E-ISSN:2456-3110

Case Report Dhoompana and Karnapichu

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Journal of Ayurveda and Integrated

Medical Sciences



2025 Volume 10 Number 3 MARCH

Chronic Suppurative Otitis Media correlated with Karnasrava -Ayurvedic Interventions Using Dhoompana and Karnapichu

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DOI:10.21760/jaims.10.3.64

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Introduction: Ear pus discharge with central small perforation and hearing loss are common complaints that can significantly affect quality of life. Karnapichu and Karnadhoopana therapy, an Ayurvedic treatment, has been suggested as a potential symptomatic treatment. This case study reports a 48-year-old male, who presented with bilateral ear pus discharge with small central perforation and decreased hearing in the last 7 months. The disease chronic suppurative otitis media can co-related to Karnasrava in Ayurvedic science. Acharya Sushruta explains that Karnasrava is an ailment marked by ear discharge, primarily triggered by the Aavarana of the Vata Dosha.

Materials and Methods: a fully conscious male patient, presented to the Shalakya Tantra OPD, National Institute of Ayurveda, Jaipur with complaints of pus discharge from both ears, decreased hearing, and numbness in bilateral ear for the past 7 months. Clinical examination and investigations revealed bilateral ear small perforation with active discharge with hearing loss. Karna Dhoopana and Karna Pichu therapy was administered as a symptomatic treatment and other oral treatment also given for 4 months.

Results: Following Karna Dhoopan and Karna Pichu therapy, the patient experienced significant improvement in both ear with reduction pus discharge and Tympanic membrane healing with hearing. The therapy was well-tolerated, and no adverse effects were reported significant subjective improvement was observed with oral medications.

Discussion: This case study highlights the potential benefits of Karna Dhoopana and Karna Pichu therapy in managing ear discharge associated with hearing loss.

Keywords: Chronic Suppurative Otitis Media, Hearing Loss, Karna Pichu, Karna Dhoopana, Karnasrava

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Mar	uscript Received 2025-02-13	Review Round 1 2025-02-25	Review Round 2 2025-03-05	Review Round 3 2025-03-15	Accepted 2025-03-25
Co	nflict of Interest None	Funding Nil	Ethical Approval Not required	Plagiarism X-checker 11.82	Note
	© 2025 by Chaudhari S, Sharm Creative Commons Att	na A and Published by Mahar ribution 4.0 International Lic	shi Charaka Ayurveda Organization ense https://creativecommons.org	n. This is an Open Access article licensed /licenses/by/4.0/ unported [CC BY 4.0].	under a 💽 🕕

Introduction

This case study examines chronic suppurative otitis media (CSOM) from both modern medical and Ayurvedic perspectives. Chronic Suppurative Otitis Media (CSOM) is an inflammatory disease impacting mucous membrane of middle ear cleft, marked by pus-filled ear discharge, swelling, pain, and perforation of eardrum. This condition affects individuals of all ages and both genders in India, and it stands as leading cause of hearing loss among rural population. Karnasrava is a condition described by Acharya Sushruta in chapter titled Karnaroga Vigyaniya, where it is listed among twenty-eight Karnarogas. Acharya Charaka identified Karnasrava as a symptom occurring in four types of Karnarogas caused by imbalance of different Doshas. Acharya Vagbhata also highlighted Karnasrava as a significant symptom within five types of Karnshoola. Both Ayurveda and modern science concur that Rhinitis and nasopharynx play a crucial role in development of Karna Srava (CSOM). Pratishyaya (chronic rhinitis) is identified as primary underlying cause of this condition.

Pathogenesis of Karnasrava

Nidan Sevana \rightarrow Vata-Kapha Sanchaya \rightarrow Common aggravating factors like Shiroabhighata, Nimajjato Jale, Prapak or Vidhradhi \rightarrow Vata-Kapha Prakopa \rightarrow Prasara in different organs \rightarrow Sthan Samshraya in Karna \rightarrow Further Nidan Sevana \rightarrow Karnasrava

According to Acharya Sushruta, the treatment for *Karnasrava* includes procedures such as *Shirovirechana* (nasal purgation), *Dhoopan* (medicated fumigation), *Purana* (filling with medicated substances), *Pramargana* (cleaning) and *Dhavana* (washing).

