

THE DIETARY SUPPLEMENT ALFA-ALFA: A POTENTIAL TOOL IN THE FIGHT AGAINST, ASTHMA

Km. Shivangi Yadav^{*1}, Sahil Srivastava², Akanksha Shukla³

^{1,2}Shri Ram Institute of Technology- Pharmacy (Dept. of Pharmacy), Jabalpur (M.P.), India.

³Kunwar Harisbansh Singh College of Pharmacy (Dept. of Pharmacy), Jaunpur (U.P.), India.

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*Corresponding Author

Km. Shivangi Yadav

Shri Ram Institute of Technology-
Pharmacy (Dept. of Pharmacy),
Jabalpur (M.P.), India.



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1. ABSTRACT

Chronic asthma is a respiratory disease marked by hyperreactivity and inflammation of the airways. With the increasing ubiquity of Western food habits in recent decades, prevalence has continued to climb. Research indicates that by influencing systemic inflammation, oxidation, and microbial composition, diets that prioritize plant-based foods may help prevent the onset of asthma and alleviate its symptoms. Research has indicated that alfalfa's anti-inflammatory properties could potentially lessen airway inflammation, which is a crucial element in the development of asthma. Additionally, because of its antioxidant qualities, reactive oxygen species may be neutralized, lowering oxidative stress, which is linked to an exacerbation of asthma. The

immunomodulatory potential of alfalfa is especially relevant to the treatment of asthma. Alfalfa has the potential to mitigate the exaggerated immune reactions that cause bronchoconstriction and respiratory discomfort in asthmatic patients by regulating immune responses. Furthermore, the nutritional makeup of alfalfa, which includes fiber, vitamins, and minerals, may support respiratory health in general. Improved dietary status may significantly improve lung function and decrease symptoms associated with asthma exacerbations. Even with these encouraging results, further thorough clinical studies are necessary to confirm the safety and effectiveness of alfalfa nutraceuticals in the management of asthma. Taking into account individual differences in reaction. Harnessing the anti-inflammatory, antioxidant, and immunomodulatory properties of alfalfa may provide novel avenues for improving

respiratory outcomes in individuals with asthma. Nevertheless, continued research is imperative to validate these findings and determine the optimal integration of alfalfa nutraceuticals into asthma treatment protocols.

2. KEYWORDS: Medicago sativa, Wound healing, Vitamin C, Vitamin K, Genistein.

3. INTRODUCTION

The widespread chronic illness known as asthma causes the airways to narrow and swell, which can impede airflow for short periods of time. Breathlessness, tightness in the chest, coughing, and wheezing are common signs of acute bouts. Since the 1980s, the prevalence of asthma has been gradually increasing. The Centers for Disease Control's national surveillance data indicates that 6.8 million Americans suffered with asthma in 1980. In 2010, this figure rose to 25.7 million individuals with a diagnosis. among 1980, the frequency of asthma among children was estimated to be 3.5%. That percentage increased to 9.5% of children aged 0 to 17 thirty years later. Illness has the potential to kill.

Asthma-related deaths as the primary cause of death for every 10,000 individuals with asthma were 1.9 in adults and 0.3 in children in 2009. The age group 65 years and above had the highest fatality rate from asthma. Compared to White Americans (7.8%), African Americans (11.9% in 2010) had a higher prevalence of the condition. The National Health Interview Survey and the 2012 National Vital Statistics System both show that in 2010, asthma mortality was higher in African Americans (24.9%) than in White people (8.4%). Additionally, the prevalence of asthma was higher in those whose family income was below the federal poverty line.^{1,3} among 2010, the frequency of asthma was 2.5% more among people whose household income was below the federal poverty threshold than.

Asthma is a long-term inflammation of the lung airways that is characterized by allergen-induced bronchospasms, variable and recurrent symptoms, and reversible obstruction of airflow. Predisposing variables include genetics and environment, and common presenting symptoms include wheezing, shortness of breath, coughing, and chest tightness. About 300 million individuals are estimated to suffer from asthma worldwide, and during the past few decades, the condition has become much more common. Asthma pathogenesis entails intricate relationships among oxidative stress, inflammatory mediators, and immune cells. Alfalfa and other nutraceuticals may affect these pathways, providing a more comprehensive way to manage asthma.

The anti-inflammatory properties of alfalfa's bioactive constituents, including flavonoids, saponins, and chlorophyll, may help to lessen the chronic inflammation that asthmatics' airways experience. Additionally, the antioxidant qualities of alfalfa might have a crucial role in counteracting oxidative stress, a hallmark of asthma exacerbations. Alfalfa has the ability to lessen asthma symptoms by stabilizing the airway environment by scavenging free radicals and oxidative damage.

Although bronchodilation and anti-inflammatory drugs are the mainstays of traditional asthma therapy, adding nutraceuticals such as alfalfa may offer an adjunctive approach. To determine the safety and effectiveness of alfalfa in the treatment of asthma, however, thorough scientific research is necessary.

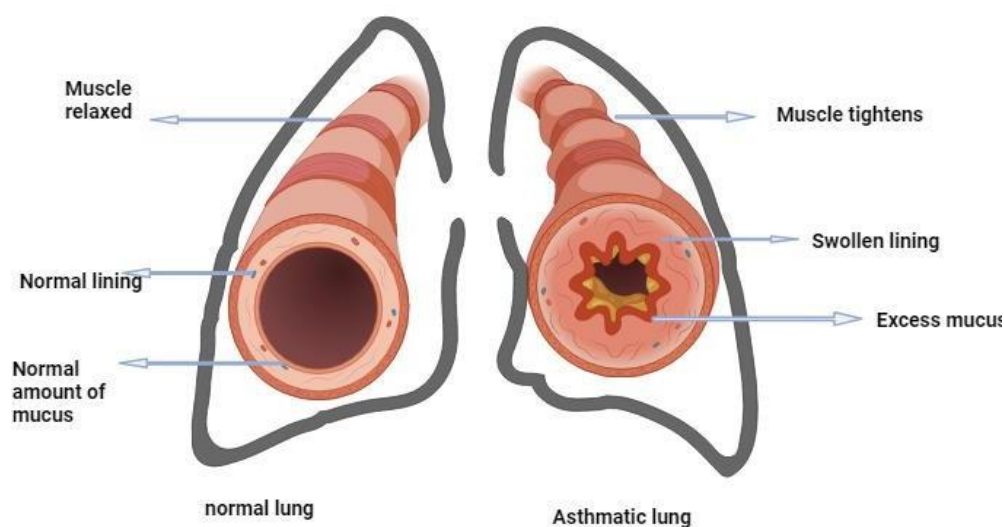


Fig. 1: Diagrammatically representation between Normal lung and Asthmatic lung.

