



A Review On The Pharmaceutical Processing And Therapeutic Utility Of *Hingula* (Hgs) In Ayurveda

Dr. Megha Gaurkhede¹, Dr.C.E.Lagad², Dr.R.K.Ingole³

¹MD Phd Scholar, Rasashastra and Bhaishjyakalpana, Government Ayurveda College, Nanded.

²MD, Phd, Associate Professor, Rasashastra and Bhaishjyakalpana, Government Ayurveda College, Nanded.

³MD PhD, Professor & HOD, Rasashastra and Bhaishjyakalpana, Government Ayurveda College, Nanded.

Abstract

Hingula (Cinnabar; Mercuric Sulphide – HgS) is one of the most significant mineral drugs described in *Rasashastra*, the pharmaceutico-therapeutic branch of Ayurveda. It has been widely utilized both as a primary ingredient and as a source for extraction of *Parada* (Mercury). Classical Ayurvedic texts describe elaborate pharmaceutical procedures such as *Shodhana* (purification), *Marana* (incineration), and *Hingulotha Parad* (mercury extraction) to enhance therapeutic efficacy and minimize toxicity. Despite its historical importance, concerns regarding mercury toxicity necessitate scientific validation of traditional practices. The present review compiles classical textual references, pharmaceutical processing methods, therapeutic indications, modern pharmacological findings, toxicity considerations, and analytical quality-control parameters of *Hingula*. Available evidence indicates that proper processing significantly alters physicochemical properties and may reduce bioavailability of toxic mercury forms, while retaining therapeutic potential in minute doses. However, the need for standardization, safety monitoring and robust clinical trials remains crucial. This review aims to bridge classical Ayurvedic knowledge with contemporary scientific perspectives to promote safe and rational utilization of *Hingula* in integrative medicine.

Keywords: *Hingula*, Cinnabar, *Rasashastra*, *Shodhana*, *Marana*, Mercury toxicity, Ayurvedic pharmaceuticals, *Bhasma*.

1. Introduction

Rasashastra represents the alchemical and pharmaceutico-therapeutic domain of Ayurveda dealing with metals, minerals, and herbo-mineral preparations. *Hingula*, identified chemically as mercuric sulphide (HgS), holds a pivotal role due to its dual importance as a therapeutic agent and as the primary source of *Parada* (mercury). Classical compendia such as *Rasa Ratna Samuccaya*, *Rasa Tarangini*, and *Rasendra Chudamani* describe its properties, purification techniques, and clinical applications.

Traditionally, *Hingula* is indicated in disorders such as *Jwara* (fever), *Kushta* (skin diseases), *Netra Roga* (ocular disorders), *Unmada* (psychiatric conditions), and as *Rasayana* (rejuvenative therapy). However, the presence of mercury raises safety concerns in contemporary practice. Therefore, understanding classical pharmaceutical processing and correlating it with modern analytical findings becomes essential.

Hingula is also described in the management of *Prameha* (a broad spectrum of urinary–metabolic disorders comparable to diabetes mellitus and related syndromes in modern medicine). Classical *Rasashastra* texts attribute *Deepana–Pachana* (enhancing digestive and metabolic fire), *Lekhana* (scraping of excessive *Kapha–Meda*), and *Yogavahi* (catalytic bio-enhancing) properties to properly processed *Hingula* when administered in minute, judicious doses and usually in combination with herbal adjuvants. Its inclusion in certain herbo-mineral formulations is intended to correct *Agnimandya*, regulate *Meda-dhatu* metabolism, and reduce *Kleda* (pathological fluidity)

2. Materials and Methods

This review is based on:

- Classical Ayurvedic texts of *Rasashastra*.
- Peer-reviewed research articles from indexed journals.
- Review articles, pharmacological studies, and toxicological reports.
- Online scientific databases and Ayurvedic repositories.

Keywords used for search included *Hingula*, *Cinnabar*, *Mercury sulphide*, *Rasashastra processing*, *Shodhana*, *Marana*, and *Ayurvedic mercury toxicity*.

3. Chemical and Mineralogical Profile of *Hingula*

Parameter	Description
Chemical Name	Mercuric Sulphide
Chemical Formula	HgS
Appearance	Red crystalline mineral
Synonyms	Cinnabar, <i>Hingula</i>
Solubility	Insoluble in water
Major Element	Mercury (~85%)

Two forms are generally observed: **Red Cinnabar (α -HgS)** and **Black Metacinnabar (β -HgS)**. Insolubility is often cited as a factor contributing to comparatively lower bioavailability than organic mercury compounds.

4. Classical Pharmaceutical Processing of *Hingula*

4.1 *Shodhana* (Purification)

Shodhana aims to eliminate physical and chemical impurities and detoxify the mineral. Methods include:

- *Bhavana* with herbal juices (*Triphala*, *Nimbu Swarasa*, *Aardaka Swaras*)
- *Swedana* in *Dolayantra*
- *Mardana* with *Gomutra* or plant decoctions

4.2 Marana (Incineration)

Marana converts *Hingula* into *Bhasma*, a fine, bio-assimilable powder through repeated heating cycles (*Putra*). Traditional tests such as *Rekhapurnata* and *Varitaratva* confirm completion.

4.3 Hingulotha Parada (Extraction of Parada)

Specialized *yantras* like *Nadayantra* and *Patana Yantra* are employed for sublimation and condensation to extract elemental mercury.

