



AN AYURVEDIC APPROACH TO HEARING LOSS ASSOCIATED WITH TINNITUS: A CASE REPORT

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ABSTRACT

Tinnitus, known as *Karnanada* in Ayurvedic classics, is characterized by the perception of sound in the absence of an external auditory stimulus. It is a distressing symptom with a significant impact on the quality of life, often leading to anxiety, sleep disturbances and reduced concentration. Hearing loss is a partial or complete inability to perceive sound, which may be congenital or acquired at any stage of life and is frequently associated with tinnitus. A 29-year-old female patient, working as a parking cashier, presented to the Shalaky Tantra OPD of Sri Kalabyreshwara Swamy Ayurvedic Medical College, Hospital, Vijayanagar, Karnataka, with complaints of unilateral right-sided hearing loss persisting for one year, associated with intermittent ringing sounds. She was treated with *Matra Basti* using *Masha taila* and *Karnapurana* with *Apamarga Kshara Taila*. The patient experienced approximately 50 % improvement in tinnitus symptoms, with audiometric evaluation indicating a shift in hearing status from profound to severe hearing loss. This case study highlights the effective application of *Matra Basti* and *Karnapurana* in managing hearing impairment associated with tinnitus.

KEYWORDS: Tinnitus, *Karnanada*, *Basti*, *Karnapurana*.

INTRODUCTION

Hearing loss is defined as impairment of hearing which significantly affects communication, quality of life, and social interaction.^[1] In India, approximately 63 million people or 6.3 % of the population are estimated to have significant auditory impairment, according to the World Health Organisation.^[2] This growing prevalence is attributed to factors such as increasing exposure to noise pollution, too toxic drugs, infections, aging and lifestyle-related causes. Tinnitus is the perception of abnormal or phantom sounds in the head or the ears. Estimates of patients with tinnitus range from 10 to 15 % of the population (30-40 million people). Of patients presenting with ear-related symptoms, 85% report experiencing tinnitus as well.^[3] In the Ayurvedic perspective, *Badhirya* (hearing loss) and *Karnanada*(tinnitus) are mentioned as *Karnarogas* predominantly caused by vitiation of *Vata*

dosha, either independently or in association with *Kapha dosha*. When *Vata dosha* become aggravated, it attains *vimarga gamana* and produces different types of sounds in the ear such as *Bheri*, *mridanga* and *shankha*. Vitiation of *Vata dosha*, often due to the negligence of *Karnanada* (tinnitus), along with aggravated *Kapha*, leads to obstruction of the sound-carrying channels (*sroto avarodha*). If left untreated in the early stage, the condition progresses gradually from partial to complete hearing loss. *Ayurveda* emphasises treating the root cause by normalising vitiated *Vata dosha*, which is the chief factor in auditory dysfunction. Among the various *Vatahara* treatments, *Matra Basti* (a subtype of *Anuvasana Basti*) and *Karnapurana* are considered beneficial. *Matra Basti* acts by nourishing the body, stabilising *Vata* at its root, and promoting systemic equilibrium, whereas *Karnapurana* directly pacifies *Vata*

localised in the ear region. The combined approach offers both systemic and local correction, thereby enhancing hearing and reducing tinnitus symptoms. Hence, this study highlights the ayurvedic understanding and management of hearing loss associated with tinnitus, demonstrating the holistic approach of *Shalakyata Tantra* in addressing auditory disorders.

Informed consent

Written informed consent was obtained from the patient for publication of this case study and accompanying images.

CASE REPORT

A female patient aged 29 years working as a parking cashier presented to Shalakyata Tantra OPD of Sri Kalabyreshwara Swamy Ayurvedic Medical College, Hospital, Vijayanagar, Karnataka, India, with a unilateral (Rt) ear hearing loss persisting for the past 1 year, associated with intermittent ringing sounds in the ear. There was no history of similar complaints in the past. Initially, the patient was asymptomatic, but over time she noticed difficulty in perceiving sounds, particularly when

conversing with others, especially in group settings or noisy environments. The hearing deficit gradually progressed, making it harder for her to follow conversations and causing increasing frustration and social withdrawal. The tinnitus was described as a continuous ringing or humming sensation, which was more pronounced in quiet surroundings, during periods of rest, or at night. The intensity of tinnitus increased with emotional stress or social interaction and significantly interfered with her ability to concentrate. She reported partial relief during sleep, when the auditory symptoms subsided. There was no history of ear discharge, vertigo and head trauma. The patient had initially consulted an allopathic practitioner, where symptomatic management was given, but no significant improvement was noted.

