

NIH/NCI OCCAM SPECIAL LECTURE

June 15, 2022

TRADITIONAL MEDICINES FOR COVID-19 AND CANCER

EFFECTS ON IMMUNITY AND INFLAMMATION

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National Research Professor – Ayush

Savitribai Phule Pune University, Pune, India



**CENTER FOR
COMPLEMENTARY AND INTEGRATIVE HEALTH**
CENTER OF EXCELLENCE – MINISTRY OF AYUSH



ACTIVITY

**Policy Analysis
Advocacy and Translation**

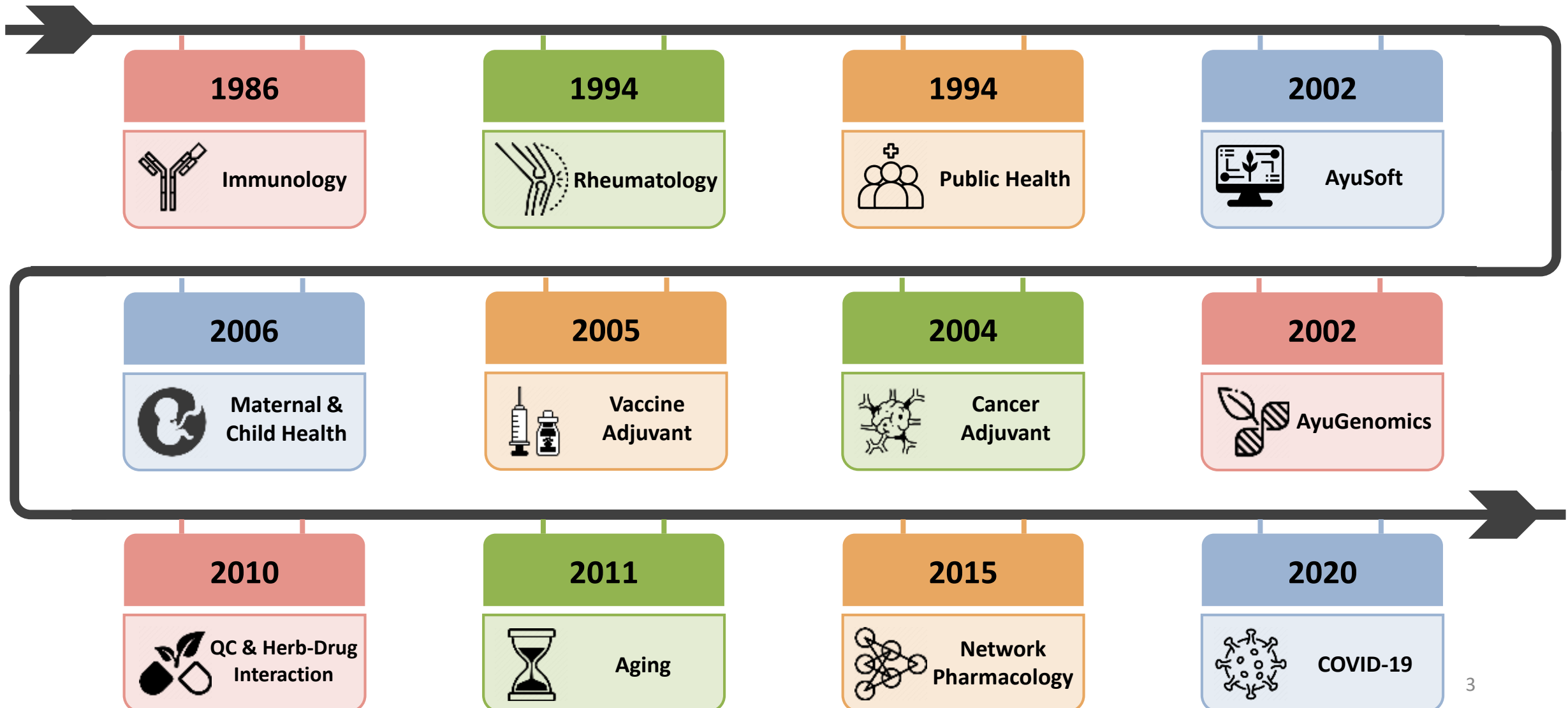
**Transdisciplinary
Scientific Research**

**Teaching
and Training**

**Collaborative
Consortia**



SCIENTIFIC CONTRIBUTIONS TO INTEGRATIVE HEALTH





CCIH- ISHS-PUNE UNIVERSITY

CAPACITY BUILDING



In silico Techniques



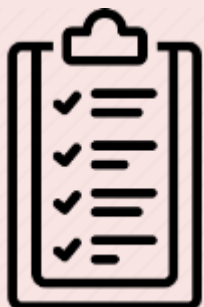
Bio-Analytical



Public Health



Epidemiology



Publication Ethics



Yoga Studies



Meta-research



Health policy



IMMUNITY AYURVEDA PERSPECTIVE



Ayurveda

- Ancient Indian traditional **'health'** system
- **Restoration of health** using personalized approach
- Focuses on achieving **physiological homeostasis** through *Rasayana* therapy

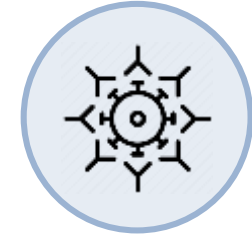
Patwardhan. EPMA. 2014; 5(19).
Patwardhan. J Ayu Integr Med 2018; 9:85-6.



Rasayana

- **Tissue nourishment** to the optimum level
- Achieves **longevity**, cognizance and physique
- **Regeneration and adaptogenic** property by immunomodulation

Balasubramani. Chin J Integr Med. 2011; 17(2):88-94.
Chulet. Pharmacogn Rev 2009; 3:229-34



Immunomodulation

- **immune-homeostasis** balancing T & B cell and Th1/Th2 responses
- **Immunoadjuvants** for vaccines and chemo
- **Optimisation** of immune cells and immune markers

Patwardhan. Curr Sci 2020; 19:1158-60.
Tripathi. Anc Sci Life. 1999; 19(1-2):59-63.



