

ROLE OF SNEHABASTI AS AN ALTERNATIVE TO SNEHAPANA (AS A POORVAKARMA FOR VIRECHANA IN OVERWEIGHT INDIVIDUALS)- A RANDOMIZED CLINICAL TRIAL

Dr. Snigdha Rani Patra^{1*}, Prof. Dr. Pradip Kumar Panda²

^{1*}PhD scholar/ Associate Professor, Dept. of Panchakarma, Sri Sri College of Ayurvedic Science and Research Hospital, Sri Sri University, Cuttack, Odisha, Email: drSnigdha2406@gmail.com

²Dean, Sri Sri College of Ayurvedic Science and Research Hospital, Sri Sri University, Cuttack, Odisha, Email: pradip.p@srisriuniversity.edu.in
Corresponding Address: Dr. Snigdha Rani Patra

ABSTRACT

A clinical trial was conducted to evaluate the efficacy of Snehabasti in attaining Samyak Snigdha Lakshana when given as a poorvakarma for Virechana, by comparing it with the Samyak Snigdha Lakshana attained from Snehapana. The Samyak Snigdha Lakshana, as per classics, are Vatanulomana, Agnidipti, Snigdha varcha, Asamhata varcha, twak Snigdha and gatra mardavata. But, due to various personal reasons like intolerance towards ghee, typical pungent odour or some medical issues like dyslipidaemia, cholecystectomy, etc., patients are unable to take Snehapana. Acharya Charak described Snehabasti as a pravicharana Sneha (alternative to pure ghee intake). Therefore, here an attempt was made to administer Snehabasti (therapeutic enema) before Shodhana karma as a possible alternative for Snehapana.

Methods: 60 Patients having a BMI between 25.0 to 29.9 kg/m² fulfilling the inclusion and exclusion criteria were selected from the OPD and IPD of Sri Sri College of Ayurvedic Science and Research Hospital, SSU, Cuttack, for the study. Patients were allocated randomly into two groups, i.e. Group A and Group B. Both the groups received Virechana, but as a Poorvakarma, for Virechana Group B patients received Snehapana, while Group A patients received Snehabasti in Arohana krama for 3-7 days, depending on their symptoms. Then, for both groups, as per the Virechana format, 3 days of Sarvanga Abhyanga and Baspa sweda were carried out, and on the next day, Virechana was performed.

Results: The data of both groups were analysed statistically. Both groups showed statistically significant results.

Interpretation & Conclusion: Based on the results, it has been concluded that snehabasti can be practised as a poorvakarma for Virechana when Snehapana is not possible.

KEYWORDS: Snehabasti; Snehapana; Snigdha varcha; Asamhata varcha; Twak Snigdha and mardavata.

INTRODUCTION

Panchakarma is the most accepted and practised branch of Ayurveda. It is also known as the PANCHA SHODHANA. Through panchakarma procedures, the accumulated morbid doshas (bodily toxins) are expelled from the body through the natural orifices¹. So, it helps in the complete or long-term cure of a disease and helps maintain the body's equilibrium. Among all the panchakarma procedures, Vamana and Virechana play a major role in expelling the toxins in bulk quantity³. For these procedures, internal administration of Ghrita/taila (Snehapana) is a mandatory preoperative procedure, as the outcome of the Shodhana procedure depends solely upon the proper mobilisation of Dosha from the Shakha (rasadi shad dhatu and twacha) to Koshtha, which is to be achieved with the help of Snehana (internal and external oleation) and Swedana (fomentation therapy)⁴. Snehapana helps in breaking down the particle size of the toxin molecules and increases the fluidity of molecules, which facilitates the easy evacuation of the toxins. This type of Snehapana is known as Shodhanaga/ shodhanartha Snehapana, and it is done for a period of 3-7 days⁵. It is known as Sneha Prakarsha Kala. The Bruhatrayees⁶ have mentioned different fixed doses of Snehapana for the Shodhana purpose. But Kalyanakarakam and Acharya Vangasena have explained escalating dose (Arohana krama) Sneha⁷.

