

A case study of jeerna jwara with applied concept of bhedana karma

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Abstract:

Virechana Karma is one among the purificatory measures described under Panchakarma therapy of Ayurveda. Depending upon its action on malas (stools), it has been divided into four types as Anulomana, Stransana, Bhedana & Rechana. The paper deals with mode of action of Virechana karma with special reference to Bhedana karma. To support the literary research, A case study of Jeerna Jwara (P.U.O.) has been added in the present paper. By virtue of Bhedana karma the above case was treated successfully with only two medicines, which increase our faith and belief in basic principles of Ayurveda.

Keywords: Jeerna Jwara, Bhedana karma, Virechana karma, Ayurveda, Panchakarma

Introduction-

Dravyaguna is a comprehensive discipline, which embraces various aspects of knowledge about the identification, collection and classification of drugs; their physical and chemical properties; biotransformation and metabolic activities; their uses, dosage and therapeutic actions; their compatibility, synergism and vehicle; their incompatibility and toxicity; and different pharmaceutical processings and preparations.

Thus the Ayurveda pharmacology or Dravyaguna mainly deals with drugs, especially the animal & vegetable origin and their actions. It is more a clinical pharmacology than the experimental or comparative pharmacology. Being a clinical pharmacology, it evaluates drugs

on the basis of their mode of action in man, their therapeutic efficacy and toxic effects if any. The determination of these characteristics encompasses both the aim & scope of clinical pharmacology and it is apparent that all the three are so interrelated as to be inseparable (1).

Actions or Effects of Drugs-

The actions of a drug are intimately related to its chemical structure in the form of preponderance of one or two protoelements in them. Not only the weight and number but also the configuration of the Mahabhutas determines the actions of a drug. During digestion & metabolism, there is always a chemical reaction leading to conjunction or disjunction of molecules in a drug showing different actions in different

stages. This structure-function relationship of drug has to do much with the structure-function relationship of cells in the body.

On the basis of Simmilars (Samanya) and Dissimilar (Vishesh), drugs increase or decrease the Doshas, Dhatus & Malas, and influences the Srotamsi. This is accomplished in many ways. The Vamana, Virechana, Snehana, Rukshana etc are Karmas of Dravyas. In simpler words the treatment of disease is based on Karmas of drugs or other therapeutic measures. The ultimate object of treatment is to correct the pathological lesion in the Dosha-Dushya-Srotamsi and it is accomplished through the Karmas of drugs (2).

Some karmas aim at rectifying the discordance of body elements and functions, as for instance Deepana, Pachana, Anulomana, Bhedana etc; some of them vitiate body elements and functions, as for instance Vidahi, Agnisadana, Abhishyandi etc; some of them are conducive to good health, as for instance Balya, Rasayana, Vajeekaran etc (3). Of the above classification, this paper deals with the first group of drugs with special reference to Bhedana karma.

Definition-

Bhedana (Drastic Purgatives):-

“Maladikam Abadham Yadbadham va Pinditam Malai:

Bhitwa Adha: Patayati Tadbhedanam Kutaki yatha” Sha.S.Poorvakhanda 4/5

The drug which acts on hardly attached or loosely attached stools (malas) and expels down the accumulated doshas are called as Bhedana (Drastic Purgatives), for ex. Kutaki, Snuhi, Indrayana, Jaipala etc (4).

Generally Bhedana term is used to detach the kaphadi doshas from the circulating channels and to break out the hard or dried stool and expel it down through intestines.

Mode of Action-

Generally Bhedana group of drugs come under either Drastic purgatives (Tikshna Virechana) or Cholagogue purgatives (Pitta Virechana). These drugs acts on liver, duodenum and small intestine and exert their stimulating action, thereby excreting Pitta in large quantity which comes out along with purisha (mala). Some of the drugs of this category due to their acute penetrating power and rapid action creates burning & spasm in the intestines which results in loose motions.

The drugs which cause Tikshna Virechana are Jaipala, Indrayana and Snuhi and the drugs responsible for Pitta Virechana are Parad, Elua, Revandchini and Kutaki. Interesting to note that these both group of drugs can be combined under Bhedana category.

Generally the mode of action of Virechana Dravyas happens to be in following ways:-

1. To increase the quantity of unabsorbed solid content, ex. Purishajanan dravyas like Isapgol, Belpala, and Yava etc.
2. To obstruct the reabsorption of water in the intestines, ex. Magsulf
3. To irritate & stimulate the small and large intestine, ex. Jaipala, Snuhi, Kutaki etc.
4. To exert the stimulating effect on corresponding nerves and muscles of the intestines.

Different Rechana dravyas exerts action on different parts of the intestine and hence differs in their time of action. Some drugs purgates rapidly and some slowly. The drugs which start their action on small intestine cause rapid purgation for ex. Castor Oil (Eranda Thailam) and the drug which start their action on large intestine cause slow or late purgation for ex. Kumari satva, Sanay (Swarnapatri) etc (5).

Usually Rechana Dravyas exerts their action if taken orally, but certain drugs produce their effect through other

routes also for ex.Sanay, Elua and Indrayana, if injected subcutaneously cause purgation because their excretion is through intestines. On the other hand just a friction of Jaipala Thailam on the skin cause purgation.Hingu applied over the umbilicus of children cause purgation. There is a description of Chetaki, one of the type of Haritaki, that if taken in hand, or stayed in its shadow will result in purgation. Its colour, taste, smell & touch also cause purgation (6).

