



**A COMPARATIVE STUDY OF VIRECANA AND SNEHA  
VIRECANA IN ŚĪTAPITTA**

**A THESIS SUBMITTED TO  
BHARATI VIDYAPEETH UNIVERSITY, PUNE  
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DOCTOR OF PHILOSOPHY (PH.D)  
IN THE SUBJECT PAÑCAKARMA  
UNDER THE FACULTY OF ĀYURVED**

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KATRAJ – DHANKAWADI**

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## CERTIFICATE

This is to certify that the work incorporated in the thesis entitled “ A Comparative study of Virecana and SnehaVirecana in Śītapitta” for the degree of “Doctor of Philosophy” in the subject of Pañcakarma under the faculty of Ayurved has been carried out by Dr. Mrs. Minaj Chand Kulkarni in the Department of Pañcakarma at Bharati Vidyapeeth Deemed University, College of Ayurved, Pune during the period from June 2009 to May 2015 under the guidance of Prof. Dr. Surendra M. Vedpathak.

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## **CERTIFICATION OF GUIDE**

This is to certify that the work incorporated in the thesis entitled “A Comparative study of Virecana and Sneha Virecana in Śītapitta” submitted by Dr. Mrs. Minaj Chand Kulkarni for the degree of “Doctor of Philosophy” in the subject of Panchakarma under the faculty of Ayurved has been carried out in the Department of Panchakarma, Bharati Vidyapeeth Deemed University, College of Ayurved, Pune during the period from June 2009 to May 2015 under my direct Supervision and guidance.

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## DECLARATION

I hereby declare that the thesis entitled “A Comparative study of Virecana and SnehaVirecana in Śītapitta” submitted by me to the Bharati Vidyapeeth University, Pune for the degree of **Doctor of Philosophy (Ph. D.)** in Pañcakarma under the Faculty of Ayurved is original piece of work carried out by me under the supervision of Prof . Dr. Surendra M. Vedpathak. I further declare that it has not been submitted to this or any other University or Institution for the award of any Degree or Diploma.

I also confirm that all the material which I have borrowed from other sources and incorporated in this thesis is dully acknowledged. If any material is not dully acknowledge and found incorporated in this thesis, it is entirely my responsibility. I am fully aware of the implications of any such act which might have been committed by me advertently or inadvertently.

Place :  
Date :

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## ABBREVIATIONS

- A. H. - Ashtanga Hridaya  
A. S. - Ashtanga Sangraha  
B.P. - Bhāvaprakāśa  
B.P. - Bhāvaprakāśa Nighantu  
B.S. - Bhela Samhita  
B.R.SUK – Bhaisajya Ratnāvali Śītapitta Udard Kotha  
Ch. - Caraka Samhitā  
Cha - Cakrapāni  
Chi. - Cikitsāsthāna  
Ha. Sam. - Hārīta Samhitā  
Ka. - Kāśyapa Samhitā  
Ka. Sam. - Kāśyapa Samhitā  
M. N. - Mādhava Nidāna  
Ni. - Nidānasthāna  
Pu. - Purva Khanda  
Sha. - Śārangadhara  
Si. - Siddhisthāna  
Su.Sam - Sushruta Samhitā  
Su. - Sutrasthāna  
Vi. - Vimānasthāna  
Y. R. - Yogaratnakara  
B.R.- Bhaisajya Ratnāvali  
Ci.- Cikitsā Sthāna  
K. -Kalpa Sthāna  
Ut.- Uttara Sthāna  
R. N- Rāj Nighantu



च . चि .	चरक चिकित्सास्थान
च . नि .	चरक निदानस्थान
च . वि .	चरक विमानस्थान
च . सू .	चरक सूत्रस्थान
च . क .	चरक कल्पस्थान
च . सि .	चरक सिद्धिस्थान
सु . सू .	सुश्रुत सूत्रस्थान
सु . क .	सुश्रुत कल्पस्थान
सु . चि .	सुश्रुत चिकित्सास्थान
सु . नि .	सुश्रुत निदानस्थान
अ . ह . नि .	अष्टांग हृदय निदानस्थान
अ . ह . क .	अष्टांग हृदय कल्पस्थान
अ . ह . उ .	अष्टांग हृदय उत्तरस्थान
अ . ह . सू .	अष्टांग हृदय सूत्रस्थान
अ . सं . सू .	अष्टांग संग्रह सूत्रस्थान
यो . र .	योगरत्नाकर
मा . न .	माधवनिदान
भा . प्र . दि . खं .	भावप्रकाश द्वितीय खंड
भा . प्र . नि .	भावप्रकाश निघण्टु
रा . नि .	राजनिघण्टु
शा . सं .	शारंगधर संहिता
शा . सं . पू .	शारंगधर संहिता पूर्वखंड
शा . सं . उ .	शारंगधर संहिता उत्तरखंड
शा . सं . म .	शारंगधर संहिता मध्यमखंड
च . पा .	चक्रप्राणी

## ROMANIC EQUIVALENT OF DEVANAGARI

अ	a, A	क्	k K	ट	ṭa	भ	bha
आ	ā, Ā	क	Ka	ठ	ṭha	म	ma
इ	i, I	ख्	Kh	ड	ḍa	य	ya
ई	ī, Ī	ख	Kha	ढ	ḍha	र	Ra
उ	u, U	ग्	g	ण	ṇ N	ल	La
ऊ	ū, Ū	ग	ga	त	ta	व	Va
ऋ	ṛ ,Ṛ	घ	gha	थ	tha	श	Śa
ए	e, E	ङ	ṅa, Ṇa	द	da	ष	Ṣa
ऐ	ai, Ai	च	Ca	ध	dha	स	Sa
ओ	o, O	छ	Cha	न	na	ह	Ha
औ	au, Au	ज	ja	प	pa	क्ष	kṣa
अं	ṁ, Ṣ	झ	jha	फ	pha	त्र	Tra
अः	aḥ ,AḤ	ञ	ña, Ña	ब	ba	ज्ञ	Jña

**Note : Numbers at the top of the sentence indicates sutra number given in chapter references.**

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# INTRODUCTION

## INTRODUCTION

The life style today has become fast and people are not able to follow the Dinacaryā and R̥tūcaryā described in classical Āyurvedic texts. So in day to day life they come across many factors which are against Dinacaryā and R̥tūcaryā. These factors are responsible for many diseases.

Also due to heavy industrialization and heavy traffic one constantly comes into contact with various pollutants. The spicy and fast food eaten now a days, which have very less nutritional values and also having similar properties to Virūddhāhara. These all ultimately resulted into Dhātūdurbalya (i.e. lower immunity). Which causes Śītapitta Vyādhī. Śītapitta is one among the important and common skin problem described in Āyurveda. Prakūpita Vāta and Kapha due to Śīta Mārūtādi Nidāna when being mixed with Pitta spreads internally and externally resulted into Śītapitta Vyādhī.

शीतमारूत संस्पर्शात्प्रदुष्टौ कफमारूतौ

पित्तेन सह संभूय बहिरन्तविसर्पितः □□

Vitiated Vāta causes Vimārgagamana in Twachā with the symptoms of Śītapitta viz- Maṇḍal, Utsedha, Kaṇḍū, Toda, Chardi, Jwara and Dāha.

वरटीदष्टसंस्थानः शोथः खंजायते बहिः

सकण्डूतोदबहुलश्छर्दिज्वरविदाहवान् □□

Due to these symptoms the patient becomes restless and with disturbed mind. Various types of Urticaria can be taken as Śītapitta. Though the disease, Urticaria is not a life threatening, it makes worried the patient due to its appearance and severe itching disturbing routine Urticaria affects about 15-20% of people at some point in their lifetime . Urticaria can appear at any age, from infancy to old age. The most common age group is the 30 to 50 year. women are more likely than men to suffer from urticaria. For chronic urticaria, the ratio (women to men) has even been pegged at 2:1.(Ref.- Harrisons Internal medicine. 15<sup>th</sup> Edition)

## NEED OF STUDY:

The existing medical systems do contribute their part in the effective management of the disease. But this doesn't offer complete relief and even recurrence is a common event. Āyurveda describes, the disease is due to Vitiating of Doṣās and if these Vitiating Doṣās are removed from the body then there is least possibility of recurrence of the disease.

The Āyurvedic management of diseases in general, can be broadly grouped in to Śodhan and Śamana treatments. With the administration of Saṁśodhan therapy attempts are made to purify or cleanse all the body tissues and to bring about the harmony of Triḍoṣa i.e. Vāta, Pitta and Kapha in such a way that Vitiating Doṣās are removed from the body and long lasting beneficial effects are produced in the body.

दोषाः कदाचित्कुप्यन्ति जिताः लघ्नपाचनैः

जिताः संशोधनैर्येषु न तेषां पुनरुद्भवः □□

It is a radical treatment of a disease and is supposed to eliminate the Vitiating Doṣās, thus completely preventing or curing the disease. Pañcakarma has a role as a Promotive, Preventive, Curative & Rehabilitative procedure. In Śītapitta, Dūṣṭi of Doṣās is very prominent. Hence Śītapitta needs Śodhan Cikitsā. According to Ancient Āyurvedic scientists, the elimination of the waste products of the body is termed as Apakarṣana which means Śodhan. Pañcakarma is the Śodhan modality described in Āyurved, in which permanent relief from Śītapitta takes place. Vaman, Virecana and Raktamokṣan are the Pañcakarma procedures useful for Śītapitta Vyādhī.

अभ्यंगः कटुतैलेन स्वेदश्चोष्णेन वारिणा □

तथाऽ शु वमनं कार्यं पटोलरिष्ट वासकैः □□

त्रिफलापुरकृष्णाभिर्विरक्तेश्च प्रशस्यते □

Virecana by classical method was selected as representative for Pañcakarma. It is less stressful procedure as compared to Vamana, has less possibility of complications and could be done easily. So it is widely used as Śodhan therapy in routine. It is more acceptable to all classes of patients. In addition to the acceptability

and popularity, the Virecana procedure is considered the best treatment for morbid and increased Pitta Doṣa and it is more useful in eradicating the diseases originated from the Vitiated Pitta. It is also useful in Pittasaṃsruṣṭa Vāta and Kapha. Means it is beneficial in Triḍoṣa condition. It acts on Rasavaha and Raktavaha Strotas also ultimately Rasa and Rakta Dhātu gets purified. In Śītapitta Dūṣṭi of Triḍoṣa and Rasa and Rakta Dhātu takes place. Hence Virecana is definitely effective in Śītapitta Vyadhi.

#### **Lacuna —**

The lacuna here is that no one has done comparison of Virecana and SnehaVirecana in Śītapitta. Hence the study is aimed to compare the efficacy of Virecana and SnehaVirecana on Śītapitta. Bhāvprakāśa and Yogratnākar states that, in Śītapitta for Virecana Karma, Yoga of Triphalā, Gūggulū and Pippali should be used. Sūśrūta states that Eraṇḍa Taila is useful for SnehaVirecana karma or Adhobhāga Doṣaharam. Therefore we have added Eraṇḍa Taila in the above said Virecana yoga for SnehaVirecana karma.

#### **Hypothesis —**

- Virecana and Sneha Virecana is effective in all Symptoms of Śītapitta viz- Maṇḍal , Utsedha, Kaṇḍū , Toda, Chardi, and Dāha .
- By comparing efficacy of Kaṣāy Virecana (Triphalā + Guggulu + Pippali) & Sneha Virecana (Triphalā + Guggulu + Pippali + Eraṇḍa Tail), which is more effective.

# **AIM AND OBJECTIVES**



## **AIM AND OBJECTIVES**

### **AIM:**

- To assess the efficacy of Virecana and Sneha Virecana in the management of Śītapitta Rugna.

### **OBJECTIVES:**

- To check the reduction in cardinal Symptoms of Śītapitta viz- Maṇḍal , Utsedha, Kaṇḍū , Toda, Chardi, and Dāha
- To compare the efficacy of Virecan and Snehavirecan in Śītapitta Vyādhī.

# **REVIEW OF LITERATURE**

- 1) Review of Śītapitta Vyādhī**
- 2) Review of Virecana procedure**
- 3) Review of dravyās used for virecana  
procedure**
- 4) Review of previous work done on this topic**

## **DISEASE REVIEW—ŚĪTAPITTAVYĀDHI**

- A) Historical Review**
- B) Āyurvedic Review**
- C) References**
- D) Modern Review – Urticaria**

## **GENERAL DESCRIPTION OF ŚĪTAPITTA VYĀDHI :**

### **Vyutpatti and Nirūkti :**

There is no any description regarding Vyutpatti and Nirūkti of Śītapitta Vyādhī available in any texts. But it comprises of two words i.e. Śīta and Pitta which indicates that there is mainly Vitiatioin of Vāta and Pitta Doṣa in manifestation of Śītapitta Vyādhī.

In Āyurvedic texts the three disorders are described almost similar having few different characters and different causative factors i.e. Śītapitta, Udarda and Koṭha. In Mādhavnidān Śītapitta and Udarda are described as synonyms of each other.

(M. N. 50/41) only the difference is that Śītapitta having Vāta Dominency while Udarda having Kapha Dominency. He mentioned specific character of Udarda as Maṇḍal (rashes) having inflammed edges with depressed center.

In the classics Koṭha has been described as the Itchy red rashes covering major part of skin and chronic in nature. Though these three Śītapitta, Udarda and Koṭha has been described as different entities, but they can be considered as different types of the Śītapitta or Urticaria as they all having same cardinal symptom i.e. Itchy red rashes on the skin (M. N. 50).

## **A) HISTORICAL REVIEW**

### **VEDIC KĀL**

#### **Veda :**

There is no any clear description or even indication available in Veda, Upaniṣad or Brāhmaṇa Grāṇtha regarding Śītapitta. The first ever indication found in various Saṃhitās.

## **SAMHITĀ KĀL**

### **Caraka Saṃhitā :**

There also no any detailed description available regarding Śītapitta Vyādhī but it has been mentioned at many places as symptom or complication of disease or as Iatrogenic disease i.e.

Koṭha as Chhardi Nigrahaja Gada. <sup>1</sup>

Rakta Koṭha as Nānātmaja Vikāra of Pitta. <sup>2</sup>

Udarda as Nānātmaja Vikāra of Kapha. <sup>3</sup>

Koṭha as Raktapradoṣaja Vikāra. <sup>4</sup>

Koṭha as Pūrvarupa of Kuṣṭha. <sup>5</sup>

Utokoṭha as complication of <sup>Pūnarāvartaka</sup> Jvara. <sup>6</sup>

Koṭha as Saṅtarpanajanya Vikāra. <sup>7</sup>

RaktaKoṭha as symptom of Paittika Jvara. <sup>8</sup>

Udarda as Pūrvarūpa of Unmāda. <sup>9</sup>

Koṭha as symptom of Sānnipātika Jvara. <sup>10</sup>

Koṭha as Iatrogenic disease caused due to faulty Vamana procedure.i.e. Vaman Ayogjanya Lakṣaṇ. <sup>11</sup>

### **Sūśrūta Saṃhitā :**

Sūśrūta also does not describe Śītapitta as separate disease but mentioned it as symptom or complication of many disorders and as Iatrogenic disease. i.e.

Excessive intake of Lavaṇa Rasa as causative factor for Koṭha. <sup>12</sup>

Koṭha as a symptom produced by the insect bite i.e. Maṇdaviṣa, Śūkavrihta Daṃsa <sup>13</sup>

### **Aṣṭāṅg Hridaya :**

The first ever description of Koṭha is found in Aṣṭāṅg Saṃgraha and Aṣṭāṅg Hridaya in chapter of Kṣāudra Roga mentioned as Utakoṭha as Iatrogenic disease due to faulty Vamana procedure and described it as Itchy, red rashes covering most part of skin and it called Koṭha when it becomes chronic. <sup>14</sup>

He Mentioned Raktakoṭha as symptom of Paittika Jvara. <sup>15</sup>

Udarda as symptom of Kaphaja Jvara. <sup>16</sup>

Koṭha as symptom of Sānnipātika Jvara. <sup>17</sup>

Koṭha as symptom of Mūṣika Daṃsa. <sup>18</sup>

### **Mādhava Nidāna :**

The first ever-detailed description about Nidāna, Saṃprāpti, Pūrvarūpa and Rūpa of Śītapitta-Udarda- Koṭha found in 50<sup>th</sup> chapter of Mādhava Nidāna.

### **Cakradatta :**

First detailed description of Cikitsā of Śītapitta-Udarda-Koṭha found in Cakradatta in chapter 51.

### **Bhāvprakāśa :**

Śītapitta is described in Madhyakhaṇḍa of Bhāvprakāśa in chapter No. 55.

### **Yogarātnākara :**

Detailed description of disease and its treatment described under the title Śītapittādi Nidāna Cikitsā in its Uttara Khaṇḍa .

## **B) REVIEW OF NIDĀNA PAÑCAKA OF ŚĪTAPITTA VYĀDHI:**

It is important to understand the pathogenesis of the disease for its proper diagnosis, which comprises of Nidāna, Saṃprāpti, Pūrvarūpa, Rūpa, Upaśaya & Anūpśaya.

## **NIDĀNA:**

Nidāna means the causative factors of disease.

Nidāna for Śītapitta is mentioned as because of Swahetū Triḍ oṣ a Parkopa takes place.<sup>19</sup>

These Swahetū can be classified as-

- 1) Āhāraja Hetū
- 2) Vihāraja Hetū
- 3) Nidānārthakara Roga
- 4) Cikitsā Mithyā yoga.

### **(1) Āhāraja Hetūs :**

Āhāraja Hetū can be summerised as below :

a) Abhiṣyañdi and Kaphaprapakara Āhāra: <sup>20</sup>

Śāntarpaṇa Nidāna like Adhyaśana, Gūrū Dravya, Snigdha Bhojana, Dadhi, Āmla, Lavaṇa are responsible factors for Kaphaprapakara and production of Maṇḍāgni, which plays major role in pathogenesis of Śītapitta.

b) Pittaprapakara and Rakta Dūṣṭi kara : <sup>21</sup>

Hetūs like Atilavaṇa Sevana, Āmla, Katū, Kṣāra, Tīkṣṇa Dravya and Madya are responsible for Pitta Prakopa and Rakta Dūṣṭi .

Hetūs like Virūddhāhara and Adhyaśana are responsible for causing Maṇḍāgni and ultimately producing Āma which is having properties like Viṣa. These Hetūs are also responsible for ŚītapittaVyādhī.

c) Vāta Prakopaka and Tvak Vaigūnyakara Hetū : <sup>22</sup>

Hetūs like Śīta Mārūta Sparśa, Rūkṣa, Laghū Āhāra, Laṅghan, Chinta, Śoka, Krodha, Diwāswāp, Malamūtrādi & Chhardi Nigraha are responsible for mainly Vāta Prakopa and also partly for Pitta and Kapha Prakopa. These all Nidānās are also responsible for Tvak Vaigūnya as they all directly comes in to contact with Tvacā & producing pathology at Tvacā.

## **(2) Vihāraja Hetū:**

Vihāraja Hetūs for Śītapitta can be summerised as below :

### **a) Pitta Prakopaka and Rakta Dūṣṭi kara Hetūs : <sup>23</sup>**

Atikrodha, Ātapsevan, Atiṣrama, Abhigāta, Saṁtāp and ṣarad kāl are responsible for Pittaprakopaka and Rakta Dūṣṭi ultimately causing Śītapitta Vyādhi.

### **b) Kapha Prakopakara and Rasa Dūṣṭi kara Hetūs : <sup>24</sup>**

Hetūs like Atidiwāswāp, Drava, Snigdha, Gūrū Bhojan, Chhardi Nigraha are responsible for Kaphaprakopa and Rasa Dūṣṭi ultimately causing ŚītapittaVyādhi.

## **(3) Nidānārthakara Roga :**

### **a) Sānnipātika Jwara and other Jwara. <sup>25</sup>**

Jwara is a Rasa Dūṣṭi JanyaVyādhi. Also responsible for Triḍoṣa Prakopa mainly Pitta- Prakopa. This Triḍoṣa Prakopa and Rasa Dūṣṭi can be seen in Paittika Jwara and Kaphaja Jwara and causing symptoms of Śītapitta Vyādhi.

### **b) Adhoga Āmlapitta :**

Adhoga Āmlapitta having Doṣa involvement of Pitta and Kapha and also the Maṇḍāgni leads to Rasa Dūṣṭi which ultimately results in ŚītapittaVyādhi.

## **(4) Cikitsā Mithyā Yoga :**

### **a) Vamana Ayoga : <sup>26</sup>**

In this condition Vāta Prakopa and Kapha prakopa produces the Rasa and Rakta Dūṣṭi and resulted into Śītapitta Vyādhi.

### **b) Swedan Atiyoga as a Upadrava :**

In Swedan Atiyoga mainly Pittaprakopa takes place and resulting in Tvak Vaigūnya ultimately producing Śītapitta Vyādhi.



c) Dūṣṭa Rakta Nigraha (Raktamokṣan Ayogjanya Lakṣaṇ) :

In this condition Nigrahita Rakta which is already being Dūṣṭa is an important factor for Śītapitta.

So, Nidānas of Śītapitta can be classified as :

- Triḍoṣa Prakopaka
- Rasa – Rakta Dūṣṭi
- Tvak Vaigūnya

### **NIDĀNA:**

#### **According to Charak—**

Āhāraja Hetū — Saṅtarpaṇajanya Āhāra ,Atilavaṇa Sevana, Āmla, Katū,Tīkṣṇa Madya, Virūddha Āhāra, Adhyaśana, Gūrū Dravya, Snigdha Bhojana, Dadhi, Dushiviṣa, Viṣa-Annapāna.

Vihāraja Hetū — Śīta Mārūta Sparśa, Ātapsevan, Atyādhik Śram, Chhardi Nigraha, Atidiwāswāpa, Bhojanottar Nidrā, śarad Ṛtū.

Nidānārthakara Roga — Sānnipātika Jwara, Pittaja Jwara, Kaphaja Jwara,Unmāda Cikitsā Mithyā Yoga — Vamana Ayoga, Dūṣṭa Rakta Nigraha

#### **According to Sūśrūta —**

Āhāraja Hetū-- Atilavaṇa Sevana, Dadhi

Vihāraja Hetū-- Śīta Mārūta Sparśa

#### **According to Aṣṭāṅg Saṅgrah —**

Vihāraja Hetū-- Śīta Mārūta Sparśa, Chhardi Nigraha

Cikitsā Mithyā Yoga— Vamana Ayoga

#### **According to Mādhava Nidāna —**

Vihāraja Hetū-- Śīta Mārūta Sparśa

Cikitsā Mithyā Yoga-- Vamana Ayoga

#### **According to Bhāvprakāśa —**

Vihāraja Hetū-- Śīta Mārūta Sparśa

Nidānārthakara Roga-- Adhoga Āmlapitta

Cikitsā Mithyā Yoga-- Vamana Ayoga, Virecana Ayoga

#### **According to Yogratnākara —**

Āhāraja Hetū-- Atilavaṇa Sevana, Tīkṣṇa Madya

Vihāraja Hetū-- Śīta Mārūta Sparśa

## **PŪRVARŪPA :**

Pŭrvārūpa are the signs and symptoms seen before the actual Symptoms of the disease being produced during the pathogenesis of the disease.

In Śītapitta the following symptoms can be seen as Pŭrvārūpa.<sup>27</sup>

1. Pipāsā - Thirst
2. Arūcī - Loss of Appetite
3. Hṛillāsa - Nausea
4. Aṅgasāda - Feeling of tiredness.
5. Aṅgaurava - Feeling of heaviness
6. Raktalocanātā - Redness of eyes.

### **1) Pipāsā (Thirst) :**

This symptom is mainly occurs due to Vāta and Pitta dominancy. It also indicates the involvement of Rasa Dhātū Dūṣṭi .

### **2) Arūcī (Loss of appetite) :**

This is mainly due to Kapha dominancy. It is due to the involvement of Rasa Dhātū Dūṣṭi .

### **3) Hṛillāsa (Nausea) :**

This is due to Kapha dominancy and involvement of Rasa Dhātū Dūṣṭi .

### **4) Aṅgasāda (feeling of tiredness) :**

It is due to the Vāta dominancy and involvement of Rasa Dhātū Dūṣṭi .

### **5) Aṅgaurava :( Feeling of heaviness) :**

It is due to Kapha dominancy and involvement of Rasa Dhātū Dūṣṭi .

### **6) Raktalocanātā (Redness of eyes) :**

It is due to Pitta dominancy and involvement of Rakta Dhātū Dūṣṭi

## **RŪPA:**

Rūpa are the signs and symptoms produced after total manifestation of disease.

Here, Rūpa of Śītapitta are <sup>28</sup>

- Varati Daṃṣṭa Saṃsthāna Śōtha–Utsedha (Inflammation like an insect bite)
- Kaṇḍū (Severe itching)
- Toda (Excessive pain)
- Chhardi (Vomiting)

- Jwara (Fever)
- Dāha (Burning Sensation)

### **SIGNS AND SYMPTOMS:**

All symptoms of Śītapitta can be summarised as below:

1) Varati Daṃṣṭa Saṃsthāna Śōtha (Utsedha):

It is due to involvement of Kapha Doṣa and also due to Rakta Dūṣṭi.

2) Kaṇḍū (Sever Itching):

It is due to involvement of Pitta and Kapha Doṣa and also due to Rakta Dūṣṭi.

3) Toda (Excessive pain):

It is due to involvement of Vāta Doṣa and also due to Rakta Dūṣṭi.

4) Chhardi (Vomiting):

It is due to Pitta Prakopa and Rasa Dūṣṭi .

5) Jwara (Fever):

It is due to Pitta Prakopa and Rasa Dūṣṭi.

6) Dāha (Burning Sensation)

It is due to Pitta Prakopa and Rasa Dūṣṭi .

It indicates that involvement of Twak as Adhiṣṭhāna of Śītapitta. Prakūpita Doṣa mixed with Rasa and Rakta Dhātū. Through Rasa and Raktavaha Srotas these Doṣās spreads all over the skin.

### **SAMPRĀPTI:**

Samprāpti means the complete procedure of manifestation of diseases, starting from Nidāna Sevana to the Vyakti of symptoms of disease.

Śīta Mārūtadi sewan are Nidāna for Vāta and Kapha Prakop. These Prakūpita Doṣās when being mixed with Pitta, spreads internally and externally and resulted into Śītapitta.<sup>29</sup>

For detailed knowledge of Samprāpti, it is necessary to summarise the Pūrvarūpas and Rūpas of Śītapittato find out the main factors of pathogenesis i.e.

- Doṣa
- Dūṣya
- Adhiṣṭhāna of Śītapitta Vyādhi

**Doṣa :**

Samprāpti of Śītapitta clearly indicates that there is involvement of Triḍoṣa in pathology of Śītapitta Vyādhi.

This can be justified as-

In the **Pūrvarūpas** of Śītapitta Vyādhi, symptoms like

- Aṅgasāda is because of Vāta prakopa.
- Raktalocanatā and Pipāsā are because of Pitta Prakopa.
- Arūcī , Aṅgagaurava and Hrilāsa are because of Kapha Prakopa.

In **Rūpas** of Śītapitta Vyādhi, symptoms like ,

- Toda – is because of Vāta Prakopa.
- Jvara, Dāha, Chardi – are because of Pitta Prakopa.
- Kaṇḍū, Chardi and Varati Daṃṣṭa Śōtha –are because of Kapha Prakopa.

So above description clearly indicates that there is involvement of Triḍoṣa in Samprāpti of Śītapitta Vyādhi.

**Dūṣya –Dhātū and Strotas :**

There is no clear description of Dūṣya in Samprāpti of Śītapitta Vyādhi. But, Pūrvarūpas and Rūpas can give indications about it.

**Pūrvarūpas** like ;

- Arūcī, Hrilāsa and Aṅgagaurava indicates involvement of Rasa Dhātū and ultimately Rasavaha Srotodūṣṭi .
- Pipāsā indicates Rasa Dhātū and Rasavaha Srotodūṣṭi .
- Aṅgasāda indicates involvement of Maṃsa Dhātū and Maṃsavaha Strotas.
- Raktalocanatā indicates involvement of Rakta Dhātū and Raktavaha Srotodūṣṭi .

**Rūpas** like ;

- Jvara Indicates the involvement of Rasa Dhātū and Rasavaha srotodūṣṭi .
- Chhardi indicates the involvement of Rasavaha and Annavaha Srotodūṣṭi .
- Varati Daṃṣṭa Śōtha indicates involvement of Maṃsa Dhātū and Maṃsavaha Strotas.
- Kaṇḍū & Vidāha indicates involvement of Rakta Dhātū and Raktavaha Srotodūṣṭi

**Adhiṣṭhāna :**

Twacā is Adhiṣṭhāna of Śītapitta, as its common cardinal symptoms are Kaṇḍū and Utsedha were observed on Twacā.

**So Saṃprāpti-Ghataka of Śītapitta Vyadhi can be summerised as-**

Doṣa - Triḍoṣa

Dūṣya - Rasa, Rakta

Srotas - Rasa, Raktavaha

Agni - Maṇḍa or Viṣama

Srotodūṣṭi Prakāra - Vimārga Gamana

Udbhavsthāna - Āmāśaya

Sañcārasthāna - Tiryaka - Rasa, Raktavaha Srotas.

Vyakti Sthāna - Tvak

Svabhāva - Āśūkāri

Vyādhimārga - Bāhyya

Considering above factors and description of Saṃprāpti given by Yogaratnākar, the complete Saṃprāpti of Śītapitta can be drawn as below :

## PROBABLE SAMPRĀPTI OF ŚĪTAPITTA



## CIKITSĀ:

Cikitsā can be divided into three phases i.e.

- 1) Śodhan
- 2) Śamana
- 3) Pathyā – Apathya

In Carak Vimānsthān (ch.vi.3/44) it is stated that, in

- Bahūdoṣā vasthā - Śodhan
- Madhyadoṣāvasthā - Laṅghan, Pācan i.e. Śamana
- Hīnadoṣāvasthā - Laṅghan<sup>30</sup>

In classical texts the following management is described for ŚītapittaVyādhī.

### (1) Śodhan :

Out of five methods of Śodhan three methods are mentioned as effective for Śītapitta by different Ācāryās are-

- a) Vamana
- b) Virecana
- c) Raktamokṣan<sup>31</sup>

**a) Vamana :** Vamana by Patola, Nimba and Vāsā Kwātha is said to be useful as treatment of Śītapitta.

**b) Virecana:** Virecana is performed by Triphalā, Gūggūlū and Pippalī is best for treating Sheepitta.<sup>32</sup>

**c) Raktamokṣan:** After Ābhyantar Snehapān of Mahātikta Ghrita Raktamokṣan is useful in treatment of Śītapitta.<sup>33</sup>

### (2) Śamana :

Śamana for Śītapittais described as-

- a) Bāhyya Śamana
- b) Ābhyantar Śamana

#### a) Bāhyya Śamana :

Different Bāhyya Śamana Yogās useful for Śītapitta are as follows :

- Abhyaṅga by Katū Taila and Pariśeka by Uṣṇa Jala is useful in Śītapitta.<sup>34</sup>
- Abhyaṅga by Sarṣapa taila mixed with Yavakṣāra and Saiṁdhava<sup>35</sup>

- Udvartana of Elādigaṇa Cūrṇa and Taila. <sup>36</sup>
- Udvartana by Siddhārtha, Rajani, Prapūnnāda, Tila and Katūtaila. <sup>37</sup>
- Lepa of Dūrva and Nishā <sup>38</sup>
- Lepa of Kuṣṭhādi Cūrṇa mixed with Matthā <sup>39</sup>
- Saiṇdhavādi Yoga Lepam or Sūrasa (Tūlasi) Swarasa application. <sup>40</sup>
- Udvartana by Siddhārthādi Yoga Cūrṇa mixed with Katū tail. <sup>41</sup>

**b) Ābhyañtar Śamana :**

For Ābhyañtar Śamana following drugs are mentioned in different texts

- Navakārṣika Gūggūlū <sup>42</sup>
- Ādraka Khaṇḍa <sup>43</sup> (B. P. Md. 55/16 –19)
- Agnimañtha mixed with Ghrita given for seven days used for Śītapitta Vyādhi. <sup>44</sup>
- Gambhāri Phalādi Yoga --Śūṣka Pakva Gambhāri Phala after boiling with milk should be consumed. <sup>45</sup>
- Yaṣṭyādi Yoga—Yaṣṭimadhū, Madhūkpūṣpa, Rāsnā, Rakta & Śweta caṇḍan Nirgūṇḍi and Pipal Kwātha used for Pān. <sup>46</sup>
- Sagūda Dīpyaka Yoga—Gūda + Ajamodā sewan <sup>47</sup>
- Yavānyādi Yoga—Ajmodā, Trikatū mixed with Milk or Vardhamāna Pippali or Vardhamāna Laśuna Prayoga used in Śītapitta <sup>48</sup>
- Nimbapatra Yoga—Nimbapatra with Grita or Nimbapatra+ Āmalaki Cūrṇa with Ghrita. <sup>49</sup>
- Visarpokta Amritādi Kwātha <sup>50</sup>
- Goghrita and Marica as Vardhamāna Prayoga.(B.R.SUK.-7 )
- Haridrā Khaṇḍa (B. R. SUK. - 12-16 )
- Brihat Haridrā Khaṇḍa (B. R. SUK.-17-21 )
- Śītapitta bhañjana Rasa (B.R.SUK.-37-41)
- Amrūtādi Yoga Kwātha pān ( Y.R. UKS. Chi. – 7/5)



### **(3) Pathya Apathya :**

Pathya and Apathya for Śītapitta are as follows: <sup>51</sup>

#### **a) Pathya :-**

- Jīrna Shali, Jaṅgala Maṃsa, Mūdga Yūṣa, Kūlattha, Karkotaka, Karavellaka, Śigrū, Śaka, Mūlaka, Potika, Dādima, Triphalā, Madhū, Uṣnodaka, Katū, Tikta, Kaśāya Rasa.

Śūṣka Mūlaka Yūṣa, Kūlattha Yūṣa, Lava- Tittira Maṃsa For preparation of food.

#### **b) Apathya:**

- Kṣīreksū Vikārāni, Matsya- Anūpa- Audaka Maṃsa, Navīna Madya, Chhardi Nigraha, Pūrva and Dakṣiṇa Diśā Pavana, Diwāswāpa, Snāna, Virūddhāhara, Ātap Sevana, Snigdha , Āmla, Madhūra Dravya, Vyavāya, Gūrū Annapāna.

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[च.सू. ७क्र१४□]
- 2) ...रक्तकोठश्च, रक्तविस्फोटश्च, रक्तपित्तं च, रक्तमण्डलानि च, .. [च.सू. २०क्र२४□]
- 3) शीताग्निता च, उदरदंश्च, श्वेतावभासता च, [च.सू. २०क्र१७□]
- 4) कोठास्रमण्डलम् । रक्तप्रदोषाज्जायन्ते,. [च.सू. २८क्र१३□]
- 5) कोठानां लोमहर्षश्च कण्डूस्तोदः श्रमः क्लमः ॥११॥ दाहः सुप्ताङ्गता चेति कुष्ठलक्षणमग्रजम् ॥१२॥  
[च.चि. ७क्र१११२□]
- 6) कण्डूरुक्तोठपिडकाः कुर्वन्त्यग्निं च ते मृदुम् ॥३३७॥ [च.चि. ३क्र३३७□]
- 7) संतर्पणनिमित्तजाः । प्रमेहपिडकाकोठकण्डूपाण्ड्वामयज्वराः ॥५॥ [च.सू. २३क्र५□]
- 8) रक्तकोठाभिनिर्वृत्तिः ....., अतिमात्रं दाहः, शीताभिप्रायता, ..... पित्तज्वरलिङ्गानि भवन्ति ॥२४॥  
[च.नि. १क्र२४□]
- 9) उदरित्वम्, .....(दोषनिमित्तानामुन्मादानां पूर्वरूपाणि भवन्ति) ॥६॥ [च.नि. ७क्र६□]
- 10) कोठानां श्यावरक्तानां मण्डलानां च दर्शनम् । [च.चि. ३क्र१०८□]
- 11) दुश्छर्दिते स्फोटककोठकण्डूहृत्खाविशुद्धिर्गुरुगात्रता च ॥१६॥ [च.सि. १क्र१६□]
- 12) लवणः संशोधनः ..... गात्रकण्डूकोठ..... [मु.सू. ४२क्र१२□]
- 13) कौण्डिन्यकः कणभको वरटी पत्रवृश्चिकः ॥८॥  
पिडकाकोठकण्डूनां जन्म दोषविभागतः ॥ [मु.क. ८क्र८ २४□]
- 14) उत्कोठे कफपित्तोक्तं कोठे सर्वं च कौष्ठिकम् ॥३३.१.२॥ [अ. ह.उ. ३२क्र३२३३□]
- 15) रक्तकोठोद्गमः पीतहरितत्वं त्वगादिषु । [अ. ह.नि. २क्र२०□]
- 16) अङ्गेषु शीतपिटिकास्तन्द्रोदरदः कफोद्भवे ॥२२॥ [अ. ह.नि. २क्र२२□]
- 17) कोठानां श्यावरक्तानां मण्डलानां च दर्शनम् ॥३१॥ [अ. ह.नि. २क्र३१□]
- 18) कोठो मण्डलानि भ्रमोऽरुचिः । शीतज्वरोऽतिरुक्सादो वेपथुः पर्वभेदनम् ॥४॥  
[अ. ह.उ. ३८क्र४□]
- (19) शीतमारुत संस्पर्शात्प्रदुष्टौ कफमारुतौ पित्तेन सह संभूय बहिरन्तर्दिग्दोषैर्पितः □□  
[यो.र. शीतपित्तउदरदकोठ उत्कोठदयधिकारः□]

शीतमारुतसंस्पर्शात् प्रदुष्टौ कफमारुतौ पित्तेन सह सम्भूय बहिरन्तर्विसर्पतः ॥१॥

त्वग्दुष्टिदोषत्रयजन्यत्वश्चेद्विमान्यात् कुष्ठानन्तरं शीतपित्तोदरद्विनिदानम् ॥

तस्य दोषत्रयजन्यत्वमाह शीतमारुतसंस्पर्शादित्यादि पित्तेन सह सम्भूयेति स्वहेतूपचितेन  
पित्तेन सम्भूय मिलित्वा बहिरन्तरिति बहिस्त्वचि अन्तः शोणितादौ विसर्पतः प्रसरतः ॥१॥

मा.नि. शीतपित्तउदरकोठ निदान ॥

तथैकः श्लोमपित्ताम्यामुदरदः परिकीर्लितः । वातपित्तेनचैकस्तुशीतपित्तामयः स्मृतः ॥

(शा.सं.उदरशीतपित्तामयौ ७ अध्याय)

(20) त्वग्दोषिणां प्रमीढानां स्निग्धाभिष्यन्दिबृंहिणाम् । च.सू. २२क्र२४ ॥

रोगास्तस्योपजायन्ते संतर्पणनिमित्तजाः । प्रमेहपिडकाकोठकण्डूपाण्ड्वामयज्वराः ॥५॥

च.सू. २३क्र५ ॥

(21) प्रदुष्टबहुतीक्ष्णोष्णैर्मद्यैरन्यैश्च तद्विधैः । तथाऽतिलवणक्षारैरम्लैः कटुभिरेव च ॥५॥

कुलत्थमाषनिष्पावतिलतैलनिषेवणैः । पिण्डालुमूलकादीनां हरितानां च सर्वशः ॥६॥

जलजानूपबैलानां प्रसहानां च सेवनात् । दध्यम्लमस्तुसुक्तानां सुरासौवीरकस्य च ॥७॥

विरुध्दानामुपक्लिन्नपूतीनां भक्षणेन च । भुक्त्वा दिवा प्रस्वपतां द्रवस्निग्धगुरुणि च ॥८॥

अत्यादानं तथा क्रोधं भजतां चातपानलौ । छर्दिवेगप्रतीघातात् काले चानवसेचनात् ॥९॥

श्रमाभिघातसंतापैरजीर्णाध्यशनैस्तथा । शरत्कालस्वभावाच्च शोणितं संप्रदुष्यति ॥१०॥

च.सू. २४क्र५ ॥१०॥

....विदाहश्चात्रपानस्य तित्ताम्लोद्विरणं क्लमः । क्रोधप्रचुरता बुद्धेः संमोहो लवणास्यता ॥१४॥

कण्ड्वरुःकोठपिडकाकुष्ठचर्मदलादयः । विकाराः सर्व एवैते विज्ञेयाः शोणिताश्रयाः ॥१६॥

च.चि. २४क्र१४ ॥१६॥

(22) रूक्षशीताल्पलघ्वन्नव्यवायातिप्रजागरैः । विषमादुपचाराच्च दोषासृक्स्त्रवणादिति ॥१५॥

लङ्घनप्लवनात्यध्वव्यायामातिविचेष्टितैः । धातूनां संक्षयाच्चिन्ताशोकरोगातिकर्षणात् ॥१६॥

दुःखशय्यासनात् क्रोधादिवास्वप्राद्भयादपि । वेगसंधारणादामादभिघातादभोजनात् ॥१७॥

मर्माघाताद्गोष्ठाश्वशीघ्रयानापतंसनात् । देहे स्रोतांसि रिक्तानि पूरयित्वाऽनिलो बली ॥१८॥

करोति विविधान् व्याधीन् सर्वाङ्गैकाङ्गसंश्रितान् । च.नि. २८क्र५ ॥१८॥

(23) अत्यादानं तथा क्रोधं भजतां चातपानलौ । .....श्रमाभिघातसंतापैरजीर्णाध्यशनैस्तथा ।

शरत्कालस्वभावाच्च शोणितं संप्रदुष्यति ॥१०॥

च.सू. २४क्र९ ॥१०॥

24) भुक्त्वा दिवा प्रस्वपतां द्रवस्निग्धगुरूणि च ॥८॥...छर्दिवेगप्रतीघातात् काले चानवसेचनात् ॥९॥

च.सू. २४क्र८९

(25) रक्तकोठाभिनिर्वृत्तिः ....., अतिमात्रं दाहः, शीताभिप्रायता, ..... पित्तज्वरलिङ्गानि भवन्ति ॥२४॥

च.नि. १क्र२४

अङ्गेषु शीतपिटिकास्तन्द्रोददः कफोद्भवे ॥२२॥

अ.ह.नि. २क्र२२

(26) कण्डूकोठारुचिव्यङ्गशोथपाण्ड्वामयज्वराः । कुष्ठहलासवीसर्पाश्छर्दिनिग्रहजा गदाः ॥१४॥

च.सू. ७क्र१४

(27) पिपासा ऽरूचिन्हलासदाहसादांगौखम् । रक्तलोचनतातेषां पूर्वरूपमिति स्मृतम् ॥२॥

(यो. र. शीतपित्तउदरकोठनिदानम् २)

पिपासारूचि हलास देहसादाङ्गौखम् रक्तलोचनता तेषां पूर्वरूपस्य लक्षणम्

पूर्वरूपमाह पिपासेत्यादि रक्तलोचनता प्रभावात् पूर्वरूपस्य लक्षणमिति पूर्वरूपस्य

स्वरूपमित्यर्थः तु लक्षणमत्र लिङ्ग पिपासादिव्यतिरिक्तस्य पूर्वरूपस्याभावाद्वा ॥२॥

(मा.नि. शीतपित्तउदरकोठनिदानम् २)

(28) वरटीदष्टसंस्थानः शोथः खंजायते बहिः सकण्डूतोदबहुलश्छर्दिज्वरविदाहवान्

यो. र. शीतपित्तउदरकोठ उत्कोठदयधिकारः

वरटीदष्टसंस्थानः शोथः खंजायते बहिः सकण्डूतोदबहुलश्छर्दिज्वरविदाहवान्

उदरमिति तं विद्याच्छीतपित्तमथापरे वाताधिकं शीतपित्तमुदरस्तु कफाधिकं

उदरलक्षणमाह वरटीत्यादि सकण्डूतोदबहुलश्छर्दिज्वरविदाहवानिति अत्र कण्डूकफात्

तोदो वातात् छर्दिज्वरविदाहा पित्तादिति दोषत्रयलिङ्गम् अनयोः शीतपित्तोदरयोः

समानसंस्थानत्वेऽपि वाताधिकं शीतपित्तं कफाधिकं उदरं

(29) शीतमारुत संस्पर्शात्प्रदुष्टौ कफमारुतौ पित्तेन सह संभूय बहिरन्तविसर्पितः

(यो. र. शीतपित्तउदरकोठनिदानम् २)

(30) तत्र लङ्घनमल्पबलदोषाणां, लङ्घनेन ह्यग्निमारुतवृद्ध्या वातातपपरीतमिवाल्पमुदकमल्पो दोषः

प्रशोषमापद्यते; लङ्घनपाचने तु मध्यबलदोषाणां, लङ्घनपाचानाभ्यां हि सूर्यसंतापमारुताभ्यां

पांशुभस्मावकिरणैरिव चानतिबहूदकं मध्यबलो दोषः प्रशोषमापद्यते; बहुदोषाणां पुनर्दोषावसेचनमव  
कार्यं, न ह्यभिन्ने केदारसेतौ पल्वलाप्रसेकोऽस्ति, तद्वदोषावसेचनम् ॥४४॥

च.वि. ३४४

(31) शीतपित्ते तु वमनं पटोलरिष्टवासकैः त्रिफलापुर कृष्णाभिर्विरक्तेश्च प्रशस्यते

मा.प्र मध्यखण्ड शीतपित्तउदरकोष्ठ उल्कोठदयधिकारः

अभ्यंगः कटुतैलेन स्वेदश्चोष्णेन वारिणा तथाऽ शु वमनं कार्यं पटोलरिष्ट वासकैः

त्रिफलापुरकृष्णाभिर्विरक्तेश्च प्रशस्यते यो.र. शीतपित्तदिचिकीत्सा २

शीतपित्ते उदरे च तथाकोष्ठमिधेगदे कृमिदुहर कार्यं शीतपित्तेऽग्निल

स्निग्धस्वि संशुद्धिमादौकोष्ठे समाचरेत् ततः कुष्ठहर सर्वो विधेयो विधिदरात्

यो.र. शीतपित्तादिचिकित्सा

अभ्यंगः कटुतैलेन सेकश्चोष्णम्बुभिस्ततः उदरे वमनं कार्यं पटोलरिष्टवारिणा

मा.नि. शीतपित्तउदरकोष्ठ चिकित्सा १

(32) त्रिफलापुरकृष्णाभिर्विरक्तेश्च प्रशस्यते यो.र. शीतपित्तदिचिकीत्सा २

त्रिफलापुरकृष्णाभिविरक्तेश्चात्र शस्यते

मा.नि. शीतपित्तउदरकोष्ठ चिकित्सा १

(33) सर्पिः पीत्वा महातिक्तं कार्यं शोणितमोक्षणम् ॥ ( यो.र. शीतपित्तदिचिकीत्सा..... २ )

(34) अभ्यंगः कटुतैलेन स्वेदश्चोष्णेन वारिणा यो.र. शीतपित्तदिचिकीत्सा २

(35) सक्षारसिन्धुतैलैश्च गात्राभ्यंगः प्रकल्पयेत् ॥२ ( यो.र. शीतपित्तदिचिकीत्सा..... २ )

क्षारसिन्धुतैलैश्च गात्राभ्यंगं प्रयोजयेत् | गम्भारी ..... || १० ||

मा.नि. शीतपित्तउदरकोष्ठ चिकित्सा १०

(36) तैलोद्धर्तनयोगेन योज्य एलादिकोगन

च. उदरकोष्ठशीतपित्त चिकित्सा ११

(37) सिद्धार्थरजनीकुष्ठप्रपुटितैः सह कटुतैलेन संमिश्रमेतदुद्धर्तनं हितम्

च.पा. उदरकोष्ठशीतपित्तचिकित्सा १३

- (38) कच्छवादौदूर्वादीलेपः  
 दूर्वाणिशायुतोलेपः कच्छूपामाविनाशनः । मिदद्रुहरश्चैव शीतपित्तापहः ।  
 च . पा . उदरदकोटशीतपित्तचिकित्सा ६
- (39) कुष्ठंहरिद्रेसुरसंपटोलंनिम्बाश्वगन्धेसुरदारु शिगु  
 ससर्पपंतुम्बरुधान्यकंत्वककाण्डावचूर्णानिस्तंभानिकुर्यात् ।  
 तैस्तपिष्टैः प्रथमंशरीरतैलाक्तमुद्धर्तयितुंयतेत ।  
 तथासकण्डूषिटिकासकोठाकुष्ठानिशोफश्चशमं व्रजन्ति ।  
 यो . र . शीतपित्तादिचिकित्सा १०
- (40) ससैन्धवेनकुष्ठेनसर्पिषालेपमाचरेत् । सुरसास्वरसैर्वाऽथलेपयेत्परमौषधम् ।  
 यो . र . शीतपित्तादिचिकित्सा १२
- (41) सिद्धार्थरजनीकुष्ठप्रपुष्टितैः सह । कुटुतैलेनसंमिश्रमेतदुद्धर्तनंहितम् ।  
 यो . र . शीतपित्तादिचिकित्सा १३  
 सिद्धार्थरजनीकल्कैः प्रपुनाडीतैः सह । कुटुतैलेन संमिश्रमेत उदवर्तनं परम् ।  
 मा . नि . शीतपित्तउदरदकोट चिकित्सा ५
- (42) त्रिफलापुरकृष्णानां त्रिपंश्चैशयोनिता गुटिका शतिपित्ताशोभगन्दग्रतं हिता ।  
 त्रिफलां क्षौद्रसहितां पिवेद्रवा नवकार्षिकम् ।  
 मा . नि . शीतपित्तउदरदकोट चिकित्सा २
- (43) आर्द्रकं प्रस्थमेकं स्याद् गोघृतं कुडवदयम् । गोदुग्धं प्रस्थयुगलं तदध्वं शर्करा मता ।  
 पिप्पली पिप्पलीमूलं मरिचं विश्वभेषजम् । चित्रकश्च विडंगश्च मुस्तकं नागकेशरम् ।  
 त्वगेलापत्रकर्चूरं प्रत्येकं पलमात्रकम् । विधाय पाकं विधिवत्त्रादेत्तत्पलसम्मितम् ।  
 इदमार्रकखण्डं हि प्रातर्भुक्तं व्यपोहति । शीतपित्तमुदरदश्च कोठ मुत्कोठमेव च ।  
 आ . प्र . म . ५५ क १६
- (44) अग्निमन्थभवंमूलं पिष्टं पीतं च सर्पिषा । शीतपित्तोदरदकोठान्सप्ताहादेवनाशयेत् ।  
 यो . र . शीतपित्तादिचिकित्सा ८

- (45) गम्भारिकाफलंपक्वंशुष्कमुत्स्वेदितंपुनः ॥ क्षीरेण शीतपित्तघ्नं खादितं पथ्यसेविना ॥ १॥  
 [यो . र . शीतपित्तादिचिकित्सा ॥ च . पा . उदरदकोठशीतपित्तचिकित्सा ७८३ ॥
- (46) यष्टीमधूकपुष्पंचसरास्नचन्दनद्वयम् ॥ मिर्गुण्डीसकणाक्वाथं शीतपित्तहरं पिबेत् ॥ ४ ॥  
 [यो . र . शीतपित्तादिचिकित्सा ७८४ ॥
- (47) सगुंडीप्यकंचस्तुग्वादेत्पथ्या ॥ मुडनल ॥ तस्य नश्यति सप्ताहादुदरं ॥ सर्वदेहज ॥ ४ ॥  
 [यो . र . शीतपित्तादिचिकित्सा ६ ॥
- (48) यवानीं पाययेद्वाऽपि सव्योषांचीरसंयुताम् ॥ पिप्पलीवर्धमानं वालशुनं वा प्रयोजयेत् ॥ ७ ॥  
 [यो . र . शीतपित्तादिचिकित्सा ७ ॥
- (49) निम्बस्य पत्राणिसदाघृतेन वा त्रीविमिश्रण्य ववाप्रयुज्यात् ॥  
 विस्फोटकोतशीतपित्तकण्डूवस्त्रपित्तसंकलं निहन्यात् ॥ ४ ॥  
 [यो . र . शीतपित्तादिचिकित्सा ९ ॥
- (50) विसर्पोक्तममृतादिं भिषगत्रापि योजयेत् ॥ सितां मधुकसंयुक्तां गुऽमामलकैः सह ॥  
 [मा . नि . शीतपित्तउदरदकोठ चिकित्सा ३ ॥
- (51) शलिमुद्गकुलत्थांश्चकारवेल्लमुपोदिकाम् । वेत्राग्रंतप्तनीरं च पित्तश्लेष्महराणि च ॥ २ ॥  
 शीतपित्तोदरदकोठरोगिणां पथ्यमीरितम् । स्नानमातपमम्लं च गुर्वन्नं च विवर्जयेत् ॥  
 ( यो . र . शीतपित्तदिचिकीत्सा ७ . . १, २ )  
 शुष्कमूलकयूषेण कौलत्थेन रसेन वा ॥ ओजनं सर्वदा कार्यं लावतित्तिरिजेन वा ॥ २ ॥  
 शीतलान्यन्तपानानि बुद्ध्वा दोषगतिं भिषक् ॥ उष्णनिवायथाकालं शीतपित्ते प्रयोजयेत् ॥ ३ ॥  
 [च . पा . उदरदकोठशीतपित्तचिकित्सा ६ ॥

**MODERN REVIEW OF  
ŚĪTAPITTA  
(URTICARIA)**



## HISTORICAL REVIEW

Urticaria was observed before the time of Hippocrates. It is mentioned by each medical book writer under different generic titles like –Scarlatina, Essera, Erisepelas, Purpura, Erythema and Uredo. Hippocrates, Galen and Aritus quote its appearance with certain febrile illnesses. Robert William, the father and founder of British dermatology in 1808 wrote that the Urticaria or Nettle rash is characterized by the round, oval or longitudinal elevation of the cuticle, having a white top often surrounded by redness. He described six varieties of Urticaria i.e. Urticaria febrilis, evanida, perstans, conferta, subcutanea, tuberosa. Thomus Batman first considered food and shellfish as etiological factors for Urticaria in 1814. Batman in 1830 differentiated Urticaria from Papular Urticaria. During middle of 19th century, Urticaria was thought to be an idiosyncrasy to drugs, foods, emotion or intestinal worms. From the investigations of sir Henry Hollet Dale (1835–1868) on Histamine, Started the effective pharmacological study of Urticaria. Marcello Donato first described Angioedema in 1856. John – Locos Milton gave a detailed description of Angioedma in 1876 and called it giant Urticaria and emphasized that it was a distinct entity. J. Hutchinson in 1879 attributed papular Urticaria to insect bites in same year, William Gull of Gull's hospital described and named fictitious Urticaria. Sturbing first advocated the term Angio-neuroticoedema in 1885.

### **URTICARIA:**

**DEFINATION** – A transient redness and swelling of skin with itching, causing wheals in the dermis or large hypodermal swellings is called Urticaria.

### **GENERAL DISCRPTION—**

A lumpy and itchy rash which look like the nettle sting and occurs for more than six weeks. The condition is called Nettle rash . The word Urticaria derived form Latin word 'Urtica' which means stinging nettle. English word 'Hives' has meaning that it is not the rash caused by Nettle sting. Urticaria or hives is truly not one disease, but a reaction pattern of the skin. A vascular reaction usually transient involving the upper dermis representing localized edema caused by dilatation and increased permeability of the capillaries and marked by the development of wheals. It manifests as a pruritic, erythematous, raised rash. Typical Urticarial lesions are very pruritic,

erythematous raised papules and plaques with no change in surface markings (i.e. no scaling, blistering, or any permanent change in pigmentation). Individual hives can range in size from a few millimeters to several centimeters and can be blotchy or streaky in pattern. The lesions will usually resolve in 24 hours or less with no residual remaining changes. Urticaria can occasionally be a sign of systemic disease.

## **PREDISPOSING FACTORS AND ETIOLOGY :**

### **1) Incidence :** Numbers and facts involving urticaria-

Urticaria is a particularly common disease. It is estimated that one in four people experiences urticaria at least once in their lives. i.e. 15-20% of total population may suffer from Urticaria once in their life(Ref- Harrisons internal medicines, 15<sup>th</sup> Edition. Chapter no. 273). This generally involves acute urticaria. Acute Urticaria is most common in young patients while chronic type is in middle-aged women. A personal or family history of Atopy is no more common in patients with Urticaria. Patients with active atopic dermatitis or hay fever have an increased incidence of allergic Urticaria. Conservative estimates hold that 1.3% of Europeans currently suffer from chronic urticaria. Urticaria patients represent 3% of all dermatological patients. Data on average lengths of the disease are rare and contradictory (urticaria is a very erratic disease), and furthermore the duration is strongly affected by the type of urticaria as well.

**2) Age :** Urticaria can appear at any age, from infancy to old age. The most common age group is the 30 to 50 year. First-time occurrences rarely occur after 70 years of age. By contrast, hives that last only a few days are not uncommon in newborns. It is generally agreed that chronic Urticaria is common in third and fourth decade of life.

**3) Geographic distribution** In terms of global distribution of hives, the disease has shown itself as not particularly choosy: urticaria is known on all continents of the earth.

**4) Sex :** women are more likely than men to suffer from urticaria. Chronic urticaria, more common in adult, affecting women ( 75 % of cases) more often than men(Ref- Harrisons internal medicines, 15<sup>th</sup> Edition. Chapter no. 273). This ratio does not hold

true for children, i.e. girls suffer from the condition roughly as frequently as boys. Why grown women develop chronic urticaria in higher numbers than post-pubescent men remains unknown. It may reflect that this form of hives often takes a more serious course with women, lasts longer, or that women are more inclined or prepared to consult a doctor regarding their ailments. It is also interesting that men are more frequently affected by the physical forms of urticaria, such as pressure urticaria; perhaps because the symptoms associated with this involve particularly strenuous physical activity and are perceived as disruptive.

### **CLASSIFICATION OF URTICARIA:**

It can be considered as causes of Urticaria.

#### **1) IGE ANTIBODIES DEPENDENT:**

- a) Specific antigen sensitivity: Pollens, Foods (Nuts, Eggs, Fresh fruits especially citrus, Chocolates, Fish and shellfish, Tomatoes, Milk and cheese, Spices, Yeasts, Foods additives and preservatives such as tartrazine.