Table 1: Arohana krama Snehapana by Acharya Vangasena

Suddhi/matra	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
hina	3 Karsha	3.5	4	4.5	5	5.5	6 karsha
madhyama	6 karsha	7	8	9	10	11	12 karsha
uttama	12 karsha	14	16	18	20	22	24 karsha

Acharya Vangasena also described the Arohana krama for Snehabasti, in the same pattern as that of Snehapana⁸. In the Ayurveda treatise, a few signs and symptoms have been mentioned which help in evaluating the proper oleation known as Samyak Snigdha Lakshans, i.e. Vatanulomana, Agnidipti, Snigdha varcha, Asamhata varcha, twak Snigdha and mardavata⁹. A proper Snehapana leads to a proper shodhana. So, getting Samyak Snigdha Lakshana is really important. Snehapana plays a very important role in Shodhana karma (internal detoxification). But due to various personal

reasons like intolerance towards ghee, typical pungent odour, or some medical issues like dyslipidaemia, cholecystectomy, etc., patients are reluctant to take Sneha orally (Snehapana). Then it becomes very challenging for the physician to administer Snehapana and carry out Shodhana karma. Acharya Charak has mentioned the Snehadwisha word for these types of people and advised to use pravacharana¹⁰ Sneha (an alternative to pure ghee intake) for shodhana in place of Acchha Sneha, and Snehabasti is one among those¹¹.

Therefore, in this study, an attempt was made to administer Snehabasti (therapeutic enema) before Shodhana karma as a possible alternative for Snehapana to find its effectiveness in achieving Samyak Snigdha lakshanas by comparing it with the Samyak Snigdha lakshanas achieved through Snehapana.

MATERIALS AND METHODS

Criteria for selection of data:

60 patients willing to participate in the study were selected from the OPD and IPD of Sri Sri College of Ayurvedic Science and Research Hospital, Sri Sri University, Cuttack, Odisha, based on the clinical features of an overweight person, considering the inclusion and exclusion criteria. The patients were randomly allocated into two groups, each having 30 members, named Group A and Group B.

Group A: 30 patients received Snehabasti in Arohana krama till attaining the Samyak Snigdha lakshanas or maximum for 7 days

Group- B: 30 patients received Snehapana in Arohana krama till attaining the Samyak Snigdha lakshanas or maximum for 7 days

Inclusion Criteria:

1. Aged between 18-60 years of both sexes, irrespective of socioeconomic status
2. BMI between 25.0 to 29.9 kg/m²
3. Yogya for Snehapana/ Snehabasti as explained in Ayurveda classics
4. Persons who will give written consent for the study

Exclusion Criteria:

1. Persons with skin diseases that will hamper the assessment of twak mardavata/ Snigdha (softness and lustre of skin)
2. Anorectal diseases
3. Persons taking other medication which will hamper the study
4. Pregnant and lactating mother
5. Persons with uncontrolled HTN and T2DM
6. Persons with cardiac issues

Subjective parameters: 1. Agnidipti, 2. Asamhata varcha

Objective parameters: 1. Twak Snigdha, 2. Snigdha varcha

Trial Medicine: Murchhita Go-ghrita¹²

Preparation of trial medicine: The trial drug Murchhita Go-ghrita was prepared in the Rasashastra and Bhaishajya Kalpana department, Rasashala, of SSCASRH, as per the ghrita paka vidhi mentioned in the classics.¹³

Preparation of Patients:

Poorvakarma: After enrolment, the patients were advised to take Chitrakadi vati 2 tabs twice daily before food with warm water.

Pradhan Karma: Group A patients received Snehabasti and Group B patients received Snehapana in Arohana krama till attaining the Samyak Snigdha lakshanas or maximum for 7 days.

Dose pattern:

Day	1	2	3	4	5	6	7
Dose in ml	60	72	84	96	108	120	144

Paschat karma: Both the groups received 3 days of abhyanga swedana, and then Virechana was administered with Trivrit Leham.

Study duration: 14 days of treatment duration, 7 days of follow-up, total 21 days.

Observation and assessment:

Clinical assessment was done on both subjective and objective parameters at day 0, 3, 5, 7, after Virechana and follow-up at the 21st day, based on the pathological investigation.

Day 0- Complete Blood Count, KFT, LFT, HbA1C, Lipid profile, Stool Routine / Microscopic examination, Skin dermoscopic examination

Day 3- Stool Routine / Microscopic examination, Skin dermoscopic examination

Day 5- Stool Routine / Microscopic examination, Skin dermoscopic examination

Day 7- Stool Routine / Microscopic examination, Skin dermoscopic examination

After Virechana- Complete Blood Count, KFT, LFT, Lipid profile, Stool Routine / Microscopic examination, Skin dermoscopic examination

After follow-up- Stool Routine / Microscopic examination, Skin dermoscopic examination

