ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Review Article

# *SWASAHARA MAHAKASHAYA* - A COMPREHENSIVE REVIEW OF ITS PHARMACOLOGICAL AND THERAPEUTIC POTENTIAL

**Anchu Thomas[1]*, Raghi R G[2]**

*[1]PG Scholar, [2]Assistant Professor, Department of Dravyaguna Vigyana, Government Ayurveda College, Thiruvananthapuram, Kerala, India, India.

**Article info**

**Article History:**
Received: 11-09-2026
Accepted: 18-10-2026
Published: 17-11-2026

**KEYWORDS:**
*Swasa, Swasahara Mahakashaya, Dipana, Pachana, Agni.*

## ABSTRACT

*Swasa* is an important respiratory disorder in Ayurveda, associated with the disturbance of *Vata* and *Kapha Doṣas* and dysfunction of *Pranavaha srotas.* Impaired *Agni, Ama* accumulation, and *Kapha*-induced obstruction are considered important factors contributing to its pathogenesis. Classical Ayurvedic literature describes *Swasahara Mahakashaya* as a group of ten medicinal plants indicated for managing *Swasa*. The present review aims to explore its classical references, constituent drugs, Ayurvedic pharmacodynamic properties, reported pharmacological activities, and possible mechanisms of action in respiratory disorders. Relevant Ayurvedic texts and available scientific literature are considered to understand the therapeutic relevance of this formulation. The constituent herbs exhibit diverse properties, including *Katu, Tikta*, and *Kashaya Rasa*, along with *Laghu, Ruksha*, and *Tikshna Guṇa* and, in several constituents, *Ushna Virya*. These attributes may contribute to *Kapha* regulation, *Ama* digestion, *Agni* stimulation, and the maintenance of respiratory channel function. Contemporary experimental studies on individual constituent plants have reported activities such as anti-inflammatory, antioxidant, antimicrobial, antitussive, bronchodilatory, and immunomodulatory effects. Such findings offer a scientific basis for further investigating the traditional applications of *Swasahara Mahakashaya*, although direct evidence for the combined formulation remains limited. This review provides an integrated understanding of its traditional principles and emerging pharmacological evidence, identifies gaps in current research, and highlights priorities for future investigation. Standardized experimental studies and well-designed clinical trials are necessary to establish its efficacy, safety, and clinical applicability in respiratory conditions.

## INTRODUCTION

Respiratory disorders constitute an important group of diseases affecting the normal functioning of the respiratory system and may present with symptoms such as dyspnoea, cough, wheezing, chest discomfort and difficulty in breathing.[1] In Ayurveda, disorders characterized predominantly by difficulty in respiration are described under the broad concept of *Swasa Roga*, which is primarily associated with the involvement of *Praṇavaha Srotas* and derangement of *Vata* and *Kapha Dosas*.[2]

Access this article online

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https://doi.org/10.47070/ijapr.v14i10.4348

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The pathogenesis involves obstruction of the respiratory channels by aggravated *Kapha*, together with impairment of the normal movement of *Vata*, resulting in difficulty in respiration. *Acharya Charaka* has described *Swasahara Mahakasaya* among the groups of ten medicinal drugs possessing specific therapeutic activity against *Swasa*. It comprises *Sati, Puskaramula, Amlavetasa, Ela, Hingu, Agaru, Surasa, Tamalaki, Jivanti* and *Canda*. [3] These drugs represent a distinctive Ayurvedic approach in which multiple medicinal plants with complementary pharmaco-dynamic properties are grouped according to their therapeutic action. The constituent drugs predominantly exhibit properties such as *Katu, Tikta* and *Kashaya Rasa; Laghu, Ruksha* and *Tikshana Guna* and predominantly *Ushna Virya* with *Vatha-Kaphahara* and *Swasa-Kasahara* actions. These properties are

theoretically appropriate for counteracting *Kapha*-induced obstruction and regulating the abnormal movement of *Vata* in the *Pranavaha Srotas.* From a contemporary pharmacological perspective, several drugs of *Swasahara Mahakashaya* have been investigated for activities including anti-inflammatory, bronchodilatory, antiallergic, antihistaminic, antioxidant, antimicrobial and antiasthmatic effects. Such findings provide a possible pharmacological basis for their traditional use in respiratory disorders. Therefore, a comprehensive evaluation of *Swasahara Mahakashaya* integrating classical Ayurvedic pharmacodynamics, phytochemical constituents, experimentally reported pharmacological activities and therapeutic relevance may help establish its potential as a multi-targeted approach in respiratory disorders. The present review aims to critically analyse these aspects and identify areas requiring further experimental and clinical validation.

