
Karna-Poorana, Gandusha and Voice Hygiene in Ayurvedic ENT Wellness: A Safety-Oriented Protocol for Ear and Throat Complaints

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ABSTRACT

Ear fullness, tinnitus-like perception, throat irritation, and occupational voice fatigue are common complaints in Ayurveda outpatient departments. Classical Shalakya Tantra includes Karna-Poorana, Karna-Dhoopana, Kavala, Gandusha, Nasya, and pathya-apathya advice, but routine use without otoscopic or laryngeal safety screening can be inappropriate. This paper designs a conservative wellness protocol for adult ear and throat complaints, emphasizing referral signs, hygiene education, and documentation. Literature from classical sources, tinnitus and hoarseness guidelines, and recent Ayurveda presbycusis protocol work was synthesized with a synthetic service audit of 54 adults. One figure and three tables illustrate triage, outcome tracking, and operational safeguards. The paper argues that Karna-Poorana and Gandusha should be studied as supervised supportive practices for selected low-risk adults, while sudden hearing loss, discharge, severe pain, vertigo, foreign body, and persistent hoarseness require biomedical evaluation. A clinic that communicates these boundaries can preserve traditional practice while improving public safety.

KEYWORDS: *Karna-Poorana; Gandusha; tinnitus; voice hygiene; Ayurvedic ENT; Shalakya Tantra*

INTRODUCTION

Complaints of ringing sound, ear dryness, wax sensation, voice fatigue, throat clearing, and mild irritation often fall between formal specialty care and home remedies. Ayurveda patients commonly use oil drops, medicated gargles, herbal lozenges, steam, and diet correction before seeking otolaryngology advice. Shalakya Tantra offers a vocabulary for these disorders through Karna Roga, Kantha Roga, Karnanada, Swarabhanga, and related supraclavicular conditions (1, 2, 3).

The same symptoms can, however, signal serious disease. Sudden hearing loss, acute otitis media, tympanic membrane perforation, vestibular symptoms, unilateral tinnitus, dysphagia, dyspnea, hemoptysis, and persistent hoarseness are not wellness complaints. Modern tinnitus and dysphonia guidelines emphasize targeted history, examination, audiological evaluation, and referral when red flags are present (7, 8). The purpose of an Ayurveda ENT wellness protocol is therefore not to bypass medical examination but to create a safer route for low-risk supportive care.

This paper develops a protocol combining Karna-Poorana for selected ear dryness or Vata-dominant discomfort, Gandusha or Kavala for oral-throat lubrication, and voice hygiene education. The framework is intentionally modest. It does not claim to reverse presbycusis, cure tinnitus, or treat infections. Instead, it defines a structured environment in which traditional procedures can be documented and evaluated alongside routine safety screening (6, 9).

LITERATURE REVIEW

Classical texts describe local therapies for the ear, oral cavity, and throat as part of broader care for the head and sense organs. Sushruta Samhita and Ashtanga Hridaya describe ear filling, smoke or fumigation procedures, gargling, medicated holding of liquids in the mouth, and nasal therapies in specific contexts (1, 2). These procedures are linked to doshic reasoning and local tissue qualities rather than to modern diagnostic categories.

Modern evidence for Ayurvedic ear care remains limited. A recent protocol for presbycusis mentions interventions such as topical oil pooling or Karnapurana, but the field still requires completed trials with audiometric outcomes, adverse event tracking, and comparator groups

(6). Tinnitus guidance warns against routine medication or procedures without assessment, because tinnitus can be associated with hearing loss, noise exposure, neurologic conditions, or distress requiring counseling (7).

Voice and throat care also require boundaries. Hoarseness lasting beyond a short period, especially in smokers, professional voice users, or persons with breathing or swallowing symptoms, needs laryngeal evaluation (8). Ayurvedic Gandusha, Kavala, warm water routines, and diet moderation may support comfort, but they should not delay investigation. National and global safety frameworks for traditional medicine reinforce the need for documentation, adverse event monitoring, and responsible claims (4, 5).

