

**MANAGEMENT OF SAWARBHEDA THROUGH PANCHAKARMA- A CASE STUDY**Anita Chaudhary<sup>1</sup>, Anant S Desai<sup>2</sup>

1. PG scholar, Department of Panchakarma, Government Ayurveda Medical College, Bengaluru
2. Professor and Head, PG and PhD Studies in the Department of Panchakarma, Government Ayurveda Medical College Bengaluru.

Corresponding Author: [anitachoudhary2026@gmail.com](mailto:anitachoudhary2026@gmail.com)<https://doi.org/10.46607/iamj15p9022025>

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**ABSTRACT**

Vocal cord paralysis is a voice disorder when one or both vocal cords do not open or close correctly. In most cases, no underlying cause for the condition can be found. Symptoms of vocal cord paralysis include changes in the voice, such as hoarseness or a breathy voice, ineffective coughing, pain in the throat when speaking, dysphagia, sore throat, aspiration, etc. In Ayurveda, it can be correlated with Swarakshaya based on clinical presentations. It is a condition where voice alteration is brought about, as seen during speech and announcing with high or low pitch, inaudible or distinct sound. Due to various Nidana like Athyuchabhashana (speak in a loud voice), Abhighata (injury), Soka (grief), etc., the aggravated Dosha invades and localizes in the Sabdavahisira (vocal cords) and leads to changes in the functions of the voice box and causing Swarakshaya. Here, a case report of 32- a 32-year-old female presenting with symptoms of difficulty speaking and a low-pitched voice, diagnosed with vocal cord paralysis with respect to Swarakshaya, is narrated. The patient underwent Panchakarma procedures like Nasya for 7 days with Yashtimadhu taila, followed by ksheera dhooma, Gandoosha with Yashtimadhu taila and selected Samana medicines (Jivantyadi gritha). The study shows a satisfactory outcome, particularly in the quality and loudness of voice.

**Keywords:** Swarabheda, nasya, *Ksheera dhooma*, *Gandoosha*.

## INTRODUCTION

Voice is the primary means of communication. The human voice is an extraordinary accomplishment, which is capable of conveying not only complex thoughts but also subtle emotions. It is the main mechanism through which most people project their personalities and influence their surroundings. Vocal production is a complex behavioural process involving coordination between the respiratory, phonatory, and articulatory systems.<sup>1</sup>

"Various Acharyas have described Swarabheda in classical texts such as the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Sangraha*, *Ashtanga Hridaya*, *Sharangadhara Samhita*, *Bhava Prakasha*, *Yoga Ratnakara*, and *Chakradutta*."

Acharya Sushruta, for instance, dedicated an entire chapter to *Swarabheda* in the *Uttar Tantra* of his *Sushruta Samhita*,<sup>two</sup> which indicates that this condition was likely quite prevalent at the time, thus warranting significant attention. Acharya Sushruta provided a detailed description of six types of *Swarabheda*, three of which are considered incurable.<sup>3</sup>

According to the Acharyas, aggravated *doshas* invade and localise in the vocal cords<sup>4</sup>, leading to changes in the functions of the voice box.<sup>5</sup> This dysfunction can partially or completely impair speaking ability. This condition is described as either *Swarabheda*, the latter being a complete and permanent loss of voice, considered incurable.

*Swarabheda* (hoarseness of voice) is commonly associated with infections, such as laryngitis, and

### PAST HISTORY:

H/O dengue fever 2 years ago

H/O GERD and post cricoid stricture with oesophagitis 2 years ago.

N/K/C/O Diabetes mellitus/ hypertension/Thyroid dysfunction

### MENSTRUAL HISTORY:

Regular 4-5/20-25 days cycle

### FAMILY HISTORY:

Nothing significant

dietary habits that include consuming rich, spicy, sour, or cold foods, which contribute to its onset. Acid reflux. It also occurs due to abuse or misuse of voice, as seen by hawkers, singers, and teachers. Other causes include benign vocal cord nodules, cysts, polyps, laryngeal cancer, and various other conditions.<sup>6</sup>

### CASE REPORT:

A female patient aged 32 years, not a known case of hypertension, diabetes mellitus and thyroid dysfunction, was healthy 2 years ago. Suddenly she started noticing changes in voice as she wept a lot and screamed due to the sudden demise of her parents. She was utterly shattered by this, took a lot of stress, and reduced her food intake. This incident caused her to develop difficulty in swallowing solid food and low pitched voice while speaking, so after noticing this, she consulted a nearby hospital and underwent an endoscopy where she was diagnosed with GERD ( Gastroesophageal reflux disease) and underwent oesophageal dilatation for post cricoid strictures. After this procedure, she recovered from dysphagia, but the pitch of her voice remained low. For this, she took Speech and language therapy as advised, but she didn't get any benefit. For further care, she was admitted to SJIIM hospital.

