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A CRITICAL REVIEW OF VIRECHANA KARMA

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Abstract

Panchakarma is getting worldwide attention nowadays and virechana is one of its procedures that are actively used by the ayurvedic society. Four diverse types of virechana namely anulomana, sramsana, bhedana, and rechana are mentioned in our classics but they are not apprised properly for their clinical utility. The brihatrayi give sufficient illustrations of their application without promoting the underlying raison d'être. Sharangdhara Samhita defines each of these therapeutics devoid of representing the disease conditions. This manuscript tries to recognize the specific clinical value of the four types of rechana by tracing back their indication in scriptures. Anulomana is a gentle form of virechana somewhere the paka of mala occurs. Sramsana is a serene form of virechana which does not cause paka of mala. Bhedana does not cause paka of mala but it is a strong type of virechana. Rechana also does not cause paka of mala but the strength of the procedure can be modulated by the use of different types of drugs. The selection of the type of rechana depends on the pharmacotherapeutic action necessary to harmonize the dosha, dhatu, and mala without causing any further complication or upadrava.

Keywords: Virechana, anulomana, sramsana, bhedana, rechana.

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INTRODUCTION

Panchakarma is getting global consideration nowadays owing to its ability to break down disease pathology and to bring health to patients at an accelerated rate. Diverse people have a diverse understanding of the term *panchakarma*. Some group of people would say that *panchakarma* is a detoxifying treatment where the accumulated toxin from the body are being expelled out and thus providing vigorous channels for the body to function correctly. This might sound true if we believe that we accumulate toxins every day with the different types of food we are consuming and also by the contaminated environment which we are exposed to. A different group of people would go on that *panchakarma* has a much broader significance and accomplishment in our body. It pacifies the *dosha* by removing the vitiated *dosha* or *mala* as of the body. It may be measured as a distinctive shock of stimulus given to the body and to make it work appropriately. *Acharya Charaka* has clearly said that if *shodhana* is given appropriately it would diminish or wipe out the disease and endow with *bala* and *varna* [1]. The concluding result is because of the creation of worthy *srotas*, *dhatu*s and *ojas* due to the apt procedure. *Panchakarma* comes under *shodhana* in *Ayurveda* which is acknowledged to eliminate disease from its roots and prevents its reoccurrence. *Virechana* is a type of *shodhana* process that comes in *panchakarma* and it involves purgation. Four dissimilar types of *virechana karma* are being mentioned by *Sharngadhara*, that is *anulomana*, *sramsana*, *bhedana*, and *rechana* [2]. But it is such that the majority of the instance, the different types of *virechana karma* mentioned are understood only hypothetically. Its scientific applicability is not much thought about. Frequently, there would be predetermined method of administering *virechana karma* with a selected range of medicines in different diseases. But if the special methods of doing *virechana* is understood and applied well, it would bring even more noteworthy results in the patients. Let us one by one go throughout the types of *virechana* or *anulomanadi karma* as presented in *Sharangadhara Samhita*.

1. *Anulomana*

Anulomana is the procedure by which certain drugs are used which acts upon *apakwa mala* and makes it *pakwa*. It then breaks the *samhanana* of the *mala* and brings it down without any obstacle. *Haritaki* (*terminalia chebula* retz. of combretaceae) is cited as an example for this [3]. *haritaki* is a drug which is capable of stimulating *Agni* or the digestive fire followed by evacuation of the bowels. That is why it is extensively used in diseases like *amavata*, *vishamajwara*, *santarpanajanyarogas*, etc. *Adhamalla* opines that *Sara guna* is responsible to

