

## Clinical Research

An open clinical trial to analyze *Samyak Snigdha Lakshana* of *Shodhananga Snehapana* with *Mahatikthakam Ghritam* in PsoriasisRajkala Ramteke<sup>1</sup>, G. Vinodkumar<sup>2</sup>, T. Meharjan<sup>3</sup><sup>1</sup>Lecturer, PG Department of Panchakarma, KVG Ayurveda College, Sullia, Dakshin Kanada, Karnataka,<sup>2</sup>Professor and Head, Department of Panchakarma, Nangeli Ayurveda College, Kuthamangalam, <sup>3</sup>Associate Professor, Department of Kaya Chikitsa, Government of Ayurveda College, Thiruvananthapuram, Kerala, India

Access this article online

Website: [www.ayujournal.org](http://www.ayujournal.org)

DOI: 10.4103/0974-8520.96126

Quick Response Code:



## Abstract

An open clinical trial was conducted in Govt. Ayurveda College Hospital, Thiruvananthapuram, Department of Kayachikitsa and Panchakarma. As there is no work done on the *Samyak Snigdha Lakshana* (SSL), this study was undertaken to work on the different aspects of *Samyak Snigdha Lakshana*. To minimize variables, subjects suffering with psoriasis and same *Ghritam* were selected on the basis of strict inclusion and exclusion criteria. *Shodhananga Abhyantara Snehapana* was advised before *Vamana* and *Virechana*. *Samyak Snigdha Lakshanas* which are described in all texts are different in milieu. *Shodhananga Snehapana* with *Mahatikthakam Ghritam* was given according to *Koshta* and *Agni* in 30 subjects. *Samyak Snigdha Lakshanas* were assessed using a special scoring pattern and the biochemical parameters were observed in all subjects. Statistical analysis using paired 't' test were done. In all patients *Vatanulomana*, *Diptagni*, *Snehodvega*, *Klama* and *Adhastat Sneh Darshanam* were seen; whereas *Angalaghava* and *Twak Snigdha* were noted in less percentage of persons. The onset of various *Samyak Snigdha Lakshanas* occurs in sequence. There are changes in some biochemical parameters like serum cholesterol, Serum glutamic-oxaloacetic transaminase (SGOT) and fat globules in stool after *Snehapana*. *Shodhananga Snehapana* with *Mahatikthakam Ghritam* decrease features of psoriasis up to some extent. More in depth studies are required to evaluate their importance and for their application in modern medical practice.

**Key words:** *Mahatikthakam Ghritam*, Psoriasis, *Shodhanang Snehapana*

## Introduction

Panchakarma is the main treatment modality which is widely used in all the eight branches of *Ayurveda*. The *Shodhana* therapy is more admired by virtue of its capability to completely eliminate the *Doshas*.<sup>[1]</sup> On the other hand, it has major disadvantages too. If this therapy is not done with proper indication and *Purva-Karma*, it may cause hazardous unwanted effects like shock, hemorrhage and death also. To avoid these unwanted effects, Acharyas have instructed to do a proper *Purva-Karma*.<sup>[2]</sup> Before adopting *Shodhana*, it is necessary to do *Snehana* and *Swedana* properly. *Snehapana* is a major preparatory procedure because of its multifaceted action. *Shodhananga Abhyantara Snehapana* is advised before *Vamana* and *Virechana*. *Samyak Snigdha Lakshanas* which are described in all texts are different in milieu.

Some Acharyas have mentioned it in the context of *Shodhanartha Snehapana*, whereas Acharya like Kashyapa have mentioned it in the context of *Shamana Snehapana*. So there is no clarification regarding the *Samyak Snigdha Lakshana* according to the type of *Snehapana*. There are many works available on *Snehapana*, but there is no work on the *Samyak Snigdha Lakshana*. Hence this study was planned to work on the different aspects of *Samyak Snigdha Lakshana*.

Psoriasis is a common chronic scaling skin disorder. The latest survey suggests that as many as two in every hundred of the total population have it at any time in their life. In Ayurvedic classics, *Kushtha* is the disease where *Shodhana* is indicated at specific time intervals of which *Snehapana* is indicated first. Considering the need of study and availability of the patients, psoriasis patients were selected as the condition usually is not associated with major complications.

