

A clinical study on shodhananga snehapana with special reference to *Samyak Snigdha Lakshana*

Research Article

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Abstract

Snehana (internal oleation) is the major preparatory procedure to be performed before *Shodhana* (Biopurification). The entire procedure of *Shodhana* depends upon the proper mobilization of humors (*Dosha*) from peripheral circulation (*Shakha*) to intestinal circulation (*Koshtha*), which is achieved with the help of *Snehana* and *Svedana*. Oleation leads and decides total outcome of The Bio purification therapy; Hence in this study standard guidelines are applied for performing internal oleation in an effective manner to avoid *Ayoga* (insufficient use) and *Atiyoga* (excessive use) of *Snehana*. For that we start and increased dose of lipids in an appropriate manner considering *Agni* (power of digestion) and *Koshtha* (nature of bowels) of patients. The study was carried out on total 30 healthy volunteers undergoing *Vasantik Vamana*. *Shodhananga Snehapana* with *Shuddha Ghrita* was administered according to *Agni* and *Koshtha* of patients. *Samyak snigdha Lakshanas* were assessed using special scoring pattern. Statistical analysis using paired 't' test were done. Onset of *samyak snigdha lakshana* occurs in sequence. *Vatanuloman*, *Agnidipti*, *Gatra Mruduta*, *Klama*, *Snehodvega*, *Adhastat Sneha Darshana* was seen in all patients; whereas, *glani*, *Anga Laghava*, *Twak Snighdata* were noted in less percentage of patients.

Key Words: *Shodhananga Snehana*, *Samyak snigdha Lakshana*, *Snehana.Vamana Karma*.

Introduction

Snehana (oleation) is a procedure mentioned under *Shad Upakrama*. (1) (Six type of treatment) which is being used independently for the promotion of health, cure of many diseases as well as a part of *Shodhana* (purification) as its *Poorvakarma* (preparatory procedure). *Snehana* (oleation) is an important preoperative procedure that has to be done before *Vamana* and *Virechana*. Proper *Snehana* (oleation) is essential for attainment of *Samyak Shuddhi Lakshana*. The careful daily assessment of oleation is very important for deciding further steps like sudation, emesis, or purgation. Any error in the assessment may lead to complications. The assessment of the outcome of oleation therapy is done on the basis of the symptoms of adequate oleation described as per classics.

Objective

To assess signs and symptoms of *Samyak Snehana* with various clinical parameters.

Materials and Methods

Source of Data

30 healthy volunteers willing to participate in the study were selected from OPD of Panchakarma department in Dr. Rajendra Gode Ayurved College, Amravati Maharashtra.

Selection Criteria

Total 30 patients were examined by randomized, open, prospective trial, irrespective of sex, religion, education, occupation, economic status.

Inclusion Criteria

- Patients who are clinically fit to undergo *Snehapana* as a *Poorvakarma* for *Vamana*.
- Age: 16 to 60 years.
- Sex-both the sex

Exclusion Criteria

- Clinically unfit for *Vamana* and *Shodhananga Snehapana*.
- Chronic debilitating disease.
- Malignant Hypertension.
- Pregnant ladies and lactating mothers
- Patient not willing for admission
- Patients having auto immune disorder
- Patients with infectious disease patient having IBS, gastric ulcer ulcerative colitis, pulmonary & intestinal TB/AIDS/HbsAg.

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Methodology

30 healthy volunteers were assigned for *Snehapana* before undergoing *Vamana*. Detailed history, physical and mental examinations were done on the basis of specialized proforma designed for this purpose. They were also assessed on the basis of *Agni* and *koshtha* along with other criteria. *Deepana* and *Pachana* (2) were done by using *Trikatu Churna* 3gm (3) twice a day with lukewarm water for 5 days till the appearance of *Niram Lakshana* (4).on 6th day in morning around 6 am. After praying god and *Swastivachana* non medicated ghee was given to the patient in an increasing pattern from 30ml to 250ml after assessing *Jeerna Aahar Lakshana* (clear belching and proper evacuation of bowels) (5) and *Akshudhita Awastha* (not feeling hungry). Patients were advised to take lukewarm water as *Anupana*. After the consumption of *Ghee* instruction was given to the patients not to take food until he/she feels hungry. The *Snigdha Lakshanas* were observed daily and were scored according to the Scoring pattern.

Criteria for Assessment

The following subjective parameters were considered for assessing *Samyak Snigdha Lakshana*.

Vatanuloman: It was assessed by Percussion and auscultation of abdomen and further confirm from patients for presence of this symptoms.