**PERSONAL HISTORY:** Shown in table no. 01

Table no.01: SHOWING PERSONAL HISTORY

Ahara	Vegetarian diet
Rasa pradhana	Katu ,Amla rasa pradhan Sarva rasa
Vihara	Does Yoga in the morning and a walk in the evening for ½ hour
Vyasana	None
Agni	Mandagni
Kostha	Madhyama
Nidra	Sound

**ROGI PAREEKSHA:**

**GENERAL EXAMINATION:** Shown in table no. 02

Table no.02: SHOWING GENERAL EXAMINATION

General appearance: ill	Pallor- present
Built: Lean: Lean	Icterus – Absent
Height: 158cm	Cyanosis – Absent
Weight: 40 kg	Clubbing – Absent
Pulse rate: 88bpm	Lymphadenopathy – Absent
Blood pressure: 110/80 mm of Hg	Edema – Absent
BMI- 16 kg/m2	

**ASTA STHANA PAREEKSHA:** Shown in table no. 03

Table no.03: SHOWING ASTA STHANA PAREEKSHA

Nadi -88 Bpm	Shabda- Kshama swara
Mutra -5-6 times a day,1-2 times at night	Sparsha- Prakrita
Mala- Regular passed, once a day	Drik- Prakrita
Jihwa – Aipta	Akriti-Krishha

**DASHA VIDHA PAREEKSHA:** Shown in table no. 04

Table no.04: SHOWING DASHA VIDHA PAREEKSHA

Prakruti- vata kapha	Ahara shakti - Abhyavarana-Madhyama Jarana- Madhyama
Vikruti – Vata pradhana kapha	Vyayama shakti- Madhyama
Sara – Madhyama	Pramana- Madhyama
Samhanana – Madhyama	Vaya – Madhyama
Satva- Madhyama	
Satmya - Katu amla rasa pradhan sarva rasa satmya	

**NIDANA PANCHAKA:**Ati rudhita (A.Hr. Ni.16/21), Ucchaibhashana (Su. Ut.53/3)

**POORVAROOPA:** Avyakta

**ROOPA:** Kantha rodha(Dysphagia) – A Hr Ni 16/22, Bhinna swara(hoarseness), Shanaihi vadanti(speaks slowly)  
(Su Ut 53/4), Kshaamaswara (A.San)

**UPASHAYA:** Ushna jala sevana, Ushna Ritu and Kaala (snigdshopashayo anilaat) – A.San

**ANUPASHAYA:** Sheethala ahara vihara sevana.

**SAMPRAPTI GHATAKA:** Shown in table no. 05

Table no.05: SHOWING SAMPRAPTI GHATAKA

<i>Dosha: Udana and Prana vata</i>	<i>Srotodushitprakara: Sanga</i>
<i>Dushya: Rasa</i>	<i>Vyakta sthana: Kantha Pradesh</i>
<i>Agni: Mandagni</i>	<i>Roga marga: Abhyantara</i>
<i>Udbhava sthana: Kantha Pradesh</i>	<i>Sadhyaasadhya: Krichrasadhya</i>

**SYSTEMIC EXAMINATION:**

CVS – S1S2 heard, no added sounds

RS – NVBS heard, no added sounds

Vocal resonance and Vocal fremitus - Normal

GIT – P/A: Soft non tender

CNS – Conscious and well oriented

Vagus nerve examination(10th cranial nerve) -

-Position of Uvula: Normal

-Palate movement: b/l symmetrical

-Gag reflex: Normal

-Hoarseness of voice – present

-Stridor & Bovine cough – Absent

**TREATMENT PROTOCOL ADOPTED:** Shown in table no. 06

Table no.06: SHOWING TREATMENT PROTOCOL ADOPTED

1	<i>1. Godhumadi upanaha orally - 2. Jivantyadi gritha 5ml BD</i>	5 days	12/08/24-16/08/24
2	<i>1. Mukhabhyanga with Ksheerabala taila f/b ksheera dhooma 2. Yashtimadhu taila nasya (6drops in each nostril) 3. Shiropichu with Bramhi taila 4. Gandusha with Yashti taila – morning and evening</i>	7 days	17/08/24-23/08/24

**I. SHAMANOUSHADHA:** Shown in table no. 07

Table no.07: SHOWING SHAMANOUSHADHA

<i>Dhatri loha 1-1-1 A/F</i>
<i>Yashthimadhu+Ashwagandha Ksheerapaka 20ml BD A/F</i>
<i>Jivantyadi gritha 5ml BD A/F</i>

