

VIRECHANA IN SHARAD RITU - AN OBSERVATIONAL CASE SERIES

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ABSTRACT

Background: *SharadRitu* is a time for *PittaPrakopa*. There is certain cold temperature in rainy season. *PittaChaya* occurs in body naturally and body gets used to this low temperature. But of body to intense hot sunrays leads to aggravation of *Pitta* which was in autumn season, rainfall stops and sky becomes clearer. Hence, sunrays reaches earth more intensely and climate becomes hotter. This sudden exposure accumulated in Rainy season which can lead to diseases of *Pittadosha* and can worsen already present diseases of *Pitta*. As *Rakta* is having *Ashraya Ashrayee Sambhandha* with *Pitta*, diseases related to *Rakta* are also bound to occur. *Virechana* is the purificatory measure administered in *SharadRitu* for preventing and controlling *PittaPrakopa*. **Aim:** To evaluate the role of *Virechana* in *SharadRitu* on features of *PittaPrakopa, snehapana* dose etc. **Methods:** Twenty eight volunteers of either sex between the ages of 20-26 years have participated in this study. A specially designed Case Report Format was used to assess the subjects. A total of 28 subjects who gave informed consent were considered for *Virechana* therapy in *SharadRitu*. Subjects with acute systemic diseases were excluded from study. **Result:** When we analyzed the result, the reduction in symptoms was observed in most of the features and no reoccurrence of complaints for 2-3months. But due to *ApathyaAharaSevana* again complaints reoccurred. **Conclusion:** *SharadRitu* is a season for *PittaPrakopa* and *Virechana* Therapy has a significant role in controlling features of *PittaPrakopa* in *SharadRitu*

Keywords: *Sharadritu, Pitta, Virechana, Apathyaaharasevana*

INTRODUCTION

Ayurveda has mentioned different types of diet and lifestyle according to the seasonal changes. *Varsha, Sharad, Hemanth, Shishira, Vasant, Grishma* are the six seasons which are explained under two types of *Kala, Adankala* and *Visargkala*. *Varsha, Sharad, Hemanth* comes under *Visargkala* and remaining seasons comes under *Adankala*¹. In rainy season there is certain

cold temperature due to which *PittaChaya* occurs in body naturally and body gets used to this low temperature. But in autumn, rainfall stops and sky becomes clearer. Hence, sunrays reaches earth more intensely and climate becomes hotter. This sudden exposure of body to intense sunrays causes aggravation of *Pitta* which was accumulated in Rainy season and

can lead to *pittajavikara* and can worsen already present diseases of *Pittadosha*².

To cope up with this *Pitta Prakopa* (aggrevation of *pitta dosha*) a detailed regime for *Sharad Ritu* regarding diet, lifestyle and *Shodhana* (detoxification) have been explained in our treatise. Intake of *Pitta* pacifying food and drinks are advised. As a purification therapy³ *Tikta Ghritha* (Ghee medicated with bitter drugs), *Virechana* (purgation) and *Raktmokshan* (bloodletting) can be done. Out of which Purgation (*Virechana*) is main purification therapy in autumn (*Sharad*) as it is most significant in *PittaDosha*. A beautiful example has been told by Acharya Sushruta to establish significance of *VirechanaKarma* (purgation therapy) in *Pitta*, “if water is drained from a particular water source then aquatic plants & animals of that source dies, likewise in case of *PittaDosha*, *Shodhana* is done with *Virechana* then all *PittajVikara* gets vanished.”⁴

So, in this study the attempt has been made to validate the effect of seasonal cleansing therapy indicated in *Sharadritu*.

MATERIALS AND METHODS:-

SCREENING:

Twenty eight volunteers of either sex between the ages of 20-26 years have participated in this study. Prior to joining the study they gave their consent. Twenty three of them were from urban and others (3) were from rural setup.

