



Review Article

KARNA NADA IN AYURVEDA: A COMPARATIVE REVIEW OF CLASSICAL LITERATURE FROM THE BRHATRAYI TO THE SANGRAHAKARAH

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ABSTRACT

Karna Nada, one of the diseases described under *Karna Roga* in Ayurveda, is characterized by the perception of abnormal sounds in the absence of an external auditory stimulus. A comparative evaluation of these descriptions is essential to understand the evolution of Ayurvedic concepts related to this disease. **Objective:** To perform a comparative textual analysis of *Karna Nada* from the *Brhatrayi* to the *Sangraha-karaha* and evaluate the evolution of its etiopathogenesis, clinical presentation, and therapeutic principles in classical Ayurvedic literature. **Methods:** A qualitative comparative literature review was conducted including *Caraka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, and *Yogaratanakara*. Relevant references to *Karna Nada* were identified and comparatively analyzed with respect to *Nidana*, *Purvarupa*, *Rupa*, *Samprapti*, *Cikitsa*, and prognostic aspects. **Result:** All classical texts consistently identify *Vata Dosha* as the principal pathogenic factor responsible for *Karna Nada*. *Caraka Samhita* classifies the condition among the *Vataja Nanatmaja Vyadhis*, while *Sushruta Samhita* provides the earliest detailed description of its pathogenesis through the involvement of the *Shabdavaha Naḍis*. *Ashtanga Hridaya* further describes the progression of untreated *Karna Nada* to *Badhira* in association with *Kapha Dosha*. *Madhava Nidana* and *Yogaratanakara*, expand the descriptions of clinical features, prognosis, and therapeutic interventions. Therapeutic approaches evolve from general *Vatahara Cikitsa* to comprehensive management incorporating *Nasya*, *Karnapurana*, *Snehana*, *Swedana*, *Basti*, *Virecana*, *Dhumapana*, and medicated oil preparations. **Conclusion:** The comparative analysis demonstrates that the Ayurvedic concept of *Karna Nada* evolved through progressive refinement of its clinical description and management while maintaining a consistent pathophysiological basis centered on aggravated *Vata Dosha*.

INTRODUCTION

Karna Nada is a well-recognized clinical entity in Ayurveda characterized by the perception of sound in the ear in the absence of an external acoustic stimulus. This description closely corresponds to the modern clinical entity of tinnitus, a symptom that significantly affects patients' quality of life and poses considerable therapeutic challenges. In Ayurveda, *Karna Nada* is predominantly considered a *Vata-*

pradhana disorder resulting from the vitiation of *Vata Dosha* within the *Karna Srotas* (auditory channels), leading to the perception of abnormal sounds. The concept of *Karna Nada* has been systematically described across the classical Ayurvedic literature. The earliest references are found in the *Brhatrayi*, which comprises of *Caraka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya/Ashtanga Samgraha* where the disease is explained in terms of its *Nidana* (etiological factors), *Samprapti* (pathogenesis), *Lakshana* (clinical manifestations), and principles of management. These foundational texts establish the theoretical framework for understanding the disease within the broader context of Ayurvedic physiology and pathology. Notably, *Sushruta Samhita* classifies *Karna Nada* among the twenty-eight *Karna Rogas*, while *Ashtanga*

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Hrdaya includes it under *Karna Srotogata Rogas* and considers it a *Sadhya Vyadhi* (curable disease).

Subsequent treatises authored by the *Sangraha-karaḥ*, including *Madhava Nidana*, and *Yogaratanakara*, further expanded the understanding of *Karna Nada*. These texts provide more elaborate descriptions of its clinical features, differential considerations, and therapeutic interventions, while incorporating practical clinical observations and the evolving knowledge of *Shalakya Tantra* than other *Sangraha-karaḥ*. Their contributions demonstrate the progressive refinement of Ayurvedic concepts without deviating from the foundational principles established in the *Brhatrayi*.

