

## NIMS UNIVERSITY RAJASTHAN, JAIPUR

Fully empowered & incorporated as a regular & full-fledged University under NIMS UNIVERSITY ACT, 2008 duly recognized by Government of India under the provisions of the Sections 2(f) and 22 of the UGC Act, 1956.

FACULTIES: Medicine Dentistry Engineering Advanced Engg. Management Law Pharmacy Nursing Science & Technology
Physiotherapy Allied Health Sciences Fashion Media Mass Comm. Hospitality Aviation Education Library Sciences
Physical Education Films & Television etc. multi-specialty 1130-bedded tertiary level Hospital on campus

## INSTITUTIONAL ETHICS COMMITTEE NIMS UNIVERSITY RAJASTHAN, JAIPUR (INDIA)

Ref. No.: NIMSUR/IEC/2020/036

Date: 04th May, 2020

To:

Name: Prof. (Dr.) Ganpat Devpura

Department of Medicine

Sub: IEC (Institutional Ethics Committee) Approval for research project

Institutional Ethics Committee had reviewed and discussed the research project titled "Impact of Indian traditional Ayurvedic treatment regime for nCoV-2 (COVID-19)." After review and discussion, members decided to accord ethical clearance and allowed the study to be undertaken at National Institute of Medical Sciences and Research, Jaipur (NIMS University Rajasthan, Jaipur).

This approval is valid till the completion of the study, please inform us in case of any serious event observed during the conduct of the study.

From:

**Member Secretary** 

Institutional Ethics Committee,

NIMS University Rajasthan, Jaipur

## FULL DETAILS (Read-only) -> Click Here to Create PDF for Current Dataset of Trial

CTRI Number	CTRI/2020/0 Prospectively	<b>95/025273</b> [Registered on: 20/	(05/2020] <b>Trial Registered</b>		
ast Modified On:	20/05/2020				
Post Graduate Thesis	No				
Type of Trial	Interventional				
Type of Study	Ayurveda				
Study Design	Randomized, Parallel Group, Placebo Controlled Trial				
Public Title of Study	Impact of effect of Ayurvedic treatment on novel Corona virus disease				
Scientific Title of Study	Impact of Indian traditional Ayurvedic treatment regime for nCoV-2 (COVID-19)				
Trial Acronym					
	Secondary II	)	Identifier		
Secondary IDs if Any	NIL		NIL		
Ally					
	Name	Dr Ganpat Devpura			
	Designation				
	Affiliation	National Institute of Medical So	ciences		
Details of Principal Investigator or overall Trial Coordinator (multi-center study)	Address	Professor Department of Medicine National Institute of Medical Sciences and Research, Jaipur India 303121 NH 11 C Jaipur Delhi Highway Nims University Campus Jaipur Rajasthan India Jaipur RAJASTHAN 303121 India			
	Phone	9829069669			
	Fax				
	Email	gdevpura@yahoo.co.in			
	Name	Dr Abhishek Sharma			
		Assistant Professor Medicine			
	Affiliation	National Institute of Medical Sciences			
Details of Contact Person Scientific Query	Address	Professor Department of Medicine National Institute of Medica Sciences and Research, Jaipur India 303121 NH 11 C Jaipur Delhi Highway Nims University Campus Jaipur Rajasthan India Jaipur RAJASTHAN 302021 India			
	Phone	9828816135			
	Fax				
	Email	dr.abhisheksharma1987@gmail.com			
	L				
Details of Contact	Name	Dr Abhishek Sharma			
Person		Assistant Professor Medicine			
Public Query		sistant i reressor i rearchite			

