



A Literary Analysis of the Traditional Ayurvedic Remedy "Vasa Avaleha"

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Abstract

Numerous herbal, mineral, and herbo-mineral compositions for the treatment and prevention of disease have been made available by Ayurveda, the oldest medical system in our nation. Vasaavaleha is a well-known Ayurvedic formula that has been used in various systems to manage diseases like cough, epistaxis/hemoptysis, Swasa (respiratory disorder), Rajyakshma (pulmonary tuberculosis), and others while also preventing some illnesses through its rasayan properties (rejuvenating action). By strengthening and cleansing channels like the circulatory system, hematopoietic system, and respiratory tract, the aforementioned medication has also been employed to prevent the pathogenic pathway. The preparation of this article involved a thorough examination of numerous classical texts from the time period, including the Charak Samhita (c. 2500–c. 1000 BC), the Susruta Samhita (c. 500 BC), and some Nighantus (text related to Ayurvedic pharmaceuticals). The information and data that have been made public here have been provided carefully to support the assertions made in our ancient texts about the usefulness of this common medicine.

Keywords: Vasaavaleha, pranavaha srota, and guna karma of vasaavaleha

Introduction

Ayurveda places more emphasis on illness prevention than illness treatment. Each disease has a unique aetiology, or "cause," known as "kha vaigunya," which is strongly tied to the idea of malformations or anomalies in the tiny pores or channels of the body. Free radicals, oxidants, and waste products are regularly accumulated or transported through various channels in the body's live cells as a result of the metabolic activities and other physiological duties they carry out throughout their lifetime. Maintaining the Dosa samya (equilibrium of the humours, i.e., vayu, pitta, and kapha), Dhatu samya (maintenance of normalcy in the proportion of tissue, such as rasa, rakta, mamsa, meda, asthi, majja, and sukra), and Agni samya is important according to Ayurveda (maintenance of normalcy in digestive fire or metabolic fire or enzymatic action in tissue level or cellular level as well). Most respiratory tract diseases, such as Swasa (COPD and other respiratory problems), Kasa (vigorous respiratory reflex), Rajyakshma (pulmonary tuberculosis), etc., are brought on by the narrowing of the respiratory passage, deposition of excess mucosal substance in the airway by allergens, or by infections. All Ayurvedic formulations for the respiratory system have as their goals and objectives the clearing of channels (srota sodhan), the reduction of excess mucosal secretion or stagnation, the stimulation of the respiratory organs, the prevention of respiratory infections, the resolution of inflammatory conditions/processes, and the sedation of respiratory muscles. Vasa (Adhatoda vasica)

Nees, Sarkara (sugar), and Pippali (Piper longum) Linn are the main components of the traditional product vasa avaleha. Guna-laghu, tikshna, and Sara; Virya-sita and dosik acts are pitta and kaphahara. This vasa was made more potent when combined with other substances, and the finished product as a whole exhibits the ability to inhibit the mechanisms that cause disease. The pharmacodynamics of vasa avaleha can work on liquefaction of sticky mucous and expectoration, ceasing of excess mucous production due to allergens, irritants, or infections, maintaining well-functioning ciliary action inside the trachea and bronchus, maintaining the calibre of the respiratory tube by resisting the narrowing respiratory passage, and enhancing systemic immunity as well as total body immunity of the patients. According to the literature, the product's therapeutic effects are highly important, and the claims of our classics are supported in the field of clinical medicine. Additionally, it is said that our country's Ayurvedic doctors routinely use this medication to cure respiratory issues, and our forefathers were able to effectively use it to treat challenging conditions including COPD, pleurisy, pulmonary tuberculosis, etc.

Materials and Methods

In the current study, ancient Ayurvedic treatises from various eras, including the Charak Samhita (2500 BC/1000 BC), Susruta Samhita (500 BC), Nighantus (Ayurvedic pharmacopeial literature of the mediaeval period),

Bhavprakash (1600 AD), and Bhaisajya Ratnavali (1900 AD), have been thoroughly evaluated.

Ancient documents and journals have been thoroughly reviewed, chronologically organised, and provided here in table and chart form. The conclusion was reached after a rational and systematic discussion.

