



A PILOT CLINICAL COMPARATIVE STUDY OF ACCHA SNEHAPANA AND PRAVICHARANA SNEHAPANA IN ATTAINING SAMYAK SNIGDHA LAKSHANAS PRIOR TO SHODHANA

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ABSTRACT

In the current scenario, Panchakarma has attained an outstanding position in managing various ailments through its diverse therapeutic modalities. The demand for specialised Panchakarma therapies has increased considerably owing to their multifaceted benefits, including promotive, preventive, and curative effects. Just as a tree cannot grow without its roots, Panchakarma aims to eliminate vitiated Doshas from their causative sites, thereby reducing the possibility of disease recurrence. Panchakarma, also known as Shodhana therapy, is primarily designed to eliminate vitiated Doshas from the body. To effectively eliminate these vitiated Doshas, it is essential to bring them from the peripheral tissues toward the central channels, which is facilitated by two primary measures: Snehana and Swedana. Thus, Snehana and Swedana constitute the important Purva Karmas of Shodhana therapy. When Snehapana is administered appropriately, it facilitates the proper execution and desired therapeutic outcome of Shodhana therapy. However, improper administration of Snehapana may result in inadequate Shodhana and can also lead to various complications. In clinical practice, administering Achha Snehapana to patients often poses difficulties, and poor patient compliance is commonly encountered. Such non-compliance presents a significant challenge to physicians, as it can directly influence the effectiveness and success of the Shodhana process. Therefore, there is a need to explore alternative approaches to Snehapana, particularly Pravicharana Snehapana, as a form of Shodhananga Snehana. Although Pravicharana Snehapana has been described in classics, its application as a Purva Karma for Shodhana remains comparatively less utilised and is often overlooked in routine Ayurvedic clinical practice. Hence, an attempt is aimed at exploring the concept and practical utility of Pravicharana Snehapana for Shodhana purposes, with the objective of achieving better patient compliance and fruitful outcomes of Shodhana karma.

KEYWORDS :

INTRODUCTION

The entire body is composed of Sneh (unctuous particles), and life depends on Sneh. Sneh is an essential component of Shareera (body). Acharya Sushruta used the quotation to highlight Sneh's significance.

“Snehasaaro ayam Purusha Pranashcha Snehabhuyishtah Sneh Sadyashcha Bhavanti”¹. Shareera is formed from Sneh, which is also responsible for sustaining the Prana (life force) of Purusha. This implies that Sneh is an essential component for both the origin and maintenance of life, acting as a vital factor in the formation and nourishment of the human body.

In Ayurveda, Snehana refers to a therapeutic approach that primarily promotes the Snigdha (unctuous or oily) quality within the body. The term Snehana encompasses both Bahya and Abhyantara Snehana therapies, which are essential components of a holistic treatment approach. It is a classical Purvakarma that precedes Shodhana karma such as Vamana (therapeutic emesis) and Virechana (therapeutic purgation). Snehana, along with Swedana (sudation therapy), helps to liquefy the doshas and facilitates the movement of vitiated doshas from Shakha (peripheral tissues) to Koshta² (gastrointestinal tract), enabling their effective elimination through appropriate Shodhana procedures. Although it is often regarded as a simple procedure, the therapeutic mechanism of Snehana is far more intricate and sophisticated than it may initially appear.

The Role of Snehana in Ayurvedic Treatment

According to Ayurvedic principles, Snehana has significant therapeutic implications in balancing the doshas - Vata, Pitta and Kapha. It is especially beneficial in alleviating vitiated doshas and promoting a state of equilibrium within the body. This therapeutic procedure is primarily performed to prepare the body for subsequent purification therapies, ensuring that the accumulated morbid Doshas, which are responsible for disease, are expelled efficiently.

Snehana is described in classical texts as one of the Shadvidhopakarma and may be employed either as a standalone treatment or as part of a broader detoxification regimen. When administered internally, Snehana serves a preparatory role, particularly before more intensive Shodhana procedures such as Vamana and Virechana, by creating an optimal internal environment that enhances the effectiveness of these purification therapies³.

Definition

- स्नेहनं स्नेहविष्यन्दमार्दवक्लेदकारकम्।⁴

The procedure by which Snigdha (oiliness), Vishyandana (liquefaction), Mardavata (softness) and Kledana (moistness) are achieved is known as Snehana.

