

**CHALLENGES AND SCOPE FOR ASSESSMENT OF HERBAL  
(AYURVEDIC) DRUG RESPONSE: AYURVEDIC PERSPECTIVE**

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**ABSTRACT**

It is arguable whether the evaluation of Ayurveda and its 'scientific philosophy' on the basis of modern parameters is really promoting Ayurveda with its soul intact. There are numerous research articles published in variety of journals. The authenticity of many is still not widely accepted as most of the research is not done at par with the requirement of controlled, multicentre and long term clinical trials. The Ayurvedic Pharma industry is flourishing and almost all the experiments on herbomineral drugs are carried out by analyzing the drug on the basis of modern parameters. The drugs are marketed using modern terms for disease indication, and ignoring the parallel or identical Ayurvedic vocabulary. The intention is to 'prove' the efficacy of 'already proven' drug, albeit using a different language. If the drug, like a very famous liver remedy is prescribed by practitioners of other mainstream pathies, it is a matter of pride for us! It is imperative that the herbal drugs and their therapeutic response must also be analyzed using the Ayurvedic physiological and pathological parameters. At the same time, the Ayurvedic Practitioners, who have great regards for classical texts and consider it as 'last word' should understand the scientific endorsement of modern medicine to overcome the challenges, if any.

**Keywords** – Herbal drug(s), efficacy, Ayurvedic parameters, clinical trials.

**INTRODUCTION:** Several research papers are being published to demonstrate the efficacy of Ayurvedic Drugs. Majority of the pharmaceutical companies are coming forward with modern tools, including modern methodology of research. It is ambiguous whether companies adopt Ayurvedic way and methods of diagnosis, and whether the evaluation of the drug is done on the basis of Ayurvedic parameters. Its promotion, through marketing, among hardcore Ayurvedic clinicians who are engaged in integrated practice (both Ayurveda and other contemporary systems of medicine) in order to keep them alive in huge and competitive market, is also a matter of study. Covertly, this Pharma industry is converting 'Ayurvedic' into 'Herbal' in order to target the practitioners of other systems of medicine and some elite families who have the habit of trying

something new for the cure of their confirmed or unconfirmed illness. Generally, it is assumed that the word 'herbal' means 'safe medicine'. It is also assumed that, irrespective of the cost, it will be effective and will have negligible or no side effects.

In Ayurveda, the aetiopathogenesis is based upon the activity and involvement of *tridoshas*, and diseases classified in our classical text are mainly according to *doshas*. The focus of the contemporary drug research undermines this scientific philosophy. For example, Diabetes is of two types<sup>1</sup> and *prameha* has twenty<sup>2</sup>.

**AIMS AND OBJECTIVES:** The aim of study was to see the trend followed by most of the pharmaceutical companies to perform research, study or trial on crude or processed Ayurvedic drug. The objective

was to determine the scope to restore the soul and core science of Ayurveda intact while applying contemporary tools to perform research.

**METHODS:** Ayurvedic Drug Index and leaflets prepared by various Pharma companies were studied. The popular brands have been analyzed to see the medical references and terminology used by them to advertise and promote their product. Ten famous Pharma giants were taken into consideration for the purpose of analysis of data. Ten brands of each Pharma company were selected randomly to see the methodology adopted to promote the product. The emphasis given on the Ayurvedic Parameters and quotation of references from Ayurvedic Classics was also studied.

**OBSERVATIONS:** While going through the Classical Medicine Index, almost all the drugs, combinations of drugs and preparations are mentioned in original Sanskrit terminology. Some of the books have even used diacritics while spelling the names of the ingredients and disease indications. This seems to be adopted in order to be 'precise' in presenting and disseminating the exact scientific information in the original form without any alteration. It can be easily understood that the drug is Ayurvedic and not 'Herbal'. Ayurveda has its own science and philosophy. Herbal Medicine is widely used term which includes the drugs from Ayurveda, Naturopathy, Siddha, Unani, and may be Chinese also. The botanist and pharmacognosist may be using this term more often. Unlike Ayurveda, there is no basis for scientific evaluation of the drugs. *Rasa*, *Virya*, *Vipaka*, *Prabhava*, *Panchabhautika* Composition, *Sanskara*, *Saviryatavadhi*, *Aushdhasevankala*,

*Prakriti*, *Desha*, *Kala* and many more aspects.