ASSESSMENT:-

A specially designed Case Report Format was used to assess the subjects. Study was conducted under following phases:-

1. *Deepana-Pachana andRukshana*:

In this preparatory procedure, the candidate is given oral medicine like tab. *Chitrakadi* or *agnitundi* for improving the digestion. The dosage of medicine varies according to the constitution as well as nature of the person. If necessary the volunteer has to undergo *rukshana* therapy either in the form of powder massage or

oral medications till the candidate attain signs of normal digestion i.e. *niramalakshana*.

2. *Internal oleation (Snehapana)*:

During the second phase, each volunteer had to consume an amount of medicated clarified butter. These medicines are used in an increasing order for candidates till appearance of signs of proper oleation⁵. Total 7 different type of medicine were used for volunteers. The selection of medicine was done from the detailed history, presenting complaints, season, after assessment of *koshta* (nature of digestive tract) and digestive capacity (*agni*). During *Snehapana* only hot water was advised until the complete digestion of clarified butter which is elicited by a set of signs and *Peya* (Rice gruel) was advised as a part of diet after proper digestion.

3. *Vishramakala*:

During the third phase which is the rest period, full body massage (*SarvangaAbyanga*) with medicated oils which were again selected as per patients detailed history, presenting complaints, season, was done which was followed by steam therapy (*BashpaSweda*). This was carried out for four days. During this period light, easily digestible foods (*laghu, drava & Ushnaahara*) was advised as a part of dietic regimen.

4. *Virechana*:

The final phase i.e. On the day of Purgation (*virechana*), full body massage (*SarvangaAbhyanga*) followed by steam (*BashpaSweda*) was done in the morning and medicine for purgation (*Virechanaaushadhi*) was administered with medicated linctus prepared out of *Operculanaterpathum* (*Trivritlehya* with hot water or milk as adjuvant was administered. The dose of medicine depended on the nature of digestive tract and bowel.

5. *Samsarsajanakarma*:

After purgation stops, from the same day we can start *PeyadiSamsarjanaKarma* (dietic regimen followed post purificatory procedure) which we advise depending on the number of purgations (*vegasa*) attained by the patient.^[6]

OBSERVATIONS:-

Disease Wise:-

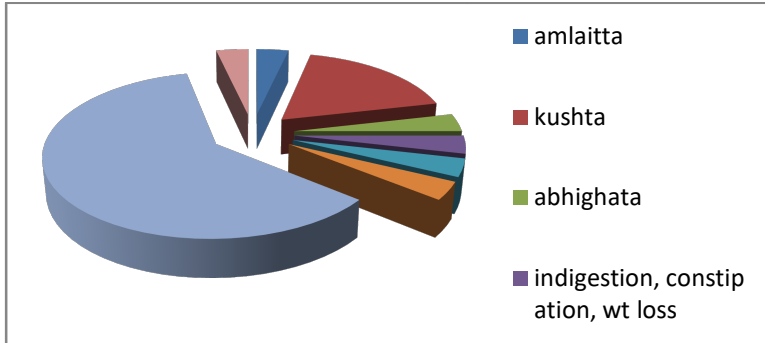


Fig.1:- Figure shows commonly suffered illness in subjects are *amlapitta* (3.57%), *kushta* (17.85%), *abhighata* (3.57%), indigestion (3.57%), migraine (3.57%), PCOS (3.57%), rejuvenation (60.71%) & insomnia (3.57%)

Agni:

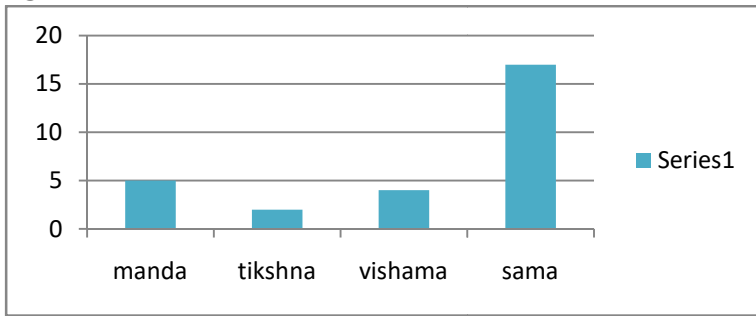


Fig.2:- Shows Agni in subjects maximum of 60.71% who underwent *virechanakarma* were of *samaagni*, 17.86% were *mandaagni*, 7.14% were *tikshnaagni* and 14.28% were *vishamaagni*.