OTOLOGICAL EXAMINATION

In the present case, detailed otological examination was carried out to assess the structural integrity of the ear and to evaluate auditory function prior to initiating *Ayurvedic* management which is represented in the below table.

Table 1.

	Right Ear	Left Ear
External auditory canal	Clear	Clear
Tympanic membrane	Pearly white with cone of light	Pearly white with cone of light
Tuning fork test		
Rinne's test	AC>BC	AC>BC
Weber's test	Lateralisation to right ear	
Pure tone audiometry	Profound sensorineural hearing loss	Normal hearing

Treatment adopted

1. *Avipattikara churna* (internally)
2. *Snehapana* with *Ashwagandha ghrita*
3. *Sarvanga abhyanga* with *Murchita tila taila*
4. *Virechana* with *Trivrit lehya* (60gms)
5. *Matra Basti* with *Masha Taila* for 9 days^[6]
6. *Karnapurana* with *Apamarga Kshara taila* for 9 days^[7]

Timeline: Table 2.

Date	Treatment	Description
22/4/25-26/4/25	<i>Deepana- Pachana</i>	<i>Avipattikara churna</i>
2/5/25-5/5/25	<i>Snehapana</i> (30,60,90 & 120ml)	<i>Ashwagandha Ghrita</i>
6/5/25-8/5/25	<i>Sarvanga Abhyanga</i> with <i>Bhaspa Sweda</i>	<i>Murchita Tila Taila</i>
9/5/25	<i>Virechana</i>	<i>Trivrit Lehya</i>
10/5/25-12/5/25	<i>Samsarjana Krama</i>	<i>Ganji</i> (1day), <i>Kichhdi</i> (1day), <i>Samanya Bhojana</i> (1day)
13/5/25-21/5/25	<i>Matra Basti</i> (75ml/day)	<i>Masha Taila</i>
13/5/25-21/5/25	<i>Karnapurana</i> (qs)	<i>Apamarga Kshara Taila</i>

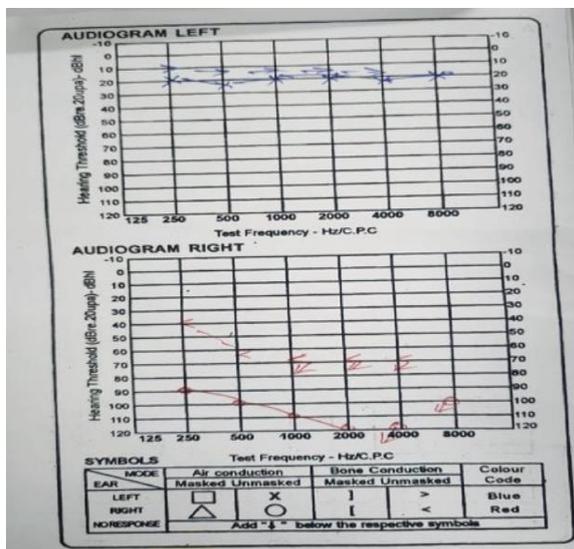
RESULT

The Audiometry report revealed an improvement in hearing status, with a shift from profound hearing loss to

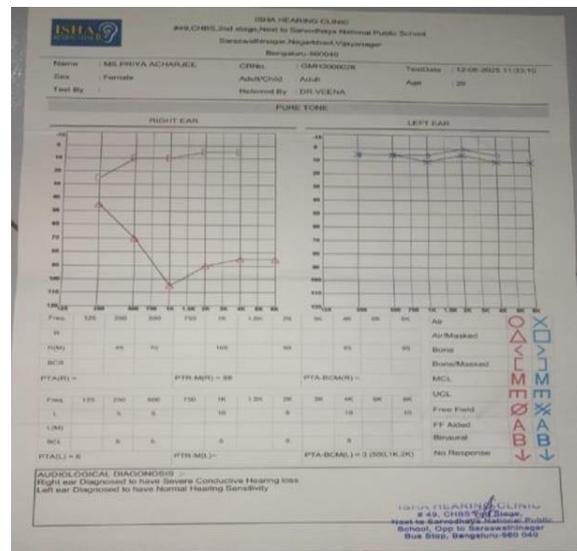
severe hearing loss following the course of treatment and the Tinnitus severity index shows 50 % improvement in tinnitus. [Table 2]

