International Research Journal of Ayurveda & Yoga Vol. 8(11), pp. 20-23, November, 2025

Available online at http://irjay.com

ISSN: 2581-785X

DOI: 10.48165/IRJAY.2025.81104



REVIEW ARTICLE

Conceptual Insights on $Shodhanartha\ Snehapana$ and its Effect on Lipid Homeostasis — Review Article

D. Amirtha Kadesh Abiram¹*, Chitta Ranjan Das², Jeniffer Ponsingh³

PG Scholar, PG Department of Panchakarma, Sri Jayendra Saraswathi Ayurveda College, Chennai, Tamil Nadu, India.

ARTICLE INFO

Article history:

Received on: 10-10-2025 Accepted on: 16-11-2025 Published on: 30-11-2025

Key words:

Agni, Koshtha, Lipid metabolism, Shodhananga Snehapana

ABSTRACT

Introduction: *Snehapana*, the oral administration of medicated ghee or oil, is a preparatory procedure before *Shodhana Karma* (purification), which facilitate the elimination of toxin from the body. The influence of *Agni, Koshta* plays a major role in *Shodhanartha Snehapana*, but still the concerns remain regarding possible lipid fluctuations during therapy.

Methods: This conceptual review analyzes classical Ayurvedic texts and available scientific studies to elucidate the role of *Agni* and *Koshtha* in determining the suitability, dose, and duration of *Shodhanartha Snehapana*. Parameters, such as *Ruchi*, *Jarana shakti*, and *Abhyavaharana shakti*, were reviewed for assessing *Agni*. The probable mode of action of *Snehapana* elucidates the lipid metabolism and the significance of *Shodhana* \(\text{Karma}\) in maintaining the lipid balance.

Results and Discussion: The Duration of *Snehapana* varies from individual by the action of *Agni* and *Koshta*, that is. 3 days for *Mridu*, 5 days for *Madhyama*, and 7 days for *Krura Koshtha*. By understanding, *Snehapana* mobilizes doshas from peripheral tissues to the gastrointestinal tract for elimination. Evidence suggests that while plasma lipid levels may transiently rise during therapy, they return to normal after proper *Shodhana*. The effect of *Snehapana* on lipid metabolism is regulatory rather than pathological. Individualized assessment *of Agni, Koshtha*, and metabolic status is crucial before administration. *Purva Karma*, such as *Rukshana Karma* in obesity and hyperlipidemia, prevents undesirable lipid fluctuations. Properly conducted *Samyak Snehapana*, followed by *Shodhana*, supports metabolic balance and avoids long-term dyslipidemia.

Conclusion: Shodhananga Snehapana, if properly administrated with due consideration of Agni, Koshtha, and Prakriti it does not disturb the lipid balance. Instead, it aids in restoring elevated lipid levels to normal after proper suitable Shodhana Karma. Further clinical studies are needed to validate these conceptual findings with biochemical evidence.

1. INTRODUCTION

Snehapana refers to the unique process of administering medicated ghee or oils to a patient, which is believed to prepare the body suitable for the upcoming procedures (*Pradhana Karma*) and facilitate to eliminate toxins from the body. In the context of lipid metabolism, there is limited scientific research article available on pre-therapeutic oil or ghee administration. The administration of medicated ghee or oils may influence the metabolic processes in the body. Duration for administration

Corresponding Author:

D. Amritha Kadesh Abiram, PG Scholar, PG Department of Panchakarma, Sri Jayendra Saraswathi Ayurveda College, Chennai, Tamil Nadu, India. Email: kadeshabiram@gmail.com of *Sneha Dravya* may vary from person to person,^[1] that is, minimum 3–7 days or till getting *Samyak Siddhi Lakshana*.^[2] To understand the effects more comprehensively, rigorous scientific studies and clinical trials would be necessary. The conceptual study elucidates the role of *Agni* in assessing the *Kostha* before administrating *Shodhanartha Snehapana* and to rule out whether *Shodhanartha Snehapana* having a role in fluctuating metabolism by changing the lipid levels.

2. METHODS

2.1. Role of Agni

Agni is used in the sense of the digestion of food and metabolic products. This Agni is not in the form of flame as the terrestrial fire,

²Professor, Principal and Head of Department, PG Department of Panchakarma, Sri Jayendra Saraswathi Ayurveda College, Chennai, Tamil Nadu, India.

