# A Clinical Study of Snehapana Matra Nirdharan as a Poorva Karma of Vaman

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Abstract: The Snehana (internal oleation) is a major preparatory procedure to be performed before Sodhana (purification). The entire procedure of Sodhana (purification) depends upon the proper mobilization of humors (Doshas) from the periphery (Sakha) which is to be achieved with the help of Snehana (Oleation) and Svedana (Sudation therapy). Oleation leads and decides the total outcome of the Bio purification therapy; Hence, standard guidelines are neededfor performing the internal oleation in an effective manner and also for avoiding the inadequate and excess oleation. It is obligatory to start and increase the dose of lipids (Sneha) in appropriate and judicious way considering the biofire(Agni) and nature of bowel habit (Koshtha) of the subject. In this clinical study dose and duration for each individual were decided according to agni and kosthawise. It is concluded that onset of snehapanalakshana varies in individual koshtha wise and samayaksnigdhalakshana found in the individual as per duration mentioned in classics.

Keyword: Snehapana, Sodhana, Agni, Koshtha

#### 1. Introduction

Sodhanarthsnehapana is that kind ofl snehana therapy which is performed as a preoperative procedure for panchkarma. Sodhana therapy is intended for purification ofl the body, by which accumulated morbid humours responsible for disease are expelled out to produce an ideal environment fon proper functioning of body. Emesis and purgation are the Biopurificatory procedures against the normal physiological processes of the body.Anything against physiological activity of the body is bound to aggravate the *VataDosha*. *Sneha*helps inprotecting the body from the negative onslaught of *VataDosha*.

In Ayurvedic classics, brief procedures of internal oleation has been told in the form of verse; however, there is no detail and precise explanation about the test dose, patternof increase in dose, assessment of symptoms of adequate oleation (*Samyak Snigdha Lakshana*),[1]

Currently, the practicing physicians are facing difficulty in deciding the proper dose and duration of loleation. Therefore, two main discussion points in internal oleation are the fixation of dose and duration. It seems that Scholars have considered biofire(Agni) as a technique to fix the dose of *Sneha*and bowel habit (*Koshtha*) to fix the duration of oleation.[2]

There is no mention of dose schedule of *Sneha*in classics. Indirect references regarding the fixation of dose of *Sneha*are available. Charaka explained this with an illustration that, just as cloth absorbs the water up to its capacity then drains off. Similarly, the biofireaccording to its strength digests the *Sneha*and drains off when excess. Here, Chakrapani also supported the Charaka's view of where to stop *Snehana*.[3] Up to the 12 cent A.D., the physicians are able to assess the biofireand bowel habit and decide how much dose and duration for *Sneha*is required. Afterwards, in the society, the physician wanted a quick ready reckoner of internal oleationschedule, which was fulfilled by Vangasena

for first time in 12 cent. A.D. Vangasena was the first Scholar to describe clearly the three abstract incremental dose schedules as least, medium, and best.[4]

> Ghee (medicated on nonmedicated) is given in specific increasing dose pattern for three to seven days, determined by the nature of bowels passed and the digestive power of an individual.

> The careful daily assessment of loleation is very important for deciding further steps like sudation, emesis, orpurgation. Any error in the assessment may lead to complications. The assessment of the outcome of loleation therapy is done on the basis of the symptoms of adequate oleation described in the classics.

## 2. Aim & Objectives

Aim

To study SnehapanaMatraNirdharan as a Poorva karma of vaman.

#### Objectives

- 1. To study the snehajeeryamana and jeernalakshana.
- 2. To study the samyakyog of snehapana.

#### 3. Material and Methods

#### 3.1 Selection Criteria

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

#### **Inclusion Criteria**

- 1) Age- 16 to 60 years
- 2) Patients who were indicated for snehapan and vaman.

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#### **Exclusion Criteria**

- 1) Patients having hyperlipidemia, neoplastic diseases, major illness for a long period.
- 2) Patient with infectious disease, patient having IBS, Gastric ulcer, ulcerativecolitis, pulmonary and intestinal TB/AIDS/HBsAG.

## 3.2 Methodology

Drug: Pure Cow's ghee (patanjali) for snehapana

**Dose-**On the first day of snehapan 30 ml of sneha was given to each individual. According to time taken for snehajeernalakshan on first day, uttammatra of sneha for each individual was calculated. Now day by day equal increment in snehamatra was done till we get uttammatra on last as per koshtha of individual.

Kal-Early in the morning, at sunrise time, after digestion of previous meal.

Anupan-Koshnajala (Luke warm water)

Duration- According to koshtha of individual.

