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UNDERSTANDING THE APPLIED ASPECTS OF SHARANDHAROKTA VIRECHAN KARMA" – A REVIEW

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ABSTRACT:

Ayurveda 'Science of life" have the implacability in achieving the longetivity of life by all means with preventive and curative aspects of treatment. Panchakarma is the unique, most popular and effective treatment. Shodhana therapy is considered as the best management technique for a disease. Among them, Virechana is most effective, commonly practiced and less stressful procedure. Virechana had the natural route of expulsion of dosha's and malas. Virechak drugs have the effect on the body and the body's response to the drug results in Virechana. It is a time to understand the basic concepts of Virechana through their action on body which is not clear yet. The drug acts not only by virtue of qualities but also by virtue of dravya, prabhava, guna prabhava and dravya guna prabhava, and also on the general principles of drug action such as where it acts. So here an attempt was made to revise and understand the concept of AVirechana explained by Sharangaadhar with its applied aspect.

KEYWORDS: Anulomana, Bhedan, Sramasana, Rechana.

INTRODUCTION :

Ayurveda 'Science of life" have the implacability in achieving the longetivity of life by all means with preventive and curative aspects of treatment. In present era, unwholesome food habits and changes in life style, mental disturbances are the root causations for several disorders. Ayurveda guides the preventive aspect of human health by means of proper Ritucharya (seasonal regimen), Pathyasevana and Samshodhana Karma(detoxification).

Samshodhana is of much importance than samshamana because of preventing further vitiation of dosha and for curing the disease from its root. Samshodhana also helps to avoid the recurrence of the disease.

Panchakarma is the unique, most popular and effective treatment of Ayurveda. Timely and appropriate cleansing therapies prevent many diseases. Among them, Virechan Karma is the therapy which is practiced commonly as it is less stressful procedure. Virechan Karma is explained vividly in brihatrayies as well as in laghutrayies. Several scholars have toiled for years together and explained these therapies in detail. Acharya Sharangadhara also explained in purakhanda about the virechana classification on the basis of action, potency of drug, onset and consistency of excretory product after clinical and practical assessment [1].

REVIEW

Sharangadhara after so many clinical assessment explained the four types of Virechana based on mode of action.

(1) Anulomana (2) Sramasana
(3) Bhedana (4) Rechana

1.Anulomana : Anulomana itself suggests that the drug which acts in regular or natural order. Drugs which act on partially formed mala, and assist in the formation of well formed mala, clears the obstruction and thus helps in its easy expulsion ex. Haritaki[2] Adamalla and Kashiram opined that anulomana not only act on malapaka but also on the doshapaka. Thus it fulfils the criteria of doshanirharana in terms of dosha paka i.e. mitigation of aggravated doshas and malapaka also relates with vata, mutra and purisha[3]. These acts with sara guna[4]. Dalhana also supported with same opinion that Anulomana is vatamala pravartaka[5]. Rasavaisheshika kara explained Anulomana drugs one having Prithvi and apa predominance[6].

2.Sramasana : that which causes to fall or which brings down. When the partially processed mala adhered to Koshta is expelled without (proper digestion) (due to its stickly quality) i.e. malapaka is known as sramasana ex – Aragwadha[2a] Adhamalla commented that by sramasana partially and completely digested mala can also be expelled out which adhered to Koshta should be taken as the Pachaksthana where the malas are

resided. According to Kaiyadeva, undigested food even though it is obstructed will be expelled in sramasana[7]. Charaka considered sramasana as virechana synonym which expells the vitiated pitta or kaphapitta whichever resided in pakwashaya. In Yajjapurushiya adhyaya, Argavadha is explained as shreshta under mrudu virechana drugs[8]. Yogendranatha Sen has also considered sramasana as Virechana.

3.Bhedana : That which breaks, loosens and separates in bhedana. The drugs which expels abaddha i.e. liquid or baddha i.e. shushka and pindita i.e. grathita purisha as well as dosha in downward direction is bhedana. Ex- Katuki[2b].

Kaiyadeva supported the same with Adhamalla Gangadhara opined that bhedana is one which breaks down the doshas accumulated inside the body as well as malas and expels it in downward direction.[9] Yogindranath sen opines that Bhedana first liquefies the pindita mala and doshas and then expels it out. Sushruta also explained the bhedana among the Shasti upakramas[10]. Acharya Charaka explained 10 drugs of bhedana in shadvirechan shatashritiya adhyaya[11].

