



Review Article

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A BRIEF REVIEW ON AVAPEEDAKA SNEHAPANA PRINCIPLES AND PRACTICE

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ABSTRACT

Snehapana always stood as the mainstay therapeutic approach in the management of various diseases. But still the practice of Avapeedaka snehapana, one of the varieties is rarely practiced in spite of the definite indication. Hence an attempt to understand the principles of Avapeedaka snehapana is tried by literary reviewing the classical text books of Ayurveda and analyzing it through the basic principles of Ayurveda. It is however understood as a therapeutic application to correct the pratiloma vayu. The procedure is aimed specifically at correcting apana and vyana vayu by incorporating the principles of aushada kala. This procedure is well documented in diseases of apana and vyana dysfunction like mutravega rodha and raktaarsas. It is practiced in a divided dose mode, considering the metabolic status of the diseased. Subjecting the patient to the procedure on alternate days for period within 7days is advisable.

Keywords: Avapeedaka, Mutravega rodha, Raktarsas, Apanavayu, vyana vayu, Ghrtam

INTRODUCTION

Lipids are the structural and functional unit of human body and all the vital functions depend on it, hence lipids are considered as the ultimatam in the maintenance of health¹. Therapeutically, lipids are used in various forms and modes, the lipids when used in the form of oral ingestion is termed as snehapana (lipids taken orally) and it is the most effective of all other modes of application of sneha (lipids²). Therapeutic applications of lipids are gaining much importance nowadays following wide indications, faster action, and easy drug delivery. Though snehapana is widely practiced by ayurveda doctors, Avapeedaka snehapana (type of lipid intake) one of variant, is not extensively practiced following lack in the understanding of principle and procedure. Hence an attempt to review the avapeedaka snehapana is much needed.

Avapeedaka snehapana

It is following the peedana (pressing) of ghrta (ghee) by anna (food), and also following the ability to counter the aggravated vata, the procedure is named as Avapeedaka³. The utility of Avapeedaka snehapana in the management of mutravega rodha janya vikaras (disorders due to forceful suppression of micturition urge)⁴, bleeding piles(bleeding piles)⁵ and nabhi gata vata⁶ (Disorders of pelvic cavity specifically bowel bladder diseases due to vata) are well documented in the classical text of Ayurveda. Their exact stage and state of application points to be the Pratilomata (dyskinesia) of vata dosha (structure responsible for homeostasis) due to rooksha guna (factor causing dyskinesia). Hence the avapeedaka snehapana is advised in pathology of vata dysfunction⁷ were anulomana (normal kinesia) is affected. Though the taila is considered as the best medicine for vata dysfunction, Avapeedaka snehapana using taila is not appropriate because of it is badda sakrt (constipated bowels) and alpa mutra property⁸ (reduced urine output) which interferes with the anulomana karma of vata, so Ghrta having the property of srsta vinmutra⁹ (increased urine output), is the most appropriate sneha for performing avapeedaka snehapana.

Procedure of Avapeedaka Snehapana

Avapeedaka snehapana is not aimed for dosha utkleshana (exciting the dosha) or shodhana (evacuation of pathological agents) rather it comes under the classification of samana snehapana (correction of pathological agent). Being an uttama snehapana¹⁰ (use of large quantity of oral lipids taking 24hours for digestion) it should be administered for shorter period only. It is administered in divided doses, firstly it is administered in a low dose just prior to food and the next after the digestion of food in uttama matra (high dose)¹⁰. In the context of rakta arsas(bleeding piles) instead of anna(food) the use of mamsa rasa¹¹(meat soup) is advised. The dosage of snehapana (oral lipids) is fixed after assessing the status of agni (status of digestion) and koshta¹² (metabolic status). Usually the total dose varies from the range of 150-250ml. 50ml is given as pragbhaktam (prior to food) and again the remaining 100-200ml is given after the digestion of the food. It is best practiced on alternate days within a span of week to avoid complications following poor food intake during the snehapana and also due to high dose of sneha (lipids).

