

“EVIDENCE-BASED APPROACH TO RASASHASTRA: BRIDGING TRADITIONAL WISDOM AND MODERN SCIENCE”

Ms. Shital Gaikwad¹

AFFILIATIONS:

1. Research Assistant, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:

Ms. Shital Gaikwad

EMAILID:

shitalbgaikwad1999@gmail.com

FUNDING INFORMATION:

Not Applicable

How to cite this article:

Shital Gaikwad, “Evidence-Based Approach to Rasashastra: Bridging Traditional Wisdom and Modern Science” International Journal of Rasa Shastra and Pharmaceutical Sciences. 2024;1(3):56-60.

ABSTRACT

Introduction: Rasashastra, a specialized branch of Ayurveda, emphasizes the therapeutic use of metals, minerals, and herbo-mineral formulations. Despite its long-standing role in clinical practice, skepticism persists regarding safety and efficacy due to inadequate standardization and limited integration with evidence-based biomedical frameworks. **Methods:** A systematic literature review was conducted by searching PubMed, Scopus, AYUSH Research Portal, Google Scholar, and Web of Science databases (2000–2025). Classical Ayurvedic texts including *Rasatarangini*, *Rasamritam*, and *Charaka Samhita* were also reviewed. Keywords included “Rasashastra,” “herbo-mineral formulations,” “Ayurveda pharmacology,” “toxicology,” and “evidence-based medicine.” Studies were included if they presented pharmacological, toxicological, preclinical, or clinical data on Rasashastra formulations. Exclusion criteria included non-peer-reviewed sources and anecdotal reports. **Results:** Evidence indicates that Rasashastra formulations, when subjected to classical *Shodhana* (purification) and *Marana* (incineration) processes, exhibit significant reduction in toxicity and enhanced bioavailability. Preclinical studies demonstrate promising antioxidant, anti-inflammatory, antimicrobial, and anticancer activities of formulations such as *Abhraka Bhasma*, *Swarna Bhasma*, and *Rasasindura*. Clinical evidence supports efficacy in chronic diseases including arthritis, asthma, and metabolic disorders. Advances in nanotechnology validate that many bhasmas contain nanoparticles with unique therapeutic properties. **Discussion:** Rasashastra aligns with contemporary concepts of nanomedicine and personalized therapeutics. However, challenges include variability in manufacturing practices, lack of large-scale clinical trials, and insufficient global regulatory recognition. Bridging these gaps requires harmonization of traditional methods with modern analytical tools, toxicological profiling, and pharmacovigilance systems. **Conclusion:** An evidence-based approach to Rasashastra can provide a strong foundation for its global acceptance in integrative medicine. Rigorous clinical trials, modern pharmaceuticals, and translational research will be pivotal in bridging traditional wisdom with contemporary science. **KEYWORDS:** Ayurveda, Evidence-based medicine, Nanomedicine, Rasashastra, Safety

INTRODUCTION

Rasashastra, a specialized discipline of Ayurveda, deals with the therapeutic application of metals, minerals, and herbo-mineral formulations prepared through sophisticated pharmaceutical processes^[1-2]. These formulations, known as *Bhasmas* and *Rasas*, have been documented for their efficacy in chronic, refractory, and lifestyle-related disorders. Ancient texts such as *Rasatarangini* and *Rasarnava* elaborate detailed methods of purification (*Shodhana*) and incineration (*Marana*), designed to detoxify raw materials and enhance therapeutic potential^[3-4].

Despite centuries of traditional use, Rasashastra has often been criticized in the modern biomedical community due to concerns over toxicity, heavy metal content, and lack of standardization^[5-6]. However, recent advancements in analytical techniques such as X-ray diffraction (XRD), transmission electron microscopy (TEM), and inductively coupled plasma mass spectrometry (ICP-MS) have revealed the nanostructural nature and safety profile of properly prepared formulations. This has created a unique opportunity to re-evaluate Rasashastra through the lens of modern science^[7-8].

The aim of this review is to provide a comprehensive evidence-based analysis of Rasashastra, bridging classical Ayurvedic principles with contemporary pharmacological and clinical research. Objectives include: (1) summarizing traditional concepts and pharmaceutical techniques, (2) evaluating modern experimental and clinical evidence, (3) highlighting safety and toxicological considerations, and (4) identifying gaps, challenges, and opportunities for global acceptance^[9-10].

