

A CONCEPTUAL STUDY ON PROBABLE MODE OF ACTION OF KARNPOORAN

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ABSTRACT

In Ayurveda, *Snehana* (oelation) is the major preparatory procedure to be performed before *Shodhana* (detoxification process). *Snehana* is of two types i.e. *Abhyantra* (internal) and *Bahya* (external) *Snehana*. *Karnpooran* is a type of *Bahya Snehana* which pacifies the morbid *Dosha*. Different *Acharyas* have quoted its importance by mentioning it to administer as a daily regime, thereby preventing all kind of *Karna* (ear) *Rogas*. It is particularly useful in the treatment of diseases occurring in the ear but it also work on the adjacent areas like face, head region etc. by improving the blood circulation of that particular area. As *Karnpooran* is the best treatment modality in *Karna Rogas*, its probable mode of action need to be discussed for its scientific validity. So, its mode of action both in Ayurveda and modern science will be discussed in detail in this paper.

Keywords: *Abhyantra Snehana, Karnpooran, Karna Rogas, Ear disease.*

INTRODUCTION

Panchkarma is the backbone of Ayurveda and all *Panchkarma* procedures are always performed in three phases- *Purva Karma, Pradhana Karma* and *Paschat Karma*. *Purva Karma* prepares the body for *Pradhan Karma* by proper mobilization of *Doshas* from *Shakha* to *Kostha* to be eliminated outside the body. Our *Acharyas* have also mentioned the importance of *Purva karma (Snehana and Swedana)* as in a vessel smeared with oil, water falls down without sticking to the vessel, similarly *Kapha* and other morbid *Doshas* are expelled out easily in a body which has undergone *Snehana*.¹ Also, *Sanshodhan* given without *Snehana* and *Swedana* would destroy the body like the bending of dry stick causes breaking of stick.² *Snehana* is of two types i.e. *Abhyantra* (inter-

nal) and *Bahya* (external) *Snehana*. *Karnpooran* is one of the types of *Bahya Snehana* which helps in pacifying the vitiated *Doshas*. It is considered as a superior and effective treatment in *Karnarogas* as explained by all classical text. *Karna Taila, Karna Tarpana* or *Karna Basti* is used synonymously with *Karnpooran*. It is particularly useful in the treatment of diseases occurring in the ear but it also work on the adjacent areas of the face and head region, therefore it is said to be a prime topical procedure in various *Karnarogas, Shirorogas* and in *Manyarogas*.

Definition: *Karnpooran* is the act of filling up of the *Karna* with medicated *Swaras, Tailas* or other medicated liquids for a stipulated period of time.

Concept of *Lashunadi Taila Karnpooran* as an adjunctive in treating Hearing Loss (*Badhirya*)

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ABSTRACT

The World Hearing Day, observed on March 3rd every year to raise awareness on how to prevent deafness and hearing care across the world. Over 5% of the world's population- 466 million people have disabling hearing loss. It is estimated that by 2050 over 900 million people or one in every ten people will have disabling hearing loss. In India, Nationwide disability surveys have estimated hearing loss to be the second most common cause of disability. This statistical data emphasises the need for strengthening disability statistics in the world. In Ayurveda, Hearing loss or impairment can be correlated with *Badhirya* due to marked similarities of the clinical presentations of these two diseases. Lot of research work have already been done at various institutes of Ayurveda regarding *Badhirya*. *Karnpooran* is one of the best local treatment mentioned for all *Karnarogas* with large number of preparations, but among all only few are popularly used in clinical practice. *Lashunadi Taila* is one among the preparations mentioned in context to *Badhirya*, on which no study has been conducted so far. With the aim of unveiling the treasures of *Lashunadi Taila* and providing better relief to the patient, present review study has been compiled.

Key words: Deafness, Hearing Loss, Impairment, *Badhirya*, *Lashunadi Taila*, *Karnpooran*.

INTRODUCTION

The World Hearing Day, observed on March 3rd every year, is an initiative aimed to raise awareness on how to prevent deafness and hearing care across the world. According to WHO definition, "A person who is not able to hear as well as someone with normal hearing – hearing thresholds of 25 dB or better in both ears – is said to have hearing loss". Hearing loss

may be mild, moderate, severe, or profound. It can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds. Hearing loss may result from genetic causes, complications at birth, certain infectious diseases, chronic ear infections, the use of particular drugs, exposure to excessive noise, and ageing "Deaf people mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for communication".^[1] The interchangeable term of Hearing loss in Ayurveda is *Badhirya*. As the word *Badhirya* itself has a meaning in it '*Badha*' which means obstruction. Any obstruction in the conduction of sound waves from external environment upto hearing centre in brain, leads to *Badhirya* (hearing impairment). Hearing loss is partial or complete inability to receive and interpretation of sound stimuli in unilateral or bilateral Ear.

