

Original Research

A critical study on karna sharir with special reference to its applied anatomy

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ABSTRACT:

In Ayurvedic literature the karna is the seat of shravanendriya, the functional aspect of hearing. Karna are two in number as pointed by the word. Karnou used in plural form. They are related with sabdavaha strotas and nadis (Su. Ni.1/83). According to Sushruta, the strotas are of two types, one in antahmukha or introverted and other is bahirmukha or extraverted. Karna is the one among the bahirmukha strotas (Su. Sha. 5/10)(Ch. Su.7/42). The five Indriya Buddhi obviously correspond to the area of the cerebral cortex where the five kinds of sensations are experienced. The events of the external world are intimated to the mind (Manas) through these Indriya Buddhi. Subsequent events leading to Vijnana (knowledge) such as the sorting out of there sensory data, their interpretation, orientation, integration and ideation are dealt with by the association and silent areas of the cortex which may be considered as mind. The mind enjoys the supreme place in the body being the coordinator. Every event in the body is directly or indirectly, consciously or unconsciously controlled by the mind, through central nervous system, autonomic nervous system or endocrine system. Manas are highly inquisitive to know regarding the environment so that the body may adapt accordingly. The entire environment is classified into five sense objects. As long as the external stimuli originating from five sense objects are within normal limits the body response is also within physiological limits which are Satmya (suitable) for body. But if the stimuli cross the normal range they become stressful and as soon as stressful stimuli reach the Manas, the imbalance in Dosa begins which may set in the diseases if the body fails to adopt.

Keywords: - karna sharir, applied anatomy, srotra

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INTRODUCTION

Ayurveda is the science of life (Ayus) and life is not mere physical thing. The term Ayus is defined as conjunction of Sarira (corporeal body), Indriyas (senso-motor organs), Mana (mind) and Atma (soul). Each component has been given due importance in maintenance of health and prevention of diseases. Among these, Sarira (body) is given the utmost importance as it is the chief aspect on which all other things are based that's why Acharya Charak had stated "Leaving everything else, one should maintain the body, because everything available in the world is due to this body, if it got destroyed nothing can be achieved from this world". Ayurveda is being chiefly a medical science laid emphasis on proper understanding of the Sarira (body) as very evident

from the statements-The knowledge of anatomy and physiology is essential for the benefit of the body as this knowledge gives insight for the treatment and hence expert highly recommends the anatomical and physiological understanding of the body. The physician and surgeon who possess the knowledge of anatomy and physiology, always, of all structure, in all the ways and means of the body can only understood thoroughly the overall science of Ayurveda and can provides happiness to Loka (universe)¹.

Acharya Susruta was the first person to advocate a good knowledge of anatomy through the dissection of the dead body as essential for a good surgeon. He possessed Pratyaksa Jnana (practical knowledge) of anatomy. He has observed the basic anatomical

