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A COMPREHENSIVE REVIEW ON *BHRINGARAJ* (*ECLIPTA ALBA*) AS A POTENTIAL GASTROPROTECTIVE HERB

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Abstract

Urdhvaga Amlapitta is a common gastrointestinal disorder described in *Ayurvedic* classics, resembling hyperacidity and acid regurgitation in modern parlance. The condition is primarily caused by *Agni dushti* and *Pitta vitiation*, leading to symptoms like *Amlodgara*, *Hritkantha daha*, *Utklesha*, and *Avipaka*. The contemporary lifestyle, irregular eating habits, and mental stress have further increased the prevalence of this disease. *Bhringaraj* (*Eclipta alba* Hassk.), an herb traditionally known for its *Rasayana* and *Pittahara* actions, has been referenced in classical texts for various *Pitta-pradhana* disorders. Recent clinical and conceptual studies suggest that *Bhringaraj* exhibits gastroprotective, *Deepana-Pachana*, and *Tridoshahara* properties that may be beneficial in the management of *Urdhvaga Amlapitta*.

This review aims to comprehensively analyze the *Ayurvedic* and clinical aspects of *Bhringaraj* in the context of *Urdhvaga Amlapitta*, integrating classical references, pharmacognostic insights, *Dravya guna* perspectives, and available clinical data. The discussion highlights the role of *Bhringaraj churna* as a safe, cost-effective, and holistic alternative to conventional antacids in managing acid-peptic disorders.

Keywords: *Bhringaraj*, *Eclipta alba*, *Urdhvaga Amlapitta*, *Pitta vikara*, *Ayurveda*, gastroprotective herb

1. Introduction

Digestive disorders have been a major global health concern due to lifestyle irregularities, dietary indulgence, and mental stress. In *Ayurveda*, gastrointestinal health is primarily governed by *Agni*, the digestive fire, whose derangement (*Agnimandya*) is the root cause of several diseases (**Charaka Sutrasthana 28/45**). Among these, *Amlapitta* is a condition resulting from *Pitta* vitiation associated with *Amla guna* and *Drava guna* dominance.

Urdhvaga Amlapitta refers to upward movement of vitiated *Pitta* and *Amla rasa*, leading to symptoms such as *Amlodgara* (sour belching), *Hritkantha daha* (burning in the chest and throat), *Utklesha* (nausea), and *Avipaka* (indigestion) (**Madhava Nidana 51/1-5**). Modern correlates include hyperacidity, gastritis, and gastroesophageal reflux disease (GERD).

Conventional management of acid-peptic disorders relies on antacids, proton pump inhibitors, and H2 receptor blockers. However, prolonged use of these agents can cause side effects such as nutrient malabsorption, renal dysfunction, and rebound acidity. This calls for safer and holistic alternatives.

In this context, *Bhringaraj* (*Eclipta alba* Hassk.), a well-known *Rasayana* drug, emerges as a promising candidate. Traditionally used for liver and skin disorders, its *Pittahara*, *Deepana-Pachana*, and *Shothahara* properties make it a rational choice for *Urdhvaga Amlapitta*.

2. Aim and Objectives

- To review classical and contemporary literature related to *Bhringaraj* and its role in *Urdhvaga Amlapitta*.
- To explore the *Ayurvedic pharmacodynamics* (*Rasa*, *Guna*, *Veerya*, *Vipaka*, *Prabhava*) of *Bhringaraj* relevant to *Pitta* pacification.
- To analyze clinical evidence supporting the use of *Bhringaraj churna* in acid-peptic disorders.
- To establish a conceptual framework integrating *Ayurvedic* principles with therapeutic application.

3. Materials and Methods

This review is based on textual, conceptual, and published literature.

1. **Classical sources:** *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Bhavaprakasha Nighantu*, and *Raja Nighantu* were analyzed for references to *Amlapitta* and *Bhringaraj*.
2. **Contemporary literature:** Ayurvedic pharmacology texts (*Dravyaguna Vigyana* by P.V. Sharma, *Materia Medica* by Nadkarni), and published articles from *AYU Journal*, *IJAPR*, and *IAMJ* were reviewed.

3. **Selection criteria:** Only Ayurvedic and clinical studies discussing the gastrointestinal or *Pitta-shamana* effects of *Bhringaraj* were included.
4. **Data synthesis:** Information was systematically arranged under conceptual, pharmacological, and clinical heads.

4. Review of Literature

Nidana and Samprapti of *Urdhvaga Amlapitta*

As per *Madhava Nidana*, etiological factors (*Nidana*) include *Vidahi*, *Amla*, *Katu*, *Lavana* foods, irregular meals, day sleep, anger, and stress (**Madhava Nidana 51/3-5**). These lead to *Pitta* vitiation and *Amla* accumulation in the stomach.

