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A BRIEF REVIEW ON AGNIDAGDHAVRANHARA MALAHARA

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ABSTRACT

The words Ayur (life) and Veda (science or knowledge) in Sanskrit are the roots of the word Ayurveda. Bhaishajya Kalpana is an important area of Ayurveda that focuses on creating therapeutic preparations. It is essential to the integration of ancient techniques with modern demands in Ayurveda. A variety of kalpanas, often referred to as Bahya Kalpana, that are expressly employed for an external purpose are detailed in Bhaishajya Kalpana. As an example, consider Lepa Kalpana, Malahara Kalpana, and Mashi Kalpana. an crucial part of ayurvedic dermatology, malahara kalpana is made especially for topical use. Many Malahara Kalpanas, such as Sarjarasa Malahara and Gandhakadya Malahara, are listed in Ayurveda. In relation to burn injuries, Rasatantrasar and Siddhaprayog Sangraha has mentioned Agnidagdhavranahara Malahara.[1] Churnodaka (lime water), sarjaras (Vateria indica), and atasi tail (flaxseed oil) are the ingredients of Agnidagdhavranhara Malahara. In the meantime, Kansya patra will be utilized as Malahara preparation tools. This study deals to explore this inexpensive, readily prepared, and less commonly used medication for burn injuries.

KEYWORDS: Agnidagdha, Malahara, Burn wounds.

INTRODUCTION

Making therapeutic pastes or ointments for external application is the focus of the Ayurvedic formulation known as Malahara Kalpana. These mixtures are designed specifically to treat a

variety of skin conditions and enhance overall skin health. Yogaratnakara's ancient literature contains the earliest mention of Malahara Kalpana[2], while Rasatantarsara, Rastarangini, and other classical texts provide a detailed description of Malahara. For therapeutic purposes, these Kalpana are widely employed. For the treatment of Agnidagdha (burn wounds), the formulation Agnidagdhavranahara malahara is mentioned in Rasatantrasara and Siddhayoga sangraha. It is made from churnodaka (lime water), sarjarasa (shorea robusta resin), and atasi taila (flaxseed oil).

MATERIAL AND METHODS

The Agnidagdhavranahara malahara is prepared using the following Fusion method.

Sr No.	Ingredient	English/Latin name	Quantity
1.	Atasi taila	Flaxseed oil	1 part
2.	Sarjarasa	Resin of shorea robusta	10 parts
3.	Churnodaka	Lime water	As required

In the Khalvayantra, the raw medication Sarjarasa was grounded into a fine powder in order to prepare Agnidagdhavranahara Malahara. To filter the sarjarasa powder, cotton fabric was used. Using a stainless-steel utensil, atasi taila was heated. This taila was then heated on Mandani beneath the stage or till the Occurrence of Fenodbhava (Foam) occurred. Now, the Atasi taila was heated along with the base material sarjarasa, until they melted and mixed. After that, the mixture was constantly stirred. The Atasi taila and sarjarasa mixture was then filtered through cotton fabric. For the emulsifying process, it was poured into a kansyapatra. Churnodaka was added and the contents were rubbed with hands after the content cooled; the churnodaka was frequently replaced during this process. Churnódaka was changed 21 times and repeatedly rubbed with hands. This caused a bulge in the Atasi tail and Sarjarasa mixture, resulting in the production of yellowish white Malahara kalpana. Malahara was kept fresh in a glass jar.

Methods of Malahara preparation

1) Fusion Method

2) Trituration Method.

1) Fusion Method

This method is applied when an ointment base has multiple components. The first component of the base is melted according to its melting point. The drug is then gently added to the melted component. The mixture must be vigorously stirred in order to get a uniform result.

2) Trituration method

Using this method, medicine is reduced to a fine powder and then triturated on an ointment slab with a small amount of base.

Factors affecting absorption of Malahara/Ointment into the skin by tissues

1. The qualities of the integrated medicinal medication.
2. How much friction there is when putting ointment on.
3. The patient's skin condition.
4. Application site
5. Application time.

Factors that influence the choice of Ideal Ointment

1. Dermatological factors
2. Pharmaceutical factors

Dermatological factor consists of

a) Absorption and penetration: While ointment bases penetrate deeply into the skin, medication absorbs into the bloodstream.
b) Impact on skin - More cooling rather than heating properties should be included in the bases.
c) Emollient qualities -The base should have emollient properties and not irritate the skin.
d) Both application and removal should be easy.

Pharmacological factors - Stability, Solvent, Consistency

DISCUSSION

Agnidagdhavranahara malahara is a potent formulation for the burn wounds mentioned in rasatantrasara and siddhayoga sangraha. Atasi taila which is used as aadhar Dravya (medicinal drug) in this malahara is mentioned in ayurveda for its therapeutic uses. While, Bhavprakash Nighantu[3], Kaiyyadev Nighantu, Dhanvantari Nighantu[4], Raj Nighantu has described the wound healing property of Atasi taila due to its Madhur rasa and Snigdha guna by moisturizing the wound.

Base material Sarjarasas[5-6] has been extensively documented in Ayurvedic texts, particularly for its use in treating wounds including burns and scalds.

Churnodaka, Chuna (Sudha) comes under the Sudha varga of Rasashastra.

The detailed description regarding the preparation and therapeutic uses of churnodaka is given in Rasatarangini.[7] Churnodaka posseses Kruminashan, Vranropana property which will accelerate the process of wound healing by purifying the wound. Churnodka is particularly used in Agnidagdhottha vrana (wounds caused by burns).

CONCLUSION

Agnidagdhavranahara malahara is an affordable, easy to prepare, cost effective formulation containing the Atasi taila and Sarjarasa which are effectively used in wound healing process. The Atasi taila, Sarjarasa are of Madhura, Tikta, Kashaya rasa, Snigdha guna and Shita virya[3-6] which is required in the management of burn wounds. This formulation is less utilized and less explored. The shelf life of this malahara can be increased by using appropriate stabilizers. For determination of the efficacy, evaluation by conducting the clinical studies is required.

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