

AN OBSERVATIONAL STUDY ON SAMYAKA SNIGDHA LAKSHANAS OF SHODHANANGA SNEHAPANA

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ABSTRACT

An open clinical study was conducted at Shri Ayurved College, Nagpur, in the department of *Panchakarma*. This study aimed at work on different aspects of signs and symptoms of *Samyak Snehana* (signs and symptoms of proper consumption of oleaginous substances). Volunteers were selected for *Vamana Karma* (procedure of emesis) on the basis of strict inclusion and exclusion criteria. *Snehapana* (consumption of ghee) of *Panchtikta Ghrita* was followed as *Poorvakarma* (pre-procedure of *vamanakarma*) in increasing dose pattern. The duration for course of *snehapana* was adjusted for 5 days, so that it will be convenient for the patients to adjust one's duties. The dose was then set according to the *Agni* (power of digestion) and *koshtha* (Nature of bowels) for 5 days. The assessment of signs and symptoms of *Samyak Snehana* like *vatalunomana* (passage of flatus), *Agnidipti* (stimulation of appetite), *Twak snighdata* (oleaginous nature of skin), *Purisha shnighdhata* (oleaginous stools), *Klama* (feeling of tiredness) using a special scoring pattern was done. On the basis of results of the study, it can be concluded that signs and symptoms of *Samyak Snehana* can be achieved if *Snehapana* is carried out properly within fixed days' pattern of 5 days.

Keywords: *Panchtikta Ghrita, Samyak Snehana, Snehapana, Vamana Karma*

INTRODUCTION

Panchakarma is the main treatment modality which is widely used all over the world. The *Shodhana* therapy is more admired by virtue of its capability to completely eliminate the *Doshas*. If this therapy is not done with proper indication and *Purva-Karma*, it may

cause hazardous unwanted effects. To avoid these unwanted effects, Acharyas have instructed to do a proper *Purva-Karma*. Before adopting *Shodhana*, it is necessary to do *Snehana* and *Swedana* properly. *Snehapana* is a major preparatory procedure. *Shodha-*

nanga Abhyantara Snehapana is major preparatory procedure to be performed before Vamana and Virechana. The entire procedure of Shodhana depends upon the proper mobilization of Doshas from Shakha (periphery) which is to be achieved with the help of Snehapana (internal oleation), Abhyanga (external oleation) and Svedana (sudation). If Snehapana is not done properly, it definitely affects the shodhana karma afterwards and also chances of complications

Objective –

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

Source of data-

The volunteers were chosen from the OPD of panchakarma in Pakwasa Samanvay Rugnalaya, at Shri Ayurved Mahavidyalaya, Nagpur.

Eligibility criteria -

Inclusion criteria:

1. Patients who are clinically fit to undergo Snehapana as a Poorvakarma for vamana.
2. Age - 18-70 years.
3. Sex - both sexes.

Exclusion criteria:

1. Volunteers clinically unfit for shodhana (purification) and Snehapana both.
2. Chronic debilitating disease
3. Malignant hypertension
4. Pregnant ladies
5. Patients not willing for IPD

Methodology

42 volunteers were assigned for Snehapana before undergoing vamana. Detailed history, physical and mental examinations were done

on the basis of a specialized proforma designed for this purpose. They were also assessed on the basis of Koshtha and Agni along with other criteria. Pachana (digestives) medicines were given with Hingwastaka Choorna 5 gms, twice a day with the first morsel just before meal with cow ghee. If required, the Virukshana (desiccant therapy) with dried powders of Musta, Daruharidra, Triphala - 5gms altogether, thrice for 3-5 days, is done till the appearance of the required signs and symptoms of pacification of Ama (undigested material).

Signs and symptoms and Criteria for assessment -

The following criteria were considered for assessment of signs and symptoms of Samyak Snehapana.

