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TO EXPLORE THE POTENTIAL OF VIRECHANOTTARA ASHWAGANDHA GHANA VATI AND SHLESHMAKALNALA RASA WITH AGNIMANTHADI KASHAYA ANUPANA IN ATOPIC TRIAD ON SPIROMETRIC VALUES AND IGE LEVELS

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ABSTRACT

Atopic triad, encompassing asthma, allergic rhinitis, and atopic dermatitis, correlates in Ayurveda with *Śvāsa, Pratiśyaya,* and *Vicarcikā*. These disorders share an underlying Th2-dominant immune response characterized by elevated IgE, eosinophilia, and inflammatory mediators such as histamine and cytokines (IL-4, IL-5, IL-13), leading to chronic inflammation and hypersensitivity. An open-labelled randomized controlled trial was conducted on 60 patients fulfilling inclusion criteria, divided equally into two groups. Group A received *Virechana* followed by *Shleshmakalanala Rasa* and *Ashwagandha Ghana Vaṭi* with *Agnimanthādi Kaśāya* as *Anupāna*, while Group B received standard allopathic treatment. Group A showed highly significant improvement in subjective symptoms of *Śvāsa, Pratiśyaya,* and *Vicarcikā*, along with objective parameters—AEC, FEV_1, FVC, and FEV_1/FVC—and a significant reduction in IgE levels. Group B exhibited improvement in spirometric values and AEC but no significant change in IgE. Findings suggest that the Ayurvedic protocol offers superior outcomes in both clinical and immunological parameters compared to conventional management. *Virechana* followed by *Shleshmakalanala Rasa* and *Ashwagandha Ghana Vaṭi* with *Agnimanthādi Kaśāya* enhances respiratory efficiency, reduces allergic response, and provides an effective integrative approach for managing the Atopic Triad.

KEYWORDS: Atopic triad, encompassing asthma, allergic rhinitis, and atopic dermatitis, correlates in Ayurveda with *Śvāsa, Pratiśyaya,* and *Vicarcikā*.

INTRODUCTION

The atopic triad is a clinical constellation characterized by the coexistence of asthma, allergic rhinitis, and atopic dermatitis, predominantly observed in adults, though manifestations may begin in childhood. Although there is no direct classical reference to this triad in Ayurveda, similar presentations are frequently encountered in contemporary clinical practice and can be correlated with *Anukta Vyādhi*, where symptomatology reflects underlying allergic pathology. Atopy represents a genetic predisposition to produce elevated immunoglobulin E (IgE) antibodies in response to common environmental allergens, thereby increasing susceptibility to atopic conditions. Epidemiological studies indicate that atopic dermatitis affects approximately 15–20% of children and 1–3% of adults. Asthma prevalence is estimated at 2–10% in children and 15–20% in adults, while allergic rhinitis affects nearly 30% of individuals aged 17–29 years. The atopic triad involves an exaggerated Th2 immune response, where cytokines like IL-4, IL-5, and IL-13 stimulate B cells to produce IgE, leading to mast cell activation and release of mediators such as histamine, leukotrienes, and prostaglandins. This causes symptoms like pruritus, erythema, edema, mucus hypersecretion, and bronchoconstriction, creating a cycle of inflammation and allergen sensitization. Conventional treatments (antihistamines, bronchodilators, anti-inflammatories) offer symptomatic relief but have long-term side effects and high costs, emphasizing the need for safer, cost-effective alternatives.