Based on this background, current study aims to assess combined effectiveness of *Karnadhoopana* with *Kaishor Guggulu* + *Nimba Churna* + *Haridra Churna* + *Sarshapa Taila Karnapichu* with *Jatyadi Taila* following *Pramarjana*, and an internal Ayurvedic regimen (including *Sitopaladi Churna*, **Plan of Treatment** Tankana Bhashma, Godanti Bhashma, Guduchi Satva, Yastimadhu, and Kaishore Guggulu and Sarivadi Vati and Gandhak Rasayana and Chitrak Haritaki Avleha) in the management of Karnasrava.

Aim and Objectives

To evaluate the effectiveness of *Karnadhoopana*, *Karnapichu*, and internal medicines in the management of "*Karnasrava*" with special reference to CSOM through a single case study.

Case Report

A 48-year-old male patient presented to the *Shalakya Tantra* OPD on September 2, 2024, with primary complaints of numbness and purulent discharge from both ear for over six months. The patient also reported reduced hearing, ringing, and itching in the ear for the past 4 months. Despite receiving oral antibiotics and analgesic medications for six months, there was no relief.

Table 1: Sign and symptoms

SN	Sign and symptoms	Duration
1.	Ear numbness	More than 4 months
2.	Purulent discharge	More than 6 months
3.	Reduced hearing	More than 4 months
4.	Perforation	More than 6 months

Examination

A small central perforation was observed in the anteroinferior quadrant of the left tympanic membrane, accompanied by on/off discharge in the external acoustic meatus. There was no family history of similar illness. The Rinne test yielded negative results, the Weber test showed lateralization to the affected (left) side, and the Air-Bone Conduction was normal in both ear.

General Examination

The patient's *Sharirik Prakriti* was identified as *Pitta-Vataj*. He had a *Madhyam Kostha*, indicating average bowel habits, *Madhyam Bala*, signifying moderate physical strength, and *Madhyam Satva*, representing balanced psychological strength.

Table 2: Prepared a plan on Ayurvedic mixtures as given below.

SN	Drugs	Ayurvedic mixture	Dose	Anupana
1.	Complex medicine	Sitopaladi Churna - 3gm	5 gm two time a day after meal	Honey
		Yashti Churna - 1 gm		
		Godanti Bhasma - 500mg		
		pardika Bhasma - 125mg		
		Tankan Bhasma - 250 mg		

Shital C et al. Chronic Suppurative Otitis Media correlated with Karnasrava

SN	Drugs	Ayurvedic mixture	Dose	Anupana
2.	Single medications	1. Kaishor Guggulu 500mg	500 gm two time a day after meal	Like warm water
		2. Gandhak Rasayana 500mg		
3.	Complex drug for Karna	Kaishor Guggulu 250mg + Nimba Churna +	Take mixer with oil put it on fire flame	For fumigation
	Dhoopana	Haridra Churna + Sarshapa Taila		
4.	Karna Pichu	Jatyadi Taila	15- 20 mins 2 time a day	As required for
				local application
5.	Rasayana	1) Sarivadi Vati 500mg	1) 500mg Vati 2 time a day	1) milk
		2) Chitrak Haritaki Rasayana 12gm	2) 12gm in divided dose 2 time a day	2) milk

Follow-Up

The patient returned for regular follow-up every fifteen days for a period of three months, with no episodes of relapse. Upon assessment three months after the completion of treatment, there were no signs of recurrence. The patient experienced symptomatic relief consistently every fifteen days, as detailed in the table below.

