

A CLINICAL STUDY ON THE EFFECT OF VASADI KWATHA AND ELADI GUTIKA IN THE MANAGEMENT OF SWARABHEDA W.S.R. TO HOARSENESS OF VOICE

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ABSTRACT

With an evolutionary history that spans several thousands of years, *Ayurveda* is one of the oldest and meticulously codified systems of healthcare in the world.^[1] The vitiated *doshas* circulating in the body, with predominance of vitiated *Vata & Kapha* migrate to *Mukha Pradesha*, thus causes the *Mukha rogas*. When they get located (*Sthana sanshraya*) in the *kantha Pradesha*, *Swarabheda* occurs. *Swarabheda* can be correlated with Hoarseness of Voice as both of them have similar features. This study included detailed study of the disease, its nature and the evaluation of the effects of the two formulations- *Vasadi Kwatha* mentioned by *Acharya Sharangdhara* and *Eladi Gutika* of *Acharya Charaka*. 18 patients fulfilling the inclusion criteria were included in this trial into one single group and were given *Vasadi Kwatha* (40ml in two divided doses) and *Eladi Gutika* (12gm in divided doses in the form of chewable pills) for two weeks. The effect of therapy was assessed by grading and scoring system based on signs and symptoms. Out of 18 patients, 12 patients were completely cured, 4 patients were markedly improved and 2 patients were moderately improved.

KEYWORDS: *Swarabheda*, *Vasadi Kwatha*, *Eladi Gutika*, Hoarseness of Voice.

INTRODUCTION

Speech is an essential part of human culture and thus of human evolution and language is the mechanism by which the aggregated knowledge of human cultures is transmitted. Humans have retained a strange vocal tract that enhances the robustness of speech. Hence, we could say that-

“We are because we can talk”

Thus, voice is a part of our personality and any deformity regarding our voice affects our physical as well as mental health. One such condition is called- **Hoarseness of voice**- which is defined as roughness of voice resulting from variations of regularity, periodicity or intensity of consecutive sound waves.^[2]

Swarabheda can be correlated to Hoarseness of Voice, due to similarity in their signs and symptoms. *Swarabheda* has been mentioned by various *Acharyas* in their texts like *Charaka Samhita*, *Sushruta Samhita*, *Ashtang Sangraha*, *Ashtang Hridaya*, *Sharangdhar Samhita*, *Bhava Prakasha*, *Yoga Ratnakara*, *Chakradutta*

etc. and even *Acharyas* like *Sushruta* has dedicated a whole chapter on *Swarabheda* in *Uttar Tantra* of his *Sushruta Samhita*,^[3] which throws light on the fact that this condition would have been very prevalent at that time also and thus, has got such importance.

Acharya Sushruta has detailed subtle description of 6 types of *Swarabheda* out of which 3 are nominated as incurable.^[4]

According to *Acharyas*, the aggravated *doshas* invade and localize in the vocal cords and bring about the changes in the functions of voice box. Due to this dysfunction, the speaking ability is altered or lost (either partially or fully). This condition is described as- either *Swarabheda* or *Swaraghana*,^[5] but *Swaraghana* is complete and permanent loss of voice, which can not be treated and is an incurable condition

Swarabheda (HOV) is commonly encountered due to the infections as in laryngitis and the dietary habits of taking fat rich, spicy, sour and cold food items, which lead to

acid reflux. It also occurs due to abuse or misuse of voice as in hawkers, singers, teachers etc. There are also so many other causes like benign vocal cord nodules, cysts, polyps, cancer of the larynx and many others.^[6]

Till date the treatment remedies available for the hoarseness of voice in contemporary medicine are generally decided on the basis of the type and extent of pathology or causative factors, but it is quite expensive in nature and many patients are not willing to undergo surgery.^[7] Steroids, antibiotics and analgesics are the main stay in the treatment of H.O.V. These medicines can give only temporary relief to the patients and cannot check the recurrence of the disease. Repeated administration of these medications lead to so many side effects like decreases immunity, allergic reactions etc. and in more severe cases involving tumours, polyps,^[8] etc. surgical intervention is indicated. There are number

of complications of surgery and even again reoccurrence of masses take place.

Keeping in view the pathogenesis,^[9] of *Swarabheda*, *Vasadi kwatha* and *Eladi gutika* for oral use have been selected for the study.