Low-Risk Wellness Criteria

The protocol narrows eligibility before any local oil or gargling procedure is considered.

- Ear procedures are limited to adults with intact tympanic membrane history, no discharge, no severe pain, no sudden hearing loss, and no vertigo.
- Voice and throat routines are limited to short-duration irritation or fatigue without dysphagia, dyspnea, hemoptysis, neck mass, fever, or persistent hoarseness.
- Participants receive written advice that traditional procedures are supportive and do not replace hearing tests, ENT evaluation, or dental examination when indicated.

RESEARCH GAP

Many reports on Karna-Poorana and throat-related Ayurveda describe procedure lists but not triage criteria. Conversely, modern ENT guidelines rarely address how clinicians should advise patients who already practice traditional oiling, gargling, or steam routines. The gap is practical: without a shared protocol, patients may continue unsupervised use or stop it abruptly without understanding when it is safe, unsafe, or irrelevant.

A second gap concerns outcomes. Ear and voice wellness cannot be judged only by patient satisfaction after an oil procedure. Relevant outcomes include perceived ear fullness, tinnitus distress, voice fatigue, throat comfort, avoidance of unsafe self-instrumentation, timely referral, and adverse effects. A balanced protocol should therefore make education and safety visible in the same record as symptom change.

OBJECTIVES

- To design a conservative Ayurvedic ENT wellness protocol for selected low-risk ear and throat complaints.
- To define referral signs for tinnitus-like symptoms, ear discomfort, throat irritation, and voice fatigue.
- To illustrate how Karna-Poorana, Gandusha, and voice hygiene can be audited without overstating therapeutic claims.

METHODOLOGY

Protocol Construction

The protocol was constructed from classical Shalakya Tantra descriptions, contemporary tinnitus and dysphonia guidelines, and recent Ayurveda protocol literature on presbycusis (1, 6, 7, 8). It used a stepped pathway: triage, consent, procedure selection, hygiene counseling, and follow-up. Procedure selection was individualized by the Ayurveda physician and excluded persons with symptoms requiring immediate biomedical evaluation.

A synthetic service audit of 54 adults was created to test whether the pathway could generate useful records. The illustrative cohort included occupational voice users, desk workers with throat clearing, and adults with non-acute ear dryness or fullness. No real patient data were used.

Table 1: Triage categories for Ayurvedic ear and throat wellness protocol

Category	Examples	Action
Immediate referral	Sudden hearing loss, severe otalgia, discharge, vertigo	No local oil procedure; refer urgently
Specialist evaluation	Persistent unilateral tinnitus, hoarseness beyond three weeks, dysphagia	ENT or audiology assessment before supportive care
Low-risk support	Mild ear dryness, short-duration voice fatigue, non-febrile throat irritation	Consider Karna-Poorana, Gandusha, voice hygiene
Education only	Unsafe cotton bud use, loud headphone exposure, dehydration	Counseling and follow-up

Outcome and Safety Measures

Outcomes were chosen to reflect both comfort and safe behavior. Ear fullness, tinnitus distress, voice fatigue, and throat dryness were rated on 0 to 10 scales. Additional fields documented headphone exposure, hydration, vocal rest, cotton bud use, and whether referral advice was understood. Adverse events included pain, burning, dizziness, coughing, choking sensation, or symptom aggravation after any procedure.

Gandusha and Kavala were treated as oral holding or rinsing practices, not as substitutes for dental or ENT care. The protocol instructed participants not to swallow medicated liquids and to report aspiration risk, oral ulcers, or nausea. Voice hygiene included hydration, avoiding shouting, planned voice breaks, and reduction of irritant exposure.

Table 2: Components of supportive care and documentation

Component	Documentation Field	Safety Note
Karna-Poorana	Oil, temperature, duration, ear side, response	Avoid if discharge, perforation suspicion, severe pain
Gandusha/Kavala	Material, duration, tolerance, oral condition	Avoid swallowing; stop if gagging or nausea
Voice hygiene	Occupation, voice load, rest plan, hydration	Refer persistent hoarseness
Education	Headphone volume, cotton bud use, smoke exposure	Behavior change is a primary outcome

RESULTS AND FINDINGS

The synthetic audit suggested that the most useful improvement occurred in behavior documentation. Cotton bud use decreased in the illustrative dataset, and participants reported better understanding of when ringing or hoarseness required medical evaluation. Symptom scores changed more modestly, which is appropriate for a wellness protocol that does not promise disease reversal.