Drugs: Pain killers/Anti-rheumatics, Opiates, Radiocontrast media, Insulin, Menthol (cigarettes, toothpaste, iced tea, hand cream, lozenges, candy). infections :Viral upper respiratory infections, bacterial (sinusitis, dental abscess, otitis), viral hepatitis, vaginitis, fungal (tinea pedis - athlete's foot), helminth, protozoa.

- b) Physical: Dermatographism, Cold, Solar, Cholinergic, Vibratory, Exercise released.

#### **2) COMPLEMENT-MEDIATED FACTORS:**

Hereditary angioedema type 1 & type 2, acquired angioedema type 1 & type 2, Urticarial vasculitis, serum sickness, Reactions to blood products.

#### **3) NON IMMUNOLOGIC:**

- a) Direct mast cell-releasing agents :Opiates Radiocontrast media, D-tubocurarine Curarine, antibiotics
- b) Agents that alter arachidonic acid metabolism: Aspirin and NonSteroidal Antiinflammatory Drugs, azo dyes and benzoates.

#### **4) IDIOPATHIC**

## **PATHOPHYSIOLOGY AND MANIFESTATIONS:**

Urticarial eruptions are distinctly pruritic, involve any area of the body from the scalp to the soles of the feet and appear in crops of 24 hrs to 72 hrs duration, with old lesions fading as new ones appear. The most common site of Urticaria are the extremities and face often being periorbital and in the lips. Although self limited in duration, angioedema of the upper respiratory tract may be life threatening due to laryngeal obstruction, while gastrointestinal involvement may present with abdominal colic, with or without nausea and vomiting. Urticaria results from an immediate hypersensitivity reaction after exposure to an allergen or an antigen. Upon exposure, the skin mast cell releases the mediator histamine. Through histamine's effects on the histamine<sub>1</sub> (H<sub>1</sub>) receptors, the capillaries are dilated. With the dilatation of the capillaries, vascular permeability occurs. Arteriolar dilatation through nerve reflex causes the typical flaring, and eventually the extravasations of fluid cause the wheals. Histamine also causes the pruritus that accompanies the condition. Other mast cell products act as chemo tactic factors that attract other effect or cells, such as eosinophils. Mast cells can also produce various kinins, leukotrienes, prostaglandins, and platelet activating factor.

Mast cells can be activated by specific IgE antibodies attached to receptors on the surface of the cells or by a non-IgE mechanism mediated by neurotransmitters or other cell products.

Urticaria can be mediated by both immunologic and nonimmunologic factors. Many substances can trigger Urticaria through antigen-driven immediate or Type I (IgE-mediated) hypersensitivity reactions (foods, insect stings, antibiotics). Immunological reactions which do not involve IgE include hereditary angioedema and acquired angioedema (which can be associated with collagen vascular diseases) which are complement-mediated and type III hypersensitivity reactions caused by circulating immune complexes (e.g. serum sickness).

An autoimmune phenomena, that of auto-antibodies to the high affinity IgE receptor on basophils and mast cells, has been implicated as an important cause of chronic, idiopathic Urticaria. This same group reported that plasmapheresis – a modality that presumably removes auto-antibodies does have some beneficial effects in chronic Urticarial patients that have these auto antibodies.

Autoimmunity to thyroid tissue has also been associated with Urticaria. In fact, treatment with thyroid supplements in euthyroid individuals (who have elevated

anti-thyroid peroxidase and/or antithyroglobulin antibodies) has been shown to be beneficial.

## **DISCRIPTION OF VARIOUS TYPES OF URTICARIA:**

### **Ordinary Urticaria:**

Ordinary urticaria may be accompanied by angioedema. The wheals are well defined raised lesions with a smooth surface. They may be red or white in colour, surrounded by a red or white flare. Wheals range in size from a few millimetres to many centimetres in diameter. Shape also varies: round, polycyclic (overlapping circles), annular (ring-shaped), geographic (like a map). They are randomly distributed on the body and may affect any site. They last no more than 24 hours and do not leave any marks behind.

Spontaneous or 'ordinary' urticaria is divided into acute urticaria (lasting a few hours or days or up to six weeks) and chronic urticaria (persisting more than six weeks, and sometimes life-long).

- Acute urticaria is self-limiting and often related to infection, food or medicine
- Chronic urticaria has no specific external cause and is considered autoimmune in most cases

**1) Acute Urticaria :** The word 'acute' means that it lasts just a short time. Typically, lesions lasting less than 6 weeks are referred to as acute Urticaria. This form is more common in young people and is most likely due to exposure to food allergens (e.g., nuts, eggs, fish, shrimp), food additives (e.g., tartrazine dyes, benzoic acid derivatives [sodium benzoate, 4-hydroxybenzoic acid]), certain medications (e.g., aspirin, NSAIDs), or radio contrast media. Antibiotics (e.g. penicillin, sulfonamides) may produce acute Urticaria by either IgE or IgG mediated mechanisms. Patients with aspirin sensitivity can present with either mucosal reactions (e.g. the nasal polyposis, sinusitis, and asthma) or cutaneous reactions (Urticaria or anaphylaxis). Moreover, up to 40% of patients with Urticaria may have a flare on ingestion of aspirin or an NSAID. Careful history taking and physical examination often reveal the diagnosis of acute Urticaria.

**2) Chronic Urticaria :** If Urticaria lasts for six weeks or more, it is called Chronic Urticaria. The word chronic means that it lasts a long time.

In a survey, it lasted a year or more in more than 50% of sufferers and 20 years or more in 20% of them. Of course this does mean that in almost half the people it clears up within a year and in 80% it clears up within 20 years or less.

Chronic Urticaria is hardly ever caused by true allergy. In fact usually cause can't be found out, and this regrettable fact causes patients and doctors a vast deal of frustration.

Chronic Urticaria is said to be idiopathic. The word 'idiopathic' means that the cause is unknown. It means 'self-causing'. There is a better word in Latin or Greek. It is 'cryptogenic', which means 'hidden cause'.

So mostly the treatment is just the same as for most kinds of Urticaria, and relies mainly on antihistamine tablets. Patients can also avoid aggravating factors. Almost certainly hot conditions will make patient worse, and cool conditions will make patient better.

### **Physical Urticarias :**

Physical urticarias are a response to an external factor. Physical urticarias have the following characteristics.

Wheals occur at the site of the provoking factor. Wheals lasting about 15 minutes, nearly always less than one hour (with the exception of delayed pressure urticaria, which lasts hours to days)

There are numerous types of Physical Urticarias and countless etiologies. Physical Urticarias constitute approximately 17% to 20% of all Urticarias.

The physical Urticarias are different from other Urticarias in that the characteristic wheals can be reproduced by a physical stimulus such as cold, heat, pressure, vibration, sunlight, water, exercise, and increases in core body temperature. In addition to being a distinct group of reactions the physical Urticarias can also be classified as acute- persisting for less than 4 to 6 weeks. And chronic--persisting for more than 6 weeks.

It may be helpful to think of the physical Urticarias as being on a continuum, with some individuals having mild occasional symptoms and others experiencing life-threatening crises. Because an individual may have mixed symptoms suggestive

of several different types of Urticarias. It can be confusing to ascertain specifically which Urticaria exists.

The physical Urticarias are distinguished by the following characteristics :

1. All can usually be reproduced with the appropriate stimulus.
2. Wheal formation is intermittent and occurs soon after the application of the stimulus (except in the case of delayed pressure Urticaria).
3. The eruption usually lasts less than two hours.
4. The condition occurs most frequently in young adults.
5. The wheals have a distinctive appearance and location.
6. There may be systemic features such as flushing, headaches, dizziness & hypotension.

**a) Mechanical**

Dermatographism

Pressure Urticaria (immediate and delayed)

Vibratory Urticaria

**b) Thermal**

Cold Urticaria (acquired and familial)

Heat Urticaria (cholinergic and local)

**c) Light**

Solar Urticaria

**d) Water**

Aquagenic Urticaria (water, sweat)

**e) Contact Urticaria**

**A) Dermographism**

In dermatographism, which accounts for an estimated 8.5% of all cases of physical Urticaria. Wheals and flares occur in response to simple rubbing of the skin. Urticaria accompanies the wheal and flare, and seems disproportionate to the degree of stimulation and the appearance of the wheal and flare. Wheals appear within 5 to 10 minutes following stimulus application, and usually resolve completely in 15 to 20 minutes. Symptoms may occur with the rubbing of the skin that occurs with clapping the hands, the pressure of shower jets or stimulation of a belt or watchband, hot baths, stress, or exercise can aggravate symptoms.

## **B) Pressure Urticaria**

Many people who have Urticaria notice that it appears especially in areas where clothing applies pressure or friction to the skin, e.g. at the waist. In most people this is probably similar to dermatographism the tendency of the skin to come up in wheals (hives) from mechanical disturbance. .

This rare condition makes up about 1% of all the Urticarias. A generally more serious form of Urticaria produced by pressure is delayed pressure Urticaria. It may also appear under the belts. It may be a problem in people who carry heavy items over the shoulder, or in the feet of people who have to stand a lot. This typically comes on some hours after sustained pressure on the skin, but the time ranges from 30 minutes to 9 hours after pressure. Although this is called Urticaria, the appearance is typically quite different from ordinary Urticaria. It is a more diffuse swelling and not really a typical weal or hive.

Symptoms do not usually appear for at least 30 minutes, and appear most often in four to six hours. They may persist for up to 48 hours.

## **C) Vibratory Urticaria**

Vibratory Urticaria, or vibratory angioedema, is a rare familial condition consisting of erythema and edema following the stretching of skin, which occurs when one is rubbing a towel across one's skin. In some cases, symptoms may last for days and may be associated with headaches.

## **D) Localized heat Urticaria**

This condition is also rare. Heat when applied locally results in edema and erythema at the site of heat contact. The reaction may last up to 2 hours after contact with the heat source. Almost all Urticaria gets worse if the skin is warm. After a hot bath or shower or in hot weather, some people get Urticaria and this is called a 'heat rash'.

## **E) Cholinergic Urticaria**

34% of all the physical Urticarias are cholinergic Urticarias. They occur with exercise, anxiety, sweating, and passive warming (such as with a hot bath or shower). The precipitating factor in this reaction is elevated core body temperature. The rash of



cholinergic Urticaria is smaller than classic Urticaria (2 to 4 millimeter wheals), surrounded by large areas of macular erythema.

The reaction usually occurs within 2 to 30 minutes of the onset of exercise or passive warming. Usually the rash begins on the upper thorax and neck, and may spread to the entire body. However, the rash may be isolated to specific areas of the body such as the legs. Itching, erythema, and wheals usually subside within 30 minutes of the termination of the stimulating activity. The affected individual may also experience other symptoms of cholinergic stimulation such as lacrimation, salivation, bronchospasm, and diarrhea. Cholinergic Urticaria is not usually associated with angioedema, vascular collapse, or hypotension. Rare variants of cholinergic Urticaria include persistent erythema, exercise-induced anaphylaxis, cold-induced cholinergic Urticaria, and food-dependent, exercise-induced Urticaria.

The word cholinergic was used because the rash can also be produced in some people by injections of a chemical released by nerves and called acetylcholine. It is not clear that this is the way the rash comes about in people who have cholinergic Urticaria.

Exercise-Induced Anaphylaxis although can be associated with exercise alone. The reaction has also occurred with the ingestion of specific foods followed by exercise. Foods known to trigger the reaction include celery, wheat, nuts, shrimp, and shellfish. Aspirin-related compounds may also be a factor. Occurrence of menses seems to be a factor for women. Exercise induced anaphylaxis is probably the most dangerous of the physical Urticarias, as it is often unpredictable, dramatic, and life-threatening. Symptoms progress quickly, moving from the presence of 5 to 10 mm wheals accompanied by itching and flushing, to laryngospasm, bronchospasm, and gastrointestinal symptoms, and headache.

## **F) Cold Urticaria**

It is a physical allergy with varying dermal responses to cold stimuli. It is said to account for 1% to 3% of all physical Urticarias. Cold Urticaria usually presents as an acquired condition, which is divided into two major categories. The most common type of acquired cold Urticaria is primary cold Urticaria, an idiopathic disorder. Secondary acquired cold Urticaria is associated with mononucleosis, connective tissue diseases, chronic lymphocytic leukemia, and some diseases with pathological cold dependent immunoglobulins. The majority of Urticarias have no identifiable,

underlying cause. All forms of cold Urticaria are induced by cold stimuli of varying duration, particularly damp and windy weather; they most frequently present as Urticaria, pruritus, and/or angioedema on exposed areas, involving the superficial layers of the skin.

Urticarias are usually multiple, short-lived, pruritic erythematous wheals between 1 and 3 centimeters, generally lasting less than 24 hours. Angioedema may or may not include itching, and involves the deeper dermis and subcutaneous tissues. Wheals associated with angioedema may reach several centimeters in diameter but are generally short-lived completely disappearing within 12 to 24 hours. Symptoms such as dizziness, hypotension, tachycardia, and nausea have also been noted in primary cold Urticaria, although with less frequency. Such symptoms are believed to be associated with the severity of the disorder or the intensity of the cold stimulus.

Cold Urticaria all over ones body at once can make ones blood pressure drop because so much fluid comes out of ones blood vessels to make the swellings. One may become unconscious, with a risk of drowning. 25% of people with cold Urticaria lose the problem within about 1 to 2 years, but 20% continue to have it for more than 10 years (Habif, Clinical Dermatology, 3rd ed.). Unfortunately, some people may never lose the cold Urticaria.

### **G) Solar Urticaria**

This condition is also rare, occurring in less than 1% of all patients with Urticaria. Urticaria in response to sunlight can occur as an itching or burning sensation with wheals and erythema, most often only on the skin exposed to the sun. However, related bronchospasm and syncope have also been reported. Most often the skin that reacts the most severely is that which is not usually exposed to sunlight, and may occur in response to any of the light wavelengths. It is an immediate response, occurring within 5 to 10 minutes after exposure and persisting for 1 to 2 hours afterward. This immediate response distinguishes solar Urticaria from the more commonly occurring polymorphic light eruption that occurs hours after exposure.

Although solar Urticaria is usually idiopathic and is considered rare. All Urticarias are made worse by heat. But if patient gets true Urticaria only when sunlight has been shining on their skin, patient may have solar Urticaria. This is rather rare and people often confuse it with a much more common rash called polymorphous light eruption . If patients have solar Urticaria, patients get wheals in minutes and they

last for less than an hour. But if patients have polymorphous light eruption the rash takes hours to appear, takes days to disappear, only rarely looks like real Urticaria (though it can have a number of different appearances) and needs different treatment.

#### **H) Aquagenic Urticaria :**

Aquagenic Urticaria is a rare form of physical Urticaria. This condition is manifested via small Urticarial wheals after contact with water. Drinking water however does not produce a reaction. The disorder is distinguishable from cold Urticaria as the allergic response is independent of water temperature. The use of topical atropine as a pretreatment can be used to differentiate this condition from cholinergic Urticaria. In that the atropine will not prevent wheal formation in aquagenic Urticaria. Some people get Urticaria when their skin comes into contact with water, whether it is hot, cold or anything in between.

#### **I) Contact Urticaria**

Some allergies cause hives just where something touches patients skin. Babies with milk allergy may get this round the mouth, where food with milk touches them, and it also happens with egg allergy and allergy to nuts. Nurses and others working with latex gloves may also get contact Urticaria on their hands and wrists, exactly where latex rubber gloves they have been wearing have touched their skin.

### **DIAGNOSIS**

The rapid onset and self limited nature of urticarial and angioedematous eruptions are distinguishing features. Urticaria involving IgE- dependent are often appreciated by historic considerations implicating specific allergens or physical stimuli, by seasonal incidence and by exposure to certain environments. This can be confirmed by assay for allergen specific IgE serum. This type of Urticaria may or may not be associated with an peripheral eosinophilia and elevated ESR. Chronic recurrent urticaria ,generally in females, associated with arthralgias, an elevated ESR suggest an Vasculitic Urticaria which persist longer than 72 hrs.

Cutaneous punch biopsy of Urticarial lesions may show dilatation of venules, edema, mast cell degranulation, and infiltration of mononuclear cells or eosinophils or both.

Hereditary angioedema is an autosomal dominant disease due to deficiency of antigenic and functional C1INH. The diagnosis is suggested by family history, lack of pruritis and urticarial lesions, the prominence of recurrent gastrointestinal tracks of colic and episodes of laryngeal edema. An acquired form of C1INH deficiency associated with lymphoproliferative disorders, has the same clinical features but differs in the lack of a familial element in the reduction of C1 function and C1q protein as well as C1INH and C2. Urticaria results not only from sensitivity to antigens, but also from physical factors such as cold, heat, sunlight, water, pressure and vibration. The underlying mechanisms are not well understood, but the final common pathway is believed to involve release of mediators by activated mast cells and basophilic leukocytes. These mediators increase vascular permeability, and plasma leaks into the dermis, resulting in Urticarial wheals.

In many cases of acute Urticaria, the source is obvious or the physician and patient stop looking for it upon remission. As mentioned above, chronic hives are almost always cryptogenic or idiopathic. However identifying a triggering factor may help in the long-term control of the disorder. The patient should be asked whether the onset of Urticaria seems to be associated with specific substances or events. Urticaria also can result from a combination of factors e.g. eating a particular food and then exercising (a condition known as exercise induced Urticaria). so the process of diagnostic evaluation can be complex. It is essential to rule out the presence of serious illnesses of which recurring hives can be a symptom. Examples are hepatitis, hyperthyroidism, lymphomas, collagen vascular diseases, and cancers of the rectum, kidneys and gastrointestinal tract. Chronic infections such as chronic sinusitis can be associated with Urticaria.

However, most practicing allergists lean towards history-guided application of a few laboratory tests. For example CBC with ESR, ANA, SPEP, and Anti-thyroid antibodies might be reasonable.

**History:**

Information regarding history of previous Urticaria and duration of rash and itching is useful for categorizing as acute, recurrent or chronic Urticaria.

For chronic or recurrent Urticaria, important considerations include previous cause and effective treatment. History regarding heat, cold, pressure, exercise, sunlight, emotional stress, or chronic medical conditions (e.g. hyperthyroidism,

systemic lupus erythematosus, rheumatoid arthritis, polymyositis, amyloidosis, polycythemia vera, carcinoma, lymphoma).

Other medical conditions that can cause pruritus (usually without rash), such as diabetes mellitus, chronic renal insufficiency, primary biliary cirrhosis.

For acute Urticaria, possible precipitants, such as the following:

Recent illness (e.g. fever, sore throat, cough, rhinorrhea, vomiting, diarrhea, headache) Medication use (especially ACE inhibitors, which result in angioedema, as well as anesthetics, penicillins, cephalosporins, sulfas, diuretics, aspirin, NSAIDs, iodides, bromides, quinidine, chloroquine, vancomycin, isoniazid, antiepileptic agents) Travel (rule out amoebiasis, malaria) New foods (e.g. shellfish, fish, eggs, cheese, chocolate, nuts, berries, tomatoes) New perfumes, detergents, lotions, creams, or clothes. Exposure to new pets (dander), dust, mold, chemicals, or plants, Pregnancy (usually occurs in last trimester and typically resolves spontaneously soon after delivery) Contact with nickel (e.g. jewelry, jean stud buttons), rubber (e.g. gloves, elastic bands), latex, industrial chemicals, and nail polish, Sun exposure or cold exposure, Exercise.

### **Physical:**

Urticaria is characterized by blanching, raised, palpable wheals which can be linear, annular (circular), or arcuate (serpiginous). These lesions occur on any skin area and are usually transient and migratory. Dermographism may occur (i.e. Urticarial lesions resulting from light scratching).

### **Lab Studies:**

Specific laboratory studies generally are not indicated. The patient's history and physical examination should direct any diagnostic studies.

In patients with Urticaria, using the history and physical examination as guides, additional tests that may be considered include the following:

- Stool examination for fecal WBCs, PH, ova, and parasites.
- Antinuclear antibody (ANA) titer.
- Hepatitis B and C screen.
- Thyroid function tests.
- Tests for CBC, prostate-specific antigens (PSA), and serum calcium.

### **Cholinergic Urticaria**

The development of fine wheals, pruritus, and erythema that occur in response to increased body temperature are evidence of cholinergic Urticaria. Cholinergic Urticaria, like the other Urticarias, can be difficult to accurately diagnose. In addition to the fact that currently used diagnostic tests are often unreliable, people who have Urticaria often have mixed reactions. For example, individuals with cholinergic Urticaria often find that their symptoms are exacerbated by cold weather, they may also show evidence of dermographism and vibratory Urticaria that appear with exercise. Some individuals may also experience symptoms of both cholinergic Urticaria and exercise-induced anaphylaxis. Because the degree of severity ranges from mild to severe. Cholinergic Urticaria can be thought of as being on a continuum of severity. For some patients, symptoms may not develop at all when the individual experiences heat that is not accompanied by exercise. Because the rash of cholinergic Urticaria is typically associated with sweating, diagnostic tests involve stimulation of sweating by local or central means. Immersion of the hand or body part in hot water is sometimes used to induce sweating, as is exercise such as running in place in warm clothes until sweating is induced.

### **Cold-Induced Urticaria**

The most commonly used diagnostic tests are the ice cube challenge and water immersion tests. Using the former, an ice cube is placed on the ventral aspect of the patient's forearm for 4 to 5 minutes. The appearance of a pruritic wheal on the cold-exposed area either during or within minutes of exposure is diagnostic. Very sensitive patients with cold Urticaria may exhibit positive signs after a short challenge (usually 3 minutes). Prolonged water immersion could evoke systemic reactions in a very cold-sensitive person. Conversely, there are those for whom induction of symptoms requires a longer duration of cold stimulation (10 minutes or more). Differing response times have the potential to lead to missed diagnosis or misdiagnosis. Repeated negative cold-challenge tests may rule out primary acquired cold Urticaria for most persons, but without further testing (e.g. systemic exposure to cold) secondary acquired cold Urticaria may be missed in evaluation. Standard tests such as the cold challenge tests are the most convenient and economical to use in the diagnosis of cold Urticaria.

**Dermographism**

Diagnosis is made by recording the skin responses to graded pressure from a dermatographometer in a clinical setting . A presumptive diagnosis of dermatographism can be made by observing the wheal, flare and itching that occur in response to gentle scratching of the patient's skin.

**Delayed Pressure Urticaria**

Diagnosis is made by applying pressure with a dermatographometer or by applying sustained pressure against the skin and evaluating the site 6 hours later.

**Solar Urticaria**

Diagnosis can be made by exposing the patient's skin to natural or artificial light, using appropriate filters to evaluate different light wavelengths.

**Aquagenic Urticaria**

Diagnosis is confirmed by applying tap water to the patient's skin (e.g. by having the patient take a tap bath or shower.)

**Vibratory Urticaria**

By induction of vibratory Urticaria in a laboratory setting by vibrating a vortex against a subject's skin.

**Localized Heat Urticaria**

Local contact with a heat source at 45° c for 30 seconds should produce localized Urticaria within a few minutes.

**Exercise-Induced Anaphylaxis**

Diagnosis of exercise-induced anaphylaxis is obviously difficult if there is a severe episode with no prior history of symptoms. Sometimes patients may describe episodes of mild symptoms that are suggestive of exercise-induced anaphylaxis. Cholinergic Urticaria and exercise-induced anaphylaxis both occur with exercise and may appear similar. A thorough assessment is needed to differentiate the conditions. Because exercise-induced anaphylaxis is potentially fatal, while cholinergic Urticaria is not. A patient diagnosed as having exercise-induced Urticaria, but who in reality has cholinergic Urticaria, faces a much more restrictive lifestyle, as

well as a vastly increased anxiety level. An accurate diagnosis can be made with warm water immersion, as histamine levels will increase with cholinergic Urticaria but not with exercise-induced anaphylaxis. In addition patients with cholinergic Urticaria will sometimes demonstrate wheezing whereas those with exercise-induced anaphylaxis will not wheeze but will instead experience choking and stridor. The wheals of cholinergic Urticaria are typically small 1 to 3 mm, while those of exercise-induced anaphylaxis are usually larger- 10 to 15 mm. As is true when evaluating for cold Urticaria, care should be taken when performing these challenges, especially with individuals who have experienced angioedema or anaphylaxis in the past. In susceptible patients, the challenge may precipitate a more severe reaction than the patient has experienced previously.

## **TREATMENT**

Management of Urticaria depends on its severity and the duration of problem. For mild Urticaria limited to the skin, traditional antihistamines- diphenhydramine hydroxynine ( Benadryl) or the newer nonsedating agents –terfenadine( Seldane), cetirizine (Zyrtec), loratadine(Claritin) can be administered by mouth intermittently as needed. Acute Urticaria is often treated with diphenhydramine, 25 to 50 mg orally. If the Urticaria is severe, short term corticosteroids, upto 1 mg /kg, can be used. For Urticaria associated with whizzing or anaphylaxis, subcutaneous epinephrine and intravenous corticosteroid, as well as oxygen, should be administered immediately.

### **1) Avoid the inciting agent.**

### **2) Medications based on severity.**

#### **A) Mild to moderate, acute Urticaria—**

Oral Antihistaminics, e.g. diphenhydramine (Benadryl) 10- 50 mg quarterly 12 hrs or hydroxyzine, 10-25 mg q 8 hrs, nonsedating alternatives include cetirizine 5-10mg, or loratadine 10 mg /day.

#### **B) Severe Urticaria with or without angiodema antihistamines, e.g. diphenhydramine (Benadryl) 25-50mg quarterly 6-8 hrs or 10-50 mg IV q 2-4 hrs not to exceed 400 mg /day.**

Corticosteroids e.g. prednisone 10 – 60 mg every morning with

Tapering over a 2 wk period , triamcinolone (Kenalog) 40 mg IM for



1 dose or dexamethasone 0.6 – 0.75 mg /m<sup>2</sup> /day IV in divided doses q6 – 12 Hrs depending on severity.

C) Anaphylaxis

A – Airway (intubation)

B – Breathing (oxygen)

C – Circulation : parenteral aqueous epinephrine 1 : 1000 IV saline or volume expanders.

IV corticosteroids (e.g., methylprednisolone , 125 mg) Histamine H1 – and H2 – antagonists (50 mg each of diphenhydramine and ranitidine)

D) Chronic idiopathic urticaria – combination therapy Nonsedating antihistamine : cetirizine 10 mg / day or fexofenadine 20 – 240 mg twice daily , alone or with montelukasts 10 mg / day or H1and H2 antagonists (50 mg each of diphenhydramine and ranitidine) and low dose corticosteroids (if unavoidable).

# **REVIEW OF VIRECANA PROCEDURE**

**A) General information of Virecana procedure**

**B) Historical Review**

**C) Classification of Virecana procedure**

**D) Review according to Bruhatrayī**

- 1) According to Ācārya Caraka
- 2) According to Ācārya Suśruta
- 3) According to Aṣṭāṅghridaya

**E) According To Laghūtrayī**

- 1) According to Śāraṇdhara
- 2) According to Bhāvaprakāśa

**F) References**

## GENERAL INFORMATION OF VIRECANA PROCEDURE

### VYUTPATTI:

According to Vācaspatyam - The word Virecana has got three components.

विरेचन वि + रिच् - णिच् - ल्युट् | मलादेः निः सारणे |

Vi- Upasarga prefix, Ricpor – Ric Dhātū (Root),

Lyut – Pratyaya - It also means Malādehe nissaranam i.e. expelling out the malās.

According to Śabdakalpadrūma - Recana is derived from root word ‘Rici’ Dhātū & ‘Lyūt’ Pratyaya (Means Malabhedana)

Virecana word is formed by the root ‘Rici’ Dhātū ‘Vi’-Upasarga with ‘Nich’ & ‘Lyūt’ Pratyayās giving meaning ‘Viṣeśana Recayatīti’.

According Kavi-Kalpadrūma ‘Rici’ Dhātū is explained in terms of Samparcana (Combination) & Viyojana (Seperation).- ‘Samparka Viyogayo’.

### DEFINITION:

The process of elimination of morbid Doṣās through Adhobāga is said to be Virecana. <sup>1</sup>

Virecana is the process in which the orally administered drugs along with the vitiated Doṣās are eliminated through Adhomārga. <sup>2</sup>

The process of elimination of mala either in pakwa or in Apakwa Avasthā but along with excess fluid portions is called as Virecana.

In Virecana the Doṣās even from the Āmāśaya are taken to the Pakwāśaya & they are removed through Gudamārga.

### Synonyms:

- Reka, Recana, Virecana, Praskaṇḍana, Anūlomana, Prakledana, Sraṁsana, Bhedana, Recana.
- According to Sanskrit-English Dictionary, Purgative, Cathartic, Evacuate and Aperient are the different meanings of Virecana.

### General Introduction :

Virecana is a specific treatment for Pitta Doṣa. Virecananam Pittahāranam-<sup>3</sup>

Virecana is even a treatment for Pitta Saṁsārgaja Doṣās, Kapha Saṁsrista Doṣās

& also for Pitta sthānagata Kapha also. <sup>4</sup>

Similarly, Virecana is even beneficial for Vāta Doṣa, which is evident from Vātasyopakrama. <sup>5</sup>

Here Mrūdū Saṃśodhan refers to Virecana karma.

Cakrapāṇi does not include Nirūha & Śirovirecana under the term Virecana but Gaṅgādhara says that Doṣa nirharana from any route of the body can be taken as Virecana. Hence Nirūha, Śirovirecana are also considered as Virecana. Hence Virecana is beneficial in Triḍoṣa states.

By Virecana Pitta & its different varieties will be removed from the body, just like a house which consists of fire will not only become hot when fire is made hot by adding suitable fuel & cooled, when it is cooled. <sup>6</sup>

## **HISTORICAL REVIEW OF VIRECANA :**

### **VEDIC KĀL**

#### **VEDĀS:**

These are the oldest, authentic, reliable first manuscripts of the world. Also the foundation stone of the world's literature known till date. The origin & development of medical science is closely associated with the origin & evolution of man on this earth. Indian culture starts from vedic time is a general belief. Some mantrās of Vedās denote the presence of Āyurveda in them. Although it is very difficult to say that procedures of Pañcakarma therapy were in practice in vedic period. Few mantrās of Rigveda indirectly refer towards the Karmās which are included under Pañcakarma measures.

For the purpose of Virecana, no specific reference has been found. But the drugs like Eraṇḍa was mentioned which might be used for bowel evacuation. Some of the mantrās which suggests the principal of evacuation like 'yatāsannam vinirharet' meaning to excrete from the nearest orifice. From this one can infer that Virecana might have been carried out at that time.

#### **PURĀNA:**

Among Purāna's Garuda & Agni Purāna has a great significance. We can find traditional method of diagnosis along with Pañcakarma treatment.

### **MANŪ SMṚITI:**

Certain procedures like Ghrita which has been administered orally after completion of Vamana, Virecana & Snāna has been found.

In Cāndogya Upaniṣad Śankara bhāṣya, Śishupāla vadha, Megha dhuta, scattered references regarding Śodhan followed by Saṁśamana therapy for the normalcy of Doṣās has been found.

### **VINAYA PITAKA:**

One of the popular & important literature of Buddha period. Many references regarding Pañcakarma are available. The physician named Jīvaka, had treated Buddha by administering Auṣadha processed Nasya for Virecana in the total dose of three utpala hasta. The book reads that by the use of one utpala hasta of Nasya was sufficient for 10 Virecana.

### **ĀYŪRVEDIC CLASSICS:**

After Buddha period, the Pañcakarma therapies are elaborately described in Brihatrayi's. Even descriptions are found in Bhel, Kaśyapa & Harita Saṁhitās, Bhāvprakāśa & Śāraṅgadhara Saṁhitā in separate chapters.

### **CARAKA SAṂHITĀ:**

The term Pañcakarma has been used frequently only in Caraka Saṁhitā, as compared to Sūśrūta & Vāgbhata.

Descriptions regarding Virecana Karma is available in Sutra, Kalpa & Siddhi Sthāna. The details are as follows:

- Ch.Su.1st chapter – In Dīrghajīvītīya Adhyāy Virecana Dravyās (purgative roots & fruits) are mentioned.
- Ch.Su.2nd chapter – In Apamārgatandulīya Adhyāy some purgative drugs are quoted.
- Ch.Su.4th chapter – In śadvirecana shataśritīya Adhyāy different Preparations of Virecana drug & Virecanopaga drugs are stated.
- Ch.Su.15th chapter – In Upakalpanīya Adhyāy different aspects of Virecana are mentioned.
- Ch.Ka. 7th – 12th chapter-- is dedicated to different Virecana Drugs.

- Caraka Siddhi Sthāna --different aspects of Virecana karma has been mentioned.

### **SŪŚRUTA SAṂHITĀ:**

- Su. Su. 39—In Saṁśodhan Saṁśamnīya Adhyāya references regarding Virecana Dravyās is available.
- Su. Kalpasthān— is dedicated to different Virecana Drugs.
- Su.Cikitsā Sthāna.-- Detailed description of Virecana is available in 33rd chapter(Vamana Virecana sādhyā upadrava Cikitsā ) & in 34th chapter (Vamana Virecana Vyāpad Cikitsā.)

### **AṢṬAṄGA SAṆGRAHA:**

Detailed description regarding Virecana is available under the heading of Vamana Virecana vidhi Adhyāy in 27th chapter of Sutrasthāna.

### **AṢṬAṄGA HRIDAYA:**

- In Sutrasthān 15<sup>th</sup> Adhyāya (Śodhanādigaṇa Saṅgraha) Vāgbhata has described Virecana Dravyās.
- In Sutra Sthāna 18th chapter entitled Vamana Virecana vidhi Adhyāya— Detail description about Virecana Vidhi.

### **ŚĀRAṆGADHARA SAṂHITĀ:**

- Virecana types like Anūlomana, Sraṁsana, bhedana & Recana are explained in 4th chapter of Pūrvakhaṇḍa i.e. in Dīpana Pācana Adhyāya.
- In Uttara khaṇḍa 4th chapter detailed explanation of Virecana vidhi is explained.

### **MĀDHAVA NIDĀNA:**

No reference regarding Virecana is available.

### **BHĀVA PRAKĀŚA:**

- In purvakhaṇḍa, Virecana vidhi chapter is dedicated for Virecana.

- Also some drugs & preparations which are used in particular season for Virecana has been explained.

#### **CAKRADATTA:**

A separate chapter for Virecana karma is described under the heading of ‘Virecana Adhikāra’ which contains some of the Virecana yogas, signs & symptoms of samyak Virecana, Durvirikta & Atiyoga are found & according to Doṣa , Virecana vidhi is also explained.

#### **YOGA RATNĀKARA:**

No separate chapter on Virecana is found, but Pañcakarma treatment according to disease are mentioned.

#### **VAṄGASENA SAṂHITĀ (CIKITSĀSĀRA SAṄGRAHA):**

Virecana Adhikāra is the name of the chapter explaining in detail about Virecana including some of Virecana Yogās.

#### **KĀŚYAPA SAṂHITĀ:**

In Khila Sthāna, combined description regarding vamaṇa & Virecana has been found under the heading ‘Saṁsuddi viśeṣaṇīyonama’ Adhyāya.

#### **BHELA SAṂHITĀ:**

- Reference of Virecya is found in sutra Sthāna 21st chapter under which the disease ‘Vicarcika’ is mentioned separately apart from Kuṣṭha.
- In sutra Sthāna 23rd chapter, ‘Gadha puruṣīya’ we can find reference regarding Vamaṇa Virecana Anarhās.
- In kalpasthāna 7th, 8th & 9th chapters are dedicated for Daṇṭiphala kalpa, śaṅkhini kalpa, śyāmātrivrit kalpa Adhyāya respectively.
- In siddhi Sthāna, references regarding Virecana is obtained in first 4 chapters.

#### **HĀRITA SAṂHITĀ:**

No separate chapter for Virecana Karma has been found. But wherever necessary, Virecana Karma is advised in particular state of the disease.

## **HISTORICAL REVIEW IN GREEK SYSTEM OF MEDICINE:**

The physicians of Mesopotamia were treating the abdominal pain by using the method of vamana & Virecana. Swarnapatri & Indrayana were used for Virecana at the time of Hippocratic. Reference regarding the principle of Virecana has been found in ancient books.

In 17th century, Dr. Henderson mentioned that there was a tradition to carry out vamana, Virecana & Raktamokṣan in the patients of Unmada.

Moddox (1923) while reviewing the history of Ipecaatua mentioned the work entitled 'Historia Naysolia Brasisiae' published in Amasturdum (1648) which deals with its properties. It was used as a purgative as well as an emetic.

## **CLASSIFICATION OF VIRECANA PROCEDURE**

### **ACCORDING TO ŚĀRAṄGADHARA SAMHITA**

Śāraṅgadhara had classified the Virecana according to the action, potency of drug, onset, consistency of excretory product.

#### **1. Anūlomana:**

The drug which does the digestion of malās & breaks its compactness & later expels out through Adhobāga is known as Anūlomana. Eg: Haritaki.<sup>7</sup>

#### **2. Sraṃsana:**

The drug which expels half digested & sticky malās without prior digestion is known as Sraṃsana. Eg: Kritamala.<sup>8</sup>

#### **3. Bhedana:**

The drug which breaks abaddha, baddha & piṇḍita malās & eliminates through anus are called as Bhedana. Eg: Katūki.<sup>9</sup>

#### **4. Recana:**

The drug which expels both digested & undigested malās after making them watery, through Gudamārga is known as Recana. Eg: Trivrit.<sup>10</sup>

Anūlomana & Sraṃsana are the mild types of Virecana, where as Bhedana & Recana are of moderate type.



## ACCORDING TO CARAK SAMHITA

Ācārya Caraka also described about Bhedanīya, Virecanopaga & Anūlomana, which suggests types of Virecana.

### According to the intensity of action:

a. Mrūdū b. Madhyama c. Tīkṣṇa.

a. Mrūdū:

These are the drugs which causes mild actions when given in low dosage.

Indication: In Alpa Doṣa , Adnyāt Koṣṭha, previously who have taken Śodhan even then who has Hīna amount of Doṣās & in Mridu Koṣṭha.

Drugs used are: Drākṣā, Pāyas, Uṣṇāmbu, Eraṇḍataila

b. Madhyama: Drugs which are madhyama in their Guṇa & Karma.

Indication: In Madhyama Koṣṭha, Madhyama Roga & Bala

Drugs used are: Trivrit, Katūki, Rājavrikṣa

c. Tīkṣṇa:

Drugs which are having Tīkṣṇa Guṇa Karma & which causes numerous motions by eliminating Doṣās in major quantity, even then doesn't produce Glānī are called Tīkṣṇa Virecana.

Indication: Krūra Koṣṭha, Bālayukta puruṣa. Eg: Snūkpayā, Hemakṣhīri, Daṇṭiphala

### According to Drug action:

1. Sukha Virecana : Drugs which leads to Samyak Virecana without any complication.

Indicated in Madhya Koṣṭha. Eg: Trivrit.

2. Mridu Virecana : Drugs which are mild in nature & useful in Mridu Koṣṭha.

Eg: Caturṅgula.

3. Tīkṣṇa Virecana : Drugs which causes drastic purgation. Indicated in Krūra Koṣṭha. Eg: Snūk paya.

## **VIRECANA DRAVYĀS**

### **PĀNCHABHOUTIKATWA OF VIRECANA DRAVYĀS:**

Qualities of Virecaka Dravyās: They are having Uṣṇa, Tīkṣṇa, Sukṣma, Vyavāyi & Vikāsi Guṇa. But the Virecaka Dravyās mostly act by virtue of their Prabhāva.

Virecana Dravyās are possessing the Prabhāva as Adhobāgahara, which can be inferred that there is a dominancy of Prithvi & Jala Mahābhuta.<sup>11</sup>

But even the drugs having the dominance of these two Mahābhuta may not have Virecaka property, but it is due to the Prabhāva, that the Virecana action is produced.

### **CLASSIFICATION OF VIRECANA DRAVYĀS**

#### **1. Animal origin:**

Mūtra –

Hastimutra, Uṣtra, Hayāmutra, Kharamutra are the Mūtra used for the purpose of Virecana. It is Uṣṇa, Tīkṣṇa, Rukṣa Guṇātmak, having Katu and Lavaṇa Rasa. Due to these properties it is used for Asthāpan Basti and Virecana.<sup>12</sup>

Dugdha-

For Virecana purpose Dugdha Or Payā is used.<sup>13</sup>

#### **2. Plant origin:**

Parts Used (Ch.Su.1/77-85) (Su. Su. 39/4) (A. S. Su. 14)

**Mulini—**

Śyāmātrivritta, Hastidaṇṭi, Snuka, Śālīparṇi, Pruśnīparṇi, Kaṇṭakāri, Vātārki, Gokṣūra, Śweta Saptalā, Raktamūla Punarnavā, Śalivriksha, Daṇṭi, Gavākṣi, Swarṇakṣiri, Visanika Dravaṇṭi, Āvartaki, Citraka, Kuśa, Kāśa.

**Phalini ---**

Vidaṅga, Āmalaki, Bibhitaka, Nilini, Eraṇḍa, Priyāla, Anupklitaka, Caturṅgula, Kampillaka, Badara, Madhūyasti, Karkaṇḍhu, Prakirya, Kaśmari Puga (Latākaraṇja), Paruṣaka, Vidaṅga, Abhayā, Drākṣhā, Nili, Antahakotarpushpi, Kampillaka, Putikaraṇja, Āragawadha, Udkirya.

## **Kṣīra—**

Snūhikṣīra, Saptacchada, Saptaparṇa, Arkakṣīra, Jyotiṣmati Twacā, Kampillaka, Tilvaka, Ramyaka, Pātala, Lodhra, Mahānimba, Patola.

## **II. According to Kalpanā:**

Certain Kalpanās are prepared for the purpose of easy intake, to enhance or to alter the potency of drug & to preserve for longer duration.

According to Sūśrūta: Ghrita yoga, Taila yoga, Kṣīra yoga, Madya yoga, Mūtra yoga, Maṃsarasa yoga, Avaleha yoga. Apart from these, some other Kalpanās include: Āsava, Ariṣṭa, Varti, Pānaka, Śādava, Sīdhu, Yavāgu, Modaka, Dadhi etc.

## **III According to Agrya Dravya <sup>14</sup>**

- Mridu Virecana – Āragwadha
- Sukha Virecana – Trivrit
- Tīkṣṇa Virecana – Snūhi
- Puriṣa janana – Yava.

## **IV According to Sūśrūta:**

- Mūla Virecana - Aruṇābha trivrit Mūla
- Twak Virecana - Tilwaka
- Phala Virecana – Haritaki
- Taila Virecana – Eraṇḍa taila
- Swarasa Virecana – Kāravellaka
- Paya Virecana – Sudhā paya .<sup>15</sup>

## **V. According to Prakruti:**

- For Vātaj Prakruti-- Snigdha, Uṣṇa, Lavaṇayukta Auṣadhi
- For Pittaj Prakruti---Kaśāya & Madhūra Rasātmak Auṣadhi
- For Kaphaj Prakruti --Katū Rasātmak Auṣadhi

## **VI. According to Doṣa :**

- Vāta – Trivrit + Saiṇdhav + Śuṇṭhi Cūrṇa along with Kāñji & Maṃsarasa
- Pitta --Trivrit Cūrṇa + Drākṣhā Kwātha
- Kapha --Triphalā Kwātha, Gomūtra, Trikatū

## VII. According to R̥tū (season):

Śāraṅgadhara & Bhāva mishra has mentioned some of the drugs & their preparations.

- Varṣā --Trivrit, Kutaja bīja, Pippali, Śuṇṭhi Drākṣhā, Anupāna-- Swarasa, Kṣhōdra
- ṣarad --Trivrit, Durālabhā, Mustā, Śarkarā, Caṇḍana Drākṣhā Kwātha With Yasti Madhū
- Hemaṇt --Trivrit, Citraka, Pāthā, Jivaka, Sarala, Vacā, Hemakṣhīri. Anupāna-Uṣṇambu
- Śīśir-- Trivrit, Pippali, Śuṇṭhi, Saiṇdhava
- Vasaṇta --Śyāma with Madhū
- Grīṣma --Trivrit with Śarkarā
- Sarvaritu --Trivrit, Hapuṣa, Daṇṭi, Saptalā, Katūki, Swarṇakṣīri Bhāvana with Gomūtra

## VIII. According to qualities:

### 1. Snigdha Virecana :

Caraka & Sūśrūta has mentioned the Snigdha & Rūkṣa Virecana . Preparation of the medicine having snehabahula is snigdha Virecana, which is contraindicated in snigdha persons.

### 2. Rūkṣa Virecana :

Preparation which is not having dominance of sneha is said to be Rūkṣa Virecana. It is indicated to those who has snigdha Śarīra & to those having doshotklesha avasthā produced due to excess of snehapāna.

## VIRECANA PROCEDURE ACCORDING TO BRUHATRAYĪ

### VIRECANA PROCEDURE ACCORDING TO ĀCĀRYA CARAKA:

It includes

A) Pūrva karma

B) Pradhāna karma

C) Pascāt karma

**A) PŪRVAKARMA:** It includes

1) Saṃbhār saṅgraha

2) Ātur parikshā

3) Mātrā nirnaya

4) Ātur Siddhatā

**1) Saṃbhār saṅgraha**

**Virechaka Dravyās**

**Mūlini Virecana Dravya:-**

Hastidaṅti, ŚyāmaTrivrita (Ipomoea turpethum), Śweta Trivrita (Operculina turpethum), Adhoguda (Vidhara), Saptalā (Euphorbia dracunculoides Lam), Pratyāshreni (Daṅti), Gavākṣi (Indrāyana- Citrullus colocynthis Schrad.), Viṣanika, Āvartaki, Ajagaṇdhā. <sup>16</sup>

**Phalini Dravya:-**

Śaṅkhini (Andrographis Pāniculata), Vidaṅga (Embelia ribes Burm.), Trapūṣa (Cucumis sativus Linn.), Madanphala, Dhāmārgava, Ikṣavāku, Jīmūtak, Krutvedhana. <sup>17</sup>

**Kṣīra Virecak Dravya :-**

1. Snūhi (Euphorbia neriifolia Linn.)

2. Arka (Calotropis procera (Ait.) <sup>18</sup>

**Virecana Yogās:**

Carakācārya has explained 245 Virecana Yogās <sup>19</sup>

- Trivrit -110 Yogās
- Cāturngula -12 Yogās
- Lodhra – 16 Yogās
- Snūhi - 20 Yogās

- Saptalā and Śaṅkhini - 39 Yogās
- Daṇṭi and Dravaṇṭi - 48 Yogās

## 2) Ātur Parikṣā (Selection & Examination of the Patient):

### Virecana Arha --Indication of Virecana according to Carak.

Kuṣṭha, Jvara, Meha, Urdhvaraktapitta, Bhagaṇḍara, Udara, Arśa, Bhagna, Plīha, Gulma, Arbuda, Galaganda, Graṇthi, Visucika, Alasaka, Mūtraghāta, krimikoṣṭha, visarpa, pāṇḍuroga, Śiraśūla, Parśvaśūla, Udāvarta, Netradāha, Asyadāha, Hirdroga, Vyaṅga, Nīlika, Netra, Nāsika, Mukha, Srāva, Halīmaka, Svāsa, Kāsa, Kāmalā, Apaci, Apasmāra, Unmāda, Vātarakta, Yoni Doṣa, Reto(Sukra) Doṣa, Timira, Arocaka, Avipāka, Chardi, Kvathu, Visphotaka, Pittaja Vikāras.<sup>20</sup>

### Reason for indication:

- Pitta Pradhāna Vyādhi's are indicated since Virecana is best in those diseases (Ch.Su.25/40) e.g. Pāṇḍu, Kāmalā.
- Rakta Pradoṣaja Vyādhi: Since there is indication of Virecana in those diseases. e.g.: Kuṣṭha, Visarpa, Raktapitta, Gudapāka (Ch.Su.24/18).
- Diseases where there is extreme need to eliminate Doṣās like in Gara Viṣa, Krimi Koṣṭha & Udāvarta.
- Diseases having Viparita Gati like Urdhwaga Raktapitta & Chardi. Virecana is indicated to reverse the Gati of the Doṣās.
- Diseases in which there will be excessive vitiation of Doṣās & also having Triḍoṣa Prakopa & also those diseases requiring Ubhayabhāga Śodhan like Kuṣṭha, Virecana is indicated.
- Those diseases where Pitta has its location: E.g. Hridroga- Sādhaka Pitta

### Virecana Anarha- Contraindication of Virecana

Sukumāra, Kṣataguda, Muktanāla, Adhogaraktapitta, Laṅghita, Durbaleindriya, Alpāgni (Maṇḍāgni), Niruhita (Asthāpita), Kāmādivyagra, Ajīrna, Navajwari, Madātyaya, Ādhmāna, Abhighāta (Āghāta), Atisnigda (Atisnehita), Atirukṣa, Atidarunakoṣṭha, KṣtaKṣīṇa (Kṣīṇa), Bāla, Vriddha, Durbala, śhrāṇta, Pipāsita, Kṣudhita, Karmahāta, Bhārahata, Adhvahata, Maithunaprasakta, Chīntāprasakta, Vyāyāmaprasakta, Adhyāyanaprasakta, Kṣta, Garbhini.<sup>21</sup>

**Reason for contra-indication:**

- Patient who is incapable of tolerating the stress produced during Virecana like Laṅghita, Durbalendriya.
- Āśūkāri roga: Hridroga, Kṣta Kṣīṇa which may collapse the patient.
- Sāmāvasthās, where removal of Doṣās not takes place properly, is contraindicated.
- Local problem like Kṣta guda.
- Altered or disturbed mental conditions of the patients like in Bhayabhīta, Kāmādi Vyaghra where in there may be the risk of Mithyā yoga.
- Certain altered physics like Atisthula, Atikriśa & in Bāla, Vriddha conditions.
- Pathology involving the elimination of Doṣās through Adhomārga like in Atisāra, Adhoga Raktapitta.

**B. Analysis of Other Factors:**

Before leading to any Karma, Caraka advised to scrutinize the difference in variations regarding Doṣa, Deśa, Kāl, Bāla, Śarīra, Sātmya, Satva, Prakriti & Vaya. These factors have a great potency to influence the disease.<sup>22</sup>

**C. Doṣāvasthā:**

Caraka advocated ‘Saṃśodhana’ in the conditions where Doṣās are aggravated in an excessive proportion.i.e. Bahudoṣāvasthā.<sup>23</sup>

**Dīpana And Pācana :**

The condition of patient must be examined before giving Virecana.It must be Nirāma. If Saṃśodhan and medicine is taken in the condition of Ajirna, it will lead to Vibandha and Glāni. If the condition of patient is associated with Āma then Śodhan can only be done after the Pācana of Āma by Dīpāna, Pācana, followed by Snehana and Swedana measures.<sup>24</sup>

If the Doṣās are in Sāma conditions and anybody tries to remove these Doṣā forcefully then it will destroy the Dhātū. That is why prior giving the Snehana, Dīpāna and Pācana should be carried out to enhance Agni. So that Sneha can be easily digested and patient will be properly Oleated. (Ch. Si. 6/27,28,29)

### 3) Ātur Siddhatā Ābhyañtar Snehapān (Internal Oleation)

Caraka has described the Snehapān required is three days and seven days for Mrūdū and Krūra Koṣṭi Ātur respectively.<sup>25</sup>

#### Snehapāna :

Snehana on account of its Viśyañdana, Kledana properties helps in dissolving the Vitiated Doṣās. Usually the initial dose is of Hrasiyasi Mātrā, which is moderated as per Agni Bāla of patient. Appropriate diet is to be given.<sup>26</sup>

Snehana should be terminated after samyaka Snigdha Lakṣaṇa are observed. After this 3 days gap for Snehapāna. In this period Abhyaṅga and Swedana procedures have to do.

#### Observations During Snehapāna :

- If Snigdha Virecana is planned for patient then Snehapāna should be done for three days only. Virecaka Kaśāya should be administered in Saṁśītoṣhna Kāla.
- In case of Krūra Koṣṭha, if proper Snehapāna is not achieved in seven days then after ten days gap again Sneha is to be given by increasing dose and later on, Snehana and Swedana should be carried out.

#### Abhyaṅga :

Abhyaṅga is done on whole body with simple or medicated oil preferably during both morning and evening.

#### Swedana :

After Abhyaṅga usually, Bāṣpa sweda is employed for swedana Karma. With help of swedana the morbid Doṣās are motivated from Śākhā to Koṣṭha.

#### Reason behind Vishrāmadina between Snehapāna and Virecana Karma

Caraka has advised that Virecana should be carried out in state of Maṇḍa Kapha that is Hina Kapha condition for Samyaka Virecana. Sneha and Kapha are having Same Guṇās. It means Sneha administered as Pūrvakarma increases Kapha by its property. After Snehapāna there is increase in Kapha so it is difficult to carry out



Virecana in such state. Hence, for Kapha Śamana we have to wait for some period. Thereafter the process of Virecana can be carried out.<sup>27</sup>

If Virecana is carried out just after Snehapāna then there are chances of Pravāhikā, Gaurava, Grahaṇi like condition as this Kapha masks the Grahaṇi Avayava, secondly when we administer the Virecana Yoga it is being vomited out as there is Kapha alleviation. Hence it can be said that Virecana should be carried out in Maṇḍa Kapha state and this is achieved by keeping three days gap after Snehapāna. In Vamana, the Pācana of Auśadhi is not expected, but in Virecana there is a need of Pācana and in increased state of Kapha this is impossible. Hence, Vamana can be given just after one day of Snehapāna (last day) but for Virecana three days gap is essential.

➤ **Āhāra on Sneha Vishrāmakāl:**

**Diet Before Virecana**

A day before Virecana patient should be advised to take Laghū, Snigdha, Drava, Uṣṇa diet. Diet should be as such that it should not increase Kapha as that may cause Vamana and for carrying Virecana there should be state of Maṇḍa Kapha<sup>28</sup>

➤ **Snehana and Svedana Karma (External oleation and Sudation)**

The patient should also be given oleation and fomentation therapies before administration of purgation therapy.<sup>29</sup>

**Mānasopacāra :**

The Virecana procedure must describe properly to the Patient and should be counseled because disturbance in mental state can cause Mithyā Yoga. Patient should also perform Swastika Vācana, Homa Bali etc. on auspicious day for peace of mind (Ch. Su. 15/17).

**4) Mātrā Viniscaya:**

Mātrā plays a profound role in samyaka Virecana. It should be elaborately counted by taking various factors like Roga Bāla, Rogi Bāla, Agni Bāla, Auśadha vīrya, etc. in account.

Caraka has mentioned that –

- If the Koṣṭha of patient is unknown then he should be administer Mridu Auṣadhi.
- If the patient is weak, having alpa Doṣa, devoid of strength, whose Śodhan has been done and whose Koṣṭha is unknown then in such patients Mrūdū Auṣadhi is advisable and that also in Alpa Mātrā.
- The Madhyam Mātrā of Auṣadhi to Ātur having Madhyam type of Koṣṭha, Vaya, and Bāla. Keeping this view, changes in the dosage could be done either by its increase or decrease in Krūra Koṣṭha, Uttam Bāla, Bahu Doṣāvasthā and in Mrūdū Koṣṭha, Hīna Bāla, Hīna Doṣa respectively.<sup>30</sup>

## **B) PRADHĀNA KARMA:**

This starts right from the intake of medicine to the starting of Vegās. This includes –

- a. Administration of Virecana Yoga
- b. Ātur paricaryā and Nirikṣana
- c. Śuddhi Nirnaya
- d. Observation of Samyak, Ayoga and Atiyoga Lakṣaṇās.

### **a. Administration of Virecana Yoga:**

After Snehana-Swedana, Virecana Karma should be done. Person who had proper sleep at night, food taken by him last night has been digested, he should be asked to offer oblation and worships, and to recite auspicious chants and expiatory verses. The Brāhmaṇās should then be invited to recite the auspicious Svastivācanās on an auspicious day with auspicious constellations and Muhurta. The patient should there after be given the paste of Trivrita in one Akṣa (12gm) dose after stirring and mixing up. The difference in the variations of Doṣa, medicinal drugs, location, time, strength, body, diet, wholesomeness, mind, constitution and age should be kept in view while administering this therapy. After the patient has been administered purgation therapy properly the entire regimen prescribed till he regains the normal strength, complexion and health. After he has regains all these, he come to psychic normalcy, has rested a while and the food taken by him is fully digested, he should take full bath, apply unction, wear garlands, untorn cloths and favourite ornaments and thus appear before friends and kins. Ācārya Caraka had given example of Trivrita as it is best Virecaka with its Prabhāva.<sup>31</sup>

**b. Ātur paricaryā and Nirikṣana**

- During the Jirṇa Avasthā of given Virecaka Auṣadha Lakṣaṇās like Triṣṇā, Moha, Bhrama, Murcchā develops then Pittaghna, Madhūra, and Śīta Auṣadha can be used.
- In the condition of Kaphavruta, Auṣadha don't goes downward i.e. Virecana does not occur. In such condition Lālāsṛāva, Hrillāsa, Viṣṭambha, Loma Harṣa Lakṣaṇās develops. In such conditions Tīkṣṇa, Uṣṇa, Katū etc Kaphaghna Auṣadhi can be used.
- In Susnigdha Krūra Koṣṭhi patient if Alpa Virecana occur then Laṅghana Cikitsā is advised. Because of Laṅghana Cikitsā both Sneha Prayoga Janya Kapha and Doṣa Saṅga gets Śamana.
- In Rūkṣa, Vāta Pradhāna, Krūra Koṣṭhi. Vyayāmaprasakta and Dīptāgni persons Virecana Auṣadha get digested. In such persons first Sneha Basti should be given followed by Virecana.<sup>32</sup>

**Virecana Samyaka Pravartanārtha:**

If the Doṣāsare in Vibaddha condition, Alpa Doṣa Pravartana, Cirakāle Pravartana, in such condition, patient should advised to take lukewarm water which helps as Anuloman in Ādhmāna, Triṣṇā, Chardi, and Vibaṇḍha.