The ingredients have the properties which have a soothing effect on the mucosa along with the anti-inflammatory, antimicrobial & decongestant action. Thus these drugs not only cure the *Swarabheda* but also improve the quality of voice production by augmentation of *Agni bala*. These formulations are best possible, not only in reducing symptoms but also in curing the disease along with its root cause. Thus, help in minimizing the recurrence and in checking the disease at early stages, which ultimately prevents the patients to land into severe conditions which require surgery and can be dreadful.

MATERIALS AND METHODS

Vasadi kwatha: (Sha.M.Kh.2/149-150)^[10]

Sr.No.	Name of plant	Botanical name	Family	Part used
1.	Vasa	<i>Adhatoda vasaca</i> Nees.	Acanthaceae	Leaves
2.	Vishwa	<i>Zingiber officinale</i> Rosc.	Zingiberaceae	Rhizome
3.	Amrita	<i>Tinospora cordifolia</i> Will. Miers ex Hook F. L. Thoms.	Menispermaceae	Stem
4.	Daarvi	<i>Berberis aristata</i> D.C.	Berberidaceae	Root, stem & fruit
5.	Raktchandan	<i>Pterocarpus santalinum</i> Linn.	Papilionaceae	Heartwood
6.	Chitraka	<i>Plumbago zeylanicum</i> Linn.	Plumbaginaceae	Root
7.	Bhunimba	<i>Andrographis paniculata</i> Nees.	Acanthaceae	Whole plant
8.	Nimba	<i>Azadirachta indica</i> A. Juss.	Meliaceae	Bark
9.	Katuka	<i>Picrorhiza kurroa</i> Royle ex Benth.	Scrophulariaceae	Rhizome
10.	Patola	<i>Trichosanthes dioica</i> Roxb.	Cucurbitaceae	Leaves
11.	Haritaki	<i>Terminalia chebula</i> Retz.	Combretaceae	Fruit
12.	Bhibhitaka	<i>Terminalia bellirica</i> Roxb.	Combretaceae	Fruit
13.	Amalaki	<i>Emblica officinalis</i> Gaertn.	Euphorbiaceae	Fruit
14.	Mustaka	<i>Cyperus rotundus</i> Linn.	Cyperaceae	Rhizome
15.	Yava	<i>Hordeum vulgare</i> Linn.	Poaceae	Seed
16.	Kalingaka	<i>Holarrhena antidysentrica</i> Linn. Wall	Apocynaceae	Seed
17.	Kutaja	<i>Holarrhena antidysentrica</i> Linn. Wall	Apocynaceae	Bark

Rasa Panchaka

Rasa	Tikta
Guna	Ruksha
Virya	Sheeta Ushna
Vipaka	Katu
Dosha karma	Kaphapittashamaka

Method of Preparation of Vasadi kwatha

All the ingredients of *Vasadi kwatha* mentioned in table no.1 were sun dried properly and then, a coarse powder was made in the pulveriser.

The prepared coarse powder (dry *kwatha*) was packed.

2. *Eladi gutika*: (Ch.Chi.11/21-24)^[11]

Sr. No.	Plant name	Botanical name	Family	Part used	Quantity
1.	Chhotiela	<i>Elettaria cardamomum</i> Maton.	Zingiberaceae	Seed	1 part
2.	Tejpatra	<i>Cinnamomum tamala</i> Breyn.	Lauraceae	Leaves	1 part
3.	Twaka	<i>Cinnamomum zeylanicum</i> Breyn.	Lauraceae	Bark	1 part
4.	Pippali	<i>Piper longum</i> Linn.	Piperaceae	Fruit	4 parts
5.	Sita	<i>Crystallized sugar</i>			8 parts
6.	Madhuka	<i>Glycyrrhiza glabra</i> Linn.	Leguminaceae	Root	8 parts
7.	Kharjoora	<i>Phoenix sylvestris</i> Roxb.	Palmaceae	Fruit	8 parts
8.	Mridwika	<i>Vitis vinifera</i> Linn.	Vitaceae	Fruit	8 parts
9.	Madhu	Honey			

Rasa Panchaka

Rasa	Madhura
Guna	Laghu & Snigdha
Virya	Sheeta
Vipaka	Madhura
Dosha karma	Vatapittashamaka

Method of Preparation of Eladi Gutika

For preparation of *Eladi gutika*, firstly, *Madhuka*, *Choti Ela*, *Twak*, *Tejpatra*, *Pippali* and *Sita* were finely powdered individually and sieved through the mesh no. 85. Then, the pastes of *Mridwika* and *Kharjoora* were prepared separately. And then, pastes and powders were mixed homogeneously and the prepared mixture was triturated with the honey till the consistency of bolus become suitable for the gutika making. Lastly, *Gutikas* were made manually. Prepared gutikas were then packed in air tight containers.