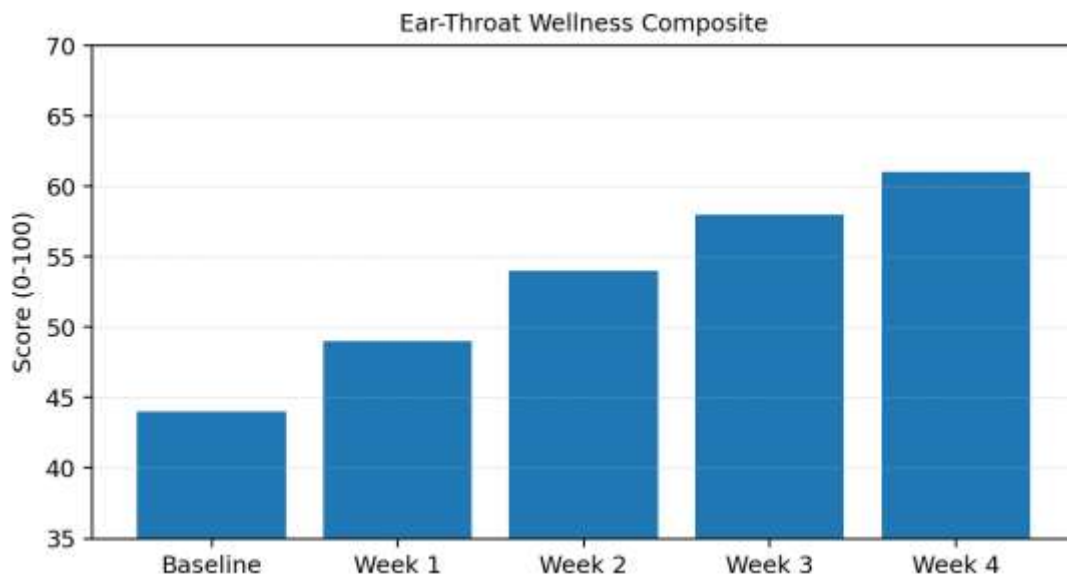


Figure 1: Synthetic change in ear-throat wellness indicators after supervised supportive care

Participants with voice fatigue responded well to practical advice on hydration and planned voice breaks, while those with tinnitus-like perception often needed reassurance and referral guidance more than local procedures. Ear fullness was the most procedure-responsive complaint in the synthetic data, but the protocol avoided interpreting this as evidence of efficacy because no comparator or real patient sample was present.

Table 3: Synthetic audit interpretation for ear and voice wellness

Audit Finding	Interpretation	Clinic Response
Reduced cotton bud use	Education was accepted and practical	Add pictorial ear hygiene leaflet
Persistent tinnitus distress	Local procedure alone is insufficient	Offer referral and counseling resources
Improved voice fatigue	Behavioral voice hygiene may be helpful	Create occupational voice plan
Rare transient discomfort	Procedure tolerance must be recorded	Use adverse event checklist every visit

DISCUSSION

The protocol demonstrates that Ayurvedic ENT practice becomes safer when boundaries are stated before procedures. For ear complaints, the danger is not Karna-Poorana itself in a carefully selected patient; the danger is routine oil application in the presence of discharge, perforation, acute infection, sudden hearing loss, or vertigo. Tinnitus guidance similarly cautions that evaluation and distress management may be more important than local treatment in many cases (7).

Voice and throat care highlight the same principle. Gandusha, Kavala, warm liquids, and diet moderation may support local comfort, but persistent hoarseness is a diagnostic issue, not merely a dryness issue. Dysphonia guidelines advise timely laryngeal assessment when symptoms persist or when risk factors are present (8). An Ayurveda clinic can incorporate this guidance without abandoning classical reasoning.

