



Role of *Karṇapūraṇa* in *Vataja Bādhirya* w.s.r to Sensory Neural Hearing Loss: A Review Study

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ABSTRACT:

Introduction: Putting medicated lukewarm *Swarasa*, *Taila*, *Ghrita*, *Mūtra* into the external auditory canal is known as *Karṇapūraṇa*. It is indicated in many diseases like *Bādhirya*, *Karṇa Śūla*, *Karṇa Nāda*, *Karṇa Srāva*, *Putikarṇa* etc. *Karṇapūraṇa* can be practised in healthy individuals and disease as well. *Snehana* is the primary treatment method to control *Vāta* and *Karṇapūraṇa* is a kind of *Bāhya Snehana*.

Material and Methods: *Ācārya Caraka* and *Ācārya Vāgbhatta* advocated that *Karṇapūraṇa* should be done daily to avoid the diseases of the ear. In *Swasthvirītya Adhyāya*, *Ācārya Suśruta* has mentioned *Karṇapūraṇa*. According to use, *Karṇapūraṇa* can be categorised into two categories one as daily procedure (*Dincarya*) and second in pathological conditions.

Discussion: Effect of *Abhyāṅga* can be inferred in two ways: a) Through physical manipulations, and b) By the drug's action in the medicated oil. Massage, produces skin and muscle vasodilation by activating sympathetic nervous system receptors. It improves blood and plasma circulation. *Abhyāṅga* relieve acute or chronic muscle tension by changing the pressure of contact on nerve terminals resulting in pain relief.

Conclusion: The ears are said to be the seat of *Vāta Doṣa* and are responsible for the hearing mechanism. The disease *Bādhirya* occurs in ears is mainly due to vitiation of *Vāta Doṣa*. *Karṇapūraṇa* does the *Vātaśamana* and maintains the normal hearing capacity.

Key Words: *Karṇapūraṇa*, *Bādhirya*, *Rasāyana*, *Vāta*, *Abhyāṅga*

INTRODUCTION

Putting medicated lukewarm *Swarasa*, *Taila*, *Ghrita*, *Mūtra* into the external auditory canal is known as *Karṇapūraṇa*.¹ It is indicated in many diseases like *Bādhirya*, *Manyāgraha*, *KarṇaŚūla*, *Karṇa Nāda*, *Karṇa*

Srāva, *Putikarṇa* etc. *Karṇapūraṇa* can be practised in healthy individuals and disease as well. *Snehana* is the primary treatment method to control *Vāta*. *Karṇapūraṇa* is a kind of *Bāhya Snehana* and is the most effective



treatment for *Vāta Nigraha*. According to *Ācārya Caraka*, *Vāta Roga* does not linger in *Koṣṭha* that has been softened by *Snehana*. *Śabdavaha Srotas* (auditory canal) or *Śabdavahā Śira* (vessels) and nerves of the ear get obstructed or deranged by Vitiating *Vāta Doṣa* or *Vāta Kapha Doṣas* and neglecting the disease *Karṇanāda* leads to difficulty in hearing or incapability of hearing, known as *Bādhīrya*. A person is said to have hearing loss if he/she is not able to hear as well as someone with normal hearing, meaning hearing thresholds of 20 dB or better in both ears. It can be mild, moderate, moderately severe, severe or profound, and can affect one or both ears²

