



Shamana Snehapana: a conceptual study

Karade Ruchika S.*¹ Lodha Sheetal G.²

¹PG Scholar, ²Assistant Professor, Department of Panchakarma,
R. A. Poddar Medical Ayu College Mumbai, India.

*Corresponding author: Email- ruchikakarade1@gmail.com

Abstract:

Ayurveda is a holistic approach of life and in Ayurveda, *shodhana* and *shamana chikitsa* are two main aspects of ayurvedic treatment. In Ayurveda, *shodhana* therapy is for purification of the body but this therapy is not economical, patient have to follow so many diet regimens. In today's life-style patient is not easily convinced for *shodhana* therapy because of time limitations. *Shamana snehapana* is a unique and special method of internal administration of *sneha dravya* (unctuous medicine) mentioned in the classical *ayurveda* texts. *Shamana snehapana* is a procedure that pacifies the *doshas* in their site without altering their *prakrut* form. Because of the lack of adequate review and analysis, this method of administration of *snehapana* (internal administration of lipid) is losing its significance and the concept remains unexplored. It is more convenient, economical, less time-consuming, and easy to carry out OPD-based therapy. This review is an attempt to enlighten the *Shamana*

snehapana in a conceptual as well as in a clinical manner.

Keywords:

Abhyantara Snehapana, Shamana, Shodhana Snehapana.

Introduction: Ayurveda has mainly two aspects of *chikitsa* i.e *shodhana chikitsa* (purification) and *shamana chikitsa* (palliative). *Shodhana* therapy is intended for the purification of the body, by which the accumulated morbid humor responsible for the disease is expelled out to produce an ideal environment for the proper functioning of the body.

Shamana chikitsa refers to all the ayurvedic procedures and protocols that reduce, suppress, and eliminate disease symptoms. This form of palliative care pacifies the body by balancing the three *doshas* – *vata*, *pitta*, and *kapha*. These treatments are much simpler and less severe than *shodhana chikitsa*. They are intended to make the patient recover and feel healthier by suppressing the disease symptoms. Hence, while the inherent disease might still be

present the patient undergoing *shamana chikitsa* can control the symptoms. Hence, this approach primarily has symptom care as its focus.

Snehapana (internal oleation) therapy is an important method of *poorvakarma* (pre-operative procedure) in *panchakarma*. *Shamana snehapana* is a unique type of *abhyantara snehapana*. In this type, *Sneha* is given to pacify the *doshas* and not to expel them¹. *Ashtang Hridayakar Acharya Vagbhata* had described a detailed description of this procedure. In clinical practice, it is too useful in aspect to treat the patients as compared to *abhyantara shodhanartha snehapana* regarding its complications. This article aims to enlighten the concept of *Shamana snehapana* in a clinical as well as conceptual manner.

REVIEW OF LITERATURE:

What is *shamana*?

शमनो यो रोगस्य शमना योपयुज्यते स्नेहः । शमनो हि स्नेहो यत्र तत्रस्थं दोषं कुपितं सर्वं शरीरं व्यापित्वाच्छमनरूपत्वात् शमयति ।

अ. ह. सू. 16/19- सर्वगसुन्दरा टिका

Sneha which pacifies the disease is called *shamana sneha*. *Sneha* pacifies the *doshas* all over the body¹. *Shamana* means to pacify the *dosha* in their *swasthana* i.e their site.

Where should *shamana* be done?

बलिनामल्पदोषाणां नातिवृद्धविकारिणाम् ।
नातिक्लेशसहानां च शमनं हितमुच्यते ॥

काश्यप खिल. 2/52 विशेषनिर्देशिय

Those who are having *alpa dosha*, the disease which is not too chronic state, those who are not having the capacity to undergo vigorous treatment should be given *shamana chikitsa*.²

What is *Shamana Snehapana*?

पिबेत संशमन स्नेहं अन्नकाले प्रकांक्षितः ।

च. सू. 13/61

The *Samshamana sneha* should be administered in '*annakala*' (at the time of food intake), in the '*prakanshita*' state (when there is the urge of food intake).³ *Acharya Chakrapani* mentioned *annakal* as in *dviprahara* when one feels *bubhukshit* (hungry).⁴

शमनः क्षुद्वतोऽ नन्नो मध्यम मात्रश्च
शस्यते । अ. ह. सू. 16/19

Hemadri states that *Shamana Snehana* normalizes the aggravated *dosha* without expelling and disturbing the *normal dosha*.⁵

Acharya Vagbhata opines that *shamana snehana* is the administration of *madhyama matra* of *sneha* during mealtime (*annakala*) on empty stomach (*ananno*), when one feels hungry.⁶

Shaman Sneha is administered when there is '*kshudvato*' (urge of food intake), it is administered '*ananna*' (without food).

