

## Unveiling the Pathophysiological Aspect of Maharasain View of AcharyaCharaka

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Date of Submission: 01-02-2026

Date of Acceptance: 10-02-2026

### ABSTRACT

Mahārāsa constitutes an important group of mineral drugs described in Rasashastra, renowned for their potent therapeutic efficacy and wide clinical applicability in Ayurveda. Classical texts enumerate substances such as **Abhraka, Vaikranta, Makshika, Vimala, Rasaka, Sasyaka, and Chapala** under the Mahārāsa category. These minerals, after undergoing prescribed pharmaceutical processes including Shodhana (purification) and Marana (incineration), are rendered bio-assailable and therapeutically safe. Clinically, Mahārāsa drugs exhibit Rasayana, Yogavahi, and Tridosha-hara properties, making them valuable in the management of chronic and refractory diseases such as Prameha, Pandu, Kshaya, Shwasa, Kushta, and various metabolic and degenerative disorders on the basis of fundamentals of Ayurveda. Their pharmacological action is attributed to enhancement of Agni, improved tissue metabolism (Dhatu-poshana), and augmentation of drug bioavailability. Due to their high potency, Mahārāsa formulations are administered in minimal doses under strict clinical supervision. The judicious use of Mahārāsa drugs, supported by classical guidelines, plays a pivotal role in strengthening therapeutic outcomes in Ayurvedic clinical practice.

**Key word:** Maharasa, Ayurved, Scientific, Rasashastra, Clinical efficacy

### I. INTRODUCTION

Traditional medical systems continue to play a significant role in global healthcare, particularly in the management of chronic and complex disorders. Ayurveda, the traditional medical system of India, incorporates herbal, mineral, and metallic substances as therapeutic agents. Within Ayurveda, Rasashastra is a

specialized discipline concerned with the pharmaceutical processing and clinical application of mineral-based drugs. Among these, MaharasaDravya constitute a distinct group of mineral substances recognized for their potent therapeutic activity and broad clinical utility.

Classical Ayurvedic texts describe eight MaharasaDravyaAbhraka (mica), Vaikranta (tourmaline), Makshika (chalcopyrite), Vimala (iron pyrite), Rasaka (zinc ore), Sasyaka (copper sulphate), Kharpara (zinc oxide), and Chapala (bismuth ore). These substances undergo defined pharmaceutical processes, including Shodhana (purification) and Marana (incineration), aimed at altering physicochemical characteristics to enhance therapeutic efficacy and minimize toxicity. MaharasaDravya are employed either individually or as constituents of compound formulations in the management of metabolic, inflammatory, dermatological, and degenerative conditions.

Despite their extensive traditional use, clinical evidence supporting the efficacy and safety of MaharasaDravya is limited and largely derived from single-centre studies or observational reports. Variability in pharmaceutical processing methods, dosing practices, and clinical protocols has further restricted the generalizability of existing findings. Multicentre clinical trials offer a robust methodological approach to address these limitations by improving external validity, minimizing centre-specific bias, and enabling standardized evaluation across diverse patient populations but before that theory of Guna and theory of Tridosha are very important for clinical use of Maharasa.

The present multicentre clinical trial theory on the basis of Classical text is designed to systematically evaluate the clinical efficacy and safety of MaharasaDravya in selected disease

conditions. This study aims to generate reproducible and generalizable clinical classical evidence that may support the rational, safe, and evidence-based application of MaharasaDravya in contemporary healthcare settings.

## II. MATERIAL AND METHODS

### Study Design

The present study was designed as an in-depth descriptive and analytical classical literature review focusing on the clinical efficacy of MaharasaDravya as documented in authoritative Ayurvedic texts. The objective of the review was to systematically compile classical clinical references, interpret their therapeutic significance, and present a consolidated understanding of the clinical applications of MaharasaDravya in disease management as per traditional Ayurvedic practice.

### Sources of Classical Literature

Primary data were collected from classical Ayurvedic treatises belonging to the disciplines of Rasashastra and Kayachikitsa. Major Rasashastra texts reviewed included RasaratnaSamuccaya, Rasarnava, Rasa HridayaTantra, Ayurveda Prakasha, and Rasendra Sara Sangraha. References from the BrihatTrayiCharakaSamhita, SushrutaSamhita, and AshtangaHridayawere consulted wherever MaharasaDravya were mentioned in a clinical context. Standard critical editions and authoritative commentaries were used to ensure textual accuracy and contextual interpretation.

### Identification and Selection of Relevant Classical References

Classical references were identified through systematic manual screening of chapters related to mineral drugs, disease management, and therapeutic formulations. Emphasis was placed on verses describing clinical indications (Rogagnata), therapeutic actions (Karma), and disease-specific applications of MaharasaDravya. Textual references limited to metallurgical, alchemical, or laboratory processes without clinical relevance were excluded from the analysis.

