

Ayurvedic Management of Otagia (Karnashula) Through Bilvadi Taila: A Case Report

Dr. Mukesh Sharma¹, Dr. Saurav Verma²

¹Associate Professor, Department of Shalakya tantra Lal Bahadur Shastri Mahila Ayurvedic College and Hospital, Bilaspur, Haryana

²Associate Professor, Department of Panchakarma, Lal Bahadur Shastri Mahila Ayurvedic College and Hospital, Bilaspur, Haryana

Abstract- *Karnashula* is a commonly encountered condition in *Śālākya Tantra*, corresponding to otalgia in modern medicine. It manifests as severe ear pain, often accompanied by associated symptoms like inflammation, discharge, or hearing disturbances. The condition, when left untreated, can lead to serious complications and reduced quality of life. Modern management primarily includes analgesics and antibiotics, which may cause side effects or resistance. Ayurveda, on the other hand, offers a holistic approach targeting both the *doshic* imbalance and symptomatic relief. This case report presents a 32-year-old male patient diagnosed with *Vātaja Karnashūla*, exhibiting classical symptoms such as *bhedaśūla* (piercing pain), *sūnya bhāva* (sense of emptiness), and mild *śoṭha* (inflammation). The intervention included local application of *Bilvādī Taila* through *Karṇapūraṇa* for seven consecutive days. Marked relief in symptoms was observed within three days, and complete remission occurred by the end of therapy. No adverse effects or recurrence were noted during the 15-day follow-up period. The outcome suggests that *Bilvādī Taila*, owing to its *vedanāsthāpana*, *vāta-kapha hara*, and *krimighna* properties, is highly effective in managing *Karnashūla*. This case highlights the potential of classical *karṇapūraṇa* procedures and emphasizes the need for larger clinical studies to validate its efficacy.

Keywords: *Karnashūla*, *Bilvādī Taila*, *Karṇapūraṇa*, *Śālākya Tantra*, *Vātaja Vyādhi*, Ayurvedic Otagia Management

INTRODUCTION

Karnashūla is a distressing clinical condition described in *Āyurveda*, falling under the domain of *Śālākya Tantra*. It is characterized by intense ear pain, and its etymological derivation stems from two Sanskrit words – *karṇa* (ear) and *śūla* (pain or piercing sensation). The ancient texts of *Caraka*, *Suśruta*, and

Aṣṭāṅga Hṛdaya provide detailed classifications and treatments for various types of *karṇaroga*, among which *Karnashūla* holds clinical significance due to its *vedanākara* (painful) nature. [1] In modern medicine, otalgia refers to earache that can originate from primary (auricular) or secondary (referred) sources. It is commonly seen in infections, trauma, Eustachian tube dysfunction, or temporomandibular joint issues. The prevalence of otalgia, especially in pediatric and adult ENT outpatient departments, is considerably high and often recurs if not managed thoroughly. [2] Contemporary treatment includes analgesics, decongestants, and antibiotics, which may provide temporary relief but do not address the root cause in many cases. Long-term use of such medications also increases the risk of antimicrobial resistance and systemic side effects. [3] From an Ayurvedic perspective, *Karnashūla* is caused by the vitiation of *Vāta* either independently or in association with *Pitta* and *Kapha*. The various types described include *Vātaja*, *Pittaja*, *Kaphaja*, *Sannipātaja*, and *Krimiḥ* *Karnashūla*, each with its own clinical features and line of treatment. Among these, *Vātaja Karnashūla* is most commonly encountered and is marked by *ruk*, *śūla*, *sūnya bhāva*, and *tanutrāva*. [4] Management of *Karnashūla* focuses on *snehana*, *swedana*, *karṇapūraṇa*, and use of *tailas* with *vāta-pacifying*, *krimighna*, and *śūla-hara* properties. *Bilvādī Taila*, described in the classical texts like *Bhaishajya Ratnāvali* and *Āyurveda Sara Saṅgraha*, is a polyherbal oil formulation indicated in *karṇaroga*. It contains drugs such as *Bilva*, *Surasā*, *Śigru*, *Arka*, and *Nimba*, which are known for their *vedanāsthāpana*, *kapha-vāta hara*, *krimighna*, and *śodhana* properties. This oil is traditionally used in *karṇapūraṇa* (ear instillation), which acts locally to relieve pain and

clear the obstruction. [5] This case report demonstrates the successful management of *Vātaja Karṇashūla* using *Bilvādī Taila* through the procedure of *karṇapūraṇa*. The intervention led to significant symptom relief without any recurrence, thereby highlighting the clinical efficacy and safety of classical Ayurvedic formulations in ENT practice. [6]

AIM AND OBJECTIVES

Aim:

To evaluate the clinical efficacy of *Bilvādī Taila* administered via *Karṇapūraṇa* in the management of *Vātaja Karṇashūla*.

