

SNEHABASTI – A PROBABLE ALTERNATIVE TO SNEHAPANAPraveen B. S.¹ Thasneem K.²¹Dept. of Panchakarma, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India²Dept. of Panchakarma, KVG Ayurveda Medical College and Hospital, Sullia, Karnataka, India**ABSTRACT**

Snehapana is an integral part of *Shodhana* therapies like *Vamana* and *Virechana*. It is essential as a pre operative procedure in order to bring the morbid *Dosha* from periphery to the gut. It is challenging to the physician community to convince the population for *Snehapana* due to various reasons. As *Snehana* is most essential preoperative procedure highlighted by the *Acharya*, an attempt is made to explore the possibility to consider *Sneha Basti* as substitute to *Snehapana*. Three patients were administered with *Sneha Basti* as pre operative procedure to *Virechana*. Outcome is analyzed by comparing with symptoms of *Samyak Snehana* explained in the classics. This observational study has given new dimension to the concept of *Shodhana Purva Snehana* with positive outcome.

Keywords: *Shodhana, Vamana, Virechana, Dosha, Sneha Basti, Snehapana*

INTRODUCTION

Panchakarma being unique modalities of treatment has gained enormous popularity globally in recent past. The reason for the same is unparallel concepts of treatments. Outcome of these *Shodhana* therapies depends on methodical preparation of the patient prior posting for the actual therapies. *Ayurveda* has given utmost importance to the quality and quantity of each *Dosha* and its movement in the body. Further it is highlighted that disease is a status where, derangement of *Dosha* and *Dhatu* are observed.¹ *Ayurveda* has emphasized various reasons due to which the Morbid *Dosha* moves out of its site and gets shelter in the periphery.² Health is established only when the *Dosha* are brought back to its own site. *Panchakarma* is a unique set of modalities which removes the disease from root by not only bringing back the *Dosha* to its own site

but also aims towards throwing out excessively collected *Dosha*.³ Thus maintains homeostasis in the internal milieu.

Snehana and *Svedana Chikitsa* are two important treatments which brings back the morbid *Dosha* by means of *Vruddhi* (increasing the quantity), *Vishyandana* (brings about oozing), *Paka* (digestion), *Srotomukha Vishodhana* (cleansing all the minute channels) and *Vayu Nigrahana* (controlling Vata).⁴ *Snehana Chikitsa* plays key role in executing all the means by which the morbid *Dosha* come to *Koshtha*. Classics highlight different modes of administration of *Snehana Chikitsa* viz *Snehapana* (internal administration of *Sneha*) and *Abhyanga* (oil massage) in the context of *Shodhana*. Though many are habituated to take one or the other *Sneha*, taking them in large quantity is not an easy job. Convincing the Patients for *Snehapana* is a tedious job due to

the non palatability and increased awareness on dislipidemia. More over the duration till which the *Snehapana* may be continued will make the patient uncomfortable. Only patients, who didn't get much relief with different ailments after chronic contemporary medical therapies, get convinced for the same. Some of the persons though an absolute indication for *Shodhana*, viz *Vamana* and *Virechana* may not undergo the same due to *Asathmya* (unhabituated) towards *Sneha*.

Pravicharana Sneha is special mode of administration of *Snehana* explained in classics. They are indicated either in persons who are habituated or has utmost aversion towards the *Sneha*.⁵ *Pravicharana Sneha* has twenty four different modes of administration of *Sneha*.⁶ Does these modes of administration applicable to *Shodhana Purva Sneha* is a debatable topic. More over the indications of *Pravicharana Sneha* and *Sadhya Sneha* are similar to each other.⁷ As *Sadhya Sneha* methods are either utilized as *Shodhana Purva, Shamananga or Bramhananga Sneha*, the principle may be reciprocated to *Pravicharana Sneha* too. *Pravicharana Sneha* comprises many external *Snehana* procedures as well as internal modes of administration of *Sneha*. External oleation therapies may not be considered as *Shodhana Purva Sneha* as, it may not accomplish *Vruddhi* (increase in quantity of *Dosha*) and thus will not produce *Koshtha Snehana Lakshana* (symptoms of internal oleation). So, only methods of internal oleation may be considered for the purpose of *Shodhana Purva Sneha*. But since time immortal, only oral administration of the *Snehana* is considered as pre operative procedure of *Shodhana*. Doubts were raised regarding the pe-