No of patients - 30

## 3.3 Purva Karma of Abhyantara Snehana

Prior to the Snehana therapy, the assessment of Agni and Koshtha was done. In Patient of Samavastha, the Dipana – PachanaChikitsawas carried out.

#### 3.4 Pradhankarma of Snehapana

#### Administration of Sneha/ Snehaprashanavidhi

A person who was treated should had food well digested of previous night and empty stomach in the morning. The patient was instructed to take adequate snehamatra in prashastha din after praying the God and after Mangalvachna, Swativachana i.e. Sun would appear on the summit of the hill at dawn and lighten up the horizon with the golden rays i.e. early morning. The patient should take proper snehamatra which had been prescribed. Patient was advised to consume warm water along with sneha.

#### Paschatkarma

After the consumption of Ghee instruction was given to the patient not to take food until he/she feels hungry. The Snigdha Lakshanas were observed daily and were scored according to the Scoring pattern.

#### **Statistical Test**

The data obtained were subjected to statistical analysis for level of significance by paired 't' test and wilcoxon signed rank test.

3.5	Parameter	for	Assessment	For
Samyak	SnigdhaLaks	hanas:		

#### **Scoring Pattern**

Vatanulomana					
Lakshana					
UrdhvaVataPravritti with Udgarabahulya and Adhmana	1				
UrdhwavataPravrtti, YadaKadaUdgara and Adhmana	2				
AlpaAdhmana and Udaragaurava	3				
Vatanuloman and LaghutaAbhava	4				

Vatanulomana	and U	daral aghuta	
v atanuioinana	and O	uaraLagnuta	

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Mala Samhati And Snigdhata Assessed by inspection and history taking						
Lakshana	Score					
AtiSushka & Grathita	1					
Susamhata	2					
Asamhata but sneha absent	3					
Asamhata but sneha present	4					
Kevala Sneha Nissarana	5					

TvakSnigdhata/ GatraSnigdhata This symptom is assessed by drawing line on the skin with nails or blunt needle and also by applying tissue paper.						
Lakshana Score						
Excessive Dry and Rough Skin	1					
Rough Skin	2					
Dry Skin	3					
Normal Skin	4					
Oily skin	5					

AngaLaghava (According To Kala)						
Lakshana	Score					
Absent in all 24 hrs.	1					
Present after 18-24 hrs. of Snehapana	2					
Present after 12-17 hrs. of Snehapana	3					
Present after 6-11 hrs. of Snehapana	4					
Present after 3-5 hrs. of Snehapana	5					

Snehodvega					
Lakshana	Score				
AlpaDvesha, still the person can able to take ghee without forcing.	1				
MadhyamaDvesha by tasting, seeing and smelling, person can able to take ghee on forcing	2				
BahuDvesha by tasting, seeing and smelling, person can't able to take at all	3				

#### Agnidipti:

For easy calculation, an understanding of agnidipti factor. One standardized formula was accepted based on dose of sneha and time taken for digestion.

Agnibala index: = (test dose) x (time taken for digestion) (Given dose)

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

#### Assessment of Snigdhata Grade

For assessing the SnigdhataGrade on the bases of SamyakSnigdhaLakshana, an equation was developed as follows. Total Score of SamyakSnigdhaLakshana is 23. After vigilantly analyzing the Score of SamyakSnigdhaLakshana, different grades of Snigdhatahad been framed by giving range of score.

Score of SnigdhataGrade: 19-23 Uttama

13-18 Madhyama 6-12 Avara <6 Ayoga

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#### 4. Observation and Result

#### Maximum dose given on last day of Snehapana:

Last Day Dose	No of Pts	%
90-180ml	17	56.67
181-270ml	10	33.33
271-360ml	3	10

#### SamyakSnigdhaLakshanas observed in 30 patients:

,	P	
Symptoms	No of pts	%
Vatanulomana	30	100
Agnideepti	30	100
Mala Samhati And snigdhata	30	100
TvakSnigdhata/ GatraSnigdhata	30	100
AngaLaghava (accordingto Kala)	30	100
Snehodvega	26	86.66

## Pattern of Samyak Snigdha Laksanas found in 30 patients

Initiation of		Mean Per Day						
Symptoms	Ι	II	III	IV	V	VI	VII	
Vatanulomana	2.33	2.53	3.26	3.68	4.17	4.3	4.75	
Mala Samhati And snigdhata	1.43	1.53	2.36	2.65	3.41	3.75	4.15	
TvakSnigdhata	1.9	2.36	3	3.48	3.96	4	4.28	
AngaLaghava	1.4	1.96	2.63	3.34	3.72	4	4.4	
Snehodvega	1.23	1.23	1.33	1.48	1.62	1.95	2.3	

Here scoring pattern was framed in such a way that greater the score, more the Snehana.

