



Review Article

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CLINICAL APPLICATION OF SHADVIDHOPKRAMA: A CRITICAL REVIEW

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ABSTRACT

The eternal science of life Ayurveda has indicated various types of Chikitsa for the management of diseases. Amongst the Chikitsa mentioned, Shadvidopakrama bears lot of significance. In this context the knowledge of upakrama becomes very essential. The Sadvidhaupakrama, the combination of six prime upakramas of Ayurveda can be considered a part of Yuktivipashraya chikitsa. Sadvidha upakrama plans to act by balancing the proportion of the Panchamahabhutas in the body. In other words those substances or process which increases the agni, vayu and aakasha mahabhuta in the body can be termed as langhana. Result of any Upakrama is Dosha Saamyata. It is attained through balancing the Gunas, ultimately by achieving the Panchabhouthika stability. Whatever may be the treatment modalities it will come under the peer view of Shadvidhokrama. That is the reason these principles of shadvidhokrama are implemented in the day to day clinical practice.

Keywords: Chikitsa, Dosha Saamyata, Upkrama, Shadvidhokrama

INTRODUCTION

Ayurveda, the eternal science of life has indicated various types of Chikitsa for the management of diseases. Amongst the Chikitsa mentioned, Shadvidopakrama bears lot of significance. In this context the knowledge of upakrama becomes very essential. The word upakrama in terms of Ayurvedic classics refers planning a line of treatment and executing it to a perfection for betterment of the diseased.¹ Hence, the Sadvidhaupakrama, the combination of six prime upakramas of Ayurveda can be considered a part of Yuktivipashraya chikitsa of Trividha Chikitsa as it requires proper planning and expertise of the physician for its successful implementation for health and prosperity of mankind as a whole.²

Sadvidha Upakrama

Sadvidhaupakrama forms the basic core of treatment in Ayurvedic science. The knowledge of Sadvidhaupakrama is essential for an expert physician. It consists of the procedures like Langhana, Brumhana, Rukshana, Snehana, Swedana and Stambhana.³

Sadvidha Upakrama in Dwidopkrama

Vagbhata's concept of Dwidopkrama comprises the importance as it includes these six under the heading of two modalities of the treatment as Santarpana and aptarpana⁴. This classification holds well because even diseases are being explained as santrapanjanya and aptarpanjanya vyadhi.⁵ Hence to manage santrapanjanya vyadhi aptarpana is the line of management and in aptarpanjanya vyadhi santrapan is the line of management.⁶ For an example while managing the patient

of sandivata both sthula and krusha has to be taken into consideration, if patient is sthula then Mahayograj guggulu would be drug of choice whereas it cannot be advised in krusha where Trayodashang Guggulu would be the choice of drug. This concept signifies the importance of treatment principle that may be the reason to include Langhana, Rukshana, and Swedana included in the Aptarpana while Brumhana, Snehana and Stambhana unite to form Santarpana.

Langhana

The procedures or a substance which creates lightness in the body is called langhana⁷. The substances which carry out the functions of langhana have the qualities of laghu, ushna, tikshna, vishada, sukshma, khara and sara kathina in characteristics⁸.

Types of langhana

The classics mention 10 varieties of langhana therapies viz, Sodhana (Vamana, Virechana, Sirovirechana, Niruha Basti), Pippasa, Maruta sewana, Atopa sewana, Pachana, Upavasaand Vyayama.⁹ Acharaya Vagbhata have classified Langhana into two types they are Sodhana (5 types of sodhana viz Vamana, Virechana, Nasya, Niruha basti, Raktamokshana) and Shamana (Pachana, Deepana, Kshut, Trshna, Vyayama, Atopa, Maruta).¹⁰

Indication of Dashaprakara Langhana

Rogi, Rogi Bala, Roga are the basic criteria which should be taken into due account before indicating Langhana – it can be summarised as below:¹¹