## Aims and objectives

1. To assess the *Samyak Snigdha Lakshana* subjectively and objectively with various clinical and biochemical parameters.

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- To study the effect of the *Snehapana* with *Mahatikthakam Ghritam* in Psoriasis.

## Materials and Methods

### Source of data

Patients of Psoriasis consulting the OPD of Kayachikitsa and Panchakarma Department, Govt. Ayurveda College, Thiruvananthapuram.

### Method of collection

30 patients willing to participate in the study were selected based on the clinical features of Psoriasis, considering the inclusion and exclusion criteria. Necessary investigations were carried out and their details were recorded in a special proforma.

### Inclusion criteria

- Patients with all forms of Psoriasis who are clinically fit to undergo *Shodhananga Shodhana* procedure.
- Age - 15 to 60 years.
- Sex - Both sexes.

### Exclusion criteria

- Clinically unfit for *Shodhananga Snehapana*.
- Chronic debilitating disease.
- Malignant Hypertension.
- Pregnant ladies.
- Patient not willing for admission.

### Laboratory investigations

Blood parameters testing and stool examination were done before *Snehapana*, after *Snehapana* and after *Virechana* to assess the changes.

- Haemogram- Hb%, TC, DC, ESR.
- Blood chemistry- LFT, RFT, BSL, Lipid Profile.
- Urine examination- Albumin, Sugar, Deposits.
- Stool examination- Fat globules.<sup>[3]</sup>

### Methodology

Assessment of *Agni* and *Koshta* was done in every patient on the basis of assessment criteria. *Deepana* and *Pachana* were done by administering *Panchakolasavam* 30 ml twice a day after food and *Vaiswanara Choornam* 5 gm twice a day before food with warm water for 3 to 5 days till the appearance of the *Nirama Lakshanas*. In the morning, around 6 a.m. *Mahatikthakam Ghritam* was given in *Arohana Karma* from 30 ml to 300 ml to the patient when there was *Jeerna Ahara Lakshana* and *Akshudhita Avastha*, with fresh mind, courage and remembering favorite *Devata*.<sup>[4]</sup> *Ushna Jala* boiled with *Sunthi* approximately 400-500 ml was given as *Anupana*.<sup>[5]</sup> *Snehapana* was stopped after getting *Adhastat Sneha Darshanam* and *Samyak Snigdha Lakshanas* were assessed. An interval of three days was given between onset of *Samyak Snehana* and *Virechana Karma*. *Avipattikar choorna* 20-30 gm according to *Koshtha* of the individual was given with honey around 7 a.m. on the day of *Virechana*. *Samsarjana* was advised after *Virechana* depending upon the type of *Shuddhi*.

### Criteria of assessment

Detailed history, physical and mental examination was done on

the basis of a specialized proforma designed for this purpose.

### Criteria for assessment of Koshta

Routine Bowel Habit was considered for assessment of *Koshtha* as per the following features:

- Frequency per day*
  - Less than one -1
  - Once/twice -2
  - More than two -3
- Consistency*
  - Hard Stool -1
  - Soft, well formed -2
  - Loose/Watery, not well formed -3
- Urgency*
  - No urgency at all, sits long time with discomfort -1
  - Moderate urgency can be controlled but no need to sit long -2
  - Marked urgency cannot be controlled -3
- Your experience regarding intake of 200 ml milk/100 gm grapes/50 gm Jaggery/200 ml Ikshu Rasa/10 gm Avipathikar Choorna.*
  - No change in bowel habit -1
  - Normal well formed stool -2
  - Watery stool/not well formed -3
- Whether changes in food habits will affect the bowel habits*
  - Frequently hard -1
  - Occasionally -2
  - Frequently loose -3

### Score

- 1 to 5 implies - *Kroora Koshta*
- 6 to 10 implies - *Madhyama Koshta*
- 11 to 15 implies - *Mridu Koshta*

### Assessment of Agni

Effect on hunger, digestion, defecation by occasional, irregular food habits:

- No alteration - *Tikshn Agni*
- Mild/Inequitable alteration - *Visham Agni*
- Gross alteration - *Mand Agni*