bring *anulomana karma* [4]. *Apmahabhuta* is liable for producing *Sara guna* and it is accountable for creating a flow in the physiological entities of the body. So first there is the formation of *paka* of *mala* by the stimulated *Agni*. Thus, the *ama* is eliminated and the next step is to remove the excessive *nirama dosha*. Here *aap* is used to flush out the obstructions and to bring it down in a flowing manner. It may be considered to be having mild purgative action, as it requires time for all this to occur. *Samana vayu* which helps in *deepana pachana* and *vyanavayu* which helps in *anulomana* are playing an important role in the action of *anulomana dravyas*. *Anulomana dravyas* may very well be considered as carminative laxatives that are having mild action. The carminatives especially due to the presence of volatile oils in it stimulate the digestive system and regulate gut contractions. These may also increase the water retention of the intestinal lumen by changing the fluid dynamics of the cell wall. The action of *anulomanadravyas* may be considered to be happening in the whole of the gastro-intestinal tract. Thus, *anulomana* can be indicated in conditions where *Agni* is affected and there is blockage of *srotases*. While we see the properties of *haritaki*, [5] it is *agnivardhanam*, *deepanam*, *anulomanam*, *malaodhanam*, and *srotosodhanam*.so, it is clearly indicated as an example for *anulomana*. Other drugs like *hingu*, *jeeraka*, and *yavani* can also be thus used in conditions like *agnimandya*, *ajirna*, *udavarta*, *anaha*, etc. in these diseases we require the help of *Agni* for *paka* and also *srotosodhana* is essential for producing the downward movement of *mala* along with an appropriate amount of *drava*.

2. *Sramsana*

Sramsana is a method by which we use certain drugs that brings down the adhered *mala*. The *mala* may be *pakwa* or *apakwa* but will be adhered to the *koshtha* owing to its sticky nature [6]. The drugs used here are not interested in *paka* of *mala*. These drugs must be having *prithwi* and *jalabhoota* predominance which is *guru* and are involved in the downward movement of *mala* and not in its *paka* owing to comparatively less amount of *Agni* in it. *Apana vayu* has got an important faction. we may also state here that according to *Charaka*, *sramsana* is also a synonym for *virechana* and it expels the *dushta pitta* or *kapha pitta* present in the *pakwashaya*. *Aragwadha* (*cassia fistula* of *fabaceae*) is said as an example for *sramsana* by *Sharangadhara* [7] *aragwadha* is also known as a *mriduvirechanadravya*. It is having *guru*, *madhura*, and *seetha* properties, and while assessing these we find that it is *prithvi*, *jalabhoota* predominant and has *gurutva* which makes the downward movement of *mala* without causing *paka*. *Sramsana dravyas* may be considered as emollient laxatives that are having mild action. stool softeners, called emollient laxatives, prevent hardening of the faeces by adding moisture to the stool [8]. They are also

anionic surfactants that enable additional water and fats to be amalgamated in the stools, making it easy to expel it out of the body. They are not particularly interested in the stimulation of digestive enzymes or in GI motility. The action of *sramsana dravyas* is mainly on the small and large intestine where mostly the fats and water can be aggregated. Some of the contexts where *sramsana* has been mentioned:

- a) **Paittika gulma:** *virechana* is generally recommended for *paittika gulma chikitsa*, but if *Paittika gulma* has manifested due to *snigdha* and *ushna guna* then *sramsana* is indicated. It is required to eliminate the excess *pitta* from the area in order to break the pathogenesis by cleaning out the *snigdha* and thereby adhered to *dosha* [9].
- b) **Jwara:** In *jwarachikitsa sramsana* are described to have an effect in the stage where there is an excess of *pitta* and *pitta- kapha* in the *pittasaya*. Here also the intention here is to clear the *pittashaya* of the sticky *dosha* [10].
- c) **Shwitra:** Juice of *malapu (kakodumbara)* alongwith jaggery is recommended for *sramsana* in *shwitram*. This is advised to be given after proper *snehapana* so that the sticky *dosha* are made loose and expelled out of the body while we see all these contexts, we can find that the intention all is to expel out the excess sticky morbid factors from the *srotas*. *Apanavata* has got an important role to play here. So, this can also be used in constipation, hemorrhoids, anal fissures, etc.in which straining of stools causes problems. In these diseases, there are chances for the formation of hard stools and *sramsana dravyas* helps in making it soft [11].

