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A Preliminary Pharmacological Studies of "Chaksini" And "Makoa" (*Solanum Nigrum*) On A Patient Having Liver Cancer Diagnosed By Ultrasonography

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Abstract

The drug Chaksini, Peristrophe calyculata Nees (Family Acanthaceae) is a lesser known drug. The "makoa" solanum nigrum family solanaceae is commonly used drug for liver disease. Both drugs are commonly used in different ailments as in wound healing, analgesic, and antiinflammatory effect and anti- dote in traditional unani medicine. A reported case liver cancer diagnosed ultrasonography came in my clinic for consultsancy. After treatment the patient cured as investigation reports suggest, the patient is still alive and enjoying his normal life.

Keywords: chaksini, "peristrophe bicalyculatqa" Nees Acanthaceae, Makoa, Solanum Nigrum, Solanaceae, Analgesic and anti-inflammatory, liver cancer, extract, Nabiz.

INTRODUCTION:

Peristrophy bi- calyculata Nees commonly known as "chaksini" belongs to the family acanthaceae. This is a common used in and around Aligarh. It is reported in tropic and subtropic of Asia and Africa(Anonymous, 1959; Kritikar& Basu, 1987; Bamber, 1916; Hains, 1925; Dalzeil, 1948; Duthie, 1960;

Prains, 1063). It is a lesser known drug and mentioned in few of the unani classical books for its medicinal uses. Ghani (1921) and Khan (1892). The plant is banificial in phychosomatic disorder, wound healing and possess anti-venom activity. Makoa controls the excess amount of heat liver or anti-inflammatory effect on liver. This medicine is specially described for the ailment of liver disease in ancient pharmacopeias, Chopra,R.N., 1956; Ghani, M.N. 1921; Hussain 1914; Nadkarni,K.M. 1954; Khan, M.M. 1994; Kabiruddin, M.1987.

MATERIAL AND METHODS:

Collection and extraction of herb

the plants were collected from the wasteland of Aligarh. The proper identification is done with the help of deprtment's Aligarh Muslim Botany university, Aligarh (Thesis Hoda, 1996).

The dried herb 1 kg of peristrophe bicalyculata Nees and 1 kg of Solanum nigrum were extracted with distilled water. I have formed Nabiz of both extract.

DOSES SCHEDULE:

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The green herb (1 kg) was extracted with distilled water and the extract was dried at constant temperature and pressure. The total yield of water extract was 15.4% when the colour of extract became dark brown then put it in formation of Nabiz.

THERAPEUTIC USE OF DRUG ON LIVER CANCER:

The reported case of liver cancer came in my clinic who had referred by Prof. M.N. Jha to Mahaveer Arogya Cancer Sansthan, Patna. The diagnosis has done by the ultrasonography (Plate No 1). Patient is very poor and unable to afford the cost of the investigation of C T Scan. Patient look pale, having padal oedema with ascitis. The age is mentioned in prescription card. On examination the liver is palpable 3 fingers with tenderness. But margin was not irregular history of diabetes and jaundice is not present. After 15 days of treatment the result of ultrasonography was good (Plate No. 2).

After 40 days the ultrasonography result was normal (Plate No. 3). This is good result, patient is live and enjoying his normal life after the treatment.

DISCUSSION:

It has preliminary pharmacological studies and it has need of more study on these drugs. The liver is the largest organ in the human body. It acts as biochemical laboratory. It controls the metabolism of carbohydrate, proteins, lipids and oestrogen are inactivated by liver enzyme. The liver cells can clear testesteron from the bood rapidly through conjugation. The liver produces a large amount of heat organ tuberculosis, except in the organs temperature rises. The makon and chaksini have good effect in control of heat regulation of liver by decreasing the inflammation. Liver has dynamic action on protein, synthesis of amino acids, urea, uric acid, formation in foetal life. It is chief seat of synthesis of amino acids, RBC formation in foetal life and destruction in adult life even manufacturing of all plasma protein here. In patient with sever liver disease, inflammation the activity and function of liver become disturbed. The body immune system, genitor-urinary system decrease iron deficiency anemia starts. The patients body became pale and the osmotic and hydrostatic pressure of the body became disturbed. In same case patient became ill in looking but gradually the Nabiz of both drug create a life for the patient and full cure occur. Now patient became a challenge of treatment for further studies. In this case plate 1 shows that the severity of the disease of live illness. The histopathology and CT scan have not done. The result of plate 2 and plate 3 show good result of the treatment. Now this is the mater to work further for humanity.