Although *Karna Nada* has been described in several classical Ayurvedic treatises, variations exist in the presentation of its etiopathogenesis, symptomatology, classification, prognosis, and treatment strategies. A systematic comparative evaluation of these textual descriptions has received relatively little scholarly attention. Therefore, a comparative textual analysis spanning the *Brhatrayi* and the later *Sangraha-karaḥ* is warranted to elucidate the continuity, evolution, and distinctive contributions of these classical texts. Such an analysis not only enhances the understanding of the Ayurvedic perspective on auditory disorders but also provides a comprehensive textual foundation that may facilitate evidence-informed interpretation and contemporary clinical application.

The term *Karna Nada* is derived from two Sanskrit words: *Karna*, meaning the organ of hearing, and *Nada*, meaning sound or resonance. Thus, *Karna Nada* literally denotes the perception of sound within the ear. In Ayurvedic diagnostics, a comprehensive understanding of the disease is achieved through the assessment of *Nidana* (etiology), *Purvarupa* (premonitory features), *Rupa* (clinical manifestations), *Upashaya* (therapeutic response), and *Samprapti* (pathogenesis), which collectively form the basis for the evaluation and management of the condition.

Nidana (Etiological Factors)

The etiological factors (*Nidana*) of *Karna Nada* described in the classical Ayurvedic texts primarily involve conditions that aggravate *Vata Dosha* or impair the normal functioning of the auditory apparatus. A comparative review of the *Brhatrayi* and the *Sangraha-karaḥ* reveals both common and text-specific etiological factors. These *Nidanas* can also be interpreted in the light of contemporary otological knowledge.

1. Pratishyaya (Rhinitis)

According to *Ashtanga Hrdaya*, *Pratishyaya* is a major causative factor for diseases affecting the

ear^[1]. It develops due to factors such as suppression of natural urges (*Vega sandharana*), seasonal variations (*Rtu vaishamyā*), excessive exposure to sunlight (*Shirobhitapa*), night vigil (*Prajagara*), excessive sexual activity (*Nari-prasanga*), and exposure to cold (*Avasyaya*), all of which aggravate *Vata Dosha*^[2].

From the modern perspective, upper respiratory tract infections and allergic rhinitis may result in inflammation and dysfunction of the Eustachian tube, leading to impaired middle ear ventilation and the development of negative middle ear pressure^[3]. Epidemiological studies have reported that approximately 25–40% of upper respiratory tract infections in children younger than three years are associated with otitis media, while 40–50% of children older than three years with chronic otitis media have concomitant allergic rhinitis^[4].

2. Avasyaya (Exposure to cold wind or cold environment)

Avasyaya refers to excessive exposure to cold, humid atmospheric conditions. Owing to its *Shita Guna*, it is considered a causative factor for the aggravation of *Vata Dosha*, particularly during the winter season.

Although exposure to cold weather is not recognized as a direct cause of tinnitus, it may predispose individuals to upper respiratory tract infections, nasal inflammation, and Eustachian tube dysfunction. These conditions can impair middle ear ventilation and may contribute to the onset or exacerbation of tinnitus.

3. Jalakriḍa (Water activities)

Excessive participation in water activities is described as another etiological factor. Prolonged exposure to cold water may initially aggravate *Kapha Dosha* owing to its *Shita* property, followed by secondary aggravation of *Vata Dosha*.

In modern otology, water activities are not considered direct causes of tinnitus. However, they may predispose individuals to conditions such as Eustachian tube dysfunction, middle ear barotrauma, or otitis externa, each of which may be associated with tinnitus.

4. Karna Kanduyana (Scratching or cleaning the ear)

Excessive scratching or improper cleaning of the external auditory canal using matchsticks, pins, cotton buds, or other sharp objects is described as a causative factor for *Karna Roga*. Such practices may result in trauma to the external auditory canal or perforation of the tympanic membrane.

Modern clinical evidence indicates that traumatic injury to the tympanic membrane or external

auditory structures may lead to tinnitus, depending on the severity and extent of injury^[5].

5. *Shastra Mithyayoga* (Improper use of surgical instruments)

Improper or unskilled use of surgical or diagnostic instruments in the ear (*Shastra Mithyayoga*) may produce tissue injury (*Kshata*) and secondary complications (*Upasarga*), resulting in conditions such as *Karnashula*, *Karna Nada*, *Badhirya*, and *Putikarna*.