3. Bhedana

Bhedana karma is achieved by forceful expulsion of *mala* which is in *baddha* (dried and undited) / *abaddha* (liquefied) / *pindita* (mass) state. The literary meaning of “*bhedana*” is breaking, splitting; piercing, dividing, separating, etc. *katuki (picrorhiza kurroa, scrophulariaceae)* is the best example [12]. Apart from this *Charaka* had described the *bhedaniya* group which includes *syama trivrut, arka, eranda, agnimukhi, danti, chitraka, chirabilwa, sankini, katuki, and swarnakshiri*. The drugs used here generally will be having *laghu, tikshna, ushna* and *ruksha guna* predominance which will force the morbid factors out of the body. *Hemadri* considers *bhedana* to be the force in a *dravya* which produces *shodhana*. *Bhedana dravyas* may be included under cholaretics, which effects forceful constriction of gall bladder leading to the expulsion of excessive bile into the gastro-intestinal tract. This causes increased peristaltic movement leading to purgation. It may be useful where more *pittaharatva* is needed as in liver diseases (*yakrut* - site of *pitta*). While we see the descriptions of *tikshna guna* it is said to be consisting of *Agni* and

vayubhootas. This material produces a burning sensation; produces secretions and forces the matter out of the body. They produce their actions quickly and the effect may last upto three to four days. *Picrorhiza* exhibits a dose-dependent choleric activity, evidenced by an increase in bile salts and acids, and bile flow [13]. The choleric action of the drug is considered due to *kutkin* and its two constituent organic acids namely *cinnamic acid* and *vanillic acid*. Most of the drugs in this category are used in acute conditions or when we need some quick powerful action. For example, *arka* is used as an anti-helminthic, *agnimukhi* and *katuki* is used in *visha* while *chitraka* is a good irritant. These are generally liver stimulants, cause drastic purgation and are anti-helminthic. So, these should be used with caution in children, old age, and pregnancy and puerperal period.

4. *Rechana*

The drug which liquefies the *pakva/ apakvamala* and evacuates it by making it watery comes under *rechana dravya trivrit (operculinaturpethum, convolvulaceae)* is said to be an example of *rechakadravya* which causes *sukhavirechanam* [14]. It is said so because it does not cause much discomfort to the patient. Almost 112 formulations of *trivrit* is mention in *kalpasthana* of *Charaka samhita*. It includes formulations according to seasons also. *Acharya Charaka* has considered the expulsion of *dosha* in the downward direction as “*virechana*”. The term “*virechana*” is also used for denoting the expulsion of morbid *dosha* by both *vamana* and *virechana*. The drugs which help in the action of *virechanadravyas* are called as *virechanopagadravyas*. These are *draksha, kasmarya, parushaka, abhaya, amalaki, vibhitaka, kuvala, badara, karkandhu, and pilu* [15]. *Rechana dravyas* are having *prithvi* and *jalamahabhuta* predominance which helps in the downward movement of the liquefied morbid *dosha*. It is not concerned whether the morbid *dosha* are *pakva* or not. The main intention is to bring it down with the *jala*. It is possible to modulate the strength of *rechana* by selecting appropriate drugs or adjuvants. *Rechana dravyas* be viewed as a stimulant purgative that cause forceful evacuation and the *maladi* appear in liquefied form. For the need of this liquid, the excess fluid retained in the body may also be removed. Thus, it may be indicated in conditions like *shopha, udara, kushtha*, and etc. where there is an accumulation of excess fluid in the body cavities. These drugs irritate the intestinal mucosa and thus stimulate the motor activity also. The mechanism of action is by an accumulation of water & electrolytes in the lumen by altering the absorptive and secretory activity of the mucosal cells. An example is the action of anthraquinones in *senna*. Anthraquinone remains unabsorbed and inactive in the small intestine. It moves further to the colon where

anthrol (active form) is liberated and it acts locally inducing peristalsis and also inhibits water and salt absorption in the colon. Thus, the faeces are immensely liquefied and leads to purgation.

