

THERAPEUTIC SIGNIFICANCE OF VIRECHANOPAGA DASAIMANI: CLASSICAL EVIDENCE AND MODERN SCIENTIFIC CORRELATION

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Article Received on 15 July 2026,
Article Revised on 05 August 2026,
Article Published on 16 August 2026,

<https://doi.org/10.5281/zenodo.21914388>

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How to cite this Article: Dr. Vasagiri Srujan^{*1}, Dr. T. Alekhya², Dr. Arundhathy C. Nair. (2026). Therapeutic Significance of Virechanopaga Dasaimani: Classical Evidence and Modern Scientific Correlation. World Journal of Pharmaceutical Research, 15(16), 431-449.

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ABSTRACT

Background: *Panchasat Mahakashayas* constitute a unique therapeutic classification described in the *Charaka Samhita*, wherein drugs possessing similar pharmacological actions are grouped together. Among these, *Virechanopaga Dasaimani* comprises ten adjuvant drugs that support and enhance the efficacy of *virechana karma*, the principal bio-purificatory therapy for the elimination of aggravated *Pitta dosha*. Although these drugs are not primary purgatives, they play an important role in facilitating safe, effective, and patient-friendly therapeutic purgation. **Objective:** To critically evaluate the classical concepts, pharmacodynamic properties, therapeutic significance, and probable physiological mechanisms of *Virechanopaga Dasaimani* with contemporary scientific correlation. **Methods:** A classical narrative review was conducted using primary Ayurvedic sources, including

Charaka Samhita, *Ashtanga Hridaya*, and major *Nighantus*, supported by standard *Dravyaguna* and *Panchakarma* literature. Pharmacodynamic attributes such as *Rasa*, *Guna*, *Veerya*, *Vipaka*, *Dosha Karma*, and available phytochemical and pharmacological evidence

were compiled and critically analyzed. **Results:** Virechanopaga Daśaimani consists of ten drugs—*Draksha* (*Vitis vinifera* Linn.), *Kasmarya* (*Gmelina arborea* Roxb.), *Parushaka* (*Grewia asiatica* Linn.), *Abhaya* (*Terminalia chebula* Retz.), *Amalaki* (*Embllica officinalis* Gaertn.), *Vibhitaki* (*Terminalia bellirica* Roxb.), *Kuvala* (*Zizyphus sativa* Gaertn.), *Badara* (*Zizyphus jujuba* Lam.), *Karkandhu* (*Zizyphus nummularia* W. & A.), and *Peelu* (*Salvadora persica* Linn.). The group predominantly exhibits *Madhura* and *Amla Rasa*, *Guru*, *Snigdha*, and *Sara Gunas*, *Ushna Veerya*, and *Madhura Vipaka*, with most drugs possessing *Pitta-samana* or *Tridosha-samana* actions. *Bhedana Karma* and *Sara Guna* appear to be the principal attributes responsible for their *virechanopaga* activity. Collectively, these drugs may act synergistically with primary *virechana* drugs, facilitate elimination of residual *doshas*, minimize adverse effects of purgation, preserve *dhatu* and *ojas*, and improve patient acceptability. Their nourishing and relatively mild nature also suggests suitability for use in debilitated individuals, children, and seasonal purification regimens. Furthermore, the drugs may be employed either individually or in combination according to the clinical condition. **Conclusion:** *Virechanopaga Dasaimani* represents a strategically designed adjuvant group that enhances the safety, efficacy, and therapeutic outcomes of *Virechana karma*. The classical concepts underlying these drugs correlate with modern perspectives on gastrointestinal regulation, mucosal protection, and restorative pharmacology. Further experimental and clinical studies are warranted to validate their synergistic role and strengthen the evidence base for their application in contemporary *Panchakarma* practice.

KEYWORDS: *Virechana karma*, *Panchakarma*, *Dravyaguna*, Adjuvant drugs.

1. INTRODUCTION

Ayurveda, the traditional system of Indian medicine, is founded on the principle of maintaining health while treating disease. Rather than focusing solely on disease management, it emphasizes the preservation of physical, mental, social, and spiritual well-being, enabling an individual to lead a healthy and purposeful life. This comprehensive approach integrates preventive healthcare (*Swasthavritta*) with curative measures (*Aturavritta*), making Ayurveda a holistic and sustainable system of medicine.^[1]

Medicinal substances form the cornerstone of Ayurvedic therapeutics. Classical texts state that every substance in the universe possesses medicinal potential when selected and administered with proper knowledge and clinical judgment.^[2] This philosophy underpins the discipline of *Dravyaguna Vijnana*, which deals with the identification, pharmacodynamic

properties, and therapeutic applications of medicinal drugs. Among the four essential components of successful treatment (*Chatushpada*), *Dravya* occupies a central place after the physician, reflecting the importance of a thorough understanding of medicinal plants and natural products.^[1]

