

Journal of Ayurveda and Integrated Medical Sciences

E-ISSN:2456-3110

Case Report

Tinnitus

2025 Volume 10 Number 9 September



Effective management of Karnanada (Tinnitus) - A Clinical Case Study

Shubha S Bhat^{1*}, Rathi S²

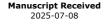
DOI:10.21760/jaims.10.9.58

- 1* Shubha S Bhat, Final Year Post Graduate Scholar, Department of Shalakya Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, India.
- ² Rathi S, Professor, Department of Shalakya Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, India.

Shalakya Tantra is one among the eight branches of Ayurveda wherein Karnaroga (ear diseases) has been discussed in detail. The Acharyas describe 28 types of Karna Roga, among which one of the diseases is Karnanada[1], characterised by abnormal perception of sound in the ear in the absence of external stimuli, and is often correlated with Tinnitus. Acharya Sushruta hold the deranged Vata Dosha accountable for the manifestation of Karnanada. This is a case study of a patient aged 52 years complaining of a ringing sound in both ear, first in left ear which was intermittent for 8 months, aggravated since one month, and the same complaints in right ear in the last 20 days. Patient was advised for Nasya with Ksheerabala Taila for 7 days, followed by Karnapurana with Maha Masha Taila for 7 days. Follow-up was done after one month of intake of Internal medicines.

Keywords: Karnanada, Tinnitus, Nasya, Karnapurana

Shubha S Bhat, Final Year Post Graduate Scholar, Department of Shalakya Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, India. Email: shubhasbhat413@gmail.com How to Cite this Article To Browse Shubha S Bhat, Rathi S, Effective management of Karnanada (Tinnitus) - A Clinical Case Study. J Ayu Int Med Sci. 2025;10(9):361-364. Available From https://jaims.in/jaims/article/view/4766/



Review Round 1 2025-07-15 Review Round 2 2025-08-01 **Review Round 3** 2025-08-15

Accepted 2025-08-25

Conflict of Interest

Funding Nil Ethical Approval

Plagiarism X-checker 10.57 Note







Introduction

Karnanada is one among the 28 Karnarogas mentioned by Acharya Sushruta. The vitiated Vata Dosha due to various Nidana like Jalakrida (swimming/ watersports), Mithya Yoga of Shabda (Exposure to loud noise for a long duration)[2] and other Vata Prakopaka Nidana entering Shabdavaha Nadi causes ringing sound in the ear leading to Karnanada. This can be co related to Tinnitus which has a latin origin "Tinnire" (To ring). Tinnitus can be Subjective where perceived sound is heard only by patient or Objective, where others can also detect sound.[3] The treatment mainly aims at Vatahara line of management such as Snehapana, Swedana, Snehavirechana etc.[4]

Case Report

Chief Complaint

A male patient of 52 years complaints of ringing sound in both the ear, in left ear in the last 2 years, intermittent in nature, has become continuous since 1-month and occasional ringing sound in Right ear in the last 20 days.

History of Present Illness

A male patient aged 52 years, known case of hypertension in the last 5 years was apparently normal before 8 months. Gradually, he developed a ringing sound in the Left ear, which was intermittent in nature and low in intensity. In the last one month, the intensity increased and started to affect his day-to-day life. He also experiences an occasional ringing sound in his right ear in the last 20 days. For the above-said complaints, the patient visited Shalakya OPD of GAMC, Bengaluru.

Past History - Known case of Hypertension under medication (T.Amlip 10mg 1-0-0)

Family History - Nothing contributory

Occupational History - Auto driver (Night shifts) in the last 18 years

Personal History

Diet - Mixed

Appetite - Good

Bowel & Micturition - Regular

Sleep - Reduced (4-5 hrs/day)

Vitals

Pulse Rate - 64/min

Respiratory rate - 20/min

BP - 130/90 mmHg

Temperature - 98.6°F

General Examination

Pallor - Ab

Icterus - Absent

Clubbing - Absent

Lymphadenopathy - Absent

Oedema - Absent

Ashta Sthana Pareeksha

Nadi - 64/min

Mutra - Prakruta, 4-5 times/day, once at night

Mala - Prakruta

Jihwa - Alipta

Shabda - Prakruta

Sparsha - Prakruta

Drik - Prakruta

Akruti - Adhyama

Systemic Examination

Respiratory System - NVBS heard

Cardiovascular System - S1, S2 heard, no murmur

CNS - Conscious, CN intact

GIT - P/A soft, non-tender

Local Examination

Ear Examination

- Pinna Normal
- External Auditory Canal Clear
- Tympanic membrane Right- Intact, sclerotic patch present in antero-inferior quadrant of left ear

Qualitative test for hearing by Tuning fork-

- Rinne's Test AC>BC
- Weber's Test Lateralised to Right ear
- ABC Test Normal

Shubha S B et al. Effective management of Karnanada (Tinnitus)

Neurological Examination-

- Cranial nerves Intact
- Romberg's Test Negative

Head and Neck Examination - No TMJ Dysfunction/ muscle tenderness

Dix Hallpike test- No nystagmus/ vertigo during/after manoeuvre.

Treatment

SN	Treatment	Dose	Duration
1.	Nasya with	8 drops in to each nostril in empty	7 days
	Ksheerabala Taila	stomach in the morning	
2.	Karnapurana with	Quantity sufficient to both ears	7 days
	Maha Masha Taila		
3.	Ashwagandha Churna	0-0-1tsp with milk A/F	30 days
4.	T. Sarivadi Vati	1-0-1 A/F	30 days

Observations and Results

Patient was advised to follow healthy lifestyle and avoid night shifts and prolonged used of earphones. Severity was assessed using Tinnitus Handicap Inventory Severity Index (THI)[5] during each follow-up with considerable amount of relief in symptoms.