ripheral oleation symptoms when *Sneha* is administered rectally. With this quest this observational study was carried out to ascertain could *Sneha Basti* be an alternate to *Shodhana Purva Sneha* and will this method able to produce all the *Samyak Lakshana*.

MATERIALS AND METHODS

This study was carried out to evaluate the efficacy of *Sneha Basti* as substitute to *Shodhananga Snehapana* with special reference to *Samyak Snigdha Lakshana*. This study also tried to evaluate the effect of dosage pattern of *Snehabasti* influencing on the outcome. Three Patients from IPD of *Panchakarma*, SDM College and Hospital of *Ayurveda Thanniruhalla*, BM Road, Hassan were considered for study. Total aversion towards *Snehapana* was the preliminary criteria for selection. Three Patients fulfilling the criteria were selected and they were planned to advocate *Sneha Basti* as *Purvakarma* to *Virechana*. Two of three patients were in 5th decade of their life and the other was in 3rd decade. Out of three patients, two patients were administered with dosage of 125 ml as the initial dosage. Later the dosage was increased by 25 ml daily till 7 days. Maximum of 275 ml of *Sneha* was planned to administer on the last day. One of the patients was administered with 150 ml of *Sneha* on each day till seven days considering *Madhyama Koshtha*. In all the subjects, *Sarvanga Abhyanga* and *Bashpa Sveda* was not carried out as *Purvakarma* to *SnehaBasti* in order to prevent misinterpretation of the outcome. More over all the symptoms of proper oleation will be observed even in *Sneha Basti* apart from *Snehapana* except *Twak Snigdhata*. As soon as *Samyak Snigdha Lakshana* was observed *Sneha Basti* was planned to stop. Mean time Sa-

myak Anuvasana Basti Lakshana, Time of retention of *Sneha* and untowards effect during procedures was also assessed. During administration period of *Sneha Basti*, *Shunti Dhanyaka Kashaya* was administered as advocated in classics. After *Sneha Basti* course, patients were planned to administer with *Sarvanga Abhyanga and Bashpa Sveda*. All the Patients were subjected for *Virechana Karma* later and then the outcome was analyzed.

OBSERVATIONS

In present study two patients possess *Krura Koshtha* and one had *Madhyama Koshtha*. Considering the *Koshtha*, two out of three patients were administered with *Sneha Basti* and one patient was administered with *Anuvasana Basti*. Out of three Patients one was diagnosed as a case of *Udavarta* and she attained *Samyak Snigdha Lakshana* on 7th day with maximum dosage of 275 ml. One of the other was diagnosed as a case of *Ekakushtha* (psoriasis). She attained *Samyak Snigdha Lakshana* on 5th Day of *Sneha Basti* with maximum dosage of 225 ml. The Patient who received *Anuvasana Basti*, was a case of *Vatarakta*, and attained *Samyak Snigdha Lakshana* in 5 days.

All the patients attained *Samyak Anuvasana Lakshana* within that period. Surprisingly all the Patients attained *Twak Snigdhata* and *Mardhavata* within the anticipated period. Time of retention of the oil was noted. It kept increasing daily till getting *Samyak Snigdha Lakshana* with an average retention time of 5 hours 45 minutes. No annoying events were observed during study. All the patients had *Madhyama Shuddhi* with majority of the *Laingiki Shuddhi* of *Virechana*. No complications were observed during *Virechana*.