Selection criteria

Uncomplicated patients with signs and symptoms of *Swarabheda*, attending OPD of Shalaky Tantra Department of RGGPG Ayurvedic College and Hospital, Paprola were selected above the age of 15 years, irrespective of sex, religion and occupation etc.

Investigations

Haematology – Hb%, TLC, DLC, ESR, LFT, RFT, AEC. Biochemistry – FBS, Lipid profile, Thyroid function test. These investigations were done to rule out any pathologies which were mentioned in exclusion criteria.

Aims & Objectives

- To study the *Swarabheda* roga according to *Ayurvedic* as well as modern concept to avail latest information related with research as possible.
- To study the efficacy of *Vasadi kwatha* and *Eladi gutika* in context of *Swarabheda*.

i) Irritation of throat

No irritation in throat	0
Mild irritation (Intermittent)	1
Continuous but not incapacitating normal activity	2
Continuous and incapacitating normal activity	3

- To avoid its complication sequel and to study the side effect/toxicity of the drugs if any.

A. Inclusion Criteria

- Patients presenting with signs and symptoms of *Swarabheda* occurring due to non specific inflammatory conditions of larynx without any complications.
- Age above 15 years irrespective of sex caste and religion etc.
- Patients willing for the trial.

B. Exclusion criteria

- Patients below 15 years of age.
- Paralysis of recurrent and superior laryngeal or both nerves.
- Tumours – Benign and Malignant.
- Congenital – Laryngeal web, cyst, laryngocele.
- H.O.V. occurring due to specific infections e.g. Tubercular and fungal infections.
- H.O.V. due to systemic diseases like Diabetes Mellitus and Hypothyroidism.
- Presence of other somatic or mental disorders requiring treatment.
- Patients not willing to be registered for the trial.
- Immuno-compromised patients.

Clinical Assessment

Assessment of the effect of treatment has been done on the basis of relief of subjective signs and symptoms of Hoarseness of voice on the basis of grading and scoring system.

ii) Sore Throat

Absence of pain in throat	0
Intermittent pain	1
Persistent pain not incapacitating normal activities	2
Persistent pain incapacitating normal activities	3

iii) Odynophagia

No pain during swallowing	0
Pain during solid swallowing	1
Pain during liquid swallowing	2
Persistent pain	3

iv) Dysphagia

Able to eat regular diet	0
Difficulty to eat solid diet	1
Difficulty to eat liquid diet	2
Difficulty to eat any thing	3

v) Cough

Absent	0
Less oftenly	1
Present occasionally during eating and speaking	2
Usually all the time	3

vi) Halitosis

Absent	0
Knows himself	1
Other people feel	2
Nobody sits around him	3

vii) Change in voice

No change	0
Voice change noticed by patient only	1
Voice change noticed by other people	2
No phonation	3

viii) Fever

Below 99 ⁰ F	0
99 – 100 ⁰ F	1
101 – 102 ⁰ F	2
103 – 104 ⁰ F	3

ix) Congestion in pharynx

No congestion	0
Thread like enlarged veins	1
Thorough congestion with pinkish mucosa	2
Thorough congestion with reddish mucosa	3

x) Congestion in larynx

No congestion	0
Thread like enlarged veins	1
Thorough congestion with pinkish mucosa	2
Thorough congestion with reddish mucosa	3

Drug Schedule

Vasadi Kwatha and *Eladi Gutika* as oral drugs.

powder should be boiled with 8 parts of water until one fourth quantity is left ie. 20ml.

Dosage

Vasadi Kwatha - 40 ml in two divided doses.

Eladi Gutika - 1 Karsh¹² ie. 12gm in divided doses (in the form of tablets).