In Ayurveda, while the atopic triad isn't directly mentioned, it aligns with *Śvāsa Roga* principles. The therapeutic model includes *Dīpana, Pācana, Virecana,*

and *Rasa Rasāyana*. *Tulasi Cūrṇa* is used for its *Dīpana, Pācana, Rasāyana,* and *Śvāsa-Kāsa Kuṣṭha-Pīnāsahara* properties, offering a potential integrative approach. *Shleshmakalanala Rasa*, a sodium-based polyherbo-mineral-metallic formulation, exhibits *Kaphavātaghna, Jvaraghna, Śvāsa-Kāsa Hara, Kṣayāhara,* and *Pāṇḍuhara* effects, attributed to constituents such as *Śuddha Pārada, Śuddha Gandhaka, Vatsanābha, Triphalā, Trikaṭu, Trivṛt, Daṅtī,* and *Pañca Lāvana*, which have classical indications for respiratory and dermatological disorders. *Ashwagandha Ghana Vaṭi* is included as a potent *Rasāyana* with antioxidant, immunomodulatory, anti-inflammatory, *Śvāsahara, Kṣayāhara,* and *Bālya* properties. The herbal decoction *Agnimanthādi Kashaya* as *Anupāna* possesses *Śvāsa-Kāsahara, Kaṇḍūghna, Kuṣthaghna*, and *Bṛṁhaṇa* effects.

AIM OF THE STUDY

To assess the efficacy of *Virecanottara Shleṣmakālanāla Rasa* and *Ashvagandha Ghana Vaṭi* with *Agnimanthadi Kaṣhaya* in the Atopic Triad.

OBJECTIVES OF THE STUDY

1. To evaluate the combined effect of *Virecanottara Shleshmakalanala Rasa* and *Ashwagandha Ghana Vaṭi* with *Agnimanthādi Kashaya Anupāna* in the Atopic Triad on spirometric values and IgE levels.
2. To assess the effect of modern ongoing intervention in the management of the Atopic Triad on spirometric values and IgE levels.
3. To compare the effect of *Virecanottara Shleshmakalanala Rasa* and *Ashwagandha Ghana Vaṭi* with *Agnimanthādi Kashaya Anupāna* against ongoing modern management of the Atopic Triad on spirometric values and IgE levels.

1. DIAGNOSTIC CRITERIA

CBC, Chest Xray PA view, Spirometry h/o rised ESR.
Signs and symptoms of atopic triad illness such as dermatitis, rhinitis, bronchitis.

2. INCLUSION CRITERIA

- Patients with atopic triad (asthma, rhinitis, dermatitis)
- age between 18 to 70 years
- Who are fit for *Rasayana and Virechana*.
- Patient irrespective of Religion, sex, socio economic status, occupation etc.
- Who sign the informed consent

3. EXCLUSION CRITERIA

- Patients having other systemic disease like Respiratory failure, lung cancer, IHD, Sepsis**.**
- Patients with Tuberculosis, Lung cancer, Pulmonary embolism, Fibrosis of lungs, Traumatic history, Cardiac asthma,
- Pregnant and lactating women

INTERVENTION

Group A n=30

- ***Deepana Pachana Rasayana*** with *Tulasi churna* (6gm) before food, only at night, for 50 Days
- ***Snehapana*** with *Murchita Markavanarikela taila* 25ml test dose, 35 ml, 45ml, 55ml for 4 days with *Sukoshna jala Anupana.*
- ***Vishrama kala*****:** *Abhyanga with Murchita Narikela Taila* followed by *Nadi Sweda* for 3 days
- ***Virechana*** with *Pathya Trivrut Churna yoga* 30gm with *Draksharasa* 60 ml, morning on empty stomach
- ***Rasayana*** with *Shleshmakalanala Rasa* 500mg capsule, one BD and *Ashwagandha Ghanavati* 500mg capsule two BD Before Food with *Agnimantha kashaya Anupana* 20 ml mixed with 40 ml water for 42 days

GROUP B NO n= 30

Modern intervention as per on going treatment

ASSESSMENT CRITERIA

Table Showing assessment criteria of subjective parameter

1. SWASA

SEVERITY	GRADE
• No sign of dyspno	CS
• Mild dyspnea after heavy work relieved by rest	CD1
• Mild Dysponea while walking	CD2
• Moderate swasa even at rest	CD3
• Swasa need emergency intervention	CD4