GRADATION OF (SUBJECTIVE AND OBJECTIVE) CRITERIA

SUBJECTIVE PARAMETERS

The following subjective parameters will be assessed before and after treatment

1. Agnidipti: to see the increase in appetite

Agnibala index = Test dose × time taken for digestion

given dose

The lesser the Agnibala index (ABI), the more will be the agnidipti

0= ABI > 3

1= ABI = 3

2= ABI < 3

2. Snigdha asamhata varchas- unformed stool with presence of fat in stool visible in naked eye

0= Dry rough stool/ well formed- solid

1= soft stool/ improperly formed- semi solid but do not spread in pan

2= loose stool with fat/ semi liquid with sufficient stool and fat

OBJECTIVE PARAMETERS

The following objective parameters will be assessed before and after treatment.

1. Twak Snigdhatta/ mardavata (dermoscopic examination of skin)

0= Dry skin

1= softness of skin

2= proper oiliness of skin

2. Snigdha asamhata varchas- presence of fat globules in stool RE ME

0= no fat globules

1= fat globules +

2= fat globule ++

SCORING PATTERN

Total points scored through all 4 subjective and objective parameters

Minimum-0, maximum-8

7-8 Pravara Snigdhatta

4-6 Madhyam Snigdhatta

1-3 Avara Snigdhatta

Overall Assessment of the Therapy

Table 2: Grading for Overall Assessment of the Therapy

Effect	Percentage
Good Response	75% and above get Pravara Snigdha
Moderate Response	50% - 75% get pravara Snigdhatta
Mild Response	25% - 50% get pravara Snigdhatta
Poor Response	Below 25% get pravara Snigdhatta
Unchanged	0% get pravara Snigdhatta

Statistical Analysis:

The subjective and objective parameters before treatment, after treatment, and after follow-up were compared to assess the results. Then all the results were analysed statistically using the Wilcoxon Signed-Rank test and Mann-Whitney U test.

RESULTS

Table no 3. Effect of therapy on ASAMHATA VARCHAS within the group

Table- Effect of Asamhata varcha Within Groups.											
Group	Paring	Mean	±SD	Mean Change(%)	R	N	Mean Rank	Sum of Ranks	Z	P	Remarks
GROUP-A	BT With AT in Group A				R+ (BT>AT)	0	0.00	0.00	-4.617	0.000	HS
	BT	0.17	0.38	88%	R- (BT<AT)	26	13.50	351.00			
	AT	1.37	0.49		R0 (BT=AT)	4					

	BT With AF in Group A				R+ (BT>AF)	0	0.00	0.00	-4.472	0.000	HS
	BT	0.17	0.516	80%	R- (BT<AF)	20	10.50	210.00			
	AF	0.83	0.64		R0 (BT=AF)	10	-	-			
GROUP-B	BT With AT in Group B				R+ (BT>AT)	0	0.00	0.00	-4.916	0.000	HS
	BT	0.20	0.41	86%	R- (BT<AT)	29	15.00	435.00			
	AT	1.47	0.51		R0 (BT=AT)	1					
	BT With AF in Group B				R+ (BT>AF)	14	0.00	0.00	-3.606	0.000	HS
	BT	0.20	0.41	68%	R- (BT<AF)	0	7.00	91.00			
	AF	0.63	0.49		R0 (BT=AF)	1					
IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.											

IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.

Table no 4. Effect of therapy on TWAK SNIGDHATA within the group

Table:- Effect of Twak Snigdhata Within Groups.											
Group	Paring	Mean	±SD	Mean Change(%)	R	N	Mean Rank	Sum of Ranks	Z	P	Remarks
GROUP-A	BT With AT in Group A				R+ (BT>AT)	0	0.00	0.00	-4.359	0.000	HS
	BT	0.33	0.48	66%	R- (BT<AT)	19	10.00	190.00			
	AT	0.97	0.32		R0 (BT=AT)	11					
	BT With AF in Group A				R+ (BT>AF)	0	0.00	0.00	-4.000	0.000	HS
	BT	0.33	0.516	62%	R- (BT<AF)	16	8.50	136.00			
	AF	0.87	0.64		R0 (BT=AF)	14	-	-			
GROUP-B	BT With AT in Group B				R+ (BT>AT)	0	0.00	0.00	-4.866	0.000	HS
	BT	0.30	0.47	78%	R- (BT<AT)	27	14.00	378.00			
	AT	1.37	0.56		R0 (BT=AT)	3					
	BT With AF in Group B				R+ (BT>AF)	14	0.00	0.00	-3.606	0.000	HS
	BT	0.30	0.47	59%	R- (BT<AF)	0	7.00	91.00			
	AF	0.73	0.45		R0 (BT=AF)	1					
IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.											

IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.

Table no 5. Effect of therapy on SNIGDHA VARCHAS within the group

Table-4: Effect of Snigdha Varcha Within Groups.											
Group	Paring	Mean	±SD	Mean Change in %	R	N	Mean Rank	Sum of Ranks	Z	P	Remarks
GROUP-A	BT With AT in Group A				R+ (BT> AT)	0	0.00	0.00	-4.976	0.000	HS
	BT	0.00	0.00	100%	R- (BT <AT)	29	15.00	435.00			
	AT	1.20	0.48		R0 (BT=AT)	1					
	BT With AF in Group A				R+ (BT>AF)	0	0.00	0.00	.000	1.000	IS
	BT	0.00	0.516	0%	R- (BT<AF)	0	0.00	0.00			
	AF	0.00	0.64		R0 (BT=AF)	30	-	-			
GROUP-B	BT With AT in Group B				R+ (BT>AT)	0	0.00	0.00	-4.849	0.000	HS
	BT	0.00	0.00	100%	R- (BT<AT)	29	15.00	435.00			
	AT	1.47	0.57		R0 (BT=AT)	1					
	BT With AF in Group B				R+ (BT>AF)	14	0.00	0.00	-1.000	0.317	IS
	BT	0.00	0.00	100%	R- (BT<AF)	0	1.00	1.00			
	AF	0.03	0.18		R0 (BT=AF)	1					
IS – Insignificant; MS – Moderately Significant; S – Significant; HS – Highly significant.											

IS – Insignificant; MS – Moderately Significant; S – Significant; HS – Highly significant.

Table No. 6. Comparison of Agnidipti between the groups:

Table: Agnidipti Between Groups A and B Comparisons										
Assessment Observations Recorded on	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	1.23	0.43	30	24.27	728.00	263.000	-3.143	0.002	S
	Group B	1.63	0.61	30	36.73	1102.00				
IS – Insignificant; MS – Moderately Significant; S – Significant; HS – Highly significant.										

The statistical significance between the groups after treatment was significant ($p < 0.05$) in Agnidipti. Thus, it showed that Group B was better than Group A after treatment.

Table no 7. Comparison of Asamhata varcha between the groups:

Table : Asamhata varcha Between Groups A and B Comparisons										
Assessment Observations Recorded on	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	1.37	0.49	30	29.00	870.00	405.000	-0.779	0.436	IS
	Group B	1.47	0.51	30	32.00	960.00				
After Follow-Up	Group A	0.83	0.38	30	33.50	1005.00	360.000	-1.737	0.082	IS
	Group B	0.63	0.49	30	27.50	825.00				
IS – Insignificant; MS – Moderately Significant; S – Significant; HS – Highly significant.										

The statistical significance between the Groups after treatment was insignificant ($p > 0.05$) in Asamhata varcha. Similarly, after follow-up, the difference remained insignificant ($p > 0.05$). Thus, it showed that both groups were showing the same results after treatment and after follow-up.

Table no 8. Comparison of Twak Snigdha between the groups:

Table: Twak Snigdha Between Groups A and B Comparisons										
Assessment Observations Recorded on	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	0.97	0.32	30	24.88	746.50	281.500	-3.228	0.001	S
	Group B	1.37	0.56	30	36.12	1083.50				
After Follow-Up	Group A	0.87	0.35	30	32.50	975.00	390.000	-1.280	0.200	IS
	Group B	0.73	0.45	30	28.50	855.00				
IS – Insignificant; MS – Moderately Significant; S – Significant; HS – Highly significant.										

The statistical significance between the groups after treatment was significant ($p < 0.05$) in Twak Snigdha, while after follow-up it was insignificant ($p > 0.05$). Thus, it showed that Group B was better than Group A after treatment, but after follow-up, both the Groups were showing same results.

