



A CRITICAL ANALYSIS OF VIRECHANA DRAVYA W.S.R TO SHARANGADHARA SAMHITA

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ABSTRACT

Acharya Sharangdhara has explained the types of virechana with the explanation of one drug of each type. Anulomana, Sramsana, Bhedana, Rechana are the four types of virechana mentioned in Sharngdhara Samhita. In order to understand the different types of virechana, need to explore and understand the probable mode of action of these types and their particular drug. In this article the author will try to explain the practical aspect of different types of virechana and how they contribute in the formation of faeces or excretory action.

KEYWORDS: *Mucoadhesive, Buccal, Mucosal, Solid dispersion, Valsartan, Solvent evaporation*

INTRODUCTION

Panchakarma therapy aims at the elimination of excessive doshas from the body to maintain the state of health for a longer duration. Virechana is one of the panchakarma therapies where purgation of the stomach contents are induced. Virechana is the procedure in which the orally administered drug acts on internally situated doshas, specifically on pitta dosha and expels them out of the body through anal route¹. Vagbhatta says that although virechana is choice of treatment for pitta paradhana doshas, even then it is not opposed or contraindicated in kapha pradhana diseases. It is a advisable in conditions of sansrishta kapha and in conditions where kapha reaches basti sthana.

Depending upon the intensity of action, virechana karma is categorised into Mridu, Madhyama and tikshna virechana²

TIKSHNA –The action of the drug which has easy expulsion without any difficulties, quick in action, immediate effect, forceful & unimpeded evacuation, without producing fatigue & painful sensation in the chest,

anus, does not produce any discomfort to inner organs, expulses the morbid doshas completely are said to be tikshna category. Administered in bahudoshavastha, E.g snukpaya, hemakshiri, dantiphala.³

Indication; krurakostha, balayuktapurusha

MADHYAMA– Drugs are moderate purgatives and used in medium dosage will produce medium action in the person who underwent proper snehana&swedana and are called as madhyama.E.gtrivrit, katuki.Rajavriksha⁴

Indication in madhayamakostha, madhyamaroga and bala⁵

MRIDHU–The drugs which cause mild actions when given in low dosage. Indication – alpadosha, unknown type of kostha, previously who have taken shodhana even who have ample amounts of doshas and in mridukostha.

Sharangadhara recommended that the Mrudu Virechana drugs i.e. Draksha, milk, warm water, castor oil etc. should be used in Mrudu Koshthi patient. Drugs effective in MruduKoshta are Guda, Sugar cane juice, Mastu, Ullodita dadhi, Payas, Kshira, Sarpi, Kashmari, Triphala, Pilu and Tarunamadya.

Depending upon the qualities, virechana is categorized into two types as snighavirechana and ruksha virechana.

SNIGDHA – Drugs (aarishtas, aasava, sneha) possessing snigdha property like eranda (*Ricinus communis*) taila when used for inducing purgation is also known as snigdhavirechana.

RUKSHA – Drugs used in the form of churna, vati. In certain diseases like visarpa, shotha, kamala etc where snehana is contraindicated; ruksha virechana is preferred instead of snigdha virechana

Virechana Drugs According to Their Mode of Action.

Acharya Sharngadhara⁶ has classified as per the gradation of Virechana which are independent on action, potency of drug, onset, consistency of excretory product. These group of drugs known as ‘Virechanopaga’ mentioned by Acharya Charaka, which may also be added to this classification.

Anuloman ; The process of evacuation in which the medicines administered cause disintegration of the mass of the fecal matter accumulated in the gastrointestinal tract as well as renders its formed (pakwa) state. E.g – Haritaki (*Terminalia chebula*).

Sramsana ; Evacuation of the waste from the gastrointestinal tract without transforming it in to the formed (pakwa) state is called by the name of Sramsana. E.g. Aragvadha (*cassia fistula*).

Bhedana ; The oral medication that cause disintegration of hard fecal matter accumulated in the gastrointestinal tract, and then expels the same is known as bhedana E.g. Kutaki (*Picrorrhiza kurroa*).