DISCUSSION

This study was planned to explore the possibility of administration of *Snehabasti* as a substitute to *Arohana Snehapana*. Though, *Snehapana* is an essential entity of *Shodhana* therapy, it is quite difficult to administer *Snehapana* in patients having aversion towards *Snehapana*. Alternate to *Snehapana* is essential in persons possessing *Asatmya* to ensure the *Shodhana* therapy in them.

Pravicharana is an option for *Snehana* not only for *Shamana* and *Bramhana* but also for *Shodhananga Snehana*. Dosage fixation for *Sneha Basti* was very difficult unlike *Snehapana*. In *Shodhananga Snehapana*, dosage may be started with *Hrisiyasi Matra* and increased daily till achievement of *Samyak Snigdha Lakshana*.⁸ Where as if *Sneha Basti* is administered with such a low dose when considered as *Purvakarma*, *Vatavruta Sneha Vyapat* may set in.⁹ So the concepts of *Sneha*, *Anuvasana* and *Matra Basti* were considered for fixation of dosage in relation to *Koshtha* of the patient. As *Arohana Snehapana* is in practice since long, similar dosage pattern may be planned when administered as substitute to *Snehapana*. constant dosage of *Sneha Basti* or *Anuvasana Basti* was also another option. So out of three patients, two were administered with *Arohana* pattern of *Sneha* administration and one patient is been administered with constant dosage to analyze the difference. The concepts explained in *Deepika Teekha* on *Sharangdhara Samhita*¹⁰ and *Shivadasa Sena* commentary on *Vanga Sena* were considered for fixing dosage for *Sneha Basti* in increasing pattern of administration.¹¹

Sneha Basti is indicated in person who possess *Krura Koshtha*, having *Vishmagni* and who are suffering with Vata disorders.¹² More over the references are available stating that few conditions in which *Basti* is recommended prior administering the *Virechana* therapy.¹³ The indications for *Basti* therapy prior administering *Virechana* are similar to that of indications for *Sneha Basti*.¹⁴ So it can be inferred that the *Basti* which is recommended prior administering *Virechana* is *Sneha Basti*. It is explained in the classics that, After *Snehapana* 3 days of *Vishrama* is to be given prior administering the *Virechana Oushadhi*, during which *Sarvanga Abhyanga* and *Sveda* is to be administered.¹⁵ If *Sneha Basti* is advised prior *Virechana* either it may be administered instead of *Snehapana* or Prior *Virechana* course itself or during *Vishrama Kala*. In Present study an effort was made to find out the truth lies beneath. It is observed that in all the three cases considered for the study have shown *Samyak Snigdha Lakshana*. So it can be inferred that the *Sneha Basti* may be administered as a *purvakarma* for *Virechana Karma*.

Probably the other root of administration of *Sneha* was not in practice for *Shodhananga Snehana*, due to strong knowledge of physiology. It is explained that any fat when administered orally must undergo hydrolysis in the presence of bile. The whole product is been transformed to micells.¹⁶ Thus fat absorption is possible through the gut. Till today the absorption of fatty substances through gut is not established when administered through rectal route. But *Ayurveda* has explained that properly administered *Anuvasana Basti* will nourish *Raktadi Dhatu*.¹⁷ This throws some

light on the possibility of absorption of fat through gut. Recent researches have even proved the fact that absorption of fatty articles is possible through gut provided particle size is small.

CONCLUSION

Present study has given a ray of hope in considering *Sneha Basti* as alternate to the *Snehapana*. The study subjects were too less to comment on the possibility with authenticity. So studies may be taken up to prove or disprove the fact with large sample size. Classical version has given indication and present observational study has proved the fact that fat may get absorbed and distributed throughout the body. There are least studies conducted on the absorption of fat through gut when administered through rectal route. So many more studies may be carried out to put light on the fact. Thus present observational study has given positive outcome to consider the *Sneha Basti* as substitute to *Snehapana* as a preoperative procedure to *Shodhana*.