structural differences between Sira (Caturvidha), Dhamani and Srotas (structures carrying the body fluids and impulses) during the dissection and operations and also knows the management of hemorrhage. Acharya Susruta represents the Dhanvantari School of surgeons and known as father of surgery, he was first anatomist, who has done the dissection and surgery. He has written his Samhita on the basis of Pratyaksa Jnana (practical knowledge), who practiced the art of surgery and dissected many cadavers in Varanasi, India before this Allexandrian era of Anatomy. Acharya Susruta opinioned that a surgeon, who desires to obtain thorough knowledge of the body, must dissect a dead body properly and see each and every structure and organ in it and the surgeon will become expert only after observing the body carefully (with his own eyes), study of the science; getting rid of doubts by personal observation and study of texts, he should carry on his activities. Susruta Samhita is one of the most ancient, encyclopedic and authoritative classical book of Indian medicine. It is one of the few books that have lived a life of about two millennium since guiding the people about medical knowledge. Acharya Susruta makes the knowledge of Ayurveda more intelligible, practical and useful. His great contribution to Ayurvedic Sarira includes description and classification of various body structures like Pesi, Sira, Dhamani, Srotas, Snayu, Asthi, Sandhi, Kala, Marma, Pramana Sarira etc. In Susruta Samhita we find sophisticated description of surgical instruments. The classification of Bhagna (fractures), Vrana (wounds), Vidradhi (abscesses), Dagdha (burns), Udara Patana (abdominal operations like intestinal obstruction–Antravarodha, Chidrodara, Baddhagudodara), Asmari (stones in the bladder), plastic surgery-Nasa Sandhana (rhinoplasty), ano-rectal surgical procedures in Arsa, Bhagandara have stood the test of time. If we gone through the Marmas Sharira. These are vital points of the body. They are situated at various regions of the body. If any injury to the Marma points that leads to deformity of the structures, produces the severe pain, loss of movements, and even some times there may be a death. The Marma are still holding the power of anatomists and surgeons in high amount. It seems that Acharyas have described the regional anatomy in relation to the surface anatomy of Marma. Every Marma holds its own clinical importance and significant scientific values, while on research none can ignore this. Marmas are the structures or locations with multi-systemic involvements and where various organizations like Mansa, Sira etc. with subtle Prana - the Soul in the form of Agni, Soma and Vayu congregate to vitalize that precise spot. Hence injury to which leads to hazardous consequences varying from pain (Rujakar Marma), palpitation (Vishalyaghna Marma), Dysfunction (Vaikalyakar Marma), to lethality (Pranahara Marma). A total of 107 Marmas have been described in text books and

out of these Marmas three important Kosthagat/Udaragat Marma (Nabhi, Vasti and Guda) are described in the text. Among these Kosthagat Marmas Basti Marma is more importance in practice. Therefore selecting out this topic for study will be a needful exercise for the subject Rachana Sharira. Ancient Ayurveda has eight branches, but now there are fourteen well established departments. Karna Sharir studied in department of Rachana Sharir and Karnagat Rogas are studied in department of Shalakya Tanra. Karna is considered as one of the Navadwaras and it is one among the Panchendriyas²⁻⁴.

AIMS AND OBJECTIVES

- Conceptual study of Karna Sharir.
- To study the underlying structures of Karna Sharir and its clinical anatomy.
- To study disorders of ear on modern parameters.

MATERIAL AND METHODS

SOURCE OF THE DATA

- Literary data will be collected from Brihatrayis, Laghutrayis and other classical texts including journals, presented papers and text books of contemporary science.
 - Cadaveric dissection will be carried out in the Department of Rachanasharira, Sri Sai Ayurvedic Medical College & hospital, Aligarh, U.P.
 - Method of collection of the data
 - Literary works, thesis, journals, including articles published on the concept related to subject will be reviewed and relevant information will be collected.
 - Six properly prepared and preserved cadavers will be dissected to study the anatomical relations of Karna Sharir with special reference to clinical anatomy data will be collected.
 - The collected literary data from classical and contemporary science will be analyzed with help of cadaveric dissection; minimum of 6 bodies will be selected.
- a) **Inclusion criteria:** Prepared and preserved cadaver.
- b) **Exclusion criteria:** Cadaver which is not preserved property.

The related structures in the body will be viewed and assessed with the help of Ayurvedic and Modern reference.

RESULTS AND DISCUSSION

The present work has been conducted with the intention to update the knowledge of Indriya Sharir of olden time under present conditions of developed mode of trauma and its management. Generally the eyes, ears etc. gross organs, useful as the source or instruments of knowledge are known as Indriyas but actually these gross organs are the seats of the senses and the Indriyas are minute, subtle, non-available to senses and can be achieved by inference only. Different objects are known as Indra and the sources

to make these objects available are called Indriyas. There are three types of sense organs viz-Five Gyanendriyas, five Karmendriyas and one Ubhayendriya (Mana).