### Criteria to assess Samyak Snigdha Lakshana

The following subjective criteria were considered for assessment of *Samyak Snigdha Lakshana*.<sup>[6]</sup>

- Vatanulomana*
  - = *Urdwavatapravritti*, *Udgara Bahulya* and *Adhmana*.
  - = Improper evacuation of flatus, faeces, urine and absence of *Udgara Bahulya* etc.
  - = Proper evacuation of flatus, faeces and urine.
- Agnidipti*  
For easy calculation and understanding of *Agnidipti* factor, one standardized formula is accepted based on dose of *Sneha* and time taken for digestion.

$$\text{Agnibala index} = \frac{\text{Test dose} \times \text{Time taken for digestion}}{\text{Given dose}}$$

Lesser the *Agnibala* index (A.B.I.), more will be the *Agnidipti*.

$$1 = \text{A.B.I.} > 3$$

- 0 = A.B.I.=3  
2 = A.B.I.<3
3. *Twak Snigdha and Gatra Snigdha*
    - 1 = Dry skin
    - 0 = Softness of skin (*Mriduta*)
    - 2 = Proper oiliness of skin
  4. *Purisha Snigdha*
    - 1 = *Ruksha Purisha*
    - 0 = Soft stool
    - 2 = Loose stool with *Sneha*
  5. *Snehodvega*
    - 1 = No aversion
    - 0 = Minimum aversion without nausea
    - 2 = Nausea, vomiting on thought and sight of *Sneha*
  6. *Klama/Glani*
    - 1 = Enthusiastic
    - 0 = Reasonably active as usual
    - 2 = Tiredness without exertion
  7. *Angalaghavata*
    - 1 = Heaviness in body
    - 0 = Usual lightness in the body
    - 2 = Feeling of lightness in the body

### Score pattern

- 7-8 = *Avara Samyak Snigdha Lakshana*  
9-11 = *Madhyama Samyak Snigdha Lakshana*  
12-14 = *Pravara Samyak Snigdha Lakshana*  
<7 = *Asnigdha Lakshana*

## Observation and Results

Maximum patients were from 45 to 60 years age group. Among total patients, 67% of subjects were male and 33% were female. Religion wise distribution showed that maximum number of patients (74%) were from Hindu community. Most of the patients (40%) were having occupations which led to mental stress. Economic status wise distribution of patient shows that 37% patients were belonging to middle class. 53% patients were of *Vata-kapha Prakriti* and 66.6% patients were of *Madhyama Sara* and 56.6% of *Madhyama Samhana*. Also, maximum number of patients' (53.3%), were of *Avara Satva* category, which may be due to *Manasika* involvement in *Kushta* or due to social stigma of skin diseases.

Among all subjects, 49.9% were having *Avara Satmya* where as 39.9% patients were having *Madhyama Satmya*. Maximum patients 46.6% were having *Madhyama Abhyavaharana Shakti* followed by 33.3% and 19.9% of *Avara* and *Pravara Abhyavaharana Shakti* respectively. The *Jarana Shakti* wise distribution shows maximum patients were having *Madhyama Jarana Shakti*, i.e. 56.7%. In the study, 53.2% patients were having *Vishama Agni* and 59.9% of patients were having *Kroora Koshtha*. Among psoriasis features, 100% subjects were having scaling over skin whereas only 26.6% subjects were having itching over skin lesion. 66.6% subjects reported pain as a symptom and 73.2% subjects had erythematic on the lesions. Maximum of 39.9% subjects were administered *Ghrita* in the dose of 800-1000 ml. Maximum of 49.9% subjects were given 250-300 ml dose on last day. Maximum of 56.6% subjects took 6-7 days for *Samyaka Snehana*. 36.6% subjects required 4-5 days for getting *Samyak Snigdha Lakshana*.

### Observations on *Samyak Snigdha Lakshana*

In the *Arohana Snehapana* group, after administration of *Sneha*, the symptoms of *Sneha Jiryamana* were observed. The mean onset time and duration of those symptoms were noted in minute [Table 1].

All the *Sneha Jiryamana Lakshana* reported by the subjects automatically subsided on *Sneha Jeerna*.

