

## ROLE OF RASON SIDDHA TAILA KARNAPURNA IN THE MANAGEMENT OF KARNASHOOL WITH SPECIAL REFERENCE TO OTALGIA

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### ABSTRACT

**Background:**– *Karnashool* is a commonest disease of Karna causes troublesome in day to day life. *It is also a common reason for visits to primary care physicians and medical care providers. In this condition vata is the main vitiated dosha that causes pain in ear. According to modern science impacted wax is the common cause of ear ache. Rasna is having vatahar property used as Rason siddha taila karnapurana in present study. Aim:- To study the role of Rason sidda Taila Karnapurana in the managment of Karnashoola. Objective:- To study the role of Rason sidda Taila Karnapurana to reduce the symptoms of Karnashoola. Materials and Methods:- A single clinical trial of Rason siddha Taila Karnapurna for 7 days. Conclusion:- Rason siddha*

*Taila Karnapurna gives significant relief in Karnashool.*

**KEYWORDS:**– *Karnashool, Otagia, Karnapurana.*

### INTRODUCTION

The importance of ayurveda in global scenario is because of its holistic approach towards positive life style. The complete health care system is the outcome of the great power of observation, generalization and analysis of hundreds of investigators spread over thousands of years. It deals with both the preventive and curative aspects of diseases in a most comprehensive way.<sup>[1]</sup>

Even though there was a glorious past for this inclusive system of medicine, the practice and application of ancient health care system lost its key position due to various causes.

Various types of research are needed for establishment of the applied aspect of ayurveda in modern era.

Shalakyata is one among the 8 branches of Ayurveda deals with precious sense organs,<sup>[2]</sup> the diseases affecting them and their management. In Ayurvedic literature the karna is the seat of Shrivandriya, the functional aspect of hearing. Karnashool is the commonest diseases affecting the children to old age people.

Acharya Vagbhata has explained 5 types of karnashoola named as vataja, pittaja, kaphaja, raktaja and sannipatika each being dominated by respective dosha.<sup>[3]</sup> Unlike Asthanga Hridaya, Acharya Sushruta describes all types of karnashoola in one shloka itself and does not describe different types of karnashoola depending upon dominance of dosha. In karnashoola, Acharya Sushruta give maximum importance to avarana of vatadosha and describes it as whenever vata situated in karna, gets vitiated by avarana of kapha, pitta, and rakta or by itself to take a faulty path produce severe pain in and around the ear.<sup>[4]</sup>

Ear pain (otalgia) is one of the most common reasons for visits to primary care physicians and medical care providers. Causes include inner ear infections (otitis media), eustachian tube obstruction, mastoiditis, external ear infections (otitis externa), foreign bodies, impacted wax, furuncle and trauma. Impacted wax is the most common cause of ear pain. Wax is the natural secretion of the ceruminous glands and sebaceous gland in the cartilaginous part of external ear. Normally, only a small amount of wax is secreted, which dries up and is later expelled from the meatus by movements of the jaw. As some people sweat more than others, the activity of ceruminous glands also varies; excessive wax may be secreted and deposited as a plug in the meatus. Certain other factors like narrow and tortuous ear canal, stiff hair or obstructive lesion of the canal, e.g. exostosis, may favour retention of wax. It may dry up and form a hard impacted mass. Patient usually presents with impairment of hearing or sense of blocked ear. Tinnitus and giddiness may result from impaction of wax against the tympanic membrane. Reflex cough due to stimulation of auricular branch of vagus may sometimes occur. The onset of these symptoms may be sudden when water enters the ear canal during bathing or swimming and the wax swells up. Long standing impacted wax may ulcerate the meatal skin and result in granuloma formation (wax granuloma).<sup>[5]</sup>

**Aim** - To study the role of Rason sidda Taila Karnapurana in the manegment of Karnashoola.

**Objective** - To study the role of Rason sidda Taila Karnapurana to reduce the symptoms of Karnashoola.

## MATERIAL AND METHODS

A male patient of 20 year was selected during OPD of Dept of *shalakyatantra* having complaints pain in right ear, improper hearing, aversion to cold. Since 3 days.

Patient is having history of swimming in water 4 days before and scratching of ear.

No history of diabetes mellitus and any upper respiratory track infection.

### Clinical investigation

#### A} Examination of B/L ear

1) **Pinna:** no swelling and infective foci seen

#### 2) External auditory canal

a) Wax – hard wax impacted (rt ear)

b) Infective foci – absent

c) Tumors/any growth – absent

#### 3) Tympanic membrane

a. Cone of light – present

b. Perforation – absent

c. Colour – translucent gray

**B} Examination of Nose and Throat:** No any abonormality/Infective foci was detected

### Pathological investigation

a. Blood sugar fasting -101mg/dl

b. Post prandial- 132 mg/dl

c. Urine sugar- Nil

d. Albumin – Nil

### Treatment

*Nidan parivarjana* is the first treatment. (i.e, avoid to travel in cold places, drinking of cold water, head bath, scratching of ear etc.)

