



Research Article

A STUDY ON THE EFFICACY OF *ERANDADI TAILA NASYA* AND *SARSHAPA TAILA KARNAPURANA* IN THE MANAGEMENT OF *KARNA NADA* (TINNITUS)

Rakesh Bishnoi^{1*}, Gulab Chand Pamnani²

¹M. S. Scholar, ²Assistant Professor, P.G. Department of Shalakyta Tantra, N.I.A., Jaipur.

Article info

Article History:

Received: 10-03-2018

Accepted: 02-04-2018

KEYWORDS: *Nasya*,
Karnapurana, Tinnitus, *Karna Nada*

*Address for correspondence

Dr Rakesh Bishnoi

M. S. Scholar,

P.G. Department of Shalakyta

Tantra, N.I.A., Jaipur.

Email:

29bishnoirs29@gmail.com

Ph: 9461317436

ABSTRACT

Tinnitus is the sensation of hearing ringing, buzzing, hissing, chirping, whistling, or other sounds. The noise can be intermittent or continuous, and can vary in loudness. It is often worse when background noise is low. On analyzing the disease condition with Ayurvedic approach, it seems to be nearer to *Vata Kapha* dominant *Karna Nada* and needs to be treated at local as well as systemic level.

Aim: To evaluate the effect of proposed Ayurvedic treatment protocol in the patients of tinnitus.

Materials and Methods: The studies were conducted in 15 patients of *Karna Nada* and in all of them *Nasya* with *Erandadi Taila* and *Karnapurana* with *Sarshapa Taila* were given for 1 months.

Results: It revealed statistically extremely significant relief in tinnitus. Furthermore, sustained relief was found in follow-up.

Conclusion: Ayurvedic treatment protocol is effective in the management of tinnitus.

INTRODUCTION

Acharya says vitiated *Vata Dosh*a either entering into other channels (*Vimarga Gamana*) encircled by *Kaphadi Dosh*as in *Shabda Vaha Srotas* produces different types of sounds in the ear like *Bheri*, *Mrudanga*, *Shankha* etc, is known as *Karna Nada*^[1]. This disease can be correlated to tinnitus on the basis of sign and symptoms.

Tinnitus is commonly described as a perception of sound that is not related to an external acoustic source or electrical stimulation. It is an extremely common condition, but only a fraction of those who experience tinnitus are significantly disturbed. Moreover, it has been shown that perception of tinnitus can be evoked in 94% of young, healthy subjects by putting them in a sufficiently low level of sound.

The results of studies conducted in numerous places around the world have shown a significant variability in the estimation of tinnitus prevalence in the general population. Six to 17% of people experience tinnitus lasting for a period of at least 5 minutes. About 3 to 7% of the general population seek help for their tinnitus, and 0.5 to

2.5% report severe effects of tinnitus in their lives. The prevalence of tinnitus in adults with hearing problems is very high (59 to 86%), and it is estimated that tinnitus is present in 50% of patients with sudden hearing loss, 70% with presbycusis, and 50 to 90% with noise-induced hearing loss.

The prevalence of tinnitus increases significantly with aging, but people of all ages experience tinnitus. Tinnitus is also experienced by those with normal hearing; 18% of tinnitus patients were reported to have normal hearing.^[2]

The management of tinnitus comprises of nutritional support and anti-oxidants; Antireassurance; Sedatives; Antidepressants; Vasodilators; Masking; Psychology; Electrical Suppression etc., either singly or in combination for early/milder form of disease and surgical measures for advanced cases^[3]. Unfortunately, all these medical and surgical interventions have very limited success, as they are not free of adverse effects and recurrence is also there.

As per the literature *Karna Nada* occurs due to vitiation of *Vata* and *Kapha Dosh*a. *Nasya* can be

explained as a procedure in which a drug usually in oil form is administered through nose. *Nasya* is employed as chief procedure in management of disorder of *Urdhawajatrugata*. The action of *Erandadi Taila Nasya* leads to pacification of *Vata* and *Kapha Dosha*.

Karnapurana means administration of drug through ear. *Karnapurana* procedure is useful in ear disorder. *Sarshapa Taila* is easily available and considered to be the choice of medicine of to pacify vitiated *Vata* and *Kapha Dosha*. Hence this study *Sarshapa Taila* is used for *Karnapurana*.