In *Nidāna Sthāna*, *Ācārya Suśruta* has mentioned that vitiated *Kevala Vāta* or *Kaphānubandha Vāta* initiates the pathology of *Bādhīrya* by obstructing the *Śabdavaha Srotas*.³ Whereas, in *Uttantantra*, *Ācārya Suśruta* has mentioned that *Kapha* accompanies *Vāta* throughout the *Samprāpti* of *Bādhīrya*.⁴ The *Śuddha* or *Kevala Vāta* accompanied by *Kapha* initiates the pathology of *Bādhīrya* which can be understood in the following way. Due to various etiological factors, vitiation of *Vata* and *Kapha* occur, *Vata* is being covered, hindered, or obstructed by *Kapha*. Because of the obstruction in the *Gati* of *Vāta*, its activities hamper or decrease, which results into improper conduction of sound (*Śabda-Agrahaṇa*). *Ācārya Vāgbhatta* also explains the same *Samprāpti* for *Bādhīrya*. He mentions that if *Karṇanada* is left untreated it may lead to excess *Duṣṭi* of *Sthānika Vāta Doṣa* and results in complete loss of its function i.e. *Śabda-Agrahaṇa*, which leads to *Bādhīrya*.⁵ *Ācārya Caraka* has mentioned *Bādhīrya* under *Vātaja Nānātmaja Vyādhi*.⁶ *Mādhavakara* while explaining the *Samprāpti* of *Bādhīrya* says that *Bādhīrya* is caused when *Śabdavahi Srotas* is vitiated by *Vāta* or by both *Vāta* and *Kapha*, hence it can be divided into two types – *Vātaja* and *Vāta -Kaphaja*.⁷ *Bhāvamiśra* also mentions that *Bādhīrya* is caused either solely by *Vāta* or by the association of *Vāta* and *Kapha*.⁸ Whereas in view of *Yogratnākara* it occurs due to vitiated *Vāta* which results in the destruction of *Sotrādi Indriyās* thereby producing their functional loss.⁹

MATERIAL AND METHODS

*Ācārya Caraka*¹⁰ and *Ācārya Vāgbhatta*¹¹ advocated that *Karṇapūraṇa* should be done daily to avoid the diseases of the ear. In *Swasthivrittīya Adhyāya*, *Ācārya Suśruta* has mentioned *Karṇapūraṇa*. *Ācārya Suśruta* has mentioned a general line of treatment for *Karṇarogās*. It comprises of *Snehana*, *Swedana*, *Ghrītapāna*, *Rasāyana Sevana*, avoids

excessive work (*Avyāyāma*), avoid head bath (*Asīrah Snānam*), do not indulge in intercourse, do not talk excessively (*Akatthanam*).¹² *Ācārya Caraka*¹³ and *Ācārya Vāgbhatta*¹⁴ have advocated daily *Karṇapūraṇa* to avoid the diseases of the ear. According to use, *Karṇapūraṇa* can be categorised into two categories one as daily procedure (*Dincarya*) and second in pathological conditions. On the basis of drugs, it can be classified into two varieties i.e. done with *Sneh dravya* and done with *Swarasa*.

➤ *Karṇapūraṇa Dhāraṇa Samaya*¹⁵

- *Rasādi Dravya*- Before a meal
- *Tailādi Dravya*- After sunset

➤ *Karṇapūraṇa Dhāraṇakāla*¹⁶

- In painful diseased condition – Retention of *Karṇapūraṇa* till pain relieves.
- In *Swastha*- Retention of *Karṇapūraṇa* till Hundred *Mātrā* (approx. 5 minutes).

➤ **Duration of Dhāraṇa according to disease**

- In *Karṇaroga*- Till 100 *Mātrā*
- In *Kanṭharoga*- Till 500 *Mātrā*
- In *Śīroroga*- Till 1000 *Mātrā*

➤ *Mātrā* (Quantity of *Dravya*)

- *Mātrā* is not mentioned directly. However, the quantity should be sufficient to fill the External Acoustic Canal without overflowing.

➤ **Procedure of *Karṇapūraṇa***

- *Karṇapūraṇa* procedure can be divided broadly into 3 steps.

➤ *Pūrvā Karma*

- The patient should lie down on right or left lateral depending on the affected side.
- Apply a gentle massage of lukewarm oil around the ear for a few minutes.

- Mild hot fomentation should be performed around the ear.

➤ *Pradhāna Karma*

- The medicated liquid (oil) should be lukewarm after being heated in a water bath.

- Straighten the external auditory canal by pushing the pinna backwards and upwards.
- Pour the liquid (oil) in the form of drops up to the base of the concha.
- The drug's action should be potentiated by softly massaging the root of the ear.
- The medicated oil should be kept in the same place for a specified amount of time.

➤ ***Paścāta Karma***

- Any residual oil from the external auditory canal should be removed with dry cotton.
- The ear should be cleansed with dry cotton mopping after preserving the medicated oil for the specified duration.
- If desired, the procedure should be repeated in the other ear as well.