Among the various therapeutic approaches described in Ayurveda, *Panchakarma* occupies a unique position as a bio-purificatory therapy aimed at eliminating the root cause of disease. Unlike *Shamana Chikitsa*, which primarily alleviates symptoms, *Panchakarma* restores the equilibrium of *Dosha*, *Dhatu*, *Mala*, and *Agni* by expelling vitiated *Doshas* from the body. The five principal procedures—*Vamana*, *Virechana*, *Basti*, *Nasya*, and *Raktamokshana*—serve both preventive and curative purposes. Classical texts describe these procedures as effective measures for managing chronic disorders, promoting longevity, strengthening immunity, improving metabolic functions, and maintaining overall health. Proper administration of *Panchakarma* also enhances the effectiveness of subsequent *rasayana* and *vajikarana* therapies. In recent years, *Panchakarma* has gained wider recognition because of its potential role in preventive healthcare and the management of lifestyle-related disorders. The success of these purification procedures depends not only on the selection of the principal *Shodhana* drugs but also on the appropriate use of supportive formulations that improve the safety and effectiveness of therapy.

The systematic classification of medicinal plants in Ayurveda evolved from the knowledge preserved in the Vedic literature, particularly the Atharva Veda, and was further refined during the Samhita period. To facilitate rational clinical application, the Acharyas grouped drugs according to their therapeutic actions. Among these classifications, the *Panchashata mahakashayas* (*Dasaimani*) described by Acharya Charaka represent one of the most systematic functional classifications in Ayurvedic pharmacology.^[3] Chakrapani explains the term *mahakashaya* as a group of ten drugs sharing a common therapeutic objective, thereby providing a scientific basis for the functional grouping of medicinal substances.^[4]

In the fourth chapter of *sutrasthana* (*Shadvirechana shatasritiya adhyaya*), Acharya Charaka described fifty *mahakashayas*, each comprising ten drugs with similar pharmacological actions. The nomenclature of each group reflects its predominant therapeutic activity. Among these, *Virechanopaga dashaimani* is specifically described as a group of adjuvant drugs that support and facilitate *Virechana karma*, one of the principal purification procedures of *Panchakarma*.^[3]

Virechana Karma is primarily indicated for the elimination of aggravated Pitta Dosha and associated morbid factors through the lower gastrointestinal tract. In contrast to the principal *Virechana Dravyas*,^[4] the drugs included under *Virechanopaga dasaimani* are not intended to produce purgation independently. Instead, they assist the therapeutic process by improving its efficacy, safety, and tolerability. Classical literature indicates that these drugs facilitate smooth bowel evacuation, aid in the elimination of residual Doshas, minimise complications associated with purgation, preserve *Dhatu* and *Ojas*, and improve patient compliance. Owing to their comparatively mild and nourishing nature, they are also considered suitable for debilitated individuals, children, and seasonal purification therapies. Depending on the disease condition and the physician's clinical judgement, these drugs may be prescribed either individually or in suitable combinations.

According to Charaka Samhita, *Virechanopaga Dasaimani* comprises ten drugs: *Draksha* (*Vitis vinifera* Linn.), *Kasmarya* (*Gmelina arborea* Roxb.), *Parushaka* (*Grewia asiatica* Linn.), *Abhaya* (*Terminalia chebula* Retz.), *Amalaki* (*Emblica officinalis* Gaertn.), *Vibhitaki* (*Terminalia bellirica* Roxb.), *Kuvala* (*Zizyphus sativa* Gaertn.), *Badara* (*Zizyphus jujuba* Lam.), *Karkandhu* (*Zizyphus nummularia* W. & A.), and *Peelu* (*Salvadora persica* Linn.).^[1]

Although the classical significance of these drugs is well recognised, their pharmacodynamic basis and supportive role in *Virechana* therapy have received relatively little critical attention in contemporary scientific literature. Experimental studies have demonstrated that several of these drugs possess antioxidant, anti-inflammatory, hepatoprotective, gastroprotective, and immunomodulatory activities, offering a possible scientific explanation for their traditional use as adjuvants during *Virechana Karma*. Integrating Ayurvedic principles with available pharmacological evidence may help establish a clearer understanding of their therapeutic relevance.

Therefore, the present review critically examines the classical descriptions, pharmacodynamic characteristics, and therapeutic significance of *Virechanopaga Dashaimani*, while exploring their probable physiological mechanisms and contemporary scientific relevance in *Panchakarma* practice.

2. MATERIALS AND METHODS

This review was conducted as a classical narrative review to examine the concept of *Virechanopaga Dashaimani* with emphasis on its classical descriptions, pharmacodynamic characteristics, and contemporary scientific relevance. Relevant information was gathered from authentic Ayurvedic classical texts, Nighantu literature, standard Dravyaguna textbooks, pharmacopoeial publications, and published scientific literature. The available evidence was compiled and critically examined to understand the probable role of *Virechanopaga* drugs as supportive agents in *Virechana karma*.

