



Review Article

A REVIEW OF SWASAHARA EFFECT OF ASWAGANDHA (WITHANIA SOMNIFERA) KSHARA

Shashikant B. Nidagundi¹, Geethu Krishnan S^{2*}

¹Professor, ²Assistant Professor, Department of Dravyaguna Vijnana, Shri Veer Pulikeshi Rural Ayurvedic College, Hospital & Research Centre, Badami, Karnataka, India.

Article info

Article History:

Received: 13-06-2026

Accepted: 18-07-2026

Published: 10-09-2026

KEYWORDS:

Ashwagandha,
Withania somnifera,
Kshara, Swasahara.

ABSTRACT

Ashwagandha (Withania somnifera) is a renowned medicinal plant in Ayurveda, traditionally used for its *Rasayana* and *Balya* properties. Asthma, a chronic inflammatory airway disorder that can be correlated with *Swasa Roga*, is increasingly prevalent due to environmental factors such as air pollution, highlighting the need for effective preventive and therapeutic strategies. *Ashwagandha* has been reported to possess anti-inflammatory, antioxidant, broncho dilatory, immunomodulatory, and adaptogenic activities, supporting its potential role in respiratory disorders. *Kshara* is a potent Ayurvedic dosage form; however, the therapeutic potential of *Ashwagandha Kshara* as a *Swasahara* formulation has received limited scientific attention. This review evaluates the available Ayurvedic and scientific literature on the *Swasahara* effect of *Ashwagandha Kshara*. The findings suggest that the pharmacological activities of *Ashwagandha*, together with the *Tikshna*, *Ushna*, and *Kapha-Vata Shamaka* properties of *Kshara*, may help relieve *Kapha* obstruction, improve *Pranavaha Srotas* function, and alleviate the symptoms of *Swasa*. Despite its promising therapeutic potential, direct evidence on the efficacy of *Ashwagandha Kshara* in respiratory disorders remains scarce. Further experimental and clinical studies are required to validate its safety, efficacy, and mechanism of action.

INTRODUCTION

Asthma is a prevalent chronic airway disorder characterised by variable and recurring symptoms, airflow obstruction, bronchial hyperresponsiveness, and persistent underlying inflammation. Globally, it claims approximately 250,000 lives annually and accounts for 1.1% of disability-adjusted life years (DALYs), underscoring its significant burden on public health. When poorly controlled, asthma impairs daily activities and imposes substantial physical and socioeconomic burdens and healthcare costs. Several studies report especially high prevalence in low- and middle-income countries.^[1]

The rising prevalence of respiratory disorders, driven by environmental pollution, allergen exposure, occupational hazards, and shifting lifestyle patterns,

has emerged as a pressing global health concern. Although modern therapeutic agents such as bronchodilators and corticosteroids remain the cornerstone of treatment, long-term management is frequently complicated by adverse effects, disease recurrence, and incomplete symptomatic relief. Consequently, there is growing scientific interest in exploring traditional herbal medicines as complementary or alternative therapeutic options, owing to their favourable safety profiles and holistic healing potential.

In Ayurveda, respiratory disorders resembling bronchial asthma are described under the concept of *Shwasa Roga*. Among its varieties, *Tamaka Shwasa* closely correlates with bronchial asthma based on symptomatology such as difficulty in breathing, wheezing, cough, and aggravation during cold exposure. Ayurveda explains the pathogenesis of *Shwasa* as predominantly involving vitiation of *Vata* and *Kapha Dosha*, leading to obstruction of respiratory channels (*Pranavaha Srotas*). Management principles include *Kapha-Vata shamana*, *Srotoshodhana*, and

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdharma.v13i4.2868>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

improvement of respiratory function through appropriate herbal and mineral formulations.^[2]