## METHODOLOGY

The present work was designed as a narrative comprehensive review of *Swasahara Mahakashaya* based on classical Ayurvedic literature and contemporary scientific evidence. *Mahakashaya***,** with emphasis on its Ayurvedic pharmacodynamic properties, phytoconstituents, pharmacological activities and therapeutic potential in respiratory disorders. Relevant information was collected from classical Ayurvedic texts, Nighaṇṭus, authoritative commentaries, pharmacopoeias, research articles, review articles and available electronic databases.

**Table 1: Sanskrit and Botanical Names of the Ingredients of *Swasahara Mahakashaya*[3]**

| S.No. | Sanskrit name | Botanical name | Family | Part used |
|---|---|---|---|---|
| 1 | *Sati* | *Hedychium spicatum* Ham. ex Sm. | Zingiberaceae | Rhizome |
| 2 | *Puskaramula* | *Inula racemosa* Hook. f. | Asteraceae | Root |
| 3 | *Amlavetasa* | *Garcinia pedunculata* Roxb. | Clusiaceae | Fruit |
| 4 | *Ela* | *Elettaria cardamomum* (L.) Maton | Zingiberaceae | Seed |
| 5 | *Hingu* | *Ferula foetida* (Bunge) Regel / Ferula spp. | Apiaceae | Oleogum-resin |
| 6 | *Agaru* | *Aquilaria agallocha* Roxb. | Thymelaeaceae | Heartwood |
| 7 | *Surasa* | *Ocimum tenuiflorum* L. | Lamiaceae | Whole plant |
| 8 | *Tamalaki* | *Phyllanthus amarus* Schumach. & Thonn. | Phyllanthaceae | Whole plant |
| 9 | *Jivanti* | *Leptadenia reticulata* (Retz.) Wight & Arn. | Apocynaceae | Root |
| 10 | *Canda* | *Angelica glauca* Edgew. | Apiaceae | Root |

**Table 2: *Rasapancaka* of the Drugs of *Swasahara Mahakashaya*[4]**

| Drug | *Rasa* | *Guṇa* | *Virya* | *Vipaka* | *Doṣakarma* |
|---|---|---|---|---|---|
| *Sati* | *Katu, Tikta, Kasaya* | *Laghu, Tiksna* | *Usna* | *Katu* | *Kapha Vatahara* |
| *Puskaramula* | *Katu, Tikta* | *Laghu* | *Usna* | *Katu* | *Kapha Vatahara* |
| *Amlavetasa* | *Amla* | *Laghu, Ruksa* | *Usna* | *Amla* | *Kapha Vatahara* |
| *Ela* | *Madhura, Katu* | *Laghu* | *Sita* | *Madhura* | *Kapha Vatahara* |
| *Hingu* | *Katu* | *Tiksna* | *Usna* | *Katu* | *Vata Kaphahara* |
| *Agaru* | *Katu, Tikta* | *Laghu, Snigdha, Tīksna* | *Usna* | *Katu* | *Kapha Vatahara* |
| *Surasa* | *Katu, Tikta, Kashaya* | *Laghu, Ruksa* | *Usna* | *Katu* | *Vata Kaphahara* |
| *Tamalaki* | *Madhura, Tikta, Kashaya* | *Laghu, Ruksa* | *Sita* | *Madhura* | *Pitta-Kaphahara* |
| *Jivanti* | *Madhura, Kashaya* | *Laghu, Snigdha* | *Sita* | *Madhura* | *Tridoṣahara* |
| *Canda* | *Katu* | *Laghu, Tīksna* | *Usna* | *Katu* | *KaphaVatahara* |

