



Research Article

**THE MANAGEMENT OF KARNASHULA (OTALGIA) WITH FRESH PARIBHADRA PATRA SWARASA KARNAPURANA (EAR DROP) IN KARNASULA WITH OR WITHOUT IRIMEDADI TAILA GANDUSHAM (GURGLE)**

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ABSTRACT

*Karnashula* (otalgia) is described under *Karnaroga*. *Karna* is the seat of *Shravanendriya*, made by *Panchamahabhuta* predominantly *Akash mahabhuta* and it is concern for *Shabda*. *Karnashool* is mentioned as the separate disease entity but and also one of the features of ear diseases. Mature *Paribhadra* leaves which is mentioned in *Bhavaprakash* used for *Karna purana* as a *Swarasa* form. *Irimedadi Taila* which is also mentioned in *Bhavaprakash* used for *Gandusha* as it has *Krimihara* and *Vranaropana* property. This study is a contributing to the clinical usefulness of *Paribhadra patra swarasa Karnapurana* in *Karnasula* with or without *Irimedadi taila gandusham*. (gargle)

**Methodology:** In this comparative study *Paribhadra patra swarasa karnapurana* (ear drop) in *Karnasula* with or without *Irimedadi taila gandusham*. 40 patients of *Otalgia (Karnashula)* were randomly selected and divided to two groups of 20 patients each. Group A was treated with the ear 6 drops of *Paribhadra Patra Swarasa Karnapurana* and Group B was treated with ear drops *Paribhadra patra swarasa karnapurana* in *Karnasula* with *Irimedadi Taila Gandusham*.

**Observations:** It was observed in the present study that Group A showed better results in reducing the symptoms of *Karnasula* when pain (*Atiruka*) is main symptoms. Re-occurrence of symptoms was merely less in Group A patients compared to Group B patients. Whereas in Group B, *Karnasula* along with *Mukha roga*, *Kantha roga* etc are best responded with *Karnapurana* along with *Irimedadi Taila Gandusham*.

**Conclusion:** *Ayurvedic* medicines are potent enough to manage and reduced recurrence of acute otalgia. The selection of medicine and therapy like *Karnapurana* and *Gandusha* and depend on sign and symptoms of the patients. *Paribhadra Patra Swarasa* and *Irimedadi taila* both are effective to manage *Karnasula*. *Karnapurana* alone is sufficient to manage *Karnasula* but when it is associated with *Mukahroga*, *Kantharoga* then *Karnapurana* along with *Gandusham* are choice of treatment.

INTRODUCTION

*Shalakyatantra* or *Urdhwanga chikitsa Shastra*, compare with ENT in contemporary sciences deal with the diseases which are affecting to organs above the clavicle (*Urdha jatru*) along with their causes, pathogenesis, clinical features, treatment and prognosis.

It also details several kind of management including local therapies and surgical treatments along with *Shodhana* and *Shamana*. *Karnashula* (otalgia) is described under *Karnaroga*. *Karna* is the seat of *Shravanendriya*, made by *Panchamahabhuta* predominantly *Akasha mahabhuta* and it is concern for perceiving *Shabda*. *Karnashool* is mentioned as the separate disease entity but it is one of the features of ear diseases as per modern otology. *Karnashula* is also found as a *Purvarupa*, *Rupa*, *Upadrava* of other diseases. It also associated with *Mukha rogas*. *Karnashula* is described in *Vedas* to all most all *Ayurvedic* texts specially *Sushruta Samhita*, *Astanga Hridaya*, *Kashyapa Samhita*, including the text of *Nimi*.<sup>[1]</sup>

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Acharya Charaka and Vagbhata had classified Karnasula according to Doshic predominance with particular clinical features as Vataja, Pittaja, Kaphaja, and Sannipataja. Acharya Vagbhata had included Raktaja type which is taken as Abhighataja and the features are similar to the Pittaja karnashula. As per Acharya Sushruta, karnashula is due to vitiation of Vata dosha.<sup>[2]</sup>

There are varieties of medication and regimens mention regarding Karnashula.