Due to obstruction by Doṣās, Auṣadha's Urdhva and Adhapravartana i.e. Vamana or Virecana doesn't occure along with Udgāra and Aṅgamarda. In such condition Svedana should be done on abdomen region.<sup>33</sup>

**Reasons for Vāmaka and Virecaka Dravyās working opposite ways:**

A person with excessively aggravated Kapha vomits without any difficulty, and the person having loss of aggravated Kapha purges well. However, if there is less of aggravated Kapha, then the emetic recipe causes purgation through the downward tract, and in the state of aggravated Kapha, the purgative recipe causes emesis through the upward tract.<sup>34</sup>

**c. Śūddhi Lakṣaṇa:**

In Jaghanya Śūddhi, Madhyama Śūddhi and Pravara Śūddhi, the patient purges for 10, 20, and 30 times respectively. In these three types of Śūddhi, the quantity of stool voided by the patient is 2, 3, and 4 Prasthās respectively.

The Virecana Karma should be end up with the voiding of Kapha.i.e. Kaphānt Virecana.

In Virecana Karma first two or three motions containing faeces should not be taken into account while measuring the quantity of voided material. <sup>35</sup>

#### **d. Observation of Samyak, Ayoga and Atiyoga Lakṣaṇas**

Śūddhi	Pravara	Madhyama	Avara
Vaigiki	30 Vegās	20 Vegās	10 Vegās
Māniki	4 prastha	3 prastha	2 prastha
Antiki	Kaphānt	Kaphānt	Kaphānt

Laingiki Śūddhi, Lakṣaṇa are given as Samyaka, Ayoga and Atiyoga

#### **Signs of Samyaka Virecana Karma:**

If the Virecana therapy is appropriately administered, then the person gets purity of the channels of circulation, clarity of the sense organs, lightness of the body, energetic, promotion of Agni, freedom from diseases and expulsion of Mala, Pitta, Kapha and Vāyu in succession. <sup>36</sup>

#### **Signs of Ayoga Virecana Karma:**

If the Virecana therapy is improperly administered, then the person gets excessive aggravation of Kapha, Pitta and Vāyu, suppression of Agni, heaviness of the body, coryza, drowsiness, vomiting, anorexia and absence of downward movement of flatus. <sup>37</sup>

#### **Signs of Atiyoga Virecana Karma:**

Excessive administration of Virecana karma gives rise to ailments caused by the aggravation of Vāyu as a result of the diminution of Kapha, blood as well as Pitta, numbness, malaise, Klama, tremor etc. insomnia, debility, fainting, insanity and hiccup. <sup>38</sup>

**C) PASCĀT KARMA:** a) Saṁśarjana krama: <sup>39</sup>

Day	Annakala	Uttama Shuddhi	Madhyama Shuddhi	Avara Shuddhi
1 <sup>st</sup> Day	Morning	-	-	-
	Evening	Peya	Peya	Peya
2 <sup>nd</sup> Day	Morning	Peya	Peya	Vilepi
	Evening	Peya	Vilepi	Krutakruta Yusha
3 <sup>rd</sup> Day	Morning	Vilepi	Vilepi	Krutakruta Mamsarasa*
	Evening	Vilepi	Akruta Yusha	Normal Diet
4 <sup>th</sup> Day	Morning	Vilepi	Kruta Yusha	Normal Diet
	Evening	Akruta Yusha	Akruta Mamsarasa*	Normal Diet
5 <sup>th</sup> Day	Morning	Kruta Yusha	Kruta Mamsarasa*	Normal Diet
	Evening	Kruta Yusha	Normal Diet	Normal Diet
6 <sup>th</sup> Day	Morning	Akruta Mamsarasa*	Normal Diet	Normal Diet
	Evening	Kruta Mamsarasa*	Normal Diet	Normal Diet
7 <sup>th</sup> Day	Morning	Kruta Mamsarasa*	Normal Diet	Normal Diet
	Evening	Normal Diet	Normal Diet	Normal Diet

\* - In vegetarian patients Yusha will be advised in place of Mamsarasa

**b) Virecana Vyāpads and Pratikāra**

There are common 10 Vyāpadās mentioned by Acārya Carak

Ādhmān, Parikartikā, Paristrāv, Hrdgraha, Gātragraha, Jīvādān, Vibramsha, Stambh, Upadrava, Klama. <sup>40</sup>

**Ādhmān** <sup>41</sup>

➤ Hetū:

Drugs in low dose administration to one having plenty of impurity, roughness, and depressed digestive fire along with reverse movement of Vāta excites Doṣās and creates obstruction to channels and thus causes severe Udāvarta in umbilical region.

➤ Lakṣaṇa-

➤ Pain in back, sides and head,

– Dyspnoea,

– Severe retention of faeces, urine, and flatus.

- Cikitsā -
  - Abhyaṅga,
  - Swedana,
  - Basti, Gudavarti and Phalavarti

### **Parikartikā**<sup>42</sup>

- Hetū – If Tīkṣṇa Auṣadha is taken by one having Snigdha, Gūrū Koṣṭha and Āmadoṣa or by the other having Mrūdū Koṣṭha, ṣraṇta, Alpa Bāla. It expels impurity along with Āma and causes Parikartikā.
- Lakṣaṇa – Severe colic cutting type of pain at anal region. Slimy discharge with blood. Dāha at anal region, Udardāha, Vātasaṅ, Viṣṭambha.
- Cikitsā —
  - Laṅghan, Pācan Auṣadhi sevan.
  - Rūkṣa, Uṣṇa Auṣadhi - If piccha Strāva is there.
  - Laghū bhojana -Takra, Dadhi + Dādim Cūrṇa .
  - Madhūr and Brihan Auṣadhi.
  - In Āma and Ajīrna Awasthā advice Rūkṣa, Uṣṇa, Kṣāra, Āmla Cikitsā .
  - Puṣpakāsis, Kṣāra, Āmla, Lawan Dravya.
  - Dādim Swaras, Dādim Grita in Vāta pradhāntā
  - Devadāru, Tila Cūrṇa/ Kalka with Koṣṇa Jala.
  - Pāncapallav siddha Kṣīra and same Kṣīra for Picchābasti.
  - GritaMaṇḍa / Yaṣṭimadhū taila Anuvāsān.

### **Paristrāva--**<sup>43</sup>

- Hetū – If drug administered in low dose to one having Bahudoṣāvasthā, Krūra Koṣṭi Ātur, it only increases the Doṣa Utkleśāvasthā and eliminates it slightly and at the same time causes Paristrāva.
- Lakṣaṇa – Itching, Swelling, Skin disease, heaviness, loss of appetite, nausea, feeling of wetness, anorexia and paleness.
- Cikitsā –
  - Śamana – If alpa Doṣāvasthā is there then Kutaj Ghana, Pācan Yoga is used.
  - Vaman – If bahudoṣāvasthā and Doṣa are of Urdhawagati then advice Vaman.
  - Virecana – If bahudoṣāvasthā and Doṣa are of Adhogati then advice Virecana.

- Āsthāpan – With Ajakarna Twaka, Saiṇdhav, Palāsh, Balā Kwātha.
- After Śodhan – Takrāriṣṭa, Abhayāriṣṭa, Kutajāriṣṭa, Madhūkāsawa, Nāgarādi Cūrṇa , Citrakādi Cūrṇa

### **Hridagraha** <sup>44</sup>

- Hetū – If after taking drug one suppresses the urges then Vātādi Doṣās get vitiated and having reached the cardiac region causes tightness in heart and causes Hridagraha.
- Lakṣaṇa –
  - Hiccups, cough, pain in sides, anxious expressions, salivation, and rolling eye ball, tongue bite and becomes unconscious.
- Cikitsā –
  - Immediate give Vaman.
  - If Pittaprdhānatā is there and Murchā then give Madhūr Auśadhi.
  - If Kaphaprdhānatā, then give Katū Auśadhi, Agnideepak, Pācan Cikitsā
  - Advice Cikitsā to increase the Śarirbāla.
  - Abhyaṅga by Ghrita and then Māṣa or any Śukadhānya used for Swedan.
  - Anuvāsān Basti- By Yaṣṭimadhū siddha Taila and then Tīkṣṇa Śirovirecana.

### **Gātragraha** <sup>45</sup>

- Hetū – If after taking drug Vāyu gets obstructed due to suppression of Vegās or Kapha then it causes Aṅgagraha.
- Lakṣaṇa –
  - Stiffness, Tremors, Pricking pain, Cramps , Curling pain.
- Cikitsā –
  - Snehana,
  - Svedana,
  - Vātahara Karma.

### **Jīvādān** <sup>46</sup>

- Hetū – If very Tīkṣṇa drug is administered to the patients having Mrūdū Koṣṭha and Alpa Doṣa , along with the vitiated Doṣās it takes away the vital blood.
- Lakṣaṇa – Thirsty, Fainting.

- Cikitsā –
  - Pittahara Karma,
  - Raktapāna,
  - Raktabasti,
  - Śyāmādibasti

### **Gudabhraṃśa**<sup>47</sup>

- Hetū – If very Tīkṣṇa drug is administered to the patient having Mrūdū Koṣṭha, then Gudabhraṃśa Vyāpad produced. This is the Atiyog of Virecana .
- Cikitsā – Gudaprakṣālan with Kaśāya Dravyās

### **Saṇḍnyānāśa**<sup>48</sup>

This is also Atiyogjanya Vyāpad

- Lakṣaṇ – Murchā
- Cikitsā – Gaṇḍharva, Sāmaveda, auspicious Maṇtrā cāṇting.

### **Vibhramśa**<sup>49</sup>

- Hetū – If administered Auśadha not removes the Doṣa , then these Prakūpita Doṣās causes Vibhramśa.
- Lakṣaṇ – Kaṇḍu etc. Doṣa Prakopjanya Lakṣaṇ
- Cikitsa- As per Symptom

### **Staṃbha**<sup>50</sup>

- Hetū – If unctous drug is taken by unctous person, it is obstructed by impurities due to Mrūdūta. In such patients only accumulation of Doṣās takes place and does not dislodged from their sites.
- Lakṣaṇa –
  - Retention of flatus,
  - Stiffening,
  - Pain in rectum.
- Cikitsā –
  - Laṅghana, Pācana,
  - Tīkṣṇa basti—Gomūtra and Triphalā siddha Niruha basti.
  - Tīkṣṇa Virecana —Saiṇdhav, Āmla rasayukta Auśadhi.



## **Upadrava** <sup>51</sup>

- Hetū– In Rūkṣa Ātur if Rūkṣa Virecana is given then it produces Vātaprakop.
- Lakṣaṇ-- Vātaprakopjanya Lakṣaṇas like Aṅgamarda, Kārṣṇya, Malamūtra Saṅga
- Cikitsā – Vātahar Abhyaṅga, Vātahar Cikitsā

## **Klama** <sup>52</sup>

- Hetū – In Snigdha, Mrūdū Koṣṭi Ātur if Mrūdū Auṣadhi is given then Kaphotkleśa takes place.
- Samprāpti – In this Kapha, Pitta and Vāta gets accumulated.
- Lakṣaṇ – Taṇdrā, Gourav, Klama, Dourbalya, Aṅgamarda
- Cikitsā – Laṅghan, Pācan and Tīkṣṇa Śodhan.

## **B) VIRECANA PROCEDURE ACCORDING TO ACARYA**

### **SUŚRUTA**

It includes

- A) Pūrvakarma
- B) Pradhāna karma
- C) Pascāt karma

### **A) PŪRVAKARMA:**

- 1) Saṁbhār Saṅgraha
- 2) Ātur parikshā
- 3) Mātrā nirṇaya
- 4) Ātur Siddhatā

### **1) Saṁbhār Saṅgraha:**

#### **Virecaka Dravyās**

Śyāma Trivrit (*Ipomoea turpethum*), Śweta Trivrit (*Operculina turpethum*), Dañti (*Baliaspermum mantanum* Muell), Dravañti (*Jatropha glandulifera* Roxb.), Saptalā (*Euphorbia dracunculoides* Lam), Viṣanika, Gavākṣi (*Indrayana- Citrullus colocynthis* Schrad.), Vruddha Dārak, Snūhi (*Euphorbia neriifolia* Linn.), Svarṇakṣīra, Citrak (*Plumbago zeylanica* Linn.), Katabhi, Kuśa (*Desmostachya bippanata* Staph.), Kāśa (*Saccharaum spontaneum* Linn.), Tilvaka (*Symplocos racemosa* Roxb.), Kampillaka (*Mallotus philippinensis* Muell), Ramyak (*Melia azedarachta* Linn.), Pātalā (*Stereospermum suaveolens* DC.), Puga (*Areca catechu* Linn.), Haritaki (*Terminalia chebula*), Bibhitaki (*Terminalia belerica*), Āmalaki (*Emblica officinalis* Gaertn.), Nīlini (*Indigofera tinetoria*), Amalatāsa (*Cassia fistula*), Eraṇḍa (*Ricinus communis* Linn.), Cīrbilva (*Caesalpinia crista* Linn.), Mahāvrukṣa, Saptaparnā (*Alstonia scholaris* (Linn.)), Jyotiṣmati (*Cardiospermum halicacabum* Linn.).<sup>53</sup>

### **2) Ātur Parikṣā (Selection & Examination of the Patient):**

#### **Indication of Virecana (Virecana Arha )**

Kuṣṭha, Jvara, Meha, Urdhvaraktapitta, Bhagaṇḍara, Udara, Arśa, Pleeha, Gulma, Arbuda, Grañthi, Visucika, Alasaka, Mūtrāghāta, Krimikosta, Visarpa,

Pāṇḍuroga, Śīraśūla, Netradāha, Hirdroga, Apasmāra, Vātarakta, Yoni Doṣa, Timira, Arocaka, Chardi, Kṣvayathu, Viṣphotaka, Vidradhi, Ānaha, Vridhhi, Abhiṣyaṇḍa, Akṣipāka, Kṣāra- Agni Dagda, Duṣṭavrina, pakvāśayaśūla, Vibaṇḍha (Śakridgraha), Pittaja Vikāras, Pittaj Vyādhis, Garaviśa, Śastraksata, Karṇaroga, Nāsāroga, Mukharoga, Gudaroga, Medhrraroga, Koṣṭagata Vāta .<sup>54</sup>

### **Contraindication of Virecana (Virecana Anarha)**

Māṇḍāgni, Atisthula, Triṣṇāṛta, Adhoga Raktapitta, Ajīrna, Navajwari, Madātyaya, Atidaruna Koṣṭa, Kṣtaksīṇa (Ksīṇa), Bāla, śrāṇṭa, Garbhini, Bhayopatapta (Bhīta), Nava Pratiśyāya, Nava Prasutā, AtiSnehit, Śūla<sup>55</sup>

### **Examination of Koṣṭha**

The dosage of Virecaka Auśadha should be decided on the basis of Koṣṭha Parikṣana. Ācārya Suśruta has grouped Koṣṭha under three headings. Mrūdū, Madhyama and Krūra Koṣṭha, Mrūdū Koṣṭha is described for Bahupitta Awasthā, in which person can get Virecana even with milk only. Krūra Koṣṭha is described for Bahuvāta and Bahukapha Awasthā, in which person get Virecana with the greatest difficulty. Whereas Madhyama Koṣṭha is described as the Sāmāvasthā of all the three Doṣās.<sup>56</sup>

### **3) Mātrā Vinirnaya:**

Virecaka Auśadha should be administered in small doses to persons of Mrūdū Koṣṭha, in moderate dose to Madhyama Koṣṭha person and in large dose to Krūra Koṣṭha person.<sup>57</sup>

The person who have undergone previous Śodhan Karma, should given Mrūdū Auśadhi. In Vidnyāt Koṣṭha, again Sanśodhan can do. For Virecana the drug having the property of Easy to take, Hridya, Mahāguṇa i.e. after giving in small dose, will show best result, should be selected . Also the drug which produce Alpa Vyāpad, should be selected.<sup>58</sup>

### **4) Ātur Siddhatā:**

Virecana should be administered to the person who has done Snehana, Svedana, and Vamana Karma. Ācārya Suśruta has recommended that person who is willing for Virecana Karma should also have to do Vamana Karma as if Virecana

should administered without giving Vamana Karma then even after Samyaka Virecana, Kapha produced due to Virecana will do Āvarana on Grahaṇi and may produce Gaurava or Pravāhikā.<sup>59</sup>

#### **5) Āhāra on Sneha Vishrāmakāl:**

A day before Virecana, person should advised to take Laghū Āhāra, Āmla Rasātmak phala Sevana, Uṣṇa Jalapāna.<sup>60</sup>

#### **B) PRADHĀNA KARMA:**

This starts right from the intake of medicine to the commencement of Vegās

This includes –

- a. Administration of Virecana Yoga
- b. Ātur paricaryā and Nirikṣaṇa
- c. Śuddhi Nirṇaya
- d. Observation of Samyak, Ayoga and Atiyoga Lakṣaṇās

##### **a. Administration of Virecana Yoga:**

The person who underwent to the Snehana, Svedana, and Vamana Karma, Purgative drug should be administered. The day before administration of the Virecana Auśadha, Mānsopchar Cikitsā should be given to a patient. He provided with a light diet followed by Uṣṇa Jala and Āmla Rasātmak fruits. On next day morning an adequate dose of the Virechaka Auśadha should be administered after clearly ascertaining that the patient's body has been cleansed of all Shleshma accumulations and in the manner laid down in the Āturopakramaniya Adhyāya.<sup>61</sup> Sūśrūta has mentioned, the patient who have taken Atisnehapān, should not be given SnehaVirecana.<sup>62</sup>

##### **b. Ātur paricaryā and Nirikṣaṇa**

Person who had consumed Virechaka Auśadha should not have to do Dhāraṇa of Mala-Mūtrādi Vegās, should have to seat in Vāyurahita Sthāna, should have to avoid contact with cold water and should not have to do Pravāhaṇa during Mala Pravartana.<sup>63</sup>

##### **c. Śuddhi Lakṣaṇa:**

After consuming of Virechaka Auśadha, Doṣa Pravartana occur in the manner of Mūtra, Mala, Pitta, consumed medicine and ends up with Kapha.<sup>64</sup>

#### **d. Observation of Samyak, Ayoga and Atiyoga Lakṣaṇās**

##### **Signs of Samyaka Virecana:**

If the Virecana therapy is appropriately administered, then after elimination of Kaphayukta Pitta and Mala, person feels Laghūtā at umbilical region, Mana Prasannata, Vātānulomana, Buddhiprasādan, Indriya Bāla vruddhi, Dhātū Bāla vruddhi and Agnideepti and Vayasthāpan are the samyak Virecana Lakṣaṇās. <sup>65</sup>

##### **Signs of Ayoga Virecana:**

If the Virecana therapy is improperly administered, then the person feels discomfort at Hrita and Kukṣi Pradeśa, Dāha, Kaṇḍū and Avarodha of Mala-Mūtra. <sup>66</sup>

##### **Signs of Atiyoga Virecana:**

Murchā, Gudabhraṃśa, Atikapha Srāva, and Śūla are the Virecana Atiyoga Lakṣaṇās. <sup>67</sup>

#### **C) PASCĀT KARMA:**

No liquid diet or Peyā should be given to the patient on the day of Virecana, because after Virecana, Maṇḍāgni is there and also person becomes Kṣiṇa because of Virecana.

Patient who is Kṣiṇa because of Virecana and suffering from Triṣṇā and having Samyaka Virecana Lakṣaṇās then advise him to take Sukhoṣṇa, Laghū Peyā. <sup>68</sup>

#### **Virecana Vyāpads and Pratikāra**

Virecana Aoushadhi going to Urdhwamārga, Sāvaśeṣauśadhitwa, Jīrṇaaouśadhatwa, Alpa Doṣaharan, Vātaśūl, Ayoga, Atiyoga, Jīvādān, Ādhmān, Parikartikā, Paristrāva, Pravāhikā, Hridayopasāran, Vibandha, Aṅagraha are the Virecana Vyāpad mentioned by Ācārya Susruta. <sup>69</sup>

##### **Urdhawamārga**

- Hetu- If Kapha Prādhānyatā is there and Urdhawadosagati is there then medicine goes to upward direction.
- Lakṣaṇa- It will produce Vaman besides of Virecana.
- Cikitsā- Pācana Cikitsā.

### **Sāvaśeṣauṣadhitwa**

- Hetū- Medicine mixed with Doṣās. Hence Avaran of Doṣās on Auṣadhi takes place and is not able to expel the Doṣa completely.
- Lakṣaṇa-
  - Thirst, Pain in sides, Vomiting, uncouciuousness, nausea, anxious mood.
- Cikitsā -
  - Uṣṇa Jala.
  - Vamana.
  - Virecana, Śodhan Nirūha Basti.<sup>70</sup>

### **Jīrṇaaouṣadhatwa-**

- Hetū- The one having Tīkṣṇāgni is given with Alpa Mātrā Auṣadha or Aplā Vīrya Auṣadha. This Auṣadha gets digested and leads to non expulsion of Doṣās .
- Lakṣaṇa-
  - Vyādhi Lakṣaṇa Vruddhi,
  - Bāla Vibhramśa.
- Cikitsā -
  - Vaman with Tīkṣṇa Auṣadhi
  - Virecana with Tīkṣṇa Auṣadhi<sup>71</sup>

### **Alpa Doṣaharan**

- Hetū- When one is given low potency medicine without doing oleation and sudation properly this leads to low Doṣa expulsion.
- Lakṣaṇa-
  - Heaviness,
  - Nausea.
- Cikitsā -
  - Snehana,Svedanottar Virecana.
  - Madanphalādi Phalavarti
  - Tīkṣṇa Nirūha Basti.<sup>72</sup>

### **Vātaśūl-**

- Hetū- If Rūkṣa Virecak Auśadhi is given to a patient who is not undergone Snehan and Swedan, then the Vāta gets aggravated.
- Lakṣaṇa—Pārśawaśūl, Pruṣṭaśūl, Manyāśūl, Marmaśūl, Murchā, Bhrama, Saṇḍnyānāśa
- Cikitsā --- Snehan and Swedan (Dhānya Sweda)  
Yaṣṭimadhū Tail Anuvāsan<sup>73</sup>

### **Ayoga**

- Hetū—A mild or Insufficient dose is administered without previous application of Sneha and Sweda to a patient, does not remove the impurities but only aggravation of Doṣās produced.
- Lakṣaṇa—All Ayogjanya symptoms produced.
- Cikitsā —Tikṣṇa Virecana after samyak Snehan.  
Āsthāpan Basti. Hot water fomentation on abdomen during Virecana to induce  
Vegās. Repeat Virecana after 10 days after Samyak Snehan and Swedan.<sup>74</sup>

### **Atiyog**

- Hetū—Tikṣṇa and Atimātrā Auśadhi is used to Person having properly Snehan and Swedan. Also to Mrūdū Koṣṭi Ātur, then it Produces Atiyog.
- Lakṣaṇa --All Virecana Atiyogjanya Symptoms.
- Cikitsā — Ghrita abhyāṅga, Śīta Awagāha, Śīta Pariṣek Śarkarā, Madhūmisrhitā Leha,  
Śīta Taṇḍul Jala with Madhū. Picchābasti, Kṣīra and Ghrita yukta Anuvāsan Basti. Drink Taṇḍul Jala with Priyaṅgwādī group Auśadhi.<sup>75</sup>

### **Jīvādān**

Description as per mentioned by Carakacārya.<sup>76</sup>

### **Adhmān**

Description as per mentioned by Carakacārya.<sup>77</sup>

### **Parikartikā**

Description as per mentioned by Carakacārya.<sup>78</sup>

### **Paristrāva**

Description as per mentioned by Carakacārya.<sup>79</sup>

### **Pravāhikā**

- Hetū—A medicine administered to a patient who has been excessively having Snehan and Swedan, produces Pravāhikā.
- Lakṣaṇ—Constant passing of Slimmy, black, white or red coloured mucus with cramps.  
Flatus and burning sensation at anal region.
- Cikitsā – same as mentioned in Paristrāva.<sup>80</sup>

### **Hridayopasāran**

Description as per Carakacārya, mentioned in Hridagraha Vyāpad.<sup>81</sup>

### **Vibaṇḍha**

- Hetū—Use of cold water, exposure to cold winds and restoring to cool places during Virecana, then there is only accumulation of the Doṣās, and not complete removal of the Doṣās takes place.
- Lakṣaṇa—Malamūtra Saṅga, Ātop, Udardāha, Jwara, Teevra Udarśūl.
- Cikitsā --- As per symptoms.

Virecana with Saiṇdhav, Kañji and cow's urine.

Use of Āsthāpan and Anuvāsan.<sup>82</sup>



## **C) VIRECANA PROCEDURE ACCORDING TO AṢṬĀṄGHRIDAYA**

- A) Pūrvakarma
- B) Pradhāna karma
- C) Pascāt karma

**A) Pūrvakarma:** It includes

- 1) Saṁbhār Saṅgraha
- 2) Ātur parikṣā
- 3) Mātrā nirṇaya
- 4) Ātur Siddhatā

### **A) PŪRVAKARMA**

#### **1) Saṁbhār Saṅgraha:**

**Virecaka Dravyās:**

Nikuṁbha (Dañti- Baliospermum montanum Muell-Arg.), Kuṁbha (Nishottara- Operculina turpenthum Linn.), Triphalā, Gavākṣi (Indrāyana- Citrullus Colocynthis Schrad.), Snūhi (Euphorbia neriifolia Linn.), Śaṅkhini (Kālamegha- Andrographis Pāniculata), Nīlini (Indigofera tinetoria), Tilvaka (Lodhra- Symplocos racemosa Roxb.), Śamyaka, Kaṁpillaka (Mallotus philippinensis Muell), Hemadugdhā (Svarnakshiri), Godugdha, Gomūtra are Virecaka Auśadhis.<sup>83</sup>

#### **2) Ātur Parikṣā**

**Indication of Virecana according to Aṣṭang Hridaya (Virecana Arha)**

Kuṣṭha, Meha, Urdhvaraktapitta, Udara, Arśa, Plīha, Gulma, Mūtrāghāta, Krimikosta, Vyaṅga, Halīmaka, Kāmalā, Vātarakta, Yoni doṣa, Timira, Chardi, Visphotaka, Vidhradi, Abhiṣyaṇḍa, Duṣṭavriṇa, Pakvāśayaśūla, Garaviśa, Koṣṭagata Vāta.<sup>84</sup>

**Contraindication of Virecana according to Aṣṭāṅg Hridaya.**

Adhoga Raktapitta, Alpāgni (Maṇḍāgni), Navajwari, Antaśaylapidita (Śalayārdita), Atisnigda (Atisnehita), Kṣṭa Kṣiṇa (Kṣiṇa), Krūrakoṣṭa, Atisāra.<sup>85</sup>

### 3) Mātrā Nirṇaya:

A Person who is weak and have undergone purifactory therapy previously, who have Alpa Doṣa, Kruśa, whose Koṣṭha is unknown should be given Mrūdū Virecaka Auśadha in a small dose. It is better given in small doses often. The large dose creates doubt. The drug in small and repeated doses will eliminate the circulating Doṣās little by little. In a weak person, little quantity of Doṣās should only be vitiated by Alpa Auśadha.<sup>86</sup>

### 4) Ātur Siddhatā

#### ➤ Snehana and Svedana Karma:

The patient should also be given oleation and fomentation therapies before administration of purgation therapy.

During Snehapāna or person who is weak and having Bahudoṣāwasthā develops Virecana without consuming Virecaka Auśadha. He should be treated with Virecaka, Malabhedaka Āhāra.<sup>87</sup>

In the persons who are Rūkṣa, Bahuvāta, Krūra Koṣṭha, Vyāyāmasakta, Tīkṣṇa Agni, digest Virecaka Auśadha without producing Virecana. For them Anuvāsana Basti can be given first and then Virecaka Auśadha which is Snigdha or the faeces should be removed first by using Tīkṣṇa Phalavarti. The Doṣās thus initiated in their movement, the Virecaka Auśadha expels them easily.<sup>88</sup>

### B) PRADHĀNA KARMA:

This starts right from the intake of medicine to the starting of Vegās. This includes –

- Administration of Virecana Yoga
- Ātur paricaryā and Nirikṣana
- Śūddhi Nirṇaya
- Observation of Samyak, Ayoga and Atiyoga Lakṣaṇas

#### a. Administration of Virecana Yoga:

The person who has been administered Vamana Karma properly and after doing Snehana and Svedana Karma, should be given the Virecana Karma after the end of Kapha predominant time and after determining the nature of patient's Koṣṭha.<sup>89</sup>

**b. Ātur paricaryā and Nirikṣana**

For Pitta, Virecana should be done with Kaśāya and Madhūra Rasa Dravyās. For Kapha with those of Katū Rasa and for Vāta with drugs possessing Snigdha, Uṣṇa Guṇa and Lavaṇa Rasa.

If Virecana does not start then patient should drink lukewarm water and abdomen should be fomented with warmed palms of the hand.<sup>90</sup>

**Observation :-****a) Auṣadhi Jīrna-Ajīrna Lakṣaṇa :-**

Virecaka Dravya plays a role after its digestion.

- If Ajīrna of Auṣadhi is observed then medicine should not be administered again, as it may cause Atiyoga.
- If Auṣadhi Jīrna symptoms are present and Virecana is not started then Virecaka Dravyās are given on next day.
- If still Virecana is not induced then after 10 days again the whole procedure should be initiated. If the medicine itself obstructs the Doṣās and there is no induction of Virecana along with body ache then fomentation should be executed over abdomen.
- If Paittika symptoms like Truṣaṇādhikya, occur then it should be treated with Madhūra and Śīta Virya Auṣadhi.
- If Auṣadhi Jīrna Lakṣaṇa are present, but Hritdoṣa Lakṣaṇa are not found then Virecana Yoga should be given on next day.
- Even if Virecana does not occur then again Snehana and Swedana should be done and thereafter Virecana drug should be administered after 10 days.

Symptoms of Auṣadhi Jīrna and Ajīrna are:

**b. Auṣadhi Jīrna Lakṣaṇa**

Vātānulomana, Swāsthya, Kṣudhā, Truṣā, Indriya Laghūtā, Udgāra Śūddhi.

**Auṣadhi Ajīrna Lakṣaṇa**

Klama, Dāha, Aṅgasāda, Bhrama, Murcchā, Shirorujā, Arati, Bālahāni.<sup>91</sup>

**c. Śūddhi Lakṣaṇa:**

In Jaghanya-Śūddhi, Madhyama Śūddhi and Pravara Śūddhi, the patient purges for 10, 20, and 30 times respectively. In these three types of Śūddhi, the quantity of

stool voided by the patient is 2, 3, and 4 Prasthās respectively. The Virecana Karma should be end up with the voiding of Kapha.

In the Virecana Karma first two or three motions containing faeces should not be taken into account while measuring the quantity of voided material. <sup>92</sup>

#### **d. Observation of Samyak, Ayoga and Atiyoga Lakṣaṇās**

Śūddhi	Pravara	Madhyama	Avara
Vaigiki	30 Vegās	20 Vegās	10 Vegās
Māniki	4 prastha	3 prastha	2 prastha
Aṅtiki	Kaphānt	Kaphānt	Kaphānt

Laingiki Śūddhi, Lakṣaṇa are given as Samyaka, Ayoga and Atiyoga.

#### **Signs of Ayoga Virecana :**

If the Virecana therapy is improperly administered, then Lakṣaṇās are - Discomfort in the heart and abdomen, Aruci, Kapha-Pitta Utkleśa, Kaṇḍū, Dāha, Pitika, Pīnasa, Vāta graha, Malagraha. <sup>93</sup>

#### **Signs of Samyaka Virecana :**

If the Virecana therapy is appropriately administered, then Lakṣaṇas opposite of Ayoga Lakṣaṇas is considered as Samyaka Virecana.i.e. Hrit- Kukṣi Śūddhi, Ruci,Kapha- Pitta Śaman. <sup>94</sup>

#### **Signs of Atiyoga Virecana:**

In Atiyoga Lakṣaṇa, after elimination of Mala, Pitta, Kapha and Vāta in succeeding order, there is elimination of watery material which does not contain Kapha or Pitta, which is Śveta, Kriṣṇa, and Lohita Varṇa, resembling the water in which meat has been washed or resembling a piece of fat, rectal prolapse, Triṣṇā, Bhrama, sunken eyes and diseases caused by excess of Vamana will be appear. <sup>95</sup>

#### **C. PASCĀT KARMA:**

The person who has undergone proper Virecana Karma should be administered all the other Karmās except Dhumapāna, which are described under Vamana Karma. Afterwards he should advice Saṃśarjana Krama, in the same way as a Vamana Karma and then resume his normal food. <sup>96</sup>

On the day of consuming the Virecana Auṣadha, the patient should advice Lañghan. If he has Maṇḍāgni, poor response to Śodhan Cikitsā, if he is not emaciated, not weak by increase of Doṣās and has not shown symptoms of proper digestion. By fasting he will not be harmed by the discomfort caused by the obstruction of Doṣās aggravated by Snehana, Svedana Karmās.<sup>97</sup>

The digestive activity becomes weak by Śodhan Cikitsā, Snehana and Lañghana. Hence the Peyādi Krama should be advised.<sup>98</sup>

Peyā should not be given when little quantities of Pitta and Kapha are expelled out, to the Madyapi, and in whom Vāta and Pitta are predominant. For them Tarpanādi Krama is suitable.<sup>99</sup>

### **Samśarjana Krama:**

Description is as mentioned by Ācārya Carak<sup>100</sup>

### **Virecana Vyāpads and Pratikāra ( A.H.Kalpasiddhisthan-3)**

#### **1) Virecana Ayoga ( Inadequacy of Purgation therapy)-**

- Hetū – Virecak Auṣadhi administered to those who have Ajīrna and accumulation of Kapha. Also Virecak Auṣadhi if it is Tīkṣṇa, Uṣṇa, Lavaṇa, Ahrudya or Atimatra then comes out through upper route.
- Cikitsā —Administration of a second dose after giving oleation therapy. Even if the purgative medicine does not remain inside the abdomen, then third dose should not be administered except when the drug is that which is habituated (Sātmya), Pleasant (Hrydya) and harmless.<sup>101</sup>
- Hetū--Virecak Auṣadhi administered to a person who has not been given Snehan and Swedan, also if Rūkṣa Auṣadhi is used, then unable to remove Doṣās from body. Also Auṣadhi Alpa Mātrā used in Dīptāgni, when it becomes inactive by cold or when there is Āma, then it leads to increase of Malās and being unable to expel them out.
- Lakṣaṇ—Diseases like Vibhraṃśa, Swelling, Hiccup, fainting (Tamodarśan), thirst, twisting pain in calves, itching, weakness of the thighs and discolouration.
- Cikitsā —Saiṇdhav yukta Snehan. Prastara and Saṅkara Sweda. Then administer Nirūha Basti. Advice Jāṅgal Maṅsarasyukta Āhāra followed by

Anuvāsan Basti using oil prepared with Madanphala, Māgadhika, Dāru.<sup>102</sup>  
After this Vātahara Tailā abhyaṅg and then Tīkṣṇa Virecana .

## 2) MithyāYoga (Improper Therapy)

- Hetū — Small qty of Virecana Auśadhi administered to a person having Bahudoṣavasthā, Rūkṣa Ātur, in Maṇḍāgni, in Udāvarta then it increases the Doṣās .
- Lakṣaṇa — Distention at umbilical region, pain at back, flanks and head. Dyspnoea, severe obstruction of faeces, urine and flatus.
- Cikitsā — Snehan, Swedan, Nirūha Basti, Anuvāsan Basti and all other therapies which relieves Udāvarta are beneficial.

In distention, Yavāgu prepared with Pāñcamula, Yavakṣāra, Vacā, Bhutika and Saiṇdhava should be used.<sup>103</sup>

Powder of Pippali, Dādim, Kṣāra, Hiṅgu, Śuṇṭhi, Āmlavetas and Saiṇdhav should be consumed along with either Madya, Sarpi, or Uṣṇodak to cure Pravāhikā, Paristrāva and Parikartini vedanā.<sup>104</sup>

- Hetū—By suppressing the urges, Vāta and other Doṣās gets aggravated.
- Lakṣaṇa—Pain in Heart, accompanied with hiccup, pain in flanks, cough, helplessness, excess salivation rolling of eyeballs, the patient chews his tongue, loses consciousness and grinds his teeth.
- Cikitsā —Immediate Vaman by Madhūr Auśadhi. Pācan Auśadhi for remaining Doṣās.<sup>105</sup>

## 3) Virecana Atiyog---

- Lakṣaṇ—Jīvādān (Jīva Śoṇit pravrutti), Truṣṇā, fainting.
- Cikitsā —Treatment same as per Raktapitta and Atisar.

Patient should be made to drink fresh blood of deer, cow, buffelov or goat which protects the life. Blood along with Darbha should be administered as an enema.

Śyāma, Kāśmarya, Madhūka, Durvā and Uśīr siddha Kṣīra added with Gritamaṇḍa and administered as Basti.

Use of Picchābasti and GritaMaṇḍa Anuvāsan is effective.<sup>106</sup>

The rectal prolapsed should be treated by application of paste of astringent (Kaśāya) drugs and then pushed in.

In Samdnyānāśa, the patient is made to hear Sāmaveda rhymes and other songs.<sup>107</sup>

## **VIRECANA PROCEDURE ACCORDING TO LAGHŪTRAYĪ**

### **A) ACCORDING TO ŚĀRAṆDHARA**

Purgation therapy is given to a person who has undergone Snehana, Swedana and Vamana (emesis).

If Virecana is conducted without giving Vaman then Kapha will accumulate in Grahaṇi and cause Maṇḍāgni, Gourava, Pravāhikā and produce Āma. For such person Snehana and Swedan therapies should be done and then Virecana is administered.<sup>108</sup>

### **Virecana Kāla**

Purgation therapy for the healthy should be resorted to either in śarad or Vasaṇt Ṛtūs for cleaning the body and at other times in cases of emergency during diseased states.<sup>109</sup>

### **Indications of Virecana therapy (Virecana Arha)**

Virecana is indicated in diseases arising from increased Pitta and Āma, in diseases like Udara, Ādhmāna and in others also for clearing the Koṣṭha .

The following persons need purgation therapy; persons suffering from chronic fevers. Gara, Vātarakta (gout), Bhagaṇḍara (fistula), Arśa (piles), Pāṇḍu (anaemia), Udara, Graṇthi (tumors), Hridroga, Arūcī (anorexia), Yoniroga, Prameha, Gulma (abdominal tumors), Plīhā (splenic enlargement), Vraṇa (ulcers), Vidradhi (abscess) Chardi, Visphota (small pox), Visucikā (diarrhoea), Kuṣṭha, Śoṭha(oedema), Akṣirogās (eye diseases), Krimi (parasites), Kṣīṇa (emaciation), diseases of nerves, Śūla (pain in the abdomen) and Mūtrāghāta (suppression of urine)<sup>110</sup>

### **Contraindications of Virecana (Virecana Anarha)**

Bāla, Vruddha, Atisnigdha, Kṣta-Kṣīṇa (the frightfull), śrāṇta (the exhausted), Truṣṇa, Sthula, Garbhini (the pregnant), Navajwara (persons who have caught fever recently), Navaprasutā, Maṇḍāgni, Madātyayī, Śalyārdita (those suffering from foreign bodies and be other surgical conditions), Rūkṣa should not be given Virecana therapy.<sup>111</sup>



### **Explanation of Koṣṭha Prakār**

Persons having Pitta predominance in their constitution will have Mridu Koṣṭha. With Kapha predominance Madhyama Koṣṭha, Vāta predominance Krūra Koṣṭha. The Krūra Koṣṭi Ātur having Virecana with great difficulty. <sup>112</sup>

### **Explanation of Mātrā according to Koṣṭha**

For person of Mrūdū Koṣṭha, purgative drugs must be mild and their dose must be minimum; for Madhyam Koṣṭha, medium dose and for Krūra Koṣṭha persons the drug should be powerful and its dose must be maximum. <sup>113</sup>

### **Dravya according to Koṣṭha**

Drākṣā pāyas, Ambu (warm water), castor oil produce purgation in Mridu Koṣṭha persons. Trivrt, Kirātatikta, Rājavrkṣa are suitable for the moderate boweled while the hard boweled require milky sap of Snūhi, Hemakṣiri, Dañtiphala etc. <sup>114</sup>

### **Virecana Vega**

Thirty, twenty and ten purgations are the best, moderate and least respectively or till Kapha comes out. <sup>115</sup>

### **Virecana Dravya Mātrā**

For a purgative decoction, two Palās, one Pala and half Pala are the maximum, moderate and minimum dosages. For powders, Pills or confections one Karṣa, along with honey, Ghee and Avaleha. Depending on age and diseases the dose may even be two Karṣās or one Pala. <sup>116</sup>

### **Doṣānusār use of Trivrit Cūrṇa**

In diseases of Pitta, powder of Trivrt is given with decoction of Drākṣā. In diseases of Kapha decoction of Triphalā with Gomūtra (cow's urine) and Vyoṣa (Trikatū) and in diseases of Vāta powder of Trivrt, Saiñdhava, Śuñthi to be given with any sour liquid or juice of meat of wild animals. <sup>117</sup>

### **Eraṇḍa Tail Prayog**

Eraṇḍa Taila with twice it's quantity of decoction of Triphalā or milk gives quick purgations. <sup>118</sup>

### **Virecana Yoga according to R̥tū**

Trivrt, Kutajabija, Pippali, Viśwabheṣaja (Śuṇṭhi) with juice of Mridwikā and honey form a good purgative recipe in Varṣā R̥tu Trivrt, Durālabhā, Mustā, Udkirya, Caṇḍana, taken with sugar or cold infusion of Drākṣā, Yaṣṭi is good in Ghaṇa (śarat R̥tu); Trivrt, Citraka, Pāṭhā, Ajāji, Sarala, Vacā and Hemakṣiri with warm water is suitable in Hemaṇta R̥tu; Pippali, Nāgara, Saiṇdhava and Syāmā with honey is best in Śiśira and Vasaṇt R̥tus; Trivrt with equal quantity of sugar is ideal in Griṣma R̥tu. <sup>119</sup>

### **Virecana Yoga for all R̥tūs**

Trivrt, Hapuṣā, Daṇṭi, Saptalā, Katūrohini and Swarṇakṣiri are powdered and kept immersed in cow's urine for three days. This recipe is suitable for all seasons and removes the Doṣās. <sup>120</sup>

### **Virecana Auṣadha Sewanottar Paricaryā**

Having taken a purgative recipe, the person should wash his eyes with cold water, smell some fragrant substances, chew a Taṃbula (betal leaves) remain inside a room which is not having heavy breeze, he should not sleep, not touch cold water, but drink warm water often and await the urges of purgations and not suppressing them. <sup>121</sup>

### **Samyak Virecana Lakṣaṇ**

Just as Balāsa (Kapha), Auṣadha (emetic drug) and Pitta comes out one after the other in Vamana therapy, Mala (faeces), Pitta, Auṣadha and Kapha will come out one after the other in Virecana. <sup>122</sup>

### **Ayoga Virecana Lakṣaṇ**

Nabhistabdhātā, Kuṣṣiśūl, Puriṣasaṅga, Kaṇḍu, Maṇḍala, Gourava, Vidāha, Aruchi, Adhmān, Bhrama, Chardi are the Virecan Ayoga Lakṣaṇās. <sup>123</sup>

### **Cikitsā in Ayoga Lakṣaṇ**

If purgations do not occur properly, the person develops stiffness round the umbilicus, pain in the abdomen, non-movement of faeces and flatus, itching, skin rashes, heaviness, burning sensation, anorexia, tympanitis, giddiness and vomiting. He should be given Pācana drugs and snehana therapy and later on another purgative drugs. By this he will be relieved of all his troubles, gets appetite and lightness of the body. <sup>124</sup>

### **Virecana Atiyog Lakṣaṇ**

Murchā, Gudabhramśa, Udarśūl, Atyādhik Kaphanissāran, Maṃsadhāvantulya, Medasadrūśa Jala comes out, Raktapravrutti are the Virecana Atiyog Lakṣaṇās. <sup>125</sup>

### **Cikitsā in Atiyog Lakṣaṇ**

Such a person should be given a bath with cold water or rice wash and administered a mild emetic with honey to produce vomiting . Break of Sahakāra (mango tree) is made into a paste with curds or Souviraka (sour gruel) and applied over the umbilicus to stop excessive purgations. Little quantity of Śaṣṭika rice, soup of Masura Dāl, goats milk or meat soup of goat, deer or Viṣkīra birds may be taken after purgation.

Drugs possessing Śīta Guṇa and saṅgrāhi properties should be used afterwards for controlling the purgations . <sup>126</sup>

### **Āhāra given after Samyak Virecana Lakṣaṇ -**

When symptoms like lightness of the body, calmness of mind, downward movement of flatus appear, it is known that purgations have been enough and he patient should be given digestive drinks at nights . <sup>127</sup>

### **Virecana Guṇa**

Increase of sensory acuity, freshness of mind, increase of digestive capacity, strength of the tissues, and slowing of senility are the benefits accruing from purgation therapy. <sup>128</sup>

### **Parihārya Viśay after Virecana procedure**

Ātapsevan, Śīta Jala Sevan, Snehābhyāṅ, Vyāyām, Maithuna are the Parihārya Viśay and one must be avoided after Virecana procedure. <sup>129</sup>

### **Pathya Āhāra after Virecana**

They should use Śaṣṭika rice with Yavāgu (porridge) of Mudga (green gram) and other grams or both meat of wild animals and viṣkīra birds. <sup>130</sup>

## **VIRECANA PROCEDURE ACCORDING TO BHĀVAPRAKĀŚA**

### **Virecana Arhatā**

Virecana therapy, should be administered to persons who have undergone Oleation, Sudation and emesis(Vaman) therapies. If administered to the person who has not undergone emesis therapy, then the Kapha which has settled down, covers the Grahaṇi and cause Maṇḍāgni, Gourava, Pravāhikā and produce Āma. For such person Balāsa (Kapha) should be digested first and Virecana therapy given next.

Purification therapy should be administered during Vasaṇt and śaraḍ season for cleansing the body and in Atyayika even at other seasons.

Virecana is to be administered in aggravation of pitta, in diseases arising from Āma and Udara, flatulence and especially, for cleaning the alimentary tract.

Doṣās which are controlled by Laṅghaṇa and pācana may cause troubles but these controlled by Śodhana do not get aggravated again.

### **Virecana Anarhatā-**

Bāla, Vruddha, Atisnigdha, Kṣta-Kṣīṇa (the frightfull), śrāṇta, Truṣṇā, Sthula, Garbhini, Navajwara, Navaprasutā, Maṇḍāgni, who are suffering from incurable diseases and foreign bodies, Rūkṣa should not be given Virecana therapy.

Persons suffering from Jīrṇa Jwara, Gara Viṣa, diseases caused by aggravation of Vāta Bhagaṇḍara, Arśa, Pāṇḍu, Udara, Graṇthi, Hridroga, Arūcī, Yoniroga, Prameha, Gulma, Plīhā, Vraṇa, Vidradhi Chardi, Visphota, Visucikā, Kuṣṭha, Śoṭha, Akṣirogās, diseases of eyes, ears, nose, head, mouth and rectum, Śūla (Colic) and Mūtrāghāta are suitable for Virecana therapy.<sup>132</sup>

### **Trividha Koṣṭha—**

With predominance of pitta, the person will have Mridu Koṣṭha, with predominance of Kapha it will be Madhya Koṣṭha and with Vāta predominance it will be Krura Koṣṭha which purges with difficulty. For Mridu Koṣṭha minimum dose of purgative drug is to be used, for Madhya Koṣṭha moderate dose and for Krura Koṣṭha dose of drug should be used. Mridu Koṣṭha purges even with Drākṣā, pāyas and castor oil, Madhya Koṣṭha purges with the use of Trivrt, Tikta (Katūki) and Rajavrkṣa; Krura Koṣṭha requires snuk paya (Snūhi kṣira), Hemakṣiri, Daṇṭiphala etc. to produce purgation.<sup>133</sup>

### **Virecana Vega Vinirnaya**

For Purgative therapy, thirty bouts by number and excretion of Kapha at the end is the Uttam, twenty bouts is Madhyam and ten bouts is Heena for this therapy.

Two Pala (80 gms), One Pala (40 gms) and half Pala (20 gms) is the maximum, medium and minimum doses for purgative decoctions. In case of pastes, pills and powders it is one Karṣa (10 gms) along with honey, Ghee or any confection it may be two Karṣa (20 gms) or one Pala (40 gms) depending on age, disease etc.

When there is predominance of Pitta, powder of Trivrt should be consumed with decoction of Drākṣā. In disease of Kapha Vyoṣa should be consumed with decoction of Triphalā and Gomūtra in diseases of Vāta, powder of Trivrt, saindhava should be consumed either with any sour liquid or with soup of meat of animals of desert.<sup>134</sup>

### **Quantity of Eraṇḍa Taila -**

Eraṇḍa taila mixed with double its quantity of decoction of Triphalā, consumed, produces purgations without delay.<sup>135</sup>

### **RTŪNUSAR VIRECANA**

- Trivrt, Kutajabija, Pippali, Viśvabheṣaja along with juice of Mridvikā and Kṣaudra (honey) is the purgative recipe for Varṣā Kāla.
- Trivrt, Durālabhā, Mustā, śarkarā, Udkirya, Caṇdana and Yaṣṭi along with juice of Drākṣā consumed cold is suitable for Śarad.
- Trivrt, Citraka, Pāṣā, Ajāji, Vacā, Hemakṣiri all powdered and consumed with warm water is best of Hemaṇta.
- Pippali, Nāgara, Siṇḍhu, Śyāmā and Trivrt powdered and mixed with honey is purgative for Śiśira and Vasaṇt.
- Trivrt, Śarkarā both equal is ideal for Griṣma Kāla.<sup>136</sup>

### **Atura Paricaryā after Aouṣadha Sevan-**

After consuming the purgative drug, the eyes should be washed with cold water, inhale sweet smelling things, chew Taṃbula (betel leaves) remain in the place free from breeze, not sleeping, not suppressing the urge of defaecation, not touch cold water for anything, and drink warm water often.<sup>137</sup>

### **Samyak Virecana Lakṣaṇ-**

Bālasa (kapha), Auśadha, Pitta and Vāyu come out one after the other in Vamana. Where as in Virecana Mala (faeces), Pitta, Bheṣaja and Kapha come out one after the other.<sup>138</sup>

### **Virecana Ayog Lakṣaṇ**

Inadequate purgations will lead to loss of movement of the abdomen around the umbilicus, pain in the epigastrium, obstruction to movement of faeces and flatus, itching, appearance of rashes, feeling of heaviness, burning sensation inside the alimentary tract, loss of taste, flatulence giddiness and vomiting; such a patient should be given digestive and unctuous drugs, the materials inside the alimentary tract digested, given oleation mildly and administered purgative drug again. By this, the complications subside, digestive fire becomes improved and there develops a feeling of lightness of the body.<sup>139</sup>

### **Virecana Atiyog Lakṣaṇ**

Excess of purgations leads to fainting, prolapse of the rectum, colic, presence of more of Kapha in the faeces and it resembling water in which mutton has been washed, fat-like, resembling water or blood. Such a patient should be sprinkled with cold water, body bathed with rice-wash, he is administered an emetic recipe added with honey given cold and made to vomit. Paste of bark of sahakāra made either with curds or Sauvira applied over the umbilicus stops severe diarrhoea; similarly, so is dehused yava either uncooked or cooked.<sup>140</sup>

### **Cikitsa of Virecana Atiyog Lakṣaṇ**

The patient should drink goat milk or soup of meat of Viṣkīra birds and deer or eat Bālī rice similar to Śaṣṭika in properties along with soup of Masura. Constipation should be produced by things which are cold and constipating. Feeling of lightness of the body and mental satisfaction, proper downward movement of Vāta indicate proper purgation therapy. After these the patient can be given pācana recipes at night.<sup>141</sup>

**Virecana Guna-**

Strength (keenness) of sense organs, clear intellegence, increase of power of digestive fire, stability of the tissues and age, life-span, all these produce from purgation therapy.

Exposure to heavy breeze, use of cold water, oil massage, indigestion, physical exercise and Maithun should not be indulged.

