Virechana Karma

Unit 7. Virechana Karma (Therapeutic Purgation)

1. Introduction

Virechana Karma is the controlled induction of purgation to achieve $\bar{\mathbf{u}}$ rdhva-adhoga śodhana focused on the adhobhāga (lower route) for Pitta (and associated $\bar{\mathbf{a}}$ ma) elimination from the small intestine-liver-biliary axis. It is one of the five principal Pañchakarma measures and is performed after proper Snehana (oleation) and Swedana (sudation) to dislodge and liquefy doṣas from peripheral tissues and draw them to the gut for expulsion.

Classical anchor (pre-requisite):

'तान्युपस्थितदोषाणां स्नेहस्वेदोपपादनैः ।

पञ्चकर्माणि कुर्वीत मात्राकालौ विचारयन् ॥१४ ॥"

(After establishing the doṣas in the gut by Snehana and Swedana, one should administer Pañchakarma with due consideration of dose and time.) — Caraka Saṃhitā, Sūtrasthāna 2/15.

Therapeutic essence: doṣa utkleśa (provocation/liquefaction) → mārga-anulomana (directing to the bowel) → vega (purgative bouts) until adequate clearance, reflected by Samyak Virechana signs and appropriate end-point observations (antiki, vaigikī, mānikī).

2. Classification of Virechana

2.1 By potency of purgation (based on śuddhi-bala)

- Mṛdu Virechana gentle laxation (e.g., Harītakī, Triphala, milk with ghee/castor in low dose).
- Madhyama Virechana moderate purgation (e.g., Trivṛt preparations, castor oil with milk, Aragvadhādi yogas).
- Tīkṣṇa Virechana strong/stimulant purgation (e.g., Dantī, Drāvantī, Jayapāla/Croton, used with great caution).

2.2 By pharmacodynamic action (Śārngadhara's scheme)

- Anulomana (carminative-downward movement)
- Sramsana (loosening)
- **Bhedana** (piercing/choleretic)
- Rechana (stimulant purgation)

2.3 By vehicle/nature

- Snigdha Virechana (unctuous purgatives) indicated in rukṣatā (dry gut), Vāta association.
- Rūkṣa Virechana (non-unctuous) in snigdha-kapha association.

2.4 By procedure

- Sādhāraņa (classical) Virechana with full Pūrva-Pradhāna-Paścāt protocol.
- Sadyovirechana rapid purgation without elaborate Pūrva-karma (see §7).

3. Principles of Selection of Virechana Formulations

Selection is individualized, based on:

(a) Doşa-duşya & roga-avasthā

• Pitta-pradhāna with rakta involvement (Kuṣṭha/skin), hepatobiliary congestion, burning/acidity phenotype →

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choose **tikta-kaṣāya-uṣṇa-snigdha** virecaka with mild cooling adjuvants (e.g., *Trivṛt-kṣīrapāka*, castor with milk).

- Kapha-Pitta overlap (coating, heaviness, mucus) → cleanse first with anulomana/sramsana, then moderate rechana.
- Vāta association (dryness, colic) → snigdha vehicles and mṛdu dosing.

(b) Koshtha (bowel responsiveness)

- Mṛdu-koṣṭha → smaller doses;
- Madhyama → moderate;
- Krūra-koṣṭha → higher dose/stronger agents (but never at the cost of safety).

(c) Bala-Āyu-Agni

- Elderly/debilitated → mṛdu-virechana in fractional/repeated schedules; robust youth → madhyama/tīkṣṇa as indicated.
- Mandāgni/āma → pre-prime with dīpana-pācana (e.g., Trikatu, Pañkolā), then proceed.

(d) Drug nature & safety

- Prefer classical, time-tested yogas; avoid irritant seeds (Jayapāla) unless skill/supervision settings are optimal.
- Respect pregnancy, ulcer disease, bleeding risks (see §5.2/§4).