Table 1

Rogi	Roga Bala	Roga	Langhana Indicated
Brahat shareera	Balavat / pravara	Prabhuta- Shleshma, Pitta, Rakta, Mala along with Vata.	Vishodhana
	Madyama Bala	Vami, Atisara, Vibhandha, Gourava, Hrudroga, Visuchika, Udghara, Hrullasa, Alasaka, Jwara, Aruchi, KaphaPitta roga.	Pachana
	Alpa Bala	Vami, Atisara, Vibhandha, Gourava, Hrudroga, Visuchika, Udghara, Hrullasa, Alasaka, Jwara, Aruchi, KaphaPitta roga.	Pipasa, Upavasa
Balavan	Madhyama	Vami, Atisara, Vibhandha, Gourava, Hrudroga, Visuchika, Udghara, Hrullasa, Alasaka, Jwara, Aruchi, KaphaPitta roga.	Vyayama, Atopa Maruta
Balavan	Avara	Vami, Atisara, Vibhandha, Gourava, Hrudroga, Visuchika, Udghara, Hrullasa, Alasaka, Jwara, Aruchi, KaphaPitta roga.	Vyayama, Atopa Maruta

Application of Dasavidha Langhana

The applicability of Langhana can be summarized as Sodhana and Shamana. In context of shodhana Vamana is the best example for managing the Bahudosha kapha in Tamaka swasa in order to expel out the upastitha dosha¹², whereas Virechana holds strong in Adhogata amlapitta which does the sthana suddhi¹³, similarly Basti in Avaranajanya vata vyadhi by acting upon the both avarka and avruta¹⁴ and Siro virechana in Kaphaja shirashoola through removal of toxins.¹⁵ Further modalities of langhana like Pipasa, Atopa and Maruta Sewana in alpa dosha or in chaya avasta of dosha, Upavasa in Taruna jwara as principles starts with langana¹⁶, Deepana pachana in Amaja conditions to bring it to Nirama avasatha, Vyayama in Urustambha and Stoulya shows the effectiveness of Shamana rupi Langhana.¹⁷⁻¹⁸

Brumhana

The term Brumhana refers to the use of substances and procedures which will substantiate the growth of the body.¹⁹ Brumhana will result in increase in body mass and volume as a whole. Brumhanakari dravyas will have the functions of Guru, Shita, Mridu, Snigdha, Bahalam, Picchilam, Manda and Sthiraand Slakshna.²⁰

Application of Brumhana

Sasthika Shali as diet internally in Karshya²¹ and externally in the form of Sasthika Shali Pinda Swedana in Pakshaghata²², Matrabasti in case of Vataja Gridhrasi²³, Ghritapana in case of Vata pittaja Jeerna Jwara²⁴ and use of Rasayana and Vajikarana dravyas are few potent areas where the concept of Brumhana is giving effective result.²⁵

Rukshana

The therapy by which the oily, sticky and fatty constituents of the body are dried up and reduced and which eliminates excess mucus, fat and water from the tissues and organs of the body is known as Rukshana.²⁶ The drugs having the ability to carry out Rukshana have the qualities of Ruksha, Laghu, Khara, Teekshna, Sthira, Picchila and Kathinaand Drava.²⁷

Application of Rukshana

Rukshana can be done both externally (Bahya) and as well be done internally (Abhyantara). Bahya Rukshana is carried out by procedures such as Udvartana and application of various ruksha lepas whereas Abhyantara Rukshana is done effciently with administration of Takrapana, Ruksha Annasewana and also by Bhesajas.²⁸⁻²⁹

Snehana

The procedure by which Snigdha (oiliness), Vishyananda (liquefaction), Mardavata (softness) and Kledana (moistness) is achieved is called Snehana.³⁰ The substances which act as snehana possesses the qualities such as Drava, Sukshma, Sara, Snigdha, Picchila, Guru, Sheetala, Manda and Mridu.³¹

