Yarsa-Gunbu (Cordyceps sp.) an Important Medicinal Ingredient of Sowa-Rigpa and its Potentials for Management of COVID-19

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INTRODUCTION TO YARSA-GUNBU (CORDYCEPS)

Cordyceps is a genus of ascomycete fungi that includes about 600 species. Most Cordyceps species are endoparasitoids, parasitic mainly on insects and other arthropods; a few are parasitic on other fungi. The generic name Cordyceps is derived from the Greek word $\kappa o \rho \delta \delta \eta k or d \psi l \bar{e}$, meaning "club", and the Greek word $\kappa e \phi a \lambda \eta$ cephali, meaning "head". Yarsa-gunbu is a Tibetan term for Cordyceps and it means summer grass and winter worm. Yarsa-Gunbu is actually referred to *Cordyceps Sinensis* but due to scarcity of naturally grown *Cordyceps Sinensis*, *Cordyceps Militaris* is also used for medicine considering the similar properties of both the species.







Comparison the between Cordyceps sinesisand Cordyceps Militaris		
<u>Cordycepsinesis</u>	<u>CordycepMilitaris</u>	
 Parasitic complex of a fungus Contains insect compounds (useful as well as toxic) Cultivated at high altitude 3500 -5000 meters above Very eastly 	 Pure fungus Pure cordyceps compound Domesticate anywhere withcontrolled environment condition Alternative with similar potency 	
Very costly MORPHOLOGY		
 Single stromata Yellow-brown, light yellow Composite consisting of the stroma parasitizing the larva of insects, cylindrical, 4–7 cm in length 	 Bunch stromata Orange-yellow to orange-red Stroma flattened, slightly curved, about 5 cm in length 	
METABOLI	C DIFFERENCE	
 Cordycepin present Antioxidant efficiency is lesser Adenosine Is high Lesser metabolite expressed Higher content of sphingosine Less metabolites available in <i>C. Sinensis</i> Polysaccharides (~6%) High oxylipins Beauverolides absent 	 The content of Cordycepin is ~100 times higher antioxidant efficiency is high Adenosine present but lesser to C. Sinensis Higher than C. Sinensis(among 69 metabolites, 25 different metabolite were found more expressed) Less sphingosine 10-membered macrolides only available in artificial cultivated C. Militaris High Polysaccharides (~30%) Less oxylipins 	

HISTORY OF YARSA-GUNBU (CORDYCEPS)

Yarsa-gunbu or Cordyceps are well known in Sowa-Rigpa system of Medicine, it has been used for centuries. Being a very rare mushroom, Yarsa-gunbuhas a long medicinal history with diverse therapeutic applications in many countries, but the earliest reference of medicinal use is documented in Sowa-Rigpa. It is said to be the most expensive herb in the world today.

Cordyceps was found around 1500 years prior in Tibet. The Nepalese and Tibetan herders, who in springtime observed yaks and goats consumingCordyceps acting abnormally in the high mountain fields, the animals would get energetic and playful and begin pursuing each other around with the desire. The earliest known documentation of Yarsagumba is by NyamnyiDorje, a Tibet doctor and lama who lived from 1439-1475. His content named "An Ocean of Aphrodisiacal Qualities", depicts the estimation of the mushroom as a sexual tonic(Sources: Journal of the International Association of Tibetan Studies and National Institute of Sowa Rigpa NISR, LehLadakh, India)..

Around 200 years after the fact, the Emperor's doctors in the Ming Dynasty found out about this Tibetan marvel and utilized this information with their own intelligence to grow ground-breaking and intense medication. Introductory records of Cordyceps as medication date from the Qing Dynasty in China in 1757. Its present high worldwide profile and request grew just at some point in 1993 when many Chinese long-distance runners broke world records. In 1843 it was first described by The British mycologist Berkely as SphaeriaSinensis Berk. Later, Saccardo renamed it Cordyceps Sinensis in 1878. The scientific name Cordyceps Sinensis (Berk) Sacc. is stated to be the final form, which is the fruiting body of the fungus arising out of the dead body of a caterpillar. The parasite was known as Cordyceps Sinensis until 2007, when the subatomic investigation was utilized to improve the characterization of the Cordycipitaceae and the Clavicipitaceae, bringing about the naming of another family Ohio Cordycipis Sinensis is also known as OphioCordyceps Sinensis. More than 350 types of Cordyceps or its substitutes in terms of their medicinal values have been found worldwide today, such as Cordyceps Militaris. Among them, only Cordyceps Sinensis and Cordyceps Militaris are used for medicinal values.

