ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Review Article

THERAPEUTIC FOOTPRINTS OF *BRAHMI* (*Bacopa Monnieri* (L.) WETTST.) IN THE *BRIHATTRAYI*: A COMPARATIVE ANALYTICAL REVIEW OF *CHARAKA SAMHITA, SUSHRUTA SAMHITA* AND *ASHTANGA HRIDAYA*

Ratanghayra Shivani[1]*, Patel Bhupesh R[2]

*[1]MD Scholar, [2]Professor and Head, Department of Dravyaguna, Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar, Gujarat, India.

Article info

Article History:
Received: 14-08-2026
Accepted: 20-09-2026
Published: 04-10-2026

KEYWORDS:
Brahmi, Bacopa monnieri, Medhya, Dravyaguna, Review.

ABSTRACT

Background: *Brahmi*, (*Bacopa monnieri* (L.) Wettst.,) is a well-known medicinal plant described extensively in Ayurveda and traditionally associated with *Medhya* (cognitive-enhancing) and *Rasayana* (rejuvenative) properties. Its contemporary pharmacological identity is predominantly centred on cognition, memory and neuroprotective effects. However, classical Ayurvedic texts describe *Brahmi* in diverse therapeutic, pharmaceutical and classificatory contexts, suggesting a broader therapeutic identity that remains insufficiently mapped systematically. **Aim:** To comparatively analyse the therapeutic, pharmaceutical and conceptual dimensions of *Brahmi* documented in the *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*. **Materials and Methods:** A comparative textual review was undertaken. References to *Brahmi* were extracted and classified according to textual context, pharmaceutical form, route, plant part, therapeutic domain, therapeutic purpose, life-stage and dietary or medicinal orientation. 57 textual references were identified: 18 in *Charaka Samhita*, 21 in *Sushruta Samhita* and 18 in *Ashtanga Hridaya*. 50 were indication-based and 7 classificatory. Each indication-based reference was assigned one primary therapeutic domain. **Results:** *Medhya* applications predominated (16/50; 32.0%), followed by paediatric (16.0%), *Ashmari*/urinary (14.0%), *Rakshakarma* (12.0%), *Rasayana* (10.0%), dermatological (10.0%), respiratory (4.0%) and other applications (2.0%). *Panchanga* was specified in 54/57 references (94.7%), with diverse pharmaceutical forms and routes documented. It is also classified under *Pathyatama Shaka Varga, Prajasthapana Dashemani* and *Agrya* for *Vyapasmrti*. **Conclusion:** *Brihattrayi* presents *Brahmi* as multidimensional *Dravya* extending beyond cognition across therapeutic, pharmaceutical, dietary contexts.

INTRODUCTION

Brahmi, identified in the present study with *Bacopa monnieri* (L.) Wettst., is an important medicinal plant in Ayurveda. Contemporary scientific literature has predominantly investigated the plant in relation to cognition, memory, attention and neuroprotective activity.[1] Randomized clinical studies and systematic reviews have reported variable but potentially relevant effects on selected cognitive outcomes, particularly memory-related measures, while also emphasizing heterogeneity in extracts, doses, treatment durations and outcome measures.[2] The classical representation of *Brahmi*, however, is considerably broader than its contemporary popular identity as a memory-enhancing herb. References occur in disease-specific formulations, *Medhya* applications, *Rasayana*, pediatric care, *Ashmari*, protective procedures, dermatological and respiratory disorders, reproductive classifications and dietary contexts.

The three major texts selected for the present analysis, *Charaka Samhita*[3], *Sushruta Samhita*[4] and *Ashtanga Hridaya*[5], collectively provide a substantial textual representation of the drug. The references are distributed across different pharmaceutical forms, routes, therapeutic objectives and clinical contexts. A conventional narrative review may simply list these references. Such an approach, however, does not

Access this article online

Quick Response Code

https://doi.org/10.47070/ijapr.v14i9.4385

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

reveal the distribution or relative representation of therapeutic domains. Conversely, present study follows a structured analysis of references of *Brahmi* from *Brihattrayis* rather than a descriptive list. A quantitative analytical approach facilitates to analyse the therapeutic domains predominant in each text, different pharmaceutical forms, routes and missed of administration, frequency of used parts in different formulations, the contexts in which *Brahmi* was mentioned, significance of its explicit *Agrya* designation for *Vyapasmriti.* The analysis also distinguishes indication-based references from classificatory references. This distinction is necessary because inclusion in a *Mahakashaya*, *Gana* or *Varga* does not necessarily constitute an independent therapeutic indication.