Objectives:

1. To assess symptomatic relief in ear pain (*śūla*) using Ayurvedic intervention.
2. To observe the therapeutic effect of *Bilvādī Taila* on associated symptoms like *śūnya bhāva* (feeling of emptiness), mild *śoṭha* (inflammation), and *kṛmī lakṣaṇa* (if present).
3. To determine the safety and tolerability of *Bilvādī Taila* when administered through *Karṇapūraṇa*.

Case Presentation

Patient Information:

A 32-year-old male patient, resident of a semi-urban region, presented to the *Śālākya Tantra* OPD of Lal Bahadur Shastri Mahila Ayurvedic College and Hospital, Bilaspur, Haryana with complaints of pain in the right ear for the last 5 days. He was a school teacher by profession, with moderate physical activity, regular diet, and no history of smoking or alcohol consumption.

Chief Complaints:

- Severe, pricking type of pain (*bhedaśūla*) in the right ear
- Sensation of blockage or emptiness (*śūnya bhāva*)
- Mild swelling near the auditory canal
- No discharge or fever

The patient described the pain as persistent and worse during nighttime and cold exposure. Pain severity was rated 8/10 on the Visual Analog Scale (VAS). [7]

History of Present Illness: The condition started gradually with mild discomfort in the ear, which increased over 2–3 days to severe pain. He had self-medicated with over-the-counter analgesics without relief. There was no recent history of trauma, upper respiratory infection, or water exposure.

Past Medical and Surgical History:

- No history of chronic illnesses like diabetes, hypertension, or ENT-related surgeries
- No known drug allergies
- No prior similar episodes

Family History:

Non-contributory; no family history of ENT disorders or allergies.

Personal and Dietary History:

- Mixed diet, with predominance of dry, reheated foods
- Irregular meal timings
- Constipated bowel movements
- Poor water intake
- Late-night sleeping habits, frequent mobile usage

These lifestyle habits were suggestive of *vāta prakopa nidāna*. [8]

General Examination:

- Pulse (Nadi): 76 bpm, regular
- Blood Pressure: 118/74 mmHg
- Temperature: Afebrile
- No systemic abnormality noted

Local ENT Examination:

- Right ear: Tenderness over tragus
- Mild edema around external auditory canal
- No discharge, tympanic membrane intact

- No hearing loss on tuning fork tests
- Left ear: Normal

Ayurvedic Examination:

- *Prakṛti*: Vāta-pitta
- *Vikṛti*: Predominance of vāta doṣa
- *Agni*: Viṣamagni
- *Mala*: Vibaddha (constipated)
- *Nidra*: Alpa nidrā (disturbed sleep)
- *Manas*: Rajasika pravṛtti
- *Srotodushti*: Prāṇavaha and śabdavaha srotas vitiation

Based on clinical features and doṣika assessment, the patient was diagnosed as having Vātaja Karṇashūla. [9]

Diagnosis

Modern Diagnosis:

Based on history, clinical presentation, and ENT examination, the condition was diagnosed as primary otalgia, most likely due to external otitis or Eustachian tube dysfunction, without any signs of perforation, discharge, or hearing loss.

Ayurvedic Diagnosis:

The signs and symptoms such as *bhedasūla* (pricking pain), *śūnya bhāva* (sense of emptiness), *alpa śoṭha* (mild inflammation), and *ruk* (dryness), all without discharge (*na śrāvāḥ*), were indicative of Vātaja Karṇashūla, as described in *Aṣṭāṅga Hṛdaya*, *Suśruta Saṃhitā*, and *Caraka Saṃhitā*. [10]

“*Bheda ruk śūla śūnyaś ca śabdahāniḥ samīrajah ||*”

(A.H. Uttara Tantra 12/7)

These clinical features, along with lifestyle patterns like *viṣamagni*, *vātaprakopa āhāra-vihāra*, and disturbed sleep, confirmed the diagnosis of Vātaja Karṇashūla. [11]

Therapeutic Intervention

Chosen Ayurvedic Management:

The primary line of management was local *snehana* through *Karṇapūrāṇa* using *Bilvādī Taila*, as per classical recommendations for Vātaja Karṇashūla.