#### Agnidipti:

For easy calculation, an understanding of agnidipti factor. One standardized formula is accepted based on dose of sneha and time taken for digestion.

Agnibala index: = (test dose) x (time taken for digestion)(Given dose)

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

Initiation of	Mean						
Symptoms	I Day	II Day	III Day	IV Day	V Day	VI Day	VII Day
Agnideepti	3.96	3.32	3.02	2.72	2.54	2.07	2.06

Showing Effect on Subjective Parameters of 30 Patients by Wiilcoxon -Matched-Pair -Signed-Rank-Test:

y whicexon -watched-1 an -Signed-Kank-1est.							
SYMPTOMS		Mean	<i>S. D</i>	<i>S. E</i>	P Value		
	First Day	2.233	0.5683	0.1038			
Vatanulomana	Last Day	4.733	0.4498	0.08212	< 0.0001		
	Diff	-2.500	0.6297	0.1150			
Mala Samhati	First Day	1.433	0.5683	0.1038			
And snigdhata	Last Day	4.233	0.4302	0.0786	< 0.0001		
	Diff	-2.800	0.5509	0.1006			
Truel-Qui e dh ete /	First Day	1.900	0.9229	0.1685			
TvakSnigdhata/ GatraSnigdhata	Last Day	4.300	0.4661	0.0851	< 0.0001		
GattaSiliguilata	Diff	-2.400	0.8944	0.1633			
AngaLaghava	First Day	1.400	0.6215	0.1135			
(accordingto	Last Day	4.300	0.5960	0.1088	< 0.0001		
Kala)	Diff	-2.900	0.8449	0.1543			
	First Day	1.233	0.4302	0.0785			
Snehodvega	Last Day	2.333	0.6789	0.1240	< 0.0001		
	Diff	-1.000	0.5872	0.1072			

## Showing Effect on Objective Parameters of 30 Patients

By Paired 'T' Test:												
Symptoms		Mean	<i>S. D</i>	<i>S. E</i>	't' value	P Value						
A 11 4	First Day	3.967	1.650	0.3013		< 0.0001						
Agnidipti	Last Day	2.603	1.318	0.2406	10.052							
	Diff	1.364	0.7432	0.1357								

#### 5. Discussion

The data suggest that all symptoms of adequate oleation do not appear on the same day but as oleation process goes on in the body, the symptoms appear one by one. First of all, gastrointestinal tract becomes oleated, so that normalcy of *VataDosha* intensity of biofire are observed initially. Furthermore, when oiliness of stool and loose stool signs appear, then it can be concluded that complete oleation of gastrointestinal tract has occurred. This is also called as gastrointestinal tract oleation (*KoshthaSnigdhata*) in general. Afterwards, the symptoms like softness of body parts and oiliness ofl skin appear. This reveals that oleation has reached up to peripheral tissue level. This is called as peripheral tissue oleation (*ShakhaSnigdhata*). The symptom oflaversion to lipids intake suggests that there is no need of further administration ofllipids

#### Dose pattern for Snehana

	Agni	Dose per day in ml							
		I	II	III	IV	V	VI	VII	
1	Manda	30	49.5	69	78	94	105	120	
1	Sama	30	63.1	96.3	129.4	162.5	188.3	220	
	Teekshna	30	72.5	115	157	201.6	255	300	
	Vishama	30	62.9	95.8	128.7	163.6	200.5	234.5	

#### **Duration for Snehapana:**

- 1) KruraKoshtha 7 days
- 2) MriduKoshtha 3 days
- 3) MadhyamaKoshtha 5 days

## 6. Conclusion

- 1) Dose and duration in each individual is specific.
- 2) The onset of snehapanalakshana varies in individual koshtha wise.
- 3) Samayaksnigdhalakshana found in the patients as per duration mentioned in classics.

#### References

- Charaka .Sutrasthana. In: Charaka Samhita, Trikamji Y., editors. 5th ed. Chapter 13. NewDelhi: RashtriyaSanskrit Sansthan; 2002. p. 85. Verse no. 58.
- [2] Patil Vasant, Anup B. Journal of Research in Ayurveda and Siddha. Vol. 28. New Delhi: CCRAS; 2007. Thakar, Madhav Singh Baghel. Clinical study on standardization of ShodhanarthSnehana; pp. 26–36.
- [3] 3.Charaka .Sutrasthana. In: Charaka Samhita, Trikamji Y., editors. 5th ed. Chapter 13. New Delhi: RashtriyaSanskrit Sansthan; 2002. p. 87. Verse no. 96.
- [4] Vangasena A. New Delhi: Chowkhmbha Publications; 2002. ChikitsasaraSangraha. SnehanaAdhikara.

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