



### ASSESSMENT OF *ANTIKI* CRITERIA OF *VIRECHANA* BY *ICCHABHEDI RASA* IN 26 PATIENTS OF PSORIASIS

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#### ABSTRACT

*Virechana* is one of the *shodhana* procedure which eliminates the vitiated humours through anal route. Assessment of *virechana* is done with the help of four assessment criteria mentioned in the classics. These criteria are *vaigiki*, *maniki*, *antiki* and *laingiki*. *Antiki* criteria is said to be the indicator for ending the procedure of *virechana*. Therefore, being an important criterion for assessment, in the present study total 26 patients of Psoriasis were treated with *virechana* with *icchabhedi rasa* in common and they were assessed for the signs of *antiki* criteria. The present study evaluates whether *antiki* criteria affects the results expected in the pacification of the disease or not, whether this criterion has the importance only in assessing the procedure or also the outcome of the procedure.

**Keywords:** *Virechana*, *Antiki* criteria, Assessment, psoriasis

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## INTRODUCTION:

The process of evacuation i.e. *Virechana* is the most practiced amongst all the *shodhana* procedures. It eliminates the humours (*doshas*) from the lower part of the body <sup>[1]</sup> with less complications and feasibility of being conducted in an easy way might be the reason for it being most practiced. To practice *virechana* successfully, one should understand the status of the procedure and also the indicators explaining the completion of it. The status of the procedure is an indicator of it being administered properly and predicting the outcome. The indicators that explain the completion of the procedure might help us to predict the results that directly influence the status of the disease.

To assess the completion of the procedure, three types of criteria are explained in the classics i.e., *Avara shuddhi* (Minimum type of cleansing), *Madhyama shuddhi* (Moderate type of cleansing) and *Pravara shuddhi* (Maximum type of cleansing) <sup>[2]</sup>. Acharya Sushruta have also mentioned the criteria explaining the signs and symptoms for assessing *Virechana*, these are *Heena yoga* (Inappropriately administered Purgation therapy), *Samyaka yoga* (Appropriately administered Purgation therapy) and *Atiyoga* (Excessively administered purgation therapy) <sup>[3]</sup>. To be more precise and convenient in assessing the *virechana* keenly, *shuddhi* is being divided into four criteria namely *Antiki*, *Vaigiki*, *Maniki* & *Laingiki* <sup>[4]</sup>. To evaluate the nature, ability and the quality of *Virechana* one has to gain the proper knowledge of the above-mentioned criteria. Gathering and discussing the information from multiple and

diverse sources explained by Chakrapaani help us in developing the deep understanding and knowledge of each and every aspect of *Virechana*.

The features which explain that the procedure has reached to the end are said to be *Antiki lakshanas*. For proper *virechana* the sequence should be mala followed by *pitta* succeeding *kapha* and at the end *vata* <sup>[5]</sup>. The *samyaka virechana* procedure should end with the appearance of bouts of *kapha* in the *vega* <sup>[6]</sup>. While Sushruta mentioned *mutra- purisha- pitta- aushadha- kapha* as *antiki* products to be observed <sup>[7]</sup>. Acharya Vagbhata also mentioned that for appropriately administered *virechana*, *kapha* should be the end product <sup>[8]</sup>. Hence, *kapha* should be the end product for proper *virechana* as mentioned in the classics.

## AIM:

To assess the *antiki lakshanas* of *virechana*.

## OBJECTIVES:

1. To assess the *antiki* and *maniki* symptoms.
2. To evaluate the importance of *antiki shuddhi*.

## MATERIAL METHODS:

For this study 26 patients of Psoriasis were selected from the OPD and IPD of Department of Panchakarma, Shri Ayurveda Mahavidyalaya, Nagpur. These patients were properly examined and assessed for the disease. They were well informed about the treatment procedure and the informed consent of the patients were taken before going for the treatment.

## Inclusion criteria: -

Subjects fulfilling the following conditions will be included: -

- Subjects fulfilling the eligibility criteria for *virechana* i.e. *Virechanarha*.
- Subjects with classical *lakshanas* of *Ekakushtha* (Psoriasis) and clinical features of Psoriasis.
- Subjects between age group 16 to 60 yrs.
- All types of Psoriasis.