	Affiliation	National I	nstit	ute of Medical Scien	ces	
	Address	Sciences a	and f laipu i Indi	Research, Jaipur Ind r Delhi Highway Nim	National Institute of Medical a 303121 s University Campus Jaipur	
	Phone	98288161	.35			
	Fax					
	Email	dr.abhishe	eksha	arma1987@gmail.co	m	
Source of Monetary or Material Support	Patanjali Rese Haridwar, Uttr		ute G	Governed by Patanjal	i Reserach Foundation Trust,	
	Name	Patanjali	i Res	earch Institute		
Primary Sponsor	Address	Patanjali Research Institute Patanjali Yogpeeth Trust Haridwa Uttarakhand				
	Type of Sponsor	Research institution				
Details of Secondary Sponsor	Name National Institute of Medical Sciences Jaipur  NH 11 C Jaipur Delh Campus, Jaipur, Raj		Highway, Nims University sthan, India			
Countries of Recruitment	India					
	No of Sites = 1					
	Name of Principal Investigator	Name of Site	Sito	e Address	Phone/Fax/Email	
Sites of Study	Deepak Nathiya	National Institute of Medical Sciences	Nat Med Res Uni Jaip Del Uni Jaip Jaip	partment of Medicine cional Institute of dical Sciences & search, Nims versity Rajasthan, our NH 11 C Jaipur hi Highway Nims versity Campus, our, Rajasthan, India our	9929600137 deepaknathiya@gmail.com	
	No of Ethics Committees= 1					
Details of Ethics Committee					Approval Status Approved	
Regulatory Clearance Status rom DCGI	Status Not Applicable					

