



Ayurvedic Insights into the Concept of Tinnitus (Karna Nada)

Akash Shriram Soni

PG Scholer, Department of Shalakyatantra Hon. Shri Annasaheb Dange Ayurved Medical College and Post Graduate Research Center, Ashta

Dr. Pournima Fasale

Assitant Professor, Department of Shalakyatantra Hon. Shri Annasaheb Dange Ayurved Medical College and Post Graduate Research Center, Ashta

ABSTRACT

Background:

Tinnitus is one of the most distressing conditions that can markedly impair a patient's quality of life and productivity. Although not life-threatening, it often leads to emotional distress, cognitive impairment, intrusive auditory perceptions, sleep disturbances, and various somatic complaints. Its incidence and prevalence are steadily increasing. Current management strategies include anticonvulsants, anxiolytics, antidepressants, muscle relaxants, and other pharmacological agents, yet evidence supporting their long-term efficacy over potential risks remains limited. Similarly, the role of invasive and non-invasive neurostimulation therapies is not well established. Even advanced interventions such as cochlear implantation and hearing aid development have yielded inconsistent results.

Materials and Methods: Literature related to tinnitus and Karnanada was reviewed from classical Ayurvedic texts, their commentaries, and contemporary medical sources.

Results: There is a pressing need for therapeutic approaches that are safe, effective, reproducible, and widely accepted. Such treatments should aim to significantly alleviate both the intensity and the impact of tinnitus.

Discussion: The multifactorial etiology and often unclear pathogenesis of tinnitus pose challenges in formulating a definitive treatment protocol in modern medicine, making prognosis uncertain. In contrast, Ayurveda provides a clearer understanding of Karnanada, with detailed descriptions of its prognosis and treatment modalities, which may offer more satisfactory outcomes.

Conclusion: Ayurvedic management, particularly when integrated with herbal formulations, shows promising potential in addressing tinnitus (Karnanada). It can serve as a valuable complementary approach alongside modern therapeutic options.

Keywords : Ayurveda, Karnanada , Nada , Tinnitus, Treatment .

INTRODUCTION

According to Ayurveda, the improper utilization of Karma, Kala, and Artha (Indriya) in the forms of Ati-yoga (excess use), Hina-yoga (underuse), and Mithya-yoga (misuse) is responsible for the manifestation of diseases.¹ In a similar manner, Ati-yoga, Hina-yoga, and Mithya-yoga of Shabda (sound) can act as precipitating factors in the development of Karnanada (tinnitus). Patients with Karnanada may perceive a variety of auditory sensations in one or both ears, which may be continuous, intermittent, or fluctuating in nature. The perceived sounds vary in pitch, intensity, and quality, and are often described as ringing, rustling, hissing, roaring, clicking. Symptoms are typically more distressing at night or in quiet environments, where background sounds are minimal and masking effects are reduced.

Tinnitus itself is a symptom rather than a disease, with its origins possibly located in the eighth cranial nerve, the brain, or the middle and inner ear. It may also be associated with systemic conditions such as anemia, hypotension, or hypertension, and can be induced by ototoxic medications that affect the inner ear or auditory pathways. Prolonged exposure to loud noise has emerged as a major etiological factor, particularly contributing to the increasing prevalence of tinnitus in younger populations.² Similarly, extended use of electronic

devices such as headphones, earphones, and mobile phones—which emit electromagnetic waves and strong electromagnetic fields—can damage auditory as well as other bodily structures, further contributing to tinnitus.

Clinically, tinnitus is broadly categorized into subjective and objective types. Objective tinnitus, usually pulsatile, arises from para-auditory structures and can sometimes be detected by an examiner, whereas subjective tinnitus is perceived only by the patient. The majority of cases fall into the subjective category, which is generally implied when the term “tinnitus” is used.³ Some scholars prefer the term “genuine tinnitus” for subjective tinnitus, while reserving “objective tinnitus” for sound sensations generated by internal acoustical sources, which should be understood as symptoms of an underlying condition rather than tinnitus itself.⁴

Pinpointing the exact etiology of tinnitus is often challenging, as it may result from a range of physical or psychological disturbances not directly confined to the ear. Relief can be achieved when the underlying cause is identified and treated, though this is not always feasible. The present article explores the condition of Karnanada (tinnitus) in general and highlights its management through Ayurvedic approaches.

MATERIALS AND METHODS

Information related to tinnitus and Karnanada was collected from classical Ayurvedic texts, their commentaries, and contemporary medical literature. In addition, both indexed and non-indexed medical publications were reviewed to gather data on relevant aspects.

