

## Virechana Karma

### Unit 7. Virechana Karma (Therapeutic Purgation)

#### 1. Introduction

**Virechana Karma** is the controlled induction of purgation to achieve **ūrdhva-adhoga śodhana** focused on the **adhobhāga (lower route)** for **Pitta** (and associated **āma**) 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 ।  
पञ्चकमार्णणं कुर्वते मात्राकालौ विचारयन् ॥१५ ॥”

(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, *Aravadvadhādi* yogas).
- **Tikṣṇa Virechana** — strong/stimulant purgation (e.g., *Dantī*, *Drāvantī*, *Jayapāla*/**Croton**, used with great caution).

### 2.2 By pharmacodynamic action (Śārṅgadhara'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

- **Sādhāraṇa (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) Doṣa-duṣya & roga-avasthā

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

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 **mrdu** dosing.

#### (b) Koṣṭha (bowel responsiveness)

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

#### (c) Bala-Āyu-Agni

- Elderly/debilitated → **mrdu-virechana** in fractional/repeated schedules; robust youth → **madhyama/tikṣṇa** as indicated.
- **Mandagni/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)
<b>Mrdu</b>	<i>Harītakī</i> chūrṇa at bedtime; <i>Triphala</i> kvātha; warm milk + 1-2 tsp <b>castor oil</b>
<b>Madhyama</b>	<i>Trivṛt</i> (Operculina turpethum) with <b>kṣīra</b> , <i>Aragvadhādi</i> kvātha + castor oil
<b>Tikṣṇa</b>	<i>Dantī</i> (Baliospermum), <i>Drāvantī</i> (Jatropha), <i>Trivṛt</i> + <i>Pippalī</i> (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, Garbhīṇī, 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 Samhitā, Cikitsāsthāna, Jvara*, 3/169.

## 5. Pūrva Karma of Virechana (Pre-procedure)

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

2. **Dīpana-Pācana:** 1-3 days (as needed) with *Trikuṭu*, *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** + **swedana** on the day before and the morning of Virechana to mobilise doṣa 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**, **doṣa 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)

1. **Immediate care:** Cleanse, rest in a warm room; **uṣṇa-jala**; mouth gargle if irritation; gentle **dhūmapāna** where indicated.
2. **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) → **Ākṛta Yūṣa** (fat-free pulse soup) → **Kṛta 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 ajirṇa**, recent dietary intoxication) or when a **gentle clearance** is required in weak patients.

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



**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 **āmāsaya-pakvāśaya** → **purgative vegas** expel **Pitta** (± **Kapha**) through **adhbhāga**.
- 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-doṣa 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-medā** 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
<b>Samyak</b>	Adequate number of vegas; mucus cleared; lightness, clarity, improved appetite; stable vitals

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)**

## 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/Hina/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 **samsarjana-krama**.
3. 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 **Mrdu, Madhyama, Tiksna 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 **Paksaghata** rehabilitation planning.

**MCQs (10 × 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. **Mṛdu Virechana** example is:  
a) Jayapāla seed b) **Haritakī/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 snigdha 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) Shiro-virechana
9. In **Vātarakta**, Virechana is mainly used to reduce:  
a) Vāta dryness only b) **Pitta-Rakta heat & congestion** c) Kapha only d) Srotas snigdha



10. After Virechana, diet begins with:  
a) Normal diet b) **Manda** c) Kṛta 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