Accoding to Bhavaprakasha, Paribhadra (Irythrina varigata, fabaceae family) are easily available and cheap useful for Vata Kaphaja Rogas and effective in Karna rogas and Karnasula. It cures dysmenorrhoea, obesity, eye diseases, dysentery, edema etc.<sup>[3]</sup>

Irimedadi Taila which is also have Vata Kapha Hara, Krimihara, Vrana ropana function as it is Laghu, Ruksha, Ushna, Katu. It also used for Krimidanta, Danta Vidradhi, Karnasula.<sup>[4]</sup>

As Mukha Rogas are also the causes for Karnasula. Irimedadi Taila is one of best remedies for combat Mukharogas.

This study is a contributing to the clinical usefulness of Paribhadra Patra Swarasa Karnapurana in Karnasula with or without Irimrdadi Taila Gandusham.

#### AIMS AND OBJECTIVES

The aim and objectives of present study are

1. To evaluate the efficacy of Paribhadrapatra Swarasa Karna Purana in the management of Karnashula.
2. To evaluate the efficacy of Paribhadrapatra Swarasa Karna Purana along with Irimedadi Taila Gandusham in the management of Karnashula.
3. To compare the effectiveness of above two drugs.
4. Main aim of this research is use of Ayurvedic medicine in an acute painful condition, Karnasula, and prevent recurrent.

#### METERIALS AND METHODS

**Clinical study:** Patients attending the O.P.D of Government Ayurvedic Hospital, Hyderabad, who were having characteristic features of Karnashula. 40 patients of Karnashula who attended O.P.D. during this period, were selected for present study irrespective of sex, caste, race and religion, occupation, economic status etc.

The selected patients were randomly divided in to two groups, Group A & Group B consisting of 20 patients.

**Group A-** Trial group with Fresh Paribhadra Patra Swarasa Karnapurana.

**Group B-** Control group with of Paribhadrapatra Swarasa Karna Purana along with Irimedadi Taila Gandusham

**Method of study:** The patients were diagnosed & selected on the basis of signs and symptoms of Karnashula. All the patients selected for trial were explained the nature of the study. Written informed consent was obtained from patient after explaining details about the study.

**Table 1: Treatment plan for Group A and Group -B**

Treatment procedure	Dose	Duration	Follow up
Instillation of drops in ears.	For Karna purana as much needed. Preferably 6 drops.	7days	For Karna poorana as much needed. Preferably 6 drops.
Instillation of drops in ears (Karnapurana) and Gandusha.	For Karna purana as much needed. Preferably 6 drops. Holding Gandusha for 5 minutes.	7days	For Karna poorana as much needed. Preferably 6 drops

#### Inclusion Criteria

Age group: 18 to 60 years

Irrespective of caste, religion, sex, economic, social, educational status etc.

Subjects fulfilling the diagnostic criteria which are based on signs and symptoms of simple otalgia.

#### Exclusion Criteria

Diagnosed suppurative otitis media.

Karnashula due to injury

Diagnosed perforated ear drum.

Malignant condition of ear or oral cavity.

Other systemic disorders like hypertension etc.

Pregnant and lactating women

Patients suffering from any chronic

#### Assessment Criteria

Effect of the Karnapurana and Gandusha are assessed by the signs and symptoms before and after the procedure. It was on the basis of self formulated scoring scale according to signs and symptoms.

#### Self formulated scoring scale

**Complete Relief-** 100% relief in objective and subjective signs and symptoms.

**Noticeable Relief-** 76-95% relief in objective and subjective signs and symptoms.

**Moderate Relief-** 51-75% relief in objective and subjective signs and symptoms.

**Mild Relief**-26-50% relief in objective and subjective signs and symptoms.

**No Relief**- Up to 25% relief in objective and subjective signs and symptoms.

**Parameters**

**Subjective Parameter**

*Karnashoola* (otalgia)- (Mild/ moderate /severe)

Sense of Fullness\heaviness of ear- (Mild/ moderate /severe)

Masked hearing- (Mild/ moderate /severe)

Dizziness- (Mild/ moderate /severe)

