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EDITORIAL

Addition of new drugs in Ayurveda pharmacopoeia through rigorous review of available literature: A pragmatic approach

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Ayurveda, one of the oldest life sciences, had been evolved in India, and stands still on a rational and logical foundation with own fundamental principles which guides the society towards prevention of diseases, to maintain the health through prevention and cure of ailments. The genesis and development of Ayurveda stream, as a health care system, is well supported by a robust literature being fortified with numerous experience-based treatment protocols. The available literature of Ayurveda, based on time period, can grossly be divided into three categories i.e., Veda, Samhita and Samgraha period.

Ayurveda is the Upaveda of Atharva veda, one of the oldest recorded scriptures of the world, where description of several disease conditions and their treatment through drugs has been revealed. The source of drugs as Audbhida (plant based), Jangama (animal based) and Parthiva(mineral and metal) has been well documented in Vedic literature. Certain drugs noted in Vedic literature for their pharmacological actions are still in clinical practice today also. Description of use of plant in health care and other social causes are also

well described in Upanisada and Purana. Later, there was a systematic development of Ayurveda during6thCentury BC to 7th Century AD, called as samhita period. During this period, considered as the golden period of Ayurveda, a number of organized classical medicalworks were produced by several conversant authors. Various Samhita grantha, a complete compendium of medical information, dealing with medical aspects, as aetiology, symptomatology, treatment and medical care in health and in disease, were writtenduring this period.

Among the most practised Samhita i.e Charaka Samhita, Sushruta Samhita, Bhela Samhita, Harita Samhita, Astnaga Hridaya and Astanga Samgraha were written during this time period. In later period, after 8th century AD and up to 16th century AD many moretexts were written by luminaries and were mainly categorised in to three types i.eNighantu, Rasagrantha and Chikitsagrantha/ Samgrahagrantha and became popular among the physicians. All these texts, written by experts who were excelled in their respective field during their time period, have mentioned various

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drugs, either single or combination of multiple drugs, in different dosages forms to combat various disorders.But it is also observed that the number of formulations described in the classical texts are limited and in many cases some of the formulations are repeated also. Further, in Nighantu, the number of plants are also numerable. Though it has been strongly advocated in theSE classical texts to enrich the pharmacopoeia by adding new drugs which are in practice by the local traditional healers, and new formulations by adding the available drugs rationally, since last three to four centuries very few new drugs, plants and formulations, have been added to Ayurveda pharmacopoeia. One of the major cause for this is our country being ruled by foreign rulers and much emphasis was being given to their system of medicines.

Descriptions of properties, pharmacological actions and with indications of drugs, herbo-mineral -animal-origin, can be traced in all the classical texts of Ayurveda being categorised as Samhita, Rasagrantha, Nighantu and Chikitsa/ Samgrahagrantha. The number of plants used in these texts increased from Samhita to Nighntu period. All post Samhita texts pronounced the drugs with regards to their parts use and indications based on the established Samhitatexts but in few cases some new indications and parts use are also labelled.But in traditional practice, along with these noted plant parts some other plant parts are also used as medicine. Further, many new indications of the plant parts described in classical texts of Ayurveda are also noted in traditional practice.

Use of specific parts of certain medicinal plants in different pharmaceutical procedures such as Sodhana, Marana, Jarana, Amritikarana etc. are well documented in different Rasagranthas. Further, certain plants are specifically advised as Bhavana and Anupana in Rasa grantha and Chikitsagrantha.

Ayurvedic Formulary of India(AFI), recommended some frequently prescribed formulations from all the prescribed schedule books and some formulations being in practise in certain established Ayurveda institutions, in its three volumes. The present practice of Ayurveda became restricted to these formulations and also the pharma manufacturers are restricting them in preparing these formulations. Along with the recommendation of single drugs like Aswagandha, Guduchi, Amalaki etc., Ayurveda pharmacopoeia also describes pharmacological properties and actions of many group of drugs like Triphala, Trikatu, Panchatikta, Dasamoola etc.All these single drugs or group of drugs (Mishrakvarga) are either recommended for their single use or combined use in the form a specific formulation.

In addition to the frequently used formulations recommended by AFI, there are hundreds of other formulations available being indicated for many disorders. The criteria of selection of the drugs for creating a formulation is based upon many afactors such as properties, actions of individual drugs, predominance of the Dosha of the particular disease condition, to counter the probable adverse effects of certain Usna and Tiksna Dravya etc. Hence, it is need of the time to critically analyse the available recorded traditional formulations to find out the rationality of use of the drugs in these formulations. Further it is also need of the hour to find out the other useful parts being used by the traditional healersto mitigate various diseases and new indications of the useful parts noted in presently available classical texts of Avurveda.

In the recent past there has been an enormous growth in the demand of Ayurveda not only in India but also across the globe. High demand has resulted in over exploitation of the drugs recommended in the classical texts. Maximum consumption of certain plant parts like root and bark has also hamper the production of the plants in general and tree species in particular.

Suggested pragmatic approach: To get information about a single drug, available classical literatures of Ayurveda (Samhita, Nighantu, Samgrahagrantha and Rasagrantha) and all reported ethnobotanical/ ethnopharmacological/ ethnomedical uses of medicinal plants recorded in published books and research articles, needs to be critically analysed in terms of the individual plantspart used and their classical and traditional claims. For collection of ethno-medicinal uses, the drug should be searched for its types(variety), vernacular names, area of reporting, name of the tribes using the drug, useful parts, whether used external or internal and

specific administration methods if any, therapeutic claims, contraindications if any. By critical analysing the observed data many new information will come out for a single drug and may ultimately help to design a new drug for Ayurveda.

In case of the classical formulations, the search drug should be examined for its types (variety), useful parts, Rogadhikara (indications), Kalpna (dosage forms), number of ingredients, whether used as major/ minor ingredient (Muksha/Gouna Ghataka Dravya), used as Bhavana/Anupana Dravya, as a media for Shodhana or as an antidot, contraindications or specific precautionary uses during the drug administration

etc. Then observed result, single drug basis, may help to find out the rationality for developing a new formulationand also generates data for future drug research.

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