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Review Article

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"VIRECHANA KARMA (THERAPEUTIC PURGATION): PHARMACOLOGICAL RATIONALE, SAFETY AND CLINICAL EVIDENCE – A NARRATIVE REVIEW"

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ABSTRACT:
Background: Virechana Karma, or therapeutic purgation, is the Panchakarma procedure classically directed at the elimination of aggravated Pitta. It is used alone or as part of multimodal protocols across many conditions. **Objective:** To review the classical basis of Virechana and to summarise published evidence on its safety, mechanisms and clinical effects. **Methods:** Narrative review based on a PubMed search and classical texts. **Findings:** In a study of 15 patients, serum electrolyte values before and after Virechana remained within normal ranges. In 19 patients with obesity, Virechana was associated with reduced colonisation of facultative aerobic bacteria in stool. In a randomized study of major depression, a Virechana module followed by an Ayurvedic formulation and Shirodhara was associated with lower depression scores, greater vagal tone and lower cortisol, although there was no placebo control. In a randomized controlled study of diabetic retinopathy, a protocol including mild Virechana and Nasya gave better outcomes on selected retinal and metabolic parameters than conservative care. **Conclusion:** Virechana shows acceptable short-term safety in small studies and plausible mechanistic signals. Most clinical reports involve multimodal protocols, so the independent effect of Virechana remains undetermined.
KEYWORDS: Virechana, Panchakarma, Therapeutic purgation, Pitta, Gut flora, Safety

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INTRODUCTION:

Virechana Karma is the Panchakarma procedure of medicated purgation. It is classically indicated chiefly for Pitta-predominant conditions.[1,2] Like Vamana, it is preceded by Snehana and Swedana and followed by a graded dietary regimen.[1,3]

Virechana is used in clinical practice in a wide range of disorders, which creates a need for a critical appraisal of what is known about its safety, mechanisms and effects. This review summarises the classical rationale and examines recent studies on safety, gut microbiota, neuroendocrine effects and multimodal clinical protocols.

MATERIALS AND METHODS:

This narrative review was prepared using a structured but non-systematic literature search. PubMed was searched on 6 November 2026 using combinations of the terms Virechana, Virechana Karma, therapeutic purgation, Panchakarma, gut flora and safety. Records were screened by title and abstract, and articles were retained when they described the procedure, its classical rationale, its safety, or clinical outcomes. Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya) were consulted for conceptual and procedural descriptions. The included studies were heterogeneous (case reports, uncontrolled pilot studies, randomized trials and trial protocols), so no formal risk-of-bias assessment or meta-analysis was undertaken and the findings are synthesised narratively. The review does not claim exhaustive coverage of the literature.

OBSERVATION AND RESULTS:

1. Classical Framework and Procedure

The Charaka Samhita describes purificatory therapy in Sutrasthana 16 and the detailed conduct of emesis and purgation in Siddhisthana 1, with Kalpasthana and Chikitsasthana describing individual drugs and formulations.[1] Ashtanga Hridaya describes emesis and purgation in Sutrasthana 18.[2] The sequence is Deepana-Pachana, escalating Snehapana until signs of proper oleation are seen, a short period of Abhyanga and Swedana, administration of the purgative drug, and post-procedure Samsarjana Krama.[1,2]

A study of 29 healthy volunteers who received escalating doses of cow ghee before Shodhana reported significant weight loss and reduced abdominal circumference, with no significant change in total cholesterol, HDL or LDL and a fall in triglycerides and VLDL, and no harm to participants.[3] A pilot study in ten patients proposed escalating Anuvasana Basti as an alternative preparatory step for patients who do not tolerate oral Snehapana before Vamana or Virechana.[4]

2. Safety

Since purgation can theoretically cause fluid and electrolyte disturbance, safety data are of particular interest. In a study of 15 patients, serum electrolyte levels were measured before and after Virechana, and the deviations remained within the normal range; the authors concluded that the procedure appeared safe in this respect.[5] The study was small and did not report outcomes in patients with pre-existing renal, cardiac or electrolyte disorders, who in practice would require caution. Larger prospective safety studies, including vulnerable groups and systematic recording of adverse events, are needed.

3. Mechanistic Evidence

Hypotheses of mechanism have focused on the gut. In a clinical study of 19 patients with obesity who underwent Virechana, stool samples were analysed by ERIC-PCR, and the authors reported reduced colonisation of facultative aerobic bacteria and correction of dysbiosis after the procedure and after follow-up, alongside improvement in signs and symptoms of obesity.[6] Because the study had no control group and examined only a subset of bacteria, it generates a hypothesis and does not establish a causal pathway.

4. Clinical Evidence

Neuropsychiatric outcomes: In a study of 81 drug-naive patients with major depressive disorder (Vishada), all participants received a Virechana module and were randomized to one of two Ayurvedic formulations (Ayushman-15A or 15B) for two months, together with Shirodhara.[7] Depression scores fell, vagal tone increased, sympathetic tone decreased and cortisol was reduced, with no difference between the two formulation groups.[7] The absence of a no-treatment or placebo arm precludes attributing these changes to Virechana, and the report indicates that further studies are needed.[7]

Ophthalmic and metabolic outcomes: In a randomized, controlled study of 100 patients with diabetic retinopathy, a protocol with a preparatory phase that included mild Virechana and Nasya, followed by Marsha Nasya and other measures over

three months, produced better results than conservative care for dot-blot haemorrhages, superficial haemorrhages, hard exudates, best-corrected visual acuity, fasting blood sugar and serum cholesterol; no adverse effects were reported in either group.[8] The trial group was larger than the control group, and the multi-component protocol does not allow the effect of Virechana to be separated from the other interventions.[8]

Case-level evidence: Virechana forms part of the multimodal management described in case reports of chronic spontaneous urticaria, in which UAS7 fell from 42 to 8, and of post-traumatic trigeminal neuropathy, in which pain on the Numerical Rating Scale fell from six to one over the treatment period and follow-up.[9,10] An exploratory trial in healthy adults is also examining the effect of seasonal Vamana and Virechana on markers relevant to ageing.[11]

DISCUSSION:

Evidence on Virechana can be considered at three levels. Safety data from small studies are reassuring for biochemical electrolytes.[5] Mechanistic hypotheses are emerging, particularly in relation to the gut microbiota and neuroendocrine regulation.[6,7] Clinical evidence is mostly confounded by co-interventions or lacks suitable controls.[7-10]

Methodological priorities include trials that isolate Shodhana from supportive treatment (for example, comparing Virechana plus standard care with standard care alone), use of validated outcome measures, and larger studies of microbiome and metabolic markers. Consensus-based procedural guidelines, such as those recently developed for Marsha Nasya, would be a valuable model for Virechana.[12] The limitations of this review are its narrative design, single-database search and the heterogeneity of included studies.

CONCLUSION:

Virechana appears well tolerated in the small studies reviewed, and mechanistic signals involving gut flora and stress-axis function merit further investigation. However, claims about disease-specific efficacy remain provisional because published studies largely combine Virechana with other interventions. Well-designed comparative trials with systematic safety monitoring are required.

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