Śaliṣaṣṭika, should be taken as food along with soup of mudga etc. or Yavāgu (thick gruel) processed with salt and spices may be consumed.<sup>142</sup>

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- (2) विरेको मुखपीतं गुदमार्गेनतः स्थितस्था □क्षस्य निरसारणं पित्तस्य परमौषधम् □□  
□च.क. १क्र४□
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- (4) पित्तं तु विरेकं श्लेष्म संसृष्टे द्यतास्थान गते वा श्लेष्मणि इति □विरेकं□□  
□अ.सं.सू. २७□
- (5) वातस्योपक्रमः स्नेहः स्वेदः संशोधनं मृदु । □अ.ह.सू. १३क्र१□
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एवामाशयमनुप्रविश्य केवलं वैकारिकं पित्तमूलमपकर्षति, तत्रावजिते पित्तेऽपि  
शरीरान्तर्गताः पित्तविकाराः प्रशान्तिमापद्यन्ते, यथाऽग्नौ व्यपोढे केवलमग्निगृहं शीतीभवति  
तद्वत् ॥१६॥ □च.सू. २०क्र१६□
- (7) कृत्वा पाकं मलानां च भित्वा बन्धमधोनयेत् □चिचनुलोमनं ज्ञेयं यथा प्रोक्ता हरीतकी □□  
□आ.सं.पू.खं. ४क्र३□
- (8) पक्त्वयं यदपक्वैव श्लिष्टं कोष्ठे मलादिकं □नियत्यधः स्त्रंसं तत् यथा प्रोक्ता आरग्वध □□  
□आ.सं.पू.खं. ४क्र४□
- (9) मलादिकमवध्दं यदवध्दं वा पिंडित मलैः □भित्वाधः पातयाति तद भेदनं कटुकी यथा □□  
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- (10) विपक्वं यदपक्वं वा मलादि द्रवतां नयेत् □चिचयत्यपि तज्ञेयं रेचनं त्रिवृता यथा □□  
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सलिलपृथिव्यात्मकत्वादधोभागप्रभावाच्चौषधस्याधः प्रवर्तते, ...□च.क. १क्र५□
- (12) हस्तिमूत्रमथोष्ट्रस्य हयस्य च खरस्य च ।  
उष्णं तीक्ष्णमथोऽरूक्षं कटुकं लवणान्वितम् ॥१४॥  
मूत्रमुत्सादने युक्तं युक्तमालेपनेषु च । युक्तमास्थापने मूत्रं युक्तं चापि विरेचने ॥१५॥  
□च.सू. १क्र१४□१५□



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तैलेष्वेरण्डजं तैलं स्वरसे कारवेल्लिका ।।सुधापयः पयःसूक्तमिति प्राधान्यसंग्रहः ।।  
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सप्तला श्वेतनामा च प्रत्यक्श्रेणी गवाक्ष्यपि ।।७७।।  
ज्योतिष्मती च बिम्बी च शणपुष्पी विषाणिका ।  
अजगन्धा द्रवन्ती च क्षीरिणी चात्र षोडशी ।।७८।। [च.सू.१क्र७७□७८□]
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प्रकीर्या चोदकीर्या च प्रत्यक्पुष्पा तथाऽभया । अन्तःकोटरपुष्पी च हस्तिपर्ण्याश्च शारदम्  
कम्पिलकारग्वधयोः फलं यत् कुटजस्य च । [च.सू.१क्र८१□८३□]
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- (19) श्यामात्रिवृद्योगशतं प्रणीतं दशापरे चात्र भवन्ति योगाः, चतुरङ्गुलो द्वादशधा योगमेति,  
लोभ्रं विधौ षोडशयोगयुक्तं, महावृक्षो भवति विंशतियोगयुक्तः, एकोनचत्वारिंशत्  
सप्तलाशङ्खिन्योर्योगाः, अष्टचत्वारिंशद्वन्तीद्रवन्त्योः, इति षड्विरेचनशतानि ।।४।।  
[च.सू.४क्र४□]
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ग्रन्थिविसूचिकालसक मूत्राघात क्रिमिकोष्ठविसर्पपाण्डुरोग शिरःपार्श्वशूलोदावर्त  
नेत्रास्यदाह हृद्रोग व्यङ्गनीलिकानेत्रनासिकास्यस्रवण हलीमक श्वास कास  
कामलापच्यपस्मारोन्माद वातरक्तयोनिरेतोदोष तैमिर्यारोचकाविकपाक  
च्छर्दिश्वयथूदरविस्फोटकादयः पित्तव्याधयो विशेषेण महारोगाध्यायो- क्ताश्च; एतेषु हि  
विरेचनं प्रधानतममित्युक्तमग्र्युपशमेऽग्निगृहवत् ॥१३॥ [च.सि.२क्र१३□]

(21) अविरेच्यास्तु सुभगक्षतगुद मुक्तनालाधोभागरक्तपित्तविलङ्घित दुर्बलेन्द्रियाल्पाग्नि निरूढकामादिव्यग्राजीर्णिनवज्वरि मदात्ययिताध्मात शल्यादिताभिहतातिस्निग्धरूक्षदारुणकोष्ठाः क्षतादयश्च गर्भिण्यन्ताः ॥११॥

तत्र सुभगस्य सुकुमारोक्तो दोषः स्यात्, क्षतगुदस्य क्षते गुदे प्राणापरोधकरीं रुजां जनयेत्, मुक्तनालमतिप्रवृत्त्या हन्यात्, अधोभागरक्तपित्तनं तद्वत्, विलङ्घित दुर्बलेन्द्रियाल्पाग्निनिरूढा औषधवेगं न सहेरन्, कामादिव्यग्रमनसो न प्रवर्तते कृच्छ्रेण वा प्रवर्तमानमयोगदोषान् कुर्यात्, अजीर्णिन आमदोषः स्यात्, नवज्वरिणोऽविपक्वान् दोषान् न निर्हरेद् वातमेव च कोपयेत्, मदात्ययितस्य मद्यक्षीणे देहे वायुः प्राणोपरोधं कुर्यात्, आध्मातस्याधमतो वा पुरीषकोष्ठे निचितो वायुर्विसर्पन् सहसाऽऽनाहं तीव्रतरं मरणं वा जनयेत्, शल्यादिताभिहतयोः क्षते वायुराश्रितो जीवितं हिंस्यात्, अतिस्निग्धस्यातियोगभयं भवेत्, रूक्षस्य वायुरङ्गप्रग्रहं कुर्यात्, दारुणकोष्ठस्य विरेचनोद्धता दोषा हृच्छूल पर्वभेदानाहाङ्गमर्दच्छर्दिमूर्च्छाक्लमाञ्जनयित्वा प्राणान् हन्युः, क्षतादीनां गर्भिण्यन्तानां छर्दनोक्तो दोषः स्यात्; तस्मादेते न विरेच्याः ॥१२॥

च.सि.२क्र१११२

(22) दोषभेषजदेशकालबल शरीराहारसात्म्यसत्त्वप्रकृति- वयसामवस्थान्तराणि,

च.सू.१५क्र५

(23) अविपाकोऽरुचिः स्थौल्यं पाण्डुता गौरवं क्लमः ।

पिडकाकोठकण्डूनां संभवोऽरतिरेव च ॥१३॥

आलस्यश्रमदौर्बल्यं दौर्गन्ध्यमवसादकः ।

श्लेष्मपित्तसमुत्क्लेशो निद्रानाशोऽतिनिद्रता ॥१४॥

तन्द्रा क्लैब्यमबुद्धित्वमशस्तस्वप्नदर्शनम् । बलवर्णप्रणाशश्च तृप्यतो बृंहणैरपि ॥१५॥

बहुदोषस्य लिङ्गानि तस्मै संशोधनं हितम् ।

च.सू.१६क्र१३१५

(24) स्नेहस्वेदैस्तथोत्क्लेश्य शोध्यते शोधनैर्मलः ॥१३॥

अजीर्णो वर्धते ग्लानिर्विबन्धश्चापि जायते ।

पीतं संशोधनं चैव विपरीतं प्रवर्तते ॥१४॥

च.सि.६क्र१४

(25) ..... यः स्नेहः स परिकीर्तितः । स्नेहनस्य प्रकर्षो तु सप्तरात्रिरात्रकौ ॥१५॥

च.सू.१३क्र५१

मृदुकोष्ठस्त्रिरात्रेण स्निह्यत्यच्छोपसेवया । स्निह्यति क्रूरकोष्ठस्तु सप्तरात्रेण मानवः ॥६५॥

च.सू.१३क्र६५□

(26) स्नेहात् प्रस्कन्दनं जन्तुस्त्रिरात्रोपरतः पिबेत् । ॥८०॥

च.सू.१३क्र८०□

(27) स्निग्धैः कफावृद्धिकरैर्विरेच्यः ।

श्लेष्मोत्तरश्छर्दयति ह्यदुःखं विरिच्यते मन्दकफस्तु सम्यक् ॥९॥ च.सि.१क्र९□

(28) स्नेहात् ...स्नेहवद्द्रवमुष्णं च त्र्यहं भुक्त्वा रसौदनम् ॥८०॥ च.सू.१३क्र८०□

(29) स्निग्धस्य सुस्विन्नतनोर्यथावद्विरेचनं योग्यतमं प्रयोज्यम् । च.सि.१क्र१०□

(30) दुर्बलं शोधितं पूर्वमल्पदोषं च मानवम् । अपरिज्ञातकोष्ठं च पाययेत्तौषधं मृदु ॥६७॥

दुर्बलोऽपि महादोषो विरेच्यो बहुशोऽल्पशः ।

मृदुभिर्भेषजैर्दोषा हन्युर्ह्येनमनिर्हताः ॥६९॥

द्रव्यप्रमाणं तु यदुक्तमस्मिन्मध्येषु तत् कोष्ठवयोबलेषु । तन्मूलमालम्ब्य भवेद्विकल्प्यं

तेषां विकल्प्योऽभ्यधिकोनभावः ॥ ८६॥

च.क.१२क्र६७६९८६□

(31) अथैनं पुनरेव स्नेहस्वेदाभ्यामुपपाद्यानुपहतमनसमभिसमीक्ष्य सुखोषितं सुप्रजीर्णभक्तं

कृतहोमबलिमङ्गलजपप्रायश्चित्तमिष्टे तिथिनक्षत्रकरणमुहूर्ते ब्राह्मणान् स्वस्ति वाचयित्वा

त्रिवृत्कल्कमक्षमात्रं यथार्हालोडनप्रतिविनीतं पाययेत् प्रसमीक्ष्य

दोषभेषजदेशकालबलशरीराहारसात्म्य- सत्त्वप्रकृतिवयसामवस्थान्तराणि विकारांश्च,

सम्यक् विरिक्तं चैनं वमनोक्तेन धूमवर्जेन विधिनोपपादयेदाबलवर्णप्रकृतिलाभात्,

बलवर्णोपपन्नं चैनमनुपहतमनसमभिसमीक्ष्य सुखोषितं सुप्रजीर्णभक्तं शिरःस्नातमनुलिप्तगात्रं

स्रग्विणमनुपहतवस्त्रसंवीतमनुरूपालङ्कारालङ्कृतं सुहृदां दर्शयित्वा ज्ञातीनां दर्शयेत्, अथैनं

कामेष्ववसृजेत् ॥१७॥

च.सू.१५क्र१७□

(32) तृणमोहभ्रममूर्च्छायाः स्युश्चेज्जीर्यति भेषजे ।

पित्तघ्नं स्वादु शीतं च भेषजं तत्र शस्यते ॥७६॥

लालाहृल्लासविष्टम्भलोमहर्षाः कफावृते ।

भेषजं तत्र तीक्ष्णोष्णं कट्वादि कफनुद्धितम् ॥७७॥

सुस्निग्धं क्रूरकोष्ठं च लङ्घयेदविरेचितम् ।

तेनास्य स्नेहजः श्लेष्मा सङ्गश्चैवोपशाम्यति ॥७८॥

रूक्ष-बह्वनिल-क्रूरकोष्ठ-व्यायामशालिनाम् ।

दीप्ताग्नीनां च भैषज्यमविरिच्यैव जीर्यति ॥७९॥

तेभ्यो बस्तिं पुरा दत्त्वा पश्चाद्दद्याद्विरेचनम् ।

बस्तिप्रवर्तितं दोषं हरेच्छीघ्रं विरेचनम् ॥८०॥

च . क . १२८७६ ८०

(33) विबद्धेऽल्पे चिराद्दोषे स्रवत्युष्णं पिबेज्जलम् ।

तेनाध्मानं तृषा च्छर्दिर्विबन्धश्चैव शाम्यति ॥७९॥

भेषजं दोषरुद्धं चेन्नोर्ध्वं नाधः प्रवर्तते ।

सोद्गारं साङ्गशूलं च स्वेदं तत्रावचारयेत् ॥७९॥

च . क . १२८७९ ७२

(34) श्लेष्मोत्तरश्छर्दयति ह्यदुःखं विरिच्यते मन्दकफस्तु सम्यक् ॥९॥

अधः कफेऽल्पे वमनं विरेचयेद्विरेचनं वृद्धकफे तथोर्ध्वम् ।

च . सि . १८९ १०

(35) दशैव ते द्वित्रिगुणा विरेके प्रस्थस्तथा द्वित्रिचतुर्गुणश्च ।

पित्तान्तमिष्टं वमनं विरेकादर्धं कफान्तं च विरेकमाहुः ॥९४॥

द्वित्रान् सविट्कानपनीय वेगान्मेयं विरेके वमने तु पीतम् ।

च . सि . १८९३ १४

(36) स्रोतोविशुद्धीन्द्रियसंप्रसादौ लघुत्वमूर्जोऽग्निरनामयत्वम् ॥९७॥

प्राप्तिश्च विट्पित्तकफानिलानां सम्यग्विरिक्तस्य भवेत् क्रमेण ।

च . सि . १८९७ १८

(37) स्याच्छ्लेष्मपित्तानिलसंप्रकोपः सादस्तथाऽग्नेर्गुरुता प्रतिश्याय ॥९८॥

तन्द्रा तथा च्छर्दिरोचकश्च वातानुलोम्यं न च दुर्विरिक्ते ।

च . सि . १८९८ १९

(38) कफास्रपित्तक्षयजानिलोत्थाः सुप्त्यङ्गमर्दक्लमवेपनाद्याः ॥९९॥

निद्राबलाभावतमःप्रवेशाः सोन्मादहिक्काश्च विरेचितेऽति ।

च . सि . १८९९ ३०

(39) पेयां विलेपीमकृतं कृतं च यूषं रसं त्रिद्विरथैकशश्च ॥९९॥

क्रमेण सेवेत विशुद्धकायः प्रधानमध्यावरशुद्धिशुद्धः ।

यथाऽणुरग्निस्तृणगोमयाद्यैःसंधुक्ष्यमाणो भवति क्रमेण ॥९९॥

महान् स्थिरः सर्वपचस्तथैव शुद्धस्य पेयादिभिरन्तरग्निः ।

च . सि . १८९९ ३२

- (40) आध्मानं परिकर्तिश्च स्रावो हृद्वात्रयोर्ग्रहः ।  
जीवादानं सविभ्रंशः स्तम्भः सापद्रवः क्लमः ॥२९॥  
अयोगादतियोगाच्च दशैता व्यापदो मताः । [च.सि.६क्र२९]
- (41) बहुदोषस्य रूक्षस्य हीनाग्रेरल्पमौषधम् ।  
सोदावर्तस्य चोत्क्रियं दोषान्मार्गान्निरुध्य च ॥५८॥  
भृशमाध्मापयेन्नाभिं पृष्ठपार्श्वशिरोरुजम् ।  
श्वासविण्मूत्रवातानां सङ्गं कुर्याच्च दारुणम् ॥५९॥  
अभ्यङ्गस्वेदवर्त्यादि सनिरूहानुवासनम् ।  
उदावर्तहरं सर्वं कर्माध्मातस्य शस्यते ॥६०॥ [च.सि.६क्र५८][६०]
- (42) क्षामेण मृदुकोष्ठेन श्रान्तेनाल्पबलेन वा ॥६१॥  
पीतं गत्वा गुदं साममाशु दोषं निरस्य च ।  
तीव्रशूलां सपिच्छास्रां करोति परिकर्तिकाम् ॥६२॥  
लङ्घनं पाचनं सामे रूक्षोष्णं लघुभोजनम् ।  
बृंहणीयो विधिः सर्वः क्षामस्य मधुरस्तथा ॥६३॥ [च.सि.६क्र६१][६३]
- (43) अल्पं तु बहुदोषस्य दोषमुत्क्रियं भेषजम् ।  
अल्पाल्पं स्रावयेत् कण्डूं शोफं कुष्ठानि गौरवम् ॥६८॥  
कुर्याच्चाग्निबलोत्क्लेशस्तैमित्यारुचिपाण्डुताः ।  
परिस्रावः स, तं दोषं शमयेद्द्वामयेदपि ॥६९॥  
स्नेहितं वा पुनस्तीक्ष्णं पाययेत विरेचनम् ।  
शुद्धे चूर्णासवारिष्टान् संस्कृतांश्च प्रदापयेत् ॥७०॥ [च.सि.६क्र६८][७०]
- (44) पीतौषधस्य वेगानां निग्रहान्मारुतादयः ।  
कुपिता हृदयं गत्वा घोरं कुर्वन्ति हृद्ग्रहम् ॥७१॥  
स हिक्काकासपार्श्वार्तिदैन्यलालाक्षिविभ्रमैः ।  
जिह्वां खादति निःसंज्ञो दन्तान् किटिकिटापयन् ॥७२॥  
न गच्छेद्विभ्रमं तत्र वामयेदाशु तं भिषक् ।  
मधुरैः पित्तमूर्च्छार्तं कटुभिः कफमूर्च्छितम् ॥७३॥

पाचनीयैस्ततश्चास्य दाषशेषं विपाचयेत् ।

कायाग्निं च बलं चास्य क्रमेणोत्थापयेत्ततः ॥७४॥

पवनेनातिवमतो हृदयं यस्य पीड्यते ।

तस्मै स्निग्धाम्ललवणं दद्यात् पित्तकफेऽन्यथा ॥७५॥ च.सि.६क्र७१७५

(45) पीतौषधस्य वेगानां निग्रहेण कफेन वा ।

रुद्धोऽति वा विशुद्धस्य गृह्णात्यङ्गानि मारुतः ॥७६॥

स्तम्भवेपथुनिस्तोदसादोद्वेष्टनमन्थनैः ।

तत्र वातहरं सर्वं स्नेहस्वेदादि कारयेत् ॥७७॥ च.सि.६क्र७६७७

(46) अतितीक्ष्णं मृदौ कोष्ठे लघुदोषस्य भेषजम् ।

दोषान् हत्वा विनिर्मथ्य जीवं हरति शोणितम् ॥७८॥

तेनान्नं मिश्रितं दद्याद्वायसाय शुनेऽपि वा ।

भुङ्क्ते तच्चेद्वदेज्जीवं न भुङ्क्ते पित्तमादिशेत् ॥७९॥

तृष्णामूर्च्छामदार्तस्य कुर्यादामरणात् क्रियाम् ।

तस्य पित्तहरीं सर्वामतियोगे च या हिता ॥८१॥

मृगगोमहिषाजानां सद्यस्कं जीवतामसृक् ।

पिबेज्जीवाभिसन्धानं जीवं तद्धयाशु गच्छति ॥८२॥

तदेव दर्भमृदितं रक्तं बस्तिं प्रदापयेत् ।

श्यामाकाशमर्यबदरीदूर्वोशीरैः शृतं पयः ॥८३॥

घृतमण्डाञ्जनयुतं शीतं बस्तिं प्रदापयेत् ।

पिच्छाबस्तिं सुशीतं वा घृतमण्डानुवासनम् ॥८४॥ च.सि.६क्र७८८४

(47) गुदं भ्रष्टं कषायैश्च स्तम्भयित्वा प्रवेशयेत् ।

च.सि.६क्र८५

(48) साम गान्धर्वशब्दांश्च संज्ञानाशेऽस्य कारयेत् ॥८५॥

च.सि.६क्र८५

(49) यदा विरेचनं पीतं विडन्तमवतिष्ठते ।वमनं भेषजान्तं वा दोषानुत्क्रिय नावहेत् ॥८५॥

तदा कुर्वन्ति कण्ड्वादीन् दोषाः प्रकुपिता गदान् ।

स विभ्रंशो मतस्तत्र स्याद्यथाव्याधि भेषजम् ॥८७॥ च.सि.६क्र८५ ८७

(50) पीतं स्निग्धेन सस्नेहं तद्वोषैर्मादवाद्धतम् ।

न वाहयति दोषांस्तु स्वस्थानात् स्तम्भयेच्च्युतान् ॥८८॥

वातसङ्गुदस्तम्भशूलैः क्षरति चाल्पशः ।

तीक्ष्णं बस्तिं विरेकं वा सोऽहो लङ्घितपाचितः ॥८९॥ [च.सि.६क्र८८]९[१]

(51) रूक्षं विरेचनं पीतं रूक्षेणाल्पबलेन वा ।

मारुतं कोपयित्वाऽऽशु कुर्याद्धोरानुपद्रवान् ॥९०॥

स्तम्भशूलानि घोराणि सर्वगात्रेषु मुह्यतः ।

स्नेहस्वेदादिकस्तत्र कार्यो वातहरो विधिः ॥९१॥ [च.सि.६क्र९०]९[१]

(52) स्निग्धस्य मृदुकोष्ठस्य मृदूत्क्रिश्यौषधं कफम् ।

पित्तं वातं च संरुध्य सतन्द्रागौरवं क्लमम् ॥९२॥

दौर्बल्यं चाङ्गसादं च कुर्यादाशु तदुल्लिखेत् ।

लङ्घनं पाचनं चात्र स्निग्धं तीक्ष्णं च शोधनम् ॥९३॥ [च.सि.६क्र९२]९[३]

(53) विवृताश्यामादन्तीद्रवन्ती सप्तलाशङ्खिनीविषाणिका गवाक्षीच्छगलान्त्रीस्तुक्सुवर्णक्षीरी

चित्रककिणिहीकुशकाश तिल्वककम्पिल्लकरम्यकपाटला पूगहरीतक्यामलकबिभीतक

नीलिनीचतुरङ्गुलैरण्डपूतीकमहावृक्षसप्तच्छदारका ज्योतिष्मती चेत्यधोभागहराणि । तत्र

तिल्वकपूर्वाणां मूलानि, तिल्वकादीनां पाटलान्तानां त्वचः, कम्पिल्लकफलरजः,

पूगादीनामेरण्डान्तानां फलानि, पूतीकारग्वधयोः पत्राणि, शेषाणां क्षीराणीति ॥९४॥

[मु.सू.३९क्र४]

(54) विरेच्यास्तु

ज्वरगरारुच्यर्शोऽर्बुदोदरग्रन्थिविद्रधिपाण्डुरोगापस्मारहृद्रोगवातरक्तभगन्दरच्छर्दियोनिरोगवि

सर्पगुल्मपक्वाशयरुग्विबन्धविसूचिकालसकमूत्राघातकुठविस्फोटकप्रमेहानाहोहशोफवृद्धिश

स्त्रक्षतक्षाराग्निदग्धदुष्टव्रणाक्षिपाककाचतिमिराभिष्यन्दशिरःकर्णाक्षिनासास्यगुदमेढ्रदाहोर्ध्वरक्त

पित्तकृमिकोष्ठिनः पित्तस्थानजेष्वन्येषु च विकारेष्वन्ये च पैत्तिकव्याधिपरीता इति

॥३२॥

[मु.चि.३३क्र३२]

- (55) मन्दाग्रयतिस्नेहितबालवृद्धस्थूलाः क्षतक्षीणभयोपतप्ताः ॥  
 श्रान्तस्तृषार्तोऽपरिजीर्णभक्तो गर्भिण्यधो गच्छति यस्य चासृक् ॥२९॥  
 नवप्रविश्यायमदात्ययी च नवज्वरी या च नवप्रसूता ॥  
 शल्यादिताश्चाप्यविरेचनीयाः स्नेहादिभिर्ये त्वनुपस्कृताश्च ॥३०॥ [मु.चि.३३क्र२९ ३१]
- (56) तत्र मृदुः, क्रूरो, मध्यम इति त्रिविधः कोष्ठो भवति । तत्र बहुपित्तो मृदुः, स दुग्धेनापि  
 विरिच्यते; बहुवातश्लेष्मा क्रूरः, स दुर्विरेच्यः; समदोषो मध्यमः, स साधारण इति ।  
 [मु.चि.३३क्र२०]
- (57) तत्र मृदौ मात्रा मृद्वी, तीक्ष्णा क्रूरे, मध्ये मध्या कर्तव्येति ।  
 पीतौषधश्च तन्मनाः शय्याभ्याशे विरेच्यते ॥२१॥ [मु.चि.३३क्र२१]
- (58) प्रागपीतं नरं शोध्यं पाययेतौषधं मृदु ॥  
 ततो विज्ञातकोष्ठस्य कार्यं संशोधनं पुनः ॥४४॥  
 सुखं दृष्टफलं हृद्यमल्पमात्रं महागुणम् ॥  
 व्यापस्त्वल्पात्ययं चापि पिबेन्नृपतिरौषधम् ॥४५॥ [मु.चि.३३क्र४४ ४५]
- (59) विरेचनमपि स्निग्धस्विन्नाय वान्ताय च देयम्; अवान्तस्य हि सम्यग्विरिक्तस्यापि सतोऽधः  
 स्रस्तः श्लेष्मा ग्रहणीं छादयति, गौरवमापादयति, प्रवाहिकां वा जनयति ॥१९॥  
 [मु.चि.३३क्र१९]
- (60) अथातुरं श्वो विरेचनं पाययिताऽस्मीति पूर्वाह्णे लघु भोजयेत्, फलाम्लमुष्णोदकं  
 चैनमनुपाययेत् । [मु.चि.३३क्र२०]
- (61) विरेचनमपि स्निग्धस्विन्नाय वान्ताय च देयम्; अवान्तस्य हि सम्यग्विरिक्तस्यापि सतोऽधः  
 स्रस्तः श्लेष्मा ग्रहणीं छादयति, गौरवमापादयति, प्रवाहिकां वा जनयति ॥१९॥  
 अथातुरं श्वो विरेचनं पाययिताऽस्मीति पूर्वाह्णे लघु भोजयेत्, फलाम्लमुष्णोदकं  
 चैनमनुपाययेत् ।  
 अथापरेऽहनि विगतश्लेष्मधातुमातुरोपक्रमणीयादवेक्ष्यातुरमथास्मै औषधमात्रां पातुं  
 प्रयच्छेत् ॥२०॥ [मु.चि.३३क्र१९ २०]



- (62) न चातिस्नेहपीतस्तु पिबेत् स्नेहविरेचनम् ॥ दोषाः प्रचलिताः स्थानाद्भूयः श्लिष्यन्ति  
वर्त्मसु ॥४१॥ [मु.चि.३३क्र४१□]
- (63) विरेचनं पीतवांस्तु न वेगान् धारयेद्बुधः ॥  
निवातशायी शीताम्बु न स्पृशेन्न प्रवाहयेत् ॥२२॥ [मु.चि.३३क्र२२□]
- (64) ...., एवं विरेचने मूत्रपुरीषपित्तौषधकफा इति ॥२३॥ [मु.चि.३३क्र२३□]
- (65) गतेषु दोषेषु-कफान्वितेषु नाभ्या लघुत्वे मनसश्च तुष्टौ ॥  
गतेऽनिले चाप्यनुलोमभावं सम्यग्विरिक्तं मनुजं व्यवस्येत् ॥२५॥ [मु.चि.३३क्र२५□]  
बुद्धेः प्रसादं बलमिन्द्रियाणां धातुस्थिरत्वं बलमग्निदीप्तिम् ॥  
चिराच्च पाकं वयसः करोति विरेचनं सम्यगुपास्यमानम् ॥२७॥ [मु.चि.३३क्र२७□]
- (66) हृत्कुक्ष्यशुद्धिः परिदाहकण्डूविण्मूत्रसङ्गाश्च न सद्विरिक्ते ॥ [मु.चि.३३क्र२४□]
- (67) मूर्च्छागुदभ्रंशकफातियोगाः शूलोद्गमश्चातिविरिक्तलिङ्गम् ॥२४॥ [मु.चि.३३क्र२४□]
- (68) मन्दाग्रिमक्षीणमसद्विरिक्तं न पाययेताहनि तत्र पेयाम् ॥  
क्षीणं तृषार्तं सुविरचितं च तन्वीं सुखोष्णां लघु पाययेच्च ॥२६॥ [मु.चि.३३क्र२६□]
- (69) वैद्यातुरनिमित्तं वमनं विरेचनं च पञ्चदशधा व्यापद्यते । तत्र वमनस्याधो गतिरूर्ध्वं  
विरेचनस्येति पृथक्, सामान्यमुभयोः - सावशेषौषधत्वं जीर्णौषधत्वं, हीनदोषापहतत्वं,  
वातशूलम्, अयोगो, अतियोगो, जीवादानम्, आध्मानं, परिकर्तिका, परिस्रावः,  
प्रवाहिका, हृदयोपसरणं, विबन्ध, अङ्गप्रग्रह इति ॥३॥ [मु.चि.३४क्र०३□]
- (70) दोषविग्रथितमल्पमौषधमवस्थितमूर्ध्वभागिकमधोभागिकं वा न संस्रयति दोषान्, तत्र  
तृष्णा पार्श्वशूलं छर्दिर्मूर्च्छा पर्वभेदो हल्लासोऽरतिरुद्गाराविशुद्धिश्च भवति;  
तमुष्णाभिरद्भिराशु वामयेदूर्ध्वभागिके, अधोभागिकेऽपि च  
सावशेषौषधमतिप्रधावितदोषमतिबलमसम्यग्विरिक्तलक्षणमप्येवं वामयेत् ॥६॥  
[मु.चि.३४क्र०६□]
- (71) क्रूरकोष्ठस्यातितीक्ष्णाग्रेरल्पमौषधमल्पगुणं वा भक्तवत् पाकमुपैति, तत्र समुदीर्णा दोषा  
यथाकालमनिर्हीयमाणा व्याधिविभ्रमं बलविभ्रंशं चापादयन्ति, तमनल्पममन्दमौषधं च  
पाययेत् ॥७॥ [मु.चि.३४क्र०७□]

(72) अस्निग्धस्विन्नेनाल्पगुणं वा भेषजमुपयुक्तमल्पान् दोषान् हन्ति; तत्र वमने दोषशेषो गौरवमुत्क्लेशं हृदयाविशुद्धिं व्याधिवृद्धिं च करोति, तत्र तं यथायोगं पाययित्वा वामयेदृढतरं, विरेचने तु गुदपरिकर्तनमाध्मानं शिरोगौरवमनिःसरणं वा वायोर्व्याधिवृद्धिं च करोति; तमुपपाद्य भूयः स्नेहस्वेदाभ्यां विरेचयेदृढतरं, दृढं बहुप्रचलितदोषं वा तृतीये दिवसेऽल्पगुणं चेति ॥८॥

[मु.चि.३४क्र०८]

(73) अस्निग्धस्विन्नेन रूक्षौषधमुपयुक्तमब्रह्मचारिणा वा वायुं कोपयति, तत्र वायुः प्रकुपितः पार्श्वपृष्ठश्रोणिमन्यामर्मशूलं मूर्च्छां भ्रमं मदं संज्ञानाशं च करोति, तं वातशूलमित्याचक्षते; तमभ्यज्यधान्यस्वेदेन स्वेदयित्वा यष्टीमधुकविपक्वेन तैलेनानुवासयेत् ॥९॥

[मु.चि.३४क्र०९]

(74) स्नेहस्वेदाभ्यामविभावितशरीरेणाल्पमौषधमल्पगुणं वा पीतमूर्ध्वमधो वा नाभ्येति दोषांश्चोत्क्लेश्य तैः सह बलक्षयमापादयति, तत्राध्मानं हृदयग्रहस्तृष्णा मूर्च्छा दाहश्च भवति, तमयोगमित्याचक्षते; तमाशु वामयेन्मदनफललवणाम्बुभिर्विरेचयेत्तीक्ष्णतरैः कषायैश्च । दुर्वान्तस्य तु समुत्क्रिष्टा दोषा व्याप्य शरीरं कण्डूश्वयथु कुष्ठपिडकाज्वराङ्गमर्दनस्तोदनानि कुर्वन्ति, ततस्तानशेषान्महौषधेनापहरेत् । अग्निग्धस्विन्नस्य दुर्विरिक्तस्याधोनाभेः स्तब्धपूर्णोदरता शूलं वातपुरीषसङ्गः कण्डूमण्डलप्रादुर्भावो वा भवति, तमास्थाप्य पुनः संस्नेह्य विरेचयेत्तीक्ष्णेन । नातिप्रवर्तमाने तिष्ठति वा दुष्टसंशोधने तत्सन्तेजनार्थमुष्णोदकं पाययेत्, पाणितापैश्च पार्श्वोदरमुपस्वेदयेत्, ततः प्रवर्तन्ते दोषाः । अनुप्रवृत्ते चाल्पदोषे जीर्णौषधं बहुदोषमहःशेषं बलं चावेक्ष्य भूयो मात्रां विदध्यात् । अप्रवृत्तदोषं दशरात्रादूर्ध्वमुपसंस्कृतदेहं स्नेहस्वेदाभ्यां भूयः शोधयेत् । दुर्विरेच्यमास्थाप्य पुनः संस्नेह्य विरेचयेत् । ह्रीभयलोभैर्वेगाघातशीलाः प्रायशः स्त्रियो राजसमीपस्था वणिजः श्रोत्रियाश्च भवन्ति, तस्मादेते दुर्विरेच्याः बहुवातत्वात्; अत एव तानतिस्निग्धान् स्वेदोपपन्नाञ् शोधयेत् ॥१०॥

[मु.चि.३४क्र०१०]

(75) स्निग्धस्विन्नस्यातिमात्रमतिमृदुकोष्ठस्य वाऽतितीक्ष्णमधिकं वा दत्तमौषधमतियोगं कुर्यात् । तत्र वमनातियोगे पित्तातिप्रवृत्तिर्बलविस्रंसो वातकोपश्च बलवान् भवति, तं घृतेनाभ्यज्यावगाह्य शीतास्वप्सु शर्करामधुमिश्रैर्लेहैरुपचरेद्यथास्वं, विरेचनातियोगे

कफस्यातिप्रवृत्तिरुत्तरकालं च सरक्तस्य, तत्रापि बलविसंसो वातकोपश्च बलवान् भवति, तमतिशीताम्बुभिः परिषिच्यावगाह्य वा शीतैस्तण्डुलाम्बुभिर्मधुमिश्रैश्छर्दयेत्, पिच्छाबस्ति चास्मै दद्यात्, क्षीरसर्पिषा चैनमुनवासयेत्, प्रियङ्गवादिं चास्मै तण्डुलाम्बुना पातुं प्रयच्छेत्, क्षीरसयोश्चान्यतरेण भोजयेत् ॥११॥

मु.चि.३४क्र११

- (76) विरेचनातियोगे व सचन्द्रकं सलिलमधः स्रवति ततो मांसधावनप्रकाशमुत्तरकालं जीवशोणितं च, ततो गुदनिःसरणं वेपथुर्वमनातियोगोपद्रवाश्चास्य भवन्ति; तमपि निःस्रुतशोणितविधानेनोपचरेत्, निःसर्पितगुदस्य गुदमभ्यज्य परिस्वेद्यान्तः पीडयेत् क्षुद्ररोगचिकित्सितं वा वीक्षेत, वेपथौ वातव्याधिविधानं कुर्वीत, जिह्वानिःसरणादिषूक्तः प्रतीकारः, अतिप्रवृत्ते वा जीवशोणिते काश्मरीफलबदरीदूर्वाशीरैः शृतेन पयसा घृतमण्डाञ्जनयुक्तेनसुशीतेनास्थापयेत्, न्यग्रोधादिकषायेक्षुरसघृतशोणितसंसृष्टैश्चैनं बस्तिभिरुपाचरेत्, शोणितष्ठीवने रक्तपित्तरक्तातीसारक्रियाश्चास्य विदध्यात्, न्यग्रोधादिं चास्य विदध्यात् पानभोजनेषु ॥१३॥

मु.चि.३४क्र१३

- (77) सशेषान्नेन बहुदोषेण रूक्षेणानिलप्रायकोष्ठेनानुष्णमस्निग्धं वा पीतमौषधमाध्मापयति, तत्रानिलमूत्रपुरीषसङ्गः समुन्नद्धोदरता पार्श्वभङ्गो गुदबस्तिनिस्तोदनं भक्त्तारुचिश्च भवति, तं चाध्मानमित्याचक्षते; तमुपस्वेद्यानाह- वर्तिदीपनबस्तिक्रियाभिरुपचरेत् ॥१५॥

मु.चि.३४क्र१५

- (78) क्षामेणातिमृदुकोष्ठेन मन्दाग्निना रूक्षेण वाऽतितीक्ष्णोष्णातिलवणमतिरूक्षं वा पीतमौषधं पित्तानिलौ प्रदूष्य परिकर्तिकामापदयति, तत्र गुदनाभिमेद्वबस्तिशिरःसु सदाहं परिकर्तनमनिलसङ्गो वायुविष्टम्भो भक्त्तारुचिश्च भवति; तत्र पिच्छाबस्तिर्यष्टीमधुकृष्णतिलकल्कमधुघृतयुक्तः शीताम्बुपरिषिक्तं चैनं पयसा भुक्तवन्तं घृतमण्डेन यष्टीमधुकसिद्धेन तैलेन वाऽनुवासयेत् ॥१६॥

मु.चि.३४क्र१६

- (79) क्रूरकोष्ठस्यातिप्रभूतदोषस्य मृद्वौषधमवचारितं समुत्क्रिश्य दोषान्न निःशेषानपहरति, ततस्ते दोषाः परिस्त्रावमापादयन्ति, तत्र दौर्बल्योदरविष्टम्भारुचिगात्रसदनानि भवन्ति, सवेदनौ चास्य पित्तश्लेष्माणौ परिस्रवतः, तं परिस्त्रावमित्याचक्षते, तमजकर्णधवतिनिशपलाशबलाकषायैर्मधुसंयुक्तैरास्थापयेत्, उपशान्तदोषं स्निग्धं च भूयः संशोधयेत् ॥१७॥

मु.चि.३४क्र१७

- (80) अतिरूक्षेऽतिस्निग्धे वा भेषजमवचारितमप्राप्तं वातवर्च उदीरयति वेगाघातेन वा, तदा प्रवाहिका भवति; तत्र सवातं सदाहं सशूलं गुरु पिच्छिलं श्वेतं कृष्णं सरक्तं वा भृशं प्रवाहमाणः कफमुपविशति; तां परिस्त्रावविधानेनोपचरेत् ॥१८॥ [मु.चि.३४क्र१८]
- (81) यस्तूर्ध्वमधो वा भेषजवेगं प्रवृत्तमज्ञत्वाद्विनिहन्ति तस्योपसरणं हृदि कुर्वन्ति दोषाः, तत्र प्रधानमर्मसन्तापाद्वेदनाभिरत्यर्थं पीड्यमानो दन्तान् किटकिटायते उद्गताक्षो जिह्वां खादति प्रताम्यत्यचेताश्च भवति, तं परिवर्जयन्ति मूर्खाः; तमभ्यज्यधान्यस्वेदेन स्वेदयेत्, यष्टिमधुकसिद्धेन च तैलेनानुवासयेत्, शिरोविरेचनं चास्मै तीक्ष्णं विदध्यात्, ततो यष्टिमधुकमिश्रेण तण्डुलाम्बुना छर्दयेत्, यथादोषोच्छ्रायेण चैनं बस्तिभिरुपाचरेत् ॥१९॥ [मु.चि.३४क्र१९]
- (82) यस्तूर्ध्वमधो वा प्रवृत्तदोषः शीतागारमुदकमनिलमन्यद्वा सेवेत, तस्य दोषाः स्रोतःस्ववलीयमाना घनीभावमापन्ना वातमूत्रशकृद्ग्रहमापाद्य विबध्यन्ते, तस्याटोपो दाहो ज्वरो वेदनाश्च तीव्रा भवन्ति; तमाशु वामयित्वा प्राप्तकालां क्रिया कुर्वीत; अधोभागे त्वधोभागदोषहरद्रव्यं सैन्धवाम्लमूत्रसंसृष्टं विरेचनाय पाययेत्, आस्थापनमनुवासनं च यथादोषं विदध्यात्, यथादोषमाहार क्रमं च, उभयतोभागे तूपद्रवविशेषान् यथास्वं प्रतिकुर्वीत ॥२०॥ [मु.चि.३४क्र२०]
- (83) निकुम्भकुम्भत्रिफलागवाक्षी-स्रुक्शङ्खिनीनीलिनितिल्वकानि। शम्याककम्पिलकहेमदुग्धादुग्धं च मूत्रं च विरेचनानि ॥२॥ [अ. ह.सू.१५क्र२]
- (84) विरेकसाध्या गुल्मार्शोविस्फोटव्यङ्गकामलाः। जीर्णज्वरोदरगरच्छर्दिप्लोहहलीमकाः ॥८॥ विद्रधिस्तिमिरं काचः स्यन्दः पक्काशयव्यथा। योनिशुक्राश्रया रोगाः कोष्ठगाः कृमयो व्रणाः ॥९॥ [अ. ह.सू.१८क्र८ ९]
- (85) वातास्रमूर्ध्वगं रक्तं मूत्राघातः शकृद्ग्रहः। वाम्याश्च कुष्ठमेहाद्याः न तु रेच्या नवज्वरी ॥१०॥ अल्पाग्र्यधोगपित्तास्रक्षतपाय्वतिसारिणः। सशल्यस्थापितक्रूरकोष्ठातिस्निग्धशोषिणः ॥११॥ [अ. ह.सू.१८क्र१० ११]
- (86) विरिच्यते भेदनीयैर्भोज्यैस्तमुपपादयेत्। दुर्बलः शोधितः पूर्वमल्पदोषः कृशो नरः ॥४९॥ अपरिज्ञातकोष्ठश्च पिबेन्मृद्वल्पमौषधम्। वरं तदसकृत्पीतमन्यथा संशयावहम् ॥५०॥

हरेद्वहंश्चलान् दोषानल्पानल्पान् पुनःपुनः।

दुर्बलस्य मृदुद्रव्यैरल्पान् संशमयेत्तु तान् ॥५१॥

अ. ह.सू.१८क४९ ५१□

(87) स्नेहस्वेदौ प्रयुञ्जीत, स्नेहमन्ते बलाय च।

मलो हि देहादुत्क्लेश्य हियते वाससो यथा ॥५८॥

स्नेहस्वेदैस्तथोत्क्रिष्टः शोध्यते शोधनैर्मलः।

स्नेहस्वेदावनभ्यस्य कुर्यात्संशोधनं तु यः ॥५९॥

अ. ह.सू.१८क५८ ५९□

विरिच्यते भेदनीयैर्भोज्यैस्तमुपपादयेत्।

अ. ह.सू.१८क४८□

(88) सन्धुक्षिताग्निं विजितकफवातं च शोधयेत्। रुक्षबह्वनिलक्रूरकोष्ठव्यायामशीलिनाम् ॥५३॥

दीप्ताग्नीनां च भैषज्यमविरेच्यैव जीर्यति।

तेभ्यो बस्तिं पुरा दद्यात्ततः स्निग्धं विरेचनम् ॥५४॥

शकृन्निर्हृत्य वा किञ्चित्तीक्ष्णाभिः फलवर्तिभिः।

प्रवृत्तं हि मलं स्निग्धो विरेको निर्हरेत्सुखम् ॥५५॥

अ. ह.सू.१८क५३ ५५□

(89) ... स्नेहस्वेदोपपादितम्।श्लेष्मकाले गते ज्ञात्वा कोष्ठं सम्यग्विरेचयेत् ॥३३॥

बहुपित्तो मृदुः कोष्ठः क्षीरेणापि विरिच्यते।

प्रभूतमारुतः क्रूरः कृच्छ्राच्छ्यामादिकैरपि ॥३४॥

अ. ह.सू.१८क३३□

(90) कषायमधुरैः पित्ते विरेकः, कटुकैः कफे।

स्निग्धोष्णलवणैर्वायौ अप्रवृत्तौ तु पाययेत् ॥३५॥

उष्णाम्बु, स्वेदयेदस्य पाणितापेन चोदरम्।

उत्थानेऽल्पेदिने तस्मिन्भुक्त्वाऽन्येद्युः पुनः पिबेत् ॥३६॥

अ. ह.सू.१८क३५ ३६□

(91) अट्टस्नेहकोष्ठस्तु पिबेदूर्ध्वं दशाहतः। भूयोऽप्युपस्कृततनुः स्नेहस्वेदैर्विरेचनम् ॥३७॥

यौगिकं सम्यगालोच्य स्मरन्पूर्वमतिक्रमम्।

हृत्कुक्ष्यशुद्धिररुचिरुत्क्लेशः श्लेष्मपित्तयोः ॥३८॥

अ. ह.सू.१८क३६ ३८□

(92) जघन्यमध्यप्रवरे तु वेगा-श्चत्वार इष्टा वमने षडष्टौ।

दशैव ते द्वित्रिगुणा विरेकेप्रस्थस्तथा स्याद्द्विचतुर्गुणश्च ॥३९॥

पित्तावसानं वमनं विरेका-दूर्ध्वं, कफान्तं च विरेकमाहुः।

द्वित्रान् सविट्कानपनीय वेगान्मेयं विरेके, वमने तु पीतम्॥३२॥

अ. ह. सू. १८क३१ ३२□

(93) कण्डूविदाहः पिटिकाः पीनसो वातविड्ग्रहः।

अयोगलक्षणम् योगो वैपरीत्ये यथोदितात्॥३९॥

अ. ह. सू. १८क३९□

(94) यौगिकं सम्यगालोच्य स्मरन्पूर्वमतिक्रमम्।

हत्कुक्ष्यशुद्धिरुचिरुत्क्लेशः श्लेष्मपित्तयोः ॥३८॥

अ. ह. सू. १८क३८□

(95) विट्पित्तकफवातेषु निःसृतेषु क्रमात्सवेत्।

निःश्लेष्मपित्तमुदकं श्वेतं कृष्णं सलोहितम्॥४०॥

मांसधावनतुल्यं वा मेदःखण्डाभमेव वा। गुदनिःसरणं तृष्णा भ्रमो नेत्रप्रवेशनम्॥४१॥

अ. ह. सू. १८क४० ४१□

(96) भवन्त्यतिविरिक्तस्य तथाऽतिवमनामयाः।

सम्यग्विरिक्तमेनं च वमनोक्तेन योजयेत्॥४२॥

धूमवर्ज्येन विधिना ततो वमितवानिव। क्रमेणान्नानि भुञ्जानो भजेत्प्रकृतिभोजनम्॥४३॥

अ. ह. सू. १८क४२ ४३□

(97) मन्दबलमसंशुद्धमक्षामं दोषदुर्बलम्। अदृष्टजीर्णलिङ्गं च लङ्घयेत्पीतभेषजम्॥४४॥

स्नेहस्वेदौषधोत्क्लेशसङ्घैरिति न बाध्यते। संशोधनास्रविस्त्रावस्नेहयोजनलङ्घनैः॥४५॥

अ. ह. सू. १८क४४ ४५□

(98) यात्यग्निर्मन्दतां तस्मात् क्रमं पेयादिमाचरेत्।

स्रुताल्पपित्तश्लेष्माणं मद्यपं वातपित्तिकम्॥४६॥

अ. ह. सू. १८क४६□

(99) पेयां न पाययेत्तेषां तर्पणादिक्रमो हितः। अपक्वं वमनं दोषान् पच्यमानं

विरेचनम्॥४७॥

अ. ह. सू. १८क४७□

(100) पेयां विलेपीमकृतं कृतं च यूषं रसं त्रीनुभयं तथैकम्।

क्रमेण सेवेत नरोऽन्नकालान्प्रधानमध्यावरशुद्धिशुद्धः॥२९॥

अ. ह. सू. १५क२९□

(101) अजीर्णिनः श्लेष्मवतो व्रजत्यूर्ध्वं विरेचनम्। अतितीक्ष्णोष्णलवणमहद्यमतिभूरि वा॥३॥

तत्र पूर्वोदिता व्यापत्सिद्धिश्च, न तथाऽपि चेत्।

आशये तिष्ठति ततस्तृतीयं नावचारयेत्॥४॥

अन्यत्र सात्म्याद्धृद्याद्वा भेषजान्निरपायतः।

अ. ह. क. ३८३ ४

(102) अस्निग्धस्विन्नदेहस्य पुराणं रूक्षमौषधम्॥५॥

दोषानुत्क्लेश्य निरहर्तुमशक्तं जनयेद्गदान्।

विभ्रंशं श्वयथुं हिध्मां तमसो दर्शनं तृषम्॥६॥

पिण्डीकोद्वेष्टनं कण्डूमूर्वोः सादं विवर्णताम्।

स्निग्धस्विन्नस्य वाऽत्यल्पं दीप्ताग्नेर्जीर्णमौषधम्॥७॥

शीतैर्वा स्तब्धमामे वा समुत्क्लेश्याहरन्मलान्।

तानेव जनयेद्रोगानयोगः सर्व एव सः॥८॥

तं तैललवणाभ्यक्तं स्विन्नं प्रस्तरसङ्करैः। निरूढं जाङ्गलरसैर्भोजयित्वाऽनुवासयेत्॥९॥

फलमागधिकादारुसिद्धतैलेन मात्रया। स्निग्धं वातहरैः स्नेहैः पुनस्तीक्ष्णेन शोधयेत्॥१०॥

अ. ह. क. ३८५ १०

(103) बहुदोषस्य रूक्षस्य मन्दाग्नेरल्पमौषधम्।

सोदावर्तस्य चोत्क्लेश्य दोषान् मार्गान् निरुध्य तैः॥११॥

भृशमाध्मापयेन्नाभिं पृष्ठपार्श्वशिरोरुजम्।

श्वासं विण्मूत्रवातानां सङ्गं कुर्याच्च दारुणम्॥१२॥

अभ्यङ्गस्वेदवर्त्यादि सनिरूहानुवासनम्। उदावर्तहरं सर्वं कर्माध्मातस्य शस्यते॥१३॥

पञ्चमूल्यवक्षारवचाभूतिकसैन्धवैः। यवागूः सुकृता शूलविबन्धानाहनाशनी॥१४॥

अ. ह. क. ३८१ १४

(104) पिप्पलीदाडिमक्षारहिङ्गुशुण्ठ्यम्लवेतसान्।

ससैन्धवान् पिबेन्मद्यैः सर्पिषोष्णोदकेन वा॥१५॥ प्रवाहिकापरिस्राववेदनापरिकर्तने।

अ. ह. क. ३८५ १५

(105) पीतौषधस्य वेगानां निग्रहान्मारुतादयः॥१६॥

कुपिता हृदयं गत्वा घोरं कुर्वन्ति हृद्ग्रहम्।

हिध्मापार्श्वरुजाकासदन्यलालाक्षिविभ्रमैः॥१७॥

जिह्वां खादति निःसंज्ञो दन्तान् कटकटाययन्।

न गच्छेद्विभ्रमं तत्र वामयेदाशु तं भिषक्॥१८॥

मधुरैः पित्तमूर्च्छार्तं कटुभिः कफमूर्च्छितम्।

पाचनीयैस्ततश्चास्य दोषशेषं विपाचयेत्॥१९॥

अ. ह. क. ३८१६ १९

(106) अतियोगाच्च भैषज्यं जीव हरति शोणितम्।

तज्जीवादानमित्युक्तमादत्ते जीवितं यतः॥३२॥

तृष्णामूर्च्छामदार्तस्य कुर्यादामरणात्क्रियाम्।

रक्तपित्तातिसारघ्नी तस्याशु प्राणरक्षणीम्॥३५॥

मृगगोमहिषाजानां सद्यस्कं जीवतामसृक्।

पिबेज्जीवाभिसन्धानं जीवं तद्ध्याशु गच्छति॥३६॥

तदेव दर्भमृदितं रक्तं बस्तौ निषेचयेत्। श्यामाकाशमर्यमधुकदूर्वोशीरैः शृतं पयः॥३७॥

घृतमण्डाञ्जनयुतं बस्तिं वा योजयेद्धिमम्।

पिच्छाबस्तिं सुशीतं वा घृतमण्डानुवासनम्॥३८॥

अ. ह. क. ३८३२ ३८

(107) गुदं भ्रष्टं कषायैश्च स्तम्भयित्वा प्रवेशयेत्।

विसंज्ञं श्रावयेत्सामवेणुगीतादिनिस्वनम्॥३९॥

अ. ह. क. ३८३९

(108) स्निग्धस्वि वान्तस्य दद्यात्सम्यग् विरेचन्

आ. सं. उ. खंड ४८१

अवान्तस्य त्वध्वस्तो ग्रहणीं छादयेत्कफं

मन्दाग्निं गौरवं कुर्याज्जनयेद्वा प्रवाहिकाम् अथवा पाचनैरामं वलासं च विपाचयेत्

स्निग्धस्य स्नेहैर्कार्यं स्वेदैस्वि रेचनम्

आ. सं. उ. खंड ४८१

(109) शरदृतो वसन्ते च देयं शुद्धौ विरेचनम्

अन्यदात्ययिके कार्ये स्वेदनं शीलयेद्बुधं

आ. सं. उ. खंड ४८३

(110) पित्ते विरेचनं युज्यादामोदभूते गदे तथा

..... जीर्णज्वरी गरव्याप्तो वातरक्ती भगन्दरी

अर्शः प्राण्डूदरग्रन्थिहृद्रोगारुचिपीडिता योनिरोगप्रमेहार्ता गुल्मप्लीहव्रणार्दिता

विद्रधिच्छर्दिविस्फोटविसूचीकुष्ठसंयुता कर्णनासाशिरोवक्त्रगुदमेढ्रामयान्विता

प्लीहशोथाक्षिरोगार्ता मिक्षीणानिलादिता शूलिनो मूत्रघातार्ता विरेकार्हा नरा मता

आ. सं. उ. खंड ४८५ . ११



- (111) बालवृद्धावतिस्निग्धक्षतक्षीणो भयावन्ति ॥६॥  
 श्रान्तस्तृषार्तस्थूलश्च गर्भिणी च नवज्वरी नवप्रसूता नारी च मन्दाग्निश्च मदात्ययी ॥७॥  
 शल्यादितश्च रुक्षश्च न विरेच्या विजानता ॥ शा . सं . उ . खंड ४क्र६ . ७ ॥
- (112) बहुपित्तो मृदुकोष्ठो बहुश्लेष्मा च मध्यम ॥  
 बहुवातकोष्ठो दुर्विरेच्यस कथ्यते ॥१२॥ शा . सं . उ . खंड ४क्र१२ ॥
- (113) मृद्वी मात्रा मृदुकोष्ठे मध्यकोष्ठे च मध्यमा ॥  
 तीक्ष्णा मता द्रव्यैर्मृदुमध्यमतीक्ष्णकैः ॥१३॥ शा . सं . उ . खंड ४क्र१३ ॥
- (114) मृदुर्द्राक्षापयश्चाम्बुतैलैरपि विरिच्यते मध्यमस्त्रिवृतातिक्तराजवृक्षैर्विरिच्यते ॥१४॥  
 त्रिकृपयसाहेमक्षीरीदन्तीफलादिभिः ॥ शा . सं . उ . खंड ४क्र१४ ॥
- (115) मात्रोत्तमा विरेकस्य त्रिंशद्वैकफान्तगा ॥१५॥  
 वेगैर्विशतिभिर्मध्या हीनोक्ता दशवेगकैः ॥ शा . सं . उ . खंड ४क्र१५ ॥
- (116) द्विपलं श्रेष्ठामाख्यातं मध्यमं च पलं भवेत् ॥१६॥  
 पलार्धं च कषायाणां कनीयस्तु विरेचनम् कल्कमोदकचूर्णमि कर्ष मध्वाज्यलेहत ॥१७॥  
 कर्षद्वयं पलं वाऽपि वयोरोगाद्यपेक्षया ॥ शा . सं . उ . खंड ४क्र१६ . १७ ॥
- (117) त्रिवृताचूर्णम् अथ वातादीनां कोष्ठमात्रादिभेदेन कतिपययोगान् दर्शय ॥  
 पित्तोत्तरे त्रिवृच्चूर्णं द्राक्षाक्वाथादिभिः पिबेत् ॥१८॥  
 त्रिफलाक्वाथगोमूत्रेऽपि वेदव्योषं कफादितः त्रिवृत्सैन्धवशुण्ठीनां चूर्णमम्लैः पिबेत् ॥१९॥  
 वातादितो विरेकाय जाडगलानां रसेन वा ॥ शा . सं . उ . खंड ४क्र१८ . १९ ॥
- (118) एरण्डतैलं त्रिफलाक्वाथेन द्विगुणेन च ॥२०॥  
 युक्तं पीतं पयोभिर्वा नाचिरेण विरिच्यते ॥ शा . सं . उ . खंड ४क्र२० ॥
- (119) त्रिवृता कौटजं बीजं पिप्पली विश्वभेषजम् ॥  
 समृद्धीग्वारसक्षौद्रं वर्षाकाले विरेचनम् त्रिवृददुरालभा मुस्ता शर्करोदीच्यन्दनम् ॥२१॥  
 द्राक्षामबुना समष्ट्याहं शीतलं च घनात्यते ॥  
 पिप्पली नागरं सिन्धु श्यामा च त्रिवृता सह ॥२३॥  
 लिहेक्षौद्रेण शिशिरे वसन्ते च विरेचनम् त्रिवृता शर्करा तुल्या ग्रीष्मकाले विरेचनम् ॥२४॥  
 शा . सं . उ . खंड ४क्र२२ . २४ ॥

- (120) त्रिवृतां हपुषां दन्तीं सप्तलां कटुरोहिणीम् ऋष्यक्षीरीं च संचूर्ण्य गोमूत्रे भावयेत्त्रयहम् ॥३५॥  
एष सर्वर्तुको योगः स्निग्धानां मलदोषहा ॥ ॥शा. सं. उ. खंड ४८२५॥
- (121) पीत्वा विरेचनं शीतजलैः संसिध्य चक्षुषी सुगन्धिं किञ्चदाघ्राय ताम्बूलं शीलयेद्वरम् ॥३४॥  
निवातस्थो न वेगांश्च धारयेत् स्वपेत्तथा शीताम्बु न स्पृशेत् क्वापि कोष्णनीरं पिबेन्मुहुः ॥३५॥  
॥शा. सं. उ. खंड ४८३४.३५॥
- (122) वलासौषधपित्तानि वायुर्वान्ते यथा व्रजेत् ग्रेकात्तथा मलं पितं भेषजं च कफो व्रजेत् ॥  
॥शा. सं. उ. खंड ४८३६॥
- (123) दुर्विरिक्तस्य नाभेस्तु स्तब्धत्वं कुक्षिशूलता पुगीषवातसंगश्च कण्डूमण्डलगौरवम् ॥३७॥  
विदाहोऽरुचिराध्मानं भ्रमश्छर्दिश्च जायते ॥ ॥शा. सं. उ. खंड ४८३७॥
- (124) तं पुनः प्राचनैः स्नेहैः प्रत्त्वा संस्नेह्य रेचयेत् ॥३८॥  
तेनाऽस्योपद्रवा यान्ति दीप्ताग्नेर्लघुता भवेत् ॥ ॥शा. सं. उ. खंड ४८३८॥
- (125) विरेकस्यातियोगेन मूर्च्छा भ्रंशो गुदस्य च ॥३९॥  
शूलं कफातियोगः स्यान्मसधावसंनिभम् मैदोनिभं जलाभासं रक्तं वाऽपि विरिच्यते ॥४०॥  
॥शा. सं. उ. खंड ४८३९.४०॥
- (126) तस्य शीताम्बुभिः सित्क्वा शरीरं तण्डुलाम्बुभिः ॥  
मधुमिश्रैस्तथा शीतैः कारयेद्व्रमनं मृदु ॥४१॥ सहकारत्वचः कल्को दध्ना सौवीरकेण वा ॥  
पिष्ट्वा नाभिप्रलेपेन हन्त्यतीसारमुल्बणम् ॥४२॥  
अजाक्षीरं रसं वाऽपि वैष्किरं हारिणं तथा ॥  
शालिभः प्रष्टिकैः स्वल्पं मसूरैर्वापि भोजयेत् ॥४३॥  
शीतैः संग्राहिभिर्द्रव्यैः कुर्यात् संग्रहणं भिषक् ॥ ॥शा. सं. उ. खंड ४८४१.४३॥
- (127) लाघवं मनसस्तुष्टिरनुलोमं गतेऽनिले ॥४४॥  
सुविरिक्तं नरं ज्ञात्वा पाचनं पाययेत् ॥ ॥शा. सं. उ. खंड ४८४४॥
- (128) इन्द्रियाणां बलं बुद्धेः प्रसादं वह्निदीपनम् ॥४५॥  
धातुस्थैर्यं वयः स्त्रैर्यं भवेद्रेचनसेवनाम् ॥ ॥शा. सं. उ. खंड ४८४५॥
- (129) प्रवातासेवाशीताम्बुस्नेहाभ्यङ्गमजीर्णताम् ॥४६॥  
व्यायामं मैथुनं चैव न सेवेत विरेचितम् ॥ ॥शा. सं. उ. खंड ४८४६॥

- (130) शालिषष्टिकमुदगाद्यैर्यवागूं भोजयेत्कृताम् ॥४७॥  
जडघलविष्किराणां वा रसैः शाल्येदनं हितम् ॥ आ . सं . उ . खंड ४ क्र ४७ ॥
- (131) स्निग्धस्त्रिंशन् वान्ताय दद्यात्सम्यग्विरेचनम् ॥ अवान्तस्य त्वधस्तो ग्रहणीं छादयेत्कफः ॥४८॥  
मन्दाग्निं गौरवं कुर्याज्जनयेद्वा प्रवाहिकाम् ॥ अथवा पाचनैरामं बलासं परिपाचयेत् ॥४९॥  
ऋतौ वासन्ते शरदि देहशुद्धौ विरेचयेत् ॥ अन्यदाऽऽत्ययिके कार्ये शोधनं शीलयेद् बुधः ॥५०॥  
आ . प्र . द्वि . खं . ५ क्र ३४ ॥५१॥
- (132) पित्ते विरेचनं युज्यादामोभूते गदे तथा ॥ उदरे च तथाऽऽध्माने कोष्ठशुद्धौ विशेषतः ॥५२॥  
दोषाः कृदाचित्कुप्यन्ति जिता लङ्घनपाचनैः ॥ शोधनैः शोधिता ये तु न तेषां पुनरुद्भवः ॥५३॥  
बालो वृद्धो भृशं स्निग्धः क्षतक्षीणो भयान्वितः ॥  
श्रान्तस्तृषाऽऽर्त्तः स्थूलश्च गर्भिणी च नवज्वरी ॥५४॥  
नवप्रसूता नारी च मन्दाग्निश्च मदात्ययी ॥ शल्यादितश्च रूक्षश्च न विरच्या विजानता ॥५५॥  
जीर्णज्वरी गरव्याप्तो वातारोगी भगन्दरी ॥ अर्शः पण्डूदरग्रन्थिहृद्रोगारूचिपीडिता ॥५६॥  
योनिरोगप्रमेहार्त्ता गुल्मप्लीहव्रणार्दिता ॥ विद्रधिच्छर्दिविस्फोटविसूचीकुष्ठसंयुता ॥५७॥  
कर्णनासाशिरोवक्त्रगुदमेढ्रमयान्धिर्वेता ॥ प्लीहशोथाक्षिरोगार्त्ता ॥ कृमिक्षारानिलार्दिता ॥५८॥  
शूलिनो मूत्रघातार्त्ता विरेकार्हा नरा मता ॥५९॥ आ . प्र . द्वि . खं . ५ क्र ३७ ॥६०॥
- (133) बहुपित्तो मृदुः कोष्ठो बहुश्लेष्मा च मध्यमः ॥ बहुवातः ॥ कोष्ठो दुर्विरच्य स कथ्यते ॥६१॥  
मृद्वी मात्रा मृदौ कोष्ठे मध्यकोष्ठे च मध्यमा ॥ तीक्ष्णा मता द्रव्यैर्मृदुमध्यमतीक्ष्णकैः ॥६२॥  
मृदुर्द्राक्षापयश्चञ्चुतैरपि विरिच्यते ॥ मध्यमस्त्रिवृतातिक्तराजवृक्षैर्विरिच्यते ॥  
तूः ॥ अनुक्पयसा हेमक्षीरीदन्तीफलादिभिः ॥६३॥ आ . प्र . द्वि . खं . ५ क्र ४५ ॥६४॥
- (134) मात्रोत्तमा विरेकस्य त्रिंशद्वैः ॥ कफान्तिका ॥ विंशतिभिर्मध्या हीनोक्ता दशवेगिका ॥६५॥  
द्विपलं श्रेष्ठमाख्यातं मध्यमं च पलं भवेत् ॥ पलार्द्धं च कषायाणां कनीयस्तु विरेचनम् ॥६६॥  
कल्कमोदकचूर्णानां कर्षो मध्वाज्यलेहतः ॥ कर्षद्वयं पलं वाऽपि वयोरोगाद्यपेक्षया ॥६७॥  
पित्तोत्तरे त्रिवृच्चूर्णं द्राक्षाक्वाथादिभिः ॥ पिबेत् ॥  
त्रिफलाक्वाथगोमूत्रैः ॥ पिबेद् व्योषं कफार्दितः ॥६८॥  
त्रिवृत्सैन्धवशुण्ठीनां चूर्णमम्लैः ॥ पिबेत् ॥ वातार्दितो विरेकाय जाडगलानां रसेन वा ॥६९॥  
आ . प्र . द्वि . खं . ५ क्र ४८ ॥७०॥

- (135) एरण्डतैलं त्रिफलाक्वाथेन द्विगुणेन वा युक्तं पीतं पयोर्भिवा न चिरेण विरिच्यते ॥५३॥  
 आ.प्र.द्वि.खं.५क५३॥
- (136) त्रिवृता कौटजं बीजं पिप्पली विश्वभेषजम् स्मृद्धीग्वारसं क्षौद्रं वर्षाकाले विरेचनम् ॥५४॥  
 त्रिवृददुरालभामास्तशर्करोदीच्यचन्दनम् द्राक्षाऽम्बुना सयष्टयाह्यं शीतलज्व घनात्यये ॥५५॥  
 त्रिवृता चित्रकं पाठामजार्जी सरलं वचाम् हिक्कीक्षीरीं हेमन्ते तु चुर्णमुष्णाम्बुना पिबेत् ॥५६॥  
 पिप्पलीं नागरं सिन्धुं श्यामां त्रिवृतया सह लिह्यात्क्षौद्रेण शिशिरे वसन्ते च विरेचनम् ॥५७॥  
 त्रिवृता शर्करा तुल्या ग्रीष्मकाले विरेचनम् ॥५८॥ आ.प्र.द्वि.खं.५क५४५८॥
- (137) पीत्वा विरेचनं शीतजलैः संसिच्य चक्षुषी मुग्धांश्च किञ्चिदाघ्राय ताम्बूलं शीलयेद् बुधः ॥५९॥  
 निर्वातस्थो न वेगांश्च धारयेत् शीतं च ॥  
 शीताम्बु न स्पृशेत्कापि कोणनीरं पिबेन्मुहुः ॥६०॥ आ.प्र.द्वि.खं.५क६०६०॥
- (138) बलासौषधपित्तानि वायुर्वान्ते यथा व्रजेत् रेकात्तथा मलं पित्तं भेषजज्व कफो व्रजेत् ॥६१॥  
 आ.प्र.द्वि.खं.५क६१॥
- (139) दुर्विरिक्तस्य नाभेस्तु स्तब्धताकुक्षिशूलरूक् पुष्पिषवातसङ्गश्च कण्डूमण्डलगौरवम् ॥६०॥  
 विदाहो ऽरुचिराध्मानं भ्रमश्छर्दिश्च जायते तं पुनः प्राचनैः स्नेहैः प्रक्त्वा स्निग्धं तु रेचयेत् ॥  
 तेनास्योपद्रवा यान्ति दीप्ताग्निर्लघुता भवेत् ॥६१॥ आ.प्र.द्वि.खं.५क७०७१॥
- (140) विरेकस्यातियोगेन मूर्च्छा भ्रंशो गुदस्य च शूलं कफातियोगः स्यान्मांसधावनसांश्च ॥६२॥  
 मेदोनिभं जलाभासं रक्तज्वापि विरिच्यते ॥  
 तस्य शीताम्बुभिः सिक्त्वा शरीरं तण्डुलाम्बुभिः ॥६३॥  
 मधुमिश्रैस्तथा शीतैः कारयेद्भ्रमं मृदु सहकारत्वचः कल्को दध्ना सौवीरकोण वा ॥६४॥  
 पिष्ट्वा नाभिप्रलेपेन हन्त्यतीसारमुल्बणम् सौवीरं तु यवैरामैः प्रक्कैर्वा निस्तुषीकृतैः ॥६५॥  
 आ.प्र.द्वि.खं.५क७२७५॥
- (141) अजाक्षीरं रसज्वापि वैष्किरं हारिणं तथा शालिभिः प्रष्टिकैस्तुल्यैर्मसूरैर्वापि भोजयेत् ॥६६॥  
 शीतैः संग्राहिभिर्द्रव्यैः कुर्यात्संग्रहणं भिषक् लिघवे मनसस्तुष्टावनुलोमं गतेऽनिले ॥६७॥  
 आ.प्र.द्वि.खं.५क७६७७॥

- (142) सुविरिक्तं नरं ज्ञात्वा पाचनं पाययेत् ॥ इन्द्रियाणां बलं बुद्धेः प्रसादो वह्निदीप्तता ॥ ७८ ॥  
धातुस्थैर्यं वयस्यैर्यं भवेद्रेचनसेवनात् ॥ प्रमातासेवां शीताम्बुस्नेहाभ्यङ्गमजीर्णताम् ॥ ७९ ॥  
व्यायामं मैथुनञ्चैव न सेवेत विरेचितं ॥ शालिषष्टिकमुद्राद्यैर्यवागूं भोजयेत्कृताम् ॥ ८० ॥  
जङ्घालविष्किराणां वा रसैः शाल्योदनं हितम् ॥ ८१ ॥ आ . प्र . द्वि . खं . ५ क्र ७८ ८१ ॥

# DRUG REVIEW

## 1) PUVAKARMĀRTHA—

Snehapānārtha—Goghruta

Bāhyya Abhyaṅga—Tila Tail

## 2) PRADHĀNKARMĀRTHA

Triphalā

Pippali

Guggulu

Eraṇḍ Tail

## 3) REFERENCES

## 4) REVIEW OF PREVIOUS WORK DONE

# PURVAKARMĀRTHA

## GOGHRITA

### General Information

Latin Name : Butyrum deparatu

Gaṇa : Madhūra Skāṇḍha (Ch.)

