

LAVANGADI VATI: AN INTEGRATIVE CRITICAL REVIEW OF CLASSICAL LITER-
ATURE AND CONTEMPORARY EVIDENCEYashas M.^[1], Susheel Shetty^[2], K. Kiran^[3]

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ABSTRACT

Lavangadi Vati is a classical Ayurvedic *Vati* formulation described in *Vaidya Jivanam (Triteeya Vilasa)* and *Brihat Nighantu Ratnakara*, traditionally indicated in *Kasa* and *Shwasa*. The formulation comprises *Lavanga*, *Mari-cha*, *Vibhitaki* and *Khadira*, processed with *Babbula Kwatha*. The constituent *dravyas* act synergistically to pacify *Kapha* and *Vata Doshas*, alleviate *Srotorodha*, and restore *Agni*, thereby addressing both causative and symptomatic aspects of *Kasa*. Predominance of *Kashaya* and *Katu Rasa*, *Laghu*, *Ruksha* and *Tikshna Guna*, and balanced *Sheeta-Ushna Veerya* contribute to *Srotoshodhana*, *Kapha Vilayana*, *Deepana-Pachana*, and *Shothahara* actions. Pharmacological observations of constituent herbs, including Eugenol, Piperine, and tannins, support mucosal protective, anti-inflammatory, and bioavailability-enhancing effects. *Lavangadi Vati* also exerts indirect actions on *Annavaha* and *Rasavaha Srotases*, reinforcing systemic correction in *Kasa*. This review critically analyses classical textual references, *Rasapanchaka*, phytochemical profiles, and probable modes of action, highlighting its therapeutic relevance and providing a foundation for further clinical validation.

Keywords: *Lavangadi Vati*; *Kasa*; Ayurvedic Formulation; *Rasapanchaka*; *Pranavaha Srotas*; Phytochemistry

INTRODUCTION

Ayurveda emphasises *Swasthasya Swasthya Rakshanam* (preservation of health of healthy individuals) and *Aturasya Vikara Prashamanam* (alleviation of disease) through a holistic approach encompassing *Ahara*, *Vihara*, *Achara*, and therapeutic interventions, as elaborated in classical texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*.

Kasa is one of the most commonly encountered respiratory disorders, characterised by impaired *Prana Vata* function, *Srotorodha*, and associated *Vega* and *Kanthagata Lakshanas* [1]. Its aetiology, as described in classical literature, includes improper *Ahara-Vihara*, exposure to *Raja*, *Dhooma*, and dietary or lifestyle factors leading to *prakopa* of *Kapha-Vata Doshas*. Chronicity and recurrence often arise due to upstream disturbances in *Annavaha* and *Rasavaha Srotases*, highlighting the systemic nature of the disorder.

Ayurvedic pharmaceutics recognises *Vati Kalpana* as advantageous due to stability, precise dosing, ease of administration, and enhanced patient compliance. Among classical formulations, *Lavangadi Vati*, described in *Vaidya Jivanam (Triteeya Vilasa)* and *Brihat Nighantu Ratnakara*, is traditionally indicated in *Kasa* and *Shwasa*. The formulation comprises *Lavanga*, *Maricha*, *Vibhitaki* and *Khadira* processed with *Babbula Kwatha*, combining *Srotoshodhana*, *Kapha-Vata* pacifying, *Deepana-Pachana*, and *Shothahara* properties.

Despite its widespread traditional use and availability in classical practice and contemporary formulations, information on *Lavangadi Vati* remains dispersed across various Ayurvedic texts and pharmacological sources. Therefore, the present review aims to systematically analyse its classical textual references, *Rasapanchaka*, phytochemical constituents, probable

modes of action, and therapeutic relevance, thereby providing a consolidated, conceptually sound foundation for evidence-based understanding and future clinical exploration.

AIMS AND OBJECTIVES

AIM

To critically review classical Ayurvedic literature about *Lavangadi Vati* with reference to its composition, pharmacological attributes, and therapeutic indications.

OBJECTIVES

1. To compile and analyse classical references, composition, and therapeutic indications of *Lavangadi Vati* as described in Ayurvedic texts.
2. To study the *Rasapanchaka* of the individual ingredients of *Lavangadi Vati* based on principles of Ayurvedic pharmacology.