MODE OF ACTION

A) *Āyurvedic view*

Snehana is the primary treatment method to control *Vāta*. *Karṇapūrāṇa* is a kind of *Bāhya Snehana*. As a result, it is the most effective treatment for *Vāta Nigraha*. According to *Ācārya Caraka*, *Vāta Roga* does not linger in *Koṣṭha* that has been softened by *Snehana*. *Āyurvedic* texts do not provide a detailed explanation regarding the mode of action of *Karṇapūrāṇa*, but because *Karṇataila* (i.e. *Karṇapūrāṇa*) is described under 24 *Sneha Pravacāraṇa*¹⁷ its mode of action can be understood as *Sthānika Snehana* if *Sneha Dravya* is used in the process.

Snehana

The properties of *Snehana* drugs used for *Abhyanga* can also be used to understand the mode of action of *Abhyanga*, as the properties of *Snehana* drugs are opposite to *Vāta*, making it useful in all ear diseases induced by vitiated *Vāta*. *Abhyanga* with *TilaTaila* (mostly used because it is the strongest *Vāta Śāmaka*) relieves *Vāta* while not aggravating *Kapha*. Since it contains the *Guṇas Uṣṇa*, *Tikṣṇa*, and *Vyavāyi*, it has a high ability to penetrate small channels in the body, allowing it to open blocked channels (*Srotas*) and promote the drainage of vitiated *Doṣās*. *Dalhaṇa* commentary on *Ācārya Suśruta* defines the mode of action of *Abhyanga* as *Bāhya Snehana*.

The four *Triyaka Dhamanī* eventually divides many thousand times to become innumerable. These form a

network around the body, and the openings are connected to *Romakūpa*. And, after undergoing *Pāka* by *Bhrājaka Pitta* in the skin, the *Vīrya* of drugs present in *Abhyanga*, *Pariṣeka*, *Avagāha*, *Lepa*, and other therapies are absorbed into the skin through these *Romakūpa*, entering the body and producing desired therapeutic action.¹⁸

Dalhaṇa, the commentator, also went into great detail regarding the absorption of *Sneha*, which is used in the *Abhyanga* method. According to this, if applied for a long enough time, the oil used in *Abhyanga* will enter all of the *Dhātūs*. As a result, it is apparent that the drug's effectiveness in oil is absorbed by the skin.¹⁹

According to *Ācārya Dalhaṇa*, when the *Snehana* drugs reach a specific *Dhātu*, it alleviates or cures the diseases of that *Dhātu*. According to *Suśruta*, *Sneha* nourishes the body and thus provides power by *Sirāmukha* (opening of the veins), *Romakūpa* (the root of the hairs), and *Dhamanī* (arteries). *Abhyanga*, which is also a kind of *Bāhya Snehana*, can be understood in the same way.²⁰

Swedana

Ācārya Caraka has described the mechanism of *Swedana Karma* as given below²¹

- *Srotaha Su Abhiviliyate*: It aids in the dissolution of *Kapha*, which is trapped in a dense stage (*Grathita*) in the channels. *Kapha* is also liquefied, allowing it to travel freely. Due to *Uṣṇa Guṇa* of *Swedana*, *Kapha Doṣa* gets liquefied.
- *Khāni Mārdavam Āyanti*: It softens the channels, allowing *Vāta* to flow in the usual direction (*Anulomana*)
- *Slesmā Viṣyandate*: It increases the secretion of vitiated *Kapha* through the channel.

Swedana's Uṣṇa and *Tikṣṇa Guṇa* can penetrate the microcirculatory channels (*Srotas*) and activate the sweat glands, causing them to produce more sweat. *Swedana* due to *Uṣṇa Guṇa* dilates the capillaries, increasing circulation. Increased circulation aids in the removal of waste products and increases *Sneha* or drug absorption through the skin.

The *Līna Doṣās* are liquefied in our body due to the effect of *Sara* and *Sūkṣma Guṇa* of *Swedana*, and they come out through micropores, which are present over the skin as sweat glands pores. Furthermore, these *Guṇa* allow them to function on the *Doṣa* in the channels, removing stagnation (*Sanga*) in the form of *Kapha*, rendering the sticky contents mobile, and directing them to sweat pores for excretion, resulting in *Srotośodhana*. *Swedana* has a

cleansing effect on the body as a result.

