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CASE SERIES

KARNAKSHWEDA- CASE REVIEWS

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ABSTRACT

Karnakshweda is a very common disease and due to want of satisfactory allopathic treatment, patients come to Ayurveda as a last resort. The article describes three unique cases of *Karnakshweda* wherein the author has treated these cases leaving traditional approach aside and as per the *hetuskandha* and *lakshanaskandha* of the cases. This article also emphasizes the importance of charaka sutra '*purushampurushamveekshya*'.

KEY WORDS: Karnakshweda, tinnitus

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INTRODUCTION:

Karnanaada or *karnakshweda* or Continuous humming inside the ears can be found as a very disturbing symptom in many of the patients since the patient feels as if the sound is coming from inside the brain. And actually this thought gives sleepless nights to the patients. ^[1]. BMRB Omnibus research on tinnitus, conducted in February 2007 [MRC 1987] through face-to-face interviews with a nationally representative sample of approximately 2,000 adults, aged over 15 years of age, in Great Britain (excludes Northern Ireland) indicates that more than seven million people experience tinnitus, previous estimates by the Medical Research Council had showed that just 4.7 million people (10 per cent of the population) have experienced tinnitus ^[1]. Though it was thought that there is nothing to do with the brain, recent researches show the connection between hyper excitability of the dorsal cochlear nucleus and delayed closing of the potassium channels as the potential pathology behind the tinnitus. Studies by researchers at the University of Western Australia suggest tinnitus is caused by increased neural activity in the auditory brainstem where the brain processes sounds, causing some auditory nerve cells to become overexcited. The basis of this theory is most people with tinnitus also have hearing loss ^[2] .and the frequencies they

cannot hear are similar to the subjective frequencies of their tinnitus ^[3]. Models of hearing loss and the brain support the idea a homeostatic response of central dorsal cochlear nucleus neurons could result in them being hyperactive in a compensation process to the loss of hearing input. ^[4] This, in turn, is related to changes in the genes involved in regulating the activity of those nerve cells. This proposed mechanism suggests possible treatments for the condition, involving the normalization or suppression of overactive neural activity through electrical or chemical means. ^[5]

Acharya Sushruta has classified Ringing in the ears in two classes viz. *Karnanaada* and *karnakshweda*. ^[6] *Vagbhatacharya* describes only *Karnanaada*. ^[7] *Karnanaada* is supposed to be purely *Vaataja* and *Karnakshweda* is supposed to be *Vaata* along with other *doshas*. ^[8] (~physiological and pathological factors in the body). Though neither the etiological factors denote this statement nor the treatment schedule does go with this, practically we do not have to bother about the controversy as the treatment is same for both of them. . The therapeutic approach for these cases could have been— *Snehana*, *swedana*, *snehavirechamna*, *nadisweda*, *dhupana*, *basti* etc. ^[9] as described in *Sushruta samhita*. These treatments should be utilized according

to *Bala*(~strength), *Agni*(~digestive capacity) of patient and severity of *Samprapti* (~pathogenesis).

In modern medicine, there is no satisfactory treatment for this condition. Generally masking or tranquilizers are prescribed to the patients. But in Ayurveda, there is a systematic management is given which if followed *Karnanaada* or *Karnakshweda* can be controlled successfully.

But this approach does not suit in every case of *Karnakshweda*. Hence, as *Charakacharya* has quoted the treatment is given according to each and every individual^[10]. He also refers to taking proper case history with reference to *Hetus*(~causes) and *Laxanas*(~clinical features) in that particular patient.^[11]

Herewith I would like to present 3 cases of TINNITUS with different etiology and hence different approach:-

CASE NO.1

Pt name: ABC.Age, sex: 67/F.

Occupation:home maker.

Present complaints:

Karnakshweda -3years.

Bhrama(~vertigo) - off and on since 2 years.

Badhirya(~hearing loss)- since 2years.

Sometimes *chhardi*(~vomitting) or

hrullasa(~nausea)-since 2 years.

Detailed history :-

The patient was experiencing a continuous humming sound (like *karnakshweda*) since 3

years in the ears. It was more prominent at nights and in quiet surrounding. It was first experienced as a bolt when patient was attending a marriage. Next morning she developed *Bhrama* and also started with *chhardi*.