IMMUNOMODULATION

AYURVEDA-BASED BOTANICALS



Representative Botanicals with Immunomodulatory Action



Asparagus racemosus

शतावरी गुरुः शीता तिक्ता स्वादवी रसायनी ।
मेधाऽग्निपुष्टिदा स्निग्धा नेत्र्या गुल्मातिसारजित् ॥



Tinospora cordifolia

गुडुची कटुका तिक्ता स्वादुपाका रसायनी ।
संग्राहिणी कषायोष्णा लघ्वी बल्याऽग्निदीपनी ॥



Withania somnifera

अश्वगन्धाऽनिलश्लेष्मशिवत्रशोथक्षयापहा ।
बल्या रसायनी तिक्ता कषायोष्णाऽतिशुक्रला ॥



Curcuma longa

हरिद्रा कटुका तिक्ता रूक्षोष्णा कफपित्तनुत् ।
वर्ण्या त्वग्दोषमेहास्रशोथपाण्डुरणापहा ॥



Emblica officinalis

रक्तपित्तप्रमेहघ्नं परं वृष्यं रसायनम् ।
हन्ति वातं तदम्लत्वात्पित्तं माधुर्यशैत्यतः ॥



Glycyrrhiza glabra

यष्टी हिमा गुरुः स्वादवी चक्षुष्या बलवर्णकत् ।
सुस्निग्धा शुकला केश्या स्वर्या पित्तानिलासजित् ॥

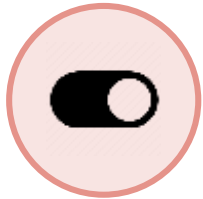


IMMUNOMODULATION

SCIENTIFIC EVIDENCE



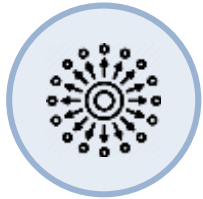
Immune-activation



- T-cell and macrophage activation
- Increase in phagocytosis and neutrophil functioning
- Hemolytic antibody responses

Bani. J Ethnopharmacol. 2006;107(1):107–15.
Patwardhan. Drug Discov Today. 2005;10(7):495–502.
Ziauddin. J Ethnopharmacol. 1996;50(2):69–76.

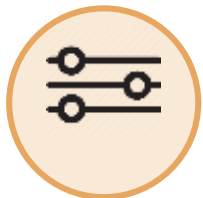
Cell proliferation



- Proliferation of selective Th1 cells
- Increase in count of CD4 and CD8 cells
- Increase in CD3⁺ and CD4/CD8⁺ percentages

Patwardhan . J Ayu Integr Med. 2021;12(2):227–8.
Gautam. J Ethnopharmacol. 2009;121(2):241–7.

Marker modulation



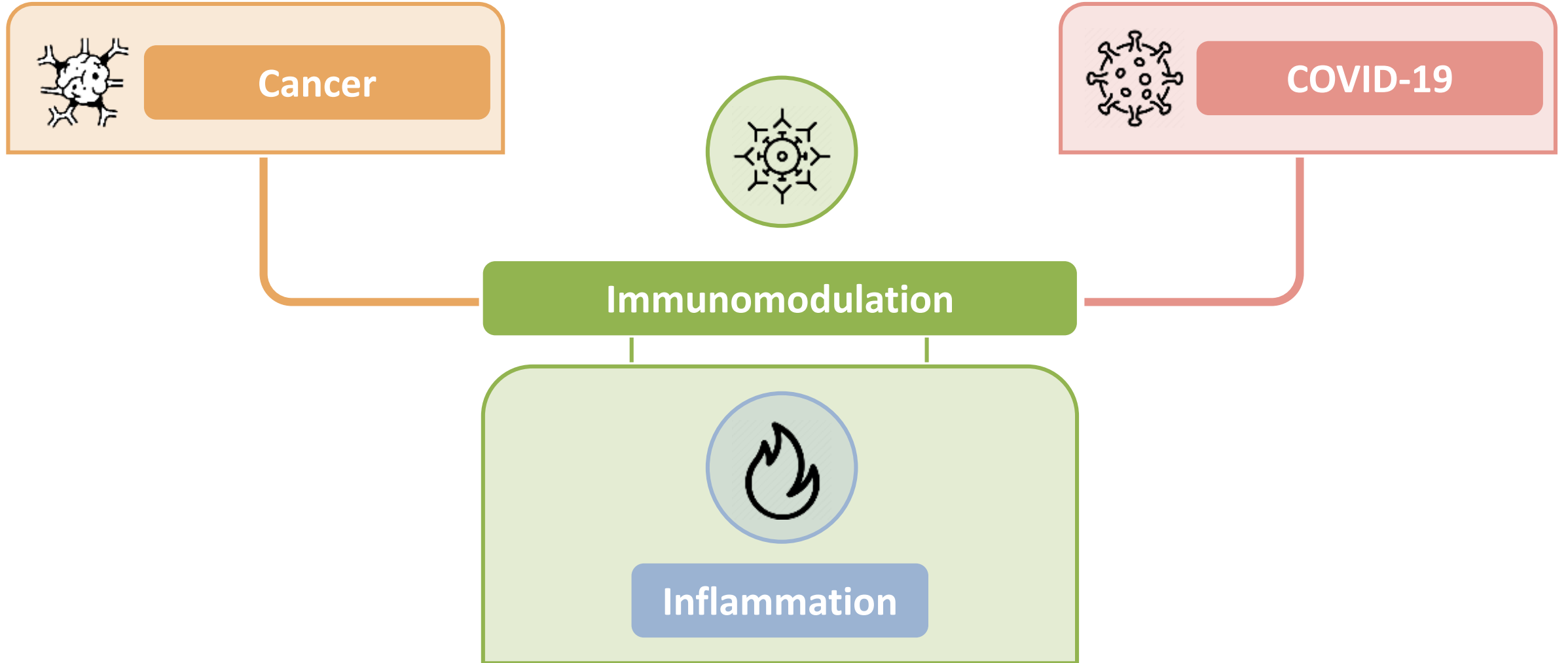
- Upregulation of IL-2, IFN- γ , IL-4, and GM-CSF
- Downregulation of NF- κ B and IL-10
- Increase in agglutinin antibody titre and immunoglobulins

Bani. J Ethnopharmacol. 2006;107(1):107–15.
Patwardhan. Drug Discov Today. 2005;10(7):495–502.
Ziauddin. J Ethnopharmacol. 1996;50(2):69–76.



IMMUNE-INFLAMMATION

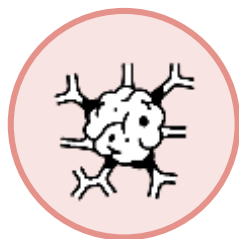
PHYSIOLOGICAL BRIDGE BETWEEN CANCER AND COVID-19





IMMUNOMODULATION

CANCER ADJUVANT



Immunity

- Increase in **NK cell activity** and antibody dependent **cellular cytotoxicity**
- **Interference** with tumor growth and **metastasis**
- Downregulation of **inflammatory** markers

Diwanay. Curr Med Chem Anticancer Agents. 2004;4(6):479–90.



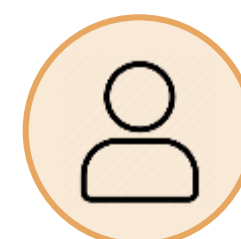
Chemoprotection

- **Prevention** of **myelosuppression**
- **Increase** in bone marrow **cellularity**
- **Increase** in haemolytic and hemagglutinating **antibody** titers

Saggam. Front Pharmacol. 2022;13:835616.

Diwanay. J Ethnopharmacol. 2004;90(1):49–55.

Diwanay. Curr Med Chem Anticancer Agents. 2004;4(6):479–90.



Quality of Life

- **Reduction** in post-therapeutic **pain**
- **Alleviation** of nausea, constipation, and **fatigue**
- Recovery of **appetite**
- **Improvement** in functional **activities** in daily routine

Deshmukh. Support Care Cancer. 2014;22(11):3007-15.