When lukewarm oil is poured into the *Śabdavaha Srotas*, the *Taila* is carried to the desired sites by a network of *Srotas*, which cleanses the channel. Due to *Srotośodhana* and *Vāta-Kapha Śamana*, *Āvaraṇa* and *Sanga* of *Vāta* and *Kapha Doṣa* are eliminated and nutrition is carried to the respective sites, and proper ear microcirculation is restored. *Karṇapūrāṇa* with medicated *Sneha* has been performed in the patients of *Karṇa Roga* after breaking the *Āvaraṇa* and *Sanga* by *Abhyanga* and *Swedana Karma*.

Pradhāna Karma

Blood flow would increase in the ear first, then the adjacent structures, according to *Kedarikulyā Nyayā*. During the procedure, the patient is asked to make chewing motions. Chewing motions and *Karnamūla Vimardana* help the drug absorb better. When the *Sneha* is inserted into the ear, the drugs in the *Sneha* are absorbed by *Bhrājaka Pitta*, which is present in and around *Karṇa Twak* (skin), according to *Āyurveda*. From there, the drug travels to deeper tissues through the (*Rasa&Rakta*) *Śabdavahā Sirā*, which connects epithelial tissue of the external ear canal, tympanic membrane, and systemic blood flow.

To better understand oil absorption in the skin of the ear, we must first understand skin anatomy and percutaneous absorption.

Anatomy of Skin

Hair shafts and gland ducts pierce the epidermis and dermis, also known as the corium, two layers of skin. From the inside out, the basic skin layers are the fatty subcutaneous layer (hypodermis), connective tissue dermis, and stratified avascular cellular epidermis. This multi layered organ filters around a third of all blood that flows through the body. The epidermis is the skin's outermost layer, composed by an active epithelial basal cell population, which migrates toward the skin surface by the process of differentiation. Nutrients and waste wastes must diffuse through the dermal-epidermal junction to maintain the epidermis healthy because it lacks blood vessels.

Because the stratum corneum (SC) cells are dead, the epidermis without them is known as the viable epidermis. The SC is regarded to be the rate-limiting barrier in transdermal absorption of most substances. As a result, how readily something travels through this outer layer determines total absorption. The stratum corneum is mostly made up of lipophilic cholesterol, cholesterol esters, and

ceramides. As a result, lipid-soluble compounds pass through the layer and into circulation more quickly, but practically all molecules pass through it to some degree.

Drug Penetration Route:

A drug molecule will cross the intact SC in one of three crucial ways:

- Via skin appendages (shunt routes): include permeation across sweat glands and through hair follicles with their corresponding sebaceous glands.
- Via intercellular lipid domains: Drug diffusion through a continuous lipid matrix is involved in the intercellular route. This route allows permeation of charged molecules and large polar compounds, such as peptide-based drugs.
- Through a transcellular pathway: This route includes corneocytes. Corneocytes with high levels of keratin provide an aqueous habitat for hydrophilic drugs to move through.

So, in *Karṇapūrāṇa*, the drug absorbs through the skin during *Abhyanga* (massage) or after instilling it within the External Acoustic canal, it passes through the above processes and enters the bloodstream, where it reaches the target region (ear and its adjacent areas).

Enhancers of Permeation

Permeation enhancers are compounds that lower the ability of the skin's barrier properties, making it more permeable for drug molecules to pass through quickly. It increases drug diffusivity in the stratum corneum by liquefying skin lipids or denaturing skin proteins (SC). Enhancers include the following items:

1. Physical enhancers
2. Particulate systems
3. Chemical enhancers
4. Drug vehicle based
5. Natural penetration enhancers
6. Biochemical approach.

Natural oils are included in the category of natural penetration enhancers. Any neutral, non-polar chemical material that is a dense liquid at room temperature is referred to as oil. It is lipophilic ("fat loving" or "oil miscible") and hydrophobic ("water-fearing" or "water immiscible") in nature. In the case of TDDS, natural oils show promise as permeation enhancers (Transdermal Drug System). Free fatty acids (FFAs), especially monounsaturated FFAs like oleic acid, can disrupt the skin barrier and increase the permeability of other compounds found in plant oils.