Jihwa:

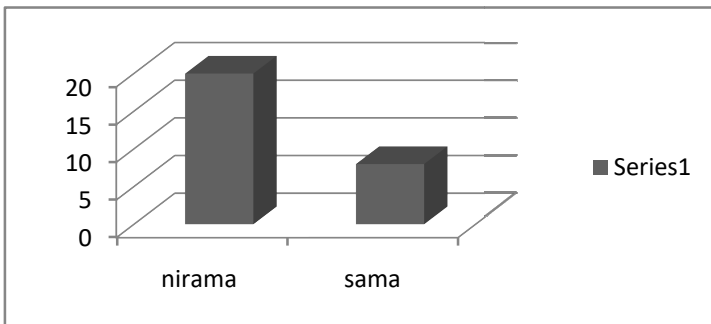


Fig.3:- Shows *nirama* and *samaavastha* Subjects with *Niramaavastha* were 71.42% and *Samaavastha* were 28.57%.

Number of Days of Deepana Pachana:-

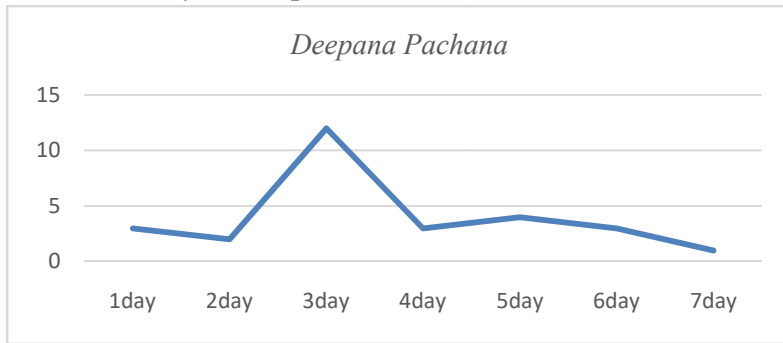


Fig.4:- Shows Number Of Days of *Deepana Pachana* required for Subjects to attain *niramalakshana* so that proper digestion of *sneha* takes place . Subjects who underwent *virechanakarma* took *Deepana Pachana* average of 3-5 days

Snehapana Medicine:- Different ghrithas were used based on the disease condition and the *dosha* involved. We will later discuss about this in the discussion part.

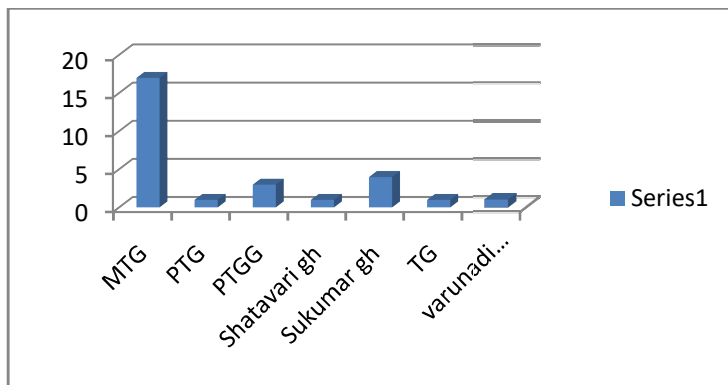


Fig.5:- Shows Ghritha Used By Subjects for *Snehapana* (*gh- ghritha, MTG- mahatiktaka ghritha, PTG- panchatik-taka ghritha, PTGG- panchatiktaka guggulu ghritha, TG- tiktaka ghritha) *Snehapana* was given till the *SamyakSnigdhaLakshanas* were observed with the following ghritha shown above. Mostly Mahatiktaka Ghritha (60.71%) was used.

