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Rasayana and Healthy Ageing: An Ayurvedic Perspective

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ABSTRACT

Ageing is a complex, progressive biological process associated with changes in physical function, cognition, metabolic resilience and susceptibility to chronic disease. Ayurveda describes ageing within the concepts of Jara and Vriddhavastha and gives particular importance to Rasayana Tantra as a branch concerned with maintaining health, strength, vitality and longevity. Classical Ayurvedic approaches include Rasayana, appropriate diet, Dinacharya, Ritucharya, Achara Rasayana, Yoga and, when indicated, Shodhana procedures. Contemporary studies have begun to examine selected Rasayana interventions in older adults, including outcomes related to cognition, functionality and quality of life. Clinical evidence is encouraging but remains limited by heterogeneous formulations, study designs and outcome measures.[1–7] This narrative review presents the Ayurvedic understanding of ageing and discusses the potential role of Rasayana in healthy ageing while distinguishing classical concepts from currently available clinical evidence. The article emphasizes that Rasayana should be individualized and administered appropriately rather than presented as a proven method for reversing biological ageing.

KEYWORDS: *Rasayana; healthy ageing; Jara; Vriddhavastha; geriatric care; Ayurveda; cognition; quality of life.*

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Introduction

Population ageing has increased the importance of approaches that maintain functional ability and quality of life in later life. Ageing is accompanied by progressive changes in multiple physiological systems and by increased vulnerability to chronic diseases. Ayurveda considers ageing a natural process and describes age-related changes in Dosha, Dhatu, Agni, Ojas, sensory functions and mental faculties.[1,2]

Rasayana is a major component of Ayurvedic preventive and promotive health care. Classical descriptions emphasize nourishment, maintenance of tissue quality, strength, intellect, sensory function and longevity. Rasayana is therefore broader than the use of a single herb or supplement and may include medicines, diet, conduct and lifestyle measures.[2,8]

The contemporary literature contains clinical studies of selected Rasayana interventions in older adults. For example, an eight-week non-randomized trial evaluated integrated Yoga and Ayurveda Rasayana in elderly participants with mild cognitive impairment and reported improvements in cognitive outcomes, although the design limits causal inference.[3] A later systematic review of clinical evidence identified a small and heterogeneous body of studies and concluded that promising findings require confirmation through well-designed randomized controlled trials.[7]

Aim

To review the Ayurvedic concept of ageing and critically discuss the role of Rasayana and related lifestyle measures in promoting healthy ageing, with reference to currently available clinical evidence.

Materials and Methods

This article was revised as a narrative review rather than a systematic review because the original manuscript did not document a reproducible systematic search strategy, database-specific search strings, predefined eligibility criteria or formal risk-of-bias assessment. Classical Ayurvedic sources cited

in the original manuscript were retained where appropriate, and relevant peer-reviewed literature on ageing, Rasayana and geriatric care was identified from PubMed/PMC and journal sources. The discussion distinguishes classical Ayurvedic descriptions from modern clinical evidence.

Ayurvedic Concept of Ageing

Ayurveda describes Jara as an inevitable age-associated process. With advancing age, progressive diminution of strength, sensory capacity, tissue quality and other functions is described. The concept of Kala Parinama highlights the role of time in the progressive transformation of the organism.[1,2]

The predominance of Doshas changes across the lifespan. Classical and later Ayurvedic literature commonly describe Kapha predominance in early life, Pitta predominance in the middle period and Vata predominance in later life. Vata-associated qualities such as dryness, mobility and lightness are therefore used in Ayurveda to interpret several features of ageing.[1,2]

Ageing may also be discussed through the status of Agni, Dhatu and Ojas. Reduced digestive and metabolic capacity and progressive tissue depletion are described as important contributors to age-associated decline. These are Ayurvedic explanatory models and should not be presented as direct equivalents of modern molecular mechanisms.