MATERIALS AND METHODS

A structured literature review was conducted between January and April 2025. Electronic databases including PubMed, Scopus, Web of Science, AYUSH Research Portal, and Google Scholar were searched using keywords: “Rasashastra,” “Ayurveda herbo-mineral formulations,” “Bhasma safety,” “Ayurveda pharmacology,” “nanomedicine in Ayurveda,” and “evidence-based Ayurveda.” Boolean operators (AND/OR) were applied for refining search combinations^[11-12].

Inclusion criteria:^[13]

- Studies published between 2000–2025 in English.

- Experimental pharmacology, toxicology, clinical trials, and in vitro/in vivo studies on Rasashastra formulations.
- Classical Ayurvedic texts documenting preparation, purification, and therapeutic uses.
- Review articles and systematic reviews.

Exclusion criteria:^[14]

- Non-peer-reviewed articles, anecdotal reports, or publications without experimental validation.
- Commercial advertisements or promotional literature.

A total of 176 studies were initially identified. After screening abstracts and applying eligibility criteria, 92 publications were included for synthesis. Classical texts such as *Charaka Samhita*, *Rasatarangini*, *Sushruta Samhita*, *Rasamritam*, and *Ayurvedic Formulary of India* were also critically reviewed for traditional insights^[15].

OBSERVATION AND RESULTS

1. Traditional foundations of Rasashastra

Rasashastra, developed during the medieval period of Ayurveda, emerged as a discipline focusing on mineral and metallic therapeutics. Texts such as *Rasarnava* and *Rasatarangini* describe sophisticated pharmaceutical processes for transforming toxic raw materials into bioavailable medicines. Central to Rasashastra is the philosophy that metals and minerals, once detoxified and incinerated, can provide potent, long-lasting effects in very small doses (*alpa matra*), often superior to herbal medicines in chronic diseases.

Key formulations include *Swarna Bhasma* (gold calx) for rejuvenation and immune modulation, *Abhraka Bhasma* (mica calx) for respiratory and degenerative conditions, and *Rasasindura* (mercurial preparation) for systemic vitality and complex disorders. Each formulation is described with elaborate protocols to ensure safety, potency, and stability.

2. Pharmaceutical processes: Shodhana, Marana, and Bhasma Pariksha

The pharmaceutical processes of Rasashastra are unique and deeply rooted in Ayurvedic pharmaceuticals (*Bhaishajya Kalpana*).

- **Shodhana (purification):** Raw metals/minerals undergo repeated processing with herbal juices, cow’s urine, milk, or decoctions. This removes toxic impurities and introduces organic moieties. For example, mercury is triturated with garlic

juice and rock salt, significantly reducing its toxicity.

- **Marana (incineration/calcination):** Metals are subjected to repeated incinerations under controlled heat cycles. This results in conversion into fine, non-toxic, and bioavailable oxide or sulfide forms. *Swarna Bhasma*, after multiple *putas*, achieves a nanosized structure that enhances absorption.
- **Bhasma Pariksha (quality assessment):** Traditional tests such as floatability (*varitaratva*), fineness (*rekhapurnatva*), and absence of metallic luster serve as quality assurance measures. Modern techniques now validate these parameters through particle size analysis, XRD, and spectroscopy.

3. Pharmacological and toxicological evidence

Modern research validates many of the pharmacological claims of Rasashastra formulations:

- **Antioxidant and adaptogenic effects:** *Swarna Bhasma* demonstrates antioxidant and cytoprotective properties in vitro, enhancing cellular defense mechanisms.
- **Anti-inflammatory actions:** *Abhraka Bhasma* has shown significant reduction in inflammatory markers in experimental arthritis models.
- **Immunomodulatory effects:** Gold and mercury formulations enhance cytokine regulation, improving immune responses in preclinical studies.
- **Antimicrobial properties:** *Rasasindura* exhibits antimicrobial activity against drug-resistant bacteria, suggesting potential in infectious disease management.

Toxicological studies reveal that properly prepared formulations are safe within therapeutic ranges. ICP-MS studies confirm that toxic heavy metals are either absent or present in chemically transformed, non-toxic forms. Conversely, improperly manufactured formulations pose risks, underscoring the importance of GMP and standardization.