³Assistant Professor, PG Department of Panchakarma, Sri Jayendra Saraswathi Ayurveda College, Chennai, Tamil Nadu, India.

but is in the form of liquid, which is called as *Pitta*. In classics, there is no *Agni* apart from *Pitta* and *Pitta* itself is *Agni*, asserts Caraka.^[3] Consumption of food undergoes metabolic transformation by the effect of *Jatharagni*, *Bhutagni*, and *Dhatvagni*. Initially, *Jatharagni* gives stimulation to *Bhutagni* because the consumed food is *Panchabhautika*, it has to undergo transformation by the respective *Bhutagni* then only it becomes easy for tissue metabolism by *Dhatvagni*.^[4] *Jatharagni* is the main principal substance responsible for disease and health. *Jatharagni* is considered to be the most important because each and every nutrient that one ingests first comes to the *Jathara* and is subjected to the action of *Jatharagni*. *Jatharagni* digests the food materials that consist of the five basic elements and transforms it for utilization by the respective *Dhatus Paramanus* (tissues). It is also responsible for the separation of the food material into the essence portion and the waste products in our body.^[5]

2.2. Assessment of Agni

The *Agni* can be assessed with three factors, which are *Ruchi* (appetite), *Jaran shakti* (ability to digest), and *Abhyavaharana shakti* (capacity to consume).^[6]

- Evaluation of Jaraņa Sakti (Digestive capacity): If the digestive process is carried out properly, Jeerana Ahara Lakshana will be seen at the end of the procedure. The Lakshana's are Utsaha (enthusiasm), Laghuta (lightness), Udgara shudhi (Clear eructation), Kshudha (hunger), Trishna (thirst), and Yathochita Malotsarga (bowel movements)
- Assessment for Abhyavaharana Shakti (Capacity to eat): The amount and type of food consumed, which varies from person to person, determines Abhyavaharana Shakti
- Evaluation for Ruchi factor (Appetite): This depends upon the willingness or unwillingness for food or toward some specific tastes.

2.3. Assessment of Agnideepti

An increase in digestive activity is anticipated during *Snehapana*. *Sneha* has the opposite nature from *Agni*, yet when it is digested, it acts as "fuel" and stokes the fire even more. The Digestion period is bound to decrease, with an increase in *Agnibala*, when the same dose is administered, and when the dose is increased, it is expected that the duration for its digestion will also increase in the same proportion. *Abhyavaharaṇa Shakti* and the time required for the digestion of *Sneha* both should be considered for assessment of *Agni* (digestive function) and *Matra* of *sneha* (dose). [7]

2.4. Index of Abhyavaharana Shakti

{A.I. (Abhyavaharana Index) = Test dose/Given dose} (i.e., TD/GD)

For the 1^{st} day, A.I = 30/30 (i.e., TD/GD = 1) (i.e., TD = GD)

If A.I. >1 denotes a decline in *Abhyavaharana Shakti*. If A.I. is <1, it indicates that *Abhyavaharana Shakti* is improving.

Agni Bala Index (ABI)

Test dose/Given dose * Time taken for the Digestion of ghee}

For example – in a person, 30 mL Sneha digest in 3 h on the 1st day, then the ABI = 30/30 * 3=3. In the same person, 300 mL digests in 6 h on the last day, the ABI = 30/300*6 = 0.6. On the 1st day, ABI is 3, which is reduced to 0.6 on the last day in the same person. However, according to mathematics, it will take 30 h for a person to digest 300 mL of *Sneha*. However, as *Agni Bala* rises, it digests in just 6 h, resulting

in substantially lower ABI than anticipated. Interpretation: The Lesser the ABI, more will be the Agnideepti. [8]

2.5. Assessment of Koshtha

Koshtha is the expression of bowel habit, which depends on Prakriti (constitution). The assessment can be used to evaluate bowel habits. When evaluating Koshtha, the Malapravritti points should be taken into account. Types of koshta is shown in Table 1.^[9]

The knowledge of *Koshta* aids in estimating the duration of *Snehapana*:

- 7 days Krura Koshtha
- 3 days Mridu Koshtha
- 5 days Madhyama Koshtha.

3. RESULTS

3.1. Snehana

Sneha is broadly classified into two types: Bahya Snehana and Abhyantara Snehana. Bahya Snehana: Application of Sneha externally for the purpose of Snehana is known as Bahya Snehana. It is practiced as a part of Dincharya and Rutucharya in a healthy person. Bahya Snehana can be Sthanika and Sarvadehika various type of Bahya Snehana are explained in classics. Abhyantara Snehana: The Administration of Sneha internally throughthe oral route for the purpose of Snehana based on the action. Abhyantara Snehapana, which is of three types: Shodhananga Snehapana, Shamananga Snehapana, Brumhana Snehapana.

