

CASE REPORT

Clinical Outcomes of Ayurvedic Management in Acute Influenza Like Illness: A Case Report

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ABSTRACT

Introduction: Influenza-like illness (ILI), particularly the H3N2 subtype, presents with acute fever, sore throat, cough, and systemic symptoms affecting respiratory function. Ayurveda recognises these as *Vata-Kaphaja Jwara*, managed through dosha-specific herbal formulations targeting the respiratory system (*Pranavaha Srotas*).

Case Findings: A 27-year-old male student presented with a 5-day history of high-grade fever, dry cough, pharyngitis, throat congestion, fatigue, chills, and cold extremities. Clinical examination revealed *Vataja* pulse, posterior pharyngeal erythema, and *Ashta Vidha Pareeksha* consistent with *Vata-Kapha* predominance. Diagnosis: probable H3N2 ILI/ *Vata-Kaphaja Jwara*.

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Results: Treatment comprised *Dashamoolarishtam* (20 mL BD mixed with water) and *Vyoshadi Vatakam* (10 g TDS with *arishtam*) for seven days with dietary regulation. Sequential oropharyngeal images showed resolution of erythema and tonsillar swelling. Symptoms resolved completely within 7 days; vitals normalised without adverse effects.

Conclusion: Classical Ayurvedic management effectively resolved ILI/*Vata-Kaphaja Jwara* in this case, demonstrating the feasibility of integrative care. Controlled studies are warranted.

KEYWORDS

- Influenza-like illness • *Vata-Kaphaja Jwara* • *Dashamoolarishtam* • *Vyoshadi Vatakam*
- Ayurvedic management

INTRODUCTION

Influenza is a contagious viral infection affecting the upper and lower respiratory tracts, caused by various influenza viruses transmissible via respiratory droplets and contaminated surfaces. Its clinical features typically include sudden onset of high fever, cough, sore throat, nasal congestion, myalgia, headache, and fatigue, characterising the influenza-like illness (ILI) syndrome. ILI is defined by the presence of fever $\geq 38^{\circ}\text{C}$ and cough, often accompanied by other systemic signs, serving as a broad clinical framework during influenza seasons.¹ The H3N2 subtype of Influenza A virus is notable for causing more severe respiratory illness, with presentations that may involve persistent high fever, wheezing, dyspnea, and an elevated risk of complications such as pneumonia, especially in vulnerable populations like children and the elderly.²

In Ayurveda, influenza-like conditions are understood as a disturbance primarily of the *Vata* and *Kapha doshas*, especially within the *Pranavaha Srotas* (respiratory system). Pathogenesis (*Samprapti*) involves the vitiation of these doshas, impairing respiratory function and systemic balance.³ The Ayurvedic treatment approach focuses on restoring *doshic* equilibrium through herbal formulations, dietary regulation, and therapies like *Nasya* (nasal administration) and *Rasayana* (rejuvenation therapy), aimed at enhancing immunity and alleviating symptoms. The holistic management strategy emphasises both symptomatic relief and strengthening host defence mechanisms.

This case is unique as it integrates modern diagnostic considerations of H3N2 influenza

with traditional Ayurvedic pathophysiology, enabling targeted treatment that successfully managed the illness by addressing the underlying *doshic* imbalance and respiratory impairment. Understanding the disease through Ayurvedic principles provided an effective framework to combat the infection with a stratified, personalised therapeutic regimen. The case reporting follows CARE Guidelines.

CASE REPORT

Patient Information

A 27-year-old male patient, a student by profession, presented to the OPD of KLE Ayurveda Hospital with the following complaints on 20.09.2025. The patient presented with a sudden onset of high-grade fever accompanied by a persistent dry cough, sore throat, and nasal congestion for 5 days. The patient reported generalised body ache and fatigue, which was more pronounced in the morning, along with wheezing and breathlessness. There was noted discomfort and congestion in the throat beginning in the morning, associated with mild difficulty in swallowing (dysphagia). The throat congestion remained throughout the day. Associated complaints included sensations of coldness in the head, feet, toes, and fingertips, along with intermittent chills. The patient also experienced a feeling of heaviness in the head, eye pain, and congestion. Although the external body seemed cold, the internal body temperature was subjectively felt warm. Additionally, the patient reports itching and mild pain in the ears, which tend to reduce after bathing.

The patient had no history of chronic respiratory issues or immunocompromised

conditions, and the family medical history was unremarkable. As a non-smoker with no substance use, the patient maintained a balanced social environment but reported increased stress from workload and travel in the previous week. No genetic disorders were known or tested. The patient initially used over-the-counter cough syrup and lozenges with limited improvement, experiencing persistent throat congestion. No antiviral agents or specific modern medications were given for the current illness episode. The patient then visited OPD for Ayurveda management for complete symptom resolution.

