

**GOVERNMENT OF INDIA
MINISTRY OF AYUSH**

**RAJYA SABHA
UN-STARRED QUESTION NO. 162
TO BE ANSWERED ON 4th FEBRUARY 2025**

“Randomized controlled trials for ayurvedic medicines”

162 DR. FAUZIA KHAN

Will the Minister of Ayush be pleased to state:

- (a) whether the Ministry has initiated any Randomized Controlled Trials (RCTs) for Ayurvedic medicines currently available in the market ;
- (b) if so, the details thereof, including the medicines, trial locations, sample sizes and findings; and
- (c) if not, the reasons for the absence of RCTs and whether the Ministry plans to implement them to enhance scientific validation of Ayurvedic medicines ?

ANSWER

THE MINISTER OF STATE (IC) OF THE MINISTRY OF AYUSH

(SHRI PRATAPRAO JADHAV)

- (a) to (c) The Ministry has initiated multiple Randomized Controlled Trials (RCTs) for Ayurvedic medicines through its various Institutes / Council viz. Central Council for Research in Ayurvedic Sciences (CCRAS), National Institute of Ayurveda (NIA), Institute of Teaching and Research in Ayurveda (ITRA) and All India Institute of Ayurveda (AIIA), the details of which are mentioned in the Annexure.

Randomized Controlled Clinical Trials conducted as Collaborative Projects

Central Council for Research in Ayurvedic Sciences (CCRAS)					
S. No.	Project title of RCT	Trial location	Medicine	Sample Size	Findings
1.	Clinical evaluation of Lavanbhaskara Churna in the management of Amajirna - a randomized parallel-group study	CARI, New Delhi RARI Lucknow ALRARI, Chennai	Lavanbhaskara Churna	330	Completed, Under Publication Process
2.	A Randomized, Placebo-controlled, Double-blind clinical trial to evaluate the effect of Trikatu in Subclinical Hypothyroidism	CARI, Bengaluru RARI, Jaipur, RARI, Mandi	Trikatu	270	Completed, Under Analysis
3.	Efficacy and safety of Ayurveda Formulation 'Trikatu' in Dyslipidemia – A Prospective Randomized Double-Blind Placebo Controlled Trial	CARI, Bengaluru	Trikatu	120	Ongoing
4.	Randomized controlled clinical trial to evaluate the efficacy of Ayurveda treatment protocol in lumbar disc herniation with radiculopathy	NARIP Cheruthuruthy	Rasnasaptakam kwath, Vatari guggulu	80	Ongoing
5.	Efficacy and Safety of Punarnavadi Mandura and Dadimadi Ghrita Vs standard care in Adolescents with Iron Deficiency Anemia in improving Hemoglobin level, Functional gut well-being and Cognitive performance- A Randomized active controlled trial	NARIP, Cheruthuruthy	Punarnavadi Mandura' Dadimadi Ghrita	150	Ongoing

6.	Clinical Evaluation of Ayurvedic Regimen (Virechana Karma followed by Oral administration of Kankayana vati, Kanchanara guggulu and Kumaryasava) in the management of Polycystic ovarian syndrome - A Randomized controlled open label Clinical Trial	NARIP, Cheruthuruthy	Kankayana vati, Kanchanara guggulu and Kumaryasava	300	Ongoing
7.	Clinical evaluation of Sanjivani Vati and Pippaladyasava in the management of Agnimandya -a randomized parallel group study.	NARIP Cheruthuruthy RARI Jaipur RARI Gwalior	Pippaladyasava	330	Ongoing
8.	Evaluation of the efficacy and safety of Chandraprabha Vati with Gokshuradi Guggulu in the management of Benign Prostatic Hyperplasia – A Randomized standard controlled clinical trial	RARI Jammu	Chandraprabha Vati Gokshuradi Guggulu	70	Ongoing
9.	Comparing the efficacy of Yashtimadhu Ghrita anal infiltration and Diltiazem topical application in the management of Chronic Anal Fissure – An open-label randomized controlled trial	NARIP Cheruthuruthy	Yashtimadhu Ghrita	100	Ongoing
10.	Efficacy of Ayurveda Therapeutic Regimen versus Physiotherapy on Functional Disability and QoL in Post Stroke Rehabilitation-A prospective Randomized controlled trial	NARIP Cheruthuruthy	Complex intervention	90	Ongoing
11.	Efficacy and safety of Murivenna anal infiltration compared to Diltiazem topical application in chronic anal fissure: A prospective randomized open-label clinical trial	NARIP Cheruthuruthy	Murivenna	66	Ongoing
12.	Efficacy of Arjuna in improving clinical outcomes, quality of life and hemodynamic parameters	NARIP Cheruthuruthy	Arjuna	180	Ongoing

	in primary chronic venous disease: A Randomized, Double-Blind, Placebo-Controlled Trial				
13.	Efficacy of an Ayurvedic management protocol on the rate of recurrence, Healing, and Safety in Parikarthika (Fissure in ano)-A randomized controlled trial	NARIP Cheruthuruthy	Complex intervention	90	Ongoing
14.	Management of Autism Spectrum Disorder in Children through a comprehensive Ayurveda Approach as an add-on to Conventional Therapy– A randomized control Clinical Trial	CARI Bengaluru	Complex intervention	80	Ongoing
15.	Evaluation of Efficacy and Safety of Ayurveda Intervention (Ayush-64) add-on-therapy for patients with Covid-19 infection (Stage-I)- A Randomized controlled clinical trial	GMC, Nagpur Participating Institute - RARI, Nagpur	Ayush-64	60	Completed, Published https://pmc.ncbi.nlm.nih.gov/articles/PMC8614205/
16.	A Randomized, Open Label, Parallel Efficacy, Active Control, Exploratory Clinical Trial to Evaluate Efficacy and Safety of an Ayurvedic Formulation (Ayush 64) as Adjunct Treatment to Standard of Care for the management of Mild to Moderate COVID-19 Patients	Shri Dhanwantry Ayurvedic College and Hospital, Chandigarh Participating Institute - CARI, Patiala	Ayush-64	80	Completed, Published, https://www.sciencedirect.com/science/article/pii/S0965229922000164
17.	A Prospective Randomized Controlled Clinical Trial to evaluate the Efficacy and Safety of Ayurveda Interventions (Ashwagandha Tablet and Shunti Capsule) in the management of COVID-19	Shri Dhanwantry Ayurvedic College and Hospital, Chandigarh Participating Institute - CARI,	Ashwagandha Tablet and Shunti Capsule	60	Completed, Published https://pubmed.ncbi.nlm.nih.gov/37482107/