### Inclusion and Exclusion Criteria for Classical Data

#### Inclusion Criteria

- Verses explicitly mentioning MaharasaDravya in relation to disease treatment
- Descriptions of therapeutic indications, clinical utility, or disease-specific application

- References to formulations or prescriptions intended for human therapeutic use

#### Exclusion Criteria

- Verses focused solely on alchemical or transmutation purposes
- Descriptions lacking clinical context or therapeutic intent
- Repetitive references without additional clinical information

### Data Extraction and Documentation

Data were manually extracted from selected references and documented in a structured format. Extracted variables included the name of the MaharasaDravya, associated disease conditions, described therapeutic actions, formulation type, adjuvants (Anupana), and mode of administration. Sanskrit verses were cross-referenced across multiple texts to ensure consistency of interpretation and minimize textual bias.

### Interpretation and Analytical Approach

Extracted classical data were subjected to qualitative interpretative analysis. Clinical indications were grouped according to disease categories, such as metabolic, inflammatory, dermatological, and degenerative conditions. Therapeutic actions described in classical terminology were interpreted in the context of clinical application, without attempting direct biomedical correlation, to preserve textual authenticity.

### Data Synthesis

The analysed data were narratively synthesized to identify common patterns in clinical usage of MaharasaDravya across different classical sources. Emphasis was placed on frequently cited indications, repeated formulations, and consistent therapeutic roles attributed to MaharasaDravya. Quantitative analysis and statistical evaluation were not performed due to the qualitative nature of classical textual data.

### Quality Control and Validation

To enhance the reliability of the review, classical references were cross-validated across multiple authoritative texts and commentaries. Discrepancies in interpretation were resolved through comparative textual analysis and consensus interpretation based on traditional commentarial explanations.

### Ethical Considerations

This study was based exclusively on classical Ayurvedic textual sources and did not

involve human subjects, animal experimentation, or clinical interventions. Therefore, ethical approval and informed consent were not required.

### III. OBSERVATION

Table NO. 1 :-Showing theory of Guna&Tridosha from Classical text

Abhrakh	Rasa RatnaSamuchchya	Rasa Tarangini	Rasamritama	RasendraChudamani
	Page-30,2/2 Guna-Snigdha Indication- 1.pragnobodhi 2.vrushya 3Ayushyagraya 4.balya 5.ruchya 6.dipana 7.hrudroga 8.vatapittakshayaghna 9. kaphahara. Virya-shit	Page-234,10/72-73 Guna-Snigdha Indication- 1.ayushamgratha 2.keshya 3.varnya 5.Ruchikar 6.dipan 7.atibalya 8.naitrya 9.Medha 10.stanyasamvardhana 11.Sthairya 12.maharogsamghatabhiti 13.Priti janayati 14.dehe Shakti Virya-shit	Page-69,3/179-181 Indication- 1.Kasa 2.swas 3.pandu 4.kshay 5.prameha 6.Jirnajwar 7.parinamshool 8.amlapitta 9.Grahani 10.Swetapradar 11.apachi 12.soht 13.Arsa 14.shitpitta 15.bhrama 16.balya 17.medhya 18.Vrushya 19.rasayana With anupana-sarvarogastunashyet	Page-107,10/2 Guna-Snigdha Indication- 1.Vatapittakshayaghna 2.pragnobodhi 3.prashmitjara 4.vrushya 5.Ayushya 6.balya 7.Ruchi 8.kaphanashak 9.Dipana 10.Sakalgadhad Virya-shit
<b>Vaikranta</b>	Page-39,2/62-63 Indication- 1.Ayushyaprada 2.balavarnakar 3.ativrushya 4.Pragnapada 5.diptagni tarasvi 6.sarvadoshaha.	Page-636,23/167-169 Indication- 1.Mahagadhar 2.medhya 3.agnipradipana 4.Atirasayana 5.doshtrayapharano 6.Bahuyogvahi 7.param twachya 8.Rajyakshama 9.jarashoshadi shaman 10.Jwar 11.kusthapaha 12.pandu 13.udar 14.swas 15.Kasa 16.prameha.	Page-107,8/24 Indication- 1.Tridoshagna 2.dadhyakrit 3.pandu 4.Udar 5.jwar 6.swas 7.kasa 8.kshaya 9.Prameha.	Page-117,10/66 Indication- 1. Yakshma 2.ksharan 3.pandugudjam 4.Swas 5.kasa 6.dustagrahani.
<b>Makshika</b>	Page-43,2/79	Page-524,21/26-28	Page-39,3/63-67	Page-131,10/141-143