Classification

Based on the route of administration, Snehana is categorised into two types - Abhyantara Snehana and Bahya Snehana. Abhyantara Snehapana is further divided into Achhapana and Vicharana. It is also classified based on its purpose: Shodhananga Snehana, Shamananga Snehana and Brimhananga Snehana.

A) Accha Snehana

- अच्छपेयस्तु यः स्नेहो न तामाहुर्विचारणाम्।⁵

Dalhana - Kevala Snehana⁶

Hemadri - Accha kevala⁷

Criteria - Quantity of Accha Snehana > Pravicharana Snehana. Snehana is taken either in increasing or fixed doses; Snehana is taken in the morning after digestion of the previous meal.

Indication

- स्नेहसात्म्यः क्लेशसहः काले नात्युष्णशीतले।
अच्छमेव पिबेत् स्नेहमच्छपानं हि पूजितम्।⁸

Contraindications of Acchapana

- स्नेहद्वेषि क्षामो मृदुकोष्ठः स्नेहमद्यनित्यश्च।
अध्वप्रजागरस्तीक्ष्णान्ता नाच्छं पिबेयुस्ते।⁹

Acchapana is contraindicated in the following conditions

- Those who have aversion towards Snehana.
- One who has Mrudu koshta.
- Those who take Madya and Snehana daily.
- One who indulges in Adhva (fast walking), Prajagara (late-night sleep) and Stree (sexual activity).

B) Pravicharana Snehana

- प्रविचार्यते अवचार्यतेऽनुकल्पेनोपयुज्यतेऽनयेति प्रविचारणा ओदननादयः।¹⁰

24 Varieties of Pravicharana Snehana

- ओदनश्च विलेपी च रसो मांसं पयो दधि।
यवागूः सूपशाकौ च यूषः काम्बलिकः खडः।
सक्तवस्तिपिष्टं च मद्यं लेहास्तथैव च।
भक्ष्यमभ्यञ्जनं बस्तिस्तथा चोत्तरबस्तयः।
गण्डूषः कर्णतैलं च नस्तः कर्णाक्षितर्पणम्।
चतुर्विंशतिरित्येताः स्नेहस्य प्रविचारणाः।¹¹

Indication

सेहद्विषः सेहनित्या मृदुकोष्ठाश्च ये नराः।
क्लेशासहा मद्यनित्यास्तेषामिष्टा विचारणा॥¹²

Table No. 1- Difference Between Achha Sneha & Pravicharana Sneha

Sl. No	Acchapanana	Pravicharana
1	Only Sneha (Ghrita or taila)	Sneha mixed with food articles
2	High potency	Mild potency
3	Prathamakalpika (Principal method)	Alternative to Accha Sneha?
4	Oral route	Oral + Many other route

AIM & OBJECTIVES

- To compare the clinical applicability of Accha snehapana and Pravicharana snehapana in attaining Samyak Snigdha lakshanas before shodhana.
- To observe the appearance of signs and symptoms of Samyak Snigdha Snehana by Vicharana Snehapana and Accha snehapana
- To observe the tolerability and clinical observations during Snehapana by Vicharana Snehapana.

MATERIALS AND METHODS

- Materials required for Snehapana, i.e, Ghrita, ksheera, measuring jar, weighing machine, material for preparation of food item like Vilepi.
- 15 individuals indicated for Shodhana therapy were enrolled; participants were divided into three groups, each comprising five patients. Pravicharana snehapana was administered in the form of Ksheera (milk), Vilepi (semi-solid gruel) and Ghrita Acchpana, respectively.

Inclusion Criteria

- Age - 20-50 years irrespective of sex, religion and gender.
- Patients of Madhyama Koshta.
- Those who are indicated for Snehapana and have an aversion towards Ghrita or are unable to follow the regimen mentioned for Accha Snehapana.

Exclusion Criteria

- Systemic disorders like uncontrolled Diabetes and HTN, etc
- Pregnant women and lactating mothers.

Withdrawal Criteria

- Patients who didn't follow the protocol
- Patients who had any complications from the Snehana were withdrawn from the study and treated according to symptoms.