Gyanendriyas (sense organs) are five in number viz Chakshu, Shrotra, Ghrana, Rasana and Sparsana. The sense faculties are not to be taken in their gross sense. The sense organs are the means of the knowledge of colour, sound, touch, taste and smell respectively. These are called Buddhendriyas also⁵.

Karmendriyas (The motor-organs) are five namely Hasta, Pada, Guda, Upastha, and Vagindriya. Gyana-Karmendriya (Ubhayendriya) Mansa- one in number is called Gyana-Karmendriya as it acts and helps both type of Indriyas in their activities.

Two different theories are available regarding the cosmological evolution of Indriya. The Samkhya view of evolution believes that the origin of eleven Indriyas (Five Gyanendriyas, five Karmendriyas and Mana) is from VaikarikaAhamkara with the help of TaijasaAhamkara. Thus Indriyas are evolved from Ahamkara and they are not developed from Mahabhuta and so they are not physical or Bhautika. But on the other hand, Sushrut has accepted the development of Gyanendriyas from five Mahabhuta. According to CharakSamhita, the five sense organs, made up of all the five Mahabhuta with one predominant factor in each are inferred from their respective five actions which represent the Manifestation of the intellect. The five Mahabhuta are Akasha, Vayu, Tej, Ap and Prithvi respectively. The five attributes of five elements are the objects of five sense organs. The five Mahabhuta have been described as the five constituents of sense. The Mana, one of the eleven Indriyas is described as a physical entity in Vedant doctrine. ChandogyaUpanisad and Mahabharata have also described Mana having physical development⁶.

It is observed that one sense organ grasps one object and only the same object which is the special attribute of the particular element. For example, one can hear sound through his Shrotrendriya because the Srotra is developed by AkashaMahabhuta and sound is the special attribute of the AkashaMahabhuta. Sushrut describes this procedure in the ShariraSthana. Charak has accepted the same theory in Sutrasthan.

Just like Five sense organs possess five object individually, The motor organs also possess individual work allotted to each organ. These special actions of each sensory and motor organs have been described as IndriyaVritti. Knowledge is perceived through five Gyanendriyas and these are also included among twelve Pranas described by MaharsiSusruta. An object is said to be living when it contain Indriyas otherwise, it is considered as non-living. Salakya Tantra mainly deals with disease of sense organs. Sravanendriya is one among the five Gyanendriyas, Its Adhithana is known as Srotra (Sravana). In Ayurveda, most of the diseases are named on the basis of their chief complaints. Very short descriptions about the

pathogenesis of disease are available in our ancient literature. This may be, in order to minimize the Sastra, because at that time SrutiParampara was the method of teaching. Millions of Slokas are required for detailed description of Sastra-Ayurveda, because it is like an Ocean⁷.

AcharyaSusruta has counted 28 Karnarogas. AcharyaCharaka counted four types of Karnarogas due to vitiation of different Dosas. AcharyaVagbhatta has also described Karnaroga separately. It is a fact that systematic description of karnarogas are available in all the ancient treatises⁸.

There are five Gyanendriyas described in Ayurveda, among them Sravanendriya is one. According to Maharsi Panini, Indriya is derived from the term 'Indra' means, it is the Laksana of Indra (Linga), visualized by Indra (Drsta), created from Indra (Srsta) remain with Indra (Justa), provided by Indra (Datta). It is also considered as Linga of Atma and it denotes the name of Prana. Sravanendriya is known as Srotra which is one in number, 'kha' is the SravanendriyaDravya, and the seat (Adhithana) of Sravanendriya are Karna which are two in number, Sabda is the Artha of Sravanendriya and it is having SrotraBuddhi (Hearing). Srotrendriya cannot be seen by Pratyaksa. The reason is all the Indriyas are said to be Suksma in nature. So, SthulaNetra cannot visualise it directly. Indriyas can be perceived by Anumana (clinical examination and special investigations) only. Akasa Mahabhuta is the dominant constituent of Srotrendriya.