Preparation of Vasa Avaleha: Vasa avaleha is made in accordance with the instructions in the avaleha kalpana, which calls for all the components to be consumed in the ratios of (vasa: sarkara: pippali: ghrita: madhu-8:4:1:1:4), accordingly. Vasa swarasa is combined with powdered sugar candies and heated over a low flame (mandagni). When it achieves a semi-solid state (the right paka state), pippali churna, ghrita, and madhu are added and thoroughly mixed. This is recognised as vasa avaleha.

Dose: 5 to 10 grammes twice daily for adults

Ages 11 to 15: 3 to 6 grammes twice day

Ages 6 to 10: 1.5 to 3 grammes twice daily

500 mg to 1 gm twice daily for children under 5 years.

Anupana: Luke warm milk or Luke warm water

Results & Observation

Table 1: Lists Vasa avaleha's therapeutic uses according to the ancient Ayurvedic texts.

Therapeutic Indication	
Bhaisajya Ratnavali (Rajyakshma and kasa roga adhikar) ¹	Rajyakshma (pulmonary tuberculosis), Kasa (cold, cough), Swasa (asthama, respiratory distress), Parshva soola (pain on the sides of abdomen), Hrit sula (cardiac pain), Raktapitta (bleeding disorder like nasal bleeding, haemoptysis, ulcerative colitis, menorrhagia), Jwara (fever).

Discussion

All of the traditional Ayurvedic formulas are tried-and-true medicines that have been utilised effectively by our ayurvedic doctors since antiquity. Avaleha is a concoction that is typically consumed via licking. Vasa avaleha refers to a medication that is mostly composed of vasa and that takes the form of a thick, semi-solid substance that one can lick. Vasa, sarkara, pippali, madhu, and ghrita are the components of vasa avaleha. Vasa swarasa mix is combined with powdered sugar candy and heated over a low flame. Once it has thickened and reached a semi-solid state, pippali churna and ghrita are added and thoroughly mixed. Madhu is then evenly mixed after self-cooling. According to a literature review, vasa avaleha is effective in treating conditions like pulmonary tuberculosis, pleurisy, COPD, bronchitis, cough, heart illness, epistaxis, and hemoptysis, among others. Vasa is recognised for its pitta-kapha samak agent, which implies that it has the ability to suppress inflammation and mucosal secretion when usna guna is added (hot property through paka). Additionally, it could function to chill down or usna vayu. In addition to being a potent pitta samak and vata nasak agent, sarkara (sugar candy) and ghrita both have anti-spasmodic and pitta samak effects. Along with its agni deepan and lekhan (expectorant) qualities, pippali has mucolytic activity. Madhu is both a tridosha and a pitta kapha hara. The majority of the substances have pitta-kapha hara qualities, which unmistakably point to their potential for pranavaha srota to have anti-inflammatory and anti-secretory effects (respiratory tract). Be brimhaniya (nutritive) agents, pippali, madhu, sarkara, and ghee can also be referred to as rasayana (rejuvenative or immuno-modulator). The diseases sosa/rajyakshma and parvasoola (pleurisy), where anuloma

and pratiloma kshyay are more obvious, are strongly related to emaciation of the body. Vayu is aggravated by this kshyay (degeneration), which causes respiratory spasm. The respiratory discomfort in COPD is brought on by kapha, which creates avarodha (obstruction) in the prana vayu and udana vayu pathways. By its sukshma (subtle), usna (hot), and tikshna (penearting) qualities, pippali disintegrates and liquefies the stagnated or sticky cough in this illness and aids in clearing the respiratory system of excess kapha. The primary components of vasa have tikta, kasaya, and katu rasa, which might raise avakasha (expansion of space of channels means lung alveoli, bronchus, bronchioles etc.). Actions like srota sodhana, lekhan, deepana, pachana, sarana, rasayana, and brimhana are all part of the preparation as a whole. Vasa avaleha is currently widely used by patients in this field because the illnesses that have been mentioned previously are chronic and difficult in nature, and nowadays many individuals are suffering from such problems. The recommended dosage for adults is 5 to 10 grammes twice daily, and it may be gradually reduced for younger age groups when taken with lukewarm milk or water.

Conclusion

It is clear from the discussion above that there are enough references in favour of vasa avaleha, a special Ayurvedic preparation that is frequently used to treat adult patients with COPD, pulmonary tuberculosis, pleurisy, bronchitis, haemoptysis, epistaxis, etc. at a dose of 5 to 10 grammes twice daily. By demulsifying the stagnant kapha, it keeps the respiratory passages clear while boosting the patient's systemic and overall immunity.

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