Table no 9. Comparison of Snigdha Varcha between the groups:

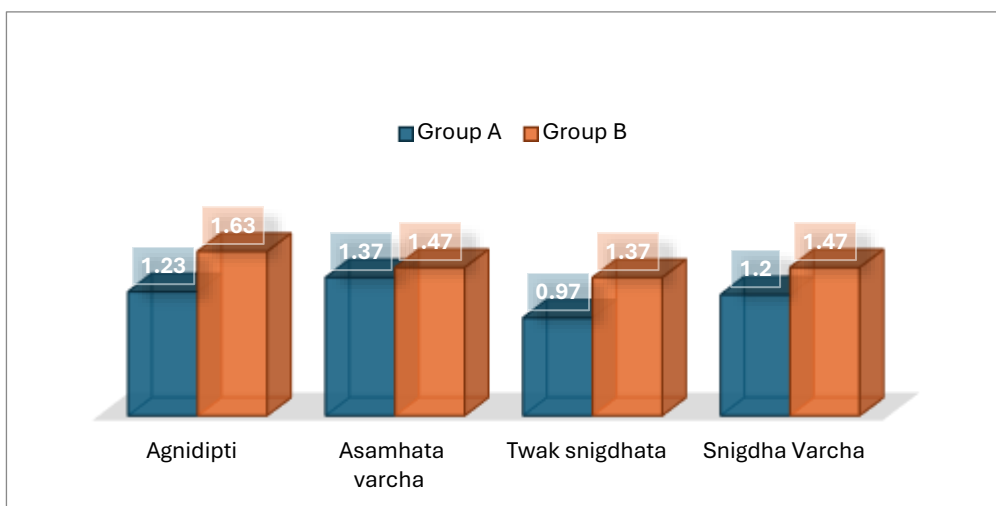
Table : Snigdha Varcha Between Groups A and B Comparisons										
Assessment Observations Recorded on	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	1.20	0.48	30	26.63	799.00	334.000	-2.001	0.045	MS
	Group B	1.47	0.57	30	34.37	1031.00				
After Follow-Up	Group A	0.00	0.00	30	30.00	900.00	435.000	-1.000	0.317	IS
	Group B	0.03	0.18	30	31.00	930.00				
IS – Insignificant; MS – Moderately Significant; S – Significant; HS – Highly significant.										

The statistical significance between the Groups shows that after treatment was moderately significant ($p < 0.05$) in Snigdha Varcha, while after follow-up was insignificant ($p > 0.05$). Thus, it showed that Group B was better than Group A after treatment, but after follow-up, both the groups showed the same results.

Table no 10. Overall Result After Treatment:

Overall Result After Treatment				
Mean of Parameter	Group A		Group B	
	Mean	SD	Mean	SD
Agnidipti	1.23	0.43	1.63	0.61
Asamhata varcha	1.37	0.49	1.47	0.51

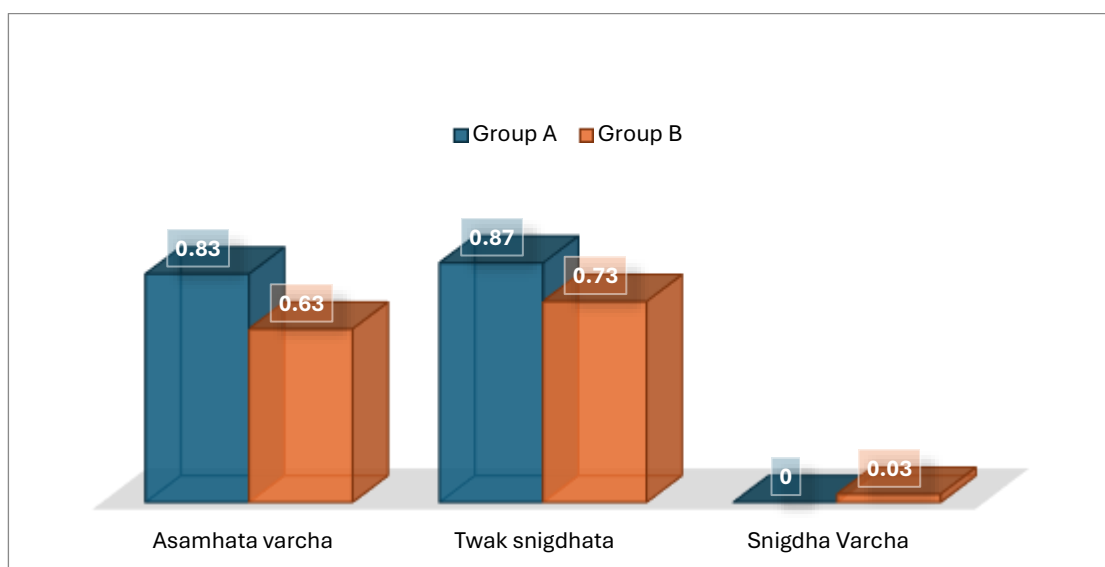
Twak Snigdhata	0.97	0.32	1.37	0.56
Snigdha Varcha	1.2	0.48	1.47	0.57