### Rasapañcak

Rasa : Madhūra

Vīrya : Śīta

Guṇa : Snigdha, Gūrū

Vipāka : Katū

Doṣaghnatā : Vāta-Pitta Śāmak, Kaphavardhak

Properties: Sukṣma, Yogavāhi, Mridu, Maṇḍa <sup>1</sup>

### Chemical Constituents :

Triglycerides, Diglycerides, Monoglycerides, Ketoacid Glyceride, Glycerylestes, free Fatty acid, Phospholipid sterols, Vitamin A, D, E & K.

It contains approximately 8% lower saturated fatty acids which makes it easily digestible. These are the most edible fat and which are not found in any other edible oil or fat. It also contains Vitamins, in which Vitamin A & E are antioxidants and are helpful in reducing keton bodies, helpful in preventing oxidative injury to growth at human body.

During preparation of Ghee, Protein casein is removed. Animal studies have shown that casein elevates cholesterol. Ghee resists spoilage by microorganisms or chemical action.

The melting point of Ghee is 35 C which is less than the normal temperature of the human body. Its digestibility co-efficient or rate of absorption is 96% which is highest of all oils & fats. Most Āyurvedic preparations are made with Ghee. Since active ingredients are mixed with Ghee, are easily digested and absorbed. Lipophilic nature of Ghee facilitates entry of the formulation into the cell and its delivery to the mitochondrion, microsome and nuclear membrane. In the process of evaluating the activities of natural compounds, it has been found by that when herbs are mixed with Ghee, their activity and utility is potentiated many times.

**Uses :**

It improves memory (Smṛiti), complexion (Varṇa), intelligence (Buddhi), voice (Svara), Kāñti and Oja. It removes toxic substance from the body.

Ghṛita has one property Saṁśkāraṇ Vardhanam i.e. there is no other such material which possess the quality to the extent that ghṛita does. It is Yogavāhi, Rasāyana and Brihaṇa.<sup>2</sup>

**Mode of Action:**

It is used for Abhañtar Snehapān as Purvakarma of Śodhan. It enhances the subtle properties of Dravya allowing entrance in the minute channels, leading to the liquification of Doṣās from Strotas.



## TILA TAIL

### General Information:

Latin name—Sesamum indicum. Linn

Family—Tila Kula (Pedaliaceae)

Regional Names—Marathi-Tila, Hindi- Tila, Gujarat- Tal,Tamil—Ellu, Telugu-Gubbulu.

English Name—Sesamum

Types—Śweta, Rakta and Kriṣṇa as per colour of seed. Śweta Tila yields more oil. Black Tila medicinally more effective.

Parts used—Seed, leaves and roots

### RasaPāṇchak—

Rasa- Madhūr, Kaśāya, Tikta, Katū.

Vipāk- Madhūra.

Vīrya- Uṣṇa.

Guṇa- Gūrū, Snigdha, Sukṣma

Doṣaghnatā—Vāta Śāmak, Kaphapittakara.

It is used for therapies like enema, oleation, processing of foods, nasal, medication filling to the ears and eyes, sudation, massage and tub- bath.<sup>3</sup>

Vāta aggravated by Rukṣa brings about constriction of the channels of Rasa, then rasa circulating inadequately in the tissues leads to Karṣṇya without increasing Rakta and others successive Dhātūs. Taila, with its properties of Sarala sukṣ ma, snigdha, and Mārdava , is capable of carrying the Rasa Dhātū through these small constricted channels and so it acts as Brihaṇa to these who are emaciated.

Taila by its qualities of Vyavāyi, sukṣma, Tikṣṇa, Uṣṇa, sara brings about decrease in the quantity of medas slowly, hence it is Lekhana. Taila is both Grāhi and sāraka since it withholds elimination of faeces suddenly.<sup>4</sup>

### Uses —

Local - Used for Abhyaṅg , Vedanāsthāpan, Saṁdhāniya,Vraṇaśodhan and Ropan.Should be massaged in Śiraśūl & Aṅgamarda.Used in Ardita and in Pakṣavadha after making Siddha with Vātaghna Dravya. Warm Kalka should be

applied as Vedanasthapan in Arśa. Used for Parišek, Avagāha, Abhyaṅga etc to give strength to the Dhātūs. Paste should be applied as Vraṇaśodhan and Ropan. A decoction of leaves or root is used to wash hairs and for application to head.

Internal—Should be chewed in Daṇṭa Śaithilya being Daṇṭya. Being Dīpan used in Agnimaṇḍya. Used as a Śūlaghna and Grāhi in Grahāṇi. In Hikkā and Śwās as Snehan. In Prameha as Mūtrasaṅgrahanīya and in Pūyameha. In Anārtawa, Kaṣṭārtava, Stanyālpātā. In general used as a Balya and Snehanārtha.

**Mode of Action:**

Used for Abhyaṅg as a Purvakarma- Because of Guru, Snigdha Guṇa, Madhura Vipāk, it increases Kapha in the body. Because of Uṣṇa Vīrya and Sukṣma Guṇa it enters in Sukṣma Strotas and brings the vitiated Doṣāsin Koṣṭha.

## PRADHĀNKARMĀRTHA

### TRIPHALĀ

It was prepared by adding equal part of Haritaki, Bibhitaki and Āmlaki Yavakuta Cūrṇa <sup>5</sup>

**Part used** : Fruits

**Rasa Pāñchak** :

Rasa : Kaśāya

Vīrya : Uṣṇa

Guṇa : Laghū, Rūkṣa

Doṣaghnatā : Triḍoṣaghna

**Action and uses** : It is Pramehhara, Kuṣṭhahara, Cakṣuṣya, Agnidipana, Viṣamajvarhara.<sup>6</sup>

**Pharmacological action** :

Hypoglycemic, anti-inflammatory beside this it contain one bitter anthraquinone which stimulates bile flow and increases peristaltic movement.

Vayasthāpana, Rasāyana, Srotovibāṇdhahara, Krimighna, Kuṣṭhaghna, Dīpana, Anūlomana, Keśya, Svarya, Krimighna, Raktaśodhaka etc.

**Doṣakarma** - Triḍoṣahara

## Detail description of Haritaki, Bibhitaki, and Āmalaki

### HARITAKI

#### General Information:

Botanical Name :- Terminalia chebulla

English name :- Chebulik myrobaran

Family :- Combrataceae

Part used :- Fruit

#### Synonyms—

Abhayā, Pathyā, Śivā, Cetani, Rohini, Pūtanā, Amritā, Pranāda, Kāyasthā, Vijayā, Naṇḍini, Medhya, Pācani. <sup>7</sup>

#### Prakār

Types—Seven- Vijayā, Rohini, Pūtanā, Amritā, Abhayā, Jīvaṇti, Cetaki. <sup>8</sup>

#### Rasa Pāñchak :

Rasa :- Pāñcha rasa except Lavaṇ Rasa. Kaśāya is the main.

Guṇa :- Laghū, Rūkṣa

Vīrya :- Uṣṇa

Vipāka :- Madhūra

Doṣaghnatā :- Triḍoṣahara (Especially Vāta Śāmaka) <sup>9</sup>

#### Chemical Constituents :-

Antraquinone, glycoside, chebulinic acid, chebulagic acid, tanic acid, terchebin, tetrachebulin, Vit-c, arachidic, behenic, linoleic, queicc, palmitic and stearic acid (fruit kornel) chebulin ( flowers) , 2α hydroxy Micromeric acid, maslinic acid and 2α hydroxy urosolic acid

#### Pharmacological profile :-

Antimicrobial, antifungal, antibacterial ,antistress ,antispasmodic, hypotensive, indurance promoting activity, anti-hepatitis B virus activity, hypolitidaemic, inhibitory activity against HIV-I protease, anthelmetic, purgative.

**Toxicology** :- LD50 of chebulin is reported to be 550 mg / kg in mice.

**Action--**

- Act as Kaphaghna due to Katū, Tikta, Kaśāya, Laghū and Rūkṣa Guṇa. Pittaghana due to Madhūra, Tikta, Kaśāya Rasa. Vātaghna due to Āmla and Madhūra Rasa and Uṣṇa Vīrya.
- Anna and Puriṣvaha Strotas-
- Acts as Dīpan and Pācan due to its Tikta Rasa and Uṣṇa Vīrya.
- Acts as Anulomak and Mrūdūvirecak due to its Madhūr Vipāk. Haritaki is used to digest Sāmadoṣās and expels them in Nirām form. Useful in Vibaṇdh, Atisāra, Grahāṇi, Pravāhikā, Arśa, Āmlapitta and Yakrutplīhodara.
- Prāṇavaha—Useful in Kāśa, Śwās, Hikkā, Swarabheda and Pratiśāya.
- Rasa- Raktavaha-- Useful in Hrutdaurbalya, Vātarakta, Śoṭha, Jwara, Pāṇdu and Kāmalā.
- Maṃsa- Medovaha—Useful in Kuṣṭha and Vaivarnya.
- Majjāvaha—Used as Medhya and Cakṣuśya.
- Mūtravaha-- Used in Mūtrakriccha, Mūtrāghāta, Aśmari.
- Rasāyan—Ripe fruit when used with jaggery, honey, Śuṇṭhi, Pippali and Saiṇdhav in different Ṛtūs acts as Rasāyan.<sup>10</sup>

**BIBHITAKI**

Latin Name—Terminalia belerica. Roxb.

Family—Haritaki Kula ( Combrataceae)

Gaṇa—Jwarahara, Virecanopaga (Ch.) Triphalā, Mustādi(Su.)

Synonyms—Karṣaphala, Akṣa, Kalidruma, Sāmavarta, Tilapuṣpa, BhutaVāsā, Dharmaghna.<sup>11</sup>

Part used—Fruit, Seed

**Rasapañchak—**

Rasa- Kaśāya.

Vipāk—Katū.

Vīrya—Uṣṇa.

Guṇa—Gūrū and Rūkṣa.

Doṣaghnatā—Being Kaśāya, it is Kapha-Pittaghna.<sup>12</sup>

### **Chemical Constituents—**

The fruit contains tannin, B sistesterol, gallic, elegic and Chebulic acid, ethylgallate, mannitol, glucose, galactose, fructose and raminose. The seed pulp contains a yellow fixed oil.

### **Action and Uses—**

**Local**--Due to Kaśāya Rasa, a lepa of fruit or the seed oil used as Śothahara and Vedanāsthāpan. Oil is useful in Świtra, Kuṣṭha and Pālitya. Fruit pulp is used in Kāsa, Śwās and Swarabheda. Its power is indicated in traumatic wound to stop the bleeding. Its paste should be applied in Netrābhiśyaṇḍa. Siddhatail acts as Keśya to prevent graying of hair.

### **Internal—**

- Anna and Puriṣvaha—It acts as Dīpan, Pācan, Anulomaka, Krimighna. Partly riped fruit is Laxative but completely ripe fruit is binding. It arrest Chardi and Kaphapittaja Triṣṇā due to its Kaśāya Rasa. It should be used in Agnimañdya, Adhmān, Triṣṇā, Chardi, Arśa and Krimi. Seed pulp decoction is useful in Triṣṇā, Chardi and Kapha-Vāta Vikārās.
- Prāṇavaha—Useful in Pratiśāya, Śwās, Kāsa and Swarabheda. Used in Kapha-Pittaja Vikāras.
- Rasa- Raktavaha—Used to Stop the bleeding as it is Kaśāya Rasātmak.
- Majjāvaha—Seed pulp is Madakari and Vedanāsthāpan. Hence used in Insomnia and Vāta Vyādhi associated with pain. <sup>13</sup>

Dose—1 to 3 gm.

Kalpa—Bibhitaka Taila, Triphalā Cūrṇa, Phalatrikādi Kwāth, Lawaṅgādi Vati.

## **ĀMALAKI**

### **Pharmacognostical profile:-**

Botanical Name :- *Emblica officinalis*

English Name :- Emblic myrobalan

Family :- Euphorbiaceae

Synonyms – Vayasyā, Āmalaki, Vrṣya, Jatiphalarasa, Śivam, Dhātriphala, śrīphala, Amritaphala; the term Āmalaka is used in all three genders, Dhātri, Tisyaphala and Amrit are also its names. <sup>14</sup>

Part Used :- Fruit

**General Information:**

Rasa :- Pāñcaras except Lavaṇ

Guṇa :- Gūrū, Rūkṣa, Śīta

Vīrya :- Śīta

Vipāka :- Madhūra

Doṣaghnatā :- Triḍoṣa Śāmaka (Especially Pitta Śāmaka)

**Chemical Constituents:**

A good source of Vit C (Approx. 600-921 mg in 100 gm of Āmalaki) , carotene, nicotinic acid, riboflavine, D glucose, D- Fructose, myoinositol, and a Rectin with D- galacturonic acid two growth inhibitor R1 and R2; phyenbic acid and phyllembin (Fruits) and fatty acids (seed oil) leucodelphinidin, procyanidin, 3-O gallated leucodelphinidin, procyanidin, 3-O gallated prodelphinidin and tannin (bark) ellagic acid, lupeol, oleonic aldehyde ando-acetyl olenolic acid (root) ellagic acid.

**Pharmacological profile :-**

Spasmolytic, mild CNS depressant, hypolipidemic, antiatherosclerotic, antimutagenic, antimicrobial, antioxidant, immunomodulator, antibacterial, antiulcer, adrenergic potentianin, HIV-I, reverse transcriptase inhibitory action.

**Toxicology :-**

Active crude alcoholic extract of the plant was assessed for cellular toxicity to fresh sheep erythrocytes and found to have no cellular toxicity.

**Action and uses :-**

- Ādra Fruit is Rasāyan, Vriṣya, Śītal, Mridu Vircaḥ, Mutral and acts on Yakrit Vikār.
- Dry Fruit is Grāhī, Śītal, Dīpan and Raktasrāva-awarodhak.
- It is Smṛiti, Medhā and Kānti Vardhak.
- Used in Kāsa, Śwās, Pāṇduroga and Agnimāṇḍya.
- Āmalaki + Haridrā Kwāth used in Basti Śoṭha and Pitta prakopjanya Vyādhi.
- Āmalaki Swaras + Misri used in Mutrakriccha, Raktapitta, Pittajśūl, Kāmalā, Hikkā, Vaman, Jīrṇa Vibaṇḍha.
- Āmalaki Cūrṇa used in Arśa, Atisār, Saṅgrahaṇi, Atyārtava and Pratiśāya.
- Fresh Āmalaki Swaras is used in Akṣiśoṭha. Bīja Kwātha used in Akṣiśūl.

- Āmalaki Cūrṇa + Loha Bhasma used in Pāṇḍu and Kāmalā.
- Kwāth of Leaves used in Mukhavraṇa.
- Fresh leaves + Takra used in Ajīrṇa and Atisar.
- Lepa on Bastipradeśa is useful in Mutravarodha. Also Lepa on Garbhāśya Mukha is useful in Raktapradar.<sup>15</sup>

Yoga of Āmalaki—Cyavanprāśa, Āmalaki Rasāyan, Triphalā and Dhātri Loha.

Mātrā—Cūrṇa 3 Māśā to 1 Tola.



# PIPPALI

## General Information

Botanical Name (Latin): - Piper longum

Family : - Piperaceae

Paryāy- Pippali, Māgadhi, Kruṣṇā, Vaidehi, Capala, Kaṇā, Upakulya, Uṣṇa, Śuṇṭhi, Kola, Tīkṣṇātandula

Gaṇa : - Kāsahara, Hikkānigrahana, Śirovirecana, Vamana, Truṭtighna, Dīpaniya, Śūlapraśamana (Ch.), Pippalyādi, Urdhvaabhāgahara, Śirovirecana (Su.).

Common Name (English): - Indian Long Pepper

Part Used: - Fruit, root

Effect on the Doṣās : - Vāta -Kapha

Rasa: - Katū

Vīrya : - Anuṣṇa Śīta

Vipāk : - Madhūra

Guṇa: - Laghū, Snigdha, Tīkṣṇa Agnidīpak, Vruṣya, Madhūr Vipāki, Rasāyan, Anuṣṇa, Katūrasa, Snigdha, Vātakaphanāśak, Recak.

Ādra Pippali: Kaphakari, Snigdha, Śītal, Madhūr, Gūrū, Pittaśāmak.

Dry Pippali: Pittaprapakaka

Pippali must be used in the form of Anupān because it is having the property of Yogavāhitwa. When it is used with other drugs, the cumulative effect produced. If it used alone in higher dose for long time then because of Snigdha it increases Kapha and because of Uṣṇa it increases Pitta, Due to Snigdha and Uṣṇa it cannot do the Vātaśamana also. So it may be act as Triḍoṣavardhak. Vardhamān Pippali Rasāyan is the optional for above. So it can be used with other drugs and it acts as a Yogavāhitwa. <sup>16</sup>

Dhātū Affinity : - All Saptadhātūs

Types of Pippali according to Rajnigantu:

- 1) Pippali – (piper longum) which produces in India.
- 2) Gajapippali – Piper chaba Hunter.
- 3) Saihali – Which produces in Shrilanka, Singapore (P. retrofratum Vahl)
- 4) Vanapippali – Which produces in forest (piper sylvaticum Roxb).

**Chemical Constituents:**

Volatile oil 1%, starch, protein, alkaloids-piperine 5-6.4%, piperlongumine, methyl-3,4,5-trimethoxycinnamate, saponins, carbohydrates, amygdalin. Fruit have sesamin, a lignan dihydrostimaesterol, piperine.

Seeds--have sylvatine, sesamin, dieudesmin, fatty acids - palmitic, hexadecenoic, stearic, linoleic, oleic, linolenic, higher saturated acids, arachidic, and behenic acids.

Leaves-- have hentriacontane, hentriacontane-16-one, tricontanol, and beta-sitosterol; calcium, phosphorus, iron also present .

The fruits-- contain resin, a waxy alkaloid N-isobutyldeca-trans-2-trans-4-dienamide and a terpenoid substance.

**Active Substances:** piperine

**Uses:**

- Used as Rasāyan, Dīpak, Pācak, Vātahar and Kaphaghna.
- Used in Ānāha, Agnimāṇḍya, Udarśūl, Kāsa, Śwās, Jīrṇajwara, Prasutijwara, Āmavāta, Gridhrasi, Katiśūl, Vātarakta.
- Used in Sthoulya, Jīrṇa Pratiśāya, Arśa, Āma, condition.
- Also useful in osteo arthritis, juvenile asthma, Vāta- Kaphaj type of bronchial asthma, hyperacidity.
- Useful in Prameha, Gulma and Udararoga.

**Yoga of Pippali—**

- Used with Madhu in Meda, Kapha, Kāsa, Śwās, Swarabheda and Jwara. This combination is Vriṣya, Medhāvardhak and Agnivardhak.
- Used with Guda in Jīrṇajwara, Ajīrṇa, Aruci, Hridroga, Pāṇḍuroga, and Krimiroga.
- Śuṇṭhi and Pippali siddha taila used for Abhyanga in Gridhrasi, Katiśūl and Adhośākhāgata Vāta.

Mātrā—Cūrṇa 2 to 4 Ratti

## GUGGULU

### General Information

Gaṇa—Elādi (Su.)

Varga—Karpurādi Varga

Family—Gūggūlū Kula ( Burseraceae)

English Name—Commiphora Mukul.

Synonyms—Kauśika, Devadhūpa, Pura, Mahiṣākṣa, Palaṅkaśa, Kumbha, Jatāyu, Rakṣoghana.<sup>17</sup>

Part Used—Gum.

### RasaPāñchak- Purān Gūggūlū-

Rasa- Tikta, Katū, Kaśāya.

Vīrya-Uṣṇa

Vipāk—Katū

Guṇa-Laghū, Rūkṣa, Tīkṣṇa, Viṣada, Sukṣma, Sara, Sugaṇḍhi.

Doshghnatā—Being Tikta- Kaśāya, it is Kaphaghna and because of Uṣṇa vīrya, it is Vātaghna.

Nava Gūggūlū—Picchil and Snigdha<sup>18</sup>

### Chemical Composition—

It contain Resin, gum, sisamin, cholesterol and a volatile oil. The oil contains Steroidal ketone, alcohol and aliphatic triol. Steroids contain Gūggūlū sterols I, II, III, IV and V

### Action and Uses-

**Local**—Being Kledaśoṣan and Āmapācana, it is applied locally to relieve Śoṭha and pain in Āmavāta .

### Internal—

- Anna and Puriṣvaha- It is Dīpan, Pācan and Sara, Anulomak and Pittasārak.
- Used in indigestion, Constipation. Gūggūlū eliminates aggravated Kapha causing Agnidīpan. Used in Atisar and Pravahika.
- Rasa Raktavaha—It is Hridya, hence used in Hridroga caused by coronary thrombosis and in Pāṇduroga. Indicated in Āmavāta and Vātarakta.

- Medovaha—Acts as Lekhana. Used in Prameha, Kuṣṭha, Apaci, Gaṇḍamāla, Śoṭha, Udara, Bhagaṇḍara, Vraṇaśoṭha, Vidradhi, Nādivraṇa, Medovruddhi, Sthoulya and Dūṣṭavraṇa.
- Asthivaha—Used in Asthibhagna.
- Mūtravaha—Mūtrakruccha, Aśmari, Puyameha. <sup>18</sup>

#### **Yoga of Guggulu-**

- Mixed with Pippali, Adusā, Madhu and Gṛita used in Kapha Vikār.
- Used in Rajayakṣmā.
- Mixed with Lohabhasma is used in Pāṇḍu and with Ghṛita used in Śwās.
- In Anārtava used with Aloe Vera and Kāsis.
- In Urustambha used with Gomutra and in Gridhrasi used with Rasnā and Ghṛita.
- Yogarāj Guggulu and Trayodaśāṅga Guggulu used with Rasnādi Kwāth.

Mātrā—Cūrṇa 2 to 8 Ratti

## ERAṆḌA TAIL

### General Information:

Latin Name : Ricinus communis

English Name : Castor

Family : Euphorbiaceae

Part used : Seeds, Oil, Leaves, Root.

Gaṇa : Bhedaniya, Svedopaga, Madhūra Skaṇḍha. (Carak)

Vidarigaṇḍhadi, Adhobhāgahara, Vāta samśamana (Susruta)

Types : Śweta and Rakta Eraṇḍ.

### Pharmacodynamic profile :-

Rasa : Madhūr (Anurasa) : Katū, Kaśāya,

Guṇa : Snigdha, Tīkṣṇa, Sukṣma

Vīrya : Uṣṇa

Vipāka : Madhūra

Doṣa : Kapha-Pittahara, Pittasara.

Karma : Śothahara, Vedanāsthāpana, Virecana, Krimighna <sup>19</sup>

### Properties of Eraṇḍ taila:

Eraṇḍa taila (castor oil) is Tīkṣṇa, increases digestive fire, slimy, heavy for digestion, aphrodisiac, good for the skin, stops ageing, best for intelligence, complexion and strength, has astringent, as secondary taste, enters into minute pores cleanses the vagina, purifies semen, has bad smell, sweet, taste and after digestion it is bitter and pungent, it cures intermittant fever, heart diseases, pain of the back, genitals etc., enlargement of abdomen, flatulence, abdominal tumour, prostate enlargement, catching pain of the waist, gout, constipation, hernia, dropsy, unripe abscess; for Amavāta <sup>20</sup>

### Chemical Constituent :-

Castor oil is a fixed oil which is obtained by expression from the seed. Seeds contains about 50% of oil. Chemically, it is a triglyceride of ricinolic acid. Castor oil, itself is nonirritant but when ingested, it is hydrolyzed in the intestine by Pancreatic lipase to glycerol & ricinolic acid. Ricinolic acid acts as an irritant & reduces purgation. It produces copious liquid stool with associated fluid loss. The action is quicker & starts within 1-3 hours.

**Properties and uses :-**

Dīpana, Bhedana, Krimighna, Śothahara , Vedanāsthāpana, Viśaghna etc. It is useful in Śūla, Pakṣāghāta, Amavāta, Śōtha, Kampavāta etc.

**Action of Eraṇḍa Taila:**

It is a well-known drug for purgation, when administered orally. After oral administration, it is converted into ricinoleic acid by the Pancreatic juice (Lipase), which irritates the bowel, stimulates the intestinal glands and muscular coat to cause purgation. It acts in 4 to 5 hours causing liquid stools without gripping pain. It acts by the formation of alkali ricinoleate as a result of Saponification in the duodenum which gently stimulates the intestines glands and peristalsis and is a painless, speedy, certain and fairly mild purgative operating system 2 to 6 hours leading of 2 to 4 loose motions and causes gripping. The oil is expelled with the last motion. Apart from this a very toxic substance ricin is present in the seed, but the oil is devoid of it. Triricinolein is hydrolyzed by lipases in the duodenum and small intestine to release ricinoleic acid, (C<sub>19</sub>H<sub>32</sub>OH COOH) 12 Hydroxy octadecanoic acid which is irritant and is mainly responsible for purgative effect. It requires bile for this hydrolysis.

**Uses :**

- It is Vāta kapha Śāmaka due to Snigdha, Tīkṣṇa, Sukṣma Guṇa, Mahdura and Katū Rasa, Kaśāya Anurasa, Madhūra Vipāka and Uṣṇa Vīrya.
- Eraṇḍa Taila is both Snigdha and Uṣṇa, thus has Pācana and Snehana Karma. It is seen that most of the substances, which perform the Pācana Karma are not Snigdha but Eraṇḍa Sneha is utilized, both for Virecana and Amapācana property.<sup>21</sup>
- Eraṇḍa Taila is a choice in the process for Virecana as it does Śodhan alleviates Vāta and kapha and stimulates the Agni.
- Eraṇḍa Taila was used in proportion of 1:3 with Kaśāy, Mamsaras or Kṣīr for Virecana in Bāla, Vruddha, Kṣta, Kṣīna, Sukumar person.<sup>22</sup>
- It acts as a best Laxative. Acts on Grahaṇi (Small intestine).

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मारुतघ्नं न च श्लेष्मवर्धनं बलवर्धनम् [सू.सू.१३/१४- १५]
- (2) घृतं तु मधुरं सौम्यमृदु शीतवीर्यमनभिष्यन्दि स्नेहनं  
उदावार्तोन्मादापस्मार शूलज्वरानाहवातापित्तप्रशमग्निदीपनं  
स्मृतिमति मेधाकान्तिस्वर लावण्य सौकुमार्यो  
जस्तेजोबलकरमायुष्यं वृष्यं मेध्य वयःस्थापनं गुरु चक्षुष्यं  
श्लेष्माभिवर्धनं पाप्मालक्ष्मीप्रशामनं विषहरं रक्षोघ्नं च [सू.सू.४५ /९६]
- (3) तिलतैलं गुरु स्थैर्यबलवर्णकरं सरम् वृष्यं विकशि विसदं मधुरंरसपाकयोः  
सूक्ष्मं कषायानुरसं तिक्तं वाताकफापहम् वीर्येणोष्णं हिमं स्पर्शं बृंहणं रक्तपित्तकृत्  
.....सेकाभ्यङ्गवगाहेषु तिलतैलं प्रशस्यते ॥ ७ ॥ [आ.प्र.६६८ ७]
- (4) रूक्षादिदुष्टप्रवनम्रोतसङ्कोचयेद् यदा  
रसोऽसम्यग्वहन् काश्यं कुर्याद्रक्तान्यवर्द्धयन्  
तेषु प्रवेष्टं सरतासौक्ष्म्यस्निग्धत्वमार्दवे तैलं क्षमं रसं नेतुं कृशानां तेन बृंहणम्  
व्ययाविसूक्ष्मतीक्ष्णोसरत्वेर्मेदसक्षयम् शनैः प्रकुरुते तैलं तेन लेखनमीरितम्  
द्रुतं पुरीषं बध्नाति स्खलितं तत्प्रवर्तयेत् गृहकं सारकञ्चापि तेन तैलमुदीरितम्  
[आ.प्र.६६८ ११]
- (5) पथ्याविभीतधात्रीणां फलैः त्रिफला समैः  
फलत्रिकञ्च त्रिफला सा वरा च प्रकीर्तिता  
[आ.प्र.नि.६४२]
- (6) त्रिफला कफपित्तघ्नी मेहकुष्ठहरा सरा चक्षुष्या दीपनी रूच्या विषमज्वरनाशिनी  
[आ.प्र.नि.पिपल्यादि वर्ग ६४३]
- (7) हरीतक्यभया पथ्या कायस्था पूतनाऽमृता ह्रिमवत्यव्यथा चापि चेतकी श्रेयसी शिवा  
वयस्था विजया चापि जीवन्ती रोहिणीति च  
[आ.प्र.नि.६४६ ७]
- (8) विजया रोहिणी चैव पूतना चामृताऽभया  
जीवन्ती चेतकी चेति पथ्यायाः सप्तजातयः  
[आ.प्र.नि.६४८]
- (9) हरीतकी पञ्चरसाऽळावणा तुवरा परम् रूक्षोष्णा दीपनी मेध्या स्वादुपाका रसायनी  
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- (12) विभीतकं स्वादुपाकं कषायं कफपित्तनुत् उष्णवीर्यं हिमस्पर्शं भेदनं कासानाशनम् ॥६॥  
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- (13) रुक्षं नेत्रहितं केश्यं कृमिवैस्वर्यनाशनम् विभीतांज्जातृछर्दिकफवाताहरी लघु ॥  
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- (16) पिप्पली दीपनी वृष्या स्वादुपाखारसायनी अनुष्णा कटुका स्निग्धा वाताश्लेष्महरी लघुः ॥  
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 आर्द्रा कफप्रदा स्निग्धा शीतला मधुरा गुरुः पित्तप्रशमनी सा तु शुष्का पित्तप्रकोपिणी ॥  
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- (18) गुग्गुलीर्वशदस्तिकोवीर्योष्णः पित्तलः सरः।कषायः कटुकः पाके कटूरूक्षोलघुः परः ॥ ३८॥  
 भग्नसन्धानकृद्वृष्यः सूक्ष्मः स्वर्यो रसायनः।दीपनः पिच्छिलो बल्यः कफवातव्रनापयीः ॥३९॥  
 नवीनगुग्गुलुः, पुराणगुग्गुलुः सनवो बृहनोवृष्यः पुराणस्त्वतिलेखनः ॥४२॥  
 स्निग्धः कांचनसकाशः पंकजम्बूफलोपमः। नूतनो गुग्गुलुः प्रोक्तः सुगन्धिर्यस्तु पिच्छिलः ॥४३॥



शुष्कोदुर्गन्धकश्चैव त्यक्तप्रकृतिवर्णकः । पुराण : स तु विज्ञेयोगुग्गुलुवीर्यवर्जितः ॥४४॥

सुगन्धिः सुलघुः सूक्ष्मस्तीक्ष्णोष्णः कटुको रसः कटुपाकः सरो हृद्यो गुग्गुलुः

स्निग्धपिच्छिलः ॥ नवो बृहन्नो वृष्यः पुराणस्त्वतिलेखनः ॥

तेक्ष्णयौष्ण्यात् कफवाताघ्नः सरत्वान्मलपित्तनुत् ॥

आ.प्र. कर्पूरादीवर्ग ३८ ३९ ४२ ४४

- (19) एरण्डतैलं मधुरमुष्णं तीक्ष्णं कटु कषायानुरसं सुक्ष्मं स्रोतोविशोधनं त्वच्यं वृष्यं मधुरविपाकं वयः स्थापनं योनिशुविशोधनमारोग्यमेधा कान्तिस्मृतिवल्करं वाताकफहरमधेभागदोषहरं

मु.सू. ४५क्र१४

- (20) एरण्डतैलं तीक्ष्णोष्णं दीपनं पिच्छिलं गुरु वृष्यं त्वच्यं वयः अपि मेधाकान्तिभ्रूलपदम् ॥ कषायानुरसं सूक्ष्मं योनिशुविशोधनम् विस्त्रं स्वादु रसे पाके सतिक्तं कटुकं रश्मि ॥ विषमज्वरहृद्रोगपृष्ठगुह्यादिशूलनुत् हन्ति वातोदरानाहगुल्माष्टीलाकटग्रहान् ॥ वाताशोणितविड्वन्धब्रन्धशोथमाविद्रधीन् आमावातागजेन्द्रस्य शरीरवनचारिण ॥ एक एव निहन्ताऽयमेरण्डस्नेहकेसरी ॥ च.चि. २९क्र२२ ३५

- (21) क्षीरेणैरण्डतीलं वा प्रयोगेण पिबेन्नरः बहुदोषो विरेकार्थं जीर्णे क्षीररसौदनः ॥

च.चि. २९क्र२६

- (22) एरण्डतैलं त्रिफलाक्वाथेन त्रिगुणेन तु ॥७६॥

युक्तं पीतं तथा क्षीररसाभ्यां तु विरेचयेत् ॥

बालवृद्धक्षतक्षीणसुकुमारेषु योजितम् ॥७७॥ मु.सू. ४४क्र७६ ७७

## REVIEW OF PREVIOUS WORK DONE ON THIS TOPIC

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2. Dr. B. N. Shridhar (1991)– Role of Ardraka Khaṇḍa along with Śodhan and Rasāyana in the management of Shitapitta. - I.P.G.T. Gujarat University, Jamnagar.
3. Dr. Bihari V. Ramjiyani (1992)– Role of Udarda Praśamana Ghana Vati and Rasāyana in management of Shitapitta.- I.P.G.T. Gujarat University, Jamnagar.
4. Dr. Vandana Dobaria (1997)– A clinical study on the role of Vamana Karma in the management of Shitapitta. -I.P.G.T. Gujarat University, Jamnagar.
5. Jogad Gautam S (2004)—Clinical study on the role of Virecana & Bhoonimbadi Vati in the management of Urdhawaga Āmlapitta. -I.P.G.T. Gujarat University, Jamnagar
6. Wath Prakash S (1991)—Clinical Assessment of Amrutadi Ghana Vati in the management of Śītapitta(Urticaria). -Akhandand Ayurvedic College, Ahmedabad.
7. Dr. S. R. Mishra(1978) –Urticaria and its management by Haridrakhaṇḍa. - B.H.U., Varanasi
8. Dr. H. V. Chandrika (1983)– Shitapitta and its management.-Govt. College of Indian Medicine, Mysore.
9. Yani Lokakal (2002)– A comparative study of Vamana and Virecana in the management of Śītapitta W.S.R to Urticaria.- Govt. College of Indian Medicine, Mysore.
10. Dr. R. A. Singh (1990)– Effect of Glycerhyza glabra on Shitapitta (Urticaria).- State Āyurvedic College, Patna.
11. Dr. N. Chaudhari (1990)–Haridra Khaṇḍa ka Trividha Nirmana Evam Shitapitta par Adhyāyana. -Govt. Āyurvedic College, Patiala.
12. Dr. V. M. Joshi (1991)–Udarda, Shitapitta and Kāśamarda. -Āyurveda Mahāvidhyalaya, Ahmednagar
13. Dr. V. M. Sharma (1998)- A critical study of Shitapitta, Udarda and Koṭha and its

management by Agnimantha with special reference to Urticaria. State Ayurved College, Lucknow.

14. Dr. D. N. Naykodi (1998)– Shitapitta cha Vyādhimadhye Shitapittabhanjana Rasa – Ek Abhyasa. -Tilak Āyurvedic Mahāvidyalaya, Pune.

15. Dr. Deshmukh Lalasaheb (2004)—Comparative study of the use of SARśapa Taila in Śītāpitta W.S.R. to oral medication (Pana) & Oleation. -Tilak Āyurvedic Mahāvidyalaya, Pune.

16. Vishvakarma Geeta (2006) – Śītāpitta mein Nava – Karshika Gūggūlū evam Virecana ka prayogika Cikitsātmaka Adhyāyana. -Government Ayurvedic College, Ravishankar University, Raipur

### **REVIEW OF PREVIOUS WORK DONE ON VIRECANA KARMA:**

1. Upadhye K.K.(1985)--Effect of Virecana & Vardhamana Rasāyana in cases of Bronchial Asthma. -Akhandanand Ayurved college, Ahmedabad

2. Solanki P.V.(1986)--Effect of Virecana & Śamana on Essential Hypertension – Akhandanand Ayurved college, Ahmedabad.

3. Raval K.R.(1987)--Study of Internal Oleation before Virecana in Anaemia – Akhandanand Ayurved college, Ahmedabad.

4. Malagi K.J. (1985)--Comparative study of Bruhat Vāta Chintamani and Virecana a in cases of Hemiplegia--I.P.G.T. Gujarat University, Jamnagar.

5. Ācārya S. (1988)--Role of Virecana and Karma Basti in cases of Rheumatic arthritis.- I.P.G.T. Gujarat University, Jamnagar.

6. Modh K.G.(1991)--Role of Rasāyana & Virecana in cases of Bronchial Asthma – I.P.G.T. Gujarat University, Jamnagar.

7. Singh Balabeer. (1992)--Role of Virecana a & Medohara drugs in management of Diabetes Mellitus – I.P.G.T. Gujarat University, Jamnagar.

8. Popat T. (1993)--Role of Virecana & Bhallataka yoga in the management of Rheumatic arthritis – I.P.G.T. Gujarat University, Jamnagar.

9. Dabhi V.D. (1993)--Role of Rasāyana & Virecana in cases of Eczema – I.P.G.T. Gujarat University, Jamnagar

10. Astkar Pranita (1993)--Study of Jalaukavacharana & Virecana in cases of eczema – I.P.G.T. Gujarat University, Jamnagar

11. Zala Jigisha V. (1995)--Clinical study of Virecana & DashaMūla Kṣāra basti in cases of Rheumatic arthritis.- I.P.G.T. Gujarat University, Jamnagar
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13. Jogad Gautam S(2004)—Clinical study on the role of Virecana & Bhoonimbadi Vati in the management of Urdhawaga Āmlapitta— I.P.G.T. Gujarat University, Jamnagar
14. Tikoo Ajay(2005)—Clinical study on the role of Virecana Karma in the management of Madhūmeḥa W.S.R. to Diabetes Mellitus- I.P.G.T. Gujarat University, Jamnagar
15. Singh R.S. (1974)--Study on Standardisation of Vamana & Virecana.-- B.H.U., Varanasi
16. Singh Vandana.(1974)--Effect of Virecana therapy on body response to surgical trauma – B.H.U., Varanasi
17. Singh Gūrūdeep. (1975)--Studies on Virecana w.s.r to Cathartic effect of Katūki – B.H.U., Varanasi
18. Tripathi O.D. (1989).--Studies on Virecana a with special reference to Cathartic effect of trivrit (Ipomea turpethum)- Institute of P.G. teaching & Research, Calcutta
19. Joseph C.G. (1984)--Role of Śodhan with special reference to Virecana a as purvakarma in Rasāyana-- Govt. College of Indian Medicine, Mysore
20. Mangalagi S.G.(1989)--A study of internal oleation with special reference of Virecana – Govt. College of Indian Medicine, Mysore
21. Nasima A. (1994)-- Study of Virecana in cases of Adhoga Āmlapitta – Govt. College of Indian Medicine, Mysore
22. Rekha (1995)--Clinical study of effect of Vamana and Virecana in cases of Psoriasis – Govt. College of Indian Medicine, Mysore
23. Satva P. (1983)--Study of process of medicated Purgation – Government Ayurvedic College, Ravishankar University, Raipur
24. Vishwakarma A.(1985)--Clinical study of effect of Virecana & Basti on Hemiplegia – Government Ayurvedic College, Ravishankar University, Raipur
25. Murlidharan K. Pilai.(1978)--Study of effect of Virecana in cases of Sciatica – Govt. Āyūrveda college, Tiruvananthapuram

26. Jayaprakash G. (1980)--Clinical study of medicated purgation – Govt. Āyūrveda college, Tiruvananthpuram
27. Krishnamurthy V. (1984)--Effect of Virecana on blood chemistry – Govt. Āyūrveda college, Tiruvananthpuram
28. Singh N.J. (1987)--Effect of Virecana therapy in Bronchial Asthma – Govt. Āyūrveda college, Tiruvananthpuram
29. Shankar babu A. (1988)--Effect of Vamana & Virecana in cases of Psoriasis – Govt. Āyūrveda college, Tiruvananthpuram

### Review collected from Internet

- 1) Review of concept of Dushivisha w.s.r. to Allergy.

In this efficacy of Shodhan and Shaman has been described on Sheetapitta-Koṭha (Urticaria) on [www.Pharmasm.com](http://www.Pharmasm.com)

- 2) In Indian Journal of Dermatology- Name of Topic Management of difficult Urticaria. In this explanation regarding causes and treatment of Urticaria mentioned.

[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

- 3) Information regarding testing of Hives in Hopkin University on

[www.uptodate.com](http://www.uptodate.com)

- 4) Investigation of CBC, ESR must be done in Urticaria. Investigation of CRP also can be done according to severity of Urticaria. This reference was found on National Centre for Biotechnology Information.

[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

Here by taking review of all previous work done on this topic it was seen that majority of work has been completed on Sheetapitta by giving Shaman Chikita. Also on Shodhana Karma work was fulfilled by giving Vaman and Raktamokshan. The Comparison between Shaman with Shodhan also fulfilled.

My topic is different because I have not compared Shamanoushadi with Shodhan chikitsa. Also two Shodhan Chikitsa were not followed at the same time.

My topic is to find out efficacy of Virechana and Sneha Virechana in sheetapitta.

# **MATERIALS AND METHODS**

## **A) MATERIALS**

- Drugs used
- Virechan procedure

## **B) METHODS**

- Inclusion Criteria
- Exclusion Criteria
- Study Design
- Assessment Criteria

**MATERIALS:**

The raw material for Virecana was purchased from Pune market and the authentication was done at Pune University department of Botany.

The decoction of Virecana yoga was Standardized at B.V. Bhide Lab.

NOC letter for Eraṇḍa Tail was taken from Paras Pharmaceutical Company, Pune.

**INGREDIENTS USED FOR PURVAKARMA**

Ābhyañtar Snehapānārtha—Goghrt

Goghrita was used for Abhyañtar Snehapān in Vardhamān Mātrā till Samyak

Snigdha Lakṣṇās were found respective of Koṣṭha.

Bāhyya Abhyañgārtha—Koṣṇa Tila tail was used.

Sudation Therapy- Sarwāṅg Bāṣpa Peti Sweda was given.

**INGREDIENTS USED FOR PRADHĀNKARMA****VIRECANA AND SNEHA VIRECANA YOGA:**

- Group A--Virecanārtha—Decoction of Triphalā + Gūggūlū + Pippali
- Group B--SnehaVirecanārtha—Decoction of Triphalā + Gūggūlū + Pippali + Eraṇḍa taila

**VIRECANA VIDHI:****SOP—STANDERED OPERATIVE PROCEDURE**

- The patients having the symptoms of Śītapitta were examined and this was considered as initial assessment.
- Written consent of the patients was taken before posted for Virecana procedure.
- These patients were examined as per Aṣṭavidha and Daśavidha Parikṣā.
- Examination of Āhāraśakti , Abhyavaharaśakti ,Jaraśakti , Agni and Koṣṭha was done by Praśna Parikṣā.
- Examination of Doṣa Sāmāvasthā and Nirāmāvasthā was done by Jivhā Parikṣan.
- If Sāmāvasthā was observed then patient was adviced to take Śuṇṭhi Chūrṇa (Bh. P. Nighaṇṭu Haritakyādi Varga - 44) in the dose of 500 mg morning and evening before meal with luke warm water for 3 to 5 days.

**Purvakarma—**

- After Nirāmāvasthā produced, patient was posted for Ābhyañtara Snehapān of Goghrit, starting from Hrasiyasi Mātrā and this Mātrā was increased per day till Samyak Snigdha Lakṣaṇās were produced. During Snehapān, patient was advised to take Laghū, Uṣṇa Āhāra at the time of Kṣudbodha and must avoid Parihārya Viṣay. Also he/she was advised to drink luke warm water.
- Bāhyā Abhyañg and Swedan—  
Bāhyā Abhyañg was done with Tila Tail and Swedan was done by Sarwāñg BāṣpaPeti Swedan in Sneha Viśrām kāl and on the day of Virecana prior to ingestion of Virecana Auṣadhi.
- In Snehaviśrām kāl Patient was advised to take Drava, Uṣṇa, Laghū Āhāra and to drink 3-4 liters of Kokam or lime water. (Bh. P. Nighaṇtu Āmaradiphala Varga – 144,145,137) (Diet should not be increase the Kapha,such diet was advised)
- Every day patient was examined for P/ BP/ Kṣudbodha time and Sneha Vyāpads produced if any.

**Pradhānkarma—**

- On the day of Virecana, patient was examined for P/BP/R.R and after Snehan Swedan, Mānasopcār (detail explanation about procedure) the Virecak Auṣadhi (Kaśāya in Group A and Eraṇḍ Sneha with Kaśāya in Group B) was given on empty stomach.
- This Virecak Auṣadhi was given at the end of Kapha kāl and starting of Pitta kāl means at 9 am to 9.30 am.
- After ingestion of Auṣadha, Mukhadhāvan with Koṣṇa Jala was done and patient was advised to walk slowly till starting of the Virecana Vega.
- Hot water bag on abdomen region was given to the patient for Doṣa Vilayana Awasthā and starting of Virecana Vegās.
- Patient was advised to note down the time of starting of Virecana Vegās and symptoms observed during each Vega.
- In between each Vega, patient was advised to drink 100 ml- 150 ml of luke warm water for easy Anuloman of Doṣās .



- Between this procedure, patient was examined for Pulse and BP.
- Observation of Samyakādi Lakṣanās—Observation of Samyak, Ayoga and Atiyoga Lakṣanās and Vyāpad observed if any was done after completion of procedure, and data was collected in my case proforma.

#### **Pascātkarma—**

- After stopping of Virecana Vega patient was advised to take rest and eat Soup of Masur Dāl /Mudga or Takra and Yavāgu according to Bala of patient and Syntoms observed after Virecana.
- Then Saṁśarjan Krama was Advised for 3 days, 5 days and 7 days in Hīna, Madhaym and Uttam Śūddhi respectively.
- Aṣtumahādoṣakar Varjya Viṣay advised to the patient.
- Assessment of symptoms was done at the end of Saṁśarjan Krama. This was considered as 2<sup>nd</sup> Assessment.

#### **METHODOLOGY:**

Case paper : A special case proforma was prepared & the observations recorded there in.

100 number of patients was selected as per Hetū, Saṁprāpti, Lakṣaṇa stated in Yogratnākar and randomly divided into two groups of 50 each. Clinical trials were conducted in BVMF'S Ayurved hospital, Pune-43.

#### **Inclusion Criteria:-**

- Patients with classical symptoms of Śītapitta as described in Yogratnākar.
- Patients of both sex.
- Patients above the age of 18 yrs and below the age of 60 yrs are included.
- Patients with classical symptoms of Śītapitta, but who were fit for Virecana are included.

#### **Exclusion Criteria:-**

- Drug induced urticaria.
- Patients having history of any chronic diseases e.g HTN, Paralysis, Tuberculosis.
- Patients below the age of 18 years and above 60 years.
- Virecana Anarha Patients.
- Patients having the symptom of Jwara were excluded.

### Investigations (Before & after Virecana)

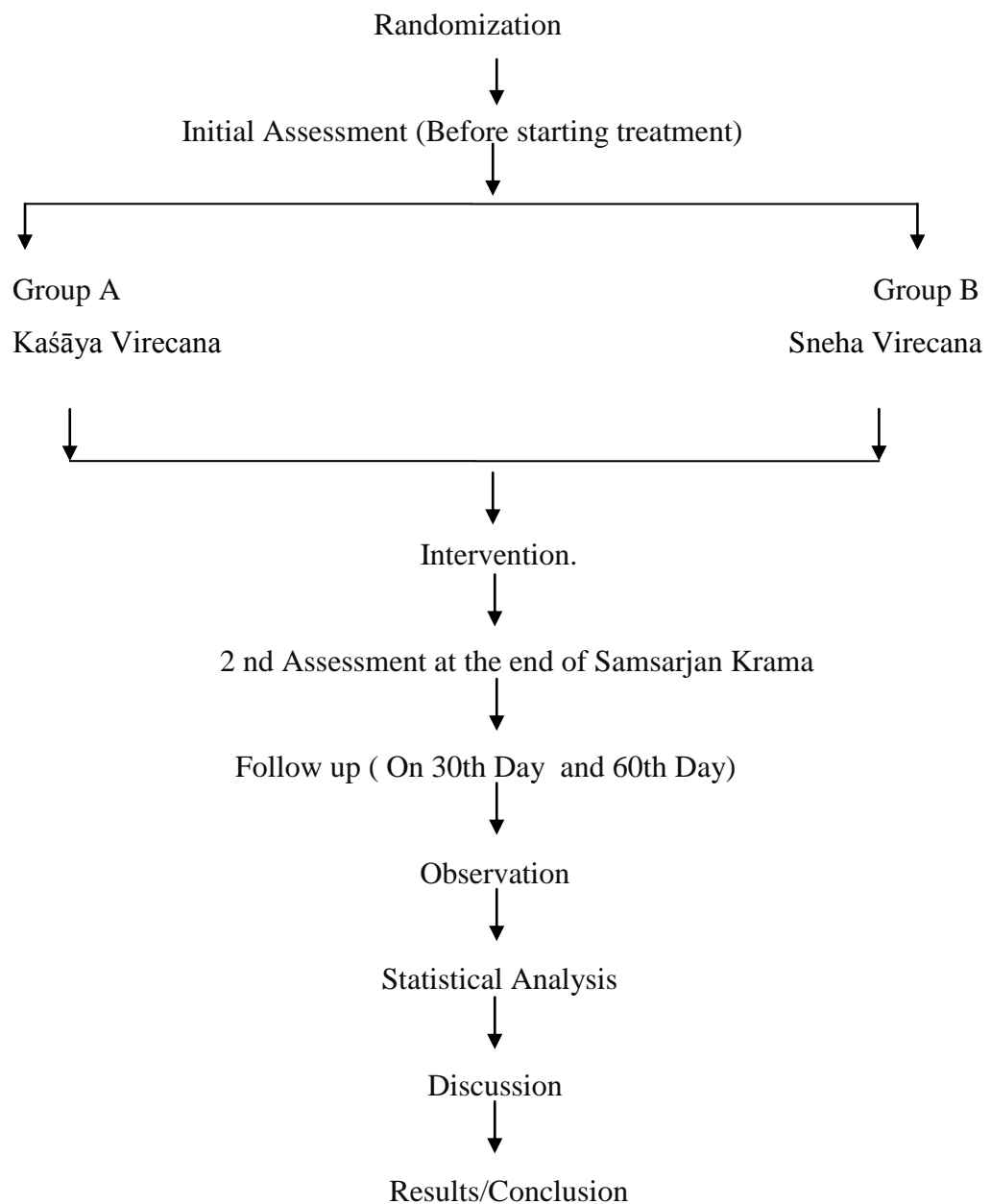
Haemogram with ESR

Absolute eosinophilic count

Stool PH

### Study Design:

- Two group of 50 patients each coming in OPD and IPD of BVMF's Āyurvedic Hospital were made.
- Group A –Kaśāya Virecana
- Group B-- Sneha Virecana
- Treatment Plan was explained to the patient and consent was taken.