Comparator Agent    Therapy	Health Condition			C	Condition   J969  Respiratory failure, unspecified,		
Tablet Pure Ashwagandha 500mg BD, Oral, After Breakfast / Dinner Tablet Pure Giloy Extract 1000 Oral, Agent Therapy Talla 4 drops BD, Oral, after Breakfast / Dinner Tablet Pure Giloy Extract 1000 oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast/Dinner Agent Therapy Talla 4 drops BD, Nasal Drop Powder Swasari Ras gm BD, Oral, Before Breakfast / Dinner Therapy Talla 4 drops BD, Nasal Drop Powder Swasari Ras gm BD, Oral, Before Breakfast / Dinner Therapy Placebo of Same dosage form by Oral / Nasal rout Placebo of Same dosage form by	-			]9			
Tablet Pure Ashwagandha 500mg BD, Oral, After Breakfast / Dinner Tablet Pure Giloy Extract 1000 Ayurvedic Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral, after Breakfast / Dinner Tablet Pure Tuls Extract 500 mg BD, Oral / Na							
Intervention / Comparator Agent  Intervention   Int		Туре		Name			
Age From 15.00 Year(s) Age To 80.00 Year(s) Gender Both Asymptomatic patients Midly symptomatic patients Age 15-80 years of age Patients able to give Informed consent and follow instructions Agree to follow at 14 days and 30 days after testing positive for COVID-19  ExclusionCriteria  Details Severely symptomatic patients (SaO2 <90%) Acute Respiratory Distress Syndrome (ARDS) Life expectancy less than 1 year due to other co-morbid condition  Method of Generating Random Sequence Method of Computer generated randomization  Sequence Method of Computer generated randomization  Method of Generating Random Sequence  Method of Computer generated randomization  Sequence  Method of Computer gener	Intervention / Comparator Agent	Intervention			Breakfast / Dinner Tablet BD, Oral, after Breakfast, Extract 500 mg BD, Oral, Taila 4 drops BD, Nasal Di	Pure Giloy Extract 1000 mg / Dinner Tablet Pure Tulsi after Breakfast/Dinner Anu rop Powder Swasari Ras 2	
From   15.00 Fear(s)     Age To   80.00 Year(s)     Gender   Both     Asymptomatic patients   Mildly symptomatic patients   Moderately symptomatic patients   Agree to follow at 14 days and 30 days after testing positive for COVID-19     ExclusionCriteria   Details   Severely symptomatic patients (SaO2 <90%)   Acute Respiratory Distress Syndrome (ARDS)   Life expectancy less than 1 year due to other co-morbid condition     Method of Generating Random   Computer generated randomization     Sequence   Method of Concealment   Outcome   Virological Clearance as measured by RT PCR of   Baseline, 3 Days, 7 Days   Da					Placebo of same dosage form by Oral / Nasal route		
Inclusion Criteria    Asymptomatic patients   Mildly symptomatic patients   Moderately symptomatic patients   Age 15-80 years of age   Patients able to give Informed consent and follow instructions   Agree to follow at 14 days and 30 days after testing positive for   COVID-19							
Inclusion Criteria  Asymptomatic patients Mildly symptomatic patients Moderately symptomatic patients Age 15-80 years of age Patients able to give Informed consent and follow instructions Agree to follow at 14 days and 30 days after testing positive for COVID-19  Severely symptomatic patients (SaO2 <90%) Acute Respiratory Distress Syndrome (ARDS) Life expectancy less than 1 year due to other co-morbid condition  Method of Generating Random Sequence Method of Concealment Blinding/Masking  Outcome Virological Clearance as measured by RT PCR of nasopharyngeal swab  Outcome Conversion from Symptomatic to Asymptomatic patient Reduction in C-reactive protein, ESR & IL-6 Improvement in heamatological parameters eg Total Leucocyte count  Asymptomatic patients Mildly symptomatic patients Moderately symptomatic patients Magerian positive for Agree to follow at 14 days and 30 days after testing positive for COVID-19  Severely symptomatic patients (SaO2 <90%) Acute Respiratory Distress Syndrome (ARDS) Life expectancy		Age To	80	80.00 Year(s)			
Mildly symptomatic patients Moderately symptomatic patients Moderately symptomatic patients Age 15-80 years of age Patients able to give Informed consent and follow instructions Agree to follow at 14 days and 30 days after testing positive for COVID-19  Details Severely symptomatic patients (SaO2 < 90%) Acute Respiratory Distress Syndrome (ARDS) Life expectancy less than 1 year due to other co-morbid condition  Method of Generating Random Sequence Method of Concealment Blinding/Masking  Primary Outcome Virological Clearance as measured by RT PCR of nasopharyngeal swab  Dutcome Conversion from Symptomatic to Asymptomatic patient  Reduction in C-reactive protein, ESR & IL-6 Improvement in heamatological parameters eg Total Leucocyte count				· ·	,		
ExclusionCriteria    Details   Acute Respiratory Distress Syndrome (ARDS)	Inclusion Criteria	Details	Asymptomatic patients Mildly symptomatic patients Moderately symptomatic patients Age 15-80 years of age Patients able to give Informed consent and follow instructions Agree to follow at 14 days and 30 days after testing positive for				
Computer generated randomization  Gequence  Method of Concealment  Blinding/Masking  Outcome  Virological Clearance as measured by RT PCR of nasopharyngeal swab  Outcome  Conversion from Symptomatic to Asymptomatic patient  Reduction in C-reactive protein, ESR & IL-6  Improvement in heamatological parameters eg Total Leucocyte count  Computer generated randomization  TimePoints  Baseline, 3 Days, 7 Days	ExclusionCriteria						
Method of Concealment  Blinding/Masking  Primary Outcome  Outcome  Virological Clearance as measured by RT PCR of nasopharyngeal swab  Outcome  Conversion from Symptomatic to Asymptomatic patient  Reduction in C-reactive protein, ESR & IL-6  Improvement in heamatological parameters eg  Total Leucocyte count  TimePoints  Baseline, 3 Days, 7 Days, 7 Days, 7 Days	Generating Random	Computer generated randomization					
Primary Outcome  Virological Clearance as measured by RT PCR of nasopharyngeal swab  Outcome  Conversion from Symptomatic to Asymptomatic patient  Reduction in C-reactive protein, ESR & IL-6  Improvement in heamatological parameters eg Total Leucocyte count  TimePoints  Baseline, 3 Days, 7 Days, 7 Days  14 Days	Method of						
Virological Clearance as measured by RT PCR of nasopharyngeal swab    Dutcome   TimePoints	Blinding/Masking						
Virological Clearance as measured by RT PCR of nasopharyngeal swab    Dutcome   TimePoints		Outcome	9			TimePoints	
Conversion from Symptomatic to Asymptomatic patient  Reduction in C-reactive protein, ESR & IL-6  Improvement in heamatological parameters eg  Total Leucocyte count  Total Leucocyte count  Respond	Primary Outcome	-			Baseline, 3 Days, 7 Days 14 Days		
Reduction in C-reactive protein, ESR & IL-6  Improvement in heamatological parameters eg  Total Leucocyte count  Reduction in C-reactive protein, ESR & IL-6  Baseline, 3 Days, 7 Days  14 Days		Outcome	9			TimePoints	
Outcome  Improvement in heamatological parameters eg Total Leucocyte count	_						
Safety analysis		Improvement in heamatological parameters eg  14 Days					
		Safety analysis					
Target Sample Total Sample Size="120"	Target Sample	Total Sar	nple	e Size="1	20"		