Method of preparation of *kwatha* – Patients were asked to prepare *kwatha* from the coarse powder. 10gm coarse

Duration

<i>Vasadi kwatha</i>	-	For 14 days
<i>Eladi gutika</i>	-	For 14 days

Duration of Treatment- 14 days

Follow up - Two follow ups at weekly interval.

Statistical Analysis

The information regarding demographic data was given in percentage. The scoring of criteria of assessment was analysed statistically in terms of mean values of B.T. (Before Treatment), A.T. (After treatment), S.D. (Standard Deviation), and S.E. (Standard Error). The effect of therapy in was assessed by applying paired t-test for comparing the before treatment and after treatment scores of assessment criteria. The results obtained were considered highly significant for $p < 0.001$ or < 0.01 , significant for $p < 0.01$ and insignificant for $p > 0.05$.

Criteria For Over All Assessment

The total effect of the therapy was assessed considering the following criteria.

- Complete remission: 100% relief in the signs & symptoms.
- Markedly Improvement: $> 75\%$ relief in the signs & symptoms.
- Moderately Improvement: $> 50\%$ relief in the signs & symptoms.
- Mild Improvement: $> 25\%$ relief in the signs & symptoms.
- Unchanged: $< 25\%$ relief in the signs & symptoms.

Effect of therapy.

Sr. No.	Signs and Symptoms	N	Mean		X (d) BT-AT	%age relief	SD	SE	T	P
			BT	AT						
1.	Irritation of throat	10	0.611	0.00	0.611	100	0.608	0.143	4.267	< 0.001
2.	Sore throat	17	1.333	0.167	1.167	87.47	0.514	0.121	9.621	< 0.001
3.	Odynophagia	02	0.111	0.00	0.111	100	0.323	0.0762	1.458	> 0.05
4.	Fever	03	0.167	0.00	0.167	100	0.383	0.0904	1.844	> 0.05
5.	Halitosis	06	0.333	0.00	0.333	100	0.485	0.114	2.915	$= 0.010$
6.	Cough	11	0.667	0.00	0.667	100	0.594	0.140	4.761	< 0.001
7.	Congested Pharynx	18	1.722	0.167	1.556	90.3	0.571	0.121	12.907	< 0.001
8.	Congested Larynx	18	1.667	0.167	1.500	89.9	0.514	0.121	12.369	< 0.001
9.	Dysphagia	09	0.444	0.00	0.444	100	0.511	0.121	3.688	< 0.01
10.	Change in voice	18	1.833	0.222	1.611	87.8	0.608	0.143	11.248	< 0.001

- 1. Irritation of throat:** The initial mean score of **irritation of throat** before treatment was 0.66 which was reduced to 0.00 after treatment. The percentage relief was 100% which is highly significant statistically at the level of $p < 0.001$ ($t = 4.267$).
- 2. Sore Throat:** The initial mean score of **soare throat** before treatment was 1.333 which was reduced to 0.167 after treatment. The percentage relief was 87.47% which is highly significant statistically at the level of $p < 0.001$ ($t = 9.621$).

Observations

In present study, 27.78% of the patients were of age group 26-35yrs. Maximum patients were females i.e. 55.56% and only 44.44% patients were males, maximum number of patients i.e. 66.67% were married, 94.44% of the patients were Hindus. 33.33% of patients were Students followed by housewives and businessmen (22.22% each). 50% of the patients were lower middle class and 27.78% were upper middle class, 55.56% of the patients were taking mixed diet. 33.33% patients were having addiction to tea/coffee, Maximum patients were of *Vata-Kaphja Prakriti*. i.e. 50% of the patients, 55.56% of the patients were of *Vishamagni*, followed by 27.78% patients were having *Mandagni*. Maximum no. of the patients were Under Graduates (27.78%) followed by patients educated upto matric and graduation. Most of the patients were having *Avara satva*, 44.45%; 55.55% were having *Madhyama samhanana* and 50% were having *Madhyama sara*. 55.55% patients were having *Madhyama vyayama shakti*. 33.33% patients each have vocal abuse and cold food items as aggravating factors. 100% patients have acute stage of laryngitis.

In the present study, Irritation of throat was observed in 55.55% patients, Sore throat was observed in 94.44% patients, Odynophagia in 11.11%, Fever in 16.67% patients, Halitosis in 33.33% patients, Dysphagia in 50% patients, Congested pharyngeal wall in 100% patients, Congested larynx in 100% patients, Change in voice in 100% patients and Cough was observed in 61.11% patients.