Commonly used examples (exam-friendly):

Goal Examples (with common adjuvants)

Mṛdu Harītakī chūrṇa at bedtime; Triphala kvātha; warm milk + 1-2 tsp castor oil

Madhyama Trivṛt (Operculina turpethum) with kṣīra, Aragvadhādi kvātha + castor oil

Tīkṣṇa Dantī (Baliospermum), Drāvantī (Jatropha), Trivṛt + Pippalī (specialist use only)

4. Indications and Contraindications of Virechana Karma

4.1 Indications (select when Pitta/āma predominates)

Kuṣṭha (skin diseases), Raktapradoshaja states (pruritus, erythema), Pandu/Kāmala (anaemia/jaundice),
 Amlapitta (Pitta-dominant), Urdhvaga Raktapitta (after stabilisation), Udararoga with pitta, Arśa (non-bleeding), Prameha phenotypes with pitta-rakta burden, Vātarakta, Pakṣāghāta (as part of śodhana planning),
 Seasonal Pitta aggravation (Śarad). Authoritative summaries note that Virechana is the best measure to expel vitiated Pitta.

4.2 Contraindications / precautions

- Bāla, Vṛddha, Garbhiṇī, manda-bala, dehydration, severe diarrhoea, active bleeding (Rakta-pitta), acute fever, peptic ulcer exacerbation, recent surgery, severe heart disease, uncontrolled diabetes with autonomic neuropathy, post-nirūha basti (immediately).
- Debilitated fever patients:

"ज्वरक्षीणस्य न हितं वमनं न विरेचनम् ॥१६९ ॥"

— Caraka Saṃhitā, Cikitsāsthāna, Jvara, 3/169.

5. Pūrva Karma of Virechana (Pre-procedure)

 Assessment & eligibility: Doşa-dhātu-mala, āma-nirāma, agni, koṣṭha, comorbidities, vitals; counsel and consent.

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- 2. Dīpana-Pācana: 1-3 days (as needed) with Trikatu, Pañkolā etc. to detach āma.
- 3. **Abhyantara Snehana:** 3–7 days until **samyak-sneha-lakṣaṇa** (vāta-anulomana, softness of skin/stool, aversion to fatty taste).
- 4. **Bahya Snehana & Swedana:** Whole-body **abhyanga** + **svedana** on the day before and the morning of Virechana to mobilise dosa to the gut.
- 5. **Dietary planning (previous day):** *Laghu*, warm, non-abhishyandi; avoid heavy kapha-provoking items (complete heaviness can blunt purgative response).
- 6. **Timing & set-up:** Late **morning** during **kapha-to-pitta** transition; maintain privacy, hydration plan, bedpan/commode access, warm water, monitoring sheet.

6. Pradhāna Karma of Virechana (Main Procedure)

- 1. Baseline & priming: Empty stomach; record vitals; start with small sips of uṣṇa-jala.
- 2. **Administer Virechana yoga** as per selection (dose by bala-koṣṭha). For decoctions/pastes, follow standard **mātrā**; for oils (e.g., castor), give with warm milk/gruel.
- 3. During vegas:
 - Encourage **warm water** sips between bouts; avoid exertion/suppression of urges.
 - Apply mild **abdominal palm-swedana** to facilitate.
 - Monitor number of purges (vega), consistency, doşa sequence (mucus-pitta-watery), symptoms and vitals.
- 4. **Stop-criteria / Samyak Virechana signs:** sensation of lightness, clarity, subsidence of burning/heaviness, appetite kindling; stools becoming clearer, mucus cleared, mild bile tint acceptable as end-phase.
- 5. Caution: If giddiness, excessive thirst, cramps, hypotension, blood, or exhaustion stop; start stambhana-tarpana (ORS, warm water, light sweet liquids), and manage appropriately.

Outcome assessment triad (classical, exam-relevant):

- Vaigikī by number of purges (approx. expectations): Pravara ~30, Madhyama ~20, Avara ~10.
- Mānikī by quantity (~4, 3, 2 prastha for Pravara/Madhyama/Avara, excluding first two purges).
- Āntikī/Laṅgikī by last purge content/clinical features (mucus clearance, relief).