Kala Parinama and Age-Related Changes

Ayurvedic texts and secondary Ayurvedic literature describe sequential age-related changes across decades of life. A commonly cited framework attributes progressive loss to qualities such as growth, complexion, intellect, skin quality, vision, reproductive capacity, physical strength, cognition and locomotor function.[8,9]

The specific Rasayana used for an individual should not be prescribed solely on the basis of chronological age. Prakriti, Agni, Bala, Satva, disease status, medicines, dietary tolerance and the intended therapeutic objective should be considered.

Age/decade	Classical age-related change	Publication-safe interpretation
0–10 years	Bālya / growth-related phase	Support normal growth and nutrition; individualized care.
11–20 years	Vriddhi / growth	Support development, nutrition and healthy lifestyle.
21–30 years	Chhavi / complexion	Maintain nutrition, lifestyle and tissue health.
31–40 years	Medhā / intellect	Emphasize cognitive health, sleep and appropriate Rasayana when indicated.
41–50 years	Tvak / skin quality	Address nutrition, lifestyle and age-associated skin changes.
51–60 years	Dṛṣṭi / vision	Promote eye health and appropriate preventive care.
61–70 years	Śukra / reproductive vitality	Individualize care according to health status; geriatric assessment becomes important.
71–100 years	Progressive loss of strength, cognition and locomotor function	Focus on function, nutrition, mobility, cognition, safety and individualized supportive care.

Rasayana in Healthy Ageing

Rasayana Tantra is traditionally concerned with promoting longevity, strength, nourishment, intellect and resistance to disease. Classical Rasayana approaches include medicinal formulations as well as dietary and behavioral measures. Achara Rasayana emphasizes appropriate conduct, mental discipline and social/ethical behavior, while Ajasrika Rasayana refers to regular use of suitable nourishing dietary substances.[1,2,8]

From a geriatric perspective, Rasayana should therefore be viewed as one component of a broader healthy-ageing strategy rather than as a substitute for diagnosis and management of established disease. Adequate nutrition, physical activity, sleep, mental

well-being, social participation and appropriate medical care remain important.

Types and Examples of Rasayana

Ayurvedic literature describes Rasayana according to purpose and mode of use. Kamya Rasayana is intended to promote desirable qualities in healthy individuals, while Naimittika Rasayana is used in relation to particular disease contexts. Medhya Rasayana is traditionally associated with intellect and cognitive function. Examples commonly discussed in Ayurvedic literature include Amalaki, Guduchi, Brahmi, Shankhapushpi and Ashwagandha.[8],[10]

These examples should not be interpreted as evidence that every herb is effective for preventing or treating ageing-related disease. Evidence varies substantially by herb, formulation, dose, population and outcome.

Probable Mechanisms:
Ayurvedic and Contemporary Perspectives

Ayurvedic explanations emphasize maintenance of Agni, nourishment of Dhatus, preservation of Ojas, balancing of Doshas and support of mental well-being. These concepts are part of the Ayurvedic theoretical framework and should be distinguished from experimentally established biomedical mechanisms.

Contemporary research has investigated antioxidant, anti-inflammatory, neuroprotective, immunomodulatory and adaptogenic properties of selected medicinal plants. However, findings from laboratory or mechanistic studies cannot automatically be translated into clinical anti-ageing effects in humans. A publication should therefore use cautious terms such as 'potential', 'suggested' or 'under investigation' unless supported by appropriate clinical evidence.

Clinical Evidence

Clinical evidence for Rasayana in older adults is emerging. Chobe et al. conducted a non-randomized three-arm clinical trial involving 72 older adults with mild cognitive impairment; participants received Ayurveda Rasayana, Integrated Yoga, or the combined intervention for eight weeks. The study reported improvements in cognitive outcomes, but its non-randomized design and relatively small sample limit the strength of conclusions.[3]

Kulatunga et al. studied Guduchyadi Medhya Rasayana in 138 participants aged 55–75 years with senile memory impairment and reported improvement in memory-related outcomes.[4] The findings are relevant to the cognitive dimension of healthy ageing, but the study should be interpreted within the limitations of its design and the specific formulation studied.

A multicenter study has also evaluated Ayush Rasayana A and B in older adults, focusing on functionality and tolerability.[5] In addition, a cluster randomized controlled trial protocol involving 720 adults aged 60–75 years was developed to evaluate Ayush Rasayana A and B for quality of life, sleep and functionality.[6] These studies demonstrate increasing interest in standardized clinical evaluation of Rasayana.