4.Rechana : that which evacuates or empties. Rechana means which liquefies the pakwa and apakwa mala or Purisha or mutra or vitiated doshas and expels it out of the body. ex- Trivrit[2d] . Adhamalla opines mala, dosha (vitiated and vitiated dushyas) are also expelled out. According to Shushruta, Rechana drugs are predominant in prithvi and apa mahabhuta which facilitates the vitiated dosha and malas in downward direction[12]. Trivrita is explained as Sukhavirechaka, dravya in Yajjapurushiya adhyaya.[13]

Thus we can conclude that

1. Anulomana had effect on samana vayu means it rectifies the pachana, vivechana, munchana etc. It is indirectly stimulates digestion and helps in relieving adhobandhana.
2. Sramasana had effect on last part of small intestine and large intestine's motility and it expels without any absorption so it may also effect the flow of bile.(as cholerectio)
3. Bhedana mainly affects on large intestine and increases intestinal motility.
4. Rechana mainly affects on large intestine. Increases intestinal secretion and motility and expels loose stools.

As Virechana is acting on pitta, kapha samsrishta pitta, pittasamsrishta kapha and vata sthanagata pitta dosha.[14]

Virechana dravya is having predominance of prithvi and apa mahabhuta and the vitiated doshas are expelled out from downward direction through anal route.

So to understand the action of Anulomana, Rechana, Bhedana and sramsana, we have to understand the physiological view of intestines.

Secretions of large intestine :

Great amount of secretion in the large intestine is mucus. The mucus contains large amounts of bicarbonate ions. On irritation, the mucosa also secretes large quantities of water and electrolytes.

Absorption in the large intestine :

Approximately 1500 ml of chime pass through the Neocaccal valve into the large intestine each day. Most of the water and electrolytes in this are absorbed in the colon, usually leaving less than 100 ml of fluid to be excreted in the feaces.

The mucosa has cogability for active absorption of sodium. It absorbs Chloride ions in exchange transport of bicarbonate ions. The absoroption of sodium and chloride ions creates as osmotic gradient across the mucosa, which in turn causes absorption of water.

Digestion in the large intestine :

A small amount of digestion by enteric bacteria leads to production of Vit-K, B_{12} which are absorbed. No further breakdown occurs in large intestine.

Primary function of large intestine

1. Absorb reminent electrolyte (Na^+, Cl^-) water
2. Absorb Vit K, B_{12}
3. Secrete bicarbonate ion
4. Propulsion of faecal matter and defecation.

Motility of large intestine :

1)The most frequent movements seen in the colon are haustral contractions, which are slow segmorising movements that occur every 30 minutes.

2)Mass movements are long, slow-moving but powerful contractile waves that move over large areas of the colon three or four times daily and force the contents towards the rectum.

Defecation :

The rectum is usually empty, but when feces are forced into it by mass movements, stretching of the rectal wall initiates the defecation

reflex. This is a spinal cord-mediated parasympathetic reflex that causes the walls of the sigmoid colon and the rectum to contract and the anal sphincters to relax.

Factors affecting faecal movement in colon :

1) Water : Minimum amount of water in feces is required to maintain the stool in soft consistency and thus enable it to pass smoothly through the colon.

2) Mucus : It provides the adherent medium for holding faecal matter together.

3) Bulk (Fiber) : Fiber in the diet increases the strength of colon contractions and softens the stool, allowing the colon to act like a well oiled machine.

4) GI Movement : Mass movements that move over large areas of colon force the contents towards the rectum.

5) Secretion : Intestinal mucosa secretes large quantities of water and electrolytes when irritated, which causes rapid movements of feces.

6) Absorption : Appropriate absorption of water in sufficient time keeps the stool soft. Over absorption of water due to prolonged duration of matter in colon, leads to hard stool which is difficult to pass.

Modern perspective of Laxatives :

Laxatives are drugs that promote evacuation of bowels. A distinction is sometimesmade according to the intensity of action.

a) Laxative or Aperient : Milder action, elimination of soft but formed stools.

b) Purgative or cathartic : Stronger action resulting in more fluid evacuation.