7. Paścāt Karma of Virechana (Post-procedure)

- Immediate care: Cleanse, rest in a warm room; uṣṇa-jala; mouth gargle if irritation; gentle dhūmapāna where indicated.
- Samsarjana-krama (graduated diet): Tailor to śuddhi level (more steps after Pravara). A typical ladder:
 Manda (thin rice water) → Peya (thin gruel) → Vilepī (thick gruel) → Ākrta Yūṣa (fat-free pulse soup) → Krta
 Yūṣa (with little sneha) → Yavāgu/Odana with small sneha → normal laghu diet.
- 3. **Pathya-Apathya:** Avoid day sleep, cold exposure/wind, anger, sex, loud speech, heavy exercise, and heavy/fermented/abhishyandi foods for a few days.
- 4. Follow-up: Review agni, bowels, disease markers; plan next measures (e.g., Basti in Vāta, Rasāyana).

8. Sadyovirechana (Rapid/Ad-hoc Purgation)

Definition: Purgation performed without full classical preparation when swift downward evacuation is necessary (e.g., Kapha-Pitta ajīrṇa, recent dietary intoxication) or when a gentle clearance is required in weak patients.

Approach: Use **mṛdu agents** (e.g., *Triphala* kvātha, small-dose castor + warm milk, *Harītakī* chūrṇa) with close monitoring; maintain hydration and rest. Reserve **tīkṣṇa** drugs for trained settings only.

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Caution: Avoid in pregnancy, debility, bleeding, acute fevers; prefer classical Pūrva-karma when time permits.

9. Virechana Karmukata (Mode of Action)

Classical explanation

- Snehana-Swedana → doṣa utkleśa and srotas dilation → anulomana of doṣas toward āmāśaya-pakvāśaya →
 purgative vegas expel Pitta (± Kapha) through adhobhāga.
- Results in srotoshodhana, agni-dīpana, reduction of dāha/āmlatā, and clarity in indriyas.

Modern correlation

• Purgatives promote **intestinal motility** (stimulant/osmotic) and **bile flow**, alter **fluid secretion-absorption**, and reduce mucosal inflammatory load; evacuation of **mucus-bile-inflammatory mediators** often improves gastric motility and appetite (aligning with **agni-dīpana**), and improves **hepato-biliary-bowel** function.

10. Principles of Practice in Kuṣṭha, Vātarakta, Pakṣāghāta, Prameha

10.1 Kuṣṭha (skin diseases)

- Rationale: Tri-doșa with Pitta-Kapha-Rakta dominance and āma; texts prioritize śodhana, starting with Virechana
- Plan: Full Pūrva-karma → Madhyama/Pravara Virechana (depending on bala) using Trivṛt-kṣīrapāka,
 Aragvadhādi + castor; repeat śodhana courses at intervals; support with tikta-kaṣāya-rakta-praśādana and
 Rasāyana.

10.2 Vātarakta (gout/uric phenotype)

- Rationale: Rakta-Pitta vitiation with Vāta obstruction; Virechana reduces Pitta-Rakta heat & congestion.
- Plan: Snigdha Pūrva-karma to calm Vāta; choose mṛdu to madhyama Virechana (castor-milk, Trivṛt); follow with Basti (vāta-śamana) for long-term control; strict pathya (avoid purine-rich, alcohol).

10.3 Pakṣāghāta (hemiplegia)

- Rationale: Though Vāta-dominant, pitta-kapha āvaraṇa and āma may coexist; Virechana can decongest hepatobiliary-gut axis and clear pitta-kapha before Basti.
- Plan: In nirāma stage, give mṛdu/madhyama Virechana, then Basti-pradhāna therapy with physiotherapy; avoid in debilitated/acute stroke phases.

10.4 Prameha (type-2 diabetes spectrum)

- Rationale: Kapha-Pitta-Meda involvement with āma; Virechana reduces pitta-rakta-meda burden and improves agni.
- Plan: After metabolic stabilisation, Madhyama Virechana (castor-based or Trivṛt-based) with cautious glucose
 monitoring; combine Udvartana, rūkṣa-laghu diet, and later Basti or Lekhana measures as indicated. Evidence
 summaries in classical reviews and clinical studies support its role in metabolic disorders.