YARSA-GUNBU: CURRENT RESEARCH BASED APPLICATION AGAINST COVID-19

On the recommendation of National Institution of SOWA-RIGPA, Ministry of AYUSH, Govt. of India, Leh-Ladakh and withadvice of the Indian Council of Medical Research (ICMR), the thorough Research, development and clinical trials have been conducted successfully at the leading institutions like AIIMS Bhopal, AIIMS Nagpur, Punjab University, Patiala, MGMH Navi Mumbai and CCMB, Hyderabad by Ambrosia Food Farm Company, Bhowali, Uttarakhand, India.

ResearchTitle

A Randomized, Double Blind, Placebo Controlled Study to Evaluate the Efficacy and Safety of CordycepsCapsules(FoodSupplement)asanAdd-OnTherapyinPatientswithMildtoModerate COVID-19Infection

Background

COVID-19infectionbecameaglobalpublichealthconcernwithlimitedtherapeuticoptionsto treatthiscondition. Treatmentinterventionswhichareeffective, safeandtolerableareurgently neededforCOVID-19infection. Duetopotentialanti-inflammatory, antiviral and lungeffects and well characterized safety profile, Cordyceps as was hypothesized to show effectiveness in COVID-19 infection an add on therapy and therefore this double-blind, randomized, placebocontrolled, proof of concept study was planned to evaluate efficacy and safety effect of Cordyceps as a add on therapy in treatment of mild (symptomatic) to moderate SARS-CoV-2 infection. Numerous repurposed and investigational drugs such as remdesivir, chloroquine, hydroxychloroquine, ritonavir, lopinavir and interferon-beta are currently being studied for COVID-19 treatment but their side effects limits their usage among the infected patients.

Moreover, COVID-19 vaccine hesitancy is increasing worldwide owing to the fear of side effects.Undersuchcondition,anaturalproduct'Cordycepsimmunebooster'withminimalside effects can be a useful. Cordycepin, a pure compound and Cordycepin powder derived from *Cordyceps Militaris*was tested for their anti-viral properties in *In Vitro*assay to detect inhibition of SARS-Cov-19 virus in vero cells Based on our results, it was observed that Cordycepinat6pMConcentrationinhibits70% ofthevirusintheassayprocedure.Theprimary objectiveofthestudywastoevaluatetheefficacyofCordycepscapsulesasanadd-ontherapy to standard treatment for the treatment of SARS-CoV-2 infection. The secondary objectives were to evaluate the safety of Cordyceps capsules as an add-on therapy to standard treatment in patients with mild (symptomatic) to moderate SARS-CoV-2 infection and to evaluate the immune modulatory effect of Cordyceps capsules as an add-on therapy to standard treatment in patient with mild (symptomatic) to moderate SARS-CoV-2 infection.

Methods:

This was a randomized, double blind, placebo-controlled study of Cordyceps capsules (food supplement) as an add-on therapy in patients with COVID-19 infection. After obtaining informed consent, patients who met all of the inclusion criteria and none of the exclusion criteriawasrandomizedtooneofthetwogroupsandreceivedeitherCordycepscapsulesasan add on

therapy to standard treatment protocol or placebo plus standard treatment protocol for the treatment of patients with mild (symptomatic) or moderate SARS-CoV-2 infection. Individual patients' participation was for 30 days.

- Arm 1 (n=40): Cordyceps capsules plus standardtreatment.
- Arm 2 (n=40): Placebo plus standardtreatment.