Vatalunomana (flatulence)-

Diptagni (appearance of good appetite)-

Asamhata Varchah (semisolid or liquefied feces)- Its assessment was based on the loose consistency of feces

Snigdha Varcha (oleaginous stools) - This was confirmed by greasy/sticky/pasty stool, floating of fatty stool over water, sense of oiliness over the fingers on washing after defecation (enquired from the volunteers)

Twak Snigdhatata (unctuous skin) -It was assessed by comparing the touch, luster and texture of the skin before, during and after Snehapana.

Klama (feeling of tiredness) -It was assessed by presence of feeling of tiredness.

Snehodvega (rejection to consume Sneha) - It was confirmed by aversion towards Snehapana.

Adhah staat sneha darshanam- was confirmed by passage of fats in the stools.

Assessment of *Koshtha* (Nature of bowels)

Routine bowel habit was considered for assessment of *koshtha* as per the following features:

Frequency of stool:

0	2 times a day
1	1 time a day
2	Passing stool on alternate day or more than that

Consistency of stool:

0	Unformed
1	Formed
2	Formed & hard

Quantity of stool:

0	<i>Bahu</i>
1	Normal
2	<i>Alpa</i>

Passing of stool (usually):

0	Without any effort & satisfactory
1	With normal efforts & satisfactory
2	With more efforts & unsatisfactory

Usually time taken for defecation:

0	1-5 minutes
1	5-10 minutes
2	More than 10 minutes

Feeling of urge for defecation:

0	Feeling of urge as wake up in morning.
1	Feeling of urge within 10-30 minute of wake-up.
2	Not feeling of urge & needs to take some articles like hot water, tea etc.

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

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

Score -

1-5 implies - *Kroora Koshtha*

6-10 implies - *Madhyam Koshtha*

11-15 implies - *Mridu Koshtha*

Criteria for assessment of *Samyak Snigdha lakshana*

The following subjective criteria was considered for assessment of *Samyak Snigdha Lakshana* (signs and symptoms of the proper oleation)

Vatalunomana (passage of flatus) - it is assessed by normal expulsion of flatus, feces and urine.

1.Improper evacuation of flatus, faces, urine and absence of *Udgara Bahulya* etc

2.*Urdhwa vatapravritti/ Udgara bahulya* (belching) and *Adhmana* (distension)

3.Proper evacuation of flatus, faces and urine

2. *Agnidipti* (appearance of good appetite) -

The *Agni* (digestive fire) was assessed on the basis of appearance of appetite after increasing the dosage of oleaginous substance. It was assessed on the basis of the time of administration of *Sneha* (oleaginous substance) and the time of appearance of appetite.

3. *Twak Snigdhata* (Oleaginous skin) -

1- Dry skin

0 - Softness of skin,

2 – Oleaginous skin

4. *Purisha snigdhata*(oleaginous stools)-

1- Dry and hard stools (*Ruksha purisha*)

0 - Soft stool

2 - Loose stool with fats

5. *Snehadvega* (rejection to consume oleaginous substances) -

1 - No aversion

0 - Minimum aversion without nausea
 2 - Nausea, vomiting on thought and sight of sneha

6. *Klama* (feeling of tiredness) -

1- Enthusiastic
 0 - Reasonably active as usual
 2 - Tiredness without exertion

7. *Adhah staat sneha darshanam* (passage of fats in the stools)

8. *Dehabala* (strength of the body) -
 0 – Not feeling tiredness even on good amount of exercise.
 1 – Feels tired with some amount of work which was tolerable previously
 2 – Feeling tired with some amount of physical activity
 3 – Reduction of up to 50% in physical activity tolerance
 4 – Patient gets exhausted with minimal physical daily routine work

Observations and Results:

Table 1 – Age wise distribution of the

Age	No. of patients
11-20	3
21-30	23
31-40	7
41-50	4
50-60	5
Total	42

Subjects

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

Initiation of <i>Samyak Snigdha Lakshanas</i>	1 st day percentage of volunteers	2 nd day percentage of volunteer	3 rd day percentage of volunteers	4 th day percentage of volunteers	5 th day percentage of volunteers
1. <i>Vatanuloman</i>	33.33%	19.04%	2.38%	7.14%	0%
2. <i>Asamhat varchah</i>	19.4%	26.19%	28.57%	9.52%	2.38%
3. <i>Snigdha varchah</i>	7.14%	59.52%	23.80%	9.52%	0%
4. <i>Twak Snigdhatata</i>	0%	0%	0%	0%	0%

Out of 42 subjects, maximum were from the age group of 21-30 years.

Table no 2: Gender wise assessment of the subjects

Sex	No. of patients
Male	18
Female	24
Total	42

In gender wise distribution 24 subjects were female out of 42.

Table 3: Assessment of *Koshtha* (Nature of bowels)

<i>Koshtha</i>	No. of patients
<i>Krura</i>	09
<i>Madhyam</i>	20
<i>Mrudu</i>	13
Total	42

Koshtha was assessed in all the 42 subjects on fixed criteria. Out of 42 subjects maximum i.e. 20 subjects were of *Madhyama koshtha*.

Table 4: Assessment of physical strength of the subject

Bala	No. of patients
<i>Uttam</i>	13
<i>Madhyam</i>	21
<i>Alpa</i>	08
Total	42

Deha bala was assessed on the basis of fixed score pattern. 21 patients were found to have *Madhyama bala* out of 42 subjects.

5.Klama	100%	0	00%	00%	00%
6.Snehodvega	4.76%	9.52%	30.95%	23.80%	30.95%
7.Adhastat Sneha Darshanam	0%	9.52%	19.04%	19.04%	21.80%

After assessing 42 patients, it was observed that the passage of flatulence was present in almost 33 % patients from the day one. The nature of feces started changing in 26.19 % patients from the second day and in 28.75 % patients, it was from the third day.

Feces were oleaginous in 59.52% of patients from the day two and in 23.80 % patients; it was observed from the third day. All the patients were having *Klama* from the first day itself.

Snehodvega (Rejection to consume oleaginous substance) got initiated from the day third in 30.95% patients, on the fourth day in 23.80 % patients and on the fifth day in 30.95 % patients. Finally, the passage of oleaginous substances through feces was started from the third day in 19.04 % patients, on the fourth day in 19.04 % patients and in 21.80 % patients on the fifth day.

Table 6: Appearance of appetite (consumption of *Ghee* at around 6.00 am to 8.00 am approximately)

Time/no of Day	1 st day	2 nd day	3 rd day	4 th day	5 th day
8-9	0	0	0	0	0
9-10	3	0	0	0	0
10-11	5	3	1	1	1
11-12	6	4	2	0	1
12-1	8	8	3	4	0
1-2	8	7	8	5	7
2-3	1	4	6	9	1
3-4	4	5	5	3	8
4-5	2	5	4	2	7
5-6	2	1	1	2	1
6-7	1	1	2	4	3
7-8	0	0	2	2	2
8-9	0	3	1	3	2
9-10	0	00	0	0	0
No appetite	2	1	6	7	9

All the participants consumed ghee at around 6.00 am to 8.00 am on an average. They were asked to keep the fast till the appearance of appetite.

The observations regarding the time of the appearance of appetite are as follows. Initially on the first day the maximum patients (38.09 %) had the appearance of appetite at around 12.00 pm to 2.00 pm.

On the second day, almost the same no of (35.71%) patients became hungry at around the same time. On the third day, 33.33 % patients became hungry at around 1.00 to 3.00 pm. But 14.2 % patients had no appetite at all till 10 pm in the night on the same day.

On the fourth day, the time of the appearance of appetite was beyond 2 pm till 9.00 pm (59.52%) in maximum patients. Even 16.16 % patients had no appetite till 10 pm. On the fifth

day, maximum patients got the desire to eat after 3.00 pm till 9.00 pm (57.14%) and 21.42 % patients never felt the appetite during the whole day.