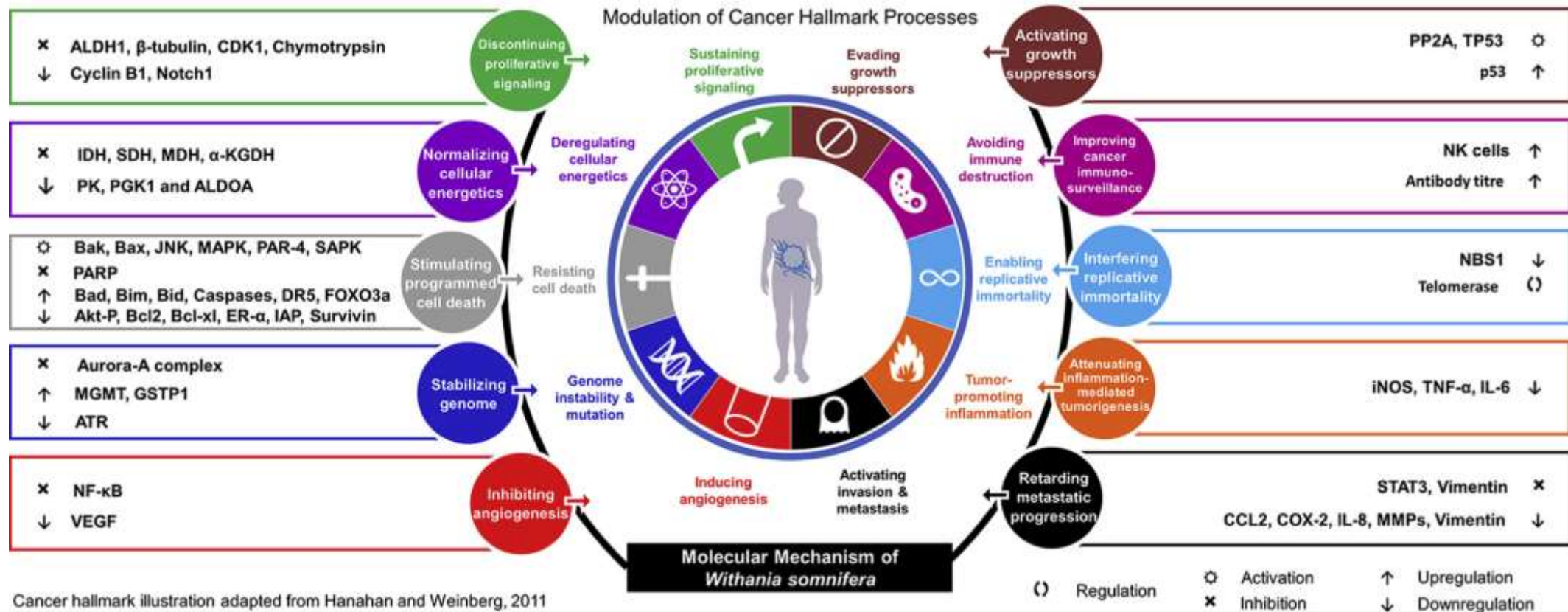
Biswal. Integr Cancer Ther. 2013;12(4):312-22.



IMMUNOMODULATION CANCER ADJUVANT



Role of Ashwagandha in Cancer



Saggam. J Ethnopharmacol 2020; 255: 112759.



CANCER ADJUVANT

ASHWAGANDHA AND SHATAVARI IN CHEMOTHERAPY-INDUCED MYELOSUPPRESSION

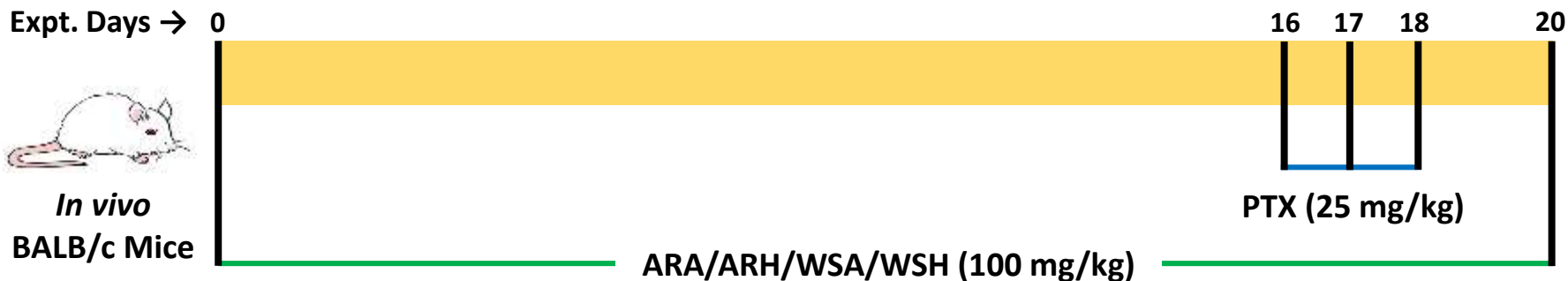


METHODOLOGY

EXPERIMENTAL DESIGN



Extrapolation of clinical dose of PTX and extracts to mice dose



| Groups (N=10) | ARA/ARH/WSA/WSH (100 mg/kg) (oral) | Crem. : EtOH (1:1) (intraperitoneal) | PTX (25 mg/kg) (intraperitoneal) |
|-----------------|------------------------------------|--------------------------------------|----------------------------------|
| Vehicle Control | - | Day 16-18 | - |
| PTX25 | - | - | Day 16-18 |
| PTX25 + ARA100 | Day 1-20 | - | Day 16-18 |
| PTX25 + ARH100 | Day 1-20 | - | Day 16-18 |
| PTX25 + WSA100 | Day 1-20 | - | Day 16-18 |
| PTX25 + WSH100 | Day 1-20 | - | Day 16-18 |

PTX- paclitaxel; ARA- *A. racemosus* aqueous extract; ARH- *A. racemosus* hydroalcoholic extract; WSA- *W. somnifera* aqueous extract; WSH- *W. somnifera* hydroalcoholic extract; Crem.- Cremophor® EL (polyoxyethylated castor oil vehicle); EtOH- Ethanol



METHODOLOGY

OUTCOME VARIABLES



Hematology Analysis

Total Leukocyte Count

Absolute Neutrophil Count

Cytokine Profiling

Morbidity Analysis

| Clinical adverse effect of PTX | Observations and signs in animals | Parameter |
|--|--|------------|
| Fatigue (extreme tiredness) | Reduction of general wandering of animal in cage | Activity |
| Peripheral neuropathy (numbness, weakness) | Abnormal behaviour and lack of relocation | Behaviour |
| Hair loss (alopecia) | Ruffled and fur loss represents alopecia | Fur aspect |
| | Adult mice huddle in response to cold | Huddling |
| Painful muscles and joints | Hunched posture is a sign of to pain or distress | Posture |

Marupudi NI et al. **Paclitaxel: A review of adverse toxicities and novel delivery strategies**. Vol. 6, Expert Opinion on Drug Safety. 2007. p. 609–21.

