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Study on Safety and Efficacy of *Snehapana*- A Scientific Approach

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ABSTRACT

Sneha is an important component of *Shareera*. *Snehana* is the therapy that aims to bestow the *SnigdhaGuna* to the *Shareera*. *Snehana* therapy is implemented either in form of *Abhyanga*, *Lepana*, *DharaadiBahya Snehana* procedure or *Abhyantara Snehapana* in the form of *Achapana* and *VicharanaSneha*. Based on the purpose of administration; *AbhyantaraSnehana* (*Snehapana*) can be understood as *Shodhananga Snehapana* (for Elimination of Vitiated *Dosha*), *Shamananga Snehapana* (Palliation of Vitiated *Dosha*) and *Brihmana Snehapana* (nourishing *Snehana*). *Shodhananga Snehapana* is the process of administration of *Sneha Dravya* alone in large quantity in form of gradual increase of dosage. *Shodhananga Snehapana* is administered as *Purvakarma* of *Shodhana/ Panchakarma* procedures. The aim of *Shodhananga Snehapana* is to bring *Sroto Mardhavata*, *Snigdhatata*, to facilitate the easy expulsion of *Utkleshata Dosha* through *Panchakarma*. *Ayurveda* accepts *Sneha* as *Janma Satmya Dravya* thus administration of *Sneha/ Ghrita Samskarita Aushadha* will bestow better result. *Shodhananga Snehapana* when conducted with correct protocol, observing the classically advised restrictions during the procedure will yield in better *Chikitsa* approach. Administration of *Sneha* or *Ghrita* generally leads to a doubt about accretion of lipids to body Lipid content. There are many scientific publications available which demonstrations that *Shodhananga Snehapana* aids in correction of Metabolism and does not contribute to Body fat. This paper aims to provide evidence of positive effect of *Shodhananga Snehapana* on Blood Lipid Values.

Key Words *Snehapana*, *Sneha*, *Fat metabolism*, *Dyslipidaemia*

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INTRODUCTION

Sneha is an important component for *Shareera* (Body), the entire body is made up of *Sneha* (unctuous substances) and life is dependent on

Sneha. Acharya Sushrutha emphasized the importance of *Sneha* with the quote “*Sneho Saroyam Purusha Pranashcha Snehabhuyishtah Sneha Sadhyashcha Bhavanti*”

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Shareera is formed from *Sneha*, which is also responsible for the *Prana* of *Purusha*². This can be understood as, *Snehais* an essential component for the origin and sustenance of life; and *Sneha* acts as a vital factor for the formation of human body. This also helps in understanding that *Sneha* is *Satmyato Shareera* and *Aushadhacana* also be administered with *Sneha*. With the mounting of ailments; management and cure of diseases has become a challenge to medical field. Application of *Ayurveda Shastra Jnana* and adaptation of various therapeutic procedures would ease the management approach of perplexing disease conditions.

*Snehana*¹ therapies are important therapeutic procedures, helps in management of all body systems also with enhancing the cognitive power by oleating, anointing, lubricating and method of application both internally and externally. *Snehapana* is the prime measure of internal *Snehana*, which form a symphony of synergy to excrete the negative elements from the body and lubricate the passages of the body. A result of which there occurs a free flow of energy through the channels. Therefore sustaining a fine balance between our experimental activities and cognitive memory.

Literary Review of *Snehana*:

Snehana is a prime *Purvakarma* procedure of *Panchakarma* before *Shodhana*. *Sneha* is derived from ‘*Snih*’ *Dhatu* which means affection and ‘*Snigdha*’ denotes the presence of ‘*Sneha*’ in a *Dravya*. *Snehana* are the therapies which upsurges *Snigdha Gunain* the *Shareera*.

“*Snehanam Snehavishyandam Mardhavam Kleda Karakam*”

Acharya Charaka defines *Snehana* as the procedures which bestows *Snigdhatva* (unctuousness), *Vishyandata* (liquefaction), *Mardavata* (softness), *Kledana* (moistness)³. *Snehana* therapy is implemented in two ways; *Bahya Snehana* (External oleation), and *Abhyantara Snehana* (Internal oleation). *Abhyanga*, *Mardana*, *Lepana*, *Parisheka*, *Samvahana*, *Gandusha*, *Nasa Tarpana*, *Akshi Tarpana*, *Karna Tarpana*, *Murdha Taila*, are the *Bahya Snehana* procedures. *Abhyantara Snehana* is further classified into *Shodhananga Snehapana*, *Shamananga Snehapana*, and *Brimhananga Snehapana*⁴.