4. DISCUSSION

4.1. Probale Mode of Action of Shodhananga Snehapana

Shodhananga Snehanapana is followed in the platform for Shodhana Karma which helps in achieving the Utkleshavastha of Dosha. The characteristics from Shodhananga Snehanapana result in loosening of morbid Doshas that were causing obstruction to the Srotas. Shodhananga Snehanapana is carried out according to a timetable for daily increasing doses that took into account Agni, Koshta, Bala Avastha, etc. The process is carried till the Samyak Sneha Lakshana attained, but not crossing more than 7 days to avoid Sneha Satmyam. Shodhananga Snehanapana results in the transfer of dosha from Sakha into the Koshtha. The Doshas are propelled to the Koshtha, are expelled out through the nearest route by appropriate purificatory therapies (Shodhana Karma). This is caused by the combined effects of Snehapana and Svedana, which results in an apparent increase in the Dosha Gati. [11]

4.2. Effect of Snehapana on Lipid Levels

The studies conducted on oral lipid ingestion (internal olation) show it does not increase lipid levels; instead, it aids in bringing the elevated levels of lipids to normal. However, in some studies, it shows fluctuation in lipid initially and this increase is temporary and returns to normal after appropriate Shodhana. The medical community and patients are concerned that oral ingestion of the lipids employed in olation therapy (Snehapana) may result in an increase in the biochemical parameters, particularly the lipids. The plasma concentration of cholesterol increases after oral consumption. However, the most crucial enzyme endogenous production of cholesterol is inhibited when cholesterol is taken, providing an intrinsic feedback control system to prevent an excessive rise, although individual reactions vary.[12] The medicated Snehana which we are administrating are comes under short-chain and medium-chain fatty acids. Hence, the above does not require any intestinal enzymes to dissolve it, which can be directly absorbs in the intestinal wall without further metabolism required.[13] Before Snehana

Karma, a previous treatment called Rukshana Karma, intended to cause the body's fluids to dry out, is advised. A physician should carefully consider prakruti, vikruti, Dooshya, Srotas, Agni, Ama, etc., before administering Shodhananga Snehanapana. The fat substance is then transferred through the osmosis mechanism from the cell to the extracellular fluid. Due to the liquid characteristics of lipids (Sneha) and liquified metabolic waste produced from the tissues (Mala), the levels of fatty acids and other compounds rise in the blood, increasing the plasma volume. The surplus liquid reaches the Koshtha to be evacuated out of the body to maintain the equilibrium of the regular plasma level. When emetics or purgatives are provided, these increasing volumes of bodily fluids are ejected along with the disease-inflicting vitiated Dosha and metabolic waste. Samyak Shodhana is necessary after the correct oral ingestion of lipids (Samyak Snehapana), as improper purification could cause unusually high lipid levels. To avoid an abnormal rise in the body's lipid levels, patients with obesity and hyperlipidemia should receive Rukshana Karma before Snehapana. [14]

5. CONCLUSION

A review of studies done till date to provide evidence that *Shodhananga Snehanapana* do not cause to rise in the level of lipids, rather it facilitates in bringing the increased lipids level to normal; even if the lipid levels increase during *snehapana*, it is transient and comes to normal after *Shodhana*.

6. ACKNOWLEDGMENTS

None.

7. AUTHOR'S CONTRIBUTIONS

All the authors have read and approved the final version of the manuscript.

8. FUNDING

The authors declare that no financial support was received from any organization for the submitted work. In addition, all authors declare that they have no financial relationships with organizations that might be interested in the submitted work.

9. ETHICAL STATEMENT

Ethical approval was not required for this study as it was a review article with data obtained through a literature search.

10. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

11. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

12. PUBLISHERS NOTE

This journal remains neutral with regard to jurisdictional claims in published institutional affiliations.

