

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, Suśruta, Bhaiṣajya Ratnaṭī* or **Nighaṇṭus**, 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).
- Toxicity profiling (acute, sub-chronic) crucial if the drug’s classical processing or detoxification steps are

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

Challenges in Studying Anukta Dravya

- Lack of Classical References**
 - No direct guidelines on dosage, processing (śodhana), or anupāna (vehicle).
 - Potential confusion in morphological identification or synonyms.
- Standardization Difficulties**
 - Variability in plant parts used, harvest timing, or folk recipe differences.
 - May require advanced **pharmacognostic** and **chemical** standardization procedures.
- Toxicity Risks**
 - Absence of classical śodhana methods can lead to unresolved toxicity (e.g., *Euphorbia pulcherrima* if used incorrectly).
 - Need for thorough acute/chronic toxicity and safe dose determination.
- Integration into Ayurveda**
 - Some Vaidyas or purists resist adopting non-classical substances.
 - Gradual acceptance is possible through rigorous proof of safety and synergy with doṣa-based frameworks.

Future Directions

- Collaborative Research**
 - Ethnobotanists, tribal healers, academic labs co-document folk usage, bridging to standard Rasaśāstra frameworks.
 - Government bodies like NMPB (National Medicinal Plants Board) can promote cultivation trials.
- 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.
- 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”).
 - Updates in e-databases or synergy with **TKDL** to protect from biopiracy.
- Conservation**



- 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.