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Case Report

Ayurvedic management of vocal cord growth: a non-invasive case study

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ABSTRACT

Vocal cord growth can be differentiated into polyps, nodules, granulomas, and papillomas, which are benign in nature and can cause hoarseness and breathy voice. Laryngeal microsurgery is the most common conventional treatment. However, it is necessary to explore non-invasive treatment options. Objective was to report the outcome of Ayurvedic therapy in a 71-year-old female with a vocal cord growth who declined surgery. The patient presented with hoarseness of voice, vocal fatigue, and globus sensation for one month. Laryngoscopy revealed a right vocal cord growth. Patient was advised MLS under GA by an ENT expert. However, because of anxiety regarding invasive treatment, the patient wanted to explore Ayurvedic treatment options. She was treated with Lavangadi Vati, Gandamala khandan ras, marma gutika lepa, and lifestyle modifications. Significant symptomatic relief was observed within one week, with complete resolution confirmed by laryngoscopy at six weeks and sustained at follow-up. The GRBAS score improved from severe to normal in four weeks. This case suggests that Ayurvedic management may offer a non-invasive alternative solution for vocal cord growth, meriting further research.

Keywords: Ayurveda, Kaphaja Swarabheda, Laryngoscopy, Non-invasive treatment, Vocal cord growth

INTRODUCTION

Benign vocal cord growths-such as polyps, nodules, granulomas, and papillomas-commonly present with hoarseness of voice and vocal fatigue. Persistent symptoms require visualization of vocal cords by laryngoscopy and biopsy to rule out malignancy. Vocal cord polyps may occur at the mid third of the membranous cords and are more often unilateral.[1] Vocal cord nodules occur bilaterally at the junction of the anterior and middle third of the cords. Vocal cord granulomas which can be bilateral or unilateral occur in the posterior glottis adjacent to the vocal processes of the arytenoid cartilage. Vocal cord papillomas can result from infection with some human papilloma-viruses (HPVs). Data shows women and children have a higher incidence of vocal cord polyps because they have relatively higher frequency voices which in theory results in increased trauma caused by the repetitive collision of the vocal folds.[2,3] Change of voice is the most common presenting symptom of vocal cord lesions and vocal abuse is the most common etiological factor.[4] The benign lesions of vocal cords produce symptoms which can vary from hoarseness of voice to stridor, can affect social functioning and work performance which can have a significant emotional impact.[5] While laryngeal microsurgery remains the standard intervention, many patients seek non-invasive alternatives due to surgical risks and anxiety. There is limited evidence on the efficacy of Ayurvedic approaches in such conditions, highlighting the need for further clinical documentation. In ayurvedic preview, hoarseness of voice can be correlated with Swarabheda which has been described in Charak, Sushruta and Vagbhata.[6-8] Swarabheda is a condition which results due to inflammation or swayathu of swarapetika (Larynx) hence altered speech. This condition is different from vaksanga, muka, gadgada etc.-hoarseness is different from aphasia, dysphasia or dysarthia or loss of speech which are caused due to neurological deficit at speech centre.[9] Vocal cord growth

leading to hoarseness of voice, and throat always choked with secretions resembles of Kaphaj Swarabheda. This report presents a case of successful non-surgical management of a vocal cord growth through Ayurveda.

CASE REPORT

A 71-year-old female presented with hoarseness of voice, vocal fatigue, and globus sensation for one month. She reported recurrent cough and fever in the first week of November 2024, resolved with conventional therapy. Symptoms of hoarseness of voice and vocal fatigue persisted and gradually worsened. She visited an ear, nose and throat specialist who advised laryngoscopy. On 3rd December 2024-Laryngoscopy report demonstrated growth seen at the junction of anterior one third and posterior two-third of the right vocal cord. The left vocal cord was normal (Figure 1). The patient was further advised surgical management-MLS (Micro laryngeal surgery) under general anesthesia to remove the growth. Due to fear of invasive treatment, patient wanted to explore conservative management and ayurvedic treatment options.

