



Review Article

PHARMACOLOGICAL AND THERAPEUTIC POTENTIAL OF *SHARBAT BANAFSHA* IN THE
MANAGEMENT OF ASTHMA (*DIQ AL-NAFAS*): A NARRATIVE REVIEW

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ABSTRACT

Asthma (*Diq Al-Nafas*) is a chronic inflammatory airway disease characterized by recurrent episodes of breathlessness and wheezing due to reversible airway obstruction. Globally, it affects millions, with a significant burden in India. While conventional therapies such as bronchodilators and corticosteroids are effective, their long-term use raises safety concerns, prompting exploration of alternative therapeutic systems. **Objectives:** This review aims to evaluate the pharmacological and therapeutic potential of *Sharbat Banafsha*, a classical Unani formulation, in the management of asthma based on traditional literature and modern scientific evidence. **Methods:** A narrative review approach was employed by analyzing classical Unani texts alongside contemporary pharmacological and clinical studies focusing on *Viola odorata*, the principal ingredient of *Sharbat Banafsha*. **Results:** *Sharbat Banafsha* exhibits multiple therapeutic properties, including expectorant, concoctive, and mild laxative effects. Pharmacological studies indicate that *Viola odorata* possesses anti-inflammatory, bronchodilator, and antimicrobial activities. Clinical observations suggest improvement in respiratory symptoms and lung function, supporting its traditional use in managing asthma. **Conclusion:** *Sharbat Banafsha* demonstrates promising therapeutic potential as a complementary approach in asthma management. Integrating traditional Unani formulations with modern medicine may enhance patient outcomes and provide safer long-term alternatives, particularly in the context of increasing antimicrobial resistance and chronic disease burden.

INTRODUCTION

The Global Initiative for Asthma (GINA) defines asthma as a chronic, persistent inflammatory disease of the airways, characterized by recurrent episodes of breathlessness and wheezing due to chronic airway inflammation, reversible airway obstruction, and hyper-responsiveness to various stimuli.^[1] Asthma is the second most common chronic respiratory disease worldwide, after chronic obstructive pulmonary disease (COPD), particularly dominant in children, afflicting about 250 million people globally.^[2]

Each day, approximately 1000 individuals die from asthma, a burden that is likely to increase due to population growth, increased urbanization, and the aging of the population.^[3] According to the Global Asthma Report 2022, amongst India's 1.36 billion people, about 35 million suffer from asthma, presenting a significant issue for healthcare providers.^[4] A severe, constant condition of disease may occur, called 'status asthmaticus'.^[5] Conventional treatments, such as β -agonists, anticholinergics, and corticosteroids, provide rapid relief of bronchoconstriction and symptoms. However, long-term use of inhaled corticosteroids at higher doses poses a risk of hypothalamic-pituitary-adrenal-axis (HPA-axis) suppression, which can lead to systemic adverse effects, including decreased bone mineral density, skin thinning, loss of muscle mass, bruising, cataracts, and impaired growth.^[6] The high cost of

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inhaled therapies compared to oral formulations restricts optimal management. Consequently, reliance on Complementary and Alternative Medicine (CAM) has increased in recent decades. Natural and non-invasive alternative medicine methods, as well as factors such as previous positive experiences and personal beliefs, are the leading causes of CAM use in patients with asthma. Studies have indicated that up to 79% of patients use CAM methods.^[7]

In Unani literature, asthma is referred to by several synonymous names, including *Diq al-Tanaffus*, *Usr al-Nafas*, *Dama*, *Rabw*, *Buhr*, and *Intisab al-Nafas*, all of which denote respiratory discomfort.^[8] Ibn Sina, a renowned Unani scholar, defined asthma (*Diq al-Nafas*) in his seminal text "*Al-Qanun fi'l Tibb*" as a chronic respiratory disorder characterized by persistent breathing, marked by episodes that are exceedingly rapid and intense.^[9] The term *Diq al-Nafas* combines two words, '*Diq*' and '*Nafas*', meaning "narrowing" and "breathing," respectively.

