

PATIENT COMPLIANCE, ACCEPTABILITY & CLINICAL IMPLICATIONS OF *KASHAYA*

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Abstract

Objective: To assess variations in the preparation, administration, storage, dosage, and usage practices of Kashaya among outpatient participants.

Methodology: An observational cross-sectional survey was conducted among 81 outpatients receiving Kashaya from VPSV Ayurveda College Hospital, Kottakkal, from June 22–27, 2026. Data were collected using a semi-structured questionnaire covering duration of use, indications, frequency, preparation and storage practices, preferred dosage forms, use of Prakshepa, concomitant medications, time of administration, and dosage.

Results: Considerable variations were observed in Kashaya preparation, storage, dosage, duration, and administration practices. Some participants stored prepared Kashaya for several days. A minority discontinued Kashaya due to gastric discomfort or aggravation of symptoms. Variations were also observed in the number of Kashaya consumed daily, use of Prakshepa, and maintenance of time gaps between Kashaya and concomitant medications.

Conclusion: The findings highlight variations between classical principles of Kashaya administration and contemporary patient practices. Standardization of preparation, dosage, and storage practices is essential for ensuring consistency and therapeutic efficacy. Appropriate guidance regarding administration and time gaps between Kashaya and concomitant medications may promote safer use.

Keywords: Kashaya, Patient compliance, Patient acceptability, Prakshepa, Ayurvedic dosage form, Concomitant medicine

Introduction

Ayurveda encompasses a wide range of dosage forms, among which Kashaya holds an important place in clinical practice. It is one of the Panchavidha Kashaya Kalpana and is primarily prepared as an aqueous extract of medicinal drugs by decoction in water. Traditionally, specific principles regarding its preparation, dose, time of administration, duration of use, and the addition of Prakshepa Dravyas are described to optimize its therapeutic effect. According to classics Kashaya can be prepared in 2 ways. The first one is taking 1 pala coarse powder of Kashaya, adding 16 times water and reduced to 1/8th part. The second method is adding 8 times of water to 1 pala coarse Kashaya powder and reduced to 1/4th part.²

In contemporary clinical practice, however, the use of Kashaya has undergone several modifications to accommodate patient convenience and practical requirements. Freshly prepared decoctions are increasingly accompanied by alternatives such as bottled Kashaya, Kashaya extract sachet, Kashaya Sukshma churna, Strong and double strong Kashaya tablets. Variations may also occur in the quantity consumed, frequency of administration, duration of storage, method of preparation, use of adjuvants, and concomitant use with other medicines. These variations can be seen in the ratio for preparing Kashaya using Sukshma churna. The quantity of water for diluting bottled Kashaya varies from 45ml to 60 ml. Even though the classical dose of Kashaya is 2 pala, In practice the dose varies according to the practitioner. These differences may influence the acceptability, safety, therapeutic efficacy, and overall clinical utility of Kashaya.

Patient adherence to the prescribed method of preparation and administration is therefore an important aspect of rational Kashaya therapy. Understanding actual patient practices and identifying deviations from classical principles can help clinicians provide appropriate guidance while balancing therapeutic efficacy, safety, and patient convenience. Hence, a survey was undertaken to assess the patient compliance,

acceptability, and clinical implications of Kashaya, with particular emphasis on its duration, usage, preparation, Prakshepa, concomitant medication, time of administration, and dose.

Material and methods

An Observational crosssectional survey conducted among whole hospital outpatient department (OPD) patients receiving Kashaya from VPSV Ayurveda College Hospital, Kottakkal, during the period from June 22 to June 27, 2026. A total of 81 patients who were taking Kashaya prescribed from the OPD were included in the survey.

Data were collected using a semi structured questionnaire designed to assess the pattern of Kashaya use in routine clinical practice. The questionnaire covered major domains including duration of use, usage pattern, preparation, method of heating, type of Kashaya preferred, storage practices, use of Prakshepa, concomitant medication, time of administration, and dose.

Information regarding duration of continuous Kashaya intake, the health condition for which it was being used, number of Kashayas taken per day, frequency of administration, and discontinuation due to gastric issues or other complaints was recorded. Details of preparation included preference for freshly prepared, bottled, tablet, or extract forms; whether Kashaya was prepared fresh before each use; duration of storage; and the heating method adopted.

