

## Virecana

“Indian mind needs to think purely Indian”

The world charge behind the novel research outcomes for newer and higher medical challenges, while Āyurveda needs to deepen its insight in core science to meet the same. Higher the emphasis for specialization greater shall be the limitation for the perspective of Indian thinking<sup>1</sup>. Hence retaining the holistic perspective entails maximum yield from Indian sciences. Modern segregating thought process can hamper the uniqueness of Indian science (Āyurveda). This is well quoted by Willd Durant:

“The specialist put on blinders in order to shut out from his vision all the world but one little spot, to which he glued his nose. **Perspective** was lost. ‘Facts’ replaced understanding; and knowledge, split into thousand isolated fragments, no longer generated wisdom..... All that remained was the scientific specialists, who knew ‘more and more about less and less’, and the philosophical speculators, who knew ‘less and less about more and more’...”

This paper is a small endeavor to holistically understand the process *virecana*, in the way the text discloses it; and relating the clinical perspective. The understanding of concept in *nidāna* and *cikitsa* endorses the understanding of *virecana* (or any process). The ground line of thinking, while diagnosing any disease is described at the end of *nidāna sthāna*, where *doṣāvastha* in any disease (*vṛddhi*, *kṣaya* etc) are mentioned just as *upalakṣaṇa*.<sup>2</sup> And a physician has to proceed observing the subtle variations in *vyādhyavasthās*. Thus ‘*upalakṣaṇatva*’ is the describing factor of *nidāna*. *Upalakṣaṇa* is an inclusive term that links the similarity in various instances. It is the term which stands for the defined meaning directly by it, and also signifies all other contexts conveying similar meanings.<sup>3</sup> Thus the *nidāna* gives the freedom to expand the concept owing to the variables associated with. This substantiates many perplexing facts in the śāstra. For example an *yoga*(medicinal formulation)

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<sup>1</sup> Any how higher research revelations contours the beauty of science, provided they are placed secondary to consolidate concepts.

<sup>2</sup> वृद्धिस्थानक्षयावस्थं रोगानामुपलक्षणम् । . . . .

C.Ni. 8

<sup>3</sup> स्वार्थप्रतिपादकत्वे सति स्वार्थसदृश इतरार्थ प्रतिपादकत्वम् ।

mentioned in a particular *adhikaraṇa* can be appropriately applied in various other conditions eg. Agastya rasāyana described in *kāsādhikāra* is also advised in *āvaraṇa cikitsā/ hr̥droga cikitsā*; *vṛṣa ghr̥ta* described in *raktapitta* is also beneficial in *hikkā* and *śvāsa*; the *dāḍimādi ghr̥ta* activates *mūḍhavāta* in *śvāsa* as well as *mūḍhavāta* in *vandyatva*. When **a** yoga recurs in another context there is always a *doṣāvastha* that replicates with or without different shades of disease.

In the *Cikitsāsthāna* this method of linking the similar contexts has been directed to end at a definite treatment principle (*ūhā-apoha vikalpana*).<sup>4</sup> The continuum of thought process from generality (*upalakṣaṇatva* of *doṣāvastha*) to specificity (*apohatva*) is directed by the physician's *yukti*.

At an outline it is evident that *cikitsā* has two levels of approach:

- *Cikitsākrama* - ground line treatment process which is designed according to the nature of the disease
- *Avasthākrama*- distinctive treatment, which is specific to the nuance of *doṣa* variation in the disease. Thus same disease can have multiple clinical approach depending on the various hues and shades of *doṣas* working in the disease. It is here that the knowledge of *apoha karma* has to be applied.

In essence every *cikitsā* has two stratas of analysis –

- generic analysis
- distinctive analysis

The same principle has to be applied to *virecana* also. Let us explore the generic and distinctive analysis of *virecana cikitsā*.

**Sāmānya sañjnā:**

“उच्छ्रितदोषे च वमनविरेचनास्थापनानुवासनकर्म कर्तव्यम्।” Su.Ci5/12

*Virecana* being one of the *śodhana* procedures also follows the broad concept of *śodhana*. *Śodhana* is not a treatment administered in all **doṣic** conditions. But

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<sup>4</sup> ..... चिकित्सितमिदं कुर्याद्दुहापोह विकल्पवित्।

it is an eliminatory procedure implemented in such conditions where doṣas are aggravated to a high extent.<sup>5</sup>

Viśeṣa karma/ Avasthā viśiṣṭa karma:

Apart from its generic line of administration as an eliminatory procedure, it is also a valid treatment used as viśeṣa cikitsā. The analysis of this factor of *virecana* imparts the apohakrama of *virecana*. This analysis is hinted in the context of administration of *virecana karma*:

“कफकाले गते ज्ञात्वा कोष्ठं सम्यक् विरेचयेत् ।।”

The time of administering *virecana* relies upon the *doṣāvastha* (kaphakālagate). “jñātvā koṣṭhaṃ samyak” signifies the inevitable necessity to understand the role of *koṣṭha* in *virecana*. *Koṣṭha* gives the insight regarding the perspective of *virecana* in various diseases.

