

## CRITICAL REVIEW ON AVAPEEDAKA SNEHAPANA

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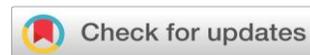
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**ABSTRACT**

*Avapeedaka Snehapana* is a type of *Samana Snehapana* indicated in *Mootra vegarodhajanya vikaras, Raktaarsha* and *Adhonabhighatha vatavikaras* administered in *Uttama Matra*. But considering *Dosha Purusha Vyadhi Bala*, it can be practiced in another dosage also. *Avapeedaka Snehapana* is administered in two formats. *Pragbhakta Hraswamatrasnehapana* is given first and after its digestion *Uttama Matra Snehapana* is given. In the second one, first, the *Sneha* which digests in 1 *Yama*/2 *Yama*/ 3 *Yama* is given as *Pragbhakta* and after its digestion, the next dose which is capable of digesting within remaining *Yama* is given. It is important to practice *Avapeedaka Snehapana* as mentioned in the texts by understanding all its principles concerning disease and diseased for effective results.

**Keywords:** *Avapeedaka Snehapana, Uttarabhaktikasnehapana, Samanasnehapana,*

**INTRODUCTION**

*Avapeedaka Snehapana* is less explored and rarely practised by clinicians. Here medicated ghee is given in two doses. This is mainly indicated in *Mootra vegarodhajanya vikara* (disease due to the suppression of urge of micturition). This method is not practised widely because of less knowledge on the method of

administration, minimal/scattered textual reference and fear of getting complications. The need of this paper is to look deep into the subject told in commentaries, for a better understanding of the topic, which in turn will help for better application in practice. This review is intended to have a detailed analysis on

- Exploring *Avapeedaka Snehapana* - what is mentioned in literature?
- How it can be practised - different views?
- Currently practising methods.
- Experiences from different practitioners
- The role of *Avapeedaka snehapana* in inducing ketogenesis.

*Sneha* (lipid) is the essence of an individual. *Snehana* means to oleate or to make smooth. The various measures adopted to bring about unctuousness in the body is known as *Snehana*. The *Snehana* drugs have properties like *Drava* (liquid), *Sukshma* (capable of entering minute pores), *Sara* (mobile), *Snigdha* (unctuous), *Picchila* (slimy), *Guru* (heavy), *Seeta* (cold in potency), *Manda* (dull) and *Mridu* (soft) [1]. *Snehapana* is the method of oral administration of *Sneha*. According to *Matra* (dose of *sneha*) as per the time required for digestion of *Sneha*, *Snehapana* is divided into 4 [2].

- *Hraswamatrasnehapanam*- administration of *Sneha* in the dose which digests within 6 hours
- *Madhyamatrasnehapanam*- administration of *Sneha* in the dose which digests within 12 hours
- *Uttamatrasnehapanam*- administration of *Sneha* in the dose which takes 24 hours for its digestion

#### Relation between time and food in *Brimhana Snehapana* [4]

Sl.no	Time of administration	Action	Diseases
1	Before food ( <i>Pragbhaktam Snehapana</i> )	Gives strength to <i>Uru</i> (thighs), <i>Jangha</i> and <i>Kati</i> (hips), <i>Vatanulomana</i> (proper evacuation of urges)	Cures diseases of the lower part of the body
2	With food ( <i>Madhya Bhakta Snehapana</i> )	Enhances <i>Agnibala</i> , gives strength and stability	Cures the diseases of the middle part of the body
3	After food ( <i>Uttara Bhakta Snehapana</i> )	Enhance the stability of sense organs	Cures diseases of the upper part of the body above shoulder

#### AVAPEEDAKA SNEHAPANA

In this review, the discussion is made on administration methods of *Avapeedaka Snehapana*, the quantity of *Sneha* to be used, generally practising methods, the purpose of administration, its indications and how it is administered by clinicians

- a) Can the *Pragbhaktam Snehayojana* alone or *Jeernanthika Snehayojana* which is given in *Uttama matra* alone be called as *Avapeedaka*

*Hrasiyasimatra*- the dose of *Sneha* which digests in half time of *Hraswamatrasnehapanam* (i.e.) 3 hours. This is to be used where the *Koshta* (nature of bowel) of the individual is not properly diagnosed and is given as test dose. *Vagbhata* only mentions about *Hrasiyasimatra*. The measurement of *Uttama Matra* is variable and subjective. To calculate this, initially, *Hrasiyasimatra* is given, and time taken for its digestion is noted. From this *Agnibala* (digestive capacity) of the patient can be assessed and allergies can be ruled out. Based on this, the quantity of *Sneha* that gets digested in 24 hours can be calculated.