2.1 Data Sources

Primary Ayurvedic References

Classical information regarding the composition, pharmacodynamic properties, and therapeutic applications of *Virechanopaga Dasaimani* was collected from the following Ayurvedic texts:

- *Charaka Samhita* with the Ayurveda Dipika commentary of Chakrapanidatta
- *Sushruta Samhita*
- *Ashtanga Hridaya*
- *Bhavaprakasha Nighantu*.
- *Dhanwantari Nighantu*.
- *Kaiyadeva Nighantu*.
- *Raja Nighantu*.
- *Sodhala Nighantu*.
- *Madanapala Nighantu*.

Secondary References

To verify botanical identity and gather information on pharmacognosy, phytochemistry, and modern pharmacological evidence, the following secondary sources were consulted:

- *Ayurvedic Pharmacopoeia of India (API)*.
- *Indian Medicinal Plants* by Kirtikar KR and Basu BD.
- *Indian Medicinal Plants* by Warriar PK, Nambiar VPK, and Ramankutty C.
- Published experimental and clinical studies describing the pharmacological activities of the individual drugs included under *Virechanopaga Dasaimani*.

2.2 Method of Analysis

The information obtained from both classical and contemporary sources was systematically reviewed and interpreted under the following headings:

- Classical concept of *Virechana karma*
- Classical concept of *Virechanopaga Karma*.
- Botanical identity of *Virechanopaga Dashaimani*
- Pharmacodynamic Profile of *Virechanopaga Dashaimani*
- Classical Mode of Action and Role of *Virechanopaga* Drugs in *Virechana Karma*
- Modern Physiological Correlation of *Virechanopaga* Drugs in *Virechana* Therapy

a) Classical Concept of Virechana Karma

Virechana is one of the five principal purification therapies described in *Ayurveda*. It is a controlled therapeutic procedure that eliminates aggravated *Pitta Dosha* and associated morbid factors through the lower gastrointestinal tract. Although it is primarily indicated for disorders of *Pitta*, it also helps remove associated *Kapha* and accumulated waste materials after proper preparatory procedures. By eliminating these vitiated Doshas, *Virechana* restores physiological balance, improves digestion and metabolism, and supports overall health. According to *Ayurveda*, the effectiveness of *Virechana* depends not only on the purgative medicine but also on adequate preparation of the patient. *Deepana* and *Pachana* improve digestive capacity and digest *Ama*, while *Snehana* (oleation) and *Swedana* (sudation) loosen the adhered Doshas and mobilize them from peripheral tissues towards the gastrointestinal tract. Once the Doshas reach the *Koshta*, the purgative drug facilitates their elimination through the anal route. This systematic approach makes *Virechana* an effective bio-cleansing procedure rather than merely a laxative therapy.

Acharya Charaka has described a unique conceptual mechanism for both *Vamana* and *Virechana*. Although the basic mode of action of these two purification therapies is similar, they differ in the direction of expulsion because of the difference in the *Panchamahabhuta* predominance of the drugs used. *Vamana* drugs predominantly eliminate Doshas through the upper route, whereas *Virechana* drugs expel them through the lower route owing to their *Prithvi* and *Jala mahabhuta* predominance and their inherent '*Adhobhagahara*' (downward-moving) action.

The therapeutic process of *Virechana* is initiated with the administration of medicines characterized by *ushna*, *tikshna*, *sukshma*, *vyavayi*, and *vikasi gunas*. These pharmacodynamic attributes enable rapid systemic dissemination of the drug following absorption. Classical *Ayurvedic* texts describe that the medicine first reaches the *Hridaya*,

from where it is circulated through the *Dhamanis* into the network of *Srotas*. The subtle and penetrating nature of the drug facilitates access to tissues where morbid Doshas are localized, promoting their mobilization and directing them toward the gastrointestinal tract prior to expulsion through the lower route. The *ushna guna* enhances the activity of *agni* and promotes *vishyandana*, resulting in the liquefaction of the accumulated doshas and making them easier to mobilize. Following *snehana* karma, which softens and loosens the adhered doshas, the *tikshna guna* further facilitates their disintegration and detachment from the surrounding tissues. The *Vyavayi guna* allows the drug to spread rapidly throughout the body before undergoing complete digestion, enabling it to reach Doshas located in different tissues and channels. At the same time, the *Vikasi guna* weakens the attachment between the Doshas and the Dhatus, promoting their movement toward the *Koshta*. As the prior oleation therapy has already reduced the firmness with which the Doshas adhere to the tissues, their migration becomes smoother and more effective, ultimately preparing them for expulsion through the process of *Virechana*. Finally, due to the predominance of *Prithvi* and *Jala* Mahabhutas, together with the specific *Adhobhagahara Prabhava*, the liquefied and mobilized Doshas are directed towards the intestines and expelled through the *Guda*. Thus, *Virechana* is not merely the evacuation of bowel contents but a carefully designed therapeutic process that mobilizes, collects, and eliminates vitiated Doshas from the entire body through the *adho marga*.^[3]

b) Classical Concept of *Virechanopaga Karma*

Virechana is one of the principal *Shodhana* procedures described in Ayurveda for the expulsion of vitiated *Pitta Dosha* and associated morbid factors through the *Adhomarga*. Acharya Charaka has emphasized the importance of appropriate supportive measures for the successful execution of *Shodhana* therapies. In this context, the concept of *Virechanopaga* is introduced under the *Panchashat Mahakashaya* in *Charaka Samhita, Sutra Sthana*. The term *Upaga* literally means that which assists or accompanies, indicating substances that facilitate or enhance the action of the principal therapeutic intervention. Accordingly, *Virechanopaga dravyas* are not intended to act as independent purgatives but serve as adjuvants that promote the efficacy, safety, and completeness of *Virechana karma*.