MATERIAL AND METHODS

Selection of patients

Patients attending the O.P.D. and I.P.D. of P.G. Department of *Shalaky Tantra*, N.I.A., Hospital Jaipur Rajasthan, with signs and symptoms of *Karna Nada* (Tinnitus).

Number of patients: 15

Inclusion Criteria

- Patients presenting with symptoms of *Karna Nada* irrespective of sex, caste and religion.

Drug	<i>Erandadi Taila</i>	<i>Sarshapa Taila</i>
Route of administration	<i>Nasya</i>	<i>Karnapurana</i>
Dose	6 drops in each nostril	10-12 drops in each canal
Duration	3 courses of <i>Nasya</i> of 7 days each with an interval of 5 days in between.	3 courses of <i>Karnapurana</i> of 7 days each with an interval of 5 days in between.

After completing the treatment, follow-up was carried out for 1 month. All the test drugs were prepared and procured from pharmacy, National Institute of Ayurveda, Jaipur.

Criteria of assessment

Both subjective and objective parameters were employed for the assessment of the effect of the treatment.

Subjective criteria

The effect of treatment was assessed by asking following questionnaire form the patients^[6]

S. No.	Does your tinnitus	Never (0)	Rarely (1)	Sometimes (2)	Usually (3)	Always (4)
1.	Still make you feel irritable or nervous					
2.	Still make you feel tired or stressed					
3.	Still make you uncomfortable to be in a quiet room or setting					
4.	Still make you difficult to concentrate					
5.	Interfere with your required activities (work, home, care or other responsibilities)					
6.	Interfere with your social activities/ other things you do in leisure time					
7.	Does your tinnitus still interfere with sleep					

- Patients in the age group of 20 - 80 years with intact tympanic membrane.

Exclusion criteria

- Congenital deformity.
- Perforation of tympanic membrane.
- Patient of Otosclerosis and fluid in the middle ear.
- Blockage due to stenosis of external auditory canal/wax.
- Pregnant, immuno compromised patients.
- Tinnitus due to non otologic factors (Diabetes mellitus, Hypertension, Thyroid disease etc) and glomus tumour, aneurysm of carotid artery, palatal myoclonus and tumour of auditory nerve.

Investigations

Haemoglobin and blood sugar before treatment were carried to rule out any other disorder.

Selection of drug

The drug selected in the present study is *Erandadi Taila*^[4] and *Sarshapa Taila*^[5] advocated in *Karna Nada*; hence selected in the study.

Objective criteria

Hearing loss	Grade
0 – 25 dB	0
25 – 40 dB	1
40 – 60 dB	2
> 60 dB	3

Laboratory criteria

- It includes Hb%, FBS/RBS.
- Blood pressure of all the patients was measured.

Criteria for assessment of results

The efficacy of the therapy was assessed on the basis of subjective criteria.

Statistical analysis**Effect of therapy in 15 patients of *Karna Nada* (Tinnitus) and *Badhirya* (Hearing Loss).**

S. No	Symptoms	Mean		Dif.	% of Change	SD	SE	W	P	Results
		BT	AT							
1	<i>Karna Nada</i>	9.93	4.53	5.40	54.38%	1.59	0.41	120.0	< 0.0001	E.S.
2	<i>Badhirya</i>	1.66	1.53	0.13	7.83%	0.35	0.09	3.0	0.50	N.S.

Effect of therapies on chief complaint- *Karna Nada*

Relief in the symptom of sound in the head and ears was observed 54.38% ($p < 0.0001$) which was statistically extremely significant.

Effect of therapies on associated symptom- *Badhirya*

Relief in the symptom of hearing loss was observed 7.83% ($p > 0.05$) which was statistically insignificant.

Overall effect of therapy

The overall effect was decided on the basis of improvement in subjective parameters.

S. No.	category	No. of patients	% relief
1	Complete remission	00	00.00%
2	Marked relief	00	00.00%
3	Moderate relief	07	46.67%
4	Mild relief	08	53.33%
5	Unchanged	00	00.00%

53.33% patients showed mild improvement and 46.67% patients showed moderate improvement. None of the patients found complete remission, marked relief and unchanged result.