According to action, *Snehana* is divided into three (i.e.) *Shodhana sneha*, *Samana sneha*, *Brimhana sneha* [3].

*Sodhana snehapana*- Usually done as the preparatory procedure to *Sodhana therapy* (purificatory therapy). In this, drinking of fat alone should be done soon after last night meal gets digested and in maximum dose.

*Samana Snehapana*- Administration of *Sneha* to normalize the aggravated *Dosha* without expelling them. This is administered when a person is hungry and without food and in a medium dose.

*Brimhana snehapana*- Administration of *Sneha* for the nourishment of body along with meat soup, milk, wine etc. and is consumed along with food in small quantities.

*Snehapana*? [5] When there is *Peedana* from both sides it becomes *Avapeedana*. In *Sarvangasundari* commentary and *Sasilekha* commentary, the word '*Ubhayam*' is used in '*Ekavachana*' (singular form). So, both together is considered as one procedure. *Ayurveda Rasayana* commentary also agrees with this. Here the word '*Cha*' indicates '*Samanya Anupravesartham*' [6] which means both together. Thus, *Avapeedaka Snehapana* is the

administration of *Pragbhakta Snehapana* and *Jeernanthika Snehapana* together.

- b) Whether more quantity of ghee is taken before food or vice versa? According to Arunadatta - In *Pragbhaktam Prayoga*, as medicine is taken along with food, it should be of small quantity only [7, 4]. So, the first dose should be of less quantity.
- c) Whether to take *Pragbhakta Hraswamatra Sneha* and *Jeernanthika Uttama Matra Sneha* together? Or *Uttama Matra* is divided and used? Each opinion remains correct as per textual references. According to Hemadri- The first dose of medicated ghee is given before food in *Hraswamatra*, then after digestion (of food and ghee), the next dose is given in *Uttama Matra* [6]. This is to be done very carefully as it can cause many complications. So not practised generally.
- d) When *Uttama Matra* is divided and used, then how it is administered- different views? In *Vakyapradeepika* commentary of Ashtanga Hridaya, the commentator suggests giving *Avapeedaka Snehapana* in divided doses. As per his opinion, first, the *Sneha* which digests in 1 *Yama*/ 2 *Yama*/ 3 *Yama* is given as *Pragbhakta* and after its digestion, the next dose which is capable of digesting within remaining *Yama* is given. Thus, as a whole, it takes 24hrs / *Ahoratra* for digestion [8]. *Paadya* commentary of Ashtanga Hridayam also supports this view.
- e) Generally practised methods
- 1) ¼ of ghee is taken before food, ¾<sup>th</sup> is taken after digestion.
  - 2) 1/3<sup>rd</sup> of ghee is taken before food, 2/3<sup>rd</sup> is taken after digestion.
  - 3) ½ part of ghee is taken before food, next half is taken after digestion.
- Vakyapradeepika* supports the first two opinions. There is no textual reference for the third one.
- f) If given in *Uttama Matra*, how it can be administered? According to *Hridayabodhika Vyakhyanam*, *Uttama Matra Snehapana* is given on alternate days. ie. If *Snehapana* is given on one day, the next day given *Pathyahara*. Then on the third day again *Sneha* is given [9].