Banipal RPS et al. **Assessment of Cancer-related Fatigue among Cancer Patients Receiving Various Therapies: A Cross-sectional Observational Study**. Indian J Palliat Care. 2017;23(2):207–11.

Banerjee R et al. **Are Observational, Real-World Studies Suitable to Make Cancer Treatment Recommendations?** JAMA Netw Open. 2020 Jul 30;3(7):e2012119–e2012119.

Paclitaxel (Taxol) | Breast Cancer Now. Available from: <https://breastcancernow.org/information-support/facing-breast-cancer/going-through-treatment-breast-cancer/chemotherapy/paclitaxel-taxol>

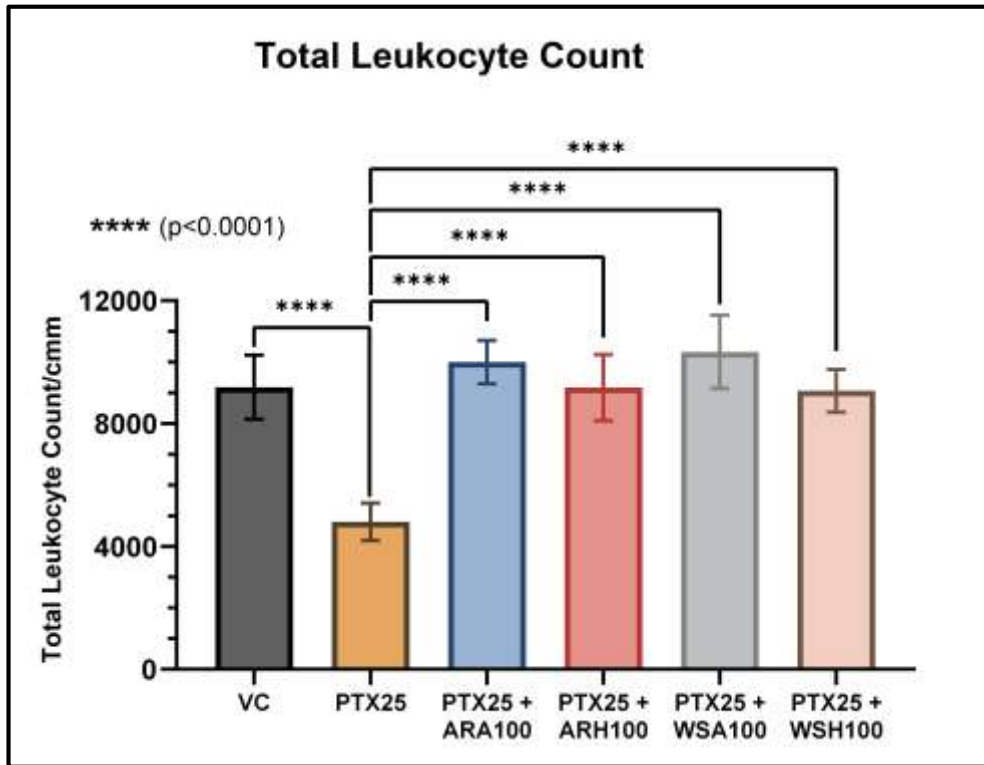
Clinical Signs of Pain and Disease in Laboratory Animals | It's Your Yale. Available from: <https://your.yale.edu/policies-procedures/guides/4446-clinical-signs-pain-and-disease-laboratory-animals>

Batchelder P et al. **Effects of temperature and social interactions on huddling behavior in Mus musculus**. Physiol Behav. 1983 Jul;31(1):97–102.

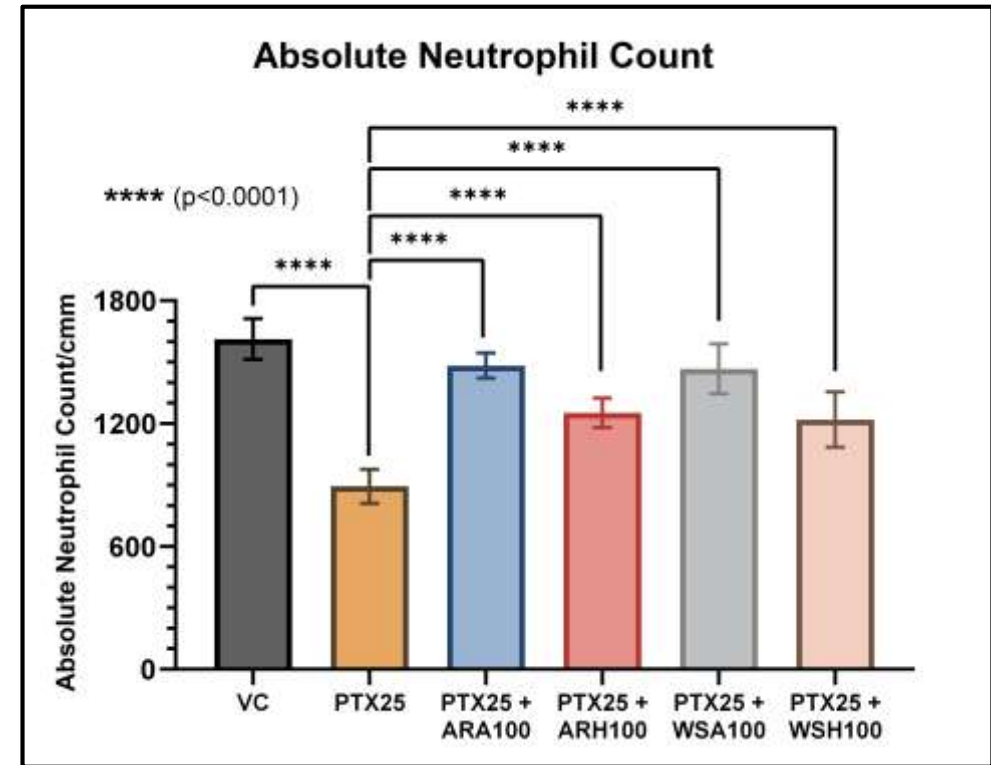


RESULTS

HEMATOLOGY ANALYSIS



- Significant induction of leukopenia by PTX25
- Extracts prevented PTX-induced leukopenia



- Significant induction of neutropenia by PTX25
- Extracts prevented PTX-induced neutropenia

AR and WS significantly prevents PTX-induced myelosuppression.

