INTRODUCTION
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Introduction About Research Topic

The medicinal plants have made global impact into Primary health care and has resurfaced in the treatment of even serious ailments. Herbs have been the earliest source of medicine from the time immemorial. India has been the treasure of infinity of Medicinal plants and other sources of medicine. It is the only origin of one of the most trusted and proclaimed traditional system of medicine. The Ayurveda: Ayurved has resulted eight branches but Dravyaguna vigyan is the base of branches. Dravyaguna vigyan is a science of Drug (Dravya), which acts as an important weapon for killing the disease, through its Guna and Karma. Dravyaguna has not evolved spontaneously. Through centuries, the science has gradually developed with new experiences getting incorporated and old principles, which could not stand the best of authority, being discarded. This science has always been enriched by new and validated principles. Science involves an organized presentation of experiences from observations, through experiences registered from time immemorial, this great science of Drug i.e. Dravyaguna vigyan developed due to traditions getting shattered and definitions not being understood in their correct perspectives, sometimes facts appear to be irrelevant. Although, keeping pace with the change through ages, Dravyaguna Shastra has started to acquire a new look. Keeping the basic principles intact, a change in the style of study and functioning in line with contemporary scientific advances is always welcome. Hence Ayurveda emphasizes the importance of the drug (Dravayas) next to physician amongst the quadruples of treatment. Through there is lot of literature regarding the properties of the parts of the plant and its therapeutic indications, the foremost pharmacological activity and indications of the plant is very difficult to arrive at as many actions and indications are mentioned. So keeping in view of the above, Medico-lexicographers have envisaged the method of studying unattributed morphological, pharmacological properties of the drug. Wherein they have emphasized upon experimental studies, followed by clinicoal study to confirm the unknown pharmacological property.
The viewpoint for this study is Ethno-pharmacology i.e. Dravyagunavigyan mentioned in ancient samhitas has unseen meanings or meaning in between lines which is essential to be understood for the successful treatment, as e.g. in Charak Samhita Charakacharya had mentioned 350 important Dravyas classified by their actions into 50 Mahakashaya or classes as Brihaniya, Jeevaniya, Deepaniya etc. Each class has ten important dravyas but pharmacokinetics and pharmacodynamics of each drug is different for their common action, they act through various ways, hence the "iya" Pratyaya is attached with the action i.e. Lekhan + Iya = Lekhaniya (As per the reference quoted in the commentary on Charak Samhita i.e. Chakrapani Tika*)

Hence one should study the action of that particular drug through various methods as e.g. Haridra is not only Kledaghna; it is Medolekhan, Rakshodhan, Vranalekhan, too.

So taking in consideration the above views and directions, medicinal plants have been studied for their pharmacological activity based on Ayurvedic along with additional modern scientific parameters.

This study is planned on lekhan karma. The lekhan karma means scraping the undue production of kapha and Meda.

Here in present study lekhan karma of Lekhaniya Dashemani i.e. ten important Dravyas (scrapping agent) mentioned in Charak samhita – Sustrasthana Adhaya four are considered*.

It could be very tedious job to study the Lekhana action of all ten Dravyas by a single person in the limited time. It is a co-operative and contributory research work, so also some dravyas like vacha, Musta were already studied by many researches, hence from remaining dravyas "HARIDRA" i.e. Curcuma longa linn and "DARUHARIDRA" I.E. Berberis aristata, D.C. were selected for the study for their "Lekhan Karma" Also, the dravyas were not studied and compiled for their Lekhan karma on Medodhatu, i.e. Medolekhan Karma. Also these dravyas having properties of kaph medolekhan (tikta and Katu rasa, ushna virya, katu vipaka and laghu, ruksha guna) they can definitely act on Sthoulya. Hence Haridra and Daruharidra were selected for their lekhan karma with special reference to Obesity i.e. Sthoulya.
Sthaulya is one among the major “Nindit Purushani” mentioned by Ayurved as said “Ashtounindita” having “Ashtoudosha”.  