	<p>Indication- 1.Tatsevnajjra vyadhivishhernparibh uyate</p> <p>Virya-usna</p>	<p>Indication- 1.Vrusya 2.swarya 3.chaksusya 4.tridoshghna 5.kshay 6.arsa 7.shosh 8.meha 9.vividha bastivedana 10.pandu 11.kshavathu 12.kusta 13.vishdosh 14.jirna jwar 15.apsmar 16.mandanala 17.aroachaka 18.anindra 19.yogwahi</p>	<p>Guna-(a.s.u.sta.a.49) laghu Virya-shit</p> <p>Indication- 1.sarva vyadhivinasanam 2.kshay 3.pandu 4.kusta 5.grahani 6.gudajaruj 7.mandagni 8.kamla 9.shosh 10.swarbhang 11.aroachaka</p>	<p>Indication- 1.kshay 2.pandu 3.kusta 4.grahani 5.mandagni 6.kamala 7.shosh 8.swarbhang 9.aroachaka 10.nanarupan jwar 11.visuchika 12.aamdosh 13.vatapittakaphobh uta</p>
<b>Vimala</b>	<p>Page-45,2/93</p> <p>Indication- 1.marutapittaha 2.vrusya 3.atirasayana</p>		<p>Page-61,3/153-154</p> <p>Indication- 1.marutapittahar 2.vrushya 3.atirasayana</p>	<p>Page-120,10/84</p> <p>Indication- 1.marutapittahara 2.vrushya 3.rasayana</p>
<b>Shilajitu</b>	<p>Page-50,2/114-115</p> <p>Indication- 1.pandu 2.yakshma 3.agnisadan 4.meha 5.mulamaya 6.gulma 7.pleeh 8.udaroga 9.bahuvidha shola 10.yonyamaya 11.vali 12.palit</p>	<p>Page-588,22/84</p> <p>Indication- 1.mutralascha 2.yogwahi 3.rasayana</p> <p>Virya- -</p>	<p>Page-159, Parishishta-3</p> <p>Indication- 1.shoshana 2.chedana 3.meha 4.kusta 5.kusta 6.apsmar 7.unmada 8.slipada 9.gara 10.shosha 11.sopha 12.arsa 13.gulma 14.panduta 15.vishama jwar 16.ashmari</p> <p>Virya-usna</p>	<p>Page-122,10/95-97</p> <p>Indication- 1.rasayana 2.panduram 3.pittarogaghna 4.kaphavataghn 5.kshya</p>
<b>Sasyaka</b>	<p>Page-52,2/122</p> <p>Indication- 1.nisheshvatadi guna 2.visha 3.hada</p>	<p>Page-543,21/127-129</p> <p>Guna-laghu</p> <p>Indication- 1.krimighna</p>	<p>Page-41,3/73</p> <p>Guna-Lekhana Laghu</p> <p>Indication-</p>	<p>Page-118,10/70-73</p> <p>Indication- 1.nishesh dosha 2.vishahara 3.gadashoola</p>

	4.guda 5.shoola 6.amlapitta 7.kusta 8.vibandha 9.vaman 10.rekakra 11.garaghna 12.switrapaham	2.chaksughna 3.mehahara 4.medahara 5.kaphapittahara 6.balya 7.shoola 8.kustanashaka 9.switrapaha 10.amlapittahara 11.rsayana 12.sankochanakara 13.nadinam balakruta 14.twak doshashamana 15.ruchikara	1.kshar 2.vamak 3.bhedana 4.chaksusya 5.kaphapittahara 6.hrada 7.visha 8.arsa 9.kusta 10.kandu 11.switra 12.krumi 13.vranapaham  Virya-Usna	4.shoola 5.pitaka(amlapitta) 6.vibandha 7.rasayana 8.vaman rekakra 9.garaghna 10.switrapaha
<b>Chapala</b>	Page-55,2/137-138  Guna- Snigdha  Indication- 1.dehaloha 2.tridoshghna 3.ativrushya		Page-156 Parishista-2  Same as rasa ratnasamurchhana	
<b>Rasaka</b>	Page-56,2/144  Indication- 1.sarva mehaghna 2.kaphapitta vinashaka 3.netra rogakshayaghna	Page-556,21/194-196 Indication- 1.kaphapittapaham 2.chakshushya 3.sarva mehaghna 4.rakta pradar 5.raktapitta 6.asmari 7.swas 8.gudamay 9.jirna jwar 10.rajyakshma 11.kamam 12.atisara 13.yogwahi 14.tridoshghna 15.vicharchika 16.kustahara 17.balavirya vrudhhikrut  Virya- Shit	Page-55,3/125-127  1.sarva mehagna 2.kphapitta vinashana 3.netra rogakshayaghna  Guna-Laghu Karma- Lekhana  Indication- 1.kshar 2.vamak 3.bhedana 4.chaksusya 5.kaphapittahara 6.visha 7.asmari 8.kusta 9.kandu  Virya- Shit	Page-124,10/109  Indication- 1.sarva mehaghna 2.kaphapitta vinashana 3.netra roga 4.kshayaghna

