Hinguvachadi Churna in Ayurveda: A Review of Its Composition and Therapeutic Significance

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Abstract

Hinguvachadi Churna is a classical Ayurvedic polyherbal formulation described for disorders associated with Agnimandya, Ama, abdominal distension, and Vata-Kapha predominance [2]. The formulation contains 24 ingredients, including herbal drugs, two Kshara preparations, and three Lavana substances [4]. Its classical pharmacodynamic profile is predominantly Katu Rasa, Laghu-Ruksha-Tikshna Guna, Ushna Virya, and Katu Vipaka, which supports Deepana, Pachana, Vatanulomana, and Shoolahara actions within the Ayurvedic framework [4]. Experimental and clinical literature on selected ingredients supports possible digestive-stimulant, carminative, antispasmodic, antioxidant, anti-inflammatory, gastroprotective, and antimicrobial activities, although direct high-quality evidence for the complete formulation remains limited [4]. Preliminary Ayurvedic studies have also explored Hinguvachadi Churna in polycystic ovary syndrome, but these findings should be interpreted cautiously because of small samples and limited methodological rigor [5]. This narrative review summarizes the classical composition, Ayurvedic mode of action, traditional indications, modern pharmacological rationale, dosage, safety considerations, and research gaps relating to Hinguvachadi Churna [4].

Keywords: Hinguvachadi Churna; Agnimandya; Ama; Deepana-Pachana; Vata-Kapha; gastrointestinal disorders; PCOS.

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1. Introduction

Ayurveda describes Agni as a central determinant of digestion, tissue nourishment, vitality, and health [1].

Impairment of Agni is described as contributing to Ama formation and to disorders of digestion and metabolism [1].

शान्तेऽग्नौ म्रियते युक्ते चिरं जीवत्यनामयः ।
रोगी स्याद् विकृते मूलम् अग्निस्तस्मान्निरुच्यते ॥
(Charaka Samhita, Chikitsa Sthana 15/3–4)[1]

Meaning: When Agni is extinguished, life ceases, whereas balanced Agni supports longevity and freedom from disease [1].

Disturbed Agni is therefore presented as an important basis of disease in the classical text [1].

Ayurvedic management of Agnimandya commonly employs Deepana formulations to stimulate appetite and Pachana formulations to facilitate digestion of Ama [1].

Hinguvachadi Churna is one such classical powder formulation and is described in the Gulma Chikitsa chapter of Ashtanga Hridaya [2].

Its traditional indications include abdominal pain, abdominal distension, anorexia, indigestion, obstruction of flatus and stool, cough, dyspnea, and other conditions attributed to Vata, Kapha, and Ama [2].

The formulation has also been explored in Ayurvedic management protocols for PCOS, a condition that is independently recognized to carry important reproductive and metabolic risks [18].

The available formulation-specific clinical evidence is preliminary and does not establish equivalence with evidence-based PCOS treatment [5].

2. Composition of Hinguvachadi Churna

The classical formulation comprises 24 ingredients in equal proportions, including herbal drugs, two alkaline preparations, and three salts [2].

The combined use of pungent, sour, and salty substances is traditionally intended to promote digestion, reduce Ama, and regulate Vata-Kapha activity [4].

हिङ्गुवचाविजयापशुगन्धा-दाडिमदीप्यकधान्यकपाठाः ।
पुष्करमूलशठीहपुषाग्नि-क्षारयुगत्रिपदुत्रिकटूनि ।।३१।।
साजाजिचव्यं सहतित्तिडीकं सवेतसाम्लं विनिहन्ति चूर्णम् ॥[3]
(Ashtanga Hridaya, Chikitsa Sthana 14/31–32)

2.1 Ingredient Groups and Standardization Considerations

From a formulation-design perspective, the ingredients may be grouped into Deepana-Pachana spices, Vatanulomana drugs, acidic agents, alkaline agents, and mineral salts [4].

Trikatu, comprising Shunthi, Maricha, and Pippali, forms a central pungent component and is complemented by Hingu, Chitraka, Ajamoda, and Chavya [4].

Tintidika and Amlavetasa contribute acidic components, while the Lavana and Kshara groups broaden the classical digestive and Vata-regulating profile [4].