4. Types of Asthma

1. Allergic Asthma
2. Non-Allergic Asthma
3. Occupational Asthma
4. Exercise-induced Asthma
5. Childhood-onset Asthma

4.1. Allergy Asthma

One particular kind of asthma that is brought on by allergens is called allergic asthma. An individual suffering from allergic asthma may experience symptoms of an irritated and narrowed airway due to exposure to allergens such as mold, dust mites, pollen, or pet dander.

People with allergic asthma should recognize and stay away from their individual triggers and collaborate with their healthcare professional to create a customized treatment plan. It's important for people with allergic asthma to identify and avoid their specific triggers and work with their healthcare provider to develop a personalized treatment plan.

4.2. Non- Allergy Asthma

Asthma that is not brought on by allergens is known as non-allergic asthma. Rather, it can be brought on by things like physical activity, chilly air, stress, respiratory infections, or being around irritating things like smoke or potent smells. Comparable to other forms of asthma, non-allergic asthma shares comparable symptoms and treatments. It's critical that people identify their triggers and create a suitable management strategy.

4.3. Occupational Asthma

One particular kind of asthma that is brought on by substances used at work is called occupational asthma. It happens when someone is exposed to certain chemicals, dust, fumes, or other irritants at work, causing their airway to become inflamed and restricted. Occupational asthma is frequently linked to the manufacturing, agricultural, healthcare, and construction sectors. It's critical for people with occupational asthma to recognize and stay away from their unique triggers at work, as well as to take the appropriate safety measures to preserve their respiratory health. If you suspect you have occupational asthma, it's best to consult with a healthcare professional for proper diagnosis and guidance.

4.4. Exercise-induced Asthma

One kind of asthma that is brought on by physical activity or exercise is known as exercise-induced asthma. Exercise-induced asthma sufferers may experience symptoms such as wheezing, coughing, and shortness of breath when their airway narrows from vigorous activities like bicycling, jogging, or even just brisk walking. Those who suffer from exercise-induced asthma should take the necessary precautions to manage their symptoms and still enjoy physical activity, such as warming up appropriately or taking a rescue inhaler prior to exercise. Your healthcare physician can offer specific recommendations and management techniques for asthma brought on by activity.

4.5. Childhood- onset Asthma

Asthma in children is referred to as having a childhood onset. It is among the most prevalent chronic illnesses that affect children. Children who have asthma may cough, wheeze, feel

tight in the chest, and have shortness of breath. In order to effectively manage and control their child's asthma, parents and other caregivers must collaborate closely with healthcare professionals. This could entail creating an asthma action plan, avoiding triggers, and taking medication. Many children with asthma can lead active, healthy lives if their condition is properly managed. It's important for parents and caregivers to work closely with healthcare providers to manage and control their child's asthma. This may involve using medication, avoiding triggers, and developing an asthma action plan. With proper management many children with asthma can lead active and healthy lives.

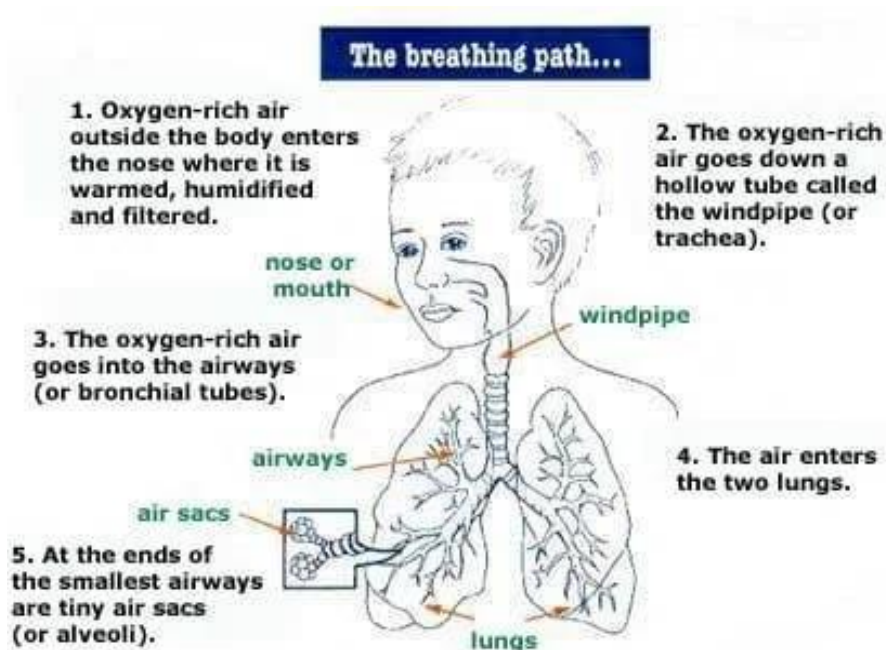


Fig. 2: Childhood –Onset Asthma.

5. Risk of Asthma

People of all ages can suffer from asthma, but it typically begins in childhood. Asthma risk can be increased by the following factors:

- Whether you were a little child or your mother was pregnant when you were exposed to secondhand smoke.
- Being subjected to specific compounds at work, including industrial dusts or chemical irritants.
- Hereditary and familial background. If one of your parents has asthma, particularly if it's your mother, you are more likely to also develop the condition.
- An ethnicity or race. Asthma risk is higher among Blacks and African Americans as well as Puerto Ricans than in other racial or ethnic groups.

- Having other diseases or conditions such as obesity and allergies
- Often having viral respiratory infections as a young child
- In children, asthma is more common in boys. In teens and adults, it is more common in women.

