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A Clinical Study To Evaluate Efficacy Of Lashunadya Taila Karnapoorana In Management Of Badhirya(Snhl)-A Case Series.

[1*]Dr. Abhishek. T.R., [2*]Dr. Hemachandra Shetty

1.Final year PG scholar, Alva's Ayurveda medical college, Moodubidire, Karnataka

2.Associate Professor, Alva's Ayurveda medical college, Moodubidire, Karnataka.

Abstract: Hearing loss is one among the many Socio-medical problems, which is considered as a hidden disability. Hearing impairment is the most frequent sensory deficit in human populations, it is also associated with decrease in cognitive impairment[1]. It is estimated that over 60% of such hearing loss could be avoided through preventive measures[2].Among the people is a major issue and a person with hearing loss may be unable to hear doorbells, alarms, to respond while talking with anyone, etc. All this can make them feel frustrated, lonely, and depressed. Non-genetic causes can be intrauterine as diabetes, toxaemia, ototoxic drugs,[3]and infections such as rubella, measles, chickenpox, cytomegalovirus, and HIV[4].Hearing loss can be improved by using the hearing aids but is not choice of treatment in all conditions. Hearing aids work well for some while for others; it may not be a perfect solution due to many reasons such as poor economic status, low maintenance, social stigma. Dissatisfaction is seen in hearing aid due to incorrect amplification adjustments, low custom design, etc. *Badhirya* is one among the 28 types of *Karnaroga* with clinical features of reduced hearing or hearing loss. The main line of treatment for *Karnagata roga*s is *Karnapoorana*, *Karnaprakshalana*, *Karnadhupana* etc. along with internal *Rasayana* therapy. There are two types of *Badhirya* mentioned in classics namely *Vata* and *Vata Kaphaja*. As the root cause of *Badhirya* lies in *Shabda Vaha Srotas* and the main *dosha* involved is *Vata dosha*, lack of specific medical treatment and the surgical intervention is not suitable for all in hearing-loss. There is a need of simple, cost-effective medical line of treatment for *Badhirya*. Hence the treatment of choice is *Karnapoorana* with *Lashunadya taila* is selected.

Keywords: *Badhirya*, Sensorineural hearing loss, PTA, *Karnapoorana*, *Lashunadhya Taila*.

I. Introduction

The word *Badhirya* refers to "*Badha*" means obstruction. Acharya Sushruta as mentioned 28 *Karnaroga* and *Badhirya* is one among them. *Shudha Vata* or *Kaphanubandha yukta vayu*, obstructs the *Shabdavaha Srotas* or *Shabdavaha Sira* or neglecting the treatment of *Karnanada* causes in hearing difficulty or incapability of hearing is called *Badhirya*. According to Acharya Sushruta, vitiated *Vata* along with *Kapha* in *Sira* (~vein)

occupies *Shabdanuvaha sira* (~auditory nerve) in *Shrotrendriya* (~organ of hearing), leads to *Srotorodha* (~obstruction of channels), and further ignorance of this condition leads to *Badhirya*[5].

Sensorineural hearing loss (SNHL) results from lesions of the cochlea, VIIIth nerve or central auditory pathways. It may be present at birth(congenital) or start later in life (acquired). Congenital due to anomalies of the inner ear or damage to the hearing apparatus by prenatal or perinatal factors. Acquired may be genetic or non-genetic. The genetic hearing loss may manifest late (delayed onset) and may affect only the hearing, or be a part of a larger syndrome affecting other systems of the body as well (syndrome). Ayurvedic management in *Badhirya* is based on *Vatavyadhi chikitsa vidhi* (~neuroprotective treatment) and *Rasayana chikitsa* (~rejuvenation therapy)[6]. These principles probably help in regeneration and repair of damaged hair cells which have improved hearing. Present study tries to trace focus on clinical evaluation of *Lashunadya taila* in management of *Badhirya* (SNHL).

I. Objectives of Study:

To evaluate efficacy of *Lashunadya Taila Karnapoorana* in management of *Badhirya* (SNHL).

II. Hypothesis:

H0- There is no statistically significant efficacy of *Lashunadya Taila* in management of *Badhirya* (SNHL).

H1- There is statistically Significant effect of *Lashunadya Taila* in management of *Badhirya* (SNHL).

III. Materials and Methods:

Research design: Open Clinical trial with Single group.

Ethical Clearence By IEC:

Ethical clearance is obtained from Institutional Ethics Committee with Protocol No.IEC/AS/28.

Source of data:

Patients with fulfilling clinical criteria of Mild to Moderate Sensory Neural hearing loss were selected from the OPD& IPD of the Alva's Ayurveda Medical College & Hospital and Research center Moodubidire, Karnataka.

IV. Inclusion Criteria:

The Subjects with features of *badhirya* associated with symptoms of Sensorineural hearingloss such has-

Badhirya (Impaired hearing)

Karnanaada (Tinnitus)

Bhrama (Giddiness)

Karnashoola (Ear ache)

Karna anaha (Fullness sensation)

Patient with Mild-Moderate sensorineural hearingloss.

Patient aged between 18-70 years.

Patient with intact ear drum.

V. Exclusion criteria:

Pregnant & lactating women.