Table 3:

Does Your Tinnitus	Before treatment	After treatment
1. Make You Feel Irritable or nervous?	Always (5)	Rarely (2)
2. Make You Feel Tired or stressed?	Sometimes (3)	Rarely (2)
3. Make It Difficult for You to Relax	Sometimes (3)	Rarely (2)
4. Make It Uncomfortable to Be in Quite Room?	Always (4)	Sometimes (3)
5. Make It Difficult to Concentrate?	Usually (4)	Rarely (2)
6. Make It Harder to Interact Pleasantly With others?	Sometimes (3)	Never (1)
7. Interfere With Your Required Activities? (Work, Home, Care, Or Other Responsibilities)	Sometimes (3)	Never (1)
8. Interfere With Your Social Activities or Other Things You Do in Your Leisure Time?	Sometimes (3)	Never (1)
9. Interfere With Your Overall Enjoyment Of life?	Sometimes (3)	Never (1)
10. Interfere With Your Ability to sleep?	Rarely (2)	Never (1)
11. How Often Do You Have Difficulty Ignoring Your Tinnitus?	Usually (4)	Rarely (2)
12. How Often Do You Experience Discomfort from Tinnitus?	Rarely (2)	Never (1)



Before treatment



After treatment

DISCUSSION

Karnanada and Badhirya are predominantly Vata-pradhana disorders, often associated with Kapha avarana at the level of the ear channels. While describing Samanya Chikitsa for Karnarogas, the classics advocate Ghritapana, which acts as Vatahara, Indriya-prasadaka and Yogavahi, facilitating deeper nourishment of the auditory apparatus. Ashwagandha is classically indicated in Kshina Indriya due to its Brmhana, Balya and Rasayana properties.^[8] Acharya Sushruta, while describing the Samanya chikitsa of Karnashoola, Karnanada, Badhirya & Kshweda, specifically advocates Snigdha Virechana, highlighting the role of Vata-Pitta shamana.^[9] In the present context, the combined administration of Basti karma and Karnapurana has shown significant improvement in both subjective and functional parameters, indicating their synergistic therapeutic action. Basti karma, described as Ardha Chikitsa by Acharya Charaka, plays a pivotal role in pacifying vitiated Vata, which is the principle dosha responsible for sound perception and neural transmission

in the ear.^[10] According to Acharya Sushruta, during the sequential administration of Basti, the second dose reaches up to the Murdha, indicating its systemic spread and impact on supraclavicular structures.^[11] Sneha used in Matra Basti nourishes majja dhatu, improves nerve conductivity, and supports auditory functions. While explaining the benefit of Anuvasana Basti acharya Charaka quotes that the Virya of Basti takes vitiated dosha from aapadatala to murdha and removes it through pakvashaya just like how sun absorbs all water from the earth.^[12] Karnapurana with Apamarga Kshara Taila mentioned by Chakra Datta especially for nada and Badhirya^[13] acts locally by addressing Kapha avarana. The Tikshna Guna facilitates deeper penetration of the medicine, helping to open obstructed srotas, this in turn help in improved sound conduction and relief from muffled hearing. The ushna Guna enhances local circulation, supports nerve function, and reduces abnormal sounds in the ear. Sara Guna helps in mobilising stagnated kapha. The snigdha & ushna guna of taila helps in stabilising hyperactive neurons easing

better transmission of auditory signals & reducing abnormal sound perceptions. Thus, the combined approach of systemic *Vata* pacification through *Basti* and local *Kapha-Vata* alleviation through *Karnapurana* addresses both the root cause and the site of manifestation of *Karnanada* and *Badhirya*. This integrative modality not only provides symptomatic relief but also contributes to the restoration of normal auditory physiology, highlighting its effectiveness in the *Ayurvedic* management of ear disorders.

CONCLUSION

The treatment of Tinnitus is considered to be a challenging condition due to its strong association with psychological influences and environmental factors. However, the present *Ayurvedic* intervention demonstrated a significant therapeutic impact, achieving approximately 50 % improvement in symptoms, thereby highlighting the potential of *Ayurveda* in effectively addressing both the somatic and psychosomatic components of tinnitus.

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