



## Editorial

### Coronil – What is dispute if it is developed from time-tested Ayurvedic Science?

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The discussion about Coronil, a new COVID-19 herbal medicine of Patanjali Ayurved, Ltd. (Times of India, 2020) is on all over the world. Some groups are challenging its efficacy and some its process of development (Business Standard, 2020). However, we need to understand the actual facts about the product, Coronil (Fig. 1) and its effectiveness before participating in any of the arguments related to this drug.



**Fig. 1.** A label of coronil tablet package (taken from the India TV site, only for reference purpose)

Being a medical scientist with well-understanding about academic and industrial research, I would like to share some facts on board as follows.

1. Development of a new drug/product based on new research is totally a skill of an industry. And this is the actual difference between academic research and industrial research because an industry moves forward with already making a mind to develop a product from research unlike to academia. Furthermore, an industry has a well-setup of marketing by which a product reaches to the population within a very short time.
2. Academia research has many limitations (Laterre and François, 2015) as it mainly

focuses on the efficacy, and it is a difficult task to develop a drug from a substance which was only found effective against a particular health problem because other than evaluating the efficacy, there are lot of other steps to be followed for manufacturing a drug, such as acute/chronic toxicity, stability, drug interaction, delivery mode, standardization, pharmacodynamics, pharmacokinetics, reproducibility, etc. (Andrade et al., 2016).

3. The industry works on all above steps parallelly to save time and resources as a single sample can be used for more than one studies.
4. Academic research rarely thinks about the cost-effectiveness while it is the priority of the industry to compete with others in the market.
5. Nowadays, Governments/ funding agencies from world-over prefer the project proposals based on academia-industry collaboration, so that research can be reached to its final destination (Sannö et al., 2019).
6. As claimed, the said product is effective against COVID-19, in my personal opinion, nothing wrong with it as the trials have been conducted as per standard norms of the Govt. of India, and where the trials have been conducted is also a recognized institution ([nimsuniversity.org](http://nimsuniversity.org)) to do so.
7. Regardless to its effectiveness against COVID-19, still, there may be some lacking in the documentation process due to human error or intentionally, it is easier to short-out the same rather to questioning on efficacy and process of the drug because this is a need of the hour to find out a cure for COVID-19.
8. Today, several drugs are being under trials (<https://clinicaltrials.gov>) which are being simultaneously converted to market products and nobody knows that how long these will exist in the market as we have hundreds of examples of withdrawn drugs due to their severe side effects/ toxicity to living beings

([https://en.wikipedia.org/wiki/List\\_of\\_withdrawn\\_drugs](https://en.wikipedia.org/wiki/List_of_withdrawn_drugs)).

9. The industry itself claimed to the addition of well-known Ayurvedic herbs such as Giloy (*Tinospora cordifolia*), Ashwagandha/ India Ginseng (*Withania somnifera*) and Tulasi (*Ocimum tenuiflorum*) in Coronil, which have been used in Indian Traditional Medicine for thousands of years (Chunekar, 2015), hence, there is no means of toxicity which is a major concern in the field of drug development.
10. If many drugs, including chloroquine (FDA, 2020), having well-known side-effects can be allowed to treat COVID-19 patients, why not this herbal-based drugs?

In conclusion, I would like to suggest that rather opposing the drug, it can be cross-verified for its efficacy and adverse effect with the help of further research. Since the drug is developed based on clinical data of 100 COVID-19 patients, the study can be extended further to the large group of patients.

**Note:** Writing this editorial note does not mean that the writer is promoting a product but only highlighting the facts which many of us might not know.

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