Observation related with mean score of *Samyak Snigdha Lakshana* with S.D. and percentage was on last day of *Snehapana* all subjects showed *Vatanulomana*, *Diptagni*, *Purisha Snigdha* and *Snehodvega* with mean score of 1.9, 1.9, 2.0 and 1.8 respectively. Whereas 93.3% subjects showed *Klama Lakshana* with S.D. 0.4, 86.5% subjects noticed *Twak Snigdha* with mean score of 1.4 (S.D.±0.8) and only 13.3% subjects perceived *Angalaghavata* with mean score of 0.6 (S.D.±0.2) [Table 2].

The pattern of *Samyak Snigdha Lakshana* found in 30 subjects with respect to *Snehapana* days. *Vatanulomana* was seen in 80% of subjects on 1<sup>st</sup> day, 87.7, 96.4, 97.6, 98.5, 89.6 and 100% of subjects showed on subsequent days. *Diptagni* was seen in 100% subjects on 1<sup>st</sup> day followed by 97.5% of subjects on 2<sup>nd</sup> day, 93.4% on 3<sup>rd</sup> day, 96.5% on 4<sup>th</sup> day, 95.9% on 5<sup>th</sup> day, 98.3% on 6<sup>th</sup> day and 100% subjects on 7<sup>th</sup> day [Table 3].

Maximum number subjects (60%) noted *Pravara Snigdha* grade while 30% subjects reported *Madhyama Snehana* grade and only 10% subjects put in the picture were of *Avara Snehana* grade [Table 4].

The details of *Samyak Snigdha Lakshana* during the gap days shows - on the 1<sup>st</sup> and 2<sup>nd</sup> gap day, *Vatanulomana* was experienced by all subjects while on 3<sup>rd</sup> day only 96.5% of subjects recounted it. *Diptagni* was described by all subjects on 1<sup>st</sup> *Vishrama Dina* whereas 93.2% subjects reported it on 2<sup>nd</sup> day and 83.5% stated it on 3<sup>rd</sup> gap day [Table 5].

The role of *Snehana* according to *Prakriti* reveals that maximum subjects, i.e. 11, who took 6-7 days to get *Samyak Snehana* were of *Vata-Kaphaja Prakriti* and the same no. of subjects attained *Pravara Snigdha* grade. Among *Pitta-Kaphaja Prakriti* subjects, five subjects necessitated 4-5 days for *Snehana* therapy and two subjects required 6-7 days and only one patient required 1-3 days for *Snehana* therapy. Among them, five subjects got *Pravara Snigdha* grade and two subjects reported *Madhyama Snigdha* grade.

In case of *Vata-Pittaja Prakriti*, maximum four subjects required 6-7 days for *Samyak Snehana* therapy, 1 patient got *Samyak Snehana* in 1-3 days and the same no. in 4-5 days. Among them four subjects attained *Madhyama Snehana* grade and two subjects reported *Pravara Snigdha* grade [Table 6].

In this study, seven subjects of *Vishamagni* amongst sixteen took 4-5 days for *Samyak Snehana* and nine subjects required 6-7 days for getting *Samyak Snigdha Lakshana*. Out of them, eight subjects got *Pravara Snigdha* grade, six subjects got *Madhyama Snigdha* grade and only two subjects got *Avara Snigdha* grade. Among *Mandagni* subjects, six subjects attained *Samyak Snehana* in 6-7 days and three subjects took 4-5 days. Amongst them, six subjects attained *Pravara Samyak Snehana* grade, two subjects reported *Madhyama Snigdha* grade and only one patient showed *Avara Snigdha* grade.

Among five subjects having *Tikshnagni*, two subjects achieved *Samyak Snehana* in 6-7 days and one subject took 4-5 days.