AIM

To comparatively analyse the therapeutic, pharmaceutical and conceptual dimensions of *Brahmi* documented in the *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*.

OBJECTIVES

1. To compile the documented references of *Brahmi* in the three texts of the *Brihattrayi*.
2. To analyse the distribution of *Brahmi* references across pharmaceutical forms and therapeutic contexts.
3. To classify indication-based references according to primary therapeutic domains.
4. To compare the therapeutic-domain distribution across the three texts.
5. To analyse the routes and modes of administration.
6. To assess the representation of *Brahmi* in paediatric, reproductive, protective, dietary and *Rasayana* contexts.
7. To examine the significance of the *Medhya*, *Rasayana* and *Agrya* dimensions of *Brahmi*.
8. To develop an integrated classical pharmaco-therapeutic profile of *Brahmi* based on the *Brihattrayi*.

MATERIALS AND METHODS

Study design

The study was designed as a comparative analytical review. The textual corpus comprised of *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya.* For the purpose of the present article, the term *Vagbhata* refers specifically to *Ashtanga Hridaya*. *Ashtanga Sangraha* was excluded so that the study retained a clearly defined three-text corpus.

Data source and search strategy

References to *Brahmi* were identified through manual searching of *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*, using '*Brahmi*' as the primary search term. Classical synonyms and alternative nomenclature, including *Kapotavanka, Vayastha* and *Sharadi*, were also searched. Terms such as *Mandukaparni* were considered when the corresponding *Tika* (commentary) explicitly clarified the identity as *Brahmi*. Thus, references were included on basis of contextual and commentarial identification and not solely on keyword occurrence.

For each eligible textual reference, the following information was extracted: textual source and reference; formulation or textual context; plant part, where documented; dosage form or therapeutic mode; indication; route of administration; internal or external application; therapeutic purpose; population or life-stage; associated *Anupana*, *Bhavana* or *Prakshepa*; *Ahara/Aushadha* orientation; and broader classical significance.

Therapeutic-domain classification

Each indication-based reference was assigned one therapeutic domain. The domains included *Medhya*/ cognitive/neuropsychiatric, paediatric, *Ashmari*/ urinary, *Rakshakarma* /protective, *Rasayana*, Reproductive, Dermatological/*Kushtha*, Respiratory, Other.

Indication-based and classificatory references

The 57 references were divided into two analytical layers: Indication-based references (n=50) and classificatory references (n=7). Seven classificatory references represented *Mahakashaya*, *Gana* and *Varga* positioning rather than independently assignable indication-based uses. Accordingly, denominator for therapeutic-domain frequency analysis was 50, whereas the denominator for the complete textual corpus was 57. This distinction prevented classificatory references from being incorrectly counted as independent therapeutic indications.

Quantitative analysis

Frequencies were expressed as absolute numbers and percentages.

For indication-based references:

$$Percentage = \frac{Number\ of\ references\ in\ domain}{50} \times 100$$

For the complete corpus:

$$Percentage = \frac{Number\ of\ references}{57} \times 100$$

Where a reference contained multiple secondary characteristics, it was assigned only one primary therapeutic domain for mutually exclusive frequency analysis. Pharmaceutical form, route, age group and other attributes were analysed separately.

Terminological interpretation

Classical terms were retained in their original conceptual framework. No direct equivalence was imposed between classical entities such as *Unmada*,

Apasmara, *Kushtha* or *Ashmari* and contemporary biomedical diagnoses. The study therefore describes historical/classical therapeutic positioning rather than claiming modern clinical equivalence.

RESULTS

Distribution of references across the three texts

A total of 57 textual references to *Brahmi* were identified across the three texts. *Charaka Samhita* contained 18 references, *Sushruta Samhita* contained 21 and *Ashtanga Hridaya* contained 18. Among the 57 references, 50 were classified as indication-based and seven as classificatory.

