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"VALIDATING STANDARD SHODHANANGA SNEHAPANA DOSE FIXING FORMAT AN OPEN CLINICAL STUDY"

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ABSTRACT:
Shodhanartha Abhyantara Snehana, or internal oleation therapy, is a foundational aspect of Ayurvedic purificatory treatments, where the controlled oral administration of Lipids eithes oils or clarified butter (Snehapana) plays a critical role in determining the success of the purification process (Shodhana Karma). To ensure optimal results and prevent both inadequate (Ayoga) and excessive (Ati-Yoga) use of Snehana, precise guidelines are necessary, considering factors like Agni (digestive fire) and Koshtha (bowel condition) to determine appropriate dosage and duration. Studies suggest that oral lipid ingestion through Snehapana does not elevate lipid levels permanently; instead, it helps restore elevated lipid levels to normal. The results of this study highlight the role of dose variability in the therapeutic outcomes of snehapana as part of preparatory Panchakarma procedures. Even if a transient increase of lipids occurs during Snehapana, it is temporary and subsides after subsequent purification (Samyak Shodhana). For superior and safer purification, it is essential to perform therapeutic emesis or purgation following proper oleation in the form of Snehapana.

KEYWORDS: Shodhananga snehapana, Sneha sidha lakshana, Agni, Koshtha, Abhyantara snehapana, shodhana.

Introduction:

Panchakarma is a cornerstone therapeutic modality in Ayurvedic medicine, encompassing a comprehensive suite of purification and detoxification procedures designed to restore balance and eliminate accumulated doshas (bio-energetic forces) from the body.[1,2] This multifaceted approach is applied to treat a wide range of chronic conditions, providing significant long-term relief. Central to the

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effectiveness of Panchakarma is the preparatory phase, which includes Snehana (oleation) and Swedana (sudation), both of which are essential for preparing the body for the subsequent cleansing processes, such as Vamana (emesis) and Virechana (purgation). These preparatory therapies facilitate the thorough elimination of toxins by enhancing the fluidity of bodily tissues and promoting the release of doshas from their reservoirs in the tissues.[3,4]

Snehapana, the internal administration of lipid substances, is a critical component of the Snehana process and plays a vital role in facilitating the success of Shodhana (purification) therapy. The practice involves the gradual administration of lipids in increasing doses over a period of 3 to 7 days, tailored to the patient's digestive capacity (Agni) and bowel condition (Koshtha).[5,6]

This escalating dose pattern helps to saturate the body's channels (srotasas) with lipid, which loosens and precipitates doshas from their tissues, preparing them for elimination. Proper administration of Snehapana is crucial, as improper dosing or timing can lead to adverse effects, including toxicity or failure to achieve desired therapeutic outcomes. Therefore, accurate assessment of the patient's condition, including their Agni, Koshtha, and overall vitality, is essential for determining the appropriate dosage and ensuring the safety and efficacy of the treatment.[7]

AIM & OBJECTIVES:

The objective of this clinical study is to validate developed shodhananga snehapana dose fixation format and to evaluate the relation between level of twak/koshatha snigdhata and degree of Shodana / Shuddhi.

MATERIALS & METHODOLOGY:

Trial Design: This clinical trial was conducted as an open label, single centeric trial conducted at KLE Ayurveda Hospital & Research Centre, Shahapur, in Belagavi, India. This was a 12 months study trial including 100 subjects.

Participants:

Inclusion Criteria: Inclusion criteria for the study consisted of OPD/IPD based patients posted for shodhananga snehapana irrespective of age, gender and disease.

Exclusion Criteria: Patients not willing to take shodhananga snehapana format wise sneha dose. were excluded from the study.

Ethics: The study was initiated after approval from institutional ethical committee with ethical number BMK/21/PLG/01 and CTRI number CTRI/2022/01/039429.

Criteria for Outcome measures:

The primary outcomes measured included Shodhananga snehapana dose fixation format will ease the fixation of first day snehapana dosage. The secondary outcome measure was to assess weather Percentage of Koshta and Twak Snigdhata affects the level of shodhana.