MATERIALS AND METHODS

The present study is a conceptual literature review. Classical Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Vaidya Jivanam*, and *Brihat Nighantu Ratnakara*, were systematically reviewed to compile information on *Lavangadi Vati*. Relevant Ayurvedic journals and published scientific articles were consulted to analyse pharmacological attributes of its constituent drugs, including *Rasa*, *Guna*, *Veerya*, *Vipaka*, and *Karma* in accordance with the principles of *Dravyaguna Vigyana*.

REVIEW OF LITERATURE

Lavangadi Vati is described in *Brihat Nighantu Ratnakara* and *Vaidya Jivanam (Triteeya Vilasa)*, where it is indicated primarily in *Kasa* and *Shwasa*, and in conditions associated with *Kapha* predominance and *Srotorodha* involving the *Pranavaha Srotas*.

Table 1: Ingredients in Lavangadi Vati

Drug	Botanical name	Part Used	Quantity
<i>Lavanga</i> ^[4]	<i>Syzygium aromaticum</i>	Bud	1 part
<i>Maricha</i> ^[5]	<i>Piper nigrum</i>	Fruit	1 part
<i>Vibhitaki</i> ^[6]	<i>Terminalia bellirica</i>	Phala Twak	1 part
<i>Khadira</i> ^[7]	<i>Acacia catechu</i>	Sara	2 parts
<i>Babbula</i> ^[8]	<i>Acacia arabica</i>	Twak	QS

Table 2: Rasa Panchaka of individual drugs in Lavangadi Vati

Drug	Rasa	Guna	Veerya	Vipaka	Prabhava
<i>Lavanga</i>	Katu, Tikta	Laghu, Snigdha	Sheeta	Katu	Kapha-pitta hara
<i>Maricha</i>	Katu, Tikta	Laghu, Ruksha, Sookshma	Ushna	Katu	Kapha-Vata hara
<i>Vibhitaki</i>	Kashaya	Laghu, Ruksha	Ushna	Madhura	Kapha-pitta hara
<i>Khadira</i>	Tikta, Kashaya	Laghu, Ruksha	Sheeta	Katu	Kapha-pitta hara
<i>Babbula</i>	Kashaya	Guru, Ruksha	Sheeta	Katu	Kapha hara

METHOD OF PREPARATION:

Lavanga, *Maricha*, *Vibhitaki twak*, and *Khadira sara* were cleaned, shade-dried, and finely powdered. The powders were uniformly blended and subjected to repeated *Bhavana* with *Babbula Kwatha* until *Subhavita Lakshanas* were achieved. The resulting mass was rolled into uniform *Vati* and dried under controlled conditions.

Table 3: Phytochemical constituents of individual drugs in Lavangadi Vati

Drug	Chemical constituents
<i>Lavanga</i>	Eugenol, eugenol acetate, β -caryophyllene, tannins, flavonoids
<i>Maricha</i>	Piperine, chavicine, Camphene, essential oils, alkaloids
<i>Vibhitaki</i>	Tannins (chebulagic acid, chebulinic acid), gallic acid, flavonoids, ellagic acid, β -sitosterol, mannitol
<i>Khadira</i>	Catechins, tannins, flavonoids, gallic acid, quercetin, gum quercitrin
<i>Babbula</i>	Tannins, flavonoids, gallic acid, mucilage

DISCUSSION

Lavangadi Vati is described in *Vaidya Jivanam* (*Triteeya Vilasa*) and *Brihat Nighantu Ratnakara* in the context of *Kasa* and *Shwasa Chikitsa*. In the *Brihatrayi*, *Kasa* is defined as a disorder involving derangement of *Prana Vata* associated with *Dosha - Dushti*, manifesting through *Vega*, *Kanthagata Lakshanas*, and impairment of normal respiratory function. The *chikitsa* of *Kasa* is directed towards restoring the normal *gati* of *Prana Vata*, alleviating *Srotorodha*, and re-establishing *Dosha Samya*. The therapeutic relevance of *Lavangadi Vati* can be understood in light of these fundamental principles.