	infection (Mild to Moderate symptoms)	Patiala			
18.	A Randomized, Open Label, Parallel Efficacy, Active Control, Multi-Centre Exploratory Drug Trial to Evaluate Efficacy and Safety of an Ayurvedic Formulation (Ayush 64) as adjunct Treatment to standard of care for the management of Mild to Moderate COVID-19 Patients	KGMU Lucknow through RARI, Lucknow DMIMS(DU), Nagpur through RARI, Nagpur Participating Institute - RRAP CARI Mumbai	Ayush-64	140	Completed, Published, https://pubmed.ncbi.nlm.nih.gov/36928877/
19.	A Study of Ashwagandha in the Prophylaxis Against COVID-19 and its benefits on General Health in High-Risk Health Care Workers: A Randomized Controlled Comparison with Hydroxychloroquine Sulphate (HCQS)”	Datta Meghe Institute of Medical Sciences, (DMIMS), Nagpur SDM College of Ayurveda & Hospital, Hassan Participating Institute - CARI, Mumbai	Aswagandha	400	Completed, Published, https://www.sciencedirect.com/science/article/pii/S0965229921001096#:~:text=The%20results%20show%20non%2Dinferiority,a%20safety%20option%20to%20HCQ.
20.	A Prospective Randomized Controlled Clinical Trial to evaluate the Efficacy and Safety of Guduchi Ghan Vati in the management of COVID-19 infection	Pt. Khushilal Sharma Government Ayurveda College & Institute, Bhopal, Madhya Pradesh Participating Institute - RARI, Gwalior	Guduchi Ghan Vati	30	Completed, Published, https://pmc.ncbi.nlm.nih.gov/articles/PMC8966758/
21.	Randomized control study to evaluate the efficacy of Ayush CCT and Rajyoga Meditation versus conventional treatment on clinical recovery and post-operative outcomes following elective adult cardiothoracic	AIIMS, New Delhi Participating Institute - CCRAS New Delhi	Ayush CCT	100	Completed, Under Publication Process

	surgeries				
22.	Clinical evaluation of the efficacy of “Ayush- SS Granules” in exclusively breastfeeding mothers with Insufficient Lactation (Stanyalpata)-A Randomized double blind placebo control Trial”	VMMC & Safdarjang Hospital, New Delhi Participating Institute - CCRAS New Delhi	Ayush- SS Granules	210	Completed Under Publication Process
23.	Evaluation of Hepatoprotective activity of PTK as an add on therapy in the patients of Tuberculosis on ATT - A Double Blind Randomized controlled clinical study	Kaher’s JN Medical College, Belagavi through KAHER’S Shri BM Kankanwadi Ayurveda Mahavidyalaya, Belagavi Participating Institute - CARI Bengaluru	Phalatrikadi Kwatha	150	Ongoing
24.	A Randomized control trial to evaluate the efficacy of Ayurvedic interventions (Agastya Haritaki and Ashwagandha) and Yoga in long term effects of COVID-19	Government Medical College, Nagpur DMIMS, Wardha Participating Institute - RARI, Nagpur	Agastya Haritaki and Ashwagandha	220	Completed
25.	A study of Ashwagandha administration in participants vaccinated against COVID-19 on safety, immunogenicity and protection: A randomized, double blind, placebo controlled, multi-centric clinical trial	DHS,SPPU-Pune, AIIA-Delhi, DMIMS-wardha/ RARI-Nagpur, SDM-Hassan, KLE-Belgavi, NIA-Jaipur, THSTI, Faridabad (for Immunolgical Investigations) Participating	Ashwagandha	1200	Completed, Under Publication Process

		Institute - CARI-Mumbai/R.A. Podar Medical College Nodal Centre			
26.	The impact of Chyawanprash on immunogenicity when administered after COVID-19 vaccination in health care personnel - An open-label, prospective randomized controlled study	DMIMS, Wardha Participating Institute - RARI, Nagpur	Chyawanprash	100	Completed, Under Publication Process
27.	A Randomized controlled trial to evaluate the efficacy of multimodal Ayurveda interventions in Jaanu Sandhigatavata (Primary Knee Osteoarthritis)	AIIMS New Delhi Participating Institute - CARI, New Delhi	Complex Classical Ayurveda Intervention	150	Ongoing
28.	A double blind, double dummy prospective randomized controlled study to evaluate the efficacy of classical Ayurveda management versus Methotrexate in Rheumatoid Arthritis- (AMRA Study)	AVP Foundation, Coimbatore Participating Institute - CARI, Bengaluru CARI, Mumbai	Complex Classical Ayurveda Intervention	240	Ongoing
29.	Efficacy of Ayurveda nutritional supplements and Yoga protocol in the prevention and reduction of the severity of Acute Mountain Sickness: an open-label randomized controlled study	Nimu/Leh under the AFMS, Northern Command of Indian Army Participating Institute – RARI Jammu	Ayush CCT tea, Ayush Poshak Yoga High Altitude sickness Prevention protocol of Yoga	1660	Completed, Under Publication Process
30.	Efficacy and safety of Ayurveda Formulation Trikatu as add on to standard care in Dyslipidemia - a randomized controlled trial	AIIMS, Bhubaneswar Participating Institute - CARI, Bhubaneswar	Trikatu	170	Ongoing

31.	Clinical evaluation of Ayurvedic management in Allergic Rhinitis- A Randomized controlled Trial	Safdarjung Hospital, New Delhi Participating Institute - CARI, New Delhi	<i>Anutaila, Nardiya Laxmivilas, Shirishadi Kashaya</i>	90	Ongoing
32.	Topical Oil Pooling (Karnapurana) with Kshirabala Taila and supplementation of Ashwagandha churna (TOPMAC) in presbycusis - An exploratory randomized controlled trial	Institute for Communicative and Cognitive Neuro Sciences, Shoranur Participating Institute - NARIP, Cheruthuruthy	Kshirabala Taila	60	Ongoing
33.	Prospective, Randomized, Open-Label, Blinded End Point exploratory clinical study to evaluate the efficacy and safety of Ayurvedic regimen as an adjunct to Hydroxyurea in the management of Sickle cell disease	AIIMS, Bhopal Participating Institute - RARI, Gwalior	Dadimadi Ghrita, Punarnavadi Mandura, Vasaguduchya di Kwatha	100	Ongoing
34.	Impact of Mukta Shukti Bhasma and Saubhagya Shunti in reversal of bone mineral density among Lactating women consuming traditional diet foods in Maharashtra: A randomized Controlled preliminary clinical study	ICMR-NIRRH, Mumbai Participating Institute - CARI, Mumbai	<i>Muktashukti Bhasma and Saubhagya Shunthi</i>	120	Ongoing
35.	Efficacy of Ayurveda interventions (Hridyarnava Rasa and Harityakyadi yoga) as an add-on to standard care in Stable Coronary Artery Disease (CAD) assessed through Global Longitudinal Strain Imaging Technique (GLSIT) - A Randomized Controlled Trial.	Madhavbaug Cardiac Care Clinic and Hospital, Khalapur, Maharashtra Participating Institute - CARI, Mumbai	Hridyarnava Rasa and Harityakyadi yoga	310	Ongoing