Thus the type of *virecana* (*rūkṣa* or *snigdha*) depends on two factors:

- doṣāvastha
- koṣṭha

*Virecana* is generally classified as *rūkṣa* and *sneha* targeting the two contrary nature of *saṃprāptis*.<sup>6</sup> This discretion of *virecana* depends basically on three major factors:

- doṣāvastha/ vyādhyavasthā
- agni
- koṣṭha

Keeping the *upalakṣaṇatva* of *doṣāvastha*, the *apohakrama* of *virecana* is ascertained with the analysis of *agni* and *koṣṭha*. In *virecanādhikāra* these aspects are vividly described under three *prasaṅgas*. Let us explore these conditions with clinical extensions of various diseases.

In *krūrakoṣṭha*, where the *rūkṣatva* of *vāyu* is severe in *koṣṭha*, *virecaka ghr̥ta* with *kṣāra* and *lavaṇa* is administered. This ignites *agni*, subdues

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<sup>5</sup> नखलु दोषाणां सर्वावस्थासु वमनविरेचने । किं तर्हि-

दोषाः क्षीणाः बृंहयितव्याः कुपिताः प्रशमयितव्याः वृद्धाः निर्हर्तव्याः, समाः परिपाल्याः इति सिद्धान्तः ।। S.Ci.33/3

<sup>6</sup> A.H.S. 18/57

*kaphavāta* by bringing about purgation. Thus elimination process also corrects *agni* and *doṣas*, holistically **set righting** the person's clinical condition.<sup>7</sup>

But, in this *krūra koṣṭhāvastha* if the condition is highly *ruṣka*, with very high increase of *vāta*, under intense digestive fire, the above mentioned *virecana* shall be an invalid clinical line of approach. Though such conditions demand *virecana* process, the medicine may be annulled by digestion. To facilitate such *koṣṭhāvasatha*, *anuvāsana vasthi* or *gudavartis* have to be administered initially. After eliminating the fecal matter and annihilating severe aggravation of *vāta* the *krūra koṣṭha* is then managed as mentioned before.<sup>8</sup>

Let us now extend this clinical idea to a clinical condition to give a practical hue to the concept. Though many clinical conditions shall express the above mentioned *koṣṭhāvastha*, the major one can be attributed to *udāvarta*. The course of clinical advance in *udāvarta* is epitomized by:

- adhaḥ praśoṣaṇa ( adho vahāni srotāmsi saṃrudhyādhaḥ praśoṣayan)
- pavanasyordhva gāmitvaṃ<sup>9</sup>

Spectrums of diseases coming under this prototype of saṃprāpti are:

- *Ardita*<sup>10</sup>
- *Ākṣepaka*<sup>11</sup>
- *kāsa*<sup>12</sup>

These spectrums of diseases represent the *upalakṣaṇatva*, which shows common phenomenon at one facet. Similarly, there exists commonality in the treatment, at a ground level, where all these conditions are tailored with

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7 मन्दाग्निं क्रूरकोष्ठं च सक्षारलवणैर्घृतैः। सन्धुक्षिताग्निं विजित कफवातं च शोधयेत्॥

A.H.Su. 18/52

8 रुक्षबह्वनिलक्रूरकोष्ठव्यायामशीलिनाम्। दीप्ताग्नीनाञ्च भैषज्यमविरेच्यैव हि जीर्यति।  
तेभ्यो वस्तिः पुरादद्यात् ततः स्निग्धं विरेचनम्॥ A.H.Su. 18/ 53-54

9 A.H.Ni. 7

<sup>10</sup> वायुर्विवृद्धैस्तैस्तैश्च वातलेरुर्ध्वमास्थितः।

A.H.Ni. 15/33

11 अधः प्रतिहतो वायुः व्रजत्यूर्ध्वं हृदाश्रयः।

A.H.Ni. 15/17

12 अधः प्रतिहतो वायुरुर्ध्वं स्रोतं समाश्रितः

C.Ci.

common hue. And, of course, specific line of treatments further add to it based on various clinical variations (*doṣāvastha*).

