Correspondence

Classical vs commercial: Is the 'efficacy' of chyawanprash lost when tradition is replaced by modernization?

Keywords: Ayaleha Ayurvedic treatment Chyawanprash Efficacy

Dear Editor,

This is an eye-opening correspondence with regards to Chyawanprash (CP), where traditional approach is being replaced by commercialization and modernization. If this continues, the essence and efficacy of the classical CP may be lost.

1. Classical CP

Chyawanprash (CP or cyavanaprash) is one of the elements in canonical Ayurvedic treatments used to enhance immunity, longevity, strength, and to allay a wide range of health disorders, specifically respiratory ailments [1]. It is an Avaleha (polyherbal jam) prepared according to the traditional Ayurvedic recipe, enriched with a synergistic blend of around 50 medicinal herbs and spices— including amla (Emblica officinalis/Indian gooseberry), the richest source of Vitamin C [2,3]. The finished product is dark shining brown in colour with a semi-solid consistency. Ayurvedic dosage form Avaleha (the Sanskrit term ‘Leha’ means ‘to lick’), is administered by tongue licking. Here, the actions begins locally by drug absorption starting from oral mucosa [4] and eventually resulting in a systemic action. Ayurveda doctrine mentions about six different tastes where each taste plays an important role in healing. Classical CP has five of the six tastes (mentioned in Ayurveda) viz: sweet, sour, bitter, pungent, and astringent [2] each having its own objective, rationale, and significance [5].

2. Commercial CP

Today’s commercial CP is the converted ‘modern science to culture’ product [1]. The classical CP seems to be losing its authenticity in the procedures of preparation and the methods of promotion to make it more special than the competitors’ products. The deviation from the original recipe of CP is a common malpractice witnessed in Indian pharmaceutical sector for the past decade [6]. In these commercialization trends, companies have launched CP in various forms viz: sugar-free diabetic CP, snack cookies, sugar-free biscuits, snack bars, spicy cookies, chocolate granules, fruit-flavours (orange or mango) with a motive to make the ‘traditional’ brand appealing to consumers of every age group [6].

3. Is the efficacy of CP lost when tradition is replaced by modernization?

This verse of ancient Ayurvedic treatise, Charaka Samhita means that, “Processing results in the transformation of the inherent attributes of the substances. Transformation of the attributes is affected by dilution, application of heat, cleansing, churning, storing, maturing, flavouring, impregnation, preservation container etc.” [7]. Based on this verse, and knowing the properties of classical CP, it can be seen that, the processed commercial CP (cookies, biscuits and granules) have lost the unique consistency, taste, and probably the healing effect.

Commercial sugar-free CP produced for diabetes [8] and spicy cookies [6] does not contain sugar and honey as in classical CP, which not only improves the palatability, but also works together as ‘Yogavahi’ (carrier of herbs), to catalyze the delivery of a particular bioactive drug component and encourages its penetration deep into the cells [2,5,9]. Based on this fact, the execution process of the commercial CP [6,8] may be altered.

A clinical study indicates that regular consumption of CP for a period of six months among children who consumed it twice daily could significantly improve immunity, energy levels, physical fitness, strength, stamina, and quality of life [10]. Additionally, in the wake of the COVID-19 pandemic, the Ministry of AYUSH, Government of India, has projected CP as an immunity booster. We found two clinical trials evaluating the effectiveness of CP as an immunity-booster against COVID-19 [11,12]. In both the trials, the participants consumed CP twice daily; however, there appears to be a disparity in what is cited in the literature versus what is recommended in the studies [10–12] with regard to the frequency of consumption. According to Charaka Samhita, the ideal way to use CP is to first undertake cleansing of the body, perform meditation, and religious ceremonies, and develop a cheerful disposition. Further, it should be consumed in a place where the room is clean and the temperature is mild [9] and should be taken in a quantity
such that it does not interfere with hunger and appetite for food on an empty stomach in the morning [6].