मध्यम मात्रया स्नेहपाने तु लघुभोजिनो
याममात्रेऽन्नाकांक्षा भवति ।

अ ह सू 16/ 19 अरुणदत्त
सर्वांगसुन्दर टिका

The dosage of the *sneha* should be of *madhyama matra* (The dose that gets digested in a four *yama* i.e in twelve hours).⁷

उपचारस्तु शमने कार्यः स्नेहे विरिक्तवत् ।
अ. ह. सू. 16/29

During *shamana snehana*, *pathya* and *apathya* prescribed in connection with the *virechana* are to be followed.⁸ *Dhoompana* is contraindicated after *snehapana* as per *Acharya Chakrapani*.⁹

Vangsen told to avoid the *abhishyandi ahara*, *rukshana*, and *divaswapa*.¹⁰

RESULT AND DISCUSSION:

According to *Acharya Charaka*, *shamana snehapana* is a procedure by which a certain dose of *accha sneha* is administered during *annakala* when one feels hungry without taking a meal.

IMPORTANCE OF SHAMANA SNEHAPANA:

Though the *Acharyas* explained *shamana sneha* they did not define it clearly. But *Arundatta*, the commentator of *Ashtang Hridaya* stated that “*Rogascha shamana yopa yuchyate sneha*” which normalizes the aggravated *doshas* all over the body is called *shamana sneha*. *Arundatta* states that it should be administered when *doshas* are in relay to *kupitavastha*.¹

MATRA OF SHAMANA SNEHAPANA:

Regarding the posology of *shamana snehapana* there is quite a controversy between *Acharya Charaka* and *Vagbhata*. *Charaka* has not mentioned clearly about the dose of *shamana sneha*. *Vagbhata* has mentioned that the *madhyama matra sneha* which gets digest within 12 hours is the more suitable dose for *shamana sneha*, whereas for *shodhana* purpose *Vagbhata* added that *matra* should “*bahu*” means *uttama matra*⁶ but for *shamana* purpose, *madhyama matra* should be used.

Sharangdhara relatively has determined the dose depending upon the digestive capacity of a person.¹¹ *Sneha* for a person of good digestive capacity is one *pala*, for the person of medium digestive property is 3 *karsha*, and person of poor capacity will be 2 *karsha* which is considered as *pradhana*, *madhyama*, and *hraswa matra* respectively.¹² A close and critical analysis of the compadia would appear that there is a gradual decrease in the dose of *shamana sneha* with the evidence of age (Table no 1). This may be due to a decrease in the strength and power of digestion of the people with the advancement of age.

In the present day, the person cannot withstand such a high dose of *sneha*. Hence it is a favour to adopt the principle *Sharangdhara* that the dose of *sneha* should be decided as *heena*, *madhyama*, or *uttama matra* depending upon the condition of *dosha*, *kala*, *agni*, and *vyadhi* of the patient.¹¹

Arundatta has mentioned that *shamana sneha* can give two times a day. “*Ratrarambhye*” i.e.in night at mealtime and

“Ratriyamardhegate” i.e in the morning 1.30 hr after administering *sneha*.¹

The author of the *Ayurvediya Panchakarma Vidyana* Dr. H. S. Kasture has written the administration of *sneha* as 6 *tolas* in 3 divided doses in a day for *shamana* purpose.¹³

Table no. 1 – Shaman Sneha dose for madhyama matra

Charaka	Not mentioned	
Vagbhata	<i>Madhyama matra</i>	Digest within 12 hrs
Vangsen¹⁰	1 ½ <i>pala</i>	60 ml
Chakrapani¹⁴	3 <i>karsha</i>	30 ml
Sharangdhara¹²	3 <i>karsha</i>	30 ml
Bhavprakash¹⁵	3 <i>karsha</i>	30 ml
Dr. H. S. Kasture¹³	6 <i>tola</i>	60 ml in 3 dose

In present clinical practice, it is seen that *shamana sneha* is administered in very little amount like 10-15 ml two times a day.

KALA PRAKARSHA IN SHAMANA SNEHA:

There is no standard duration for *shamana* is mentioned by Acharyas regarding the duration of administration but *Kashyapa*, while describing the effects of *snehana* considers the *vyadhi shamana laxanas* like *karnakshi pranabalam*, *smriti kesha ojasam*, *shanteesha vyadhinam* at the prior factor.¹⁶

The observation of *Kashyapa* suggests that *Shamana Sneha* should be continued till the alleviation of the disease irrespective of any time limitations.

SHAMANA SNEHAPANA VIDHI:

The administration of *sneha* in three different stages. *Purvakarma*, *pradhana karma* and *paschat karma*.

i. *Purvakarma*- For *Shamana snehapana* is no specific preparatory regimen is needed. But care should be taken about *sama* and *niramavastha* of the patients before giving *shamana sneha*. In *samavastha snehapana* is contraindicated. *Doshas* have permeated throughout the *dhatu*s of the body such an attempt seldom gives the desired effect.