Many eminent Unani scholars have described asthma in various types, but here we highlight classifications by later experts, such as Hakim Ajmal Khan, who classified it into two forms. *Diq al-Nafas Yabis* is characterized by spasmodic narrowing of the airways and respiratory muscular involvement, resulting in dyspnea, whereas *Diq al-Nafas Ratab* is characterized by airway spasm and mucous accumulation as key contributors to dyspnea.^[10] Further, Kabir al-Din described three distinct forms of asthma. The first, true asthma (*Rabw Haqiqi*), is marked by obstruction of the bronchial branches due to thick, cold mucus, with orthopnea (*Intisab al-Nafas*) being variably present. The second type involves narrowing of the pulmonary lining due to inflammation, primarily associated with hot black bile (*Khilt Sawda Harr*), and is distinguished by symptoms such as fever, thirst, and agitation but lacks purulent discharge. The third form is due to flaccidity or atonicity of the bronchial muscles, where orthopnea is typically prominent, and episodes of respiratory arrest may occur.^[8] Several single-drug and compound Unani formulations have demonstrated therapeutic effects in asthma, both by alleviating symptoms and by facilitating the elimination of morbid matter. Examples include *Habb-e Hindi Zeeqi*, *LaoqDiq al-Nafas*, *Laoq Katan*, *Sharbat Zoofa Murakkab*, *Sharbat-e Sadar*, and *Kushta Abrak Safaid*, etc.^[11] These remedies have been employed for centuries, and some have undergone scientific evaluation confirming their efficacy and safety. Within this context, the present review highlights *Sharbat Banafsha* as a potent Unani formulation, examining its role as an alternative or adjuvant therapy for enhancing symptom relief in patients with asthma.

METHODOLOGY

A literature search was conducted on PubMed, Scopus, Google Scholar, and Science Direct. A large number of articles have been reviewed and referenced in this study. In addition, classical Unani literature was thoroughly examined to gather traditional knowledge and descriptions relevant to the subject. The name of the species has been validated by using the 'ENVIS Centre of Medicinal Plants'. The WHO Standard Unani Medical Terminology, published by CCRUM, was used to describe the proper Unani terminologies.

Pathophysiology of Asthma

The disease arises from a complex interplay of genetic susceptibility, environmental exposures, and developmental factors such as aging and menopause, with ongoing triggers further shaping its progression and severity. The central mechanism is inflammation, involving immune pathways that drive airway remodeling and functional impairment.^[12] Recent studies have shown these active mechanisms: Airway epithelial cells release cytokines, such as IL-25, IL-33, and TSLP, in response to allergens or environmental insults. These cytokines activate group 2 innate lymphoid cells (ILC2s), leading to the production of type 2 cytokines (IL-4, IL-5, and IL-13) and promoting eosinophilic inflammation.^[13] They produce cytokines that recruit eosinophils and mast cells, leading to inflammation and airway hyperresponsiveness.^[14] Then, recurrent inflammation leads to structural changes, including epithelial damage, subepithelial fibrosis, goblet cell hyperplasia, increased smooth muscle mass, and angiogenesis, which may cause partially irreversible airflow limitation. Inflammation in the small airways leads to increased resistance and airway closure, resulting in ventilation inhomogeneities and hyperresponsiveness. This is particularly significant in severe asthma.^[15]

While classical Unani scholars also consider narrowing of the bronchioles (*Uruq Khashna*) to be the principal factor, most often due to the accumulation of thick phlegm (*Balgham Lazij*), catarrhal discharge (*Inshibab-i Mawad-i Nazla*), or inflammation (*Warm*) in the respiratory tract.^[9,16] Other contributing mechanisms include dense secretions (*Ghaliz Rutubat*), thoracic congestion (*Imtila' Sadr*), pressure from adjacent organs, gas accumulation, or the accumulation of pus and blood surrounding the lungs, which hinders expiration.^[16,17] The flow of catarrhal fluids (*Nazla*), repeated colds, pulmonary dryness, or sequelae of smallpox are also recorded causes. In orthopnea (*Intisab al-Nafas*), patients often prefer to stand upright, as lying or sitting can aggravate breathlessness.^[18]

Method of Preparation of Sharbat Banafsha

In Unani medicine, the term “Sharbat” refers to formulations prepared by infusing, decocting, or juicing drugs, then mixing them with sugar, honey, or jaggery and boiling to the required consistency.^[19] *Sharbat Banafsha* is a compound Unani pharmacopeial formulation prepared by decoction of *Gule Banafsha*

(dried flowers) or with an extract of fresh, squeezed flowers, followed by *Qiwam* made with sugar. It contains only one herbal ingredient, besides sugar, for making the *Qiwam* (base).^[20] The formulation details are provided in Table 1.

Table 1: The complete details of Sharbat Banafsha

Contents	Quantity	Dose and route of administration,	Pharmacological actions	Therapeutic Uses
<i>Gule Banafsha</i> (<i>Viola odorata</i> L.) Violaceae	125 g	25-50ml oral ^[20] Or 20ml oral once in the morning with water ^[35,36]	<i>Mundij</i> (Concoctive), <i>Mulayyin</i> (laxative) ^[23] , diuretic (<i>Mudirr Baul</i>) ^[21]	Catarrh (<i>Nazla</i>), cough (<i>Su ‘āl o surfa</i>), fever (<i>Hummā</i>), headache (<i>Ṣudā’</i>), eye pain (<i>Waja ‘al-Chashm</i>), renal pain (<i>Waja ‘al-Kulya</i>), and relieves chest pain in pleurisy (<i>Dhāt al-junub</i>) ^[35,36] , pneumonia (<i>Dhāt al-Riya</i>) ^[21]
<i>Qand Safaid</i> (sugar)	1 kg			