Types of Snehana

According to action³²

- Shodhananga
- Shamana
- Brumhana

According to route of Administration³³

- Bahya (external) such as Abyanga, Lepa, Avagaha, Parisekha, karnapoorana, akshitarpana.
- Abhyantara (internal) like Snehapana, Basti, Nasya

Shodhananga Snehana

Sneha administered prior to Sodhana is known as Sodhananga Snehana. It is administered for the purpose of Dosa Utkleshana prior to Vamana, Virechana for a maxium period of 7 days.³⁴

Shamana Snehana

Sneha administered processed with herbs that can cure diseases. In general, the sneha dosage is administered in empty stomach when client feels hungry during Anna kaala. E.g. administration of Shatavari Ghrita in patients of Kshinasukra.³⁵

Brumhana Snehana

Small amounts of sneha given along with food for the purpose of nourishment is known as Brumhana Snehana.³⁶

Application of Snehana

Snehana has been broadly applied in various treatment like Nasya in Apabahuka³⁷, Abyanga in twakgata vata³⁸, Shodhananga snehapana in kushta³⁹, Shirodhara in Anidra⁴⁰ and Parisekha in Dhatukshayajanya Pakshghata.⁴¹

Swedana

Swedana is defined as a process by which the sweat or perspiration is produced in the body by various methods by which there is relief from stiffness, heaviness and coldness of body.⁴² The drugs which are Ushna, Tikshna, Sara, Snigdha, Ruksha, Sukshma, Drava, Sthira and Guru in nature are used for Swedana.⁴³

Types of Swedana

Various classifications are present in the classics to explain the types of Swedana. Charaka has classified Swedana as Anagni and Saagni Swedana⁴⁴

Anagni Swedana- Vyayama, Ushna Sadana, Guru Pravara, Kshudha, Bahupana, Bhaya, Upanaha, Krodha, Aahata, Aatopa.⁴⁵

Saagni Swedana- Sankara Swedana, Prasthara Swedana, Nadi Swedana, Parisekha Swedana, Avagaaha Swedana, Jentaka Swedana, Ashmaghna Swedana, Karshu Swedana, Kuti Swedana, Bhu Swedana, Kumbhi Swedana, Kupaa Swedana and Holaka Swedana.⁴⁶

Susruta has mentioned four classes of Swedana where in the above mentioned classification of Saagni Swedana can be included.

- Tapa Swedana- Jentaka, Karshu, Kuti, Kupa.
- Ushma Swedana- Sankara , Prshtara, Naadi, Ashmaghna, Kumbhi, Bhu
- Drava Swedana- Parisekha, Avaagaha.
- Upanaha Swedana

Table 2: Special indications of Swedana

Type of Swedana	Indications
Taapa	Kapha roga
Ushma	Kapha roga
Drava	Pitta anubandhi vata roga
Upanaha	Vata Roga
Niragni	Kaphamedovrutha Vata Roga ⁴⁶

Applications of Swedana

- Upanaha Swedana: Vatavyadhi having predominance of shula, Sankoca, Stambha.
- Shashtika Swedana: Parisekha, Annalepa: Karmakshya Pradhana Vyadhi like Pakshaghata.
- Bashpa Swedana: In Katishoola, Gridhrasi
- Valuka Swedana, pradeha type of Upanaha: in Aama Pradhana Sotha as in Aamavata.
- Dhanyamla Dhara in Aamavata
- Kshiradhooma in Ardita

Stambhana

The procedures or the drugs which arrests the mobility of a moving substances or restricts the flow of a substance is known as Stambhana.⁴⁷ It possess Laghu, Shita, Mridu, Drava, Slakshna, Ruksha, Sukshma and Sthira properties.⁴⁸

Application of Stambhana

Piccha basthi in Rakta Athisara and Avapida nasya with Vasa swarasa in Raktapitta are few of the best examples of Stambhana.⁴⁹