Set oils and essential oils are examples of natural oils. Essential oils are also known as volatile oils because they evaporate in the atmosphere, as opposed to fixed oils, which are derived from plants. Fixed oils have been shown to be effective skin permeation enhancers and are known to be healthy and non-toxic. *Tila Taila* (sesame oil), *Sarṣapa Taila* (mustard oil), and others are examples. *Tila Taila* (sesame oil) is used as a base in most *Āyurvedic* medicated oils and is processed in a unique way (*Mūrchana*).

According to certain studies, this approach boosts saponification value while decreases acid value. Because a higher saponification value raises the concentration of low-molecular-weight fatty acids and a lower acid value lowers the percentage of free fatty acids, the medicinal oil is better absorbed in the body. As a result, natural oils permeate the skin rapidly and yield the desired effect, whether used alone or in combination with herbs.²²

DISCUSSION

Abhyanga is performed only in the *Murdhā Pradeśa*, and the effect of *Abhyanga* can be inferred in two ways: a) Through physical manipulations, and b) By the drug's action in the medicated oil. Massage, produces skin and muscle vasodilation by activating sympathetic nervous system receptors. It improves blood and plasma circulation, which activates and strengthens the lymphatic system while also removing waste from the body. *Abhyanga* strokes such as kneading and friction and increases blood flow to the treated area reduce tone in too tense muscle regions and relieve acute or chronic muscle tension by changing the pressure of contact on nerve terminals resulting in pain relief. During fomentation, the body temperature rises, as does sympathetic activity, which releases substances such as adrenaline, norepinephrine, and cortisol. As a result, they increase metabolic rate and demand for oxygen, energy (food), and remove waste products such as metabolites from the body. The elevated temperature activates the sweat glands of the skin, resulting in sweating and waste elimination. The efferent vasodilator nerves, which are spread out on the superficial surface of the face, are stimulated by hot fomentation, potentially increasing blood flow to the brain. Here, it can be mentioned that *Swedana* stimulates the sympathetic nervous system, resulting in vasodilatation. *Swedana* is responsible for increased blood circulation in the body as vasodilatation increases blood circulation. Heat is thought to increase transdermal medication distribution by

increasing skin permeability, physiological fluid circulation, blood vessel wall permeability, rate-limiting membrane permeability, and drug solubility. Heating a medicine dilates epidermal penetration channels, increases kinetic energy and particle mobility in the treated area, and improves drug absorption before or after topical application. After a treatment has been given topically, heating the skin promotes drug absorption into the vascular network. We may say that the outcomes of both *Abhyanga* and *Swedana* help with drug absorption

CONCLUSION

The ears are said to be the seat of *Vāta Doṣa* and are responsible for the hearing mechanism as quoted in *Aśtāṅga Hṛīdaya* “*Pakwāśaya Katisakthi Srotāsthi*” “*Buddhi Hridayendriya Chitta Drik*”.²³ The disease *Bādhirya* occurs in ears is mainly due to vitiation of *Vāta Doṣa*. *Karṇapurāṇa* does the *Vātaśamana* and maintains the normal hearing capacity, as quoted by *Ācārya Caraka* “*Na Karṇarogā Vātothhā*”²⁴ *Nocca Śrutihina Bādīryam Syānnityam Karṇa Tarpaṇāt*”.²⁴ *Sneha (Taila)* processed with *Rasayana* drugs used for *Karṇapurāṇa* exhibits *Vātahara* and *Kaphahara* action and helps in restoring *Vāta Doṣa* to normalcy. *Rasāyana* drugs of *Karṇapurāṇa Sneha* exhibits action on nerves²⁵ and hence is considered as a *Nādi Balya*²⁶ (gives strength to nerves) drug. Thus, it may be inferred that *Karṇapurāṇa*, processed with *Rasāyana* drugs may be helping in the nourishment of the ear cells as well as regeneration of damaged cells in deafness.

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