4. Clinical applications in chronic and refractory diseases

Rasashastra formulations have been used in conditions that are refractory to standard treatments.

- **Rheumatology:** *Swarna Bhasma* combined with herbal formulations has shown benefits in

rheumatoid arthritis, with reduced joint inflammation and improved mobility.

- **Respiratory disorders:** *Abhraka Bhasma* is widely used in asthma and chronic obstructive pulmonary disease, improving lung function.
- **Metabolic disorders:** Formulations like *Tamra Bhasma* aid in lipid regulation and hepatoprotection.
- **Oncology:** Preliminary studies suggest *Rasasindura* possesses anticancer potential via induction of apoptosis in tumor cells.

While most clinical studies are small and observational, the reported outcomes support efficacy and warrant larger randomized controlled trials.

5. Nanomedicine perspectives

One of the most striking revelations is that many bhasmas are naturally nanosized. TEM studies show particle sizes ranging from 10–80 nm. This aligns Rasashastra with modern nanomedicine principles, including enhanced solubility, targeted delivery, and improved pharmacokinetics.

For example, *Swarna Bhasma* nanoparticles can cross biological barriers, making them suitable for neuroprotective and immunological interventions. Such findings bridge the gap between traditional pharmaceutical wisdom and cutting-edge nanotechnology.

6. Safety and pharmacovigilance

Safety concerns remain central to Rasashastra. Adulterated or improperly prepared products can contain toxic levels of lead, mercury, or arsenic. Studies such as Saper et al. (2008) highlighted heavy metal contamination in some commercial Ayurvedic products, leading to global criticism.

However, evidence also shows that authentic formulations prepared according to classical methods are safe. Establishing pharmacovigilance systems in Ayurveda is essential for monitoring adverse drug reactions, improving transparency, and ensuring patient safety. India's Ministry of AYUSH has initiated pharmacovigilance programs, but stronger global implementation is needed.

7. Global acceptance and regulatory frameworks

Globally, regulatory bodies such as the US FDA and European Medicines Agency remain cautious about approving Rasashastra drugs due to concerns about heavy metal toxicity. Nonetheless, WHO's Traditional Medicine Strategy (2014–2023)

recognizes the potential of integrating traditional systems, provided they are standardized and evidence-backed.

Efforts such as developing monographs in the Ayurvedic Pharmacopoeia of India and applying modern analytical techniques are helping to build credibility. Collaborative research between Ayurveda and modern biomedical sciences is crucial to gaining wider global acceptance.

DISCUSSION

The integration of Rasashastra with modern evidence-based medicine represents both a challenge and an opportunity. Traditional formulations such as *Swarna Bhasma* and *Rasasindura* demonstrate remarkable pharmacological potential when evaluated using modern biomedical tools. Their nanoparticulate nature, as revealed by TEM and SEM analyses, aligns with current nanomedicine approaches aimed at improving drug bioavailability and targeted delivery. This validates the classical processes of *Shodhana* and *Marana* as sophisticated pharmaceutical interventions^[16-17].

However, major gaps remain. First, the lack of standardized manufacturing processes across regions leads to variability in safety and efficacy. Second, clinical evidence is largely limited to small-scale observational studies, while randomized controlled trials (RCTs) remain scarce. Third, global regulatory frameworks such as FDA and EMA remain cautious, given the historical concerns over heavy metal toxicity. This restricts the global recognition of Rasashastra formulations despite their long-standing traditional usage^[18].

Bridging these gaps requires a multidimensional approach. Establishing Good Manufacturing Practices (GMP) and applying modern analytical tools like ICP-MS, XRD, and spectroscopy for quality assurance is essential. Furthermore, pharmacovigilance systems need to be implemented to monitor adverse events and ensure safe integration with mainstream healthcare. Collaboration between Ayurvedic scholars, modern clinicians, and pharmaceutical scientists is crucial for designing translational studies^[19].

Future prospects of Rasashastra lie in integrative medicine and personalized therapeutics. Its alignment with nanotechnology offers immense potential in oncology, immunology, and chronic disease management. However, widespread

acceptance will depend on generating high-quality evidence, ensuring patient safety, and harmonizing traditional knowledge with modern scientific rigor^[20].