Botanical identification is not uniform for every Sanskrit synonym across regions, and Pashugandha and Patha are notable examples requiring pharmacognostic confirmation [4].

Quality evaluation should document the accepted botanical name, plant part, macroscopic and microscopic identity, foreign matter, moisture content, ash values, and suitable chemical markers [17].

Each raw material should be authenticated before pulverization and blending because identification becomes more difficult after preparation of the combined powder [17].

Table 1. Ingredients, botanical/mineral identity, principal Ayurvedic properties, and part used [2]

No.	Ingredient	Botanical/mineral identity	Principal Ayurvedic properties	Part used
1	Hingu	Ferula asafoetida L. / Ferula narthex Boiss.	Deepana, Pachana, Vatanulomana, Shoolahara	Oleo-gum-resin
2	Vacha	Acorus calamus L.	Kaphavatahara, Deepana, Medhya	Rhizome
3	Vijaya (Haritaki)	Terminalia chebula Retz.	Tridoshahara, Anulomana, Rasayana	Fruit pericarp
4	Pashugandha	Cleome viscosa L. / Cleome gynandra L.	Kaphavatahara, Krimighna, Shoolahara	Seed or whole plant
5	Dadima	Punica granatum L.	Hridya, Deepana, Grahi	Fruit rind
6	Dipyaka (Ajamoda)	Trachyspermum ammi (L.) Sprague	Deepana, Pachana, Kaphavatahara	Fruit/seed
7	Dhanyaka	Coriandrum sativum L.	Deepana, Pachana, Tridoshahara	Fruit/seed
8	Patha	Cissampelos pareira L. / Cyclea peltata (Lam.) Hook.f. & Thomson	Kaphavatahara, Grahi, Vishaghna	Root
9	Pushkaramula	Inula racemosa Hook.f.	Kaphavatahara, Hridya, Deepana	Root
10	Shathi	Hedychium spicatum Sm.	Kaphavatahara, Grahi, Shoolahara	Rhizome
11	Hapusha	Juniperus communis L.	Deepana, Kaphavatahara	Fruit/berry
12	Agni (Chitraka)	Plumbago zeylanica L.	Deepana, Pachana, Grahi	Root
13	Yavakshara	Alkaline preparation from Hordeum vulgare L.	Deepana, Pachana, Kaphavilayana	Ash-derived alkali
14	Svarjikakshara	Sodium carbonate-rich alkaline substance	Deepana, Pachana, Vata-Kapha shamaka	Mineral alkali
15	Shunthi	Zingiber officinale Roscoe	Deepana, Pachana, Kaphavatahara	Dried rhizome
16	Maricha	Piper nigrum L.	Deepana, Pachana, Pramathi	Fruit
17	Pippali	Piper longum L.	Deepana, Rasayana, Kaphavatahara	Fruit
18	Saindhava Lavana	Rock salt, predominantly sodium chloride	Deepana, Pachana, Tridosha-shamaka	Mineral salt
19	Sauvarchala Lavana	Black salt containing sodium chloride and sulfurous salts	Deepana, Pachana, Vatanulomana	Mineral salt
20	Vida Lavana	Processed mineral salt	Deepana, Pachana, Vatanulomana	Mineral salt
21	Ajaji (Jiraka)	Cuminum cyminum L.	Deepana, Pachana, Kaphavatahara	Fruit/seed
22	Chavya	Piper chaba Hunter / Piper retrofractum Vahl	Deepana, Pachana, Vatanulomana	Stem/root
23	Tintidika	Tamarindus indica L.	Amla, Deepana, Grahi	Fruit pulp
24	Amlavetasa	Garcinia pedunculata Roxb. ex Buch.-Ham.	Amla, Hridya, Vatahara	Fruit

Source note: The ingredient sequence follows Ashtanga Hridaya and the formulation review by Sinimol et al.; botanical identities may vary across regional formularies and manufacturers [4].

3. Ayurvedic Pharmacodynamic Profile

3.1 Predominant Rasapanchaka

Rasa: predominantly Katu, with minor Amla and Lavana components [4].

Guna: predominantly Laghu, Ruksha, and Tikshna [4].

Virya: predominantly Ushna [4].

Vipaka: predominantly Katu [4].