Shodhananga Snehapana- This is an essential *Purvakarma* for *Shodhana* procedures and helps to bring *Utkleshta* of vitiated *Dosha* which would facilitate further elimination through *Shodhana* procedures⁴.

*Shamananga Snehapana*⁵-- Here the *Snehais* administered to attain the pacification of Vitiated *Dosha*.

*Brimhananga Snehapana*⁵-- This is a type of *Snehapana* where, *Snehapana* is performed to bring the *Brimhana* effect and here the *Snehais* administered along with *Mamsa Rasa*, *Ksheera* or other *Brimhana Dravya*.

In case of *Shodhana Snehapana*; Oral administration of large quantities of *Sneha* in a proper method is performed. The quantity of *Snehais* determined based on due consideration

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to *Agni*(digestive capacity), *Dosha*, *Vyadhi*, *Koshta*, etc. The main objective of *Snehapana* therapy is to get access to the innermost recess of the body and cleanse the *Srotas* (Channels of circulation) and *Sthayi Dhatu* (body systems) by normalizing the metabolism and elimination of waste which could be cause for *Mala Sanchaya*. By proper *Snehapana* body tissues get saturated by medicated fat which in-turn either palliate the aggravated dosha or softens and lubricates the waste materials adhering to the *Srotas* and *Dhatu* for the purpose of excretion. Hence *Snehapana* facilitates the radical elimination of dosha by opting its action as pre-operative measures of *Panchakarma* (*Shodhana*) by bringing the *Doshas* from *Shakhato Koshta* and also causes suppression of *Doshas* by its *Samshamana* action. So it possesses bi-fold effect i.e., as *Shodhana* *Snehapana* (purificatory) and *Samshamana Snehapana* (Palliative)

Administration of *Sneha* often arises doubt on variations of blood lipid values, as *Snehapanais* the procedure of Administration of fat. This paper is supported with a case study which shows the positive effect of Lipid values after *Shodhananga Snehapana* without any variation in HDL values.

Table 1 Details of *Snehapana* with Dosage and *Lakshana*

Number of Days	Dosage of <i>Snehapana</i>	<i>Lakshanas</i>
Day 1	30ml	<i>Agnideepti</i>
Day 2	60ml	<i>Agnideepti, Vatanulomana</i>
Day 3	90ml	<i>Agnideepti, Vatanulomana, TwakSnigdhatta, VarchaSnigdhatta.</i>

Laboratory Investigation in support for the Lipid Profile Before and After *Shodhananga Snehapana* are as follows mentioned in Table no 2.

Table 2Lipid Profile

Before <i>Shodhananga Snehapana</i>	After <i>Shodhananga Snehapana</i>
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CASE STUDY

A 46 year old female patient visited our hospital presenting with the complaints of pain in right wrist joint and bilateral knee joints since 3 months, patient also complaints gradual increase of weight since 1 year.

H/o the present illness: Patient was apparently normal 6 years ago, she use to experience pain and stiffness in right wrist, bilateral knee. Later the pain was also associated with swelling. Patient was on medical management and analgesic treatment. Since one year patient has noticed gradual increase of body weight. Now patient is on Ayurvedic treatment since one month.

Family history: There is no significant familial history.

O/E-vital were found stable.

Treatment given: Patient was given *Virechana Chikitsa* after *Deepana Pachana* and *Shodhananga Snehapana*.

Deepana Pachana was done with *Chitrakadi Vati*. *Sukumara Ghritawas* used for *Snehapana*, and the details of *Snehapana* is as follows in Table no 1:

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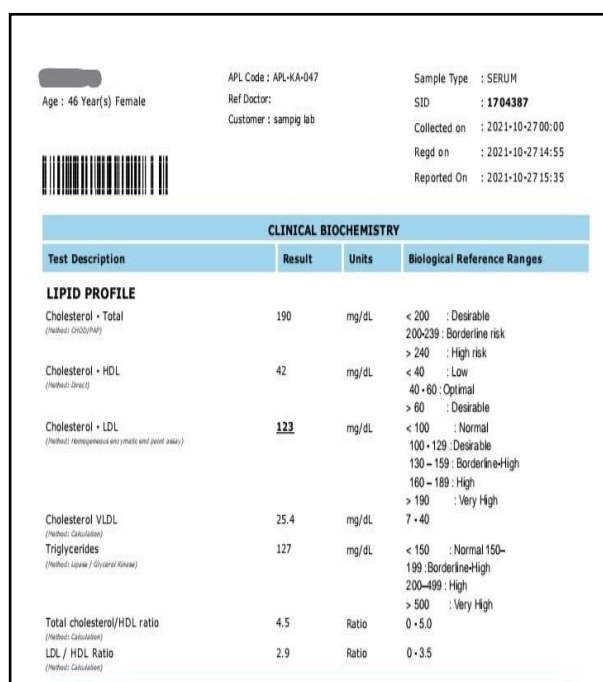
Total Cholesterol	199mg/dl	Total Cholesterol	190mg/dl
HDL Cholesterol	42mg/dl	HDL Cholesterol	42mg/dl
LDL	127mg/dl	LDL	123mg/dl
VLDL	29.8mg/dl	VLDL	25.4mg/dl
Triglycerides	149mg/dl	Triglycerides	127mg/dl
Total Cholesterol/HDL ratio	4.7	Total Cholesterol/HDL ratio	4.5
LDL/HDL ratio	3.0	LDL/HDL ratio	2.9



APL Code : APL-KA-047
Age : 46 Year(s) Male
Ref Doctor:
Customer : sampig lab
Sample Type : SERUM
SID : 1685600
Collected on : 2021-10-23 16:00
Regd on : 2021-10-23 16:58
Reported On : 2021-10-23 18:27

CLINICAL BIOCHEMISTRY			
Test Description	Result	Units	Biological Reference Ranges
LIPID PROFILE			
Cholesterol - Total <small>(Method: CHOD-PAP)</small>	199	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Cholesterol - HDL <small>(Method: Direct)</small>	42	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol - LDL <small>(Method: Homogeneous enzymatic end point assay)</small>	127	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
Cholesterol VLDL <small>(Method: Calculation)</small>	29.8	mg/dL	7 - 40
Triglycerides <small>(Method: Lipase / Glycerol Kinase)</small>	149	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
Total cholesterol/HDL ratio <small>(Method: Calculation)</small>	4.7	Ratio	0 - 5.0
LDL / HDL Ratio <small>(Method: Calculation)</small>	3.0	Ratio	0 - 3.5

Image no.1 Before *Snehapana*



APL Code : APL-KA-047
Age : 46 Year(s) Female
Ref Doctor:
Customer : sampig lab
Sample Type : SERUM
SID : 1704387
Collected on : 2021-10-27 00:00
Regd on : 2021-10-27 14:55
Reported On : 2021-10-27 15:35

CLINICAL BIOCHEMISTRY			
Test Description	Result	Units	Biological Reference Ranges
LIPID PROFILE			
Cholesterol - Total <small>(Method: CHOD-PAP)</small>	190	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Cholesterol - HDL <small>(Method: Direct)</small>	42	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol - LDL <small>(Method: Homogeneous enzymatic end point assay)</small>	123	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
Cholesterol VLDL <small>(Method: Calculation)</small>	25.4	mg/dL	7 - 40
Triglycerides <small>(Method: Lipase / Glycerol Kinase)</small>	127	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
Total cholesterol/HDL ratio <small>(Method: Calculation)</small>	4.5	Ratio	0 - 5.0
LDL / HDL Ratio <small>(Method: Calculation)</small>	2.9	Ratio	0 - 3.5

Image no.2 After *Snehapana*

OBSERVATIONS AND RESULTS

A significant improvement was observed in both subjective and objective parameters. Pain and stiffness was considerably reduced after the treatment. The lipid Profile values also should significant benefits of *Shodhananga Snehapana*. There was significant reduction of LDL, VLDL and Triglyceride values and without any vary in HDL values. This signifies that the administered *Sneha* during *Snehapana* will not contribute to the raise of lipid values, on other hand will bring positive benefits of lipid values which *snehapana* is properly performed according to the protocol adopting all does and don'ts.

DISCUSSION

The Approach towards understanding the mode of action of *Snehapana* can be done on various perspectives.

Snehapana is administered either as *Poorvakarma* or *Pradhana Karma*. As *Poorvakarma (Samshodhana Sneha)* the time schedule for the administration of *Snehais* after the digestion of previous food during early morning i.e., Absorptive state. Early morning is the state of *Kaphavruddhi Avastha* which causes further *Utkleshaof* doshas which is required for *Shodhana*.