ORIGIN OF SRAVANENDRIYA

According to Maharsi Charaka Buddhi evolved from Avyakta, Ahamkara from Buddhi, From Ahamkara Kha adi Suksma Mahabhuta evolved. From these Mahabhutas all the parts of body are derived. This reference signifies the evolution of Indriyas from Pancha Mahabhuta. According to Maharsi Susruta, it is Panchabhautik in nature. According to Sankhya Darshana it is originated from Satvik Ahamkar with the help of RajasikaAhamkar. Dik is considered as AdhiDevata of Srotra, Sabda, Sabdendriya and all the natural cavities or apertures are Vikara of Akasa Mahabhuta⁹.

Karna, Sravana, Srotra etc. are synonyms of the Karna (Adhithana) and Srotrendriya (i.e. functional aspect of sense of hearing).

Karna are located at equidistance of five Angulas (finger thickness) from the Apanga i.e. lateral canthus of either side. Dalhana comments that distance is counted from lateral end of the eyebrow to opening of external auditory canal.

Individual Karna is situated in one Asthi (Karnasthi). Temporal bone excluding squama where the Karna (Adhithana) lies, is accepted as Karnasthi.

Karnapali is named for ear lobule. It is well described in KarnapaliSandhana (lobuloplasty) and the diseases of Karnapali i.e. ear lobule.

Karnapitha is named for bottom of the concha. It is indicative of base of the ear lobule. MaharsiSusruta has mentioned it in the context of Karnapali.

Karnaputraka are two in numbers, AcharyaCharaka has quoted them while describing Pratyanga. It is accepted as tragus.

Karnapristha is located above the VidhuraMarma. Its location can be explained by explanation of the location of VidhuraMarma. If Karnapristha is taken as posterior part the ear, it would be cranial surface of the auricle. Posterior auricular branch of facial nerve lies there and injury to that part does not cause Badhirya. Badhirya is possible by trauma to cochlear branch of auditory nerve. In the fracture of middle cranial fossa, auditory nerve gets injured with facial nerve and can become the cause of deafness, so mastoid region is accepted as Karnapristha.

Karnamula is the base of the auricle. Some references are obtained on KarnamulaSotha in Jwara. In parotid gland inflammation, Jwara occurs as a symptom. So, parotid region is taken as Karnamula.

Latika means a creeper. KarnaLatika is simili of creeper for lobule of the ear. Karnalatika is a synonym of Karnapali and is named by Dalhana.

MaharsiCharak describes Karnasaskuli are two in number while describing PratyangasChakrapanidatta comments them as two whirlpools of the ears. KavirajGananath Sena defines them as Karnasaskuli is a whirlpool like structure made up of cartilages covered by thin skin & muscle fibres and is attached to lateral side of temporal bone. It is accepted as entire auricle¹⁰.

Distance between two KarnaAvatus is fourteen Angula. Here, KarnaAvatu is meant for concha of the ear. ShariraParishada explains it as KarnaAvatu is the word formed by adding word Karna with Avatu. Avatu means a pit or a depression. Some anatomical entity related to Karna are described in SusrutaShariraSthana. There are 10 Siras in Karna among them 2 are AvedhyaSira. Ear is Supplied by 2 SabdavahiUrdhwagaDhamani. There are two KarnaSrotas among the nine BahirmukhaSrotasone in each ear. Karnasrota is used for external auditory meatus, because Chhidra is one of the synonyms of Srota which has been used for aperture or meatus. There are two SankhaMarma which are SadyaPranahara having $\frac{1}{2}$ AngulaPramana. Two Vidhura Marma situated below the Karna Prustha. It is a SnayuMarma having $\frac{1}{2}$ AngulaPramana. Due to trauma in this Marma, deafness may occur. Utksepa (VisalyaghnaMarma) & SankhaMamra (AsthiMarma) are also present in Karna. There are two Pesu in Karna. Two in Srotra (Sankhavarta type) Two in Sankha and other two above SankhaPradesha. There are two Tarunasthi (Karnasthi) and two Sankhasthi.