All visits were done in ambulatory setting for both mild and moderate category patients unless the patients with moderate infection was required to hospitalized as per the PI discretion. For hospitalized patients, if the patient was discharged before Day 15 then the patient had to come for Day 16 visit. Day 30 visit was mostly done telephonically. During hospitalizationperiod(atalltheotherdaysthanthatmentionedfortrialrelatedinvestigations), vitals and physical examination, compliance, disease evaluation was done as per the hospital policy. After taking informed consent, eligible patients were randomized to one of the two groupstoreceiveeitherCordycepscapsulesasanaddontherapytostandardtreatmentprotocol or placebo plus standard treatment protocol on Day 1.

Demographics and medical history were taken as a part of screening. Vitals were recorded on alldaysforhospitalizedpatientsandonDay1,Day5,Day10andDay16forambulatoryvisit patients. Complete physical examination was done at screening. At subsequent days, abbreviatedexaminationwasdone.Heightwasmeasuredatscreeningonlyandweightwas measured at all visit days. X-ray chest and ECG was done on screening visit and on Day 16.

RT-PCR test was done on screening if required and on Day 10. Haematology, biochemistry and urinalysis testing were performed on screening, Day 5, and Day 16. Biomarker analysis wasperformedatscreening, Day5andDay10andincludesIL-1, IL-6, MCP-1, IP-10, Ferritin, Ddimer, CRP and induced nitric oxide synthase (iNOS). COVID IgG antibodies testing were done on Day 16. Arterial blood gas analysis (pH, PaO2, PaCo2, HCO3 and SaO2) were performed at screening, Day 5 and Day 10 for moderate category patients. Standard treatment protocol as per recent Clinical Management Protocol for Covid-19, given by Government of India was implemented. Patients received treatment depending on the clinical condition of the patient. Cordyceps 500 mg capsule or matching placebo was administered three times a day afterfood(e.g.,breakfast,lunchanddinner).Cordycepscapsulesorplacebowereadministered approximately the same time each day as an add-on to the standard therapy. If patient get discharged earlier, he/she was to be taken Cordyceps/placebo capsules at home. The total ofCordycepswas1.5gm.perdayfor15days.Cordyceps500mgcapsuleormatchingplacebo dose was administered three times a day after food (e.g. breakfast, lunch and dinner). Cordyceps capsulesorplacebowasadministeredatapproximatelythesametimeeachdayasanadd-onto thestandardtherapy.Ifpatientgetdischargedearlier, he/shewastobetakenCordyceps/placebo capsules athome.

Results

Atotal65patientswereenrolledinthestudyonDay1afterconfirmingeligibility;33patients were enrolled in Cordyceps group, and 32 in the placebo group. Out of these, 07 patients (3 in Cordycepsgroupand4inplacebogroup)didnottakeanymedicationanddeemeddiscontinued from the study. Total 58 patients were considered evaluable for the analysis; 30 patients in Cordyceps group and 28 in Placebo group. Out of 30 patients in the Cordyceps group; 27 (90.0%)wereofmildcategoryand3(10.0%)wereofmoderatecategory.Outof28patientsin thePlacebogroup;23(82.1%)wereofmildcategoryand5(17.9%)wereofmoderatecategory.

Demographics:

Meanageofallthepatientsenrolledinthestudywas42.34 \pm 13.61years.Meanageofpatients receiving Cordyceps capsules was 42.55 \pm 14.71 years and that of patients receiving Placebo was42.12 \pm 12.59years.Therewasmalepreponderance;42(64.61%)weremaleand23 (35.38%) were female.

Vitals and physical examination:

Physical examination of patients was normal at all visits. There was no significant change in vitalparametersatDay5,Day10,andDay16ascomparedtoDay1visitinpatientsreceiving Cordyceps capsules except in systolic BP and Pulse rate. However, the changes in systolic BP and Pulse rate are not clinicallysignificant.

Chest X-ray:

On Day 1, majority of the patients had normal chest X-ray; 53.3% in Cordyceps group and 64.3% in placebo group. Other important findings were bilateral lower zone infiltrates and ground glass opacities in bilateral lower zones. On Day 16, all patients had normal chest X-ray.

Recovery of patients

Proportionately higher number of patients recovered in Cordyceps group 18 (60%) as compared to Placebo group 15 (53.6%) on Day 5. Improvement was mainly seen in mild patients.