Properties of V.Odorata (Banafsha) in Unani Medicine**Temperament**

Fresh viola: Cold 1° and moist 2° (*Sard 1° wa Tar 2°*)^[21]

Dried viola: Cold and moist 1° (*Sard wa Tar 1°*) ^[22,23,24], cold and moist 2° (*Sard wa Tar 2°*)^[25,26]

Pharmacological Action

Expectorant (*Munaffith-i-Balgham*), yellow bile alterative (*Mu‘addil-i-Ṣafra*), humours-calming agent (*Musakkin-i-Akhlāt*), humidifying drug (*Murattib*),^[24] purgative (*Mushil*), resolvent (*Muḥallil*), absorbent (*Jādhīb*), lubricating agent (*Muzliq*), attenuant (*Mulattif*), checking thirst (*Daf‘-i-atash*),^[26] laxative/softener (*Mulayyin-i-shikam*).^[24,25]

Chemical composition of Viola odorata

V. odorata is rich in natural compounds, with nearly 200 compounds identified. Reported classes include flavonoids (rutin, quercetin, kaempferol, luteolin derivatives), coumarins, alkaloids, triterpenoids, saponins (myrosin, violin), anthocyanins, phenols, tannins, phytosterols, terpenoids, lignans, sesquiterpenes, cyclotides, and phenylpropanoids. Other notable compounds are salicylates, cycloviolacin, gaultherin, violutoside (salicylic acid methyl ester), odoratine, 2,2,6,6-tetramethyl-4-piperidinone, violacin A, vitriptide A, vodopeptides M & N, 2-nitropropionic acid, mucilage, vitamin C, tocopherol (vitamin E), potassium, magnesium, sodium, and iron.^[27,28]

Table 2: Supporting Pharmacological Evidence of the Anti-Asthmatic Effect of V. odorata

Study ID, Title, Design	Sample size	Interventions	Results
(Qasemzadehet al.2015) The Effect of Viola odorata flower syrup on the cough of children with asthma (double-blind, randomized controlled trial)	N=182 children (2-12 years old)	G A: Violet syrup (12 g dry flower/100 cc), 3 × daily for 5 days G B: Placebo syrup (same regimen) Standard therapy (both): Salbutamol spray 2 puffs × 4/day	Violet syrup significantly shortened the time to 50% cough reduction ($p=0.001$) and complete cough suppression ($p<0.001$). Post-treatment wheezing: 4 vs 25 cases (treatment vs placebo). ^[37]
(Rabbani et al.2022) The Efficacy of an Oral Formulation of <i>Glycyrrhiza glabra</i> , <i>Viola odorata</i> , and <i>Operculina turpethum</i> as an Add-On Therapy for Mild-to-moderate Childhood Asthma (Randomized Placebo-Controlled Clinical	N=60 children and adolescents (6-18 years)	G A: Anti-Asthma® (2 tablets twice daily for 1 month) G B: Placebo (2 tablets twice daily for 1 month) Both on standard asthma therapy	Significant improvements: FEV ₁ ($p= 0.01$), FEV ₁ /FVC ($p = 0.04$), FEF ₂₅₋₇₅ ($p= 0.04$), cough and activity limitation ($p= 0.001$). Asthma control 80% vs 50% ($p= 0.001$). ^[32]

Trial)			
(Fallah et al. 2025) <i>Viola odorata</i> alleviates airway inflammation and histopathological changes in an animal model of allergic asthma (In vivo animal study).	N = 48 Balb/c female mice (n=8 per group)	G1: (Negative control): Distilled water (intraperitoneal) G2: (Positive control): Ovalbumin (OVA) G3: OVA + dexamethasone (oral) Group 4-6: OVA + <i>V. odorata</i> extract 100, 200, 400mg/kg (oral gavage)	100mg/kg: no significant effect 200mg/kg: ↓ eosinophils ($p=0.026$) without cytokine changes. At 400mg/kg: ↓ eosinophils ($p<0.0001$), IL-4 ($p=0.021$), IL-5 ($p=0.007$), and IL-13 ($p<0.0001$), confirming a dose-dependent anti-inflammatory effect. ^[38]
(Monadi and Rezaies 2013) Evaluation of sedative and pre-anesthetic effects of <i>Viola odorata</i> Linn. Extract compared with diazepam in rats (experimental animal study)	N=30 Wistar male rats	G1-G3: <i>V. odorata</i> extract 100, 200, 400mg/kg BW G4: Diazepam 1.2mg/kg BW (standard) G5: Placebo (DMSO 1.2mg/kg) G6: Control (ketamine only)	<i>V. odorata</i> extract significantly prolonged sleeping time and reduced induction time ($p<0.01$) dose-dependently; 400mg/kg showed greater sedative and pre-anaesthetic efficacy than diazepam. ^[33]
(Janbaz KH et al. 2015) Pharmacological basis for the medicinal use of <i>Viola odorata</i> in diarrhea, bronchial asthma and hypertension.	N= 5 (EC ₅₀ values from isolated trachea preparations)	<i>V. odorata</i> crude extract (Vo.Cr) vs verapamil on carbachol (1μM) and K ⁺ (80mM)-induced rabbit tracheal contractions	Vo.Cr relaxed tracheal contractions with EC ₅₀ = 0.54mg/ml (95% CI 0.30–0.96) and 0.68mg/ml (95% CI 0.37–1.24), comparable to verapamil, confirming Ca ²⁺ -channel blocking bronchodilatory activity. ^[34]