Table 3: Assessment of classical sign and symptoms in each follow up:

SN	Symptoms	BT	AT	Follow-up after 15	Follow-up after one	Follow-up after two	Follow-up after three
		(Before time)	(After time)	days	month	months	months
	Subjective parameters						
1.	Numbness of ear	2	1	1	1	0	0
2.	itching	0	0	1	0	0	0
3.	Impaired hearing	1	1	1	1	1	0
	Objective parameters						
1.	Discharge	1	0	1	0	0	0
2.	Perforation	1	0	1	1	0	0
3.	Pure tone audiometry	1	1	1	1	1	1

Table 4: Grading suggests.

SN	Characteristics features	Grade
1.	Numbness of ear	
	No numbness of ear	0
	Continuous but not incapacitating normal activity	1
	Persistent and significantly disrupting daily activities	2
2.	Itching	
	No itching	0
	Occasional itching	1
	Continuous mild itching	2
	Continuous severe itching	3
3.	Impaired hearing	
	Absent	0
	Unable to hear the whispering voice	1
	Unable to hear normal voice	2
	Unable to hear a loud voice	3
4.	Discharge	
	Absent	0
	Mild scanty discharge	1
	Moderate within canal	2
	Severe secretion coming out from ear canal	3
5.	Perforation	
	No perforation	0
	Small central perforation (<2mm)	1
	Moderate – large central perforation (2 to 3)	2
	Severe subtotal perforation (>3mm)	3
6.	Pure tone audiometry	
	Up to 25 dB	0
	26 to 45 dB	1
	45 to 65 dB	2
	More than 65 dB	3

Discussion

According to Ayurvedic texts, Vata Dosha is primarily respon. for Karnasrava, with Srava being main symptom.

Ruksha Sweda's key property is its drying effect, which is why *Karnadhoopan* is effective; it not only dries the *Srava* but also inhibits microbial growth. The *Dhoopan* fumes may also provide a sedative effect and dry up the *Srava*. Additionally, the heat from the *Dhoopan* helps with vasodilation and increases blood circulation, enhancing drug absorption and promoting healing.

Jatyadi Taila primarily functions on Vrana (wounds) through Shodhana (cleansing) and Ropana (healing), aiding in proper wound healing. For local application, Jatyadi Taila was used as Karna Pichu. The local action of Pichu relies on the cellular absorption of the medicine, performing functions such as Snehana (oleation), Sodhana (cleansing), and Ropana (healing). The detailed pharmacological activities of the herbo-mineral drugs used are outlined below:

Table 5: reported pharma	cological activities of	of
drugs.		

SN	Drugs	Reported activity
1.	Sitopaladi Churna	The ability to balance Vata and Kapha
		Doshas and offer revitalization
2.	Yastimadhu Churna	Anti-inflammatory and antioxidant
		activity
3.	Godanti Bhasma	Anti-pyretic, anti-inflammatory and
		analgesic effect
4.	Tankana Bhasma	Antiseptic and anti-inflammatory
		effects
5.	Kaishor Guggulu	Anti-allergic, anti-bacterial,
		antioxidant, and blood purifying
		property, wound healing property
6.	Gandhaka Rasayana	Antibacterial, anti-inflammatory
7.	Sarivadi Vati	Rasayana property
8.	Kaishor Guggulu + Nimba	Antibacterial and wound healing
	Churna + Haridra Churna +	property
	Sarshap Taila = Karnadhoopana	
9.	Chitrak Haritaki Avaleha	Rasayana

Conclusion

Considering the various aspects of treating *Karnasrava*, it is evident that *Karnapichu*, *Karnadhoopana*, and herbo-mineral formulations are effective in managing this ear condition. In the mentioned case study, there was a significant reduction in ear discharge, perforation, and impaired hearing. Therefore, it can be concluded that Ayurvedic medicines and procedures are beneficial in managing *Karnasrava*.

Overall, these findings suggest that Ayurveda offers a valuable approach to the alternative management of CSOM, utilizing oral and topical medications, along with cleaning procedure.

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