**Exclusion Criteria:**

Subjects with following condition will be excluded-

- Subjects NOT fulfilling the eligibility criteria of *virechana* (*virechana anarha*)
- *Ekakushtha* (Psoriasis) with extra cutaneous manifestations.
- Patients with other systemic disorder which interfere with the treatment.

**Standard Operating Procedure: -**

**Poorvakarma:**

1. *Snehapana*– *Snehapana* was done with *Panchatikta Ghrita* and *Goghrita* according to the *koshtha* of patients till the appearance of *Samyak Snigdha Lakshanas* (3-7days). *Koshtha Parikshana* was done.
2. *Abhyanga* & *Swedana*–3 days prior to the date of *Virechana* and on the day of *Virechana* was done.
3. During these three days patient was asked to take a diet having light properties, hot in temperature and oleos in nature.
4. *Snehana* & *kutisweda*. -On the day of *Virechana*.

**Pradhanakarma:**

1. Patient was assessed for vitals, i.e. blood pressure, pulse, temperature.
2. Two tablets of *Ichchabhedi rasa* was given in the morning between 10am – 12 pm to the patient.

3. Patient was provided 1.5 liters of *virechanopaga kashaya* & was asked to drink it in the quantity of 100- 250 ml, during the process of *virechana* with certain frequency. The frequency & the quantity were decided as per need based on the nature of *vegas*, expulsion of *doshas* and strength of the patient.
4. The process was continued till the signs of *Samyaka Virechana lakshanas* (Signs of Appropriately administered purgation therapy) were observed.
5. Each hour patient was assessed for vitals, i.e. Blood pressure, temperature & pulse.
6. Patient was asked to remain on empty stomach till the process completes, only water was allowed for the intake.
7. Patient was assessed for the complications if any.

**Pashchaat karma:**

1. After the appearance of *Samyaka virechana lakshanas* (symptoms of properly administered Purgation therapy), *Virechana* process was stopped.
2. Patient was then assessed for complications if any as well as vitals.
3. Patient was asked to wash his face, hands & feet and was asked to take a rest for 1 *muhurta*. Then the *peya* was suggested as a food intake.
4. According to the *Shuddhi* patient was advised *Samsarjana krama*.
5. For *Avarshuddhi* patient was advised *Samsarjana* containing 1 *annakala* with *peya*, *vilepi* & *yusha*, i.e. for 3 days.
6. For *Madhyama shuddhi* patient was advised *Samsarjana krama* containing 2 *annakalas* with

*peya, vilapi, akrutayusha, kurtayusha* etc. i.e. for 5 days

7. For *Uttama shuddhi* patient was advised with *Samsarjana karma* containing 3 *annakalas* with *peya, vilepi, akrutayusha, kurtayusha* etc. i.e. for 7 days.

After completion of *virechana* these patients were divided into two groups i.e. Group A having *kaphanta virechana* and Group B having *virechana* end product other than *kapha*.

### RESULTS & OBSERVATIONS:

Table no. 1: Details of *Virechana* data

Sr. No.	Time of <i>Ichchabhedhi</i>	Time of <i>kashaya</i> given	Initiation of <i>vega</i>	End of <i>vega</i>	Total duration of <i>virechana</i>	<i>Vegas</i>	<i>Antiki</i> (nature of end product of <i>virechana</i> )	<i>Laingiki</i> criteria (associated signs and symptoms immediately around the end of <i>virechana</i> procedure)
<b>Group A – Patients with <i>Kaphanta virechana</i></b>								
1	10:35 AM	11:38 AM	12:44 PM	6:25 PM	5 hrs 40 Min	7	<i>Shwetabh Pichchil malapravrutti</i>	<i>Agnideepana, Angalaghavata, Utsaaha, Indriyaprasadana</i>
2	12:45 PM	1:45 PM	12:45 PM	9:00 PM	8 hrs 15 min	15	<i>Shwetabha pichchila malapravrutti</i>	<i>Agnideepana, Angalaghavata, Utsaaha, Indriyaprasadana</i>
3	11:48 AM	12:30 PM	12:35 PM	10:00 PM	5 hrs 6 min	12	<i>Shwetabha pichchila malapravrutti, Aushadha</i>	<i>Agnideepana, Utsaaha, Angalaghavata, Indriyaprasadana</i>
4	10:30 AM	11:00 AM	11:35 AM	5:41 PM	10 hrs 25 min	18	<i>Shwetabha pichchila malapravrutti, Aushadha</i>	<i>Agnideepana, Utsaaha, Angalaghavata, Indriyaprasadana</i>
5	11:30 AM	12:00 PM	12:50 PM	4:40 PM	2 hrs 50 min	6	<i>Shwetabha pichchila malapravrutti</i>	<i>Utsaaha, Agnideepana</i>