The common line of treatment in *udāvarta* is *sneha-sveda- varti- anuvāsana* and *sneha virecana*.<sup>13</sup> This is same as described in the condition of *rūkṣa, vātabahula koṣṭha*. The treatments of *ardita, ākṣepaka* are closely related to the treatment of *pakṣāghāta* where in *sneha virecana* specifically with *eraṇḍa taila* is advocated.<sup>14</sup> All these evidences implicitly describes the role of *sneha virecana* in the context of *vāta* (in which the descending channels - *adhovahāni srotāmsi* are eventually desiccated and the movement of *vāta* is reverted upwards). The *sneha virecana* moistens the *adhovahāni srotās* and directs the normal movement of *vāta*.

Contrary to *rūkṣāvastha* is *bahudoṣāvastha*; and in conditions of *bahu* (excessively aggravated) *dōṣas*, which are detached and mobile(*cala*), repeated eliminatory processes has to be implemented.<sup>15</sup> A typical example for this condition is *udara*. The *saṃprāpi* of *udara* is instigated by excess aggravation of *doṣas*. Thus the primary line of treatment is also *nitya virecana*.<sup>16</sup> The same concept of frequent *virecana* is also evidenced in *prameha* and *kuṣṭha cikitsā*. In *meha* the *medo dhātu* turns inconsistent and is aggravated, while in *kuṣṭha* the prolific *doṣhas* pervade the entire body.<sup>17</sup> Both these states are different shades of *bahudoṣāvastha* and share the common baseline treatment i.e. *nityavirecana*.<sup>18</sup>

The conditions *grahaṇī, arśas, atīsāra* though included in this group, show variant *doṣāvastha* which ramifies the treatment principle.

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13 A.H.Ci.8/139

14 A.H.Ci. 21/44 ; Su.Ci. 5/ 19 ; C.Ci. 29

15 हरेद्बहूँश्चलान् दोषानल्पानल्पान पुनः पुनः ।

दुर्बलेन मृदुद्रव्यैरल्पान् संशमयेत्तु तान् ॥

A.H.Su. 18/51

16 दोषातिमात्रोपचयात् स्रोतोमार्गनिरोधनात् । सम्भवत्युदरं तस्मान्नित्यमेनं विरेचयेत् ॥

A.H.Ci

17 दुर्विरेच्यो हि मधुमेहिनो भवन्ति मेदोऽभिव्याप्त शरीरत्वात् तस्मात् तीक्ष्णमेतेषां शोधनं कुर्वीत ॥

दुर्वान्तो वा दुर्विरिक्तोऽपि वा स्यात् कुष्ठी दोषैरुद्धतैर्व्याप्त देहः ॥

सुश्रुत

18 प्रातः प्रातश्च सेवेत योगान् वाईरेचनान् शुभान् ।

पञ्च षट् सप्त चाष्टौ वा यैरुत्थानण न गच्छति ॥

सुश्रुत

Next stage of *virecana* description in Aṣṭāṅga hṛdaya entails group of similar diseases:

विषाभिघातपिडकाकुष्ठशोफविसर्पिणः ।  
कामला पाण्डुमेहार्तान्नातिस्निग्धान्विशोधयेत् ॥

The commonness (*upalakṣaṇā*) in all these diseases is either *utkleśa* of *kapha* or *rakta*; or *śaithilya* of *kapha* or *meda*. Viṣa, though seems to be a strange inclusion in this category, reveals a valid clinical entity, as it also point towards *viruddhāhāra*.<sup>19</sup> And the *viruddhā janya vyādhīs* include many disorders like *visphoṭa*, *śopha*, *gulma*, *yakṣma*, *aṣṭa mahāgada* etc. Vātavyādhi is one among the eight *māhāgadas*. Thus the *pakṣāghāta* etc disorders, mentioned under *vātābhibhūta koṣṭa vikārās*, also have a variant pathological process lead by *utkliṣṭa doṣāvastha*. Hence the *nidānaviśeṣa* of the same disease (eg *pakṣāghāta*) drive off the disease to distinct pathways of manifestation. This highlights the importance of ascertaining *nidānaviśeṣa* that specify the line of treatment which may vary in same disease. But, despite these clinical and therapeutic distinctions *virecana*, is the process that stands unbiased in both the conditions. Only the type of *virecana*, viz *rūkṣa* or *siṅgha* varies.

An attempt to interpret the quotation “. . . ज्ञात्वा कोष्ठं सम्यक विरेचयेत् ।।” unfolds above range of clinical perspective of *virecana*. Though only a facet of *virecana* has been described in this paper, it is an endeavor to incite the right inclination towards the thinking of the science.

“नऽमूलं लिख्यते किञ्चित् नऽनपेक्षितमुच्यते ।”

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19 विरुद्धमपि धातूनां विद्यात् विषगरोपम् ।