Acharya Charaka has described a group of drug named as Bhedaniya. This includes Suvaha (Trivrit), Arka, Urubuka (Eranda), Agnimukhi (Kalihari), Chitra (Danti), Chitraka, Chirabilva, Sanhini, Shakuladani (Katuki) and Svamakshiri.

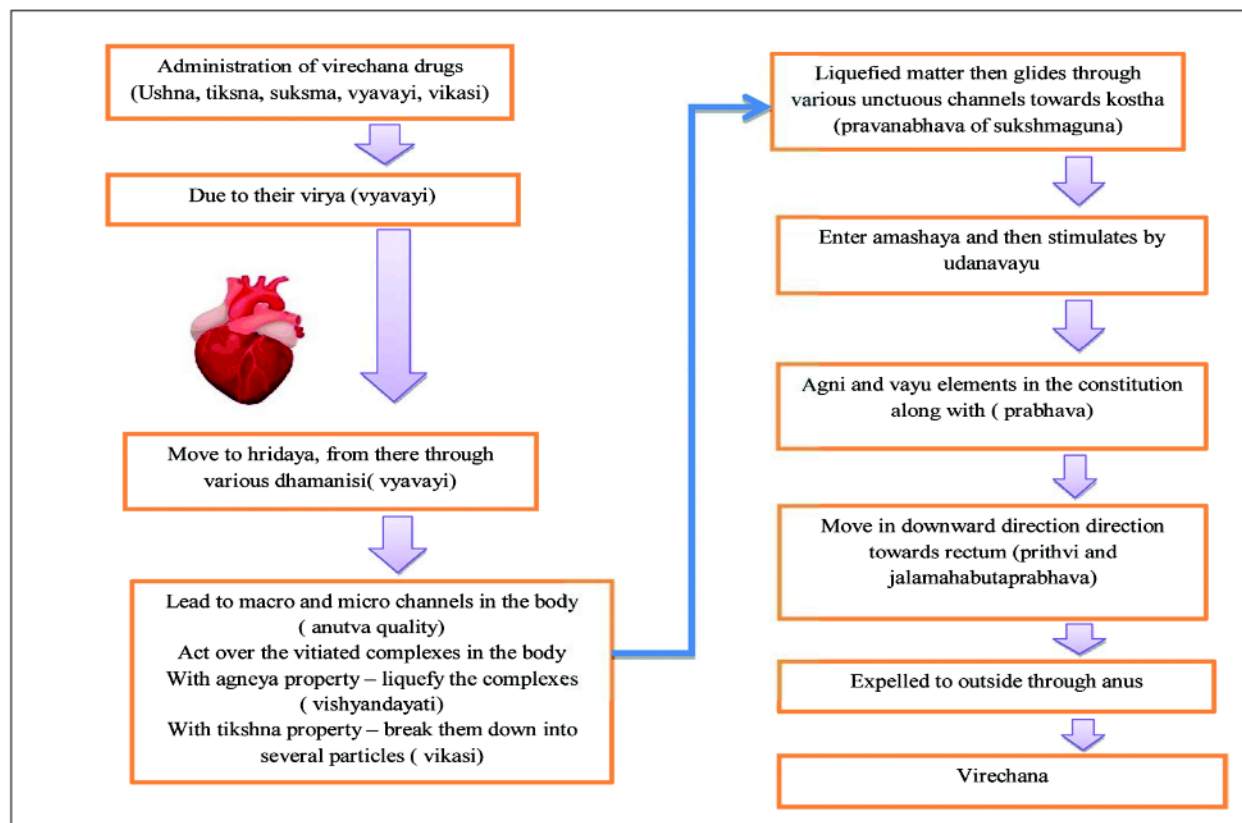
Rechana ; The accumulation of the fecal matter in the gastrointestinal tract both in the formed (pakwa) state or unformed (apakwa) state is liquefied and then expelled out; this process is known as virechana. E.g – Trivrit (*operculina turpenthum*)

Virechanopaga Mahakashaya; The Virechanopaga Gana described in Charaka Samhita sutra sthana⁷ has been considered as helping in inducing Virechana. These are Draksha, Kasmarya, Parusaka, Abhaya, Amalaki, Bibhitaki, Badara, Karkandu and Pilu.