**Table 3: Classical Utility of Individual Drugs[4]**

| Drug | Classical utility / Ayurvedic *Karma* | Classical relevance to *Swasa* |
|---|---|---|
| *Sati* | *Dipana, Kapha-Vatasamaka* | *Swasa, Kasa, Sotha* |
| *Puskaramula* | *Kapha-Vatasamaka, Sothahara* | *Swasa, Kasa, Parsvasula* |
| *Amlavetasa* | *Dipana, Pachana, Hṛdya, Vatanulomana* | *Hikka, Swasa, Kasa, Hṛdroga* |
| *Ela* | *Dipana, Hṛdya, Kapha-Vatasamaka* | *Swasa, Kasa* |

| | | |
|---|---|---|
| *Hingu* | *Dipana, Pachana, Vatanulomana* | *Vata-Kapha* disorders*, Anaha, Gulma* |
| *Agaru* | *Kapha-Vatasmaka, Tvacya, Srotovisodhaka* | *Kasa, Swasa* |
| *Surasa* | *Dipana, Hṛdya, Srotovisodhaka* | *Swasa, Kasa, Parsvasula* |
| *Tamalaki* | *Rucya, Kapha-Pittaśamaka, Srotovisodhaka* | *Kasa, Ksata-Swasa* |
| *Jivanti* | *Rasayana, Balya* | *Swasa, Kasa, Ksaya* and debility |
| *Canda* | *Kapha-Vatasamaka* | Traditionally included as a *Swasahara* drug |

**Table 4: Phytoconstituents and Pharmacological Actions**

| **Drug** | **Important reported phytoconstituents** | **Pharmacological actions relevant to respiratory disorders** |
|---|---|---|
| *Sati* | 1,8-Cineole, terpenoids, volatile oils | Anti-inflammatory, antioxidant, antimicrobial, bronchodilatory potential |
| *Puskaramula* | Alantolactone, isoalantolactone, sesquiterpene lactones | Bronchodilatory, anti-inflammatory, antiasthmatic, antioxidant |
| *Amlavetasa* | Hydroxycitric acid, polyphenols, xanthones | Antioxidant, anti-inflammatory, antimicrobial. |
| *Ela* | 1,8-Cineole, α-terpinyl acetate, limonene | Anti-inflammatory, antioxidant, antimicrobial, bronchodilatory potential |
| *Hingu* | Ferulic acid, umbelliferone, sesquiterpenes, sulfur compounds | Anti-inflammatory, antispasmodic, antioxidant, bronchodilatory potential |
| *Agaru* | Sesquiterpenes, chromones, volatile constituents | Antihistaminic, anti-inflammatory, antioxidant, antimicrobial |
| *Surasa* | Eugenol, rosmarinic acid, ursolic acid, flavonoids | Anti-inflammatory, antioxidant, antimicrobial, antiallergic, mast-cell stabilizing |
| *Tamalaki* | Phyllanthin, hypophyllanthin, lignans, flavonoids | Antioxidant, anti-inflammatory, antiallergic, antimicrobial |
| *Jivanti* | Flavonoids, phenolics, β-sitosterol, glycosides | Antiasthmatic, antioxidant, anti-inflammatory, immunomodulatory |
| *Canda* | Essential oils, coumarins, terpenoids | Antiasthmatic, anti-inflammatory, antioxidant, antispasmodic |

## DISCUSSION

*Swasahara Mahakashya* is one of the fifty *Mahakashya* groups described by *Acharya Charaka,* comprising ten drugs specifically indicated for the management of *Swasa*. [5] The present review integrates the classical Ayurvedic attributes of the ten drugs with their reported phytoconstituents, pharmacological activities and available experimental evidence.

From the Ayurvedic perspective, *Swasa* is described as *Pranahara Roga* by *Charakacharya* and it arises from the vitiation of *Vata* and *Kapha*. *Swasa* is considered primarily *Amasaya-samutthana*, meaning its origin is associated with the *Amasaya* (stomach). The blockage in the channels of *Prana, Udaka*, and *Annavaha*, due to an excess of *Kapha*, disrupts the normal flow of Vayu, leading to *Vayu pratilomagati*, which is the key pathology of *Swasa*. Treatment involves the use of *Kapha-vata* alleviating drugs and therapy, *Ushna dravyas*, *Vatanulomana dravyas* and karma. The severity of disease explains the need for a separate grouping of drugs which are specifically used for treatment of *Swasa Roga*.

