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, Raktaarsas, 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 ultimatum 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 ghrt (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 nabhigata 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 srst vinnutra9 (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 snehan10 (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 arsa (bleeding piles) instead of anna(food) the use of mamsa ras11(meat soup) is advised. The dosage of snehapana (oral lipids) is fixed after assessing the status of agni (status of digestion) and koshtha12 (metabolic status). Usually the total dose varies from the range of 150-250ml. 50ml is given as praghbakattam (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 Aushadha kala
Ghrt 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 sneha (nourishment) due to snigdha guna13 (factor causing nourishment and kinesia). The diseases like mutra vega rodha vikara, rakta arsas and nabhi gata 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 vega15 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 Aushadakalait (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 oushadhaka kala is useful in correcting apana dysfunction whereas jeernantika snehapan is useful in correcting vyana dysfunction.

Clinical conditions Conditions with Apana and vyana dysfunction

Mutravega rodra causes vataprakopa and lead to group of diseases named as mutra vegadosha dysfunction. The motor component of micturition and vyana vayu(16) are sensory component of micturition. Due to vega dhara 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 rodra vikara. Commonly used ghrtam in Mutravega janya roga: is Sukumara ghṛtam. In rakta arsa avapeedaka snehapan is mentioned as a last resort to arrest bleeding. Prolonged heavy bleeding in rakta arsa leads to vata prakopa. Arsa is well known disease with Apana dysfunction, when presents with profuse bleeding the dysfunction of vyana vayu(17) is also taken into consideration. The vyuh which undergo dysfunction in rakta arsa is apana and vyana. Avapeedaka snehapana is the best suggested management to control apana and vyana simultaneously. Rakta arsa (bleeding haemorrhoids) and asrgdara (Abnormal uterine bleeding) share common treatment principle. Hence avapeedaka snehapana can be tried in asrgadar too. In Raktaarsa and asrgdara: Vasahtagrtam / Satavaryadi / Mahatikttakam are commonly used.

CONCLUSION
Avapeedaka snehapan an improvisation of snehapan with well-directed application of oushadakala to counter specifically the vataadosha mainly apana vayu and vyana vayu. Ghṛtam is the most preferred sneha for avapeedaka following it is vataanulomana and agni deepti property, the therapeutic utility of Avapeedaka snehapan can further be extended to treat diseases sharing similar pathophysiology. There is further scope of designing snehapan procedure based on other Aushadha kala to counter other vyus.

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