Snehapana 1st Dose:-

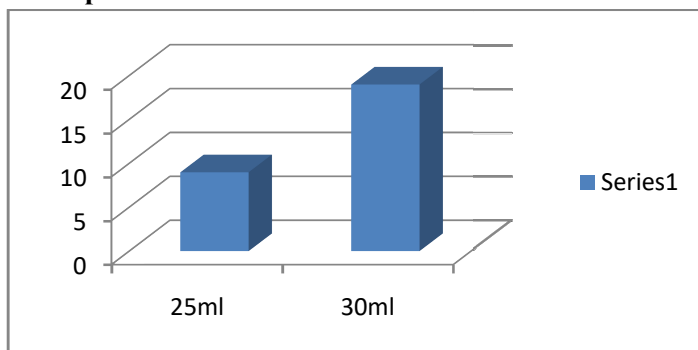


Fig.6:- Initial Dose of *Snehapana*. If patients *koshta* is unknown *snehapana* has to be started with initial dose of 25ml/30ml i.e., *hrisiyasimatra* to know the *koshta* of that person.

Snehapana Days:-

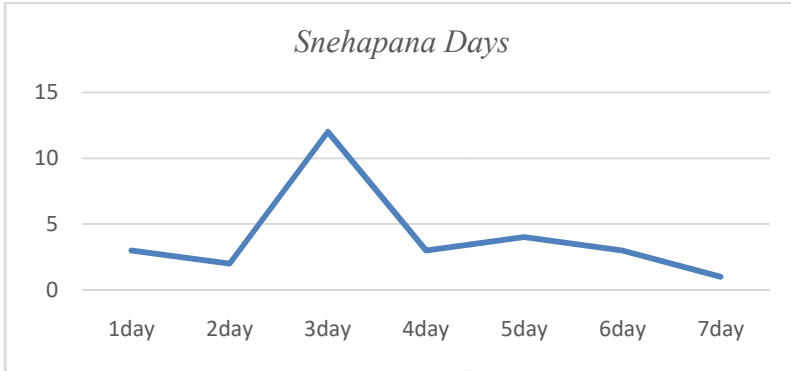


Fig.7:- No of days required to achieve *samyaksnehalakshana*.85.71% subjects underwent *snehapana* for 3-5days and 14.28% for 5-7days. The difference in achieving *samyaksnehalakshana* is due to their *koshta*. *Krurakoshta* is *vatapradhana* so it takes maximum days to achieve *samyaksnehalakshana* likewise *madhyamakoshta* has *kaphapradhana* so it take minimum of 3-5days.

Snigdhatta Achieved:-

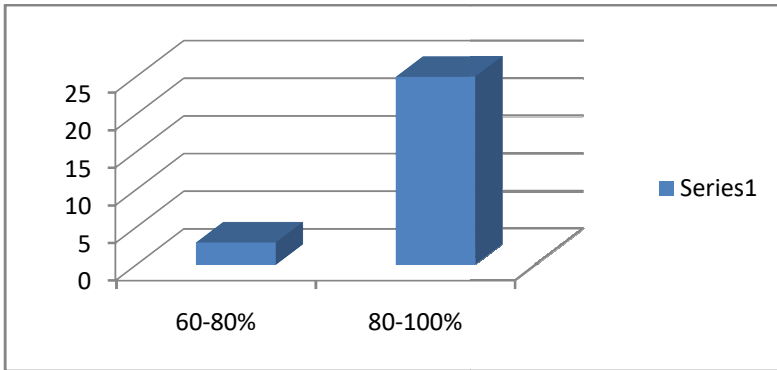


Fig.8:-Snigdhatta Achieved 89.28% subjects achieved 80-100% snigdhatta and 10.71% achieved about 60-80% snigdhatta.

