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 dosik 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 dosha which comes out during the procedure³. Very first, chakrapani has catagorized 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 manner.

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. In samyak virechana, pitta should be succeeding by kapha. Sushruta also says that pitta is followed by kapha” while describing the samyak yoga of virechana. Acharya Vagbhata has described the Antiki criteria as - Kaphanta cha virekamahu (proper virechana shall be Kaphanta). 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.
- 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 panchakarma 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 Ichchabhedi rasa, 2 tablets along with Virechanopag drawyas - Mrudwika kashaya is given.

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

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

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

<table>
<thead>
<tr>
<th>Sr. no. of patient</th>
<th>Initiation of first vega</th>
<th>Time of last vega</th>
<th>Hours between the first and last vega</th>
<th>Nature of vega at the end</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.10am</td>
<td>7 pm</td>
<td>5hrs.50min</td>
<td>Drawamala,krushnabh</td>
</tr>
<tr>
<td>2</td>
<td>11.35am</td>
<td>6.15pm</td>
<td>7hrs.50min</td>
<td>Drawamala,alpa pitvarni,phenil</td>
</tr>
<tr>
<td>3</td>
<td>12.50pm</td>
<td>8.30am</td>
<td>9hrs.20 min</td>
<td>Drawamal pravritti,krushnabh</td>
</tr>
<tr>
<td>4</td>
<td>12.30pm</td>
<td>6.16pm</td>
<td>6hrs.46min</td>
<td>Drawamal,Alpa pitwarni,phenil</td>
</tr>
<tr>
<td>5</td>
<td>10.25am</td>
<td>8.30pm</td>
<td>10hrs.55min</td>
<td>drawamala,krushnavarni</td>
</tr>
<tr>
<td>6</td>
<td>10.15am</td>
<td>4.35pm</td>
<td>6hrs.50min</td>
<td>Drawamala,alpa harit,phenil</td>
</tr>
<tr>
<td>7</td>
<td>2pm</td>
<td>5.30pm</td>
<td>3hrs.30min</td>
<td>drawamala,alpa</td>
</tr>
</tbody>
</table>
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 -

<table>
<thead>
<tr>
<th>Sr.no of patients</th>
<th>drawamala</th>
<th>phenil</th>
<th>pichhil</th>
<th>Pitavarni</th>
<th>pitrushnavarni</th>
<th>harit arni</th>
<th>Krushnavarni</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+</td>
<td>+</td>
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<td>2</td>
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<td>3</td>
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<td>4</td>
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<td>12</td>
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<tr>
<td>13</td>
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<tr>
<td>14</td>
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<tr>
<td>15</td>
<td>+</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
Out of 15 patients dravamala pravritti was found in all patients (n=15), phenil mala pravritti was found in 3 patients, picchil mala pravritti was found in 1 patient, peetavarni mala pravriti was found in 3 patients, pitkrushnavarni mala pravritti was found in 6 patients, harit malapravritti was found in 2 patients, krusnavarni 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 only.

After the administration of virechaka dravya (purgative medicine), once the vegas started, feces were having liquid nature (defecation with liquid nature of feces), after passage of initial 2-3 vegas. Virechaka dravya through its veerya (potency) extracts all the vitiated humors dominated by Pitta into koshtha (Gastro Intestinal tract) and expel them through anal route 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) – sukhsha (minute) – teekshna (penetrating) – ushna (hot)– and vikasi (property that loosens the bond or joint) properties of virechaka dravya. 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 respectively. 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 Nirdrava Pitta (pitta with dry nature). 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, Udara, Amlapitta, Shotha, Pandu, Kushtha. 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 pravrutti (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 defection 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*. 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 awasthanam*”.

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 awasthanam*. 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.

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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 deewti* (increase in appetite) and *anamayatvam* (absence of disease) are the subjective ones and generally may not be seen immediately after the completion of the process. These criteria are considered as *Laingiki* criteria and observed after some period of *virechana* 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 awasthanam*’ 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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Source of Support: Nil
Conflict Of Interest: None Declared