From the modern perspective, otologic surgical iatrogenic trauma involving the tympanic membrane, ossicular chain, or inner ear structures may alter normal auditory function and may consequently result in tinnitus^[6].

6. *Mithya Yoga of Shabda* (Improper exposure to sound)

Ashtanga Hridaya uniquely identifies *Mithya Yoga of Shabda* as an etiological factor for ear disorders. The term denotes inappropriate auditory exposure, including excessive, deficient, or improper exposure to sound. According to Ayurvedic principles, hearing is governed predominantly by *Vata Dosha*. Aggravation of *Vata* due to inappropriate sensory exposure (*Asatmya Indriyarthasamyoga*) disturbs the normal functioning of the *Shabdavaha Srotas*, ultimately leading to the manifestation of *Karna Nada*.

In contemporary medicine, prolonged exposure to loud noise is a well-established risk factor for tinnitus, primarily through damage to cochlear hair cells and associated neural pathways^[7].

Purvarupa (Prodromal symptoms)

The classical Ayurvedic texts do not describe any specific *Purvarupa* (prodromal symptoms) for *Karna Nada*. According to *Acarya Madhavakara*, *Purvarupa* represents the mild or preliminary

manifestation of the disease before the appearance of fully developed symptoms^[8]. Based on this concept, the occurrence of faint, intermittent, or short-duration tinnitus may be considered the probable prodromal stage of *Karna Nada*, although this is an interpretative inference rather than an explicit classical description.

Rupa (Clinical Features)

Acarya Madhavakara describes the cardinal feature of *Karna Nada* as the perception of *Nanavidha shabda* (various abnormal sounds) within the *Shabdavaha Srotas*. The patient perceives sounds resembling those of a *Bheri* (kettle drum), *Mrdanga* (double-headed drum), *Shankha* (conch), *Kamsya* (bronze vessel), *Kañcyā* (bell-metal vessel), *Tantri* (stringed instrument), and several other types of sounds^[9]. These descriptions closely resemble the various auditory perceptions experienced by patients with tinnitus.

Samprapti (Pathogenesis)

Karna Nada is predominantly a *Vata-pradhana* disorder. Aggravated *Vata Dosha*, after becoming localized within the *Shabdavaha Srotas* (auditory channels), produces abnormal auditory sensations. Consequently, the affected individual perceives various sounds resembling those of a *Bheri*, *Mrdanga*, *Shankha*, and other musical or resonant instruments despite the absence of any external sound stimulus.

Chikitsa (Management)

As *Karna Nada* is primarily a *Vata*-dominant disease, the treatment principles focus on *Vata-hara Chikitsa*. *Acarya Sushruta* recommends a common line of management for *Karnashula*, *Karna Nada*, *Badhirya*, and *Karnakshveda*, emphasizing therapies that pacify aggravated *Vata*. *Chikitsa* mentioned in *Caraka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya/Ashtanga Samgraha* are shown in Table 1.

Table 1: *Chikitsa* mentioned in *Caraka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya/Ashtanga Samgraha*

Acharya Susruta	Acharya Vagbhata	Acharya Charaka
- Administration of <i>Vata Hara Chikitsa</i> - Administration of <i>Snigdha Ausadha</i> <i>Snigdha Virecana</i> <i>Nadi Sweda</i> <i>Pinda Sweda</i> <i>Dhupana</i> with <i>Ksauma</i>, <i>Guggulu</i> and <i>Agaru</i> <i>Basti Karma</i> <i>Bala Taila</i> in the form <i>Murdha Basti</i>, <i>Nasya</i>, <i>Mastiska Parisecana</i> and for <i>Bhojana</i>	<i>Vataj Karnasula Hara Chikitsa</i>. If there is an involvement of <i>Kapha Dosa</i> then, <i>Vamana Karma</i> is advised. <i>Dhumpana</i> <i>Navana</i> <i>Abhyanga</i> <i>Karnapurana</i> with <i>Sarsapa Taila</i>	<i>Vatahara Chikitsa</i> <i>Pinasahara Chikitsa</i> <i>Pradehakarma</i> <i>Karnapurana</i> <i>Nasyakarma</i> <i>Vranahara Chikitsa</i>

Overall, the treatment approach aims to normalize aggravated *Vata*, restore the normal function of the auditory channels, and alleviate the

perception of abnormal sounds. The therapeutic modalities include *Snehana*, *Svedana*, *Shodhana* procedures (particularly *Basti* and *Virecana*), *Nasya*,

Karnapurana, *Dhumapana*, and the administration of medicated oils and *Vata*-pacifying formulations.