If ingredients other than the traditional mix-up are added, it cannot be be called as CP [9]. However, the Drugs and Cosmetics Act permit Proprietary Ayurvedic Medicines which are prepared by differing the classical texts recipe; however here, the aspect of evidence of efficacy and safety becomes pertinent [13]. Overall, there seem to be some grey areas with regards to CP. Firstly, there is no one standard recipe for classical CP because different authoritative texts provide their separate unique recipes for preparation [6]. Secondly, clinical evidence of CP in the literature is based on studies with smaller sample size and short duration [14]. Lastly, there is no clear-cut scientific evidential clarity on topics such as dosage prescription for children and adults, time of intake, frequency of consumption, seasonal variation, and its effects on preparation, and consumption. The effects CP has on people with different Prakriti’s (phenotype-based human constitution), and importantly the efficacy of classical CP versus commercial CP needs to be explored. These are the highly recommended areas for vigorous and robust scientific exploration.

It is an appeal that an expert committee should come together to take these points into consideration, prepare standard guidelines for not only CP preparation and research, but also for assessing the licensing of the product prepared by deviating from the classical CP.

Sources(s) of funding

None.

Conflict of interest

None.

Authors contribution

Pradnya Kakodkar: Conceptualization, Resources, Writing-Original draft preparation. Rohit Sharma: Resources, Writing-Reviewing and Editing. Arati P Dubewar: Resources, Supervision.

References

[1] Bode M. Assembling cyavanaprash, Ayurveda’s best-selling medicine. Anthrop Med 2015;22:23–33.
[2] Parle M, Bansal N. Traditional medicinal formulation, chyawanprash – a review. Indian J Tradit Knowl 2006;5:484–8.
[3] Baragi PC, Patgiri BJ, Prajapati PK. Neutraceuticals in Ayurveda with special reference to Ayurveda kalpana. Ancient Sci Life 2008;28:29–32.
[4] Hua S. Advances in nanoparticulate drug delivery approaches for sublingual and buccal administration. Front Pharmacol 2019;10:1328.
[5] Sharma R, Martins N, Chaudhary A, Garg N, Sharma V, Kuca K, et al. Adjunct use of honey in diabetes mellitus: a consensus or conundrum? Trends Food Sci Technol 2020;106:254–74.
[6] Sharma R, Martins N, Kuca K, Chaudhary A, Kabra A, Rao MM, et al. Chyawanprash: a traditional Indian bioactive health supplement. Biomolecules 2019;9:161.
[7] Sharma RK. Bhagwan dash. Charak Samhita Vimanshan . Vol II. Ch. 1. Varanasi: Chaukhamba Sanskrit Series; 2018. p. 124–5.
[8] Kumar S, Gupta A, Ghungralekar R, Deshpande VS. Suitability for consumption of chyawanprakash-A herbal formulation in controlled type II diabetics-A open label clinical study. Altern Integr Med 2017;6:230.
[9] Kasar RP, Laddha KS, Chaudhary J, Shukla A. Chyawanprash - truth or mythry. Phcog Rev 2007;1:185–90.
[10] Gupta A, Kumar S, Dole S, Deshpande S, Deshpande V, Singh S, et al. Evaluation of cyavanaprash on health and immunity related parameters in healthy children: a two arm, randomized, open labeled, prospective, multicenter, clinical study. Ancient Sci Life 2017;36:141–50.
[11] See at http://ctri.nic.in/Clinicaltrials/showallp.php?mid1¼43374&EncHid¼&userName¼024981 [accessed on 28-6-2021].
[12] Gupta Arun, Amit Madan, Yadav Babita, Mundada Pallavi, Singhal Richa, Pandey Yogesh Kumar, et al. Chyavanprash for the prevention of COVID-19 infection among healthcare workers: a Randomized Controlled Trial. medRxiv 2021;vol. 2(17):21251899.
[13] Narayana DB, Durg S, Ayurveda: [W]here is the evidence. J Ayurveda Integr Med 2021;12:408–11.
[14] Narayana DB, Durg S, Manohar Pr, Mahapatra A, Aranya AR. Chyawanprash: a review of therapeutic benefits as in authoritative texts and documented clinical literature. J Ethnopharmacol 2017;197:52–60.

Pradnya Kakodkar*
Independent Research Consultant, Megapolis, Pune, India

Rohit Sharma
Department of Rasa Shastra and Bhaishajya Kalpana, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, 221005, India

Arati P. Dubewar
Department of Rasashastra, Dr.D.Y.Patil College of Ayurved and Research Center, Dr.D.Y.Patil Vidyapeeth, Pune, Maharashtra, India

* Corresponding author.
E-mail: Pradnya.kakodkar@gmail.com

6 June 2021
Available online 23 November 2021