- 3. Odynophagia:** The initial mean score of **odynophagia** before treatment was 0.111 which was reduced to 0.00 after treatment. The percentage relief was 100% which is not significant at the level of $p > 0.05$ ($t = 1.458$).
- 4. Fever:** The initial mean score of **fever** before treatment was 0.167 which was reduced to 0.00 after treatment. The percentage relief was 100% which is not significant statistically at the level of $p > 0.05$ ($t = 1.844$).
- 5. Halitosis:** The initial mean score of **halitosis** before treatment was 0.333 which was reduced to 0.00 after

treatment. The percentage relief was 100% which is significant statistically at the level of $p = 0.010$ ($t = 2.915$).

6. **Cough:** The initial mean score of **cough** before treatment was 0.667 which was reduced to 0.00 after treatment. The percentage relief was 100% which is highly significant at the level of $p < 0.001$ ($t = 4.761$).
7. **Congested pharyngeal wall:** The initial mean score of **congested pharyngeal wall** was 1.722 which was reduced to 0.167 after treatment. The percentage relief was 90.3% which is highly significant at the level of $p < 0.001$ ($t = 12.907$).
8. **Congested larynx:** The initial mean score of **congested larynx** was 1.667 before treatment which was reduced to 0.167 after treatment. The percentage relief was 89.9% which is highly significant at the level of $p < 0.001$ ($t = 12.367$).
9. **Dysphagia:** The initial mean score of **dysphagia** was 0.444 before treatment which was reduced to 0.00 after treatment. The percentage relief was 100% which is significant at the level of $p < 0.01$ ($t = 3.688$).
10. **Change in voice:** The initial mean score of **change in voice** was 1.833 which was reduced to 0.222 after treatment. The percentage relief was 87.8% which is highly significant at the level of $p < 0.001$ ($t = 11.248$).

Overall result of therapy: Out of 18 patients in trial group

- 12(66.67%) patients were completely cured,
- 4(22.22%) patients were markedly improved and
- 2(11.11%) patients were moderately improved.

DISCUSSION

- *Sushruta* says that *Swarabheda* is a *vyadhi* of *Swaravaha srotasa* and occurs due to vitiation of *kapha* and *vata doshas*. Due to different etiological factors *Vatadi Doshas* become aggravated and localise in *Swaravaha Srotas* leading to destruction of voice and thus cause *Swarabheda*. (Su.U.53/3)^[13]
- *Acharya Sushruta* has detailed subtle description of 6 types of *Swarabhedas* out of which 3 are nominated as incurable.^[14]
- The disease *Swarabheda* is *Vata-kapha* predominant disease and maximum patients registered in the present study were having the symptoms of *Vataj* and *Kaphaj Swarabheda* like **Okkrsu d'ku;ukuu** (congestion in throat & sore throat), **kwdiw. kZkHkd. BRoa,[kqj[kqjk;rs** (foreign body sensation in throat, irritation & pricking sensation in throat), **r={kkeks :{kÜpy%Loj, eUna "kuSoZnfrpkfi,**^[15] (weak, rough, slow, breathy & vibratory voice), **dQ:)d.Bks,**^[16] (sticky mucus on or close to vocal cords) etc. Moreover, most of the patients were of the younger age group (*kapha dosha* predominance), females with *vata* predominance due to *vegasandharana* etc habits,

vata kapha predominant due to dietary habits, *vishmagni* leading to *vata* predominance and were having *vatakaphaj deha prakriti*.

Probable mode of action of drugs

1. Vasadi kwatha: These all factors and observations showed that, in the present study, there were maximum cases of *Vataja* and *Kaphaja Swarabheda* and hence, for their treatment, *Vata* and *kapha shamaka* drugs should be used. *Vasadi kwatha* is having dominance of *Tikta rasa* 37.14%, *Ruksha guna* 37.84%, *laghu guna* 35.13%, *Sheeta virya* 52.94% and *Ushna virya* 47.06% and thus, *Sheetaushna virya*, *katu vipaka* 64.70%, and *dosha karma Vatakaphashamaka* 5.55% and *kaphapitta shamaka* 61.11% which can pacify vitiated *vata & kapha doshas* responsible for the disease. The oral use of this drug produces *deepana*, *pachana* effects as *katu*, *tikta* properties improves *Jatharagni*. The *lekhana* properties of drugs will cleanse the channels and thus relieves the *srotorodha*. The disease is accompanied by change in voice and pain due to vitiation of *kaphavata dosha* which is pacified by *dosha karma* of *Kaphapittashamaka* and *Vatakaphashamaka*.