Relevant Researches

Based on the principle of each upkrama many clinical trials have been conducted at various research centres across the country such as, Rajani A *et al.* conducted Comparative clinical study of Upavasa and Upavasa with Pachana in the management of Agnisada. In this research study, Upavasa plus Pachana and Upavasa (among ten types of Langhanas) are applied in two different groups,

using the random sampling method. Upavasa is taken as Hina Matra Bhojana that is, gradually increasing the dose of Ahara (by Padanshika Krama) was applied on the basis of the Ahara Shakti of the Atura and status of the Agnisada. Furthermore, for the Pachana, Shunthi (*Zingiber officinale*) was selected. The subjects for the study were patients who had signs and symptoms of Agnisada and were between the age group of 20 and 60 years. In Group A (Upavasa plus Pachana) 83.77 % and in Group B (Upavasa) 72.97 % improvement was found, which was statistically highly significant (< 0.001). Upavasa plus Pachana and Upavasa were both found beneficial in promoting the Agni in patients with Agnisada. However, in the percentage-wise comparison Group A showed better result than Group B.⁵⁰ Prasanna S. G. Aithal *et al.* conducted study on Role of Rookshana as Purvakarma for vama in the management of sthula madhumehi. Vamana performed after Rookshana Purvaka Snehapana provided comparatively better relief in frequency of urine, quantity of urine, Avila Mutrata, excessive sleep, Ati Kshuda, Ati Trishna, Ati Sveda, Karapada Daha, Alasya, fasting blood sugar, postprandial blood sugar, urine sugar, weight and body mass index. On the basis of above results it can be concluded that Rookshana purvaka Snehapana and Vamana provided better relief in the signs and symptoms, fasting blood sugar, postprandial blood sugar, urine sugar, weight and body mass index of the patients of Madhumeha than Vamana performed Snehana Purvaka alone. The results of this work are in accordance of the suggestion made by Vagbhata that in the conditions were Kapha, Meda etc. are dominant and the Shodhana should be performed by preparing the patients with Rooksha Purvaka Snehana. For this study Sthula Madhumehi was selected in which Meda, Kapha, Kleda etc. are increased. It is suggested that this type of study if conducted in other increased Kapha; Meda etc. conditions then the better results can be obtained.⁵¹ Ramteke R *et al.* conducted study on An open clinical trial to analyze Samyak Snigdha Lakshana of Shodhananga Snehapana with Mahatiktakam Ghritam in Psoriasis. An open clinical trial was conducted in as there is no work done on the Samyak Snigdha Lakshana (SSL), this study was undertaken to work on the different aspects of Samyak Snigdha Lakshana. To minimize variables, subjects suffering with psoriasis and same Ghritam were selected on the basis of strict inclusion and exclusion criteria. Shodhananga Abhyantara Snehapana was advised before Vamana and Virechana. Samyak Snigdha Lakshanas which are described in all texts are different in milieu. Shodhananga Snehapana with Mahatiktakam Ghritam was given according to Koshta and Agni in 30 subjects. Samyak Snigdha Lakshanas were assessed using a special scoring pattern and the biochemical parameters were observed in all subjects. Statistical analysis using paired't' test were done. In all patients Vatanulomana, Diptagni, Snehodvega, Klama and Adhastat Sneha Darshanam were seen; whereas Angalaghava and Twak Snigdha were noted in less percentage of persons. The onset of various Samyak Snigdha Lakshanas occurs in sequence. There were changes in some biochemical parameters like serum cholesterol, Serum glutamic-oxaloacetic transaminase (SGOT) and fat globules in