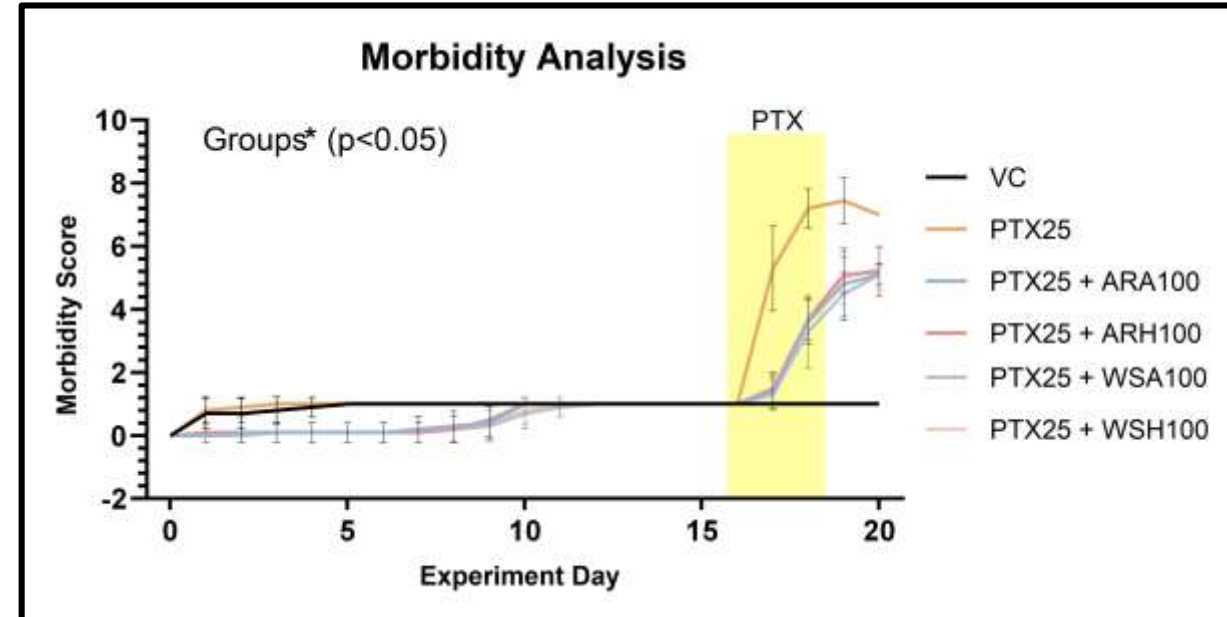


RESULTS

MORBIDITY ANALYSIS



| Scoring | 0 | 1 | 2 | 3 |
|------------|--------|-----------------------------------|-------------------------------------|---|
| Activity | Normal | Reduced | Only when provoked | Little or none with provocation |
| Behaviour | Normal | Slow normal on disturbed | Abnormal on disturb and relocation | Abnormal on disturb and no relocation |
| Fur aspect | Normal | Slightly ruffled or mild fur loss | Ruffled fur, moderate loss fur loss | Ruffled fur, piloerection, significant fur loss |
| Huddling | Normal | Mild grouping/ social proximity | Moderate grouping/ social proximity | High grouping/ social proximity |
| Posture | Normal | Slightly hunched, moving freely | Hunched with stiff movement | Hunched with little or no movement |



PTX administration on day 16-18 increase morbidity by-

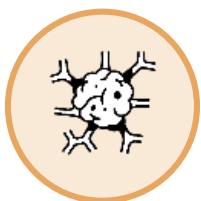
- Decrease in activity and behaviour
- Increase in huddling and hair loss
- Change to hunched posture

AR and WS significantly prevents PTX-induced morbidity.



RESULTS

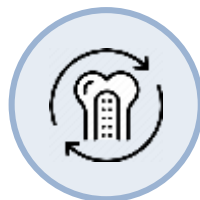
CYTOKINE PROFILING (A panel of 20 cytokines)



Cancer Progression

- Invasiveness & metastasis
- Inflammation

↓ GM-CSF # ↓ IL-1α ##
 ↓ IFN-γ # ↓ IL-13 #
 ↓ IL-1β ##



Hematopoiesis

- Granulopoiesis
- Cell proliferation

↑ G-CSF # ↑ KC ##
 ↑ IL-2 # ↑ MCP-1 ###
 ↑ IL-3 # ↑ TNF-α ##
 ↑ IL-17A #



Morbidities

- Fatigue, pain & alopecia
- Peripheral neuropathy

↓ Eotaxin # ↓ IL-10 #
 ↓ IL-4 # ↓ MIP-1α #
 ↓ IL-5 # ↓ MIP-1β #
 ↓ IL-6 ### ↓ RANTES #

↑ Upregulation

↓ Downregulation

Hematopoietic cytokines

Inflammatory cytokines

Morbidity cytokines

**AR and WS
modulates PTX-
induced altered
cytokine levels.**

Singh. 2017. BMC Musc Dis 18 (1): 17
 Voloshin 2015 Mol Can Ther 14 (6):1385–94
 Shi. 2018 Acta Chirurgica Bra 33 (6): 491–98
 Bower 2014 Clin Onc 11 (10): 597–609
 Manjavachi 2014 Neuropharma 79: 17–27
 Cook 1996 J Leuko Bio 59 (1): 61–66.

Watari. 1989 Blood 73 (1): 117–22
 Metcalf 2008 Blood 111 (2): 485–91
 Ito. 2020 Exp Derm 29 (8): 726–32
 Tiwari 2017 Biomed Pharma 86: 555–61
 Piotrowska 2019 Fron Imm 10: 2198.
 Broxmeyer 1993 J Imm 150: 3448–58.

Tsavaris. 2002 B Jour Can 87 (1): 21–27
 Groopman 1989 N E J M 321 (21): 1449–59
 Zheng 2021 E Clin Med 31
 Krstic 2012 Imm Res 52 (1–2): 34–41
 Deshmane 2009 J Int Cyt Res 29 (6): 313–26.
 Liou 2013 J Pain 14 (1): 24–35

Harmon 1993 Lymph Cyto Res 12 (4): 197–203
 Murphy 1993 Tox Path 21 (2): 229–30
 Pusztai 2004 Cytokine 25 (3): 94–102
 Mojsilović 2015 Med Infla 2015: 470458
 Zhang 2013 J Pain 14 (10): 1031–44.
 Yamashita 2019 Stem Cell 25(3): 357–372



SUMMARY

TRADITIONAL MEDICINES PREVENT PACLITAXEL-INDUCED MYELOSUPPRESSION



- Dose limiting toxicities of Chemotherapy- **leukopenia** and **neutropenia**
- **Prevention** of chemotherapy-induced **leukopenia** and **neutropenia**

Prevention of Myelosuppression



- **Downregulation** of **oncogenesis-** and **morbidity-** associated **cytokines**
- **Upregulation** of **hematopoietic** cytokines to achieve **immune-homeostasis**

Normalization of Cytokines



- **Decrease** in chemotherapy-associated **morbidity parameters**, such as
 - Joint pain and fatigue
 - Peripheral neuropathy
 - Alopecia

Amelioration of Physical Morbidity



A. racemosus and *W. somnifera* are potential chemotherapeutic adjuvants.
The *Rasayana* effect can reduce adverse drug effects and maintain immune-homeostasis.



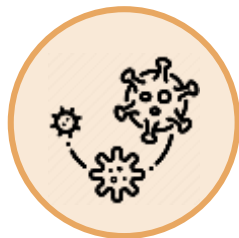
COVID-19 ADJUVANT

INFLAMMATION AND IMMUNOMODULATION



IMMUNOMODULATION

COVID-19 ADJUVANT



Viral Load Prevention

- **Inhibition** of host **receptor**
- Antioxidant property to maintain **oxidative balance**
- Improvement in **Th1 cell response**
- Enhancing **immune cell functioning**

Patwardhan. Curr Sci. 2020;118(8):1158-60.