After performing all the investigations the case was diagnosed as Menier's disease. Since last 2 years she had 4 attacks and now she is in great panic. *Bhrama* and *chhardi* occur only during the attacks but *karnakshweda* is continuous.

Previous history: H/O *Grahani*(~irritable bowel syndrome) – since 4years

On examination: Pinna – normal bilaterally.

EAM- Dry bilaterally.

TM- not perforated. Normal. Cone of light – seen.

Rinne's test. - Positive bilaterally.

Weber's test -central.

Prakruti - *vaata pitta.Saara-rakta*.

Akruti -*krusha.Bala-durbala*.

Saatmya- *madhura*.

Jivha -

saamapashchat.

Kshudha – *manda.Agni -durbala*

Naadi - *ksheena,samaan, rakta*.

Mala -*Shithil*, thrice a day,asamhat (~ not formed), *amlagandhi* (~ sour smell).

Mutra– sometimes burning sensation.

Samprapti:-(~pathology):-

Hetu(~causes) -

Grahani,(~IBS);*Amlaahara*(~sour food)–

fermented items, pickles, tomato, tamarind etc.;*Vidahi*(~ spicy and pungent food.);*Rukshaahara*(~dry food)– bread, biscuits, green peas etc.;

ManovahaSrotas(~mind)– *atichinta* (~anxiety).
Doshas- vaata pitta; Dushya- rasa, rakta, karnendriya,
Srotas -annavaha, karna.; Agni - mandya, vidagdhdhajeerna. Due to *Vidagdhdhajeerna* and disease *Grahani* there is *dhaatukshaya* (~debility) leading to *vaata pitta prakopa* and then due to continued causes deeper penetration of doshas caused *Indriyadushti.* (~vitiation of senses).*Dushyas* involved were *preenankrutrasadhatu* (~nutritive rasa) and *poshakraktadhatu.*(nutritive rakta).
Nidaana-(~diagnosis) *karnakshweda* as *upadrava* of *Grahani.*

Chikitsasutra: (~treatment principles)

- 1), *Vidagdhdhajeerna Chikitsa* (~treatment of *Vidagdhdhajeerna*)
- 2) *Vaatanulomana-* (~giving proper direction to *vayu*)
- 3) *GrahaniBalaDaana-* (~giving strength to intestines)
- 4) *IndriyaBalaDaana-* (~giving strength to sense organs)
- 5) *Pathya* for *Grahanidosha.*(~good for IBS)

Treatment given:

- 1)Panchamrutparpati 250 mg+yogarajguggulu 250 mg with honey and ghee, kaalaVyanodaan i.e after food .

- 2) 100 ml *Phantaof* Mamsi 4gms anddhamaasa3gms.at Udaanakaala i.e. at night.

After 07 days:-

Alpakaryafalanugami.(improving)

Continued the same treatment and added-

- 1) Tab.Vasantkusumakara125 mg. with ghee1 tab at night after food.
- 2) And started with *Shirodhara* with *MahanarayanaTaila* for 45 min.
- 3) *Nasya* with *mahanarayanataila* 6 drops per nostril every morning.

After 07 days: *Karyafalanugami* (improving).

The symptoms were reduced considerably.

On examination-Mala-Prakrit. So the previous *asamhata*, *amla mala* was not found.

Treatment given was-

- 1)Tab. Vasantkusumakara one at night with Ghee .
- 2) Panchamrutparpati 250 mg+yogarajguggulu 250 mg+ balachurnam 500 mg +sarivachurnam 500 mg +mamsichurana 500 mg with honey and ghee, kaalaVyanodaan i.e after food .
- 3)Sarshapataila karnapurana 3 drops in each ear.

After 15 days:-*Karya phalanugami* (improving).

So, continued same for 3 weeks.

After one month,

- 1) Yoga raj guggulu stopped as she started developing *mukhapaaka* (~stomatitis).

2) Suvarnamakshika 125 mg, abhraka 60 mg, Bala 500 mg sariva 500mg, kaala-Vyanodaan (after food).

3) Vasantkusumakara 125 mg , one tab at night with ghee.

4) Tab Suvarnasoot 125 mg. on tab. in morning.

After one month

Mala (~stools)-normal

Karyaphalaprapti. The patient did not have any episodes of Menier's syndrome.

So, he was started with *rasaayana* treatment i.e. Achha Ghrutapana 10 ml at night.

After 06 months, no attacks of Menier's are anymore.