Quick Comparison: Samyak-Hīna-Ati Virechana

Grade Key features

Samyak Adequate number of vegas; mucus cleared; lightness, clarity, improved appetite; stable vitals

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Grade Key features

Hīna Few vegas, sticky stools; heaviness/burning persists; inadequate relief

Ati Excessive vegas, dehydration, cramps, giddiness, possible blood; stop and manage (ORS, cooling, rest)

Classical Reminders (For Viva/Quoting)

Fever-debilitated: "222222200002 2 0002 2222 2 2222222" — Caraka Chi. Jvara 3/169.

Assessment

Long Answer (Answer any 1, 10 marks)

- 1. Define Virechana Karma. Describe classification, principles of drug selection, Pūrva-Pradhāna-Paścāt karma, and criteria for Samyak/Hīna/Ati Virechana. Quote relevant ślokas.
- 2. Detail the **protocol of Virechana Karma** and justify the **assessment triad (vaigikī-mānikī-āntikī)** with expected numbers/volumes. Add **saṃsarjana-krama**.
- Explain the karmukata of Virechana from classical and modern viewpoints. Illustrate practice principles in Kuṣṭha and Vātarakta.

Short Answer (Any 5, $5 \times 5 = 25$ marks)

- 1. Enumerate **four classifications** of Virechana (potency, action, vehicle, procedure) with one example each.
- 2. Write the key points of Pūrva-karma before Virechana and why heavy Kapha diet the previous day is avoided.
- 3. List **contraindications** of Virechana (any six) and write the **Caraka** verse for fever-debilitated patients.
- 4. Differentiate Mṛdu, Madhyama, Tīkṣṇa Virechana—drug examples and clinical use.
- 5. Write the stop-criteria and post-procedure essentials including samsarjana-krama.
- 6. Outline Virechana planning in **Prameha** (drug choice, precautions, follow-ups).
- 7. Explain **Sadyovirechana**—definition, indications, cautions.
- 8. State three **benefits** of Virechana in **Pakṣāghāta** rehabilitation planning.

$MCQs (10 \times 1 = 10 marks)$

- 1. Virechana primarily targets:
 - a) Vāta b) **Pitta** c) Kapha d) Rakta
- 2. The **pre-requisite** before Pañchakarma is emphasised in Caraka as:
 - a) Vyāyāma only b) **Snehana-Swedana** c) Rūkṣaṇa alone d) Udvartana
- 3. Expected vegas in Pravara Virechana are about:
 - a) 10 b) 15 c) **30** d) 5
- 4. Mrdu Virechana example is:
 - a) Jayapāla seed b) Harītakī/Triphala c) Dantī d) Drāvantī
- 5. In krūra-koṣṭha, dose tends to be:
 - a) Very low b) **Higher** c) Nil d) Fixed same for all
- 6. Snigdha Virechana is preferred when:
 - a) Excess snigdhata in gut b) Rukṣatā/Vāta association c) Acute bleeding d) High fever
- 7. A contraindication is:
 - a) Nirāma Kuṣṭha b) Pitta-dominant Amlapitta c) **Pregnancy** d) Seasonal Sharad detox
- 8. Sadyovirechana means:
 - a) Purgation only at night b) Purgation with Basti c) **Rapid purgation without full Pūrva-karma** d) Shirovirechana
- 9. In **Vātarakta**, Virechana is mainly used to reduce:
 - a) Vāta dryness only b) Pitta-Rakta heat & congestion c) Kapha only d) Srotas snigdhata

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After Virechana, diet begins with:
 a) Normal diet b) Manda c) Krta Yūṣa d) Vilepī

Answer key: 1-b, 2-b, 3-c, 4-b, 5-b, 6-b, 7-c, 8-c, 9-b, 10-b.

60-Second Revision

- **Definition:** Controlled purgation for **Pitta-āma** via **adhobhāga** after **Snehana-Swedana**.
- Classify: Mṛdu/Madhyama/Tīkṣṇa; Anulomana/Sramsana/Bhedana/Rechana; Snigdha/Rūkṣa; Sādhāraṇa/Sadyo.
- Select drug by: Doşa, Koştha, Bala, Agni, safety.
- Numbers to recall: Pravara/Madhyama/Avara ~ 30/20/10 vegas; Saṃsarjana-krama ladder from Manda → Peya → Vilepī → Yūṣa...

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