“Kachid Swadmatrena Kachid Gandhen Bhedyeta

Kachid Sparshena drishtyanya chaturdha Bhedyechiva” Bhavaprakash Nighantu

Qualities / Effect of Virechana Dravyas-

In the person purged well, cleansing of channels, clarity of senses, lightness, energy, proper digestive fire, freedom from disorders are observed as well as expulsion of faeces,pitta,kapha and vata in this order (7).

“Strotovishuddhi Indriyasamprasadau Laghutwamurja Agni: Anamayatwam

Praptishcha Vitpittakaphaanilanam Samyagviriktasya Bhavet Kramen” C.S.Si. 1/17

Dr.Ghosh has explained the qualities of Ideal purgatives as follows:-

An ideal purgative should not have any other effect on the intestines. It should not irritate the stomach, but should become active only when it reaches the intestine. It should not be easily absorbed so slowly that it can exert its effect throughout intestine. (R.Ghosh-Materia Medica)

Aim & Objective of Virechana Dravyas-

1. To evacuate faeces in case of Vibandha (Constipation)
2. In inflammatory conditions to produce osmotic action
3. In fever to reduce the temperature
4. To control Hypertension by evacuating excess & abnormal Pitta

5. To facilitate evacuation of faeces in the diseases like piles, fissure, fistula etc
6. To expel Pitta (Bile) & Bile stones
7. To expel hemotoxic elements like Uric acid responsible for Gout
8. To expel the irritant or harmful waste material from intestines like Viruddhanna, Amavisha, and Doshivisha etc (8).

Bhedaniya Kashaya-

Charaka has enumerated following 10 drugs under the category of Bhedaniya Kashaya (9) —

- 1) Subaha (Nishotha)
- 2) Arka (Madar)
- 3) Urubook (Eranda)
- 4) Agnimukhi (Kalihari)
- 5) Chitra (Danti)
- 6) Chitrak
- 7) Chirbilwa
- 8) Shankhini
- 9) Shakuladani (Kutaki)
- 10) Swarnakshiri

A Case Study-

It is one of my interesting case study. During that day of hectic OPD, this was the last patient came by 2pm, 50 yrs.of age, male, farmer with presenting complaints of high grade fever on & off since 2 months, with malaise, severe weakness, loss of appetite and mild constipation. During this period he received lots of antibiotics and antimalarials, but all in vain.

General Examination:-

GC Moderate, febrile, temp.100°F

Pulse-100/min, BP-110/70mmHg,
RS - AEBS clear, CVS-NAD,
CNS - Conscious, Cooperative

P/A- Soft, non tender, Liver - NP,
Spleen- NP



Dashvidha Pariksha:-

Agni-Manda,	Shabda-Ksheena
Jiwha-Alpa Sama,	Sparsha-Ushna
Nadi-Pittaja,	Bala-Ksheena
Mala-Vibandha,	Prakruti-Vata Pitta
Akruti-Madhyam,	Dosha-Pitta Kapha
Dushya-Rasa	

**Vyadhi Vinischaya (Diagnosis):
Jeerna Jwara**

(Pyrexia of Unknown Origin / P.U.O.)

Treatment:

- 1) Amalkyadi Choornam (Sha.Samhita Madhyam Khanda 6/7)
- 2) Syp Kadonil (Dhanwantary Pharmacy-PT Joshi Nana, Dhule)

Approximately after 10 days patient came for follow up with a pleasant smile on his face. He told that now he is feeling very good, fever subsided, appetite increased and all the associated complaints of fever were cured. Then I gave him Rasayana & Apunarbhav Chikitsa. This was really a magic result for me and increased my faith that very simple medicines can create miracle.

The contents of **Amalkyadi Choornam** are (10):-

Amalaki, Chitrak, Haritaki, Pippali and Saindhav in equal proportion

Action: - Bhedana (Purgative), Appetiser, Carminative, Digestive and Kaphanashana

Indication: - All types of Fever

Contents of **Syp Kadonil** are:

Kutaki, Pittapapada, Nagarmotha, Kiratatikta, Vasa, Yashtimadhu, Sunthi, Parijataka, Erandapatra, Tulsi Panchang

Action: - Appetiser, Antipyretic, Pitta shamana

Indication: - All types of acute & chronic Fever

Discussion & Conclusion-

Shodhan and shaman chikitsa are two different types of treatment mentioned in Ayurveda, but considering the condition of patient you need not go always as per routine classical way of Shodhan Chikitsa. Sometimes Shaman Chikitsa yoga or formulations can act as purificatory measures in that particular disease.

There was the symptom of "Vibandha" & "Agnimandya"; hence instead of doing routine classical way of Snehapaan & Virechana karma (which was really not needed in above case); the above medicines were administered as per the condition of patient and the results found were assessed critically to justify their mode of action. I think that the Bhedana action of Amalkyadi Choornam was responsible to breakout the aetiopathogenesis of the disease, by virtue of which the accumulated doshas were expelled. Syp. Kadonil did the Pittakaphar and Antipyretic action.

It taught me that every time you need not to go the routine & classical way of Shodhana karma. Condition of the disease itself suggest the right approach & time of purification.

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