Ear itching - (Mild/ moderate /severe)

Ear discharge-(Mild/ moderate /severe)

**Objective Parameter**

Tenderness- (mild/moderate/severe/reduced/absent)

Oral diseases-(Mild/ moderate /severe)

**Investigations** -Blood routine- Hb%, TC, DC, ESR (for necessary patients) ; X ray –PNS. (Pare nasal sinuses)

**Drug Schedule**

**Group A**- Treated with *Paribhadra Patra Swarasa Karnapurana* in the diseased ear.

**Administration:** Cleaning of the pinna and surrounding area and *Snehana* and *Swedana* to the ear given.

*Paribhadra Patra Swarasa Karnapurana* done on the affected ear in the sufficient quantity, i.e. 6 drops under all aseptic precaution, For 100 *Matra* (approx 7 minutes) then external auditory canal should be cleaned with dry cotton mopping.

**Group-B** : Was treated with *Paribhadrapatra Swarasa Karna Purana* along with *Irimedadi Taila Gandusha*.

**Administration:** Cleaning of the *Pinna* and surrounding area and *Snehana* and *Swedana* to the ear given. *Paribhadra patra swarasa karnapurana* done on the affected ear in the sufficient quantity, i.e.6 drops under all aseptic precaution, For 100 *Matra* (approx 7 minutes) then external auditory canal should be cleaned with dry cotton mopping. For *Gandusha* Patients have to sit in a stool and 10 ml of *Irimedadi taila* hold in mouth for at least 5 minutes.

**OBSERVATIONS AND RESULT:** 40 patients were recruited in this clinical trial (20 in each group), all patients received designed treatment for assigned duration. No patient was drop out from the study.

**Table 2: Comparative results of Group A and Group B**

Symptoms	Group A			Group B		
	Mean		% of relief	Mean		% of relief
	BT	AT		BT	AT	
Impaired hearing	4.6	2.3	55.30%	4.9	3.5	43.46%
Ear itching and heaviness	5.7	3	47.54%	5.4	2.2	63%
Pain	8	1.6	78.72%	8.2	3.5	53.65%
Tenderness	5.2	2.3	56%	4.5	2.6	43.45%

BT- before treatment; AT- After treatment

**Table 3: Overall effect of treatment**

Grading of relief	Group A		Group B	
	Number	Percentage	Number	Percentage
No relief- 0-25%	0	0	1	5%
Mild relief-26-50%	1	5%	7	35%
Moderate relief-51-75%	3	10%	6	34%
Marked relief-76-95%	6	30%	4	16%
Complete relief-100%	10	55%	2	10%

**Table 4: Result of group A**

S.No	Lakshana	Total No.cases	Number of cases					
			Complete relief		moderate relief		mild relief	
1	<i>Ati ruk</i>	15	12	80%	2	13.33%	1	6.67%
2	<i>Dhavani</i>	2	0	0%	0	0%	2	100%
3	<i>Malasoshana</i>	10	8	80%	2	20%	0	0%
4	<i>Lasika srava</i>	8	5	62.5%	2	25%	1	12.5%

5	<i>Sopha</i>	10	5	50%	5	50%	0	0%
6	<i>Vadaha</i>	10	7	70%	2	20%	1	10%
7	<i>Putisrava</i>	12	6	50%	3	25%	3	25%
8	<i>Kandu</i>	11	9	81.81%	2	18.19%	0	0%

Table 5: Result of group -B

Serial number	Lakshana	Total no of cases	Number of cases					
			Complete relief	%	Moderate relief	%	Mild relief	%
1	<i>Ati ruk</i>	10	5	50%	5	50%	0	0%
2	<i>Dhavani</i>	4	1	25%	2	50%	1	25%
3	<i>Malasoshana</i>	12	10	83.33%	2	16.66%	0	0%
4	<i>Lasika srava</i>	8	4	50%	3	37.5%	1	12.5%
5	<i>Sopha</i>	10	6	60%	3	30%	1	10%
6	<i>Vadaha</i>	10	6	60%	4	40%	0	0%
7	<i>Putisrava</i>	12	5	41.66%	5	41.66%	2	16.6%
8	<i>Kandu</i>	12	6	50%	4	33.33%	2	16.6%

## DISCUSSION

Ear is the seat of *Karnendriya*, responsible for hearing. Good hearing keeps mind pleasant and healthy. Even a blind person controls his movement depending on sound perception.