In the treatment part of sthaulya, Vagbhatacharya quoted that there is no treatment for sthaulya or the only treatment is Medolekhan and it initiates vata, hence because of “Viruddhopkarma” the disease is difficult to cure. Hence it is the most essential to think about the :Lekhan Karma”.  

Also, Obesity is one of the major diseases of modern era because of continuous change in life styles, diet habits, environmental changes human being has become victim of many diseases.  

Or in other words – “Obesity” is a blessing of the modern age of Machines and Materialism. It occurs as a result of lack of physical activity with increased intake of food. The nature has taught the human how to be healthy before any science has discovered the laws of health. But it is an irony of the fate that on this earth on one hand, millions do not get minimum essential needs i.e. food and shelter and roam in a skeletal appearance, while on the other hand, there are many more who besides over eating leads a sedentary life to march towards an untimely death. The Industrialization, stress during the work, dietary habits, lack of exercises and various varieties among the daily diet e.g. fast food, freezed, tinned, canned food, soft drinks, beverages results into the clinical entity which we can called as “Obesity”.  

World Health Organization (WHO) has described obesity as “an Escalating Epidemic” and one of the neglected greatest. “Public health Problems” but it is considered to be high problems and 2nd largest death causing disease, because of the close association with increased mortality and cardiovascular morbidity.  

As it is said that “wherever is the carcass there will be vultures gathered together” in the similar fashion, the obesity is such a clinical sign, the etiology of which is not satisfactory explained. It is only a problem in itself but a predisposing factor for many other health hazards as obese persons are eight times more prone to many disease and it increases the risk of coronary heart diseases, Diabetes mellitus, gout, gallbladder diseases and hypertension, various cancers like endometrium, ovaries, breast, colon etc. It complicates respiratory difficulties such as emphysema, chronic bronchitis and asthma. It increases surgical risks, complicates pregnancy
and disturbs the growing adolescence. It reduces life expectancy. Rare forms of obesity caused by disorders exist, but it is the so called simple obesity constantly seen in everyday clinical practice that concerns both patients and practitioners. It is the only one disease which is gaining more and more attention of scientists of global level. Many institutions and medical colleges are making efforts to find a perfect remedy for this burning problem. Curiosity is one of the noblest instinct of man, the endless desire of man for his knowledge. By this time, many countries are making an effort into this field or research. Many theories have been put forward with many new hypothesis describing the extract etiopathogenesis of obesity. In the face of overwhelming and obvious evidence of its effects on health, the obesity problem continues to plague victims and health authorities alike and efforts to combat it, are largely frustrating to both. It soon becomes evident therefore this so called “Simple obesity” is not so simple after all. The enigma of the problem stems generally from two factors; its ensure the definition and its multiple etiology. Weight reduction is difficult to achieve and impossible to maintain.

These facts and earlier studies emphasized to assess the Lekhan karma of the two dravyas i.e. “Haridra and Daruhridra”

So the work was planned with the following aims and objectives.

Aims & Objectives

Aims : The study was mapped out aiming at

- To study the Lekhanakarma of Haridra (Curcuma longa, Linn) and Daruhridra (Berberis aristata, D.C.) with special reference to obesity.

Objective

1) To standardize Haridra (Curcuma longa linn) and Daruhridra (Berberis aristata, D.C.) prior to its administration.

2) To study / assess the Lekhan karma (scraping action) of Haridra in obesity.

3) To study / assess the Lekhan karma (scraping action) of the Daruhridra in obesity.

4) To compare the Lekhan Karma of Haridra and Daruhridra.

5) To find out the adverse effects if any of these two dravyas.

To fulfill these aims and objectives the work was designed as follows
Present work is carried out in four viz.

1) Literary review – of Dravyas and Disease.
2) Pharmacognostical Study
3) Phytochemical standardization.
4) Clinical study & Statistical analysis.

**PLAN OF THE WORK (MATERIAL AND METHODOLOGY)**

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