Table 1: Distribution of *Brahmi* References Across *Brihattrayi*

Text	Total references	Indication-based	Classificatory
Charaka Samhita	18	14	4
Sushruta Samhita	21	19	2
Ashtanga Hridaya	18	17	1
Total	**57**	**50**	**7**

Table 1: Distribution of the 57 textual references to *Brahmi* identified in the three-text corpus. Indication-based references were used for therapeutic-domain frequency analysis; classificatory references were analysed separately.

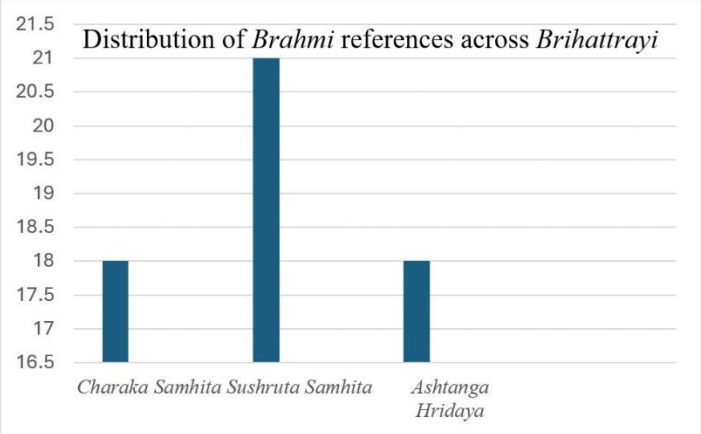


Figure 1: Distribution of *Brahmi* references across the *Brihattrayi*

Bar graph showing the total number of textual references identified in *Charaka Samhita* (18), *Sushruta Samhita* (21) and *Ashtanga Hridaya* (18).

Plant-part distribution

The plant part was specified as *Panchanga* in 54 of the 57 references (94.7%). *Mula* was specified in two references (3.5%) and *Patra* in one reference (1.8%).

In *Charaka Samhita*, all 18 references specified *Panchanga*. In *Sushruta Samhita*, 19 specified *Panchanga*, one specified *Mula* and one specified *Patra*. In *Ashtanga Hridaya*, 17 specified *Panchanga* and one specified *Mula*.

Table 2: Plant-Part Distribution of *Brahmi* References

Plant part	*Charaka Samhita*	*Sushruta Samhita*	*Ashtanga Hridaya*	Total
Panchanga	18	19	17	54 (94.7%)
Mula	0	1	1	2 (3.5%)
Patra	0	1	0	1 (1.8%)
Total	**18**	**21**	**18**	**57 (100%)**

Table 2: Text-wise distribution of specified plant parts in the 57 textual references. *Panchanga* refers to the whole plant comprising the five principal parts as represented in the source dataset.

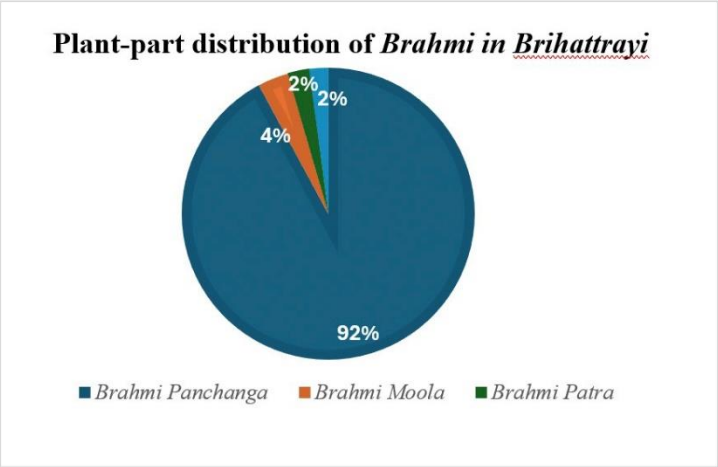


Figure 2: Plant-part distribution of *Brahmi* in the *Brihattrayi*

Donut graph showing *Panchanga* (54/57; 94.7%), *Mula* (2/57; 3.5%) and *Patra* (1/57; 1.8%).