1. Upward movement of *Vata* with excessive belching and flatulence.
2. Mild flatulence and heaviness of abdomen
3. Proper evacuation of flatus, faces and urine and lightness in the abdomen

Agnidipti: It was assessed on the basis of the time of administration of *Sneha* (Oleaginous substance) and the feeling of appetite. For easy calculation, an understanding of *agnidipti* factor one standardized formula was accepted based on dose of *sneha* and time taken for digestion (6).

$$\text{Agnibala index} = \frac{(\text{Test dose})}{(\text{Given dose})} \times (\text{Time taken for digestion of ghee})$$

- Test dose- It is the small quantity of *Snehana* given on first day for the assessment of *Agnibala*
- Given Dose-It is the increasing quantity of *Snehana* has to be given after assessing the *Agnibala* by test dose.

Lesser the *Agnibala* index (A.B.I) more will be the *Agnidipti*.

1. A.B.I>3
2. A.B.I=3
3. A.B.I<3

Snehodvega

1. Alpa Snehdvesha still able to take ghee
2. *Madhyam Snehdvesha* by seeing, testing and smelling ghee but able to take ghee by force.
3. *Bahu snehdvesha* and refused to take the ghee.

Tvak Snigdhatta/Gatrasnigdhatta: It was assessed by drawing a line with pointed blunt object on the skin, if there is no scratch, it indicates *Tvak Snigdhatta*.

1. Dryness of the skin
2. Softness of Skin
3. Proper oiliness of skin

Purish Snigdhatta/Adhastat sneha Darshan

1. Dry and hard stool
2. Soft stool with fats
3. Only oily stools

Klama/ Glani

1. Enthusiastic
2. Reasonably active as usual
3. Tiredness without exertion

Angalaghav

1. Heaviness throughout the day
2. Mild lightness after digestion of *Snehana*
3. Feeling of complete lightness in the body throughout the day.

Score pattern for samyak Snigdha Lakshana

1. 17-21= *Pravara Samyak Snigdha Lakshana*
2. 13-17= *Madhyam Samyak Snigdha Lakshana*
3. 8-13= *Heen Samyak Snigdha Lakshana*
4. <8= *Asnigdha Lakshana*

Criteria for assessment of Koshtha

Routine Bowel Habit was considered for assessment of *Koshtha* as per the following features:

Frequency per day

1. Passing stool on alternate day
2. 1 time a day
3. 2 times a day

Consistency of stool

1. Hard stool
2. Soft, well formed
3. Loose, watery not well formed

Passing of stool

1. With more efforts & unsatisfactory evacuation.
2. With normal efforts & satisfactory evacuation.
3. Without any effort & satisfactory evacuation.

Feeling of urge of defecation

1. Not feeling any urge. Needs to take some stimulants like hot tea, warm water.
2. Feeling of urge within 10-30 minute of wake-up.
3. Feeling of urge as wake up in morning.

Effect of taking hot milk, hot water etc. at night

1. No effect
2. Slightly loose but formed stool once.
3. Watery loose stool & frequent.

Score

1. 1-5 implies - *Kroora Koshtha*
2. 6-10 implies - *Madhyam Koshtha*
3. 11-15 implies - *Mridu Koshtha*

Assessment of Agni

- No alteration-Tikshna Agni
- Mild /Inequitable alteration-Vishamagni
- Gross alteration- Mandagni

Teekshnagni require 3-4 days to attain *Samyak Snigdha Lakshana*.

Observations and Results

Maximum patients were from 26 to 45 years age group. Among total patients, 66.67% of subjects were male and 33.33% were female. Religion wise distribution showed that maximum number of patients (93.3%) were from Hindu community. Economic status wise distribution of patient shows that 66.67% patients were belonging to middle class.80% patients were of *Madhyama Sara* and 63.3% of patients having *Madhyama Samhana*.

Table 1: Prakruti wise distribution of Patients

		No. of Patients	Percentage %	Duration required for snehana
Prakriti	Kapha Vataj	14	46.67	5-6 days
	Pitta vataj	13	43.33	3-4 days
	Kapha pittaj	3	10	4-5 days

Role of *Snehana* according to *Prakruti* reveals that maximum 46.67% of the subjects having *Kapha vataj prakruti* require 5-6 days to attain the *Samyak snigdha Lakshana*. *Pitta vataj prakruti* was observed in 43.33% of the subjects who took 3-4 days to get *Samyak Snigdha Lakshana*. Only 10% of subjects having *Kaphapittaj Prakruti* require 4-5 days to attain *Samyak Snehana*.