Many drugs in low doses act as laxative and in large doses as purgatives.

MECHANISM OF ACTIONS :

All purgatives increase the water content of feces by :

a)An osmotic action, retaining water and electrolytes in the intestinal lumen, thus increase the volume of colonic content and make it easily propelled.

b)Acting on intestinal mucosa to decrease net absorption of water and electrolytes, intestinal transit is enhanced indirectly by the fluid bulk.

c)Increasing propulsive activity as primary action allowing less time for absorption of salt and water as a secondary effect.

d)Stimulate crypt cells, thus increase water and electrolyte secretion.

Classification of laxatives.

According to the intensity of action as mild, moderate or drastic :

1)Bulk forming laxatives.

These laxatives are not absorbed and increase the indigestible residue. These absorb water and swell up, thus providing the stimulus of mechanical distension forevacuation.

e.g. Isapgol, sabza, (ochmum bascillicum) Planteyo oval These act on large intestine. Time required is 12 to 36 hours. Intermediate onset stool may be observed as solid or semi solid but the action is mild.

2)Stool softner or Emmollient laxatives.

These laxatives are not significantly absorbed and exerts a softening and lubricating effect on faeces. Ex. Liquid paraffin, Docusates diocytl sodium Sulphosuccinate. These act on large intestine. Time taken is 1 to 3 days. Slow onset stool is of soft consistency and action is mild.

3) Stimulent : These are powerful purgatives which act byh altering absorptive and secretary activity of mucosa and thus acculates water and electrolytes in the lumen(colon). They also increase motivity by acting on mysentric plexuses ex. Antirraquinones, sema(cassits angustifak) – Fixed to right oil castor oil. They act on small and large intestine. Time taken 2 to 3 hrs and 6 to 8 hrs. semiliquid semisolid stool. Gripping pain can be observed. The action is of a moderate type.

4) Osmotic : (Saline)

Solutes (Salts) that are not absorbed in the intestine, retain water osmotically and distend the bowel, thus help in easy evacuation. Ex. Magnesium sulfate (Epsom salt) Sodium potassium tartarate (Rochalle salt) It acts on small and large intestine. It act within 1 to 3 hrs. stools are watery in nature. In side effect, little gripping pain can be observed. Action is drastic in nature.

Applied Aspects.

Depending on the matra(quantity of drug, Kalpana and formulation) of drugs, time given, Koshta of patient, bala of patient and diet taken, the action of virechana varies as mild, moderate or bulky purgatives.

So dosage and formulation of virechana dravyas had direct influence on the action of virechana.

Several types of preparatory methods are also responsible for variation in the Virechana vegas.

Koshta, is the mainly responsible for selection of Virechana drug with its appropriate quantity.

As well the dosage of Virechan drug differes, for classical virechana as it has its role after the pre-operative procedure.

But for the concepts like Nitya Virechana, where the condition of disease suggests the evacuation in terms of daily base where daily accumulation of dosha condition is observed.

Nitya virechana is advised in the line of treatment of Jalodara, Kushta, Gridhrasi, Katishool etc.

Nitya Virechana is feasible as well as can be easily given without hospitalization in alpa bala patients also.

Latin Name :

Haritaki-Terminalia chebula

Trivrit -Operculina Turpenthum (L)

Aragawada- Cassia fistula

Katuki -Picrorhiza Kurroa.

Drugs	Rasa	Veerya	Vipaka	Guna
1.Haritaki	Pancharasa Kashayapradhan	Ushna	Madhura	Laghu Ruksha
2.Trivrit	Tikta, Katu	Ushna	Katu	Laghu tikshna Ruksha
3. Aragawadh	Madhura	Sheeta	Madhur	Guru, Mrudu Snigdha
4. Katuki	Tikta	Sheeta	Katu	Bhedana, Deepana Hrudya

Indications.

1. Haritaki :Agnivardhana, Malashodhani, Sangrahini, Deepana,Pachana, Srotoshodhana

2. Trivrit :Krimi, Udar, Jwara, Shopha, Pandu, Pachana,Vrana, Sarvarogahara

3.Aragawadha :Bala, vriddha, Kshata, Ksheena, Sukumara, anapayitvat.