On Day 10, similar proportion of patients recovered in Cordyceps group 25 (83.3%) and Placebogroup24(85.7%).

On Day 16 and Day 30, all patients with mild and moderate category recovered in both groups.

Time to Improvement of ClinicalSymptoms

 $\label{eq:constraint} Overall, patients receiving Cordyceps had mean improvement of clinical symptoms earlier than the patients receiving Placebo (6.6 \pm 2.8 days Vs 7.0 \pm 3.3 days). In mild category, patients receiving cordyceps had symptoms improved a dayearlier as compared to patients receiving placebo (6.6 \pm 2.9 days Vs \pm 3.8 days$

days). In moderate category, the mean time to improvement of symptoms was 6.0 ± 2.6 days in Cordyceps group and 6.0 ± 2.1 days in Placebo group.

Time to Recovery of Clinical Symptoms

The mean time to recovery of symptoms were comparable between Cordyceps and Placebo groups. Similarly, mean time to recovery of symptoms were comparable between Cordyceps and Placebo groups for mild and moderate category patients.

Status of RT-PCR at Day 10

ProportionatelyhighernumberofpatientsshowedRT-PCRnegativeresultinCordycepsgroup 17 (56.7%) as compared to Placebo group 13 (46.4%) on Day 10.

Serum biomarkers

There was no significant change in the mean values of IL-6, ferritin, LDH, CRP and D-dimer levels at Day 5 and Day 10 as compared to Day 1 values in patients receiving Cordyceps capsules. Also, the comparison in between the patients receiving Cordyceps capsules and Placebo capsule was not significant statistically. There was significant change in the mean valuesofMCPIP,CXCL10andIL-1 β levelsatDay5andDay10ascomparedtoDay1values in patients receiving Cordyceps capsules. However, this change was seen in Placebo group also. The comparison in between the patients receiving Cordyceps capsule was not significant statistically except for CXCL10 where the comparison was significant at Day 10. Significant changes were seen in biomarkers CRP and CxCL10 in moderate category patients at Day 5 and Day 10 respectively. The mean IgG levels at Day 16 was 26.86 ± 27.45 in Cordyceps group and 16.52 ± 22.86 in Placebo group.

TEAEs

Overall, 10 (17.2%) patients developed 16 treatment emergent adverse events (TEAEs). Out of these, 12 TEAEs were reported in 6 (20.0%) patients receiving Cordyceps capsules and 4 TEAEs were reported in 4 (14.3%) patients receiving placebo capsules. Nine TEAEs were treatment related. Of these, 5 TEAEs were related to Cordyceps capsules and 4 TEAEs were related to Placebo capsules. 3 (10.0 %) patients in Cordyceps group and 4 (14.3%) patients in Placebo group reported the related TEAEs. None of the patients in the study developedsevere and serious TEAEs. Two patients had drug interruption due to progression of disease to moderate category. Overall, incidence of TEAEs were minimal. The reported TEAEs belongs tothegastrointestinalsystemfollowedbyGeneraldisordersandadministrationsiteconditions andNervoussystemdisorders.GastrointestinalTEAEswerecommoninpatientswhoreceived Cordyceps capsule as well as the Placebocapsules.

Laboratory assessment:

The haematology parameters in Cordyceps group did not change significantly at Day 5 and Day 16 from the Day 1 visit except WBC count, platelet count and eosinophil count. These counts changes significantly at Day 16 as compared to Day 1 values but does not have any clinical significance. The biochemistry parameters in Cordyceps group did not change significantly at Day 5 and Day 16 from the Day 1 visit except ALP, ALB and BUN. Though these values changed significantly at Day 5 and Day 5 and Day 16 as compared to Day 1 values, but it does not have any clinical significance.