As the quantity of ghee goes on increasing each day, the time taken for digesting the same goes on increasing. It can be said that the time taken to digest the ghee is directly proportional to the quantity of ghee consumed on that day.

DISCUSSION

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

1. To prepare the body by bringing the *Doshas* from *Shakha* to the *Koshtha* from where they can be easily expelled out^{1,2}.
2. To pacify the anticipated provocation of *Vata* after the purification processes³.
3. For providing strength to the body for bearing the stress of the purification processes⁴.

Oleaginous drugs act through their properties like *Drava* (liquid), *Sukshma* (minute), *Sara* (fluidity), *Snigdha* (unctuous), *Pichhil* (sticky), *Guru*(heavy), *Sheetal* (cold), *Manda* (slow), *Mrudu* (soft)⁵. 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*”. *Susnigdha tvak, Vit shaithilya Deepto agni, mrudu gastrata, glani, anganam laghava, Adhastat Sneha Darsha-*

*nam, Snehodvega*⁶, *Vatanulomana, Snigdha varchah, Asamhata Varchah, Anga Snigdhata*⁷ *Klama*⁸ are the various *Samyak Snigdha Lakshanas* to identify this journey, during which body becomes unctuous.

Action of *Sneha* over the body was seen from the day one. *Vatanulomana* was the immediate sign present in the maximum patients on the day one. Exact opposite nature of *Apana Vaya* (*Vata* controlling the activities in pelvic region) and oleaginous drugs produce this symptom. Oleaginous drugs are dominant with *Pruthvi* (Earth) and *aap* (*water*) elements while *Apana vayu* has the dominance of *Vayu* and *Akasha*, so obviously when oleaginous drugs enter the *Annavaha srotas*, they pacify *Apana Vata* and *Vatanulomana* gets initiated. Feces start losing their solid nature from the second and third day itself and attaining semi-solid or liquid nature there on due to the same above said nature of oleaginous drugs (*Pruthvi* and *Aap* elemental dominance). The minimal presence of fats in feces starts appearing from the second day itself. It indicates the process of earlier *Snehana* of *Annavaha Srotas* due to its adjacent nature.

Feeling of signs of tiredness without any exercise (excluding the increased respiratory rate) along with decreased strength of perception of the *Indriya s*(sense organs), is defined as *Klama*⁹.

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. 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 gets over from the body.

At the end of the *Snehapana* course, when the body gets saturated with enough *sneha*, it starts rejecting it and the patient shows the sign named “*Adhah staat sneha darshanam*”. So, generally along with other signs and symptoms, when one gets this sign, it is considered as the sign of *Samyaka Snehapana*. In some patients it may get on the third or fourth day as was found in the current study. But other signs and symptoms were not found along with it, so the *Snehapana* was continued till the fifth day. But in maximum patients, it was found on the fifth day itself.

“*Tvak snigdhatata*“, i.e. the oleousness to the skin was not at all found in all the subjects. It may be concluded that for that one may need to prolong the *Snehapana* till the 7th day. But, then it is also observed that this sign is very difficult to assess and may not find in a lot of subjects.

CONCLUSION

Snehapana should be done in increasing dose order. *Snehapana* for a period of 5 days could be the choice after deciding the nature of *Koshta* and *Agni*. Almost all the signs and symptoms can be found during the course of *Snehapana*. One can achieve the exact effect of *Snehapana*, if one keeps an eye over the observations on day to day basis, during the course of *Snehapana*.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Thakare Yogita Et Al: An Observational Study On Samyaka Snigdha Lakshanas Of Shodhananga Snehapana. International Ayurvedic Medical Journal {online} 2017 {cited September, 2017} Available from: http://www.iamj.in/posts/images/upload/3362_3368.pdf