MODE OF ACTION OF VIRECHANA

Action of Virechana Karmas can be divided in the following two ways⁸.

- 1) Systemic action – Doshas are brought to koshtha by snehana and svedana, from there they are eliminated by virechana, which suggests its action throughout the body.



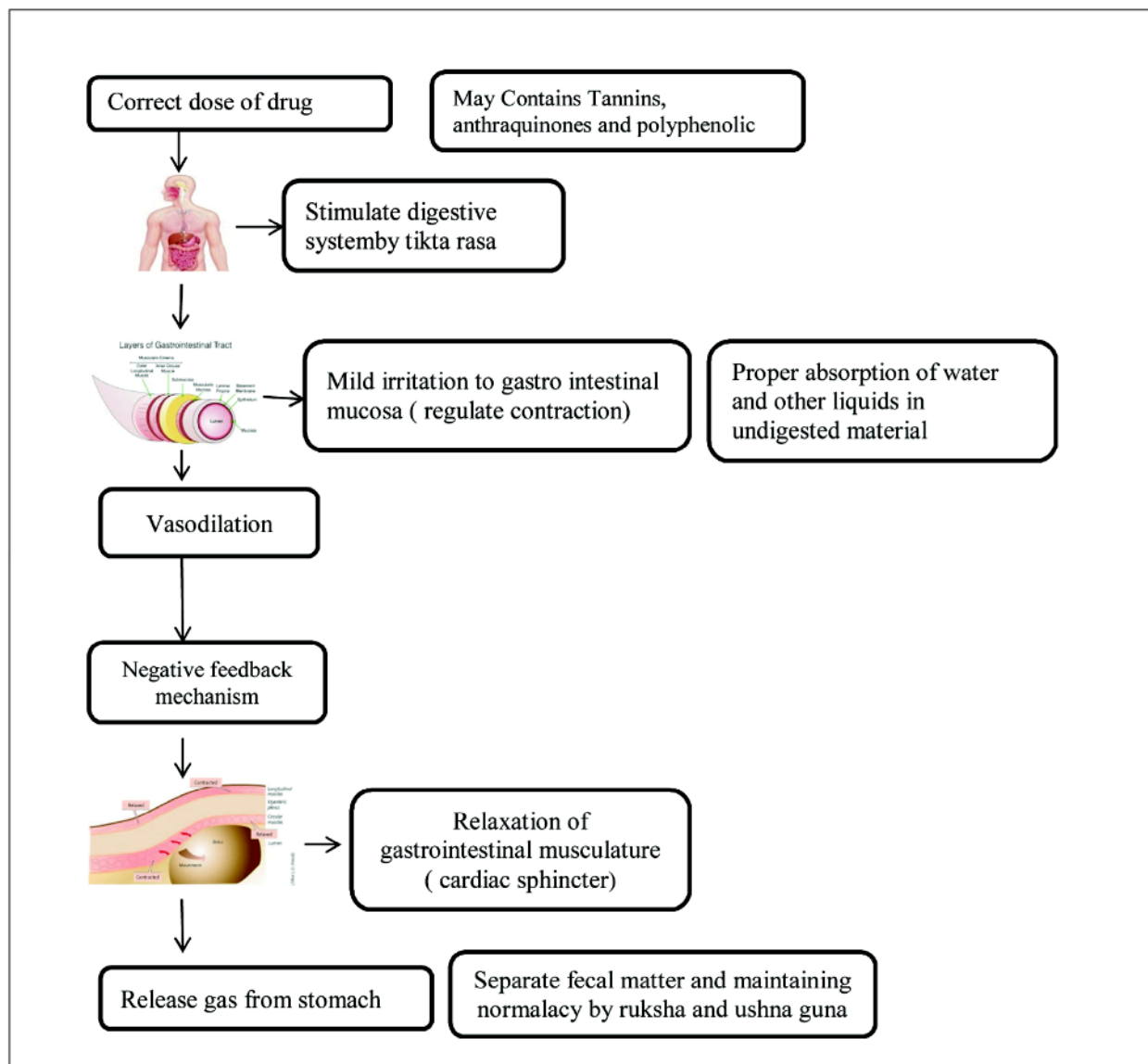
2) Local action – Locally mild inflammation occurs which is transient due to ushna and tikshnaproperities of the virechana drugs causing irritation of the intestinal mucosa. Hence hyperaemia results due to arteriolar and capillary dilatation and also exudation of protein substances, which helps in dilution of toxins.