stool after Snehapana. Shodhananga Snehapana with Mahatikthakam Ghritam decrease features of psoriasis up to some extent. More in depth studies are required to evaluate their importance and for their application in modern medical practice.⁵² Dilbag Singh Jindal *et al* studied role of Parisheka Svedana in the management of Katigraha. This study was carried out to evaluate the effects of Ksheerbala Taila in the management of Katigraha. As the base of Ksheerbala Taila is Tila Taila, which is also has Vata relieving effect, therefore in this study Tila Taila was kept as a control drug to evaluate whether the effect is of Ksheerbala Taila or only of oil and heat used in the process. The results of this study clearly showed that Ksheerbala Taila provided far better relief to the patients of Katigraha in comparison to Tila Taila. Hence it can be said that Ksheerbala Taila has its own effect also in relieving Katigraha which is one of the Vata Vyadhi.⁵³ Patel MV *et al.* conducted study on effects of Ayurvedic treatment on forty-three patients of ulcerative colitis. A clinical study of 43 patients of ulcerative colitis has been conducted. They were given Udumbara kvatha basti with oral Ayurveda medicaments including Kutaj ghan vati, Udumbara kvatha, and combination of Musta, Nagakesara, Lodhra, Mukta panchamrut rasa for a one-month period. Results were analyzed statistically by using the 't' test. In this study, it was observed that the symptoms and signs, daily dose of steroids and other anti-inflammatory drugs were reduced by more than 75 % with a highly significant result. The hemoglobin level was also increased.⁵⁴

Action of Shadvidhokrama

Sadvidha upakrama plans to act by balancing the proportion of the Panchamahabhutas in the body. In other words those substances or process which increases the agni, vayu and aakasha mahabhuta in the body can be termed as langhana.

Action over the Mahabhuta

Sadvidha upakrama plans to act by balancing the proportion of the Panchamahabhutas in the body. In other words those substances or process which increases the agni, vayu and aakasha mahabhuta in the body can be termed as langhana. The various action of the upkramas can be determined by the permutation and combination of the mahabhutas as Bramhama acts by increasing pruthvi and jala mahabhuta whereas snehana increases the jala and prithvi mahabhuta, Stambana increases the prithvi and jala langhana increases the akasha, vayu and tejo maha bhuta, rukshana increases akasha, vayu and tejas lastly Swedana increases tejas, vayu and akasha mahabhuta. This increase in mahabhuta is responsible for the metabolism of the body.

Action over the Gurvadi Gunas

Sadvidha upakrama acts on the principles of Samanya Vishesha of the Gurvadi Gunas as Langhana posses the laghu guna, Brumhana has Guru, Rukshana has ruskha, Snehana, has snigdha, Swedana has usna and Stambhana has sheeta guna. This principle signifies importance of theses six trumpet modalities for example Charaka has mentioned in kustha chikitsa as “vataoreshu sarpi”

means, in vatapradhana kustha like kitibha kustha it can nullifies the vitiated vata dosha by Snigdha guna of sarpi interim the usage of the snehana upkrama does the samprapti vightana by acting on the guntha vridhhi of the dosha in vata kustha.

Action over the Tridoshas

Sadvidha upakrama helps to mitigate the tridoshas in the body as Langhana mitigates Kapha, Pitta, Brumhana is Vata, Pittahara, Rukshana decrease the Kapha, Pitta, Snehana is Vata Pittahara, Swedana is Vata Kaphara and Stambhana eliminates the Pitta and Vata dosha for example in the management of the Dhatukshaja Pakshvada Brhumana, is the line of the management which acts on the both vitiated vata and pitta dosha.

CONCLUSION

The result of any Upakrama is Dosha Saamyata. It is attained through balancing the Gunas, ultimately by achieving the Panchabhouthika stability. Shadvidopakrama works on the principle of Saamanya Vishesha Siddhanta. All the Upakramas come under the domain of the Sadvidhaupakrama. Roga and Rogi must be carefully assessed and only then Upakrama should be planned. That is why it is called Yuktivypashraya Chikitsa. Thus, Shadvidopakrama is used both for prevention and cure of disease. Charaka has clearly concluded this concept by saying that although various combination of doshas are possible as per various condition still the number of the doshas remains three similarly whatever may be the treatment modalities it will come under the peer view of Shadvidhokrama. Thus it can be concluded that principles of shadvidhokrama are implemented in the day to day clinical practice.

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