulation tissue control, systemic therapy and surgery for chronic ear disease (myringoplasty/tympanoplasty and mastoidectomy). The main focus of treating the disease should be removing the blockade of Eustachian tube and ventilation of middle ear cleft and to control the secretions. Here in this case we applied only systemic medicine by oral route. **Conclusion:** After the treatment with Ayurvedic medicines as we can say that Karnasrava is a disease which is known from ancient era. Chronic suppurative otitis media (tubotympanic type) is similar to Karnasrava as described by Acharya Sushruta. It can be treated with Ayurvedic medicines. Results after treatment are encouraging. Effects of Ayurvedic medicines are long lasting and drugs are also safe.

KEYWORDS: Karnasrava, otitis media, ear discharge, Trikatu churna, Tankan bhasma, Godanti bhasma, Praval bhasma, Rasmaniky Ras, Sarivadi vati and Haridrakhand.

INTRODUCTION

Acharya Charaka has described about four types of Karna roga (diseases of ear). Acharya Sushruta has described twenty eight types of ear diseases. Acharya Vagbhatta has described twenty five types of Karna roga (diseases of ear) but did not say anything about Karnasrava. Acharya Sushruta 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. According to Acharya Sushruta has said about etiology of the disease that trauma of head, drowning or head bath and suppuration of ear abscess causes Karnasrava. He advocates that Avrita Vata is the underlying pathology which leads to discharge ear. Chronic suppurative otitis media is

chronic inflammation of mucous membrane lining of the middle ear cleft. 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 20%, chronic suppurative otitis media 4% to 33.3%. The prevalence rate of acute suppurative otitis media in India is around 17-20% and chronic suppurative otitis media is 7.8%.

Classification of Otitis media**Acute otitis media**

- a) Non suppurative
- b) Suppurative

Chronic otitis media

- a) Non suppurative
 - i) Otitis media with effusion
 - ii) Adhesive otitis media
 - iii) Tympanosclerosis
- b) Suppurative
 1. Tubotympanic type otitis media (safe type)
 - a) Inactive (mucosal): Permanent perforation without discharge
 - b) Active (mucosal) COM: Permanent perforation with discharge
 - c) Healed: Tympanosclerosis, healed perforation
 2. Atticoantral type otitis media (unsafe type)
 - a) Inactive (squamous): Retraction with no cholesteatoma
 - b) Active (squamous): Retraction pocket with cholesteatoma
 - c) Secondary acquired cholesteatoma

Specific type of otitis media (tuberculosis, syphilis, diphtheria)**Etiology**

1. Predisposing factors Inadequate treatment of ASOM Infection from surrounding areas like nose, nasopharynx and oropharynx Some diseases like tuberculosis are chronic from the beginning Pneumatisation of mastoid- sclerotic mastoids are more prone for CSOM.
2. Exciting factors Gram negative organisms like Pseudomonas, proteus. E. coli. Streptococcus Staphylococcus

CASE REPORT

A 40- year-old male presented with a chief complaints of purulent discharge from right ear from more than 6 weeks. Reduced hearing and itching was noted by since three weeks.

The Shareera prakriti of patient was vata-pittaja and he had a Madhyam kostha (on the basis of bowel habit), madhyam bala (physical strength) with madhyam satva (physiological strength). On examination there was mucoidal, tenacious and non-foul smelling discharge in external auditory meatus. Medium size perforation was also there in tympanic membrane. Rinne test was negative, Weber test was lateralized to affected side and ABC was normal. X ray mastoid and PNS was done to rule out mastoiditis and sinusitis.

Plan of Treatment

We prepared a plan on Ayurvedic medicine mixtures as given below

Drug	Dose	Anupana
Trikatu Churna	500 mg 3 times per day	Honey
Tankana Bhashma	250 mg 3 times per day	Honey
Godanti Bhashma	250 mg 3 times per day	Honey
Pravala Bhashma	250 mg 3 times per day	Honey
Rasamanikyarasa	30 mg 3 times per day	Honey
Haridrakhanda	3gms 2times per day	Milk
Sarivadi Vati	250 mg 2 times per day	Ushnodaka

Route of drug administration- oral route

Follow up finding after seven days- There was no earache, no itching, decreased swelling, scanty mucosal discharge, medium sized perforation and conductive hearing.

