

Concepts and Prospects of *Snehapana* in Children

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Abstract:

Snehapana is internal administration of *Sneha* (medicated or non-medicated lipid substances) with a definite therapeutic aim. Apart from nutritive value, *Sneha* gains importance even in therapeutic application especially in Ayurveda. Present work highlights the findings of an observational study in sixty children who underwent *Snehapana*. *Arohana Snehapana* in children needs to be addressed on background of acceptance, smell, quantity, taste etc along with the diet schedule to be followed. *Vicharanasneha* (administration of *Sneha* either with food orally or other routes) can be adapted in administration of *Shamana* (Palliative), *Brihmana* (Nourishing) and *Shodhananga Sneha* (just prior to cleansing). Aversion to *Sneha* is major challenge to manage during administration in children. There is need to explore alternative route to improve the acceptance in children. *Shodhana* (detoxification therapy) following *Snehapana* reported to give excellent results in management of chronic allergy, respiratory and skin disorders.

Key words: *Snehapana*, Children, *Vicharana*, *Shodhananga*, *Arohana*

Introduction:

Snehapana means internal administration of medicated lipid substances. It is aimed at bringing about *Snigdhatata* (unctuousness), *Vishyandata* (liquefaction), *Mardavata* (softness) and *Kledana* (feeling of wet) [1]. The lipid substances thus used can be a drug processed in ghee, oil, meat fat or marrow [2]. The type of lipid selected shall be based on the requirement of the body or the disease condition. Children are considered as embodiment of *Sneha* due to their diet predominant of *Ksheera* (milk) and *Ghrita* (clarified butter). Hence as a rule *Snehapana* is not essential for them unless there is lack of *Sneha* (unctuousness) in body or in case of severity of diseases which need a thorough *Shodhana* (detox therapy) [3]. Common illnesses in children approaching *Kaumarabhritya* outpatient department in any Ayurveda hospital are recurrent respiratory infections, allergies, diarrheal diseases, malnutrition, skin diseases and etc. Recently there is also a raising trend of neuropsychiatric and behavioral problems seeking for health needs. As per professional experience many of these conditions are well managed through Ayurveda practice using *Panchakarma* (the five detox principles of Ayurveda). *Snehapana* is one among the prerequisites for *Panchakarma*. Few data is available on therapeutic use of *Sneha* in adults. There is a need to generate data on therapeutic utility of the same in children and its associated factors. Thus this article brings out the current practices of *Snehapana* in therapeutics for children and its future

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perspectives with possible critical appraisal.

Materials and methods:

A literature review was conducted from Ayurveda *Samhita*, published articles and available research works. Present data also includes facts and observations based on *Snehapana* professional practices followed in the department of *Kaumarabhritya* (Ayurveda Pediatrics).

Mode of Snehapana:

Snehapana aids in attainment of *Snigdhatta* in the body. It is achieved by means of *Shamana* (Palliative), *Brhmana* (Nourishing) and *Shodhananga* (just prior to cleansing). *Snehapana* referred to as the three therapeutic applications of *Sneha*. *Shamana Snehapana* is given on empty stomach, when hungry and in a quantity that is digested in *Madhyamamatra* (that requiring 12 hours for digestion) [4]. *Snehapana* when administered with accustomed tasty food, in small quantity (the quantity requiring 3hours for digestion) is called as *Brhmana* [5]. *Shodhananga Snehapana* is one among the *Purvakarma* (preparatory procedures) before the administration of *Shodhana* (detox therapy). In this *Sneha* is given on empty stomach, when previous night's meal is completely digested but child did not feel hunger and in a dose that digests in 12 hours [6]. Based on the nature of *Sneha* selected it could be *Accha Snehapana* (drinking of medicated *Sneha* alone) and *Vicharana Snehapana* (administration of *Sneha* either with food orally or other routes). *Vicharana Snehapana* also includes external application, rectal route, nasal route, through ear and bladder or vaginal route [7]. The selection of these modalities is purely based on the requirement and strength of the child undergoing treatment.