2. PRATISHYAYA

SEVERITY	GRADE
• No discharge	*CS*
• Occassional	*CD1*
• Frequent	*CD2*
• Continuous and heavy	*CD3*
• Continuous and heavy with foul smell	*CD4*

3. VICHARCHIKA

SEVERITY	GRADE
No itching	*CS*
Ocassionally present relieves spontaneously	*CD1*
Itching with rashes	*CD2*
Itching with discharges	CD3
Itching with discoloration	CD4

OBJECTIVE ASSESSMENT CRITERIA

OBJECTIVE CRITERIA

- **IgE**
- **AEC**
- **SPIROMETRY**

RESULTS

Table 04: showing group A – Over all effect.

	Parameters	Mean				
		BT	AT	z or t value	P Value	Remarks
Subjective Parameter	*Shwasa*	2.5333	0.4333	-4.782	<0.0001	HS
	Pratishyaya	2.4	0.2333	-4.782	<0.0001	HS
	Vicharchika	1.2666	0.0666	-4.782	<0.0001	HS
Objective Parameter	*IgE*	1132.407	675.81	2.050	0.0495	S
	AEC	473.4667	329.633	4.566	<0.0001	HS
	FEV1	1.3888	1.8379	8.539	<0.0001	HS
	FVC	1.690	2.0365	4.337	<0.0001	HS
	FEV1/FVC	81.90	88.15	2.586	0.00150	HS

In group A among Three subjective parameters *Shwasa, Pratishyaya and Vicharchika* showed statistically highly significant results. Among 5 objective IgE is significant and AEC,FEV1,FVC,FEV1/FVC showed statistically highly significant results.

Table no. 05: showing group B – Over all effect.

	Parameters	Mean				
		BT	AT	z or t value	P Value	Remarks
Subjective Parameter	*Shwasa*	3.166	2.333	-3.92	<0.0001	HS
	Pratishyaya	2.366	1.4333	-4.29	<0.0001	HS
	Vicharchika	1.1	0.5	-3.52	<0.0001	HS
Objective Parameter	IgE	839.633	929.74	0.8920	0.3797	NS
	AEC	435.9667	344.433	3.961	0.0004	HS
	FEV1	2.1656	2.4638	2.603	0.0144	S
	FVC	3.0435	3.3162	2.269	0.0309	S
	FEV1/FVC	69.438	73.108	2.839	0.0082	SS

In group B among Three subjective parameters *Shwasa, Pratishyaya and Vicharchika* showed statistically highly significant results. Among 5 objective IgE is not significant and AEC,FEV1,FVC,FEV1/FVC showed statistically significant results.

COMPARISON OF GROUP A AND GROUP B

Table no 06: showing comparison of p value between group A and group B.

	Parameters	Group A P value	Group B P value	Better group
Subjective Parameter	*HShwasa*	<0.0001	<0.0001	GROUP A
	APratishyaya	<0.0001	<0.0001	GROUP A
	HVicharchika	<0.0001	<0.0001	GROUP A
Objective Parameter	*IgE*	0.0495	0.3797	GROUP A
	AEC	<0.0001	0.0004	GROUP A
	FEV1	<0.0001	0.0144	GROUP A
	FVC	<0.0001	0.0309	GROUP A
	FEV1/FVC	0.00150	0.0082	GROUP A

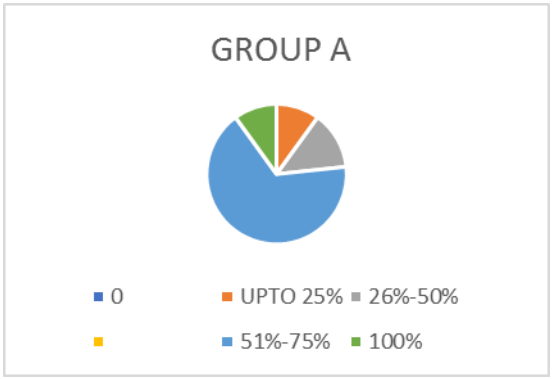
On comparing both groups, both are shows significant results but by considering percentage of Improvement in assessment parameters, Subjects of group A showed highly significant result in the subjective and objective parameters as compared to group B.

