



International Journal of Indian Medicine

www.ijim.co.in

ISSN: 2582-7634

Volume - 7, Issue - 02

February 2026



I J I M

INDEXED



International Journal of Indian Medicine



International Category Code (ICC): ICC-1702 International Journal Address (IJA): IJA.ZONE/258276217634

A Conceptual and Clinical Study on the Ayurvedic Management of Chronic Suppurative Otitis Media (Csom)

Sukesan S.¹, Anjitha P B.²

1. Professor & HOD, Dept of Shalaky Tantra, Govt Ayurveda College, Tripunithura, Kerala
2. PG Scholar, Dept of Shalaky Tantra, Govt Ayurveda College, Tripunithura, Kerala

ABSTRACT:

Chronic Suppurative Otitis Media (CSOM) is a persistent inflammation of the middle ear characterized by recurrent ear discharge through a perforated tympanic membrane. Chronic Suppurative Otitis Media (CSOM) can be correlated with various pathological conditions described under *Karna Roga Vijnana* by Sushruta and Vagbhata. If left untreated, CSOM may lead to significant complications, including hearing loss, mastoiditis, and intracranial infections. Ayurvedic management is important for its comprehensive approach, which emphasizes not only symptomatic relief but also the underlying cause and prevention of recurrence. The integration of Ayurvedic principles in the management of CSOM can serve as an effective adjunct or alternative to conventional therapy, especially in chronic or drug-resistant cases. However, in severe cases involving total or subtotal tympanic membrane perforation, surgical management, such as tympanoplasty, may be necessary. Small perforations and mastoiditis without intracranial complications may be managed effectively with appropriate Ayurvedic treatment. Clinical experience and empirical evidence highlight the potential of Ayurveda to provide long-term relief and improve the quality of life in patients with conditions like *Putikarna* and *Karnasrava*.

KEYWORDS: *Putikarna*, Chronic suppurative otitis media, mastoiditis

CORRESPONDING AUTHOR:

Dr. Sreeja Sukesan

Professor & HOD, Dept of Shalaky Tantra,
Govt Ayurveda College, Tripunithura, Kerala.

Email- dr.anjithapb@gmail.com

How to cite this article: Sukesan S., Anjitha P B. A Conceptual and Clinical Study on the Ayurvedic Management of Chronic Suppurative Otitis Media (Csom). Int J Ind Med 2026;7(02):22-28
DOI: <http://doi.org/10.55552/IJIM.2026.70204>

INTRODUCTION:

Chronic Suppurative Otitis Media (CSOM) is a persistent infection of the middle ear cleft characterized by recurrent or continuous ear discharge (otorrhea) through a perforated tympanic membrane, often associated with conductive hearing loss¹. According to the World Health Organization (2025), CSOM affects nearly 297 million individuals globally, with a substantial number experiencing clinically significant hearing impairment.² Chronic inflammation may result in destruction of the middle ear mucosa, erosion of the ossicles, and tympanic membrane perforation, ultimately impairing auditory function.³

In Ayurveda, CSOM is closely related to *Putikarṇa*, a type of *Karna Roga* described by Acharyas in classical texts like the Sushruta Samhita and Ashtanga Hridaya.⁴ The defining feature of *Putikarṇa* is *Puyasrava* (purulent ear discharge). The term is derived from “Puti” (foul-smelling or putrid) and “*Karṇa*” (ear), collectively denoting a condition characterized by offensive purulent discharge. *Sushruta* describes it as a *Kapha-Pitta* predominant disorder presenting with thick, foul-smelling discharge that may be accompanied by pain or may remain painless—features that closely resemble the clinical manifestations of CSOM.⁵ According to the treatment protocols described by

Sushruta and Vagbhata, the management includes *Sirovirechana* (therapeutic head purgation), *Dhumapana* (inhalation therapy), *Svedana* (sudation), *Ganduṣa* (retaining medicated liquid in mouth), *Duṣṭa Vraṇa Chikitsa*, *Pramarjana* (cleansing), *Karṇa Dhupana* (ear fumigation therapy), *Karṇa Puraṇa* (ear instillation), and *Karṇa Avachurna* (insufflation of medicated powder into the ear).^{6,7} These procedures help to eliminate vitiated Doṣas, cleanse the ear, promote healing, and prevent recurrence through both systemic and local therapeutic approaches.