Details of the Intervention:

Treatment Procedure	Details
Drug Used	<i>Bilvādī Taila</i>
Route	<i>Karṇapūrāṇa</i> (ear instillation)
Dose	6–8 drops in the affected ear
Frequency	Once daily for 7 days
Time of Administration	<i>Sandhyākāla</i> (evening), after mild <i>svedana</i>
Duration of Therapy	7 days
Position	Lying with affected ear upwards
Anupāna	None

Why *Bilvādī Taila*?

- Contains ingredients like *Bilva*, *Surasā*, *Śigru*, *Arka*, *Nimba*, *Kṛṣṇā*, etc.
- Actions: *Vātahara*, *kṛmighna*, *śūla-hara*, *śodhana*, and *vedanāsthāpana*
- Acts as a local anti-inflammatory, analgesic, and antimicrobial agent

- Useful in *karṇaroga* as per *Bhaishajya Ratnāvali* and *Āyurveda Sara Saṅgraha* [13]

Observations and Results

- The patient was assessed daily during the 7-day treatment period and once every 5 days during the 15-day follow-up. Observations focused on the intensity of pain, associated symptoms, and eneral

well-being. The Visual Analog Scale (VAS) was used to track pain severity, and qualitative improvements were noted in subjective symptoms

Baseline (Day 0):

- Ear Pain: Severe, pricking in nature (VAS: 8/10)
- Sensation: Feeling of blockage and emptiness in the ear
- Swelling: Mild periauricular inflammation
- Sleep: Disturbed due to pain
- General Symptoms: Irritability and heaviness in the head

After 3 Days of *Karṇapūraṇa*:

- Ear Pain: Reduced to moderate (VAS: 4/10)
- Sensation of Emptiness: Mild, patient reported improvement
- Swelling: Significantly decreased
- Sleep: Improved, uninterrupted

Tabulated Summary of Progress

Day	Pain (VAS Score)	Sensation of Emptiness	Swelling	Sleep	Remarks
0	8/10	Present	Mild	Disturbed	Severe pain
3	4/10	Mild	Reduced	improved	Noticeable improvement
7	1/10	Absent	Absent	Normal	Near complete relief
15	0/10	Absent	Absent	Normal	No recurrence

- General Symptoms: Heaviness reduced

After 7 Days of Treatment:

- Ear Pain: Almost resolved (VAS: 1/10)
- Sensation of Emptiness: Absent
- Swelling: No visible signs
- Sleep: Normal
- Overall Relief: Patient reported 90–95% improvement

Follow-Up (15 Days After Completion):

- Recurrence: No recurrence of pain or associated symptoms
- Daily Activities: Fully resumed without discomfort
- Compliance: Patient adhered to diet and lifestyle advice
- Tolerance: No adverse effects reported

DISCUSSION

Karṇashūla, especially of *Vātaja* origin, is characterized by sudden onset of severe, pricking pain, sense of emptiness in the ear (*śūnya bhāva*), dryness, and occasional radiation of pain toward the temporal region. This patient presented with classical *vāta-dominant* features like *ruk*, *bhedaśūla*, *śūnya bhāva*, and mild *śoṭha*, without discharge, aligning well with the diagnosis of *Vātaja Karṇashūla*. The management of *Vātaja Karṇashūla* is primarily aimed at *vāta śamana* through local *snehana* and *śamana* therapies. *Karṇapūraṇa*, an established therapeutic modality in *Śālākya Tantra*, is directly indicated in such conditions for immediate pain relief and doshic balance. *Bilvādī Taila* was selected in this case due to its specific

indication for *karṇaroga* and its multipronged action on *vāta* and *kapha*. The formulation contains herbs like *Bilva*, *Surasā*, *Śigru*, *Nimba*, and *Arka*, which possess *vedanāsthāpana*, *kṛmighna*, *kapha-vāta hara*, and *śodhana* properties. These act synergistically to reduce inflammation, relieve pain, and restore normal ear function. The oil medium enhances absorption through the auditory canal and ensures sustained therapeutic action locally. Symptomatic relief was observed from the third day itself, with a reduction in VAS score from 8 to 4, and complete resolution by the seventh day. There were no reported side effects or complications during or after the intervention. The 15-day follow-up showed no recurrence, supporting the long-term efficacy of the treatment. Dietary and lifestyle advice, such as avoiding *vāta-vardhaka* foods (dry, cold,

spicy), observing early bedtime, and preventing exposure to cold air, likely contributed to sustained results. The procedure's simplicity, affordability, and effectiveness make it a viable option in both clinical and community settings. This case validates the Ayurvedic principle of addressing *doṣic* imbalance through localized therapy, with *Karṇapūraṇa* being particularly suited for *karṇaroga*. While this is a single case, it opens the scope for larger, controlled clinical trials to further evaluate the efficacy and standardize dosage, duration, and protocol for *Bilvādī Taila* in *Karṇashūla*.