Overall therapeutic-domain distribution

The 50 indication-based references were distributed across eight primary therapeutic domains. The largest category was *Medhya*/cognitive/neuropsychiatric, comprising 16 references (32.0%). Paediatric references accounted for 8 (16.0%), followed by *Ashmari*/urinary references with 7 (14.0%), *Rakshakarma*/protective references with 6 (12.0%), *Rasayana* with 5 (10.0%), dermatological/*Kushtha* references with 5 (10.0%), respiratory references with 2 (4.0%) and other localized references with 1 (2.0%).

Table 3: Therapeutic-Domain Distribution of the 50 Indication-Based *Brahmi* References

Therapeutic domain	Number	Percentage
Medhya/cognitive/neuropsychiatric	16	32.0
Paediatric	8	16.0
Ashmari/urinary	7	14.0
Rakshakarma/protective	6	12.0
Rasayana	5	10.0
Dermatological/*Kushtha*	5	10.0
Respiratory (*Hikka-Shwasa-Kasa*)	2	4.0
Other localized	1	2.0
Total	**50**	**100.0**

Table 3: Primary therapeutic-domain classification of the 50 indication-based references. Each reference was assigned one principal domain for mutually exclusive frequency analysis.

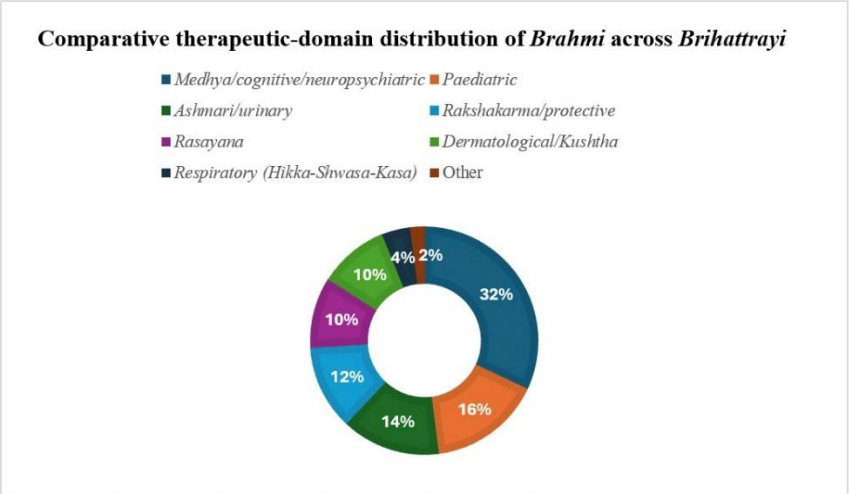


Figure 3: Overall therapeutic spectrum of *Brahmi* in the *Brihattrayi*

Donut graph showing the frequency and percentage distribution of the eight primary therapeutic domains among the 50 indication-based references.

Text-wise therapeutic-domain distribution

The therapeutic-domain pattern differed among the texts. In *Charaka Samhita*, seven of the 14 indication-based references belonged to the neuropsychiatric domain. Two classified as *Rasayana*, two as respiratory, and one each as *Rakshakarma*, paediatric and dermatological. In *Sushruta Samhita*, five of 19 references belonged to the urinary domain. Four were paediatric, three were *Rakshakarma*, two each were *Medhya*, *Rasayana* and dermatological, and one was classified as other.

In *Ashtanga Hridaya*, seven of 17 indication-based references belonged to the neuropsychiatric domain. Three were paediatric, two each were *Rakshakarma*, dermatological and urinary, and one was *Rasayana*.

Table 4: Comparative Therapeutic-Domain Distribution Across the *Brihattrayi*

Therapeutic domain	***Charaka* n=14**	***Sushruta* n=19**	***Ashtanga* n=17**	**Total n=50**
Medhya/cognitive/neuropsychiatric	7	2	7	1
Rakshakarma/protective	1	3	2	6
Rasayana	2	2	1	5
Paediatric	1	4	3	8
Dermatological/*Kushtha*	1	2	2	5
Respiratory	2	0	0	2
Ashmari/urinary	0	5	2	7
Other localized	0	1	0	1
Total	**14**	**19**	**17**	**50**

Table 4: Comparative distribution of primary therapeutic domains among indication-based references in the three texts. Column totals represent the number of indication-based references contributed by each text.

