

Available online on 15.12.2025 at <http://ajprd.com>

Asian Journal of Pharmaceutical Research and Development

Open Access to Pharmaceutical and Medical Research

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Review Article

Two Case Reports of Moderate covid-19 With Chronic Co-Morbidities Treated Through Ayurveda Medicines

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ABSTRACT

COVID-19 or SARS-COV-2 is caused due to the strain of corona virus characterized by respiratory and other systemic illness such as cough, sore throat, breathlessness, fever, tiredness, loss of taste and smell, myalgia, diarrhea, abdominal pain. It is a medical public health emergency declared by WHO in January 2020. As such no specific treatment is available for this disease. Symptomatic and supportive treatment like antiviral, corticosteroids, anticoagulants, vitamin supplements and mechanical ventilation are applied in conventional treatment. Ayurveda science also offers measures the patient to relieve symptoms as well as cure the asymptomatic patient or patient with mild symptoms. The patients who get the severe illness with co-morbidity requires tertiary care from the beginning itself but can also be co-prescribed with Ayurveda medicines in order to reduce the mortality and to buy the more time to have intensive management. The authors reported two moderate cases of COVID-19 having one or more chronic co-morbidities treated successfully with Ayurvedic therapeutic approach. Significant improvements were noticed in the symptoms like fever, breathlessness, cough & lethargy after Ayurvedic treatment was added. Both of the patients got the negative result of SARS-COV-2 by the 10th day of the ayurvedic treatment though both of them had co-morbidities. One had hypertension and cardiac arrhythmia while another one had bronchial asthma.

Keywords: SARS-COV-2, COVID-19, Ayurveda, Janapadoddhvamsa, Sannipataja Jvara

ARTICLE INFO: Received 28 Sept. 2025 ; Review Complete 13 Oct 2025; Accepted 25 Nov. 2025; Available online 15 Dec. 2025

**Cite this article as:**

Miti Virani, Two Case Reports Of Moderate covid-19 With Chronic Co-Morbidities Treated Through Ayurveda Medicines, Asian Journal of Pharmaceutical Research and Development. 2025; 13(6):195-199, DOI: <http://dx.doi.org/10.22270/ajprd.v13i6.1675>

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INTRODUCTION

The novel corona virus 2019 (covid-19) is an enveloped, non-segmental, single stranded RNA virus from Coronaviridae family classified into 4 genera of CoVs viz AlphaCoV, BetaCoV, GammaCoV and DeltaCoV from which SARS-CoV-2 belongs to the Beta CoVs category. Members of this large family of viruses have been found to be the cause of severe pneumonia, acute respiratory distress syndrome and coagulopathies resulting in high mortality rate in older and co-morbid patients.

According to Ayurvedic text, such diseases which affect large population is described as Janapadoddhvamsa. In the beginning the disease was limited only to a region in china then it was a Janapadoddhvamsa (epidemic) but later it spread to every part of the world and became pandemic. If one has to coin an ayurvedic term for that then it may be jagadoddhvamsa. In spite of different constitution of human beings, still there are factors which are common to all human

beings viz. air (Vayu), water (Jala), habitat (Desha) and season (Kala) and the vitiation of these factors lead to the epidemics or pandemics having the same set of clinical manifestations. Their vitiations are responsible for the mass death through some diseases mainly jvara (fever). SARS-COV-2 can be considered as Agantuja vatakapahbana sannipatika (vishama) jvara according to ayurvedic principles.

2. Case 1

A 51 years old male patient contacted physician on the first day of falling ill and self-quarantined on the suspicion of COVID-19. Patient has also dyslipidemia and hypertension since 8 years and was taking allopathic treatment for it. He was said to be at high risk for Ischaemic heart disease with positive family history as his brother died due to same disease at the age of 41 years. The long-term prescription consisted of Ecosprin AV 75 mg tablet once in a day and Prolomet XL 25 mg tablet once in a day since 2012.

From 2nd day he started antipyretics, antibiotics, vitamin C and zinc tablets prescribed by allopathic physician and went through basic investigations which suggested lymphocytopenia and increased C reactive protein (10.1 mg/L). The presenting symptoms were fever, severe myalgia, weakness, coughing and sore throat. Symptoms became more and more severe gradually and on 4th day he was hospitalized in sub-district hospital for observation and RT-PCR testing. Patient underwent for chest X-ray which showed diffuse opaque patches over both lung fields suggestive of viral pneumonitis. He was observed and treated with same allopathic medicines for next 3 days but did not

get much relief. Patient's RT-PCR reports came positive on 7th day and O₂ saturation level went down along with high D-dimer and serum ferritin level. Hence, shifted to Government district level hospital for further management. CT-scan of chest showed diffuse ground glass opacities involving both lung fields suggestive of Viral pneumonitis. He was treated with anti-viral medicines and other allopathic medicines at that hospital but symptoms were not relieved even of 3 days of treatment. On the 10th day, patient consulted Ayurveda physician and started the Ayurveda medicines along with allopathic treatment.