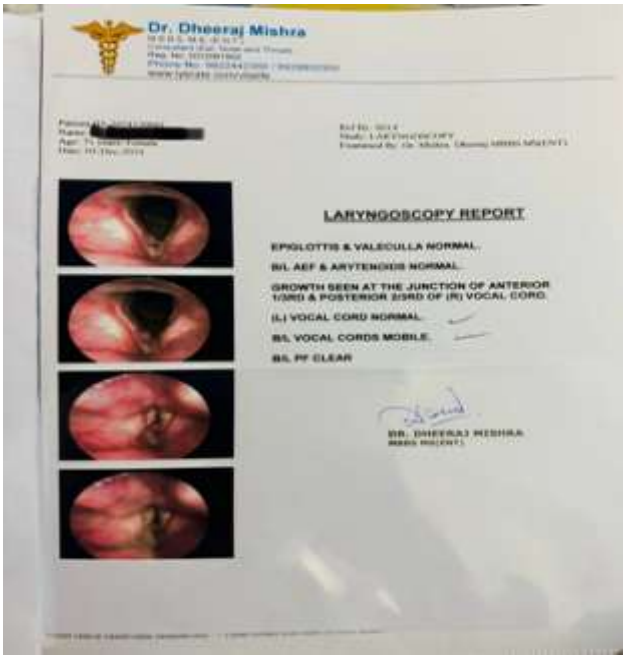

Figure 1: Laryngoscopy report before treatment.

She has a history of hypertension (15 years) and diabetes mellitus (5 years), both controlled on medication. She also reported chronic hyperacidity and constipation. There was no prior history of similar complaints or previous voice therapy. No history of substance abuse.

Clinical findings

On general examination, the patient was well-built with a weight of 87 kg, pulse rate of 78 per minute, blood pressure of 130/90 mmHg, respiratory rate of 20 per minute, and a temperature of 98.4°F. Systemic examination revealed no abnormalities. On local examination, the tongue was found to be coated, the palate appeared normal, and congestion of the posterior pharyngeal wall was noted in the throat. Nasal examination showed mucosal congestion. Laryngoscopy revealed a growth at the junction of the anterior one-third and posterior two-thirds of the right vocal cord, with normal mobility bilaterally. Laboratory investigations including CBC, RBS, and TFT were within normal limits.

On Ayurvedic evaluation, the patient was found to have a vata-kaphaja prakriti, meaning the body constitution is dominated by vata and kapha, with a pitta-vataja nadi. Mutra pravritti was prakrita, showing normal urinary habits, while mala pravritti revealed vibhanda, suggestive of chronic constipation. The jihwa was saama, presenting with a coated tongue, and shabda showed swara saada, meaning the voice was low-pitched and weak. According to dashavidha pariksha, the satva or mental nature was identified as raja, reflecting a rajasic tendency, and the saara was medo saara, with body tissue quality dominated by fat essence. The samhanana and pramana were madhyama, denoting medium body build and proportions. Satmya was sarvarasa, showing adaptability to all types of food, while satva was pravara, indicating strong mental resilience. The vaya was vriddha, pointing to advanced age. Both aharashakti and vyayama were madhyama, showing moderate capacity for food intake and exercise, whereas jaranashakti was avara, revealing weak digestive power.

Diagnostic assessment

Conventional diagnosis

Benign vocal cord growth (likely polyp) based on laryngoscopy. No suspicious features of malignancy; biopsy not performed due to patient preference.

Ayurvedic diagnosis

Kaphaja Swarabheda, characterized by hoarseness, coated tongue, chronic constipation, and impaired digestion (Ama). In Ayurveda, Swarabheda is classified based on doshic predominance; Kaphaja type presents with heaviness, thick secretions, and a choked sensation, often associated with vitiated Kapha, Vata and Ama accumulation. The voice becomes slow, obstructed and stertorous.