During the description of diseases few anatomical terminology are mentioned by Susruta such as Sabdanadi in the context of Karnanada, Sabdavahi, Sabdavaha Sira, Sabdpatha etc. in the description of Karnanada, Karna Badhirya and Karnakseda. Srota

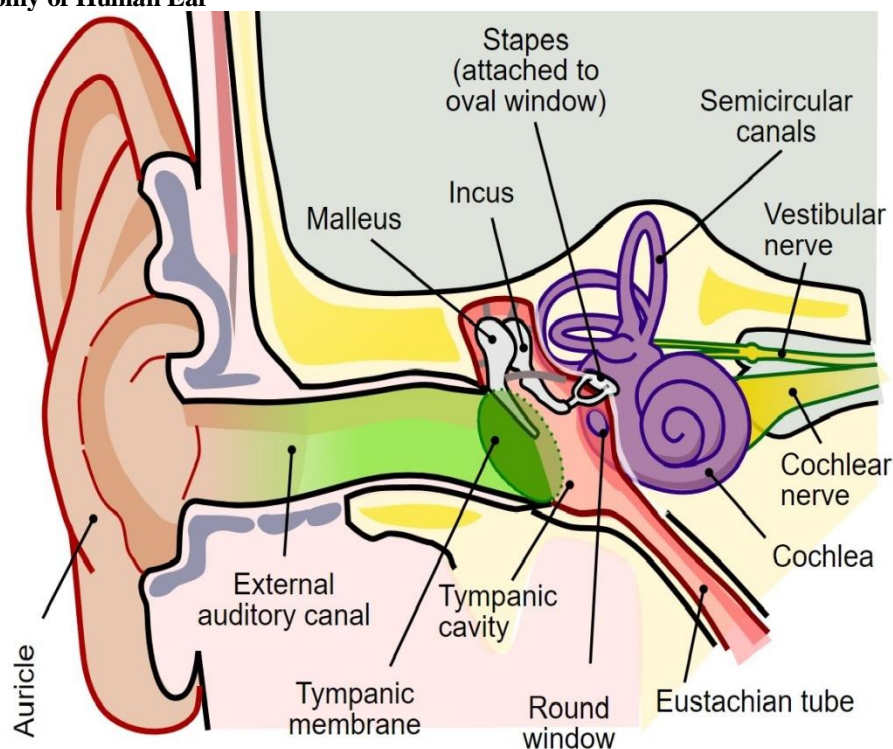
term has been mentioned in Karnakandu, Karnagutha and Putikarna. From this description it can be said that our ancient scholar were having the idea of gross anatomy of ear¹¹.

Physiology (Kriya Sharira): Hearing (SravanaKriya) is the chief function of Ear. It is one among the five type of Vahya Laukika Pratyaksa, which comes under SavikalpakaPratyaksa. For all type of Pratyaksa the combination of four factors is essential i.e. Atma, Indriya, Mana & Indriyarth. MaharsiCharaka said that, the knowledge perceived through the confluence (Sannikarsa) of four factors that is i.e. Atma, Mana, Indriya & its Visaya (Artha) is known as Pratyaksa. So whenever Atma combines with Mana, Mana with Sravanendriya & Sravanendriya with its Visaya i.e. Sabda, one can perceive the knowledge of sound. There are six type of Sannikarsa (relation) between these four factors (1) Samyoga (2) Samyukta (3) SamyuktaSamavaya (4) Samavaya (5) SamavetaSamavaya (6) VisesanaVisesyaBhava¹².