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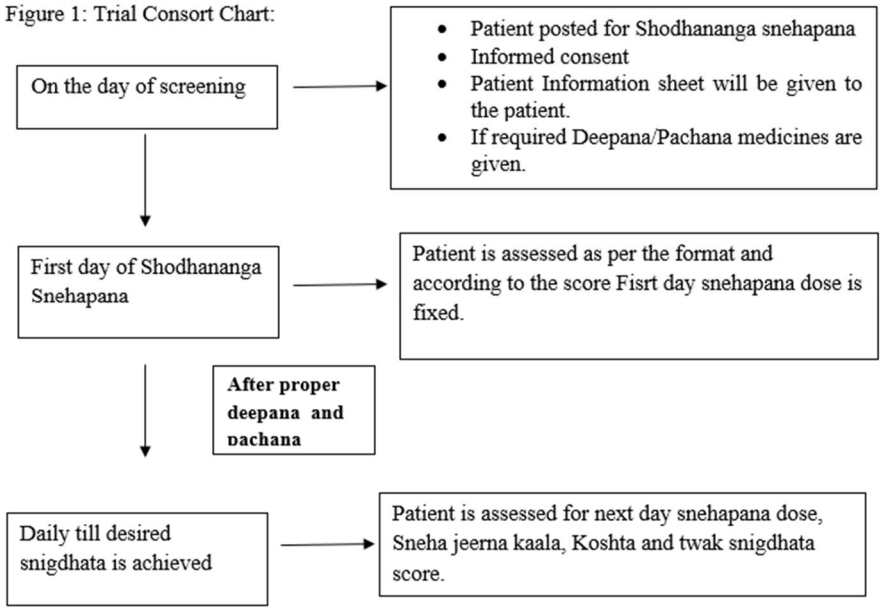
RESULTS:

Figure 1: Trial Consort Chart:



KOSHTA ASSESSMENT

Sr. No.	Question	Factors	Scoring	Findings
1.	What is the frequency of bowel evacuation?	Passes stools once or twice regularly	1	
		Passes stools once regularly	2	
		Doesn't pass stool regularly	3	
2.	What is the consistency of bowel?	Semi formed stools	1	
		Formed stools	2	
		Hard & dry stools	3	
3.	Weather the bowel evacuation is complete / satisfactory?	Complete and Satisfactory bowel clearance	1	
		Complete bowel clearance	2	
		Incomplete and unsatisfactory bowel clearance	3	

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AGNI ASSESSMENT

Sl No	Question	Factors	Scoring	Findings
1.	How often do you feel hungry in a day and when will you have food?	I have food at stipulated meal time with good appetite	1	
		I have food at stipulated meal time with no appetite	2	
		I have food before the stipulated meal time with good appetite	3	

PRAMANA ASSESSMENT

Sl NO	PRAMANA	Body Weight	SCORE	Findings
	Avara	Less than 40Kgs	1	
	Madhyama	40Kgs – 70Kgs	2	
	Pravara	More than 70Kgs	3	
Total Score				

Atura Bala	Avara: 1-5	Madhyama: 6-10	Pravara: 11-15
Snehapana Dose of Day 1	50ml	80ml	100ml

SCORE			
TWACHA SNIGDHATA		**PURISHASNIGDHATHA**	
No Change	0	No change	0
Prominent scratch	15	Soft stool	15
Scratch visible and disappears immediately	30	Fragmented stool	30
No scratch	50	Greasy stool	50

6. Observations:

Table 1 :

		Number of patients
Gender wise distribution of 100 subjects	Male	48
	Female	52
Distribution of 100 subjects on basis of days of snehapana	3days	23
	4days	46
	5days	20
	6days	11
Distribution of 100 subjects on	40ml	34

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basis of first day dose of snehapana	60ml	52
	80ml	14
Distribution of 100 subjects on quantity of sneha consumed? (in ml)	100-250	24
	250-400	46
	400-550	19
	550-700	11
Shodhana wise distribution of 100 subjects	Vamana	31
	Virechana	69
Distribution of 100 subjects on basis of twak and purish snigdhata score	0-50	28
	50-100	72

Table 2 : Shuddhi wise distribution

	Type of Shuddhi	Vamana	Virechana
First Day Dose - 40ml	Pravara	08	12
	Madhyama	02	10
	Avara	02	03
	Total	12	25
First Day Dose - 60ml	Pravara	10	10
	Madhyama	03	18
	Avara	02	06
	Total	15	34
First Day Dose - 80ml	Pravara	02	03
	Madhyama	01	07
	Avara	01	02
	Total	04	10

7. Discussion:

The study screened a total of 100 subjects who underwent **snehapana** as part of their preparatory procedure for Panchakarma therapies, specifically **vamana** (emesis) and **virechana** (purgation). Among these subjects, there was a slight female preponderance, with 52% female and 48% male participants. The duration of snehapana administration varied, with 23 subjects receiving it for 3 days, 46 subjects for 4 days, 20 subjects for 5 days, and 11 subjects for 6 days. This variability in duration likely reflects individual agni and koshta based on patient condition and therapeutic objectives.