As *PradhanaKarma(SamshamanaSneha)* the time of administration is before *Annakala* i.e.,

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BhubhukshaaAvastha (fasting state) in which utilization of fat occurs. So more quick action can be expected. This is also the period of *Teevragni* and *SrotoshuddhiAvastha* which can cause immediate effect of *Sneha* and *Dosha Shamana*. This results in increase of intellectual functions and provides nutrition to the nerve cells. For the purpose of *Snehapana* commonly *Madhyapaka Sneha* is indicated because the *Lakshana* of *Madhyapaka Sneha* is “*KalkeNeeraseKomale*”⁶. This means *Kalka* will be devoid of water content and soft. So definitely this is easy to digest which is required for *Paanartha Sneha* (internal administration). The time for the administration of *Shamana Sneha* is also decided based on the *Dosha* and *Vyadhi*. For the diseases of the lower part of the body (*Adhahkaya*) which is caused usually due to *VataVikruti*, *Snehapana* should be given before meals (*Praakbhakta*). The diseases of the middle part of the body (*Madhyakaya*) are caused by *Pitta Vikruti* and *Snehapana* should be given between meals (*Madhyabhakta*). The diseases of the upper part of the body (*Urdhvakaya*) are caused by *Kapha Vikruti* and *Snehapana* should be given after meals (*Uttarabhakta*). For different *Srotogata Vikruti* different types of *Sneha* should be given following the rules so that it can show successful result.

Mode of action of *Sneha Dravya*:

- “*Grahi*” plays an important role for digestion of *Sneha*. Concept of *PachakaPitta* pointed to some internal secretions, secreted by *AgnidharaKalai*. e., *Grahi* has a

regional influence as well as systemic influence particularly metabolic. The *Amlatva* of food triggers up a series of reactions resulting in *SaraKittaVibhajana* even in intracellular metabolism. Hence *JatharagniPaka* results only in the breakdown of complex substances into their elemental form which still continues to be in *Vijateeya* nature with *Vilekhana Gunas*.

- Further, *Bhootagni* and *Dhatvagni* labels denote the identification and assimilation of analogous materials of *Dhatu*.

- *Bhootagnipaka* is required to process and convert them suitably as pre-homologous substances which are composed of seven *Dhatu*. The primary tissue elements are *Sthayi Dhatu* or *Poshya Dhatu* and the end product of *Bhootagnipaka* is *PoshakaDravya* or *Asthayai Dhatu*. The *Sthayi Dhatu* along with *Asthayai Dhatu* of the same *Dhatu* exist together in the corresponding *Dhatuvaha Srotas* while the *Dhatvagni* of that *Dhatu* mediates the conversion of *Asthayai Dhatu* to *Sthayi Dhatu* and the separation of *Kitta* in the form of *Dhatumala* along with the construction of corresponding *Upadhatus*.

- *Bhootagnipaka* provides suitably processes nutrients for the *Dhatvagnipaka* and the site is referred to *Yakrit*.

- The *Sneha* which gets *Madhura Rasain Amashaya* later turns to *Amla Rasaby Vidaha*. That *Amla Rasa* on leaving the *Amashaya* initiates their flow of *pitta* where it is getting dried up by the action of *Agni* and *Marutha*. Then

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undergoes *Bhootagnipaka*, the site of which is *Yakrit*. This becomes the *Bhojya Dhatu* for many other *Dhatus* and gets circulated nourishing and transporting nutrients to the other *Dhatus*. This is commonly completed in 24 hours.

Pharmacological action of *Sneha*:

- Digestion of neutral fat takes place with the help of gastric lipase, pancreatic lipase and bile salts etc.
- After the digestion of fat the end product is divided into water soluble and fat soluble products
- The water soluble products are absorbed directly to the portal blood and water insoluble nutrients are absorbed via the lining epithelial cells of the intestine into the lacteals and hence into the thoracic duct and to the venous blood.
- Fat absorption is also influenced by the concentration of electrolytes, hormones and vitamins.
- Blood transports not only the fatty materials absorbed from the intestine but also lipid resulting from intermediary metabolism. It is conceivable that the lipoproteins may transport water soluble lipids in the plasma by same mechanism similar to that in transport of oxygen by hemoglobin.
- After absorption fat undergoes complete oxidation in tissue to yield energy, carbon-dioxide and water. Hence a large preparation of this energy is made available to body as high energy phosphate bond.