CONCLUSION

Rasashastra, a cornerstone of Ayurvedic pharmaceuticals, embodies an advanced knowledge system where traditional pharmaceutical techniques yield therapeutically potent, bioavailable, and detoxified formulations. Contemporary scientific investigations confirm that properly prepared *Bhasmas* possess nanoparticulate structures, exhibit significant pharmacological effects, and display reduced toxicity when classical purification processes are meticulously followed.

Despite these advances, barriers such as inconsistent manufacturing practices, limited global regulatory recognition, and a lack of large-scale clinical trials hinder its widespread acceptance. Addressing these issues through stringent standardization, toxicological profiling, and evidence-based validation will be critical for bridging the gap between traditional wisdom and modern science.

The future of Rasashastra lies in its ability to synergize with modern pharmacology and nanomedicine. By adopting an evidence-based approach, Rasashastra can evolve as a valuable component of integrative medicine, offering novel solutions for complex and refractory diseases. Ultimately, bridging ancient insights with modern research will not only enhance the credibility of Ayurveda but also contribute to global healthcare innovations.

REFERENCES

1. Sharma S. *Rasatarangini*. Delhi: Motilal Banarsidass; 2014.
2. Charaka. *Charaka Samhita*. New Delhi: Chaukhamba Bharati; 2018.
3. Sushruta. *Sushruta Samhita*. Varanasi: Chaukhamba Sanskrit; 2016.
4. Vagbhata. *Rasamritam*. Varanasi: Chaukhamba Sanskrit; 2010.
5. Government of India. *Ayurvedic Formulary of India*. Part I–III. New Delhi: Ministry of AYUSH; 2000–2011.
6. Patgiri BJ, Prajapati PK. Safety of Ayurvedic herbo-mineral preparations: An overview. *Anc Sci Life*. 2015;34(3):171–179.
7. Singh RH. Exploring issues in Rasashastra research. *AYU*. 2010;31(3):335–339.

8. Saper RB, Phillips RS, Sehgal A, et al. Lead, mercury, and arsenic in US- and Indian-manufactured Ayurvedic medicines. *JAMA*. 2008;300(8):915–923.
9. Kumar A, Nair AGC, Reddy AVR, Garg AN. Bhasmas: Unique Ayurvedic metallic preparations. *Bull Indian Inst Hist Med*. 2006;36:83–92.
10. Mohapatra S, Jha CB. Physicochemical characterization of Swarna Bhasma. *Anc Sci Life*. 2010;29(4):33–43.
11. Singh SK, Patel JR, Dubey S. Nanomedicine perspectives of Bhasma: Ayurvedic metallic preparations. *Evid Based Complement Alternat Med*. 2011;2011:1–6.
12. Sethi N, Srivastava R. Pharmacovigilance in Ayurveda: Need of the hour. *J Ayurveda Integr Med*. 2017;8(4):241–246.
13. Rai V, Acharya R, Duseja S, Bhatia A. Toxicological evaluation of Ayurvedic formulations. *Indian J Exp Biol*. 2010;48(3):324–328.
14. Patwardhan B. Bridging Ayurveda with evidence-based science. *Curr Sci*. 2012;102(6):915–916.
15. World Health Organization. *Traditional Medicine Strategy 2014–2023*. Geneva: WHO; 2013.
16. Kaphle K, Wu LS, Yang NY, et al. Herbal medicine research in Nepal: A glimpse into Rasashastra. *Chin J Integr Med*. 2012;18(7):485–492.
17. Mukherjee PK, Harwansh RK, Bahadur S, et al. Development of Ayurveda pharmacology. *J Ethnopharmacol*. 2017;197:10–24.
18. Patgiri B, Prajapati P, Shukla V. Pharmaceutical standardization of Rasashastra drugs. *AYU*. 2009;30(2):218–226.
19. Goyal M, Singh S, Ahuja G. Nanostructures in Bhasma preparations. *Int J Pharm Sci Res*. 2018;9(4):1372–1378.
20. Telles S, Pathak S, Singh N, Balkrishna A. Research trends in Ayurveda: 2000–2020. *J Ayurveda Integr Med*. 2021;12(1):69–78.