Case Study

A 65-year-old female with a known history of hypertension, CAD, and hypothyroidism presented to the OPD of Government Ayurveda Medical College, Tripunithura, in December 2024 with complaints of occasional foul-smelling pus discharge from the left ear for the past four years. The symptoms began in 2021 following intense itching in the left ear, after which she inserted an earbud and subsequently developed aural fullness and bleeding. On further medical consultation, tympanic membrane perforation was reported. The patient was under allopathic treatment but had no significant improvement. As an alternative management, she approached our OPD and was admitted to our IP on 1st January 2025.

Table 1: Clinical Findings: OTOSCOPY

Date: 1/1/2025	Right Ear	Left Ear
External Auditory Canal (EAC)	Clear	Presence of pus
Tympanic Membrane (TM)	Intact	Attic perforation with pulsatile discharge and granulation tissue
Rinne's Test	Air conduction > Bone conduction (AC > BC)	Air conduction > Bone conduction (AC > BC)
Weber's Test	—	Lateralized to the left ear
Absolute Bone Conduction (ABC) Test	Reduced	Reduced

General Examination 1/1/2025

- Vital Signs: BP – 138/90 mmHg; Pulse Rate – 75/min
- Romberg’s Sign: Negative
- Tragus Sign: Negative (Bilateral)
- Mastoid Examination: No tenderness on either side.

OTOENDOSCOPY (LEFT EAR) 1/1/25

- Left ear shows granulation tissue and purulent discharge through tympanic perforation.
- Right ear canal and tympanic membrane are normal.



Fig 1 Otoendoscopy of left ear

Table 2: AUDIOLOGICAL FINDINGS: 3/1/25

Pure Tone Audiometry (PTA)	
• RIGHT EAR	18.33BHL
• LEFT EAR	21.67dBHL
Tympanometry	
• RIGHT EAR:	‘A’ type –suggestive of no middle ear pathology
• LEFT EAR –	‘Cs’ type tympanogram with ipsilateral reflexes absent in all frequencies, suggestive of middle ear pathology



Fig 2: Pure tone audiogram

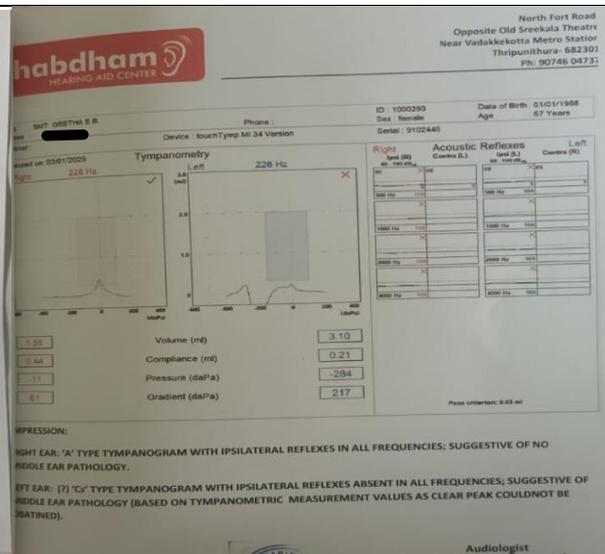
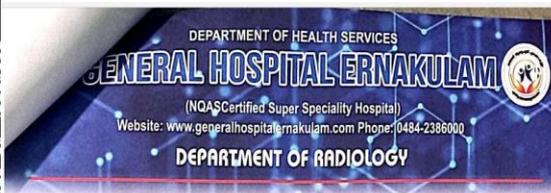
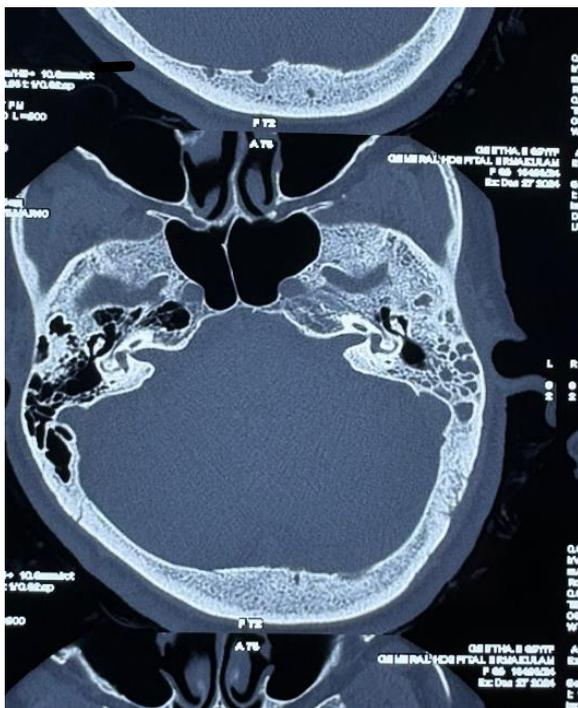