Graph No 24- : Overall Result After Treatment

Table no 11. Overall Result After follow-up:

Overall Result After Overall Result After follow-up				
Mean of Parameter	Group A		Group B	
	Mean	SD	Mean	SD
Agnidipti	NA	NA	NA	NA
Asamhata varcha	0.83	0.64	0.63	0.49
Twak Snigdhata	0.87	0.64	0.73	0.45
Snigdha Varcha	0	0.64	0.03	0.18



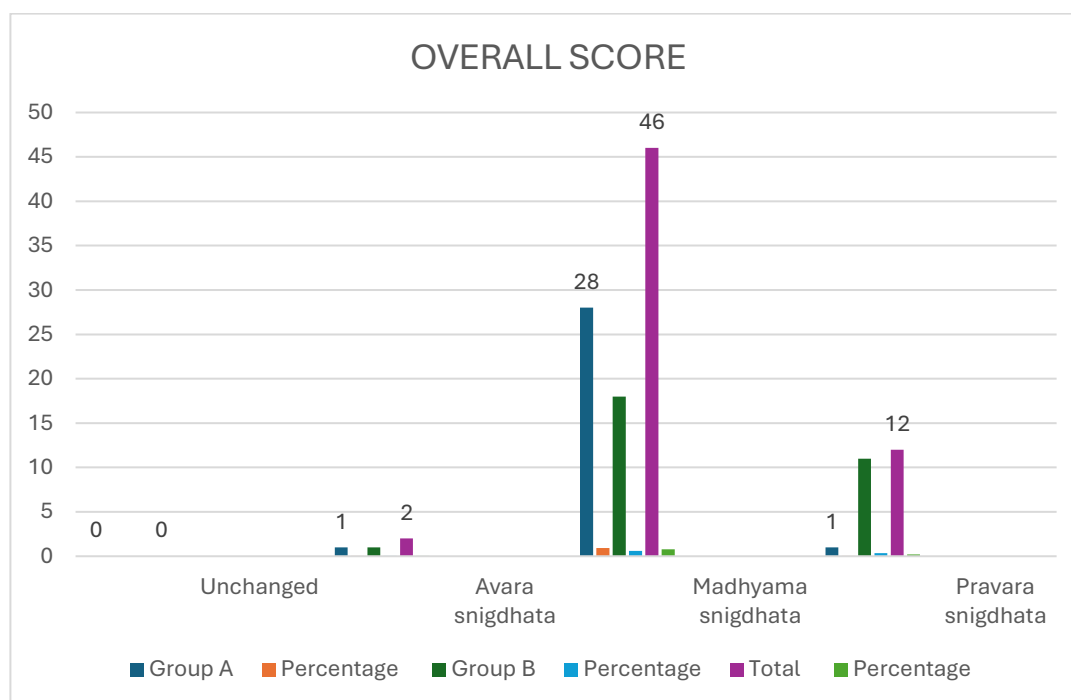
Graph no 25- Overall Result After follow-up:

Table No:12. Showing Distribution of patients based on overall score:

Overall Score	Group A	Percentage	Group B	Percentage	Total	Percentage
0 Unchanged	0	0%	0	0%	0	0%
1-3 Avara Snigdhata	1	3.33%	1	3.33%	2	3.33%
4-6 Madhyama Snigdhata	28	93.33%	18	60%	46	76.67%
7-8	1	3.33%	11	36%	12	20%

Pravara Snigdhatta						
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Among 60 patients, 3.33% patients achieved avara Snigdhatta, 76.67% patients achieved madhyama Snigdhatta, and 20% patients achieved pravara Snigdhatta. Among the 60 patients, in Group A, 1 patient achieved avara Snigdhatta, 28 patients achieved madhyama Snigdhatta, and 1 patient achieved pravara Snigdhatta. While in Group B- 1 patient achieved avara Snigdhatta, 18 patients achieved madhyama Snigdhatta, and 11 patients achieved pravara Snigdhatta,



Graph No 15: Incidence based on overall score:

DISCUSSION:

Subjective parameters:

1. Agnidipti: Agnidipti is assessed to see the increase in Agni/ Appetite. And it is calculated as follows: Agnibala index = Test dose × time taken for digestion /given dose. This formula is for Snehapana, so, for Snehabasti, abhyavaran sakti-jarana shakti- and ama pachana lakshan of the patients were assessed and interpretation was made over that.