6	10:10 AM	10:30 AM	10:20 AM	8:30 PM	10 hrs 20 min	19	<i>Shwetabha pichchila malapravrutti, Aushadha</i>	<i>Agnideepana, Utsaaha, Angalaghavata, Indriyaprasadana</i>
7	10:38 AM	11:10 AM	13:41	19:35	5 hrs 54 min	13	<i>Shwetabha pichchila malapravrutti</i>	<i>Agnideepana, Utsaaha, Angalaghavata</i>
8	10:00 AM	10:45 AM	10:55 AM	7:30 PM	8 hrs 35 min	10	<i>Shwetabha pichchila malapravrutti</i>	<i>Agnideepana, Utsaaha, Angalaghavata, Indriyaprasadana</i>
9	11:45 AM	12:45 PM	1:50 PM	7:50 PM	6 hrs	10	<i>Shwetabha pichchila malapravrutti</i>	<i>Agnideepana, Utsaaha, Angalaghavata, Indriyaprasadana</i>
<b>Group B: - Patients with no <i>kaphanta virechana</i></b>								
1	10.30 am	11:00 AM	1:00 PM	5:00 PM	5 hrs	5	<i>Peeta varni mala pravrutti (kashayasannibhama)</i>	<i>Angalaghavata, Agnideepana</i>
2	10:51 AM	11:30 AM	12:48 AM	6:45 PM	5 hrs 57 min	10	<i>Peeta varni mala pravrutti</i>	<i>Agnideepana, Angalaghavata, Utsaaha, Indriyaprasadana</i>
3	11:00 AM	11:30 AM	12:20 PM	9:10 PM	5 hrs 50 min	6	<i>Peeta varni mala pravrutti</i>	<i>Agnideepana, Angalaghavata, Utsaaha, Indriyaprasadana</i>
4	10:45 AM	11:40 AM	12:15 PM	7:15 AM	19 hrs	13	<i>Peeta varni mala pravrutti, Aushadhi, Vata</i>	<i>Agnideepana, Angalaghavata, Utsaaha, Indriyaprasadana</i>
5	10:30 AM	11:45 AM	11:30 AM	10:00 PM	10 hrs 30 min	11	<i>Peeta varni mala pravrutti (kashayasannibhama)</i>	<i>Agnideepana, Utsaaha, Angalaghavata</i>

