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Verification of Internal Oleation Doses mentioned by Vangasena to achieve proper Oleation before Vamana and Virechana

Research Article

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Abstract

Background -Maximum(*Pradhan*), minimum(heena) and medium(madhyam) doses for internal oleation pursued as preparation, before *Vamana* (induced vomiting for therapeutic purpose) and *Virechana* (induced purgation for therapeutic purpose) is mentioned in all three Ayurveda classic texts (*Brihat-trayi*), on the basis of time required for its digestion and *doshavastha*. This method is very subjective contrary to the objective evaluation affirmed in *Vangasen-Snehpanadhikar*(VS), where evaluator does not make any judgment. The actual dose quantification, in increasing order for *shodhan* purpose is mentioned in VS. Objective-To verify suitability of internal oleation doses cited in Vangasen to achieve *Samyak Snigdha Lakshanani*(SSL) and to monitor its complications if any.

Method - This method was applied for 18 patients intended for either *Vamana* or *Virechana* to verify its authenticity to achieve SSL. Sixteen patients were given medium dose and two were given maximum dose. Oleation was discontinued as soon as SSL were achieved.

Result-Out of 18 patients one achieved SSL in three days, five in four days, six in five days and five patients in six days. One patient took seven days to achieve SSL. Out of 18 patients, on last day one digest *sneha* in 2 hrs, 3 digest it in 4 to 5 hrs, 9 in 6 to 7 hrs, and 5 patients took 10 to 15 hrs to digest *sneha* on the day of completion of *Snehana*. Complications were not observed in any patient.

Conclusion-Medium or maximum doses specified in VS, can be used for internal oleation before *Vamana* and *Virechana* to achieve SSL without any complication. Thus the method is practical one.

Keywords: Vangasen, internal oleation, shodhan sneha matra, samyak snigdha lakshanani, Brihat-trayi

Introduction:

Bahudoshavastha (1) (accumulation of morbid doshas in the body in excessive quantity) is the indication for shodhana, a therapy which facilitate expulsion of morbid doshas outside the body. It includes Vamana, Virechana, Basti, Nasya and Raktamokshan (2). Pachan (internal medicines to facilitate proper digestion), Snehana (purifactory internal oleation) and Swedana (sudation) are the procedures which are to be carried out before actual shodhana chikitsa and are called 'purvakarma'.(3) Once doshavastha is diagnosed, Dashavidha (4)and Ashtavidha pariksha (5) is carried out, as dose and duration of internal oleation depends upon koshtha (bowel habits) and agni (digestive capacity or digestive power) of the individual. Proper

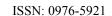
assessment of koshtha and agni leads to maximum accuracy in dose fixation of sneha (fats),. Out of these, Snehana is advocated especially in Vamana and Virechana and is intended to lubricate the doshas adhered deep down in strotasas and make them pliable with substantial increase in its quantity which are then brought to koshtha by (6) Swedan. These morbid doshas are then expelled out by Vamana or Virechana.(7) Snehana is most complicated procedure from patient as well as doctor's point of view. Due to widespread assessment criteria for decision of dose and duration of internal oleation to achieve Samyak snigdha lakshanani (symptoms of proper oleation),(8) it is even more complicated for doctors. Currently ayurvedic physicians practice internal oleation as preparation of shodhan by their methods depending upon individual experiences and expertise as there is no definite dosage quantification mentioned in Brihat-trayi. Contrary to the subjective widespread criteria to decide dose of the sneha in Brihat-trayi, when came across the reference about actual quantification of internal oleation doses in Vangasena Snehapanadhikar', method was applied initially in some patients for shodhan purpose. When it

was observed that the results are hopeful, data was

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collected further for the verification of the method.

System of internal oleation in Brihattrayi

According to Charkacharya three different dosage patterns are followed and are named depending upon time required for its digestion as,(9)

- 1.Maximum dose– digest in 24 hrs
- 2.Medium dose digest in 12 hrs
- 3.Minimum dose digest in 6 hrs

In addition, *hrasiyasi matra* is described by Vagbhatacharya and referred as test dose.(10) Sushrutacharya has described the doses according to *doshavastha*.(11)

Time required for digestion in hours	Useful in
6	Alpadosha
12	Madhyamdosha
18	Bahudosha
24	Kushtha, Vish, Unmad, Apasmar

According to Charakacharya and Vagbhatacharya three types of koshtha, mrudu, madhyam, krura takes 3, 5, 7, days respectively for completion of oleation.(12) Dalhanacharya in his Nibandhasangraha Commentary on Sushruta stated about mrudu, mrudutar, mrudutama, madhyam, madhyamtar, madhyamtam, and krura, kruratar, kruratam koshtha and it takes 3, 2, 1, 4, 5, 6 and 7, 8, 9 days respectively for completion of oleation. (13) It is indicated that after seven days, sneha instead of provoking doshas, starts likely to nurish the dhatus, but due to much dominance of Vata in the grahani of kruratara or kruratama koshtha it takes more time to reach in all shakhas (all strotas and dhatus) and then extra quantity comes out with stools which is called 'adhastat snehadarshan', which is important symptom of proper oleation, indicating completion of oleation.(14) One can judge the duration of internal oleation by proper assessment of koshtha to achieve SSL, failure of which leads to improper dosages of sneha eventually leads to signs and symptoms indicating less or excess oleation.