Vishrama Kala:-

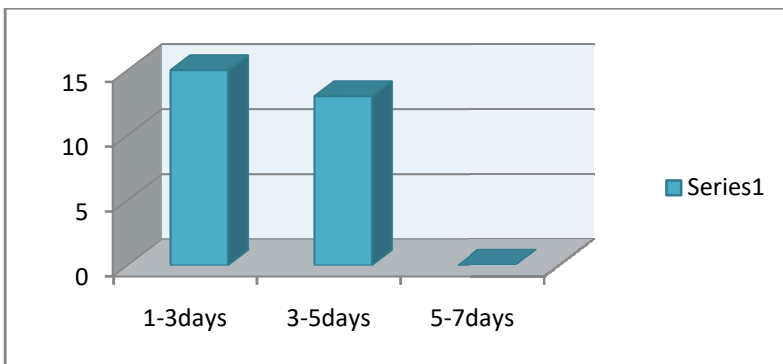
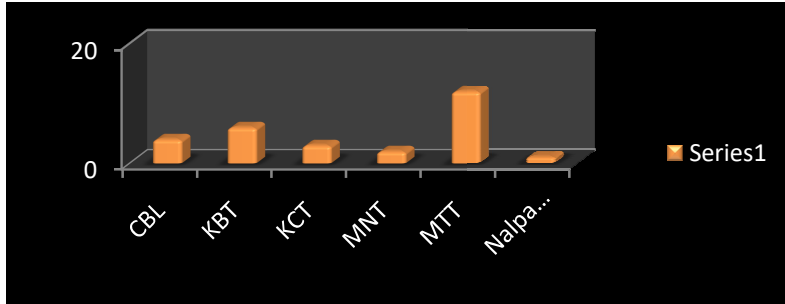


Fig.9:- *Vishramakala* for subjects during *Virechana* 53.57% advised *vishramakala* for 1-3days and 46.42% for 3-5 days. The *Vishramakala* was decided on the basis of *vegas* achieved. In *pravaraashuddhi*, 6 days of *samsarjana-karma* is required. For *madhyama* and *avarashuddhi* 4 and 2 days respectively. This is because the *agni* gets de-ranged due to *Shodhana* process and takes time to achieve normalcy.

Abhyanga Oil:-



Fig, 10:- Oil used for *Abhyanga* during *Vishramakala*. Most of the subjects underwent *sarvangaabhyanga* with moorchita tila taila (42.85%) because they were healthy. And according to the *yukti* different tailas were prescribed according to their condition.

(CBL – chandanabalalakshadi taila, KBT- ksheera bala taila, KCT- kottamchukkadi taila, MNT- mahana-rayana taila, MTT- moorchita tila taila)

Virechana Time:-

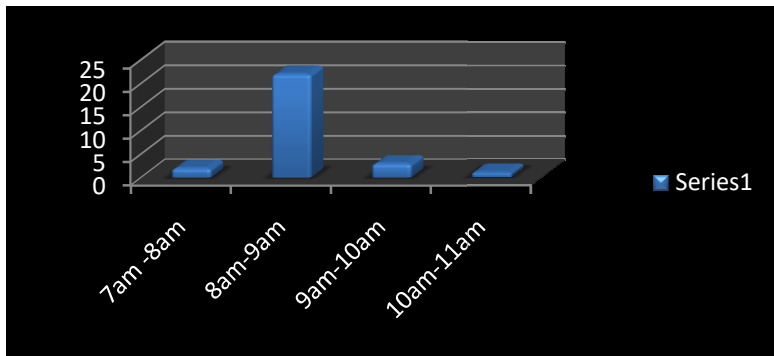


Fig.11:- *Virechanaaushada* was given at 8-9am in most of the subjects (78.57%) because we have to give *Virechana aushada* after the digestion of previous day food, when the patient is not feeling hungry and after passing of *kaphakala*.