OVERALL EFFECT

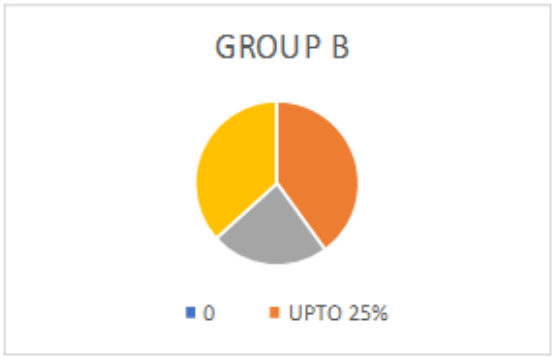
Table no 07: Overall effect of group A and group B.

	GROUP A		GROUP B		OVERALL
	No	%	No	%	%
00	**0**	0	0	0	0
UPTO 25%	3	10	12	40	25
26%-50%	4	13.33	7	23.33	18.33
51%-75%	**20**	**66.66**	**11**	**36.66**	**51.66**
100	**3**	**10**	**0**	**0**	**5**

OVERALL PERCENTAGE OF GROUP B **A OVERALL PERCENTAGE OF GROUP**

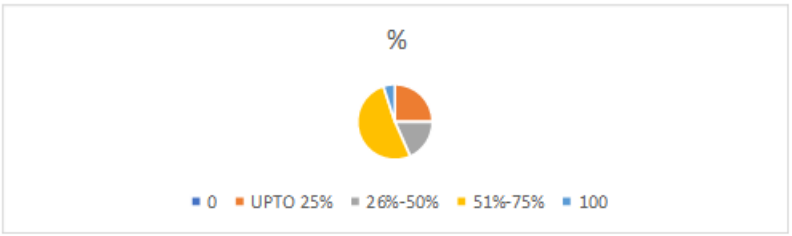


Graph no 30



Graph no 31

OVERALL PERCENTAGE BETWEEN GROUP A AND GRPOUP B



Graph no 32: showing overall percentage of Group.

DISCUSSION

The Atopic Triad stems from a genetic IgE-mediated hypersensitivity causing chronic Th2 inflammation, eosinophilia, and airway/skin hyperresponsiveness.

Ayurvedically, it aligns with *Tamaka Shwasa*, *Pratishyaya*, and *Vicharchika*, driven by *Vata-Kapha* vitiation, *Agnimandya*, *Ama*, and *Raktadushti*.

Vitiated *Doshas* circulate through *Rasa–Rakta* and lodge in *Pranavaha* and *Rasavaha Srotas*. Chronic exposure to *Nidanas* perpetuates *Doshic Dushti*, forming a *Nidanaarthakara Roga* pattern that sustains the relapsing nature of the triad.

Spirometry, using FVC, FEV_1, and FEV_1/FVC, is essential for detecting obstructive and restrictive respiratory patterns.

In this study, it identified reduced ratios in obstruction and low FVC in restriction, ensuring reliable assessment. Despite being effort-dependent, it remains a non-invasive, cost-effective diagnostic tool.

IgE is central to atopic disorders, as elevated levels reflect immune hypersensitivity and mast-cell–mediated responses.

Raised IgE values correlated with atopic severity, confirming its biomarker utility, with strong prognostic value when supported by clinical findings.

Tulasi, with *Katu-Tikta Rasa*, *Laghu-Ruksha Guna*, *Ushna Virya*, and *Kaphavatahara* action, performs *Samprapti Vighatana* by clearing *Kapha-Avarana*, reducing *Ama*, and restoring *Vatanulomana*.