6	11:00 AM	11:30 AM	11:20 AM	11:30 PM	12 hrs 10 min	17	<i>Kashayasannibha ma</i>	<i>Agnideepana, Utsaaha, Angalaghavta</i>
7	10:32 AM	12:00 PM	12:30 PM	8:45 PM	10 hrs 45 min	10	<i>Peeta varni mala pravrutti</i>	<i>Agnideepana, Angalaghavta</i>
8	10:35 AM	11:15 AM	11:25 AM	6:50 PM	7 hrs 30 min	12	<i>Kashayasannibha ma</i>	<i>Agnideepana, Angalaghavata, Utsaaha, Indriyaprasadana</i>
9	12:15 PM	1:00 PM	1:55 PM	9:45 PM	7 hrs 50 min	7	<i>Kashayasannibha ma</i>	<i>Agnideepana</i>
10	10:45 AM	11:15 AM	1:10 PM	10:19 PM	9 hrs 59 min	13	<i>Kashayasannibha ma</i>	<i>Agnideepana, Utsaaha, Angalaghavata, Indriyaprasadana</i>
11	10:30 AM	11:30Am	11:40 AM	9:45 PM	10 hrs 55 min	17	<i>Kashayasannibha ma</i>	<i>Agnideepana, Angalaghavta</i>
12	11:15 AM	11:30 AM	12:25 AM	5:00 PM	5 hrs 35 min	12	<i>Kashayasannibha ma</i>	<i>Agnideepana, Utsaaha, Angalaghavata, Indriyaprasadana</i>
13	11:20 AM	11:35 AM	1:20 PM	6:10 PM	5 hrs 50 min	10	<i>Peeta varni mala pravrutti</i>	<i>Agnideepana, Angalaghavta</i>
14	11:00 AM	11:40 AM	12:00 PM	10:30 PM	10 hrs 30 min	13	<i>Kashayasannibha ma</i>	<i>Agnideepana, Angalaghavta, Utsaaha</i>
15	11:30 AM	12:10 PM	1:20 PM	6:15p m	4 hrs 55 min	5	<i>Peeta varni mala pravrutti</i>	<i>Agnideepana</i>
16	10:30 AM	11:00 AM	11:58 AM	9:58 PM	9 hrs	15	<i>Kashayasannibha ma</i>	<i>Agnideepana, Utsaaha, Angalaghavata, Indriyaprasadana</i>
17	11:00 AM	11:15 AM	12:10 PM	8:00 PM	7 hrs 50 min	8	<i>Kashayasannibha ma</i>	<i>Agnideepana, Angalaghavta, Utsaaha</i>

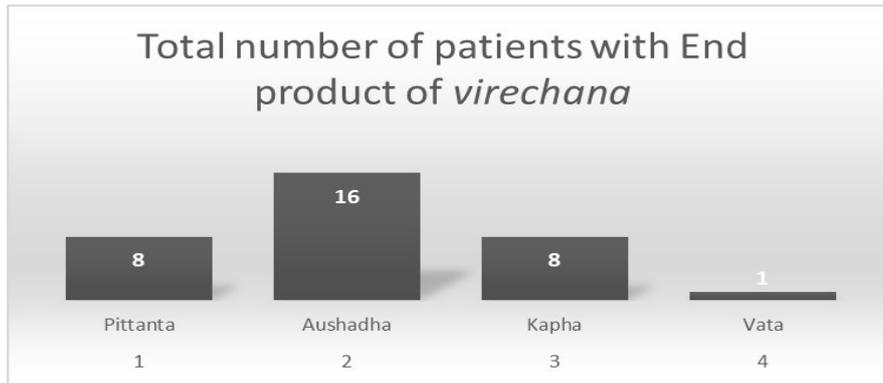


Fig. 1 Graph showing *Antika Shuddhi*

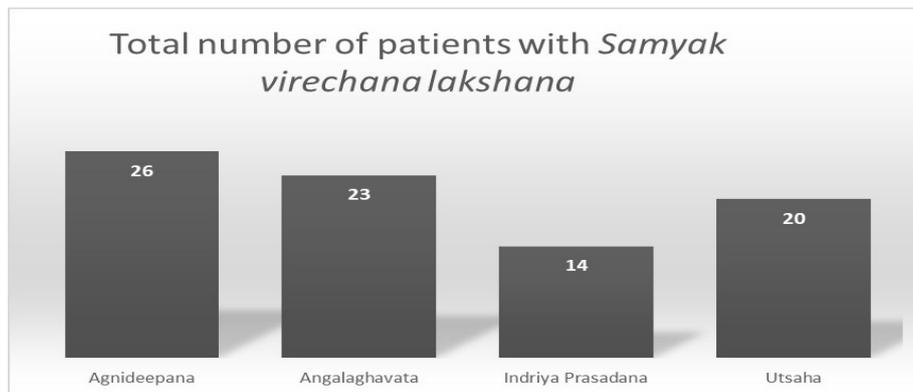


Fig. 1 Graph showing *Samyak Virechana Lakshana*

The above table states the time of *Virechana kalpa* i.e. two tablets of *Ichchabhedi rasa* was administered to the patient, the time of *virechanopaga kashaya* got administered, the time of initiation of *vega*, the time of last *vega* and the duration of *virechana* with the end product. The average time for initiation of the process was within 2 – 3 hours after the administration of *virechana kalpa*. The average time of duration of *virechana* was about 8 hrs. 16 min. It is stated in the classics that the *Virechana* should be *kaphanta*. But, it was observed that in maximum number of patients (i.e. 16) *Aushadhi* was the end product observed. Equal number of patients (i.e. 8 each) had *pittanta* as well as *kaphanta virechana*. *Vata* as an end product was observed only in one patient.