Generally, 30ml Sneha is given on day one of shodhananga snehapana though, this hrusiyasi matra (30ml) should be practiced in unknown koshta.[7] First day dose was fixed on the type of koshta and status of agni, so the initial dose of snehapana varied, with 34 subjects receiving 40 ml, 52 subjects receiving 60 ml, and 14 subjects receiving 80 ml on the first day. These differing dosages were

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administered in order to assess the dose-dependent effects on the attainment of **twak** (skin) and **purish** (feces) snigdhata, which are key indicators of the effectiveness of snehapana in preparing the body for further detoxification. The total amount of snehapana administered throughout the treatment period varied among subjects, with 24 subjects receiving between 100–250 ml, 46 subjects between 250–400 ml, 19 subjects between 400–550 ml, and 11 subjects receiving between 550–700 ml. These variations in total dosage further emphasize the individualized nature of the treatment and the flexibility in dosage required for optimal therapeutic response.

The results show a significant difference in the effects of snehapana based on the first day dose and the subsequent attainment of **pravara**, **madhyama**, and **avara shuddhi** (levels of purification). Among the 34 subjects who received 40 ml on the first day, 8 subjects from the vamana group and 12 from the virechana group achieved **pravara shuddhi**, which reflects a higher degree of detoxification. In contrast, a smaller proportion attained **madhyama shuddhi** (moderate purification) and **avara shuddhi** (low purification), indicating a dose-dependent response. Specifically, 2 patients from vamana and 10 patients from virechana reached **madhyama shuddhi**, while 2 and 3 patients from vamana and virechana, respectively, achieved **avara shuddhi**. A similar trend was observed with the 60 ml dose, where a greater proportion of subjects attained **pravara shuddhi**: 10 patients from vamana and 10 from virechana achieved this high level of purification. Additionally, 3 patients from vamana and 18 from virechana reached **madhyama shuddhi**, while 2 and 6 patients from vamana and virechana, respectively, attained **avara shuddhi**. This suggests that the 60 ml dose might be more effective in promoting deeper purification in a higher number of subjects. In contrast, the 80 ml dose, while still effective, yielded lower rates of **pravara shuddhi**. Only 2 patients from vamana and 3 patients from virechana reached the highest purification level, which may reflect the body's threshold or tolerance for snehapana at higher doses. Moreover, fewer subjects achieved **madhyama shuddhi** and **avara shuddhi** compared to the 40 ml and 60 ml doses, suggesting that excessively high doses may not necessarily lead to superior therapeutic outcomes and may instead increase the likelihood of suboptimal purification, or possibly cause discomfort or other adverse effects in certain individuals specifically if Agni and Bala are not pravara.

The results of this study highlight the role of dose variability in the therapeutic outcomes of snehapana as part of preparatory Panchakarma procedures. While higher doses generally promoted greater purification, the response was not uniform across all subjects, and moderate doses (such as 60 ml) appear to offer a more balanced approach to achieving optimal purification levels. These findings emphasize the importance of individualized dosing in Ayurvedic practice to maximize therapeutic benefit while minimizing the risk of adverse reactions. Further research with larger sample sizes and more controlled parameters would be beneficial to refine these observations and validate the most effective dosing protocols for snehapana.

8. Conclusion:

The study highlights importance of individualized dosing in Snehapana, emphasizing the need to consider factors such as Pramana, Satwa, Agni, and Koshtha for optimal therapeutic outcomes. The implementation of a structured format for determining the initial dose based on these parameters resulted in effective Shodhana. Also indicating, the format can be used to attain the required level of Shuddhi as per the demand of clinical condition. The findings showed further refinement and disease-specific assessment format could enhance the efficacy of Snehapana in Panchakarma treatments, ensuring more precise and individualized care for patients undergoing detoxification therapies.

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