Ashwagandha (*Withania somnifera*), a highly revered medicinal plant in the Ayurvedic pharmacopoeia, is traditionally acclaimed for its multifaceted therapeutic properties, including *Rasayana* (rejuvenative), anti-inflammatory, adaptogenic, and immunomodulatory actions. According to Ayurvedic material medica, it is characterised by *Katu-Tikta Rasa* (pungent-bitter taste), *Laghu-Snigdha Guna* (light and unctuous qualities), *Ushna Veerya* (hot potency), and *Madhura Vipaka* (sweet post-digestive effect), attributes that collectively aid in pacifying the aggravated *Vata* and *Kapha* *Dosha*. Extensive pharmacological investigations have further substantiated these traditional claims, demonstrating that *Withania somnifera* exhibits significant anti-inflammatory, antioxidant, broncho dilatory, and immunomodulatory activities, thereby supporting its promising therapeutic role in the management of respiratory disorders.^[3]

Kshara preparations occupy a distinctive and irreplaceable position in Ayurvedic pharmaceuticals, owing to their potent therapeutic action, superior bioavailability, and enhanced tissue absorption. The inherent alkaline nature of *Kshara* is believed to facilitate *Srotoshodhana* (purification and clearance of obstructed channels) and promote the liquefaction of accumulated *Kapha*, thereby restoring airway patency and optimising respiratory function. In this context, the preparation of *Ashwagandha Kshara* is anticipated to significantly augment the therapeutic efficacy of the parent drug by concentrating its bioactive principles, enhancing solubility, and improving targeted action on obstructed *Pranavaha Srotas*.^[4]

Although *Withania somnifera* (*Ashwagandha*) has been extensively investigated for its adaptogenic, immunomodulatory, and anti-inflammatory properties, evidence specifically addressing the *Swasahara* (anti-asthmatic/respiratory-relieving) effects of *Ashwagandha Kshara* is limited. Therefore, the present review endeavours to critically appraise classical Ayurvedic references, experimental pharmacological studies, and contemporary scientific evidence pertaining to the potential *Swasahara* activity of *Ashwagandha Kshara*. It is anticipated that this review will not only elucidate the therapeutic significance of this preparation but also establish a sound scientific rationale for its clinical application in the management of chronic respiratory disorders, with particular reference to bronchial asthma.

MATERIALS AND METHODS

Swasa roga in Ayurveda

Swasa roga is defined as a disease of *Pranavaha srotas*, wherein aggravated *Vata*, prompted by various aetiological factors, enters the weakened *Pranavaha srotas* and dislodges *Avalambhaka Kapha* from its natural site, subsequently leading to constriction of the bronchioles owing to its rough and dry nature. Concurrently, the formation of *Ama* within the intestines, in association with the slimy and sticky nature of *Avalambhaka Kapha*, causes *Sroto dusti* in both *Pranavaha* and *Udakavaha srotas*, ultimately culminating in the manifestation of *Swasa roga*. According to Ayurveda, *Swasa roga* is classified into five types, namely *Maha Swasa*, *Urdhwa Swasa*, *Chinna Swasa*, *Tamaka Swasa*, and *Kshudra Swasa*.^[5]

Maha Swasa

Due to the obstruction of *Prana Vata srotas*, *Vata* moves forcibly in an upward direction, manifesting as deep and laboured breathing accompanied by discomfort and a sound resembling that of an intoxicated bull. The condition is further characterised by loss of all cognitive faculties, rolling of the eyes, distortion of the face, retention of urine and stool, feeble voice, and an anxious expression. In severe cases, the patient may ultimately lapse into a state of unconsciousness.

Urdhwa Swasa

In *Urdhwa Swasa*, the patient experiences considerable difficulty in breathing, with the air passages becoming obstructed by an accumulation of mucus, accompanied by pain in the chest and dryness of the mouth. The patient gradually becomes restless and is prone to frequent episodes of fainting, eventually lapsing into a state of unconsciousness, which ultimately culminates in death.

Chinna Swasa

Chinna Swasa, caused by obstruction of the channels carrying *Pranavata*, is characterized by intermittent, absent, or painful respiration. It presents with pain in vital organs, burning sensation in the pelvic region, eye rolling, unilateral eye redness, abnormal complexion, excessive perspiration, dry mouth, and delirium.

Tamaka Swasa

When obstructed in the *Pranavaha Srotas*, *Vata* moves in a reverse direction, spreads throughout the respiratory channels, and aggravates *Kapha* in the throat and head. This manifests as a wheezing sound, a sensation of darkness before the eyes, thirst, vomiting, and aversion to food. Due to the difficulty in catching breath, the patient is unable to sleep and finds comfort in warm substances. The condition is further characterised by wide opening of the eyes,

perspiration on the forehead, restlessness, and dryness of the mouth.