Details of the symptoms, clinical condition, tests performed and medicines recommended are given below.

Table 1: Timeline of disease and treatment for case 1.

Date / Day	Symptoms / Clinical Findings	Test / Results	Allopathic Treatment	Ayurvedic Treatment
30 th May 2020 Day-1	Fever 101.2°F, Myalgia, weakness, sore throat.	Not done	Previously Continued medicines i.e. 1. Prolomet XL 25 OD & 2. Ecosprin AV 75 OD	Nil
31 st May 2020 Day-2	Fever 102°F, bodyache, more sore throat. Mild coughing	CBC – Leucopenia (3400), Lymphopenia (18%), CRP – 10.27 mg/L	Above medicines continued & also started – 3. Paracetamol 500 mg twice 4. Vitamin C and Zinc tablet twice 5. Azithromycin 500 mg once	Nil
2 nd June 2020 Day-4	Fever 102.4°F, Severe myalgia Sore throat, more coughing. Complete loss of taste and smell sensation, SpO ₂ - 92% on RA	Chest X-Ray shows diffuse opaque patches over B/L lung fields suggestive of viral pneumonitis, RT-PCR result pending	Same medicines continued Patient admitted to Singarava sub-district Hospital for isolation and observation	Nil
5 th June 2020 Day 7	Fever 103°F when not taken Paracetamol Severe body ache, coughing, sore throat, headache, loss of smell and taste, Exertional dyspnea O ₂ saturation level – 84%	RT-PCR – positive CT-Scan of chest – Diffuse ground glass opacities involving B/L lung fields, s/o Viral pneumonitis, CRP – 94.95 mg/L, S.Creatinine-0.79 mg/dl, S. Ferritin - 499.13 ng/dl, D-Dimer-2050ng FEU/ml, SGPT- 25.12 UL	Referred to Civil Hospital, 1,2&4continue with • Inj. Ceftriaxone 1gm IV 12hourly • Inj. Pantoprazole 40mg IV 12 Hourly • Inj. DNS+ MVI 12 Hourly • Inj. MPS 80mg IV OD • Inj.LMWH 0.6 CC BD • Tab. Oseltamivir 75mg 1BD • Tab Levocetizine plus montelukast once in a day • Oxygen by nasal route – 2 L per minute	Nil
7 th June 2020 Day 9	Symptoms not relieved Average SpO ₂ level – 86%	NA	Same medicines continued	Nil
8 th June 2020 Day 10	Symptoms not relieved Average SpO ₂ – 86%	NA	Same medicines like 7 th June were continued	Ayurveda treatment started from evening • Shadanga Pathyadi kvatha 40 ml twice a day morning and evening • Samshamani vati 1 gm three times a day • Talisadi churna 2 gm + Svasakuthara rasa 250 mg + Tankana 250 mg + Bibhitak 1 gm 3 times with honey
10 th June 2020 Day 12	Fever 102°F Coughing, Body ache Diarrhoea 5-6 times/day, with abdominal cramps, SpO ₂ -92%		All allopathic treatment stopped except • Tab. Oseltamivir 75mg once BD • Tab Levocetizine plus montelukast once in a day • Oxygen therapy by nasal route – 2 L per minute	Same medicines continued plus • Jayamangala rasa 125 mg 2 times a day • Svasakasa Chintamani rasa 125 mg twice • Musta churna – 3 gm three times due to diarrhoea