36.	Prospective double blind randomized controlled clinical study on Ayurvedic intervention (Pushkar guggulu & Haritaki churna) in the management of stable coronary artery disease	VMMC & Safdarjung Hospital, New Delhi Participating Institute - CARI, Delhi	Pushkar guggulu & Haritaki	100	Ongoing
37.	Randomized controlled trial of Anshumati Ksheer-Paka in hypertension induced left ventricular hypertrophy	Safdarjung hospital New Delhi Participating Institute - CARI New Delhi	<i>Anshumati Ksheer Paka</i>	110	Ongoing
38.	A randomized double-blind placebo control clinical study to evaluate the immunomodulatory effect of Swarnaprashan in moderately malnourished children	Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow Participating Institute - RARI, Lucknow	Swarnaprashan	160	Ongoing
39.	Efficacy and safety of Punarnavadi Mandura alone and in combination with Drakshavaleha compared to iron-folic acid in the treatment of moderate iron deficiency anaemia among non-pregnant women of reproductive age group: a community-based three arm multicentre randomized controlled trial.	All India Institute of Medical Sciences (AIIMS) Bhopal All India Institute of Medical Sciences (AIIMS) Bibinagar All India Institute of Medical Sciences (AIIMS) Jodhpur All India Institute of Medical Sciences (AIIMS) New Delhi ICMR - National Institute of Traditional Medicine (ICMR-NITM) Belagavi KEM Hospital Research Centre Pune Mahatma Gandhi Institute of	Drakshavaleha Punarnavadi Mandura	391 2	Ongoing

		Medical Sciences (MGIMS) Wardha Rajendra Institute of Medical Sciences (RIMS) Ranchi			
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National Institute of Ayurveda (NIA)

S. No.	Project title of RCT	Trial location	Medicine	Sample Size	Findings
1.	Role of dhatturadi tailam and kutannatadi tailam with oral administration of yashtimadhu churna in khalitya w.s.r. to xenobiotics: a randomized comparative trial	NIA hospital Jaipur	Dhatturadi tailam, Kutannatadi tailam, Yashtimadhu churna	40	Group A (Kutannatadi tailam with oral administration of yashtimadhu churna) is more effective than group B (Dhatturadi tailam with oral administration of yashtimadhu churna)
2.	Comparative clinical study on efficacy of Ahiphenmochnadi vati and Sameergaja kesari rasa in opium addiction	NIA hospital Jaipur	Ahiphenmochnadi vati, Sameergaja kesari rasa, Aswagandhadi Aweha, Ksheerbaladi Taila	30	Groupa B (Sameergaja kesari rasa Aswagandhadi Aweha, Ksheerbaladi Taila) is more effective than group A (Ahiphenmochnadi vati Aswagandhadi Aweha, Ksheerbaladi Taila)
3.	A Comparative Clinical Study on Phaltrikadi KwathVati With and Without BilwadiAgada on Alcoholic Liver Steatosis With Special Reference to GaraVishaJanya YakrutVikara	NIA hospital Jaipur	BilwadiAgada Phaltrikadi kwath Vati	45 subjects (15 each in three groups)	<ul style="list-style-type: none"> • Both drugs stand alone and combination reduced liver enzymes level after 45 days of treatment • BilwadiAgada stand alone group showed most significant action on liver enzymes among three groups • Phaltrikadi kwath vati stand alone group was find lowest reduction among three groups • No any CBC/DC test

					parameters change found with administration off 45 days in three groups
4.	“A Comparative Study Of Punarnavadi Chewing-Gum And Ashwgandhadi Chewing-Gum In Tobacco Chewing Withdrawal Syndrome: - A Randomized Clinical Trial”	NIA hospital, Jaipur	Punarnavadi chewing-gum and Ashwagandhadi chewing-gum	40 subjects (20 in two each groups)	Both drugs were effective in tobacco chewing withdrawal syndrome but comparatively Ashwagandhadi chewing -gum was more effective
5.	A Comparative Clinical Study on the Efficacy of Chandasava and Drakshasava in Anidra with special reference to Alcohol withdrawal Insomnia.”	NIA hospital, Jaipur	Chandasava and Drakshasava	40 subjects (20 in each group)	Overall, both the drugs were found successful and effective in reducing Insomnia and other complaints related to insomnia occurring due to alcohol addiction however, the clinical relief in insomnia in study group with Chandasava was better than the clinical relief found in study group with Drakshasava.
6.	A comparative clinical study on eladi modaka and kharjuradi manth in madatyaya with special reference to alcohol withdrawal syndrome	NIA hospital, Jaipur	eladi modaka, kharjuradi manth	30 subjects (15 in each group)	Group A (eladi modaka) is more effective than group B (kharjuradi manth)
7.	clinical efficacy of lakshadi lepa on dadru kushtha W.S.R to Dushi Visha : A Randomized control clinical trial	NIA hospital, Jaipur	lakshadi lepa, patiltriphladi kwath ghan vati, cutis cream	30 subjects (15 in each group)	Both drugs were effective in Dadru but comparatively lakshadi lepa along with patiltriphladi kwath ghan vati was more effective
8.	“A Comparative Clinical Study of Saraswata Churna and Tagaradi Kwath Ghana Vati along with Khadiradi Gutika in Tobacco Chewing withdrawal symptoms: A Randomized Clinical Trial.”	NIA hospital, Jaipur	Grp A-Saraswata Churna& KhadiradiGutika Grp-B Tagaradi Kwath Ghana Vati & Khadiradi Gutika	30 subjects (15 in each groups)	Both Groups were effective in tobacco chewing withdrawal symptoms but comparatively study drug Saraswata Churna with Khadiradi Gutika was more effective

9.	"Comparative Study Of Maltyadi Tailam And Gunjadi Tailam Along With Oral Administration Of Dhatritiladi Yogaa In Darunak W.S.R. To Dandruff: A Randomized Clinical Trial"	NIA hospital, Jaipur	Malatyadi Tailam, Gunjadi Tailam, Dhatritiladi Yoga	40 subjects (20 in two each groups)	both drugs effective against dandruff, comparatively Gunjadi Tailam more effective
10.	A Comparative clinical study of sapsama yoga and kashthagana mahakashaya along with chakramard beej lepa in Dadru W.S.R. to tinea infection	NIA hospital, Jaipur	sapsama yoga, kashthagana mahakashaya, chakramard beej lepa	40 subjects (20 in two each groups)	Group A (sapsama yoga with chakramard beej lepa) is more effective than group B (kashthagana mahakashaya with chakramard beej lepa)
11.	A Comparative Study Of Chandra Avaleha and Tagaradi Kwath Ghana Vati with Eladi Gutika in Tobacco Chewing Withdrawal: - A Randomized Clinical Trial"	NIA hospital, Jaipur	Group A (Chandra avaleha with Eladi Gutika), Group B (Tagaradi kwath ghana vati with Eladi Gutika)	40 subjects (20 in each group)	Overall, both the drugs were found successful and effective in reducing the withdrawal symptoms. However Tagaradi Kwath Ghana vati along with Eladi Gutika used in Group B was found to be more effective in reducing withdrawal symptoms.
12.	role of vishghna mahakashaya and patolkaturohinyadikashaya in vicharchika w.s.r. to xenobiotics: a randomized comparative study	NIA hospital, Jaipur	Grp A- vishaghna mahakashaya Grp-B patolkaturohinyadi mahakashaya	30 subjects (15 in each groups)	Both Groups were effective in reducing symptom of vicharchika. Group A & Group B showed extremely significant result in Kandu, Daha, Srava, Rukshata, Pidikotpatti & Vaivarnayata.
13.	A Comparative Clinical Study on the Effect of Mrudvikasava and Ashwagandhadyaristain Madatyaya With Special Reference to Alcohol Withdrawal Syndrome	NIA hospital, Jaipur	1. Study drug – Mrudvikasava 2. Control drug Ashwagandhadyarista	40 subjects (20 in each group)	Both drugs shown extremely significant effects on symptoms like- tremors, anxiety, agitation etc. Both the drugs also revealed extremely significant effect for craving of alcohol (Null hypothesis was rejected – Control