Here, the term *kaphanta* is considered to express the nature of the stool at the end of procedure. Expulsion of *kapha* during *virechana* is generally observed as the expelled material having the nature of *pichchila* (sticky) with whitish or creamish tinge (*alpa shwetabh varni*) & semisolid consistency. Sometimes instead of *kapha*, the material having the nature of medicines i.e. *Aushadhi* arrives during the end of the procedure (*kashaya sannibhamadrava mala pravrutti*). In all the patients the end of the *vegas* was observed on its own.

*Laingiki* criteria in *virechana* is defined as the signs and symptoms of *virechana* present after the proper completion of *virechana (samyak virechana)*. It can be classified into two broad categories as

1. Signs and symptoms immediately after *virechana* (*sroto vishuddhi, indriya Prasad, laghutvam*) and
2. Signs and symptoms after completion of *samsarjana karma* (*oorjou agni, anamayatvam*).

## DISCUSSION:

To assess the outcome of *shodhana*, three types of *shuddhis* (nature of purification) have been mentioned in the classics i.e. *avara, madhya* and *pravara shuddhi*. Acharya *Chakrapaani* again divided these into four types making it more tranquil to assess. Only *vega* (the frequency of passage of stools) or *mana* (quantity of expelled material) or *antiki lakshana* (end point of *virechana*) might mislead in determining the correct assessment of purification. He mentioned that within all the four criteria, *Laingiki* criteria is the best one<sup>[9]</sup>. But he also stated that *Laingiki shuddhi* with *kapha* as an end product in *virechana* should be taken into consideration here. Same has been stated by *Dalhana* that *laingiki shuddhi* should be taken into consideration including *kaphanta* as end point of *virechana*<sup>[10]</sup>.

*Antiki* criteria in *virechana* is defined as the nature of mala or the expelled products around the end of *virechana* procedure. This is explained in sequential manner also during the explanation of proper signs and symptoms of appropriately administered purgation therapy (*samyak virechana*). So, some scholars don't consider separate *antiki* criteria as such and merge it with *laingiki* criteria<sup>[11]</sup>. But for better understanding of *virechana* procedure, it is wise to assess the *antiki* criteria separately. So, it is considered as separate

criteria in the present study and evaluated accordingly. After observing the above results, it was seen that *kapha* is not always the end product. *Aushadhi* was seen to appear in most of the patients. Sushruta Acharya mentioned *mutra-purisha- pitta- aushadha- kapha* as sequential products to be observed<sup>[12]</sup>.

Why *kaphanta* might be the end point? The sequence indicates that once *pitta* stops getting expelled and *kapha* starts getting out through *virechana* procedure. It indicates that the main purpose of expulsion of *pitta* is achieved.

Bile is secreted by the liver normally between 600 and 1200 ml / day. (A) It plays an important role in fat digestion and absorption because of bile acids in the bile, that aid in the transport and absorption of the digested fat end products to and through the intestinal mucosal membrane. (B) About 80 percent of the cholesterol synthesized in the liver is converted into the bile salts which in turn are secreted into the bile.

(i) The active chemical medium of the liver is well known for its ability to detoxify or excrete into the bile many drugs including sulfonamides, penicillin, ampicillin, erythromycin.

(ii) In a similar manner, several hormones secreted by endocrine glands are either chemically altered or excreted by liver including thyroxine and essentially all the steroid hormones such as estrogen, cortisol and aldosterone.

(iii) Finally one of the major routes for excreting calcium from the body is first secretion by liver into bile and then passage into the gut and loss in the faeces.