Commentators have explained that these drugs support the purgation process through diverse mechanisms such as facilitating the movement of liquefied *Doshas* towards the gastrointestinal tract, softening accumulated *mala*, protecting the intestinal mucosa, reducing discomfort associated with purgation, and promoting complete evacuation. While some of

these drugs possess mild purgative activity, others contribute through *deepana*, *pachana*, *srotoshodhana*, *snigdha* or *mridu* properties, thereby creating favourable conditions for the principal purgative drug to act effectively. This reflects the Ayurvedic therapeutic principle that the success of *Shodhana* depends not only on the potency of the main drug but also on the judicious use of supportive formulations that optimize both efficacy and patient safety.^[4]

The inclusion of *Virechanopaga Mahakashaya* in the *Panchashat Mahakashaya* highlights the comprehensive approach adopted in Ayurveda, wherein adjuvant drugs are considered integral components of therapeutic planning rather than merely supplementary agents. This concept demonstrates the classical understanding that a well-designed combination of drugs can enhance therapeutic outcomes, reduce procedural complications, and ensure the proper elimination of vitiated *Doshas*, thereby fulfilling the objectives of *Virechana Karma*.

c) Botanical Identity of *Virechanopaga Dasaimani*

According to Charaka Samhita (Sutrasthana 4/13), *Virechanopaga Dashaimani* comprises ten drugs that serve as adjuvants in *Virechana karma*. The botanical identities adopted in the present review are based on the consensus of classical commentaries, standard Dravyaguna texts, and medicinal plant literature.^[1,6,7,8,9]

Table no. 1: Showing Botanical Identity of *Virechanopaga Dasaimani*.

Sl. No.	Sanskrit Name	Botanical Name	Family
1	<i>Draksha</i>	<i>Vitis vinifera</i> Linn.	Vitaceae
2	<i>Kasmarya</i>	<i>Gmelina arborea</i> Roxb.	Lamiaceae
3	<i>Parushaka</i>	<i>Grewia asiatica</i> Linn.	Malvaceae
4	<i>Abhaya</i>	<i>Terminalia chebula</i> Retz.	Combretaceae
5	<i>Amalaki</i>	<i>Emblica officinalis</i> Gaertn.	Phyllanthaceae
6	<i>Vibhitaki</i>	<i>Terminalia bellirica</i> (Gaertn.) Roxb.	Combretaceae
7	<i>Kuvala</i>	<i>Zizyphus sativa</i> Gaertn.	Rhamnaceae
8	<i>Badara</i>	<i>Zizyphus jujuba</i> Lam.	Rhamnaceae
9	<i>Karkandhu</i>	<i>Zizyphus nummularia</i> (Burm.f.) Wight & Arn.	Rhamnaceae
10	<i>Peelu</i>	<i>Salvadora persica</i> Linn.	Salvadoraceae

d) Pharmacodynamic Profile of *Virechanopaga Dashaimani*

Table no. 2: Pharmacodynamic Profile of *Virechanopaga Dashaimani*.

Sl. No.	Drug	Rasa	Guna	Veerya	Vipaka	Dosha Karma
1	<i>Draksha</i>	<i>Madhura, Kashaya (Anurasa)</i>	<i>Guru, Snigdha, Sara</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata–Pitta Shamaka, Mridu Virechana, Brimhana, Vrishya, Trishnahara, Raktaprasadana</i>
2	<i>Kashmarya</i>	<i>Madhura, Kashaya, Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Pittahara, Dahahara, Brimhana, Balya</i>
3	<i>Parushaka</i>	<i>Madhura, Amla</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata–Pitta Shamaka, Dahaprashamana, Trishnahara</i>
4	<i>Abhaya</i>	<i>Pancharasa (Lavana Varjita), Kashaya Pradhana</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridoshahara, Anulomana, Rechana, Rasayana, Deepana</i>
5	<i>Amalaki</i>	<i>Pancharasa (Lavana Varjita), Amla Pradhana</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridoshahara (especially Pittahara), Rasayana, Vayasthapana</i>
6	<i>Vibhitaki</i>	<i>Kashaya Pradhana</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Kaphahara, Bhedana, Keshya, Netrya</i>
7	<i>Kuvala</i>	<i>Madhura, Kashaya</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Pittahara, Brimhana, Balya</i>
8	<i>Badara</i>	<i>Madhura, Amla</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata–Pitta Shamaka, Brimhana, Balya</i>
9	<i>Karkandhu</i>	<i>Madhura, Kashaya</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Pittahara, Balya, Brimhana</i>
10	<i>Peelu</i>	<i>Katu, Tikta</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha–Vatahara, Deepana, Pachana, Bhedana, Krimighna</i>