					drug shown overall more effective results)
14.	A Ransomised Comparative Clinical Trial To Evaluate The Rasayana Effect Of Amrit Bhallatak And Ashwagandhadi Lehya In Akaalaja Jara(Premature Ageing)	NIA hospital, Jaipur	Grp A- amrit bhallatak group Grp B- ashwagandhadi lehya	60 (30 in each group)	Both groups have almost same effect but comparatively Amrit bhallatak showed better effect in sign and symptoms in akaalaja jara
15.	A Comparative Study of sahakara gutika and kushthadya gutika in tobacco chewing addiction: A randomized clinical trial	NIA hospital, Jaipur	Group A: Sahakara gutika and tagaradi kwath ghana vati Group B: Kushthadya Gutika and tagaradi kwath ghana vati	30 (15 in each group)	Both group were effective in tobacco chewing addiction but Group A shown more effective result
16.	“A Comparative Clinical Study On Efficacy Of Mahavataraj Rasa And Sameeragajakesari Rasa In Patients Of Opium Withdrawal”	NIA hospital, Jaipur	Group A- Sameeragaja kesari Rasa along with Kushmand Avaleha and Panchguna Tail for Sarvanga Abhayanga. Grp-B Mahavataraj Rasa along with Kushmand Avaleha and Panchguna Tail for Sarvanga Abhayanga.	30 subjects (15 in each groups)	In intergroup comparison both groups achieved extremely significant results on the COWS scale, although group B experienced higher symptomatic percentage relief in the intergroup comparison.
17.	"Role of Bilwadi Agad with and without Kushthaghna mahakashay in dadru w.s.r. to tinea infection : A Randomized Clinical Trial.”	NIA hospital, Jaipur	Grp A-Bilwadi gutika Grp-B - Bilwadi Agad with Kuthaghna mahakashay	30 subjects (15in eachgroups)	Both Groups were effective in Dadru but comparatively study drug Bilwadi Agad with Kuthaghna mahakashay was more effective.
18.	Clinical efficacy of drakshadi churna and vidarikandadi churna in madatyaya with special reference to alcohol addiction : A randomied control clinical trail	NIA hospital, Jaipur	Grp A- Drakshadi churna along with Bhumiamalaki kwath ghana vati Grp B- Vidarikandi churna along with Bhumiamalaki kwath ghana vati	30 subjects (15in eachgroups)	Though there was no significant difference statistically in study and control group but clinically relief in patient belonging to study group were found better than control group

19.	“Comparative Clinical Study of Rohitakadya Churna Ghana Vati with Vardhaman Pippali Rasayan in Alcoholic Liver Disease”	NIA HOSPITAL JAIPUR,	GROUP – A (Vardhaman Pippali Rasayan & Trivruttavalaha With Rohitakadya Churna Ghana Vati) GROUP – B (Vardhaman Pippali Rasayan & Trivruttavalaha With Phalatrikadi Kwath Ghana Vati)	30 SUBJECTS (15 FROM EACH GROUPS)	Both Groups were effective in Alcoholic Lever Disease But comparatively study drug Vardhaman Pippali Rasayan & Trivruttavalaha With Rohitakadya Churna Ghana Vati was more effective.
20.	Comparative Study To Evaluate The Efficacy Of Til Taila Shirodhara And Ksheer Shirodhara In The Management Of Madatyajanya Anidra W.S.R. Alcohol Withdrawal Syndrome	NIA hospital, Jaipur	Group A – Shirodhara with Til Taila. Group B – Shirodhara with Ksheer	30 subjects (15 in each groups)	Both Groups were effective in treating Madatyajanya anidra but comparatively Til Taila Shirodhara was more effective.
21.	A Randomized Comparative Trial to Evaluate the Efficacy of Ahiphenadi Vati and Sameergaja Kesari Rasa in Opioid Use Disorder	NIA hospital, Jaipur	Grp A- Ahiphenadi vati Grp B- Sameergaja kesari rasa	60 (30 in each group)	In progress
22.	Randomised Comparative Clinical Study On The Efficacy Of Tagaradi Ghan Vati And Brahmi Vati Along With Pratimarsha Nasya Of Ksheerabala Taila In Substance Withdrawal Insomnia”.	NIA hospital, Jaipur	Tagaradi Ghana Vati, Brahmi Vati, Ksheerbaladi Taila	60 (30 in each group)	In progress
23.	A Comparative Clinical Study To Evaluate The Efficacy Of Jatiphaladi Vati And Sameeragajakesari Rasa In Opioid Use Disorder	NIA hospital, Jaipur	Jatiphaladi Vati And Sameeragajakesari Rasa	30 (15 in each group)	In progress
24.	A Comparative Clinical Study On Efficacy Of Dushivishari Agad Ghan Vati And Chandraskaladi Vataka In Dushivishjanya Kotha With Special Reference To Urticaria	NIA hospital, Jaipur	Dushivishari Agad Ghan Vati And Chandraskaladi Vataka	60 (30 in each group)	In progress

25.	Comparative Clinical Study On Phaltrikadikwath Agad Ghan Vati With And Without Panchshirisha Agad Ghan Vati On Garavisha Janya Yakrut Vikar With Special Reference To Alcoholic Fatty Liver Disease.	NIA hospital, Jaipur	Phaltrikadikwath Agad Ghan Vati, Panchshirisha Agad Ghan Vati	60 (30 in each group)	In progress
26.	A Clinical Study To Evaluate The Effect Of Yakrut Roga Nashak Yoga And Yakrut Shool Vinashini Vati In Yakrut Vikara With Special Reference To Alcoholic Liver Disease” – A Randomized Comparative Trial.	NIA hospital, Jaipur	Yakrut Roga Nashak Yoga And Yakrut Shool Vinashini Vati	Sample size 20 each groups Total 40pt.	In progress
27.	A Randomised comparative clinical study to evaluate the efficacy of Madatyayahar Kashaya and Kharjuradi mantha in Madatyaya with special reference to Alcohol Use Disorder	NIA, Hospital, Jaipur	Madatyayahar kashaya and Kharjuradi mantha	40 (20 in each group)	In progress
28.	A Randomized Control Clinical Trial Of Dhatri Lauha With Drakshaghrita And Iron Folic Acid Tablets In The Management Of Garbhini pandu	NIA hospital, Jaipur	Trial drugs: Dhatri lauha with Drakshaghrita Control drug; iron folic acid tablets	Total sample size-100 (50 in each group)	Ayurvedic regimen Dhatri lauha with Drakshaghrita is equally effective when compared with standard comparator(iron folic acid tablets)
29.	Pre-Clinical and clinical study of PrajasthapanaMahakashaya granules with Vata shunga Nasya&Micronized Progesterone in prevention of Garbhasrava (Early Pregnancy Loss)	NIA hospital, Jaipur	Trial drug: Prajasthapana Mahakashaya granules with Vata shunga Nasya Control drug: Micronized Progesterone	Total sample size-100 (50 in each group)	The study underscores Ayurvedic interventions' potential in reducing early pregnancy loss. Prajasthapana Mahakashaya granules and Vata Shunga Nasya showed significant effectiveness in sustaining pregnancies, with superior outcomes in fetal development compared to micronized progesterone.