Kshudra Swasa

Kshudra Swasa manifests due to the mild aggravation of *Vata* in the *Koshta* and, unlike the other forms of *Swasa*, does not produce significant discomfort or pain in the sense organs. It is considered the mildest among the five types of *Swasa roga* and is regarded as curable.^[2]

Aswagandha drug review

Ashwagandha (*Withania somnifera* (L.) Dunal), a member of the Solanaceae family, has been used for medicinal purposes for over 3,000 years. In Ayurveda, it is employed to treat various conditions, including fever, pain, gout, infections, asthma, cough, and neurological disorders.^[3] *Ashwagandha* is an evergreen, xerophytic, perennial shrub growing approximately 2m tall and 1m wide, with tomentose branches covered in short, fine, silver-grey hairs extending radially from brownish, prostrate to erect stems. Leaves are alternate (opposite on flowering shoots), nearly glabrous and green above, densely hairy beneath, with dull, simple, elliptic blades. Small, green, bell-shaped flowers (01-07 per node) are inconspicuous and bisexual. The 05-lobed calyx measures 05mm initially, enlarging to 20mm in fruit where it becomes spherical or urn-shaped, membranous, and 05-10 ribbed. The narrowly campanulate, 05-lobed corolla is 05-08mm long and light yellow to yellow-green, with 05 exerted, yellow-orange stamens. Fruits are glabrous, spherical berries (05-08mm diameter) enclosed in inflated, persistent calyxes, turning orange-red to red when ripe, containing numerous pale brown, kidney-shaped, compressed seeds with rough, reticulated surfaces. Roots are stout and fleshy with fibrous secondary branches, possessing a strong odour and bitter, acrid taste.^[6]

Haya Gandha, *Vaji Gandha*, *Varaha karni*, *Varada*, *Balada*, *Kushta gandhini* etc are the synonyms of *Aswagandha*. *Ashwagandha* possesses multiple therapeutic properties in Ayurveda, including *Balya* (strengthening), *Kanthivardhaka* (complexion-enhancing), *Rasayana* (rejuvenative), *Kasahara* (anti-tussive), *Shwasahara* (anti-asthmatic), *Shophahara* (anti-inflammatory), *Vishaghna* (antitoxic), *Kandughna* (anti-pruritic), *Shukrala* (aphrodisiac), *Krimighna* (anthelmintic), and *Vranahara* (wound-healing).^[7]

Properties and Actions of Aswagandha

Table 1: Properties and Actions of Aswagandha

<i>Rasa</i>	<i>Tikta, Kashaya</i>
<i>Guna</i>	<i>Laghu</i>
<i>Virya</i>	<i>Ushna</i>
<i>Vipaka</i>	<i>Madhura</i>
<i>Karma</i>	<i>Rasayana, Vatakaphaha, Balya, Vajikarana</i>

Phytochemicals present in Aswagandha Root & Pharmacological actions

The major phytochemicals present in *Ashwagandha* root include Withaferin A, Withanone, Withastramonolide, 27-hydroxywithanone, Physagulin, and Withanolide A, 16b-Acetoxy-6,7a-epoxy-5a-hydroxy-1-oxowitha-2,17(20),24-trienolide 5,7a-Epoxy-6a,20a-dihydroxy-1-oxowitha-2,24-dienolide.^[6]

Clinical studies have demonstrated that *Ashwagandha* (*Withania somnifera*) is an effective stress reliever, promotes cardiovascular function and cardiorespiratory endurance, increases resistance to fatigue, improves memory and cognition, enhances stamina, strength, and muscle recovery, supports sexual function in both men and women, aids in body weight management, and acts as an antiaging agent. Moreover, *ashwagandha* enhances telomerase activity in HeLa cell lines, establishing the antiaging effects of its bioactive components. The use of *ashwagandha* root extract has been found to be safe, well-tolerated, and free from adverse effects in healthy male and female participants.^[8] The immunosuppressive effects of *WS* root powder, suggesting its potential as a candidate for development into an immunosuppressive drug for inflammatory diseases.^[9]

