

Clinical Assessment of Sarshapa Taila Versus Guduchi Bala Taila Karnapoorana in Karnanada with Reference to Tinnitus

Dr Vinod Jadhav¹, Dr. Vijaylaxmi Basavaraj Chikkamath², Dr Manjunath Koutal³

¹Professor, HOD, Department of Shalakya Tantra, S V M Ayurvedic Medical College Research Center, Rajiv Gandhi University Of Health Sciences Bengaluru, Karnataka, India. vinu2966@gmail.com

²PG Scholar, Department of Shalakya Tantra, S V M Ayurvedic Medical College and Research Center, Rajiv Gandhi University Of Health Sciences Bengaluru, Karnataka, India. vbchikkamath2000@gmail.com

³Associate Professor, Department of Shalakya Tantra, S V M Ayurvedic Medical College Research Center, Rajiv Gandhi University Of Health Sciences Bengaluru, Karnataka, India.. mmmmmanzunath80@gmail.com

Corresponding Author: Vijaylaxmi Basavaraj Chikkamath, vbchikkamath2000@gmail.com

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**Guduchi Bala Taila,
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Abstract

Background: Tinnitus presents as ringing or buzzing in the ear with impaired hearing, irritability, and disturbed sleep. Conventional treatments such as antioxidants, sedatives, antidepressants, vasodilators, masking, and surgery show limited success due to adverse effects and recurrence. According to Acharya Sushruta, Karnanada occurs due to Vata vimarga gamana or Kapha avarana, and Karnapoorana is indicated as one of the treatment modality in its management. This study was undertaken to compare the efficacy of the Karnapoorana by two Tailas in treatment of Karnanada.

Objective: To compare the efficacy of Sarshapa Taila and Guduchi Bala Taila Karnapoorana in Karnanada.

Methods: A comparative pre- and post-test clinical study was conducted. Patients with Karnanada were randomly allocated into Group A (Sarshapa Taila) and Group B (Guduchi Bala Taila) for Karnapoorana.

Results: Both groups showed improvement in tinnitus symptoms. Although the difference was not statistically significant, Guduchi Bala Taila produced better clinical outcomes.

Conclusion: Group B showed 83% improvement compared to 79% in Group A, suggesting Guduchi Bala Taila is more effective in the management of Karnanada.

1. INTRODUCTION

Karnanada can be correlated to the Tinnitus, it is ringing in the ear and it causes great stress and emotional handicap. As per Sushrutacharya, Karnanada is “Yadha Tu Naadeeshu Vimargamaghata sa yeva shabdabhivahasu tishtati”¹, When Vata enters in shabdavaha srotas by vimarga gamana or avritta by kapha dosha, the patient hears various types of sounds.

There are several regimens regarding Karnanada in various Samhitas and other literatures. Karnapoorana is one among treatment modality for Karnanada.

According to Acharya Charaka those who practice Karnapoorana daily do not suffer from Vataja Karna roga, badhira, Manya and Hanu roga², Acharya Sushruta described it as treatment of Hanu, Manya, Shira and Karnashool³, Vagbhata acharya explained that it is part of Dinacharya and should be followed if one wants good

health⁴.

For Karnapoorana, Sarshapa Taila is considered to be Shreshta according to Acharya Vagbhata⁵ i.e “Karnanade hitam tailam sarshapottham cha poorane”.

Sarshapa taila is easily available and considered to be choice of medicine to pacify vata and kapha dosha. Guduchi Bala taila⁶ possessing Vatahara Guna is taken for trial work. Prevalence of Tinnitus with hearing loss is very high i.e 90%⁷ Ilkal is a place where Granite industries are more and main occupation of people residing here is weaving sarees, in both equipments/machineries produce constant sound which will affect the workers. Even today there is no specific remedy to this condition in advance modern system.