Classification: On the basis of its pathogenesis, Hearing loss is categorized into Conductive,

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Submission Date: 14/01/2020 Accepted Date: 20/02/2020

Access this article online

Quick Response Code



Website: www.jaims.in

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An Ayurvedic approach in the management of Migraine : A Review Study

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ABSTRACT

Migraine is the most common disabling condition mostly in adult population and shows female predominance. Unilateral throbbing type moderate to severe intensity headache could be a common manifestation of the migraine, through it may present with varied presentation. In modern science, currently no cure for migraine, despite the fact that various medicines are accessible to help facilitate the manifestation. It only helps erase the symptoms. Ayurveda believes in treating the root cause of disease. Therefore, treatments focus on balancing the vitiated *Doshas* and restore healthy balance in the mind, body and soul. This can be achieved by avoiding triggering factor, good dietary habits, Yoga, meditation, herbal formulation, lifestyle modification, *Panchakarma*, *Kriyakalpa* and other holistic modalities to create a balanced physiology.

Key words: Migraine, Ayurveda, Doshas, Panchakarma, Yoga, Kriyakalpa.

INTRODUCTION

The most common form of vascular headache is migraine. Migraine is characterized by episodic, throbbing hemi cranial headache. It is recurrent headache associated with nausea, vomiting, visual disturbance and phonophobia.

In the Global Burden of disease study 2010 (GBD 2010), it was ranked as the third most prevalent disorder in the world. In Global Burden of disease study 2015 (GBD 2015), it was ranked the third-highest causes of disability worldwide in both males and females under the age of 50 years.^[1]

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Submission Date: 23/07/2019 Accepted Date: 22/08/2019

Access this article online

Quick Response Code



Website: www.jaims.in

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Migraine is listed as the sixth most disabling disorder globally by the world health organization, and the most disabling of all neurological disorders. Migraine is a common, multifactorial, disability, recurrent, hereditary neurovascular headache disorder. A migraine headache is a type of headache that tends to recur in an individual and causes moderate to severe pain. The pain is often described as throbbing or pulsing and usually begins on one side of the head. Migraine headache are worsened by physical activity, light, sound or physical movement. The pain typically last from 4 hours upto 3 days.

MATERIALS AND METHODS

Different classical texts of Ayurveda, Modern medicine books, physiology books and old articles were scanned for references regarding.

Definition of Migraine

The international headache society defines migraine as a recurrent primary headache disorder resulting in attacks that last 4-72 hours. Typically, the headache is unilateral, pulsating, moderate or severe in intensity, aggravated by routine physical activity, and associated with nausea or photophobia and phonophobia.^[2]



A critical review on the pharmacodynamics of *Nasya Karma*

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ABSTRACT

Acharyas have mentioned -"Nasa is the doorway to Shira". It is considered as one among the Panchagyanendriya, whose functions are not only limited to olfaction and respiration but also considered as a pathway for drug administration. Modern pharmacology has explained various routes of drug administration so do Ayurveda, which have proved very beneficial over long years. Among different routes of drug administration, nasal route is the most efficient one in diseases related above supraclavicular region. The process of instilling drug herbalized oils and liquid medicines through nostrils is called *Nasya Karma*. Present review article shows the probable mode of action of *Nasya Karma* in both Ayurveda as well as in Modern, how it will probably act on vital points located in the brain and the structures associated with it.

Key words: *Nasya Karma*, *Nasal Medication*.

INTRODUCTION

Medicines administer through proper routes results in better efficacy of drug and making administration simple. Modern pharmacology has explained various routes of drug administration so do Ayurveda, which have proved very beneficial over long years. In Ayurveda, a special procedure called *Nasya Karma* has been mentioned. It is an alternative route of drug administration for most of the drugs that act on brain. It is a process where in the drug herbalized oils and liquid medicines is administered through the nostrils in a specific manner for the treatment of local nasal as

well as other supraclavicular diseases.

It is different from the ordinary nasal medication in the purpose of administration, method of administration and in the contents of medicines administered. Pharmacokinetics and pharmacodynamics of drug reflects that intranasal drug delivery offers a promising alternative route for CNS drugs administration^[1] which shows that the absorption of drug is better through nasal route than any other routes in CSF.^[2] It may be because of hepatic first-pass metabolism and degradation of drug is absent. Moreover, nose-brain pathway via passing the blood brain barrier leads to nearly immediate delivery of some nasal medications to the CSF.^[3,4]

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Submission Date: 12/01/2020 Accepted Date: 15/02/2020

Access this article online

Quick Response Code



Website: www.jaims.in

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ETYMOLOGY OF NASYA

The word *Nasya* is derived from "*Nasa*" *dhatu* which conveys meaning of '*Gati*'- Motion (*Nasa Gatau*). Here the *gati* means towards the internal structures mainly to head through Nose, accessory Structures of Nose and head proper. In Ayurvedic texts, *Nasa Dhatu* is used in sense of nose (*Nasa Nasikayam*).

