

AN OBSERVATIONAL STUDY ON ANTIKI CRITERIA DURING VIRECHANA

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ABSTRACT

Virchana karma (purgative therapy) is the internal purification practice described in *Ayurveda* which helps to cleanse the body of the excess amount of the vitiated *pitta dosha* (humour) and consecutively help in maintaining the *doshik* homeostasis in the body. It is very important for a physician to be vigilant during the procedure and supervise and assess carefully the status of *shuddhi* (cleansing) achieved in the patient and accordingly plan the further diet and treatment schedule for the individual. For judging the status of cleansing, four types of criteria's (*Vaigiki, Maniki, Antiki and Laingiki*) are described in the texts¹. In this study, an attempt has been made to analyze the *Antiki* criteria and determine their utility and clinical importance for the purpose of assessing the degree and the success of *Virechana* procedure.

Keywords: *Virechana, Antiki* criteria, *Kaphant Virechana*

INTRODUCTION

Assessment of the *sanshodhan karma* (purification procedure) has great importance because if the Vaidya is not expert in the assessment of the characteristics of a successful procedure, he can't perform the procedure well. For this he has to understand the indicators for the status of the procedures and assessment of the degree of completion of the procedure.

Charaka has mentioned some definite parameters regarding the characteristics of proper or successful procedures (*sanshodhana karma*) in terms of *shuddhi* (cleansing). He has divided all the characters into three types i.e. *jaghanya* or

avara shuddhi, madhyam shuddhi and *pravara shuddhi* which respectively means the minimum cleansing, moderate and maximum cleansing². *Acharya Susruta* has also mentioned some characteristics for the assessment of performance of *sanshodhana karma* in terms of *heena yoga* (less than desired *sanshodhana*), *atiyoga* (more than desired *sanshodhana*) and *samyak yoga* (proper/desired /successful *sanshodhana*) and in terms of volume of morbid *doshas* which comes out during the procedure³. Very first, *chakrapani* has categorized all the above stated criteria of *sanshodhana karma* into four independent pa-

rameters by naming them as *Antiki*, *vaigiki*, *maniki*, and *laingiki* criteria in order to make the parameters for the assessment of a successful procedure in a convenient manner⁴.

The features reflecting that the therapy or procedure has arrived in the end phase can be assessed using the features towards the end of *virechana* karma which have been called as “*Antiki* criteria”.

Charaka has advised *virechana* till the bouts of *kapha* stops appearing later on he has given a clue that *virechana* should be *kaphanta* (*kapha* should come out in the last) to assess the *samyak virechana lakshana*⁵. In *samyak virechana*, *pitta* should be succeeding by *kapha*⁶. Sushruta also says that *pitta* is followed by *kapha* while describing the *samyak yoga* of *virechana*⁷. Acharya Vagbhata has described the *Antiki* criteria as - *Kaphanta cha virekamahu* (proper *virechana* shall be *Kaphanta*).⁸ So, it can be concluded that *kaphanta virechana* should be taken as the end point for the procedure.

Aim: To revalidate the *Antiki* criteria of *virechana* process

Objectives:

1. To study the signs and symptoms during the end phase of *Virechana* process.
2. To decide the nature of *Antiki shudhhi* from the findings in the stools and symptoms if any.
3. To revalidate the overall concept of *Antiki shudhhi* expressed in texts and find the most practical criteria for the same, if any.

Inclusion criteria:

- All the *Virechana arha* (fit for *virechana*) patients explained in *samhitas*⁶.

- Patients with *pitta* and *pitta kapha* constitutions.
- Patients suffering from *pitta* diseases.
- Diseases associated with *pitta* disorders.
- skin diseases like acne vulgaris, psoriasis, eczema, dermatitis, lichen planus, vitiligo, urticarial, falling and greying of hairs inflammatory conditions, hyperacidity, obesity, overweight, dyslipidemia, diabetes mellitus, Bronchial asthma, allergic bronchitis, sinusitis, COPD, productive cough, migraine, anorexia, etc.