6. Symptoms of asthma

The symptoms of asthma include:-

- Chest tightness
- Coughing, especially at night or early morning
- Wheezing, which causes a whistling sound when you breathe out
- Shortness of breathing
- Common cold
- Sleep problem
- Feeling tired
- Allergies
- Nostrils flaring
- Difficulty sucking or eating

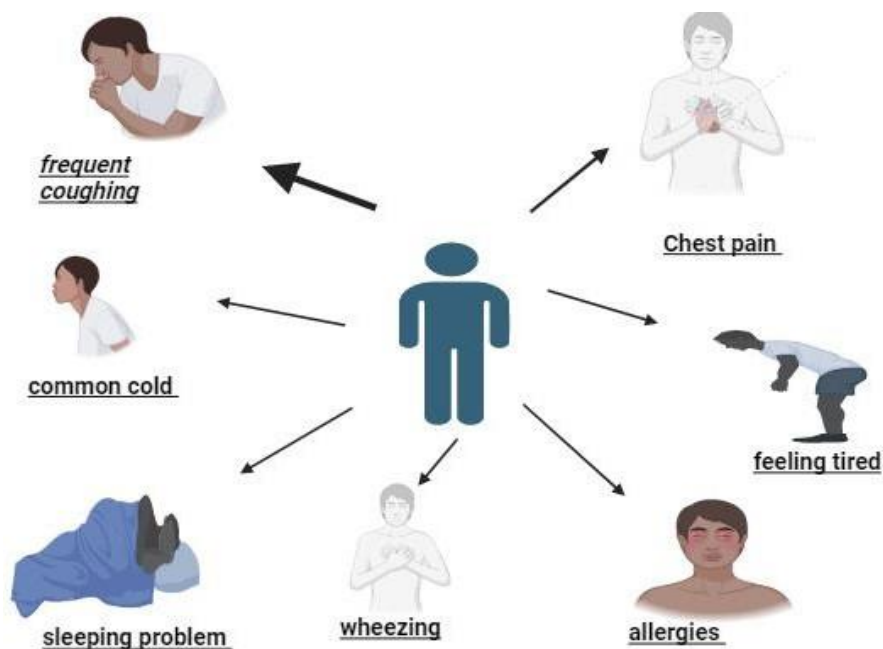


Fig. 3: Symptoms associated with Asthma.

7. ALFA-ALFA (*Medicago Sativa*)

7.1. History

In Iran, remains of alfalfa dated over 6000 years were discovered. The first known accounts of alfalfa date to 1300 B.C. and come from Turkey. Alfalfa was most likely domesticated close to Iran, Turkey, Turkmenistan, the Caucasus, and – In Iran, remains of alfalfa dated over 6000 years were discovered. The first known accounts of alfalfa date to 1300 B.C. and come from Turkey.

Alfalfa was most likely domesticated close to Iran, Turkey, Turkmenistan, the Caucasus, and other parts of Asia Minor. Due to its role in feeding war horses, alfalfa was valued by the early Babylonian societies as well as by the Persian, Greek, and Roman civilizations. The terms "best horse fodder" and "horse power" from Arabic, Persian, and Kashmiri are the origin of the word "alfalfa." On a few acres, colonists from the eastern United States, such as George Washington and Thomas Jefferson, planted alfalfa. It was not, however, extensively cultivated in this nation prior to the 1849 California Gold Rush. Everything was powered by animals, and valuables included milk cows, beef, and horses. Alfalfa originated in California and moved east to Nevada, Utah, Kansas, and Nebraska. From coast to coast, 23 million acres are being planted with alfalfa.

7.2. Ecology

Alfalfa is a perennial legume used as fodder that typically lives four to eight years, however depending on the variety and The plant can grow up to one meter (3 feet 3 inches) in height, and because of its deep root structure, it can occasionally reach groundwater by growing more than 15 meters (49 feet) below the surface. Based on subsoil restrictions, the root system often grows to a depth of 2-3 m (7-10 feet). Its extensive root structure protects against soil erosion and contributes to increased soil nitrogen fertility animal.

It is particularly resistant to droughts due to the depth of its root system and the perenniality of its crowns, which store carbohydrates as a source of energy. The genome of alfalfa is tetraploid. Alfalfa is a crop with small seeds that grows slowly as a seedling, but after a few months of establishment, the top of the root system produces a tough "crown" of the plant.

Alfalfa may regenerate multiple times after being grazed or harvested because to the shoot buds in this crown; however, excessive grazing of the buds will decrease the amount of new leaves available for the grazing.



Fig. 4: Image of Alpha- Alpha Plant.

7.3. Description

Alfalfa, often known as lucerne (*Medicago sativa*), is a high-feeding perennial herbaceous legume that is mostly used for hay. It is a crucial part of cropping systems in many areas, prized for its deep roots and nitrogen-fixing ability to increase soil fertility. It is grown from seeds. Fabaceae family.

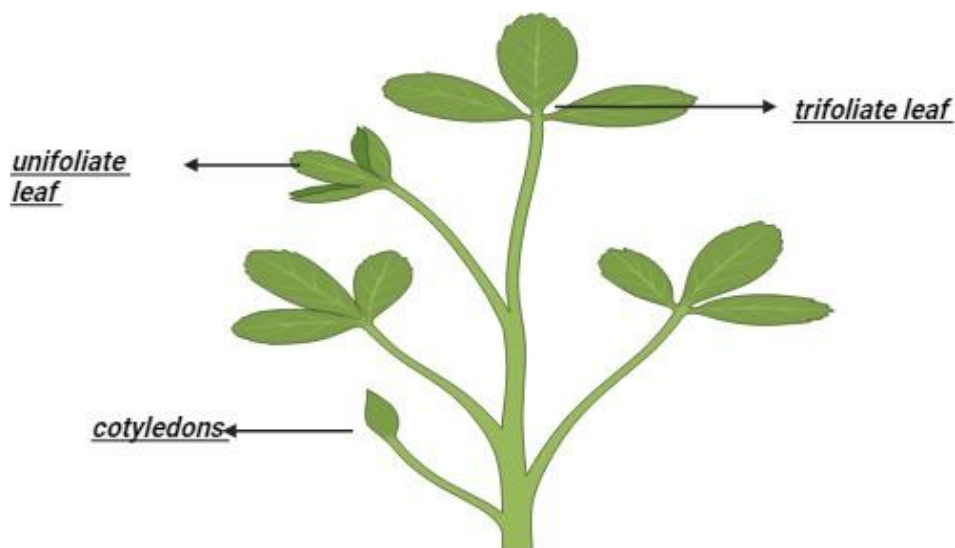
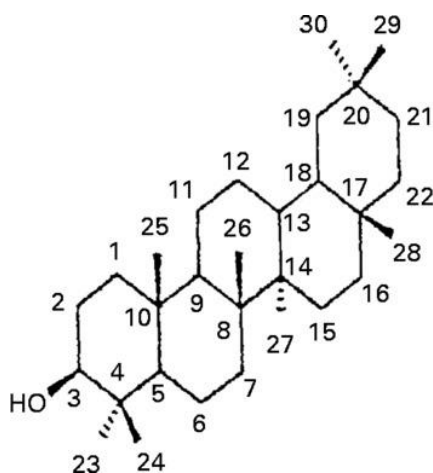


Fig. 5: Leaf of Alfa- Alfa.