The survey also assessed whether patients were advised to use Prakshepa along with Kashaya and whether they were taking concomitant medicines. The practice of maintaining a time gap between Kashaya and concomitant medicines was also documented. The dose and time of administration of Kashaya were recorded to identify variations from the traditionally described practices. The collected data were compiled and analysed descriptively to identify variations in the preparation, administration, and usage of Kashaya and to assess their possible clinical implications with respect to patient compliance, acceptability, and safety.

Result

A total of 81 patients receiving Kashaya from the outpatient department were included in the survey. The findings demonstrated considerable variations in the duration, preparation, administration, and usage of Kashaya among the participants. Regarding the duration of use, 30 patients (37%) had been taking Kashaya continuously for 1–3 weeks, 40 patients (49%) for 1–6 months, 6 patients (7%) for 6–12 months, and 5 patients (6%) for more than one year. All patients reported seeking professional advice before continuing Kashaya for a prolonged period.

Regarding the health conditions for which Kashaya was used, 81.5% of patients were taking it for Vata disorders like Sandhigata vata, Pakshagata, Kampavata, Gridrasi while 3% used it for Prameha, 4% for skin diseases like sidhma kushta, vicharchika, mukha dushika and 11.5% for other conditions. Most patients reported improvement in their condition with Kashaya use. Regarding the number of Kashayas taken per day, 28% of patients took one, 54% took two, 10% took three, and 8% took four Kashayas daily. Approximately 11% of patients discontinued Kashaya because of gastric discomfort or other complaints. Gastric issues like vidaha, adhamana, udgara bahulya and aggravation of the existing condition being the major complaints. The findings indicate the importance of appropriate selection of Kashaya based on disease condition, Dosha predominance, and patient-specific factors.

Regarding preparation and acceptability, freshly prepared Kashaya using coarse powder was preferred by the majority of patients, although bottled Kashaya, tablets, and concentrated extracts were also used. Variations were observed in the practice of preparing Kashaya fresh for each administration and in its storage duration. Different heating methods were also reported among the participants. It includes heating Kashaya using firewoods as in olden days and modern heating methods like gas stove and induction stove which can regulate temperature.

With respect to Prakshepa, variations were observed in its recommendation and use. Prakshepa is not generally advised. Some prakshepa was not given with the recommended kashaya. The survey also assessed the use of Kashaya with concomitant medicines and whether patients maintained an appropriate time interval between them. The time gap between Kashaya and concomitant medicine varies from 30 min to 1 hr. Some patients are taking both medicines together. Regarding the time and dose of administration, patients followed different practices, with most participants reporting a dose of approximately 100ml, while others

used 70ml or different quantities. Overall, the survey revealed substantial variations between classical principles of Kashaya preparation and administration and its current use among patients.

Discussion

Kashaya is one of the important dosage forms in Ayurvedic clinical practice, and its therapeutic effect depends not only on the selection of appropriate drugs but also on proper preparation and administration. The present survey among 81 patients demonstrated considerable variations in the way Kashaya is prepared, stored, administered, and used along with other medicines. These variations highlight the gap between the classical principles of Kashaya administration and its current practical use.

Table 1 -Survey questions and results

Sl no	Survey questions	Results
1	How long have you been taking Kashaya continuously?	1-3 weeks :38%, 1-6 months:49%, 7 months-1yr:7%, > 1yr :6%
2	Did you seek professional advice before continuing long term use of Kashaya?	Yes-100%
3	For which health condition are you taking Kashaya?	Vata Vyadhi -81.5%, Prameha-3%, Skin diseases-4%, Others-11.5%
4	Do you feel that Kashaya is improving your condition?	Yes-93%, No -7% Good improvement-52%, Moderate relief-12% Mild relief-36%,
5	How many Kashayas do you take daily?	One-28%, Two-54%, Three-10%, Four-8%
6	How many times a day do you take Kashaya?	4 times-4.9%, 2 times-90.2% ,1 time-4.9%
7	Have you ever discontinued Kashaya because of gastric issues or other complaints?	11%-discontinued
8	Which form of Kashaya do you prefer?	Fresh Kashaya-53%, Bottle Kashya-14%, Tablet-33%
9	Do you prepare Kashaya fresh each time? If no, how long do you store it before use?	Yes-86%, No-14% Store for 1 week-54%, 3 days-46%
10	What heating method do you use to prepare Kashaya?	Firewood-67%, Gas stove-31%, Induction stove-2%
11	Were you advised to take any adjuvant along with Kashaya?	No-88%, Yes-12%
12	Are you taking concomitant medicines along with Kashaya?	No-57%, Yes-43%
13	Do you maintain a time gap between Kashaya and Concomittant medicine?	No-5%. Yes-95%
14	What is the time of administration of Kashaya?	Prescribed by doctor-93.8%, Irregular-6.2%
15	What is the dose of Kashaya?	½ glass-10%, 3/4 glass-82%, Others-8%