Nasa - Only gateway to *Shira*: *Shira* is considered as *Uttamanga* i.e. supreme, important and major part of



Review Article

INSIGHT OF AYURVEDA IN DIABETIC RETINOPATHY: A REVIEW STUDY

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ABSTRACT

Present day lifestyle i.e. change in eating habits, progressive weight gain, stress, pollution, tobacco use and a sedentary life style lead to increase in number of lifestyle disorders. One of such lifestyle related disorders is Diabetes Mellitus, which if not controlled later on leads to Neuropathy, Nephropathy, Cardiomyopathy and Retinopathy. Diabetic Retinopathy (DR) is considered as a most threatening complication of Diabetes Mellitus. Diabetics have a 20-25 times greater risk of blindness as compared to the normal population. In Ayurveda, Diabetes Mellitus can be coined with *Madhumeha*, as DR is due to its complication so it can be correlated with *Madhumeha janya netra vikaar*. Various *Kriyakalpa* procedures like *Anjana*, *Aschyotan*, *Tarpan*, *Putpaka*, other daily regimes like *Snana*, *Padabhyanga*, *Abhyanga* etc., are considered as highly effective procedures for the maintenance of eye health in DR. These measures help to modify lifestyle, promote psychosomatic health and thereby reducing psychosocial stress and help in prevention and management of a wide range of lifestyle disorders. The purpose of this presentation is to analyse Ayurveda's preventive and therapeutic measures for treating DR and to evaluate how these measures can contribute towards improving the level of health care.

KEYWORDS: Diabetes Mellitus, Diabetic Retinopathy, *Kriyakalpa*, *Madhumeha janya netra vikaar*, *Anjana*, *Aschyotan* etc.

INTRODUCTION

Diabetes is a widely prevalent disease in the current era. It is a group of disorders due to either alterations in glucose secretions or insulin absorption. Long term high blood sugar levels will have negative effects on entire body and its functions and may lead to diabetic neuropathy, diabetic nephropathy and diabetic retinopathy. India is set to emerge as the diabetic capital of the world due to its increasing prevalence rate. According to WHO, globally an estimated 422 million adults are living with Diabetes mellitus.^[1] In India, it is gaining the status of a potential epidemic with more than 62 million diabetic individuals currently diagnosed with the disease.^[2,3] The prevalence of diabetes is predicted to afflict up to 61.3 million individuals in India by 2030.^[4]

It is a heterogeneous condition with number of symptoms and complications. Out of these complications discussed above, Diabetic Retinopathy is the most difficult to manage and disabling as it affects the vision of the patient. It has caught the fancy of ophthalmologists in today's world as it alone accounts for 1/4th ophthalmology clinic visits. Diabetes causes weakening of the blood vessels in the body. The tiny, delicate retinal blood vessels,

accompanied by structural changes in the retina, are termed as Diabetic retinopathy. In Diabetic retinopathy, the retinal blood vessels may go through a series of changes such as leakage or closure.

These changes may progress from one stage to the next. In Ayurveda, diseases of polyuric nature are collectively considered under a group '*Prameha*'. This group includes an entity called *Madhumeha* which is similar to Diabetes Mellitus. As Diabetic retinopathy is a disease occur due to Diabetes Mellitus, so it can be coined as *Madhumehajanya netra roga* in Ayurveda. There is no such term mentioned in Ayurvedic Samhitas, but evidences are there which clearly indicates that *Prameha*, not only effects the metabolic system of an individual but also has an impact on eye also.

OBJECTIVES

- This review study is being conducted to establish the probable pathogenesis and management of Diabetic retinopathy with its Ayurvedic counterpart.
- To analyse Ayurveda's preventive and therapeutic measures for treating DR, and



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Abstract

MANAGEMENT OF PEDIATRIC ACQUIRED SNHL THROUGH AYURVEDA: A CASE STUDY

Jaya Singh Kharson*, Dayashankar Singh and Sheweta Kotwal

ABSTRACT

Hearing loss is an alarming deficit in human population with over 5% of worldwide or 466 million people having disabling hearing loss which is estimated to increase over 900 million by 2050 which can be calculated as 1 in every 10 people. Among different types of hearing loss, Sensorineural Hearing loss (SNHL) is a multifaceted condition with profound medical, social, and cultural ramifications. Doctors, teachers, audiologists, and other professionals often use the term "hearing impaired" to describe people with any degree of SNHL. In India itself, SNHL individually accounts for 85 to 90% of childhood hearing loss which is most common hearing loss in children. In Ayurveda, Acharya Sushruta has mentioned Badhira which has same clinical features compared with that of Hearing loss. 'Badha' which means obstruction is the condition which is mainly characterized by avarodha (obstruction) in the karnwahi strotas mainly due to predominance of vata or vata-kapha dosha. A known case of 10 yr old male child with right ear severe Sensorineural hearing loss was reported in the Shalakyia opd of Patanjali ayurvedic college and hospital, haridwar and the patient was successfully treated by the ayurvedic procedure like nasya, karnapooran, matrabasti, and shiropichu along with some oral medicines. The significant result was seen after 6 months of treatment along with nidana parivarjana.

Keywords: Hearing loss is an alarming deficit in human population with over 5% of worldwide or 466 million people having disabling hearing loss which is estimated to increase over 900 million by 2050 which can be calculated as 1 in every 10 people. Among different

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