e) Pharmacodynamic Characteristics of *Virechanopaga Dashaimani*

The *Rasapanchaka* of the drugs included in *Virechanopaga dasaimani* reveals a characteristic pharmacodynamic profile that explains their supportive role in *Virechana karma*. A predominance of *Madhura Rasa*, together with *guru, snigdha*, and *sara gunas* and *madhura vipaka*, is observed in most of the constituent drugs. These attributes favour the gentle mobilisation and elimination of vitiated Doshas while helping to maintain physiological balance during the purification process. The predominance of *madhura rasa* and *madhura vipaka* also indicates their nourishing nature, which supports the maintenance of *dhatus* and *Ojas* and may help prevent excessive depletion following therapeutic purgation.

An evaluation of the *Dosha karma* shows that most of these drugs possess *Pitta-shamaka* or *Tridosha-shamaka* properties, making them particularly suitable as adjuvants in *virechana*, which is primarily indicated for *Pitta*-predominant disorders. Among the pharmacodynamic attributes, *sara guna* appears to be especially important because it facilitates the movement of vitiated Doshas towards the gastrointestinal tract, thereby promoting their elimination through the lower route. Likewise, the *bhedana* property aids in breaking down and expelling accumulated morbid material, complementing the action of the principal *virechana* drugs and contributing to effective therapeutic purgation.

Although grouped under a common therapeutic category, each drug contributes through its own pharmacodynamic properties. *Abhaya* (*Terminalia chebula*), *Vibhitaki* (*Terminalia bellirica*), and *Peelu* (*Salvadora persica*) are recognised for their *anulomana* and *bhedana* actions, which facilitate bowel evacuation and support the elimination of vitiated Doshas. In contrast, *Draksha*, *Kasmarya*, *Parushaka*, *Badara*, and *Karkandhu* are predominantly nourishing and unctuous in nature. These drugs may improve intestinal lubrication, assist in the movement of doshas towards the *koshtha*, and promote recovery after purification. The presence of both eliminative and restorative properties within the same group highlights the therapeutic rationale of *Virechanopaga dasaimani*. Rather than acting solely to facilitate purgation, these drugs appear to enhance the overall safety, tolerability, and effectiveness of *Virechana karma* by supporting both the purification process and subsequent physiological recovery.

f) Classical Mode of Action and Role of Virechanopaga Drugs in Virechana Karma

Virechana karma is one of the principal purification procedures of *Panchakarma* and is primarily indicated for the elimination of aggravated *Pitta dosha* and its associated morbid factors through the lower gastrointestinal tract. According to Ayurvedic principles, the success of *Virechana* depends not only on the administration of potent purgative drugs but also on the proper mobilisation, liquefaction, and elimination of vitiated Doshas. Classical texts describe *Virechana* drugs as possessing properties such as *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, and *Vikasi*, which enable them to penetrate the body channels, dislodge morbid Doshas from peripheral tissues, and direct them towards the gastrointestinal tract for subsequent elimination.^[10-11]

The process of *Virechana* is described as a sequential event that begins with *Dosha*

Utkleshana (excitation of *Doshas*), followed by the movement of the vitiated *Doshas* from the peripheral tissues (*Shakha*) to the gastrointestinal tract (*Koshtha*), and finally their expulsion through the anal route. The effectiveness of this process depends upon the coordinated functioning of *Agni*, *Apana Vayu*, and the pharmacodynamic properties of the administered drugs. Classical commentators have also recognised the importance of supportive substances that facilitate each stage of this process and help ensure safe, effective, and controlled purification.^[12]

Within this framework, the concept of *Virechanopaga Dasaimani* assumes particular significance. The term *Upaga* denotes substances that assist or support the principal therapeutic action. Accordingly, *Virechanopaga* drugs are regarded as adjuvants that enhance the effectiveness of *Virechana* without acting as powerful purgatives by themselves. Their primary role is to complement the action of the main *Virechana* drugs, ensuring efficient elimination of *Doshas* while reducing the possibility of undesirable effects associated with intensive purgation.

An important function of these drugs is to facilitate the movement of vitiated *Doshas* towards the *Koshtha*. The predominance of *Sara*, *Snigdha*, and *Madhura* attributes in several of these drugs is considered favourable for loosening and mobilising accumulated *Doshas* from different tissues before their elimination. Adequate mobilisation is essential for successful purification, as incomplete movement of *Doshas* may lead to inadequate cleansing and the persistence of residual morbid factors.

Certain drugs in this group, particularly *Abhaya*, *Vibhitaki*, and *Peelu*, possess well-recognised *Anulomana* and *Bhedana* properties that facilitate the downward movement of bowel contents and promote the elimination of morbid material. By supporting bowel evacuation, these drugs complement the action of the primary purgative agents and contribute to the completeness of *Virechana Karma*.