Shamana sneha should be administered when the *doshas* are in *paripakwa avastha*, “*paripakweshu dosheshu sarpihi panam yathaamrutam*”.¹⁷ *Ashtang Sangraha* and *Hridayam* advised *mrudu* or *laghu bhojan* prior night of *shamana snehapana*.¹ Because his previous food should digest completely and should feel hunger (*bubhukshita*). Then only he is fit for *shamana snehapana*. When the patient is not having a proper appetite the administered *sneha* will not be able to do its desired effect and may lead to *doshotklesha*. So, one must be very careful about the appetite while administering *shamana sneha*. *Pachana* may be given for 3-5 days before *shamana sneha*.

ii. *Pradhana karma*- The *Samshamana sneha* should be administered in ‘*annakala*’ (at the time of food intake), in the ‘*prakanshita*’ state (when there is urge of food intake).

The *sneha* should be in *accha* form i.e only *sneha*.¹⁸ Food should not be taken until *sneha* is digested.

- iii. *Paschat karma*- the physician should take care of three things in *paschat karma*. *Anupana*, *peyadi krama* (*sneha viriktavata*), *pathya-pathya*, diet regimen.

Anupana- Particular *anupana* should be selected and given along with *snehadravya*. Because it helps in break down, softening, digestion, proper assimilation, and instant diffusion. It is energizes the patient and gives a sense of pleasure.

Charaka has mentioned a particular type of *anupana dravyas* in respect

with *sneha dravyas* viz. *ushna jala* for *ghrita*, *yusha* for *taila*, and *manda* for *vasa* and *majja sneha*.¹⁹

Peyadi krama- After digestion patient should follow sequence of regimens as a part of post-operative care.

Pathya- apathya- *Ushna jala* (lukewarm water), *bramhacharya*, *kshapashaya* (avoid day sleep). *Vyayama*, *uccha ahana*, *vega avarodha*, *shoka*, *krodha*, *hima* and *atapa* should be avoided.

Shamana snehapana can be given in diseases like *kushtha*²⁰, *vatarakta*²¹, *Sthaulya*²², *vatashtila* (BPH), etc.

Table no 2- Difference between various *snehapana*

Criteria	<i>Shodhana</i>	<i>Shamana</i>	<i>Brimhana</i>
Purpose	<i>Doshotklesha</i>	<i>Doshashamana</i>	<i>Brimhana</i>
Form	<i>Accha</i> <i>Pravicharana</i>	<i>Accha</i>	<i>Accha</i>
Dose	<i>Uttama</i>	<i>Madhyama</i>	<i>Alpa</i>
Time and method of administration	<i>Morning</i> <i>Akshudhit</i> (empty stomach)	<i>Annakale</i> <i>Kshudhit</i>	Any time with food
Duration	Maximum 7 days	Till <i>vyadhi shamana</i>	Till <i>samyaka brimhana</i>

Table no 3- Difference between *Shodhana* and *Shamana snehapana*

<i>Shamana Sneha</i>	<i>Shodhana Sneha</i>
Less time consuming per day	More time consuming per day
Economical	Costly
Less no of Drug in less quantity	More no of drug required in more quantity.
No need for <i>Paricharaka</i>	<i>Paricharaka</i> is needed.
No strict diet regimen	<i>Parihara vishaya</i> is important
The total duration of therapy is more	The total duration of therapy is less.
Recurrence of <i>vyadhi</i> may be possible.	<i>Mulacchedana</i> of <i>doshas</i> so no recurrence after <i>shodhana</i>

Practical consideration of *Shamana Snehapana*:

- *Shaman Sneha* should administer in the morning between 8.45 am to 10. am, when the patient feels hungry.

- It should start from 30 ml and can be increased up to 60 ml as per classics. It is a *madhyama matra* and should be digested within 12 hrs max. Practically it is seen that *Sneha* has digested in 3 hrs and given in divided dose.
- Though it is administered in *achha* form, it can be given with *anupana*, like with *mudga usha*.
- If *shaman sneha* is administered after *shodhna* it gives better results.
- Commonly *ghrita* and *taila* both can be used as *Shamana Sneha*.
- It can be a prime treatment in disease to pacify *doshas*.
- *Shamana snehpana* having no strict diet regimens and easy to carry out hence can be given at the OPD level.