CONCEPTUAL STUDY

Tinnitus, commonly described as ringing in the ears, refers to the perception of sounds such as ringing, buzzing, hissing, chirping, whistling, or similar auditory sensations without an external source. The sound may be intermittent or continuous and can vary in intensity. Symptoms are often more pronounced in quiet environments, particularly at night, when background noise is minimal. In rare cases, the sound synchronizes with the heartbeat, a condition termed pulsatile tinnitus.⁵

In Ayurveda, Karnanada is classified as one of the 28 Karna Rogas described in Sushruta Samhita, Bhavaprakasha, and Yoga Ratnakara. It is primarily attributed to Vata Dosha vitiation. According to Aṣṭanga Hṛdaya, Karnanada is considered a Sadhya Vyadhi (easily curable disorder). The term Karnanada derives from two roots: Karna, denoting the external, middle, and inner ear, which collectively function in auditory perception; and Nada or Ninada, referring to rhythmic or resonant sounds.⁶

Epidemiologically, tinnitus poses a significant global health concern. Data from the U.S. National Center for Health Statistics indicate that approximately 32% of Americans experience tinnitus, with 6% reporting severe forms.⁷ Worldwide, large-scale surveys estimate that between 8–25% of adults suffer from chronic tinnitus.^{8–9} A population-based study on hearing loss among individuals aged 48–92 reported a tinnitus incidence of 5.7% over five years and a prevalence of 8.2%. The likelihood of tinnitus increases with advancing age.¹⁰

From an Ayurvedic perspective, general Karnaroga Nidanas contribute to Vata Dosha vitiation, including Avashyaya (exposure to cold), Jalakrida (swimming or water entering the ear canal), Karnakandu (improper scratching of the ear), and Mithyayoga of Shashtras (inappropriate instrumentation).¹¹ This disturbed Vata may further vitiate other Doshas, spreading to the Karna Siras (aural channels) and resulting in ear diseases. Classical texts also note that factors such as inadequate sleep, excessive talking, overexertion, fasting, grief, fear, or sudden shock can aggravate Vata and contribute to Karnanada. Additionally, Acharyas describe a related condition, Karnakshveda (aural gurgling), with etiologies including excessive effort (Srama), consumption of Rukṣa and Kaṣhaya substances, among others.¹²

From a modern medical standpoint, tinnitus is considered a symptom of various underlying pathologies rather than a disease entity in itself. Its origins may lie in the external ear (e.g., impacted wax, foreign body, fungal infection), middle ear, inner ear (e.g., Meniere's disease, otosclerosis), or the auditory nerve (e.g., tumors). Other causes include presbycusis, noise-induced trauma, or ototoxic drugs.¹³ Presbycusis, age-related hearing loss, occurs due to degeneration of cochlear sensory hair cells, reducing external masking sounds and thereby amplifying tinnitus perception. Short-term exposure to loud noise may also damage stereocilia, leading to tinnitus with or without hearing loss. Similarly, ototoxic substances can induce comparable auditory damage. Non-otologic causes such as central nervous system disorders, anemia, hypertension, hypotension, and hypoglycemia have also been implicated.^{2, 14}

Symptoms

In Karnanada, due to the vitiation of Vata Dosha, an individual perceives various types of sounds even in the absence of any external auditory stimulus. The Acharyas describe these sounds as resembling those produced by classical instruments of the Samhita Kala, such as Bheri, Mrdanga, and Sankha, arising typically after exposure to Vata-prakopaka Nidanas. Additionally, they mention a closely related condition known as Karnakshveda, in which patients experience a flute-like sound, described as Venughoshopama.¹⁵

From a modern perspective, tinnitus is understood as an auditory perception of noise within the ears or head without an external source. It may affect one or both ears and can present intermittently or persistently. The perceived sounds may take the form of hissing, roaring, swishing, or clicking, and can vary in pitch (high or low), loudness, and quality. Symptoms are often more troublesome in quiet environments, where the absence of background noise eliminates natural masking effects.²

TREATMENT THROUGH AYURVEDA

The incidence of tinnitus is steadily increasing, particularly among younger populations, highlighting the urgent need for effective therapeutic strategies. In Ayurvedic classics, Vata Dosha is considered the primary causative factor for most aural disorders, including Karnanada. Hence, Vata-shamaka measures such as Ghrita Pana and Rasayana Sevana are recommended.¹⁶ A similar line of management is also advised for four related disorders: Karnashula, Karnanada, Karnabadhira, and Karnakshveda.¹⁷

Since Vata Dosha predominates, therapies aimed at pacifying Vata are emphasized, including Snehana, Svedana, Nasya, Karnapoorana, Shirobhyanga, and Padabhyanga. Svedana (sudation therapy) is generally administered following Snehana around the ear and face, using medicated oils such as Bala Taila, Narayana Taila, and Dashamula Taila. Karnapoorana (instillation of medicated oil into the ear) is performed with Sarshapa Taila or Gruhadhumadi Taila. In cases with predominant Kapha involvement, Karnapoorana may be performed after Vamana. Additionally, Nasya with Bala Taila is advised prior to Karnapoorana.