Mode of *Snehapana* selected could be based on age of the child. Children below 2 year usually not

preferred for *Snehapana* and if at all there is a need, it should be in the form of *Shamana* or *Brhmana* type. Food processing for a kid of weaning age must be with addition of ghee or oil to bridge the calorie and nutrient gap [8]. Best therapeutic application of *Shamana* and *Brhmana* is seen in the management of nutritional disorders where in *Pippalyadi Ghrita*, *Kalyanaka Ghrita*, *Shatpala Ghrita* are administered [9]. Even current trends in the management of malnutrition encourages adding the food with medium chain fatty acids to enhance the nutritive property [10]. Older children who are independent, developed good physical strength and can follow the regimen as instructed can be the subjects for *Shodhananga Snehapana*.

Shodhananga Snehapana in children:

Therapeutic *Snehapana* administered prior to purification is called as *Shodhananga Snehapana*. The suitability, dose, selection of *Sneha* as either medicated ghee or oil and the mode of *Snehapana* namely *Sadyasneha* (Instant oleation) or *Arohanasneha* (systematic increment in the dose) are based on proper assessment of *Agni* (digestive capacity), *Koshta* (nature of bowel), *Prakriti* (constitution), *Bala* (strength) of child as well as diseases and the psyche of the subject. Preferred time of administration is early morning when previous meal is completely digested and wastes are evacuated. This type of *Snehana* is well practiced in children above ten years [11], unless it is very essential in children of lesser age [12]. Strict regimen makes the type intolerable for children. As a rule, it is essential to improve the digestive capacity of child and removal of *Ama* (morbid metabolic waste) through administration of *Pachanaoushadha* (carminative medicine). This also brings about lightness. The best suited way is

Table.1.Commonly used Pachanaoushadha in pediatric practice

Sr.no	Pachanaoushadha	Dose
1	<i>Trikatuchurna</i>	2.5g thrice daily half hour before food or mixed with first few morsel of food for minimum 3 days
2	<i>Vaisvanarachurna</i>	2.5g thrice daily half hour before food for minimum 3 days
3	<i>Panchakolaphanta</i> or <i>Shunthijala</i>	30ml thrice daily half hour before food or food processed with <i>Panchakola</i> for minimum 3 days
4	<i>Chitrakadivati</i>	½ - 1 tab thrice daily half hour before food for minimum 3 days
5	Tab <i>Hingvastaka</i>	½ - 1 thrice daily half hour before food or mixed with first few morsel of food for minimum 3 days
6	<i>Supachya</i> drops	2.5 to 5 ml thrice daily half hour before food for 3-5 days

Table 2: Average quantity of Sneha in Shodhananga Snehapana in 60 children

Day	Average Quantity of Sneha(ml)
1	27
2	55
3	85
4	110
5	146
6	165

Table 3: Schedule of Snehabasti as an alternative to Snehapana in children

Day	Quantity of Basti (ml)
1	30
2	50
3	70
4	90
5	110
6	130
7	150

Table 4: Difficulties with Snehapana in Kaumarbhritya practice

Difficulties faced		
By Ayurvedic pediatrician	While administering Snehana	By child
Assesment of <i>Agni</i> and <i>Koshtha</i> Convincing parents and children When child has complete aversion to <i>Sneha</i> Non cooperative child	Appearance (color and consistency of <i>Sneha</i>) Quantity : increasing dosage increases chance of refusal to continue <i>Snehapana</i> Smell : odor of <i>Sneha</i> (e.g. bitter smell and taste of <i>Indukanta Ghrita</i>) Palatability: majority medicated <i>Ghrita</i> presents unpleasant taste that children refuse to drink. (Eg: bitter taste of <i>Mahatiktaka</i> and <i>Kalyanaka Ghrita</i>)	Nausea, vomiting Reluctance for inpatient admission Poor compliance with dietary and behavioral restrictions

Table 5: Clinical conditions underwent Snehapana

Disease category	NO. of cases
<i>Swasa</i> (Asthma)	13
<i>Twakvikara</i> (Skin diseases)	21
<i>Vatavyadhi</i> (Neuropsychiatric conditions)	09
<i>Dustaprathisyaya</i> (allergic rhinitis)	08
<i>Pandu</i> (Anemia)	03
<i>Karsya</i> (Nutritional anemia)	03
<i>Badhirya</i> (Sensory neural deafness)	2
Refractive errors	1
Total	60

to process food with carminative drugs and administer. Older children accept medicines well with suitable adjuvant. Commonly preferred *Pachanaoushadha* in pediatric practice are listed in table.1.