In Group A – out of 30 patients, 7 patients achieved maximum agnidipti. While in Group-B, 21 out of 30 patients achieved maximum agnidipti index i.e. 2 after treatment (after Snehapana). This shows that ghrita kindles agni when taken orally (Snehapana) but as a basti is has no much role in improving the appetite.

Statistically Agnidipti in Group A, was increased from 0.67 to 1.23 i.e. by 85% after treatment (AT), it is highly significant at $p < 0.001$. While in Group B, it was increased from 0.63 to 1.63 i.e. by 158% after treatment (AT), it is highly significant at $p < 0.001$.

2. Asamhata Varchas: The patients were questioned about the stool consistency on each visit. And based on that assessment were done.

Group A- Among 30 patients 25 patients were having dry/ formed stool, 5 patients were having soft semisolid/ semi formed stool before treatment. After treatment no patient was having dry/hard stool, 19 patients were having soft semisolid/ semi formed stool and 11 patients were having semi liquid/ unformed stool. After follow up 5 patients were having dry/ formed stool and 25 patients were having soft semisolid/ semi formed stool and no patients were having semi liquid/ unformed stool.

Group B- Among 30 patients 24 patients were having dry/ formed stool, 6 patients were having soft semisolid/ semi formed stool before treatment. After treatment no patient was having dry/hard stool, 16 patients were having soft semisolid/ semi formed stool and 14 patients were having semi liquid/ unformed stool. After follow up 11 patients were having dry/ formed stool and 19 patients were having soft semisolid/ semi formed stool and no patients were having semi liquid/ unformed stool.

So, the Samyak Snigdha lakshan- Asamhata varchas was achieved in total 25 patients. But after follow-up, stool consistency again changed dry/ formed or soft semisolid. Which shows that both Snehapana and Snehabasti helps in relieving mala sanga/ vaddha mala.

Statistically, Asamhata varcha in Group A, was increased from 0.17 to 1.37 i.e. by 88% after treatment (AT), it is highly significant at $p < 0.001$ and it was increased from 0.17 to 0.83 i.e. by 80% after follow-up (AF), it is highly significant at $p < 0.001$. While in Group B, it was increased from 0.20 to 1.47 i.e. by 86% after treatment (AT), it is highly significant at $p < 0.001$ and it was increased from 0.20 to 0.63 i.e. by 68% after follow-up (AF), it is highly significant at $p < 0.001$.

Objective Parameters-

1. **Twak Snigdha-** Twak Snigdha was assessed using a dermatoscope on the 0th, 3rd, 5th and 7th day, then after Virechana and after follow-up, and interpretations were made based on that.

Group- A among 30 patients 20 patients had dry skin, 10 patients had soft skin before treatment. After treatment, 1 patient was having dry skin, 29 patients had soft skin and 1 patient had oily skin. After follow-up, 4 patients had dry skin, 26 had soft skin, and no patients had oily skin.

Group B: among 30 patients, 21 had dry skin, and 9 had soft skin before treatment. After treatment, no patient had dry skin, 16 patients had soft skin, and 14 patients had oily skin. After follow-up, 8 patients had dry skin, 22 had soft skin, and no patients had oily skin.

So, the Samyak Snigdha lakshan- Twak Snigdha was achieved in a total 15 (completely oily skin) patients. But after follow up the skin consistency again changed to soft (48) and dry (12). This shows that both Snehapana and Snehabasti help in relieving vata dosha (ruksha/ khara guna). But in the Snehapana group, 14 patients achieved complete oily skin compared to Snehabasti, only 1 patient.

Statistically, twak Snigdha in Group A- Snehabasti, was increased from 0.33 to 0.97 i.e. by 66% after treatment (AT), it is highly significant at $p < 0.001$, and it was increased from 0.33 to 0.87 i.e. by 62% after follow-up (AF), it is highly significant at $p < 0.001$. While in Group B- Snehapana, it was increased from 0.30 to 1.37, i.e. by 78% after treatment (AT), it is highly significant at $p < 0.001$, and it was increased from 0.30 to 0.73 i.e. by 59% after follow-up (AF), it is highly significant at $p < 0.001$.

2. **Varcha Snigdha:** Snigdha varchas was assessed by doing a Stool routine and microscopic test on the 0th, 3rd, 5th and 7th day, then after Virechana and after follow-up, to see the presence of fat globules and interpretations were made based on that.