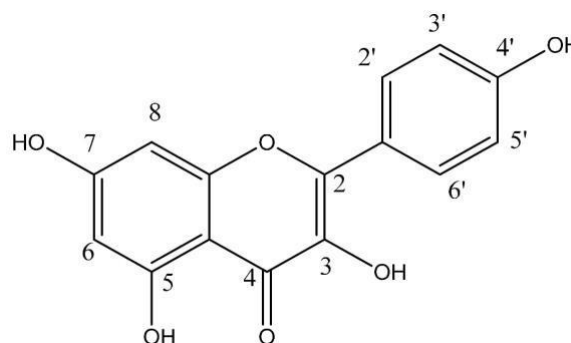
7.3.1. Active Constituents

Protchaechenic acid (3.22%), hydroxyl benzoic acid (1.05%), beta- phenyl caffate (0.97%) and kaempherol (0.89%) flavonoid, saponins, dietary fibers.

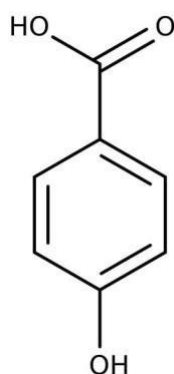
7.3.2. Chemical structure



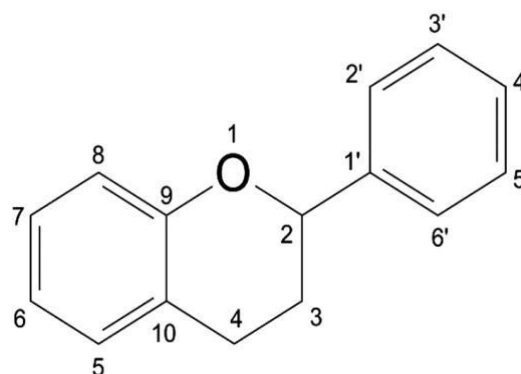
Saponins



Kaempferol



Hydroxyl Benzoic Acid



Flavanoid

7.3.3. Chemical Composition

a. Nutritional Components

Medicago sativa, the formal name for alfalfa, is a plant of the legume family. Alfalfa's chemical makeup can change depending on a number of variables, including the plant's age, growing circumstances, and the portion of the plant being examined. An outline of alfalfa's chemical makeup is shown below:

- **Proteins:-** Alfalfa is high in vital amino acids and other proteins.
- **Carbohydrates:-** It contains carbohydrates, including dietary fiber.
- **Fats:-** While alfalfa is not a significant source of fats, it does contain small amounts of essential fatty acids.

b. Vitamins

- **Vitamin A:-** Alfalfa may contain beta-carotene, a precursor to vitamin A.

- **Vitamin C:-** It contains ascorbic acid, a form of vitamin C.

c. Minerals

- **Calcium:-** Alfalfa is a source of calcium, important for bone health.
- **Iron:-** It contains iron, contributing to various physiological functions.
- **Magnesium:-** An essential mineral found in alfalfa.
- **Phosphorus:-** Important for bone health and energy metabolism.

d. Phytochemicals

- **Flavonoids:-** Alfalfa contains flavonoids, which have antioxidant properties.
- **Saponins:-** These compounds may have immune-modulating effects.
- **Phytosterols:-** Plant sterols that may contribute to health benefits.

e. Chlorophyll

- Alfalfa is rich in chlorophyll, the green pigment in plants, with potential health benefits.

f. Enzymes

- Alfalfa may contain enzymes like amylase, which aids in the digestion of carbohydrates.

g. Alkaloids

Alfalfa has a few known alkaloids, though it's unclear how important they are. It is noteworthy that there are variations in the nutritional and chemical makeup of alfalfa, and there is ongoing scientific investigation into this matter. Scientific literature and nutritional databases are good resources to consult if you are looking for current, comprehensive information. Speaking with a dietitian or other medical expert can also offer tailored advice based on your unique health requirements.

8. MATERIALS AND METHODS

8.1. Plant material

The month of June saw the collection of fresh alfalfa. After that, the plant was grown, and because the local agriculture agency supplied the seeds, they were uniform throughout the area. Alfalfa plants included leaves, stems, and flowers when they were present. When combined, these components increase the nutritional value of alfalfa, making it an excellent cattle feed and possible source of soil nutrients when used as a cover crop.

8.2. Preparation of Alfalfa Methanolic Extract (AME)

- The plant was dried at 25°C before being milled.
- The IC₅₀ of the methanolic extract is lower than that of the ethanolic extract, as our previous research has shown, but the methanolic extract has a larger concentration of separated flavonoids and polyphenols.
- Moreover, the separation of polar and nonpolar phytochemical compounds within a wide range can be achieved more feasibly via maceration methods by methanol.
- Hence, in this study, the methanolic solvent was used.
- Thereafter, 200 g of alfalfa powder was soaked in 2 liters of methanol for 5 days. Subsequently, the resulting mixture was smoothed with Whatman No. 1 filter paper and then centrifuged at 3000 g for 15 minutes.
- In the following, the supernatant was concentrated by the connected rotary to the vacuum pump at 45°C. Next, the methanol was removed under negative pressure.
- Then, the extract was obtained in the form of powder and stored at -4°C. 100, 250, and 500 mg/kg concentrations of the extract were prepared by sterile distilled water daily to maintain stability.
- The fresh extract was orally administered (P.O.) via a gastric tube daily.
- The extract is prepared and used daily in distilled water to maintain stability.

8.3. Determination of Total Phenolic Content

The extract's Folin-Ciocalteu reagent was used to measure the extract's total phenolic content. In summary, each test tube holding 20 µl of alfalfa extract (concentration: 1 mg/ml) was filled with 100 µl of Folin-Ciocalteu reagent and 1.2 ml of distilled water. Following a 10-minute period of room temperature storage, 300 µl of the 20% w/v Na₂CO₃ solution was introduced into the tubes. They were stored in the dark for 120 minutes, and their absorbance level was measured at 765 nm. The calibration curve was then created using gallic acid (absorbance = 0.0104 gallic acid µg – 0.0068, R₂ = 0.9936). Gallic acid equivalents (GAE) in milligrams per milligram of the extract were then used to express the acquired data.

8.4. Determination of Total Flavonoid Content

To determine the total flavonoid content, aluminum chloride colorimetric technique was employed. This procedure called for adding 0.5 ml of extract (1 mg/ml) to the test tubes. After that, each tube was filled with 1.5 ml of 95% ethanol, 0.1 ml of 10% saluminum chloride, 0.1 ml of 1 mm potassium acetate, and 2.8 ml of distilled water, which were all combined with the

extract. The absorbance level of the mixes was measured at 415 nm following 30 minutes of storage at 25°C. The standard curve (absorbance quercetin equivalent (QE)/g of the extract) was then plotted using quercetin in this work.

