

EFFICACY OF ASHWAGANDHARISHTA IN THE MANAGEMENT OF POST-VIRAL FATIGUE SYNDROME: A CASE SERIES***¹Dr. Prajakta Shirame, ²Dr. Pravin Jagtap**

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ABSTRACT

Post-Viral Fatigue Syndrome (PVFS) is an intricate public health issue characterized by persistent physical exhaustion, memory degradation ("brain fog"), unrefreshing sleep, and neuroendocrine disruptions following an acute infection. Standard pharmacological care focuses on symptom mitigation, often leaving patients with a diminished quality of life. This retrospective case series evaluates the clinical safety and efficacy of Ashwagandharishta—a classical fermented Ayurvedic polyherbal liquid formulation—in three patients (aged 29 to 45) presenting with severe PVFS tracking back to viral infections. From an Ayurvedic perspective, the conditions were diagnosed as Klama (exertion-independent lethargy) coupled with Ojas Kshaya (depletion of primordial vitality) resulting from Manda Agni (impaired metabolic fire) and a Vata-Kapha imbalance. All three patients received 20 mL of Ashwagandharishta twice daily with lukewarm water after

meals for 12 consecutive weeks. Clinical evaluation using the Chalder Fatigue Scale (CFQ-11) demonstrated consistent reductions in fatigue profiles alongside a complete reversal of cognitive clouding and muscle pain. These observations suggest that Ashwagandharishta acts as a potent adaptogenic, mitochondrial supportive, and immunomodulatory intervention for post-infectious syndromes.

1. INTRODUCTION

Post-Viral Fatigue Syndrome (PVFS), frequently merging pathologically into Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), represents an intricate condition triggered by viral pathogens such as Epstein-Barr, Influenza, and SARS-CoV-2. Modern scientific literature associates its pathogenesis with persistent low-grade neuroinflammation, prolonged pro-inflammatory cytokine expression (e.g., IL-6, TNF- α), hypothalamic-pituitary-adrenal (HPA) axis dysfunction, and compromised mitochondrial energy production. Affected individuals present with a distinctive form of absolute exhaustion that fails to improve with rest, alongside pronounced post-exertional malaise (PEM) and cognitive deficits.

Ayurveda frames this chronic systemic exhaustion under the concepts of Klama and Ghatasra (profound fatigue in the absence of physical labor). This state originates when an acute exogenous invader (Agantuja Vyadhi) dampens the internal digestive and metabolic fire (Manda Agni). This metabolic failure allows undigested toxic bi-products (Ama) to accumulate and obstruct the circulatory and micro-cellular channels (Srotorodha). Deprived of optimal nutrient distribution, subsequent tissues (Dhatus) fall into laxity, ultimately depleting the body's ultimate defensive and vital essence (Ojas Kshaya).

Ashwagandharishta is a classical, naturally fermented liquid preparation (Asava-Arishta category) featuring Ashwagandha (*Withania somnifera*) as its principal ingredient, augmented by secondary herbs such as Musali, Manjistha, Yashtimadhu, and Chitraka. It holds designated properties as a Rasayana (systemic rejuvenator), Balya (strength promoter), and Vata-Kapha Shamaka (dosha-pacifying formula). This case series investigates its therapeutic impact across three patients with lingering post-viral fatigue.

2. Case Series Presentation

Case 1: A 34-year-old male software engineer presented with a 5-month history of debilitating fatigue, unrefreshing sleep, and poor workplace concentration following a severe viral respiratory infection. His Ayurvedic examination showed a heavy white-coated tongue (Saama Jihva) and an irregular, slow pulse (Mandam Nadi), indicating an underlying accumulation of metabolic toxins (Ama). Baseline CFQ-11 score was 28/33.