Congenital sensorineural hearingloss, Sudden Sensorineural hearingloss.

Patients already diagnosed with systemic diseases

Patient who are diagnosed with conductive deafness excluded by negative Rinne's and weber test.

VI. Investigations:

Puretone audiometry before and after treatment.

VII. Preperation of *Lashunadya taila*:

Ingredients of *Lashunadya taila* as per reference in chakradatta mentioned in table no.01 is prepared in Alvas Ayurveda Pharmacy of Mijar, Moodubidire

VIII. Intervention including Follow-Up:

S.No.	Drug	*Lashunadya Taila*
1.	Mode of Administration	*Karnapoorana*
2.	Dose	Q. S. till it reaches Conchae
3.	Duration	100 *matrakala* (approx. 3 min)
4.	Follow-Up period	2 months follow up- 30th day and 60th day.
5.	Total Study duration	60 days

Table 1: Intervention and Follow Up.

IX. Observations:

In the present study total 38 patient screened and 34 patients were enrolled among them 4 patients dropped due to unable to cop up with time, thus 30 patient completed study. Observation were as follows:

1. Age-wise distribution of subjects among 30 subjects, a maximum number of subjects were male corresponding to 60% & rest were female 40%. Male subjects involved in the trial are working in noisy environment (No sex predilection exists).
2. *Aniyamita Ahara sevana kala* (Irregular diet) distribution of patients 80% of patient having irregular diet and 20% of patient were having regular diet. *Aniyamita ahara kala* (irregular diet) will leads to *Vata prakopa*, *Sthana Samshraya* of vata in *Shabda vaha srotas* affects hearing leads to *badhirya*.
3. Out of 30 patients, 6.45% were house maker, 22.58% were laborers, 12.9% were weavers, 12.90% of patients were students and 45.16% are Yakshagana artists.

Mitya yoga of *Shabda* is one of the causative factors of *badhirya*.

4. Distribution of subjects based on severity among 30 patients, Maximum number of patients are with Moderate (SNHL) i.e, 76.67% and rest 23.33% were mild hearingloss (SNHL).

Overall Assessment of the relief:

Audiometric result showed that there were 76.67% patients suffering moderate hearingloss out of which 42.67% remained moderate while another 8.23% were come under the mild hearing range and 26.21% remained unchanged.

Audiometric result showed that there were 23.33% patients suffering from mild hearingloss out of which 3 mild and another 4 come under normal hearing range.

No patient with symptoms of *Karnashoola* (ear pain) and *Karnanaada* (fullness sensation) registered during the trial.

X. Discussion:

Discussion is the vital & mandatory party of every research work discussion will be made on the following headings:

1) Discussion on disease.
2) Discussion on selection of treatment modality.
3) Discussion on probable mode of action of the trial drug.

Discussion on Disease:

Badhirya is one among 28 *Karnaroga* described in Sushruta Samhita, Vata in association with Kapha under chronic condition results in hearingloss. Here the main symptom is difficulty in hearing even for loud sounds. When this condition is left untreated it leads to complete manifestation of *badhirya.* Concept of *Kaphavrita vata* is the basic principle behind the *samprapti* of *badhirya.*

Discussion on selection of Treatment Modality:

In *Karnapoorana, Sthanika snehana* and *swedana* increases promotes blood circulation and helps absorption of the drug. The fomentation causes local vasodilatation, thus enhances blood supply in tunica vascularis. The heat generated by the warm oil after instillation causes pseudo-congestion of vessels of tympanic membrane enhancing drug entry into middle ear. *Karnapurana* does the *Vata shamana* and maintains normal hearing capacity, as quoted by Acharya Charaka "*Na karnaroga vatottaha nochchav shrutihi na badiryam syannityam karna tarpanaat*."[7]

The epithelium of round window has the capacity to allow drugs into inner ear fluids, thus nourishes the nerve terminals and thereby preventing degeneration. *Snehana* is the principal line of treatment for controlling *vata*. *Karnapoorana* is a type of *Bahya snehana*. Thus, it is best treatment in *vata nigraha*.

Discussion on Probable action of trial drug:

As majority of ingredients in *Lashunadya taila*[8] contains *Ushna veerya* and *katu vipaka* properties, they produce *dravikarna* (*Vilayana)* and chedana of vitiated *kapha*. *Madhura rasa* and *Snigdha guna* being predominant, helps in the *anulomana* of *vata* whereas *katu-tikta- Kashaya* has *kaphanashaka* property, thus helpful in disintegrating the *kapha sanga*, which clearly acts on the pathogenesis of *Badhirya. Madhura rasa* and *snigdha* guna are helpful in the nourishment of *dhatus*, in case of any degenerative changes in the ear.

XI. Conclusion:

Badhirya can be correlated to the disease of hearingloss or deafness in modern science. Treatment with Lashunadhya taila karnapoorana have shown promising result in subjective and objective criteria. None of the cases worsened during the study and the effect of treatment is stable, no adverse reaction has been noticed during study. From the observation it can be inferred that if duration of treatment is prolonged better results can be shown. As

results of this study are promising further studies can be taken up to fortify the results.

Declaration of patient consent

Authors certify that they have obtained patient consent form, where the patient/caregiver has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/ caregiver understands that his/her name and initials will not be published and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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