Probable Mode of Action according to Modern Terminology

1. **Anuloman** : Anulomana dravyas can be compared with the carminative laxatives. The purgative action of anuloman dravyas are comparatively slower than other virechak dravyas because it takes time to convert apakwa mala into pakwa mala and then carry on their further action. E.g Haritaki

DISCUSSION

Mode of Action of Different Virechana Dravyas				
Type	Anulomana ⁹	Sramsana ¹⁰	Bhedana ¹¹	Rechana ¹²
Definition	Anulomana is the procedure, in which the drug used act on apakwa mala (undigested or partially digested) makes it pakwa and expels it by bringing it in the downward direction. It breaks down the samhanan of the mala and expels it from downward direction without any obstruction.	It is the procedure in which the pakwa or apakwa mala adhered to the koshta is expelled through downward direction. These drugs do not convert apakwamala into pakwa mala.	Forceful expulsion of baddha / abadha / pinditamala. Meanin of bhedana is breaking, splitting, piercing, dividing, separating etc.	It is the procedure by which the drug liquifies the pakwa or apakwa mala and evacuates it in watery form.
Example	Haritaki ¹³	Aragvadha ¹⁴	Kutaki ¹⁵	Trivrutta ¹⁶
Latin Name	Terminalia chebula.	Cassia fistula	PicrorhizaKurroa	Operculina turpethum
Part used	Phala, Mula, etc.	Phalamajja	Mula, (undergroundstem)	Mulatwaka
Rasa	Pancharasatmaka except Lavana rasa	Madhura	Mulatwaka Tikta	Tikta, Katu
Veerya	Ushna	Sheeta	Sheeta	Ushna
Vipaka	Madhura	Madhura.	Katu	Katu
Guna	Laghu, Ruksha, ushna, deepani, b ruhani, anulomani etc.	Guru, snigdha, mrudu, sramsanauttama, ruchya.	laghu, ruksha, tikshna, bhedini, deep ani.	Laghu, ruksha, tikshna, shyamatrivrutta teevravirechani, shwetatrivruttarecha ni, swaadu, ushna Kaphapittaprashama ni, anilakopini, sarvarogahara, etc.
Purgative Action	It has been proven that the oil extracted from haritaki has the purgative properties. ¹⁷ It increases the intestinal motility. ¹⁸	The aqueous extract of the fruit pulp has purgative action due to the presence of anthraquinones in Aragvadha. ¹⁹	Kutaki possesses surface tension lowering action. ²⁰	Trivrit demonstrated a potent cathartic activity through causing: discharge of watery faeces, enhanced intestinal motility and increase in intestinal fluid content. ²¹