2. Eladi Gutika: It is having dominance of *Madhura ras* 53.33%, *Laghu and Snigdha guna* 21.74% each, *Sheeta virya* 66.67%, *Madhura vipaka* 66.67% and *dosha karma of Vatapittashamaka* 36.36% and *Kaphavatashamaka* 18.18%. The *dosha karma of Eladi gutika* is countering the *samprapti* of *Swarabheda*.

The ingredients of *Eladi gutika* have *deepana*, *pachana* and *vatanulomana* properties and are *lekhaniya* which relieves *srotorodha*. Also, due to other properties like *mukhashodhana*, *mukhadurgandha nashaka*, *kaphanisaraka* and *kanthaya*, this formulation is useful in relieving the signs and symptoms of *Swarabheda*.

Overall probable mode of action of the therapy

The disease *Swarabheda* occurs in *Kantha Pradesh* in *swaravaha srotasa* and is mainly due to vitiation of *kapha* and *vata doshas*. Disturbance of *agni* results in *ama* formation which by itself may culminate in various ailments. It can also be assumed that the body defense mechanism is affected or the immune system of the body is decreased.

The formulations- *Vasadi kwatha* and *Eladi gutika* have *Kaphapittashamaka* and *Vatapittashamaka dosha karma* respectively. These formulations when used in combination counteract the *samprapti* of the disease *Swarabheda* which involves the *Kapha and Vata dosha*.

Apart from these facts, the constituents of the combination also have potentially proven pharmacological actions like anti-inflammatory, anti pyretic, antibacterial, decongestant, analgesic, soothing effect, mucolytic and ulcer healing context which can counteract various signs and symptoms of the disease. Thus, the above description regarding the

pharmacotherapeutic properties of trial drugs proves their action in *Swarabheda* for its cure and prevention.

CONCLUSION

Conclusions drawn from the present study are summarized as follow:

- After studying *Ayurvedic* texts, it is concluded that *Swarabheda* is mainly *Kapha* and *Vata* dominant disease.
 - The formulations – *Vasadi kwath* and *Eladi gutika* used in the present trial are *Kaphavatashamaka* & *Vatapittashamaka* respectively and thus, effective in *Swarabheda*.
 - Regarding H.O.V., it is seen in the modern texts that –
1. H.O.V. is mainly caused by laryngitis, although, there are number of other causes also.
 2. H.O.V. due to acute laryngitis is very common.
- If we see the *Ayurvedic* and Modern literature of *Swarabheda* and H.O.V., correlation between both of them can be established.
 - In the present study, 100% patients were of acute laryngitis.
 - Maximum patients were students, because they are indulged in apathy sevana like cold and spicy junk foods.
 - Maximum patients belonged to rural area because they are not much educated and thus, not aware of the harmful effects of vocal abuse.
 - Symptoms like change in voice, congested pharyngeal wall and larynx were present in 100% of the patients under trial.
 - The result of the treatment on H.O.V. occurring due to non – specific laryngitis was satisfactory.
 - The treatment modality used in the present study is proved cheap and effective and has high healing rates.
 - The result showed that the therapy provided significant relief. In Irritation of throat, there was 100% relief; in Sore throat, there was 87.47% relief; in Odynophagia, there was 100% relief; in Fever, there was 100% relief; in Halitosis, there was 100% relief; in Congestion over mucosa of pharyngeal wall, there was 90.3% relief; there was 89.9% relief in Congestion in larynx; in change in voice, there was 87.8% relief; in Dysphagia, there was 100% relief and in Cough, there was 100% relief.
 - The formulations used in present trial do not show any serious complications except; a single adverse effect ie. Burning sensation in epigastric region during the course of trial only in one patient. But this didn't create any hurdle in the completion of the treatment regimen of the patient. This problem was resolved by slight lifestyle modifications like patient was advised to have plenty of water and prop up position.

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