30.	A Randomized Comparative clinical study to assess the safety and efficacy of Gunjaadi Taila and Kantakaari Taila in the patients of Darunaka w.s.r. to dandruff-2022	NIA hospital, Jaipur	A. Gunjaadi Taila B. Kantakaari Taila	60	All the groups bare a significant relief in all the groups
31.	Randomised Comparative clinical trial to Evaluate the efficacy of tulsi and Krishna tulsi (Ocimum Sanctum Linn.) in Prameha w.s.r. to Pre- Diabetes-2022	NIA hospital, Jaipur	A. Tulsi B. Krishna Tulsi	30	There was significant difference before and treatment in all the groups
32.	A Comparative Evaluation of Gomutraharithaki wity Gomutra source from indian Cow and Jersey Cow in sthoulya (Obesity)-2020	NIA hospital, Jaipur	A.Gomutraharithaki with gomutra of Indian cow B:Gomutraharithaki with gomutra of Jersey cow	60	The clinical relief in patient belonging to Group A were found better than Group B
33.	A Randomised Clinical Trial for the evaluation of Bala haridradi Lepa in Vyanga (Melasma)-2020	NIA hospital, Jaipur	A. Bala haridradi Lepa & Khadiradi kwath B. Bala haridradi lepa	30	Group A more effective than B
34.	A Comparative Clinical trial of Vriddhadaruka Mula (Root of Arygeria nervosa with different anupana in Sandhigata vata w.s.r. Osteoarthritis - 2021	NIA hospital, Jaipur	A.Vriddhadaruka mula powder with Go ghirta B. Vriddhadaruka mula powder with Koshna Jala	80	Excellent Result for Both Group
35.	A Randomised Control Trial to evaluate the Litholytic property of Japa pushpa churna in asmari w.s.r. to cholelythiasis -2021	NIA hospital, Jaipur	A. Japa pushpa Churna B. UDCA	30	The trial drug was more effective

36.	A Comparative Randomised Clinical trial of Ingudi Lepa & Jatiphala lepa in the management of vyanga w.s.r. to melasma - 2022	NIA hospital, Jaipur	A. Ingudi lepa B. Jatiphala lepa	30	Ingudi lepa more effective than Jatiphala lepa
37.	Randomised Clinical Trial of Majuphala lepa in mukhdushika-2024	NIA hospital, Jaipur	A. Majuphal Tandulodak B. Majuphal Udak	60	Group A Better than B
38.	A Randomised Comparative Clinical Study of Bhringrajadi tail & Gunjadi tail as external application in the management of Darunaka w.s.r.dandruff-2024	NIA hospital, Jaipur	A.Bhringrajadi tail B. Gunjadi tail	60	No Statistical significant difference b/w Group A and B
39.	A Randomised comparative clinical Study of Abhaya and Ashwagandha Granules in the Generalised Anxiety disorder w.s.r. to Vishad-2024	NIA hospital, Jaipur	A.Abhaya Granule B. Ashwagandha Granule	40	Abhaya granules Slightly more effective
40.	A comparative clinical study to evaluate the efficacy of Guduchi taila by Aaditypaka and Agnipaka method in hairfall (Khalitya) 2023	NIA hospital, Jaipur	A. Aaditypaka Guduchi taila B. Agnipaka Guduchi taila	30	Both group are showing significant result but Aaditypaka Guduchi taila was little bit more effective in hairfall
41.	"A Randomized Comparative Clinical Trial Of Eranda Patra Kshara & Shudh Hingu To Evaluate Their Lekhan Karma With Special Reference To Medovridhi" 2023	NIA hospital, Jaipur	Group A: Eranda patra kshar Group B: Shudh hingu Group C: Eranda patra kshar and Shudh hingu	60	Group C showed better results compared to other two groups

42.	A Randomized Comparative Clinical Study To Evaluate The Effect Of Yoga And Shatavaryadi Churna In Post Menopausal Syndrome" (2020)	NIA hospital, Jaipur	<ul style="list-style-type: none"> • Group A • Yoga Session – 1 And A Half Hours • Group B Shatavariyadi Churna 	40 20 In Each Group	In inter group comparison there is no significant difference in effect of both therapies
43.	A Randomized Controlled Trial To Evaluate The Anti-Inflammatory Effect Of Mud Therapy Along With Lakshadi Guggulu In Snayugata Aghataja Shoth With Special Reference Ankle Sprain (2021- 2024)	NIA hospital, Jaipur	<ul style="list-style-type: none"> • Group A • Diclofenac Potassium • Serratio Peptidase • Group B • Lakshadi Guggulu • Black Mud 	30 Participa nts 15 In Each Group	<p>Lakshadi guggulu along with Mud therapy may be utilised as a Standard Ayurveda treatment Protocol for Snayugata Aghataja Shoth because no difference was found in the anti-inflammatory effect of mud therapy with Lakshadi Guggulu and standard treatment.</p> <p>The goal of the current study i.e. To evaluate anti-inflammatory effect of mud therapy with Lakshadi Guggulu in Snayugata Aghataja Shoth (ankle sprain) is fulfilled because mud therapy with Lakshadi Guggulu provided significant relief in all signs and symptoms of inflammation</p>
44.	A Randomized Comparative Clinical Study To Evaluate The Efficacy Of Anutaila Pratimarsha Nasya And Jalneti Kriya In Pratishyaya W.S.R. To Chronic Sinusitis	NIA hospital, Jaipur	<p>Group A – Anu Tail Pratimarsha Nasya</p> <p>Group B – Jala Neti Kriya</p>	30 Participa nts 15 In Each Group	<p>When the clinical improvement in both groups was compared, it was found that Group B, who got Jalneti Kriya, had higher percentage relief than Group A, which received Pratimarsha Nasya treatment.</p> <p>It is concluded on the basis of our study that Jalneti Kriya is more</p>

					effective in managing the disease Pratishyaya (Chronic Sinusitis).
45.	" A Randomized Controlled Study To Assess The Vajikarana Effect Of Vrishya Pupalika And Modak Against Placebo"	NIA hospital, Jaipur	Group A Amalaki Churna Group B Vrishya Modak Group C Vrishya Pupalika	30 Participa nts Each Group 10 Patients	<p>All subjective parameters were found to be non-significant in Group A (Placebo).</p> <p>All subjective parameters indicated substantial results in Group B (Vrishya Modak).</p> <p>Except for the IIEF Q:9 parameter</p> <p>Group C (Vrishya Pupalika) had significant outcomes for all subjective parameters.</p> <p>In Group B, improvements in all subjective indicators are more significant than in</p> <p>Group C.</p> <p>When the improvement in both Therapies and Placebo groups was compared, it was discovered that the average percentage of relief was highest in Group B (Vrishya Modak), 74.28 percent, followed by Group C (Vrishya Pupalika), 36.49 percent, and Group A (Placebo), - 1.99 percent.</p> <p>Based on the preceding results and trial primary outcome, the alternate hypothesis is that there is a difference in</p>