Ample of description is available related to the Karnarogas, but very less description is available of karna sharira in ayurvedic texts. All the texts chiefly emphasizes on functional aspect of Gnanendriya e.g. shrotrendriya (organ for perception of sound) rather than its adhisthana (the ear). Karna is the seat of shrotrendriya. It can be seen by pratyaksha - (direct vision with or without otoscope), but shrotrendriya can not be seen by pratyaksha. The reason is all the indriyas are said sukshma in nature. So, sthula netra cannot visualize it directly. Indriya can be perceived by anuman (clinical examination and special investigations) only. Aakash mahabhuta is the dominant constituent of shrotrendriya. Synonyms of shrotrendriya are Karna, Shravana, Shrota etc. are synonyms of the karna (Adhisthana) and shrotrendriya (i.e. functional aspect of sense of hearing). Number of Karna are two in number (Su. Sha. - 5). They are said two mukha (orifices) among the nine Bahirmukha strotasa i.e. chief external orifices. Location: Karna are located at equidistance of five angulas (finger thickness) from the Apanga i.e. lateral canthus of either side. (Su. Su. 35/12). Dalhana comments that distance is counted from lateral end of the eyebrow to opening of external auditory canal. (Dalhana - on Su. Su. 35/12). Karnasthi: Temporal bone excluding squama where the karna (adhisthana) lies, is accepted as karnasthi. Karnapali is named for ear lobule. It is well described in karnapali sandhana (lobuloplasty) and the diseases of karnapali i.e. ear lobule. Karnapitha is named for bottom of the concha. It is also indicative of base of the ear lobule. Karnaputraka are two in numbers, Acharya Charaka has quoted them while describing pratyanga. It is accepted as tragus. Karnapristha is located above the vidhura marma. Its location can be explained by explanation of the location of vidhura marma. If karnapristha is taken as posterior part the ear, it would be cranial surface of the auricle. Posterior auricular branch of facial nerve lies there and injury to that part does not

cause badhriya. Badhriya is possible by trauma to cochlear branch of auditory nerve. In the fracture of middle fossa, Auditory nerve gets injured with facial nerve and can become the cause of deafness, so mastoid region is accepted as karnapristha. Karnamula is the base of the auricle. Some references are obtained on karnamula shotha in jwara. In parotid gland inflammation, jwara occurs as a symptom. In some jwara, swelling of parotid gland occurs as a symptom. So, parotid region is taken as karnamula. Karna latika is simile of creeper for lobule of the ear. Karnalatika is a synonym of karnapali and is named by Dalhana. Karnashashkuli : Charaka describes karna shashkuli are two in number while describing pratyangas1 chakrapanidatta comments them as two whirlpools of the ears. Kaviraj Gananath sen defines

Figure 1:-Anatomy of Human Ear



There is difference of opinions among the Acharya about the total number of karna rogas. In this set of disorders of karna, the diseases belong to Shabdendriya have also been included. Acharya Charaka has described karna rogas in a separate chapter. There is an explanation of these disorders belonging to karna in trimarmiya chikitsa chapter of Charaka Samhita. According to Charaka there are four types of karna rogas based on doshas. They are Vataja, Pittaja, Kaphaja & Sannipataja. In these four types, all the karna rogas are included. Since Charaka belongs to Kayachikitsa School of thoughts, it is natural that a very short description of these disorders of urdhwa jatrugata rogas is found. Charaka has also mentioned a short method of treatment for karna rogas. One, among the treatments is karna purana. Interestingly, there is no mention of disorders of karna pali.1)Vatika Karnaroga.2)Paittika

them as karnashashkuli is a whirlpool like structure made up of cartilages covered by thin skin & muscle fibres and is attached to lateral side of temporal bone³. It is accepted as entire auricle. Karnasrota is used for external auditory meatus, because chhidra is one the synonyms of srota which has been used for aperture or meatus. Karna Avatu : Distance between two karna avatus is fourteen angula. Here, karna avatu is means for concha of the ear. Sharira parishada explains it as karna avatu is the word formed by adding word karna with avatu. Avatu means a pit or a depression. Sabdapatha is a path or canal through which the sound travels, both of them are used for all the three parts of the ear i.e. external, middle and inner ear. Karnanadi indicates external auditory canal¹³.