Clinical Findings

On eliciting personal history, bowel movements were regular; appetite was reduced; micturition was of normal frequency; sleep was sound; weight was 64.2 kg.

On general examination, the patient was conscious, oriented, and moderately built and nourished. The pulse rate was recorded at 100-110 beats per minute, regular in rhythm, with a pinpoint character suggestive of *Vata* predominance. Blood pressure measured 110/70 mmHg, and the body temperature was 100°F. There were no clinical signs of pallor, icterus, cyanosis, clubbing, pedal oedema, or lymphadenopathy.

On physical examination, the illness had an acute onset, with complaints of sore throat, posterior pharyngeal wall congestion, and mild difficulty in swallowing, which are hallmark features consistent with viral upper respiratory tract infection, particularly influenza-like illness (ILI). Systemic findings included heaviness in the head, generalised fatigue, myalgia, chills, and subjective sensations of coldness in the extremities such as the hands, feet, and toes, further supporting a systemic viral aetiology. Examination of the oropharynx revealed marked erythema of the posterior pharyngeal wall, giving a distinctly "red" appearance, along with mild tonsillar swelling but no external swelling. These findings were consistent with oropharyngitis due to viral infection, typically observed in influenza-like illness. No purulent exudate or external cervical lymphadenopathy was present, suggesting the absence of bacterial involvement. (**Figure 1**)

On systemic examination, the respiratory system revealed clear breath sounds bilaterally, with symmetrical chest expansion and a

regular pulse. Cardiovascular examination showed the apex beat in the normal position, with normal heart sounds (S1 and S2) and no audible murmurs. The abdomen was soft, non-tender, and without any palpable organomegaly or abnormal findings.

On Ayurvedic assessment, the clinical presentation was consistent with *Vata-Kaphaja Jwara*. The features of *Vata* involvement included coldness in the extremities, dryness of the mouth, desire for rest or sleep, a pinpoint (*vataja*) pulse, reluctance to speak, and general tiredness. *Kapha* features were evident as heaviness in the head, throat congestion, mild tonsillar swelling, obstruction or thick sensation in the throat, and reduced appetite. The bowel was regular, and urine was clear and non-yellow, indicating minimal *Pitta* involvement. The presence of mild fever with marked fatigue further supported the diagnosis of *Vata-Kaphaja Jwara*.

On *ashta vidha pareeksha*, the *nadi* was observed to be *vataja* in nature. *Mutra* was *peeta* (yellowish), while *mala* was *prakrita*, indicating normal bowel function. The *jihva* appeared *lipta* (coated), suggestive of mild ama accumulation. *Shabda* was *prakrita* (normal speech), and *sparsha* was *sheeta* (cool to touch), reflecting *vata* predominance. The *druk* (vision) was *prakrita*, and *akriti* (body build) was *madhyam*, denoting a moderate constitution.

Diagnostic Assessment

The diagnosis was primarily clinical, as rapid diagnostic tests such as RT-PCR or antigen swabs for influenza or COVID-19 were not immediately accessible. Evaluation relied mainly on symptomatology and visual pharyngeal findings due to practical, resource-related, and possible financial limitations. Additional cultural and logistical factors, including high workload and travel-related fatigue, further restricted the scope for a comprehensive diagnostic workup. The clinical presentation was consistent with an influenza-like illness (ILI), most likely due to the H3N2 subtype, based on the acute onset of pharyngitis, oropharyngeal congestion, and mild systemic symptoms such as fatigue, chills, cold sensations, and myalgia. From an Ayurvedic perspective, the condition correlated with *Vata-Kaphaja Jwara*, indicated by cold extremities, dryness, tiredness, reluctance to speak, heaviness in the head, clear urine, absence of significant fever or burning

sensation, a pinpoint *vataja* pulse, and throat congestion. Differential diagnoses considered included bacterial tonsillopharyngitis (less likely due to the absence of purulent exudate), COVID-19 (not ruled out due to lack of laboratory confirmation but mild respiratory involvement), and allergic pharyngitis (less consistent with the systemic features observed).

The prognosis for this case of influenza-like illness (*Vata-Kaphaja Jwara*) was favourable, as the condition generally resolves within 5–7 days with supportive and individualised Ayurvedic management. No complications were observed, and there was no evidence of lower respiratory tract involvement. The patient remained hemodynamically stable throughout, indicating a high likelihood of complete and uncomplicated recovery.