Sushruta Samhita

In *Sushruta Samhita (Uttaratantra)*, *Karna Nada* is described as a *Vataja Karna Roga*, characterized by the perception of various abnormal sounds in the ear in the absence of any external auditory stimulus.

According to *Sushruta*, when the aggravated *Vata Dosha* enters an abnormal pathway (*Vimarga-gata*) and becomes localized within the *Shabdavaha Srotas* (auditory channels), it produces diverse phantom sounds, a condition referred to as *Prananada*, which is clinically understood as *Karna Nada* (tinnitus).

The commentator *Dalhana*, while explaining the verse beginning with "*Yada tu naḍishu*", interprets the term *Vimarga-gataḥ* as the abnormal movement of *Vata*, particularly its upward or oblique course toward the head. He further explains that the expression *Sa eva* indicates that the aggravated *Vata* may be obstructed or enveloped (*Avrta*) by other *Doshas*, especially *Kapha*, thereby modifying the clinical presentation. Some commentators also interpret the passage to mean that when aggravated *Vata* becomes confined within the auditory channels, it gives rise to the perception of various illusory sounds^[10].

Dalhana further notes that because *Karna Nada* is often not associated with pain or other overt symptoms, patients may underestimate its clinical significance. Therefore, *Sushruta* deliberately classifies it as a distinct disease entity to emphasize that it is a genuine pathological condition requiring appropriate medical attention.

Caraka Samhita

In *Caraka Samhita*, *Karna Nada* is not described as an independent disease with a separate discussion on its *Nidana*, *Samprapti*, or *Cikitsa*. Instead, *Acarya Caraka* includes *Karna Nada* among the *Vataja Nanatmaja Vyadhis*, a group of disorders caused exclusively by the vitiation of *Vata Dosha*. This classification emphasizes the predominant role of *Vata* in the pathogenesis of the disease.

While enumerating the disorders affecting the ear that arise due to aggravated *Vata*, *Caraka* mentions *Karna Nada*, *Karna Suptata* (numbness of the ear), *Karnashula* (earache), *Karnasrava* (ear discharge), *Badhira* (deafness), and *Karna Kanḍu* (itching of the ear). Although detailed clinical features are not provided, the inclusion of *Karna Nada* among the *Vataja Nanatmaja Vyadhi* establishes it as a disease predominantly caused by aggravated *Vata* and forms the basis for adopting *Vata-hara Cikitsa* in its management^[11].

Ashtanga Hridaya

In *Ashtanga Hridaya*, *Karna Nada* is described under *Karna Roga* in *Uttara Sthana*. *Acarya Vagbhata* explains that when the aggravated *Vata Dosha* (*Pavana*) becomes localized in the *Shabdavaha Sirah* (auditory channels responsible for sound conduction), the individual perceives various abnormal sounds in the absence of any external auditory stimulus. This condition is known as *Karna Nada*^[12].

Vagbhata further emphasizes the progressive nature of the disease. He states that if *Karna Nada* is neglected (*Upekshita*) or if the aggravated *Vata* becomes associated with *Kapha Dosha*, the auditory channels become progressively obstructed. Initially, the patient experiences difficulty hearing even loud sounds, and with continued obstruction, the condition gradually progresses to *Badhira* (deafness)^[13].

Thus, *Ashtanga Hridaya* not only describes the pathogenesis and clinical manifestation of *Karna Nada* but also highlights its potential progression to hearing loss if left untreated, underscoring the importance of early diagnosis and timely *Vata*-pacifying management.

Madhava Nidana

In *Madhava Nidana*, *Acarya Madhavakara* provides a detailed description of *Karna Nada* under the chapter on *Karna Roga*. The disease is characterized by the perception of various abnormal sounds in the ear without any external auditory stimulus. These sounds are compared to those produced by a *Shankha* (conch), *Dundubhi* (kettle drum), *Bheri*, *Mrdanga*, and other musical instruments, highlighting the diverse auditory sensations experienced by affected individuals.