Exclusion criteria:

- All the *Virechana anarha* (clinically unfit) patients explained in *samhitas*.
- The patients with serious heart, brain and kidney disorders.
- The patients with IDDM
- Chronic debilitating disease
- Malignant hypertension
- Pregnant ladies
- Patients not willing for IPD

Materials and Methods:

For this study, 15 patients for *virechana* were selected from the OPD and IPD of panchkarma department of Shri Ayurved College, Nagpur. These registered patients were properly informed regarding the procedure they would undergo, written consent is taken and were admitted to the IPD and were treated under direct supervision.

Procedure:

The procedure of *virechana* was performed in two steps

1. *Poorvakarma* (the preparatory procedures):

Chitrakadi vati, two tablets, three times a day for three days were prescribed before meals, prior to the *snehapana* for the purpose of *deepana* and *pachana*.

From fourth day *snehapana* with *panchtikta ghrita* (oral administration of ghee) was given for 3-7 days as per the *koshtha* (nature of the bowel) to the patient till achieving the features of adequate oleation (*samyak Snigdha lakshanas*). *Panchtikta ghrita* was started with 30 ml initially and gradually increased according to *koshtha* till five days, followed by *abhyanga* and *swedana* for further 3 days.

2. Pradhan karma (main procedure)

It starts from the intake of medicine up to the completion of *vegas*.

In the morning of *virechana*, the patients were asked not to eat anything and they were prepared by performing *abhyanga* with *bala taila* and *kuti sweda* with *dashamoola kwatha*. Thereafter, after assessing the clinical examination, the patient was taken to *virechana*.

In *Pradhan karma*, initial administration of *triphala* and *nishottar kashay* (200ml) along with *Eranda taila* (50ml) was done. Thereafter *icchabhedi rasa*, 2 tablets along with *Virechanopag drawyas - Mrudwika kashaya* is given.

Table 1: Ingredients of *Virechana* drugs along with their quantity are given below.

Ingredients	Quantity
1. Decoction prepared from: <i>Haritaki</i> (<i>terminalia chebula</i>), <i>Bibhitaka</i> (<i>terminalia bellirika</i>) and <i>Amalki</i> (<i>embilika officianlis</i>), <i>Nishottara</i> (<i>operculina terpatnam</i>) and <i>Eranda taila</i> (<i>ricinus communis</i>)	200ml
2. <i>Virechak drawya</i> : <i>icchabhedi rasa</i>	50ml
3. <i>Virechanopag drawya</i> : <i>Mudvika kashaya</i> (decoction of <i>vitis venefera</i>)	125-250mg (2tabs) 2 litres

Number of motions was counted till appearance of the symptoms of *samyak virechana*.

Paschat karma: after getting the symptoms of *samyak virechana*, the patients were kept on

samsarjana krama depending upon the type of *shuddhi* achieved by the patients.

Observations and results:

Table 2: Total duration of the procedure and nature of *vega* at the end of the process to anticipate the end point of the *virchana* (*Antiki*) on the basis of time factor

Sr. no. of patient	Initiation of first vega	Time of last vega	Hours between the first and last vega	Nature of vega at the end
1	1.10am	7 pm	5hrs.50min	Drawamala,krushnabh
2	11.35am	6.15pm	7hrs.50min	Drawamala,alpa pitvarni,phenil
3	12.50pm	8.30am	9hrs.20 min	Drawamal pravritti,krushnabh
4	12.30pm	6,16pm	6hrs.46min	Drawamal,Alpa pitwarni,phenil
5	10.25am	8.30pm	10hrs.55min	drawamala,krushnavarni
6	10.15am	4.35pm	6hrs.50min	Drawamala,alpa harit,phenil
7	2pm	5.30pm	3hrs.30min	drawamala,alpa

				krushnavarni,phenyukta
8	1.40pm	7.20pm	7hrs	Drawamala,alpapita varni
9	3.31pm	9.40pm	7hrs.11min	Drawamala,alpa krushnavarni
10	12pm	5pm	5hrs	Drawamala,pitkrushnabh
11	2.14pm	8.22pm	6hrs.36min	Drawamala,harit varni,pichhil
12	1.25pm	8.15pm	7hrs.40min	Drawamala,pitvarni
13	12pm	6.10pm	6hrs.10min	Drawamala,pitvarni
14	12.12pm	2.45pm	2hrs.57min	Drawamala,alpa pit varni
15	12.15pm	3.30pm	3hrs.45min	Drawamala,krushnavarna
	Average time			