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म. M. N. Tha डॉ० एम० एन० झा

एम.बी.बी.एस., एम०डी० (मेडिसीन), दरभंगा हृदय, फेफड़ा एवं पेट रोग विशेषज्ञ सहायक प्राध्यापक

सहायक प्राध्यापक मेडिसीन विभाग

जवाहर लाल नेहरू मेडिकल कॉलेज अस्पताल,

भागलपुर ।

Reg. No.-21616 (Bihar)

गुरुवार शाम बंद रविवार शाम बंद



जेनरल फिजिसियन हटिया रोड, तिलकामाझी, भागलपुर

Date.....

यह पुर्जा दिनांक. 17/11/3

रात्रि : 9:00 बजे के बाद सेवा उपलब्ध नहीं होगा । से दिनांक 3 11 12 तक वैद्य है। 15 दिन के बाद पुनः फीस लगेगा ।

रिपोर्ट या पुराना पुर्जा दिखाने का समय : 2:00 PM to 3:00 PM एवं 8:00 PM to 9:00 PM आकस्मिक सेवा. रात्रि सेवा एवं कॉल की मविधा नहीं है।

आकस्मिक सेवा, रात्रि सेवा एवं कॉल की सुविधा नहीं है। Prakash Judar 55 In Piopainti.



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मद्यु गैस एजेंसी के बगल में, हटिया रोड, तिलकामांझी, भागलपुर

Patient Code

:- 2013011727

Received Date :- 17-01-2013

Patient Name

:- JAI PRAKASH YADAV

Patient Sex :- Male

Referred by Dr. :- M.N.JHA MD

Patient Age :- 55 Years

REPORT ON EXAMINATION OF URINE

INVESTIGATION	RESULT
(A) PHYSICAL EXAMINATION	
Amount	20 ml
Colour	PALE YELLOW
Appearance	CLEAR
Sediment	NIL
(B) CHEMICAL EXAMINATION	
Reaction	ACIDIC
Sugar	NIL
Albumin	PRESENT ++
Phosphate	NIL
C) MICROSCOPIC EXAMINATION	
CELLULAR ELEMENTS	
Erythrocytes (RBCs)	NIL
Pus Cell (WBCs)	NIL
Epithelial Cell	1 - 2 /HPF
Others	NIL

End of Report -

Sample Collected : - Inside the lab

Reporting Date

Dr. M. K. Pathak , MBBS (Bh.U)

ting Date :- 17-01-2013 Technican Dr. M. in Pathak, MBBS

PLEASE NOTE: Findings may vary lab to lab due to type of kit Quality of machines variation in procedure. If result is a nexpected at alarming please sonted the lab for revival of the result. Not for Medice Payal purposes.



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Patient Name

मद्यु गैस एजेंसी के बगल में, हटिया रोड, तिलकामांझी, भागलपुर

Patient Code

:- 2013011726

:- JAI PRAKASH YADAV

Referred by Dr. :- M.N.JHA MD

Received Date :- 17-01-2013

Patient Sex :- Male

Patient Age :- 55 Years

REPORT ON HAEMATOLOGY
RESULT

INVESTIGATION	RESULT	NORMAL RANGE
Haemoglobin	(10.8 g/dl	8 - 16.6 gm/dl(Male)
Hb. %	73.44 %	
TOTAL COUNT		.,
Leucocytes	9100 /cumm	4000 - 11000 /cmm
DIFFERENTIAL COUNT OF W.	B.C	
Neutrophil	60 %	45 - 70 %
Lymphocyte		26 - 40 %
Monocyte	. 01 %	01 - 06 %
Eosinophil		02 - 05 %
Basophils	0.0 %	0 - 01 %
ESR (WESTERGERN)	a yan ayaan kan agaan a saraman magaan oo dhaha maraan a kaan a samaka a dhaan ka sa saraman a saraman a ka sa	
ESR 1 hour	. 62 mm /hr.	0 - 12 mm (Male)

INVESTIGATION	RESULT	NORMAL RANGE
Blood Sugar Random	106 mg/dl	70 - 140 mg/dl

Collected : - Inside the lab

ing Date

Technician

Dr. Ms. Pathak , MBBS (Bh.U)

PLEASE NOTE: Findings may vary left to lab due to type of kit Quality of may high a ratidion in procedure.