References:

1. Pt. Shastri Hari Sadashiv, Vagbhata, with Sarvangsundara commentary by Arundatta and the Ayurvedarasayana commentary by Hemadri, Ashtang Hridaya, Varanasi, Chaukhamba Surbharati Prakashan, Reprint ed 2017, 247.
2. Sharma Hemraj, Vriddhajivaka, Kashyapa, Kashyapa Samhita, Varanasi, Chaukhamba Sanskrit Sansthan, Reprint Eighth edition 2008, 238.
3. Jadhavji Trikamaji Acharya, Agnivesha, Charaka, Dridhabala, Charak Samhita, Varanasi, Chaukhambha Surbharati Publication, Reprint ed 2019, 85.
4. Jadhavji Trikamaji Acharya, Agnivesha, Charaka, Dridhabala, Charak Samhita, AyurvedaDeepika commented by Chakrapani, Varanasi, Chaukhambha Surbharati Publication, Reprint ed. 2009, 85.
5. Pt. Sastri Hari Sadashiv, Vagbhata, with Sarvangsundara commentary by Arundatta and the Ayurvedarasayana commentary by Hemadri, Ashtang Hridaya, Varanasi, Chaukhamba Surbharati Prakashan, Reprint ed 2017, 248.
6. Pt. Sastri Hari Sadashiv, Vagbhata, with Sarvangsundara commentary by Arundatta and the Ayurvedarasayana commentary by Hemadri, Ashtang Hridaya, Varanasi, Chaukhamba Surbharati Prakashan, Reprint ed 2017, 247.
7. Pt. Sastri Hari Sadashiv, Vagbhata, with Sarvangsundara commentary by Arundatta and the Ayurvedarasayana commentary by Hemadri, Ashtang Hridaya, Varanasi, Chaukhamba Surbharati Prakashan, Reprint ed 2017, 248.
8. Pt. Sastri Hari Sadashiv, Vagbhata, with Sarvangsundara commentary by Arundatta and the Ayurvedarasayana commentary by Hemadri, Ashtang Hridaya, Varanasi, Chaukhamba Surbharati Prakashan, Reprint ed 2017, 249.
9. Jadhavji Trikamaji Acharya, Agnivesha, Charaka, Dridhabala, AyurvedaDeepika commented by Chakrapani, Charak Samhita, Varanasi, Chaukhambha Surbharati Publication, Reprint ed. 2009, 86.
10. Dr. Rajiv Ray Kumar, Vangsen, Vangasen Samhita, Varanasi, Prachya Prakashan, Reprint ed 2010, 779.
11. Dr. Tripathi B. Sharangdhara, with Deepika Hindi commentary, Sharangdhara Samhita, Varanasi,

- Chaukhamba Surbharati Prakashan, Reprint ed 2019, 212.
12. Dr. Tripathi B. Sharangdhara, with Deepika Hindi commentary, Sharangdhara Samhita, Varanasi, Chaukhamba Surbharati Prakashan, Reprint ed 2019, 212.
13. Vaidya H. S. Kasture. Ayurvedic Panchakarma Vigyan. Nagpur: Baidyanath Ayurved Bhawan: Publishers (P) Ltd.; 9th ed. Reprint. 2019. p. 93.
14. Dr. Tripathi I. Chakrapani, Chakradatta, with Vaidyaprabha Hindi commentary, Varanasi, Chaukhamba Sanskrit Bhawan, Reprint ed 2018; 438.
15. Bramha Shankar Misra, Bhavmishra, Bhavprakash, Varanasi, Choukhamba Sanskrit Sansthan, Reprint 2015, 857.
16. Sharma Hemraj, Vriddhajivaka, Kashyapa, Kashyapa Samhita, Varanasi, Chaukhamba Sanskrit Sansthan, Reprint Eighth edition, 2008, 33.
17. Jadhavji Trikamaji Acharya, Agnivesha, Charaka, Dridhabala, AyurvedaDeepika commented by Chakrapani, Charak Samhita, Varanasi, Chaukhambha Surbharati Publication, Reprint ed. 2009; 413.
18. Pt. Sastri Hari Sadashiv, Vagbhata, with Sarvangsundara commentary by Arundatta and the Ayurvedarasayana commentary by Hemadri, Ashtang Hridaya, Varanasi, Chaukhamba Surbharati prakashan, Reprint ed 2017; 248.
19. Jadhavji Trikamaji Acharya, Agnivesha, Charaka, Dridhabala, Charak Samhita, Varanasi, Chaukhambha Surbharati Publication, Reprint ed. 2019; 83.
20. Sushma P. 2018 Greentree Group © IJAPC; Int J Ayu Pharm Chem 2018 Vol. 8 Issue 2 www.ijapc.com [e ISSN 2350-0204]
21. Sreejin CK, Krishna Prakash MK. A comparative clinical study on paana and mathrabasthi of laghuguduchi thaila in the management of vathashonitha. Ayurpharm Int J Ayur Alli Sci.2017;6(2):24-33.
22. Amruta Hiremath et al: The Role of Triphaladhi Taila In Reduction of Body Weight - A Case Report. International Ayurvedic Medical Journal{online}2018{citedDecember ,2018} Available from: http://www.iamj.in/posts/images/upload/2453_2457.pdf

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