**Table 1: Observation on Jeeryamana Lakshana during the study**

Day	Onset duration (in minutes)	Siroruk	Bhrama	Nishtiva	Sada	Klama	Arati
1 <sup>st</sup>	Onset	120	0	0	0	0	0
	Duration	25	0	0	0	0	0
2 <sup>nd</sup>	Onset	200	0	0	0	0	0
	Duration	68	0	0	0	0	0
3 <sup>rd</sup>	Onset	280	0	90	0	0	0
	Duration	94	0	54	0	0	0
4 <sup>th</sup>	Onset	320	0	98	210	167	212
	Duration	113	0	80	90	135	131
5 <sup>th</sup>	Onset	342	362	88	234	124	276
	Duration	179	124	60	142	143	134
6 <sup>th</sup>	Onset	354	357	120	341	265	352
	Duration	232	154	79	132	132	163
7 <sup>th</sup>	Onset	389	422	200	345	324	287
	Duration	257	208	122	128	223	211

**Table 2: *Samyak Snigdha Lakshana* observed in 30 patients during the study**

<i>Samyak Snigdha Lakshana</i>	Number of subjects	Mean	Standard deviation (S.D.)	Percentage
<i>Vatanulomana</i>	30	1.9	0.3	100
<i>Diptagni</i>	30	1.9	0.3	100
<i>Twak Snigdha</i>	26	1.4	0.8	86.5
<i>Purisha Snigdha</i>	30	2.0	0.0	100
<i>Klama</i>	28	1.8	0.4	93.2
<i>Snehodvega</i>	30	1.8	0.6	100
<i>Angalaghavata</i>	04	0.6	0.2	13.3

Amongst them four subjects attained *Pravara Samyak Snehana* grade, one subject reported *Madhyama Snigdha* grade [Table 7].

In this study sixteen subjects having *Kroora Koshta* among eighteen, took 6-7 days for *Samyak Snehana* and two subjects required 4-5 days for getting *Samyak Snigdha Lakshana*. Out of whom eight subjects got *Pravara Snigdha* grade, eight subjects got *Madhyama Snigdha* grade and only two subjects got *Avara Snigdha* grade.

Among *Madhyama Koshta* subjects, only one subject attained *Samyak Snehana* in 6-7 days and the rest seven subjects took 4-5 days. Amongst them seven subjects achieved *Pravara Samyak Snehana* grade and only one patient showed *Avara Snigdha* grade. Among *Mridu Koshta* subjects, two subjects attained *Samyak Snehana* in 1-3 days and two subjects took 4-5 days. Out of them three subjects attained *Pravara Samyak Snehana* grade, one subject reported *Avara Snigdha* grade [Table 8].

## Effect of therapy

### Effect of *Snehapana* on blood parameters

Effect of *Snehapana* on erythrocyte sedimentation rate was found decreased with statistically insignificant results [Table 9]. Serum cholesterol level was decreased significantly ( $P < 0.01$ ) in SSL

**Table 3: Pattern of *Samyak Snigdha Lakshana* found in 30 subjects during the study**

SSL* in (%)	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
<i>Vatanulomana</i>	80	87.7	96.4	97.6	98.5	89.6	100
<i>Diptagni</i>	100	97.5	93.4	96.5	95.9	98.3	100
<i>Twak Snigdha</i>	0	0	30.6	36.4	57.6	80.3	83.1
<i>Purisha Snigdha</i>	0	0	20.1	27.8	59.7	89.4	100
<i>Klama</i>	0	10.1	15.4	36.7	43.3	89.5	99.2
<i>Snehodvega</i>	0	14.2	39.4	58.9	80.9	100	100
<i>Angalaghavata</i>	59.9	54.2	20.2	10.2	12.3	0	0

\*SSL - *Samyak Snigdha Lakshana*

**Table 4: Distribution of *Snigdha* grade achieved after *Snehana Karma* during the study**

<i>Snigdha</i> grade	No. of subjects	Percentage
<i>Pravara</i>	18	60
<i>Madhyama</i>	9	30
<i>Avara</i>	3	10

**Table 5: Assessment of *Samyak Snigdha Lakshana* during gap days of the study**

<i>Samyak Snigdha Lakshana</i>	1 <sup>st</sup> gap day		2 <sup>nd</sup> gap day		3 <sup>rd</sup> gap day	
	No.	%	No.	%	No.	%
<i>Vatanulomana</i>	30	100	30	100	29	96.5
<i>Diptagni</i>	30	100	28	93.2	25	83.5
<i>Twak Snigdha</i>	29	96.5	26	86.5	26	86.5
<i>Purisha Snigdha</i>	30	100	30	100	27	89.9
<i>Klama</i>	02	06.6	0	0	0	0
<i>Snehodvega</i>	28	93.2	24	79.9	02	06.6
<i>Angalaghavata</i>	29	96.5	30	100	30	100

and AS in comparison to BS [Table 10]. SGOT and SGPT levels were decreased in SSL and AS in comparison to BS which was statistically significant ( $P < 0.01$ ) [Tables 11, 12]. But the changes found in all the blood parameters were within physiological limits.