Table 2: Agni wise distribution of Patients

Agni	Total No. of Patients	Percentage (%)	Duration required for Snehana
Vishmagni	11	39.33	5-6 days
Madagni	14	46.33	4-5 days
Teekshnagni	5	20.33	3-4 days

In this study, among the 30 subjects, *Mandagni* was observed in 46.33% of Patients who took 4-5 days to attain *Samyak Snigdha Lakshana*. 39.33% of subjects having *Vishmagni* require 5-6 days to *Snigdha Lakshana* while only 20.33% of subjects having

Table 3: Koshtha wise distribution of Patients

Koshtha	Total No. of Patients	Percentage (%)	Duration required for Snehana
Krura	10	33.33	5-6 days
Madhyama	13	43.33	4-5 days
Mrudu	7	23.33	3-4 days

Role of *Koshtha* In *Snehana*, reveals that maximum 43.33% of subjects having *madhyam Koshtha* requires 4-5 days to attain *Snigdha Lakshana*, 33.33% of the subject having *Krura Koshtha* requires 5-6 days for *Samyak Snehna*. only 23.33% of Subjects having *Mrudu Koshtha* requires 3-4 days to attain *Samyak Snigdha Lakshana*.

Table 4: Samyak Snigdha Lakshana observed in 30 patients during the study

Samyak Snigdha Lakshan	No. of pts	Mean	S.D.	Percentage
Agnidipti	26	1.4	0.8	86.67
Snehodvega	28	1.8	0.4	93.33
Tvak snigdhata	7	0.8	0.1	23.33
Vatanuloman	27	1.6	0.6	90
Adhastad sneha darshana	30	2.0	0.0	100
Ghlani	22	1.2	0.2	73.33
Klama	26	1.4	0.8	86.67
Anglaghav	4	0.6	0.2	13.3

Observation related with mean score of *Samyak Snigdha Lakshana* with S.D. and percentage was on last day of *Snehapana* all subjects showed Purish snigdhata with mean score 2.0. *Vatanuloman* and *Snehodvega* shows in 90% and 93% of patients respectively with mean score of 1.8, and 1.6 respectively. Whereas 86.67% subjects showed *Klama Lakshana* and *Agnidipti* with S.D. 1.4, 73.33% subjects showed *ghlani* with S.D. 1.2. 23.33% subjects noticed *Tvak Snigdhata* with mean score of 0.8 and only 13.3% subjects perceived *Angalaghavata* with mean score of 0.6 (S.D.±0.2).

Table 5: Summary of day wise percentage of signs and symptoms of Snehana

Initiation Of samyak Snigdha Lakshana	1 st day percentage of volunteers	2 nd day percentage of volunteers	3 rd day percentage of volunteers	4 th day percentage of volunteers	5 th day percentage of volunteers	6 th day percentage of volunteers
Vatanuloman	80	84.67	94.3	96.6	97.2	87.3
Agnidipti	100	98.3	85.2	82.2	87.6	78.1
Purish snigdhata	0	0	0	13.33	53.46	33.33
Tvak snigdhata	0	0	0	26.1	86.33	33.3
klama	0	0	0	13.34	27.23	34.67
Snehodveg	0	0	0	23.3	46.67	33.34
Anglaghav	31.3	14.4	12.1	0	0	0

After assessing 30 patients, it was observed that the passage of flatulence was present in almost 80 % patients from the day one. The nature of feces started changing in 13.33 % patients from the fourth day. Feces were oleaginous in 53.46% of patients on fifth day and 33.33% on sixth day.. Maximum patients having *Klama* from 4th day, 5th and 6th day. *Snehodvega* (Rejection to consume oleaginous substance) got initiated from the day four in 23.3% patients and it is maximum 46.67% on the fifth and sixth day.

Table 6: Maximum dose given on the last day of Snehapana 30 patients

Max given dose on last day (ML)	Total No of Patients	%
100-150	3	10
150-200	19	63.33
200-250	7	23.33

Discussion

Shodhanartha Snehapana (consumption of fats before the procedure of purification) has four fundamental purposes before the purification processes as follows –

- To attain the *Vata nigraha* and *utklehsana* of *doshas* by which they come from *Shakha*(tissue) to *Kostha* (digestive tract) there by facilitating the removal of *Doshas* from the body through *Shodhana* (purification) (7).
- To pacify the anticipated provocation of *Vata* after the purification processes (8).
- For providing strength to the body for bearing the stress of the purification processes (9).
- To get the proper *Shodhana* effect and prevent further complications.

