



Review Article

A CONCEPTUAL APPRAISAL OF VIRECHANA KARMA

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ABSTRACT

Panchakarma is getting global attention nowadays and *Virechana* is one among its procedures which is actively used by the Ayurvedic fraternity. Four different types of *Virechana* namely *Anulomana*, *Sramsana*, *Bhedana* and *Rechana* are mentioned in our classics but they are not appraised properly for their clinical utility. The *Brihatrayis* give ample illustrations of their use without highlighting the underlying rationale. Sarangdhara Samhita defines each of these therapeutics without indicating the disease conditions. This paper tries to understand the specific clinical utility of the four types of *Rechana* by tracing back their indications in scriptures. *Anulomana* is a mild form of *Virechana* where the *Paka* of *Malas* occur. *Sramsana* is a mild form of *Virechana* which does not cause *Paka* of *Malas*. *Bhedana* does not cause *Paka* of *Malas* 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 harmonise the *Dosa*, *Dhatu* and *Mala* without causing any further complication or *Upadrava*.

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INTRODUCTION

Panchakarma is getting global attention nowadays owing to its ability to break down disease pathology and to bring health to patients at an accelerated rate. Different people have different understanding with the term *Panchakarma*. Some group of people would say that *Panchakarma* is a detoxifying treatment where the accumulated toxins from the body are being expelled out and thereby providing healthy channels for the body to function properly. This may sound true if we think that we are accumulating toxins each day with the different types of food we are consuming and also by the polluted environment which we are exposed to. Another group of people would opine that *Panchakarma* has much broader meaning and action in our bodies. It pacifies the *Doshas* by removing the vitiated *Doshas* or *Malas* from the body. It may be considered as a typical shock or stimulation given to the body and to make it work properly. Acharya Charaka has clearly said that if *Sodhana* is given properly it would reduce or destroy the disease and provide *Bala* and *Varna*¹.

The final result is because of production of worthy *Srotas*, *Dhatus* and *Ojas* owing to the appropriate procedure. Thus *Panchakarma* comes under *Sodhana* in Ayurveda which is known to remove disease from its roots and prevents its reoccurrence. *Virechana* is a type of *Sodhana* procedure which comes under *Panchakarma* and it involves purgation. Four different types of *Virechana karma* are being mentioned by Sarngadhara, namely *Anulomana*, *Sramsana*, *Bhedana* and *Rechana*.² But it is such that most of the times, the different types of *Virechana karmas* mentioned are understood only theoretically. Its clinical applicability is not much thought about. Usually there would be a fixed method of administering *Virechana karma* with a selected variety of medicines in different diseases. But if the different methods of doing *Virechana* is understood and applied well, it would bring even more remarkable results in the patients.

Let us one by one go through the types of *Virechana* or *Anulomanadi karma* as per available in *Sarangadharasamhita*.

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 *Malas* and brings it down without any obstruction. *Haritaki* (*Terminalia chebula* retz. of Combretaceae) is cited as an example for this³. *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*, *Santarpana Janyarogas* 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 formation of *Paka* of *mala* by the stimulated *Agni*. Thus the *Ama* is eliminated and the next step is to remove the excessive *Niramadosa*. Here *Aap* is used to flush out the obstructions and to bring it down in a flowing manner. It may be considered as to be having mild purgative action, as it requires time for all this to occur. *Samana Vayu* which helps in *Deepanapachana* and *Vyanavayu* which helps in *Anulomana* are playing an important role in the action of *Anulomanadravyas*.

Anulomanadravyas may very well be considered as carminative laxatives which are having mild action. The carminatives especially due to the presence of volatile oils in it stimulate the digestive system and regulate the gut contractions. These may also increase the water retention of the intestinal lumen by changing the fluid dynamics of cell wall. The action of *Anulomanadravyas* may be considered to be happening in the whole of 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*⁶, it is *Agnivardhanam*, *Deepanam*, *Anulomanam*, *Malasodhanam* 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*, *Ajeerna*, *Udavarta*, *Anaha* etc. In these diseases we require the help of *Agni* for *Paka* and also *Srotosodhana* is essential for producing downward movement of *Malas* along with appropriate amount of *Drava*.

2. *Sramsana*

Sramsana is a method by which we use certain drugs which brings down the adhered *mala*. The *Mala* may be *Pakwa* or *Apakwa* but will be adhered to the *Koshta* owing to its sticky nature⁷. The drugs used here are not interested in *Paka* of *Mala*. These drugs must be having *Pridhwi* and *Jalabhoota* predominance which are *Guru* and are involved in 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, *Sramasana* 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 Sarangadhara.⁸ *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 downward movement of *Mala* without causing *Paka*.

Sramsananadravyas may be considered as emollient laxatives which are having mild action. Stool softeners, called emollient laxatives, prevent hardening of the feces by adding moisture to the stool⁹. 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 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***¹⁰: *Virechana* is generally recommended for *Paittikagulma chikitsa*, but if *Paittikagulma* has manifested due to *Snigdha* and *Usna 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 *Doshas*.
- b) ***Jwara***¹¹: In *Jwarachikitsa* *Sramsana* is described to have effective in the stage where there is excess of *Pitta* and *Pitta- Kapha* in the *Pittasaya*. Here also the intention here is to clear the *Pittasaya* of the sticky *Doshas*.
- c) ***Switra***¹²: Juice of *Malapu* (*Kakodumbara*) along with jaggery is recommended for *Sramsana* in *Switram*. This is advised to be given after proper *Snehapana* so that the sticky *Doshas* 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 *Sramsanadravyas* helps in making it soft.

