Indian Herbal Remedies

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Rational Western Therapy, Ayurvedic and Other Traditional Usage, Botany

With 255 Figures

Springer

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Dedicated to the pioneers of
scientific herbal healthcare.

Foreword

The guiding force behind this project is Col. Sir Ram Nath Chopra, the father of Modern Indian Herbal, who gave us the first scientific glossary of Indian medicinal plants 45 years ago. We, at the Society of New Age Herbals, got trapped in the labyrinth of the vast and scattered data, during a long-drawn-out phase of literary research, but ultimately succeeded in unveiling and highlighting the potential of Indian herbs on a scientific platform for our own scientists and for the West, where phytotherapy is emerging as a movement to be reckoned with.

Each monograph carries the family of the plant, scientific name, followed by authentic Ayurvedic, Unani, Siddha and common English nomenclature. A few plants, which are not of Indian origin but are used in Unani medicine, have also been incorporated.

Classical uses and therapeutic coverage of the plant drugs have been documented on the basis of their long-term application from 1000 BC to the 18th century, weeding out the bane of indication pluralism. (For classical treatises cited in the text see Appendix I.).

Classical jargon of *Vata*, *Pitta* and *Kapha* (*Tridosha*) and vague assumptions of a drug's properties on the weighing scale of *Rasa* (taste), *Guna* (physicial properties; cold, hot, dry, sharp, etc., divided into twenty segments), *Veerya* (potency or therapeutic efficacy) and *Vipaaka* (taste after ingestion), have been discarded.

The relationship between *Rasa* and *Tridosha* was made a basis of the medicinal property of herbs in the Database series on medicinal plants used in Ayurveda, published by The Central Council for Research in Ayurveda & Siddha (CCRAS). It is surprising that the Indian Council of Medical Research also attributed medicinal properties to the plant drugs on the basis of *Rasa, Guna, Veerya, Vipaaka.* Even scientists like Asima Chatterjee and Satyesh Chandra Pakrashi described the plant drug action on the same basis. In addition, as done by the CCRAS, they quoted Sanskrit verses (*slokas*) from the texts of the medieval period, to add a cosmetic classical touch to the scientific text of the Treatise of Indian Medicinal Plants. But they (and CCRAS) faltered when they cited Sanskrit verses from *Dravyaguna* and *Priyanighantu,* composed recently by a former professor of Banaras Hindu University, Dr Priyavrata Sharma.

The Indian National Science Academy (INSA) was the only exception where scientists rose above the traditional approach, discarded the age-old, predetermined format, and presented literary research in a scientific environment. The basic approach of INSA has been followed while documenting classical uses.

In my earlier book, "Indian Herbal Therapies—Application of Research Findings," processing techniques of herbs were discussed at length in the chapter "Harnessing the Herbal Medicine through Microcosm." Suggestions given therein for converting the herb into a potent medicine (by triturating it in its own decoction) need to be considered globally.

In India, we are still living in the age of *Bhaishajya Ratnaavali*, while, globally, an era of single standardized herbs has been ushered in. Sooner or later, Indian classical compound formulations will have to be phased out. Exponents of Indian medicine can no longer undermine the importance of active principles of the herb in the name of "pure herbal legacy." Active principles of a herb give a clear picture of the herb's therapeutic properties and toxicity, and we find ourselves in a better position to judge the balancing potential of the total herb. Also, it will be easy for scientists to select or reject herbs which have been used in various compounds for ages. (Col. Ram Nath Chopra recommended that after systematic investigations, drugs of questionable and doubtful value must be excluded.)

In India, there is a paucity of literature dealing with the biological activities of chemical constituents extracted from the plant. In the West, scientists like V. E. Tyler, Michael T. Murray, Simon Y. Mills and Donald J. Brown have done a commendable job in this field. In India, we had to depend mostly on the Wealth of India, monographs published by CCRAS, to some extent on the Compendium of Indian Medicinal Plants series of Central Drug Research Institute (CDRI), and material available at Central Institute of Medicinal and Aromatic Plants (CIMAP).

Scientific findings on the interaction of a herb, when given simultaneously with other drugs of modern medicine, could hardly be provided in the monographs.

In this context, a few examples of commonly used herbs will elucidate the importance of this specific area:

Ananas comosus (pineapple), the source of the enzyme bromelain, may not behave as expected when taken with an allopathic drug. An increased tendency for bleeding may occur in the case of simultaneous administration of anticoagulants. The levels of tetracyclenes in plasma and urine are increased by simultaneous intake of bromelain.

Garlic consumption substantially increases anticoagulant effects of warfarin. Blood-clotting times have been reported to double in patients taking warfarin and garlic supplements.

In the case of liquorice, potassium loss due to other drugs, e.g., thiazide diuretics, can be increased. With potassium loss, sensitivity to digitalis glycosides increases.

Senna leaf is usually prescribed in occasional constipation. In case of chronic use or abuse, loss of potassium may potentiate cardiac glycosides and have an effect on antiarrhythmic medications. Potassium deficiency may be exacerbated by simultaneous administration of thiazide diuretics, corticoadrenal steroids, or liquorice root.

These findings have been quoted from Herbal Medicine—Expanded Commission E Monographs. An independent chapter is devoted to this subject in PDR (Physicians' Desk Reference).

This area should be taken up seriously for providing authentic information to the practitioners of herbal as well as modern medicine.

While discussing the use of Indian medical plants in Western herbal, (German) Commission E and World Health Organization (WHO) monographs have been quoted.

In "Indian Herbal Therapies" I cited references within the text as it was addressed to the researchers, while in the present work I have followed the basic style of The Complete German Commission E Monographs. It is an attempt to make the text simple, straightforward and easy to follow.

The sources of material have been enlisted at the end as Annexure II. I recommend that herbal researchers should consult these reference books and journals for specific references and further studies. At many places within the text, important leads have been provided.

Finally, I would like to acknowledge the services rendered by my colleagues at the Society for New Age Herbals. Dr V. K. Agarwal, Senior Scientist, National Institute of Science Communication and the Wealth of India; Dr Prem Kishore, former Director, Central Council for Research in Ayurveda and Siddha; and Prof (Hakeem) Anwar Ahmad, an authority on Unani medicine, took time out of their busy schedules and reviewed the monographs.

My research assistant, Sarita Joshi, remained associated with the project since its inception. Her devotion, perseverance and patience went a long way in completing this project.

I am trying to move forward with the hope that this exercise will strike the right balance between the so-called holistic and scriptural Indian medicine and scientific phytomedicine, and will facilitate the entry of Indian herbs into the arena of modern herbal.

New Delhi. C. P. KHARE