The management of tinnitus comprises of nutritional support, anti oxidants, reassurance, sedatives, antidepressants, Vasodilators,

masking, psychology, electrical suppression⁸ and surgical measure for advanced cases. Show limited success due to adverse effects and recurrence.

By above mentioned facts and to bring out patient from illness a sincere effort has been made in present study entitled “A Comparative Clinical Study to Evaluate the Efficacy of Sarshapa Taila And Guduchi Bala Taila Karnapoorana In Karnanada W.S.R To Tinnitus.”

2. MATERIALS AND METHODS

Trial design

The present study was a single-blind, randomized, comparative clinical study. The study was approved by the Institutional Ethical Committee (IEC), SVM Ayurvedic Medical College, Ilkal, and Karnataka. Written consent from the participants was obtained in the consent form approved by the institutional ethics committee, provided in the local language prior to the initiation of screening procedures.

Participant's criteria

Inclusion criteria

The diagnosis was made based on the symptoms like Karnanada (Ringing sound) and Badhirya (Impaired hearing), Patients aged between 18 to 60 years, Patients of Tinnitus having chronicity up to 1 year,

Exclusion criteria

Perforation of tympanic membrane, Patient of otosclerosis and CSOM, Blockage due to stenosis of external auditory canal,



Figure 1: Picture of Taila Karnapoorana



Figure 2: Picture of Pure Tone Audiometry (PTA) Assessment.

Outcomes

The outcomes were measured using subjective and objective parameters. Ringing sound and Impaired hearing were graded on a scale from Grade 0 to Grade 4, Pure Tone Audiometry (PTA) was measured using Audiometer were recorded in decibels and Graded 0 to 4. Observations were noted at the baseline (0th day), and subsequently on 8th, 15th, and 30th days after treatment.

Sample size and randomization

A two sided test with a level of significance of 5% ($\alpha = 0.05$) was used. A total sample size of 30 subjects was included in the study and randomly allocated in to 2 groups (n =15 per group) using sample randomization (lottery) method.

Blinding

Tinnitus due to ototoxic factors, Glomus tumour, Aneurysm of carotid artery, Palatal myoclonus, tumour of auditory nerve are excluded.

Settings and locations for data collection

A minimum of 30 patients, suffering from symptoms of Karnanada and fulfilling the above mentioned criteria were randomly selected from the IPD and OPD of S.V.M Ayurvedic Medical College's RPK Ayurvedic Hospital, Ilkal. These patients were randomly allocated to Group A and Group B, with 15 patients in each group.

Interventions

Patients allotted to Group A and Group B received Karnapoorana with Sarshapa and Guduchi Bala Taila for 7 days respectively.

Group A and B: Karnapoorana

Purva Karma: The person undergoing Karnapoorana should lie in left lateral position so as to keep the ear to be treated up. Sthanika Snehana is done with Sarshapa taila/Guduchi Bala taila is done for 5 minutes, and then Sthanika Swedana is done around the ears with a clean towel dipped in hot water for 5 minutes each.

Pradhana Karma: After the poorva karma the patient should lie in the same left lateral position and luke warm Sarshapa taila/Guduchi Bala taila should be filled slowly into the external ear canal upto its brim with a cotton swab and should be retained for 100 matra kalas.

Paschata Karma: The excess oil should be taken out of the external auditory canal by dry cotton. After retaining the medicated oil for the prescribed time, the ear should be cleaned with dry cotton mopping. In bilateral case, the same procedure should be repeated in the fellow ear also.

Evaluator-blinded data collection was maintained throughout the study. The outcome variables related to the interventions were documented and statistical analysis was also performed in a blinded manner.

3. RESULTS

Demographic detail and baseline data

All the demographic and baseline data of the participants were evaluated, and the results indicated in terms of patients age, gender, religion, occupation, economical status, food habit, addiction, nature of work, complaints, laterality, nature of complaint, disease duration and history of other illnesses of both groups. No patient underwent concomitant treatments during the study period.