The immunomodulatory potential of withaferin A (WA), the predominant bioactive constituent of the medicinal plant *WA*, has been well-documented across various disease contexts.^[10] Arabinogalactan, a polysaccharide isolated from the roots of the medicinal plant *Withania somnifera* L., exhibits distinct antitussive activity through cough suppression mediated by mu-opioid receptor pathways.^[11] *WS*, a well-known medicinal plant, contains polysaccharides as key bioactive constituents. A neutral polysaccharide, AP-1, from *ashwagandha* roots, revealing its potential as a promising bioactive ingredient for immune-enhancing functional foods.^[12] *WS* root extract has been shown to enhance cardiorespiratory endurance.^[13] Withanone exhibits significant potential as a potent inhibitor of SARS-CoV-2 entry into host cells.^[14]

Kshara Kalpana

According to the Ayurvedic Formulary of India, *Kshara* refers to alkaline substances derived from the ash of medicinal drugs. It is further established that diseases which are otherwise difficult to treat can be effectively managed through *Kshara* therapy. Moreover, *Kshara* plays a significant role in minimising the recurrence of such diseases.^[4] Although the *Vedas* do not make any explicit reference to *Kshara*, descriptions of it are found in successive literary works such as the *Upanishads* and the *Puranas*. The *Ramayana* references *Kshara* in the context of salt. Subsequently, detailed mentions of *Kshara* are documented across several classical texts, including the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Sangraha*, *Sharangadhara Samhita*, *Chakradutta*, *Rasa Tarangini*, and *Rasamritam*.

Acharya Charaka has defined *Kshara* as a substance that eliminates *Doshas* from their deep-rooted sites by virtue of its corrosive nature. He elaborated on its therapeutic applications in relation to specific diseases, including *Kamala Kshara* in *Kaphaja Raktapitta*, *Palasha Kshara* in *Raktaja Gulma*, *Ashwagandha Kshara* in *Shwasa* and *Kasa*, and *Bhallataka* and *Duralabhadi Kshara* in *Jalodara*. Acharya Sushruta, on the other hand, regarded *Kshara* as superior to both *Shastra* (surgical) and *Anushastra* (para-surgical) procedures, attributing this distinction to its remarkable properties of *Chedana* (excision), *Bhedana* (incision), and *Lekhana* (scraping). He further defines *Kshara* as a potent substance capable of eliminating morbid *Doshas* from the body. Acharya Vagbhata has elaborated on the general properties, *Dosha*, and *Karma* of *Kshara*, and has further described the procedural aspects of its application in clinical practice. Acharya Chakrapani has provided a detailed account of the preparation procedure of *Ksharasutra*. Similarly, the *Sharangadhara Samhita* and *Rasa Tarangini* offer comprehensive descriptions regarding the method of preparation of *Kshara*.^[4]

Types of Kshara

Based on the mode of utility

- *Paniya Kshara*
- *Pratisaraniya Kshara*

Based on mode of preparation/ potency

- *Mrudu Kshara*
- *Madhyama Kshara*
- *Teekshna Kshara* ^[4]

According to Origin

- *Vanaspatija Kshara Ex: Snuhi Kshara*
- *Pranija Kshara Ex: Shukti*
- *Khanija Kshara Ex: Tankana* ^[15]

Ashwagandha kshara

Charaka and Vagbhata, in their respective treatises, have prescribed *Ashwagandha* in the form of *Kshara* (alkaline preparation) in the management of *Kasa* (cough), *Svasa* (dyspnoea), and *Hikka* (hiccup), as referenced in *Charaka Samhita Chikitsa Sthana* 17/117 and *Ashtanga Hridayam Chikitsa Sthana* 4/38.