In both group, Group A patients are treated with *Karnapurana* with *Paribhadra Swarasa*. This much effective in *Atiruk* (painful condition). After 10-15 minutes of *Karnapurana* the pain gradually subside. May be due to *Vatakapha Hara* action of this plant. Preparatory method, *Snehana* and *Svedana* help to control *Vata* along with *Kapha*. *Paribhadra* also have anti inflammatory effect. It reduced edema markedly.

In Group B patients are treated with *Karnapurana* with *Paribhadra Swarasa* and *Gandusha* with *Irimedadi Taila* for 7 days. This has given very effective in the case of *Karnasula* with *Mukharoga* (specially gingivitis, laryngitis, pharyngitis, tonsillitis). *Gandusha* may increase local circulation by providing *Svedana*, which in turn cleared *Srotoavarodha*.

*Karnashula* is more prevalent in 1-15 years age group. It is mostly accompanied with oropharyngeal and throat infections. Perhaps in this period *Kapha* is predominant and Eustachian tube is straight and short. Oral and throat infection spread easily to middle ear and getting *Karnashula*. This group of patients showed best result *Karnapurana* with *Gandusha*.

Male are more prone to *Karnashula* than female. Maximum number of participant had *Vata* predominant sign and symptoms where *Pitta* and *Kapha Dosha* as a secondary.

The statistical analysis done by applying Chi-square test and significance of difference between both groups was assessed. Statistical analysis shows that  $\chi^2$

value is 0.004 which is greater than p table value (3.84) at 5% level of significance. So, there is significant difference in both the treatment.

Most common presentation in both group had the symptoms *Atiruk*. Above the 50% of the cases have the symptoms of *Malasoshana*, *Lasikasrava*, *Sopha*, *Vidaha*, *Putisravam*, *Kandu*. Below 25 cases had only symptoms of *Dhvani* (tinnitus). It again confirm *Vata* is predominant *Dosha* in *Karnasula*.

It was clear that *Karnapurana* alone was effective in *Karnasula*. If this condition was associated with *Mukahroga* then the treatment should be *Karnapurana* followed with *Gandusha*.

## CONCLUSION

*Karnashula* described in *Ayurvedic* texts cannot only compared with the symptom *Otalgia* in contemporary view, but the *Karnashula* includes different symptoms. Not only pain but also impaired hearing, tenderness in the ear, sense of fullness, heaviness, itching etc. *Karnashula* need not mandatory to be associated with ear discharge. fever etc. Chronic case mostly present with only *Karnasula*. It also present without appearing the feature of discharge and tympanic membrane perforation. *Karnapurana* and *Gandusha* are alternate and safe method for curing *Karnarogas* and *Mukha rogas* respectively.

*Paribhadra* is free of side effect and complications. It is economic, easy available and effective drug of choice for the management of *Karnaroga* associated with *Mukahroga*. The present study further confirm that it has anti-inflammatory effect and it reduced edema markedly.

In this study therapeutic procedure *Karnapurana* with *Paribhadra Swarasa* proved effective with or without *Irimedadi Taila Gandusha* was responded well. *Karnashula* patient present with *Ati ruk* (severe pain) were well responded with *Karnapurana* whereas patients present with mild pain, impaired hearing, itching, discharge from ear were well responded with *Karnapurana* and *Gandusha* simultaneously.

*Karnapurana* alone is an effective procedure for *Karnasula* and if *Karnasula* associated with *Mukahroga*, the treatment should be followed with *Gandusha*.

The present study was conducted in a small sample with limited parameters. There is a need for further research for a large sample adopting various parameters like ear discharge culture and sensitivity.

After all public awareness for *Karnapurana* and *Gandusha* should be enhanced, as they are safe and effective procedure.

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