The *Madhukosha* commentary explains that *Karna Nada* develops when aggravated *Vata Dosha* becomes localized in the *Shabdavaha Srotas* (auditory channels) or is obstructed by other *Doshas*, resulting in the perception of phantom sounds. The commentator further notes that if the condition is neglected or becomes chronic, progressive obstruction of the auditory pathways may occur, ultimately leading to *Badhira* (deafness). Thus, *Madhava Nidana* not only elaborates the characteristic clinical presentation of *Karna Nada* but also emphasizes its potential progression to hearing impairment when left untreated^[14].

Yogaratanakara

In *Yogaratanakara*, *Karna Nada* is described under the *Karnarogadhikara* as a *Vataja* disorder. The disease is attributed to the aggravation of *Vata Dosha*, which becomes localized within the *Shabdavaha Srotas* (auditory channels), resulting in the perception of

various abnormal sounds in the absence of any external auditory stimulus.

The description of *Karna Nada* in *Yogaratanakara* closely follows the account presented in *Sushruta Samhita*. The text explains that when the auditory channels are occupied or obstructed by aggravated *Vata*, the patient perceives a variety of phantom sounds resembling those of a *Bheri* (kettle drum), *Mrdanga* (drum), *Shankha* (conch), and other resonant or continuous roaring sounds. These descriptions correspond to the subjective auditory perceptions characteristic of tinnitus^[15].

By classifying *Karna Nada* as a *Vataja* disorder and emphasizing the involvement of the *Shabdavaha Srotas*, *Yogaratanakara* reinforces the classical concept that the disease results from the abnormal movement and localization of *Vata Dosha* within the auditory pathways. The similarity of its description to that of *Sushruta Samhita* highlights the continuity of the classical Ayurvedic understanding of the etiopathogenesis and clinical presentation of *Karna Nada*.

DISCUSSION

The present study performed a comparative textual analysis of *Karna Nada* from the *Brhatrayi* to the *Sangraha* literature to examine the evolution of the Ayurvedic understanding of this auditory disorder. The analysis reveals that although the descriptions of its clinical features, pathogenesis, and management became progressively more elaborate in later texts, the fundamental conceptual framework of *Karna Nada* remained remarkably consistent throughout the classical literature.

A notable finding is the unanimous recognition of *Vata Dosha* as the primary etiological and pathogenic factor. *Caraka Samhita* classifies *Karna Nada* among the *Vataja Nanatmaja Vyadhi*, thereby establishing aggravated *Vata* as the sole causative factor. *Sushruta Samhita* further expands this concept by explaining that aggravated *Vata*, upon entering the *Shabdavaha Naḍis*, produces abnormal auditory perceptions in the absence of external sound stimuli. *Ashtanga Hridaya* reiterates this mechanism and additionally emphasizes the prognostic significance of the disease by stating that neglected *Karna Nada* or its association with *Kapha Dosha* may eventually result in *Badhira* (deafness). Subsequent texts, including *Madhava Nidana* and *Yogaratanakara*, largely preserve these concepts while providing greater clinical detail regarding the clinical features and explanatory commentary.

The concept of *Samprapti* also demonstrates remarkable consistency across the texts. All authors describe the localization of aggravated *Vata* within the

auditory pathways as the fundamental mechanism responsible for the generation of phantom auditory sensations. Later commentaries, particularly the *Madhukosha* commentary on *Madhava Nidana*, further refine this understanding by explaining the role of *Kapha*-induced obstruction of the *Shabdavaha Srotas*, the persistence of *Vata* within these channels, and the consequent progression of the disease to hearing impairment. These interpretations illustrate the gradual refinement of Ayurvedic pathological concepts without altering the core doctrine.

The clinical description of *Karna Nada* likewise becomes progressively more comprehensive in later literature. While the *Brhatrayi* primarily describes about the sound, *Sangraha* has explained about the perception of sounds resembling a *Bheri*, *Mrdanga*, *Shankha*, *Venu*, and other musical instruments. Thus, the later compilations provide a broader characterization of these auditory perceptions and correlate them with disease progression and *dosa* involvement. Such detailed descriptions may have facilitated more precise clinical recognition and differential diagnosis in Ayurvedic practice.