Dietary and lifestyle modifications

The patient was advised to take warm and easily digestible food while avoiding cold, oily, and heavy foods. Adequate hydration and regular meal times were encouraged. Voice rest was recommended with instructions to avoid whispering or shouting. Daily walks of 3 km were continued, and stress reduction techniques were also suggested.

Outcome and follow up

After 4 weeks of treatment, vocal cord growth was completely resolved along with significant relief in symptoms. Laryngoscopy report after treatment done on 8th February 2025 shows bilateral vocal cords completely normal and mobile (Figure 2).

The evaluation of GRBAS score to assess the changes in the objective parameters: Grade (overall voice quality), roughness, breathiness, asthenia (weakness), and strain; typically, from 0 (normal) to 3 (severe), before and after treatment assessment was done for one month at every week (Table 1).[10]

No reoccurrence of symptoms after five months of follow up was observed. No adverse effects were noted during the treatment period.

Figure 2: Laryngoscopy report after treatment.

Table 1: Timeline of the case.

Date	Events
November 2024	Patient had cough, fever followed by vocal fatigue, hoarseness of voice and feeling of something stuck in throat.
3rd December 2024	Visited ENT specialist-laryngoscopy revealed growth in right vocal cord. The patient was advised surgery MLS under GA.
20th December 2024	Ayurvedic management started for 15 days.
5th January 2025	Significant relief in hoarseness of voice, vocal fatigue. Treatment continued for further 15 days
20th January 2025	Complete relief in vocal fatigue and hoarseness of voice. Regained normal speech. No foreign body sensation in the throat. Patient was advised to visit with laryngoscopy report.
8th February 2025	Laryngoscopy report showed normal vocal cords bilaterally with normal mobility. No growth seen. No recurrence of symptoms.

Table 2: Therapeutic intervention.

Drug	Dose	Route	Duration
Lavangadi vati	1 tab every 2 hours (8-10 tablets/day)	Chewing- orally	1 month
Gandamala khandan ras	2 tabs twice a day after meal with water	Orally	1 month
Marma gutika lepa	Thick lepa twice a day for 45 mins (Over laryngeal prominence)	Local application	1 month

Table 3: Assessment of GRBAS score.

Parameters	Before treatment	1st week	2nd week	3rd week	4th week
Grade	3	2	2	1	1
Roughness	2	1	1	1	1
Breathiness	3	2	2	1	0
Asthenia	3	3	2	1	0
Strain	3	2	1	0	0

DISCUSSION

Sushrut Samhita, Vangasen Samhita, Madhav Nidaan and Chakradutta have devoted an exclusive chapter for swarabheda whereas in Charak Samhita and Ashtang Hridaya-Swarabheda is mentioned under Rajayakshma Chapter.[11-14] As per the classics, atyucha bhashana (loud elevated speech), visha sevana (toxic intake), adhyayana (oral reading), injury to throat, shouting, prolonged singing, alcohol intake, tobacco intake, consumption of chilled food and beverages, overeating of sweets made up of dairy can lead to vitiation of doshas mainly prana vata, udana vata and avalambak kapha which gets logded in Swaravaha srotas (vocal cords) and thereby affecting the

functionality of vocal cords.[15] The general line of treatment of Swarabheda includes snehana (~therapeutic oleation), vamana (~therapeutic emesis), Virechana (~therapeutic purgation), basti (~therapeutic enema), nasya (~medication through nasal route), Avapidana (~Nasya therapy by expressed juice from paste), mukhadhavana (~mouthwash), Dhumapana (~medicated smoking), and administration of avaleha (~a semisolid preparation of drugs).[16,17] This case highlights the successful non-invasive Ayurvedic management of a vocal cord growth in an elderly patient, who presented with classic symptoms of Kaphaja Swarabheda and associated ama (toxins) formation. The patient's underlying conditions of chronic constipation, hyperacidity, and a vata kaphaj prakriti further indicated a systemic imbalance contributing to the laryngeal pathology. The conventional medical advice for surgical intervention, coupled with the patient's anxiety, prompted the exploration of Ayurvedic alternatives. The therapeutic strategy focused on pacifying vitiated kapha and vata, reducing ama, and enhancing agni and local tissue health.