Thus, Bile serves as means for excretion of several important "waste products" from "the blood". Here, one may recall the "*Snehapana*" done by an individual before proceeding towards the main Karma. This *Snehapana*, consumed in an excessive quantity, may lead to the collection of excessive cholesterol in the liver cells in which the waste products and denatured material already processed in the liver, may be transferred which further by the act of vomiting or act of purgating may be thrown out of the body.

Symptoms of proper *virechana* are *sroto vishuddhi* (Clarity of channels), *indriya prasad* (Clarity of sense organs), *laghutvam* (Lightness), *oorjou agni* (Increase in biological fire), *anamayatvam* (Free from disease).

1. **Sroto Vishuddhi:** - *Srotasa* is the course or current of nutriment in the body, the channel conveying food, it is also said to be an aperture in the human body <sup>[13]</sup>. *Kupita* (aggravated) *doshas*, while in movement in body, come across the seat of susceptibility (*kha vaigunya*), and get lodged there causing the disease in that place itself <sup>[14]</sup>. Due to *snehana* and *swedana* the humors in the body gets liquefy and loosens their bond with the cells. *Virechana* medicines act by loosening the bond of humors with the *dhatu* by reaching to the micro channels, breaking their compactness and further liquefying and making them easy to expel. *Virechana* leads to the purification of the *srotasas* all over the body by removing all the stagnant morbid humors from each and every cell of the body by the action of the pre

procedures as well as the properties of medicines used for *virechana*.

2. **Indriya prasada-** *Indriya* means the number of five as symbolical of five senses in addition to five organs of perception (*Dnyanendriyas*) i.e. eye, ear, nose, tongue and skin, also five organs of action (*Karmendriyas*) i.e. larynx, hand, foot, anus and parts of generation. Also, in the *Vedanta manasa, buddhi, ahankara* and *chitta* form the four inner or internal organs called as *antarindriyaani*. Each of these are being preceded over by its own ruler or *nivantru* <sup>[15]</sup>. *Prasada* is *Nairmalyama /swasthyam* (*Shabdakalpadruma*), *Nairmalyama, Prasannata* <sup>[16]</sup> which means clearness, cleanness, pellucidness (the quality of being clear and easy to perceive or understand) & purity <sup>[17]</sup>. *Indriya prasadana* is defined as the enhancement or improvement in the functions of senses <sup>[18]</sup>. *Sharira* and *Mana* lives in obedience to each other. *Sharira shuddhi* leads to *mana shuddhi*. *Mana* is an *ubhayendriya* which functions with the *buddhi* and also *buddhi* is said to be the place of *mana*. Hence, *mana shuddhi* leads to *buddhi shuddhi* and ultimately all the *indriya shuddhi* <sup>[19]</sup>. *Indriya prasadana* through *virechana* means by expelling the morbid humours obstructing the channels of *indriyas, virechana* purifies them and make them function better; just like by boiling the dirty water, one can purify it.

3. **Anga Laghavta:** - *Anga* means *dehaavayava* <sup>[20]</sup> i.e. a limb or member of the body <sup>[21]</sup>. A division or department of anything, a part or

portion as of a whole <sup>[22]</sup>. *Laghuta* means light, causing easiness or relief <sup>[23]</sup>. *Virechana* leads to the expulsion of all the morbid humors from micro channels and cells which ultimately leads to the feeling of lightness in the body.

4. **Oorjau Agni:** - *Oorja* is strong or strength <sup>[24]</sup>. *Oorjau agni* is strengthening of digestive fire. Due to eliminations of *doshas* from the body after *virechana*, *Agni* becomes weak as *Samana vayu*, *Apana vayu* and *Pachaka pitta* gets disturbed. *Agni* is diminished for time being <sup>[25]</sup>. This *Agni* as well as the disturbed *doshas* get normalized with the help of *samsarjana karma* after *virechana*.

5. **Anamayatva:** - *Anamaya* is *roga abhava*<sup>[26]</sup> i.e. free from disease or healthy <sup>[27]</sup>. *Sroto dushti* is the major component of *roga samprapti* (pathogenesis), without which a disease cannot manifest. Due to *virechana* the micro channels in the body gets rid of all the morbid humors and other disease-causing matter which ultimately leads to the disease-free body. But, this process is not visible immediately, whereas it gets started immediately after *virechana*. *Anamayatvam* gets visible during and after the completion of *samsarjana karma*.