Immune-homeostasis

- **Balancing** immune cell **activities**
- **Mitigation** of cytokine **storm**
- **Downregulation** of **inflammatory** markers
- **Prevention** of **pyrexia**

Saggam. Front Pharmacol. 2021;12:623795.

B Patwardhan-OCCAM-NCI-NIH



Organ Protection

- **Prevention** of inflammation-induced **organ failure**
- **Inhibition** of pulmonary **fibrosis**
- Neuro-, renal- and cardio-**protection**
- **Normalizing** sex hormones

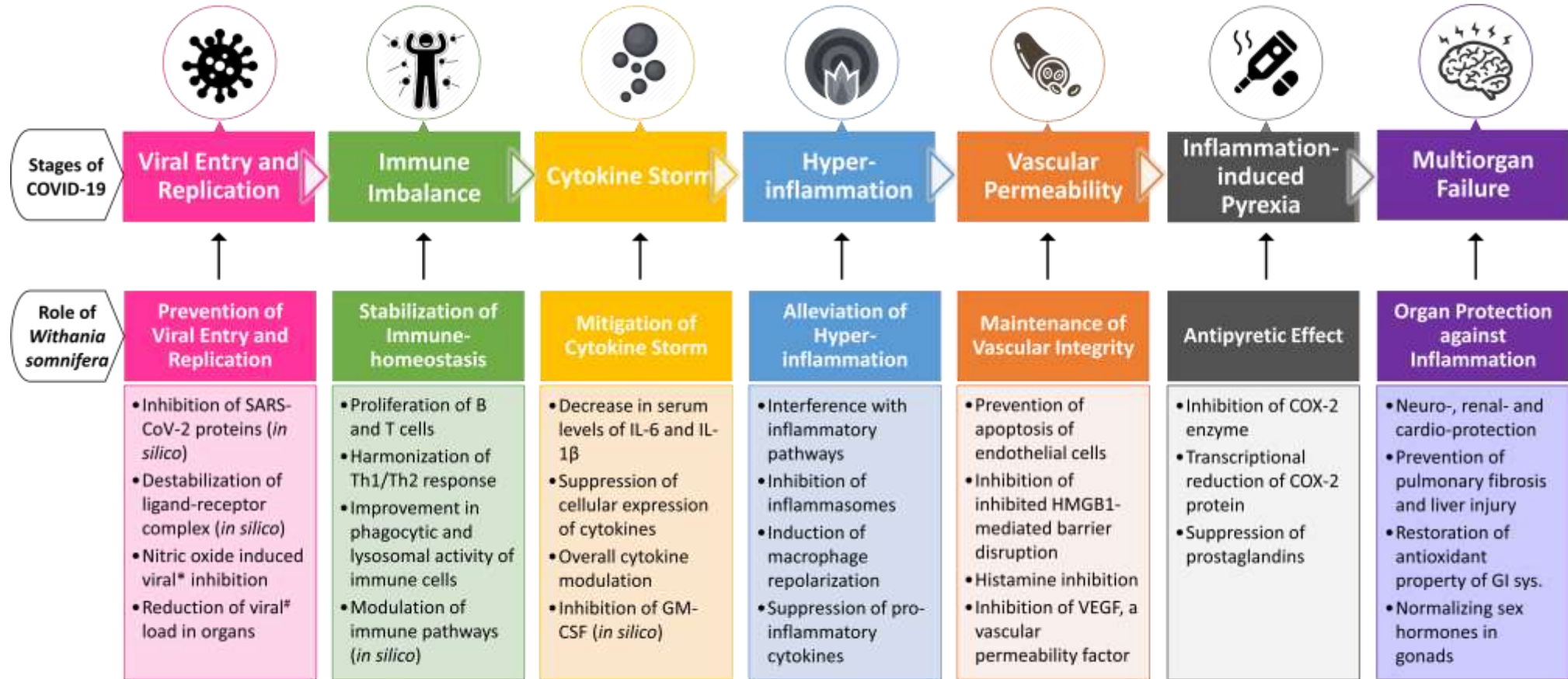
Borse. PLoS One. 2021;16(6):e0248479



IMMUNOMODULATION COVID-19 ADJUVANT



Probable Role of Ashwagandha in COVID-19



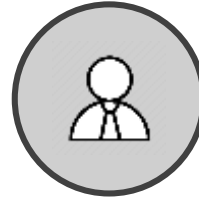
* infectious bursal disease virus; * chicken anaemia virus

Saggam. Front Pharmacol. 2021;12:623795.



AYUSH IN COVID-19

INTERVENTIONS AND STUDIES



Interventions

- **Ayurveda-** AYUSH 64, Kabasura Kudineer, Guduchi, Pippali, Yashti, Ashwagandha, Shunthi, Sanshamani Vati
- **Industry Products-** Anu Tail, Sudarshan Vati, Ayush Kwath, Chyavanprash
- **Homeopathy, Unani, Siddha, Sowa Rigpa, Yoga**

Clinical Studies

 126 Studies

 1,30,000 Participants

 150 Sites

Prophylaxis
(42 Studies)

Therapy
(50 Studies)

22 RCTs

| | |
|---------------|------------------|
| Prospective | Retrospective |
| Observational | Population-based |

30 RCTs

| | |
|---------------|---------------|
| Prospective | Retrospective |
| Observational | Open Label |

Preclinical Studies

- **Immunomodulation-** innate and adaptive
- **Pharmacology-** anti-inflammatory effect, cytotoxicity
- **Anti-viral Activity-** Syrian hamster model
- **Co-morbidities-** obesity, IR, pulmonary and blood
- **Toxicity Studies-** CNS, CVS, respiratory studies
- **In-vitro-** PK studies

A-66, Y13, U8, S13, H26 Robust Protocols, GCP, CTRI, DSMB, CROs, External Audits



AYUSH IN COVID-19 CLINICAL TRIAL



Ashwagandha as Adjuvant to COVID-19 Vaccine



1200 Sample size



7 Collaborators



Study sites: CRD-Pune, CCRAS
institutions and THSTI



Approved by CEC/IECs



Study registered in CTRI



Protocol in Frontiers in Medicine



AYUSH TASK-FORCE FOR COVID-19 PUBLICATIONS



Publications: AYUSH in COVID-19

30

Online Preprints

15

Journal Publications

37

Under Peer Review

Withania somnifera (L.) Dunal: Opportunity for Clinical Repurposing in COVID-19 Management

Akash Saggan¹, Kiran Lingasakar², Swapnil Borse¹, Preeti Chauhan-Gautam³, Santosh Dicit⁴, Gitesh Tili¹ and Bhushan Patwardhan^{1*}