Action on Pranavaha Srotas

The *Samprapti* of *Kasa* involves the vitiation of *Doshas* due to *Nidanas* such as improper *Ahara-Vihara*, *Vega Dharana*, and exposure to *Raja* and *Dhooma*, resulting in impairment of the *Pranavaha Srotas*. This leads to *Srotorodha* and *Avarana* of *Prana Vata*, giving rise to *Kasa Vega* and associated manifestations. *Lavangadi Vati*, by virtue of its *Rasapanchaka*, facilitates *Srotoshodhana* and supports the regulation of *Prana Vata*, thereby reducing the chronicity and persistence of *Kasa*.

The formulation also exerts significant action, particularly at the level of the *Kantha Pradesha*. The presence of *Kashaya-pradhana dravyas* contributes to

Shoshana (absorption/drying) and *Sthirakarana* (stabilisation) of the affected tissues, aiding in the reduction of excessive *Srava* (secretions) and *Shotha* (inflammation) commonly observed in *Kasa*.

Action on *Annavaha Srotas*

Ayurveda emphasises the close interrelationship between *Annavaha* and *Pranavaha Srotases*, in which derangement of *Agni* and the formation of *Ama* act as contributory factors in the manifestation and recurrence of *Kasa* [2]. The predominance of *Katu Rasa*, *Laghu*, *Ruksha Guna* and *Ushna Veerya* in *Lavangadi Vati* supports *Deepana* and *Pachana Karma*, thereby correcting *Agnimandya* and facilitating *Ama Pachana*. This indirect action on *Annavaha Srotas* plays a crucial role in preventing repeated episodes of *Kasa* by addressing upstream pathological factors.

Action on *Rasavaha Srotas*

In prolonged or recurrent *Kasa*, involvement of the *Rasavaha Srotas* becomes evident, leading to compromised tissue nourishment and increased susceptibility of the respiratory tract. By restoring *Agni*, correcting *Dosha* imbalance, and facilitating proper *Rasa Dhatu* formation, *Lavangadi Vati* indirectly supports *Rasavaha Srotas*, thereby aiding recovery and enhancing tissue resilience [3].

Interpretation Based on *Rasapanchaka*

The predominance of *Kashaya Rasa* in *Vibhitaki*, *Khadira*, and *Babbula* imparts *Stambhana* and *Shoshana Karma*, particularly relevant in conditions characterised by excessive *Kapha Srava*. *Katu Rasa*, contributed mainly by *Lavanga* and *Maricha*, facilitates *Kapha Vilayana*, *Srotoshodhana*, and *Agni Deepana*. The presence of *Laghu* and *Ruksha Guna* further enhances *Kapha Shamana* by counteracting the *Guru* and *Snigdha* attributes of *Kapha*.

Although a majority of the constituent *dravyas* are described as *Kapha-Pittahara* in their individual *Rasapanchakas*, the formulation's functional expression demonstrates a predominant influence on *Kapha* and *Vata* in the context of disease manifestation. This can be attributed to the dominance of *Kashaya* and *Katu Rasa*, along with *Laghu*, *Ruksha*, and *Tikshna* qualities, which collectively facilitate *Srotoshodhana*, reduce *Avarana*, and support the regulation of *Vata*,

particularly *Prana Vata*. Thus, the *Dosha-shamana Karma* of *Lavangadi Vati* is better understood through *Samyoga* and *Pradhanya* of *Rasas* rather than isolated drug classification.

The coexistence of *Sheeta* and *Ushna Veerya* among the constituent *dravyas* ensures a balanced therapeutic action. *Ushna Veerya* supports *Kapha Shamana* and *Vatanulomana*, while *Sheeta Veerya* helps moderate inflammatory responses and prevent excessive irritation of the respiratory mucosa. This balanced *Rasapanchaka* enables *Lavangadi Vati* to be effective in chronic and recurrent conditions without precipitating *Vata Prakopa*.