Karnaroga.3)Shalaishmika Karnaroga.4)Sannipatika Karnaroga

According to Sushruta there are 28 types of karna roga as explained in 20th chapter of uttara tantra. In Sushruta Samhita sutra sthana 16th chapter there is a description of karnapali vardhanajanya disorders. Acharya Sushruta has not explained the disorders of karnapali in uttara tantra, because there is no use of Shalaka while treating these disorders. Thus he has explained the disorders of karnapali in the context of karnapali vardhana- the ancient procedure of increasing the size of lobule of ear.

According to Sharangadhara: 30 Karna Rogas are mentioned in Sharangadhara Samhita, among them, 18 are karna srotasgata rogas, 7 are karnapali rogas & remaining 5 rogas belong to karnamula. Sharangandhara is the only person to explain the disorders of karnamula, but he has not explained the

treatment aspect. 1.Vataja Karnaroga 2.Pittaja Karnaroga 3.Kaphaja Karnaroga 4.Raktaja Karnaroga 5.Sannipataja Karnaroga 6.Karna Vidradhi 7.Karnanada 8.Karnarubda 9.Putikarna 10.Karnarsha 11.Karnahalika 12.Badhira 13.Tantrika 14.Karnakandu 15.Karna Shaskuli 16.Krimi Karna 17.Karna Nada 18.Karna Pratinaha 19.Utpata 20.Palishosa 21.Vidari 22.Dukhavardhana 23.Paripota 24.Parilehi 25.Pippali 26.Vataja Karnamula roga 27.Pittaja Karnamula roga 28.Kaphaja Karnamula roga 29.Sannipataja Karnamula roga 30.Raktaja Karnamula roga.

We are living in a beautiful world and we are able to feel this beauty by our Gyanendriyas. As per Ayurveda both ears come under Bahirvaha Srotas. Bahirvaha Srotas are the external openings of the living human body by which the internal environment of an individual can communicate with the existing external world. These are nine in number- two eyes, two ears, two nostrils, one mouth, one urethral and one anal aperture. These nine openings are present in male and female both. But in females three extra openings are also present- two in breasts and one as vaginal orifice which also termed as Rajovaha Srotas. Another group of Srotas is termed as Abhyantar Srotas. These are 13 as per Acharya Charaka and 11 pair as per Acharya Sushruta, these 11 paired Abhyantar Srotas are also termed as Yogavahi Srotas. All these Srotas are the structural and functional unit of the living human body. Srotra(Karna) is an anatomical structure of human ear. According to Ayurveda ears are made up of Karnasaskuli, Karnapeetha etc. Srotra is the innermost part of Karna and composed of the finest part of the Panchmahabhuta. We can hear the exact frequency, intensity and loudness of objects by the virtue of Srotra. Srotravaha Srotas is the natural channel present within human ear and responsible for the hearing. We can understand the concept of Srotravaha Srotas by understanding the hearing pathway and the mechanism of hearing. In Ayurvedic classics there is no clear-cut description of Srotravaha Srotas is available. Concept of Srotravaha Srotas is available in hidden form and there is a need to explore the idea. In our present thesis we are trying to do this with the help of Ayurvedic classics and the known knowledge of modern ENT. Srotra and Srotravaha Srotas is the innermost part of ear. Srotra is formed by the finest part of the Panchmahabhuta¹⁴.

SUMMARY

Detailed knowledge of the human body is necessary for the well being of the body. After getting knowledge about the entities of the body, one is able to know about the factors which are useful to the body. Body is defined as the seat of consciousness, composed of aggregate of the products five for the maintenance of this body three pillars are required Sarva, Atma and Sarira. Five Indriya as it is Bhoutika made of five Dravyas or Pancamahabhuta and for its