Quantity of Sneha:

Shodhananga Sneha when intended started with a *Hrsiyasimatra* (test dose of approximately 20-30ml) after achieving proper *Amapachana*. The time taken for the complete digestion of the same is used as basis to calculate the dose for the next day schedule. There is no definite consensus on the dose schedule in *Shodhananga Snehapana* though the available reference hints to calculate the dose based on *Agni* (the digestive capacity) of the individual[13]. Due consideration of *Koshtha* (bowel nature) of the individual would yield better results. *Madhyama Matra Sneha* is indicated in children. When the strict regimen is difficult to comprehend and

children debilitated of long standing diseases one can adapt *Hrsvasnehamatra*. [14] In this pattern, 95% children attained *Samyaksnigdha* on 5th or 6th day. Table 2 summarizes average quantity of *Sneha* administered in 60 children who underwent *Shodhananga Snehapana*.

When *Snehapana* is intended before *Shodhana* but *Arohanasneha* is not adoptable, the other choice of therapy would be *Pravicharanasneha*. In this different diet are cooked with addition of *Sneha* and administered. Some of the external therapies that are used to restore the *Snigdha* instead of *Snehapana* are also enlisted as *Vicharanasneha*. In this the quantity of *Sneha* used is less hence role of digestive power is less; more over the external therapy do not come directly in contact with *Agni*. But this type of *Sneha* is considered less potent owing to less quantity hence, can be easily adapted in children due to less complications and less restrictions. [15]

In practice, *Pravicharana Snehapana* is given along with food or in a small, fixed dose on empty stomach for 7 days or till the features of proper oleation appears. [16] The best therapeutic application of this is seen in *Phakkachikitsa* (management of Nutritional disorders). It can also be practiced as *Sadyosneha* where in maximum quantity of *Sneha* is given in a day or two or three to obtain *Samyaksnigdha Lakshana* (proper features of oleation). [17,18]

There is a practice of giving *Snehabasti* (Rectal administration of *Sneha*) in children as an alternative to *Shodhanangasneha*. This practice is found to be equally effective [19,20,]. Table 3 summarizes the schedule of *Snehabasti* as an alternative to *Snehapana* in children as per professional experience.

Following appearance of proper features of *Snehana*, the child undergoes *Abhyanga* (therapeutic massage) and *Sveda* (therapeutic sudation) before subjecting for *Vamana* (emesis) or *Virechana* (purgation).

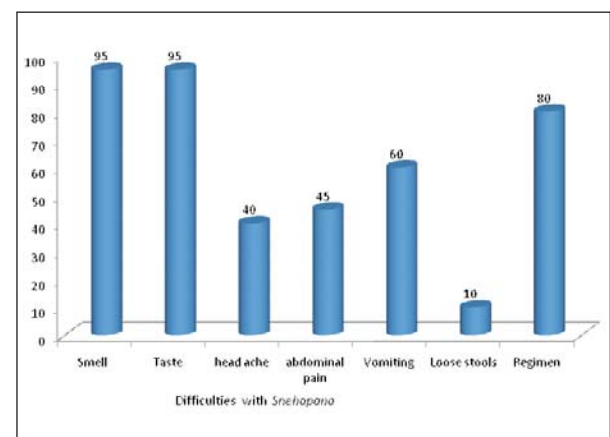
Data pooled from opinion of different *Kaumarabhritya* practitioners on feasibilities of *Shodhananga Snehapana* in children yielded following facts summarized in three different headings (table 4).