### Effect of *Snehapana* on stool parameter

The result of *Snehapana* was assessed on stool fat globules which was found statistically highly significant ( $P < 0.01$ ) in BS, SSL and AS as compared to each other [Table 13].

### Effect of *Snehapana* on psoriasis features

Effect of *Snehapana* was assessed on cardinal features of Psoriasis i.e. on Scaling shows statistically highly significant results ( $P < 0.01$ ) [Table 14]. Maximum number of subjects who showed *Pravara* grade of *Snehana*, also reported *Pravara Shodhana* and vice versa [Table 15]. No significant increase or decrease in vital data like pulse, respiratory rate and blood pressure were found before and after *Snehapana*.

## Discussion

*Shodhanartha Abhyantara Snehapana* is the foundation for purification procedures. There are mainly two effects of the *Shodhananga Snehapana*;



**Table 6: Role of Prakriti in Snehana during the study**

Prakriti	No. of subjects	Duration of Snehana			Snigdha grade		
		1-3 day	4-5 day	6-7 day	Pravara	Madhyama	Avara
Vata-Kapha	16	0	5	11	11	3	2
Pitta-Kapha	8	1	5	2	5	2	1
Vata-Pitta	6	1	1	4	2	4	0

**Table 7: Role of Agni in Snehana during the study**

Agni	No. of subjects	Duration of Snehana			Snigdha grade		
		1 – 3 day	4 – 5 day	6 – 7 day	Pravara	Madhyama	Avara
Vishama	16	0	7	9	8	6	2
Manda	09	0	3	6	6	2	1
Tikshna	05	2	1	2	4	1	0

**Table 8: Role of Koshta in Snehana during the study**

Koshta	No. of subjects	Duration of Snehana			Snigdha grade		
		1 – 3 Day	4-5 day	6 – 7 day	Pravara	Madhyama	Avara
Kroora	18	0	2	16	8	8	2
Madhyama	8	0	7	1	7	0	1
Mridu	4	2	2	0	3	1	0

**Table 9: Effect of Snehapana on erythrocyte sedimentation rate during the study**

Stage	Total no.	Mean	Group	Mean difference	SD	Paired 't'
BS	30	35.1	BS vs SSL	16.9	13.4	7.89
SSL	30	18.2	BS vs AS	16.1	6.1	6.1
AS	30	19.0	SSL vs AS	0.83	4.7	0.59

BS - Before Snehapana, SSL - After getting Samyaka Snigdha Lakshana, AS - After Shodhana

**Table 10: Effect of Snehapana on serum cholesterol during the study**

Stage	Total no.	Mean	Group	Mean difference	SD	Paired 't'
BS	30	197.2	BS vs SSL	16.9	34.6	5.08**
SSL	30	180.3	BS vs AS	21.6	28.4	3.34**
AS	30	175.5	SSL vs AS	4.77	30.1	0.82

BS - Before Snehapana, SSL - After getting Samyaka Snigdha Lakshana, AS - After Shodhana; \*\*P&lt;0.01

**Table 11: Effect of Snehapana on serum glutamic-oxaloacetic transaminase during the study**

Stage	Mean	Group	Mean difference	SD	Paired 't'
BS	31.5	BS vs SSL	11.2	19.6	5.63**
SSL	20.3	BS vs AS	14.6	13.6	4.31**
AS	16.9	SSL vs AS	3.43	5.0	1.46

BS - Before Snehapana, SSL - After getting Samyaka Snigdha Lakshana, AS - After Shodhana; \*\*P&lt;0.01

**Table 12: Effect of Snehapana on serum glutamic pyruvic transaminase during the study**

Stage	Total no.	Mean	Group	Mean difference	SD	Paired 't'
BS	30	32.5	BS vs SSL	11.4	24.4	3.36**
SSL	30	21.1	BS vs AS	14.4	8.6	3.21**
AS	30	18.1	SSL vs AS	3.07	10.4	1.46

BS - Before Snehapana, SSL - After getting Samyaka Snigdha Lakshana, AS - After Shodhana; \*\*P&lt;0.01

- To prepare the body by bringing the *Doshas* from *Sakhas* to the *Koshtha* from where they can be easily expelled out.<sup>[7]</sup>
- To get the proper *Shodhana* effect and prevent further complications of *Shodhana* procedures.