Methodology

- Snehapana was administered after evacuation of mala & mutra and after snana. It was given only after complete digestion of the previous night's meal and before the onset of hunger (ananna-bhilasa).
- Sneha was administered in the early morning between 6:00 AM – 6:30 AM on an empty stomach.
- Arohana krama was adopted for dose escalation based on the time required for digestion of the administered ghrita on the previous day. The dose of snehapana was calculated using the following equation: $30\text{ml} \times h$
- Where 30ml represents the initial dose on the first day, 12 denotes the expected digestion time of madhyama matra sneha, and 'h' indicates the number of hours taken for digestion of 30ml of Sneha.
- The quantity obtained by this calculation was considered the maximum dose required for the patient to attain madhyama sneha matra. Thereafter, the dose was gradually increased in arohana krama and along with that Ksheera and Vilepi dose was also increased to increase the palatability until the appearance of Samyak Snigdha Lakshanas.

Pathya and Apathya -

- Patients are advised to take ahara which has the properties like drava, ushna, anabhishtyandi etc in an appropriate quantity like peya, vilepi, rice rasam, khichdi was advised to consume ushna jala whenever needed.
- Patients are advised to avoid vyayama, ucchhairvachana, hima, atapa sevana, pravata, yana, adhwā, divaswapna and maithuna throughout the procedure.

Table No.2- Group A: Acchapanana

Subject	Day 1	Day 2	Day 3	Day 4	Day 5
1	30ml 3hr30min	50ml 6hrs	70ml 7 hr:10min	90ml 7hr 40min	110ml 8hrs
2	30 ml 4hrs	50ml 4hr30min	70ml 5hr30min	90ml 6hrs	110ml 7hr10min
3	30ml 4hr30min	45ml 5hr10min	60ml 6hrs	75ml 6hr30min	90ml 7hrs
4	30ml 4hrs	50ml 5hr30min	70ml 6hr	90ml 7hr	110ml 7hr30min
5	30ml 5hrs	45ml 5hr20min	60ml 6hrs	75ml 6hr40min	90ml 7hr30min

Table No.3 - Group B: Ghrita + Ksheera

Subject	Day 1	Day 2	Day 3	Day 4	Day 5
1	30ml + 50ml 4hrs 30mins	50ml + 70ml 6hrs	70ml + 90ml 7hrs 30mins	90ml + 110ml 8hrs 20mins	110ml + 130ml 9hrs
2	30ml + 45ml 4hrs	50ml + 70ml 5hrs 30mins	70ml + 85ml 6hrs 40mins	90ml + 120ml 7hrs 30mins	110ml + 130ml 8hrs 20min
3	30ml + 50ml 3hrs	55ml + 70ml 5hrs 20mins	80ml + 95ml 6hrs 40mins	105ml + 120ml 7hr 30min	130ml + 150ml 9hrs 10mins
4	30ml + 50ml 4hrs	50ml + 70ml 5hrs 30min	70ml + 90ml 6hrs 40mins	90ml + 110ml 8hrs	110ml + 130ml 8hrs 30mins
5	30ml 4hrs 30mins	50ml + 65ml 6hr 20min	70ml + 85ml 7hrs 40mins	90ml + 105ml 9hrs 10min	

Table No. 4-Group C: Ghrita + Vilepi

Subject	Day 1	Day 2	Day 3	Day 4	Day 5
1	30ml + 60gms 5hrs 30mins	45ml + 80gms 7hrs	60ml + 100gms 8hrs	75ml + 130gms 9hrs 20mins	90ml + 160gms 10hrs 30mins
2	30ml + 50gms 4hrs 30mins	50ml + 70gms 6hrs 10min	70ml + 90gms 8hrs 30 min	90ml + 110gms 9hrs 20mins	
3	30ml + 60gms 5hrs	45ml + 75gms 7hrs 30min	60ml + 90gms 8hrs	75ml + 105gms 9hrs	90ml + 120gms 9hrs 30mins
4	30ml + 60gms 4hrs 30mins	50ml + 80gms 6hrs	70ml + 100gms 7hrs 30 min	90ml + 120gms 9hrs	110ml + 140gms 10hrs 30mins
5	30ml + 60gms 5hrs 30mins	45ml + 80gms 6hrs 20min	60ml + 100gms 8hrs	75ml + 130gms 9hrs 20mins	90ml + 160gms 10hrs 30mins

OBSERVATION AND RESULT

❖ Clinical Observations

1. Asamyak Mishrana-

Ghrita or Taila did not form a homogeneous mixture with Ksheera or Vilepi. The Sneha remained as a separate floating layer, while the Ksheera or Vilepi settled at the bottom, necessitating repeated stirring before administration to ensure simultaneous consumption of Sneha and the accompanying Pravicharana dravya.