Sult is unexpected a: alarming prease contact the lad for revival of the result. Not for Medica legal burgineses.



9709595612 (Sudhanshu) 8969712606 (Pankaj)

AASTHA SCAN CENTRE

(CENTRE FOR ULTRASONOGRAPHY)

Garib Nawaz Market, Hatia Road, Tilkamanjhi, Bhagalpur E-mail: smartsmyle@gmail.com, sachinksingh2007@yahoo.co.in



PLATA NO-1

Dr. Sachin Kumar Singh

MBBS (B.U.), MD Radiodiagnosis (Ranchi)

Senior Radiologist, Jawaharlal Nehru Medical College & Hospital, Mayaganj, Bhagalpur. Ex-Assistant Professor, Sharda Medical College & Hospital, Noida, Delhi Ex-Senior Resident, Lady Hardinge Medical College & Kalawati Saran Children's Hospital New Delhi

Name of Patient ... Mr. Jay Prakash Yadar

Referred by Dr. M.N. Tha, Consultant Physician.

Part Examined USG of whole abdomen.

Age. 55 Sex. M. ... Date of Exam. 17.01.2013.



acilities Available :-

Colour Doppler, Soft tissue (High Resolution) ultrasound,

Neurosonography, Follicularstudy Thyroid Ultrasound, Liver abscess aspiration,

Renal Biopsy, Breast Ultrasound (Sonomammography),

Ascitic Tapping, Pleural effusion tapping, Pig Tail Cathetar insertion,

Lymph Node Biopsy, Pericardiocentesis, FNAC etc.

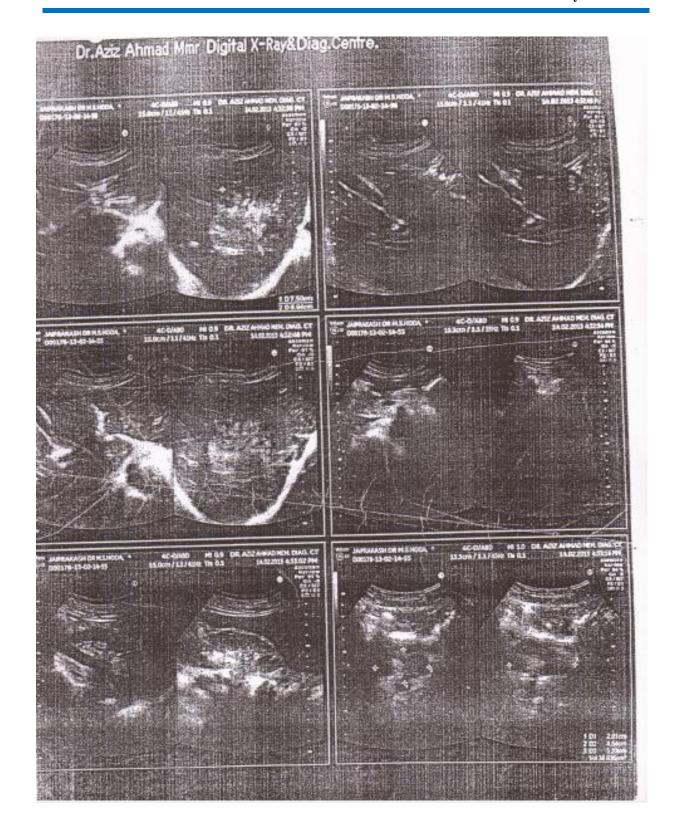
Foetal Sex Determination Not Done Under Any Circumstances.

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Ex-Assistant Professor, Sharda Medical College, Noida, Delhi. Senior Radiologist, Jawaharlal Nehru Medical College Hospital, Bhagalpur.

