

A Comparative Review of Vishaghna Dravya in Ayurveda and Folk Medicine: Traditional Perspectives on Poison Management

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Abstract: *Poisoning has remained a major medical and public health concern since antiquity, arising from animal envenomation, toxic plants, mineral substances, and artificially prepared poisons. Ayurveda, the traditional medical system of India, addresses toxicology comprehensively through the specialized branch of Agadatantra, which describes the classification, pathogenesis, clinical features, and management of various forms of Visha. Central to Ayurvedic poison management is the use of Vishaghna Dravya—substances capable of neutralizing toxins, preventing systemic spread, and restoring physiological balance. Parallel to this classical system, Indian folk medicine has developed region-specific antidotal practices based on empirical experience and locally available flora. The present review critically analyzes and compares Ayurvedic and folk medicinal approaches to poison management, with emphasis on commonly used Vishaghna Dravya, modes of administration, pharmacological basis, safety aspects, and contemporary relevance. Integration of validated traditional practices may contribute to improved and accessible poison management strategies, particularly in rural and resource-limited settings*

Keywords: Vishaghna Dravya; Agadatantra; Ayurveda; Folk medicine; Poison management; Ethnomedicine

I. INTRODUCTION

Poisoning, whether accidental, environmental, occupational, or intentional, continues to pose a significant challenge to healthcare systems across the globe. In ancient Indian medical science, the concept of Visha encompasses substances that disrupt normal physiological functions, vitiate Dosha and Dhatu, obstruct Srotas, and ultimately lead to severe morbidity or death if not managed appropriately. Recognizing the seriousness of this condition, Ayurveda developed Agadatantra as a distinct and specialized branch dedicated exclusively to the study of toxic substances and their management. Classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya provide detailed descriptions of the origin, classification, symptomatology, prognosis, and therapeutic management of various types of poisoning.¹⁻³

Ayurveda emphasizes the principle that timely administration of appropriate Vishaghna Dravya can arrest the progression of toxicity, protect vital organs, and restore homeostasis. These substances are selected based on their Rasa, Guna, Virya, Vipaka, and Prabhava, enabling them to counteract specific toxic effects. Alongside classical Ayurveda, Indian folk medicine represents a vast and diverse repository of indigenous knowledge transmitted orally through generations. Folk healers employ readily available plants and household substances for the emergency management of poison exposure, particularly in cases of snakebite, scorpion sting, insect bites, and plant poisoning. Despite differences in documentation and standardization, both systems share overlapping therapeutic concepts, suggesting a common empirical foundation.



II. MATERIALS AND METHODS

The present study is a narrative review based on classical textual analysis and ethnomedicinal documentation. Primary Ayurvedic sources included Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Bhavaprakasha Nighantu. Standard editions with authoritative commentaries were consulted to ensure textual authenticity.¹⁻⁴ Secondary sources comprised Ayurvedic materia medica texts, pharmacognosy references, and peer-reviewed scientific publications related to herbal toxicology and ethnopharmacology.⁵⁻⁷

Ethnographic information was collected through structured and semi-structured interviews with traditional healers, Vaidyas, and local herbal practitioners from selected regions of Maharashtra, Kerala, and Odisha during the year 2024. Folk remedies used in the management of animal bites, stings, insect envenomation, and plant-based poisoning were documented. Herbs described as Vishaghna in at least two classical Ayurvedic or folk sources were selected for comparative analysis. Botanical identification, part used, method of preparation, route of administration, and therapeutic indications were systematically analyzed.

III. RESULTS

Ayurveda classifies poisons into three broad categories based on their origin: Jangama Visha (animal origin), Sthavara Visha (plant and mineral origin), and Kritrima Visha (artificial or synthetic). Management principles vary according to the nature of poison, route of entry, dose, and stage of toxicity. Vishaghna Dravya play a central role in both preventive and curative aspects of treatment across all categories.

Frequently described Vishaghna Dravya in classical Ayurvedic literature include Aragvadha (Cassia fistula), Haridra (Curcuma longa), Shirisha (Albizia lebbeck), Nimba (Azadirachta indica), and Guduchi (Tinospora cordifolia). Aragvadha is indicated in cutaneous manifestations of poisoning and is commonly used externally as Kalka or Lepa. Haridra acts as a potent detoxifier with anti-inflammatory and antioxidant properties and is administered both internally and externally. Shirisha is universally described as Vishaghna in all major Ayurvedic treatises, with its bark and seeds exhibiting significant antidotal activity.¹⁻³ Guduchi is particularly indicated in toxic fevers due to its immunomodulatory and Rasayana properties.⁶

Folk medicine practices emphasize immediate intervention using locally accessible materials. Commonly documented remedies include the oral administration of fresh Tulsi (Ocimum sanctum) leaf juice in snakebite and scorpion sting, topical application of tamarind leaf paste for insect bites, and the use of Kanchanar (Bauhinia variegata) bark decoction in plant poisoning. In certain tribal practices, Dhatura (Datura metel) seeds are employed cautiously for snakebite management due to their sedative properties. Garlic and onion are widely consumed orally in rural settings to counteract systemic toxic effects.^{8,9}

IV. DISCUSSION

Several Vishaghna Dravya described in classical Ayurveda have demonstrated pharmacological activities consistent with antidotal effects in modern experimental studies. Curcumin, the active constituent of Haridra, exhibits anti-inflammatory, antioxidant, hepatoprotective, and anti-venom properties. Compounds isolated from Albizia lebbeck have shown anti-histaminic and anti-allergic activity, supporting its traditional use in allergic and toxic conditions. Extracts of Tinospora cordifolia have demonstrated immunostimulatory and anti-toxic potential in animal models, validating its use in toxic fevers and systemic poisoning.^{6,9}

Folk medicine reflects regional biodiversity and ecological adaptation, often incorporating plants not described in classical Ayurvedic texts. While this adaptability enhances accessibility and immediate response, it also introduces variability in efficacy and safety. Ayurvedic formulations are prepared following classical guidelines involving Shodhana (purification), precise dosage, and standardized methods of administration, thereby enhancing safety and reproducibility. In contrast, folk remedies may lack dosage standardization and may pose risks of toxicity, particularly with potent plants such as Dhatura.⁵

An evidence-based integration of Ayurvedic principles with validated folk practices may strengthen poison management strategies, especially in rural healthcare settings where access to emergency medical facilities is limited.



Scientific validation, standardization, and community education are essential prerequisites for such integrative approaches.

V. CONCLUSION

Vishaghna Dravya constitute a vital therapeutic domain in both Ayurveda and Indian folk medicine. Classical Ayurveda provides a systematic, textually validated, and theoretically sound framework for poison management, while folk medicine offers rapid, accessible, and culturally acceptable interventions. Integrating these two systems through scientific validation and standardization may enhance toxicological care, improve public health outcomes, and preserve valuable traditional knowledge.

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