- g) Whether *Avapeedaka Snehapana* is *sodhana* procedure or *samana* procedure? *Hridayabodhika* commentary confirms *Avapeedaka snehapana* as *Samana snehapana* done in *Uttama Matra* [10]. As per Charaka, *Uttama Matra Snehapana* is also indicated for *Samana* purposes [11]. Chakrapani again specifies that *Uttama Matra Snehapana* is best for *Samana* purposes [12]. From all these opinions, it can be inferred that *Avapeedaka Snehapana* is a *Samana* procedure. Some practitioners used to give *Anulomana* (slight purgation) after this *Snehapana* in order to avoid *Doshotklesana* (excitation or vitiation of doshas)
- h) How many days *Avapeedaka Snehapana* can be given/ criteria for stoppage of *Avapeedaka Snehapana*? As it is *Samana Snehapana*, alleviation of disease symptoms itself is the main criteria. Being a *Uttama Matra Snehapana*, short period administration is preferred.
- i) Classical references of *Avapeedaka Snehapana*:
- In *Mootravegarodhajanyavikaras* and *Mootra udavartha chikitsa*: *Vata kopa* due to *Mootravegarodha* is understood to be due to dysfunctions of *apana vayu* (a motor component of micturition) and *vyana vayu* (a sensory component of micturition) [6, 13]. *Sneha* when given as *Avapeedaka Snehapana* aims at correcting the pathophysiology of deranged *Apana* and *Vyana*.
  - In *Vatavyadhichikitsa*: In various disorders caused by *Vata* imbalance occurring below the umbilicus [14].
  - In *Raktha Arsas* (bleeding piles): Here *Vata kopa* is produced mainly by prolonged profuse bleeding. Piles are diseases with *Apana* dysfunction. When it presents with profuse bleeding, dysfunction of *Vayu* is also taken into consideration. So here *Avapeedaka Snehapana* is suggested as last resort to arrest bleeding [15].
- Raktaarsha* and *Asrigdara* (uterine bleeding) share a common treatment principle. Hence *Avapeedaka Snehapana* can be tried in *Asrigdara* too [16]. *Kashyapa Samhita* says *Avapeedaka Sneha* cures diseases of *Pitta* and *Vayu* and strengthens the portions like *Vasti* (urinary bladder), *Uru* (thighs) and *Katee*

(hips). It has got *Vajikarana* property (aphrodisiac) also. It is *Urjaskara* (produces vigour) and *Sramagna* (relieves tiredness) in nature [17]. From the contextual reference, it is clear that it has a special action on the site of *Apanavayu*. Thus, it is *Visishta Samana Chikitsa* for vitiated *Apanavayu*.

j) *Purvakarma* and *Paschatkarma*: *Deepana* (medications that increases digestive fire), *Pachana* (medications that helps the digestion of accumulated toxins), *Rookshana* (medications that increase dryness in the body) is done before *Snehapana* [18]. Ashtanga Hridaya suggests a regimen for purgation to be followed in the case of *Samana Snehapana*. According to Arunadatta, *Upacharam* in the sloka means '*Bhojanavidhi*' (diet regimes) [19]. *Hridayabodhika* indicates all *Vidhi* after *Vamana* (emesis) except *Dhoomapana* (inhalation of smoke) for *Samana Snehapana* also [20]. *Peya* (thin gruel) is given after *Snehapana*. The number of *Annakala* (time of meals) is decided according to the *Agnibala* (digestive fire) of the patient. Food that is liquid, warm, not producing excess moisture inside, not very fatty and not a mixture of many food materials should be consumed by the patient in limited quantity. The patient must avoid day sleep, exercises, watching television, using computers, mobile phones, exposure to an air conditioner, coolers, journey/rides, reading for a long duration, walking long distances, too much speaking and other purificatory procedures. He should use warm water only for all his activities and maintain celibacy [20].

k) *Tailam* (Oil) is not recommended for *Avapeedaka Snehapana* by classics. why? Though *Tailam* has *Vatahara* property, it produces *Bhadhavitkata* (hardening of stool) and *Alpa Mootrata* (decreased urine output). So, it is not preferred for *Avapeedaka Snehapana* [21]. Here the *Taila* indicates sesame oil. So, it can be inferred that other oils not having these properties can be used. Though told like this medicated sesame oil is used in practice by many practitioners which proved results also, like *Dhanwantharam tailam* in atonic bladder conditions.

### Some clinical experiences from different practitioners:

- *Vasa ghritam* in *Raktaarsha*
- *Satavari ghritam*, *Vasa ghritam* and *Mahatik-takam ghritam* in *Asrigdharam*
- *Sukumaram ghritam* in *Mootravegarodhajanya vikaras*
- *Dhanwantharam tailam* in Atonic bladder
- *Sapthasaram ghritam* in Lumbar canal stenosis
- *Dadimadi ghritam* in Spastic colon
- *Kalyanakam ghritam* in Endometriosis
- *Pashanabhedadi ghritam* and *Vastyamayanthaka ghritam* in *Asmari*
- *Vastyamayanthaka ghritam* in BPH (Benign prostatic hyperplasia)