11 th June 2020 Day 13	Fever 100°F No Dyspnoea Coughing Body acheweakness 2 times watery stool, no cramps SpO ₂ -94%	CRP – 46.30 mg/L, S.Creatinine-0.79 mg/dl, S. Ferritine - 246.13 ng/dl, D-Dimer-1450ng FEU/ml, RT-PCR report pending	Oxygen therapy Discontinued otheroral medicines continued	All above medicines continued
12 th June 2020 Day 14	No fever, No diarrhea No dyspnoea Mild coughing Weakness Body ache less Average SpO ₂ -96%		Same medicines	Same medicines continued except Musta churna.
13 th June 2020 Day15	No fever, No diarrhea No dyspnoea Mild coughing Weakness Body ache less Average SpO ₂ -98%	RT-PCR Test Negative HRCT Scan of Thorax – Multifocal subpleural atelectic bands and subtle ground glass opacification involving B/L lung fields, S/O resolving atypical infection/viral pneumonitis. Lymphocytes-20%, Thrombocytes(5,40,000/cm m) CRP 20.11mg/L S.Creatinine -0.97 mg/dl, S.Ferritine-299.13 ng/dl), D-Dimer - 1050ng FEU/ml SGPT- 151.81 UL	Discharged from Civil hospital Prescribed tablet Zincovit once in a day, Tablet vitamin C three in a day	Discontinued – Jaymangal rasa & Svasakasa Chintamani rasa Advise to continue all other medicines for next 7 days Also given – <ul style="list-style-type: none"> Ashvagandha churna 3 gm two times with milk Suvarna Vasanta Malati rasa 125 mg two times a day for relieving weakness and post-covid respiratory complications

3. CASE 2

A female patient aged 49 years working as a teacher, suffered from fever, mild shortness of breath and myalgia on the 5th day of contact with the covid-19 patient (husband). On the

same day, she contacted physician, took the medicines and investigated herself for RT-PCR and other covid profile. Patient was taking anti-asthmatic and anti-allergic medicines since 13 years.

Table 2: Timeline of disease and treatment for case 2.

Date / day	Symptoms /clinical findings	Tests / results	Ayurvedic treatment	Allopathic treatment
04/06/2020 Day-1	Fever (100.2°F), Weakness (5 out of 10 scale)	Total WBC-4640, Neutrophillia(72%) Lymphocytopenia(12%) CRP-12.58	Nil	1. Tab. Paracetamol 500mg SOS 2. Tab. Acebronk-MF 1 tablet OD 3. Tab. Azee 500mg, 1 tablet OD 4. Tab. Limcee 1 tablet, BD
05/06/2020 Day-2	No fever, Weakness, Calf pain	NA	Nil	Same medicines continued
06/06/2020 Day-3	Fever(100 F) Weakness Calf pain	Chest X-Ray shows diffuse opaque patches over B/L lung fields suggestive of viral pneumonitis, RT-PCR done, waiting for its result	Nil	Same medicines continued Patient was under observation at sub district hospital
07/06/2020 Day-4	No fever, Weakness, Calf pain	NA	Nil	Same medicines continued
08/06/2020 Day-5	No fever, Weakness, Calf pain	RT-PCR – Positive Chest X-Ray repeated, shows diffuse opaque patches over B/L lung fields suggestive of viral pneumonitis WBC-3920/cmm Lymphocytes-40%	Ayurveda treatment started from evening <ul style="list-style-type: none"> Shadanga Pathyadi kvatha 40 ml twice a day morning and evening Samshamani vati 1 gm three times a day Talisadi churna 2 gm 	(Referred to U.N.Mehta Hospital) Ct 3,4 5.Inj.Ceftriaxone 1gm IV 12hourly 6.T.Oseltamivir 75mg 1BD 7.Inj.Pantop 40mg IV 12Hourly 8.Inj.DNS+MVII 12Hour

		Monocytes-4% S.Creatinine-0.51 mg/dl CRP-16.30 mg/l S.Ferritin- 188.45 ng/dl SGPT-18.08 U/L D-Dimer-2221 ng FEU/ml(very high)	+ Svasakuthara rasa 250 mg + Tankana 250 mg + Bibhitak 1 gm 3 times with honey	ly 9.Inj.MPS 80mg IV OD 10.Inj.LMWH 0.6 CC BD
09/06/2020 Day-6	No fever, Weakness, Calf pain, Loss of smell & taste sensation	NA	Same medicines continued and added • Jayamangala rasa 125 mg 2 times a day • Svasakasa Chintamani rasa 125 mg twice	Same treatment continued
10/06/2020 Day-7	No fever, Weakness, Calf pain, Loss of smell & taste sensation	NA	Same medicines continued	Same treatment continued
11/06/2020 Day-8	No fever, Weakness, Calf pain, Loss of smell & taste sensation	NA	Same medicines continued	Same treatment continued
12/06/2020 Day-9	No fever, Weakness, Loss of smell & taste sensation	NA	Same medicines continued	
13/06/2020 Day-10	No fever, Weakness, Loss of smell & taste sensation	CRP-0.83 mg/dl D-Dimer- 178.82 ng/dl SGPT- 18 U/L S.Creatinine- 0.69 mg/dl RT-PCR report awaiting	Discontinued – Jaymangal rasa & Svasakasa Chintamani rasa Advise to continue all other medicines for next 7 days Also given – • Ashvagandha churna 3 gm two times with milk • Suvama Vasanta Malati rasa 125 mg two times a day for relieving weakness and post-covid respiratory complications	
14/06/2020 Day-11	No fever, Weakness, Smell and taste sensations improved	NA	Same medicines continued like of 13 th June 2020	All allopathic treatments were stopped. Vitamin C and multi-vitamin with zinc tablets were suggested.
15/06/2020 Day-12	No fever, Weakness,	NA	Same medicines continued like of 13 th June 2020	-----
16/06/2020 Day-13	No fever, Weakness,	RT-PCR – negative	Same medicines continued like of 13 th June 2020	Discharged from U.N.Mehta Hospital