Summary

On the basis of the *in-silicostudy* of the nucleosides present in C. *Militaris*, it can be concluded that they may be effective in the treatment of SARS-CoV2 by following mechanism similarto

that of the tested drug remdesivir i.e. RdRp inhibition. Overall theoretical and literature analysis of the key phytoconstituents of this marketed fungal formulation suggest that it may beimperativetoexploreitfortheextendedtherapyinCOVID-19.Sincethisproductisalready in market with no significant toxicity (as reported in the literature), investigator suggests Ambrosia food farm.co for its preclinical and subsequent clinical evaluation as an 'add on therapy' in COVID patients owing to immense urgency to manage this global pandemic situation.Cordycepscapsulesgivenatadoseof500mgthreetimesadayalongwithsupportive treatmentshowedeffectivenessinpatientswithmildtomoderateCovid-19infectionasevident by proportionately higher number of recoveries at Day 5, relatively shorter time for improvement of clinical symptoms, proportionately higher number of patients showing negativeRT-PCRtestonDay10andsignificantchangeinbiomarkerssuchCRP,CxCL10and IL-1ßonday5and10ascomparedtobaseline.Cordycepscapsulesgivenatadoseof500mg three times a day along with supportive treatment showed effectiveness in patients with mild to moderate Covid-19 infection as evident by proportionately higher number of recoveries at Day 5, relatively shorter time for improvement of clinical symptoms, proportionately higher number of patients showing negative RT-PCR test on Day 10. Significant changes were seen in biomarkers MCPIP, CxCL10 and IL-1ß for overall (both mild and moderate patients) on Days 5 and 10 as compared to baseline; and in biomarkers CRP and CxCL10 in moderate category patients at Day 5 and Day 10 respectively. Recovery of symptoms was mainly seen inmildpatients, whereinpatients receiving Cordycepshadsymptoms improved adayearlier as compared to patients receiving placebo (6.6 days Vs 7.3 days). The statistical significances could not be reached between group comparisons with Placebo for various parameters, due to limited samplesize in this signal seeking study. No significant worsening of the disease related markerssuchasCRP,IL-6,ferritin,andD-dimerssignifyingthatthediseasewasnotworsened in patients who received Cordyceps, further confirming that the disease severity remained stable and did not worsened over a period. Thus, this proof of concept, signal seeking study showed the role of Cordyceps as an add on therapy in the treatment of patients with mild to moderate Covid-19 infection. Cordyceps at a dose of 500 mg three times a day for 15 days weresafeandwelltoleratedinpatientswithmildtomoderateCovid-19infection.Thereported TEAEs were mild to moderate in severity and were managed with/without medications. No meaningful drug related changes were observed in vitals, haematology, biochemistry, urinalysis, and ECGs in patients receiving Cordyceps capsules and changes were similar to Placebo. None of the patients in the study had severe or serious TEAEs. There was no drug interruption and dose reduction due to adverse events any of the patient. This is to be expected, based on the known safety profile of the active ingredients and their long history of use of Cordyceps inhumans.

Conclusion

Cordyceps at a dose of 500 mg three times a day for 15 days were safe and well tolerated in patientswithmildtomoderateCovid-19infection.ThereportedTEAEsweremildtomoderate in severity and were managed with/without medications. No meaningful drug related changes wereobservedinvitals,haematology,biochemistry,urinalysis,andECGsinpatientsreceiving Cordycepscapsules.NoneofthepatientsinthestudyhadsevereorseriousTEAEs.Therewas no drug interruption and dose reduction due to adverse events in any of the patient. Overall, theresultsfrompresentstudyareencouragingandoffersCordycepsasasaferandeffectiveadd on therapy to standard of care treatment in patients with mild to moderate Covid-19 infection.

WHY YARSA-GUNBU (CORDYCEPS) IS IMPORTANT IN COVID-19 TREATMENT?

Cordyceps capsule is prepared from the medicinal mushroom *Cordyceps Militaris*, which contains several bioactive molecules and nucleotide analogue. It helps covid patients in both curative and preventive method. The major working of Cordyceps/Yarsa-Gunbu (active ingredient cordycepin) is:

- 1. **Binding Spike Protein of Covid-19 virus** (this process helps covid patients to prevent covid-19 virus entry into human cells)
- 2. **RdRpInhibitor**(prevent multiplication of RNA of Covid-19 virus, hence no increase in viral load and no viral protein formation and no further spread of virus. It is effective on all kind of Covid-19 variants including omicron)
- 3. **Higher level of Anti-body (IgG) generation** (anti-body generation prevent further infection of Covid-19, if Cordyceps capsules consumed during covid-19 treatment it helps in generation of higher level of Antibodies against covid-19)