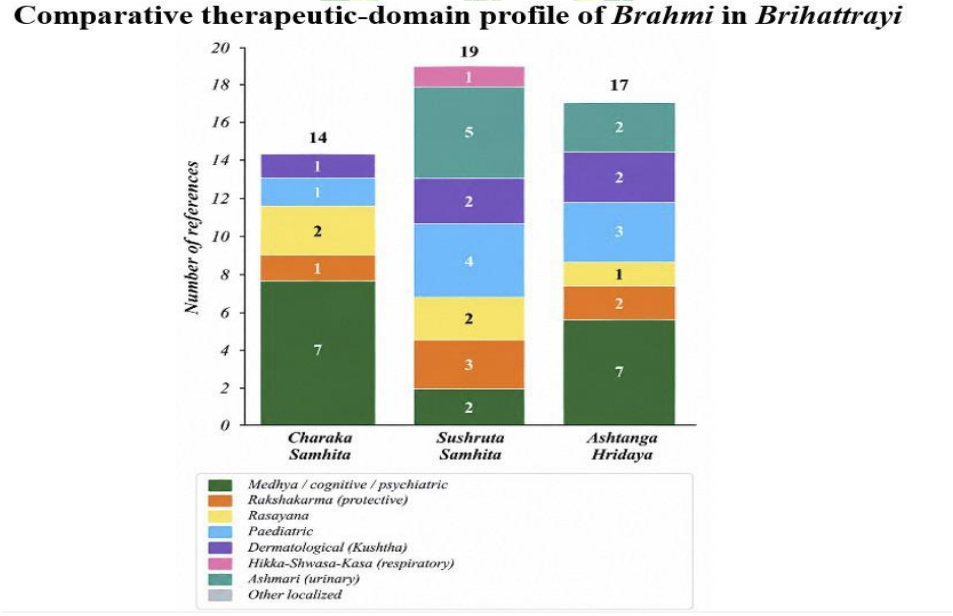


Figure 4: Comparative therapeutic-domain profile of *Brahmi* across the *Brihattrayi*

Grouped bar chart comparing the frequency of each therapeutic domain in *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*.

Pharmaceutical diversity

The textual references documented *Brahmi* in multiple pharmaceutical and procedural forms. The principal forms included *Ghrita*, *Swarasa*, *Churna*, *Kwatha*, *Kalka*, *Varti*, *Taila*, *Leha/Avaleha*, *Dhupa*, *Dharana* and nasal or other procedural applications. *Ghrita* appeared repeatedly in cognitive, neuropsychiatric, paediatric and *Rasayana* contexts.

Table 5: Representative Pharmaceutical Forms and their Documented Therapeutic Contexts

Pharmaceutical form or mode	Representative textual contexts
Ghrita	*Medhya*, *Unmada*, *Apasmara*, paediatric care, *Rasayana*, *Ashmari*
Swarasa	*Medhya*, *Ashmari*, *Apasmara*, *Atatvabhinivesha*, *Rasayana*
Churna	*Kushtha*, paediatric and other internal applications
Kwatha	*Shirovirechana*, *Ashmari*, protective and other therapeutic contexts
Kalka	*Ashmari*, *Garbhasthapana* and related applications
Leha/Avaleha	*Jatakarma*, paediatric care, *Arochaka*
Taila	Protective and external applications
Varti	*Apasmara*, *Unmada*, *Vrana*
Dhupa	*Jatakarma* and protective applications
Dharana	*Dhatrikarma*, protective and paediatric contexts
Nasal/procedural modes	*Shirovirechana*, *Nasya* and multimodal therapeutic applications

Table 5: Representative pharmaceutical forms and therapeutic contexts documented in the textual dataset. The table is descriptive; it does not represent mutually exclusive frequency counts because several references contain mixed pharmaceutical or procedural descriptions.