Table: Total phenols, total flavonoids, and IC50 of AME.

Sample	Total phenolic content (mg GAE/g extract)	Total flavonoid content (mg QE/g extract)	Total flavonoid content (mg QE/g extract)
Alfalfa methanolic extract (AME)	51.68 ± 0.62	18.55 ± 1.01	350.91 ± 16.46

9. Mechanism of alfalfa in asthma management

- Although the exact method by which alfalfa relieves asthma has not been well investigated, it is thought that certain of the plant's constituents, including antioxidants and anti-inflammatory chemicals, may help to lower inflammation and enhance lung health.
- Nonetheless, additional investigation is required to completely comprehend the precise mechanisms implicated and to confirm the effectiveness of alfalfa in treating asthma symptoms.
- Always get advice from a medical practitioner before introducing new treatments into the management of asthma.

10. Preparation of Alfa-Alfa Tonic for Asthma Management (100ml)

Bronchial asthma and spastic bronchitis. Constitutional treatment of bronchial asthma.



Fig. 6: Herbamine-Asthma drops.

11. Mode of Action

Instead than treating genuine fits with medications whose only function is to block or stop histamine production, treating asthma should focus on improving the fermentation systems on a constitutional level.

This constitutional amelioration is achieved by R43. The indications are the outcome of the following symptomatology,

Arsenicum album: Intense restlessness, anxiety.

Belladonna: Anti-asthmatic in case of loud coughing coupled with perspiration.

Bryonia: Irritation in dry cough, difficult expectoration, Exertions to inhale fresh air; stifling.

Hypophysis: Stimulant in hypophysis which is often the case.

Kalium phosphoricum: In exhaustion for strengthening. Nutrive remedy for the nerves.

Natrium chloratum: Convulsic dry cough, irritation of the mucous membranes. Constitutional with hyperthyreotic types.

Natrium sulfuricum: Constitutional remedy in case of hydrogenoid constitution, worse in damp weather (fog).

Veratrum album: Cold sweat and asthmatic fits.

Yerba santa: Asthmatic bronchitis, with cough and expectoration.

DOSAGE:- As prolonged cure 2-3 times daily 10-15 drops in some water before meals. In periods free of fits the same dose needs only be taken once or twice daily. As soon as fits manifest, frequent doses are in order, first every 1/2 hour, then every 1/4 hour or every 5-10 minutes 10-15 drops, preferably in a little warm water to increase the effect.

12. Exploring alfalfa in asthma management

Alfalfa has some minerals and chemicals that may be beneficial to health, even though it is not a common or accepted treatment for asthma. It's important to remember, though, that utilizing alfalfa or any other alternative asthma medication should be done so under a doctor's supervision. The following information relates to alfalfa's possible involvement in asthma.

Alfalfa (*Medicago sativa*) is not usually used as a main asthma treatment; instead, it is thought of as a nutritional supplement. There isn't much scientific data to support its potential benefits for asthma, despite the fact that it includes vitamins and minerals that may enhance general health. It's critical to heed medical advice from healthcare providers if you have asthma. Your doctor may likely prescribe bronchodilators and anti-inflammatory drugs as standard asthma therapy.

Alfalfa is not meant to take the place of these proven remedies. Prior to starting any new supplements or alternative therapies, always speak with your doctor because some may not be appropriate for you or your child and may interact with certain drugs.

12.1. Nutrient Content

Vitamin C and antioxidants, which are abundant in alfalfa, may help maintain general respiratory health. Although alfalfa is not a commonly used treatment for asthma, but rather a nutrient-rich forage crop, it does contain important components that may support respiratory health. Vitamin C and antioxidants are among the important vitamins and minerals that are abundant in alfalfa. These nutrients are essential for maintaining immune system health in general and lowering oxidative stress, both of which are important for managing asthma. Furthermore, alfalfa's chlorophyll concentration may have anti-inflammatory qualities, which could help to lessen asthma-related inflammation.

Alfalfa may help asthma, however there is little scientific evidence to back this claim. However, given its nutritional makeup, alfalfa may be a useful supplement to a well-balanced diet that promotes respiratory health in general. Individual reactions can vary, so it's crucial to speak with medical professionals before incorporating alfalfa or any other alternative medication into an asthma management plan. Evidence-based conventional treatments are still the mainstay of asthma care.

12.2. Anti-inflammatory Properties

Alfalfa has some chemicals that may have anti-inflammatory qualities, which may help to reduce asthma-related inflammation. Asthma symptoms may be lessened by the reduction of inflammation caused by antioxidants and bioactive substances.

There isn't much scientific data on alfalfa's precise effects on asthma, so it's important to speak with a healthcare provider for individualized guidance and to talk about any possible drug interactions. Although alfalfa is frequently complimented for having a high nutrient content, including vitamins and minerals, there isn't much solid scientific data to support alfalfa's unique anti-inflammatory qualities when it comes to treating asthma. Usually, prescribed drugs like corticosteroids and bronchodilators are used to treat asthma. Always seek the opinion of a medical practitioner for specific recommendations regarding asthma treatments.

12.3. Histamine Regulation

Some people think that the chlorophyll in alfalfa helps control the amount of histamine in the body. This could potentially have an effect because histamine release can affect asthma symptoms. Although there are indications that some of the molecules in alfalfa may have anti-inflammatory properties, it is important to use proven asthma therapies. See a medical expert for tailored guidance on asthma management, since self-medication with food supplements could not offer enough control. It has been proposed that alfalfa contains substances that could control histamine levels and so have anti-inflammatory properties. Nevertheless, there is little scientific data on alfalfa's unique function in histamine modulation for asthma treatment. The mainstay of asthma treatment is the use of well-established drugs. See a healthcare provider for individualized advice before using alfalfa or any supplement to your asthma treatment.

12.4. Detoxification Support

Alfalfa's detoxifying qualities may improve general health by strengthening the body's resistance to environmental stimulants that may aggravate asthma symptoms. Because of its high nutritious content—which includes vitamins and minerals—it may have cleansing effects. There is, however, a paucity of scientific data directly connecting alfalfa to detoxification in relation to asthma treatment. Prescription medicine and lifestyle modifications are the mainstays of asthma treatment. Speak with a medical expert to guarantee a thorough and scientifically supported strategy for managing asthma.

