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Review Article

Vishaghna Mahakashaya: A Classical Ayurvedic Polyherbal Formulations for the Management of Chronic Dermatological Disorders – A Critical Short Review

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Abstract

Chronic dermatological disorders such as acne vulgaris, psoriasis, eczema (atopic dermatitis), and chronic urticaria are multifactorial conditions driven by inflammation, immune dysregulation, oxidative stress, microbial dysbiosis, and environmental triggers. Conventional treatments, including topical corticosteroids, systemic retinoids, biologics, and antibiotics, often provide symptomatic relief but are limited by adverse effects (e.g., skin atrophy, antibiotic resistance, and metabolic disturbances), high recurrence rates, and poor long-term tolerability. Herbal medicines, particularly polyherbal formulations from Ayurveda, are increasingly investigated as adjunctive or alternative options due to their multi-target mechanisms and favorable safety profiles.

Vishaghna Mahakashaya, a classical group of ten medicinal plants described in *Charaka Samhita* (*Sutrasthana 4.16*), is traditionally indicated for antitoxic effect (*vishaghna*), anti-inflammatory, and skin-purifying actions. This review critically evaluates the available clinical evidence (2010–2025) and pharmacological mechanisms of *Vishaghna Mahakashaya* and its constituent herbs in chronic dermatological conditions. Databases searched included PubMed, Scopus, Google Scholar, and AYUSH Research Portal. Included were human clinical or observational studies and pharmacological evaluations relevant to skin disorders.

Evidence, though predominantly preclinical and preliminary clinical, demonstrates reductions in inflammatory lesions, pruritus, erythema, and oxidative stress markers. Constituent herbs exhibit cytokine inhibition (TNF-α, IL-6), NF-κB suppression, mast-cell stabilization, antioxidant activity, and antimicrobial effects against skin pathogens. Synergistic polyherbal action aligns with the pathophysiology of chronic skin diseases. High-quality randomized controlled trials (RCTs) with standardized formulations are still required to establish efficacy, optimal dosing, and safety in integrative dermatology. *Vishaghna Mahakashaya* offers a rational, evidence-supported herbal strategy for managing these prevalent conditions.

Keywords: *Ayurveda; Vishaghna Mahakashaya; dermatological disorders; acne vulgaris; psoriasis;*

eczema; chronic urticaria; immunomodulation; polyherbal formulation

1. Introduction Chronic skin diseases impose a substantial global burden. Acne vulgaris affects approximately 9.4% of the world population, psoriasis 2–3%, atopic dermatitis up to 20% in children and 10% in adults, and chronic urticaria 0.5–1%. These conditions share core pathophysiological features: persistent inflammation via pro-inflammatory cytokines, oxidative stress leading to lipid peroxidation and tissue damage, immune dysregulation (Th1/Th2/Th17 imbalance), microbial imbalance (e.g., *Cutibacterium acnes*, *Staphylococcus aureus*), and barrier dysfunction.

Long-term conventional therapies carry risks. Prolonged topical steroids cause dermal atrophy and telangiectasia; isotretinoin is associated with teratogenicity and mood alterations; biologics are costly and may increase infection risk; antibiotics contribute to resistance. Patients often seek integrative approaches for better tolerability and holistic management. Ayurveda emphasizesdetoxification *(vishaghna*), dosha balance, and rasa-prasadan (tissue purification) for skin disorders (kushtha, visarpa, etc.).

Vishaghna Mahakashaya ("anti-poison group") comprises ten herbs traditionally used to neutralize toxins (*ama, visha*), reduce inflammation, and purify blood and skin. The formulation's multi-targeted actions—anti-inflammatory, antioxidant, immunomodulatory, antimicrobial, and mast-cell stabilizing—make it theoretically suitable for modern chronic dermatoses. This review synthesizes classical descriptions with contemporary evidence (2010–2025) to assess its relevance in integrative dermatology.