DISCUSSION

The findings of the present review study indicate that *Sharbat Banafsha*, a single-drug formulation derived from *Gule Banafsha* (*V. odorata* L.), has a promising therapeutic potential for the management of bronchial asthma. As discussed, airway inflammation is central to asthma pathogenesis, characterized by airway hyper-responsivity, mucus hypersecretion, and reversible airway obstruction. Airway inflammation is largely mediated by eosinophils, mast cells, and Th2 cytokines, whereas oxidative stress further aggravates airway remodeling. The phytochemical profile of *Viola* revealed many active chemical compounds, including flavonoids, alkaloids, saponins, glycosides, and phenolic compounds. Flavonoids from *Viola odorata* have been shown to inhibit the release of inflammatory mediators, including histamine, leukotrienes, and prostaglandins. This mechanism underlies the efficacy of these compounds in modulating inflammation and protecting against allergic and asthmatic reactions.^[27,29] Phenolics serve as potent antioxidants by scavenging reactive oxygen species, thereby protecting airway epithelial cells from oxidative stress and damage, a contributor to airway remodeling in asthma.^[28,30] Saponins exert mucolytic and expectorant actions, aiding in the clearance of bronchial secretions, a property recognized in both traditional and contemporary medical sources for respiratory

therapy.^[29,31] Together, these mechanisms may directly counteract airway inflammation and improve pulmonary function.

The referenced scientific evidence from both clinical trials and animal studies strongly supports the anti-asthmatic potential of *viola*. However, dose dependence and formulation variations are noted. Rabbani et al. (2022) reported a synergistic effect of *viola* in paediatric asthma when combined with two other herbs.^[32] Monadi and Rezaie (2013) identified the sedative and pre anesthetic effects of *viola* in rats, supporting CNS activity, which may contribute to symptomatic relief (e.g., calming cough reflex, reducing anxiety in asthma).^[33] Janbaz HK et al. (2015) investigated that it has exerted its bronchodilator and antispasmodic effect on isolated carbachol and K⁺ induced contracted rabbit tracheal preparation.^[34]

In Unani medicine, asthma may arise from imbalances in various dominant humors. It is most commonly attributed to an excess of phlegmatic humor (*Khilṭ-e-Balgham*), which obstructs the small airways. The prescribed medicine has two main functions. As a Concoctive (*Mundij*) due to its property of subtlety (*Latafat*), it softens and prepares the morbid phlegm for expulsion. As an expectorant (*Munaffith al-Balgham*), it facilitates the elimination of mucus through the respiratory tract. The temperament of *V. odorata* is described as cold and moist, which serves to

calm hyperactive airway smooth muscle and induce mild sedation. This can alleviate symptoms such as dyspnea and wheezing during asthma exacerbations by reducing nervous irritability and airway spasm, aligning well with its sedative and bronchodilator activities as observed in pharmacological studies. Simultaneously, by functioning as a laxative (*Mulayyin*), it facilitates intestinal clearance and promotes the excretion of excess *Balgham*. Contemporary evidence corroborates the traditional claims discussed in earlier sections. These findings indicate that the pharmacological effects of *V. odorata*, being the main ingredient in *Sharbat Banafsha*, are consistent with its traditional applications in Unani medicine.

CONCLUSION

The literature suggests that *Sharbat Banafsha* itself exhibits therapeutic properties in asthma. *Viola* is the key component of *Sharbat Banafsha*, which may alleviate asthma symptoms and could serve as an alternative or adjunctive therapy. Nevertheless, this research is constrained by its dependence on literature-based searches, the absence of formulation standardization, large randomized controlled trials (RCTs), the predominance of preclinical and paediatric clinical trials, and inconsistencies in formulation preparation. In the modern era, with emerging antimicrobial resistance as a critical global health challenge, traditional medicine, such as AYUSH, particularly the Unani medicine approach, may offer valuable complementary alternatives for strengthening public health.

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