Role of Individual *Dravyas*

Lavanga, owing to its *Katu-Tikta Rasa* and aromatic nature, facilitates *Kapha Vilayana*, supports *Krimighna* action, and improves airway patency. [8] *Maricha*, characterised by *Tikshna* and *Sookshma Guna*, enhances *Srotoshodhana* and acts as a *Yogavahi*, ensuring effective action of the formulation even at lower doses. [9] *Vibhitaki*, a well-recognised *Kapha-Pitta Shamaka* and *Kashaya pradhana dravya*, helps reduce mucous secretion and support respiratory health. [10] *Khadira* and *Babbula*, rich in *Kashaya Rasa*, play an essential role in reducing inflammation, promoting mucosal integrity, and alleviating *Kanthagata Lakshanas*. [11,12]

Bhavana with *Babbula Kwatha* further enhances the *Kashaya-pradhana* action of the formulation, enhancing its *Stambhana*, *Shothahara*, and *Ropana* effects at the level of the respiratory mucosa.

Phytochemical and Pharmacological Correlation

The classical Ayurvedic actions of *Lavangadi Vati* are supported by available pharmacological observations on its constituent drugs. Eugenol present in *Lavanga* exhibits *Shothahara* and *Krimighna* activities; piperine from *Maricha* is known for enhancing bioavailability and facilitating *Srotoshodhana*; and tannins from *Vibhitaki*, *Khadira*, and *Babbula* demonstrate astringent and mucosal protective effects. These observations complement classical Ayurvedic descriptions and help explain the formulation's therapeutic utility.

Samprapti-Vighatana* in *Chikitsa

From the perspective of *Samprapti-Vighatana*, *Lavangadi Vati* acts by correcting *Dosha Dushti*, characterised by functional aggravation of *Kapha* with associated derangement of *Vata*, leading to *Srotorodha* and *Avarana*, particularly affecting the normal *gati* of *Prana Vata*. Such pathological interactions impair physiological functions across interconnected *Srotases*, resulting in abnormal secretory activity, obstructed flow, and instability of the involved tissues. Through its *Rasapanchaka*-based actions, *Lavangadi Vati* facilitates *Srotoshodhana*, promotes *Kapha Shamana*, supports *Vatanulomana*, and aids in restoring *Agni*. By addressing *Dosha*, *Srotas*, and *Agni* simultaneously, the formulation intervenes at multiple stages of the disease process. It aligns with classical Ayurvedic principles of comprehensive *Samprapti-Vighatana* across a range of clinical conditions.

Evidence from Experimental and Pharmacological Studies

Several experimental and pharmacological studies on the constituent drugs of *Lavangadi Vati* support their traditional use in conditions involving respiratory inflammation, mucosal disturbances, and microbial aggravation, relevant to *Kasa*.

Lavanga and *Maricha* extracts have been shown to exhibit significant antimicrobial activity. In vitro studies demonstrated that hydroalcoholic extracts of clove and black pepper produced notable zones of inhibition against bacterial and fungal strains, with clove showing greater efficacy, which correlated with its rich phenol and flavonoid content, including eugenol and piperine^[14,15].

Studies on black pepper's principal alkaloid, piperine, have documented a broad spectrum of biological activities, including antimicrobial, anti-inflammatory, antioxidant, and immunomodulatory effects^[16]. These pharmacological actions support its functional role in formulations targeting respiratory irritation and inflammatory pathways.

Experimental models of airway inflammation have shown that piperine can attenuate cigarette smoke-induced airway inflammation and oxidative stress,

modulating inflammatory markers and improving lung function parameters in vivo, suggesting potential relevance to airway diseases with inflammatory pathology^[17].

Vibhitaki has been reported to contain high levels of tannins, flavonoids, and phenolic compounds, which confer antioxidant and anti-inflammatory properties that could mitigate oxidative stress and inflammatory processes in systemic and respiratory conditions^[18].

Khadira and *Babbula* extracts are rich in catechins and tannins, which have been evaluated for antimicrobial, anti-inflammatory, and antioxidant activities across various experimental models^[19,20]. Such bioactivities are consistent with the astringent and protective actions described in classical texts and provide supportive evidence for their inclusion in formulations aimed at reducing mucosal irritations and microbial load.

Collectively, these experimental and pharmacological observations provide a biologically plausible basis for the traditional indications of *Lavangadi Vati* in *Kasa* and support its therapeutic relevance.