					<p>Vrishya Pupalika, Vrishya Modak, and Placebo in terms of Vajikarana effect (Basis of IIEF-15).</p> <p>Both therapies had no side effects or complications.</p> <p>Both therapies were so safe, cost-efficient, and very effective, and they can be used by anyone who is about to start or improve their sexual life.</p>
46.	A Randomized Control Trial To Investigate The Efficacy Of Yoga Module And Yogik Saatvik Diet Module In Generalized Anxiety Disorder"(2020-2023)	NIA hospital, Jaipur	<p>Group A Ashwagandha + Yoga Module</p> <p>Group B Ashwagandha Churna + Yogic Satvik Diet</p> <p>Group C Ashwagandha + Yoga Module + Yogic Satvik Diet</p> <p>Group D Ashwagandha Churna+ Milk</p>	60 Participants 15 In Each Group	The consistently high p-values across all group comparisons indicate that mean differences are not statistically significant, which supports a cautious acceptance of the null hypothesis. This suggests that, within the confines of this investigation, there is insufficient data to substantiate the notion that the means of the groups under comparison are anything but equal, underscoring the significance of thorough statistical analysis in deriving reliable conclusions from experimental results.
47.	A Randomised Clinical Trial To Evaluate The Preventive Effect Of Anutaila Pratimarsha Nasya With And Without Badama Paka In Ardhavabhedaka W.S.R. To Chronic Migraine	NIA hospital, Jaipur	<p>Group A Pratimarsha Nasya With Anu Taila</p> <p>Grou B Pratimarsha Nasya With Anu Taila</p>	50 Participants 25 In Each Group	Group A which has been administered with Anutaila Pratimarsha nasya has shown significant results in Ardhavabhedaka management.

			Badam Paka		<p>Group B which has been administered with Anutaila Pratimarsha nasya and Badam paka has also shown significant results in Ardhavabhedaka management.</p> <p>Group B has shown more significant effects comparison to group A. Therefore, combined therapy is more effective in Ardhavabhedaka.</p> <p>Anutaila Pratimarsha nasya and Badam paka may be used separately for the treatment of Ardhavabhedaka and also it can be used with the ongoing therapies for better effect.</p> <p>No adverse effect was observed in any of treated groups, therefore both interventions are found to be safe.</p> <p>Finally, it can be concluded that management of Ardhavabhedaka through Ayurveda modalities are found to be safe and effective.</p>
48.	A comparative clinical study on efficacy of vamanottaraamrtavalli-ghrta and āragvadhādi-ghrtapāna in ekakuṣṭha(~psoriasis) in the purview of 'snehasyapānamīṣṭamśud dhekoṣṭhe' (ca.ci. 7/42) (BATCH 22)	NIA hospital, Jaipur	Amritavalli Ghrita Aragwadadi Ghrita	15 in each group (2 groups)	Both the medicines showed equal results

49.	A comparative clinical evaluation of triphalādi kaṣāya & mustādikaṣaya on kapha-pittajaprameha with special reference to diabetes mellitus-ii in the purview of santarpanottheṣugadeṣu yogaprameheṣvapiteprayojyā h (BATCH 21)	NIA hospital, Jaipur	Triphaladi Kashayam Mustadi Kashaya	30 in each group (2 groups)	Triphalādi kaṣāya showed better results on subjective parameters while mustādi kaṣaya on laboratory parameters
50.	A comparative clinical study of gokṣura-madhuyaṣṭi - kṣīrapāka and aśvagandhā-kṣīrapāka in vātikaārtavaduṣṭi in the purview of "yogānāmrasāyanavājīkaraṇa mūtradoṣapratīṣedhoktānāmā vācāranam"(BATCH 21)	NIA hospital, Jaipur	Gokṣura-madhuyaṣṭi kṣīrapāka Aśvagandhā kṣīrapāka	15 in each group (2 groups)	Gokṣura-madhuyaṣṭi kṣīrapāka showed better results
51.	A Randomized Controlled Clinical Trial to Evaluate the Efficacy of Suvarnprashan Drops (Herbo-Mineral Formulation) in Reducing Respiratory Infection in Infants	NIA hospital, Jaipur	Suvarnprashan Drops (Herbo-Mineral Formulation)	60	The overall difference in percentage relief provided further evidence that the impact of therapy reported by the trial group administering Suvarnprashan Drops was superior to that found in the control group.
52.	Clinical study to evaluate the efficacy and safety of Psorlyn Tablet and Psorlyn Oil in Psoriasis w.s.r. to Kitibha. (CTRI/2021/04/033243)	NIA hospital, Jaipur	Psorlyn Tablet Psorlyn Oil	30	Overall, with trial medicines,70.47% relief with highly significant improvement in PASI score as less than 0.001 P-value. It shows the effectiveness of trial drug, Tablet and oil Psorlyn in the Kitibha Roga / Psoriasis disease.
53.	Clinical study to evaluate the Efficacy and safety of of Vitimelin tablet and Vitimelin oil in Vitiligow.s.r. to Shwitra. (CTRI/2021/04/033014)	NIA hospital, Jaipur	Vitimelin tablet Vitimelin oil	30	After 3 month of treatment number of black spots increased by 28.13% respectively, Color of the patches obtained with the 29.82% relief, Size of observed patches was decreased by 29.03% respectively. It can be

					concluded that the trial treatment stimulates the formation of melanin pigment at the level of skin and melanocytic cells. The formation of blackish spots also indicates the deposition of melanin pigment generated by melanocytes cells of skin production, which has been regulated by melanocyte secreting hormones of the pituitary and pineal gland. These results indicate that hormonal impacts of the trial drug may be in the correction of pathology.
54.	A prospective Multi- centre, Open label single arm study to evaluate the efficacy and safety of Amlapitta mishrm suspension in participants with amlapitta (Symptomatic Gastritis)	The trial was Conducted in the respective OPD of 2 sites 1 OPD No.- 17 Dept. of Roga& vikriti Vigyan, NIA 2. OPD NO. 9 Dept. of Kayachikits a ayurvedya Prasarak Mandal seth R.V.Ayurvedic Hospital, Sion (E) Mumbai	Amlapitta Mishran Suspension	204	Amlapitta Mishran Suspension treatment for 14 days effectively and safety reduced the clinical symptom of amlapitta (symptomatic Gastritis) assessed by Amlapitta Symptom rating Scale, Post prandial Distress syndrome (PPDS) & Epigastric pain syndrome (EPS) scores