#### IV. DISCUSSION

The present classical review consolidates clinical indications of MaharasaDravya as described in authoritative Ayurvedic texts, highlighting their extensive therapeutic scope and repeated clinical relevance across multiple disease

categories. The findings demonstrate that MaharasaDravya are predominantly indicated in chronic, metabolic, degenerative, and systemic disorders, suggesting their central role in traditional Ayurvedic therapeutics, particularly within the domain of Rasashastra.

Among the reviewed Dravya, Abhraka and Vaikranta show the widest range of clinical indications, with consistent references to Rasayana, Balya, and Vrishya actions. The repeated mention of these Dravya in conditions such as Prameha, Kshaya, Pandu, Shwasa, and Kasa indicates their classical importance in disorders associated with tissue depletion, impaired metabolism, and chronic inflammation. The ShitaVirya and SnigdhaGuna attributed to Abhraka may explain its classical use in Vata-Pitta dominant disorders and degenerative conditions, whereas Vaikranta's description as Atirasayana underscores its role in long-term rejuvenate therapy.

Makshika and Rasaka are predominantly indicated in metabolic, hepatic, and digestive disorders, including Grahani, Mandagni, Kamala, and Prameha. Their frequent classification as Yogavahi suggests an enhancing effect on therapeutic formulations, potentially contributing to improved clinical outcomes when used in compound preparations. The Lekhana and Laghu properties of Rasaka further support its classical use in obstructive and metabolic pathologies.

Sasyaka is repeatedly described as Krimighna, Vishahara, and KaphapittaShamaka, with prominent indications in dermatological and gastrointestinal disorders. Its Lekhana and Bhedana actions indicate a classical rationale for use in conditions involving obstruction, accumulation, and toxicity. In contrast, Vimala and Chapala are described with relatively narrower indications, primarily emphasizing Vrishya and Rasayana actions, suggesting a more specialized therapeutic role.

Shilajatu stands apart among MaharasaDravyadue to its extensive indication spectrum and repeated description as Rasayana and Yogavahi. Its classical indications in Prameha, Yakshma, Gulma, Ashmari, and neurological conditions indicate its importance in multisystem disorders and chronic disease states. The predominance of UshnaVirya in Shilajatu contrasts with the ShitaVirya of several other MaharasaDravya, reflecting a strategic diversity in therapeutic application based on Dosha dominance.

A notable observation from this review is the consistency of clinical indications across multiple classical texts, despite variations in descriptive terminology. This cross-textual concordance strengthens the classical clinical relevance of MaharasaDravya. However, the absence of standardized dosage descriptions, outcome measures, and safety parameters in

classical literature limits direct translation into modern clinical practice.

The present review is limited by its reliance on qualitative textual analysis and the absence of contemporary clinical trial data. Additionally, interpretations are constrained by the contextual nature of classical terminology, which may not directly correspond to modern biomedical disease classifications. Nonetheless, this review provides a structured foundation for hypothesis generation and highlights priority areas for future clinical research.

Future studies should focus on systematic clinical evaluation of MaharasaDravya using standardized pharmaceutical processing methods, clearly defined clinical endpoints, and safety assessments. Integrating classical indications with modern clinical trial methodologies may facilitate the rational and evidence-based incorporation of MaharasaDravya into contemporary healthcare systems.

## V. CONCLUSION

Rasashastra, as an integral branch of Ayurveda, provides a comprehensive framework for the clinical application of mineral and metallic preparations. The principles of Guna (drug attributes) and the theory of Tridosha (Vata, Pitta, Kapha) are applicable to MaharasaDravya across diverse clinical conditions. However, unlike herbal formulations, MaharasaDravya possess specific therapeutic pathways (Patanpathya) and defined dosage regimens, reflecting their unique pharmacological and toxicological properties. Consequently, the administration of MaharasaDravya in clinical practice is guided by classical Siddhanta, particularly as outlined by Acharya Charaka, ensuring both efficacy and safety while addressing individual patient needs.

## Acknowledgment

The author expresses sincere gratitude to all classical and modern scholars of Ayurveda whose works have been referenced in this article. Special thanks to institutional and research platforms promoting integrative medicine.

## Conflict of Interest

The author declares no conflict of interest.

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