Turn onto the Proprietary drug Index and one wonders to see that the core Ayurveda is lost. The words like tablets, capsules have replaced the *gutika* and *vati*. The syrup is there in place of *kashaya* and *kwath*. *Ghrita* and *Taila* are labeled as oils, and ointments are for *lepa* and *malhara*. Though, there are synonyms and alternative terms for these, they does not necessary reflect the same meaning. The doses are fixed, and the administration of *anupana* is considered 'unnecessary and not important'.

Since many years, various pharmacies have been carrying out clinical trials on Ayurvedic drugs on a single drug or in combination. To cite an example, the disease 'kamala' and for the treatment of the same, some hepatobiliary preparations are mentioned. Among the 51 formulations mentioned, 17 are indicated for jaundice, 31 are indicated for hepatitis (infective/viral/acute or chronic), 7 for drug induced hepatitis, 15 for liver cirrhosis (pre-cirrhosis, early cirrhosis), 2 for hepatobiliary disorders, 9 for hepatomegaly, 5 for fatty liver, 2 for sluggish liver, 5 for liver dysfunction, 2 for cholecystitis, 4 for anemia, 19 for anorexia, 4 for indigestion, 3 for weight loss, 9 for alcoholism. Only 1 is indicated for *kamala roga*, 1 for *gulma*, 1 for *agnimandya*.

These shows among 51 formulations, only 2% of formulations are indicated for disease mentioned in *Ayurveda*, and others are indicated for wide spectrum of diseases. This is projected in absence of any definitive and conclusive clinical trials. It is obvious that this is being done as a marketing strategy to promote the drug or product among the

modern medicine practitioners and general public overall.

The people in society are cautious to use modern medicine preparations, even if the indications are written in a language which they understand easily, but this is not true with the Ayurvedic, so called 'herbal preparation'. Are we sustaining the dignity and authenticity of Ayurvedic drugs by adopting this kind of approach, is a matter of debate.

**DISCUSSION:** It is arguable whether these kinds of advancements are in favor of development of Ayurveda. The fear of losing the CORE of Ayurveda as far as very basic and unique structure of drug assessment, categorization, authentication and preparation is eminent. It is unfair and impractical, if not unethical; to use modern tools, methodology and parameters but at the same time the emphasis must be given to Ayurvedic way of assessment. Ayurvedic drugs have been used for centuries and proving or 're-proving' the same by some other means strengthen its ability of effectiveness and usefulness. The purpose of the clinical studies should not be to question the validity of the drugs or 'preparation'. However, if it is proved that, the drug is not useful or should not be used for the given or particular indication; it must be accepted with great generosity.

**CONCLUSION:** The Ayurveda should be benefited from the research conducted for Ayurveda. It is required to find out the parameters in terms of *Virya*, *Vipaka*, *Prabhava* and other inherent characteristics with which the drug works. The pharmacopoeia should also give the equal emphasis on the parameters which can be applied by Ayurvedist. Numerous drugs, whose development is arguably from the information given in ancient Ayurvedic texts, are no longer considered

as Ayurvedic. If the research on Ayurvedic drugs, both crude and processed, continues the way it is going, it will be herbal everywhere, and no Ayurveda. For this, it is required to find out objective parameters for *Rasa*, *Guna*, *Virya* and *Vipaka* first. The assessment on the basis of *panchbhautika* composition should also be done.

#### **REFERENCES:**

1. Harrison's principles of Internal Medicine By Braunwald, Fauci, Kasper, Hauser, Longo, Jameson, Volume II, Part Thirteen, Section I, Chapter 333, Page 2109, 15<sup>th</sup> Edition Published by McGraw-Hill Medical Publishing Division.
2. Astanga Hrdayam of Srimadvaghbata, Edited by "Nirmala Hindi Commentary Along with Special deliberation By Dr. Brahmanand Tripathi, Nidan sthana, Chapter no 10 Verse no1 page no 494, Reprinting 2009, published by Chaukhamba Sanskrit Pratishtan, Delhi.
3. AYURVEDLINE
4. AYURVEDIC DRUG INDEX , 9<sup>th</sup> Edition printed and published by Dr. Sitaram Prasad, Bangalore, 2007 EMAIL-ID- ayurvedline@gmail.com, web.ayurvedline.com Hepatobiliary preparations -,GIT SYSTEM- page.no.501 to 509.51 pharmaceutical companies, 58 formulations.

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