1. Binding Spike Protein of COVID-19 virus

(This process helps COVID infected patients to prevent COVID-19 virus entry into human cells)

Fig: Functioning of Corycepin targeting SARS-CoV-2 spike and main protease



2.RNA Dependent RNA Polymerase (RDRP) inhibitor

It prevent multiplication of RNA of Covid-19 virus, hence no increase in viral load and no viral protein formation and no further spread of virus and no further mutation. It is effective on all

kind of Covid-19 variants including omicron)

(Here Cordyceps Bioactive molecule Cordycepin is working as Ribonucleotide Analouge, which inhibits RDRP)

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3. Higher level of Anti-body (IgG) generation

Anti-body generation prevent further infection of Covid-19, if Cordyceps consumed during covid-19 treatment it helps in generation of higher level of Antibodies against covid-19

Table 11.1- 19: Comparison of Immune Marker IgG between Two Groups at Day16

	G	roup	
Parameter Cordyceps Mean ± SD	Placebo Mean ± SD	P-value*	
			IgG

*Obtained using t-test for independent samples

YARSA-GUNBU: RECOMMENDED BY OTHER LEADING RESEACH INSTITUTES

1) Centre for Cellular & Molecular Biology (CSIR-CCMB), Hyderabad: Antiviral Activity of Cordyceps against Covid-19

सीसीएमबी CCMB

सीएसआईआर-कोशिकीय एवं आणविक जीवविज्ञान केन्द्र CSIR-CENTRE FOR CELLULAR AND MOLECULAR BIOLOGY (वैज्ञानिक तथा और्यागिक अनुसंघान परिषद) (Council of Scientific & Industrial Research) (विज्ञान एवं प्रौयोगिकी मंत्रालय, भारत सरकार / Ministry of Science & Technology, Govt. of India) उत्पत्त रांड, हबनीपुरा, हैदराबाद - 500 007, तेरंगाना, भारत Uppal Road, Habsiguda, Hyderabad - 500 007, Telangana, India

26th August, 2020

Report on the Anti-Viral Effect of Cordycepin in In-Vitro Assay

Cordycepin, a pure compound and Cordycepin powder derived from *Cordyceps militaris* was supplied by the company Clone Deals Pvt. Ltd., Hyderabad. The compounds were tested for their anti-viral properties in *In Vitro* assay to detect inhibition of SARS-Cov-19 virus in vero cells. Based on our results, it is observed that Cordycepin at 6µM Concentration inhibits 70% of the virus in the assay procedure (Annexure attached).

Signature of Coordinator at Validation Centre (Dr. N. Madhusudhana Rao)

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http://www.ccmb.res.in

2) **Defence Institute of Bio-Energy Research (DIBER) - DRDO:** Cordyceps (Yarsa-gunbu) as an Immunomodulating Agent

K. P. Singh, Principal Scientist Defence Institute of Bio-Energy Research (DIBER), DRDO, Field Station Pithoragarh-262 501, India E-mail: kpvte@rediffmail.com

Cordyceps militaris has been known to have so many medicinal properties preventing or curing a number of diseases in the local regions. Local people have been found to use the fungus for enhancing stamina, respiratory efficiency, immunomodulation, and treatment of liver, renal, respiratory and cerebrovascular diseases for a very long time. The fungus has also been used for increasing athletic power. Because of the high medicinal properties.

Another reason for antidepressant like effect of *C. militaris* may also be elicited due to inhibition of monoamine oxidase (MAO), which is involved in catabolism of excitatory neurotransmitters. However, a further investigation is still required to find out the mechanism involved for antidepressant like activity of *C. militaris*

In the view, it can be concluded that natural as well as LCM of *C. militaris* have capacity to increase the motor coordination in form of increased muscle endurance or antifatigue like activity and mood elevator or antidepressant like activity as a result of decreased endogenous depression. The neuromuscular effect of LCM of C. militaris was almost similar to that of natural samples. Hence, in vitro propagated *C. militaris* can be used in development of product formulation for improving human neuromuscular activity and quality of life..