Although alfalfa is said to be high in nutrients and may include antioxidants, there isn't much scientific data to back up its claims about helping with detoxifying or managing asthma. Prescription drugs are the mainstay of asthma treatment, helping to manage symptoms and avoid flare-ups. If you're thinking about complementary therapies, it's important to speak with a medical expert for advice relevant to your needs and to make sure that any strategies you choose are safe and successful.

12.5. Cautionary Note

Although there is some anecdotal evidence to support the use of alfalfa in the treatment of asthma, caution must be exercised when utilizing such remedies. Individual reactions can differ, and there isn't much scientific data to back up alfalfa's effectiveness in treating asthma in particular.

Alfalfa should be used with caution when managing asthma. Some people may be allergic to alfalfa, which could aggravate their asthma. Alfalfa may also include some substances that can have negative effects in certain individuals or interact negatively with drugs. Before adding alfalfa or any other supplemental strategy to your asthma control plan, always get advice from a medical expert.

It is crucial to proceed with caution while evaluating alfalfa for the treatment of asthma. L-canavanine, an amino acid that may be present in alfalfa, has the ability to aggravate autoimmune diseases and cause inflammation when present in excess. Furthermore, everyone reacts to alfalfa differently. To make sure it is safe and appropriate for your particular health situation, always seek medical advice before adding alfalfa or any additional treatment to your asthma control plan.

13. RESULT

- ❖ While some studies suggest potential anti-inflammatory and antioxidant properties of Alfalfa, there's limited evidence supporting its role as a primary treatment for asthma. Always consult with a healthcare professional before considering nutraceuticals for asthma, as conventional medications have a well-established efficacy and safety profile.
- ❖ Alfalfa may have anti-inflammatory properties, more research is needed to establish its role in treating asthma. It's essential to consult with healthcare professionals for personalized advice on asthma management.
- ❖ Alfalfa, a nutrient-rich herb, has gained attention for its potential role in the treatment of asthma. Rich in vitamins, minerals, and antioxidants, alfalfa is considered a nutraceutical, offering both nutritional and therapeutic benefits. Studies suggest that its anti-inflammatory properties may help alleviate symptoms associated with asthma.
- ❖ Alfalfa contains chlorophyll, which has been linked to anti-inflammatory effects, potentially reducing airway inflammation in asthma patients. Additionally, its high content of vitamins C and E, as well as beta-carotene, may contribute to improved lung function and overall respiratory health.
- ❖ While promising, it's crucial to note that research on alfalfa's specific role in asthma treatment is ongoing, and individual responses may vary. Incorporating alfalfa into a well-balanced diet, under the guidance of a healthcare professional, may offer complementary support for individuals managing asthma symptoms. As with any health intervention, consultation with a healthcare provider is advisable to determine its

suitability for an individual's unique health profile.

14. CONCLUSION

In summary, there is encouraging potential for using alfalfa as a nutraceutical in the management of asthma. Numerous research have looked into the antioxidant and anti-inflammatory qualities of alfalfa, which may help to lessen the symptoms of asthma. Its anti-inflammatory properties are attributed to the abundance of bioactive chemicals, including as flavonoids and aspirins, which may help people with asthma by reducing inflammation of their airways. Furthermore, oxidative stress is a major contributor to the pathophysiology of asthma, and alfalfa's antioxidant qualities may help combat it. Alfalfa may lessen oxidative damage and guard against bronchoconstriction and airway remodeling by scavenging free radicals. Alfalfa's combined anti-inflammatory and antioxidant properties present it as a comprehensive asthma treatment option that It is imperative to recognize, therefore, that although encouraging, the existing corpus of research pertaining to alfalfa and asthma remains quite small.

To determine its efficacy, safety, and ideal dosage for treating asthma, further thorough clinical trials and longitudinal investigations are required. Furthermore, it is important to take into account the differences in each person's reaction to Alfalfa, which emphasizes the necessity for customized methods when implementing it into asthma control plans.

In summary, more research is necessary to fully explore alfalfa's potential as a nutraceutical for the treatment of asthma. Combining it with conventional medicines in a comprehensive asthma management plan may provide an additional natural route to better symptom control. As studies progress, more information about Alfalfa's function in treating asthma will become available, offering important insights into its potential as a therapy alternative for addresses both the underlying inflammatory processes and the acute symptoms of the condition.

15. REFERENCE

1. Yadav, M. P., & Singh, Y. An analytical perspectives on the Safety and toxicity concerns of traditional Herbal Medicines. *International Journal of Bio-Science and Bio-Technology*, 2019; 11(7): 57-69.
2. Rana, S., Kamboj, J. K., & Gandhi, V. Living life the natural way—Wheatgrass and Health. *Functional foods in health and disease*, 2011; 1(11): 444-456.
3. Nyanhanda, T., M Gould, E., & D Hurst, R. Plant-derived foods for the attenuation of

- allergic airway inflammation. *Current Pharmaceutical Design*, 2014; 20(6): 869-878.
4. Gulati, K., Rai, N., Chaudhary, S., & Ray, A. Nutraceuticals in respiratory disorders. In *Nutraceuticals*, 2016; 75-86. Academic Press.
 5. McCarty, M. F., Lerner, A., DiNicolantonio, J. J., & Benzvi, C. Nutraceutical Aid for Allergies—Strategies for Down-Regulating Mast Cell Degranulation. *Journal of Asthma and Allergy*, 2021; 1257-1266.
 6. Rahman, M. M., Bibi, S., Rahaman, M. S., Rahman, F., Islam, F., Khan, M. S., ... & Kamal, M. A. Natural therapeutics and nutraceuticals for lung diseases: traditional significance, phytochemistry, and pharmacology. *Biomedicine & Pharmacotherapy*, 2022; 150: 113041.
 7. Adetuyi, B. O., Odine, G. O., Olajide, P. A., Adetuyi, O. A., Atanda, O. O., & Oloke, J. K. Nutraceuticals: role in metabolic disease, prevention and treatment. *World News of Natural Sciences*, 2022; 42: 1-27.
 8. Rahman, M. M., Bibi, S., Rahaman, M. S., Rahman, F., Islam, F., Khan, M. S., ... & Kamal, M. A. Natural therapeutics and nutraceuticals for lung diseases: traditional significance, phytochemistry, and pharmacology. *Biomedicine & Pharmacotherapy*, 2022; 150: 113041.
 9. Nicikowski, J., & Reguła, J. Selected bioactive compounds in food of plant origin as natural immunomodulators in asthma and chronic obstructive pulmonary disease. *Acta Scientiarum Polonorum Technologia Alimentaria*, 2021; 20(4): 383-397.s
 10. Civelek, M., Bilotta, S., & Lorentz, A. Resveratrol Attenuates Mast Cell Mediated Allergic Reactions: Potential for Use as a Nutraceutical in Allergic Diseases?. *Molecular Nutrition & Food Research*, 2022; 66(15): 2200170.
 11. Bhardwaj, S., Kunj, P., & Sharma, S. Nutraceuticals: An inspiring therapy for lifestyle diseases. *German Journal of Pharmaceuticals and Biomaterials*, 2022; 1(4): 3-13.
 12. Alamgir, A. N. M., & Alamgir, A. N. M. Classification of drugs, nutraceuticals, functional food, and cosmeceuticals; proteins, peptides, and enzymes as drugs. *Therapeutic Use of Medicinal Plants and Their Extracts: Volume 1: Pharmacognosy*, 2017; 125-175.
 13. Mannucci, C., Casciaro, M., Sorbara, E. E., Calapai, F., Di Salvo, E., Pioggia, G., ... & Gangemi, S. Nutraceuticals against oxidative stress in autoimmune disorders. *Antioxidants*, 2021; 10(2): 261.
 14. Irvani, S., & Zolfaghari, B. Pharmaceutical and nutraceutical effects of Pinus pinaster bark extract. *Research in pharmaceutical sciences*, 2011; 6(1): 1.