Dosha Karma: mainly Vata-Kapha shamaka, with the capacity to increase Pitta when used inappropriately or in excess [4].
This profile provides the classical basis for its Deepana, Pachana, Ama-pachana, Vatanulomana, and Shoolahara actions [4].

3.2 Therapeutic Significance According to Classical Texts

हृत्पार्श्वबस्तित्रिकयोनिपायु-शूलानि वाय्वामकफोद्भवानि ।।३२।।
कृच्छ्रान् गुल्मान् वातविण्मूत्रसङ्गं कण्ठे बन्धं हृद्ग्रहं पाण्डुरोगम् ।
अन्नाश्रद्धा-प्लीह-दुर्नाम-हिध्मा-वर्माध्मान-श्वास-कास-अग्निसादान् ।।३३।।[3]

(Ashtanga Hridaya, Chikitsa Sthana 14/31–32)

The passage describes relief of pain in the cardiac, flank, bladder, sacral, genital, and anal regions when such pain is associated with Vata, Ama, and Kapha [2].
It also lists Gulma, obstruction of flatus, feces, or urine, anorexia, splenic disorders, hemorrhoids, hiccups, abdominal distension, dyspnea, cough, and weakened digestive fire among the traditional indications [2].
These indications reflect classical usage and should not be interpreted as proof of efficacy for modern biomedical diagnoses [4].

4. Probable Mode of Action

4.1 Deepana and Pachana Action

The predominance of pungent and heating substances is traditionally understood to stimulate Agni and promote digestion [4].
Human studies of ginger report effects on gastric motility and gastrointestinal transit that may partly support this traditional rationale [15].
Black pepper and piperine also show digestive and bioavailability-related effects in pharmacological literature [16].

4.2 Ama-pachana and Metabolic Correction

Ushna and Tikshna qualities are classically associated with Ama-pachana and removal of digestive obstruction [4].
Several constituent spices exhibit antioxidant and anti-inflammatory activity in experimental studies, but these effects cannot automatically be extrapolated to the complete formulation or to clinical outcomes [4].

4.3 Vatanulomana, Carminative, and Antispasmodic Effects

Hingu and Vacha are traditionally used to regulate the downward movement of Vata and to reduce bloating, flatulence, and colicky discomfort [2].
Asafoetida has reported carminative and antispasmodic properties in pharmacological literature [6].
Acorus calamus also has reported antispasmodic and carminative activity, although its clinical relevance remains uncertain [7].

4.4 Shoolahara Action

The formulation is classically indicated for several forms of Shoola associated with Vata, Kapha, and Ama [2].
Analgesic or antispasmodic actions reported for individual ingredients provide a plausible supportive mechanism, but controlled trials of the complete formulation are still required [7].

5. Therapeutic Applications

5.1 Gastrointestinal Disorders

Hinguvachadi Churna is traditionally used in Agnimandya, Ajirna, Aruchi, Adhmana, Shoola, Grahani-related symptoms, and constipation associated with disturbed Vata-Kapha function [2].
Indigestion and dyspeptic symptoms [2].
Loss of appetite [2].
Flatulence and abdominal distension [2].
Abdominal colic and spasmodic discomfort [2].
Constipation or obstruction associated with Vata [2].
Grahani-related digestive disturbance [2].
Ginger has been studied in functional dyspepsia and can accelerate gastric emptying, but improvement in emptying does not necessarily translate into symptom relief [15].
A systematic review of ginger trials found potential benefits across selected gastrointestinal conditions while also emphasizing heterogeneity and the need for better studies [14].

5.2 Respiratory Indications

Classical verses include Kasa and Shwasa among the indications, particularly when Kapha and Ama are involved [2].
The respiratory use remains primarily tradition-based because direct clinical evidence for Hinguvachadi Churna in modern respiratory disorders is insufficient [4].

5.3 Metabolic and Gynecological Contexts

Ayurvedic authors have proposed the formulation for selected Kapha-dominant metabolic and gynecological presentations because of its Deepana, Pachana, and Vatanulomana actions [4].
A small comparative study evaluated Hinguvachadi Churna in PCOS, but the sample size, short treatment duration, and study design limit firm conclusions [5].
Current international PCOS guidance emphasizes comprehensive assessment of reproductive, metabolic, cardiovascular, psychological, and pregnancy-related risks [18].
Hinguvachadi Churna should therefore be viewed, where used, as a practitioner-supervised complementary intervention rather than a replacement for guideline-based evaluation and care [18].