Carminatives

- Expulsion of gases from the stomach
- Volatile oils, NAHCO_3 , MGCO_3

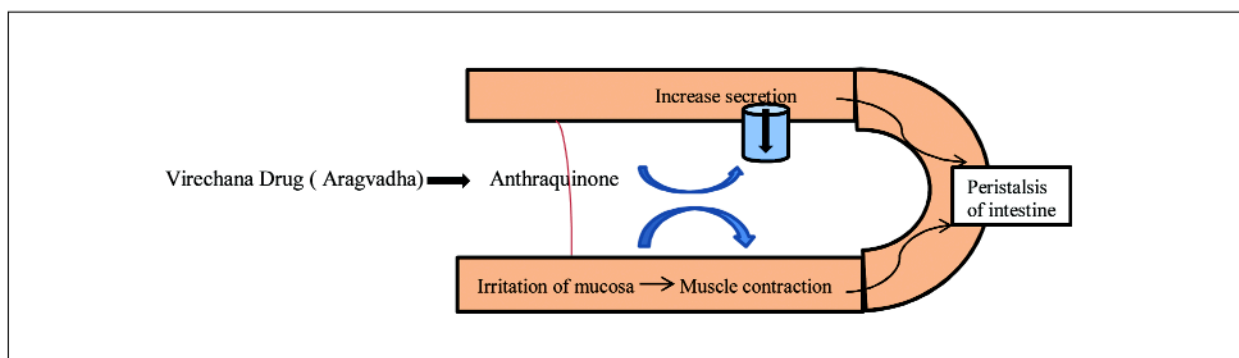
Mode of action of haritaki as a anuloman

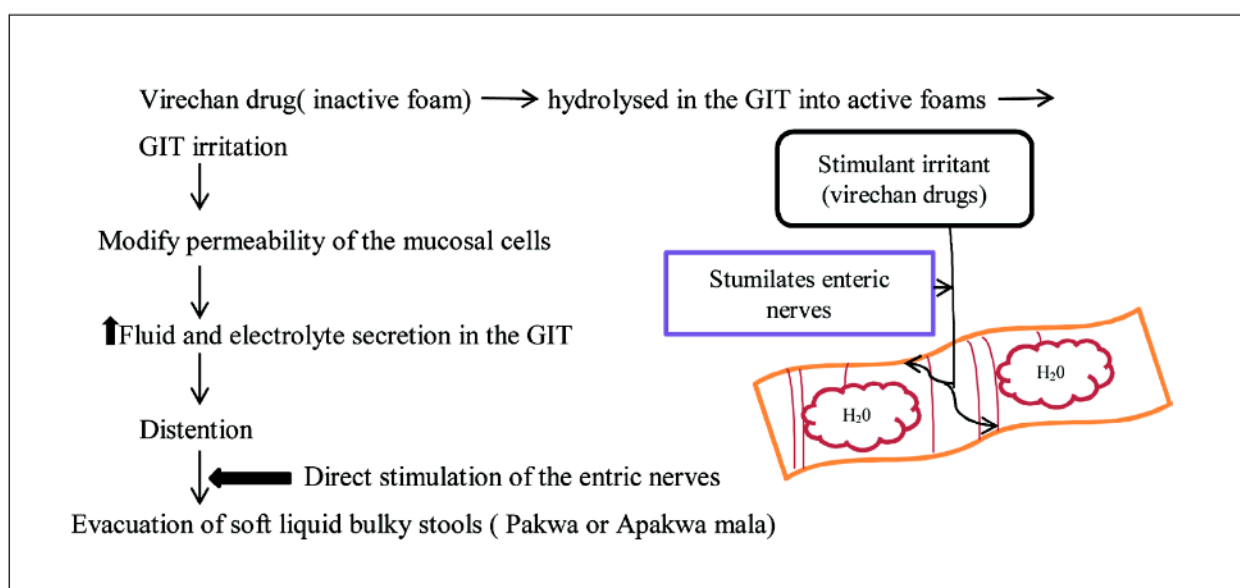
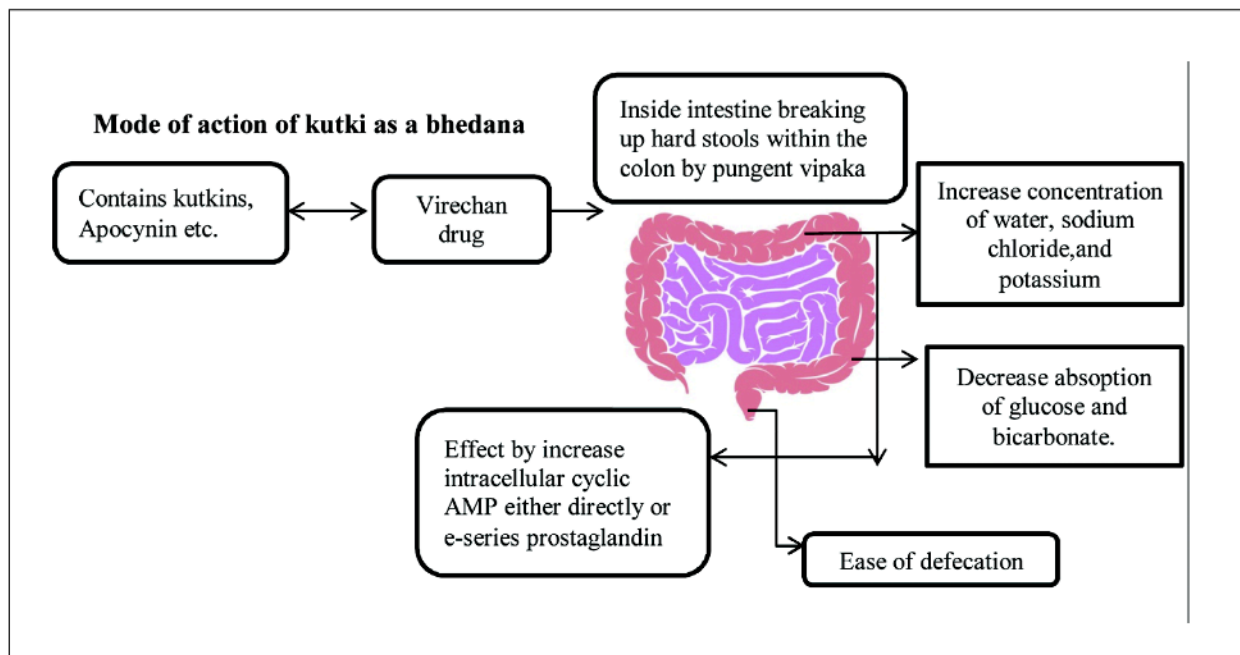
2. **Sramsana** : Sramsana drugs can be compared with the Anthraquinone derivatives whose mode of action