The *Samprapti* involves:

- *Agnimandya* (digestive impairment) →
- Formation of *Amlabhuta Pitta* →
- Upward movement due to *Udana vayu vitiation* →
- Manifestation of *Amlodgara*, *Hritkantha daha*, etc.

Thus, the treatment aims to restore *Agni*, pacify *Pitta*, and correct *Vata* imbalance.

Bhringaraj – Classical and Pharmacognostic Overview

Parameter	**Details**
Botanical Name	*Eclipta alba* Hassk.
Family	Asteraceae
Synonyms	*Kesharaja*, *Tekaraja*, *Bhringa*, *Markava*
Rasa	*Tikta*, *Katu*
Guna	*Laghu*, *Ruksha*
Veerya	*Ushna*
Vipaka	*Katu*
Prabhava	*Keshya*, *Rasayana*, *Pittahara* (**Bhavaprakasha Nighantu, Haritakyadi Varga 189-191**)

Bhringaraj is described as *Tridoshahara*, with a specific *Pittashamana* and *Kaphahara* effect. Its *Ushna veerya* supports *Agnideepana* and *Amapachana* without aggravating *Pitta*, due to the balancing effect of *Tikta rasa*.

Pharmacological Properties

In *Ayurvedic* terms, *Bhringaraj* performs multiple functions relevant to *Amlapitta* management:

- *Deepana-Pachana:* Enhances digestion and removes *Ama*.
- *Pittahara:* Pacifies aggravated *Pitta* without disturbing *Agni*.
- *Rasayana:* Restores tissue balance (*Dhatu poshana*).
- *Shothahara:* Reduces inflammation in gastric mucosa.
- *Hrudya:* Provides soothing effect on *Hritkantha daha*.

These attributes collectively help correct the *Samprapti* of *Urdhvaga Amlapitta*.

***Bhringaraj* in Classical Indications**

Classical references denote *Bhringaraj* in multiple *Pitta-pradhana* conditions such as *Kamala*, *Shotha*, *Kustha*, and *Yakrit vikara* (**Charaka Chikitsa 16/90**, **Bhavaprakasha Nighantu 189–192**). Since *Amlapitta* shares similar *Pitta* pathology, its utility extends logically to acid-peptic disorders.

Moreover, *Bhringaraj swarasa* and *churna* are prescribed in *Amlapitta chikitsa* in several *Nighantus* and *Chikitsa granthas*.

Conceptual Correlation: *Bhringaraj* and *Amlapitta Samprapti Vighatana*

Samprapti Kriya	**Action of *Bhringaraj***
Agnimandya	*Deepana-Pachana karma* restores *Agni*.
Pitta vriddhi	*Tikta rasa* and *Katu vipaka* reduce *Amla guna*.
Amla rasa adhikya	*Ruksha guna* absorbs excess *Drava guna*.
Urdhwagati of Pitta	*Vata shamana* effect stabilizes *Udana vayu*.
Daha and *Amlodgara*	*Pittashamana* and *Hrudya* effects relieve burning and sour belching.

5. Discussion

The pathology of *Urdhvaga Amlapitta* fundamentally involves disturbed *Agni* and excessive *Amla-Pitta* production. *Bhringaraj* provides an ideal therapeutic profile because of its dual *Agni-balancing* and *Pitta-pacifying* actions. Unlike other *Ushna veerya dravyas*, it maintains digestive fire without increasing *Daha*.

Additionally, *Bhringaraj*'s *Rasayana guna* strengthens gastric mucosa and promotes tissue repair. The herb's *Tridoshahara* property ensures comprehensive regulation of *Vata*, *Pitta*, and *Kapha*, thereby addressing the psychosomatic contributors like *Chinta* and *Krodha* that aggravate *Amlapitta*.

Several clinical studies have reported symptomatic improvement in *Amlapitta* and hyperacidity using *Bhringaraj churna*, either alone or in combination with *Guduchi*, *Amalaki*, and *Yashtimadhu*. Patients experience significant reduction in *Amlodgara*, *Utklesha*, and *Daha* after 4–6 weeks of therapy, suggesting its holistic and sustained action.

6. Conclusion

Bhringaraj represents a safe, natural, and holistic solution for *Urdhvaga Amlapitta*. Its classical *Rasa-Guna-Veerya-Vipaka* profile aligns perfectly with the *Samprapti vighatana* of the disease. The drug acts by enhancing *Agni*, neutralizing *Amla-Pitta*, and rejuvenating the gastric tissue. Future large-scale clinical trials can validate its role as an effective alternative to modern acid-suppressive therapies.

Thus, *Bhringaraj churna* can be recommended as an adjunct or stand-alone therapy in *Amlapitta chikitsa*, following the principles of *Hetu viparita chikitsa* and *Pitta-shamana karma*.

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