The classical texts do not explicitly specify which part of the *Ashwagandha* plant should be employed in the preparation of *Kshara*. Contemporary clinical research, however, suggests that *Kshara* derived from the aerial parts are more effective in the management of *Kaphaja Kasa* (productive cough) compared to that prepared from the roots and whole plant. *Ashwagandha Kshara*, in accordance with its classical indication by Charaka, has been clinically demonstrated to yield significant therapeutic efficacy in the management of *Kaphaja Kasa*.^[16]

RESULTS

Classical Ayurvedic literature identifies *Ashwagandha* (*Withania somnifera*) *Kshara* as a therapeutic formulation for *Kasa*, *Swasa*, and *Hikka*. *Ashwagandha* possesses *Rasayana*, *Balya*, and *Vata-Kapha Shamaka* properties, while modern studies demonstrate its anti-inflammatory, antioxidant, immunomodulatory, bronchodilatory, anti-tussive, and adaptogenic activities. The *Lekhana*, *Chedana*, and *Srotoshodhana* properties of *Kshara* may further aid in relieving *Kapha* obstruction and improving *Pranavaha Srotas* function. However, scientific evidence specifically evaluating the *Swasahara* efficacy of *Ashwagandha Kshara* remains limited.

DISCUSSION

Swasa roga is described in classical Ayurvedic literature as a disorder primarily involving the *Pranavaha Srotas*, caused by the vitiation of *Vata* and *Kapha doshas*. The aggravated *Vata*, obstructed by *Kapha*, leads to difficulty in respiration and impaired airflow. The accumulation of *Ama* and *Kapha* further causes *Srotodushti* in the respiratory channels, ultimately resulting in the manifestation of different types of *Swasa roga*. Among these, *Tamaka Swasa* closely resembles bronchial asthma in modern medicine due to symptoms such as wheezing, dyspnoea, chest tightness, and difficulty in breathing.

Ashwagandha (*Withania somnifera*), one of the most esteemed *Rasayana* drugs in the Ayurvedic pharmacopoeia, is widely recognized for its *Balya*, *Rasayana*, *Vata-kaphahara*, *Kasahara*, and *Swasahara* properties, collectively underscoring its therapeutic significance in disorders of the respiratory system. Its *Rasa-Panchaka*- comprising *Tikta* and *Kashaya Rasa*, *Laghu Guna*, *Ushna Virya*, and *Madhura Vipaka* - forms the pharmacological basis for its dual action in

pacifying the vitiated *Vata* and *Kapha doshas*, resolving obstruction within the *Pranavaha Srotas*, and augmenting systemic *Bala*. Through these synergistic properties, *Ashwagandha* finds classical indication in the treatment of *Kasa*, *Swasa*, and *Hikka*, conditions characterized by compromised respiratory function and *Doshic* imbalance.

The use of *Ashwagandha* in the form of *Kshara* further enhances its therapeutic potential. *Kshara* preparations are known for their *Lekhana* (scraping), *Chedana* (excision), and *Srotoshodhana* (channel-cleansing) properties, which aid in removing the obstruction caused by *Kapha* and *Ama* in the respiratory passages. As described by Sushruta, *Kshara* possesses the unique ability to eliminate deeply seated *Doshas* from the body. When *Ashwagandha* is processed into *Kshara*, its alkaline nature may facilitate the clearance of excessive *Kapha* from the airways and thereby help restore normal respiratory function.

From a phytochemical perspective, *Withania somnifera* contains bioactive compounds such as withaferin A, withanolides, withanone, and polysaccharides that contribute to its pharmacological activities. Studies have demonstrated that these constituents possess anti-inflammatory, immunomodulatory, antioxidant, bronchodilatory, and antitussive effects, which may help reduce airway inflammation and improve respiratory function. Additionally, *Ashwagandha* enhances cardiorespiratory endurance, stress tolerance, and immune response, while its *Rasayana* property strengthens the body and improves resistance to recurrent respiratory disorders, thereby supporting its classical use in the management of *Swasa roga*.

Despite these promising therapeutic attributes, scientific literature specifically evaluating *Ashwagandha Kshara* remains notably limited, with the majority of existing research confined to crude extracts or root powder formulations rather than the *Kshara* preparation itself. This represents a significant lacuna in current Ayurvedic pharmacological research. Consequently, systematic analytical, pharmacological, and clinical investigations are warranted to rigorously validate the *Swasahara* potential of *Ashwagandha Kshara*, establish standardized preparation protocols, and determine evidence-based therapeutic dosages.

