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A critical review on *Pravicharana Sneha*

Deepika SN¹, Sudarshan A², Vidyashree K³

¹Final year PG Scholar, Department of Post Graduate Studies in Panchakarma, Muniyal Institute of Ayurveda Medical Sciences, Manipal, Karnataka, India.

²Professor and Head, Department of Post Graduate Studies in Panchakarma, Muniyal Institute of Ayurveda Medical Sciences, Manipal, Karnataka, India.

³Assistant Professor, Department of Post Graduate Studies in Panchakarma, Muniyal Institute of Ayurveda Medical Sciences, Manipal, Karnataka, India.

ABSTRACT

Though *Acchapana* is superior, *Pravicharana Sneha* is a versatile and patient-centric method of administering *Sneha* in *Ayurveda*. Unlike the rigid protocols of *Acchapana Sneha*, it adapts to individual needs with multiple routes of administration, including oral, topical, nasal, rectal, and vaginal. This flexibility ensures better compliance, especially for patients with weak digestion or aversion to direct *Sneha* consumption. *Pravicharana Sneha* is classified based on purpose, timing, and preparation. It encompasses dietary integrations like *Odana*, *Vilepi* and *Mamsarasa*, as well as external therapies like *Abhyanga* (massage) and *Basti* (enema). These diverse applications serve therapeutic goals such as nourishment, rejuvenation, and preparation for purification. Compared to *Acchapana Sneha*, *Pravicharana* offers greater palatability, dosage flexibility, and suitability for a broader demographic. While primarily aligned with *Shamana* (palliative) therapies, its adaptability extends to *Shodhana* (purificatory) procedures. Research highlights its efficacy in achieving *Samyak Snigdha Lakshana* with reduced dosage and duration, enhancing patient outcomes and minimizing complications. *Pravicharana Sneha* exemplifies *Ayurveda*'s holistic principles, bridging therapeutic and nutritional approaches. Its adaptability and wide applicability make it valuable for clinical and research advancements.

Key words: *Pravicharana Sneha*, *Snehana*, *Shodhananga Sneha*.

INTRODUCTION

In *Ayurveda*, *Purusha* is considered as *Snehasara*,^[1] *Sneha* is essential for both physical and physiological functions. It refers to the role of lipids in the body, with every cell containing and relying on fats for its proper functioning. The process of *Snehana*, which involves the application or consumption of oils, is integral to

Ayurvedic treatments, as it provides lubrication, nourishment, and rejuvenation to the body's tissues. This *Snehana* is one among the *Shadupakramas*^[2] and can be administered either as a *Poorvakarma*, particularly before undergoing purification processes *Shodhana* or as a *Pradhana Karma* in various disease conditions.

Based on the route of administration, *Snehana* is categorized into two types: *Abhyantara Snehana* (internal administration) and *Bahya Snehana* (external application). *Abhyantara Snehana* can be further divided into *Acchapana* and *Vicharana*. It is also classified based on its purpose: *Shodhananga Sneha*, *Shamananga Sneha*, and *Brumhananga Sneha*.

Vicharana Sneha, a specialized form of administration by blending *Sneha* with various food articles and using it in external therapies. Is used for individuals who cannot tolerate large quantities of oil or have an aversion to it. In such cases, *Sneha* is administered in

Address for correspondence:

Dr. Deepika SN

Final year PG Scholar, Department of Post Graduate Studies in Panchakarma, Muniyal Institute of Ayurveda Medical Sciences, Manipal, Karnataka, India.

E-mail: drdeepikasn@gmail.com

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small, disguised doses, often mixed with food or medicines to make it more tolerable.

MATERIALS AND METHODS

Definition

Pravicharana is the application or administration (*Avacharana*) of *Sneha* along with different *Kalpas*.^[3]

In *Vicharaba* "Vi" *Shabdha* refers to *Ishad Matra* (little quantity).^[4]

Reason for calling *Vicharana* is because of use of *Alpamatra Sneha* and it is using with other food entities.

Synonyms^[5]

Pravicharana (*Caraka, Vagbhata*)

Saannasneha (*Shanrangadhara*)

Sabhakta Sneha (*Sushruta*)

Indications

Caraka - Sneha Dweshi, Snehanitya, Mrudukoshta, Kleshasaha, Madhyanitya.^[6]

Ashtanga - Bala, Vrudda, Pipasarta, Snehadweshi, Madhyasheela, Strisevi, Nithyasehasevi, Mandagni, Bheeru, Mudu Koshta, Alpadosha and in Ushna Kala.^[7]

Kashyapa - Sthula, Atidurbala, Pipasa, Ajyadweshi, Arochaka, Sudahadehi.^[8]

Routes of Administration

Oral - *Odana, Vilepi, Mamsarasa, Payas, Dadhi, Yavagu, Supashakha, Yusha, Kambalika, Khada, Saktu, Tilapishta, Madhya, Leha, Bhakshya*.