Vega: -

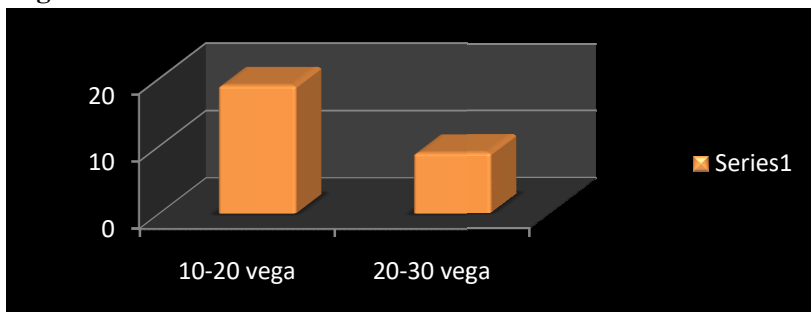


Fig. 12:- A maximum of 67.85% had *VirechanaVega* ranging from 10-20; 32.14% had *Vega* ranging from 20-30

Anupana: -

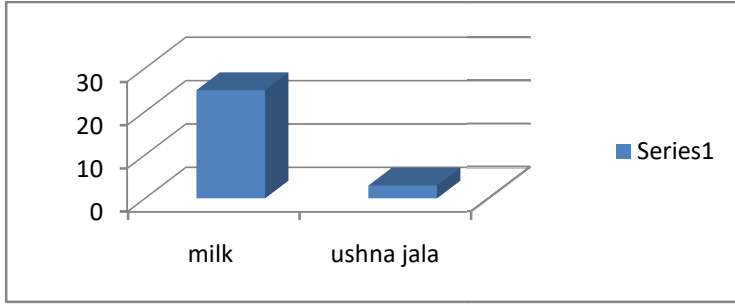


Fig. 13:-Maximum *anupana* was given with *ushnajala* (89.28%) and with *dugdha* (10.71%) according to their *dosha* dominance.

Samsarjana Kala:-

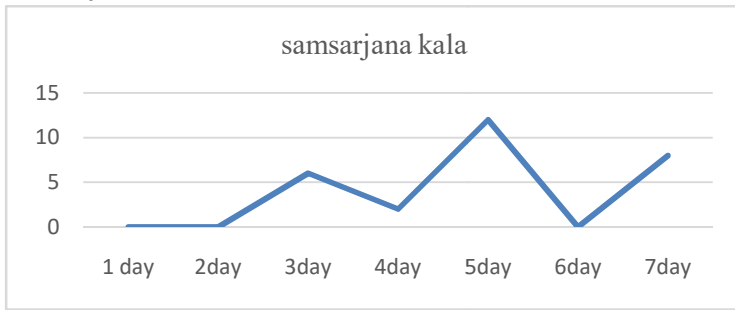


Fig. 14:- 71.42% were advised to follow *samsarjanakarma* for 5-7days and 28.57% for 3-5days.

Shuddhi:-

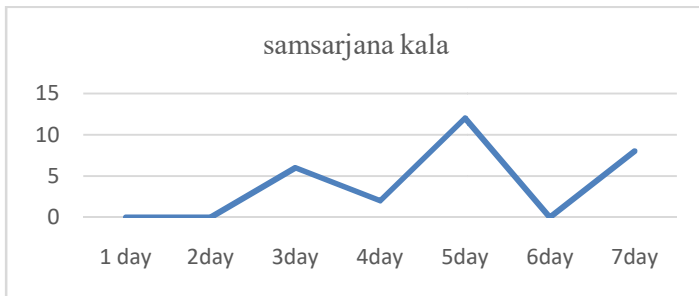


Fig. 15:- 60.71% subjects had *Madhyamashuddhi* , 32.14% had *Pravarashuddhi* and 7.14% had *avarashuddhi*.