- Absorbed fat is stored in the fat depot as neutral fat and released when needed and also built into the structure of old tissues. Fat possesses protective function against injury and cold.

Scientific approach:

- In recent era several queries are there regarding the safety and efficacy of *Snehapana*. Some advanced researches have been conducted that can scientifically prove the safe use of *Snehapana*. Some examples are highlighted here after observing some effective:
 - *Accha Sneha*, *Indukantha Ghrita*, *Sahacharadi Taila*, *Mahakalyanaka Ghrita*, *Mahatiktaka Ghruta* increases HDL cholesterol which is protective and decreases the risk of Atherosclerosis. Hence these are effective in *Raktavahasrotogata Vikruti*. Except *Indukantha Ghrita* no other *Snehayogas* increase LDL Cholesterol levels.
 - *Guggulu Tiktaka Ghrita* has shown significant reduction in the values immediately after the treatment and also after follow up. (A study reported in Govt. Ayurvedic College Tiruvananthapuram)
 - On Gastric acidity and peptic activity *Masha Taila* (Ref: *Bhaishajya Ratnavali*) Shows marked decrease in gastric acidity and peptic activity ie, $32.34 \pm 7.64 \mu\text{Eg/Lit}$ to $16.14 \pm 4.54 \mu\text{Eg/Lit}$ and $99.22 \pm 11.95 \mu\text{Eg/Lit}$ to $50.18 \pm 12.52 \mu\text{Eg/Lit}$. Hence it is useful in therapeutic application for the patients suffering from peptic and duodenal ulcers i.e., and *Parinama Shoola*.

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So this is effective in *Annavaha Srotogata Vikruti*.

- In a study reported in Journal of Research in Ayurvedic Science, Cholesterol lowering and HDL increasing effect of *Masha Taila* possess beneficial effect in hemiplegia patients (*Pakshaghata*) caused due to atherosclerosis. Most of the patients reported improvement in their neurological status.
- Highly significant decrease in Total Cholesterol and LDL Cholesterol were seen with *Dashamoola Bala Taila Snehapana*. This formulation also possesses encouraging results in clinical symptoms of *Gridhrasi*. This study published in Journal of Research in Ayurvedic Science is a proof against the general belief that oil intake can elevate lipid profile.
- Data on various clinical and biochemical parameters of the patients before and after *Snehapana* shows slight decrease in serum urea and serum uric acid which can prove its anti-adversary effect in renal function. So it is effective in *Mutravaha Srotogata Vikruti*.
- *Sahacharadi Taila Snehapana* shows highly significant result in the rise of hemoglobin percentage levels. Hence it can improve the anaemic condition. So it is effective in *Raktavaha Srotogata Vikruti*.
- Regarding the standardization of *Shodanartha Abhyantara Snehapana* it is already proved by the researchers that administration of *Snehain* non-fixed dosage increase group

according to *Agni* and *Koshta* possesses better result than the fixed dose increase group.

- *Sneha* by its *Sukshma Guna* and *Kledana Karma* bring the *Doshas* to *Koshta* from other *Margas* where *Kledana Karma* acts as a solvent of the morbid *Doshas* here the fat soluble impurities in the body will be eliminated⁷. Thus it can be understood that *Shodhananga Snehapana* helps in elimination of the metabolic surplus from the body.

CONCLUSION

The rational use of *snehapana* considering all the factors is the ideal one to enhance *Dehabala*, *Agnibala*, clean gastro-intestinal system, strength in the dhatu sequence, powerful sensory and motor units (*Indriyas*), Delayed ageing effects and completion in full life span. No doubt it is one of the challenging therapeutic procedure in the scientific era this possess the significant role in lowering triglyceride compound, increasing HDL Cholesterol which is cardio protective decreasing gastric acidity and peptic activity, improving neurological status, decreasing serum urea and serum uric acid and increasing Hb%. Hence safety efficacy of *snehapana* has been proved and is considered as the best measure in almost all *Srotogata Vikruti*. Sufficient saturation of *Sneha* cannot be beaten by the evils of unscientific dieting. *Shodhananga Snehapana* which properly performed following the Protocols of *Snehapana* will lead to definitive health benefits. Better *Snehana* possesses better

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Shodhana and *Shamana*. So *Snehapana* gives pleasure to mankind by providing *Jeevana*.

“Jeevema Sharadah Shatam

Pashtema Sharadah Shatam

Modama Sharadah Shatam”

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