Routes and modes of administration: The references documented internal, nasal, external and multimodal administration. Internal administration included *Ghritapana*, *Swarasa*, *Churna*, *Leha/Avaleha* and oral pharmaceutical preparations. Nasal administration occurred through *Nasya*, *Shirovirechana* and formulations used through nasal routes. External modes included *Lepa*, *Taila*, *Abhyanga*, *Parisechana*, *Dhupa* and *Dharana*. Multimodal administration was documented in formulations such as *Brahmyadi Varti* and *Unmadasudani Varti*, which were associated with combinations of *Nasya*, *Anjana*, *Abhyanga*, *Lepa* and *Dhupa*.

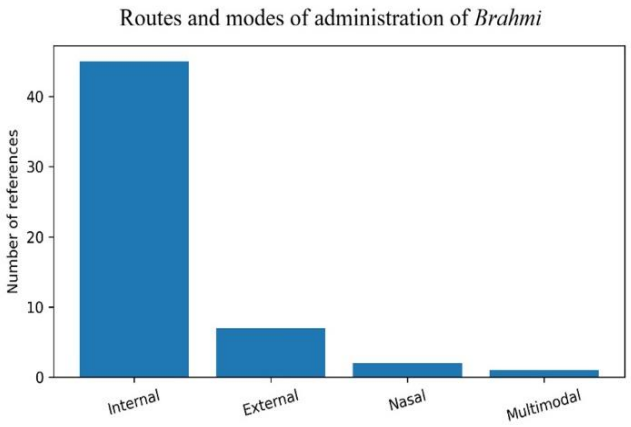


Figure 5: Routes and modes of administration of *Brahmi*

Schematic classification of documented routes into internal, nasal, external and multimodal applications, with representative pharmaceutical forms and procedures under each category.

Classificatory References

Seven references were classified separately because they represented pharmacological, functional or dietary classifications rather than independently assignable indications. In *Charaka Samhita*, *Brahmi* occurred under: *Sangyasthapana Mahakashaya*, *Prajasthapana Mahakashaya*, *Garbhasthapana Mahakashaya*, *Shirovirechana Gana*. In *Sushruta Samhita*, it occurred under: *Pathyatama Varga*, *Tikta Varga*. In *Ashtanga Hridaya*, it occurred under: *Shakavarga*. These seven references were therefore not included in the 50-reference indication-based therapeutic frequency calculation.

Table 6: Classificatory Positioning of *Brahmi* in the *Brihattrayi*

Text	Classificatory context
Charaka Samhita	*Sangyasthapana Mahakashaya*
Charaka Samhita	*Prajasthapana Mahakashaya*
Charaka Samhita	*Garbhasthapana Mahakashaya*
Charaka Samhita	*Shirovirechana Guna*
Sushruta Samhita	*Pathyatama Varga*
Sushruta Samhita	*Tikta Varga*
Ashtanga Hridaya	*Shakavarga*

Table 6: Seven references classified as pharmacological, functional or dietary rather than independent indication-based references. These were retained as a separate analytical layer and excluded from the denominator of 50 used for therapeutic-domain frequency calculations.

DISCUSSION

The present comparative analysis demonstrates that *Brahmi* occupies a broad and context-dependent therapeutic position within the *Brihattrayi*, rather than being restricted to a single pharmacological identity. *Charaka Samhita* and *Ashtanga Hridaya* prominently represent *Brahmi*

within *Medhya* and neuropsychiatric contexts, whereas *Sushruta Samhita* shows greater representation of urinary, paediatric and protective applications. These differences are better understood in relation to textual organization and subject emphasis rather than as a chronological progression or therapeutic hierarchy.

The prominence of the *Medhya* domain is supported by references to *Medha*, *Smriti*, *Buddhi* and *Vakmedhasmritikara*, along with contexts such as *Unmada*, *Apasmara* and *Atatvabhinivesha*. Particularly significant is the designation of *Brahmi* as *Agrya* (most potent in specific group of conditions) for *Vyapasmriti* (epilepsy) in *Ashtanga Hridaya*, providing a specific classical marker of its association with memory. However, *Unmada* and *Apasmara* should not be equated directly with modern psychiatric or neurological diagnoses. Contemporary systematic reviews and meta-analyses have investigated *Bacopa monnieri* for cognitive outcomes, reporting benefits in selected domains but heterogeneity in preparations, doses and outcome measures.[6,7] Thus, contemporary evidence provides context for the classical *Medhya* positioning without directly validating every classical indication.