The therapeutic action attributed to *Shodhananga Snehapana* by *Caraka* is ‘*Snehanam Sneha Vishyandam Mardava Kledakarakam*’ (10). This action is due to the their properties like *Drava* (liquid), *Sukshma* (minute), *Sara* (fluidity), *Snigdha* (unctuous), *Pichhil* (sticky), *Guru*(heavy), *Sheetal* (cold), *Manda* (slow), *Mrudu* (soft)(11). So, when they enter the circulation, the said properties start acting on various *Dhatus* and *Srotas* (channels). They convert solidified and stucked up *Doshas* into liquefied complex. This complex then starts gliding through the channels towards *Koshtha*. This process of liberation of *doshas* from channels and their travel towards *koshtha* is reflected through various signs and symptoms over the body. These are identified as “*Samyaka snigdha lakshanas*”.

Action of *Sneha* over the body was seen from the day one. *Vatanulomana* and *Diptagni* was the immediate sign present in the maximum patients on the day one. When *Sneha Dravyas* enters into the *Annavaha srotas*, due to its *Snigdha Guna*.

Anulomana of *Apana Vayu* occurred, which resulted in the good functioning of *Apana Vayu* and *Pachaka Pitta* and in turn *Agnidipti* was observed. *Purisha Snigdhatta* was started to be

observed from 3rd day onwards. It suggests the gradual *Snigdhatta* of *Purishavaha Srotas*, which will reach maximum by 7th day.

During the digestion of oleaginous drugs due to their *Guru* (heavy to digest) property, gastro intestinal blood flow increases (post prandial or functional hyperemia) with decreased blood flow to the brain due to parasympathetic activity.(12) This gives the feeling of tiredness, i.e. *Klama*. This was present from the first day itself in all the patients for the whole period. This symptom gets corrected once the digestion process is completed. *Twak Snigdhatta* reveals that *Sneha* has reached up to *Rasa, Rakta, Mamsa* and also *Majja Dhatu* (13)

At the end of the *Snehapana* course, when the body gets saturated with enough *sneha* and when it exceeds the limit of *Agni* Body starts rejecting it and the patient shows the sign named “*Adhah staat sneha darshanam*”. So, from the above data it can be understood that the onset of *Snehana Lakshana* described by *Caraka* and other *Acharyas* are in the sequence of appearance. However, in this study the symptom of *Twak Snigdhatta* is little difficult to achieve or may not appear in all the patients.

Conclusion

Snehapana should be done with well planned method by considering *Agni, Kosktha* and *Prakruti* of patients . It helps in deciding the dose and duration of *Snehapana*. All the symptoms of *Samyak Snigdha Lakshnas* were occurred sequentially as per classics.

References

1. Yadavaji Trikamaji Acharya. Charaka Samhita of Agnivesha revised by Charaka. Reprint edition. Varanasi; Chaukhamba Orientalia publishers; 2014. 120 P.
2. Tripathi B. Ashtang Hridayam of Vagbhata. Reprint Edition. Delhi; Chaukhamba Sanskrit Pratishtan publishers; 2007. 188p.
3. Tripathi B. Sharangdhar Samhita of Aracharya Sharangdhar. 6th edition. Varanasi; Chaukhambha, Surbharti Prakashan; 2005. 179 p.
4. Tripathi B. Ashtang Hridayam of Vagbhata. Reprint Edition. Delhi; Chaukhamba Sanskrit Pratishtan; 2007. 187p.
5. Yadavaji Trikamaji Acharya. Madhav Nidan of Madhavkar ,1st edition. Varanasi; Chaukhamba Orientalia publishers; 2010. 91p.
6. Vasant P. Principles and Practice of Panchakarma. 1st edition. Karnataka: Atreya Ayurveda Publications; 2011. 104 p.
7. Yadavaji Trikamaji Acharya. Charak Samhita of Agnivesha. Reprint edition. Varanasi; Choukhamba Prakashan; 2009. 25 p.
8. Yadavaji Trikamaji Acharya. Charak Samhita of Agnivesha. Reprint edition. Varanasi; Choukhamba Prakashan; 2009. 25 p..
9. Kunte, Navare, Paradkar HS. Ashtanga Hridayam of Vagbhat . 7th edition. Varanasi; Chaukhamba Orientalia publishers; 1982.

10. Yadavaji Trikamji Acharya. Charak Samhita of Agnivesha. Reprint edition. Varanasi; Choukhamba Prakashan; 2009. 120 p.
11. Yadavaji Trikamji Acharya, Charak Samhita of Agnivesha. Reprint edition. Varanasi; Choukhamba Prakashan; 2009. 120 p.
12. Arthur C. Guyton, John E. Hall. Textbook of Medical Physiology. 11ed. Pennsylvania; Elsevier Inc; 2002. page.819.
13. Sharma P V. Sushruta Samhita of Acharya Sushruta. 1st edition. Varanasi; Chaukhambha Orientalia publishers; 1976. 356.
