



## Brief report

# Brainstorming meeting on ‘Utilization pattern of Ashwagandha and its formulations for Alzheimer’s disease (AD) / dementia management in Indian scenario: A policy perspective study’

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A brainstorming meeting on ‘Utilization pattern of Ashwagandha and its formulations for Alzheimer’s disease (AD) / dementia management in Indian Scenario’ was held on 13 February, 2024 at CSIR-NIScPR, New Delhi with the objective of discussing Alzheimer’s Disease (AD) / Dementia Management through India System of Medicine with key focus on Ayurveda and Ashwagandha. The meeting was attended by experts in the field of Ayurveda from prominent institutes in New Delhi including Central Council of Research in Ayurvedic Sciences (CCRAS), All India Institute of Ayurveda (AIIA), Chaudhary Brahm Prakash Ayurved Charak Sansthan (CBPACS).

Prof. Rabinarayan Acharya, Director General, Central Council of Research in Ayurvedic Sciences (CCRAS), delivered the keynote address on Ashwagandha discussing its value and importance since Vedic period. He mentioned that it is a potent drug which has been mentioned in numerous classical texts including Charak Samhita, Sushruta Samhita, Ashtanga Hridaya, Nighantus and Rasashastra Granthas. He added that in pre-independence era Nadkarni, Chopra and other botanists translated and codified pharmacological properties in books like Indian Materia Medica. He also listed contemporary Ayurvedic literature including the Ayurvedic Pharmacopoeia of India, the Ayurvedic Formulary and Scheduled books that are a storehouse of current information on medicinal plants and their formulations. Prof. Acharya informed that Ayurvedic texts mention the use of Ashwagandha roots and these are considered as a pharmacopoeia drug whereas Ashwagandha leaves are not considered as pharmacopoeia drugs. He discussed sleep inducing properties of Ashwagandha and its use in Vata disorders, as a Vajikarna, and in children to treat emaciation. He added that Ashwagandha can have side effects especially if kidney function is impaired. He also emphasized the importance of its ethnobotanical perspective. He explained that in Ayurvedic Pharmacopoeia, dosage of powder form is given, since brands mention amount of extract but not its powder equivalent, the gap could be explored from policy point of view. Prof. Acharya also informed that recently Ashwagandha has been banned by a European country (Denmark).

Dr. Suman Ray, Principal Scientist & PI, CSIR-NIScPR, gave an overview of the ongoing study on Ashwagandha. She presented the findings of primary feedback surveys on cost effective analysis of different Ashwagandha formulations available in market and Knowledge, Attitude, Practice (KAP) study with Ayurvedic doctors.

Dr. Shivani Ghildiyal, Assistant Professor, Department of Dravyaguna, All India Institute of Ayurveda (AIIA), highlighted the pharmacological properties of Ashwagandha and listed different Ashwagandha formulations available including Ashwagandha ksheerpaka and Ashwagandha ghrīt. She pointed out ghrīt to be the ideal formulation for mental disorders. She informed about novel route of administration *i.e.*, Nasya in Ayurveda. Dr. Shivani briefed about a Public Health Initiative (PHI) project being carried out by AIIA, in Faridabad district of Haryana in which 5000 elderly people were screened for Dementia. She mentioned that Saraswata ghrīt and Ashwagandha ghanvati were being administered to these patients.

Dr. Ramesh Kumar, Associate Professor, Translational Research Division, All India Institute of Ayurveda (AIIA), described various medicinal properties of Ashwagandha like Balya, Brimhana from Ayurvedic context and informed that it is used as a Rasayana for Smriti and Medha, particularly as a Neuroregenerative. He mentioned that in Ayurveda whole drug concept is used instead of extract. He added that Anupana and adjuvant are important factors to be considered while administering Ayurvedic formulations.

Dr. Jitendra Varsakiya, Assistant Professor, Ch. Brahm Prakash Ayurved Charak Sansthan (CBPACS), informed that Alzheimer's Disease is a complex disorder. The progression of disease is slow and other symptoms are there along with memory loss. He mentioned that Ashwagandha could be used for managing symptoms like irritability and anxiety. He stated that its use could be detrimental in hypertension.

Dr. Shivani Ghildiyal concluded the meeting with her insights on importance of standardization and validation of the Knowledge, Attitude and Practices (KAP) instrument for utilization of Ashwagandha from Ayurvedic Doctors, the key stakeholders who play a vital role in ensuring the accurate use of a medicinal plant and its formulations.