2. Pradhana Rasa and Gandha of Sneha-

The addition of Ksheera or Vilepi did not significantly alter the characteristic Rasa or Gandha of Ghrita. The Sneharasa and Snehagandha remained predominant throughout the course of administration.

3. Increased Quantity Due to Arohana Krama-

As the study was conducted as Shodhananga Snehapana, Arohana Krama was followed in all groups. Consequently, participants receiving Pravicharana Snehapana were required to consume progressively increasing quantities of both Sneha and the accompanying Pravicharana dravya (Ksheera or Vilepi). This substantially

increased the total quantity consumed, and many participants expressed apprehension and difficulty in completing the prescribed regimen.

4. Difficulty in Consuming Vilepi -

Compared with Ksheera, administration of Vilepi along with Ghrita was comparatively more difficult because of its semisolid consistency and larger quantity. Several participants experienced difficulty completing the prescribed quantity of Vilepi.

5. Jeerna Kala (Digestion time) -

The cumulative Jeerna kala tended to be longer in the Ghrita + Vilepi group, whereas the Ghrita + Ksheera group showed a Jeerna kala comparable to Accha snehapana.

6. Snehodgara-

Snehodgara was observed more frequently and persisted for a longer duration in participants receiving Ghrita with Vilepi compared with those receiving Ghrita with Ksheera or Accha Snehapana.

7. Samyak Snigdha Lakshana-

Despite differences in the mode of administration, quantity of Pravicharana dravya and Jeerna kala, all three regimens produced comparable Samyak Snigdha lakshanas, indicating adequate Abhyantara snehana before Shodhana karma.

8. Patient Acceptability-

Accha snehapana was comparatively easier for participants to consume because only Sneha was administered. In contrast, Pravicharana snehapana required additional Pravicharana dravya, increasing the overall quantity and thereby reducing patient convenience and overall acceptability.

RESULTS

A total of 15 participants of Madhyama Koshta were enrolled in the study and equally allocated into three intervention groups: Accha snehapana (Group A), Ghrita with Ksheera (Group B) and Ghrita with Vilepi (Group C), with five participants in each group. The study evaluated the day of attainment of Samyak Snigdha lakshanas, cumulative Ghrita dose, cumulative digestion time and the quantity of Pravicharana dravya consumed.

1. Attainment of Samyak Snigdha Lakshanas

The day of attainment of Samyak Snigdha lakshanas among the three intervention groups is presented in Table 1. All participants (100%) in the Accha Snehapana group attained Samyak Snigdha lakshanas on Day 5. In both the Ghrita + Ksheera and Ghrita + Vilepi groups, one participant (20%) attained Samyak Snigdha lakshanas on Day 4, while the remaining four participants (80%) attained them on Day 5.

Fisher's Exact test demonstrated no statistically significant difference in the day of attainment among the three groups ($p > 0.05$).

Table No.5 - Comparison of Day of Attainment of Samyak Snigdha Lakshanas

Group	n	Day 4 n (%)	Day 5 n (%)
Accha Snehapana	5	0 (0%)	5 (100%)
Ghrita + Ksheera	5	1 (20%)	4 (80%)
Ghrita + Vilepi	5	1 (20%)	4 (80%)

2. Cumulative Ghrita Dose

The cumulative Ghrita dose required to attain Samyak Snigdha lakshanas is presented in Table 2. The mean cumulative Ghrita dose was 330 ± 27.4 mL in the Accha Snehapana group, 338 ± 60.6 mL in the Ghrita + Ksheera group, and 298 ± 39.0 mL in the Ghrita + Vilepi group. As the study consisted of three independent groups with a small sample size ($n = 5$ per group), intergroup comparison was performed using the Kruskal–Walli's test. No statistically significant difference was observed among the three groups ($H = 1.67$, $df = 2$, $p = 0.43$).