Before	1st follow-up (After	2nd Follow-up (After 30
Treatment	completion of	days of internal medicines)
	Karnapurana)	
Grade 3	Grade 2	Grade 1

Discussion

Tinnitus, defined as the perception of sound (ringing, buzzing or hissing) in the absence of an external auditory stimulus, is a common auditory symptom that can significantly affect the quality of life. It is often associated with hearing loss, noise exposure, ototoxicity, ageing or idiopathic causes. In the Conventional system of medicine, while several treatment options exist (masking devices, CBT, Sound therapy)[6], no definitive cure is available in many cases, making it a burden to many patients. The Ayurvedic approach to Karnanada (tinnitus) emphasizes the correction of vitiated Vata dosha, particularly Prana Vata and Udana Vata, which are responsible for the functioning of the ear and auditory pathways. The use of Nasya and Karnapurana as local therapeutic procedures plays a vital role in restoring the balance of doshas and improving sensory perception.

Nidana Parivarjana, being the first line management, requires the patient to be counselled on making appropriate lifestyle changes. Nasya with Ksheerabala Taila[7] acts as Snehana and Brimhana (nourishing). Karnapurana or Karna Tarpana is a form of *snehana* which helps to mitigate aggravated Vata. This also helps in enhancing local circulation, promotes sound modulation. Maha Masha Taila[8] has ingredients which are Vatapittahara and the ingredients like Bala, Ashwagandha, Shatavari strengthen the nervous system, aiding in the recovery of damaged or weakened auditory nerves and Ashwagandha Churna acts as Brihmana and Rasayana (Nourishing and rejuvenating). Sarivadi Vati[9] containing herbs like Vacha, Haritaki and Pippali helps to regulate vitiated Vata- vital for auditory and vocal function.

Conclusion

Nasya, by its direct action on the head and sensory organs, helps in pacifying Vata in the Shira (head) and strengthens the auditory system. Karnapurana, through the instillation of medicated oils into the ear, nourishes the Shrotrendriya and supports nerve function. When combined with internal medications, a Vata-Kapha pacifying diet, and appropriate lifestyle modifications, these therapies offer a holistic and sustainable solution for managing Karnanada. Early intervention, individualized treatment, and adherence to Ayurvedic principles are key to successful management.

References

- 1. Murthy Shrikantha KR. Illustrated Susruta Samhita. Vol III. Varanasi: Chaukambha Orientalia; Chapter 20, verse 7. p.107 [Crossref][PubMed] [Google Scholar]
- 2. Yoga Ratnakara. Yoga Ratnakara. 1st ed. Pune: Ananda Ashram Mudranalaya; Karnarogadhikara, verses 11–12. p.393 [Crossref][PubMed][Google Scholar]
- 3. Dhingra PL, Dhingra S. Diseases of Ear, Nose and Throat & Head and Neck Surgery. 6th ed. New Delhi: Elsevier; 2014. *Chapter 22. p.130 [Crossref] [PubMed][Google Scholar]*
- 4. Murthy Shrikantha KR. Illustrated Susruta Samhita. Vol III. Varanasi: Chaukambha Orientalia; Chapter 21, verses 4–5. p.110 [Crossref][PubMed] [Google Scholar]

Shubha S B et al. Effective management of Karnanada (Tinnitus)

- 5. Tinnitus Handicap Inventory [Internet]. Washington DC: American Tinnitus Association; 2022 [cited 2025 Sep 27]. Available from: https://ata. org/wp-content/uploads/2022/08/Tinnitus_Handicap_Invent ory. pdf [Crossref][PubMed][Google Scholar]
- 6. Flint PW, Haughey BH, Lund VJ, Niparko JK, Richardson MA, Robbins KT, et al. Cummings Otolaryngology Head and Neck Surgery. 6th ed. Vol 4. *Philadelphia: Elsevier Mosby; 2015. p.3468–75 [Crossref][PubMed][Google Scholar]*
- 7. Krishnan Vaidyan PS, editor. Sahasrayogam (Malayalam). 24th ed. Thrissur: Vidyarambham Publishers; 2006. p.125 [Crossref][PubMed][Google Scholar]
- 8. Sharma GS, editor. Bhaishajya Ratnavali of Govindadasa. 18th ed. Varanasi: Chaukambha Prakashan; 2005. Vatavyadhi Adhikara. p.685 [Crossref][PubMed][Google Scholar]
- 9. Sharma GS, editor. Bhaishajya Ratnavali of Govindadasa. 18th ed. Varanasi: Chaukambha Prakashan; 2005. *Karnaroga Chikitsa Adhyaya.* p.956 [Crossref][PubMed][Google Scholar]

- 10. Yoga Ratnakara. Yoga Ratnakara. 1st ed. Pune: Ananda Ashrama Mudranalaya; Karnarogadhikara, verse 1,1810. p.393 [Crossref][PubMed][Google Scholar]
- 11. Yoga Ratnakara. Yoga Ratnakara. 1st ed. Pune: Ananda Ashrama Mudranalaya; Karnarogadhikara, verse 1,1810. p.393 [Crossref][PubMed][Google Scholar]
- 12. Yoga Ratnakara. Yoga Ratnakara. 1st ed. Pune: Ananda Ashrama Mudranalaya; Karnarogadhikara, verse 1,1810. p.393 [Crossref][PubMed][Google Scholar]

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.