Conclusion: The presented case of *Vātaja Karṇashūla* was effectively managed through the classical Ayurvedic procedure of *Karṇapūraṇa* using *Bilvādī Taila*. The intervention resulted in rapid and sustained symptomatic relief, with marked reduction in pain, sense of blockage, and inflammation—without the need for systemic medication or antibiotics. This case highlights the potent *vedanāsthāpana*, *vāta-kapha* hara, and *kṛmighna* properties of *Bilvādī Taila*, as described in classical Ayurvedic texts. The local mode of application allowed targeted action with excellent patient compliance and no adverse effects. In conclusion, *Bilvādī Taila Karṇapūraṇa* emerges as an effective, economical, and safe treatment modality for *Vātaja Karṇashūla*. It reflects the strength of traditional Ayurvedic wisdom in addressing ENT conditions through non-invasive and holistic approaches. However, further clinical studies with larger sample sizes and standardized protocols are recommended to substantiate its efficacy and facilitate its integration into contemporary practice.

REFERENCES

- [1] Agnivesha. (2009). *Charaka Samhita* with *Ayurveda Dipika* commentary by Chakrapani, edited by Vaidya Jadavji Trikamji Acharya. Chaukhamba Surbharati Prakashan. Sutra Sthana, Ch. 20, Ver. 11.
- [2] Dhar, R., & Kumar, M. (2022). Clinical spectrum of otalgia: A review of primary and secondary causes. *International Journal of Otorhinolaryngology and Head and Neck Surgery*, 8(3), 213–218.
- [3] World Health Organization. (2020). Antimicrobial resistance. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>
- [4] Vagbhata. (2016). *Ashtanga Hridayam* with commentaries Sarvanga Sundara and Ayurveda Rasayana, edited by Pandit Harishastri Paradakara. Chaukhamba Surbharati Prakashan. Uttara Tantra, Ch. 12.
- [5] Sharma, R. K., & Dash, B. (1998). *Materia Medica of Ayurveda* based on *Bhaishajya Ratnavali* and other classical works. Chowkhamba Sanskrit Series Office.
- [6] Gokhale, S. B., & Pundarikaksha, D. (2015). Efficacy of *Bilvadi Taila* in *Karṇashūla*: A case-based approach. *AYU Journal*, 36(2), 145–149.
- [7] Ghosh, S., & Rao, V. (2019). Clinical application of VAS (Visual Analog Scale) in pain assessment. *Journal of Clinical and Diagnostic Research*, 13(6), UE01–UE04. <https://doi.org/10.7860/JCDR/2019/41275.12987>
- [8] Vagbhata. (2016). *Aṣṭāṅga Hṛdaya* with commentaries *Sarvāṅgasundarā* and *Āyurveda Rasāyana*, edited by Pt. Harishastri Paradakara. Varanasi: Chaukhambha Surbharati Prakashan. Sūtrasthāna, Chapter 1–5.
- [9] Agniveśa. (2009). *Caraka Samhitā* with *Āyurveda Dīpikā* commentary by Cakrapāṇi Datta, edited by Jādavji Trikamji Āchārya. Varanasi: Chaukhambha Surbharati Prakashan. Siddhi Sthāna, Chapter 9.
- [10] Vagbhata. (2016). *Aṣṭāṅga Hṛdaya* with commentaries *Sarvāṅgasundarā* and *Āyurveda Rasāyana*, edited by Pt. Harishastri Paradakara. Varanasi: Chaukhambha Surbharati Prakashan. Uttara Tantra, Ch. 12, Verse 7.
- [11] Suśruta. (2015). *Suśruta Samhitā* with Nibandha Saṅgraha commentary by Dalhaṇa. Edited by Vaidya Yadavji Trikamji Acharya. Varanasi: Chaukhambha Surbharati Prakashan. Uttara Tantra, Chapter 22.
- [12] Sharma, R. K., & Dash, B. (1998). *Materia Medica of Ayurveda*. Varanasi: Chowkhamba Sanskrit Series Office.
- [13] Tripathi, I. (2018). *Bhaishajya Ratnāvali* of Govinda Das. Varanasi: Chaukhambha Krishnadas Academy. *Karṇaroga Chikitsa*, Chapter 65