Table 1: Summary of Pharmaceutical Processing

Process	Objective	Classical Tools/Media	Modern Interpretation
<i>Shodhana</i>	Detoxification	<i>Triphala, Gomutra, Aardaka Swaras</i>	Removal of impurities, surface modification
<i>Marana</i>	Conversion to Bhasma	<i>Putra</i> system	Particle size reduction, structural change
<i>Hingulotha Parada</i>	Mercury extraction	<i>Nadayantra</i>	Sublimation–condensation chemistry

5. Therapeutic Utility of Hingula

Indication	Classical Reference	Modern Evidence Status
Insomnia / Anxiety	<i>Rasatarangini</i>	Limited animal studies
Skin Disorders	<i>Rasa Ratna Samuccaya</i>	Observational reports
Fever	Classical texts	Insufficient RCTs
Ocular Diseases	<i>Netra Roga</i> texts	Minimal scientific validation
<i>Rasayana</i>	Multiple sources	Experimental evidence only
<i>Prameha</i>	Classical texts	Experimental evidence only

Hingula is commonly used in formulations like *Hingula Bhasma*, *Kajjali*, and *Hingula Yoga* in micro-dosages with suitable *Anupana*.

6. Modern Pharmacological Findings

Recent investigations suggest:

- **Sedative and anxiolytic activity**
- **Anti-inflammatory potential**
- **Antioxidant effects**
- Possible **neuroprotective actions**

However, evidence is predominantly pre-clinical, and human clinical trials remain scarce.

7. Toxicology and Safety Considerations

Mercury toxicity varies by chemical form and exposure route. Although HgS is less soluble than other mercury salts, improper processing can lead to:

- Nephrotoxicity
- Neurotoxicity
- Gastrointestinal disturbances

Therefore, **GMP-certified preparation, strict dosage, and patient monitoring** are essential.

8. Analytical and Quality-Control Measures

Modern analytical techniques used for *Hingula* evaluation include:

- **X-Ray Diffraction (XRD)**
- **Scanning Electron Microscopy (SEM)**
- **ICP-MS / AAS for Mercury Quantification**
- **FTIR and Raman Spectroscopy**

These ensure purity, particle size standardization, and absence of toxic mercury species.

9. Discussion

The integration of traditional pharmaceutical processes with contemporary analytical science suggests that classical detoxification techniques may significantly influence mercury bioavailability and therapeutic performance. Nonetheless, variability in preparation methods and lack of universal standards pose challenges. The convergence of *Rasashastra* knowledge with evidence-based research is necessary for broader acceptance.

10. Conclusion

Hingula remains a pharmaceutically and therapeutically significant mineral in Ayurveda. Classical processing methods are designed to detoxify and potentiate its medicinal value. While preliminary modern research supports certain pharmacological effects, safety concerns related to mercury necessitate cautious and standardized use. Further clinical trials, toxicological assessments, and regulatory frameworks are imperative for its rational integration into modern healthcare.

References

1. Sharma PV. *Rasa Tarangini*. Varanasi: Chaukhambha Orientalia; 2014.
2. Vagbhatta. *Rasa Ratna Samuccaya*. Varanasi: Chaukhambha; 2010.
3. Tripathi I. *Rasendra Chudamani*. Varanasi: Chaukhambha; 2012.
4. Liu J, et al. Mercury toxicity and traditional medicines. *J Ethnopharmacol*. 2008;115:1-8.
5. Guan H, et al. Pharmacology and toxicology of cinnabar. *Evid Based Complement Altern Med*. 2022;2022:1-12.
6. Sharma S. Hingula in Rasashastra. *AYU*. 2015;36(2):123-128.
7. Patgiri B. Pharmaceutical processing of Hingula. *J Ayurveda Integr Med*. 2014;5(3):145-150.
8. Joshi N, et al. Kajjali characterization. *J Ayurveda Pharm Res*. 2021;9(2):34-40.
9. Wang C, et al. Anti-inflammatory effects of HgS. *Toxicol Mech Methods*. 2024;34(3):200-210.
10. Singh R. Safety evaluation of Ayurvedic metals. *AYUSH Res J*. 2018;12:44-50.
11. WHO. *Traditional Medicine Strategy*. Geneva; 2013.
12. Kulkarni D. Analytical study of Hingula Bhasma. *Int J Pharm Sci*. 2019;11:55-60.
13. Dash B. *Materia Medica of Ayurveda*. New Delhi; 2010.
14. Sharma RK. *Rasashastra Concepts*. 2016.
15. Patwardhan B. Safety of bhasmas. *J Ayurveda Integr Med*. 2017;8:75-80.
16. Government of India. *Ayurvedic Pharmacopoeia. Part II*; 2018.
17. Saper RB, et al. Heavy metal content in traditional medicines. *JAMA*. 2008;300:915-923.
18. Ernst E. Toxic heavy metals and herbal medicine. *Trends Pharmacol Sci*. 2002;23:136-139.
19. Liu SH. Mercury pharmacokinetics. *Toxicology*. 2011;290:1-9.
20. Patil V. Shodhana techniques. *AYU*. 2016;37:85-90.
21. Rao M. Marana methodology. *Int Ayur Med J*. 2017;5:100-105.
22. Sharma A. Hingulotha process review. *J Rasashastra*. 2020;4:33-38.
23. Kulshreshtha A. Mercury detoxification in Ayurveda. *Anc Sci Life*. 2014;33:123-128.
24. Kumar S. Rasayana drugs. *J Trad Med*. 2015;10:45-50.
25. Singh P. Clinical utility of Hingula. *AYUSH Dhara*. 2019;6:2100-2105.
26. Patel J. Spectroscopic analysis of bhasma. *Int J Chem Sci*. 2018;16:1-7.
27. Gupta R. Toxicology of heavy metals. *Indian J Med Res*. 2012;136:20-30.
28. Patwardhan K. Evidence-based Ayurveda. *J Ayurveda Integr Med*. 2016;7:150-160.