CONCLUSION

Swasa Roga, a clinically significant disorder of the *Pranavaha Srotas* rooted in *Vata-Kapha* imbalance, continues to present considerable therapeutic challenges in both classical and contemporary practice. Classical Ayurvedic texts have consistently advocated the use of *Ashwagandha* in the management of *Kasa*, *Swasa*, and *Hikka*, with its *Kshara* preparation offering

an advanced therapeutic modality that combines the drug's inherent *Rasayana*, *Balya*, and *Vatakaphahara* properties with the potent *Lekhana*, *Chedana*, and *Srotoshodhana* actions characteristic of *Kshara*. The pharmacodynamic properties of *Ashwagandha*, including its *Rasayana*, *Balya*, *Vatakaphahara*, and anti-inflammatory actions, support its role in alleviating respiratory disorders. When processed as *Kshara*, its channel-cleansing and *Kapha*-reducing properties may further enhance its effectiveness in clearing respiratory obstruction.

Modern pharmacological evidence demonstrating anti-inflammatory, immunomodulatory, and antitussive activities of *Withania somnifera* supports its potential role in respiratory health. However, systematic research specifically focusing on *Ashwagandha Kshara* remains limited. Therefore, further studies involving standardization, phytochemical analysis, and clinical evaluation are necessary to scientifically validate its therapeutic efficacy and expand its application in the management of *Swasa roga*.

REFERENCES

1. Nuh AY, Kune G and Kura Z (2026) Prevalence of uncontrolled asthma and its associated factors among adult asthmatic patients attending hospitals in Burao City, Somaliland. *Front. Med.* 13: 1823549. doi: 10.3389/fmed.2026.1823549
2. Dr. Rozy Sharma, Dr. Manjunatha Adiga. Review on the disease Shwasa and its management in Ayurvedic literature. *J Ayurveda Integr Med Sci* [Internet]. 2021 Apr. 30 [cited 2026 May 20]; 6(02): 101-4.
3. Xin Yi Lim, Joanne Barnes, "Aswagandha", *J Prim Health Care* (2024) 16 (1): 112 –114. <https://doi.org/10.1071/HC23172>
4. Dr. Mrudula KS, Dr. Rahul Yashavanth. *Kshara Kalpana- A contribution to present medical practice*. *J Ayurveda Integr Med Sci* [Internet]. 2020 Apr. 30 [cited 2026 May 20]; 5(02): 222-7.
5. Sethu R, Anu Sreedevi, Krishna Priya A, An Exploration into the Pharmacological Properties and Therapeutic Potential of Panalveradi Kwatha with Special Emphasis to its Effect on Respiratory Disorders- Swasa and Tamaka Swasa. *Int J Ayu Pharm Res.* 2024 Dec. <https://doi.org/10.47070/ijapr.v12i11.3453>
6. Subhabrata Paul, Shreya Chakraborty Et al "Withania somnifera (L.) Dunal (Ashwagandha): A comprehensive review on ethnopharmacology, pharmacotherapeutics, biomedical and toxicological aspects", *Biomedicine & Pharmacotherapy*, Volume 143, 2021, 112175, <https://doi.org/10.1016/j.biopha.2021.112175>.

