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Review Article

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RASASHASTRA'S RASADRAVYA CONTROVERSIES: A REVIEW

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ABSTRACT

One of the key pillars of Ayurvedic disease treatment is Rasashatra. Rasashatra scriptures contain a variety of formulations made from mineral, metal, and herbo-mineral medicine combinations that will have a positive impact on the treatment of various illnesses in a short period of time. Many medications and formulations are currently not in use and are categorised as controversial due to scarcity, unavailability, and incorrect drug interpretations. The existence of medicines as described in textbooks will suffer if the disputes that exist in this field of study are not settled. It is imperative that the scientific validation process be carried out by encouraging research researchers to take up such work at the institutional level in order to safeguard the treasure of science. This article reviews a contentious drug in order to provide information about drugs that are endangered.

KEYWORDS: Rasashastra, Controversy, Endanger.

INTRODUCTION

The Indian alchemical science of Rasashastra has made significant contributions to Ayurvedic disease care. Drugs are categorised as Sthavara, Jangama, and Audbhida in Rasashastra. Acharya classified many rasadravya groupings according to these classifications. There are several contentious medications named in every Dravya group. Their origin, kinds, synonyms, various colloquial names, structure, and medicinal qualities are all the subject of controversy. Confusion or unjustified or unauthenticated versions of topics are referred to be controversy. Since 5000 years ago, Ayurveda has been practiced in the form of parampara. As time goes on, some relative aspects of the drugs that were available back then are compared to those that are available now.

Review

The controversies are the unexplored aspect of science. These are Mainly depended on factors like

1. Non-availability
2. Rare-occurrence
3. Lack of Research work
4. Misinterpretation
5. Lack of popularity and practice
6. Gap of knowledge in between past and present.

Non-availability

Current mineral pharmaceuticals cannot evaluate the drugs that Rasacharyas explain in terms of their properties and grahyagrahya laxanas. The reason for this is the lack or shortage of native mineral or ore-mineral formations.[1]

Puspanjana

It is a contentious mineral; according to some researchers, it is zinc oxide, which is white in colour and helpful for eye conditions. Similar to puspanjana, other people said that was antimony oxide, or Sb2O3. But what is it, really? is unclear at this time.[2]

Rare occurrence

It is uncommon to find some of the medications in their natural state. Shilajatu, Chapala, and Giri Sindhura, for example.

Girisindhoora

The medication, according to acharyas, is extracted from mountain rock fractures. These days, there are no detailed descriptions of its availability, use, etc.

Shilajatu

Since shilajatu primarily comes from mountain ridges, it is referred to as mineral resin. In place of mineral resin, however, we now receive exudates from the plant Asphaltum punjabinum coupled with a great deal of adulteration.[3]

Chapala

The drug chapala, which is listed in the Ashta group of Maharasa, caused controversy due to its scarcity and lack of identification. There are differing views among

modern scholars or Rasashastra on Chapala. Some believe that it should be classified as Bismuth (Bi), while others believe that Selenium (Se) should be classified as Chapala. The medications in the Maharsa category are found in the form of minerals or metal ore. According to certain scholars, it must be a mineral or metal resource based on its origin; hence, metals like bismuth or selenium cannot be regarded as chapala.[4]

Bismuth is a metal that shares many characteristics with Chapala, such as being brilliant, hefty, and easily fusible. However, the primary use of bismuth is for digestive issues. The metal selenium comes in a variety of amorphous forms, is best used as an antioxidant, and is found in admixtures with chalcopyrite. One could think of it as Chapala.

Insufficient research

Certain aspects of drug setup necessitate in-depth understanding of mineral drug characterisation. For example, Karpura shilajatu and Rasaka.

Karpurashilajatu

They are described as white mineral resin exudates (Shilajatu). However, it is now likened to Sora. However, when compared to Karpurashilajatu, the origin and occurrence of sora are completely different.

Rasaka

Rasaka, the ore mineral of Yashada, is likewise no longer useful today. It's because choosing a medication might be challenging. Three types of Rasaka were discussed by acharyas in the Classics. However, it is extremely challenging to compare the extant sources with the acharya's verses in the modern era.[5]

Rasanjana

Since ancient times, Rasanjana has been regarded as a contentious material. According to the ancients, there are two kinds of it. Shailaja, which is mined from hills, is a mineral, thus it must be one. Prof. D.A. Kulkarni has stated that Rasanjana is a yellow oxide of mercury, which is a mineral that is found in small amounts in nature. However, today's vaidyas use the kritrima type of rasanjana, which is made by Ghanakriya of Ajadugdha and Darvikwath. Since ancient times, Netra Rogas has also used it.

Misinterpretation

Some of the medications and their properties were interpreted differently by different experts. This led to a great deal of uncertainty regarding the use of that medicine.

Kankushta

Since ancient times, Kankushta has also been a contentious substance. It is an ore of tin metal, or cassiterite, according to Bhaluki. Rasarnava claims that it has a vivid red tint, similar to Vidruma (coral). Rasaratna Samuchchaya claims that it can be found at the foot of the Himalayan mountain range's highest peaks. According to some experts, the yellowish-black faeces of a newborn elephant child is the cause. A new horse child's umbilicus, which is yellowish white in colour, is a part of it, according to some.

Insufficient Practice and Popularity

It is the main issue that we are seeing now. The reason for this is because there are insufficient experimental data and fewer descriptions of medications and their uses. For instance, Chapala, Haratala, Vimala, Rasaka, and others.[6]

Lack of information

There is still confusion, and the conflict is fuelled by all of this conflicted patriotism. Everybody believes that their plant or medication is the authentic one as it has been used for ages and cannot be disregarded, even if it does not match the biblical reference.

CONCLUSION

It is not possible to immediately set aside controversy. You'll need more time. It must be pounded constantly. Whenever the right thing is shown, we must be willing to let go of our preconceptions and tentatively understand what makes sense in light of new information. To accept the new one, we must be ready to let go of the old one utilising the standards of analytical, pharmacological, medicinal, and experimental trials.

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