Follow up finding after fifteen days- There are no earache, no itching, decreased swelling, scanty mucosal discharge, medium sized perforation and conductive hearing.

Follow up finding after one month- There are no earache, no itching, no swelling, no mucosal discharge, medium sized perforation and conductive hearing.

Follow up finding after two month- There are no earache, no itching, no swelling, no mucosal discharge, perforation sized decreased and conductive hearing.

Follow up finding after three month- There are no earache, no itching, no swelling, no mucosal discharge, healed perforation and conductive deafness.

DISCUSSION

If we go in details, we found that long lasting blockade in Eustachian tube and improper treatment are the main reason to existing chronic otitis media. If we treat chronic suppurative otitis media what will be the principles to treat it? The common principles to treat chronic suppurative otitis media are antibiotic drops, steroid containing drops, aural toilet, granulation tissue control, systemic therapy and surgery for chronic ear disease (myringoplasty/ tympanoplasty and mastoidectomy). The main focus of treating the disease should be removing the blockade of Eustachian tube and ventilation of middle ear cleft and to control the secretions. Here in this case we applied only systemic medicine by oral route.

Probable mode of drug action

Trikatu churna- It acts on Kapha and vata dosha so it may reduce inflammation and pain also anti bacterial activity on *staphylococcus species*.

Tankana Bhashma- It acts on Vata and Kapha dosha so reduces water content of muscosa and by that secretions

are checked and middle ear becomes dry and also antiseptic and anti inflammatory property.

Godanti Bhashma- It acts on Vata, Pitta and Kapha doshas and so it may acts as antipyretic and anti inflammatory drugs.

Pravala Bhashma- It acts on Kapha and Vata dosha and also supplements calcium in the body.

Rasamanikya rasa- It acts on Vata and Kapha doshas.

Haridrakhanda- It acts on Vata, Pitta and Kapha doshas and also as anti allergic drugs. So reduces the secretions of middle ear.

Sarivativati- It also acts on Vata, Pitta and Kapha doshas and useful in tinnitus, ear infection and chronic respiratory diseases.

CONCLUSION

After the treatment with Ayurvedic medicines as we can say that Karnasrava is a disease which is known from ancient era. Chronic suppurative otitis media (tubotympanic type) is similar to Karnasrava as described by Acharya Sushruta. It can be treated with Ayurvedic medicines. Results after treatment are encouraging. Effects of Ayurvedic medicines are long lasting and drugs are also safe.

REFERENCES

1. Charaka samhita with Chakrapani Tika -Editor Vd. Yadavji Trikamji Acharya Published by Coukhamba Orientalia, 1984.
2. Charaka samhita -Editor Kashinath Shastri and Dr. Gorakhanath Caturvedi Published by Coukhambha Bharti Academy, Varanasi.
3. Sushruta samhita-Editor Kaviraj Ambikadutta Shastri Published by Chaukhamba Sanskrit Samsthana, 2002.
4. Ashtanga Hridaya With ArundattaTika- Editor Pandit Hari Paradkar Published by Chaukhamba publication, 2002.
5. Ashtanga Sangraha-Editor Vd. Anant Damodar Athavale, 2000.
6. Madhav Nidana With Madhukosha Tika-Editor Narendranath Shastri Motilal Banarasidas publication, 1979.
7. Sharangadhara Samhita Chaukhamba Orientalia, 2005.
8. Yogaratnakara-Editor Vd Laxmipati Shastri Published by Chaukhamba publication, 2005.
9. Bhavaprakasha Nighantu -Editor Pandit Sri Visvanath Dvivedi Shastri.
10. Ear, Nose, Throat surgery- John R. Cherry.
11. Disease of Ear, Nose, Throat-Ballenger.
12. Textbook of Disease of Ear, Nose, Throat – Dhingra.
13. Textbook of Disease of Ear, Nose, Throat – Bhargava.
14. Textbook of Disease of Ear, Nose, Throat – Mohd. Makbool.
15. D.H. Tambekar and S. B. Dahikar, antibacterial potential of some herbal preparation: an alternative medicine in treatment of enteric bacterial infection, international journal of pharmacy and pharmaceutical sciences, 2010.
16. Ravishankar AG, and Mahesh TS, Tankana Bhashma Kavala in chronic tonsillitis, UJAHM, 2013; 01(02).