DISCUSSION

Table 1: action of different virechana procedures

Sr. No	Procedure	Best Example	Causes <i>Pakam</i>	Strength of <i>Shodhana</i>
1	Anulomana	Haritaki	Yes	Mild
2	Sramsana	Aragwadha	No	Mild
3	Bhedana	Katuki	No	Strong
4	Rechana	Trivrut	No	Modulated by the drug used (Mild to Strong)

Vitiated and aggravated *pitta* whose natural abode is *amasaya* is expelled by the nearest course i.e. Anal route through the process of *virechana*. *virechana* is of 4 types- *anulomana*, *sramsana*, *bhedana*, and *rechana*. These processes differ based on whether the *mala* undergoes *paka* or not, thenature of expelled *dosha* and mala, site of action and association with *samana* and *apana vayu*. *Anulomana* is achieved by *ushna veerya* drugs like *haritaki*, *hingu*, and *jiraka* which cause a mild increase in the *pitta dosha* by their action. These drugs digest the *apakva mala* thereby removing the obstruction. The *paka* is attained by using the *usnaveerya* of the drug and is aided by *samanavayu*. The *amadasha* and *mala* obstructing the *Agni* are removed and *vilomagati* of *apanavata* are achieved. *Anulomana* helps in *Agni deepana* and acts on the whole of the gastro-intestinal tract, mostly on the *jatharagni* or digestive functions. In *amaatisara chikitsa*, *sangrahi* drugs are not given, instead, the increased and vitiated *dosha* are allowed to be expelled out as *atisara* itself. In that condition, *haritaki* which is an *anulomana dravya* is administered in the advent of associated symptoms like *adhmana* (bloating), *sula* (colicky pain) and *staimitya* (loss of peristalsis) which indicate that along with the formation of *amadasha*, the normal movement of *vata* is also obstructed. Here *hareetaki* removes the *vibandha* and causes *paka* of the *mala* thereby allowing its smooth evacuation. *sramsana* is mentioned as *chikitsa* in *switaroga* (vitiligo) wherein the juice of *malapu* (*kakodumbara*) along with jaggery is administered internally. *Shwitra* is a *pitta pradhana tridosha* disease affecting *twak* which is a *vatasthana*. *Samshodhana* therapy is indicated as the first step in the management of *shwitra*. After *sramsana* with *malapu rasa*, the patient should be subjected to purgative therapy once every three days. The mechanism of action of *sramsana* and *rechana* drugs is almost similar and by the action of *prithvi* and *jalamahabhutta*. *Sramsana* is a mild form of *virechana* itself and can be presumed to be advised

here so as to prevent *vata kopa* which could arise from intermittent purgation. the action of *virechana dravya* is more drastic and can be done only in chronic conditions of different diseases.the indication for *bhedana dravyas* is seen in *paittikajwara*, *visamajwara*, *kushta*, *pandu* etc. where the vitiation of *pitta* is profound and it iscausing hindrance in the normal functioning of *rasa* and *raktavaha srotas*. Thus, the obstruction in thesrotas is removed and the normal movement of *dosha* and mala is restored immediately. Most of the drugs in this category are used in acute conditions or when we need some quick powerful action.

CONCLUSION

It is upto the *vaidya* to choose the right method of *shodhana* after assessing the disease as well as the patient. Here we must also understand that the procedure selected as well as the drug selected for the procedure will produce its own unique actions. It may be sensible if we consider that there is a gradient of *shodhana* procedures and the different drugs and the type of procedures modulate the effect we have on the disease or the patient.

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