The therapeutic principles described across the classical texts also demonstrate both continuity and progressive elaboration. All authors consistently advocate *Vatahara Cikitsa* as the principal line of management, reflecting the central role of aggravated *Vata* in the disease process. However, later *Sangraha* texts describe a wider range of therapeutic interventions, including *Nasya*, *Karnapurana*, *Snehana*, *Swedana*, *Dhumapana*, *Basti Karma*, *Virecana*, *Murdha Taila*, and disease-specific formulations. This expansion suggests an increasing emphasis on individualized treatment according to the patient's *dosa* status, disease chronicity, and associated complications.

Overall, this comparative review demonstrates that Ayurvedic scholars consistently preserved the fundamental concept of *Karna Nada* while progressively enriching its clinical description, pathological interpretation, and therapeutic strategies. The continuity of these principles across successive classical texts reflects the systematic development of Ayurvedic knowledge and provides a strong theoretical foundation for future interdisciplinary research exploring the relevance of classical Ayurvedic concepts in the understanding and integrative management of tinnitus.

RESULT

The comparative textual analysis of *Karna Nada* across the *Brhatrayi* and *Sangraha* revealed the following observations:

- All major Ayurvedic classics consistently identify *Vata Dosha* as the principal etiological and pathogenic factor in the development of *Karna Nada*. *Caraka Samhita* classifies the disease among the *Vataja Nanatmaja Vyadhis*, establishing its fundamental pathological basis.
- *Sushruta Samhita* provides the earliest detailed description of the disease mechanism, explaining that aggravated *Vata Dosha*, when localized in the *Shabdavaha Nadis*, produces the perception of abnormal sounds without any external auditory stimulus.
- *Ashtanga Hridaya* further expands the disease concept by describing the progression of untreated *Karna Nada* or its association with *Kapha Dosha* to *Badhira* (deafness) due to obstruction of the auditory channels.
- The *Sangraha* texts, particularly *Madhava Nidana* and *Yogaratanakara*, provide more comprehensive descriptions of the disease, including its *Nidana*, clinical manifestations, pathogenesis, prognosis, and therapeutic principles, while largely preserving the concepts described in the earlier classics.
- Comparative analysis demonstrates a gradual evolution in the classification, clinical characterization, and management of *Karna Nada*, whereas its core *Vata*-dominant pathophysiological concept remains unchanged throughout the classical literature.
- The therapeutic approaches show progressive expansion from the general principle of *Vatahara Cikitsa* in the earlier texts to a broader range of interventions in later literature, including *Nasya*, *Karnapurana*, *Snehana*, *Swedana*, *Dhumapana*, *Basti Karma*, *Virecana*, and the use of disease-specific medicated oils and formulations.
- The clinical features described in the classical texts, particularly the perception of phantom sounds in the absence of external stimuli, exhibit marked similarity to the defining characteristics of the modern clinical condition tinnitus.

Overall, the comparative review demonstrates continuity in the fundamental Ayurvedic understanding of *Karna Nada*, accompanied by progressive elaboration of its clinical features, pathogenesis, prognosis, and therapeutic management in the later classical texts.

CONCLUSION

This comparative textual analysis demonstrates that the Ayurvedic understanding of *Karna Nada* has evolved progressively from the *Brhatrayi* to the *Sangraha-karaha* while preserving its fundamental conceptual framework.

The *Brhatrayi* established the foundational principles of *Karna Nada*, whereas the later *Sangraha* texts enriched these concepts through expanded clinical observations, refined diagnostic descriptions, and a broader range of therapeutic interventions. This continuity, together with the gradual refinement of clinical knowledge, reflects the systematic development of Ayurvedic otological concepts across successive generations of scholars.

Overall, the findings of this review provide a consolidated understanding of *Karna Nada* from the classical Ayurvedic perspective and offer a valuable reference for Ayurvedic education, clinical practice, and future evidence-informed research on auditory disorders.

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