In this study two groups were made. One having *kapha* as an end product of *virechana* and second with end product other than *kapha*. It was observed that whenever the patient had *kaphant virechana*, all the other signs and symptoms of *samyak virechana* were also present alongside. But, if *virechana* didn't end as *kaphant*, some of the other signs and symptoms were also remain

absent. So, amongst all the signs and symptoms of proper *virechana*, *kaphant virechana* can be used as an indicator one for assessment. But other signs and symptoms are also important as they also indicate the end of the procedure (like *sroto vishuddhi*, *anga laghava*, *oorjau agni*, *indriya prasadana*, *anaamayatvam* etc).

But, nature of *shuddhi* depends upon the quantity and frequency of *virechana karma* as a whole. Though in some patients, *kaphant virechana* might be absent, if enough quantity of expelled material is thrown out, it remains sufficient to pacify the signs and symptoms of disease. So, in the patients where *kaphant virechana* might not be observed, the nature of 'anamayatvama (cure from disease or relief in disease)' remain completely on the quantity and frequency of expulsion. The end point of *virechana* in those patients is decided based on other signs and symptoms of proper *virechana*. In both the groups where *kaphant virechana* was observed and where it was absent, the nature of pacification of disease remains the same.

*Antiki* criteria is important to control the end of procedure. It avoids the *atiyoga* or *ayoga* of procedure. It does not influence the results of the procedure. It is just an indication of the nature of humours coming out. The results of the procedure mainly depend on the quantity of *doshas* or humors removed from the body. This is reflected through the proper features of *virechana* (*samyak lakshana*) along with the relief in signs and symptoms of the disease after completion of the procedure. This is nothing but *laingiki shuddhi*

## CONCLUSION:

Signs and symptoms of proper *virechana* including *kaphanta virechana* is the ideal condition to end the *virechana*. But if one is not getting the *kapha* at the end of the *virechana*, on the basis of other signs and symptoms present during that period might give the physician to declare the end of the procedure. So, ultimately *antiki* criteria and signs and symptoms of proper *virechana* (*laingiki* criteria) are the real and foremost criteria amongst all the four criteria.

## REFERENCES:

1. Yadavaji Trikamaji (editor). Commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Kalpasthana, chapter 1, verse no.4, 2nd edition, Varanasi; Chowkhambha Sanskrit Series; 2014
2. Yadavaji Trikamaji (editor). Commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Siddhithana, chapter 1, verse no.13,14, 2nd edition, Varanasi; Chowkhambha Sanskrit Series; 2014
3. Yadavaji Trikamaji (editor).Commentory; Nibandha Samgraha of Dalhan on Sushruta samhita, Chikkitsa sthana, chapter 33, verse no. 9, 8th Edn., Chaukhamba Orientalia,Varanasi,2005.
4. Yadavaji Trikamaji (editor). Commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Siddhithana, chapter 1, verse no.13,14, 2nd edition, Varanasi; Chowkhambha Sanskrit Series; 2014
5. Yadavaji Trikamaji (editor). Commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Siddhithana, chapter 1, verse no.17, 2nd edition, Varanasi; Chowkhambha Sanskrit Series; 2014
6. Yadavaji Trikamaji (editor). Commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Siddhithana, chapter 1, verse no.13, 14, 2nd edition, Varanasi; Chowkhambha Sanskrit Series; 2014.
7. Yadavaji Trikamaji (editor).Commentory; Nibandha Samgraha of Dalhan on Sushruta samhita, Chikkitsa sthana, chapter 33, verse no. 23, 8th Edn., Chaukhamba Orientalia,Varanasi,2005.
8. Vagbhatta, Ashtanga Hridaya (with Sarvangasunadara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri ) Anna Moreswara Kunte, edited by Bhisakacharya Harishastri Paradakara vaidya,7 th edition 1982,Chaukhamba Orientalia, Varanasi, Sutrasthana, 18/32.
9. Yadavaji Trikamaji (editor). Commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Siddhithana, chapter 1, verse no.13,14, 2nd edition, Varanasi; Chowkhambha Sanskrit Series; 2014.
10. Yadavaji Trikamaji (editor).Commentory; Nibandha Samgraha of Dalhan on Sushruta samhita, Chikkitsa sthana, chapter 33, verse no. 7, 8th Edn., Chaukhamba Orientalia,Varanasi,2005.
11. Yadavaji Trikamaji (editor). Commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Siddhithana, chapter 1, verse no.13,14,15, 2nd edition, Varanasi; Chowkhambha Sanskrit Series; 2014
12. Yadavaji Trikamaji (editor).Commentory; Nibandha Samgraha of Dalhan on Sushruta samhita, Chikkitsa sthana, chapter 33, verse no. 23, 8th Edn., Chaukhamba Orientalia,Varanasi,2005
13. Monier Williams, A Sanskrita- English Dictionary, New Edition, M/s Motilal Banarasidass, 1247.
14. Yadavaji Trikamaji (editor).Commentory; Nibandha Samgraha of Dalhan on Sushruta samhita, Sutra sthana, chapter 24, verse no. 10, 8th Edn., Chaukhamba Orientalia,Varanasi,2005.
15. Monier Williams, A Sanskrita- English Dictionary, New Edition, M/s Motilal Banarasida, 167.
16. Pt. Haragovinda Shastri, Amarkosha (Naamalingaanushasana), 3<sup>rd</sup> Edition, Chowkhamba

