

WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

iv. Extra-pharmacopoeial drugs (Anukta dravya)

iv. Extra-pharmacopoeial drugs (Anukta dravya) not finding place in Ayurvedic Classics

Anukta Dravya refers to medicinal substances absent from classical Ayurvedic texts (Samhitā or Nighaṇṭu) but found in folk/traditional medicine. Citing Caraka Samhitā (Su. 27/330):

यथा नानौषधं किञ्चिद्देशजानां वचो यथा । द्रव्यं तत्तत्तथा वाच्यमनुक्तमिह यद्भवेत् ।।

"Even if a substance is not mentioned in the classics, if it is used by local people as medicine, it should be studied and validated."

This underscores **Āyurveda's openness** to new knowledge, inviting comprehensive **study** of these "unspoken" drugs to **expand** and **adapt** its therapeutic repertoire.

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Definition and Relevance of Anukta Dravya

1. Literal Meaning

Anukta means "na-ukta"—not previously stated in classical scripture. Despite lacking direct references in *Caraka, Sus´ruta, BhaiṣajyaRatna¬valı¬**Caraka, Suśruta, BhaiṣajyaRatna¬valı¬* or Nighanţus, such dravyas have demonstrable therapeutic value in local/folk contexts.

2. Need for Study

- **Ecological Diversity**: India's biodiversity includes **thousands** of medicinal plants beyond classical listings, many with robust **folk usage** for conditions like diabetes, cancer, or respiratory ailments.
- **Therapeutic Potential**: Modern diseases or region-specific ailments might benefit from these lesser-known species.
- **Scientific Validation**: Necessitates a systematic approach—**Rasapañcaka** analysis, phytochemical assays, pharmacological tests—to ensure safety and efficacy.

Approach to Research and Validation

1. Identification and Documentation

- **Botanical Authentication**: E.g., morphological features, **DNA barcoding** for species like *Ghoda Tulasi* (*Scoparia dulcis*) to avoid misidentification.
- TKDL (Traditional Knowledge Digital Library): Recording local knowledge prevents bio-piracy and secures intellectual heritage.

2. Rasapañcaka Analysis

- Evaluating each Anukta Dravya through Rasa (taste), Guṇa (property), Vīrya (potency, ushna/śīta),
 Vipāka (post-digestive effect), and Prabhāva (unique effect).
- Aligns newly discovered or regionally used plants with classical doṣa-based therapies.

3. Phytochemical Screening

- Extraction methods (Soxhlet, HPTLC fingerprinting, LC-MS) identify **marker compounds** (alkaloids, flavonoids, glycosides).
- E.g., Ban Tambaku (Solanum erianthum) might reveal new steroidal alkaloids beneficial for cough, asthma, or diabetes.

4. Pharmacological Studies

- In vitro and in vivo assays to confirm traditional claims (anti-inflammatory, antipyretic, anti-diabetic, immunomodulatory).
- o Toxicity profiling (acute, sub-chronic) crucial if the drug's classical processing or detoxification steps are

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absent.

5. Integration into Pharmacopoeias

- On successful validation, the Ayurvedic Pharmacopoeia Committee (APC) or other bodies can add monographs in future expansions of the Ayurvedic Pharmacopoeia of India (API).
- o Encourages uniform quality standards, fosters commercial cultivation, and widespread clinical use.

Examples of Anukta Dravya

Below is a representative list of plants widely used in local/folk medicine but not found in classical Ayurvedic compendia:

Local Name	Botanical Name	Traditional Indications
Raat ki Rani	Cestrum nocturnum	Spasm, heart disease
Poinsetta	Euphorbia pulcherrima	Tumor management, ornamental usage
Ban Tambaku	Solanum erianthum	Inflammation, pain, cough, skin diseases, wounds, asthma, diabetes
Jonkmari	Anagallis arvensis	Epilepsy, mania, hysteria, dropsy, leprosy
Nāgphūl	Gmelina asiatica	Syphilis, gonorrhea, eye burns, dysuria, dandruff
Rangoon ki bel	Quisqualis indica	Diarrhea, fever, worm infestation, boils, ulcers
Ghoda Tulasi	Scoparia dulcis	Headache, toothache, cough, wounds, heart disease, hemorrhoids, etc.
Gulabbas	Mirabilis jalapa	Boils, syphilis, diabetes, edema, gonorrhea, tumors
Aarogyappacha	Trichopus zeylanicus	Fatigue, aging, debility, appetite stimulant
Khogar (Kaikar)	Garuga pinnata Roxb.	Asthma, worm infestation, obesity, eye disease, snake bite, cough

Challenges in Studying Anukta Dravya

1. Lack of Classical References

- No direct guidelines on dosage, processing (śodhana), or anupāna (vehicle).
- Potential confusion in morphological identification or synonyms.

2. Standardization Difficulties

- Variability in plant parts used, harvest timing, or folk recipe differences.
- May require advanced **pharmacognostic** and **chemical** standardization procedures.

3. Toxicity Risks

- Absence of classical śodhana methods can lead to unresolved toxicity (e.g., *Euphorbia pulcherrima* if used incorrectly).
- $\circ\,$ Need for thorough acute/chronic toxicity and safe dose determination.

4. Integration into Ayurveda

- $\circ\,$ Some Vaidyas or purists resist adopting non-classical substances.
- o Gradual acceptance is possible through rigorous proof of safety and synergy with dosa-based frameworks.

Future Directions

1. Collaborative Research

- Ethnobotanists, tribal healers, academic labs co-document folk usage, bridging to standard Rasaśāstra frameworks.
- o Government bodies like NMPB (National Medicinal Plants Board) can promote cultivation trials.

2. Clinical Trials

- Evaluate efficacy for modern diseases (e.g., Trichopus zeylanicus for chronic fatigue, Mirabilis jalapa for tumors).
- Follow Schedule Y guidelines (Drugs & Cosmetics Act) if intended for large-scale commercial introduction as new proprietary medicine.

3. Pharmacopoeial Expansion

- Revised volumes of the **Ayurvedic Pharmacopoeia of India (API)** or new monographs specifically for anukta dravyas (like a "Supplementary Pharmacopoeia of Anukta Dravya").
- $\circ~$ Updates in e-databases or synergy with TKDL to protect from biopiracy.

4. Conservation

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• Some *anukta dravya* might be rare or region-specific. Need for sustainable harvest, ex situ or in situ conservation, mapping endangered species.

Conclusion

Anukta dravyas—unlisted in classical Ayurvedic texts yet widely deployed in local or folk traditions—signify a dynamic frontier in modern Ayurveda. Their systematic research (taxonomic, pharmacognostic, phytochemical, clinical) can enrich the Ayurvedic pharmacopoeia, bridging traditional knowledge with evidence-based modern healthcare. By standardizing these less-explored botanicals, respecting local usage insights, and aligning with classical Rasapañcaka logic, Ayurveda can expand its therapeutic repertoire—retaining time-honored philosophy while innovating for contemporary global health challenges.

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