15. Shakoor, H., Feehan, J., Apostolopoulos, V., Platat, C., Al Dhaheri, A. S., Ali, H. I., ... & Stojanovska, L. Immunomodulatory effects of dietary polyphenols. *Nutrients*, 2021; 13(3): 728.
16. Sun-Edelstein, C., & Mauskop, A. Alternative headache treatments: nutraceuticals, behavioral and physical treatments. *Headache: The Journal of Head and Face Pain*, 2011; 51(3): 469-483.
17. Pulido-Moran, M., Moreno-Fernandez, J., Ramirez-Tortosa, C., & Ramirez-Tortosa, M. Curcumin and health. *Molecules*, 2016; 21(3): 264.
18. Kaveh, M., Eftekhar, N., & Boskabady, M. H. The effect of alpha linolenic acid on tracheal responsiveness, lung inflammation, and immune markers in sensitized rats. *Iranian journal of basic medical sciences*, 2019; 22(3): 255.
19. Kaur, R., Kaur, K., Arora, R., Saini, B., & Arora, S. Natural fused heterocyclic flavonoids: potent candidates as anti-inflammatory and anti-allergic agents in the treatment of asthma. *Current Bioactive Compounds*, 2021; 17(1): 28-40.
20. McHorney, C. A., Zhang, N. J., Stump, T., & Zhao, X. Structural equation modeling of the proximal–distal continuum of adherence drivers. *Patient preference and adherence*, 2012; 789-804.
21. Butt, M. S., & Sultan, M. T. Nigella sativa: reduces the risk of various maladies. *Critical reviews in food science and nutrition*, 2010; 50(7): 654-665.
22. Dhatwalia, J., Kumari, A., Verma, R., Upadhyay, N., Guleria, I., Lal, S., ... & Amarowicz, R. Phytochemistry, pharmacology, and nutraceutical profile of Carissa species: An updated review. *Molecules*, 2021; 26(22): 7010.s
23. Williams, C.T. Herbal supplements: precautions and safe use. *Nursing Clinics*, 2021; 56(1): 1-21.
24. Raskin, I., Ribnicky, D. M., Komarnytsky, S., Ilic, N., Poulev, A., Borisjuk, N., ... & Fridlender, B. Plants and human health in the twenty-first century. *TRENDS in Biotechnology*, 2002; 20(12): 522-531.
25. Maurya, N. K. Nephrotoxic effect of herbal medicine and supplements: a review. *RRJoT*, 2019; 9: 28-35.
26. Belongia, E. A., Hedberg, C. W., Gleich, G. J., White, K. E., Mayeno, A. N., Loegering, D. A., ... & Osterholm, M. T. An investigation of the cause of the eosinophilia–myalgia syndrome associated with tryptophan use. *New England Journal of Medicine*, 1990; 323(6): 357-365.
27. Boozer, C. N., Nasser, J. A., Heymsfield, S. B., Wang, V., Chen, G., & Solomon, J. L.

- An herbal supplement containing Ma Huang-Guarana for weight loss: a randomized, double-blind trial. *International Journal of Obesity*, 2001; 25(3): 316-324.
28. Singhal, V., Singhal, A., Jagatheesh, K., Padmavathi, K., Elangoran, N., Bangr, O., & Sil, R. Multifunctional role of green blood therapy to cure for many diseases. *Chronicles of Young Scientists*, 2012; 3(1): 12-12.
 29. Kosmalski, M., Frankowski, R., Deska, K., Różycka-Kosmalska, M., & Pietras, T. Exploring the impact of nutrition on non-alcoholic fatty liver disease management: unveiling the roles of various foods, food components, and compounds. *Nutrients*, 2023; 15(13): 2838.
 30. Cock, I. E. The safe usage of herbal medicines: counter-indications, cross-reactivity and toxicity. *Pharmacognosy Communications*, 2015; 5(1).
 31. Nahin, R. L., Fitzpatrick, A. L., Williamson, J. D., Burke, G. L., DeKosky, S. T., Furberg, C., & GEM Study Investigators. Use of herbal medicine and other dietary supplements in community-dwelling older people: baseline data from the ginkgo evaluation of memory study. *Journal of the American Geriatrics Society*, 2006; 54(11): 1725-1735.
 32. Islam, Z., Islam, S. M., Hossen, F., Mahtab-ul-Islam, K., Hasan, M. R., & Karim, R. Moringa oleifera is a prominent source of nutrients with potential health benefits. *International Journal of Food Science*, 2021; 2021.
 33. Gandhimathi, C., Sathiyasekaran, B. W., Perumal, P. T., & Rose, C. Nutritional evaluation, in vitro free radical scavenging and in vivo anti-inflammatory effects of gisekia pharnaceoides and identification of kaempferol as a nutraceutical agent. *British Biotechnology Journal*, 2011; 1(3): 113-135.
 34. Gorain, S. Functional Foods and Nutraceuticals. In *Micronutrients and Macronutrients as Nutraceuticals*, 2024; 1-45. Apple Academic Press.
 35. Gupta, A. D. Scope of Nanotechnology for Sustainable Production of Nutritive Foods. In *Food Process Engineering and Technology: Safety, Packaging, Nanotechnologies and Human Health*, 2024; 319-343. Singapore: Springer Nature Singapore.
 36. Prabhakar, P., & Mamoni, B. Technical problems, regulatory and market challenges in bringing herbal drug into mainstream of modern medicinal practices. *Res J Biotechnol*, 2021; 16: 3.
 37. Rastogi, S. (2010). *Eat Right to Stay Bright*. Popular Prakashan.
 38. Gorain, S. Functional Foods and Nutraceuticals. In *Micronutrients and Macronutrients as Nutraceuticals*, 2024; 1-45. Apple Academic Press.
 39. Niranjana Babu, M. (2010). *Phytochemical Investigations and Screening of*