In addition to facilitating elimination, *Virechanopaga* drugs also perform a protective role during the purification process. Most of the constituent drugs are characterised by *Madhura Rasa* and *Madhura Vipaka*, attributes traditionally associated with nourishment and tissue support. These properties may help minimise excessive depletion during purgation, preserve *Dhatus* and *Ojas*, and promote recovery following therapy. Such supportive actions are particularly valuable in children, elderly individuals, debilitated patients, and those

undergoing seasonal purification.

Classical descriptions further indicate that these drugs assist in the removal of *Sheṣa doṣha* (residual Doshas) remaining after primary purification. By maintaining normal bowel function and supporting physiological evacuation, they may contribute to a more complete and sustained cleansing process. Their use may also reduce the occurrence of complications such as excessive purgation, dehydration, weakness, and gastrointestinal irritation.

Another noteworthy characteristic of *Virechanopaga Dasaimani* is its flexibility in clinical practice. The individual drugs may be administered either alone or in appropriate combinations according to the patient's constitution, disease condition, strength, and therapeutic requirements. This allows physicians to individualise *Virechana* protocols without compromising therapeutic efficacy or safety.

From the classical Ayurvedic perspective, *Virechanopaga* drugs serve as indispensable supportive agents that facilitate *Dosha* mobilisation, promote effective bowel evacuation, protect bodily tissues during purification, assist in the elimination of residual morbid factors, and improve the overall outcome of *Virechana karma*. Their inclusion within the *Virechanopaga Dasaimani* reflects the Ayurvedic principle that successful purification should be accompanied by adequate protection and restoration of the body, thereby ensuring both the effectiveness and safety of Shodhana therapy.^[10-12]

g) Modern Physiological Correlation of *Virechanopaga* Drugs in *Virechana* Therapy

The therapeutic concept of *Virechanopaga Dasaimani* described in *Ayurveda* can be correlated with several principles of modern gastrointestinal physiology and pharmacology. Although these drugs are not considered primary purgatives, their pharmacodynamic characteristics indicate an important supportive role during therapeutic purgation. Their combined actions are likely to improve intestinal motility, maintain luminal hydration, preserve mucosal integrity, regulate inflammatory responses, and promote recovery after purgation, thereby enhancing the overall effectiveness and safety of *Virechana Karma*.

Successful therapeutic purgation requires efficient propulsion of intestinal contents through the gastrointestinal tract. Several drugs included in *Virechanopaga dasaimani* possess *sara*, *snigdha*, and *mridu* properties, which may be correlated with improved bowel transit and easier passage of faecal matter. from the standpoint of modern physiology, adequate

lubrication and hydration reduce resistance within the intestinal lumen, facilitating smooth bowel evacuation. Fruits such as *Draksha* (*Vitis vinifera*), *Abhaya* (*Terminalia chebula*), and *Amalaki* (*Phyllanthus emblica*) contain dietary fibre, organic acids, and a variety of bioactive compounds that support normal gastrointestinal motility and bowel function. These properties may complement the action of primary *Virechana* drugs and contribute to more complete evacuation of intestinal contents.^[13-15]

Maintenance of luminal fluid balance is another important factor influencing the effectiveness of purgation. Several members of the *Virechanopaga* group contain soluble fibres, natural sugars, and polysaccharides that possess water-retaining capacity. These constituents increase stool hydration and soften intestinal contents, making evacuation easier. This mechanism resembles the osmotic action of certain modern laxatives, in which increased water retention within the intestinal lumen facilitates bowel clearance. However, unlike strong cathartics that often induce rapid fluid loss, the *Virechanopaga* drugs are likely to support a milder and more controlled purgative response, thereby improving patient comfort and tolerability.^[16]

During therapeutic purgation, the gastrointestinal mucosa is exposed to considerable physiological stress, making the preservation of mucosal integrity essential for safe treatment. Experimental studies have demonstrated that several drugs belonging to *Virechanopaga Dasaimani* possess gastroprotective, antioxidant, and anti-inflammatory activities. *Amalaki*, *Draksha*, *Vibhitaki*, and *Kasmarya* are rich in polyphenols, flavonoids, tannins, and other antioxidant constituents capable of scavenging reactive oxygen species and reducing oxidative damage. These pharmacological activities may protect the intestinal epithelium from irritation and facilitate tissue repair following bowel evacuation.^[17-19]

Regulation of inflammation may represent another important mechanism contributing to the therapeutic value of these drugs. Experimental evidence has shown that the constituents of *Triphala*, namely *Abhaya*, *Amalaki*, and *Vibhitaki*, exhibit significant anti-inflammatory and immunomodulatory activities. Through modulation of inflammatory mediators and maintenance of epithelial homeostasis, these drugs may reduce intestinal irritation associated with repeated bowel movements during *Virechana*. Such observations provide a reasonable scientific explanation for the classical Ayurvedic view that *Virechanopaga* drugs facilitate purification while minimising tissue injury and excessive depletion.^[20-22]