55.	A physiological study of twak sharir with special reference to effect of mukhakantakar lepa and kumkumadi taila in vyanga	OPD & IPD of Kriya Sharir Department NIA Hospital.	Group 1 Kumkumadi taila Group 2 Mukhakantakar lepa	60 Patients 30 in each Group	Mukhakantakar Lepa is equally effective on treating Vyanga as that of Kumkumadi Taila on parameter of Varna. Clinically Mukhakantakar Lepa was more effective in patients having oily skin because it contains Yava (Hordeum vulgare L), that is Ruksha in Guna. So, it absorbed the excessive oil from the face, and equilibrium state of the skin was maintained. On the other hand, Kumkumadi Taila showed marked improvement in patients of Vyanga having dry skin, because Taila has Snigdha Guna which balances the increased state of Vata caused by dryness of skin.
56.	"A physiological study of twak sharir with special reference to role of kushthadi lepa and jalaukavacharana along with manjishtha churna in yuvanpidaka"	OPD & IPD OF Aragyoshala NIA.Hospital.	Group A manjishtha churna with kushthadi lepa Group B manjishtha churna with 4 sittings of jalaukavacharana	40 Patients 20 in each Group	1. Jalaukavacharana alone is very effective in relieving the associated symptoms like Ruja, Daha, Kandu, Vedana, Vaivarnya, etc. of Yuvanpidaka 2. The local application kushthadi Lepa which constitutes four ingredients viz. Dhanyaka, Vacha, Lodra, Kushtha and a single drug Manjistha Churna showed effective results in relieving the sign and symptoms of Yuvanpidaka 3. In group A (Manjistha Churna and Kushthadi Lepa), results were found Extremely Significant

					<p>4. In group B (Manjistha Churna and Jalaukavacharana), results were found Extremely Significant.</p> <p>5. Comparing the symptomatic improvements in the two groups, it was found that overall percentage of relief on both subjective and objective parameters was higher in Group B (61.25%) compared to Group A (39.82%). That means effectiveness of therapy was more in Group B in comparison to Group A.</p>
57.	A physiological study of lohita layer of twak with special reference to role of effect of arjuna lepa and manjistha lepa in vyanga	OPD and IPD of NIA and SSBH, Jaipur	<p>Group 1 Arjuna Churna + Madhu (External application)</p> <p>Group 2 Manjistha Churna + Madhu (External application)</p>	30 Patients 15 in each Group	<p>The application of Arjuna Lepa was more effective in Vyanga in the parameter of Homogeneity & MASI score.</p> <p>* The application of Manjistha Lepa was more effective in Vyanga in the parameter of Darkness.</p> <p>On intergroup comparison, both groups had non-significant improvement in the parameters of Area of patches, Texture & lusture.</p> <p>* Comparing the clinical improvement in both Groups, % of relief was higher in Arjuna Lepa (21.37%) followed by Manjistha Lepa (17%).</p>
58.	A physiological study of twak with special reference to role of khadir paan and khadir lepa in vicharchika"	OPD and IPD of NIA and SSBH, Jaipur	<p>Group A: Khadir Paan (internal use) 1 Pal (50ml) orally, twice daily.</p> <p>* Group B: Khadir</p>	30 PATIENS 15 IN EACH	<p>1. In group A (Khadir Paan), results were found extremely significant on EASI Score, Very significant</p>

			Lepa Twice daily Dose - As required according to the affected area	GROUP	<p>on number of Kandu, significant on Daha, Srava, Rukshata, Pidikotpatti, Vaivarnya, Raji.</p> <p>2. In group B (Khadir Lepa), results were found to be extremely significant on Kandu, EASI Score, very significant on Daha, Srava, Rukshata, Pidikotpatti, Vaivarnya, and Raji.</p> <p>3. In the Intergroup comparison of subjective parameters, a Significant result was found in the Kandu Parameter.</p> <p>4. Comparing the symptomatic improvements in the two groups, it was found that the overall percentage of relief on subjective parameters was higher in Group B (46.67%) compared to Group A (13.333%). That means the effectiveness of therapy was more in Group B in comparison to Group A.</p>
59.	A physiological study of twaka with special reference to role of chakramarda beejadi lepa and durvadi lepa in management of dadru	OPD and IPD of NIA and SSBH, Jaipur	<p>Group A: PanchtiktaGrita 10 ml orally before meals two times in a day with external application of ChakramardaBeeja di Lepa twice in a day on the lesion (as per need)</p> <p>Group B: PanchtiktaGrita 10 ml orally before</p>	30 patients 15 in each group	Comparing the symptomatic improvement in both groups, it was found that average percentage of relief was Higher in Group A (23.004%) followed by Group B (18.56%).

			meals two times in a day with external application of Durvadilepa twice in a day on the lesion (as per need)		
60.	Physiological study of twak sharir with special reference to evaluate the effect of kunjla kriya and guduch yadi kwath in mandal kushtha	OPD and IPD of NIA Hospital, Jai pur	Group A: Kunjal Kriya (Empty stomach in the morning) followed by Panchanimba Churna (orally 3 gm, twice daily, after a meal with milk). Group B: Guduchyadi Kwath (orally, 20 ml, twice daily, before a meal with lukewarm water) with Panchanimba Churna (orally 3 gm., twice daily, after meal with milk)	30 Patients 15 in each Group	1. Kunjal Kriya proved way ahead of Guduchyadi Kwath in the management of Mandal Kushtha i.e. Psoriasis in this case. 2. On comparison of improvement in the both the groups, it was observed during the study that the percentage of relief was much higher and significant in Group A (Kunjal Kriya along with Panchnimba Churna) as compared to Group B (Guduchyadi Kwath along with Panchnimba Churna).
61.	"A physiological study of bhrajaka pitta with special reference to comparative effects of sashilekha vati and vidangadi vati in shvitra	OPD and IPD of NIA Hospital, Jai pur	Group A: - I. Sashilekha Vati - 250mg, twice a day after meal with Bakuchi Tail and Madhu. Route of Administration - Oral II. Bakuchyadi Lepa - Ardha Angula praman, (1cm)xv two times a day with Gomutra. Group B: - I. Vidangadi Vati - 250 mg, twice a day after meal with water.	30 Patients 15 in each Group	Comparing the clinical improvement in both groups it was found that average percentage of relief was higher in Group A followed by Group B. Observing the result of study, it was found that trial drug (Vidangadi Vati) is effective in managing Shvitra. Long term effect of the drug not only reduced the symptoms of Shvitra but also improves quality of life of patients of Shvitra.