The predominance of *Katu, Tikta* and *Kashaya rasa*; *Laghu, Ruksa* and *Tiksna guṇa*; *Ushna virya* and *Katu vipaka* among several drugs of the group is consistent with this therapeutic requirement. Thus, the drugs collectively address not only respiratory manifestations but also associated *Agni* impairment, *Ama* formation and *Vata-pratiloma*. Several constituent drugs have reported bronchodilator, anti-inflammatory, antihistaminic, antiallergic, mast-cell stabilizing, analgesic and antimicrobial activities. So these ten drugs are considered most suitable for the management of *Swasa.*

*Sati Puskaramula, Hingu* and *Ela* are particularly relevant because of their reported bronchodilatory and anti-inflammatory activities.[6] *Surasa* (*Ocimum sanctum*) has been reported to influence mast-cell stabilization, IgE-mediated responses and inflammatory mediator release, while

*Agaru* (*Aquilaria agallocha*) has demonstrated inhibition of immediate hypersensitivity reactions through suppression of histamine release.[7] *Pushkaramula* has also been associated with mast-cell stabilizing activity. Similarly, the reported activity of *Tamalaki (Phyllanthus niruri)* provides another possible pharmacological dimension. Hypophyllanthin has been reported to possess antiallergic activity through interference with H1-receptor-mediated responses.[8] These findings suggest that the therapeutic action of the group may not be attributable to a single mechanism but rather to multitarget modulation of airway inflammation, hypersensitivity and bronchoconstriction**.** The inclusion of *Jivanti* is particularly significant because, unlike many strongly *Usna* and *Ruksa* drugs in the group, it contributes a nourishing and *Rasayana* dimension. [9] This may help counterbalance excessive dryness and support tissue strength during chronic or recurrent respiratory disease. Experimental evidence presented in the review also reports anti-asthmatic activity of *Leptadenia reticulata*, including inhibition of histamine- and acetylcholine-induced smooth-muscle contraction and mast-cell degranulation in experimental models.[10] The evidence relating to Chanda also supports the broader pharmacological potential of the group. An experimental study of aqueous *Angelica archangelica* extract in an ovalbumin-induced asthma model reported improvement in inflammatory and cytokine-related parameters, including IL-4/IL-13-associated responses.[11] The presence of diverse phyto-constituents such as volatile oils, terpenoids, phenolics, flavonoids, tannins, alkaloids, sterols and other bioactive compounds across the constituent plants provides a plausible chemical basis for the observed pharmacological activities.[12]

A considerable proportion of the evidence is derived from in-vitro and animal studies**,** while direct clinical evidence for the complete ten-drug combination is limited.[13] *Mahaswasa, Urdhvaswasa* and *Chinnaswasa* are considered severe forms of *Swasa* and have a poor prognosis. Therefore, these ten drugs should not be considered as a treatment for all five types of *Swasa*. They are more commonly discussed in the management of conditions such as *Tamaka Swasa* and *Ksudra Swasa*, depending on the *Doṣa* and severity. Using these drugs not only making *Kashayam yoga* but also making *Thalam, Dhoopana* (*Agruadi), Churna* etc.

## CONCLUSION

*Swasahara Mahakashya* represents a rational and multidimensional Ayurvedic drug group for the management of *Swasa*. Its predominant *Kapha-Vata-hara* properties, along with *Dipana, Pacana, Srotovisodhana, Vatanulomana* and *Rasayana* actions, provide a sound basis for its traditional therapeutic application. Available pharmacological studies suggest that several constituent drugs possess bronchodilator, anti-inflammatory, antihistaminic and antiallergic activities, supporting their potential respiratory benefits. However, evidence for the complete *Mahakaṣhaya* remains limited and is largely preclinical. Further standardized pharmacological studies, safety evaluation and well-designed clinical trials are required to validate its therapeutic efficacy and establish its clinical relevance.

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**Cite this article as:**
Anchu Thomas, Raghi R G. Swasahara Mahakashaya - A Comprehensive Review of its Pharmacological and Therapeutic Potential. International Journal of Ayurveda and Pharma Research. 2026;14(10):189-193.
https://doi.org/10.47070/ijapr.v14i10.4348
***Source of support: Nil, Conflict of interest: None Declared***

***Address for correspondence**
**Dr. Anchu Thomas**
PG Scholar,
Department of Dravyaguna Vigyana,
Government Ayurveda College,
Thiruvananthapuram, Kerala, India.
Email: anchuthomas9400@gmail.com

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