Effective bowel evacuation also depends upon the coordinated activity of the enteric nervous

system, intestinal smooth muscles, and intestinal fluid-secretory mechanisms. Certain phytoconstituents present in *Abhaya* and *Peelu* have been reported to stimulate gastrointestinal motility and promote bowel evacuation. These findings correlate well with the Ayurvedic concepts of *Anulomana* and *Bhedana Karma*, which describe the downward movement and elimination of accumulated waste materials. Rather than acting as potent purgatives on their own, these drugs appear to improve the responsiveness of the gastrointestinal tract to primary Virechana agents, thereby functioning as supportive components of the therapeutic procedure.^[23]

Recovery following purification is an equally important aspect of successful *shodhana* therapy. Classical ayurvedic texts emphasise the preservation of *dhatu* and *ojas* during and after purification. Several drugs included in *Virechanopaga Dasaimani* possess *brimhana*, *balya*, and *rasayana* properties and are recognised for their nutritional value. Modern studies have shown that fruits such as grapes, Indian gooseberry, and jujube provide vitamins, minerals, amino acids, and antioxidant phytochemicals that support tissue repair, immune function, and restoration of metabolic balance. These nutritional and antioxidant effects may reduce the physiological stress associated with purgation and facilitate recovery after the procedure.^[24-25]

When interpreted in the context of contemporary gastrointestinal science, the classical concept of *Virechanopaga dasaimani* demonstrates a well-founded therapeutic rationale. The available evidence suggests that these drugs support intestinal transit, maintain luminal hydration, preserve mucosal integrity, regulate inflammatory responses, facilitate bowel evacuation, and promote post-purgative recovery. Together, these actions provide a plausible physiological basis for their traditional use as adjuvants in *virechana karma*, contributing to improved therapeutic efficacy while maintaining patient safety and physiological homeostasis.

3. DISCUSSION

The concept of *Virechanopaga dasaimani* represents one of the distinctive pharmacological classifications described in the Charaka Samhita, highlighting the thoughtful approach adopted in Ayurvedic therapeutics. In contrast to the principal *Virechana* drugs that directly induce purgation, the drugs included in this *Mahakashaya* appear to function as supportive agents that optimise the purification process. Although these ten drugs differ in their botanical identity and individual pharmacological properties, their inclusion within a single

therapeutic group indicates that Acharya Charaka recognised a shared functional role in facilitating *Virechana Karma*.

Evaluation of the *Rasapanchaka* of these drugs demonstrates a characteristic pharmacodynamic pattern. Most of the constituent drugs are dominated by *madhura* and *kashaya rasa*, along with *guru*, *snigdha*, and *sara gunas*, and predominantly *madhura vipaka*. This profile differs considerably from that of classical strong purgatives, which are generally characterised by *tikshna* and *ushna* properties. Such a distinction suggests that the therapeutic role of *Virechanopaga* drugs extends beyond the induction of purgation. Instead, they appear to facilitate a gradual, controlled, and clinically acceptable purification process while preserving tissue integrity. The predominance of *madhura rasa* and *madhura vipaka* further supports their nourishing nature, which may help maintain the integrity of *dhatu*s and *ojas* during *shodhana* therapy.

Among the pharmacodynamic attributes, *sara guna* seems to be particularly relevant to their therapeutic action. The property of *Sara* promotes movement and flow, which can be interpreted as facilitating the transfer of vitiated Doshas from peripheral tissues to the gastrointestinal tract before elimination. Likewise, *Bhedana Karma*, observed in drugs such as *Abhaya*, *Vibhitaki*, and *Peelu*, assists in breaking down and expelling accumulated morbid matter. These complementary actions provide a logical explanation for the classical concept of *Virechanopaga* activity. Rather than replacing the action of the principal purgative drugs, they appear to enhance the overall efficiency of *Virechana Karma* by acting in a supportive and synergistic manner.

An interesting feature of this *Mahakashaya* is the inclusion of several fruit-bearing and nutritive drugs such as *Draksha*, *Amalaki*, *Parushaka*, *Badara*, and *Karkandhu*. These plants are traditionally valued for their *Balya*, *Brimhana*, and *Rasayana* properties. At first glance, the inclusion of nourishing drugs within a group intended to support purification may seem contradictory. However, this combination reflects a fundamental Ayurvedic principle that successful *Shodhana* should eliminate morbid factors without compromising the patient's strength. The coexistence of eliminative and restorative properties within the same therapeutic group therefore appears to be a deliberate strategy aimed at achieving effective purification while preserving physiological balance.

The available pharmacological evidence provides additional support for these classical

observations. Several drugs belonging to *Virechanopaga Dasaimani* have demonstrated antioxidant, anti-inflammatory, gastroprotective, hepatoprotective, and immunomodulatory activities in experimental studies. These biological effects may contribute to maintenance of gastrointestinal health during therapeutic purgation by protecting the intestinal mucosa, reducing oxidative stress, and promoting tissue repair. Furthermore, the dietary fibre, polyphenols, tannins, and other bioactive phytochemicals present in many of these drugs may assist in regulating bowel function and maintaining intestinal homeostasis. Such findings strengthen the scientific rationale for their traditional use as adjuvants in *Virechana Karma*.