			Route of Administration – Oral II. Bakuchyadi Lepa - Ardha Angula praman, (1cm)xv two times a day with Gomutra.		Results obtained in the study provide compelling evidence for the profound effect of Sashilekha Vati on Shvitra.
62.	A randomised comparative trial to evaluate the effect of lelitak prayoga in mandala kushtha with and without kosthashuddhi w.s.r. to twak sharir	OPD and IPD of NIA Hospital, Jai pur	Group A: Trivrut Ghanvati 500 mg with lukewarm water HS along with Lelitak Prayoga 250 mg BD with a Anupana of Amla Swaras and honey was administered Group B: Lelitak Prayoga 250 mg BD with Anupana of Amla Swaras and honey was administered	30 Patients 15 in each Group	1. The combination of Kosthashuddhi with Lelitak Prayoga demonstrated superior effectiveness compared to the use of Lelitak Prayoga alone. Although not statistically significant, the clinical improvement observed in Group A (Kosthashuddhi with Lelitak Prayoga) was markedly greater than in Group B (Lelitak Prayoga alone).
63.	A proof of Concept, Interventional Single- Centre Open label Single arm Study to evaluate the safety and efficacy of Beejapushti Rasa in Participants with oligospermia.	NIA Hospital, Jai pur	Beejapushti Rasa	100	Result yet to be Published.

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S. No.	Project title of RCT	Trial location	Medicine	Sample Size	Findings
1.	Efficacy of Paushtika Biscuit in the management of underweight in Pre-school Age Group w.s.r. to	Jamnagar	Group A Paushtik biscuit along with Anganwadi	95	After the overall assessment, 86.49% of patients showed mild

	Karshya-An Open Labelled, Randomized Control Pharmacoclinical Trial		standard diet and for Group B Anganwadi standard diet only.		positive improvement in Group A, 10.81% showed moderate positive improvement, and 2.70% did not.
2.	Efficacy of Medhya Rasayana along with Yoga-Asana in the management of Shayyamutra (enuresis) in children - An open labeled randomized control clinical trial.	Jamnagar	Group A Medhya Rasayana Churna along with Yoga Asana (MRY) i.e., Utkatasana, Bhujangasana, Ardhashalabhasana, Shavasana and for Group B Medhya Rasayana Churna (MR)	41	Frequency of bed wetting was statistical significantly reduced in group A and Group B. But percentage relief was 70% and 38.30% in Group A and B respectively. In Group A, statistically significant improvement (P<0.05) was found in all the associate symptoms like memory, irritability, concentration, activity, and fear. Memory was improved by 60.71%, irritability was relieved by 65.71%, concentration was improved by 45.45%, excessive activity relieved by 70.83% and fear relieved by 24%. While in Group B, statistically significant result (P<0.05) was observed in memory, irritability, concentration. The memory was improved by

					31.25%, irritability was relieved by 36.67%, concentration was improved by 43.33, excessive activity by 30.77% and fear was relieved by 26.09%. On comparison of effect of therapy in both groups showed statistically significant difference (P<0.001) in bedwetting frequency, which is 70.23% relief in group A (MRY) and 45.56% relief in group B (MR).
3.	Role of Priyangavadi Churna Pratisarana, Triphala Churna orally, with or without Raktamokshana (Prachchana Vidhi) in the management of Shitada (Gingivitis)”	Jamnagar	In Group A, Raktamokshana with Prachchana Vidhi along with Priyangavadi Churna Pratisarana and Triphala Churna orally were administered. In Group B, only Priyangavadi Churna Pratisarana and Triphala Churna orally were administered.	111	Combined therapy of Group A (combined treatment; i.e. Triphala Churna orally, Priyangavadi Churna Pratisarana and Raktamokshana by Prachchana Vidhi was found more effective than group B (Triphala Churna orally, Priyangavadi Churna Pratisarana without Raktamokshana) in management of Shitada (Gingivitis).

All India Institute of Ayurveda					
S. No	Project title of RCT	Trial location	Medicine	Sample Size	Findings
01.	A Prospective, Randomized, Open label Three-Armed Clinical study to assess the role of Vasa Ghana (whole Aqueous extract of Adhatoda vasica), Guduchi Ghana (whole Aqueous extract of Tinospora cordifolia) and Vasa-Guduchi Ghana (whole Aqueous extract of Adhatoda vasica & Tinospora cordifolia combined) in management of symptoms and preventing the progression of severity of the disease in SARS-CoV2 tested positive asymptomatic and mild COVID-19 Cases	AIIA, New Delhi	Whole Aqueous extract of <i>Adhatoda vasica</i> -Vasa Ghana Whole Aqueous extract of <i>Tinospora cordifolia</i> - Guduchi Ghana Whole Aqueous extract of <i>Adhatoda vasica</i> & <i>Tinospora cordifolia</i> combined- Vasa-Guduchi Ghana	150	Completed Good improvement in Immunomodulatory effects and early recovery from COVID-19
02.	Effect of Guduchyadi tablet (Tinospora based herbal formulation) in the management of newly diagnosed Mild to Moderate COVID-19	AIIA, New Delhi	Guduchyadi Tablet	400	Study completed Better improvements observed in trial group

	Patients - An double blind Randomized Control Trial				
03.	A clinical study and genetic analysis of glaucoma individuals classified by Doshaja Prakriti- an open labelled double arm randomized clinical trial.	AIIA, New Delhi =	Swarnamakshikadi gutikanjana Swarnagairikadi gutikanjana	30 in Each group	Screening of Glaucoma patients going on
04.	"AYURAKSHA, a prophylactic Ayurvedic immunity boosting kit reducing positivity percentage of IgG COVID-19 among frontline Indian Delhi police personnel: A non-randomized controlled intervention trial	AIIA, New Delhi	Ayuraksha Kit	80,000	Less incidents of COVID-19 among the trial population
05.	A study of Ashwagandha administration in participants vaccinated against COVID-19 on safety, immunogenicity, and protection: A randomized, double-blind, placebo-controlled, multi-centric clinical trial.	<ol style="list-style-type: none"> 1. Center for Rheumatic Diseases, Pune 2. AIIA, New Delhi 3. NIA, Jaipur 4. Datta Meghe Institute of Medical Sciences, Nagpur 5. KLE University, Karnataka 6. Sri Dharmasthala Manjunatheshwara College 	Ashwagandha	120	Multicentre study with CCRAS

		<p>of Ayurveda & Hospital, Hassan, Karnataka</p> <p>7. Department of Interdisciplinary School of Health Sciences, Pune</p> <p>8. R.A. Podar Medical (Ayu) College, Worli, Mumbai</p>			
06.	Protective efficacy of Anu Taila Nasya in Healthcare Professionals against SARS-CoV-2 (COVID-19) Infection: A Double-Blind Placebo Controlled Clinical Trial.	AIIA, New Delhi	Anu Taila Nasya	200 in each group	Better preventive effect observed among the trial group
07.	Ashwagandha for the prophylaxis against SARS-CoV-2 Infection: A Randomised Hydrochloroquine Controlled Clinical Trial in Health Care Providers.	AIIA, New Delhi	Ashwagandha	40	Better improvement in the trial group
08.	Evaluation of Prophylactic Effect of Comprehensive Ayurveda and Mindfulness Based Yoga Regimen among Healthcare Workers of a tertiary care hospital in Delhi during COVID-	AIIA, New Delhi	Ayurveda intervention	181 in intervention group 175 in control group	Incidence of COVID-19 and ILI events was lower in the CAY group compared with the control group

	19 - A Randomized Controlled Trial.				
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