A retrospective analysis of hospital records of 60 children admitted in *Kaumarabhritya* (Ayurveda paediatrics) ward who underwent *Snehapana* before

Panchakarmachikitsa at SDM College of Ayurveda and hospital, Thanniruhalla, BM Road, Hassan revealed difficulties with regards to smell, taste and procedural compliance with *Shodhananga Snehapana* (Graph 1). Table 5 lists out children with specific categories of diagnosis who underwent *Shodhananga Snehapana* from January 2015 to April 2015. Amongst the *Ghrita* used for *Snehapana*, maximum was *Indukanta Ghrita* (38.33%) followed by *Mahatiktaka Ghrita* (26.66%), *Brahmi Ghrita* (11.33%), *Dadimadi Ghrita* (8.33%), *Amritaprasha Ghrita* (6.66%), *Vidaryadi Ghrita* (3.33%), *Kalyanaka Ghrita* (3.33%) and others (3.3%). Children who took *Amritaprasha Ghrita*, *Dadimadi* and *Vidaryadi Ghrita* showed better compliance with *Snehapana*.

Discussion:

Children regarded as epithet of *Sneha* due to their diet rich of milk and ghee. Hence, *Snehapana* is not advisable unless the condition demands. Recently, the change in lifestyle, diet and regimen many systemic, allergic, skin, neuropsychiatric and lifestyle diseases have their stride in pediatrics which need *Shodhana*. Thus *Snehapana* becomes an essential prerequisite. A thorough *Pachana* is essential before start of *Snehapana*. Food processed with carminative drugs is preferred for young children and in older children drugs can be given with suitable adjuvant. *Sneha* can be the choice of therapy in *Shamana* and *Brhmana Chikitsa*. In this *Sneha* is given over a period of time in small doses either alone or processed with food till the desired features of oleation are seen. *Shodhananga Sneha* is best in chronic illnesses before *Panchakarma*, which needs proper understanding of *Agni*, *Koshta*,



Graph 1: Difficulties associated with *Snehapana*

strength and stage of disease. Children accept *Sneha* better if it is sweet and devoid of smell.

Most difficulties discussed are either due to smell, taste and appearance of medicated ghee. Measures to mask these qualities shall improve the acceptance of *Sneha*. The abnormal smell can be reduced by adding natural fragrance like cardamom, cinnamon leaves and others. Taste can be altered by flavoring agents like cardamom, vanilla, saunf, adding sugar or jaggery at the last stage of *Sneha* preparation when it is out of fire and kept for cooling. Appearance can be made soothing by improving presentation of the drug, adding natural and accepted colours. In case if *Sneha* is given in small quantity one may even think of gel capsule administration preferably for children above 4 years. Most important task is to convince the parents about the diet for children during *Snehapana*. *Ghrita* like *Dadimadi*, *Vidaryadi*, *Amritaprasha* are better accepted and it may be due to the sweet nature of the ghee. While those with bitter taste pose problem during *Snehapana* requiring alteration in colour, smell, taste and even with quantity. *Abhyavaharna* index and *Agnibala* index [21] can be used as guidelines to decide dose of *Snehapana* in children but still needs further study and validation. *Pravicharana Snehapana* indicates alternative ways to administer *Sneha* especially by processing with food. In complete aversion to *Sneha* and when condition demands, one can think of alternative ways of *Sneha* administration like topical application, nasal administration, rectal administration etc. The incremental dose of *Snehapana* based on *Agni* resulted in *Samyak Snigdghata* (proper oleation)[22]. 17% and 30 % of children on *Arohanasnehapana* develop aversion around second and fifth day respectively, refuse it and there will be need to switch over to *Vicharanasneha*. *Anuvasanabasti* as an alternative to *Snehapana* in children needs further evidence.

Conclusion:

Snehapana is an essential prerequisite for *Shodhana*. Chronic, allergic and skin disorders in children respond well to *Shodhana* preceded by *Snehapana*. Emphasis on improving compliance with *Sneha*, *Vicharana Snehana* and other alternate *Snehana* measures needs further clinical validation in *Kaumarabhritya* practice. Knowledge of basic principles and current trends aids in better practice of *Snehana* in children.

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