## DISCUSSION

There is a difference of opinion regarding the way and dose of administration. Usually, *Uttama matra* is first found out and it is divided and given. The most acceptable one is small dose given first and then food is taken and after digestion of both food and ghee remaining dose is taken. But many practitioners divide the total dose of ghee into two half and is given before food and after digestion. They opine that *Avapeedana* to food occurs only when the quantity of medicine given before and after food is of equal quantity. Though proper textual references are there, many practitioners are applying this *Avapeedaka Snehapana* not as said in-text reference due to lack of standardization in dosage fixation and method of administration. From the literature, it is clear that *Avapeedaka Snehapana* is given for a purpose where *Apana vayu* and *Vyana vayu* are deranged. In this *Pragbhaktha snehapana* and *Jeernanthika snehapana* both are incorporated in the same procedure. The concept of *Oushadhakala* (time of administration of medicines) and its applications may be responsible for the particular action. In this procedure, the first dose of ghee is given as *Pragbhakta* (i.e. before food) for *Anulomana* and *Samana* of *Apanavayu* [22]. Then the next dose is at *Jeernanthikam* (after digestion of ghrita and food). For *Samana* purpose medicine is taken when one feels appetite and should be taken as *Ananna* (without food).

Thus, the second dose also acts as *Samana*. After *Aaharapaka*, there occurs *Vataadhikya* naturally and the second dose of ghee will mitigate this *Vata*. Thereby acting as *Samana* [23]. This type of administration of ghee also can be considered as *Samudga prayoga* (administration of a medicine before and after taking light food) as that indicated in *Kampa* (tremors), *Akshepaka* (convulsions), *Hidma* (hiccup) etc. [24]. Some are practising in a way that *Prakbhakta* dose is given as before meals at evening and *Jeernanthika* dose is given in next day morning as one gets hungry. This method can be done as the time of administration is not specified in the text and the way of administration is done as specified. Some are using it in smaller doses in two divided doses [in the *Apana* and *Vyana dusti* conditions]. Thus, we have to consider that more than its dosage, way of administration is important in its action. For maximum and quick results, *Uttama Matra* dose can be practised. Research needs to be done to find out the difference in action when *Taila* is used instead of *Ghrita*. According to the opinion of expert clinicians, *Taila* can be used looking upon the clinical conditions. In *Mutrakrichra* conditions expulsion of urine is necessary, in such conditions use of medicated ghee is preferred. During *Avapeedaka Snehapana*, it is found that ghee induces ketogenesis in the body by breaking down fatty acids. During this *Snehapana*, ghee in high dose with rice gruel made of brown rice is used, which shows similar combinations as that in the ketogenic diet (lipid: nonlipids = 4:1 ratio) [25]. A low-carbohydrate diet forces the body to burn fat rather than carbohydrates. Several hormonal changes also take place to promote rapid fatty acid mobilization in the adipose tissue. For this reason, fats are mobilized from the depots and brought to the liver, where glycogen content is low and gets loaded with fats. Consequently, fat oxidation takes place at a heightened rate and more ketones are formed. They come out of the cell and enter the bloodstream and are finally eliminated through urine [26]. In ketosis, the ketone is formed at a faster rate than can be used. When the blood level of ketone bodies rises above the renal threshold, they are excreted in the urine, which is known as ketonuria. As it produces increased urine

output, this diet is indicated in diseases like BPH and UTI (urinary tract infection) conditions which can be compared to *Mootravegarodhajanya vikara* said as indications for *Avapeedaka Snehapanam*. The human brain can use an appreciable amount of ketones bodies during prolonged starvation. In the brain, ketone bodies are transformed into acetyl-CoA and then enter the tricarboxylic acid cycle in the mitochondria of the brain, which ultimately leads to the production of ATP. *Samudga prayoga* of medicines are indicated in several neurological disorders. By considering *Avapeedaka snehapana* as *Samudga prayoga*, the action of the ketogenic diet in Parkinson's disease, epilepsy, Alzheimer's etc can be explained. The physiological process that is taking place inside the cells during the administration of *Avapeedaka Snehapana* also has a wide scope of research.

## CONCLUSION

There are only a few studies conducted on the dose fixation of *Avapeedaka Snehapana*. Hence it is a big challenge to determine optimum dosage. *Avapeedaka Snehapana* is relatively untouched and requires further clinical trials and discussions to understand its wide range of utilities. This *Snehapana* incorporates the application of *Oushadha Kala*, which helps to counter mainly *Apana* and *Vyana vayu*. *Ghrita* is the most preferred *Sneha* for *Avapeedaka Snehapana*, even though *Tailas* are being used in some clinical conditions. The therapeutic utility of *Avapeedaka Snehapana* can be further extended to treat diseases sharing similar pathophysiology. So, it is important to practice *Avapeedaka Snehapana* as mentioned in texts by understanding all its principles.

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