REFERENCES

1. Vagbhata: Asthanga Hrudayam with Shashilekha Vyakhya by Narayanan Namboodari, Chaukhamba Krishnadasa Academy, Varanasi, 1st ed. 2008: Sutra sthana, 1; 19, p. 7
2. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, Gangasahaya pandeya, Y. T. Acharya and P V Sharma (PartI), Chaukhambha Samskrita Samsthana, 2007, Sutrasthana; 28:31-32 p. 432
3. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, Gangasahaya pandeya, Y. T. Acharya and P V Sharma (PartI), Published by Chaukhambha Samskrita Samsthana, Reprint 2007, Sutrasthana; 16:20-21 p. 225

4. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, Gangasahaya pandeya, Y. T. Acharya and P V Sharma (PartI), Chaukhambha Samskrita Samsthana, 2007, Sutrastana; 28:33 p. 433
5. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, Gangasahaya pandeya, Y. T. Acharya and P V Sharma (PartI), Chaukhambha Samskrita Samsthana, 2007, Sutrastana; 13:82 p. 193
6. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, Gangasahaya pandeya, Y. T. Acharya and P V Sharma (PartI), Chaukhambha Samskrita Samsthana, 2007, Sutrastana; 13:23-5 p. 184
7. Vagbhata: Asthanga Hrudayam with Shashilekha Vyakhya by Narayanan Namboodari, Chaukhamba Krishnadasa Academy, Varanasi, 1st ed, 2008: Sutrasthana; 16;39-40, p. 98
8. Vagbhata: Asthanga Hrudayam with Shashilekha Vyakhya by Narayanan Namboodari, Chaukhamba Krishnadasa Academy, Varanasi, 1st ed. 2008: Sutrasthana; 16;17-18, p. 97
9. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, G. Pandeya, Y. T. Acharya and P V Sharma, PartII, Chaukhambha Samskrita Samsthana, 8th edition, 2004, Siddhisthana; 4:26 p. 926
10. Sharangdhara: Sharangdhara Samhita with Adhamalla Virachita Deepika and Kashinath Vaidya Virachita Goodartha deepika, by P. Shastri, Chaukhambha Orientalia, Varanasi, 4th Ed. 2000: Uttarakhanda 5:20, p. 323
11. Mukundeelal Dvivedi, Tarachandra Sharma, Bhairav Mishra: Ayurvedeeya Panchakarma Chikitsa by Published by Chaukhambha Samskrit Pratishthana, Delhi, 2nd Ed. 2008; Anuvasana Prakarana: 9, p. 853
12. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, G. Pandeya, Y. T. Acharya and P. V. Sharma (PartI), Chaukhambha Samskrita Samsthana, 8th ed. (2004), Siddhisthana; 4:46-47 p. 930
13. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, G. Pandeya, Y. T. Acharya and P. V. Sharma (PartII), Chaukhambha Samskrita Samsthana, 8th ed. (2004), Kalpasthana; 12:79-80 p. 868
14. Vagbhata: Asthanga Hrudayam with Shashilekha Vyakhya by Narayanan Namboodari, Chaukhamba Krishnadasa Academy, Varanasi, 1st ed. 2008: Sutrasthana; 18;51-52, p. 108
15. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, G. Pandeya, Y. T. Acharya and P. V. Sharma (PartI), Chaukhambha Samskrita Samsthana, Reprint 2007, Sutrastana; 13:80 p.193
16. Bijlani R L, Manjunatha S; Understanding Medical Physiology, Jaypee brothers medical publication, 4th ed. 2003; The long small intestine 6.7: p. 337-8
17. Agnivesha: Charaka Samhita with Vidyotini Teekha by K. Shastri, G. Pandeya, Y. T. Acharya and P. V. Sharma (PartII), Chaukhambha Samskrita Samsthana, 8th ed. 2004, Siddhisthana; 1:43-44 p. 888

CORRESPONDING AUTHOR

Dr. Praveen B. S.
Asst. Prof. of Panchakarma,
SDM College of Ayurveda and Hospital,
B. M. Road, Hassan, Karnataka, India
Email: praveenbs29@rediffmail.com

Source of support: Nil

Conflict of interest: None Declared