Skin - *Abhyanga*

Eyes - *Akshitarpana*

Ears - *Karnatarpana*

Nose - *Nasatarpana*

Rectal - *Basti*

Vaginal/urethral/cervical - *Uttarabasti*

Time of administration (according to *Dalhana*)

Nityaga Kala and *Avasthiga Kala*

Types of Vicharana Sheha

Based on analysis it can be classified as

Prayoga Bheda: Abhyantara and Bahya

Kala Bheda: Achira Vicharana and Chira Vicharana

Karma Bheda: Shodhana and Shamana

Vikalpa Bheda: 64 Rasa Pravicharana

Kalpana Bheda: 24 Vicharana (Caraka), 20 (Kashyapa Samhita)

Table 1: Vicharana Sneha according to Acharya Caraka and Kashyapa.

Acharya Caraka^[9]	<i>Abhyantara - Odana, Vilepi, Mamsarasa, Payas, Dadi, Yavagu, Supashakha, Yusha, Kambhalika, Khada, Saktu, Tilapista, Madhya, Leha, Bhakshya</i> <i>Bahya - Abhyanga, Basti, Uttarabasti, Gandusha, Karnataila, Nasatarpana, Akshi Tarpana, Karnatarpana</i>
Acharya Kashyapa^[10]	<i>Odana, Vilepi, Mamsarasa, Ksheera, Dadi, Yavagu, Kambalika, Supa, Yusha, Peya, Ashana, Bhakshya Vikruti, Urdhwa Karma, Adhah Karma, Khala, Abhyanga, Netra Tarpana, Vadana, Karnapoorana.</i>

Rasa Pravicharana^[11,12]

Based on the proportion of *Dosha* involved *Sneha* is mixed with all *Rasa* and separately will make sixty-three formulations (sixty-four according to *Vagbhata*).

Table 2: Rasapravicharana

Combination	Number
With single <i>Rasa</i>	06
With combination of 2 <i>Rasas</i>	15
With combination of 3 <i>Rasas</i>	20
With combination of 4 <i>Rasas</i>	15
With combination of 5 <i>Rasas</i>	06
With combination of 6 <i>Rasas</i>	1

Kevala Sneha (According to Vagbhata)	1
Total	64

Reasons for including Kevala Sneha in Vicharana^[13]

Though Vicharana refers to mixing with other entities, Kevala Sneha is used in various external procedures like Abhyanga, Tarpana, and others. There is no specific reason for considering Kevala Sneha as Vicharana Sneha. Kevala Sneha and Vicharana Sneha are differentiated based on the Sneha Upayoga (mode of administration), the quantity of Sneha, and whether the Sneha is combined with dietary substances. The differentiation can be explained as:

1. Sneha Upayoga (Mode of Administration)

- a. Kevala Upayoga: Sneha administered orally, without mixing with food or drugs, is considered Accha Sneha or Kevala Upayoga.
- b. Bahu Upayoga: Sneha administered through various routes (e.g., Basti, Nasya, Abhyanga) is referred to as Vicharana Sneha.

2. Alpatva (Quantity)

In procedures like Murdha Tarpana and Akshi Tarpana, only a small quantity of Sneha is used. This limited usage qualifies it as Vicharana Sneha.

Difference between Acchapana and Vicharana Sneha.

Table 3: Table showing difference between Acchapana and Vicharana

SN	Features	Acchapana	Vicharana
1.	Dosage	More	Less dosage
2.	Time	Specific time mentioned	No specific time mentioned
3.	Mode of administration	Oral	Multiple routes
4.	Relationship with food	In empty stomach	Along with food
5.	Duration	Maximum of 7 days	Not mentioned

6.	Parihara Vishaya	To be followed	Not specified
7.	Samyak Snigdha Lakshana	Can appreciate	Can appreciate only few
8.	Indication	For Balavan	For Alpabala
9.	Palatability	Less palatable	More palatable
10.	Superiority	Considered as superior	Not as that of Achhapana

Pravicharana is Shamana, Shodhana or Brumhana?