Generally, it was observed that the *virechana* process gets started at around 12.00 to 2.00 pm in maximum no of patients (n -14). Only in one patient it was observed that the *virechana* got started lately at around 3.30 pm. The average duration of all the *virechana* processes is 6 hrs. and 48 minutes.

All the patients were having the liquefied nature of the stools (n=15) at the end with various shades of colour. 6 patients show krushnaabh shade (dark coloured), 7 patients showed peet shade (yellowish shade), 2 patients had shown

harita shade (greenish shade). 1 patient (Sr no 11 in the above table) very specifically mentioned that he observed *pichhila mala pravrutti* (sticky or mucoid) at the end of the process.

Virechana process was considered as completed on the basis of the feedback from patients. The expulsion of feces, *pitta*, *kapha* and *vata* in a sequential manner was observed.

But, practically, the expulsion of *kapha* is hardly seen as explained in the – *swayam ch avasthanam*.

Table 3: Nature of stool in general in 15 patients -

Sr.no of patients	drawamala	phenil	pichhil	Pitavarni	pitkrushnavarni	harit arni	Krushnavarni
1	+						+
2	+	+		+			
3	+			+			
4	+	+			+		
5	+						+
6	+					+	
7	+	+					+
8	+				+		
9	+			+			
10	+				+		
11	+		+			+	
12	+				+		
13	+				+		
14	+				+		
15	+						+
Total	15	3	1	3	6	2	4

Out of 15 patients *dravamala pravritti* was found in all patients (n=15), *phenil mala pravritti* was found in 3 patients, *pichhil mala pravritti* was found in 1 patient, *peetavarni mala pravritti* was found in 3 patients, *pitkrushnavarni mala pravritti* was found in 6 patients, *harit malapravritti* was found in 2 patients, *krushnavarni mala pravritti* was found in 4 patients.

DISCUSSION

According to Charaka, it is better if *virechana* ends with the expulsion of *kapha* at the end. This indication is termed as “*Antiki Criteria*” by Chakrapani. *Antiki* criteria is the most valuable criteria assisting Vaidya in making decision whether to carry on or to cease the process of *samshodhana* therapy as it indicates about the complete expulsion of morbid *kapha* and *pitta dosha* in *virechana*. It limits the procedure and warns the Vaidya from proceeding further and creating *atiyoga* of therapy. So, to avoid the *vyapad* or complications, one must keep an eye over the end point of the procedure. Even according to some, *antiki* criteria is not separate one, it is incorporated with *laingiki* criteria and considered as *Laingiki* criteria only⁹.

After the administration of *virechaka dravya* (purgative medicine), once the *vegās* started, feces were having liquid nature (defecation with liquid nature of feces), after passage of initial 2-3 *vegās*. *Virechaka dravya* through its *veerya* (potency) extracts all the vitiated humors dominated by *Pitta* into *koshtha* (Gastro Intestinal tract) and expel them through anal route¹⁰ from *shakha* (pathological cellular environment present throughout body). These *doshas* are brought to the *koshtha* through the fluid media by the virtue of *Sara* (liquid property) – *sukshma* (minute) – *teekshna* (penetrating) –

ushna (hot)– and *vikasi* (property that loosens the bond or joint) properties of *virechaka dravya*¹¹. It is said that once *virechana* gets started, it expels the vitiated humors in the specific sequence. At first, *vit* (feces) are expelled. It is followed by the expulsion of *pitta* – *kapha* and *Anila* respectively¹². Practically also, it can be seen that after the initial expulsion of solid feces, most probably retained in rectum or sigmoid colon, the feces normally have the liquid nature afterwards.

So passage of *drava mala* (liquid feces) is not just passing of the feces with liquid nature, but it should be considered as the passage of *pitta* dominant humors with the liquid nature.