A 2026 systematic review identified eight clinical studies of Rasayana interventions in older adults and concluded that the available evidence is promising but heterogeneous, with a need for adequately powered randomized controlled trials.[7] Thus, the present evidence supports further investigation rather than a definitive claim that Rasayana reverses ageing or prevents all age-related disease.

Diet and Lifestyle in Healthy Ageing

Ayurveda places substantial importance on Ahara, Dinacharya and Ritucharya. For healthy ageing, dietary adequacy and regularity should be combined with appropriate physical activity, sleep, stress management and avoidance of tobacco and excessive alcohol. These measures are compatible with the broader modern concept of healthy ageing.

The original manuscript stated that fast food, irregular eating and addictions directly cause premature ageing and that Rasayana restores tissue damage at the cellular level. These statements have been moderated because the available citations did not directly establish such causal claims. A journal article should distinguish plausible mechanisms from demonstrated clinical outcomes.

Role of Shodhana and Panchakarma

Classical Ayurveda describes Shodhana in selected therapeutic contexts and Rasayana procedures may be preceded by preparatory measures depending on the classical protocol and the individual's condition. However, the statement that Panchakarma 'detoxifies the body' and ensures deeper cellular absorption of Rasayana should not be presented as an established biomedical fact. If Panchakarma is discussed, the article should describe it as an Ayurvedic therapeutic concept and avoid unsupported claims of cellular detoxification.

Rasayana as a Complementary Approach

Rasayana may be considered a complementary component of geriatric care when appropriately selected and monitored. It should not replace evidence-based treatment for hypertension, diabetes, cardiovascular disease, cognitive disorders, osteoporosis, infections or other established medical conditions. The strongest current clinical evidence

concerns selected interventions and specific outcomes rather than a universal anti-ageing effect.[3–7]

Individualization is particularly important in older adults because polypharmacy, renal or hepatic impairment, nutritional status and multiple chronic conditions may alter the risk-benefit profile of herbal and mineral preparations. Qualified practitioners should therefore assess the patient and monitor treatment appropriately.

Discussion

Ayurveda offers a preventive and promotive framework for healthy ageing through Rasayana, appropriate diet, daily and seasonal routines, mental well-being and individualized care. Its conceptual model emphasizes maintenance of function and quality of life rather than focusing only on disease treatment.[1,2]

The contemporary evidence base is developing. Clinical studies of selected Rasayana interventions suggest possible benefits in cognition, functionality and quality of life, but the evidence is not yet sufficiently consistent to conclude that Rasayana universally delays, prevents or reverses biological ageing.[3–7] Differences in formulations, dosage, duration, patient populations and outcome measures make direct comparison difficult.

Future research should prioritize standardized formulations, clearly defined interventions, adequate sample sizes, randomized controlled designs, validated geriatric outcomes, safety monitoring and transparent reporting. Studies should also distinguish the effects of Rasayana alone from those of combined interventions such as Yoga, diet or lifestyle modification.

Limitations

This article is a narrative review and not a systematic review or meta-analysis. The clinical literature on Rasayana and ageing is heterogeneous, and many Ayurvedic claims originate from classical texts or conceptual reviews rather than modern controlled trials. Therefore, conclusions regarding efficacy should remain cautious.

Conclusion

Rasayana represents an important Ayurvedic approach to healthy ageing, integrating medicinal, dietary, behavioral and lifestyle principles. Classical Ayurveda describes ageing as an inevitable process associated with progressive changes in Dosha, Dhatu, Agni and functional capacity. Contemporary clinical research provides preliminary evidence that selected Rasayana interventions may support specific outcomes such as cognition, functionality and quality of life, but the evidence remains limited and heterogeneous.[3–7] Rasayana should therefore be presented as a promising complementary and preventive approach rather than as a proven method for reversing ageing. Rigorous clinical research is required to establish the efficacy, safety, standardization and appropriate clinical indications of Rasayana in geriatric care.

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