Name of Patient	Mr. Jay Prakash Yadav	Age / Sex	55/Male
Ref. by	Dr. M.N.Jha, MBBS, MD(Medicine), Const. Cardiologist, Asst. Prof., J.L.N.M.C.H., Bhagalpur.	Date	17.01.2013
Part Examined	USG OF WHOLE ABDOMEN		

Ref. by		na, MBBS, MD(Medicine), Const. Cardiologist, I.L.N.M.C.H., Bhagalpur.	Date	17.01,2013	
Part Examined	USG OF WH	OLE ABDOMEN			
New York Control of the Control of t		Findings			
The real time.	B mode, gray	SONDGRAPHY OF WHOLE ARDOCKEN scale sonography of the whole abdominal organs wa	s performed.		
LIVER:-		A large rounded illdefined heteroechoic area of size approx. 8.0 x 8.2 cms seen in right lobe of liver. On color doppler there is evidence of increased color vescularity within it, suggestive of neoplastic.			
GALL BLADDER:- The gall bladder is seen as a well distended, pear shaped bag with unifor thin and regular walls, without, gall stones or mass lesions.			uniformly		
COMMON BILE DUCT:- The common bile duct is normal in caliber. It measures 3.1 mm at porta hepatis. No evidence of calculus is noted in common bile duct.					
PANCREAS:-	NCREAS:- The pancreas is normal in size, shape, contours and echotexture. No evidence of solid or cystic mass lesion is noted.				
KIDNEYS:- The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echocomplex don't show evidence of calculous or hydrone		onephrosis.			
SPLEEN:- The spleen is normal in size and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.					
RETROPERITONEUM:- There is no evidence of enlarged coeliac, mesentric, portal pre or para lymphnodes.		ara aortic			
The great vessesIs namely aorta and IVC and its visualized branches are normal.			es are		
ASCITES:-	*	There is no ascites.			
URETERS:-		The ureters are not visualised.			
URINARY BLADDER:- The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted.					

No evidence of focal abnormal areas is noted. No calcification is seen.

The prostate gland measures normal in size and weight.

The prostate shows well defined and sharp margins. The prostatic echotexture is normal and homogenous.

IMPRESSION:- LARGE SOL IN LIVER, POSSIBILITY OF NEOPLASTIC.

No mass or diverticulum is seen.

Dr. Sachin Kumar Singh

Not for Medico legal purposes

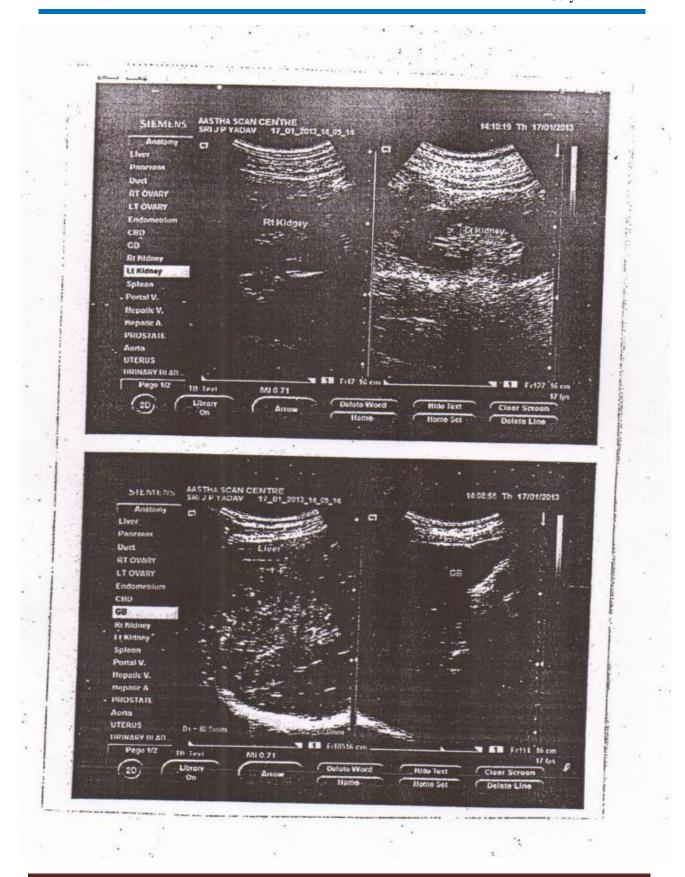


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Ex-Assistant Professor, Sharda Medical College, Noida, Delhi. Senior Radiologist, Jawaharlal Nehru Medical College Hospital, Bhagalpur.