4. Katuki :Prameha, Shwasa, Kasa, Raktaja vyadi, Daha, Kushta,Krimi.

Mechanism of action of Virechana Dravya

Laxatives modify the fluid dynamics of mucosal cell and may cause fluid accumulation in gut lumen by one or following ways :

1) Inhibiting Na^+ K^+ ATPase of villous cells impairing electrolyte and water absorption.

2) Stimulating adrenyl cyclase in crypto cells increasing water and electrolyte secretion.

3) Enhancing PG synthesis in mucosa which increase secretion.Structural injury to the absorbing intestinal mucosal cells.

Acrion of Virechana

Decreased intra-abdominal pressure thus helpful in dyspnoea due to ascilied. Depress respiratory centre and prevent hyperventilation. Remove undigested food material and prevent stimulation of inflamatory mediators. Decreased water and electrolyte absorption deplete extracellular fluid to lesser extent thereby decreasing blood pressure.

Sharagdharkta Virechaka Dravya

1.Trivrit :

Operculina turpethum is having Anthraquinine glyceride also known as Osodin. absorbed in the small intestine. They are passed to the colon where bacteria liberates the active antiroll form which either act locally or absorbed into circulation. Excreted in bile to act onsmall intestine. The active principle is believed to work on myenteric plexus to increase peristalsis and decrease segmentation. Water extract of the plant causes mild to moderate relaxation of the isolated guinea pigneam and also counteract Acetylcholon.

2.Aragvadha :

Cassia fistula's laxative actions come from a group of well documented compounds called antiraquinones that are found in all Cassia plants in varying degrees. Its main property being that of a mild laxative is more sujitable for children and pregnant women. It is a purgative due to the waxaloin and a tonicm and has been reported to treat many other intestinal disorders like healing ulcers.

The plant has a high therapeutic value and it exerts an antipyretic and analgesic effect and has been found to exhibit antiinflamatory and hypoglycemic activity.

3.Haritaki

Terminalia chebula shows antibacterial and antifungal properties help in preventing bacterial

overgrowth in gut. It has potent action against E Coli, H. Pyleri.

Having anti allergic action prevent must cell degranulation and release of histamine. It has anti oxidant effect because it is found to inhibit the lipid peroxidation and reduce the production of Anion superoxide. Act as prokinetic drug and found to be very effective in diabetic nephropathy.

4.Katuki :

Picrorhiza Kurroa shows action due to Kurkumin Cinnamic and vanillic acid by its choleretic action. As Picral N glycoside exhibits hepatoproteche action in animal models.

It is helpful on hypolipidemic activity, anti inflammatory and hepatoprotecctive activity alio with Picaliv glycoside. Androsin is known to act by preventing the expression of the allergen and platelet activating fator and also shows anti allergica activity mast cell membrane stabilizing properly also and androsin is also helpfujl in reducing oedemi. It also have the immunomodulatory action. The picrorhiza kurroa extracts are able to ameliorate bio chemical damage induced by alloxan in diabetic rats. It shows antibacterial activity.

Virechana is the shodhana which is commonly advocated in practice.Nitya virechana and classical virechana karma have different role according to condition.Virechana classification according to sharangdhara is based on mode of action, potency of drug, consistency of excretory product.It helps to decide the exact drug in specific condition.Classical virechana helps for mala and vitiated dosha expulsion from the root. Among above explained drugs, Haritaki can also act as Carminative or mild laxative for nitya virechana. Haritaki can be utilized as virechanopagadravya in classical virechana. Trivrit can be used in classical virechana in moderate to large dosage Aragwada can be preferred in sukumara, bala, vriddha etc. as it is mrudu virechana dravya. Kutaki should be preferred in nitya virechana in lower dosage.Nitya virechana helps as Koshtashuddhi or mala shuddhi in terms of anulomana as mild laxative in lower doses.Drastic or bulky purgatives should be utilized for mala and doshashodhana in classical virechana..

Conclusion :

From above description, it is clear that Sharangadhara had explained the

exact pharmacokinetics of Virechak drugs depending on the basis of action, potency of drug, onset and consistency of excretory product. One should think before administration of a drug and this may be useful for the further clinical study.

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