Therapeutic Intervention

The patient received Ayurvedic management aimed at correcting *Vata-Kapha imbalance and alleviating acute respiratory and systemic symptoms*. *Dashmoolarishtam* (20 mL twice daily, mixed with water) and *Vyoshadi Vatakam* (10 g thrice daily with *arishtam* (morning and evening) and water (afternoon) were administered for 7 days, with dosage adjusted according to clinical response. Supportive self-care measures included consumption of light, warm food, adequate hydration, and sufficient rest. Both formulations targeted *Vata-Kaphaja Jwara features such as sore throat, cough, congestion, fatigue, and mild fever, while enhancing digestive strength (Agni Deepana)* and promoting systemic balance. Ingredients of *Dashmoolarishtam* and *Vyoshadi Vatakam* are listed in **Tables 1 and 2**.

Table 1: Ingredients of Dashmoolarishtam (Ref. Sharangdhara Samhita)

S. no.	Ingredients	Scientific Name	S. no.	Ingredients	Scientific Name
1	<i>Bilva</i>	<i>Aegle marmelos</i>	36	<i>Rasna</i>	<i>Alpinia galanga</i>
2	<i>Gambhari</i>	<i>Gmelina arborea</i>	37	<i>Pippali</i>	<i>Piper longum</i>
3	<i>Patala</i>	<i>Stereospermum suaveolens</i>	38	<i>Puga</i>	<i>Areca catechu</i>
4	<i>Shyonaka</i>	<i>Oroxylum indicum</i>	39	<i>Shati</i>	<i>Hedychium spicatum</i>
5	<i>Agnimantha</i>	<i>Clerodendrum phlomidis</i>	40	<i>Haridra</i>	<i>Curcuma longa</i>
6	<i>Brihati</i>	<i>Solanum indicum</i>	41	<i>Shatapushpa</i>	<i>Anethum sowa</i>
7	<i>Kantakari</i>	<i>Solanum xanthocarpum</i>	42	<i>Padmaka</i>	<i>Prunus cerasoides</i>
8	<i>Prishniparni</i>	<i>Uraria picta</i>	43	<i>Nagakesara</i>	<i>Mesua ferrea</i>
9	<i>Shalaparni</i>	<i>Desmodium gangeticum</i>	44	<i>Musta</i>	<i>Cyperus rotundus</i>
10	<i>Gokshura</i>	<i>Tribulus terrestris</i>	45	<i>Indrayava</i>	<i>Holarrhena antidysenterica</i>
11	<i>Chitraka</i>	<i>Plumbago zeylanica</i>	46	<i>Shunthi</i>	<i>Zingiber officinale</i>
12	<i>Pushkaramoola</i>	<i>Inula racemosa</i>	47	<i>Jeevaka</i>	<i>Ipomoea paniculata for Malaxis acuminata</i>
13	<i>Lodhra</i>	<i>Symplocos racemosa</i>	48	<i>Rishabhaka</i>	<i>Ipomoea paniculata for Malaxis muscifera</i>
14	<i>Guduchi</i>	<i>Tinospora cordifolia</i>	49	<i>Kakoli</i>	<i>Withania somnifera for Fritillaria roylei</i>
15	<i>Amalaki</i>	<i>Phyllanthus emblica</i>	50	<i>Ksheera kakoli</i>	<i>Withania somnifera for Lilium polyphyllum</i>
16	<i>Khadira</i>	<i>Acacia catechu</i>	51	<i>Meda</i>	<i>Asparagus racemosus for Polygonatum cirrhifolium</i>
17	<i>Duralabha</i>	<i>Fagonia cretica</i>	52	<i>Mahameda</i>	<i>Asparagus racemosus for Polygonatum verticillatum</i>
18	<i>Asana</i>	<i>Pterocarpus marsupium</i>	53	<i>Riddhi</i>	<i>Dioscorea bulbifera for Habenaria edgeworthii</i>
19	<i>Hareetaki</i>	<i>Terminalia chebula</i>	54	<i>Vridhi</i>	<i>Dioscorea bulbifera for Habenaria latilabris</i>
20	<i>Kushtha</i>	<i>Saussurea lappa</i>	55	<i>Draksha</i>	<i>Vitis vinifera</i>
21	<i>Manjishtha</i>	<i>Rubia cordifolia</i>	56	<i>Kankolam</i>	<i>Piper cubeba</i>