Group- A among 30 patients no patients had Snigdha varcha (adhastat Sneha darshana) before treatment. After treatment, 1 patient does not have Snigdha varcha, 22 patients had mild (fat +) in stool and 7 patients had much fat (++) in stool. While after follow-up, no patients had Snigdha varcha (adhastat Sneha darshana).

Group- B among 30 patients no patients had Snigdha varcha (adhastat Sneha darshana) before treatment. After treatment, 1 patient does not have Snigdha varcha, 14 patients had mild (fat +) in stool and 15 patients had much fat (++) in stool. While after follow-up, no patients had Snigdha varcha (adhastat Sneha darshana).

This proves that in shodhanaga Snehapana, when the fat gets saturated, after that the remaining Sneha gets excreted through the adhomarga. Acharyas have termed it as Snigdha varcha/ adhastat Sneha darshana.

Interpretation on BMI:

Among 60 patients 5 patients were of BMI between 25- 25.8kg/m², 5 patients were of BMI between 25.9- 26.8kg/m², 21 patients were of BMI between 26.9- 27.8kg/m², 19 patients were of BMI between 27.9- 28.8kg/m², 10 patients were of BMI between 28.9- 29.9kg/m² before treatment. Then 3 patients were of BMI between 25- 25.8kg/m², 10 patients were of BMI between 25.9- 26.8kg/m², 21 patients were of BMI between 26.9- 27.8kg/m², 18 patients were of BMI between 27.9- 28.8kg/m², 4 patients were of BMI between 28.9- 29.9kg/m² and 4 patients BMI came within the normal range after treatment. Again, after follow up 5 patients were of BMI between 25- 25.8kg/m², 21 patients were of BMI between 25.9- 26.8kg/m², 20 patients were of BMI between 26.9- 27.8kg/m², 9 patients were of BMI between 27.9- 28.8kg/m² and 5 patients had a BMI within the normal range.

Interpretation on Overall results:

Among 60 patients, 2 patients achieved avara Snigdha, 46 patients achieved 8adhyama Snigdha, and 12 patients achieved pravara Snigdha. Among the 60 patients, in Group A, 1 patient achieved avara Snigdha, 28 patients achieved 8adhyama Snigdha, and 1 patient achieved pravara Snigdha. While in Group B- 1 patient achieved avara Snigdha, 18 patients achieved 8adhyama Snigdha, and 11 patients achieved pravara Snigdha,

CONCLUSION

At the end of the study, conclusions were drawn based on the clinical observations, statistical analysis, and discussion of the obtained results.

The statistical analysis revealed that both Snehapana and Snehabasti produced highly significant improvements in the assessed parameters of Samyak Snigdha Lakshanas. However, Snehapana demonstrated comparatively superior efficacy in achieving the desired level of oleation and preparing the patient for Virechana Karma.

Achha Snehapana remains the preferred method for Doshotkleshana and for facilitating the movement of vitiated doshas from Shakha (peripheral tissues) to Kostha (gastrointestinal tract), which is a prerequisite for effective Shodhana therapy. Following oral administration, Sneha undergoes digestion and absorption in the small intestine with the aid of bile salts and pancreatic enzymes, resulting in systemic distribution of lipid components. This systemic tissue penetration may facilitate the mobilization of doshas from peripheral tissues toward the gastrointestinal tract, thereby enhancing the efficacy of subsequent Virechana Karma.

Although Snehabasti demonstrated significant effects in achieving parameters such as Snigdha Varchas, Asamhata Varchas, and Agnidipti, its mechanism of action is predominantly localised to the colon. Due to limited systemic absorption of Sneha through the large intestine, its ability to facilitate the movement of doshas from Shakha to Kostha may be comparatively less than that of Snehapana. Consequently, Snehabasti may not achieve the same degree of Doshotkleshana required for optimal Shodhana in all patients.

Again, due to systemic absorption, Snehapana shows Snigdha lakshanas within 3-7 days, which for getting the desired Snigdha lakshanas, Snehabasti can be done for a longer period of time.

Based on the findings of the present study, it can be inferred that Snehabasti may serve as an effective alternative Purvakarma for Virechana in selected clinical situations, particularly when the doshas are predominantly localized in the Kosta, when there is a specific requirement for Kosta Snigdha, or in individuals who are unable or unwilling to undergo oral oleation (Snehadweshi patients). In such cases, Snehabasti may provide a practical and clinically useful substitute for Snehapana.

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