The experimental protocol was approved by the Institutional Human Ethics Committee and Human care was taken as per the guidelines of CPCSEH (Registration No. 306/a/09/ CPCSEH, Dated 3rd Apr 2014), Government of India.

Thank You

OTHER INTERNATIONAL RESEARCH ON CORDYCEPS AGAINST COVID-19

1) **The Indonesian Institute of Sciences (LIPI):**has been conducting clinical trials of herbal medicines to cure COVID-19 patients. The clinical trials took place at the Wisma Athletes Emergency Hospital for COVID-19 Patients in Kemayoran on June 8.

Two herbal medicines are used: Cordyceps Militaris and a combination of herbs. The LIPI research team have done the clinical trials on 90 COVID-19 patients in three groups.

https://go.kompas.com/read/2020/06/13/133853974/get-to-know-more-about-cordyceps-Militaris-for-covid-19-treatment?page=all

2) **Monash University, Australia**: A rare Tibetan worm may hold key to long-acting COVID vaccines. The best types of mRNA vaccines are those that only encode the target antigen (in the case of COVID vaccines, the spike protein) and contain 5' and 3' untranslated regions (UTRs), which provide comprehensive stimulation of the adaptive and innate immunity. "Studying the Cordyceps fungi molecule and how it can be used to understand the function of 3'UTRs is a key step in making better vaccines against infectious diseases like COVID-19 and also cancers," Associate Professor Beilharz said.

https://www.monash.edu/discovery-institute/news-and-events/news/2021-articles/a-rare-tibetan-worm-may-hold-key-to-long-acting-covid-vaccines

OTHER YARSAGUNBU (CORDYCEPS) RESEARCH BASEDAPPLICATIONS IN VARIOUS DISEASES & DISFUNCTION

AVAILABLITYOF CORDYCEPS&CORDYCEPSPRODUCTS

Cordyceps and Cordyceps product are available in India and there are many companies and groups that are growing Cordyceps Militarisfor commercial sale, but consumers have to be careful about the genuineness and quality of the product. Natural Cordyceps Sinensis is very hard to find and expensive, it costs around USD 32,000 per kg whereas, Cordyceps Militaris is grown in India also and the production can be scaled up. The following is a basic firsthand information

DRY AND RAW YARSAGUNBU (CORDYCEPS)

Info.	Description	
Name	Pure dry, and raw cordyceps	
Certification	ISO 9000, ISO 22000, GMP	
Category	Dry Cordyceps fruiting bodies	
Status	Actively available in Indian Market	
Content	Cordycepin and adenosine along with all other biomolecules	
Form	Dry Form, whole fruiting bodies	
Research Based Product	Yes	
Export	Open for Export	
Ex-Factory Price	50,000 INR per kg or 656 USD	
Packaging	1-5 kg per pack, Food Grade	
MoQ	100 KG	
Purchase Order	20 days before the supply	
Payment	100% advance through NISR	

YARSAGUNBU (CORDYCEP) CAPSULES

Info.	Description
Name	Pure YARSAGUNBU (Cordyceps) Capsules
Certification	SOWA-RIGPA validation and FASSAI license for specific food supplement for specific disease management
Category	Add on drug and food supplement for Covid-19 patients (mild and Moderate)
Status	Available through NISR, Leh, Laddakh
Content	Cordycepin & other various biomolecules (synergistically)
Form	Oral Capsules (500 mg each)
Research Based Product	Yes, through AIIMS, CCMB, PUNJAB UNIVERSITY
Export	Open to advance booking for Export
Packaging	9 capsules per strip (3 capsules for each day), 5 strips in one pack (15 days complete course), 30 capsules per bottle
Price	50 INR/0.65USD per capsule (ex factory price)+ Tax
MoQ	1000 pack of 30 capsules
Purchase Order	20 days before the supply
Payment	100% advance

YARSAGUNBU (CORDYCEP) LIQUID EXTRACT (MINI-BOTTLES)

