3. OBJECTIVE

In the modern era of globalization, medicinal plants and their extracts are natural resources of compounds used for ethnomedicine and phytotherapy. They are also a source of natural products used in the development of new related compounds and drugs for conventional medicine. The increasing treatments interest herbal medicines require a comprehensive assessment of research data in this field to help focus future efforts.

Some of the CNS disorders will become the second leading cause of premature death or disability worldwide by the year 2020 (Wang et al., 2008). Antiepileptic drugs are available to treat various types of seizures with the objective to reduce seizure frequency and severity within a framework of an acceptable level of side effects. The ideal anti-seizure drugs would suppress all seizures without causing any unwanted effect. Herbal therapies are tried by patients in developing as well as developed countries for control of seizures or adverse effects from antiepileptic drugs (AEDs). Herbal drugs have potential therapeutic applications because of their effectiveness, less side effects and relatively low cost. Patients may prefer herbal drugs formulations if doctors readily make it available to them for common diseases.

A literature survey revealed that its pharmacological effects are mainly attributed to oleo-resin portion which contains pentacyclic and tetra cyclic triterpenoids known as boswellic acids (BAs) (Ammon, 2002). Currently available formulations containing *Boswellia serrata* are boswellia capsule, boswellia complex tablets, Boswellia extract tablets, shallaki capsule, boswellia herb supplement capsule etc.

Since there is incomplete research profile of isolated boswellic acid for its anticonvulsant activity & its formulation, it is required to evaluate phytoconstituents in various extracts of *Boswellia serrata* and its formulation.
Hence the present work was carried out for investigation of the anticonvulsant activity of boswellic acid & its formulation.