Name of Patient	ame of Patient Mr. Jay Prakash Yadav		55/Male
Ref. by	Dr. M.N.Jha, MBBS, MD(Medicine), Const. Cardiologist, Asst. Prof., J.L.N.M.Ç.H., Bhagalpur.	Date	17.01.2013
Part Examined	USG OF WHOLE ABDOMEN		

	Asst. Prof., J.L.N.M.C.H., Bhagalpur.		
Part Examined	USG OF WHOLE ABDOMEN		
	Findings		
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COMMON BILE DUCT:

The common bile duct is normal in caliber.

It measures 3.1 mm at porta hepatis.

No evidence of calculus is noted in common bile duct.

PANCREAS:- The pancreas is normal in size, shape, contours and echotexture.

No evidence of solid or cystic mass lesion is noted.

KIDNEYS:- The kidneys are normal in size and have smooth renal margins.

Cortical echotexture is normal.

The central echocomplex don't show evidence of calculous or hydronephrosis.

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RETROPERITONEUM: There is no evidence of enlarged coeliac, mesentric, portal pre or para aortic

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The great vessesIs namely aorta and IVC and its visualized branches are

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ASCITES:- There is no ascites.

URETERS:- The ureters are not visualised.

URINARY BLADDER:- The urinary bladder is well distended. It shows thin walls and sharp mucosa.

No evidence of calculus is noted. No mass or diverticulum is seen.

PROSTATE:- The prostate shows well defined and sharp margins.

The prostatic echotexture is normal and homogenous.

No evidence of focal abnormal areas is noted.

No calcification is seen.

The prostate gland measures normal in size and weight

IMPRESSION:- LARGE SOL IN LIVER, POSSIBILITY OF NEOPLASTIC.

Dr. Sachin Kumar Singh

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J.P YADAV DR M.S HODA Exam Date: 22.03.2013 1:41:59 PM ำเม่: D00176-13-03-22-39 Page 1 of 1



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Normal Scan of Liver





EAST KOTWALI PS, DR. R. P. ROAD, BHAGALPUR - 2, Mob : 9934054072 / 9939824040 Email: drarshahmad786@ymail.com

EMERGENCY : 9431213481

M.B.E.S. (MYSORE)
IAN DONALD DIPLOMA OF ULTRASOUND (AGRA)
Ex-Resident (Dept. of Radiology)
RMR Institute of Medical Sciences, Kolkata
Ex-Medical Officer
B. R. Singh Hospital, Eastern Railway, Kolkata

			CO Verse (Mails
Datient name	Mr. JAIPRAKASH	Age/Sex	60 Years / Male
	VOLUSON-E8-1174-13.14.02	Visit no	1
Patient ID		Visit date	14/02/2013
Referred by	Dr. M). 5A) RUL . 240) A.	Visit date	

Abdomen and KUB Scan Report

Real time B-mode Ultrasonography of Abdomen and KUB done

Liver is enlarged with a echogenic mass in the rt lobe measuring 7.5 x 6.9 cms.lhbr is not dilated.

LATE NO-2

Gall bladder appeared normal, No calculi seen in the gall bladder Commonduct appeared normal. No calculi seen in the commonduct

Pancreas appeared normal Spleen appeared normal

Aorta appeared normal. No para aortic nodes seen.

Peritoneal cavity appeared normal

Both pleural spaces appeared normal.

Right kidney measured 10.4 cms.

Cortex and collecting system of right kidney appeared normal. No calculi seen.

Left kidney measured 10.2 cms.

Cortex and collecting system of left kidney appeared normal. No calculi seen.

Bladder appeared normal.

Pre void volume-231ml.Post void-56ml.

Prostate weighs -34 grams.

IMPRESSION

S/O ECHOGENIC MASS IN THE RT LOBE

WITH PERIPHAERAL VASCULARITY CONSISTENT WITH

HEMANGIOMA.

ADV-CECT.

DR.ARSHAD AHMAD

Page #1 - 14/02/13 05:10 PM