REFERENCES

- Yadavji T. Acharya sutra sthana. Charaka samhita with ayurveda dipika commentary. Reprint edition. Ch. 2. Verse 15. Varanasi: Chaukhamba Orientalia; 2020. p. 25.
- Yadavji T. Acharya siddhi sthana. Charaka samhita with ayurveda dipika commentary. Reprint edition. Ch. 1. Verse 6. Varanasi: Chaukhamba Orientalia; 2020. p. 677.
- Sharma RK, Dash B. Charaka samhita (English translation). Vol. 1.
 Reprint. Varanasi: Chaukhamba Sanskrit Series; 2008. p. 12/11: 240-1.
- Sharma RK, Das VB, editors. Caraka samhita of agnivesa, chikitisa sthan; grahani dosa adhyaya. Ch. 15., Verse 3. Varanasi: Chaukhamba Krishnadas Academy; 2009. p. 1-2.
- Upadhyaya Y, editor. Astangahrdaya of vagbhata, sharir sthan; angvibhagsharir adhyaya. Vol., Ch. 3., Verse 61. Varanasi: Chaukhambha Prakashan; 2007. p. 189.
- Paradakar HS. Vagbhata astanga hrudaya with sarvanga sundara teeka of arunadatta and ayurveda rasayana teeka of hemadri. Edited by Pt. Hari Sadashiva Shastri Paradakar. Sutra sthana. Ch. 13., Verse 17. Varanasi: Chaukambha Sanskrit Sansthan; reprint 2012. p. 214.
- Patil VC, Baghel MS, Thakar AB. Assessment of Agni (Digestive function) and Koshtha (bowel movement with special reference to abhyantara snehana (internal oleation). Anc Sci Life. 2008;28:26-8.
- Patil VC, Baghel MS, Thakar AB. Assessment of Agni (Digestive function) and Koshtha (bowel movement with special reference to abhyantara snehana (internal oleation). Anc Sci Life. 2008; 28:26-8.
- Badve V. A clinical study on standardization of Shodhanartha Abhyantara. Jamnagar: Snehapanam; 2000.
- Acharya VJ, editor. Sushruta samhita of sushruta (nibandhasamgraha commentary of dalhana). 8th ed. Varanasi: Chaukhambha Orientalia; 2005. p. 507. 31/3.
- 11. Ramteke R, Vinodkumar G, Meharjan T. An open clinical trial to analyze Samyak snigdha lakshana of shodhananga snehapana with mahatikthakam ghritam in psoriasis. Ayu. 2011;32(4):519-25. doi: 10.4103/0974-8520.96126.
- Patil VC, Thakar AB, Baghel MS. Clinical trial on different dose patterns of Shodhanartha Abhyantara Snehana. Ayu. 2013;34(2): 147-53. doi: 10.4103/0974-8520.119668
- Kar PK. Mechanism of panchakarma and its module of investigation.
 Delhi, India: Chaukhamba Sanskrit Pratishthan Oriental Publishers and Distributors: 2013.
- Wasedar VS, Davalbhai S, Jain P. A critical review on shodhananga snehapana. World J Pharm Res. 2023;12:165-74. doi: 10.20959/ wjpr202314-29271

How to cite this article:

Abiram DAK, Das CR, Ponsingh J. Conceptual Insights on *Shodhanartha Snehapana* and its Effect on Lipid Homeostasis – Review Article. IRJAY. [online] 2025;8(11);20-23.

Available from: https://irjay.com

DOI link- https://doi.org/10.48165/IRJAY.2025.81104

Table 1: Types of koshta

KRURA KOSHTA

- Doesn't frequently pass stools
- Dry, hard stools
- Requires exerting effort (straining)
- · Takes a lot of time to defecate
- Unsatisfactory bowel evacuation
- · Constipation occurs more commonly, while diarrhea is seldom
- Demands harsh purgatives
- No bowel changes caused by the test dose of Sneha (fats).

MRIDU KOSHŢA

- · Routinely passes stools once or twice every day
- Easy evacuation of bowel
- · Semi-formed or formed feces
- · Less time is needed for defecation
- Satisfaction following defecation
- Previous experiences revealed frequent watery stools brought on by hot beverages, such as tea and milk
- Little laxatives readily cause diarrhea
- Following the 30 mL test dosage of *Ghrita* (ghee), feces may become more frequent and slightly looser.

MADHYAMA KOSHTA

- Passes stools once every day
- Forming stools
- Requires less strain. Takes a Little while to evacuate (as compared to Mridu)
- Satisfaction following defecation
- Doesn't frequently experience constipation or diarrhea
- Needs a medium dosage of laxatives and purgatives
- Does not cause bowel movements using laxatives or milk
- After ingesting a test dosage of ghee, the patient occasionally passes one or two semi-formed or formed feces.