2. Methods This narrative review followed PRISMA 2020 guidelines for reviews where applicable, though heterogeneity precluded meta-analysis. Comprehensive searches were conducted in PubMed, Scopus, Google Scholar, and the AYUSH Research Portal from January 2010 to March 2025. Search terms included "*Vishaghna Mahakashaya*", "*Vishaghna gana"*, "*Charaka Vishaghna*", combined with "acne", "psoriasis", "eczema", "urticaria", "dermatitis", "skin", "anti-inflammatory", "antioxidant", and individual herb names (*Haridra, Manjishtha, etc.).*

2.1 Inclusion and exclusion criteria Included: (i) human clinical trials, case series, observational studies, or systematic reviews; (ii) studies on *Vishaghna Mahakashaya* or its ten constituent herbs in dermatological contexts; (iii) English-language peer-reviewed articles; (iv) pharmacological/in vitro studies elucidating mechanisms relevant to skin disease.

Excluded: animal-only studies without human translation, non-peer-reviewed sources, conference abstracts without full text, and studies lacking dermatological endpoints.

3. Composition of Vishaghna Mahakashaya According to *Charaka Samhita*, the ten herbs are (9):

1. *Haridra* (*Curcuma longa* L.) – rhizome
2. *Manjishtha* (*Rubia cordifolia* L.) – root
3. *Suvaha* (*Pluchealanceolata*) – whole plant
4. *Sukshma Ela* (*Elettariacardamomum*Maton.) – seed
5. *Palindi*(*Hemidesmusindicus* R.Br.) – root
6. *Chandana* (*Santalum album* L.) – heartwood
7. *Kataka* (*Strychnospotatorum*L.f.) – seed
8. *Shirisha* (*Albizialebbeck* (L.) Benth.) – bark/flower
9. *Sindhuvara*(*Vitexnegundo* L.) – leaf/root
10. *Shleshmantaka* (*Cordiadichotoma*Forst.) – fruit/bark (6)(10)

Key bioactive constituents include curcuminoids (*Haridra*), anthraquinones and rubiadin (*Manjishtha*), flavonoids and saponins (*Shirisha*), essential oils (*Ela, Chandana*), and phenolic compounds across the group. These confer anti-inflammatory (NF-κB inhibition), antioxidant (DPPH/ABTS scavenging), antimicrobial, and immunomodulatory effects (4). The polyherbal synergy enhances bioavailability and multi-pathway targeting, consistent with *Ayurvedic "gana*".

4. Clinical Evidence in Dermatological Disorders

4.1 Acne vulgaris Acne involves follicular hyperkeratinisation, *C. acnes* colonisation, inflammation, and sebum overproduction. A 2025 open-label case study of a 23-year-old female with moderate acne treated with Vishaghna Mahakashaya decoction (internal) and lepa (external paste) reported significant reduction in inflammatory lesion count, erythema, and patient-reported discomfort within 8–12 weeks, with no adverse events (8).

Supporting evidence from constituents is stronger. A 2025 RCT of oral curcumin + serratiopeptidase as adjunct to standard therapy showed accelerated

resolution of inflammatory lesions within 2 weeks compared with standard care alone(3). Systematic reviews confirm topical and oral turmeric formulations reduce acne severity scores by 30–65% over 4–12 weeks via antimicrobial and anti-inflammatory actions (2). *Manjishtha* and *Shirisha* contribute antibacterial effects against *C. acnes* and *S. aureus*(12).

4.2 Psoriasis and eczema Psoriasis features Th17-driven hyperproliferation and scaling; eczema involves Th2-skewed barrier dysfunction and pruritus. No direct large RCTs exist for Vishaghna Mahakashaya, but constituent studies are encouraging. A prospective trial of oral curcumin in moderate-to-severe psoriasis demonstrated significant PASI score reduction and decreased phosphorylase kinase activity(13). Topical 1% curcumin gel improved lesions comparably to vitamin D analogues in small cohorts(20).

For eczema, a preliminary study using 35% *Manjishtha* ointment in 21 patients reduced eczema severity index from 9.86 to 3.72 ($p<0.05$) over 4 weeks (5) . A combination herbal cream containing turmeric significantly improved erythema, scaling, and itching in atopic dermatitis patients. Antioxidant and cytokine-modulating effects of the full group likely contribute to these outcomes.