Kaphanta:-

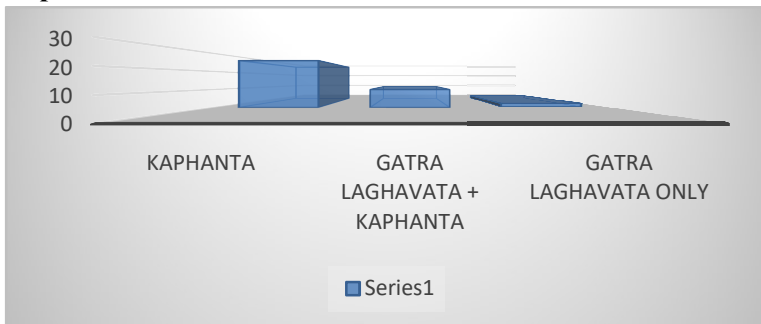


Fig.16:-92.85% subjects had kaphantavirechana.

Snehapana Days and Koshta:-

1. Out of 21 subjects who had *Madhyamakoshta* 12 subjects achieved *snigdhalakshana* in 3days, 7 subjects achieved in 4 days, 1 subject achieved in 5th day and 1 subject in 6th day.
2. Out of 5 subjects who had *mridukoshta* 4 subjects achieved *snigdhalakshana* in 3 days and 1subject in 4th day.
3. Out of 2 subjects who had *krurakoshta*, 1 subject achieved *snigdhalakshana* in 5days and 1 subject achieved in 4 days.

Maximum Matra of Snehaand Shuddhi:-

Maximum Matra Of Sneha	Shuddhi		
	Pravara	Madhyama	Avara
150ml-250ml	7	8	2
250ml-350ml	1	5	0
350ml-450ml	0	2	0
450ml-550ml	1	1	0
550ml-650ml	0	1	0

Relation of Koshta with VirechanaAushada and Vega:-

1. In *mridukoshta*, the average *Virechana* drug given was 23gram in which two subjects were having *madhyama* and 1 with *pravara*shuddhi.
2. In *madhyamakoshta*, the average *Virechana* drug given was 26grams with 14 *madhyamashuddhi* followed by 6 *pravara* and 1 *avaravega*.
3. In *krurakoshta*, the average *Virechana* drug given was 32 grams with 1 *pravara* and *madhyamashuddhi*. The dose for *krurakoshta* was comparatively high than other *koshta*

Average Weight Reduction Before and After Virechana:-

1. The average weight reduction observed in *Pravara* shuddhi is 2.44kg, *Madhyamashuddhi* is 0.68kg and in *Avarashuddhi* is 0.75kg.
2. Out of 9 *Pravarashuddhi* subjects, in 2 subjects there was no weight reduction observed.
3. Out of 17 *Madhyamashuddhi* subjects, in 6 subjects there was no weight reduction observed and in 2 subjects there was negligible increase in weight of 0.3 kg and 1 kg.

DISCUSSION

Most of subjects came for rejuvenation (60.71%) followed by some associated complaints like skin diseases (*kushta*-17.85%).Most used drug for *snehapana* is

mahatiktaka ghrita (60.17%) due to its pittahara property for rejuvenation and in conditions of skin diseases, indigestion, PCOS, migraine, etc, even panchatik-taka ghrita was used in *amlapitta* because in Sharad ritu there will be *pitta* vitiation leading to accumulation of *kleda* and *ama* in the body so Acharya charaka gives importance to tikta ghrita^[7] in *sharadrituas* it digest *ama* and *kledashoshaka*. 16 subjects achieved *snigdhalakshana* on third day. Among all *samyaksnehanalakshana*, the four important symptoms are *snehana*, *vishyandana*, *mardava* & *kledakaraka*. Hence *adhastad snehadarshanam* and *snehodvega*^[8] may be considered as a limit and one can decide that *snehana* is completed. If *snehana* is further continued the aim of further *doshotklesha* will not be fulfilled. When *Virechanaaushadi* was given between 8am -9am 13 subjects got *madhyamashuddhi* followed by *pravara*shuddhi (7 subjects), when it was given after 9am-10am 2 subjects got *pravara*shuddhi and 1 subject got *madhyamashuddhi* and 1 subject got *madhyamashuddhi* when *Virechanaaushadi* given after 10am. One subject of the 28 (3.57%) had the pain in the calf muscles after 22ndvega this might be due to dehydration which caused depletion of sodium and chloride 1 subject (3.57%) had vomiting twice followed by unconsciousness during the Study. Rest of the 92.85% of the patients were devoid of any complication. 71.42% were advised to follow *samsarjanakarma* for 5-7days and 28.57% for 3-5days. The purpose of *samsarjanakarma* is bring back *manda Agni* to normalcy^[9] and