**Plan of work--DRUG ADMINISTRATION SCHEDULE**

<b>Particulars</b>	<b>Group A – Virecana Group</b>	<b>Group B – Sneha Virecana Gr.</b>
No. of patients	50	50
Procedure	Ābhyañtar Snehapan and Bāhyya snehan and swedan as a Pūrvakarma Virecana as a Pradhāna karma	Abhyankar Snehapan and Bāhyya snehan and swedan as a Pūrvakarma Sneha Virecana as a Pradhāna karma
Medicine	<b>For Virecana :</b> Decoction [of Triphalā + Gūggūlū + pippali In equal qty (total 40 g)]	<b>For Sneha Virecana :</b> Decoction [of Triphalā + Gūggūlū + pippali In equal qty (total 40 g)] + Eraṇḍa Taila
Dose	<b>For Virecana :</b> 80 ml Kwātha	<b>For sneha Virecana :</b> 80 ml Kwātha + 40 ml Eraṇḍa Taila
Pūrvakarma	For Ābhyañtar Snehapan – Goghrit in vardhamān Mātrā upto samyak snigdha Lakṣaṇ. For Bāhyya snehan – Til Taila For Swedan – Sarvaṅga Bāṣpāpetisweda Ābhyañtar snehapān	For Ābhyañtar Snehapān – Goghrit in vardhaman Mātrā upto samyak snigdha Lakṣaṇ. For Bāhyya snehan – Til Taila For Swedan – Sarvaṅga Bāṣpāpetisweda Ābhyañtar snehapān
Duration	Virecana karma - once	Sneha Virecana karma – once
Time	Virecana karma – Morning at the end of Kapha kāl & starting of Pitta kāl – 9 am	Sneha Virecana a karma – Morning at the end of Kapha kāl & starting of Pitta kāl – 9 am
Pascāt karma	Samśarjana krama/Tarpan	Samśarjana krama/Tarpan

## **ASSESSMENT CRITERIA**

- Subjective parameter will be based on symptomatic relief, for example
  - Maṇḍal
  - utsedha
  - Kaṇḍū
  - Toda
  - Chardi
  - Dāha

### **Parameter of assessment :**

Assessment of result was made on the basis of relief from signs & symptoms at the end of Saṃśarjan kram. Further follow-up was taken to see whether relapse of disease occurs or not. And this can be observed on 30<sup>th</sup> and 60<sup>th</sup> day of procedure and results were assessed as per scale shown below.

I. Kaṇḍū, Dāha & Toda severity will be rated on a scale from 0 to 4 in which

- 0 – indicates none
- 1 = mild, not annoying or troublesome.
- 2 = moderate, annoying and troublesome, may interfere with normal daily activity and sleep.
- 3 = Severe, very annoying and troublesome, substantially interfering with sleep and daily activities;
- 4 = Very severe, warrants a visit to the physician.

II. Maṇḍal score will be rated on a scale of 0 to 4 in which

- 0 = zero Maṇḍal
- 1 = 1-5 Maṇḍal
- 2 = 6 -10 Maṇḍal
- 3 = 10 -15 Maṇḍal and
- 4 = >15 Maṇḍal

III. Utsedha score will be rated on a scale of 0 to 4 as per given below.

- 0 = No Utsedha
- 1 = 0 to 1 mm;
- 2 = 1 to 2 mm
- 3 = 2 to 3 mm
- 4 = more than 3 mm

IV. Chardi score will be rated on a scale of 0 to 4 as per given below.

0 = Absent

1 = 1 vega / day

2 = 2 vega / day

3 = 3 vega / day and 4 = more than 3 vega / day

- Objective parameter will be based on investigations before & after treatment.

Haemogram with ESR, Absolute eosinophilic count, stool PH

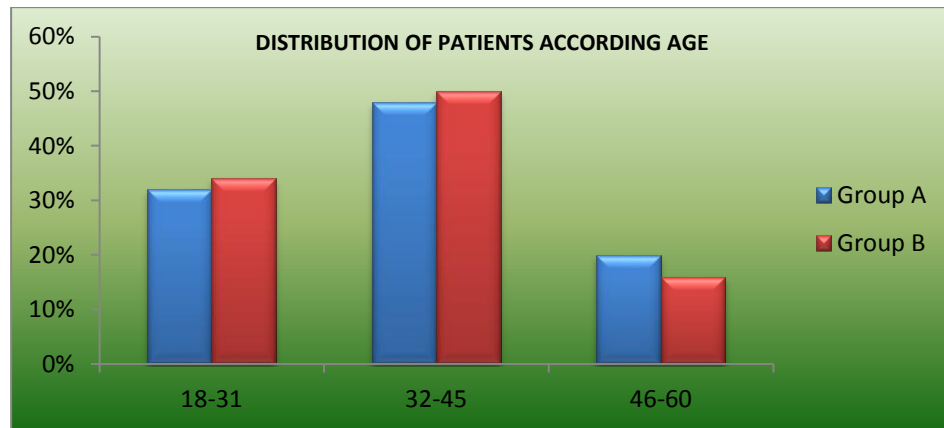
# **OBSERVATIONS, STATISTICAL ANALYSIS AND RESULT**

- A) Sāmānya parikshan**
- B) Nidānpañcak of ŚītapittaVyādhi**
- C) Chikitsa - Virecana Procedure**
- D) Statistical Analysis of Symptoms  
of ŚītapittaVyādhi**
- E) Relapse of the ŚītapittaVyādhi**
- F) Result**

## A) SĀMĀNYA PARIKSHAN

### 1) AGEWISE DISTRIBUTION

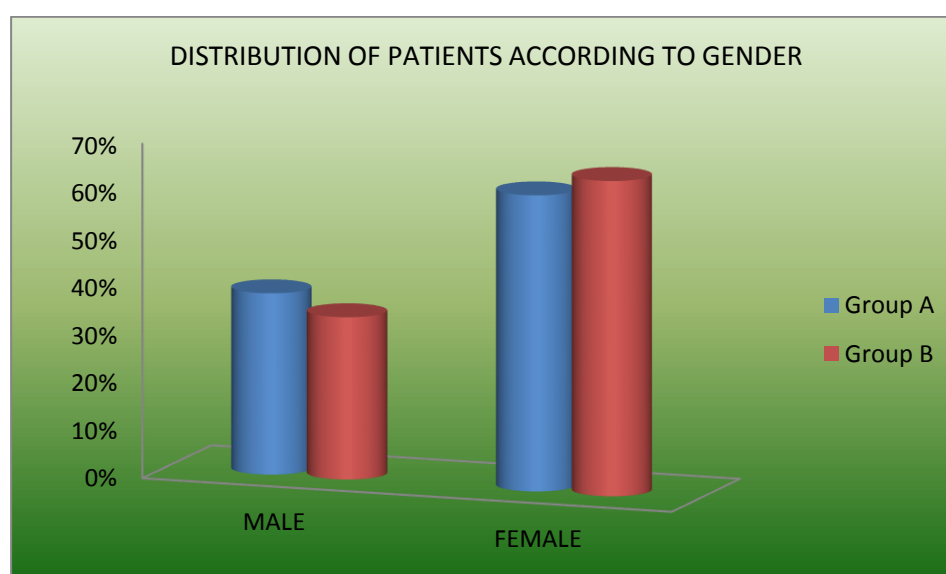
AGE GROUP	GROUP A		GROUP B	
	No.of patients	percentage	No.of patients	percentage
18-31	16	32%	17	34%
32-45	24	48%	25	50%
46-60	10	20%	8	16%



There were 32% and 34 % patients found in age group 18-31Yrs. Maximum no. of patients i.e. 48% and 50% were in age group 32-45 Yrs, 20% and 16% patients were in the age group 45-60 Yrs of age group in Group A and Group B respectively.

## 2) GENDER WISE DISTRIBUTION

GENDER	GROUP A		GROUP B	
	No. of patients	percentage	No. of patients	Percentage
MALE	19	38%	17	34%
FEMALE	31	62%	33	66%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>

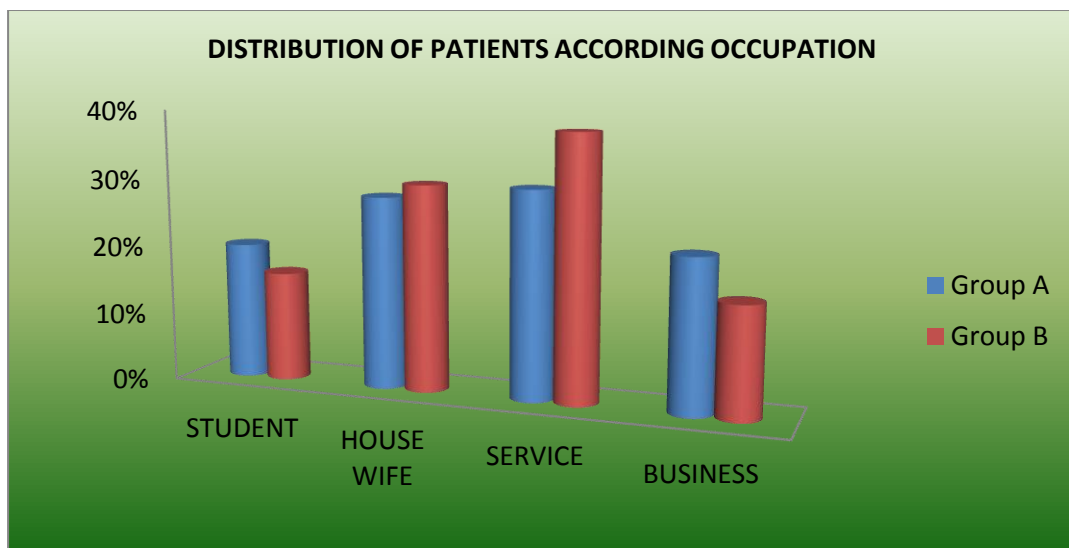


In this series, Maximum no. of patients i.e. 62% and 66 % were females and 38 % and 34% were males in Group A and Group B respectively.



### 3) OCCUPATION WISE DISTRIBUTION

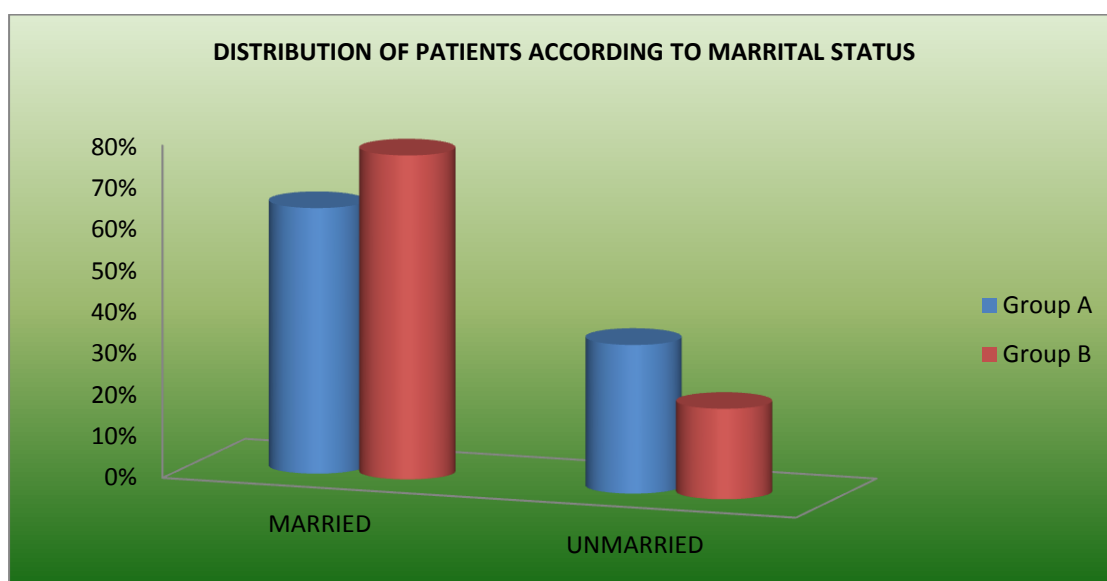
Occupation	Group A		Group B	
	No. of patients	percentage	No. of patients	Percentage
STUDENT	10	20%	8	16%
HOUSE WIFE	14	28%	15	30%
SERVICE	15	30%	19	38%
BUSINESS	11	22%	8	16%
Grand Total	49	100%	50	100%



This series showed that about 20% and 16% patients were of students, 28% and 30% patients were of Housewife, 30% and 38% patients were of service 22% and 16% patients were of business in Group A and Group B respectively.

#### 4) MARITAL STATUS WISE DISTRIBUTION

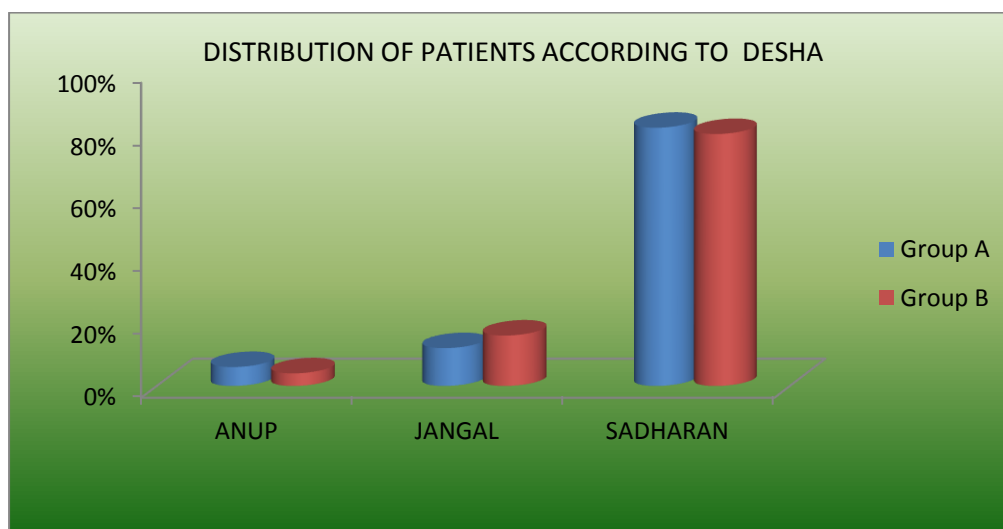
MARRITAL STATUS	GROUP A		Group B	
	No. of patients	percentage	No. of patients	Percentage
MARRIED	32	64%	39	78%
UNMARRIED	18	36%	11	22%
GRAND TOTAL	50	100%	50	100%



This series showed that Maximum no. of patients i.e. 64 % and 78 % were married and 36 % and 22 % were unmarried in Group A and Group B respectively.

## 5) DEŚA WISE DISTRIBUTION

DEŚA PRAKAR	GROUP A		GROUP B	
	No. of patients	percentage	No. of patients	percentage
ANUP	3	6%	2	4%
JANGAL	6	12%	8	16%
SADHARAN	41	82%	40	80%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

Observations showed that maximum no. of patients i.e. 82 % were found in Sādhāran Deśa, 12% patients were belongs to Jāṅgal Deśa and only 6% patients belongs to Anup Deśa.

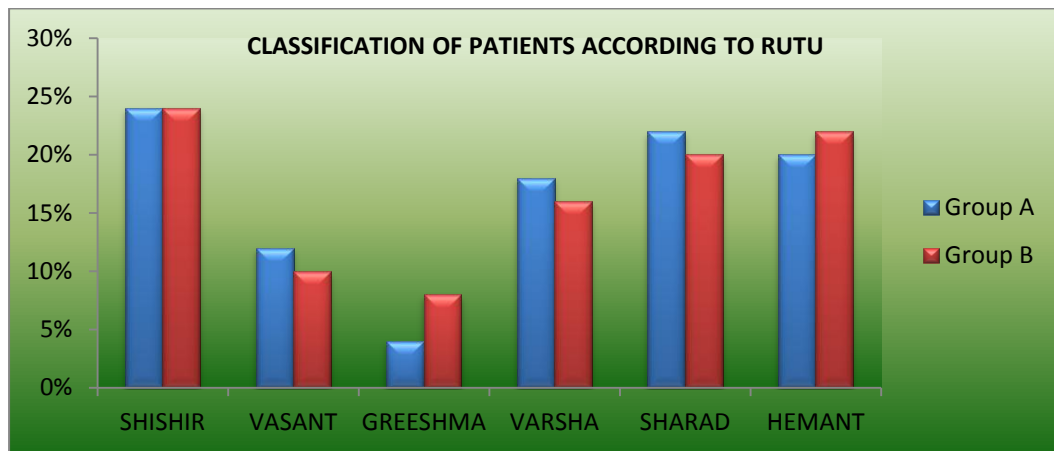
### Observations of the patients in Group B

Observations showed that maximum no. of patients i.e. 80 % were found in Sādhāran Deśa, 16% patients were belongs to Jāṅgal Deśa and only 4% patients belongs to Anup Deśa.

This incidence showed that the maximum number of patients found in Sādhāran Deśa.

## 6) ṚTŪ WISE DISTRIBUTION

ṚTŪ	Group A		Group B	
	No. of patients	percentage	No. of patients	Percentage
ŚÍŚIR	12	24%	12	24%
VASANT	6	12%	5	10%
GRĪṢMA	2	4%	4	8%
VARṢĀ	9	18%	8	16%
ṢARAD	11	22%	10	20%
HEMAÑT	10	20%	11	22%



### Observations of the patients in Group A

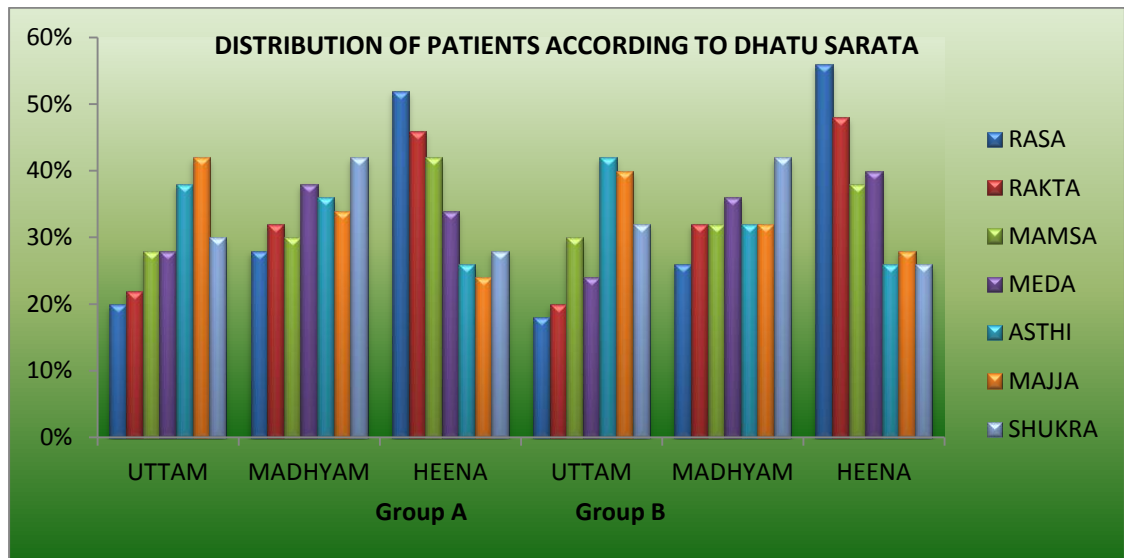
Observations showed that maximum no. of patients i.e. 24 % were found in ŚÍśir Ṛtū, 12% patients were in Varṣā Ṛtū, 4% patients were in Grīṣma Ṛtū, 18% patients were in Varṣā Ṛtū, 22% patients were in ṣarad Ṛtū and 20 % patients were in Hemañt Ṛtū.

### Observations of the patients in Group B

Observations showed that maximum no. of patients i.e. 24 % were found in ŚÍśir Ṛtū, 10 % patients were in Varṣā Ṛtū, 8 % patients were in Grīṣma Ṛtū, 16 % patients were in Varṣā Ṛtū, 20 % patients were in ṣarad Ṛtū and 22 % patients were in Hemañt Ṛtū.

## 7) DHĀTŪ SĀRATĀ WISE DISTRIBUTION

DHĀTŪ	Group A			Group B		
	UTTAM	MADHYAM	HĪNA	UTTAM	MADHYAM	HĪNA
RASA	20%	28%	52%	18%	26%	56%
RAKTA	22%	32%	46%	20%	32%	48%
MAMSA	28%	30%	42%	30%	32%	38%
MEDA	28%	38%	34%	24%	36%	40%
ASTHI	38%	36%	26%	42%	32%	26%
MAJJĀ	42%	34%	24%	40%	32%	28%
ŚUKRA	30%	42%	28%	32%	42%	26%

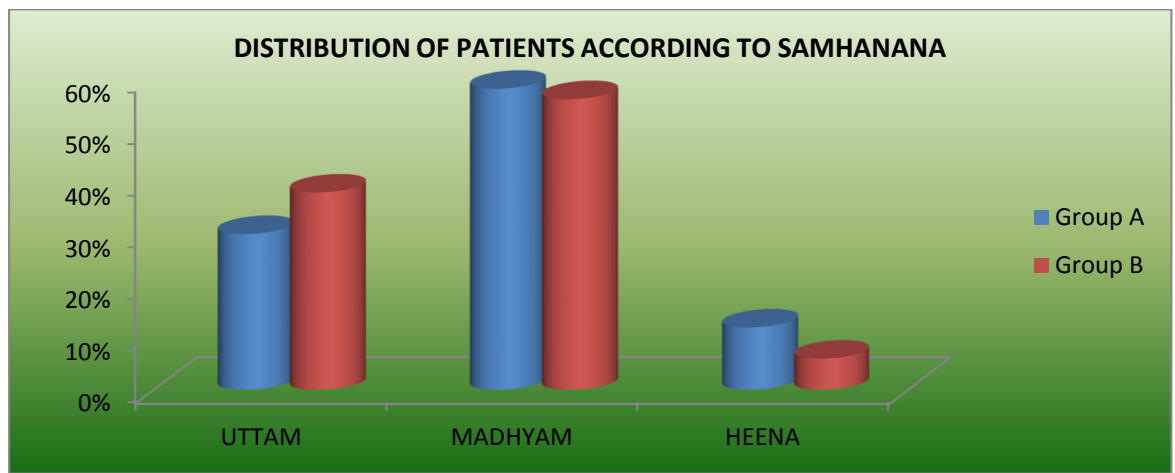


IN BOTH THE GROUPS-

This series showed that the Maximum number of patients were of Rasa, Rakta Dhātū Hīna Sārayukta followed by Maṃsa and Meda Dhātūs in both the Groups. Hence Rasa and Rakta Dhātū were more prone to produce Śītapitta.

## 8) SAMHANANA WISE DISTRIBUTION

SAMHANAN PRAKAR	GROUP A		GROUP B	
	No. of patients	percentage	No. of patients	Percentage
UTTAM	15	30%	19	38%
MADHYAM	29	58%	28	56%
HĪNA	6	12%	3	6%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

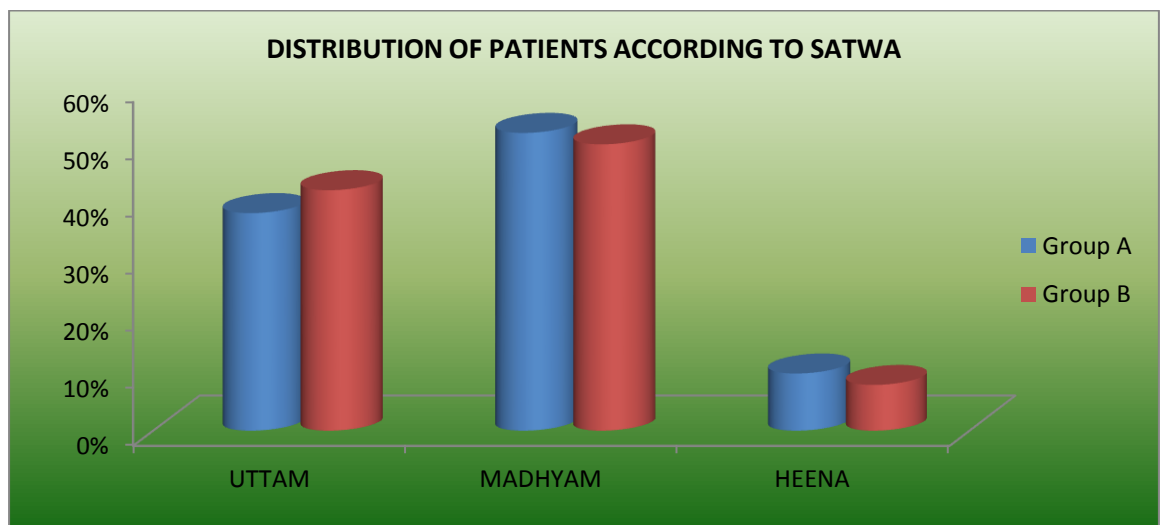
Observations showed that 30% patients were of Uttam Samhananyukta, about 58% patients were of Madhyam Samhananyukta and 12% patients were of Hīna Samhananyukta

### Observations of the patients in Group B

Observations showed that 38% patients were of Uttam Samhananyukta, about 56% patients were of Madhyam Samhananyukta and 6% patients were of Hīna Samhananyukta.

## 9) SATWA WISE DISTRIBUTION

SATWA PRAKAR	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
UTTAM	19	38%	21	42%
MADHYAM	26	52%	25	50%
HĪNA	5	10%	4	8%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

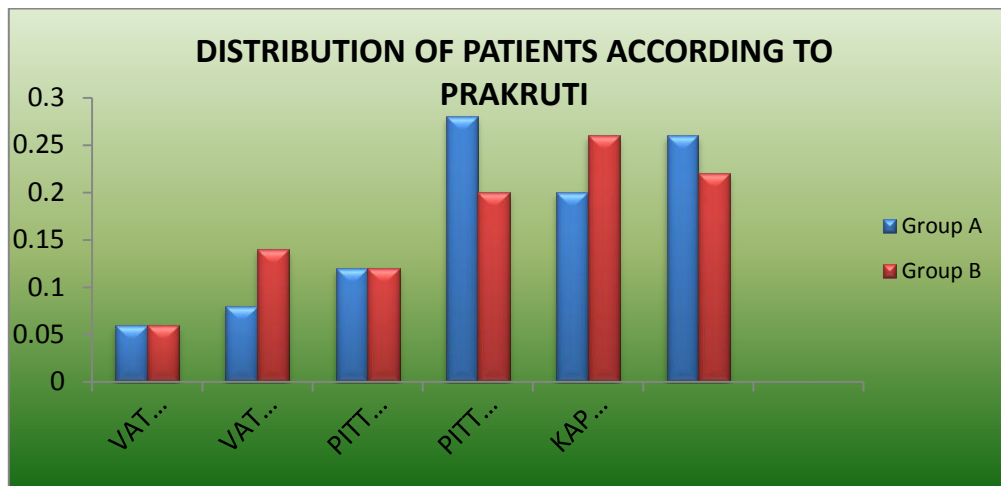
Observations showed that 38% patients were of Uttam Satwayukta, about 52% patients were of Madhyam Satwayukta and 10% patients were of Hīna Satwayukta.

### Observations of the patients in Group B

Observations showed that 42% patients were of Uttam Satwayukta, about 50% patients were of Madhyam Satwayukta and 8% patients were of Hīna Satwayukta.

## 10) PRAKRUTI WISE DISTRIBUTION

PRAKRUTI	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
VĀTA -PITTA	3	6%	3	6%
VĀTA -KAPHA	4	8%	7	14%
PITTA –VĀTA	6	12%	6	12%
PITTA -KAPHA	14	28%	10	20%
KAPHA –VĀTA	10	20%	13	26%
KAPHA-PITTA	13	26%	11	22%
TRIDOŠAJ	0	0%	0	0%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

Observations showed that maximum no. of patients i.e. 28 % were belonged to Pitta Kaphaja type, 26% of Kapha Pittaja, 20% of Kapha Vātaja , 12 % of Pitta Vātaja, 8% of Vāta Kaphaja and 6 % of Vāta Pittaj type of Śarir Prakriti.

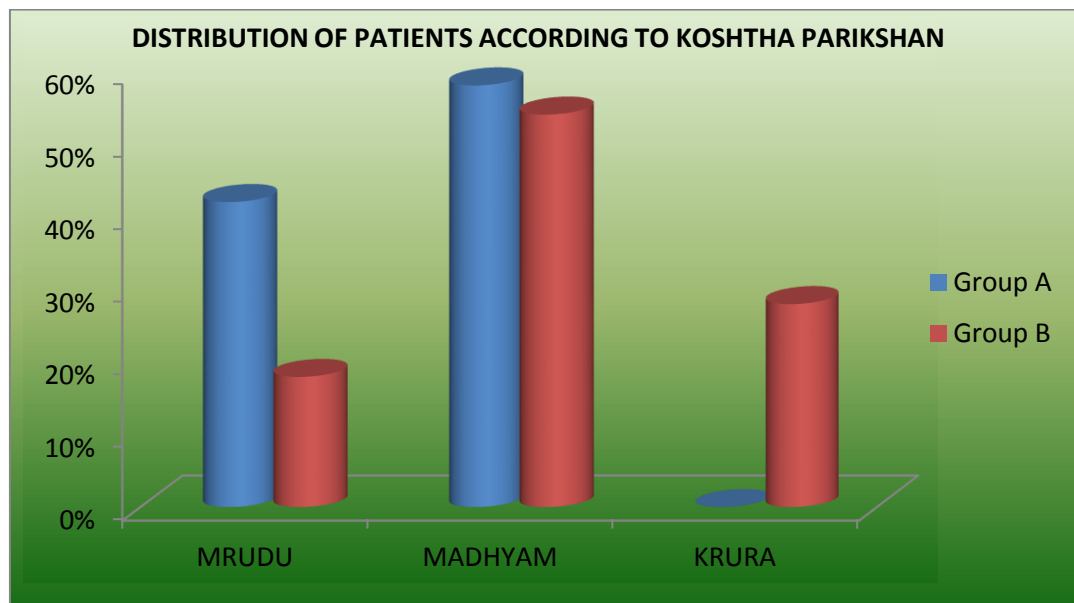
### Observations of the patients in Group B

Observations showed that maximum no. of patients i.e. 26 % were belonged to Kapha Vātaja type, 22% of Kapha Pittaja, 20 % of Pitta Kaphaja , 14 % of Vāta Kaphaja, 12 % of Pitta Vātaja and 6 % of Vāta Pittaja type of Śarir Prakriti.



## 11) KOṢṬHA WISE DISTRIBUTION

Koṣṭha PRAKAR	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
MRŪDŪ	21	42%	9	18%
MADHYAM	29	58%	27	54%
KRŪRA	0	0%	14	28%



### Observations of the patients in Group A

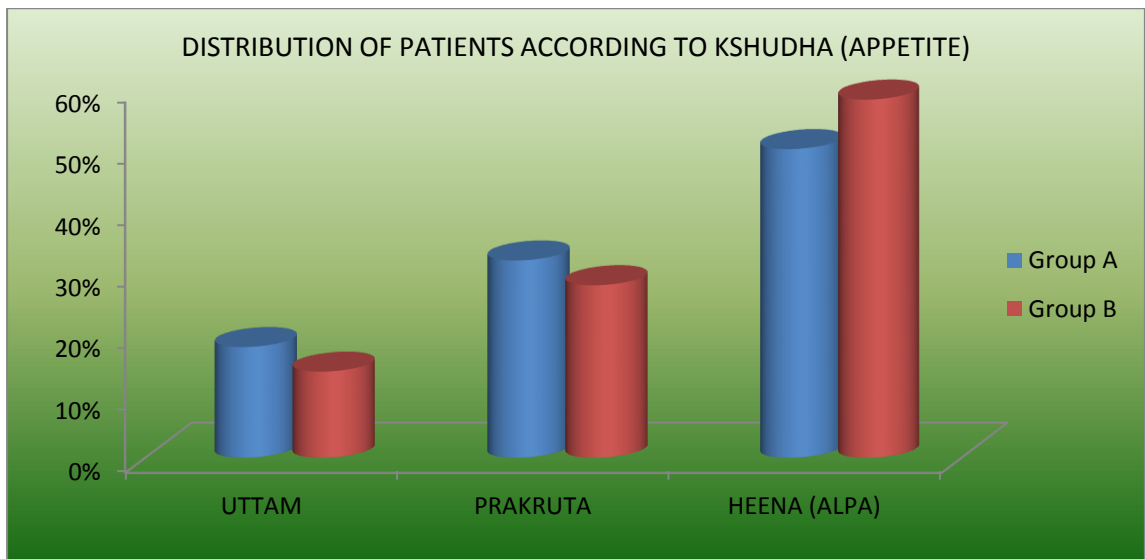
Observations showed that Maximum number of patients i.e. 58 % were having Madhyma type of Koṣṭha, 42% pts were of Mrūdū Koṣṭha and 0% pts were of Krūra Koṣṭha.

### Observations of the patients in Group B

Observations showed that Maximum number of patients i.e. 54 % were having Madhyma type of Koṣṭha, 18% pts were of Mrūdū Koṣṭha and 28% pts were of Krūra Koṣṭha.

## 12) KṢUDHĀ WISE DISTRIBUTION

KṢUDHĀ PRAKAR	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
UTTAM	9	18%	7	14%
PRAKRUTA	16	32%	14	28%
HĪNA (ALPA)	25	50%	29	58%
GRAND TOTAL	50	100%	50	100%



### Observations of the patients in Group A

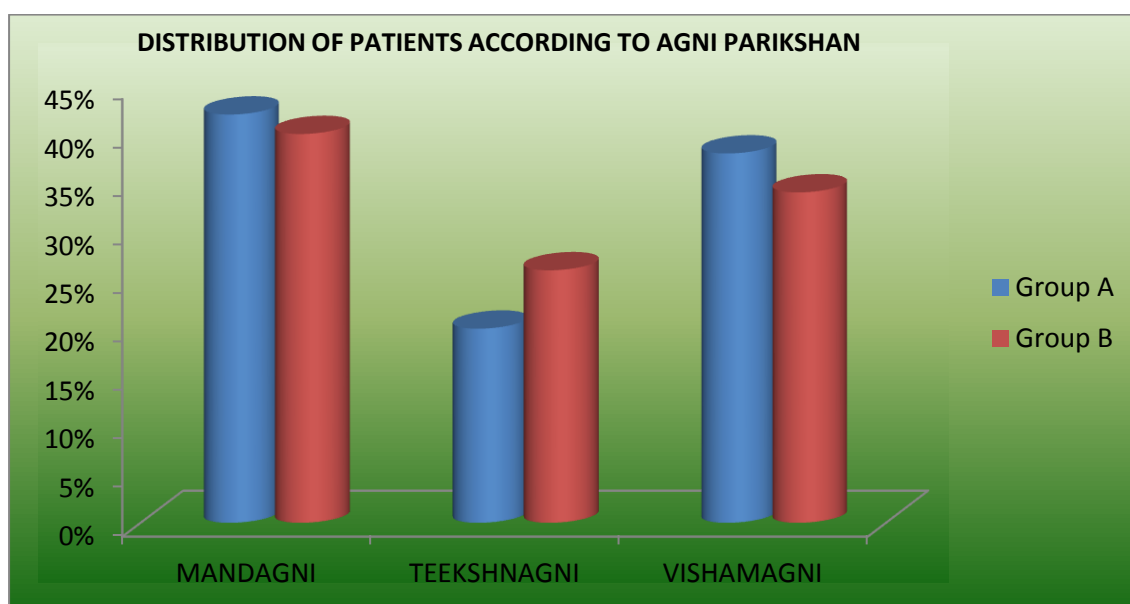
Observations showed that Maximum number of patients i.e. 50 % were having Alpa Kṣudhā, followed by 32% patients were having Prākṛuta Kṣudhā and 18% patients were having Uttam Kṣudhā.

### Observations of the patients in Group B

Observations showed that Maximum number of patients i.e. 58 % were having Alpa Kṣudhā, followed by 28% patients were having Prākṛuta Kṣudhā and 14% patients were having Uttam Kṣudhā.

### 13) AGNI WISE DISTRIBUTION

AGNI PRAKĀR	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
MAṆDĀGNI	21	42%	20	40%
TĪKṢṆĀGNI	10	20%	13	26%
VIṢAMĀGNI	19	38%	17	34%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



#### Observations of the patients in Group A

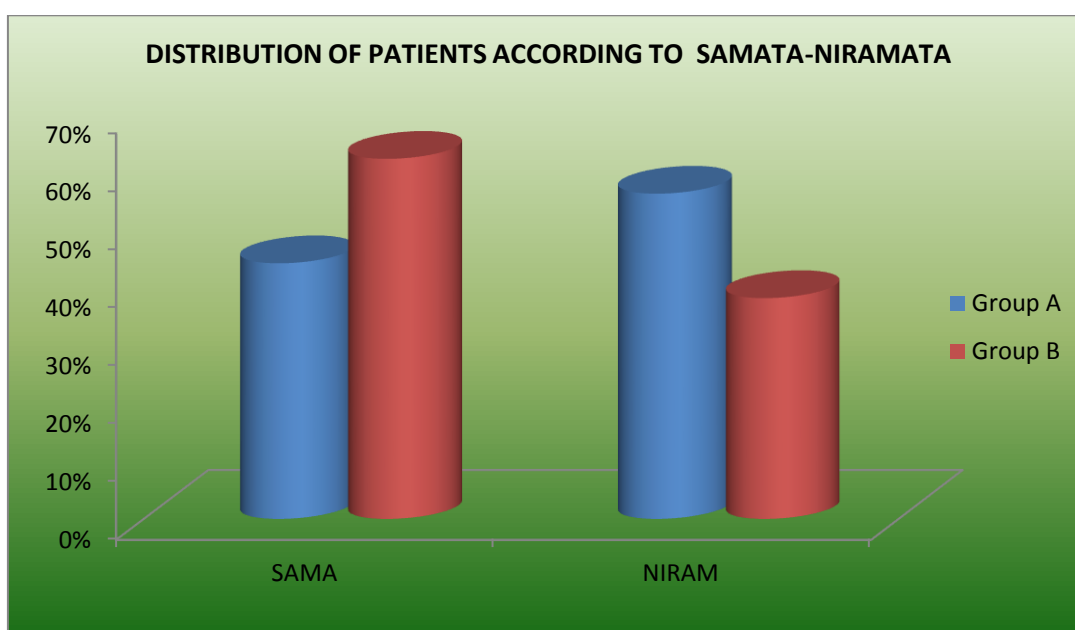
Observations showed that Maximum number of patients i.e. 42 % were having Maṇdāgni , followed by 38% pts were of Viṣamāgni and 20% pts were of Tīkṣṇāgni.

#### Observations of the patients in Group B

Observations showed that Maximum number of patients i.e. 40 % were having Maṇdāgni , followed by 34% pts were of Viṣamāgni and 26% pts were of Tīkṣṇāgni.

#### 14) SĀMATĀ- NIRĀMATĀ WISE DISTRIBUTION

SĀMATĀ- NIRĀMATĀ	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
SĀMA	22	44%	31	62%
NIRAM	28	56%	19	38%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



##### Observations of the patients in Group A

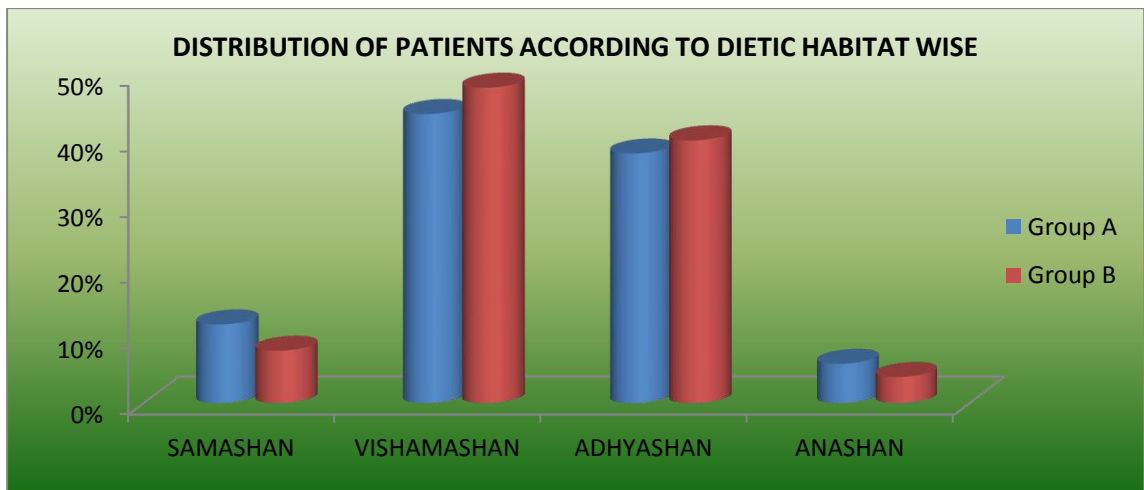
Observations showed that Maximum number of patients i.e. 56 % were having Nirāmata followed by 44% pts were of Sāmata.

##### Observations of the patients in Group B

Observations showed that Maximum number of patients 62% were having Sāmata , followed by 38 % pts were of Nirāmata.

## 15) DIETIC HABITAT WISE DISTRIBUTION

PRAKĀR	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
SAMĀŚAN	6	12%	4	8%
VIṢAMĀŚAN	22	44%	24	48%
ADHYĀŚAN	19	38%	20	40%
ANĀŚAN	3	6%	2	4%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

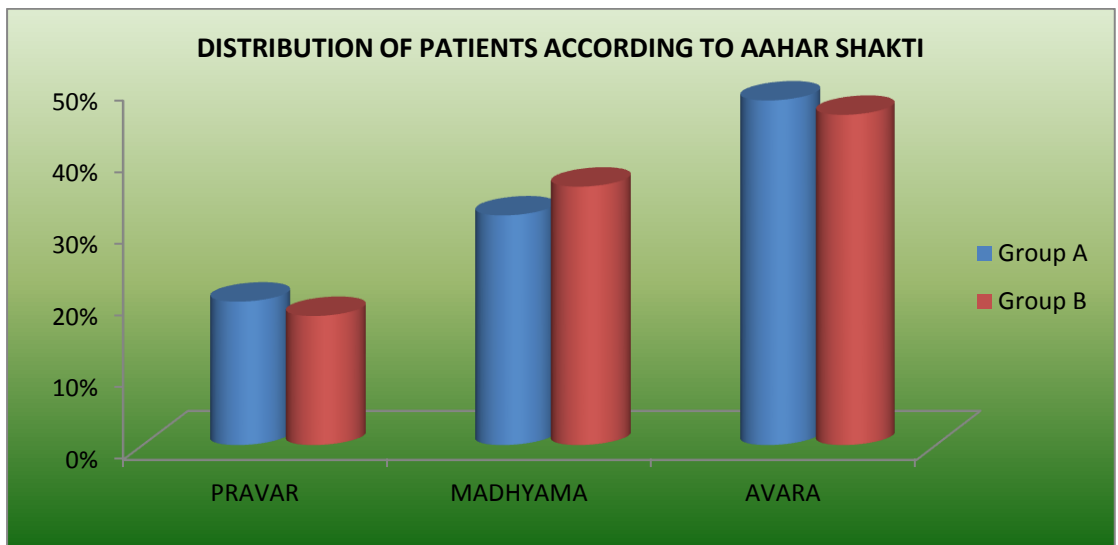
Observations showed that about 12 % patients were having Samāśan, about 44 % patients were having Viṣamāśan, 38 % patients were having Adhyāśana and 6% patients having Anāśan.

### Observations of the patients in Group B

Observations showed that about 8 % patients were having Samāśan, about 48 % patients were having Viṣamāśan, 40 % patients were having Adhyāśana and 4 % patients having Anāśan.

## 16) ĀHĀRA ŚAKTI WISE DISTRIBUTION

ĀHĀRAŚAKTI PRAKAR	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
PRAVAR	10	20%	9	18%
MADHYAMA	16	32%	18	36%
AVARA	24	48%	23	46%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

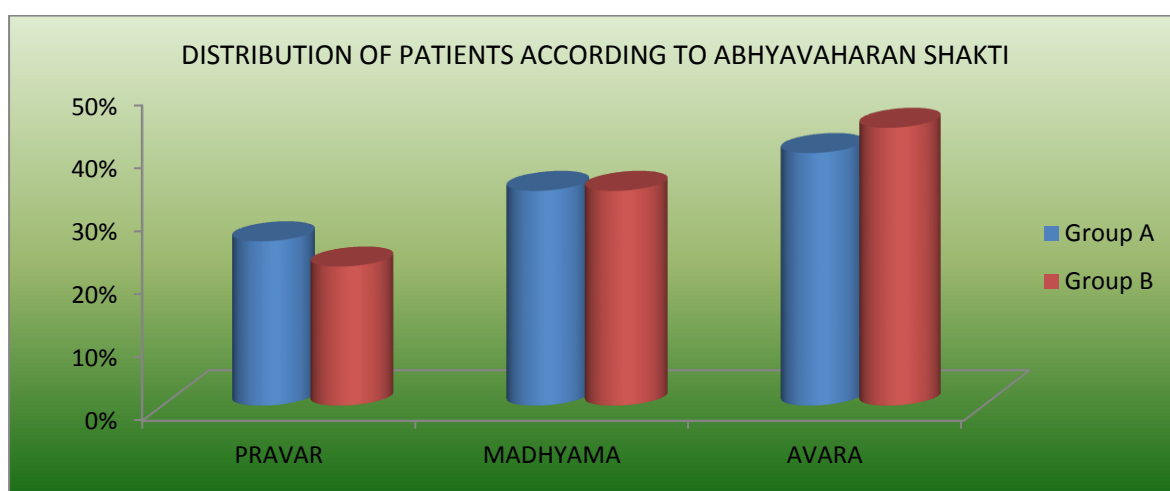
Observations showed that about 20 % patients were having Pravara Āhāraśakti, about 32 % patients were having Madhyam Āhāraśakti, and 48 % patients were having Avara Āhāraśakti .

### Observations of the patients in Group B

Observations showed that about 18 % patients were having Pravara Āhāraśakti, about 36 % patients were having Madhyam Āhāraśakti, and 46 % patients were having Avara Āhāraśakti .

## 17) ABHYAVAHARAN ŚAKTI WISE DISTRIBUTION

ABHYAVAHARAN ŚAKTI PRAKAR	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
PRAVAR	13	26%	11	22%
MADHYAMA	17	34%	17	34%
AVARA	20	40%	22	44%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

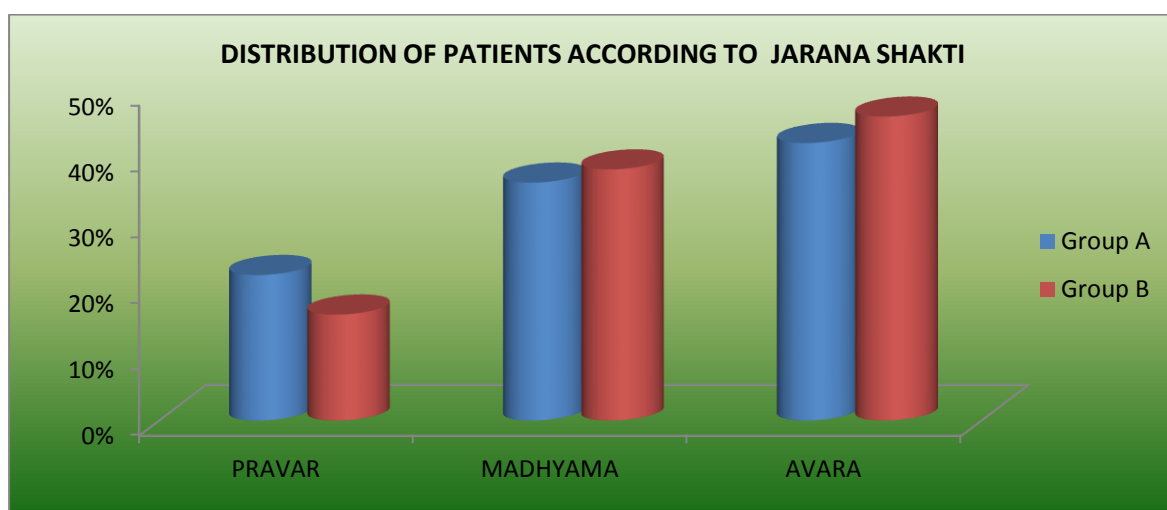
Observations showed that about 26 % patients were having Pravara Abhyvaharan śakti , about 34 % patients were having Madhyam Abhyvaharan śakti , and 40 % patients were having Avara Abhyvaharan śakti .

### Observations of the patients in Group B

Observations showed that about 22 % patients were having Pravara Abhyvaharan śakti , about 34 % patients were having Madhyam Abhyvaharan śakti , and 44 % patients were having Avara Abhyvaharan śakti .

## 18) JARANA ŚAKTI WISE DISTRIBUTION

JARANA ŚAKTI PRAKAR	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
PRAVAR	11	22%	8	16%
MADHYAMA	18	36%	19	38%
AVARA	21	42%	23	46%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

Observations showed that about 22 % patients were having Pravara Jaraśakti , about 36 % patients were having Madhyam Jaraśakti , and 42 % patients were having Avara Jaraśakti .

### Observations of the patients in Group B

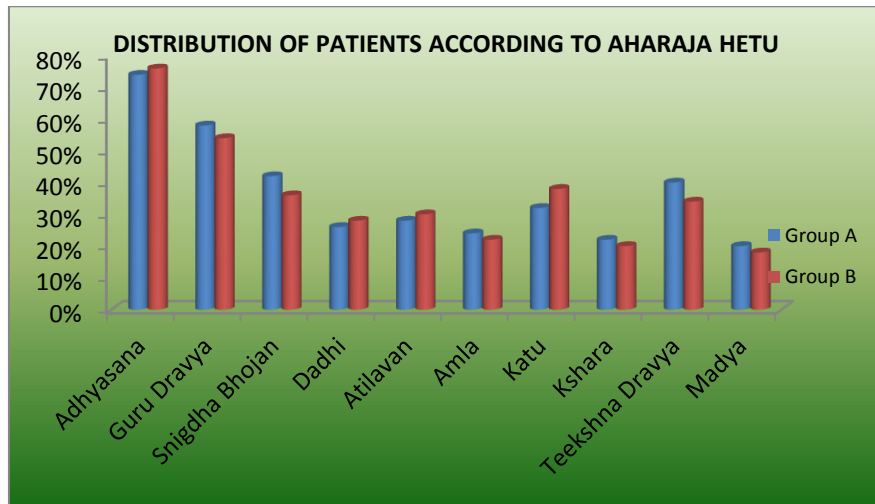
Observations showed that about 16 % patients were having Pravara Jaraśakti , about 38 % patients were having Madhyam Jaraśakti , and 46 % patients were having Avara Jaraśakti .



## B) NIDĀNPAÑCAK OF ŚĪTAPITTAVYĀDHI

### 1) NIDAN –a) ĀHĀRAJA HETŪ

Name of Hetu	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
Adhyasana	37	74%	38	76%
Guru Dravya	29	58%	27	54%
Snigdha Bhojan	21	42%	18	36%
Dadhi	13	26%	14	28%
Atilavan	14	28%	15	30%
Amla	12	24%	11	22%
Katu	16	32%	19	38%
Kshara	11	22%	10	20%
Tīkshna Dravya	20	40%	17	34%
Madya	10	20%	9	18%



#### Observations of the patients in Group A

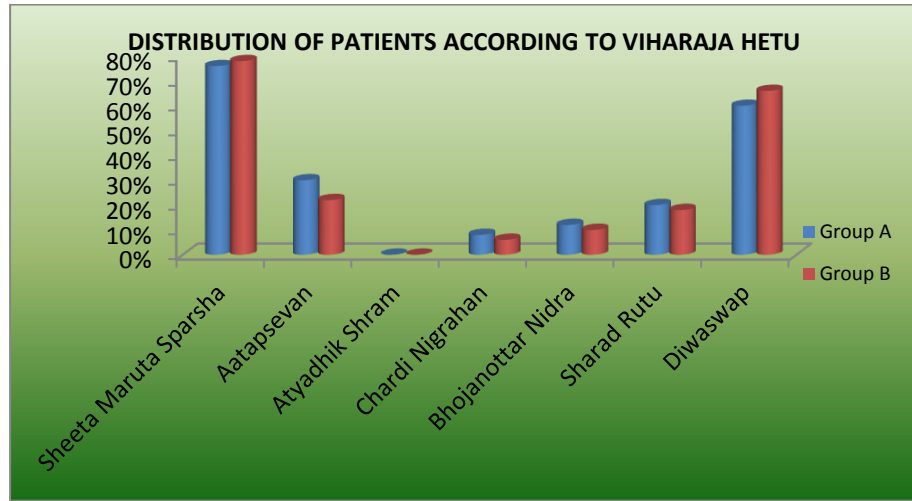
Observations showed that about 74% of Adhyaśan, 58% of Gūrūdravyā Sevan, 42% of Snigḍha Bhojan Sevan, 26% of Dadhi Sevan, 28% of Atilavan Sevan, 24% of Āmla Rasa Sevan, 32% of Kaṭū Rasa Sevan, 22% of Kṣhāra Sevan, 40% of Tīkṣhṇa Dravyā Sevan and 20% of Madya Sevan.

#### Observations of the patients in Group B

Observations showed that about 76 % of Adhyaśan, 54% of Gūrū dravyā Sevan, 36 % of Snigḍha Bhojan Sevan, 28 % of Dadhi Sevan, 30 % of Atilavan Sevan, 22 % of Āmla Rasa Sevan, 38 % of Kaṭū Rasa Sevan, 20 % of Kṣhāra Sevan, 34 % of Tīkṣhṇa Dravyā Sevan and 18 % of Madya Sevan.

## b) VIHĀRAJA HETŪ

Name of Hetu	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
Śīta Mārūt Sparśa	38	76%	39	78%
Ātapsewan	15	30%	11	22%
Atyādhik Śram	0	0%	0	0%
Chardi Nigrahan	4	8%	3	6%
Bhojanottar Nidra	6	12%	5	10%
ŚaradRtu	10	20%	9	18%
Diwāswāp	30	60%	33	66%



### Observations of the patients in Group A

Observations showed that about 76% patients were having the Hetū of Śīta-Mārūt Sparśa, 30 % patients of Ātapsewan, 8% patients having the Hetū of Chardi Nigrahan, 12% patients having the Hetū of Bhojanottar Nidrā, 20% patients observed in ŚaradRtu, 60% patients having the Hetū of Diwāswāp. The 0 % patients were having the cause of Atyādhik Śram.

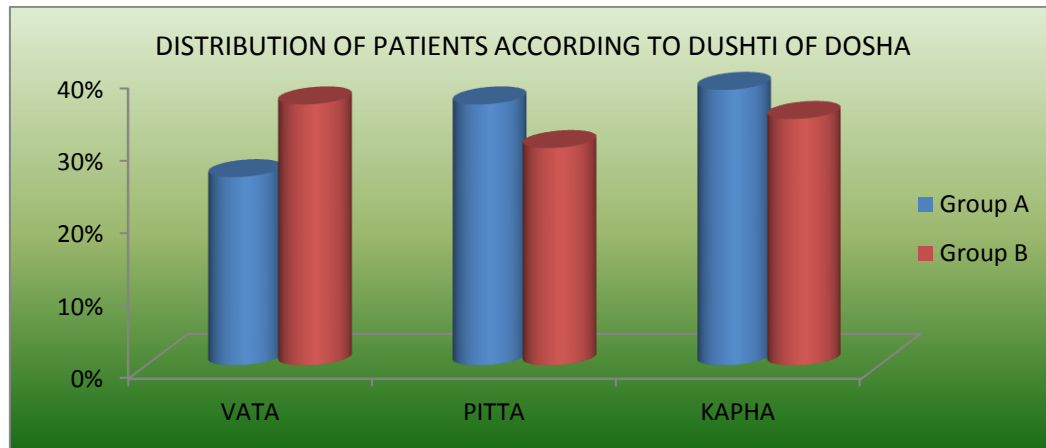
### Observations of the patients in Group B

Observations showed that about 78% patients were having the Hetū of Śīta-Mārūt Sparśa, 22 % patients of Ātapsewan, 6 % patients having the Hetū of Chardi Nigrahan, 10% patients having the Hetū of Bhojanottar Nidrā, 18 % patients observed in ŚaradRtu, 66 % patients having the Hetū of Diwāswāp. The 0 % patients were having the cause of Atyādhik Śram.

## 2) SAṂPRĀPTI GHATAK

### a) DŪṢṬI OF DOṢA

DOṢA	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
VĀTA	13	26%	18	36%
PITTA	18	36%	15	30%
KAPHA	19	38%	17	34%
GRAND TOTAL	50	100%	50	100%



#### Observations of the patients in Group A

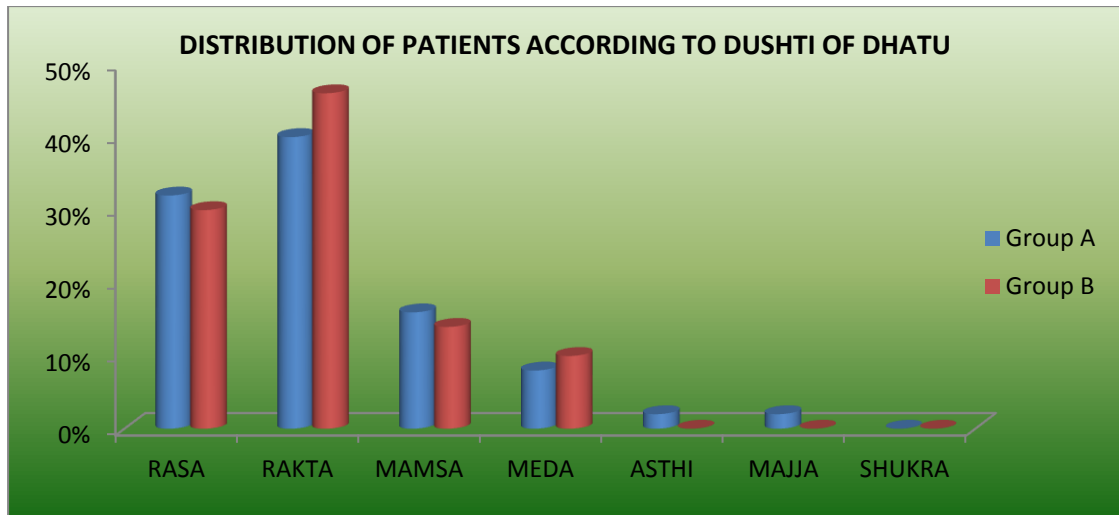
Observations showed that about 26 % patients were having Vāta pradhān Dūṣṭi, about 36 % patients were having Pitta pradhān Dūṣṭi, and 38 % patients were having Kapha pradhān Dūṣṭi .