Biomedically, its phytochemicals correct IgE-mediated Th2 inflammation.

Narikela Taila processed with *Bhringaraja* acts on *Vata-Kapha* vitiation, *Agnimandya*, *Ama*, *Srotorodha*, and *Rakta–Twak Dushti*.

Its *Snigdha*, *Guru*, *Mridu* qualities support *Snehana*, reduce *Vata-Pitta* aggravation, and promote *Srotoshodhana* and tissue repair.

Bhringaraja adds *Kushtaghna*, *Raktashodhaka*, *Kapha-Vatahara*, and *Rasayana* actions, aiding healing in *Vicharchika*, *Shwasa*, and *Pratishyaya*.

Modern findings show anti-inflammatory, antimicrobial, and immunomodulatory effects countering IgE-Th2 pathways.

Haritaki supports *Anulomana*, mild *Rechana*, and *Rasayana*, improving epithelial repair through antioxidant and immunomodulatory activity.

Trivrut provides strong *Rechana*, Pitta-Kapha detoxification, and relief in skin and respiratory involvement.

Together, they enhance *Agni*, cleanse *Srotas*, support the gut–skin–lung axis, and achieve *Samprapti Vighatana* in chronic atopy.

The *Rasayana* formulation strengthens *Dhatu* integrity, improves *Agni*, and restores systemic balance.

Parada (Yogavahi), *Gandhaka*, *Trikatu*, *Triphala*, and *Shwasahara* herbs enhance bioavailability, clear obstructions, and support respiratory and skin health.

Purified *Vatsanabha*, *Ajamoda*, *Katphala*, *Vidanga*, and *Lavana Dravyas* reduce inflammation and hypersensitivity through *Amapachana* and *Srotoshodhana*.

Modern evidence supports their immunomodulatory and anti-allergic effects in chronic atopy.

Ashwagandha Ghana Vati, rich in withanolides, modulates the HPA axis, reduces cortisol, and suppresses Th2-driven IgE responses.

Its *Vata-Kapha Shamana* and *Rasayana* effects correct *Srotorodha* and immune imbalance.

By inhibiting NF-κB and cytokines, it reduces chronic inflammation and strengthens *Ojas*.

The *Ghana* form ensures high potency and bioavailability.

The Atopic Triad—*Shwasa*, *Pratishyaya*, *Vicharchika*—arises from immune hypersensitivity, *Ama*, *Rasa–Rakta Dushti*, and *Vata-Kapha* imbalance.

Agnimantha, *Bala*, *Eranda*, *Kushta*, *Bharangi*, and *Mahaushadha* break the pathogenesis via *Deepana-Pachana*, *Kapha-Vatahara*, *Rasayana*, and detoxifying actions, supported by anti-inflammatory and antihistaminic effects.

Together, they clear *Srotorodha*, stabilize immunity, enhance *Ojas*, and provide comprehensive control of chronic atopic disorders**.**