7. Dr. Bulusu Sitaram, Prof. K.C. Chuneekar, "Bhavaprakasha of Bhavamisra", Vol1, Chaukhambha Orientalia, Varanasi, P.278-279
8. Narsing Verma, Sandeep Kumar Gupta, Shashank Tiwari, Ashok Kumar Mishra, "Safety of Ashwagandha Root Extract: A Randomized, Placebo-Controlled, study in Healthy Volunteers", Complementary Therapies in Medicine, Volume 57, 2021, 102642, <https://doi.org/10.1016/j.ctim.2020.102642>.
9. Rasool M, Varalakshmi P. Immunomodulatory role of *Withania somnifera* root powder on experimental induced inflammation: An in vivo and in vitro study. *Vascul Pharmacol*. 2006 Jun; 44(6): 406-10. doi: 10.1016/j.vph.2006.01.015. Epub 2006 May 18. PMID: 16713367."
10. Kumari A, Pahuja I, Negi K, Ghoshal A, Mukopadhyay S, Agarwal M, Mathew B, Maras JS, Chaturvedi S, Bhaskar A, Dwivedi VP. Withaferin A Protects against Primary and Recurrent Tuberculosis by Modulating Mycobacterium-Specific Host Immune Responses. *Microbiol Spectr*. 2023 Mar 14; 11(2): e0058323. doi: 10.1128/spectrum.00583-23. Epub ahead of print. PMID: 36916966; PMCID: PMC10100980."
11. Nosálová, G., Sivová, V., Ray, B., Fraňová, S., Ondrejka, I., Flešková, D. (2014). Antitussive Activity of *Withania somnifera* and Opioid Receptors. In: Pokorski, M. (eds) Allergens and Airway Hyperreactivity. *Advances in Experimental Medicine and Biology*, vol 838. Springer, Cham: https://doi.org/10.1007/5584_2014_79"
12. Li YX, Zhang ZF, Wu YM, Shi L, Shen HX, Seeram NP, Ma H, Lu YM. Structural characterization and immunostimulatory effects of polysaccharide AP-1 from ashwagandha (*Withania somnifera*) roots. *Int J Biol Macromol*. 2025 Jun; 311(Pt 4): 143855. doi: 10.1016/j.ijbiomac.2025.143855. Epub 2025 May 3. PMID: 40319957."
13. Tiwari S, Gupta SK, Pathak AK. A double-blind, randomized, placebo-controlled trial on the effect of Ashwagandha (*Withania somnifera* dunal.) root extract in improving cardiorespiratory endurance and recovery in healthy athletic adults. *J Ethnopharmacol*. 2021 May 23; 272: 113929. doi: 10.1016/j.jep.2021.113929. Epub 2021 Feb 15. PMID: 33600918.
14. Balkrishna A, Pokhrel S, Singh H, Joshi M, Mulay VP, Haldar S, Varshney A. Withanone from *Withania somnifera* Attenuates SARS-CoV-2 RBD and Host ACE2 Interactions to Rescue Spike Protein Induced Pathologies in Humanized Zebrafish Model. *Drug Des Devel Ther*. 2021 Mar 11; 15: 1111-1133. doi: 10.2147/DDDT.S292805. PMID: 33737804; PMCID: PMC7961299."
15. Dr. Preethi. V, Dr.Syed Tipu Sultan,Dr.Siddayya Aradhyamath, Preparation of Kshara and its clinical applicability
16. E. Trimurthy Naidu, Bulusu Sitaram "A comparative clinical study of Aswagandha kshara in the management of kaphaja kasa." *Ayushdhara*, 2018 Aug. 24 [cited 2026 May 21]; 5(3): 1721-30.

Cite this article as:

Shashikant B. Nidagundi, Geethu Krishnan S. A Review of Swasahara Effect of Aswagandha (*Withania Somnifera*) Kshara. *AYUSHDHARA*, 2026;13(4):63-68. <https://doi.org/10.47070/ayushdhara.v13i4.2868>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Geethu Krishnan S

Assistant Professor,
Department of Dravyaguna Vijnana,
Shri Veer Pulikeshi Rural Ayurvedic
College, Hospital & Research Centre,
Badami, Karnataka, India
Email: geethukrishnan630@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.



ISSN: 2393-9583 (PRINT)
ISSN: 2393-9591 (ONLINE)
RNI No: TELENG/2014/60297

AYUSHDHARA

International Journal of research in AYUSH & Allied Systems
<https://ayushdhara.in>

Certificate Of Publication

Is hereby awarding this certificate to

SHASHIKANT B. NIDAGUNDI, GEETHU KRISHNAN S

In recognition of the publication of the Review Article entitled

“A REVIEW OF SWASAHARA EFFECT OF ASWAGANDHA (WITHANIA SOMNIFERA) KSHARA”

Published in AYUSHDHARA Journal
VOL 13, ISSUE 4: JULY - AUGUST 2026

EDITOR-IN-CHIEF
AYUSHDHARA

PUBLICATION MANAGER
MAHADEV PUBLICATIONS