Continued with Tab. Suvarnasootshekhara for 21 days in rasayanakaala and asked her to start with Dhanyakjeerakkashaya.

CASE NO. 2

Pt. name - XYZ. Age sex -65/f. Occupation - house wife.

Chief complaints:

Karnakshweda - 6months

Hearing loss - 6 months.

Detailed history

The patient started feeling a humming sound in the ear at night since 6months and also attributes her hearing loss to the sound. Her investigations show sensory neural hearing loss due to old age.

She was advised to take tranquillizers.

History of previous illness—H/O

urdhwagaAmlapitta (~acid peptic disorder),

hypertension since many years...

On examination: Pinna – normal bilaterally.

EAM- Dry bilaterally.

TM- not perforated. Normal.

Rinne's test. Positive bilaterally.

Weber's test central.

Akruti- Sthula.Mala–baddha.

Mutra - normal.Agni–manda.

Jivha- pashchatsaama.Prakruti -kaphapitta.

Saara - rasa.

Samprapti:-Hetu -urdhwagaAmlapitta, constipation, atichinta,

Dosha – Vaata, pitta.

Dushya – Rasa, Indriya.

Srotas – annavaha, purishavaha, shabdavaha, rasavaha,

Agni- manda, Rasadhatvagni, Jatharagni

Due to *urdhwagaAmlapitta* and

malavashtambha, doshas were

unmargagaami (~tending to move upwards)

and reached *karnendriya*(~ears). Additionally,

Atichinta was another factor which

contributed. *UrdhwagaAmlapitta* gave rise to improper *rasadhatu* .As a result; the nutrition of *Indriya* was hampered.

Chikitsa sutra: (~treatment principles)

1) *Vaatanulomana-* (~giving proper direction to *vayu*)

2) *Pittashaamna* (~pacifying pitta)

3) *IndriyaBalaDaana-* (~giving strength to sense organs)

Chikitsa (~ treatment)

1) Tab. Suvarnasootshekhara 125 mg bid with milk and sugar.

2) Avipattichurna 2gms at bed time with warm water

3) Mahanarayana tail for *pratimarsha Nasya*.

4) *Sarshapatailakaranpurana* 3 drops in each ear at night.

After 45 days,

The symptoms were considerably reduced.

Chikitsa:

1) Tab. Suvarnasootshekhara 125 mg bid with milk and sugar.

2) Tab. Mahalaxmivilas rasa 125 mg with Ghrita at night.

3) Mahanarayana tail for *pratimarsha Nasya*.

4) *Sarshapa tail karanpurana* 3 drops in each ear at night.

5) Black raisins were advised.

After three months ,

With the same treatment, symptoms were completely relieved. She was advised to take *shatavarikalpa* with milk.

CASE NO. 3

Patient's name—EFG Age, sex: -

45/f. Occupation: -typist, data entry.

Chief complaints:-

Karnakshweda- since one year.

Karnakandu - since one year.

Detailed history- Since one year patient has consistent *karnakshweda*, pronounced in quiet surroundings, and intermittent, alternating

bilaterally, *karnakandu* more in varsharutu.

She also gets frequent *pindikodweshtana*.

History of past illness – operated for

Antravruddhi (~inguinal hernia).

On examination: - EAM: - dryness of the skin seen. No wax or fungus was present.

TM – WNL bilaterally.

Prakruti- *vaatapradhana pitta*. *Agni*- *vishama*.

Koshtha – *krura*. *Mala* – *baddha*.

Kshudha- *vishama*. *Trusha*- *prabhut*.

Sweda- *Alpa*. *Naadi*- *vaatapradhana*.

Jivha – *nirama*.

Samprapti –

Hetu: -*rukshaseva* (almost every day bread, peas), *sheetaseva* (frequent soft drinks)

Dosha – *vaata*. *Dushya* – *rasa*.

Srotas - *annavaha*, *karna*.; *Agni* - *mandya*, *vishtabdhajeerna*,

Continuous etiology leads to increased *vaatadosha* and continuous exposure to

computer rays produces *khavaigunya* (

~defect) in *shirasthasrotansi*. (~channels in head). *Karnakanduyana* also

provocates *vaatadosha* and brings pathology to ears leading to *karnakshweda*.

Chikitsa sutra-

1) *Vaatanulomana*.