Table 4: Table showing difference between Shamananga, Brumhana and Vicharana Sneha

SN	Shamana Sneha	Vicharana Sneha	Brumhana Sneha
1.	Given before food	Along with food	Along with the food
2.	Madhyama Matra	Avara Matra	Alpa Matra
3.	Administered internally	Both internally and externally	Administered internally

So Pravicharana does not satisfies the rules of Shamana Sneha. So, it is an intellectual way of combining Sneha with food and as in Abhyantara Vicharana and through some other routes in Bahya Vicharana

Research works on Vicharana Sneha

Dr. Sathyajith Panduranga Kulakarni^[14]

A study was conducted to evaluate the practical applicability of Vicharana Sneha, establish its standard operating procedure (SOP), observe Samyak Snehana Lakshana, and monitor the incidence of complications. A total of 44 subjects were selected based on predefined inclusion and exclusion criteria. Each subject was administered 60 ml of cow ghee along with 50 grams of gruel in the morning and evening. Of these, 22 subjects were prepared for Vamana and 22 for Virechana. It was observed that 95-97% of the subjects exhibited Snigdha Lakshana.

Dr. Manjusha S. More^[15]

This single-case comparative study examines *Acchapana* with *Mahatiktaka Ghrita* (Method A) and *Ksheera Vicharana Snehapana* with *Mahatiktaka Ghrita* and *Ksheera* (Method B). In Method A, *Acchapana* was followed by *Vamana*, while in Method B, *Ksheera Vicharana Snehapana* was followed by *Virechana*. In Method A, *Snehodvega Lakshana* appeared from day 2 and progressively increased, whereas it was absent in Method B. *Sneha-Pachana* time was 4-10 hours in Method A and 3-6 hours in Method B, likely due to the easily digestible properties of *Ksheera*. *Samyak Snigdha Lakshana* was achieved in 6 days in Method A and 4 days in Method B. The total *Sneha Matra* consumed was 820 ml in Method A and 380 ml in Method B, with shorter *Sneha-Kala* in Method B attributed to the properties of *Ksheera*. These findings suggest that *Ksheera Vicharana* reduces both *Sneha-Kala* and *Sneha Matra*.

Dr. Priyadarshini Aravind Kadus^[16]

This pilot study aimed to evaluate *Anuvasana Basti* with escalating doses as an alternative to *Snehapana* prior to *Vamana* and *Virechana*. Ten subjects were included, and after *Amapachana*, they were administered 120 ml of sesame oil with 50 mg of *Saindhava Lavana* on the first day. The oil dose was increased by 25 ml and *Saindhava* by 100 mg daily for 7 days. All subjects exhibited *Samyak Snigdha Lakshana*, though the intensity varied, and 4 subjects experienced *Urdwaga Utklesha* symptoms. The findings suggest that *Anuvasana Basti* effectively induces proper *Snehana* and can be a viable alternative to oral administration of medicated fats, particularly for patients with fat aversion. No adverse effects or symptoms of *Atisnigdha* (excessive oleation) or *Asnigdha* (incomplete oleation) were observed during the study.

DISCUSSION

The concept of *Pravicharana* is a unique and versatile approach to the administration of *Sneha* in Ayurveda. Unlike the rigid protocols of *Acchapana*, *Pravicharana* allows the practitioner to adapt the administration of

medicated fats based on individual patient needs, preferences, and conditions. This flexibility makes it particularly relevant in scenarios where direct consumption of *Sneha* is not feasible or acceptable.

A critical discussion point is the classification of *Pravicharana* based on *Prayoga*. This classification underscores its adaptability and integration into various therapeutic contexts. Its incorporation into different *Kalpas* such as *Odana* (medicated rice), *Mamsarasa* (meat soup), or *Yusha* (medicated broth) highlights its role in dietary and therapeutic applications. This approach is particularly beneficial for patients with weak digestion (*Alpabala*) or specific constitutions. From an Ayurvedic perspective, its broader range of routes oral, nasal, topical, rectal, and vaginal illustrates its wide therapeutic applicability. This includes its use in specialized therapies like *Basti* and *Uttara Basti*, which highlight its role in both systemic and localized treatment strategies.

The comparison with *Acchapana Sneha* provides valuable insights into differences in dosage, palatability, and suitability. While *Acchapana* is often preferred in cases requiring strong purificatory effects, *Pravicharana* is more inclusive, catering to individuals who cannot tolerate large doses or unmodified medicated fats. Administering *Sneha* along with food, as in *Pravicharana*, ensures better patient compliance and digestibility.

A notable aspect of *Pravicharana* is its potential to blur the lines between *Shamana* and *Shodhana Sneha*. While it aligns more closely with *Shamana* principles, it is not bound by the strict rules of *Shamana Sneha*, allowing greater versatility in its application.

As few studies give the positive evidence towards application of *Vicharana Snehapana* as *Shodhananga Snehapana*. This opens avenues for innovation in treatment, combining therapeutic and nutritional aspects to achieve desired outcomes.

CONCLUSION

Pravicharana Sneha is a unique and patient-centred, adaptable approach in Ayurveda, balancing therapeutic efficacy with palatability and practicality.

Its wide application, diverse classification, and thoughtful integration into therapeutic regimens make it an essential subject for deeper exploration and application in both clinical and research contexts.

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