S. no.	Ingredients	Scientific Name	S. no.	Ingredients	Scientific Name
22	Devadaru	<i>Cedrus deodara</i>	57	Hribera	<i>Coleus vettiveroides</i>
23	Vidanga	<i>Embelia ribes</i>	58	Chandana	<i>Santalum album</i>
24	Yashtimadhu	<i>Glycyrrhiza glabra</i>	59	Jathiphala	<i>Myristica fragrans</i>
25	Bharangi	<i>Clerodendrum serratum</i>	60	Lavangam	<i>Syzygium aromaticum</i>
26	Kapitha	<i>Feronia limonia</i>	61	Twak	<i>Cinnamomum zeylanicum</i>
27	Vibheetaki	<i>Terminalia bellirica</i>	62	Ela	<i>Elettaria cardamomum</i>
28	Punarnava	<i>Boerhaavia diffusa</i>	63	Patra	<i>Cinnamomum tamala</i>
29	Chavya	<i>Piper retrofractum</i>	64	Nagakasara	<i>Mesua ferrea</i>
30	Jatamamsi	<i>Nardostachys jatamansi</i>	65	Pippali	<i>Piper longum</i>
31	Priyangu	<i>Callicarpa macrophylla</i>	66	Kataka	<i>Strychnos potatorum</i>
32	Sariva	<i>Hemidesmus indicus</i>	67	Madhu	Honey
33	Krishnajeeraka	<i>Carum carvi</i>	68	Guda	Jaggery
34	Trivrit	<i>Operculina turpethum</i>	69	Dhataki	<i>Woodfordia fruticosa</i>
35	Harenuka	<i>Vitex agnus-castus</i>			

Table 2: Ingredients of Vyoshadi Vatakam (Ref. Ashtanga Hridayam)

S. no.	Ingredient	Botanical Name
1	Guda	<i>Saccharum officinarum</i>
2	Sunthi	<i>Zingiber officinale</i>
3	Maricha	<i>Piper nigrum</i>
4	Pippali	<i>Piper longum</i>
5	Talisa	<i>Abies spectabilis</i>
6	Chavika	<i>Piper mullesua</i>
7	Tintrinika	<i>Tamarindus indica</i>
8	Amlavetasa	<i>Garcinia pedunculata</i>
9	Agni	<i>Plumbago zeylenica</i>
10	Ajaji	<i>Cuminum cyminum</i>
11	Twak	<i>Cinnamomum verum</i>
12	Ela	<i>Elletaria cardamomum</i>
13	Patra	<i>Cinnamomum tamala</i>

Timeline

The timeline of therapeutic events and clinical changes during intervention is depicted in **Figure 1**.

Follow-up and Outcomes

The patient was reviewed daily during the acute phase for symptomatic assessment and tolerance of therapy. Sequential photographic documentation of the oropharynx

demonstrated progressive reduction in erythema, congestion, and tonsillar swelling. Vital parameters remained stable, and there was no evidence of lower respiratory tract involvement. Intervention adherence was confirmed through patient self-report, with no missed doses and compliance to dietary and rest guidelines. No adverse or unexpected effects were observed during or after treatment. Marked clinical improvement was achieved within 7 days of intervention (on

26.09.25). The patient reported relief from sore throat, improved swallowing, reduced fatigue and chills, restored appetite, and sound sleep by the end of the treatment period. Clinical examination revealed normalisation of pulse and resolution of head heaviness. The patient

remained afebrile and hemodynamically stable throughout recovery. No post-intervention complications or relapses were noted during follow-up, confirming a complete and uncomplicated recovery.