6. Probable Modern Pharmacological Basis

Asafoetida has reported digestive, antispasmodic, antimicrobial, antioxidant, and anti-inflammatory activities in preclinical and review literature [19].

Acorus calamus has reported antispasmodic and carminative properties, but its phytochemistry and toxicology require careful attention because asarone content varies among varieties and extracts [7].

Terminalia chebula has a broad experimental pharmacological profile that includes antioxidant, antimicrobial, gastrointestinal, and metabolic effects [8].

Withania somnifera has a broad experimental pharmacological profile [9].

However, evidence concerning Withania should not be attributed to Pashugandha in Hinguvachadi Churna unless the raw drug has been botanically authenticated as Withania [4].

Pomegranate contains polyphenolic constituents with antioxidant and anti-inflammatory activity, although the evidence is ingredient-specific rather than formulation-specific [10].

Coriander has reported antimicrobial, antioxidant, anti-inflammatory, and digestive uses across traditional and experimental literature [11].

Cumin contains aromatic constituents with reported antimicrobial, antioxidant, digestive, and metabolic activities [12].

Black pepper has reported digestive, antioxidant, and metabolic actions in experimental and review literature [16].

Piperine may also alter the bioavailability of co-administered substances, which is relevant when the formulation is used with other medicines [13].

Ginger has the strongest human gastrointestinal evidence among the listed spices, particularly for gastric motility and selected nausea-related outcomes [14].

These constituent-level findings offer biological plausibility but do not establish the efficacy, dose-response relationship, or safety profile of the complete 24-ingredient formulation [4].

7. Dosage and Administration

Sharangadhara Samhita describes one Karsha, approximately 12 g, as a general classical Churna dose rather than a universal dose for every formulation and patient [3].

The reviewed Hinguvachadi literature commonly reports 3-6 g twice daily, with timing and Anupana selected according to the disease, Dosha, Agni, age, and strength of the patient [4].

Because the formulation is predominantly Ushna and Tikshna, dose reduction may be appropriate in individuals with Pitta predominance, gastrointestinal irritation, low body weight, frailty, or concomitant medication use [4].

Commonly described Anupana options include warm water, buttermilk, ghee, or honey, depending on the therapeutic context [2].

The formulation should be administered under the supervision of a qualified Ayurvedic physician, particularly in pregnancy, chronic disease, or polypharmacy [4].

8. Safety Considerations and Research Limitations

The presence of strong pungent drugs, salts, and alkaline substances may cause burning, acidity, mucosal irritation, thirst, or aggravation of Pitta when the formulation is used in excess

Asafoetida may interact with anticoagulant or antiplatelet therapy and should be used cautiously in individuals with bleeding risk

Acorus calamus preparations require botanical and chemical standardization because beta-asarone exposure differs by chemotype and is associated with toxicological concern

Published evidence on Hinguvachadi Churna is dominated by classical textual interpretation, narrative reviews, and small clinical studies

Future research should use authenticated raw materials, standardized manufacturing, validated analytical profiles, prospective safety monitoring, and adequately powered controlled clinical designs

9. Conclusion

Hinguvachadi Churna is a classical 24-ingredient Ayurvedic formulation centered on Deepana, Pachana, Ama-pachana, Vatanulomana, and Shoolahara actions

Its traditional use is most strongly associated with Agnimandya, abdominal distension, anorexia, colicky pain, and other Vata-Kapha-Ama-related digestive presentations

Modern evidence on individual ingredients provides plausible support for digestive, carminative, antispasmodic, antioxidant, anti-inflammatory, gastroprotective, and antimicrobial effects

However, constituent-level evidence cannot substitute for direct evaluation of the complete formulation

Preliminary use in PCOS and other metabolic or gynecological contexts requires cautious interpretation and should not displace guideline-based diagnosis and management

Rigorous pharmacognostic standardization, safety assessment, pharmacokinetic study, and controlled clinical research are required to define its contemporary therapeutic role

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