



**CLASSICAL STANDARD OPERATIVE PROCEDURE OF VIRECHANA KARMA**

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**ABSTRACT**

*Panchkarma*, a comprehensive and an integral part of Ayurvedic treatment and have its role in every therapeutic condition. *Virechana* is the second therapy in the sequence of *Panchkarma*. The process in which the elimination of morbid *Doshas* occurs through the *Adhobhaga*. Most widely used purificatory procedure especially for *paittika* diseases and also useful in the conditions where *pitta* is associated with *khapha* and *vata*. In *Virechana*, the *Doshas* even from the *Amashaya* are taken to the *Pakwashaya* and they are removed through *Gudamarga* (anal route). *Virechana* is not only effective for diseases condition but can be administered to the healthy individual also. If *Virechana Karma* is not done in proper manner, with exact dosage of drugs required, in recommended indications and in proper environment, it may leads to hazardous effects such as electrolyte imbalance etc. To avoid these side effects, some steps should be taken which may include subjective as well as objective parameters. There is an urgent need of standardizing the classical *Panchkarma* procedure which is the need of today. The dosage schedule, proper administration of procedure, medications, effects and side effects are to be standardized so that uniform procedure of practice can be developed universally. Standardization is required for the effective application in current practice. Also it helps in providing effective therapeutic results and minimizing the chances of complications.

**KEYWORDS:** *Panchkarma, virechana, standardization.*

**INTRODUCTION**

*Virechana* is the most widely used purificatory procedure especially for *Paittika*<sup>[1]</sup> disease because of its simplicity, eliminating the *Dosha* in more quantity with less stress and having lesser complications compared to *Vamana*. Literally *Virechana Karma* means to induce therapeutic purgation or to expel out the vitiated *Doshas* through anal route.<sup>[2]</sup> Acharya Charaka & Sushruta have advocated various drugs and effective procedure for *Virechana Karma* known as classical methods, whereas some traditional methods are also being followed. But in the present era of Globalization, each & every aspect is accepted after fine scrutinization. The present study was undertaken to give probable method to standardize the *Virechana* procedures critically with the help of certain biophysical and biochemical parameter.

*Virechana karma* is divided into three main sections viz. *Purvakarma*, *Pradhanakarma* and *Paschata karma* as follows:

***Purvakarma:*** It includes –

- A) *Sambhara Sangraha*<sup>[3]</sup> (i.e. Collection of Materials).
- B) *Atura Pariksha* (i.e. Examination of the Patient).
- C) *Matra Nirnaya* (i.e. deciding the dose of purgative).

D) *Atura Siddhata* (i.e. Preparation of the Patient) includes –

- a) *Virechan Purva Bhojana Vyavastha* (i.e. Dietic Regimen before *virechana*).
- b) *Snehana* and *Swedana* (Oleation & Sudation Therapy)
- c) *Manasa Upachara* (Counselling).

**1. *Poorva karma*** (pre-operative stage) includes the examination of the patient, selection of the drug and preparation of the patient.

**2. *Pradhana karma*** (Operative procedure) includes administration of *virechanopaga dravyas*, administration of the *virechana* drug, Observation of the signs and symptoms.

**3. *Paschat karma*** (post-operative stage) includes diet and rest.

***Sambhara sangraha*** –*Virechana* drugs are having *Prithvi* and *Jala Mahabhoot* dominancy. Drugs are having *Ushana*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi guna*. These drugs act by virtue of its *Adhobhagahar Prabhav*<sup>[4]</sup>, while Sushruta told *sara guna* also.<sup>[5]</sup>

**Classification of *Virechana dravya***

- **According to the origin:** Animal: e.g. *Mutra*, *Godugdha*, *Takra* etc.

Plant: *Sankhini, Danti* etc.

- **According to part used:** *Mulini, Phalini, Ksira, Twak*.<sup>[6]</sup>
- **According to the intensity of action:** *Mridu, Madhyama, Tikshana*.<sup>[7]</sup>
- **On basis of *kalpana*:** *Avleha, Ghrita yoga* etc.
- **According to *kala*:** In *Varsha Trivrita, Kutaja Bija, Pippali, Sunthi*.
- **On basis of properties:** *sneha Virechana* eg. castor oil, *tilwaka ghrita*.
  - *Ruksha Virechana* eg. *icchabedhi rasa, triphala kashya* etc.
- **On basis of mode of action:** *Anulomana, Sramsana, Bhedana, Rechana*.<sup>[8]</sup>
- The drug and its dose are decided after observing *Rogabal, Rogibala, Agnibala, Kostha Aushada virya, Dosha*.<sup>[9]</sup> etc.
- **Atura Pariksha:** Whether the individual is *yogya* or *ayogya* for *virechana*.
- Patient should be examined thoroughly.