Another noteworthy finding is the predominance of Pitta-Shamaka and *Tridosha*-balancing properties among the constituent drugs. Since *Virechana* is primarily indicated for disorders involving aggravated *Pitta Dosha*, the inclusion of drugs capable of pacifying Pitta while simultaneously facilitating bowel evacuation appears pharmacodynamically appropriate. This combination may promote effective purification without disturbing the equilibrium of the remaining Doshas, thereby improving the overall safety and tolerability of the procedure.

The clinical usefulness of *Virechanopaga Dasaimani* is further enhanced by its flexibility in therapeutic application. Classical texts describe the administration of these drugs either individually or in suitable combinations according to the patient's *Prakriti*, disease condition, physical strength, seasonal factors, and therapeutic requirements. Their comparatively mild pharmacological nature suggests that they may be particularly useful in children, elderly individuals, debilitated patients, and clinical situations where intensive purgation is not advisable. This adaptability reflects the personalised treatment approach that is central to Ayurvedic practice.

Although the therapeutic value of the individual drugs has been investigated to a certain extent, scientific evidence evaluating *Virechanopaga Dasaimani* as a functional therapeutic group remains limited. Most published studies focus on isolated pharmacological activities rather than their collective or synergistic effects during *Virechana Karma*. Experimental investigations exploring their influence on gastrointestinal physiology, interaction with primary purgative drugs, and contribution to treatment outcomes are still scarce. Addressing these gaps through well-designed preclinical and clinical studies would strengthen the evidence base supporting their traditional use.

Taken together, the available classical descriptions and contemporary pharmacological

evidence indicate that *Virechanopaga Dasaimani* represents a carefully designed group of supportive drugs that complements the process of therapeutic purification. Their pharmacodynamic attributes not only facilitate effective elimination of vitiated Doshas but also help preserve tissue integrity, promote recovery, and improve patient tolerance to *Virechana Karma*. This integrated approach reflects the broader Ayurvedic philosophy that successful purification should be accompanied by protection, nourishment, and restoration, ensuring both therapeutic efficacy and patient well-being.

4. CONCLUSION

Virechanopaga Dasaimani represents a unique therapeutic group described under the *Panchasat Mahakashayas* of the Charaka Samhita, reflecting the Ayurvedic concept of supportive pharmacotherapy in *Shodhana Chikitsa*. The findings of this review indicate that these ten drugs share characteristic pharmacodynamic features, including the predominance of *Madhura Rasa*, *Guru-Snigdha-Sara Gunas*, and *Madhura Vipaka*, which together support their adjuvant role in *Virechana Karma*. Among these properties, *Sara Guna* and *Bhedana Karma* appear to play an important role in facilitating the smooth elimination of vitiated Doshas through the lower gastrointestinal tract.

In contrast to the primary purgative drugs, the members of *Virechanopaga Dasaimani* primarily support the purification process by improving its efficacy, safety, and patient tolerability. Their classical actions indicate a role in *Dosha* mobilisation, facilitation of bowel evacuation, elimination of residual morbid factors, preservation of *Dhatus* and *Ojas*, and promotion of recovery following therapeutic purgation. The predominance of *Pitta shamaka* and *Tridosha*-balancing properties further reinforces their suitability as adjuvants in *Virechana* therapy.

Evidence from contemporary pharmacological studies shows that many of these drugs possess antioxidant, anti-inflammatory, gastroprotective, hepatoprotective, immunomodulatory, and bowel-regulatory activities. These observations provide scientific support for their traditional therapeutic use and indicate that their contribution extends beyond merely facilitating bowel evacuation. The inclusion of several nutritive and *Rasayana* drugs within this *Mahakashaya* also reflects the Ayurvedic principle that purification should be accompanied by protection, nourishment, and restoration of the body.

Although substantial information is available regarding the pharmacological activities of

individual drugs, evidence concerning the collective therapeutic action of *Virechanopaga Dasaimani* remains limited. Future experimental studies and well-designed clinical trials are needed to evaluate their synergistic effects, elucidate their mechanisms of action, and strengthen the evidence base for their application in contemporary *Panchakarma* practice.

Overall, *Virechanopaga dasaimani* illustrates the depth and scientific rationale of Ayurvedic pharmacological classification. The integration of classical knowledge with emerging pharmacological evidence highlights the value of these drugs as supportive agents in *virechana karma*. Further exploration of this therapeutic group may contribute to the evidence-based advancement of *panchakarma* and support its broader acceptance within contemporary healthcare.

5. ACKNOWLEDGEMENT

I express sincere gratitude to all those who directly and indirectly supported and contributed to the successful completion of this article.

6. AUTHOR'S CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article

7. CONFLICT OF INTEREST

No conflict of interest.

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