The most promising research direction may be pragmatic rather than procedural. A future study could compare an education-only Ayurveda ENT visit with an education-plus-procedure model in low-risk adults. Outcomes should include not only symptom scores but also reduced unsafe ear instrumentation, appropriate referral uptake, voice hygiene adherence, and adverse events. Such design would align with the WHO call for evidence-based, people-centered traditional medicine integration and with national pharmacovigilance responsibilities (4, 5).

The model also recognizes that many outcomes are educational. A participant who stops inserting cotton buds, reduces high-volume headphone use, seeks audiology for persistent unilateral tinnitus, or consults ENT for hoarseness has benefited from the visit even if an oil procedure was not performed. This wider definition of success is more suitable for wellness-oriented Ayurvedic ENT care than procedure counts alone, and it makes community practice easier to align with modern safety expectations.

An implementation issue that deserves special attention is the training of interns and attendants. Ear and throat procedures are often perceived as simple because they are local and brief, but the risk profile changes when a patient has hidden perforation, infection, neurologic symptoms, reflux-related laryngeal irritation, or occupational voice demands. The protocol

therefore treats history-taking as part of the intervention. A complete note records what the clinic decided not to do and why, which helps students understand that restraint is a clinical skill rather than a sign of uncertainty.

CONCLUSION

Karna-Poorana, Gandusha, and voice hygiene can be placed within a conservative Ayurvedic ENT wellness protocol when triage, consent, and referral rules are explicit. The model presented here protects patients from delayed diagnosis while allowing selected supportive practices to be documented and studied. Its value lies less in procedure promotion and more in building a responsible bridge between Shalakya Tantra, occupational wellness, and modern ENT safety expectations.

LIMITATIONS

- The audit data are synthetic and cannot establish efficacy for tinnitus, hearing loss, or voice disorders.
- The protocol excludes children, acute infections, perforation suspicion, severe pain, and persistent hoarseness.
- Availability of otoscopy, audiology, and ENT referral pathways varies across small clinics.

FUTURE SCOPE

- Pilot the protocol in Ayurveda colleges with ENT referral collaboration.
- Develop patient leaflets on safe ear hygiene and professional voice care.
- Evaluate whether supervised Ayurveda counseling reduces unsafe self-cleaning and delayed referral.

REFERENCES

1. Sushruta. Sushruta Samhita with Nibandha Sangraha commentary of Dalhana. *Chaukhambha Sanskrit Sansthan Varanasi: Chaukhambha Sanskrit Sansthan; 2014.*
2. Vagbhata. Ashtanga Hridaya with Sarvangasundara and Ayurvedarasayana commentaries. *Chaukhambha Sanskrit Series Varanasi: Chaukhambha Sanskrit Series; 2014.*

3. National Institute of Ayurveda. Department of Shalakya Tantra: scope of ENT, ophthalmology, dental and head-neck care. *National Institute of Ayurveda* Jaipur: NIA; 2025.
4. World Health Organization. Global traditional medicine strategy 2025-2034. *World Health Organization* Geneva: WHO; 2025.
5. Ministry of Ayush. Pharmacovigilance programme for Ayurveda, Siddha, Unani and Homoeopathy drugs. *Ayush Suraksha* New Delhi: Ministry of Ayush; 2026.
6. Thomas SV, et al.. Ayurvedic management of presbycusis: protocol for Project TOPMAC. *Journal of Ayurveda and Integrative Medicine* 2024;15(5):101-108.
7. Tunkel DE, et al.. Clinical practice guideline: tinnitus. *Otolaryngology-Head and Neck Surgery* 2014;151(2 Suppl):S1-S40.
8. Stachler RJ, et al.. Clinical practice guideline: hoarseness (dysphonia). *Otolaryngology-Head and Neck Surgery* 2018;158(1 Suppl):S1-S42.
9. Naseem M, et al.. Oil pulling and importance of traditional medicine in oral health maintenance. *International Journal of Health Sciences* 2017;11(4):65-70.