2) *Rasaposhana*

3) *Brumhana*.

Chikitsa-

1) Liq. *Dashamularishta* 4 spoons bid After Food with water.

2) Powder *Gandharvaharitaki* 2 gm once before dinner with warm water.

3) *Sarshapatailakarnapurana* 3 drops at night.

After 15 days –

Symptoms reduced by 50 percent. Patient got confidence.

1) Liq. *Dashamularishta* 4 spoons bid After Food with water.

2) Powder *Gandharvaharitaki* 2 gm HS before dinner with warm water.

3) *Sarshapatailakarnapurana* 3 drops at night.

4) Tab. *bruhatvaatachintamani* 125mg, 1 bid AF with ghee.

The diet was advised which is more in ghee, raisins and dates.

After 30 days

Karyafala was achieved.

1) Tab *bruhatvaatachintamani* 125mg, 1 bid AF with ghee for another 45 days and then stopped.

No further treatment was required.

DISCUSSION:

All the 3 cases show varied etio- pathogenesis. However, *Vilomavaayu* (~improper *vaatadosha*) is common factor. Further, the type of *vaayu* initiating *Samprapti* was different in all the 3 cases, and the last *vaayu* to be affected was *Prana* or *Udaana*.

In first case, it was due to *vidagdhapitta* vitiating *samaana* and making it *Viloma* and then vitiating *Udaana*. The *Samprapti* in this

case was much deeper, posing *Grahanijanyaapatrapana* as a main event and when it is corrected the *karyafala* was easily achieved. Due to involvement of *Indriya* secondary to *Grahani* which is *agnisthana*, *panchakarma* procedures as *shirodhara*, *brumhanaNasya* were undertaken.

In the second case, the *Samprapti* was started with *urdhwagaAmlapitta* and without disturbing *Grahani*, with the factors like constipation and *udavarta*, it proceeded towards *Karna*(~ears). *Atichinta* (~worries) was also a contributing factor for *praanadushti*. (~vitiating of *praana*).

In the third case, *vataprakruti*, *vaataprakopakahetuand pratilomatwa* were leading to *vaataprakopa*. This *vaatakopa* produced *shirovaigunya* due to exposure to computer radiations which are *ruksha*. So though *Samprapti* was *guru*, once *hetuseva* was stopped the disease was controlled.

To start with *Vaatanulomana* was first line of treatment in all the three cases along with steps to be taken to correct *rasa dhatu* which is important for *Indriyatarpana*. All these cases were *apatrapanajanya*. After *properrasayanaseva* they were cured.

Sarshapatailakarnapurana acted as *vyadhiviparita* in all three.^[12]

Here, it may be worth mentioning the etiologies of both *Karnanaada* and

Karnakshweda. Etiology of *Karnanaada* is not mentioned and general causes of *vaataprakopa* should be taken as the etiology^[13].

The etiology of *karnakshweda* is as follows-*AtiShrama*, *Dhatukshaya*, *RukshaBhojana*, *KashayaBhojana*, Exposure To Cold After *Shirovirechana*.^[14]

It is seen that *Karnakshweda* and *Karnanaada* are being confused since the time of *Dalhana*. As according to him, *Karnakshweda* is supposed to be *kafa-pitta-raktayuktavaata*.^[8] But the etiology doesn't denote so. In fact, etiological factors like *AtiShrama*, *Dhatukshaya*, *RukshaBhojana*, *KashayaBhojana* is the treatment for *kafa and pitta*. So it is not logical that *karnakshweda* will be because of *kafa pita raktakopa*. This confusion can be ignored for the practical purposes as the treatment for the *naada* and *kshweda* is the same. Both *Sushruta* and *Vagbhata* agree that the therapy of these two diseases should be same as *karnashula*.^[15] *Arunadatta*, as *Vagbhata* has not described *karnakshweda*, possibly to avoid confusion, states that if there is *kafanubandha* then *vamanashula* should be practiced.^[16]

The treatment of these two diseases should be same as that of *karnashula*. The treatment of *vataja karnashula* comprises of *snehapana*, *abhyanga*, *swedana*, *snehavirechana*, in that order followed by *nadisweda* or *pindasweda*,

dhupana, intake of ghee after food and *basti*.^[17]

But, in present study, the cases are diagnosed on individual basis considering the etiological factors, *doshic* condition and the treatment is planned.

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