COCLUSION

1. Ayurveda describes *Śvāsa, Pratiśyaya,* and *Vicarcikā* as distinct *Vāta-Kapha* dominant disorders, but their recurrent, sequential manifestation indicates a shared systemic pathology.
2. Chronic *Pratiśyaya* aggravates *Prāṇavaha Srotas*, progressing to *Śvāsa*, while prolonged systemic *Doṣa-Duṣṭi* with *Āma* culminates in cutaneous expression as *Vicarcikā*, reflecting *Vyādhi Saṅkara*.
3. This interconnected progression aligns with the Ayurvedic understanding of the *Atopic Triad* involving *Tridoṣic* imbalance and immune dysregulation.
4. Females showed higher prevalence, possibly due to greater exposure to indoor allergens and dust-related triggers.
5. Group A showed highly significant improvement in subjective symptoms of *Śvāsa, Pratiśyaya,* and *Vicarcikā* compared to Group B.
6. On objective parameters, Group A exhibited highly significant changes in AEC, FEV1, FVC, and FEV1/FVC, with moderate improvement in IgE.
7. Group B showed highly significant improvement in AEC and FEV1/FVC, with statistically significant changes in FEV1 and FVC, and non-significant change in IgE.
8. Overall, both groups were effective, but Group A demonstrated superior therapeutic outcomes.
9. The regimen of *Virecanottara*, *Shleshmakalanala Rasa*, and *Ashwagandha Ghana Vaṭi* with *Agnimanthādi Kaśāya* provided deeper, sustained correction of pathology.
10. Unlike steroids that offer temporary relief with systemic risks, the Ayurvedic approach provides *Doṣa-Saṃśamana, Āma-Pācana, Śodhana,* and immune modulation* leading to long-lasting recovery.

REFERENCES

1. Abid H, Ando Y, Miyamoto M, Yoshihara S. Prevalence of Asthma, Allergic Rhinitis and Atopic Dermatitis among 6-7 and 13-14-year-old Children in Oyama and Tochigi Cities, Japan. Dokkyo Med J., 2024; 3(3): 188-196.
2. Chung WK, van Tilborg-den Boeft M, de Schepper E, Struik L, van Meel E. Prevalence of childhood atopic triad: atopic dermatitis, asthma and allergic rhinoconjunctivitis, a Rijnmond Primary Care database study. Ann Fam Med, 2023 Nov; 21(Suppl 3): 4788.
3. Agnivesha, CharakaSamhita revised by Charaka & Dridabala with Ayurveda Dipika commentary of Chakrapanidatta edited by Jadavaji Trikamji Acharya Vimana sthana chapter 5" 8" edition, 2005; Chaukamba Sanskrit samsthana Pp. 738 page No. 249.
4. Madhavakar, Madhava Nidana, revised by Vijayarakshita and Kanthadatta "Madhukosha' commentary with english translation by Prof. Himasagara Chandra Murthy, Published by Chaukhambha Krishnadas Academy, Varanasi, Edition 1, Year of publication, 2006; 12th Chapter, Shloka no, 1-2, Pg No: 315.
5. Mohan H. Textbook of Pathology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers, 2019; p. 258-260.
6. Harsh Mohan. Textbook of Pathology. 9th ed. New Delhi: Jaypee Brothers Medical Publishers, 2023; p. 452.
7. Sushruta Samhita of Sushruta, edited with Ayurveda Tattva Sandipika Hindi Commentary by Kaviraj Ambikaduttu Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, 2013; Uttaratantra 24/6, 8,9,10,12 pg. 154.
8. Disease of Ear, Nose and Throat with Head and Neck Surgery, 2 edition, Mohan Bansal The Health

Sciences Publisher, New Delhi, 2008; Chapter 30, pp.351.
9. 205Charaka Samhita of Charaka, with Vidyotini Hindi Commentary edited by Pt. Kashinath Shastri and Dr. Gorakhanath Chaturvedi, Chaukhambha publications Varanasi, Reprint edition 2013, vol.2 Chikitsa Sthana, Chikitsasthana 7/39-41 pg no. 2558.
10. Rook's Textbook of Dermatology, 8th edition. Edited by DA Burns, SM Bexathmach, NHCox and CEM Griffiths, Vol 2, chapter 26.
11. Vagbhata, Astanga Hridayam Edited with the vidyotim hindi commentary hy atrideva gupta edited by Vaidya Yadunandana Upadhyaya, edition 2012 chaukhamban prakashana. Varanasi, Nidanasthana 14/3-4 pg no.369.
12. Dravya guna vijnana Study of the essential medicinal plants in ayurveda, By J L N Sastry Chaukhamba Orientalia Uttar Pradesh Varnasi Edition 3rd, 2008; pp225.