1. AYUSH Center of Excellence, Center for Complementary and Integrative Health, Interdisciplinary School of Health Sciences, Jawahar Prasad University, PUNE, India; 2. Division of Biotechnology, Department of Chemistry, Rajawade College, Mumbai, India; 3. Institute of Pharmacy, Gandhinagar, Ahmedabad, India; 4. Department of Pharmaceutical Chemistry, L. J. Institute of Pharmacy, Gandhinagar, Ahmedabad, India; *Pharmaceuticals, IIT, Ahmed, India

Ayurveda botanicals in COVID-19 management: An *in silico* multi-target approach

Swapnil Borse^{1*}, Manoj Joshi^{2*}, Akash Saggan^{1,2*}, Yashika Shrivastava³, Santosh Dicit⁴, Aniket Marathe⁵, Sneha Sagar⁶, Preeti Chauhan-Gautam⁷, Aboli Girme⁸, Lal Hingorani⁹, Gitesh Tili¹

1. AYUSH Center of Excellence, Center for Complementary and Integrative Health, Interdisciplinary School of Health Sciences, Jawahar Prasad University, Pune, India; 2. Swasthya Institute of India Pvt. Ltd., Pune, Maharashtra, India; 3. Department of Pharmaceutical Chemistry, L. J. Institute of Pharmacy, Gandhinagar, Ahmedabad, India; 4. Department of Pharmaceutical Chemistry, L. J. Institute of Pharmacy, Gandhinagar, Ahmedabad, India; 5. Pharmacy, Gandhinagar, Ahmedabad, India; 6. Pharmacy, Gandhinagar, Ahmedabad, India; 7. Pharmacy, Gandhinagar, Ahmedabad, India; 8. Pharmacy, Gandhinagar, Ahmedabad, India; 9. Pharmacy, Gandhinagar, Ahmedabad, India

Significance of AYUSH; India's first line of defence against COVID-19

Editorial

Editorial

Editorial

Public Health Approach of Ayurveda and Yoga for COVID-19 Prophylaxis

Girish Tili, PhD¹, Sarika Chaturvedi, PhD², Arvind Chopra, MD³ and Bhushan Patwardhan, PhD⁴

Editor's Note: National governments are deeply divided over whether traditional, complementary and integrative practices have value for human beings relative to COVID-19. We witness a double standard: Medical doctors explore off-label uses of pharmaceutical agents that may have some suggestive research while evidence that indicates potential safety of natural products, practices and practitioners is often dismissed. In this limited Commentary, a long-time JACM Editorial Board member Bhaskar

Withania somnifera as a safer option to hydroxychloroquine in the chemoprophylaxis of COVID-19: Results of interim analysis

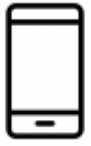
Arvind Chopra¹, Narayannan Seikanth², Bhushan Patwardhan^{3,4*}, AYUSH CCRAS Research Group^{1,2,3,4}

* Correspondence: Bhushan Patwardhan, bhushan.patwardhan@ccras.gov.in

Effect of Prophylactic Use of Intranasal Oil Formulations in the Hamster Model of COVID-19

Zaigham Abbas Rizvi¹, Manas Ranjan Tripathy², Anshul Sharma³, Sandeep Goswami⁴, N. Sankar⁵, J. L. N. Sashy⁶, Shashendra Murari⁷, Milan Sanyal⁸, Anil Anandhi⁹ and Akshay Datta^{10*}

*Correspondence: Akshay Datta, akshay.datta@frontiersin.org



AYUSH RESOURCES APP AND REPOSITORY



AYUSH Sanjivani App



15M Health seekers data captured



75K Physicians utilized AYUSH for prophylaxis



85% AYUSH users for COVID-19 prevention



63% Improvement in wellbeing & health status

Expanding Horizons of Age-Old Traditional Knowledge of Ayurveda with
AYUSH Sanjivani App

- To generate data on acceptance & usage of AYUSH measures & its impact on prevention of COVID-19
- Provide AYUSH advisories related to immunity boosting measures.
- Promote AYUSH knowledge for larger good of the global community
- To develop AYUSH interventions & solutions; to reach out to target of 50 lakh people.

Download Now Detail 9 May 2020

आयुष मंत्रालय
Ministry of Ayush

Ayush Clinical Case Repository

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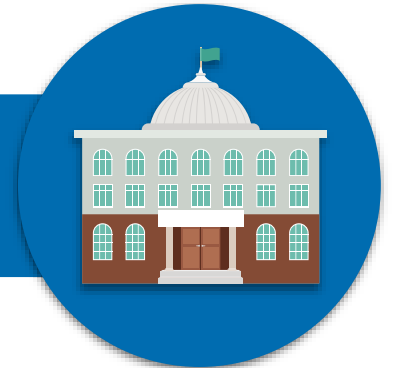
(Note: The screenshot shows a person in a white protective suit and face shield in the foreground, with a green bokeh background and icons for Ayush Grid, Ayush Grid, and Ayush Grid.)

Traditional Medicine in WHO Regions

ILLUSTRATIVE EXAMPLES

| AFRO | AMRO | EMRO | EURO | SEARO | WPRO |
|---|---|--|---|---|---|
| E.g. African Traditional Medicine | E.g. Osteopathy, Chiropractic | E.g. Traditional Arab and Islamic Medicine | E.g. Naturopathy, Homeopathy | E.g. Ayurveda, Yoga, Unani, Nuad Thai | E.g. TrCM, Acupuncture, Tuina |
|  |  |  |  |  |  |

170 WHO Member States report the use of traditional medicine; top priority request to WHO for evidence, data, standards and regulatory frameworks



Around 80% of the world's population is estimated to use traditional medicine

Prime Minister Shri. Narendra Modi



PM Modi's leadership vision to establish a new WHO Global Centre for Traditional Medicine, during the historic 75th year national anniversary celebrations 'Azadi Ka Amrut Mahotsav', as a global good.