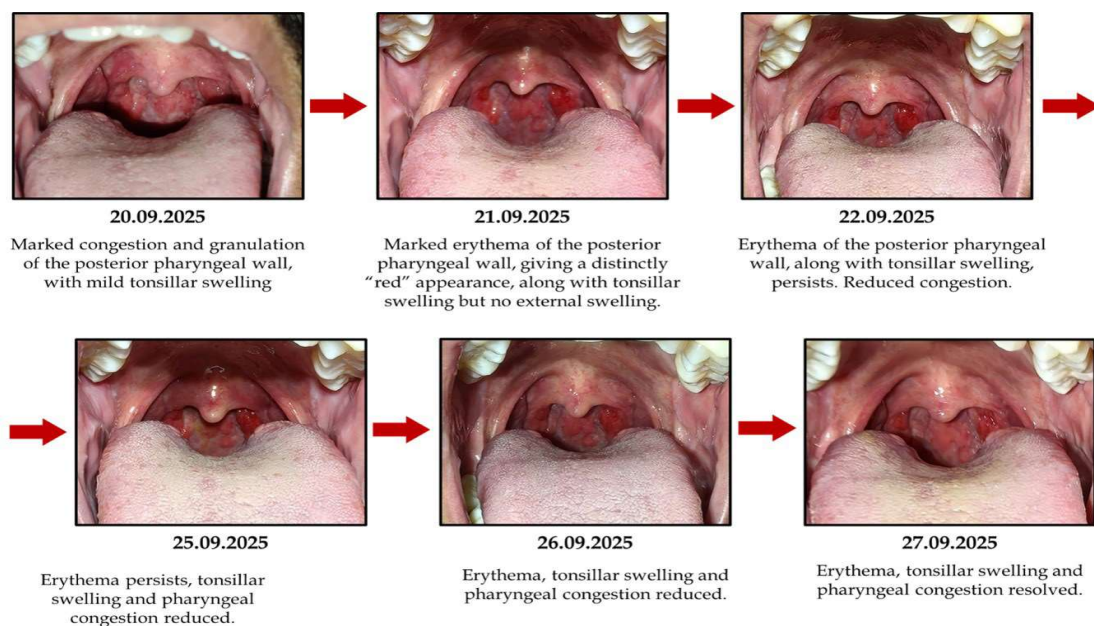


Figure 1: Therapeutic Events and Clinical Changes

DISCUSSION

This case highlights the integrative Ayurvedic management of an influenza-like illness (ILI) with probable H3N2 aetiology through the utilisation of classical formulations, *Dashamoolarishtam* and *Vyoshadi Vatakam*. The patient exhibited hallmark *Vata-Kaphaja Jwara* manifestations, including sore throat, throat congestion, fatigue, cold sensations, and mild fever, which justified the selection of these formulations based on *Vata* and *Kapha* pacifying therapeutic principles. The prompt resolution of symptoms and absence of complications following treatment emphasise the clinical potential of tailored Ayurvedic interventions in managing self-limiting viral respiratory illnesses.

A key strength of this case lies in the systematic documentation of clinical evolution, including detailed symptomatology, objective oropharyngeal findings, and progressive photographic evidence. The therapeutic strategy reflected classical Ayurvedic reasoning: addressing *dosha* imbalance, supporting *agni*, and promoting *ojas*. The

patient's adherence to dietary and behavioural recommendations (*pathya*) further contributed to rapid and sustained recovery without adverse effects.

Pharmacologically, *Dashamoolarishtam* provided systemic anti-inflammatory, antipyretic, and immunomodulatory effects, aligning with its documented enhancement of macrophage activity and reduction in inflammatory mediators.⁴ Being *arishta kalpana*, its fermented base enhanced absorption of bioactive compounds, facilitating symptom relief and early convalescence.⁵ *Vyoshadi Vatakam*, rich in *katu* and *ushna* ingredients such as *maricha*, *pippali*, *talisa*, *chavika*, etc., served as an effective *kapha*-reducing agent, promoting decongestion, expectoration, and throat comfort.⁶ These observed outcomes correlate with findings from prior literature where *Vyoshadi Gutika* and *Dashamoolarishtam* improved respiratory symptoms, reduced febrile complaints, and supported recovery in *Vata-Kaphaja* respiratory conditions. Thus, this case demonstrates that rationally applied Ayurvedic treatment, *Dashamoolarishtam* and *Vyoshadi Vatakam*, can effectively support

recovery in mild viral respiratory illnesses such as ILI with *Vata-Kapha* predominance.⁷ It illustrates how classical textual logic, when integrated with systematic modern documentation, can contribute meaningful insights into the management of acute infections and stimulate further controlled research into Ayurveda's role in evidence-based integrative healthcare. Limitations include the single-case design without laboratory confirmation or a control group, precluding generalizability. Confounders such as the self-limiting disease course may have contributed to recovery. The report adheres to CARE guidelines and provides preliminary data for hypothesis generation.

CONCLUSION

The present case demonstrates successful integrative management of influenza-like illness (ILI) with probable H3N2 aetiology, with *Vata-Kaphaja Jwara* features through classical Ayurvedic formulations, *Dashamoolarishtam* and *Vyoshadi Vatakam*. The interventions effectively alleviated fever, sore throat, congestion, and fatigue within a short duration, with no adverse effects. This outcome supports the therapeutic relevance of *Vata-Kapha*-pacifying measures in acute respiratory infections. While limited to a single case, the favourable recovery underscores the scope of Ayurveda-based individualised care and warrants further controlled clinical evaluation in similar conditions.

Patient Perspective

After starting Ayurvedic treatment, my symptoms improved steadily. The heaviness reduced on the second day, energy levels increased, and I regained a sense of well-being. This holistic approach not only addressed my symptoms but also supported my overall recovery, and it was easy to follow without side effects, boosting my confidence in the therapy.

Informed Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/ have given his/

her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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