Prana Vayu is specifically pacified by Abhyanga, Shirobhyanga (head massage), and Padabhyanga (foot massage), typically using warm oils such as Bala Taila, Kshirabala Taila, or Tila Taila. Massaging the scalp and soles with warm oil before bedtime helps restore Prana Vayu balance. In Karnapoorana, a few drops of lukewarm oil are instilled into each ear, retained for about ten minutes, and then drained, with the procedure repeated on the opposite side. Regular practice for 8–10 days often provides relief from tinnitus and other symptoms associated with Prana Vayu derangement.

Several medicated oils are recommended for Karnapoorana, including Bilvadi Taila, Apamargakshara Taila, Dashamala Taila, Narayana Taila, Vishnu Taila, Dipika Taila, Hingvadi Taila, and Nirgundi Taila. Supportive procedures like Kavala (gargling) and Gandusha (oil pulling) are also beneficial in calming aggravated Vata and strengthening the auditory system. As mentioned by Acharya Chakradatta, formulations used for Vataja Shula are equally effective in the management of Karnanada and Karnabadhira.¹⁷

DISCUSSION

The term tinnitus is derived from the Latin word *tinnire*, meaning “to ring.” It refers to the perception of abnormal sounds, such as ringing, buzzing, hissing, roaring, clicking, or pulsatile noises, in the absence of any external auditory stimulus. It may occur in one or both ears and is often associated with hearing loss and dizziness. Symptoms are usually more distressing in quiet environments where masking sounds are absent.

Tinnitus is considered a condition rather than a disease, and its causes may originate within the auditory system or in systemic disorders. Local factors include cerumen impaction, foreign bodies, acute suppurative otitis media (ASOM), or otosclerosis, while systemic contributors include fluctuations in blood sugar or blood pressure. In severe cases, the persistent sound can be so debilitating that it may lead to suicidal tendencies. In the United States, approximately 40 million people are affected; while 75% are not significantly troubled, around 10 million suffer severely. The prevalence is highest in individuals aged 40–70 years and is nearly equal in men and women.

In Ayurveda, tinnitus is described as *Karnanada*, a manifestation of *Prana Vayu* imbalance rather than a standalone disease. *Prana Vayu*, a sub-dosha of *Vata*, governs higher cerebral functions. Classical texts explain that in *Karnanada*, vitiated *Vata* moves along the *Shabdavaha Srotas* (auditory channels), giving rise to abnormal sound perception. Management focuses on *Vata-shamaka* therapies, similar to those used for *Karnashula* and *Karnabadhira*. These include *Ghritapana*, *Rasayana*, *Naḍisveda*, *Karnapoorana*, *Shirobhyanga*, and *Padabhyanga*. Supportive measures such as *Medhya* (nootropic), *Balya*

(strength-promoting), and sedative therapies may also be beneficial.

Since *Karnanada* can lead to complications such as hearing impairment, poor concentration, sleep disturbances, depression, and reduced quality of life, careful management is essential. Lifestyle modifications—including adequate sleep, avoiding excessive use of headphones and mobile devices, and reducing exposure to loud noises—play an important preventive and supportive role.

CONCLUSION

Tinnitus, a prevalent auditory condition, can be correlated with *Karnanada* as described in Ayurvedic literature. Its etiology is multifactorial, involving factors such as aging, prolonged noise exposure, ototoxic drugs, vascular abnormalities, metabolic disorders, temporomandibular joint dysfunction, and secondary effects of other systemic diseases. The condition may originate within the ear or from surrounding cranial structures. Clinically, it presents as the perception of abnormal sounds—such as buzzing, hissing, roaring, clicking, or pulsatile noises—in the absence of external stimuli, and may be perceived unilaterally or bilaterally.

In Ayurveda, *Karnanada* is attributed primarily to the vitiation of *Vata Dosha*. Management strategies include *Rasayana* therapy, *Medhya Aushadhi*, *Karnapoorana*, and other *Kriyaka*lpas, which not only alleviate symptoms but also act systemically by addressing the root cause of *Dosha* imbalance. Ayurvedic formulations are generally safer, with fewer adverse effects compared to pharmacological interventions. Therefore, it can be concluded that while modern medical treatments for tinnitus often yield limited success, Ayurvedic approaches offer a holistic management strategy targeting both

symptom relief and the underlying pathophysiology.

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