Basically, *pitta* is of two types viz. *Sadrava pitta* (*pitta* with liquid nature) and *Nidrava Pitta* (*pitta* with dry nature).¹³ So, during *virechana* it can be said that the *pitta* having the liquid nature is expelled through anal route. The role of *virechana* over “*drava guna Pradhan Pitta* (*pitta* having dominance of liquid property)” can clearly be assessed in the diseases like *Raktapitta*¹⁴, *Udara*¹⁵, *Amlapitta*¹⁶, *Shotha*¹⁷, *Pandu*¹⁸, *Kushtha*¹⁹. All these diseases are having the pathology of *apa mahabhuta vikruti* (pathology involving water element) and involves excessive accumulation of *drava guna pradhana doshas* (humors having liquid nature) dominated by *Pitta*. That is why *Virechana Karma* is having so dominant role in the diseases having the *apa mahabhutagni mandya* pathology (diminutive nature of fire of water element).

Thus, the appearance of *Drava guna mala pravritti* (feces involving liquid property) in all the patients can be understood.

At the end of the process, when mucus gets shaded off the mucosal layer in the colon, *virechana* process is stopped. This can be con-

sidered as the end point of *virechana*. The mucoid nature of feces itself suggests the presence of *kapha* in it.

But, in very few patients, it is observed as the expulsion of *kapha* ends the process. Mostly at the end, at certain point, the urge to pass the feces wane off and defecation process gets ceased on its own. *Kale pravrutti*, *anati mahati ch vyatha*, *yatha kramam dosha haranam*, *swayam ch avasthanam* are the parameters explained to identify the *samyak Yoga of Virechana*²⁰. Here, the initiation and continuation of process at proper time can be termed as 'kale pravrutti'. Defecation without any pains or discomfort can be identified as "anati mahati vyatha" and expulsion of vitiated humors in a sequential manner can be considered as "yatha kramam dosha haranam". Lastly, the most practical one observation is the cessation of the process on its own, is known as "swayam ch avasthanam".

Here the expulsion of *kapha*, in the form of sticky stools, was seen in only one patient. But all the other *virechana* processes were considered as finished on the basis of *swayam ch avasthanam*. After the passage of last *vega* at around 4.00 pm to 5.00 pm, the patient were asked to wait till the next 2 to 3 hours before considering as the *virechana* process is over. If the patient does not feel like passing the stools or the presence of urge to pass the stools, it was considered that the process was over and the patient was suggested to have coffee or *yavagu* (boiled rice with a lot of water) directly.

All the other criteria, like *sroto vishudhi* (the clearance of channels), *indriya prasada* (feeling of freshness of all the senses), *laghutvam* (lightness in the body and stomach), *Agni deepti* (increase in appetite) and *anamayatvam* (absence of disease)²¹ are the subjective ones and generally may not be seen immediately after the com-

pletion of the process. These criteria are considered as *Laingiki* criteria and observed after some period of *virechana* process.

So, *swayam ch avasthanam* is the most reliable and practical criteria to define the end point of *virechana* in the absence of passage of *kapha* through feces at the end.

Phenila mala pravrutti (feces with a lot of foamy nature) indicates the involvement of more quantity of *Vata* in the formation of feces. When *pitta* is involved, the probable color will be having yellowish or greenish shades in it. Rather, it can be said that apart from shades of dark grey (due to involvement of *vata*) and white (showing involvement of *kapha*), feces may show any other shade if the *pitta* is involved. But, just the color of the feces cannot be considered to stop the process as *Antiki lakshana*. One has to depend on the urge of the defecation, nature of feces and associated signs and symptoms if any to decide the stoppage of process.

CONCLUSIONS

Shweta (white colored) or *pichhila mala pravrutti* (sticky or mucoid stools) cannot be considered as sole *antiki* criteria for *virechana* process. But 'swayam ch avasthanam' is the more reliable criteria along with the above said criteria. It is the most reliable and practical criteria to define the end point of *virechana* in the absence of passage of *kapha* through feces at the end.

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