WHO DG Dr. Tedros Adhanom Ghebreyesus



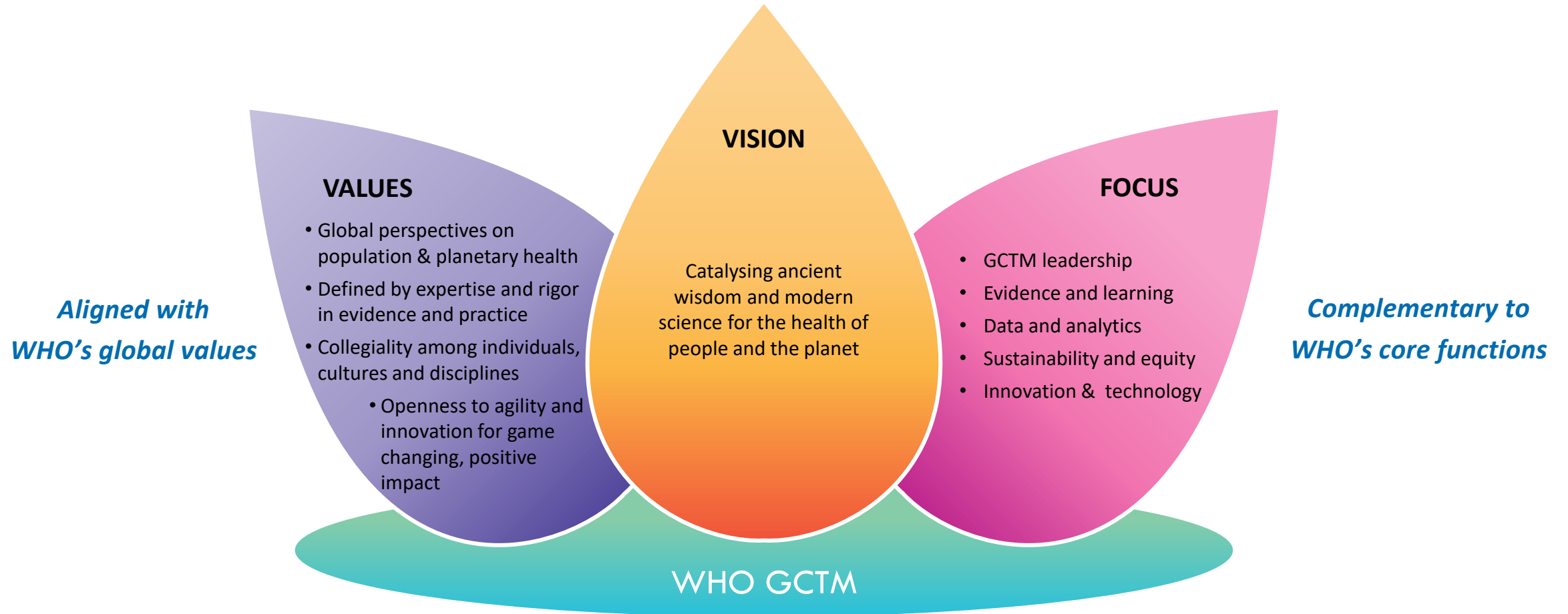
WHO DG's leadership vision that harnessing the potential of traditional medicine would be a game changer for the health of people and the planet when founded on evidence and equity.

Vasudhaiva Kutumbakam

“The World is One Family”.

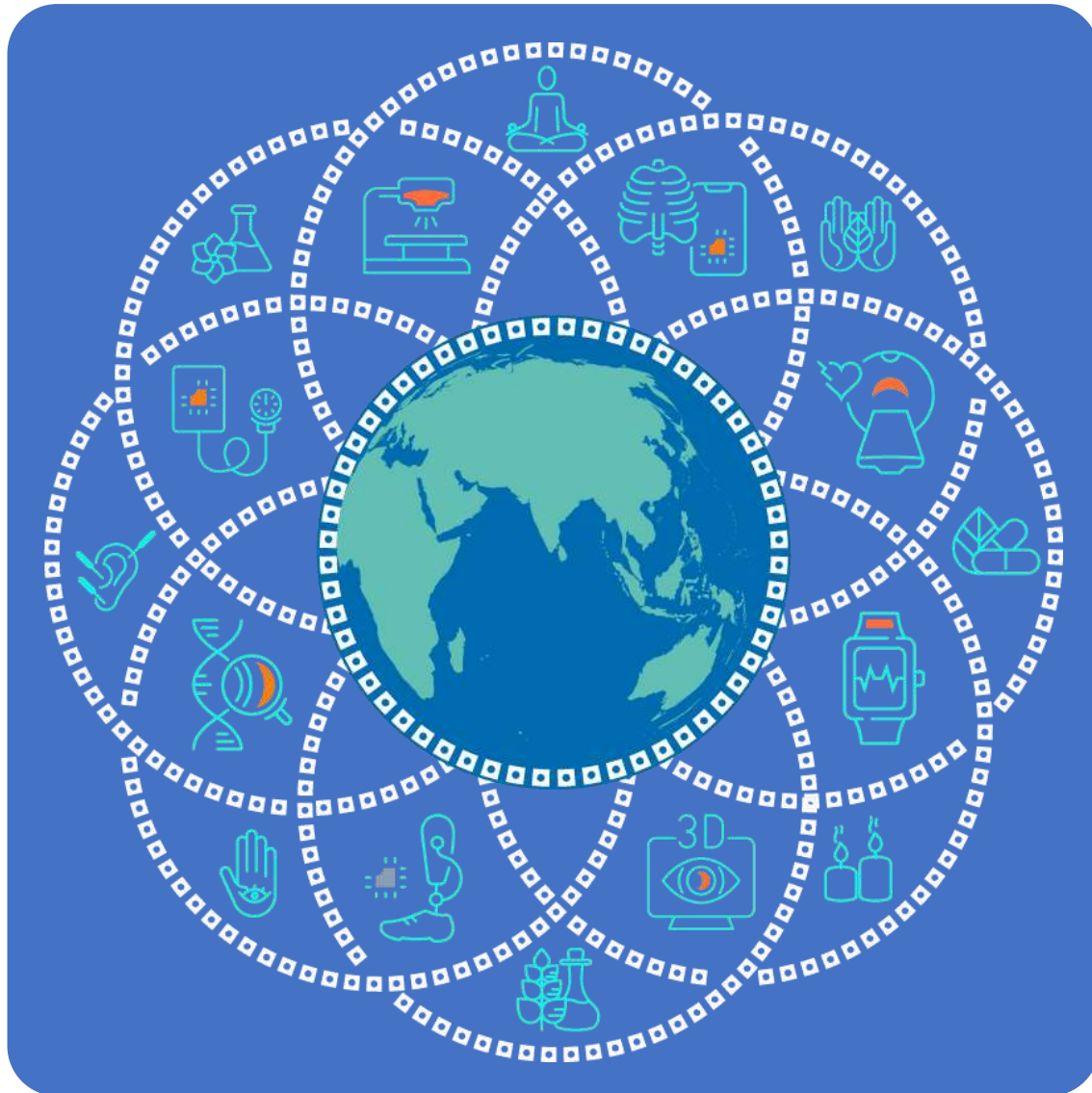
WHO GCTM Strategic Vision

Contributory to WHO's Mission, GPW Targets, Traditional Medicine Strategy and Sustainable Development Goals



Responsive to countries' needs to improve population and planetary health

WHO GCTM Focus Area



Evidence and Learning



Evidence syntheses and reviews with WHO Science Division, Cochrane Collaboration, Lancet Citizens' Commission etc. Links with WHO academy on TM courses

Data and Analytics



Updating global surveys on traditional medicine – on TM policies, education, and practice and inclusion of TM questions in WHO World Health Survey + household survey

Sustainability and Equity



Country profiles for all WHO MS, supported by regions, that highlight biodiversity, social- cultural heritages, scientific advances and equity and sustainability considerations.

Innovation and Technology



Artificial Intelligence (AI) mapping of TM trends, innovations, patents; developing and updating apps WHO's m-yoga app, linking to WHO Innovation Hub etc.

Thank You All and NIH/NCI-OCCAM

Faculty, Students, Collaborators, Funders

Faculty & Students

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Looking Forward to Continued Interactions and Collaborations!





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