Case 2: A 29-year-old female secondary school teacher presented with continuous muscle soreness (Angamarda), orthostatic intolerance, and extreme physical exhaustion lasting 4

months after an acute mononucleosis-like illness. Examination revealed significant tissue weakness (Dhatu Sithilata) and poor overall physical stamina (Avara Bala). Baseline CFQ-11 score was 26/33.

Case 3: A 45-year-old male logistics manager presented with persistent "brain fog," low morning energy, and mild abdominal bloating that began 6 months prior following an acute gastrointestinal viral illness. His assessment showed a sluggish digestive capacity (Mandagni) and a dominant Vata-Kapha pulse. Baseline CFQ-11 score was 24/33.

3. Treatment Framework

The three patients underwent a uniform, monitored monotherapy regimen for 12 weeks:

- **Formulation:** Classical Ashwagandharishta (AFI Specification)
- **Dosage:** 20 mL titrated with an equal quantity (20 mL) of lukewarm water
- **Frequency:** Twice daily, administered 15 minutes after major meals (Lunch and Dinner)
- **Dietary Directives (Pathya):** Intake of warm, freshly cooked, light-to-digest meals (Laghu and Ushna Ahara). Processed, cold, and leftover foods were completely restricted.
- **Activity Modality:** Strenuous workouts were restricted to prevent triggering PEM. Patients performed daily gentle breathing exercises (Anulom Vilom Pranayama).

4. OBSERVATIONS AND RESULTS

Symptom progression was monitored every four weeks using the Chalder Fatigue Scale (CFQ-11). No adverse events, such as gastritis or mucosal irritation, were reported by any of the patients.

Patient Profile	Baseline (Wk 0)	Week 4	Week 8	Week 12 (Endpoint)	Primary Resolution Metrics
Case 1 (34M / Post-Respiratory)	28	20	11	4	Complete eradication of brain fog; restoration of normal sleep patterns.
Case 2 (29F / Post-Mononucleosis)	26	18	9	3	Resolution of chronic muscle pain; return to full-time teaching duties.
Case 3 (45M / Post-GI Variant)	24	15	7	2	Restoration of baseline metabolic appetite (Agni); elimination of physical lethargy.

5. DISCUSSION

The uniform clinical improvement observed across this case series highlights the multi-targeted pharmacological actions of Ashwagandharishta.

Manda Agni + Viral Pathogens → Ama Accumulation → Srotorodha (Channel Blockage) → Ojas Kshaya (PVFS)

Withania somnifera (Ashwagandha) acts as a premier Rasayana, directly balancing Prana Vata and Tarpaka Kapha to restore neurological stability and clear mental exhaustion. The natural self-generated alcohol content (~5–10% v/v) produced during the Arishta fermentation process serves as an efficient delivery vehicle. This enhances the bioavailability of active alkaloids across cellular membranes. Concurrently, deep-acting carminative herbs within the formulation, such as Chitraka, revitalize the impaired Agni, clearing Ama blockages from the micro-channels (Srotas) and allowing nutrients to reach depleted tissues.

Biomedically, these outcomes align with modern adaptogenic mechanisms. The active withanolides in Ashwagandharishta help modulate the HPA axis, normalizing cortisol rhythms and preventing the systemic exhaustion phase common in chronic post-viral states. Furthermore, its documented anti-inflammatory and antioxidant properties help reduce the lingering low-grade neuroinflammation driven by pro-inflammatory cytokines. By supporting mitochondrial function and optimizing cellular ATP efficiency, the formulation mitigates post-exertional malaise, matching the steady improvement seen in the patients' CFQ-11 scores.

6. CONCLUSION

This single case series indicates that Ashwagandharishta is an effective and well-tolerated formulation for managing Post-Viral Fatigue Syndrome. By stabilizing metabolic function (Agni) and replenishing vital energy reserves (Ojas), it addresses both the physical and cognitive symptoms of post-infectious debility. These findings warrant further exploration through larger, randomized controlled trials to establish standardized Ayurvedic treatment protocols for long-term post-viral recovery.

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