action specific five Adhistanas are told. It limits the field of action of particular Indriya. Because of the rule of Tulyayonita it perceives the specific Artha (receptor theory) The whole process result in specific Buddhi. The sense organs are five in number viz Chakshu, Shrotra, Ghrana, Rasana and Sparsana. The sense faculties are not to be taken in their gross sense. The sense organs are the means of the knowledge of colour, sound, touch, taste and smell respectively. These are called Buddhendriyas also. It is observed that one sense organ grasps one object and only the same object which is the special attribute of the particular element. For example, one can hear sound through his Shrotrendriya because the Srotra is developed by AkashaMahabhuta and sound is the special attribute of the Akasha Mahabhuta. Sushruta describes this procedure in the Sharira Sthana. Charaka has accepted the same theory in Sutrasthana. Acharya Susruta has counted 28 Karnarogas. Acharya Charaka counted four types of Karnarogas due to vitiation of different Dosas, Acharya Vagbhata has also described Karnaroga separately. It is a fact that systematic description of karnarogas are available in all the ancient treatises. A lot of work have been done in the field of Ayurveda by ancient Acharya, and a lot of is required to update the knowledge; therefore scholar has tried to explore and explain. The conclusion of this research is that, Susruta and other Ayurvedic Acharya employed the word Indriya to mean sensory organs generally. Scholar tries to correlate each and every reference about Karna Indri in Samhitas and modern science. This work is very useful for those want to classical ancient Ayurveda to be communicated, interpreted and correlated in terms of existing knowledge for international debate. This research work fulfills the vision of Pratichi-PrachiKaMelaSundara' viewed by Bharat Ratna Mahamana Madana Mohana Malviya Ji.

REFERENCES

1. Bhaskar Govind Ghanekhar, Sushruta Samhita sharira sthanam, reprint October 2004, Meharchand Lachmandas publication, pp 149
2. Bhaskar Govind Ghanekhar, Sushruta Samhita sharira sthanam, reprint October 2004, Meharchand Lachmandas publication, pp 188
3. Sanskrit-English Dictionary: Sir Monier Monier Williams, M.A., K.C.I.E.; Bodon Prof. of Sanskrit; Oxford, Motilal Banarasidas Publishers Pvt. Ltd. Delhi (1899).
4. The Practical Sanskrit-English Dictionary: By Vaman S Apte; Motilal Banarasidas Publishers.
5. Parishadyam Shabdārtha Shariram: Ayurvedacharya Pandit Damodar Gaud; Shri Baidyanath Ayurveda Bhavan Ltd., Nagpur (1979)
6. Pratyaksha Shariram: By Maha-Mahopadhyaya Shri Gananath Sen-Sharma-Saraswati; Krishnadas Academy, Varanasi, 4th Ed. Reprint (2000).
7. Sankalita Sharir: By Govind Appaji Phadake-L. V. Tarlekar, Pune, 1st Ed. 1945
8. Brihat Shari ram: By Vaidyaratnam P. S. Varier; P. Madhava Warriar, Kottakal, Kerala, Reprint (1988)

9. Marma Vimarsha: By Ayurvedacharya Pt. Ram Raksha Pathak; Chaukhambha Sanskrit Series Office, Varanasi, 36thEd. (2006).
10. Bhaskar Govind Ghanekhar, Sushruta Samhita sharira sthanam, reprint October 2004, Meharchand Lachmandas publication, pp 217
11. More Jyoti D, Swati Bedekar, Shende K. L. Study of Rachana Sharir described in Laghutrayee in comparison with Brihatrayee. AYUSHDHARA, 2018;5(1):1525-1550
12. Sushrut. Sushrut Samhita with Dalhan & Gayadas commentary. Sharira section. Translated by Thakral kk. 2nd ed. varanasi: Chaukhambha orientalia, 2017.
13. Agnivesha. Charaka Samhita. Translated by Banwari Lal Gaur, First Ed. 2014, New Delhi: Rastriya Ayurveda.
14. Sushrut. Sushrut Samhita with Dalhan & Gayadas commentary. Sharira section. Translated by Thakral kk. 2nd ed. varanasi: Chaukhambha orientalia, 2017. P88.