The paediatric references demonstrate that *Brahmi* was also incorporated into early-life care, including *Jatakarma*, *Balopacharaneeya*, *Balya*, *Kshirapa Balaka* and *Annada Balaka*, with associations with *Medha*, *Bala* and *Buddhivardhana*. Contemporary paediatric evidence remains comparatively limited[8], making this an area for carefully designed age-specific research. The *Ashmari* references, including *Ashmari*, *Vatashmari*, *Sharkara* and associated pain, represent another distinctive therapeutic cluster, with diverse pharmaceutical approaches such as *Ghrita*, *Kalka*, *Swarasa*, *Kwatha* and *Sneha*. Protective applications associated with *Rakshakarma*, including *Dhupa*, *Dharana*, *Parisechana* and *Taila*, further demonstrate therapeutic breadth. Therapeutic purpose and age group should, however, remain distinct.

The *Rasayana* references, including *Aindra Rasayana*, *Indrokta Rasayana*, *Medhya Rasayana* and *Brahmyadi Rasayana*, demonstrate a health sustenance -oriented dimension distinct from, although potentially overlapping with, *Medhya* activity. Dermatological /*Kushtha* and respiratory references further extend the therapeutic spectrum beyond cognition.

Pharmaceutical and procedural diversity provides an additional layer to this architecture. *Brahmi* occurs as *Ghrita*, *Swarasa*, *Churna*, *Kwatha*, *Kalka*, *Varti*, *Taila* and *Leha/Avaleha*, with internal, nasal, external and multimodal routes including *Ghritapana*, *Nasya*, *Shirovirechana*, *Lepa*, *Abhyanga*, *Parisechana*, *Dhupa* and *Dharana*. This indicates that formulation and route were integral components of therapeutic design. The predominance of *Panchanga* also has methodological significance, particularly when comparing classical evidence with modern studies using standardized extracts or specific plant parts

The classificatory references provide a further conceptual layer. *Brahmi* occurs within *Sangyasthapana*, *Prajasthapana*, *Garbhasthapana* and *Shirovirechana* classifications in *Charaka Samhita*; *Pathyatama Shakavarga* and *Tikta Varga* in *Sushruta Samhita*; and *Shakavarga* in *Ashtanga Hridaya*. Its presence in *Prajasthapana Mahakashaya*, *Garbhasthapana Mahakashaya* and *Dhatrikarma* extends its representation into reproductive, maternal and early-life contexts. Its occurrence within *Tiktavarga* and *Pathyatama Shakavarga* also demonstrates an *Ahara-Aushadha* interface, positioning the same *Dravya* within both dietary and medicinal frameworks.

These findings depict *Brahmi* as a multidimensional *Dravya* whose classical identity encompasses therapeutic indications, pharmaceutical forms, routes, plant parts, life-stage contexts and dietary classifications. The conceptual relationship of *Ahara*, *Aushadha*, *Medhya*, *Rasayana* and *Agrya* is therefore better understood as an interconnected framework rather than a chronological sequence or hierarchy. Methodologically, separating indication-based references from broader classificatory references preserves these different levels of classical knowledge while permitting systematic analysis. Overall, the *Brihattrayi* presents *Brahmi* as substantially broader than a cognition-focused drug, with its therapeutic interpretation dependent on formulation, context and intended purpose.

CONCLUSION

The present study identified 57 textual references to *Brahmi* across *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*. Fifty were classified as indication-based and seven as classificatory. Among the 50 indication-based references, *Medhya*/ cognitive /neuropsychiatric applications constituted the largest therapeutic domain (32.0%). However, 34 references (68.0%) occurred outside this domain and encompassed paediatric, *Ashmari*/urinary, *Rakshakarma*, *Rasayana*, dermatological, respiratory and other applications.