doing *bruhmana*.^[10] When we compare the maximum dose of *snehapana* and *shuddhi* it is observed that those subjects who had taken maximum *sneha* dose had 7 *pravarashuddhi* and 8 *madhyamashuddhi* because if the *sharira* is properly oiled then *doshas* which are adhered to the *srotas* are easily to move from *shakha* to *koshta*.

Sharadritu is seen after *Varsharitu*. In *Varsharitu* along with *VataPrakopa*, *Pitta* *chaya* is seen because of the *Amlavipaka* of food and medicines that occur naturally in this season.^[11] *Pitta* does not reach the level of *prakopa* because of the external cold due to rain. *PittaChaya* occurs when internal and external qualities like *Teekshna* act together with *Sheeta* and when they act together with *Ushna* lead to *Prakopa* of *Pitta*. With the absence of clouds in *sharadrutu*, the sunrays reach earth with a greater intensity. So the environment that is *Sheeta* (cold) in *Varsha* starts getting hotter (*ushna*) in *Sharad*. Thus in *SharadRitupitta* reaches the level of *Prakopa* and there is all chance for the production of diseases related to that particular *Dosha*. When we assessed each subject for next 6 months after they took *Virechana*, Out of 28 subjects, 26 patients complaints reduced but reoccurred after 2-3 months after *Virechanakarma*. After detailed history it is observed that it may be due to *apathyaahaarasevana* which they followed.

Mode of action of Virechana:

The basic configuration *trivrut* shows that it has dominancy of *Prithvi* and *JalaMahabhuta* with the qualities like *Ushna*, *teekshna*, *sukshma*, *vyavayi* and *vikasi*. Both *Prithvi* and *JalaMahabhuta* have a natural tendency to go downwards and thus they can assist in induction of *Virechana*. Also, *trivrut* is having *recharna* quality and is considered as best among moderate purgatives.^[12] As *Snehana* and *Svedana* are performed prior to *Virechana*, in a *Snigdha* body the *Dosha* smears easily without any hurdle and easily come to the *Amashaya* from where *Virechana* evacuates it.^[13] Once *PittaDosha* is evacuated the symptoms reduce significantly.

Vyavayi property of *Virechana* drug is responsible for quick absorption. *Vikasiguna* causes softening and loosening of the bond by *dhatusaithilyakarma*. Due to

Ushnagunadhatusanghata (compactness) is liquefied (*vishyandana*). *Tikshnaguna* produce *chedana* of the *doshas*, which are already softened due to oleation therapy. Thus, liquefied *doshas* are dragged to the *koshta*. Due to *sukshmaguna* by reaching into micro channels, disintegrates endogenic toxins which are excreted through microchannels. Due to the dominance of *prithvi* and *jalamahabhuta* in the *Virechana* drugs and the *adhobhagaharaprabhava*, the vitiated *doshas* are expelled out through anal route.^[14]

CONCLUSION

SharadRitu is the time for *PittaPrakopa* and this was evidenced by the symptoms dominantly seen during survey. Common complaints during this *Ritu* are urticaria, gastritis, indigestion, psoriasis, allergic dermatitis and acne which may be newly seen or may have aggravated in this autumn season. Many of the classical symptoms explained under *PittaPrakopa* are also evidenced in this season. *Virechana* has a positive and important role in getting rid of this *Pittaprakopa* in *Sharad Ritu*. But to maintain a healthy life one should continue to follow *pathyaahara* and *vihara* after the *Shodhanakarma*. So in context to lead a healthy life *VirechanaKarma* should be performed in *SharadRitu* as advised in *Rutucharya*.

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