#### Observations of the patients in Group B

Observations showed that about 36 % patients were having Vāta pradhān Dūṣṭi, about 30 % patients were having Pitta pradhān Dūṣṭi, and 34 % patients were having Kapha pradhān Dūṣṭi .

## b) DŪṢṬI OF DHĀTŪ

NAME OF DHĀTŪ	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
RASA	16	32%	15	30%
RAKTA	20	40%	23	46%
MAṂSA	8	16%	7	14%
MEDA	4	8%	5	10%
ASTHI	1	2%	0	0%
MAJJĀ	1	2%	0	0%
ŚUKRA	0	0%	0	0%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



### Observations of the patients in Group A

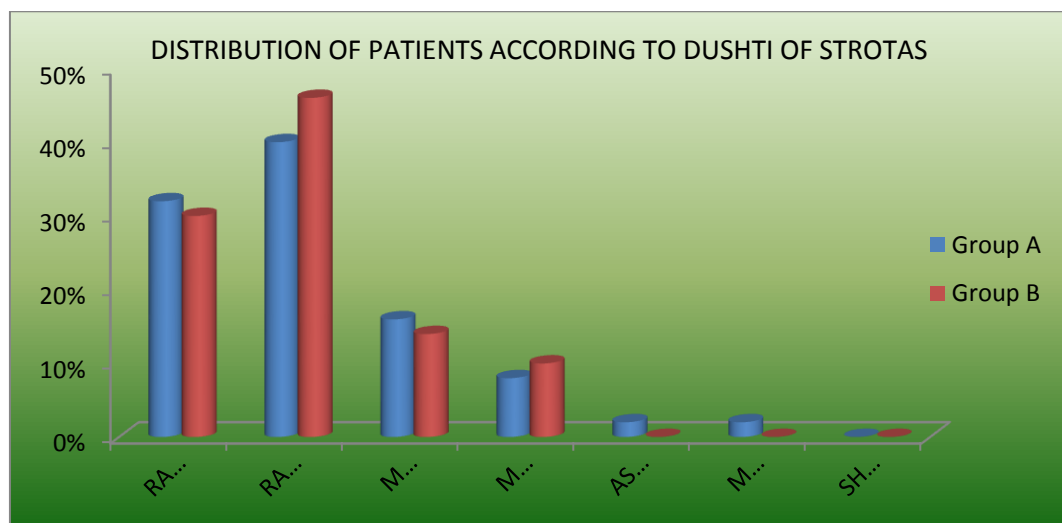
Observations showed that about 32 % patients were having Rasa Dhātū Dūṣṭi, about 40 % patients were having Rakta Dhātū Dūṣṭi, 16 % patients were having Maṁsa Dhātū Dūṣṭi, 8% patients were having Meda Dhātū Dūṣṭi, 2 % patients were having Asthi Dhātū Dūṣṭi , 2 % patients were having Majjā Dhātū Dūṣṭi and 0% patients were having Śukra Dhātū Dūṣṭi .

### Observations of the patients in Group B

Observations showed that about 30 % patients were having Rasa Dhātū Dūṣṭi, about 46 % patients were having Rakta Dhātū Dūṣṭi, 14 % patients were having Maṁsa Dhātū Dūṣṭi, 10% patients were having Meda Dhātū Dūṣṭi, 0 % patients were having Asthi, Majjā and Śukra Dhātū Dūṣṭi .

### c) DŪṢṬĪ OF STROTAS

NAME OF STROTAS	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
RASAVAHA	16	32%	15	30%
RAKTAVAHA	20	40%	23	46%
MAṂSAVAHA	8	16%	7	14%
MEDAVAHA	4	8%	5	10%
ASTHIVAHA	1	2%	0	0%
MAJJĀVAHA	1	2%	0	0%
ŚUKRAVAHA	0	0%	0	0%
<b>GRAND TOTAL</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>



#### Observations of the patients in Group A

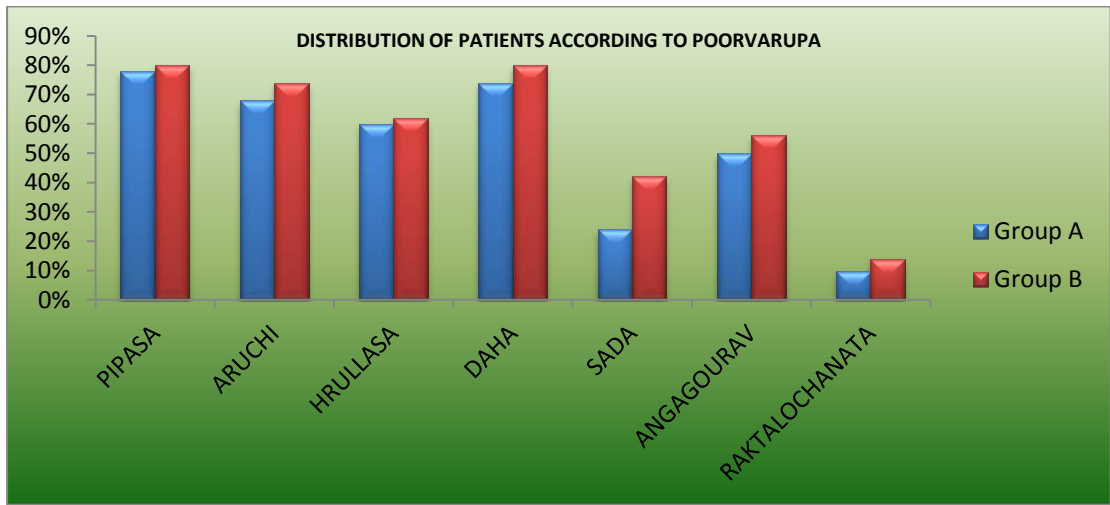
Observations showed that about 32 % patients were having Rasavaha Strotas Dūṣṭi , about 40 % patients were having Raktavaha Strotas Dūṣṭi , 16 % patients were having Maṁsavaha Strotas Dūṣṭi , 8% patients were having Medavaha Strotas Dūṣṭi , 2 % patients were having Asthivaha Strotas Dūṣṭi , 2 % patients were having Majjāvaha Strotas Dūṣṭi and 0% patients were having Śukravaha Strotas Dūṣṭi .

#### Observations of the patients in Group B

Observations showed that about 30 % patients were having Rasavaha Strotas Dūṣṭi , about 46 % patients were having Raktavaha Strotas Dūṣṭi , 14 % patients were having Maṁsavaha Strotas Dūṣṭi , 10% patients were having Medavaha Strotas Dūṣṭi , 0 % patients were having Asthi, Majjā and Śukravaha Strotas Dūṣṭi .

### 3) PURVARUPA

NAME OF PŪRVARŪPA	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
PIPĀSĀ	39	78%	40	80%
ARŪCĪ	34	68%	37	74%
HRILLĀSA	30	60%	31	62%
DĀHA	37	74%	40	80%
SADA	12	24%	21	42%
ANGAGOURAV	25	50%	28	56%
RAKTALOCANATĀ	5	10%	7	14%



#### Observations of the patients in Group A

Observation shows about 78 % patients having the Pūrvarūpa of Pipāsā, 68 % patients having Arūcī, 60 % patients having Hrillāsa, 74 % patients having Dāha, 24% patients having Sāda, 50% patients having Angagourav, 10% patients having Raktalocanātā as a Pūrvarūpa.

#### Observations of the patients in Group B

Observation shows about 80 % patients having the Pūrvarūpa of Pipāsā, 74 % patients having Arūcī, 62 % patients having Hrillāsa, 80 % patients having Dāha, 42% patients having Sāda, 56% patients having Angagourav, 14% patients having Raktalocanātā as a Pūrvarūpa.

#### 4) RŪPA (EFFECTS ON SYMPTOMS)

##### Observations of the Symptoms in Group A and Group B

**Note--**Statistical analysis of Symptoms was done in Chapter Assessment of Symptoms.

#### 5) UPAŚAYA ANŪPŚAYA

##### Upaśaya—Āaharaj-

It was observed in both Groups, patients feel Upaśaya with Madhūr and Tikta Rasa Sevan. Eating of Mudga (Green gram), Green vegetables, non spicy diet, Non oily Diet also found more effective in Upaśaya in ŚītapittaVyādhi.

##### Vihāraj—

Viśrānti at home (i. e. avoidance of Śīta Vāyū, Ātapsevan and allergic pollutants of outside) produces Upaśaya. Prākrūta Nidra, avoidance of Mānasika Chinta and Krodha also produces Upaśaya in ŚītapittaVyādhi.

##### Anūpaśaya—Āahāraj-

It was observed in both Groups, patients feel Anūpaśaya with Kaṭū and Āmla Rasa Sevan. Eating of Red gram, Kūlattha, Groundnuts, spicy diet, oily Diet, Eating of Nonveg (Specific Chicken, eggs and Fish), Fermented products (e.g. Idaly, Uttappa), Bakery products, Drinking of maximum tea produce Anūpaśaya in ŚītapittaVyādhi.

##### Vihāraj—

Working in Śīta Vāyū (A.C., Fan), Ātapsevan and allergic pollutants of outside produces Anūpaśaya. Diwāswāp, disturbed sleep and Mental stress also produces Anūpaśaya in Śītapitta.

## C) CIKITSĀ —VIRECANA PROCEDURE

### 1) PURVAKARMA—

DATA OF MĀTRĀ OF ĀBHYAÑTAR SNEHAPĀN ACCORDING TO KOṢṬHA

KOṢṬHA PRAKAR	DAYS	FIRST DAY MĀTRĀ	LAST DAY MĀTRĀ	TOTAL MĀTRĀ
MRŪDŪ	3-4	25 gm	150 gm	325 gm
MADHYAM	5-6	25 gm	200 gm	525 gm
KRŪRA	7	25 gm	300 gm	925 gm

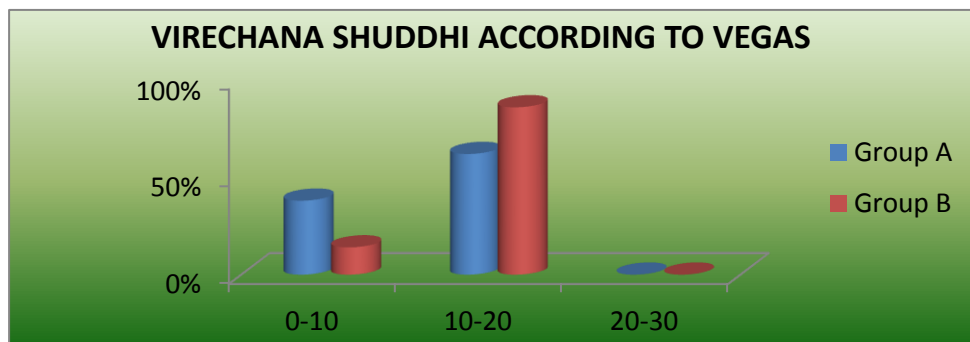
### 2) PRADHĀNKARMA—

#### A) TIME REQUIRED FOR STARTING OF VIRECANA VEGĀS

KOṢṬHA PRAKAR	GROUP A	GROUP B
MRŪDŪ	0 hr-1 hr	0 hr -1/2 hr
MADHAYAM	1 hr -2 hr	1/2 hr -1 hr,
KRŪRA	2 hr -3 hr	1 hr to1 &1/2 hrs

#### B) VIRECANA VEGA

NO.OF VEGĀS	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
0-10	19	38%	7	14%
10-20	31	62%	43	86%
20-30	0	0%	0	0%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>	<b>50</b>	<b>100%</b>





### Observations of the patients in Group A

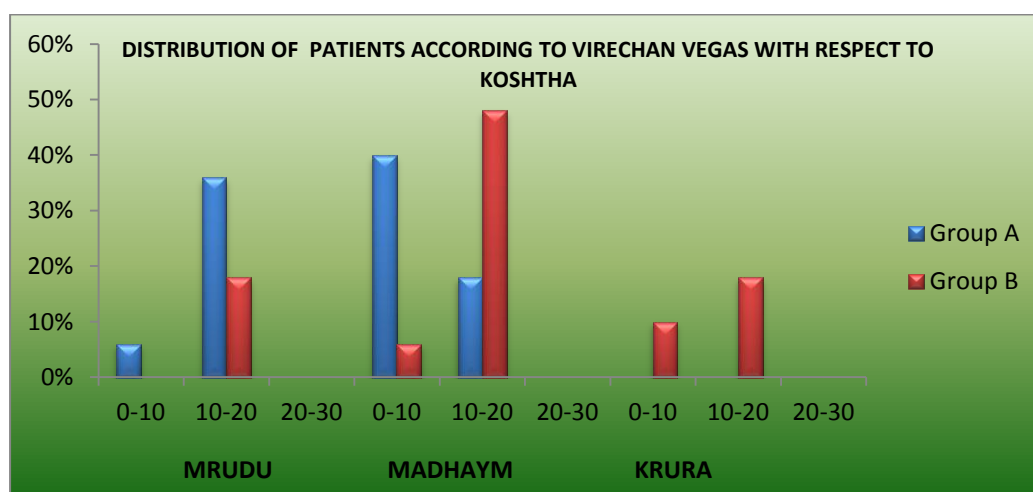
Observation shows about 38% patients produced 0-10 no. of Virecana Vegās, 62% patients produced 10-20 no. of Virecana Vegās and 0% patients produced 20-30 no. of Virecana Vegās..

### Observations of the patients in Group B

Observation shows about 14% patients produced 0-10 no. of Virecana Vegās, 86% patients produced 10-20 no. of Virecana Vegās and 0% patients produced 20-30 no. of Virecana Vegās.

### C) DISTRIBUTION OF PATIENTS ACCORDING TO VIRECANA VEGĀS WITH RESPECT TO KOṢṬHA

KOṢṬHA PRAKAR	NO.OF VIRECANA VEGĀS	NO. OF PATIENTS IN GROUP A	% OF PATIENTS	NO. OF PATIENTS IN GROUP B	% OF PATIENTS
MRIDU	0-10	3	6%	0	0%
	10-20	18	36%	9	18%
	20-30	0	0%	0	0%
MADHAYM	0-10	20	40%	3	6%
	10-20	9	18%	24	48%
	20-30	0	0%	0	0%
KRŪRA	0-10	0	0%	5	10%
	10-20	0	0%	9	18%
	20-30	0	0%	0	0%



### Observations of the patients in Group A

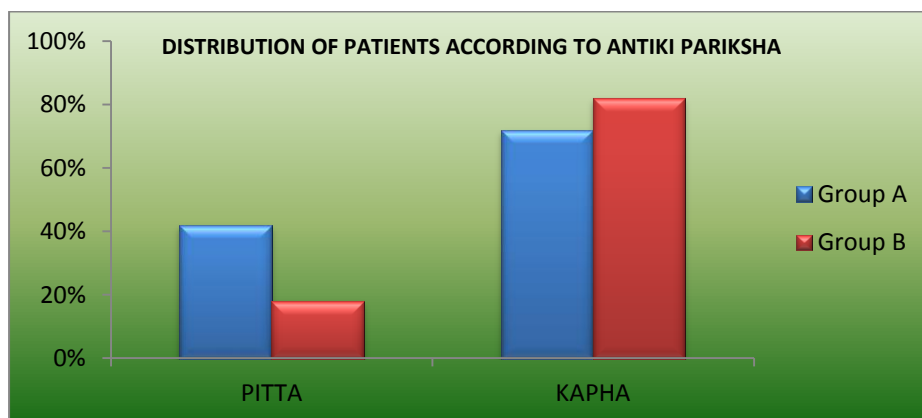
Observation shows that in Mrūdū Koṣṭi Ātūr-6% patients produced 0-10 no. of Virecana Vegās, 36% patients produced 10-20 no. of Virecana Vegās and 0% patients produced 20-30 no. of VirecanaVegās. In Madhyam Koṣṭi Ātūr- 40% patients produced 0-10 no. of VirecanaVegās, 18% patients produced 10-20 no. of VirecanaVegās and 0% patients produced 20-30 no. of VirecanaVegās. There were no any patients of Krūra Koṣṭha in this group.

### Observations of the patients in Group B

Observation shows that in Mrūdū Koṣṭi Ātūr-0 % patients produced 0-10 no. of VirecanaVegās, 18% patients produced 10-20 no. of VirecanaVegās and 0% patients produced 20-30 no. of VirecanaVegās. In Madhyam Koṣṭi Ātūr- about 6 % patients produced 0-10 no. of VirecanaVegās, 48% patients produced 10-20 no. of VirecanaVegās and 0% patients produced 20-30 no. of VirecanaVegās. In Krūra Koṣṭi Ātūr- about 10 % patients produced 0-10 no. of VirecanaVegās, 18 % patients produced 10-20 no. of VirecanaVegās and 0% patients produced 20-30 no. of VirecanaVegās.

### D) ANTIKI DOSHA WISE DISTRIBUTION

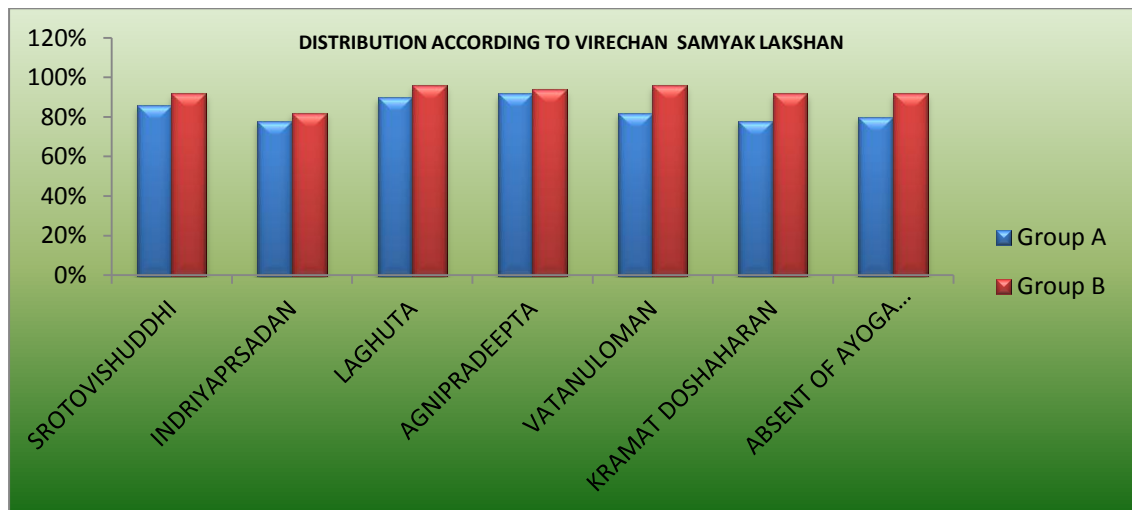
ANTI KI DOSHA	GROUP A		GROUP B	
	No.of patients	Percentage	No.of patients	Percentage
PITTA	14	28%	9	18%
KAPHA	36	72%	41	82%



There were about 72% patients having Kaphānt Virechan in Group A and 82% in Group B.

#### E) VIRECANA SAMYAK LAKṢAṆ

LAKṢAṆ	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
SROTOVIŚŪDDHI	43	86%	46	92%
INDRIYAPRSADAN	39	78%	41	82%
LAGHŪTA	45	90%	48	96%
AGNIPRADEEPTA	46	92%	47	94%
VĀTANULOMAN	41	82%	48	96%
KRAMAT DOṢA HARAN	39	78%	46	92%
ABSENT OF AYOGA LAKṢAṆ	40	80%	46	92%



#### Observations of the patients in Group A

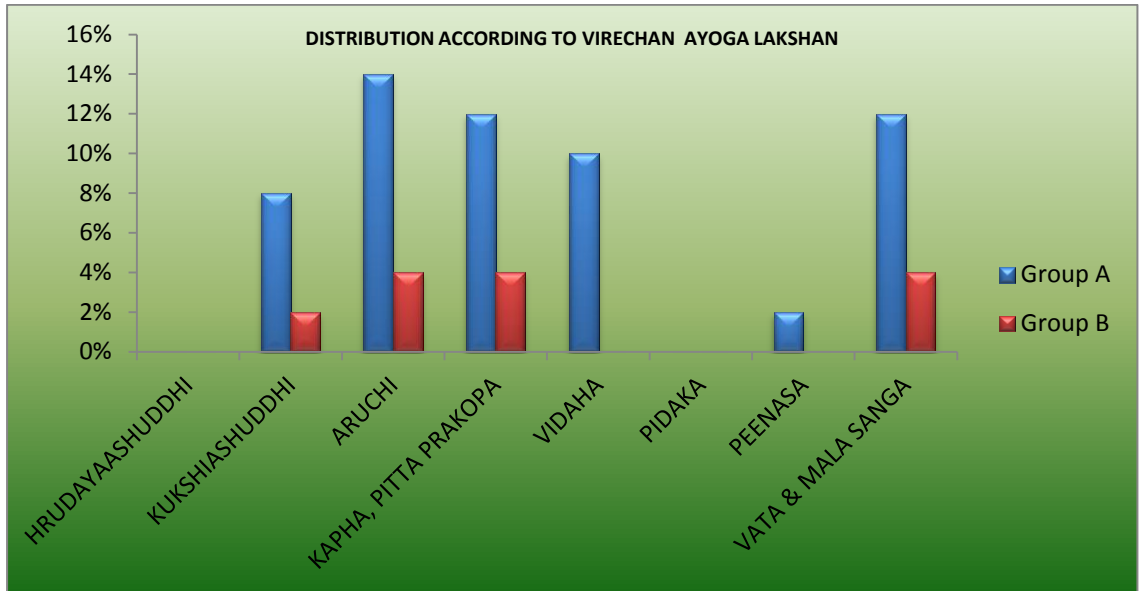
Observation shows about 92% patients were Agnipradīpta, 90% patients were having Laghūtā 86% having Srotoviśūddh. Other symptoms having less effects.

#### Observations of the patients in Group B

Observation shows that maximum patients having the Samyak Virecana Lakṣaṇ .

## F) VIRECANA AYOGA LAKṢAṆ

LAKṢAṆ	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
HRUDAYAĀŚŪDDHI	0	0%	0	0%
KUKSHIAŚŪDDHI	4	8%	1	2%
ARŪCĪ	7	14%	2	4%
KAPHA, PITTA PRAKOPA	6	12%	2	4%
VIDĀHA	5	10%	0	0%
PIDAKA	0	0%	0	0%
PEENASA	1	2%	0	0%
VĀTA & MALA SAṆGA	6	12%	2	4%



### Observations of the patients in Group A

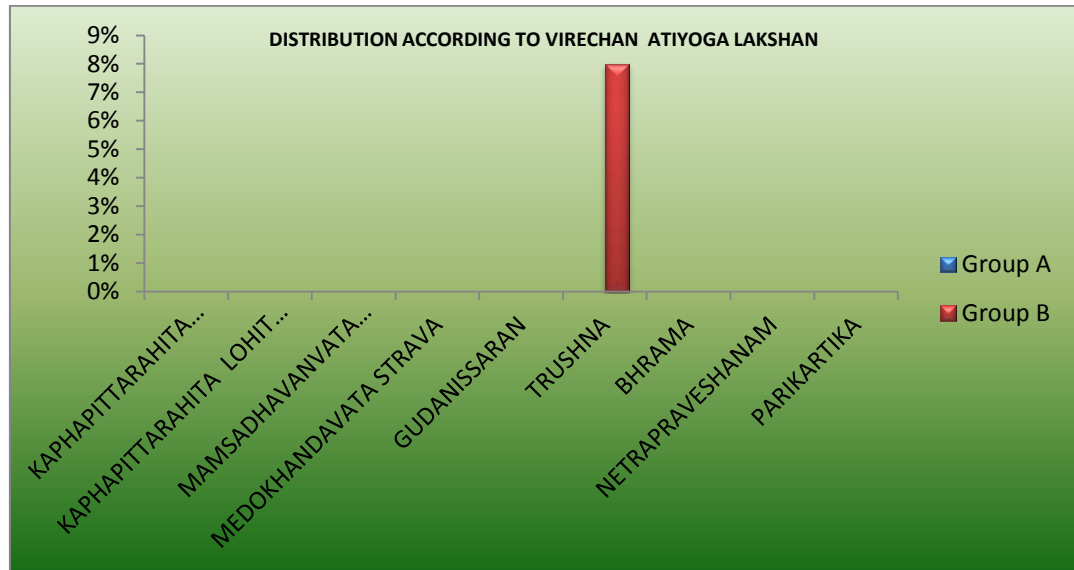
Observation shows about 14% patients were having Arūcī, 12% patients were having Kapha pitta prakopa, Vāta mala Saṅga. 10% having Vidāha and 8% patients having Kukṣiaśūddhi

### Observations of the patients in Group B

Observation shows about 4% patients were having Arūcī, Kapha pitta prakopa, and Vāta mala Saṅga. 4% patients having Kukṣiaśūddhi.

## G) ATIYOGA LAKṢAṆ

LAKṢAṆ	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
Kaphapittarahita Śweta Udaka Nissārana	0	0%	0	0%
Kaphapittarahita Lohit Udaka Nissārana	0	0%	0	0%
Mamsadhāvanvāta Udakastrāva	0	0%	0	0%
Medokhaṇḍavāta Strāva	0	0%	0	0%
Gudanissāran	0	0%	0	0%
Truṣṇā	0	0%	4	8%
Bhrama	0	0%	0	0%
Netrapraveshanam	0	0%	0	0%
Parikartikā	0	0%	0	0%



### Observations of the patients in Group A

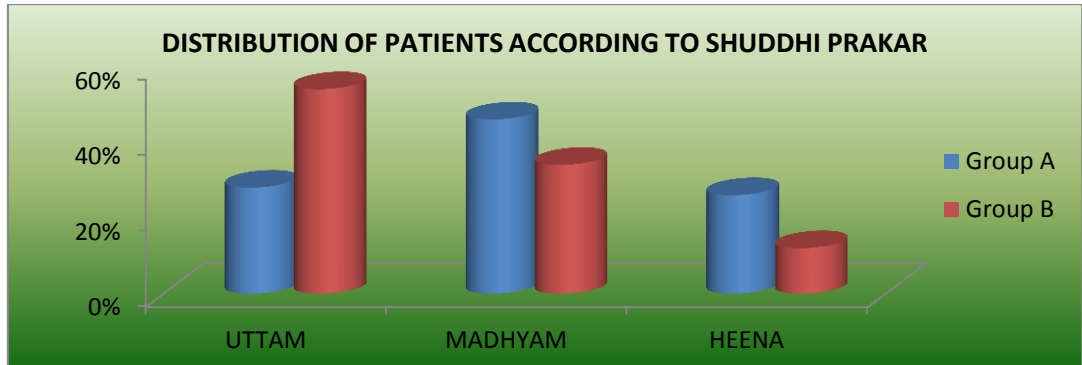
Observation shows that there were no any Atiyagjanya Lakṣaṇās produced in this group.

### Observations of the patients in Group B

Observation shows that there were no any Atiyogjanya Lakṣaṇās produced in this group except Truṣṇā i.e. 8%

## H) ŚUDDHI PRAKĀR

ŚUDDHI PRAKĀR	GROUP A		GROUP B	
	No. of patients	Percentage	No. of patients	Percentage
UTTAM	14	28%	27	54%
MADHYAM	23	46%	17	34%
HĪNA	13	26%	6	12%
Grand Total	50	100%	50	100%



### Observations of the patients in Group A

Observation shows about 28% patients were of Uttam Śuddhi, 46% patients were of Madhyam Śuddhi and 26 % patients were of Hīna Śuddhi.

### Observations of the patients in Group B

Observation shows about 58% patients were of Uttam Śuddhi, 34% patients were of Madhyam Śuddhi and 12 % patients were of Hīna Śuddhi.

### TIME DURATION TO DISAPPEAR THE SYMPTOMS.

NAME OF THE SYMPTOM	GROUP A	GROUP B
MAṆDAL	3 hrs—5 hrs	2 hrs—4 hrs
UTSEDHA	2 hrs—4 hrs	1 hrs—3 hrs
KAN̐DU	7 days – 30 days	5 days—20 days
TODA	2 hrs—5 hrs	2 hrs – 5 hrs
CHARDI	1 day—3 days	1 day—3 day
DĀHA	2 days—15 days	2 days—10 days

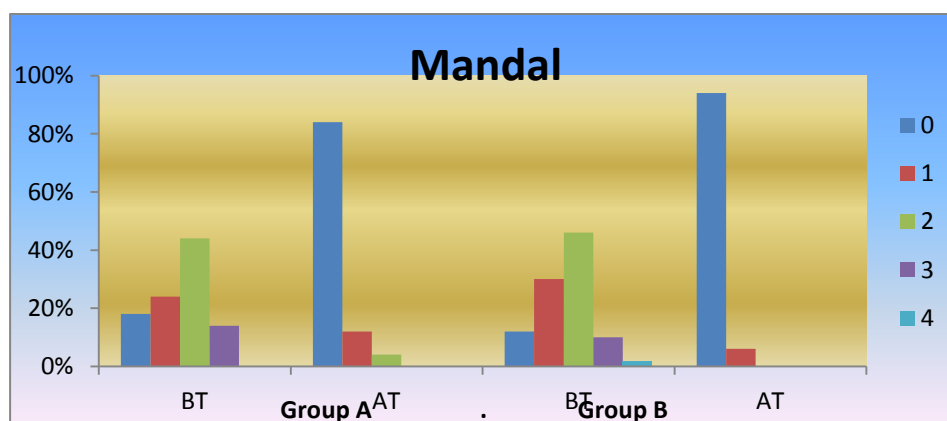
#### 4) ASSESSMENT OF SYMPTOMS OF ŚĪTAPITTA VYĀDHI

##### A) Subjective Parameters (Wilcoxon Test)

##### 1) MAṆḌAL

Maṇḍal	N	Positive rank	Negative rank	Tie	Z value	P value	Interpretation
Group A	50	0	41	9	-5.71	01.8E-9	S
Group B	50	0	44	6	-5.89	4.3E-27	S

Grade	Group A				Group B			
	BT		AT		BT		AT	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
0	9	18%	42	84%	6	12%	47	94%
1	12	24%	6	12%	15	30%	3	6%
2	22	44%	2	4%	23	46%	0	0%
3	7	14%	0	0%	5	10%	0	0%
4	0	0%	0	0%	1	2%	0	0%



##### COMPARISION

Maṇḍal	N	Sum of Ranks	Mann Whitney U test	p value
Group A	50	2653	1122	0.1
Group B	50	2397		

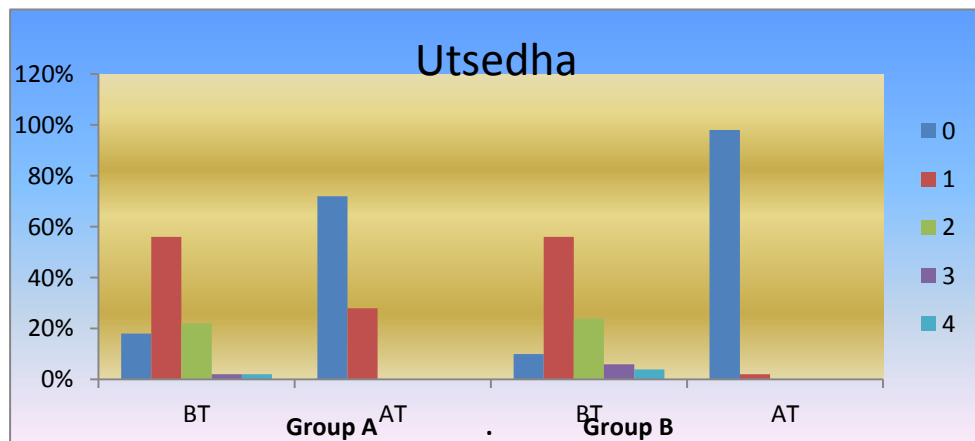
Here, p value >0.05 i.e. accept  $H_0$  hence it is said that in Maṇḍal Group B is more effective than Group A.

## 2) UTSEDHA

Utsedha	N	Positive rank	Negative rank	Tie	Z value	P value	Interpretation
Group A	50	0	41	9	-5.93	1.1E-17	S
Group B	50	0	46	4	-6.07	5E-7	S

Here, p value  $< 0.05$  i.e. reject  $H_0$  hence it is said that in utsedha Significant result were obtained in Group A as well as Group B

Grade	Group A				Group B			
	BT		AT		BT		AT	
	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage
0	9	18%	36	72%	5	10%	49	98%
1	28	56%	14	28%	28	56%	1	2%
2	11	22%	0	0%	12	24%	0	0%
3	1	2%	0	0%	3	6%	0	0%
4	1	2%	0	0%	2	4%	0	0%



## COMPARISION

Utsedha	N	Sum of Ranks	Mann Whitney U test	p value
Group A	50	2600	1175	0.17
Group B	50	2450		

Here, p value  $> 0.05$  i.e. accept  $H_0$  hence it is said that in **Utsedha** Group B is more effective than Group A



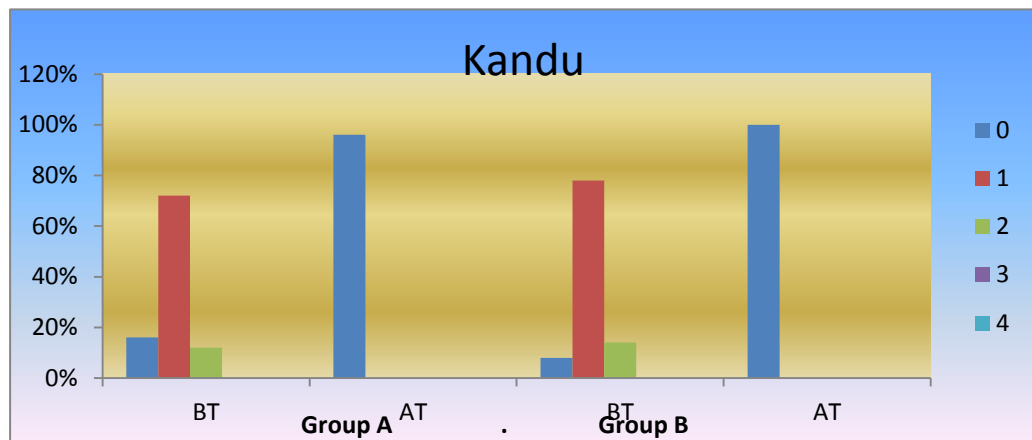
### 3) Kaṇḍu

Kaṇḍū	N	Positive rank	Negative rank	Tie	Z value	P value	Interpretation
Group A	50	0	50	0	-6.23	2E-7	S
Group B	50	0	50	0	-6.27	1.6E-6	S

Here, p value <0.05 i.e. reject  $H_0$  hence it is said that in **Kaṇḍu**

Grade	Group A				Group B			
	BT		At		Bt		At	
	No. of patients	percentage	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage
0	8	16%	48	96%	4	8%	50	100%
1	36	72%	0	0%	39	78%	0	0%
2	6	12%	0	0%	7	14%	0	0%
3	0	0%	0	0%	0	0%	0	0%
4	0	0%	0	0%	0	0%	0	0%

Significant result were obtained in Group A and Group B



### COMPARISION

Kaṇḍū	N	Sum of Ranks	Mann Whitney U test	p value
Group A	50	2600	1175	0.17
Group B	50	2450		

Here, p value >0.05 i.e. accept  $H_0$  hence it is said that in **Kaṇḍū** , Group B is more effective than Group A

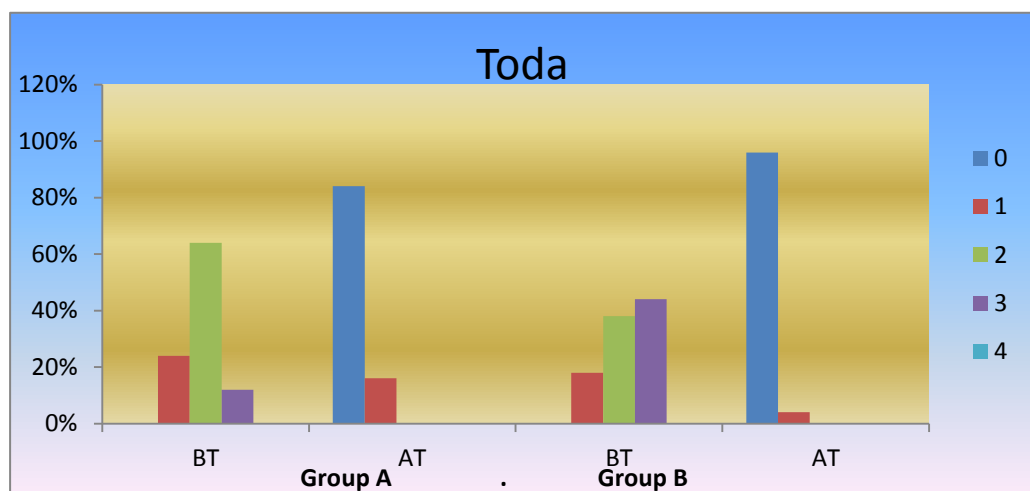
#### 4) TODA

Toda	N	Positive rank	Negative rank	Tie	Z value	P value	Interpretation
Group A	50	0	40	10	-5.97	1.8E-13	S
Group B	50	0	46	4	-6.39	2.7E-23	S

Here, p value <0.05 i.e. reject  $H_0$  hence it is said that in **Toda**

Significant result were obtained in Group A and Group B

Grade	Group A				Group B			
	Bt		At		Bt		At	
	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage
0	0	0%	42	84%	0	0%	48	96%
1	12	24%	8	16%	9	18%	2	4%
2	32	64%	0	0%	19	38%	0	0%
3	6	12%	0	0%	22	44%	0	0%
4	0	0%	0	0%	0	0%	0	0%



#### COMPARISION

Toda	N	Sum of Ranks	Mann Whitney U test	p value
Group A	50	2575	1200	0.15
Group B	50	2475		

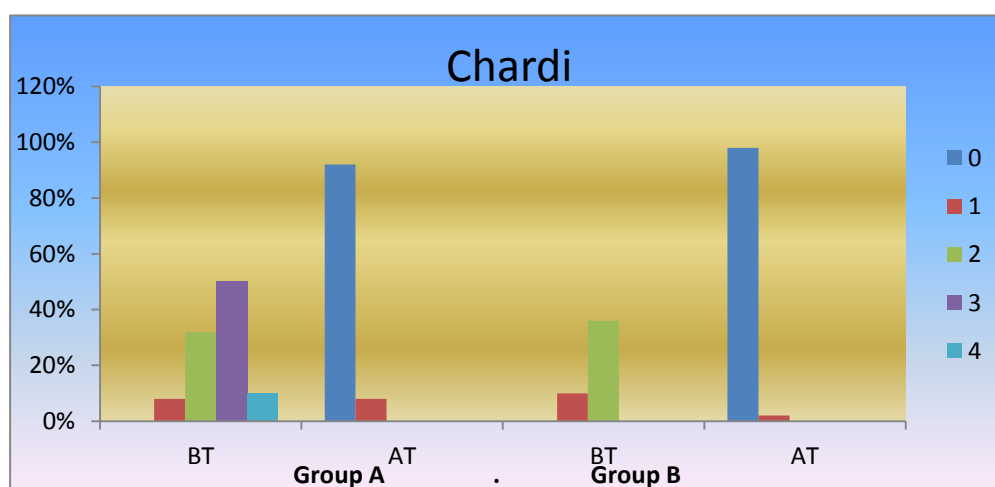
Here, p value >0.05 i.e. accept  $H_0$  hence it is said that in **Toda** Group B is more effective than Group A

## 5) CHARDI

Chardi	N	Positive rank	Negative rank	Tie	Z value	P value	Interpretation
Group A	50	0	38	12	-5.51	6.1E-27	S
Group B	50	0	40	10	-5.68	5.4E-32	S

Here, p value  $< 0.05$  i.e. reject  $H_0$  hence it is said that in **Chardi** significant result were obtained in Group A and Group B

Grade	Group A				Group B			
	Bt		At		Bt		At	
	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage
0	0	0%	46	92%	0	0%	49	98%
1	4	8%	4	8%	5	10%	1	2%
2	16	32%	0	0%	18	36%	0	0%
3	25	50%	0	0%	0	0%	0	0%
4	5	10%	0	0%	0	0%	0	0%



## COMPARISION

Chardi	N	Sum of Ranks	Mann Whitney U test	p value
Group A	50	2550	1225	0.3
Group B	50	2500		

Here, p value  $> 0.05$  i.e. accept  $H_0$  hence it is said that in **Chardi** Group B is more effective than Group A

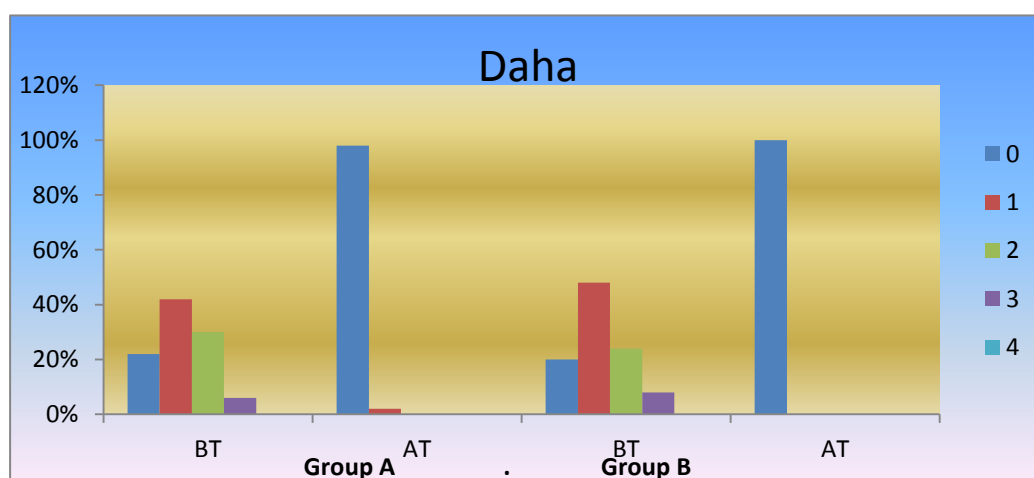
## 6) Dāha

Dāha	N	Positive rank	Negative rank	Tie	Z value	P value	Interpretation
Group A	50	0	50	0	-6.26	8.2E-14	S
Group B	50	0	50	0	-6.26	4.1E-9	S

Here, p value  $< 0.05$  i.e. reject  $H_0$  hence it is said that in **Dāha**

Significant result were obtained in Group A and Group B

Grade	Group A				Group B			
	Bt		At		Bt		At	
	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage	No. Of Patients	Percentage
0	11	22%	49	98%	10	20%	50	100%
1	21	42%	1	2%	24	48%	0	0%
2	15	30%	0	0%	12	24%	0	0%
3	3	6%	0	0%	4	8%	0	0%
4	0	0%	0	0%	0	0%	0	0%



## COMPARISION

Dāha	N	Sum of Ranks	Mann Whitney U test	p value
Group A	50	2675	1100	0.04
Group B	50	2375		

Here, p value  $< 0.05$  i.e. reject  $H_0$  hence it is said that in **Dāha** Group A is more effective than Group B

## B) Objective parameters

Wilcoxon test applied for this analysis

### 1) ESR

The hypothesis to be tested in this case is,

$H_0$  : Virecana is not effective in ESR

$H_1$ : Virecana is effective in ESR

ESR	N	Mean		SD	SE	t value	df	p value	Interpretation
		BT	AT						
Group A	10	22.5	9.1	3.8	1.2	10.88	9	1.6E-9	S
Group B	10	25.2	8.1	5.3	1.6	10.12	9	1.8E-21	S

Here, p value <0.05 i.e. reject  $H_0$  hence it is said that in **ESR**

Significant result were obtained in Group A as well as in Group B

### COMPARISION

The hypothesis to be tested in this case is,

$H_0$  : Group A is not more effective than Group B

$H_1$ : Group A is more effective than Group B

ESR	N	Mean	SD	SE	t value	p value
Group A	10	9.1	3.1	0.99	0.9	0.3
Group B	10	8.1	1.3	0.43		

Here, p value >0.05 i.e. accept  $H_0$  hence it is said that in **ESR** Group B is more effective than Group A

### 2) AEC

The hypothesis to be tested in this case is,

$H_0$  : Virecana is not effective in AEC

$H_1$ : Virecana is effective in AEC

AEC	N	Mean		SD	SE	t value	Df	p value	Interpretation
		BT	AT						
Group A	10	481.5	296	42.5	13.4	13.7	9	2.8E-13	S
Group B	10	490.1	298.4	31.8	10.07	19.02	9	2.9E-10	S

Here, p value <0.05 i.e. reject  $H_0$  hence it is said that in **AEC**

Significant result were obtained in Group A as well as in Group B

## COMPARISION

The hypothesis to be tested in this case is,

$H_0$  : Group A is not more effective than Group B

$H_1$ : Group A is more effective than Group B

AEC	N	Mean	SD	SE	t value	p value
Group A	10	296	55.7	17.6	-0.11	0.91
Group B	10	298	38.8	12.2		

Here, p value  $>0.05$  i.e. accept  $H_0$  hence it is said that in **AEC** Group B is more effective than Group A

### 3) Stool PH

The hypothesis to be tested in this case is,

$H_0$  : Virecana is not effective in **Stool PH**

$H_1$ : Virecana is effective in **Stool PH**

Stool PH	N	Positive rank	Negative rank	Tie	Z value	P value	Interpretation
Group A	10	9	1	0	-3	0.003	S
Group B	10	10	0	0	-3.1	0.002	S

Here, p value  $<0.05$  i.e. reject  $H_0$  hence it is said that in **AEC** significant result were obtained in Group A as well as in Group B

## COMPARISION

The hypothesis to be tested in this case is,

$H_0$  : Group A is not more effective than Group B

$H_1$ : Group A is more effective than Group B

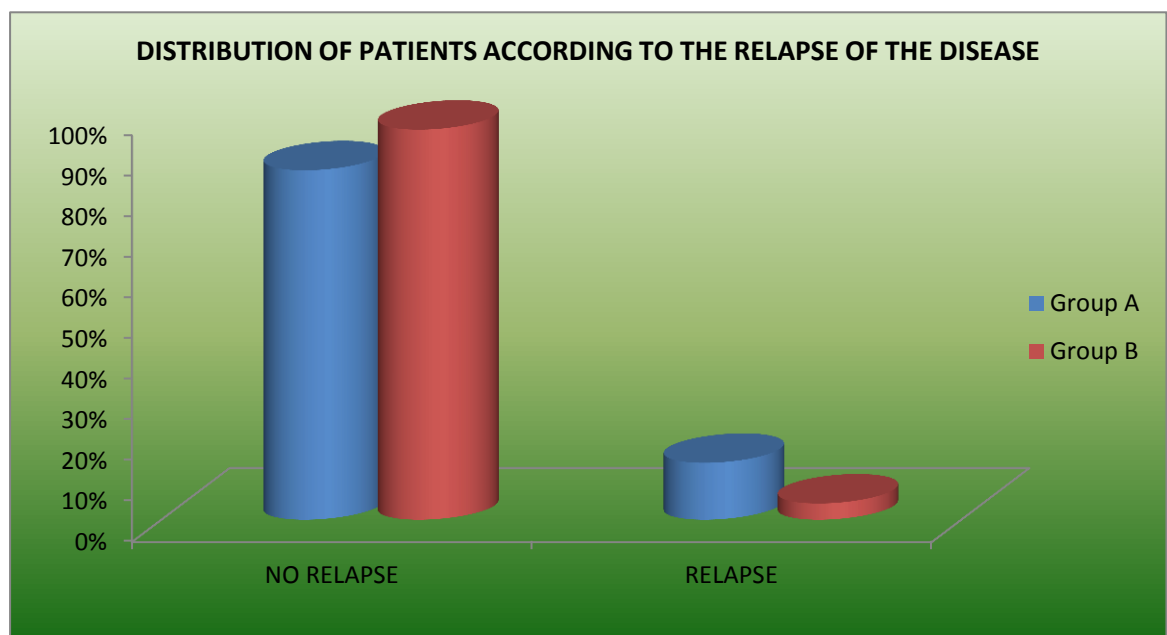
Stool PH	N	Sum of Ranks	Mann Whitney U test	p value
Group A	10	105.5	49.5	0.97
Group B	10	104.5		

Here, p value  $>0.05$  i.e. accept  $H_0$  hence it is said that in **AEC** Group B is more effective than Group A.

### 3. OBSERVATIONS DURING FOLLOW UP

#### RELAPSE OF THE DISEASE

DISTRIBUTION OF PATIENTS ACCORDING TO THE RELAPSE OF THE DISEASE				
RELAPSE OF THE DISEASE	GROUP A		GROUP B	
	No. Of Patients	Percentage	No. Of Patients	Percentage
NO RELAPSE	43	86%	48	96%
RELAPSE	7	14%	2	4%
GRAND TOTAL	50	100%	50	100%



#### Observations in Group A -

There were about 86% patients in whom no relapse of the disease was produced and only 14% patients observed in whom relapse of the disease was produced.

#### Observations in Group B -

There were about 96 % patients in whom no relapse of the disease was produced and only 4 % patients observed in whom relapse of the disease was produced.

# RESULT



## RESULTS

### In Group A –

Lakṣaṇās	N	Positive rank	Negative rank	Tie	Z value	P value	Interpretation
Maṇḍal	50	0	41	9	-5.71	01.8E-9	S
Utsedha	50	0	41	9	-5.93	1.1E-17	S
Kaṇḍū	50	0	50	0	-6.23	2E-7	S
Toda	50	0	40	10	-5.97	1.8E-13	S
Chardi	50	0	38	12	-5.51	6.1E-27	S
Dāha	50	0	50	0	-6.26	8.2E-14	S

Here, in all Lakṣaṇās p value is <0.05 hence it is said that Group A is effective in all Lakṣaṇās of shittapitta.

### In Group B –

Lakṣaṇās	N	Positive rank	Negative rank	Ties	Z value	P value	Interpretation
Maṇḍal	50	0	44	6	-5.89	4.3E-27	S
Utsedha	50	0	46	4	-6.07	5E-7	S
Kaṇḍū	50	0	50	0	-6.27	1.6E-6	S
Toda	50	0	46	4	-6.39	2.7E-23	S
Chardi	50	0	40	10	-5.68	5.4E-32	S
Dāha	50	0	50	0	-6.26	4.1E-9	S

Here, in all Lakṣaṇās p value is <0.05 hence it is said that Group B is effective in all Lakṣaṇās of shittapitta.

## **RESULT**

### **1) Subjective Parameter-**

In Group A and Group B in all Symptoms of Śītapitta Viz: Maṇḍala, Utsedha, Kaṇḍū, Toda, Dāha and Chardi, the p value is  $<0.05$ .

### **2) Objective Parameter-**

In ESR, AEC, Stool PH the p value is  $<0.05$  in Group A and Group B. Hence we can say that both Groups were effective in ESR, AEC and stool PH.

### **3) Comparison In Reduction Of The Symptoms (subjective parameters)**

Maṇḍal—p value is 0.1, Utsedha- p value is 0.17, Kaṇḍū—p value is 0.17, Toda—p value is 0.15, Chardi—p value is 0.3, Dāha—p value is 0.04

### **4) Comparison in Objective Parameter**

ESR-Here, p value is 0.3 i.e.  $>0.05$  Hence it is said that in ESRCount Group B is more effective than Group A

AEC-Here, p value is 0.91 i.e.  $>0.05$  Hence it is said that in AECCCount Group B is more effective than Group A

Stool PH-Here, p value is 0.97 i.e.  $>0.05$  Hence it is said that in Stool PH Group B is more effective than Group A

# DISCUSSION

- A. Discussion on Sāmānya parikshan**
- B. Discussion on Nidānpañcak of ŚītapittaVyādhī**
- C. Discussion on Virecana Procedure**
- D. Discussion on Symptoms of ŚītapittaVyādhī**
- E. Discussion on Relapse of the ŚītapittaVyādhī**
- F. Discussion on Overall Effect Of The Procedure**
- G. Discussion on Action Of Virecana Dravyās Used In This Study and Probable Samprapti Bhanga By Virecana**
- H. Discussion on Probable Mode of Action of Virecana Procedure.**

## **DISCUSSION ON SĀMĀNYA PARIKṢAN**

### **1) AGE:**

It was found that occurrence of ŚītapittaVyādhī is in age group of 32-45 yrs. and very few patients were in 45-60 yrs of age group. This indicated that more incidence of ŚītapittaVyādhī is in Middle age.

### **2) GENDER :**

Females are suffering more from Śītapitta Vyādhī than males.

### **3) OCCUPATION:**

Servicemen are more prone to Śītapitta Vyādhī followed by housewife. This indicated more incidence is in Service. This may be due to maximum stress, irregular dietary habit and prone to air condition room. Maximum Housewives were also develop Śītapitta may be because of irregular dietary habit, Diwāswāp and Viruddhaāhara sevan.

### **4) MARRITAL STATUS :**

Married patients were more as compared to Unmarried. This may be because of the more stress the married person have.

### **5) DHĀTUSĀRATĀ:**

The Rasa and Rakta Dhātū were of Hīna Sārayukta followed by Maṃsa and Meda Dhātūs. Hence these two Dhātūs having less immunity and more prone to produce Śītapitta.

### **6) DEŚA:**

It was found that more patients are belongs to Sādhāran Deśa followed by Jāṅgal Deśa. only few patients were of Anup Deśa.

### **7) ṚTŪ:**

ŚīśiraṚtu is more prone to produce ŚītapittaVyādhī followed by Śarad and Hemañt Ṛtu. In VarṣāṚtu and Grīṣma Ṛtu Śītapitta is developed in very few persons. This may be because of in Śīśira and Hemañt Ṛtu very Śīta vayu present in the

atmosphere. This Śītatwa outside the body and Uṣṇatwa of Pitta inside the body causes ŚītapittaVyādhi. Śarad R̥tu is Pittaprapakopaka R̥tu hence more prone to produce ŚītapittaVyādhi.

**8) SAMHANAN:**

It was found that maximum number of patients were of Madhyam Samhananyukta followed by Uttam Samhanana.

**9) SATWA:**

It was found that Maximum number of patients were of Madhyam Satwayukta followed by Uttam Satwa. These patients can tolerate the Virecana Vegās. Hīna Satwayukta patients can not tolerate the Virecana Vegās.

**10) PRAKRUTI:**

In Group A –It was found that, more incidence is in Pitta Kaphaja type of Prakruti followed by Kapha Pittaja and Pitta Kaphaj Prakruti.

In Group B- It was found that, more incidence is in Kapha Vātaja type of Prakruti followed by Kapha Pittaja and Pitta Kaphaj Prakruti. This indicated that ŚītapittaVyādhi is Triḍoṣaj.

**11) KOṢṬHA:**

Maximum number of patients were having Madhyma type of Koṣṭha, followed by Krūra Koṣṭha There are less number of patients having Mrūdū Koṣṭha.

**12) KṢUDHĀ:**

It was found that maximum number of patients having Alpa Kṣudhā, means in these patients Kapha dominancy is there causing Maṇḍāgni. Maṇḍāgni causes production of Apakwa Āhārarasa. This Apakwa Āhārarasa causes Sāma Doṣa and SāmaDhātū Utpatti causing Śītapitta.

**13) AGNI:**

This indicated both Maṇḍāgni and Viṣamāgni lead to Kaphaprapakopa and Vāta prakopa respectively, which are initiators of pathogenesis of Śītapitta.

#### **14) DIETIC HABITAT:**

It was found that Maximum number of patients were of Viṣmāśan and Adhyaśan because of irregular work habit. These both Viṣmāśan and Adhyaśan lead to Vāta prakopa and Kaphaprakopa respectively, which are again initiators of pathogenesis of Śītapitta.

#### **15) ĀHĀRAŚAKTI, ABHYAVĀHĀRANA ŚAKTI, JARAN ŚAKTI :**

It was found that Maximum number of patients were of Avar Āhāraśakti, Avar Abhyavahara śakti and Avar Jara śakti hence more prone to produce less Immunity causing ŚītapittaVyādhī

### **DISCUSSION ON NIDĀNPAÑCAK OF THE ŚĪTAPITTAVYĀDHĪ**

#### **1) NIDĀN:**

##### **a) Āhāraja Hetū—**

It was found that Adhyaśan is the very prominent Hetu in ŚītapittaVyādhī followed by Gūrū Dravyā Sewan and Diwāswāp.

This indicated that all these Hetūs cause Vāta and Kapha prakop respectively which are the predominatory factors in production of ŚītapittaVyādhī.

##### **b) Vihāraj Hetū--**

Śīta-Marūt Sparśa is the prominent Hetū in ŚītapittaVyādhī.

#### **2) PŪRVARŪPA—**

It was found that Pipāsā is the prominent Pūrvarūpa followed by Dāha, Arūcī and Hrilāsa. These Pūrvarūpas are the indicated of Dūṣṭi of Kapha and Pitta Doṣa .

#### **3) RŪPA—**

It was found that Maximum patients were of Maṇḍal, Utsedha and Kaṇḍū symptoms, followed by Dāha and Toda symptoms. There are very few patients having the symptom of Chardi.

#### **4) SAMPRĀPTI GHATAK OF ŚĪTAPITTAVYĀDHI**

##### **a) Dūṣṭi Of Doṣās:**

In Group A - Maximum number of patients were having Kapha Dūṣṭi followed by Pitta Dūṣṭi . In Group B--Maximum number of patients were having Vāta Dūṣṭi followed by Kapha Dūṣṭi .

##### **b) Dūṣṭi Of Dhātūs:**

It was found that Maximum number of patients were having Rakta Dhātū Dūṣṭi followed by Rasa Dhātū Dūṣṭi . In ŚītapittaVyādhī Dūṣṭi of these two Dhātūs mainly takes place.

##### **c) Dūṣṭi Of Strotas:**

It was found that, Maximum number of patients were having Raktavaha Strotas Dūṣṭi followed by Rasavaha Strotas Dūṣṭi. In ŚītapittaVyādhī Dūṣṭi of these two Strotas mainly takes place.