The therapeutic action attributed to *Shodhananga Snehapana* by *Caraka* as is '*Snehanam Sneha Vishyandam Mardava Kledakarakam*'. It can be considered as the tool for producing SSL that means *Snehana* produces *Twak Snigdha*,

*Vishyandana* causes *Adhastat Sneha Darshanam*, *Mardavata* of *Snehana* leads to *Gatra Mardavata* and *Kledana* is responsible for *Asamhata Varchas*. So we can say that in *Shamana* and *Brimhana Snehapana*, *Snehana* and *Mardava* effects can be seen whereas *Kledana* and *Visyandana* effects will not be seen, as the last two effects excite the *Dosha* and so are not intended in *Shamana* and *Brimhana Snehapana*. Among SSL, *Vatanulomana*, *Diptagni* were present from 1<sup>st</sup> day of *Snehapana*

**Table 13: Effect of Snehapana on stool fat globules during the study**

Stage	Total no.	Mean	Group	Mean difference	SD	Paired 't'
BS	30	1.1	BS vs SSL	4.3	0.4	23.39**
SSL	30	5.3	BS vs AS	0.5	1.0	5.87**
AS	30	1.6	SSL vs AS	3.7	0.4	17.77**

BS - Before Snehapana, SSL - After getting Samyaka Snigdha Lakshana, AS - After Shodhana; \*\*P<0.01

**Table 14: Effect of Snehapana on scaling during the study**

Stage	Total no.	Mean	SD	Paired 't'
BS	30	4.1	0.8	16.55**
AS	30	1.2	0.4	

BS - Before Snehapana, AS - After Shodhana; \*\*P<0.01

**Table 15: Role of Snehana in Virechana**

Snehana	Virechana					
	Pravara		Madhyama		Avara	
	No. of subjects	%	No. of subjects	%	No. of subjects	%
Pravara	12	80.0	6	50.0	0	0.0
Madhyama	3	20.0	6	50.0	0	0.0
Avara	0	0.0	0	0.0	3	100.0

which may be because of Snigdha Guna of Sneha. Due to intake of Sneha Anulomana of Apana Vayu occurred, which resulted in the good functioning of Apana Vayu and Pachaka Pitta and in turn Agnidipti was observed. Purisha Snigdhata was started to be observed from 3<sup>rd</sup> day onwards. It suggests the gradual Snigdhata of Purishavaha Srotas, which will reach maximum by 7<sup>th</sup> day. Twak Snigdhata suggests that Sneha has reached up to Rasa, Rakta, Mamsa and also Majja Dhatu as explained by Vagbhata, "Sneho Akshi Twagvisham..."

Caraka explains this with illustration that just as water saturates the cloth to its capacity then drains off, similarly the unctuous dose gets digested according to the strength of Agni and drains off when it exceeds the limit of Agni. Cakrapani comments that it is direction to find when to stop Snehapana.<sup>[8]</sup> The data suggest that all the symptoms of Samyak Snehana do not appear on the same day but as Snehana process goes on, the Lakshana appear one by one. At first Mahastrotas becomes Snigdha. So, Agnidipti and Vatanulomana are observed in initial days. Further when Asamhata Varchas appears the complete Snehana of Annavaha and Purishavaha Srotas can be understood. Afterwards Twak Snigdhata appears. This reveals that Snigdhata has reached up to Dhatu level. At last Snehodvega and Adhastat Sneha Darshanam were noted suggesting that there is no need of further Snehana. So from the above data it can be understood that the onset of Snehana Lakshana described by Caraka and other Acharyas are in the sequence of appearance. However the symptom like Twak Snigdhata is little difficult to achieve or may not appear in all the patients.

### Probable mode of action of Snehana

- Shodhananga Abhyantara Snehapana is the basis to make a smooth platform for Shodhana, i.e. to attain the Utkleshavastha of Dosha.