A substantial proportion of patients continued Kashaya for several months, and a small proportion used it for more than one year. Although all participants reported seeking professional advice before continuing long-term use, prolonged administration should be considered carefully in relation to the nature of the disease, Roga Avastha, Koshta, and Agni. Kashaya is generally described as Tikshna, Ruksha, and Ushna and may have a Langhana effect. Prolonged or inappropriate use may therefore contribute to Atilanghana, Vata Prakopa, and reduction in Agni and Bala.³ Hence, duration of Kashaya should be individualized rather than continued routinely.

The majority of participants used Kashaya for Vata disorders, while others used it for conditions such as Prameha and skin diseases. The occurrence of gastric complaints and aggravation of the existing condition in some patients emphasizes the importance of appropriate selection of Kashaya. Proper history taking and assessment of Dosha, Roga Avastha, Koshta, and Agni are essential to minimize inappropriate selection and

associated complaints. In selected situations, combining Kashayas may provide a broader or more specific therapeutic action; however, such combinations should be based on rational clinical considerations.

Freshly prepared Kashaya was preferred by most patients, indicating that traditional preparation remains acceptable despite its inconvenience. At the same time, bottled Kashaya, tablets, and extracts were used as alternatives because of their portability, ease of administration, and longer shelf life. These modifications improve patient convenience but may introduce additional excipients such as preservatives, binders, or lubricants and may differ from freshly prepared Kashaya in therapeutic characteristics. The amount of preservatives added in Kashaya is 10 to 50 times more than internationally accepted level for food.⁴ Therefore, convenience-oriented modifications should be accompanied by appropriate quality control and standardization.

The survey also revealed variations in the use of Prakshepa. Commonly used prakshepa was yogaraja guggulu along with maharasnadi Kashaya, Saindava with gandharvahsatadi Kashaya, Taila with rasnerandadi kashaya and honey with dashamoolakatutrayam Kashaya. Classical addition of suitable Prakshepa Dravyas may improve palatability and can be selected to support the intended therapeutic action based on the dosha. Thus, appropriate use of Prakshepa may improve patient acceptability and potentially enhance the therapeutic effect of Kashaya.⁵

Another important observation was the use of Kashaya with concomitant medicines. Patients may not always maintain an appropriate interval between Kashaya and concomitant medications. Since concomitant medicines may have additive effects or alter gastrointestinal conditions relevant to drug absorption, patients should be given clear instructions regarding the timing of administration. The appropriate interval should be decided according to the medicines involved rather than applying a uniform rule.⁶

Variations were also observed in the dose, time and method of preparation. Based on the ratio of preparation, the constituents present in it also varies which will affect its potency.⁷ The absence of a standardized approach in routine patient practice highlights the need for clear instructions regarding the quantity and timing of Kashaya. Following classical principles wherever appropriate, while considering patient-specific requirements, may help improve therapeutic efficacy and reduce unwanted effects.

Conclusion

Kashaya remains an important and widely used Ayurvedic dosage form, whose therapeutic efficacy depends not only on the selection of drugs but also on appropriate preparation, dose, duration, timing of administration, and the use of suitable Prakshepa Dravyas. Fresh preparation and proper standardization are essential to maintain its potency and ensure safe and effective use. With the increasing use of bottled and modified forms of Kashaya, attention should also be given to shelf-life, patient compliance, and preservation of therapeutic efficacy. Furthermore, concomitant use with medicines from other systems requires careful monitoring to minimize potential interactions. Therefore, proper standardisation and patient education regarding the preparation, dosage, timing, duration, adjuvants, and safe concomitant use of Kashaya is essential for achieving optimal therapeutic outcomes.

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