#### **5) UPAŚAYA - ANUPŚAYA**

##### **Upaśaya—Āhāraja-**

It was observed in both Groups, patients feel Upaśaya with Madhūr, Tikta Rasa and Laghū Āhāra sewan.

**Vihāraja**—Vishrānti at home (i. e. avoidance of Śīta Vāyu, Ātapsevan and allergic pollutants of outside) produces Upaśaya. Prākṛuta Nidrā, avoidance of Mānasika Chīntā produces Upaśaya in Śītapitta Vyādhī.

##### **Anupaśaya—Āhāraja-**

It was observed in both Groups, patients feel Anupaśaya with Katū, Āmla Rasa and Virūddha Āhāra Sevan. Drinking of maximum tea produce Anupaśay in ŚītapittaVyādhī

**Vihāraja**—Working in Śīta Vāyu (A.C., Fan), Ātapsevan and allergic pollutants of outside produces Anupaśaya. Diwāswāp, disturbed sleep, Mānasika Chīntā produces Anupaśaya in Śītapitta Vyādhī.

## **DISCUSSION ON VIRECANA PROCEDURE**

### **1) PŪRVAKARMA—**

#### **Ābhyañtar Snehapān**

About 325 gm of Goghrita Mātrā was required for Mrūdū Koṣṭi Ātūr, about 525 gm of Goghrita Mātrā was required for Madhya Koṣṭi Ātūr and about 725 gm of Goghrita Mātrā was required for Krūra Koṣṭi Ātūr.

### **2) PRADHĀNKARMA—**

#### **a) Discussion on starting of Virecana Vegās**

This was found that the Virecana Vegās produced earlier in Group B as compared to in Group A. This may be because of the effect of Sneha (Eraṇḍa Tail) which was added in Group B.

#### **b) Discussion on number of Virecana Vegās :**

This indicates that there are maximum number of patients produced 10-20 Virecana Vega followed by 0-10 number of patients. 20-30 number of Virecana Vegās were not produced in any patient. This may be because of the Virechak Auṣadhi used is Mrūdū Guṇatmak.

#### **c) Discussion on number of Virecana Vegās with respect to Koṣṭha:**

It was found that the maximum number of VirecanaVegās produced in Mrūdū Koṣṭi Ātūr followed by in Madhyam Koṣṭi Ātūr. There were very less VirecanaVegās were produced in Krūra Koṣṭi Ātūr.

#### **d) Virecana Laiṅgiki Śūddhi —**

It was found that maximum number of patients shows Madhyam type of Śūddhi followed by Uttam Śūddhi and lastly Hīna type of Śūddhi in Group A. In Group B, maximum number of patients shows Uttam type of Śūddhi followed by Madhyam Śūddhi and lastly Hīna type of Śūddhi. There were maximum number of patients having Uttam Śūddhi in Group B as compared to Group A. This may be because of the Eraṇḍ Sneha which is added in Group B.



**e) Time duration to disappear the symptoms-**

This indicated that Kaṇḍū symptom required maximum time followed by Dāha Symptom to be disappear. The Utsedha, Maṇḍala and Toda Symptoms required minimum time to disappear. Chardi Symptom required medium time to disappear in both the Groups.

**f) Discussion on Vyāpads observed during the procedure.**

It was found In Group A, that the main Vyāpad observed is that Gudadāha . After 5-6 Virecana Vegās Patient feels Gudadāha Lakṣaṇ. This may be because of the Pippali which is added in this Yoga.

In Group B, the main Vyāpad observed is that Hrullās. After Ingestion of Virecana Yoga Patient feels Hrullās Lakṣaṇ. This may be because of the Eraṇḍ Sneha which is added in this Yoga.

**DISCUSSION ON RELIEF OF THE SYMPTOMS**

**SUBJECTIVE PARAMETER**

Here, p value is  $<0.05$  in all Symptoms of ŚītapittaVyādhi Viz- Maṇḍal , Utsedha, Kaṇḍū , Toda, Chardi and Dāha . There are Significant result were obtained in all Symptoms of Śītapitta Vyādhi in Group A as well as in Group B. Hence it is said that this procedure found to be effective in Śītapitta Vyādhi.

**OBJECTIVE PARAMETER**

**DISCUSSION ON EFFECT ON ESR , AEC AND STOOL PH**

**ESR –**

It was found that, before the Virecana Procedure the ESR count was increased beyond the normal limit. After the treatment the ESR comes to normal limit. Here, p value is  $<0.05$  hence it is said that in ESR significant result were obtained in Group A as well as in Group B.

**AEC – (Acute Eosinophilic count)**

It was found that, before the Virecana Procedure the AEC count was increased beyond the normal limit. After the treatment the AEC comes to normal limit. Here, p value is  $<0.05$  hence it is said that in AEC significant result were obtained in Group A as well as in Group B.

## STOOL PH –

It was found that, before the Virecana Procedure the Stool PH was Acidic means indicative of increased Pitta in Koṣṭha. After the treatment it was found that Stool PH becomes Alkaline or Neutral. This is indicative of removal of Pitta from Koṣṭha after the Virecana procedure takes place.

## C) DISCUSSION ON RELAPSE OF THE DISEASE :

It was observed that Maximum patients were reported no relapse within follow up study and very few patients were reported relapse of the disease within 2 months of follow up study.

## DISCUSSION ON OVERALL EFFECT OF THE PROCEDURE

### PROBABLE MODE OF ACTION OF PŪRVAKARMA:

#### (1) Dīpana and Pācan:-

It is very important to give Pācan and Dīpan Dravyās before giving Snehapān.

आमेन तेन सम्पृक्ता दोषा दूष्याश्च दूषिताः।सामा इत्युपदिश्यन्ते ये च रोगास्तदुद्भवाः॥२७॥

सर्वदेहप्रविसृतान् सामान् दोषान् न निर्हरेत्।लीनान् धातुष्वनुत्क्रियान् फलादामाद्रसानिव॥२८॥

आश्रयस्य हि नाशाय ते स्युर्दुर्निर्हरत्वतः। (A.H. Su. 13/28-29)

If Doṣās are in ‘Sāmen Samprukta’ condition then cant removed easily from the body. They stuck inside layer of the Strotas. If anyone tries to remove these Sāma Doṣās as it is then there may be the chances of destruction of the Strotas.

पाचनैर्दीपनैः स्नेहैस्तान् स्वेदैश्च परिष्कृतान्॥२९॥

शोधयेच्छोधनैः काले यथासन्नं यथाबलम्।हन्त्याशु युक्तं वक्त्रेण द्रव्यमामाशयान्मलान्॥३०॥

(A.H. Su. 13/29-30)

Hence these Doṣās need Dīpan Pācan Cikitsā before giving Snehapān. Pācan Dravyā are Agni and Vāyū Mahābhūta Pradhān. Also due to its inherent properties of Uṣṇa and Laghū it enhances the Agni which is helpful in the digestion of Sneha taken during Snehapāna. Pācan helps in digestion of extra amount of Kleda present in different Strotas, this causes proper absorption of Virecak Dravyā and easy Virecana procedure. Generally used Pācan Dravyās are Dhaniyā, Pippalimūla, Marica, Śūnṭhi, Nāgarmothā. After Pācan ultimately Agnidīpan happens. This is important for proper digestion of Sneha and accumulation of Doṣa in Koṣṭha. Some Dravyās act both

Pācana and Dīpan. E.g. Citrak, Hiṅgū, Marica, Jīrak, Ajmoda, Ārdrak, Madhū, Takra, Kṣār.

## (2) Snehapāna, Snehan and Swedan :-

Main purpose of Pūrvakarma is to eliminate Doṣās from Śakhā to Koṣṭha. It is done by Snehana and Swedana. Ācarya Caraka has describes how Doṣās from Śakhā enter the Koṣṭha.

वृद्ध्या विष्यन्दिनात् पाकात् स्रोतोमुखविशोधनात्।

शाखा मुक्त्वा मलाः कोष्ठं यान्ति वायोश्च निग्रहात् ॥३३॥ (Ch. Su. 28/33)

The elevated Doṣās on Vriddhi, Viṣyaṇḍana, Pāka, and Srotomūkha Viśodhana and Vāta nirodha reenters the Koṣṭha from Śakhā.

Detail description of this is given below.

**Vriddhi** :-Sneha is able to elevate the of Doṣa with help of its Snigḍha and Drava properties.

(1) Snigḍha : Due to Kledana action Sneha increases the Doṣa. When any Sneha metabolized then maximum quantity of water is produced as a biproduct of metabolism of proteins and carbohydrates. This liberated water may dissolve the local Doṣās in itself and help them in coming to Koṣṭha.

(2) Drava : Due to its Vilodana action Sneha liquefies morbid humours and causes an increase in its quantity. Drava is opposite of the Sāṇdra Gūṇa. Here we can consider that Sneha decreases the concentrated Doṣās by its Drava Gūṇa. It helps in elimination of Kapha and Pitta which are having Drava Gūṇa and Doṣās present in liquid Dhātū like Rasa, Rakta and Mala like Mūtra, Pūriṣa are also get increase. So their easy elimination takes place during Virecana Karma.

**Viṣyaṇḍana** :-Viṣyaṇḍana means liquification. Sneha converts the Doṣa in a liquid form so that may be facilitated for transport. This is done by its Snigḍha, Mrūdū, Drava, and Sara properties.

(1) Snigḍha: On account of its Kledana action Sneha increases and liquefies the Doṣās as explained earlier.

(2) Mrūdū: Due to this property Sneha loosens and softens the Doṣa so that they may be mobilized.

(3) Drava: Sneha increases the liquidity of Doṣa on behalf of its pāñcabhautika configuration, thus mobilizing them.

(4) Sara: With help of Sara Gūṇa Sneha directs the Doṣās in its proper direction e.g. Śākhā to Koṣṭha.

**Pāka :-**Sneha increases Agni at all levels i.e. Jātharāgni, Bhūtāgni, and Dhātvāgni thus digest the Doṣās and Āma.

**Srotomūkha Viśodhana :-**On account of its Sūkṣma and Sara Gūṇās Sneha does this function.

(1) Sūkṣma: Due to its Vivarana action Sneha penetrates subtle channels and opens the blocked one, allowing proper movement of Doṣa.

(2) Sara: Sara Gūṇa of Sneha also helps this process. Sara has the property of Preraṇa i.e. it puts the things into motion as a result of this quality Sneha helps in redirecting the Doṣa, Dhātū, and Mala in proper direction.

**Vāyoshca Nigrahāt:** Sneha has specific action over Vātadoṣa. Vāta is the chief Hetū for mobilizing Doṣās from the Koṣṭha to Śākhā. On pacifying this Vātadoṣa by its inherent antagonist Sneha Gūṇa, this process can be terminated.

If Snehapāna is not done and if we try to remove the Doṣa from Rūkṣa Śarira, there may be possibility of lodging the Doṣa in the way due to Rūkṣatā (roughness) in Srotasa. To avoid this, patients should be oiled properly.

The mode of action is compared to just like a vessel smeared with oil, water slips down from it, without any application of force, so also in the body, the application of oleation therapy the moistened & vitiated Doṣās will be alleviated easily (Ch.Si.6/11).

Kleenna Doṣās which are present either in Koṣṭha, Dhātū, Srotas, Śākhās & Asthi (includes madhyama roga mārga) are liquified by Swedana & brought to Koṣṭha, thereby eliminated through Śodhana Karma.

स्नेहक्लिन्नाः कोष्ठगा धातुगा वा स्रोतोलीना ये च शाखास्थिसंस्थाः।

दोषाः स्वेदैस्ते द्रवीकृत्य कोष्ठं नीताः सम्यक् शुद्धिभिर्निर्हियन्ते॥२९.१.२॥ (A.H.Su.17/29)

In short, Snehana softens Doṣas and Swedana liquifies those Doṣās due to its Uṣṇa & Tikṣṇa properties. The fluid is defined as Dravatā, Prakledana, Alodana, Drava i.e. these properties will make things to move & causes klinnatā of the body. Then only the Doṣās will reach to the Koṣṭha & they will be removed by Virecana.

स्नेहस्वेदैस्तथोत्क्रिष्टः शोध्यते शोधनैर्मलः। स्नेहस्वेदावनभ्यस्य कुर्यात्संशोधनं तु यः॥५९॥

दारु शुष्कमिवानामे शरीरं तस्य दीर्यते॥५९.१.२॥ (A.H.Su.18/59.)

This suggests the importance of administration of Snehana & Swedana before śodhana therapy. If Pūrvakarma is not performed, then just like the destruction of śushka dāru, the body will be destroyed.

स्नेहपूर्वं प्रयुक्तेन स्वेदेनावजितेऽनिले । पुरीषमूत्ररेतांसि न सज्जन्ति कथंचन ॥४॥

(Ch.Su.14/4)

Swedana is administered after snehana, ultimately brings vāta under control and thereby helps for facilitating the easy elimination of Pūriṣa and Mūtra.(Su.Chi.34/47).

Snehana & swedana enhance the Doṣās and helps them to come from Śākhā to Koṣṭha & then they can be removed very easily.

स्निग्धात् पात्राद्यथा तोयमयत्नेन प्रणुद्यते । कफादयः प्रणुद्यन्ते स्निग्धादेहात्तथौषधैः ॥११॥

आर्द्रं काष्ठं यथा वह्निर्विष्यन्दयति सर्वतः ।

तथा स्निग्धस्य वै दोषान् स्वेदो विष्यन्दयेत् स्थिरान् ॥१२॥

क्लिष्टं वासो यथोत्क्रेश्य मलः संशोध्यतेऽम्भसा ।

स्नेहस्वेदैस्तथोत्क्रेश्य शोध्यते शोधनैर्मलः ॥१३॥

(Ch.Si.6/13.)

By Swedana there is dilatation of various Srotasa and the flow is resumed which helps in eliminating vitiated Doṣās. Swedana pacifies the Vāta, which causes rigidity, contracture due to its Rūkṣa and Śīta Gūṇa. On the contrary, Swedana removes it by its Uṣṇa Gūṇa. It also increases Agni, thus digesting Āma and clearing the path for excretion of Doṣa. Swedana drugs also possesses Drava and Sara properties which adds itself in mobility of sluggish Doṣa. Ācharyās explained the Kārmūkatā of Snehana and Swedana as Pūrvakarma by giving following examples.

- In the case of cleansing the dirty cloth, we first use the detergent and water in the same way for removing the Doṣa of body we can use Snehana and Swedana.
- The wood which is not properly oleated and fomented destroys if we try to bend it, in the same way our body (Dhātū - tissue) destroys by Śodhana procedure if not properly oleated and fomented.

## PROBABLE MODE OF ACTION OF VIRECANA PROCEDURE

### Mode of action of drugs used for Virecana:

तत्रोष्ण-तीक्ष्ण-सूक्ष्म-व्यवायि-विकाशीन्यौषधानि स्ववीर्येण हृदयमुपेत्य धमनीरनुसृत्य स्थूलाणुस्रोतोभ्यः केवलं शरीरगतं दोषसंघातमाग्रेयत्वाद् विष्यन्दयन्ति, तैक्ष्ण्याद् विच्छिन्दन्ति, स विच्छिन्नः परिप्लवन् स्नेहभाविते काये स्नेहाक्तभाजनस्थमिव क्षौद्रमसञ्जगन्नुप्रवणभावादामाशयमागम्योदानप्रणुन्नोऽग्निवाय्वात्मकत्वादूर्ध्वभागप्रभावादौषधस्योर्ध्वमुत्क्षिप्यते, सलिलपृथिव्यात्मकत्वादधोभागप्रभावान्नौषधस्याधः प्रवर्तते, उभयतश्चोभयगुणत्वात् ।  
इति लक्षणोद्देशः ॥५॥ (Ch.Ka.1/5.)

The drugs that are having Uṣṇa, Tikṣṇa, Sūkṣma, Vyavāyi, Vikāsi properties reaches the Hridaya through Swavīrya and circulates through large and small blood vessels of the body.

Action of Uṣṇa Gūṇa: Uṣṇa Gūṇa has Āgneya property and hence Viṣyaṇdana occurs. It facilitates movement of morbid Doṣās towards Koṣṭha.

**Tikṣṇa Gūṇa** : ‘Taikṣṇyāt Vicchiṇḍanti’ i.e. it breaks up the Doṣās, from larger to smaller molecules. Dalhaṇa says that this helps in quick excretion.

**Sūkṣma** : Sūkṣma Gūṇa due to its anūpravaṇabhāva.

It will open micro channels & makes the Doṣās to move towards Koṣṭha.

**Vyavāyi**: Due to this, drugs spreads quickly throughout the body & starts their action before its digestion.

**Vikāsi**: Vikāsi drugs loosens the Dhātū baṇdhana (Sh.Sam.Pu.Kh.4). It creates the Dhātūshaithilyatā (Dalhana). Hence drugs initiates their action without being digested. From all these properties Doṣās are driven to Koṣṭha. The presence of Prithvi and Āpa Mahābhūta in Virecana drug & Adhobhāga prabhāva, the Doṣās are eliminated out through gūḍa.

It can be summarised that the above mentioned properties of drug reaches Hridaya by swavīrya and then with the help of the large and small Dhamanis it pervades the whole body. Due to Āgneya property, it causes Vilayana i.e. oozing of Doṣās and by Tikṣṇa property causes Viṣyaṇdana of doṣas.

## **ACTION OF VIRECANA DRAVYĀS USED IN THIS STUDY**

### **Action of Triphalā-**

It is Kaṣāy Rasātmak, Uṣṇa Vīryātmak, Laghū and Rūkṣa Gūṇātmak having property of Triḍoṣaghna and Sara. Triphalā consist of Haritaki, Āmalaki and Bibhitaki.

### **Action of Pippali-**

It is Kaṭū Rasātmak, Anuṣṇa Śīta Vīryātmak, Madhūra Vipāki having properties of Laghū, Snigḍha, Tikṣṇa Agnidīpak, Vruṣya, Rasāyan, Vātakaphanāśak, Recak.

Āadra Pippali: Kaphakāri, Snigḍha, Śītal, Madhūr, Gūrū, Pittaśāmak.

Dry Pippali: Pittaprapakopaka

In this study dry Pippali was used. If it used alone in higher dose for long time then because of Uṣṇa it increases Pitta. But Pippali is having the property of Yogāvāhitwa. So when it is used with Triphalā and Gūggulū which acts as a Sara, Anūloman, increases the properties of these Dravyās. Pippali itself having the property of Recan.

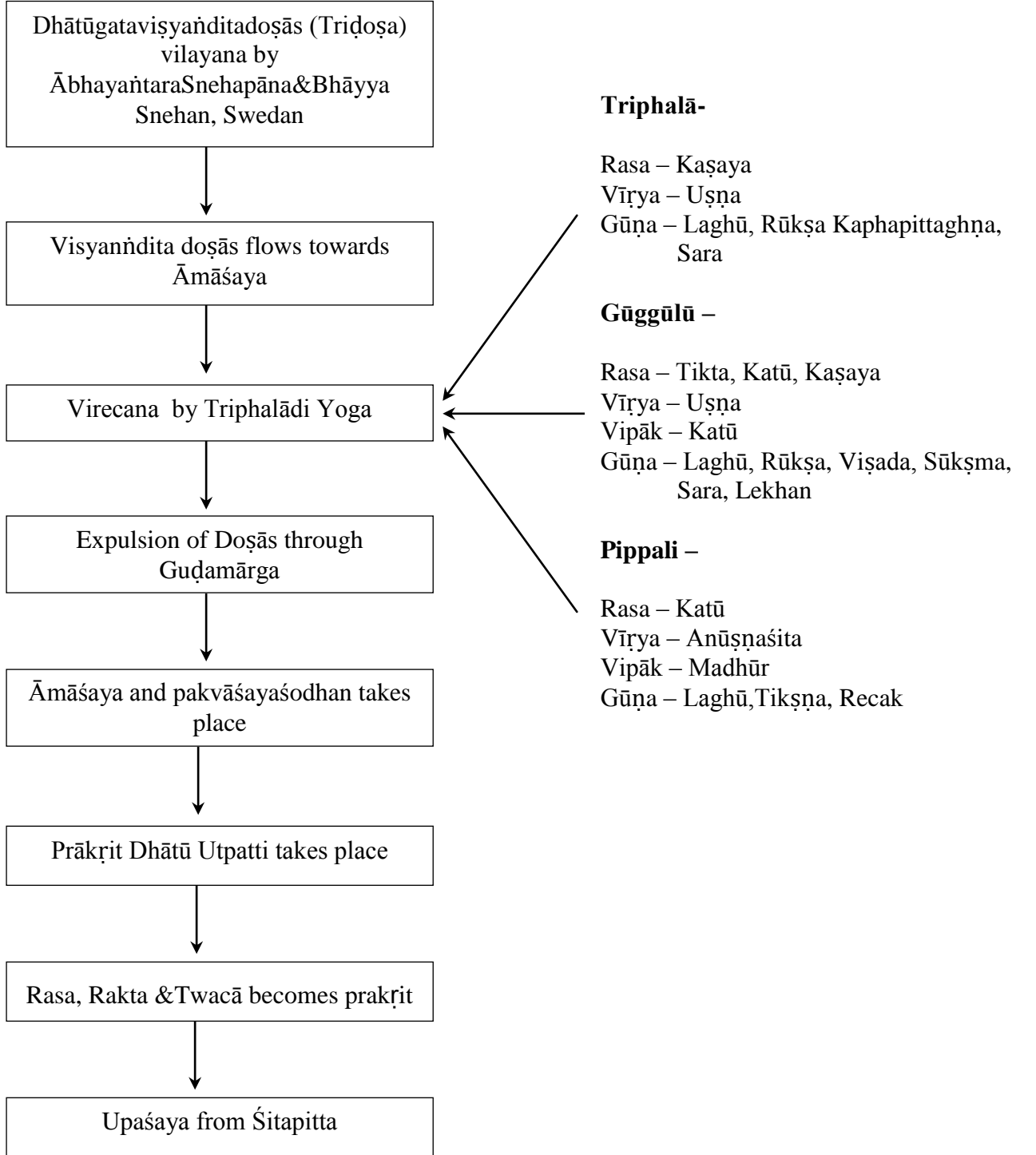
### **Action of Gūggulū-**

The Nava and Purān Gūggulū having the properties like Viṣada, Tikta, Uṣṇa Vīryātmak, PittaSārak, Sara, Anulomak, Kaṣāya, Kaṭū Rasātmak, Kaṭūpāki, Rūkṣa Laghū. Out of these Nava Gūggulū acts as Bruhan and Vruṣya. Purān Gūggulū acts as Lekhan. It is Dīpan, Pācan. Used in indigestion and Constipation. In this study Bruhan Karma was not expected. Lekhan and then Anūloman of Doṣās in the form of Virecana Karma was expected. Hence in this study Purān Gūggulū was used.

### **Action of Eraṇḍa Tail-**

It is having Rasa Madhūr and Anurasa Kaṭū, Kaṣāya. It is Snigḍha, Tikṣṇa, Sūkṣma Gūṇātmak, Uṣṇa Vīryātmak, Madhūra Vipāki and Kapha-Pittahara. Acts as Virecak.

## Probable Saṃprāpti Bhaṅga of Śītapitta by Virecana (Group A)

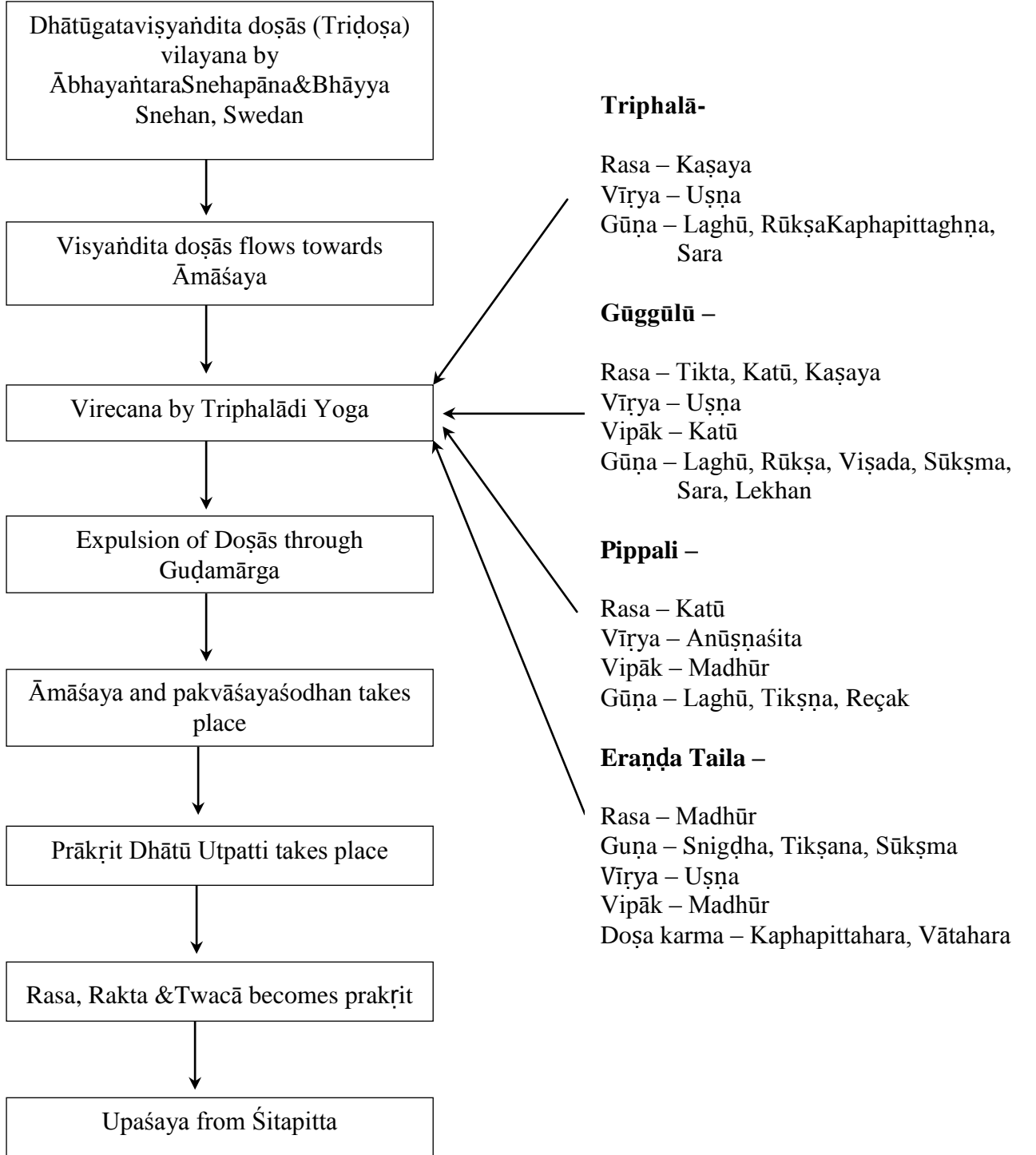




### **In short Mode of action of Group A (Virecana Kaśāya) on Śītapitta**

- Previously action of Virecana Dravyās used in this study has been mentioned. According to this description the action of Virecana Kaśāya in Śītapitta can be summerised.
- The Dravyās used in Group A are Yoga of Triphalā, Gūggūlū and Pippali. Out of these Triphalā is Laghū and Rūkṣa Guṇātmak and Uṣṇa Vīryātmak. In Śītapitta the Dūṣṭi of Triḍoṣa takes place. Triphalā acts as Tridoshghna and Anulomak.
- Gūggūlū is Uṣṇa Vīryātmak, Pittasāarak, Sara, Anulomak, Kaśāya, Katū Rasātmak, Katūpāki, Rūkṣa and Laghū. Because of all these properties it acts on Triḍoṣa Dūṣṭi in Śītapitta and ultimately these Dushit Doṣās were removed from body.
- Pippali is AnuṣṇaŚīta Vīryātmak, Madhūra Vipāki, Snigdha, Tīkṣṇa Agnidīpak, hence acts on Vāta and Kapha. Pippali when used with another Dravyās, it increases the Properties of that Dravya because it is having the property of Yogavāhitwa. So in this study it is used with Triphalā and Gūggūlū which acts as a Sara and Anuloman. Pippali itself having the property of Recan. Hence the Yoga of Triphalā, Gūggūlū and Pippali acts as best Virecak.

## Probable Saṃprāpti Bhaṅga of Śītapitta by SnehaVirecana (Group B)



### **In short Mode of action of Group B (Sneha Virecana ) on Śītapitta:**

- The action of Virecana Kaśāya in Śītapitta has been described above. The same action in Group B also produced. Only the action of Eraṇḍa Tail has to be discussed.
- Eraṇḍa Tail because of above mentioned properties acts as Kapha Pittahara. It is utilized, both for Virecana and Āmapācana property. Eraṇḍa Taila is a choice in the process for Virecana as it does Śodhan of alleviated Vāta and kapha. In Śītapitta Vyādhi, the Dūṣṭi of Vāta and Kapha takes place acts on Pitta Doṣa also. Hence in combination with Triphalādi Yoga is the best remedy as a Sneha Virecana in Śītapitta Vyādhi.

### **PROBABLE MODE OF ACTION OF VIRECANA PROCEDURE :**

Effects of Virecana on Doṣa, Dūṣya, Srotas, Agni, Āma & Indriya

#### **Doṣa :**

Virecana is said to be beneficial for Pitta Doṣa, since it eliminates Vitiated Pitta from its root. According to Vāgbhata, Virecana is helpful even in Pitta combined with Kapha or Kapha in Pitta Sthāna (A.S.Su.27). But Bhela mentions Virecana in Sānnipāta conditions also.

#### **Dūṣya:**

1) **Dhātū**--Virecana is mentioned as Śodhan procedure in Dūṣṭi of Rasa, Rakta, Maṃsa, and Meda Dhātūs. Hence in majority of the Dhātūpradoṣaja Vikārās Virecana is the better option (Ch.Su.28/25-28).

2) **Mala**—Virecana acts on Trimala i.e. removal of all mala from Śarīr and hence purification takes place. Also acts on Dhātūmala. Sweda is the Mala of Medadhātū. After Virecana Kleda and Pitta removed from skin and thus it is effective in all types of skin diseases.

**Srotas:** Since on the above mentioned Dūṣyās Virecana is helpful, we can say that it is beneficial in Rasavaha, Raktavaha, Maṃsavaha and Medavaha Srotodūṣṭi.

**Agni:** In the Samyak Virikta Lakṣaṇa, Dīptāgni is mentioned. Hence Virecana improves the Maṇḍāgni state also.

**Āma:** After Laṅghana & Pācan, in the state of Āma, Virecana is indicated. Āma is condition associated with Maṇḍāgni and ultimately leading to Apakva Āhāra rasa formation, which is responsible for the manifestation of various disorders. Thus it is even beneficial in Āma state by improving Agni (Ch.Su.22).

**Indriya:** Virecana acts on all Indriyās. Indriya Prasādan is one of the effects of Virecana. Specifically Virecana acts on Sprshaneṇḍriya i.e. Twacā. It is the sthān of Bhrājak Pitta and Virecana is the main procedure for Pitta Doṣa .

#### **Overall Mode of action of Virecana on Śītapitta:**

From the above descriptions it can be deduced that:

- Eventhough Virecana is best for Pitta, it proves itself beneficial even for Kaphasamsrīṣṭa and Vātasamsrīṣṭa conditions.
- Snehana and Swedana administered for the purpose of Virecana, liquifies morbid Doṣas and brings them from Śakhā to Koṣṭha where they are made ready for easy elimination just by irritating local organ.
- Since morbid Pitta and Kapha Doṣās which are in Drava form are brought to nearest route. After administration of Virecana Aouṣadhi elimination of Doṣās without any exhaustion takes place. Since the route selected for elimination is Guḍa Marga, the main seat of Vāta i.e. Pakwāshaya is also cleansed. Thereby alleviation and normalisation of Vāta occurs which proves that Virecana is beneficial for Tridoṣas.
- Śītapitta being Vāta dominant, even has features of Tridoṣās which can be appreciated by presence of Kaṇḍū, Dāha and Lālimā. The Dūṣyās like Rasa, Rakta and Maṃsa involvement even can be appreciated by symptoms such as- Utsedha due to Rasa Dhātū, Lālimā and Dāha are due to Rakta Dhātū and Maṇḍal due to Maṃsa Dhātū.
- Virecana has actions on all types of Pitta also & even eliminates Kapha to some extent.

Hence when the Bhrājaka Pitta normalizes, Dāha and Lālīma over Twachā can be minimized and also due to Aṣṛayāṣrayi Bhāva, Vitiation of Rakta decreases.

- Kaṇḍū is the Pradhāna Lakṣaṇa of Kapha, hence depending on the Aṇṭiki Śūddhi i.e. Kaphāṇṭa Virecana, little amount of morbid Kapha is eliminated. Due to this disappearance of Kaṇḍū is takes place.
- Dāha being an one of the symptom of Śtāpitta, which is induced by higher intensity of Kaṇḍū, gets subsided by Virecana.
- Toda also reduced since the prime responsible factor i.e. Vāta is controlled and regulated.
- Since Śtāpitta is a Vātapradhāna Triḍoṣaja Cirakāri Vyādhi and there is constant vitiation of Doṣās takes place needs Śodhana.

### **Reason behind selection of Virecana in Śtāpitta**

1. Śtāpitta is included under Virecana Arha Vyādhi.
2. In each and every disease, Śodhana is mentioned which includes Virecana. Even Vāta dominant, but Triḍoṣa Prakopa is appreciated. Carak Specifies Virecana in Triḍoṣaja condition also.
3. In Śtāpitta, Vitiation of Rasa, Rakta and Maṃsa are found and Virecana is indicated in all these Vitiated Dūṣyās.
4. Virecana Karma eliminates huge amounts of morbid Doṣās as compared to Vamana. It is indicated by Mānīki Parikṣhā. In Śtāpitta there is excess Dūṣṭi of all Doṣāja which can be eliminated easily by Virecana.
5. While assessing the Rogamārga, Śtāpitta is produced because of Vimārgagaman of Doṣāja in Raktādi Dhātū and Twak. In the Purvakarma of Virecana the morbid Doṣās are brought from Śakhā to Koṣṭha and in large amounts, these are eliminated by Virecana.
6. Srotoviśodhana is the action achieved by Virecana and by Saṅga & Vimārgagamana in the disease is vanished. Saṅga by forceful expulsion of Doṣas& Vimārgagamana by normalising the course of Doṣa.

7. Virecana even produces Indrihya Prasādana & Dhātū Sthiratā, hence reduce Dhātū Dūṣṭi. Rasa Dūṣṭi in Śītapitta is reduced & Twakiṅdriya is nourished.

8. Virecana causes Agnivardhan, hence Agnimāṅdya is decreased. In Śītapitta Maṅdāgni is the main cause. It normalizes by Virecana.

9. Tīryak Gati of the Doṣa is appreciated in Śītapitta, wherein Virecana brings back the normal Gati of Doṣa.

Thus Virecana overcomes the Samprāpti Ghatakās of Śītapitta Vyādhi.

# SUMMARY

## **A) CONCEPTUAL STUDY**

- 1) Detail study about Āyurvedic aspect of ŚītapittaVyādhī according to Yogaratnākara, Bhāvprakāśa, Mādhavnidāna and Cakradatta was studied. i.e. Nidānpañcak. It includes Nidāna, Pūrvarūpa, Rūpa, Saṃprāpti, Upaśaya- Anupśaya and Cikitsā of Śītapitta Vyādhī.
- 2) Modern aspect about Śītapitta i.e. Urticaria was studied according to Harrison's Internal Medicine and Davidson's Principles and practice of Medicine.
- 3) Review of Virecana Procedure according to Bruhatrayī and Laghūtrayī was taken.
- 4) Review of Dravyās (Triphalā, Gūggulū, Pippali and Eraṇḍa Tail) used for Virecana procedure were studied according to Bhāvprakāśa Nighaṇṭu, Raj Nighaṇṭu Caraka Saṃhitā and Sūśrūta Saṃhitā.
- 5) Preparation of Kaśāya was studied according to Śāraṅgdhara Saṃhitā.
- 6) Review of previous work done on this topic was taken.

## **B) CLINICAL STUDY**

### **MATERIALS:**

The raw material for Virecana procedure was purchased from Pune market and the authentication was done at Pune University department of Botany. The decoction of Virecana Yoga & Eraṇḍa Tail was Standardized at B.V. Bhide Lab. SOP of Virecana procedure was done.

### **METHODOLOGY**

#### **Study Design**

- Two group of 50 patients each randomized selected coming in OPD and IPD of BVMF's Āyurvedic Hospital. In this alternate randomization was done.
- This was Comparative study.

#### **Inclusion Criteria:-**

- Patients with classical symptoms of ŚītapittaVyādhī Viz: Maṇḍala, Utsedha, Kaṇḍū, Toda, Chardi and Dāha were included.
- Patients of both sex.
- Patients above the age of 18 yrs and below the age of 60 yrs are included.
- Patients with classical symptoms of Śītapitta, but who were fit for Virecana were included.



**Exclusion Criteria:-**

- Drug induced urticaria.
- Patients having history of any chronic diseases e.g. HTN, Paralysis, Tuberculosis
- Patients below the age of 18 years and above 60 years.
- Virecana Anarha Patients.
- Patients having the symptom of Jwara were excluded.

**OBSERVATION AND RESULT**

Observations consist of-

- A) Sāmānya Parikṣan– In this, observations of Age, Gender, Occupation, Deśa, Prakṛuti, Saratā, Samhanan, Satwa, Kṣudhā, Koṣṭha, Agni, Sāmatā- Nirāmatā, Dietic habitat, Āhāraśakti , Abhyavaharanśakti, Jaranśakti etc were taken.
- B) Nidānpañcak– In this, observations of Nidān, Pūrvārūpa, Rupa, Saṃprāpti (Dūṣṭi of Doṣa , Dūṣya) Upaśaya Anupaśaya were taken.
- C) Virecana Procedure– In this, observations of Virecana Vega, Number of Virecana Vega with respect to Koṣṭha, Laingiki Parikṣā, Śūddhi Prakār etc were recorded.
- D) Assessment of Symptoms– Subjective parameter--In this, each symptom was assessed before and after procedure as per gradation mentioned in assessment criteria. Objective Parameter for Chronic patients was based on Investigation of ESR, AEC and Stool PH before and after the procedure.
- E) Observation of relapse of the disease.

Based on observations result was drawn.

**DISCUSSION**

It consist of—

- Discussion on Sāmānya Parikṣan.
- Discussion on Nidānpañcak of Śītapitta Vyādhi.
- Discussion on Cikitsā (Virecana Procedure).
- Discussion on Assessment of the Symptoms of Śītapitta Vyādhi.
- Discussion on Relapse of the disease.
- Discussion on Mode of action of Virecana procedure on Śītapitta Vyādhi.

# CONCLUSION

## CONCLUSION

- This study shows statistically highly significant results in Symptoms of Śītapitta Vyādhi Viz-Maṇḍala , Utsedha, Kaṇḍū, Dāha, Toda and Chardi in Group A and Group B.
- Comparison of the results of the two groups showed that Group B provided better relief in all the signs, symptoms and overall improvement, in Śītapitta Vyādhi as compared to Group A.
- The results of follow up study of both the groups showed that the chances of recurrence of the disease were very less in Group B as compared to Group A.
- On the basis of above results, it can be concluded that Sneha Virecana provides maximum results as compared to KaṣāyVirecana in the patients of Śītapitta.

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# **APPENDICES**

- 1) Drug Authentication Certificate**
- 2) Certificates Of Drug Standerdization**
- 3) Rugna Patrak (Case Proforma)**



पुणे विद्यापीठ  
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Ref.No. : Bot/

दिनांक : १५/६/२०१०  
Date :

AUTHENTIC CERTIFICATE

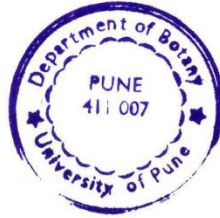
This is to certify that **Dr. Minaj Amin Dhage** of Bharati Vidyapeeth College of Ayurveda Pune- 411 043. She has selected research topic for her Ph.D. (PANCHAKARMA) degree which is as given below:

**"A COMPARATIVE STUDY OF VIRECHAN AND SNEHAVIRECHAN IN SHEETAPITTA"**

Under this study the specimens which she has been submitted to me for the botanical standardization and authentication were identified and confirmed as:

Drug name	Botanical name	Name of family	Part/s used
1. Amalaki	<i>Emblica officinalis</i> Gaertn.	Euphobiaceae	Fruit
2. Haritaki	<i>Terminalia chebula</i> Retz.	Combretaceae	Fruit
3. Bibhitaka	<i>Terminalia belerica</i> Roxb.	Combretaceae	Fruit
4. Pippali	<i>Piper longum</i> Linn.	Piperaceae	Fruits
5. Guggul	<i>Commiphora mukul</i> Hook.	Bursaraceae	Gum resin

The drugs were submitted in an organ form and as it is. This is for information and necessary action.



*S. S. Deokule*  
**Dr. S. S. Deokule**  
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**|| SHREE DHANVANTARI ||**  
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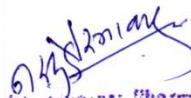
Date-- 06 | 10 | 2010

**CERTIFICATE**

This is to certify that Dr. Minaj Amin Dhage of Bharati Vidyapeeth University college of Ayurved Pune 411043, selected a research topic for her Ph. D (panchakarma) degree which is given below :

" A COMPARITIVE STUDY OF VIRECHAN AND SNEHA VIRECHAN IN SHEETAPITTA "

For this study she is using our market product Shuddha guggul (Commiphora Mukul Hook ) Which is Authentic , clean , Purified & She can use it for her research work .

  
**Shree Dhanvantari Pharmaceuticals**  
Charoli, Pune.



**Paras Chemical Industries**

Factory : S. No. 15/1B, Kondhwa Budruk, Pune - 411 048. Tel.: 020-32938808

**MANUFACTURERS & REPACKERS OF PHARMACEUTICALS**

Ref. 132 / 2010 - 2011

Date.

25.10.2010

**AUTHENTICATION CERTIFICATE**

This is certify that **Dr. Minaj Amin Dhage** of Bharati Vidyapeeth College of Ayurveda Pune – 411043. She has selected research topic for her Ph.D (PANCHAKARMA) degree which is as given below:

**“ A COMPARATIVE STUDY OF VIRECHAN AND SNEHVIRECHAN IN SHEETAPITTA ”**

For her Snehavirechan group she is using our packed product Castor Oil Pure (Erand Taila) which is refined and purified and she can use it for her research work.

For Paras Chemical Industries

  
Partner

A. S. Bhawe  
Hon. Director



Shikshana Prasarak Mandali's

## Late Prin. B. V. Bhide Foundation

For Education & Research In Chemistry, Ayurveda & Allied Sciences

S. P. College Campus, Tilak Road, PUNE - 411030, India  
Tel. : 020 - 24324324. Email : bhidefoundation@rediffmail.com

Date : 15/02/2011

To,  
Dr. Minaj A. Dhage  
Ph.D. Student  
Bharati Vidyapeeth Deemed University  
College of Ayurved Katraj Pune.

Ph.D. Topic: A Comparative Study of Virechan & Sneha Virechan in Sheetapitta.

Sample Provided: **Virechan Kashay.**

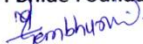
Composition: **(Triphala: Avala+Hirada+Behada) +Pippali+Shuddha Guggula.**

Analysis Details:

Sr. No	Name of the Parameter	Results (Virechan Kashay)
1	Description	Blackish brown color thick liquid
2	Taste	Slightly Bitter
3	pH	3.88
4	Specific Gravity @ 29° C	1.0275 gm/ml
5	Total Solids (% w/w)	18.95%
6	Total Dissolved Solids	8.84%
7	Total Ash Content	0.26%
8	Acid Insoluble Matter	0.021%
9	Fiber Content	1.06%
10	Resin Content	Not Detected

The entire tests were performed as per the standard protocol. In case of any difficulties please feel free to contact us back.

For Late Prin. B. V. Bhide Foundation

  
Mangesh G. Tembhurne.

**Late Prin BV Bhide Foundation**  
for Education and Research  
in Chemistry

A. S. Bhawe  
Hon. Director



Shikshana Prasarak Mandali's

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To,

Dr. Minaj A. Dhage

Ph.D. Student

Bharati Vidyapeeth Deemed University

College of Ayurved Katraj, Pune

Date : 15/02/2011.

Ph.D. Topic: A Comparative Study of Virechan & Sneha Virechan in Sheetapitta.

Sample Provided: **Virechan Kashay with castor Oil**

Composition: **(Triphala: Avala+Hirada+Behada) +Pippali+Shudha Guggula+Castor Oil)**

Analysis Details:

Sr. No.	Parameter	Result
1	Description	Blackish brown color liquid
2	Taste	Slightly Bitter
3	Feel	Oily feel
4	pH	3.64
5	Specific Gravity@ 25 0 C	1.029 wt/ml
6	Total Solids (% W/W)	19.67%
7	Total Dissolved Solids	10.22%
8	Total Ash Content	0.28%
9	Acid Insoluble Matter	0.02%
10	Oil Content	34.6%
11	Fiber Content	1.13%
12	Resin Content	Not Detected.

The entire tests were performed as per the standard protocol. In case of any difficulties please feel free to contact us back.

For Late Prin. B.V. Bhide Foundation.

  
Mangesh G. Tembhurne.

**Late Prin BV Bhide Foundation**  
for Education and Research  
in Chemistry



A. S. Bhawe  
Hon. Director



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Ph.D. Student  
Bharati Vidyapeeth Deemed University  
College of Ayurved Katraj, Pune

Ph.D. Topic: A Comparative Study of Virechan & Sneh Virechan in Sheetapitta.

Sample Provided: **Castor Oil**

Analysis Details:

Sr. No.	Parameter	Result	Standard Values
1	Appearance	Pale yellow liquid	Pale yellow to golden yellow liquid
2	Odor	Characteristic odor	Characteristic odor
3	Specific Gravity @ 25 °C	0.958 wt/ml	0.956 to 0.961
4	Refractive Index @ 25 °C	1.521	1.480 to 1.651
5	Saponification Value	182.42	176-187
6	Iodine Value	84.2	83-88
7	Free Fatty Acid	2.8%	<3.5%

The entire tests were performed as per the standard protocol. In case of any difficulties please feel free to contact us back.

For Late Prin. B.V. Bhide Foundation.

*Mangesh G. Tembhurne*

Mangesh G. Tembhurne.

Late Prin B V Bhide Foundation  
for Education and Research  
in Chemistry

# **RUGNA PATRAKA**

**Research center - Research studies in Pañcakarma Department Bharati**

**Vidyapeeth University college of Āyurveda**

**Katraj – Dhankawadi, Pune - 411043**

## **A COMPARATIVE STUDY OF VIRECANA AND SNEHA**

### **VIRECANA IN ŚĪTAPITTA**

Dr. Minaj C. Kulkarni. M.D. (Ayu.)

Prof. Dr. Surendra M. Vedpathak M.D.,

Ph.D. (Ayu.)

Research Scholar

Research Guide

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### **GENERAL INFORMATION**

OPD NO. :	Date:
I.P.D No. :	Bed No.:
Date of Admission.	Date of Discharge
Name :	Sex: Age :
Address :	Religion :
Occupation :	Education :
Marital Status :	Kāl :
Deśa – Anupa /Sādhārana /Jāṅgala	

---

### **PURVOTPANNA VYĀDHI VRUTTAN̄T (History of Past illness)**

#### **KULVRUTTA ( Family History )**

Mātruj :

Pitruj :

Swakul :

#### **RAJAHPRAVRUTTI VRUTTA ( Menstrual History )**

#### **PURVA CIKITSĀ –**

### PRADHĀNA VEDANĀ –

Lakṣaṇās	Present or Absent
Maṇḍal	
Utsedha	
Kaṇḍū	
Toda	
Chardi	
Jwara	
Dāha	

### ANUṢAṄGIKA VEDANĀ –

#### UTTHĀNA –

##### 1) Hetū Parikṣaṇa (Nidāna)

Vāta and Kapha because of Vāyu sewan merges with Prakūpita pitta and gets Vimārgagaman in Twacā and Rakta.

##### 2) Āmāśaya Samutthatva (Āhāratah)

Abhyavaharanatah                      Mātrā                      Padarthah

If excessive meal taken – Then digestion /Indigestion takes place

##### 3) Pakvāśaya Samuttatva

Jarankāl –

Malavisarjan kāl –

Malavisarjan Swarūpa– Piṇḍita / Piṇḍita ārdra / śithila

#### UPAŚAYA / ANŪPŚAYA -

Upaśaya –

Anūpśaya –

#### ĀTURBALA PRAMĀNA VIDNYĀNĀRTHA DAŚAVIDHA PARIKṢANA –

##### 1) Prakrutitāh :

Śāririk

Mānasik – Pravara / Madhya / Avara



2) Sāratā Parikṣaṇa :

Dhātu Sāratā

Dhātu Asāratā

3) Saṃhanana Parikṣaṇa– Pravara / Madhya / Avara

4) Pramāntāh Parikṣaṇa– Dirgha / Madhya / Rhraswa

5) Sātmya Parikṣaṇa–

6) Satwa Parikṣaṇa– Pravara / Madhya / Avara

7) Āhāraśakti Parikṣaṇa–

a) Abhyavaranatah – Mātrā

Padarthah

b) Jaran Śakti -

8) Vyāyām Śakti Parikṣaṇa–

9) Vaya Parikṣaṇa

Niṣkarśa – (Rugna Bala)

10) Vikrititah Parikṣaṇa

A) Dyānendriya

Karmendriya

i) Karna

i) Vakindriya

ii) Cakṣu

ii) Hasta

iii) Nasikā

iii) Pāda

iv) Jivhā

iv) Upastha /Yoni

v) Twacā

v) Guda

B. Srotasa Parikṣaṇa

1) Prānavaha:

Nāsā :

Kañṭha :

Śwasan :

Phuphusa :

Hrudaya :

ṣṭhīwan (sputum)

2) Udakvaha:

Tālu :

Oṣṭha :

Trut (Truṣṇā)

Jivhā

3) Annavaha :

Oṣṭha

Kapola

Jivhā

Tālu

Special examination

Āmāśaya

Grahaṇī

Udardarśana

(Endoscopy) etc.

Sparśana

Akoṭhana

4) Rasavaha :

Nādi :

Hrudayam :

Lasikāgrān̥thi

Sparsāna

AKoṭhana

Special  
examination

ECG, BP, etc.

5) Raktavaha :

Yakrut :

Plīhā :

Laboratory – Blood Investigation

Rakta :

Raktavahinya :

i) Haemogram, ii) Cholestrol level

6) Maṇsavaha :

Snāyu :

Twaka :

Khamalāni :

Uru :

Galashuṇḍi :

Gilayu :

Śarirbhara :

7) Medovaha :

Vrukka :

Udaram :

Sphik :

Stana :

8) Asthivaha :

Medodhātū :

Daṇṭa :

Nakhakeśādi :

Special  
examination  
X-ray

Sparsā

9) Majjāvaha :

Asthi :

Saṇḍhiparvāni :

Netra :

10) Śukravaha:

Medhra :

Vruṣaṇa:

Oja :

śukra Parikṣaṇa:

11) Mūtravaha :

Mārtā :

Varṇa :

Gaṇḍha :

Laboratory

Gavinnyo :

Basti :

Gūrūtā :

Investigation

Mūtrapatha :

Urine : i) Rutine  
ii) Microscopic

12) Puriṣavaha :

Pakvāśaya :

Guda :

Puriṣa :

Mātrā : Gaṇḍha: Varṇa :

Samphanana :

13) Swedovaha :

Meda : Romkup : Sweda :  
Swedapravritti : Paruṣatā : Romharśa :

14) Ārtavvaha :

Antaphale : Ārtavvāhinya :  
Yoni : Garbhāshaya:

15) Stanyavaha :

Stanya : Cucuka : Vāhinya :

16) Manovaha :

Nidrā : Buddhi : Smruti :

### **Samprāpti of Śītapitta:**

Samprāpti Ghatak –

- 1) Doṣa
- 2) Dūṣya – Srotas Avayava Dhātū
- 3) Vyādhi Svabhāva
- 4) Sādhyāsādhya
- 5) Upadrava
- 6) Vyādhi Vyavaccheda
- 7) Vyādhi Viniscaya
- 8) Vyādhi Avasthā

### **Pūrvarupa of Śītapitta–**

- Pipāsā
- Arūcī
- Hrullhasa
- Dāha
- Sāda
- Aṅgagourava
- Raktalocanā

**Rupa of Śītapitta: (Before Treatment) (on the day of visit)**

Grade					
Lakṣaṇās	0	1	2	3	4
Maṇḍal					
Utsedha					
Kaṇḍū					
Toda					
Chardi					
Dāha					

Purvakarma – 1) Abhyañtar snehapān – Goghṛut – in Vardhamān Mātrā, upto  
Samyak Snigdha Lakṣaṇās. (3, 5, 7 days)

Snehapān Tālikā

Sr. No.	Date & day of Snehapān	Mātrā of Snehapān	Time of Sneha to be taken	Kṣudbodha Time	Malaswarupa	Any other Symptom
1						
2						
3						
4						
5						
6						
7						

2) Bāhyya snehan – Koṣṇa Tila Taila upto 20 min.

3) Sudation – Sarvaṅga Baṣpa Sveda upto Samyak Swinna Lakṣaṇās.

(Swedprādurbhāva)

Cikitsā – Group A – Virecana

**Pradhān karma**

**Date :**

- 1) On the day of Virecana Bāhyya Snehana and Sarwāṅga Bāṣpapeti Sweda.
- 2) Patient should be ask to drink Virecana Kaśāy.
- 3) Patient should be advise to take a rest and Hot water bag fomentation on abdomen.

Muhurmuhur Koṣṇa Jala Sewan in between Virecana Vegās.

4) Observation of Samyakādi Virecana Lakṣaṇās.

### Pascāt Karma

Mukhaprakṣālana by Koṣṇa Jala and Rest.

Mudga/ Masur Dāl Yuṣa /Takra + Yavāgu Sewan:-

Sansarajan Krama–Peyā, Vilepi, Akruta and Kruta Yuṣa, Akruta and Kruta Maṃsarasa.

Santarpan Cikitsā like Mudga Yuṣa, Laja Maṇḍa, Mansarasa, Kultha Yuṣa.

Varjya Viṣaya:

Pathyāpathya – during Follow up period.

Group B – Sneha Virecana

PūrvaKarma, Pradhāna Karma and Pascāt Karma as per Group A. Only difference is besides of Virecana yoga, Sneha Virecana (Kaśāy +Eraṇḍa a Tail) is used.

Virecana / Sneha Virecana

Auṣadhaasewan Mātra	Vega	Kāl	Lakṣaṇ
Once at (Time)	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		

	25		
	26		
	27		
	28		
	29		
	30		

Total Veg:

Śuddhiprakār:

**Samyak Virecana** Lakṣaṇās:

1) SrotoviŚuddhi

2) Indriyaprasād

3) Laghūtā

4) Rogaprasham - i) Subjective parameter. (Vyādhisamkshaya Lakṣaṇās)(acute condition)

Lakṣaṇās	After Virecana		at the end of Saṁśarjan Kram	
	Present	Absent	Present	Absent
Maṇḍal				
Utsedha				
Kaṇḍū				
Toda				
Chardi				
Dāha				

ii) Objective parameter – On the last day of Saṁśarjan karma :(for chronic patients)

Haemogram with ESR, Absolute eosinophilic count , stool R and M and PH value

5) Agnipradipta

6) Vātanuloman

7) Kramāt – Mūtra, Mala, Pitta, Auśadha, Kapha, Vāta, Visarjana

8) Absent of Ayoga Lakṣaṇa

**Virecana Ayoga Lakṣaṇa –**

1) Hrudayaaśuddhi

2) Kukshiaśuddhi

- 3) Arūcī
- 4) Kapha, Pitta, Prakopa
- 5) Vidāha
- 6) Pidaka
- 7) Pīnasa
- 8) Vāta and Mala Saṅga

**Virecana Ati yog Lakṣaṇ :**

- 1) Kaphapittarahita Śweta Udaka Nissārana
- 2) Kaphapittarahita Lohita Udaka Nissārana
- 3) Mansadhāvanavata Udaka Strava
- 4) Medokhaṇḍavata strāva
- 5) Gudanissārana
- 6) Truṣṇā
- 7) Bhrama
- 8) Netrapraveśam
- 9) Ativamana Vyāpad

**ASSESSMENT OF SYMPTOMS**

Lakṣaṇas	0 <sup>th</sup> day ( Initial assessment)	3 <sup>rd</sup> ,5 <sup>th</sup> ,8 <sup>th</sup> day (final assessment)	30 <sup>th</sup> day (Ist F/U)	60 <sup>th</sup> day (IInd F/U)
Maṇḍal				
Utsedha				
Kaṇḍū				
Toda				
Chardi				
Dāha				

**Signature of Research Scholar**

**Signature of Research Guide**

## रुग्णसंमतीपत्र

मी ----- या संमतीपत्राद्वारे लिहून देते/ देतो की,  
आयुर्वेद विद्यावारिदी अभ्यासक्रमांतर्गत शीतपीतमध्ये विरेचन कर्म या लघुप्रबंधासाठी चिकित्सा  
विरेचन कर्मकरणेस माझी पूर्ण तयारी आहे .

विरेचन कर्म करतेवेळी किंवा केलेनंतर परिणमांची मला डॉक्टरांनी पूर्ण कल्पना दिली आहे  
आणि त्यासाठी माझी तयारी आहे . तरी वैद्यकीय अधिकारी किंवा कर्मचारी त्यास जबाबदार राहणार  
नाहीत .

I hereby give my consent to undergo examination and subsequent treatment in  
the project – “A COMPARATIVE STUDY OF VIRECANA AND SNEHA  
VIRECANA IN ŚĪTAPITTA” undertaken by Dr. MINAJ C. KULKARNI. I am  
aware of the nature of possible effects of the medications to be used. I have given my  
consent in complete consciousness and without being under any pressure.

नाव क Patient Name :

---

रुग्णाची सही कअंगठा क Signature of Patient :

दिनांक क Date :

स्थळ क Place :