Size	Sample Size from India="120" Final Enrollment numbers achieved (Total)= "Applicable only for Completed/Terminated trials" Final Enrollment numbers achieved (India)="Applicable only for Completed/Terminated trials"			
Phase of Trial	N/A			
Date of First Enrollment (India)	29/05/2020			
Date of Study Completion (India)	Applicable only for Completed/Terminated trials			
Date of First Enrollment (Global)	Date Missing			
Date of Study Completion (Global)	Applicable only for Completed/Terminated trials			
Estimated Duration of Trial	Years="0" Months="2" Days="0"			
Recruitment Status of Trial (Global)	Not Applicable			
Recruitment Status of Trial (India)	Open to Recruitment			
Publication Details	NIL			
Brief Summary	COVID-19 infection is known to affect individuals with weak immunity more severely. Therefore, enhancing immunity is definitely one of the ways the doctors across the globe have been using for treating COVID-19 cases.			
	The study is Interventional Randomized parallel group placebo controlled, Single Centric trial in which Impact of Indian traditional Ayurvedic treatment regime for nCoV-2 (COVID-19) will be accessed.			
	To combat COVID-19 virus with Ayurveda, we have screened close to 1000 phytochemicals from more than 100 medicinal plants, in-sillico. We looked for their binding affinities to COVID-19 essential proteins and host protein interactions. We have discovered that natural phytochemicals in Ashwagandha, Giloy and Tulsi indeed have potentials to combat COVID-19 and its pathogenicity.			
	The patients who will be included in the study's active control group will receive -			
	Tablet Swasari Ras : (500 mg)			
	Tablet Pure Ashwagandha Extract : (500 mg)			
	Tablet Pure Giloy Extract : (500 mg)			
	Tablet Pure Tulsi Extract : (500 mg)			
	Anu Taila (Nasal drop)			
	The above mentioned ayurvedic medicines will be used at following dosage :  In the morning:			

At-least 60 mins before break-fast : 4 drops of Anu Taila (Nasal

drop), in each nostril.

At-least 30 mins before break-fast : Swasari Ras 2 gm (with

luke-warm water)

At-least 30 mins after break-fast : 2 Tablets Pure Giloy Extract

1 Tablet Pure Ashwagandha

1 Tablet Pure Tulsi Extract (with luke-

warm water)

In the evening:

At-least 30 mins before dinner : Swasari Ras 2 gm (with

luke-warm water)

At-least 30 mins after dinner : 2 Tablets Pure Giloy Extract

: 1 Tablet Pure

Ashwagandha

1 Tablet Pure Tulsi

Extract (with luke-warm water)

The above mentioned active control group will be compared with Placebo group receiving placebo of same dosage form. Symptomatic treatment will follow in both group along with treatment.

The primary outcome of the study will be assessed by measuring virological clearance as measured by RT PCR for nasopharageal swab at baseline,  $3^{rd}$ day,  $7^{th}$ days and  $14^{th}$  day.

The secondary outcomes will be assessed by measuring conversion from symptomatic to asymptomatic patient, reduction in CRP protein, ESR & IL-6. Further improvement in hematological parameter, Total leucocyte count and lymphocyte count. Safety analysis will also be done.

Close