Katole Harshaprabha, Chandaliya Sachin. Assessment of *Antiki* criteria of *Virechana* by *icchabhedi rasa* in 26 patients of Psoriasis. Jour. of Ayurveda & Holistic Medicine, Volume-IX, Issue-III (May-June 2021)

- Sanskrit series office, Varanasi, Kanda 1, varga 3, shloka 16.
17. Monier Williams, A Sanskrita- English Dictionary, New Edition, M/s Motilal Banarasida, 696.
  18. Yadavaji Trikamaji (editor).Commentory; Nibandha Samgraha of Dalhan on Sushruta samhita, Sutra sthana, chapter 45, verse no. 12, 8th Edn., Chaukhamba Orientalia,Varanasi,2005.
  19. Yadavaji Trikamaji (editor).Commentory; Nibandha Samgraha of Dalhan on Sushruta samhita, Chikkitsa sthana, chapter 33, verse no. 27, 8th Edn., Chaukhamba Orientalia,Varanasi,2005.
  20. Haragovinda Shastri, Amarkosha (Naamalingaanushasana), 3<sup>rd</sup> Edition, Chowkhamba Sanskrit series office, Varanasi, Kanda 2, varga 6, shloka 70.
  21. Vamana Shivram Apte, The practical Sanskrita English Dictionary, 2<sup>nd</sup> Revised and Enlarged edition, Sri Satguru Publications, 16.
  22. Monier Williams, A Sanskrita- English Dictionary, New Edition, M/s Motilal Banarasida, 7.
  23. Monier Williams, A Sanskrita- English Dictionary, New Edition, M/s Motilal Banarasida, 899.
  24. Monier Williams, A Sanskrita- English Dictionary, New Edition, M/s Motilal Banarasida, 221.
  25. Yadavaji Trikamaji (editor).Commentory; Nibandha Samgraha of Dalhan on Sushruta samhita, Chikkitsa sthana, chapter 39, verse no. 3-5, 8th Edn., Chaukhamba Orientalia,Varanasi,2005.
  26. Pt. Haragovinda Shastri, Anamaya Amarkosha (Naamalingaanushasana), 3<sup>rd</sup> Edition, Chowkhamba Sanskrit series office, Varanasi, Kanda 2, varga 6, shloka 50
  27. Monier Williams, A Sanskrita- English Dictionary, New Edition, M/s Motilal Banarasida, 28.

#### CITE THIS ARTICLE AS

Katole Harshaprabha, Chandaliya Sachin. Assessment of *Antiki* criteria of *Virechana* by *icchabhedi rasa* in 26 patients of Psoriasis, *J of Ayurveda and Hol Med (JAHM)*.2021; 9(3): 15-26

Source of support: Nil

Conflict of interest: None Declared