### Deepana – Pachana

The optimal functioning may be achieved by the employment of *Deepana-Pachana*, prior to the administration of any of *Shodhana* procedures. In *chikitsa Sam-Niram avastha* is most important. *Shodhana* therapy is not advisable in *Sama avastha* of the diseases.

### Deepana-Pachana dravyas

For purpose of *deepana* and *pachana agnitundi vati, trikatu churna, chitrakadi vati*, etc should be given accordingly.

Duration of *Deepana- Pachana karma*:-

In general it is continued till the patient develops the symptoms of proper effect like; *Vata visarga, Mutra visarga, Purisha visarga, Gatra laghuta, Hridaya suddhi* etc. on an average, it takes about 3 to 7 days.

**Snehan swedan** – Prior to purification therapy external and internal oleation is required. For internal oleation *Sneha* (fatty product) is to be administered in morning when the food is well digested of the previous evening. The duration of *Sneha Pana* should be 3, 5 or maximum 7 days.<sup>[10]</sup> The dose of *Sneha* should be according to *Agnibala* and *Kostha*, in such a quantity, that the desired symptoms of *Snehapana* are obtained within 7 days. During these days *Drava* (liquid), *Usna* (warm), *Pramanayukta* (in suitable quantity), diet should be given. Generally the dose of *Snehapana* is started from *Hrsiyasi Matra* (testing dose) and gradually may be increased upto *Uttama Matra* (which is digested in 24 hours). After proper *Snehana, Abhyanga* (whole body massage) and *Svedana* (sudation) are done at least once daily.

### Abhyanga

Application of medicated oil which is prescribed by the physician on the whole body is known as *Abhyanga*. For

*Virechana Karam Abhyanga* should be conducted for 3 days during gap days (*Vishraam kala*).

### Svedana

After *Abhyanga, Baspa sveda* (dry fomatation) is generally employed among all types of *Svedana*. Before *Virechana* diet which does not increase '*Kapha*' is preferred.

### Pradhana Karma

- Administration of *virechana* drugs
- Observation and care of patient
- Observation and assessment of *vega*
- Observation of *samyak, Ayoga* and *Atiyoga lakshana*
- Complication and its treatment

**Administration of *virechana* drugs:** After the proper *snehana* and *Svedana* the drug is given on empty stomach.

### Time of administration

- Drugs should be administered in *sleshmakala* gate i.e after time of *kapha* has passed.<sup>[11]</sup>
- All the vitals should be checked before giving the medicine.

### Observation and care patient

- Patient is advised to wash face with cold water and mouth with Luke warm water and is advised to smell substances like lemon, cardamom etc. to prevent vomiting.
- Patient is advised to take rest and wait till the urge for defecation occurs.
- The patient should not force or hold the urge and should use warm water for all purposes.
- Whenever he feels thirsty, he should drink little quantity of warm water sip till *Vegas* appear.
- Each *Vega* should be observed keenly and should be informed to the doctor.
- He can take rest, but shouldn't sleep in between the *Vegas*.
- Physician should record the vital data of the patient at regular intervals.
- If *Vega* is not induced then *Svedana* should be done over abdomen.

### Vega Nirikshana and Vega Nirnaya<sup>[12]</sup>

- **Antiki criteria:** *Pittanta* is desirable in *vaman* and *kaphanta* in *virechana*.
- **Vegiki criteria:** While counting the *vegas*, the 2-3 *vegas* mixed with stool should be excluded. **30, 20 10** *vegas* are considered as *Pravara, Madhya* and *Avara shudhi* respectively.
- **Manilki criteria:** *Maniki suddhi* is defined as the *suddhi* in which the quantity of *Avara, Madhyam, Pravara Suddhi* are 4,3,2 *Prastha* respectively.
- **Laingiki criteria:** The sign and symptoms described under the *samyak lakshana* are considered under *laingiki* criteria.

### Observation of *Samyak yoga, Ayoga, and Atiyoga laskhana*<sup>[13]</sup>

#### Observation of complication and its treatment

##### *Pascat Karma*<sup>[14]</sup>

- *Parihar vishaya* (dietic and behavioral restriction)
- *Samsarjana krama*:
  - a) *Peyadi Samsarjana krama*
  - b) *Tarpanaadi krama*

This regimen should be followed on the bases of *suddhi* attained by the subject.

#### DISCUSSION

To overcome the difference of opinion among the *Acharyas* and the practitioners and to overcome the complexity of decision making in selection of medicine, dose, duration, pattern at each step during *Virechana Karma* standardization of procedure is must. To prevent malpractice of *Virechana Karma* it is important to ensure that *Panchakarma* there for is administered as per standard operating procedures. To attain effective therapeutic results and minimizing the chances of complication. *Virechana* is effective in healthy and ill person if done properly but can create complication if not done at per standard procedure. Monitoring of whole procedure is very necessary.

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