- The importance of Snehana as Purva Karma for Shodhana is well known.
- The features produced after Snehana suggest that there is loosening of morbid Doshas which were adherent to the walls of transforming channels and which in turn will help in the Shodhana Karma, performed afterwards. When Snehana was done by increasing dose schedule where increase of dose per day was decided according to Agni, Koshta, Bala Avastha, etc. the Snehana occurred in its full fledged form.
- Snehodvega suggests the Sanchayavastha by "Chayakarane Vidvesha" as per Sushruta. The symptoms of Rasa Vridhi like Hrillasa, Praseka signifies the increase of Apyamsha in the body which is the action of Snehana i.e., Vridhhi for bringing the Doshas from Sakha into the Koshta from where they can be easily expelled out. Adhastat Sneha Darshanam suggests that there is no need for further Snehana.
- After proper Snehapana three days gap has been given before Virechana to get Agni in its normal form so that it can digest Virechana medicine as 'Pachyamane Virechanam' is told by Acharya.
- Effect of Virechana Karma was also dependent upon Snehana process.
- Mahatikthakam Ghritam was used for Snehana and so it has provided Shamana effect on Psoriasis features.

## Conclusion

Snehapana should be done with well planned method. Consideration of Agni and Koshta must be done for deciding the dose and duration of Snehapana. Onset of various SSL occurs in sequence which may be helpful in predicting the duration of Snehapana. There are no significant changes in the blood parameters due to Snehapana. The significant changes in stool with respect to presence of fat globules were seen. Shodhananga Snehapana with Mahatikthakam Ghritam in Psoriasis decreases the clinical features to some extent.<sup>[9]</sup> If Virechana is performed after proper Snehana, better and safer Suddhi can be achieved.

## Acknowledgment

For this study I am very thankful to all my seniors, juniors, classmates and my patients who tried to understand while I communicated in Malayalam and taught me a better language for communication.

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## हिन्दी सारांश

# सोरियासिस में शोधनार्थ महातिक्तक घृत से स्नेहपान के सम्यक स्निग्ध लक्षणों का विश्लेषण

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यह विशिष्ट चिकित्सीय परीक्षण, शासकीय आयुर्वेद महाविद्यालय, तिरुपनंतपुरम के चिकित्सालय में पंचकर्म विभाग के अंतर्गत किया गया। अब तक सम्यक स्निग्ध लक्षणों पर कोई कार्य न होने से एवं असमानताओं को कम करने हेतु अध्ययन में सोरियासिस से पीड़ित एवं महातिक्तक घृत सेवन कर रहे रोगियों का चयन किया गया। स्नेहपान विविध कर्मों के कारण स्वयं एक विस्तृत पूर्व कर्म है। शोधनार्थ आभ्यंतर स्नेहपान, वमन एवं विरेचन के पूर्व किया जाता है। विभिन्न शास्त्रों में वर्णित सम्यक स्नेहपान लक्षण एक दूसरे से अनेक अर्थों में भिन्न हैं। ३० रोगियों को उनके कोष्ठ एवं अग्निबल के अनुसार महातिक्तक घृत के रूप में शोधनार्थ स्नेहपान दिया गया। सभी रोगियों में सम्यक स्नेहपान के लक्षण जानने हेतु विशिष्ट अंकीय प्रारूप एवं जैव रासायनिक परीक्षणों का अध्ययन किया गया। सांख्यिकीय विश्लेषण पेअर्ड टी टेस्ट द्वारा किया गया। सभी रोगियों में वातानुलोमन, दीप्ताग्नि, स्नेहोद्वेग, क्लम एवं अधोगत स्नेह दर्शन देखा गया; जबकि अल्प प्रतिशत रोगियों में अंग लाघव एवं त्वक स्निग्धता देखी गयी। सभी सम्यक स्नेह लक्षण क्रमानुसार आरंभ हुए। स्नेहपान के पश्चात रक्तगत कोलेस्टेरोल, एस. जी.ओ.टी. एवं वलीय बिंदु प्रमाण में परिवर्तन पाये गए। सोरियासिस में महातिक्तक घृत का शोधनार्थ स्नेहपान कुछ प्रमाण में प्रभावी पाया गया।