Table No.6- Comparison of Cumulative Ghrita Dose

Group	n	Mean $\pm$ SD (mL)
Accha Snehapana	5	330 ± 27.4
Ghrita + Ksheera	5	338 ± 60.6
Ghrita + Vilepi	5	298 ± 39.0

3. Comparison of Cumulative Digestion Time

The cumulative digestion time until attainment of Samyak Snigdha lakshanas is shown in Table 3. The mean cumulative digestion time was 1790 ± 113.4 minutes in the Accha Snehapana group, 1912 ± 165.3 minutes in the Ghrita + Ksheera group and 2220 ± 292.0 minutes in the Ghrita + Vilepi group.

Although the Ghrita + Vilepi group demonstrated a comparatively

longer cumulative digestion time, Kruskal–Walli's analysis showed no statistically significant difference among the three groups ($H = 5.18$, $df = 2$, $p = 0.075$).

Table No.7- Comparison of Cumulative Digestion Time

Group	n	Mean $\pm$ SD (minutes)
Accha Snehapana	5	1790 ± 113.4
Ghrita + Ksheera	5	1912 ± 165.3
Ghrita + Vilepi	5	2220 ± 292.0

4. Comparison of Quantity of Pravicharana Articles

The cumulative quantity of Pravicharana articles consumed during Snehapana is presented in Table 4. Participants in the Ghrita + Ksheera group consumed a mean cumulative Ksheera quantity of 418 ± 92.4 mL, whereas those in the Ghrita + Vilepi group consumed a mean cumulative Vilepi quantity of 466 ± 87.9 g. No additional adjuvant was required in the Accha Snehapana group.

As Ksheera and Vilepi are different adjuvant substances with different units of measurement, no inferential statistical comparison was performed. Therefore, only descriptive statistics are presented.

Table No.8 - Average Quantity of Pravicharana dravya Administered According to Daily Ghrita Dose

Days	Mean Ghrita (ml)	Mean Ksheera (ml)	Mean Vilepi (gms)
Day 1	30	49 (≈ 50)	58 (≈ 60)
Day 2	51	69 (≈ 70)	77 ($\approx 75-80$)
Day 3	72	89 (≈ 90)	96 (≈ 100)
Day 4	93	113 (≈ 115)	119 (≈ 120)
Day 5	115	135	145

Day 5 averages are based on participants who continued Snehapana until Day 5; participants attaining Samyak Snigdha lakshanas on Day 4 were excluded from the Day 5 calculation.

Overall Results

The present pilot study demonstrated that all three Snehapana regimens were comparable in achieving Samyak snigdha lakshanas. No statistically significant difference was observed among the three groups with respect to the day of attainment of Samyak snigdha lakshanas (Fisher's Exact test, $p > 0.05$), cumulative Ghrita dose (Kruskal–Walli's test, $H = 1.67$, $p = 0.43$) or cumulative digestion time (Kruskal–Walli's test, $H = 5.18$, $p = 0.075$).

DISCUSSION

The present pilot comparative clinical study of Accha Snehapana with Ghrita administered along with Ksheera and Vilepi as Pravicharana Snehapana in patients undergoing Snehapana as Purva Karma before Shodhana. The comparison was based on attainment of Samyak Snigdha Lakshanas, cumulative Ghrita requirement, Jeerna Kala, quantity of Pravicharana Dravya and practical feasibility.

1. Rationale for Comparing Accha and Pravicharana Snehapana

Accha Snehapana involves direct administration of Sneha, whereas, Pravicharana Snehapana administers Sneha along with a suitable food article. The present study was undertaken to evaluate whether incorporation of Ksheera or Vilepi could provide adequate oleation comparable to Accha Snehapana while offering an alternative mode of administration in patients who may have difficulty tolerating direct Sneha intake.

2. Attainment of Samyak Snigdha Lakshanas

In the Accha snehapana group, all five participants attained Samyak Snigdha Lakshanas by Day 5, whereas in both Ghrita+Ksheera and Ghrita+Vilepi groups, one participant attained them on Day 4 and four on Day 5. Fisher's Exact test showed no statistically significant difference. Thus, the addition of Ksheera or Vilepi did not significantly alter the day of attainment of Samyak Snigdha Lakshanas in the present study.