*Rason sidda taila karnapurana* for 7 days is given.

### Procedure

literal meaning of karnapurana is filling ear with luke warm taila, swarasa, medicated ghruta or gomutra. Snehana and swedana should be done prior to the karnapurana procedure.<sup>[6]</sup> The action of which causes heat and expels out sweda from body, increases blood circulation with the help of swedana. Procedure of karnapurana can be divided into 3 steps.

### *Purvakarma*

- Meticulous cleaning of the ear done with sterilized dry cotton.
- Patient was advised to lie down on left lateral side.
- Gentle massage with lukewarm oil around the ear for short period should be done.
- Mild hot fomentation around the ear like sthanik nadi sweda should be done.

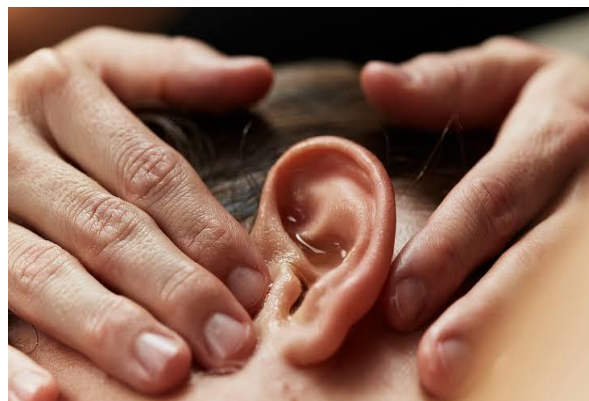
### *Pradhankarma*

- The external auditory canal should be straightened by pulling the pinna.
- The sukhoshna taila should be poured in drops till the ear canal is filled up to the base of concha.
- The root of the ear should be gently massaged in order to potentiate the action of the drug.
- The medicated oil should be retained in same position for 2 minutes (100 matras).<sup>[7]</sup>

### *Paschyatkarma*

- The excess taila should be taken out of the external auditory canal by dry cotton.
- After retaining the medicated taila for prescribed time 100 matras (2min) the ear should be cleaned with dry cotton mopping.

**Time for karnapurana** – Once a day for 7 days.



### Criteria for assessment

Assessment was done on the basis of scoring of cardinal signs, associated symptoms and *Doshanubandhita Lakshanas*. Scoring pattern was developed according to severity of symptoms. Improvement was assessed accordingly.

Symptoms	Grading
Pain in ear	0 No pain
	1 Mild pain
	2 Moderate pain
	3 Severe pain
Loss of hearing	0 No loss of hearing
	1 mild loss of hearing
	2 moderate loss of hearing
	3 severe loss of hearing
Erythema of EAC	0 no erythema of EAC
	1 mild erythema of EAC
	2 moderate erythema of EAC
	3 severe erythema of EAC

### OBSERVATIONS AND RESULT

Chief Complaints	Before treatment (0 <sup>th</sup> day)	After treatment (7 <sup>th</sup> day)
1) pain in ear	3	0
2) deafness	2	0
3) Erythema of EAC	2	0

### DISCUSSION

The word karna shoola literally means pain or discomfort in ear which can be from external ear (e.g. otitis externa, furuncle), middle ear (e.g. Acute Otitis Media) or rarely from internal ear (e.g. suppurative labyrinthitis), or outside from ear (referred otalgia). Karnashoola occurs due to sevana of nija nidana and agantuja nidana both. Nija nidana is pratishyaya while agantuja nidanas are avashya, jalakrida/jalanimajjana and karnakanduyana. Thein the present case study nidana is agantuja nidana (jalakrida and karnakanduyana) Due to the etiological factors which are of vata-kapha provocative in nature, gradual vitiation of doshas will occur. Which leads to karnashoola. Samprapti occurs in following way

Jalanimajjana, karnakanduyana and impacted hard wax causes vitiation of vata dosha



Vitiated vata dosha and impacted hard wax swells up in karna stotasa



This leads to karnashoola

**Probable mode of action of drug**

*Rason* is having guru, singdha, pichila, tikshna guna, all five rasa except aamla rasa, katu vipaka, ushna virya, due to its katu vipaka and tikshna guna it causes shaman of vitiated kapha dosha and snigdha, pichila, guru, guna, ushana virya causes shaman of vitiated vata dosha.<sup>[8]</sup> In this way it well breck the awarana of kapha dosha and shaman of vitiated wat dosha. In present study impacted hard wax swells up due to immersion in water which also leads to earache. Use of lukewarm *Rason siddha taila* helps to break up earwax that has harden and become stuck in the ear canal. The *Rason sidda taila* helps to soften the earwax, making it easier for it to move out of canal.

**CONCLUSION**

On the basis of above literature and present study it can be concluded that Karnashoola is mainly caused by vitiation of vata dosha and the manegment described in this review *Rason siddha taila karnapurana* has significant effect on karnashoola.

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