Selection of the Procedure

While described *Acharya Vagbhatta Karna Nada* in *Ashtanga Hridhaya Uttar Sthana* emphasized on *Nasya* and *Karnapurana* as the procedure to be followed in its management.

Nasya

Nasya Karma being the main line of treatment in *Urdhvajatrugata Rogas* (diseases above the neck) can be adopted in the management of *Karna Nada*.

The drug *Erandadi Taila* have *Madhura Katu Rasa Guru Snidgha Guna* and *Ushna Virya Shadindriya Prasadana, Balya*^[7], *Tarpana, Brinhana*^[8], *Vata Kapha Shamaka* properties So it provide very good effect on aggravated *Vata Kapha* and also provide nourishment to nerves in the form of *Nasya Karma*.

In *Purva Karma* of *Nasya*, *Abhyanga* and *Swedana* are done. In *Pradhana Karma*, the drug in *Taila* form is administered into the nostrils through *Gokarna* in the head-low position of the patient.

The *Nasya* drug medicine act as *Sringataka Marma* from where is spreads into various *Srotas* (vessels and nerves) and bring out all vitiated *Doshas*.

Karnapurana

Sarshapa Taila is having *Vata Kaphahara* property.^[9] It is mentioned all classical text of *Ayurveda* like *Ashtanga Hridaya*.

The procedure is usually done after local *Snehana* and *Swedana* around the ear which increase the local circulation hence better absorption of the drug. *Karnapurana* is a method of filling or dropping the medication into the external ear. The use of *Sneha* especially *Taila* helps to subside *Vata Kapha Dosh* and clears the *Srotas* of the *Karna*. *Sarshapa Taila* having *Vata Kapha Shamaka* properties is taken as the drug of choice to control (*Karna Nada*) Tinnitus.

The disease *Karna Nada* is *Vata Kapha* dominant and so compound drug employed should also have *Vata Kapha Shamaka* qualities, so that it can counteract vitiated *Doshas* to disintegrate the pathology of the disease.

CONCLUSION

Conclusive results from the present study show a combined effect of *Erandadi Taila Nasya* and *Sarshapa Taila Karnapurana* can offer benefits to reducing symptoms of *Karna Nada*.

REFERENCE

1. Upadhyaya Yadunandana. Madhava nidanam of Sri Madhavakara with the Madhukosa Sanskrit commentary. Uttradha Chapter 57, verse no. 2. Varanasi: Chaukhambha prakashan; 2014:286.
2. Jr Snow B. James. Ballenger's otorhino-laryngology head and neck surgery. 16th edition, BC decker Inc; 2003:456.
3. Jr Snow B. James. Ballenger's otorhino-laryngology head and neck surgery. 16th edition BC decker Inc; 2003:462.
4. Tripathi Brahmanand. Astanga hrdayam of Srimadvagbhata with the Nirmala Hindi commentary. Uttar sthana, Chapter 18, verse no. 23-24. Delhi: Chaukhambha Sanskrit Pratishthan; 2014:1007.
5. Tripathi Brahmanand. Astanga hrdayam of Srimadvagbhata with the Nirmala Hindi commentary. Uttar sthana, Chapter 18, verse no. 26. Delhi: Chaukhambha Sanskrit Pratishthan; 2014:1007.
6. Pankaj. Clinical study of Prativishadi taila karnapurana and Ashwagandhadya ghrita paana in the management of Karnanaad w.s.r. to Tinnitus. Paprola: Rajiv Gandhi government Ayurvedic collage; 2012.
7. Sastri Kashinatha et.al. Charaka samhita with the Vidyotini Hindi commentary. Sutra sthana, Chapter 26, verse no. 42. Varanasi: Chaukhambha bharati academy; 2016:504-506.
8. Shastri Ambikadutta. Sushruta samhita of Maharsi susruta with the Ayurveda tattva sandipika Hindi commentary. Sutrasthana, Chapter 46, verse no. 523-525. Varanasi: Chaukhambha Sanskrit Sansthan; 2013:289.
9. Tripathi Indradeva. Rajanighantu of Pandit narahari. Dravyagunaprakashika Hindi Commentary. Kshiradi varga, verse no. 110. Varanasi: Chowkhamba krishnadas academy; 2010:525.

Cite this article as:

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, 2017;4(6):1474-1477.

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.