Outcomes and estimation

Wilcoxon Signed-Rank test was used to compare outcomes within Group A and Group B, As shown in Table, the *p* value for the parameters is less than 0.05. Therefore, we conclude that there is a

statistically significant difference between Group A and Group B in the management of *Karnanada*. Further more, the average percentage of improvement in Group B was 83 %, which is notably higher than observed in Group A was 79 % .This suggests that intervention in Group B was more effective than that in Group A.

Table 1: Statistical analysis of all parameters of groups A and B for BT – FU2

Parameters	Mean BT		Mean FU2		% improvement		Sum of the ranks	Mean of the ranks	SD	Z value	P value	Remarks
	A	B	A	B	A	B						
Karnanada	2.2	2.2	0.5	0.3	79	83	120	60	17.6	-3.407	0.0006	S
Impaired hearing	2.2	2.2	0.5	0.8	43.3	54	55	27.5	9.8	-2.803	0.005	S
PTA	1.2	1.2	0.7	0.4	31.1	44	55	27.5	9.8	-2.803	0.005	S

4. DISCUSSION

Karna is one of the adhithana of Vata-Dosha and according to Acharya Charaka, Karnanda is a Vataja Nanatmaja Vyadhi⁹ and mainly Vata predominant causative factors are responsible for Karnanda. Snehana becomes important to control the localised increased Vata Dosha. Sarshapa Taila mentioned in the Bhaishajya Ratnavali, for the management of Karnanada by the mode of Karnapoorana, it has Krimighna, Kandughna, Kushtaghna, Karnarogaghna etc. properties¹⁰, and Guduchi Bala Taila having Balya, Vatashamaka properties which corrects the microcirculation and maintains the normal functioning of hearing by relieving sounds in the ear. Hence, Karnapoorana (considered by Acharya Charaka as one of the Sneha Pravicharana¹¹) gains importance in the management of Karnanada Vata predominant diseases. The use of Sneha especially Taila to subside Vata Dosha and clears the Srotas of Karna.

Probable mode of action of Karnapoorana

Abhyanga:

Before Karnapoorana, Abhyanga is specifically done in Murdha Pradesha which causes vasodilatation in the skin and muscles by stimulating **receptors of the sympathetic nervous system. Vasodilatation increases blood flow and helps to remove the toxic products.**

Swedana:

Swedana Karma helps to dissolve Shleshma. It makes the channels soft, by which Vata Doshas and other contents can flow through in their normal directions.

Due to Ushna Guna of Swedana, Kapha Dosha gets liquefied. When lukewarm taila enters into the Srotas, it is carried towards the

desired sites and cleanses the channel. Due to Sroto Shodhana and Vata Kapha Shamana, Avarana and Sanga of Vata & Kapha is removed. After breaking Avarana and Sanga by Abhyanga and Swedana, Karnapoorana has been carried out.

Karnapoorana:

It is hypothesized that Taila helps in the absorption through epithelial tissue of external ear canal and tympanic membrane that can maintain normal function of hearing and equilibrium.

As the result of Karnapoorana, Kapha and Vata- Shamana takes place which will corrects the microcirculation, then maintains the normal function of hearing and relieve sounds from the ear (Karnanada).

5. CONCLUSION

The following conclusions can be drawn based on the research undertaken on Karnapoorana at R.P. Karadi Ayurvedic Hospital, Ilkal.

The vitiated Vata dosha gets lodged in Shabdavaha Srotas, enters into other channels or avritta by Kapha Dosha in Shabdavaha Srotas produces different types of sounds in the ear. The drugs and procedures which have Vata hara and Avarana hara properties should be administered. Considering this, Karnapoorana by Sarshapa and Guduchi Bala Taila were administered in this study. No complications related to Karnapoorana were observed. Clinically, upon comparing overall responses, Group B i.e Guduchi Bala Taila karnapoorana showed the favorable response. (83 %).

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