Info.	Description	
Name	Pure YARSAGUNBU (Cordyceps) Extract Mini-Bottles	
Certification	SOWA-RIGPA validation and FASSAI license for specific food supplement	
Category	Immunity Booster &Immunomodulator	
Status	Available through NISR, Leh, Laddakh	
Content	Cordycepin & other various biomolecules (synergistically)	
Form	Oral Suspension Homogeneous Extract (5ml each)	
Research Based Product	Yes, CCMB Hyderabad	
Export	Open to advance booking for Export	
Packaging	Pack of 6 Mini-Bottles (5ml Each)	
Price	75 INR/ 1USD per mini-bottle(ex factory price)+ Tax	
MoQ	1000 pack (each 6 mini-bottles pack capsules)	
Purchase Order	20 days before the supply	
Payment	100% advance	

AIIMS takes up the translational trial for using Cordyceps Capsules for treatment in COVID-19

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NEW DELHI: Efforts and trials are going on for preparing preventive and curative medicine for Corona. Ambrosia Food Farm Co. Bhowali Nainital, Uttarakhand has initiated the landmark translational trial using Cordyceps capsules in COVID-19 patients. The first trial has already started and its result will be known by the end this month. Addressing a press conference in New Delhi today, the Managing Director of the Ambrosia Food Farm Company, Mr. Gourvendra Gangwar said that the final result of the trial will be available by December, Cordyceps immunity booster capsules are food supplement capsules. Cordyceps is a herb with immunological and anti-viral properties and capsule has no side effects. Services of farmers are being taken for growing medicinal mushroom and it has great potential for employment opportunities also. Mr. Gangwar said that we are making all efforts and hope to bring out the medicine for the cure of Corona by December this year. This will be our contribution towards 'Corona Mukt Bharat' and 'Atma-Nirbhar Bharat'. The approval for the trial has already been obtained from the regulatory bodies, he said. Research and Development Coordinator of Ambrosia Food Farm Co. Mr. Vikas Vinod Tiwari said that Initial investigations, which include computational analysis, were initiated by Dr.Om

Managing Director of the Ambrosia Food Farm Company, Mr. Gourvendra Gangwar and his colleagues displaying the packets of Cordyceps capsules at the press conference in New Delhi

Silakari (Department of Pharmaceutical Sciences and Drug Research, Punjabi University, Patiala). These studies showed promising results and formed the foundation for this trial, which was structured by Dr. Mohini Barde from

Med Indite Communication Pvt. Ltd. in partnership with the multi-center research team across India. The Ambrosia Leadership led by Mr. Gorvendra Gangwar, Mr. Shailendra Singh and Mr. Vikas Vinod Tiwari, remain optiADDRESSING A PRESS CONFERENCE IN NEW DELHI TODAY, THE MANAGING DI-RECTOR OF THE AMBROSIA FOOD FARM COMPANY, MR. GOURVENDRA GANGWAR SAID THAT THE FINAL RESULT OF THE TRIAL WILL BE AVAIL-ABLE BY DECEMBER

mistic and committed to the potential positive effects of Cordyceps capsule in (DVID-19 patients. The clinical trial is an example of bridging scientifically the traditional medicine with modern medicine as envisioned by the Prime Minister, Mr. Narendra Modi. The vibrant research team is led by Prof. Siddharth P.Dubhashi from AIIMS Nagpur, which includes Dr. Sagar Sinha, Dr.

Jaishree Ghanekar, Dr. Sameer Kadam and Dr. Parineeta Samant from MGM Medical College, Navi Mumbai along with Dr. Amit Agarwal from AIIMS Bhopal, Mai, Gen, (Dr) Vibha Dutta, SM (Director and CEO, AIIMS Nagpur) and Prof. Sarman Singh (Director and CEO, AIIMS Bhopal), both laboratory physicians, are working closely with Prof. Dr. Sankalp Dwivedi (Dean and Director SSIMS, Bhilai), who serves as the Chief Medical Advisor for the trial. This trial will bring together clinical, basic sciences and traditional researchers on a single platform to combat COVID-19. This is a path defining moment for India, which scientifically relates traditional medicine with modern medicine.

For further Information contact :

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