occurs on the mesenteric plexus to increase peristalsis resulting in the purgation.²² Sramsana dravyas are not involved in mala paka so it has a quicker action than anuloman dravyas. E.g Aragvadha

Mode of action of argvadha as a sramsana

3. **Bhedana**: The drugs like Dioctyl sodium sulfosuccinate act by surface tension lowering action.





It acts on the intestinal mucosa leading to more retention of water in the lumen which softens the stool because of net water accumulation. It emulsifies the colonic contents & has purgative action due to physical property of lowering surface tension which is thought to facilitate penetration of the fecal mass by water and fats.²³ Bhedana dravya have to disseminate the already digested mala so it has more quicker action than anuloman and sramsana dravyas. E.g Kutki.

- Rechana** : These may be compared with the stimulant purgatives which irritate intestinal mucosa, increases motility by acting on Myenteric plexuses. Their more important mechanism of action is accumulation of water and electrolytes in the lumen thus enhancing

the watery fecal discharge. They also cause forceful evacuation.²⁴ Rechana dravyas are not involved in mala paka and mala bhedana so it has the fastest action among all four types. E.g Trivrit

Mode of action of trivrit as a rechana

CONCLUSION

The four types of Virechana mentioned by Acharya Sharngadhara play an important role in mala paka and regulation of excretion process. They act differently on the mala paka and so they must be used as per their specific indications. The Anuloman dravyas should be used in the condition where paka of mala is expected along with the expulsion of the faeces. The Sramsana dravyas should be

used in the condition where expulsion of mala (along with doshas) is expected without the paka of mala. The Bhedana dravyas should be used in the condition where dissemination or breakage of mala or doshas is expected. The Rechana dravyas should be used in the condition where excessive amount of mala or body fluids in expected to be expelled out.

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