3. *Bhedana*

Bhedana karma is achieved by forceful expulsion of *mala* which is in *Baddha* (dried and united) / *Abaddha* (liquefied) / *Pindita* (mass) state. Literary meaning of "*Bhedana*" is breaking, splitting, piercing, dividing, separating etc. *Katuki* (*Picrorhiza kurroa*, Scrophularaceae) is the best example¹³. Apart from this Charaka had described *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*, *Tiksna*, *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*.

Bhedanadravyas may be included under cholereitics, which effects forceful constriction of gall bladder leading to expulsion of excessive bile in to Gastro Intestinal Tract. This causes increased peristaltic movement leading to purgation. It may be useful where more *Pittaharatvais* needed as in Liver diseases (*Yakrut- Site of Pitta*). While we see the descriptions of *Tiksna guna* it is said to be consisting of *Agni* and *Vayubhootas*. This material produces 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 cholereitic activity, evidenced by an increase in bile salts and acids, and bile flow¹⁴. The cholereitic 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 aged, pregnancy and puerperal period.

4. *Rechana*

The drug which liquefies the *Pakva/ Apakva mala* and evacuates it by making it watery comes under *Rechana dravya*.¹⁵ *Trivrit* (*Operculina turpethum*, Convolvulaceae) is said to be an example of *Rechakadravya* which causes *Sukhavirechanam*. It is said so because it does not cause much discomfort to the patient. Almost 112 formulations of *Trivrut* is mention in *Kalpasthanam* of Charaka Samhita. It includes formulations according to seasons also. Acharya Charaka has considered the expulsion of *Doshas* in the downward direction as "*Virechana*". The term "*Virechana*" is also used for denoting the expulsion of morbid *Doshas* by both *Vamana* and *Virechana*. The drugs which help in the action of *Virechana Dravyas* are called as *Virechanopagadravyas*. These are *Draksha*, *Kasmarya*, *Parushaka*, *Abhaya*, *Amalaki*, *Vibhitaka*, *Kuvala*, *Badara*, *Karkandhu* and *Pilu*.¹⁶ *Rechanadravyas* are having *Prithvi* and *Jalamahabhuta* predominance which helps in downward movement of the liquefied morbid *Doshas*. It is not concerned whether the morbid *Doshas* are *Pakwa* 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 adjuants.

Rechanadravyas be viewed as stimulant purgatives which 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 *Sopha*, *Udara*, *Kushta* etc... where there is 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 accumulation of water & electrolytes in the lumen by altering absorptive and secretory activity of the mucosal cells. An example is the action of Anthraquinones in *Senna*. Anthroquinone remains unabsorbed and inactive in small intestine. It moves further to colon where anthrol (active form) is liberated and it acts locally inducing peristalsis and also inhibits water and salt absorption in colon. Thus the faeces are immensely liquefied and leads to purgation.

Discussion

Table: 1 - Action of different Virechana Procedures

No	Procedure	Best Example	Causes <i>Pakam</i>	Strength of <i>Sodhana</i>
1	<i>Anulomana</i>	<i>Haritaki</i>	Yes	Mild
2	<i>Sramsana</i>	<i>Aragwadha</i>	No	Mild
3	<i>Bhedana</i>	<i>Katuki</i>	No	Strong
4	<i>Rechana</i>	<i>Trivrut</i>	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, the nature of expelled *Dosa* and *mala*, site of action and association with *Samana* and *Apana Vayu*.

Anulomana is achieved by *Ushnaveerya* drugs like *Hareetaki*, *Hingu* and *Jeeraka* which cause mild increase in the *Pitta dosa* 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 *Amadosa* and *mala* obstructing the *Agni* is removed and *Vilomagati* of *Apanavata* is achieved. *Anulomana* helps in *Agni Deepana* and acts on the whole of the Gastro Intestinal Tract, mostly on the *Jataragni* or digestive functions. In *Amaatisara chikitsa*, *Sangrahi* drugs are not given, instead the increased and vitiated *Doshas* are allowed to be expelled out as *Atisara* itself. In that condition *Hareetaki* 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 formation of *Amadosa*, 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 *Switraroga* (Vitiligo) wherein the juice of *Malapu* (*Kakodumbara*) along with jaggery is administered internally. *Switra* is a *Pitta pradhana Tridosha* disease affecting *Twak* which is a *Vata sthana*. *Samshodhana* therapy is indicated as the first step in management of *Switra*. After *Sramsana* with *Malapu rasa*, the patient should be subjected to purgative therapy once in 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 *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 is causing hindrance in normal functioning of *Rasa* and *Raktavahasrotas*. Thus the obstruction in the *Srotas* is removed and 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 *Sodhana* 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 *Sodhana* 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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