3. Effect of Pravicharana Dravya on Required Ghrita Dose

The mean cumulative Ghrita requirement was 330 ± 27.4 mL in Accha, 338 ± 60.6 mL with Ksheera and 298 ± 39.0 mL with Vilepi. The difference was statistically non-significant ($H = 1.67$, $df = 2$, $p = 0.43$). Hence, the accompanying Pravicharana dravya did not demonstrate a significant influence on the cumulative quantity of Ghrita required in this study.

4. Comparison of Cumulative Jeerna Kala

The mean cumulative Jeerna Kala was 1790 ± 113.4 minutes in Accha, 1912 ± 165.3 minutes with Ksheera and 2220 ± 292.0 minutes with Vilepi. Ghrita+Vilepi showed comparatively prolonged digestion, although the difference was not statistically significant ($H = 5.18$, $df = 2$,

p=0.075). This numerical trend may be related to the nature and quantity of Vilepi and requires confirmation in larger studies.

5. Progressive Increase in Quantity of Ksheera and Vilepi

With the increase in Ghrita during Arohana Krama, the quantity of accompanying Pravicharana dravya also increased. Ksheera increased from approximately 50 mL on Day 1 to 135 mL on Day 5, while Vilepi increased from approximately 60 g to 145 g. Thus, unlike Accha Snehapana, Pravicharana involves an additional dietary component whose quantity progressively contributes to the total amount consumed.

6. Influence of Consistency of Pravicharana Dravya on Digestion

The difference in consistency between the two Pravicharana dravyas was reflected in the clinical observations. Ksheera, being liquid, was comparatively easier to consume, whereas Vilepi, being semisolid and administered in larger quantities, was associated with comparatively prolonged digestion. More frequent and prolonged Snehodgara was also observed with Ghrita+Vilepi.

7. Patient Acceptability and Practical Difficulties

An important practical observation was that Ghrita did not form a completely homogeneous mixture with either Ksheera or Vilepi; the Sneha tended to remain as a floating layer and required repeated stirring before administration. Further, the progressive increase in the accompanying food quantity increased the total amount to be consumed. Vilepi was comparatively more difficult to consume because of its semisolid consistency and larger quantity. Pravicharana Snehapana mainly given in Snehadweshi patients, so the increasing dose of Ghrita and the food article may feel difficulty to consume and even the Sneha rasa and Sneha gandha remained predominant throughout the course of administration. These factors may influence the practical acceptability and compliance of Pravicharana Snehapana.

8. Clinical Applicability of Pravicharana Snehapana

The findings suggest that Pravicharana Snehapana with Ksheera or Vilepi can be considered as an alternative mode of Sneha administration in selected patients, particularly those having aversion or difficulty with Accha Snehapana. However, the present study did not demonstrate any superiority of Pravicharana over Accha Snehapana with respect to the principal clinical endpoint.

9. Interpretation in Relation to Agni, Koshta and Individual Tolerance

The variations observed in digestion and progression of Snehapana may be interpreted in relation to individual Agni, Koshta, Sneha Satmya, digestive capacity and tolerance. These factors are relevant while deciding the progression and accompanying quantity of Pravicharana Dravya. Therefore, the observed quantities should be regarded as study-specific observations rather than fixed dosage recommendations.

10. Implications and Limitations of the Pilot Study

The study provides preliminary quantitative data regarding cumulative Ghrita requirement, Jeerna Kala and the progressive quantities of Ksheera and Vilepi. However, with only five participants in each group, the statistical power and generalizability are limited. Therefore, the non-significant findings should not be interpreted as definitive evidence of equivalence. Larger and adequately powered studies are required to validate these observations and further evaluate the comparative utility of different Pravicharana methods.

CONCLUSION

The present pilot study suggests that Pravicharana Snehapana also helps in achieving Samyak Snigdha Lakshanas comparable to Accha Snehapana. Although Pravicharana Snehapana is traditionally administered in Alpa Matra, as explained in the Hrudayabodhika commentary of A.H. Su. 16/15, its potential as Shodhananga Snehapana may therefore be underutilized in clinical practice. The present findings indicate that Pravicharana Snehapana may be practiced as an alternative method of Snehapana before Shodhana Karma, particularly in individuals who have difficulty with direct intake of Sneha. The choice of Pravicharana Dravya and quantity should be individualized according to Agni, Koshta, digestive capacity and patient tolerance. Larger clinical studies are warranted to further validate its role in Shodhananga Snehapana.

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