**OBSERVATION AND RESULTS-** Shown in table no. 08

Table No. 08: SHOWING OBSERVATION AND RESULTS

Days	Treatment	Observation
12/08/24-16/08/24	<i>1. Godhumadi upanaha orally - 2. Jivantyadi gritha 5ml BD</i>	❖ pain reduced in b/l knee joint
17/08/24-23/08/24	<i>1. Mukhabhyanga with Ksheerabala taila f/b ksheera dhooma 2. Yashtimadhu taila nasya (6drops in each nostril) 3. Shiropichu with Bramhi taila 4. Gandusha with Yashti taila – morning and evening</i>	❖ Reduced hoarseness of voice with improved clarity in speech

## DISCUSSION

According to our Ayurvedic Acharyas, Swarabheda is a condition characterised by variations in voice (Swara) due to the vitiation of doshas, either through Avarana or Prakopa, leading to obstruction in producing Vaak Pravritti. This process is primarily facilitated by Udana Vata, followed by Vimarga Gamana of Udana Vata.

Acharya Sushruta has mentioned the Samanya Chikitsa for Swarabheda, which includes Vamana, Virechana, Basti, Nasya, and various forms of Kavala in the 52nd chapter of the Uttar Tantra.<sup>7</sup>

In the present case, the treatment modality began with Godhumadi upanaha, Mukhabhyanga with Ksheerabala taila f/b Ksheera Dhooma, Yasthimadhu Taila Nasya, Yasthimadhu taila Gandusha, Jivantyadi gritha, Yasthimadhu and Ashwagandha Churna Ksheerapaka.

Yasthimadhu Ksheerapaka<sup>8</sup>: Yasthimadhu is specifically indicated for improving voice (swarya) and pacifying both Pitta and Vata doshas. It has Vrana ropana (wound healing) and Shothahara (anti-inflammatory) properties, which aid in reducing inflammation and soothing the mucosa of the throat. "Sushruta mentions the consumption of Yasthimadhu Mula Churna with Ksheera in treating Swarabheda."

"Gandusha with Yasthimadhu Taila involves retaining fluid in the mouth for a specified period until lacrimation and nasal discharge occurs, after which the patient is advised to spit it out.<sup>9</sup> Regular use of Gandusha promotes Swarabala (strength of the voice), Hanubalam (strength of the jaws), facial strength, Ruchyam (improved taste perception), Drudadantha (strong and healthy teeth), and resistance against Doshaja or Agantuja Mukharoga.<sup>10</sup>

The active ingredients and chemical constituents of the medicated liquid stimulate the chemoreceptors and mechanoreceptors in the mouth, sending stimuli to..."Shodhana Chikitsa: Sthanik Abhyanga followed by Nadisweda: Abhyanga (massage) acts on the roots of Mamsavaha srotas (channels carrying muscle nutrients and waste), specifically targeting Snayu (ligaments), Twak (skin), and Raktavahini (blood vessels). Swedana (sudation) provides multiple

benefits: it is Sthambhaghna (removes stiffness), Sheetaghna (removes cold), Srotoshuddhikara (clears microchannels), and Kapha-Vata Nirodhana (reduces excess Vata and Kapha dosha). Both Snehana (oleation) and Swedana, performed before the Nasya procedure, dissolve the doshas, making them easier to dislodge with Nasya.<sup>11</sup>

Marsha Nasya with Yasthimadhu taila: Swarabheda is classified as one of the Urdhwajatrugata Vikara (disorders affecting the upper part of the body) and Kanthagata Roga (throat diseases). Nasya is the primary Shodhana procedure preferred for this condition, as it uniquely achieves Uttamanga Shuddhi (purification of the upper body). Nasya with Yasthimadhu taila is Sukshma Srotogami (capable of reaching minute channels) and possesses Vataghna (Vata-reducing), Brumhana (nourishing), and Snehana (oleating) properties.<sup>12</sup>

Following the administration of Yasthimadhu taila Nasya, profuse secretions occur as Kapha Dosha invades the chest, head, palate, and throat. Yasthimadhu taila first reaches the minute channels, dislodging Kaphadi doshas from their sites, followed by the oleation and strengthening of the ligaments and tendons in the upper part of the body. Regular use of Yasthimadhu taila enhances the clarity of voice and perception of the sense organs.<sup>13</sup>

## CONCLUSION

The patient was admitted for 12 days and experienced satisfactory relief from the symptoms of Swarabheda. The results suggest that Swarabheda can be effectively treated through a collaborative approach involving Panchakarma procedures—such as Marsha Nasya and Gandusha—along with Shamana Chikitsa without causing any adverse effects. The patient has not required any modern medical or surgical intervention. This study presents only one case; therefore, further research with a larger sample size is recommended to establish consistent and standardised outcomes.

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