Gandamala khandan ras

Given the patient's Kapha-dominant presentation (coated tongue, congestion, hoarseness, history of recurrent cough, and the nature of the growth itself being a Kapha-pradhana vyadhi), Gandamala Khandan Ras was chosen for its Kapha-Vata pacifying properties and its specific action on glandular swellings (Gandamala), which aligns with the vocal cord growth. Its ingredients like Shodhit Parad (purified mercury), Shodhit Gandhak (purified sulfur), Tamra Bhasma (copper ash), Saindhava Lavana, Mandoora Bhasma, Shodhit Guggul, Shunthi (*Zingiber officinale* rhizome), Maricha (*Piper nigrum*), Pippali (*Piper longum*), and Kanchanar (*Bauhinia variegata*) support overall throat health and alleviate glandular concerns.[18] This formulation helps in reducing swelling, combating oxidative stress, promoting cellular health, and aiding in detoxification and purification of the body. Its anti-inflammatory properties assist in soothing discomfort caused by swelling and strengthening the body's natural defense mechanism against the infections.[19]

The Trikatu components (Shunthi, Maricha and Pippali) are particularly effective in Deepana-Pachana (enhancing Agni and digestion) and Ama reduction, directly addressing the patient's Avara Jaranashakti (below-average digestive power) and chronic constipation.

Lavangadi vati

This formulation, primarily composed of Lavanga *(Syzygium aromaticum)* and other Kapha-Vata shamana (pacifying) herbs.[20] It was crucial for its Kantha shodhaka (throat cleansing), Kapha shodhana (Kapha purification), and Lekhana (scraping) properties. Its direct action on the throat helped in reducing the hoarseness, vocal fatigue, and the sensation of something stuck in the throat (Kapharuddha kantha), thereby clearing the vocal passages and improving voice quality.[21-23]

Marma gutika lepa

Applied locally over the laryngeal prominence, this Lepa (herbal paste) was selected for its vishada (clarifying), kshataghna (wound healing), and marma kshobha hara (alleviating irritation in vital points) properties. The local application facilitated direct action on the vocal cord area, contributing to the reduction of the growth and associated discomfort. The ingredients like Prasarini (*Merremia tridentata*), Gokshur (*Tribulus terrestris*), Shatavari (*Asparagus racemosus*), Musta (*Cyperus rotundus*), Upodika (*Portulaca oleracea* Linn), Mathsyakshi (*Alternanthera sessilis* Linn) and Kataka (*Strychnos potatorum*) are known for their anti-inflammatory and tissue-modulating effects.[24] It reduces deep tissue edema and promotes wound healing.[25]

Laryngeal microsurgery is the most common conventional treatment for vocal cord growth.[26] This case provides a significant example of a non-invasive alternative for vocal cord growths, especially for patients who may be averse to surgical interventions or have co-morbidities that increase surgical risks. This case report highlights a unique clinical presentation and outcome; however, several limitations must be acknowledged.

As a single case report, the findings cannot be generalized to a broader population. Additionally, the absence of histopathological confirmation limits the diagnostic certainty. These limitations underscore the need for larger, controlled studies to validate the observations presented.

CONCLUSION

Vocal cord growth resembling Kaphaj Swarabheda in this case manifests as hoarseness of voice, vocal fatigue and throat discomfort that can progress to complications if untreated. The rapid and complete resolution of the vocal cord growth, objectively confirmed by laryngoscopy and subjectively by the GRBAS score, demonstrates the efficacy of this multi-pronged Ayurvedic approach.

The patient's improvement in voice quality (grade, roughness, breathiness, asthenia, strain) from severe to near-normal within four weeks, and the complete absence of growth at the subsequent ENT check-up, are compelling indicators of the treatment's success. The non-recurrence of symptoms after several months of follow-up further underscores the lasting benefit. The holistic nature of Ayurveda, addressing systemic imbalances alongside local pathology, likely contributed to the favorable outcome and sustained relief.

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