Fig 3 Tympanometry

RADIOLOGICAL FINDINGS

Fig 4 HRCT (TEMORAL BONE) 3/1/25



LEFT :

- * Unremarkable external auditory canal.
- * The tympanic membrane appears normal
- Minimal soft tissue dense areas noted in left middle ear cavity. The ossicular chain is unremarkable - Normal morphology of malleus, incus and stapes superstructure visualized. No evidence of erosion.
- * The mastoid antrum shows diffuse air cells opacification.
- * The scutum, and ossicular chain are intact. Sinus tympani, facial recess and prussaks space is clear.
- * The course of the facial nerve canal is within normal limits.
- * The cochlea, vestibule and semicircular canals are normal in configuration.
- * The oval window and round window niche are normally developed.
- * No aberrant ICA or high - riding jugular bulb.
- * The IAC, cochlear aqueducts are normal in caliber.

CONCLUSION :

- Left otomastoiditis with no evidence of cholesteatoma.

LABORATORY INVESTIGATIONS 1/1/25

- Routine hematological and biochemical parameters: Within normal limits.

DRUG HISTORY

Ecosprin – 0-0-1
 Repace 50 mg – 1-0-0
 Thyronorm 50 µg – 1-0-0

AYURVEDIC EXAMINATION

According to Ayurvedic assessment, the condition was identified as *Kapha*-predominant Sannipataja, indicating a vitiation of all three Doṣas with a dominance of *Kapha*. The primary *Duṣyas* involved were Rasa, Rakta, and Maṃsa Dhatus, and the Srotas affected included Rasavaha, Raktavaha, and Maṃsavaha, reflecting both systemic and local channel derangements contributing to persistent discharge and granulation. Based on the chronicity and classical features such as *Puyasrava* (purulent discharge), *Putigandha* (offensive smell), and *Kleda* (moistness), the diagnosis was established as Putikarna.

Table 3 : PROCEDURES DONE

Sl. No.	Treatment / Therapy	Description / Medicines Used	Duration / Days
1	Achha Snehapana	Guggulutiktaka Ghṛita administered up to 175 ml (for internal oleation)	2/1/25 – 8/1/25 (7 days)

2	Abhyanga (full body)+ushma sweda	Chinchadi taila	9/1/25-10/1/25(2 days)
2	Virechana	Avipathi Choornam — 9 Vegas observed (purgation therapy)	11/1/25 (1 day)
3	Nasya	Kṣharataila — 1 ml administered in each nostril daily	12/1/25 – 18/1/25 (7 days)
5	Local Therapies	<ol style="list-style-type: none"> 1. Karnapramarjana 2. Karanadhoopana 3. Karna varti with aragwadadi raskriya 4. Ganduṣa with Triphala Kaṣhaya 	Daily during the treatment period

Table 4: INTERNAL MEDICATION

SL.no	Medicine	Dose
1.	Aragwadadi Kashaya	90 ml bd B/F
2.	Guggulupanchapala choorna	5gm with honey HS
3.	Biogest tab	2-0-2 A/F