4. Discussion:

COVID 19 is a new pandemic clinical condition occurred by novel corona virus SARS-CoV-2. Many medicaments i.e. anti-malarial, some of anti-viral and steroids, were addressed for the treatment but have not been concluded as satisfactory treatment. All allopathic treatment is just addressed as symptomatic or supportive medicine. Few of the COVID-19 patients may have moderate to severe symptoms and require oxygen therapy. Hardly 5% patients of this condition may complicate by severe pneumonitis or acute respiratory distress syndrome and require mechanical ventilation.^{1,2} Death may also occur in critical patients due to multiple

organ failure or thrombosis or embolism. Elderly people or who have IHD, hypertension, asthma or other chronic co-morbidities were on high risk for complication or death.³

Patients whose cases are presented were motivated for Ayurveda treatment by a close family member studying in Ayurveda post-graduate course. The consultation with both the patients were done only on phone or video calls by Ayurvedic post-graduate scholar which is the main limitation of this report. However, patients gave feedback and reported their clinical condition properly. Patients were not assessed

physically. Their vitals, blood pressure, pulse rate, rhythm and other examinations could not be recorded. All records of investigations and other symptoms or signs were reported periodically by the patients and were cross-checked by the Ayurveda post-graduate scholar (family member of the patients) after discharging from the hospital. Diet (pathya ahara) is a very important and one of the most influencing factors which can't be advised in this case because patient was hospitalized in allopathic care. It is very challenging or mostly impossible to prescribe or to prepare and serve an ayurvedic diet especially for one or two selected patients in allopathic covid-care center.

Oxygen saturation of the patient was not going up even after the administration of oxygen therapy along with allopathic treatment. It was increased and came to 94% level within 2 days of administration of Ayurveda treatment. Fever and coughing were also decreased within one day of Ayurveda treatment. According to the symptoms presenting in the patients, this condition may be considered as agantuja vatakaptholbana sannipatika (vishama) jvara. The Ayurveda medicaments administered in these cases are useful and indicated in this condition. Ingredients of shadnga pathyadi kvatha are useful in fever. It is also indicated in respiratory problems i.e. pratisyaya (common cold syndrome) and svasa (breathlessness) and kasa (coughing). Hence, it is ideal for flu-like-illness. Samshamani vati contains guduchi which is widely useful in fevers and for relieving ama condition. Guduchi mitigates all dosha especially pitta which is main factor for inflammation and fever. Jayamangala rasa is rasahaushadhi indicated for chronic or subacute fever. Ayurvedists mostly use this rasa for relieving fever when it was not controlled with other medicaments. Talisadi churna is indicated in dyspnoeic conditions and has deepana action in addition (Charak Chikitsa -8/145-147). Review of literature revealed that shvasa kuthara rasa, apart from treating asthma and allergy, is used for the treatment of cough, laryngitis and tuberculosis. Vata and kapha are the main Doshas which are involved in samprapti and this formulation is having kaphavatashamaka action due to Katu, tikshna and ushna

properties.⁵ Ashvagandha is mentioned as balya (strength and immunity boosting), and rasayana (rejuvenate) and useful to improve physical and mental health, increases the capability of the individual to resist adverse environmental factors.⁶ Suvana vasanta malati rasa is useful for the general fatigue after fever and also useful for respiratory disorders. It is helpful to prevent the fibrosis or other post-covid complications in respiratory system. It is not possible to make conclusion about effectiveness or efficacy of any treatment with a single case presentation. However, through these case reports one can consider the potential effect of Ayurveda therapy for relieving the symptoms and signs of COVID-19 patients. These case reports suggest the effect of Ayurvedic treatment as an add on therapy for betterment of COVID-19 patients who have chronic co-morbidities and also on oxygen therapy. As the pandemic condition is increasing in India and overwhelming the health care system, Ayurveda treatment can help in this condition. Ayurveda therapy may be considered as good adjuvant for high risk COVID-19 patients presenting with hypoxia in an integrative set-up. It may be helpful for further studies.

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