4.3 Chronic urticariachronic urticaria involves mast-cell degranulation and histamine release. Although direct studies on Vishaghna are scarce, *Shirisha* (*Albizialebbeck*) exhibits mast-cell stabilization and antihistaminic activity in allergic models(16). Polyherbal formulations containing several *Vishaghna* herbs have shown reductions in wheal frequency and serum IgE in observational dermatological practice. In vitro data on *Vishaghna Mahakashaya* decoction (VMD) confirm strong anti-inflammatory potential that may translate to urticaria control.

5. Pharmacological Mechanisms

5.1 Anti-inflammatory activity Curcuminoids inhibit NF-κB translocation and down regulate TNF-α, IL-6, and IL-1β (14). Anthraquinones from *Manjishtha* similarly suppress COX-2 and iNOS (4). In vitro studies on VMD demonstrated potent 15-lipoxygenase inhibition and reduction of pro-inflammatory mediators.(1)(11).

5.2 Immunomodulatory and anti-allergic effects*Shirisha* flavonoids stabilise mast cells and inhibit histamine release (15). The group modulates Th1/Th2 balance and reduces serum IgE, supporting utility in allergic dermatoses.

5.3 Antioxidant actions VMD exhibited high DPPH and ABTS radical-scavenging activity, superior to individual herbs in some assays (7). Curcumin, rubiadin, and phenolic constituents neutralise ROS, preventing lipid peroxidation and keratinocyte apoptosis—key in psoriasis and eczema.

5.4 Antimicrobial and additional effects*Haridra* and *Manjishtha* inhibit *C. acnes* and *S. aureus*growth(18). Additional herbs provide barrier repair (*Chandana*) and detoxification (*Kataka*). Synergy reduces microbial biofilm and secondary infection risk(17).

6. Discussion*VishaghnaMahakashaya's* multi-targeted profile mirrors the complex etiology of chronic skin diseases better than single-agent therapies. Polyherbal synergy may enhance bioavailability (e.g., piperine-like effects from *Ela*) and reduce required doses, minimizing adverse effects. Classical indications for "*kushtha*" and "*vicharchika*" align with modern diagnoses of psoriasis, eczema, and urticaria.

Compared with conventional drugs, *Ayurvedic* formulations generally show better patient compliance and fewer systemic side effects when standardized (19). Limitations of current evidence include small sample sizes, lack of placebo-controlled RCTs for the exact formulation, variable standardization of extracts, and short follow-up periods. Quality control per AYUSH/WHO guidelines (heavy metals, pesticides, marker compound quantification) is essential for reproducibility.

7. Limitations and Future Perspectives Available studies are mostly preclinical or small-scale observational/case reports. Heterogeneity in formulations (decoction vs. tablet vs. lepa), dosing, and outcome measures hinders direct comparison. Long-term safety data, especially regarding hepatotoxicity or herb–drug interactions, remain limited.

Future research priorities: (i) standardised*Vishaghna* extract RCTs with validated endpoints (PASI, EASI, DLQI) and biomarkers (cytokines, oxidative markers, IgE); (ii) dose–response and pharmacokinetic studies; (iii) comparative effectiveness trials versus standard care; (iv) mechanistic validation using omics

technologies; (v) large multicentre studies in diverse populations. Integration into guidelines for integrative dermatology could expand therapeutic options.

8. Conclusion*Vishaghna Mahakashaya* represents a promising classical Ayurvedic strategy for chronic dermatological disorders. Its documented anti-inflammatory, antioxidant, immunomodulatory, and antimicrobial mechanisms, supported by preliminary clinical observations and robust constituent-level evidence, justify further investigation. When standardized and studied rigorously, this polyherbal formulation can contribute meaningfully to integrative dermatology, offering a safe, accessible adjunct or alternative for patients seeking holistic care. High-quality RCTs are urgently needed to translate traditional wisdom into evidence-based practice.

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