Pathya-Apathya (Dietary and Lifestyle Recommendations)

The patient was advised pathya (wholesome and beneficial dietary measures) to support systemic and local healing. Easily digestible, protein-rich, and light foods such as *Muḍga* (green gram) were prescribed to strengthen the *Rasa* and *Maṃsa Dhatus*, promoting local tissue repair while avoiding excessive *Kapha* aggravation. Heavy (*guru*), *Kapha-increasing like abhishyandi ahara* (channel blocking food items), and incompatible (*viruddha*) foods were strictly avoided⁸, as well as headbaths during the treatment period, to prevent further aggravation of the vitiated *Doṣas*. These dietary modifications complemented pharmacological and procedural interventions, creating a conducive internal environment for wound healing and discharge reduction. *Abhishyandi* is a core concept in Ayurveda referring to specific *dravyas* endowed with *Abhishyandi guna*, which leads to enhanced secretion and obstruction within the body.⁹ Such properties are believed to play a role in the development

of Eye and ENT disorders marked by discharge and oozing. Studies carried out at Government Ayurveda College, Tripunithura, have further substantiated the significance of this concept.^{10,11}

RESULT

Following the Ayurvedic intervention, the patient showed marked clinical improvement. There was a significant reduction in the frequency and quantity of ear discharge, along with noticeable regression of granulation tissue. However, the tympanic membrane perforation did not resolve during the course of treatment. On subsequent follow-up, no recurrence of discharge or associated symptoms was observed, indicating sustained therapeutic benefit despite the persistence of perforation. The outcome underscores the synergistic role of *Sodhana* (purificatory therapies), appropriate local therapeutic measures, and *pathya-apathya* (dietary and lifestyle modifications) in promoting Balance of *doshas* and local tissue healing in chronic suppurative conditions.

Fig 5 : OTOENDOSCOPY (LEFT EAR) 18/1/25**DISCUSSION:**

This case illustrates the chronicity and treatment-resistant nature of Chronic Suppurative Otitis Media (CSOM). The Ayurvedic diagnosis of *Putikarna* correlated well with clinical features, including persistent purulent discharge (*Puyasrava*), offensive odour (*Putigandha*), and chronic tissue involvement. Dosha assessment revealed Kapha-predominant *Sannipata*, and the primary *Duṣhyas* were *Rasa*, *Rakta*, and *Maṃsa*, with involvement of *Rasavaha*, *Raktavaha*, and *Maṃsavaha* Srotas, guiding the treatment plan.

Classical interventions referenced from *Susruta Saṃhita* and *Aṣṭāṅga Hṛdaya* were employed, including *Saptavidha Vraṇa Chikitsa* and *Karna Roga Chikitsa* (local ear therapies). Procedures, such as *Achha Snehapana* (internal oelation), *Virechana* (purgation), and *Nasya* (errhines), facilitated *dosha shodhana* (elimination of doshas), while local therapies, including *Karṇapramarjana* (ear cleansing), *karnavarti* (medicated wick), and *karnadhoopana* (ear fumigation), enhanced tissue healing and reduced discharge. This integrative approach demonstrates the importance of tailoring interventions based on both classical principles and modern clinical assessment for effective management of chronic otological conditions.

CONCLUSION:

The present case demonstrates that a comprehensive Ayurvedic management approach integrating *Shodhana* (purificatory) and *Shamana* (palliative) therapies can effectively address chronic suppurative ear conditions. The combined use of internal medications and local therapies facilitated *Dosha-Samana*, promoted wound healing, and restored normal ear function. The sustained relief during follow-up further validates the efficacy of classical interventions, such as *Saptavidha Vraṇa Chikitsa* and *Karna Roga Chikitsa*, as described in Ayurvedic texts. This case underscores the clinical relevance of individualized Ayurvedic treatment protocols in managing chronic otological disorders and highlights their potential as holistic, safe, and sustainable therapeutic options.

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Source of Support: None declared

Conflict of interest: Nil

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