CONCLUSION

Lavangadi Vati is a classical formulation indicated in *Kasa* and *Shwasa*, acting through the regulation of *Prana Vata*, *Srotoshodhana*, and *Dosha Shamana*. Its *Rasapanchaka*-based action, *predominance of Kashaya, Katu, and Tikta Rasas*, and influence on the *Pranavaha Srotas* provide a rational basis for its therapeutic application in *Kasa* and related clinical conditions. An understanding grounded in classical Ayurvedic literature supports its clinical relevance and highlights the scope for further systematic evaluation.

REFERENCES

1. *Agnivesha. Charaka Samhita* with Ayurveda Deepika commentary of *Chakrapanidatta*. 4th ed. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chaukam-ba Surbharati Prakashan; 2008, Chikitsa Sthana, Chapter 18/4-28, p. 540.
2. *Agnivesha. Charaka Samhita* with Ayurveda Deepika commentary of *Chakrapanidatta*. 4th ed. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chaukam-

- ba Surbharati Prakashan; 2008, Vimana Sthana, Chapter 5.
3. *Agnivesha. Charaka Samhita* with Ayurveda Deepika commentary of *Chakarpanidatta*. 4th ed. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chaukamba Surbharati Prakashan; 2008, Sutra Sthana, Chapter 28.
4. Sharma PV. *DravyaGuna Vijnana*, Volume 2. Varanasi: Chaukamba Publication; 2006. p. 246-249.
5. Sharma PV, Sharma GP. *Kaiyadeva Nighantu*. Varanasi: Chaukamba Publication; 2006. p. 214-215.
6. Sharma PV. *DravyaGuna Vijnana*, Volume 2. Varanasi: Chaukamba Publication; 2006. p. 239-241.
7. Sharma PV. *DravyaGuna Vijnana*, Volume 2. Varanasi: Chaukamba Publication; 2006. p. 159-161.
8. Sharma PV. *DravyaGuna Vijnana*, Volume 2. Varanasi: Chaukamba Publication; 2006. 474-476.
9. Singh N, Gupta A, Singh AK. Pharmacological activities of *Lavanga* (*Syzygium aromaticum*): A comprehensive review. *J Ethnopharmacol*. 2019; 231:298-306.
10. Kumar P, Mishra R, Singh V. Therapeutic potential of *Maricha* (*Piper nigrum*) in respiratory disorders. *Int J Pharm Sci Res*. 2018;9(7):2925-2933.
11. Tripathi YB, Singh R, Tripathi P. Anti-inflammatory and antimicrobial properties of *Terminalia bellerica* (*Vibhitaki*). *Phytomedicine*. 2017; 34:19-26.
12. Sharma V, Kumar A. *Khadira* (*Acacia catechu*) and its pharmacological activities related to respiratory health: a review. *Ayu*. 2016;37(2):109-115.
13. Reddy D, Reddy V. *Babbula* (*Acacia arabica*) in traditional medicine: Role in respiratory ailments. *J Ayurveda Integr Med*. 2020;11(1):42-47.
14. Zhao K, Wonta KB, Xia J, Zhong F, Sharma V. Phytochemical profiling and evaluation of antimicrobial activities of *Syzygium aromaticum* (clove) and *Piper nigrum* (black pepper). *Front Nutr*. 2024; 11:1447144.
15. Piperine: A review of its biological effects. Wiley Online Library. 2019.
16. Piper nigrum – a review of its bioactive effects. *MDPI Appl Sci*. 2019;9(20):4270.
17. Saha P, Durugkar SC, Jain S, Naidu VGM. Piperine attenuates cigarette smoke-induced oxidative stress and lung inflammation. *PubMed*. 2022; PMID: 36499047.
18. Review of antioxidant and anti-inflammatory properties of *Terminalia bellirica*. *Int J Res Public Rev*. 2025;6(6):4948-4955.
19. Acacia catechu – bioactive compounds and pharmacological properties. *MDPI Plants*. 2022;11(22):3091.
20. Acacia catechu extracts in pharmacology: antioxidant, anti-inflammatory, and antimicrobial activities. *PMC*. 2018; *Antioxidant, Anti-inflammatory, and Chemoprotective Properties of Acacia catechu*.

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