Mode of action in Avapeedaka sneha with reference to Guna and Aoushada kala

Ghrta snehapana is as such vatasamana (normalcy of vata), vata anulomana (proper execution of vata gati in its srotas), and mutrala (eases urine output) following the therapeutic property of snehana (nourishment) due to snigdha guna¹³ (factor causing nourishment and kinesia). The diseases like mutra vega rodha vikara, rakta arsas and nabhigata vata etc are associated with vata prakopa. Vega rodha causes vatakopa¹⁴ due to pratiloma vayu by the aggravation of rooksha guna. Vata plays important role in executing the physiological function of all vegas¹⁵ by anulomana in the presence of snigdha guna. Whereas in rakta arsas due to excessive bleeding there is secondary vatakopa following the rooksha guna¹⁶. Hence avapeedaka snehapana with snigdha guna is advisable in pathology initiated by rooksha guna in both mutravega and rakta arsas. Avapeedaka snehapana is an improvisation of snehapana using Aushadakala (appropriate time

of medicine prescription) particularly to correct the dysfunction of Apana and Vyana. The prescribing of Sneha in Avapeedaka covers 2 oushadakala. One is Pragbhakta and the other is Jeernantika, Pragbhakta oushada kala is useful in correcting apana dysfunction whereas jeernantika snehapana is useful in correcting vyana dysfunction¹⁷.

Clinical conditions Conditions with Apana and vyana dysfunction

Mutravega rodha causes vataprakopa and lead to group of diseases named as mutra vegarodha janya vikaras, the vata kopa here is understood to be due to dysfunction of apana vayu¹⁸ (the motor component of micturition) and vyana vayu¹⁹(the sensory component of micturition). Due to vega dharana there is strong possibility of dysfunction of both apana and vyana vayu together. Even though Sneha (lipids) it itself is well known for managing vata dysfunction, but when given as Avapeedaka it aims at

correcting the pathophysiology of dearranged apana and vyana. Hence find a unique therapeutic scope in the management of mutravega rodha vikara. Commonly used ghrta in Mutravega janya roga: is Sukumara ghrta²⁰

In rakta arsas avapeedaka snehapana is mentioned as a last resort to arrest bleeding. Prolonged heavy bleeding in rakta arsas leads to vata prakopa. Arsas is well known disease with Apana dysfunction, when presents with profuse bleeding the dysfunction of vyana vayu²¹ is also taken into consideration. The vayu which undergo dysfunction in rakta arsas is apana and vyana. Avapeedaka snehapana is the best suggested management to control apana and vyana simultaneously. Rakta arsas (bleeding haemorrhoids) and asrgdara (Abnormal uterine bleeding) share common treatment principle. Hence avapeedaka snehapana can be tried in asrgadara too. In Raktarsas and asrgdara: Vasaghrtam²² / Satavaryadi²³ / Mahatiktakam²⁴ are commonly used.

Table 1: Ghrtas used for Avapeedaka in different conditions

Clinical conditions	Dooshya	Gunas	Srotas	Avapeedaka snehapana
Mutra vegarodha	Apana and vyana	Rooksha	Mutravaha srotas	Sukumaram Ghrtam
Rakta arsas	Apana and vyana	Rooksha Teekshna	Pureeshavaha srotas	Vasaghrtam
Asrgdara	Apana and vyana	Rooksha Teekshna	Artava vaha srotas	Satavaryadi Ghrtam mahatiktakam Ghrtam, Vasaghrtam

CONCLUSION

Avapeedaka snehapana an improvisation of snehapana with well-directed application of oushadakala to counter specifically the vatadosha mainly apana vayu and vyana vayu. Ghrtam is the most preferred sneha for avapeedaka following it is vatanulomana and agni deepti property, the therapeutic utility of Avapeedaka snehapana can further be extended to treat diseases sharing similar pathophysiology. There is further scope of designing snehapana procedure based on other Aoushada kala to counter other vayas.

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