The three texts displayed distinct therapeutic distributions. *Charaka Samhita* and *Ashtanga Hridaya* demonstrated prominent cognitive representation, whereas *Sushruta Samhita* demonstrated a particularly prominent *Ashmari*/urinary representation.

The pharmaceutical profile was diverse, including *Ghrita*, *Swarasa*, *Churna*, *Kwatha*, *Kalka*, *Varti*, *Taila*, *Leha/Avaleha* and multiple procedural modes. *Panchanga* was specified in 54/57 references

(94.7%), demonstrating a predominantly whole-plant textual representation.

The classificatory layer further positioned *Brahmi* within reproductive contexts such as *Prajasthapana* and *Garbhasthapana*, dietary contexts such as *Pathyatama Shakavarga*, and functional classifications such as *Sangyasthapana Mahakashaya*. The explicit *Agrya* designation for *Vyapasmriti* in *Ashtanga Hridaya* provides a distinctive marker of therapeutic prioritisation.

Taken together, the findings demonstrate that the classical identity of *Brahmi* is multidimensional. *Medhya* is a major dimension of its classical identity, but not its entirety. This framework provides a more comprehensive representation of *Brahmi* than a disease-based or cognition-only description and offers a structured basis for future pharmacological, pharmaceutical and translational investigation.

Data Statement

The analytical dataset was derived from classical textual references identified in the present study. The complete coded reference matrix may be provided as supplementary material.

REFERENCES

1. Yadav K, Ramachandra Reddy K. Critical review on pharmacological properties of Brahmi. International Journal of Ayurvedic Medicine. 2013; 4(2): 92-99. doi:10.47552/ijam.v4i2.238.
2. Amit Gajarmal, Mahesh S, Sandip Baheti. Mapping the Scientific Landscape of Brahmi (Bacopa monnieri): A Systematic Bibliographic and Bibliometric Review. ASM Science Journal. 2026; 21(2):1-13.https://doi.org/10.32802/asmscj.2026.0060.
3. Agnivesha. Charaka Samhita of Acharya Charaka, Dridhabala Krita. Edited by Jadavji Trikamji Acharya. New Delhi; Chaukhambha Publications; 2017.
4. Sushruta. Sushruta Samhita of Acharya Sushruta. Edited by Jadavji Trikamji Acharya. Varanasi; Chaukhambha Sanskrit Sansthan Prakashan; 2017.
5. Vagbhata. Ashtanga Hridaya of Acharya Vagbhata. Edited by Harisadashiva Sastri Paradakara. Varanasi; Chaukhambha Orientalia; 2017.
6. Basheer A, Agarwal A, Mishra B, Gupta A, Srivastava MVP, Kirubakaran R, Vishnu V. Use of Bacopa monnieri in the treatment of dementia due to Alzheimer disease: systematic review of randomized controlled trials. Interact J Med Res. 2022; 11(2): e38948.
7. Tiemtad P, Ingkaninan K, Temkitthawon P, Thimkorn P, Rattanachaisit N, Teaktong T, Dhippayom T. Comparative effects of Bacopa monnieri and Ginkgo biloba on cognitive functions: a systematic review and network meta-analysis. Phytomedicine. 2026; 153: 157915. doi:10.1016/j.phymed.2026.157915.
8. Pase MP, Pipingas A, Camfield DA, Scholey AB. A systematic review of the Ayurvedic medicinal herb Bacopa monnieri in child and adolescent populations. Complement Ther Med. 2016; 29: 96-102.

Cite this article as:
Ratanghayra Shivani, Patel Bhupesh R. Therapeutic Footprints of Brahmi (Bacopa Monnieri (l.) Wettst.) in the Brihattrayi: A Comparative Analytical Review of Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya. International Journal of Ayurveda and Pharma Research. 2026;14(9):365-372. https://doi.org/10.47070/ijapr.v14i9.4385

Source of support: Nil. Conflict of interest: None Declared

***Address for correspondence**
Dr. Ratanghayra Shivani
MD Scholar
Department of Dravyaguna
Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar, Gujarat.
Email:
shivaniratanghayra@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.