- Antihyperlipidemic and Antioxidant Activities of some Medicinal Plants* (Doctoral dissertation, The Tamilnadu Dr. MGR Medical University, Chennai).
40. Karn, A. K., Giri, S., Bhatia, S., Singh, S., & Singh, A. Nutraceuticals and their novel drug delivery system: a boon to human health. *Current Nutrition & Food Science*, 2021; 17(6): 601-620.
 41. Lis, K., & Bartuzi, Z. Plant Food Dyes with Antioxidant Properties and Allergies—Friend or Enemy?. *Antioxidants*, 2023; 12(7): 1357.
 42. Hotchkiss JW, Reid SWJ, Christley RM. A survey of horse owners in Great Britain regarding horses in their care. Part 1: Horse demographic characteristics and management. *Equine Vet J.*, 2007; 39(4): 294–300. 10.2746/042516407X177538.
 43. Couëtil LL, Cardwell JM, Gerber V, Lavoie J-P, Léguillette R, Richard EA. Inflammatory airway disease of horses—revised consensus statement. *J Vet Intern Med.*, 2016; 30(2): 503–515. 10.1111/jvim.13824.
 44. Leclere M, Lavoie-Lamoureux A, Lavoie JP. Heaves, an asthma-like disease of horses. *Respirology*, 2011; 16(7): 1027–1046. 10.1111/j.1440-1843.2011.02033.
 45. Woods PSA, Robinson NE, Swanson MC, Reed CE, Broadstone RV, Derksen FJ. Airborne dust and aeroallergen concentration in a horse stable under two different management systems. *Equine Vet J.*, 1993; 25(3): 208–213. 10.1111/j.2042-3306.1993.tb0294
 46. Vandenput S, Istasse L, Nicks B, Lekeux P. Airborne dust and aeroallergen concentrations in different sources of feed and bedding for horses. *Vet Q.*, 1997; 19(4): 154–158. 10.1080/01652176.1997.9694762.
 47. Bullone M, Vargas A, Elce Y, Martin JG, Lavoie JP. Fluticasone/salmeterol reduces remodelling and neutrophilic inflammation in severe equine asthma. *Sci Rep.*, 2017; 7(1): 8843. 10.1038/s41598-017-09414-8.
 48. Leclere M, Lavoie-Lamoureux A, Joubert P, Relave F, Setlakwe E, Beauchamp G, et al. Corticosteroids and antigen avoidance decrease airway smooth muscle mass in an equine asthma model. *Am J Respir Cell Mol Biol.*, 2012; 47(5): 589–596. 10.1165/rcmb.2011-0363OC.
 49. Ivester KM, Couëtil LL, Moore GE. An observational study of environmental exposures, airway cytology, and performance in racing Thoroughbreds. *J Vet Intern Med.*, 2018; 32(5): 1754–1762. 10.1111/jvim.15226.
 50. Ivester KM, Couëtil LL, Moore GE, Zimmerman NJ, Raskin RE. Environmental exposures and airway inflammation in young Thoroughbred horses. *J Vet Intern Med.*, 2014; 28(3): 918–924. 10.1111/jvim.12333.

51. Holcombe SJ, Jackson C, Gerber V, Jefcoat A, Berney C, Eberhardt S, et al. Stabling is associated with airway inflammation in young Arabian horses. *Equine Vet J.*, 2001; 33(3): 244–249. 10.2746/042516401776249606.
52. Jochmans-Lemoine A, Picotte K, Beauchamp G, Vargas A, Lavoie JP. Effects of a propriety oiled mixed hay feeding system on lung function, neutrophilic airway inflammation and oxidative stress in severe asthmatic horses. *Equine Vet J.*, 2020; 52(4): 564–571. 10.1111/evj.13218.
53. Sykes BW, Hewetson M, Hepburn RJ, Luthersson N, Tamzali Y. European College of Equine Internal Medicine Consensus Statement-equine gastric ulcer syndrome in adult horses. *J Vet Intern Med.*, 2015; 29(5): 1288–1299. 10.1111/jvim.13578.
54. Hothersall B, Nicol C. Role of diet and feeding in Normal and stereotypic behaviors in horses. *Vet Clin North Am Equine Pract.*, 2009; 25(1): 167–181. 10.1016/j.cveq.2009.01.002.
55. Clements JM, Pirie RS. Respirable dust concentrations in equine stables. Part 2: The benefits of soaking hay and optimising the environment in a neighbouring stable. *Res Vet Sci.*, 2007; 83(2): 263–268. 10.1016/j.rvsc.2006.12.003.
56. Westerfeld R, Payette F, Dubuc V, Manguin E, Picotte K, Beauchamp G, et al. Effects of soaked hay on lung function and airway inflammation in horses with severe asthma. *J Vet Intern Med.*, 2023; 38(1): 469–476. 10.1111/jvim.16919.
57. Moore-Colyer MJS, Lumbis K, Longland A, Harris P. The effect of five different wetting treatments on the nutrient content and microbial concentration in hay for horses. *PLoS One*, 2014; 9(11): e114079. 10.1371/journal.pone.0114079.
58. Moore-Colyer MJS, Taylor JLE, James R. The effect of steaming and soaking on the respirable particle, bacteria, mould, and nutrient content in hay for horses. *J Equine Vet Sci.*, 2016; 39: 62–68. 10.1016/j.jevs.2015.09.006.
59. Moore-Colyer MJS, Payne V. Palatability and ingestion behaviour of 6 polo ponies offered a choice of dry, soaked and steamed hay for 1 hour on three separate occasions. *Adv Anim Biosci*, 2012; 3: 127.
60. Orard M, Hue E, Couroucé A, Bizon-Mercier C, Toquet MP, Moore-Colyer M, et al. The influence of hay steaming on clinical signs and airway immune response in severe asthmatic horses. *BMC Vet Res.*, 2018; 14(1): 345. 10.1186/s12917-018-1636-4.