Opinion about doses of internal oleation, whether it should be, *uttam*, *madhyam* or *hrasva* are dissimilar in all three texts and their vital commentaries i.e. – 'Ayurveda-Dipika' of Chakrapanidatta on Charaka Samhita , 'Nibandha-Sangraha' of Dalhanacharya on Sushruta Samhita and 'Sarvaangasundar' of Arunadutta on Ashtanga-Hridaya. Recommend doses for *shodhan* purpose by Acharya Charak, Sushruta and Vagbhata are madhyam (15) in between madhyam and uttam(digested in 18 hrs) and uttam(Pradhan) (16) respectively.

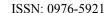
When yester night taken food gets digested properly, next morning after sunrise, *shodhana sneha* is administered (17) for three to seven days according to *koshtha* of an individual in medium or maximum dose which can be calculated from the time required for digestion of *hrasiyasi matra* specified for that individual. This calculated same dose can be given for three to seven days. But though it is not uttered anywhere in *Brihat-trayi*, this dose is given in increasing order in practice and it has became a tradition almost everywhere in Ayurveda fraternity to avoid *sneha-ajirna* (improper digestion of fats consumed).

Taking in consideration all the perspectives from 'Brihat-trayi', some guidelines are obvious.

- 1] Judgement of *agni* and *koshtha* should be done appropriately.
- 2] The dose which get digested in 12 to 24 hrs is used for *shodhan* purpose
- 3] This dose should be adjusted daily so that tentatively on last day of oleation it will digest in 12 to 24hrs. Dose adjustment is completely depends on the patient's feedback about time required for digestion which may not be accurate every time.
- 4] Also daily assessment of symptoms of proper digestion of fats and symptoms of completion of oleation on last day should be done carefully.
- 5] Though it takes 3,5 and 7 days respectively for completion of *Snehana* in *mrudu*, *madhyam* and *krura koshtha*, it can be achieved in one or two days in *mrudutara* and *mrudutama koshtha* while *kruratara* and *kruratama koshtha* can take more than seven days
- 6] In case of individuals having *vishamagni*, daily dose adjustment cannot be defined precisely due to erratic nature of *vishamagni* which digest food sometimes properly while sometimes it would not.(18)

Process affirmed in VS

- 1] The first thing to note is, oleation to be done in increasing order
- 2] Actual maximum, medium, and minimum doses and how to increase daily is mentioned clearly. There is no need to adjust the dose according to digestion period which minimizes the very tough assessment for decision of daily dose.
- 3] As digestion period is not considered for judgment of dose, oleation can be carried out easily in individuals having *vishamagni*.
- 4] Only assessment is to be done for *agni* and *koshtha* to decide whether to give maximum or medium dose.
- 5] Individual with *uttam agni bala* (enormous digestive power), *uttam sharir bala* (immense physical strength) and *krura koshthi* patients should be given maximum dose.
- 6] *Mrudu koshtha* and *madhyam sharir bala* (average physical strength) patients should be given medium dose.





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Table 1:- Vardhaman Sneha Matra Cited in Vangasen Snehapanadhikara (19)

DAY	Heena matra	Madhyam matra	Uttam matra		
1 st	30ml (trikarsha)	60ml(1½ <i>pala</i>)	120ml(3 pala)		
2 nd	35ml (increasing half <i>karsha</i> daily)	70ml(increasing one <i>karsha</i> daily)	140ml(increasing half pala daily)		
3 rd	40ml	80ml	160ml		
4 th	45ml	90ml	180ml		
5 th	50ml	100ml	200ml		
6 th	55ml	110ml	220ml		
7 th	60ml (sapalardha)	120ml	240ml		

Materials and Methods

The study was conducted at Panchakarma dept of Sane Guruji Arogya Kendra and Sumatibhai Shah Ayurved Hadapsar, Pune, Maharashtra from Feb. 2012 to Feb. 2013. Patients indicated Mahavidyalaya, Malwadi, classically for Vamana or Virechana irrespective of disease were selected for study. Total 18 patients were specified with internal oleation method cited in Vangasena, instead of mentioned in Brihat-travi. Out of 18 patients, 4 were of Adhoga amlapitta, 3 of Medorog, 3 of Prameha, 1 of Vatakaphaj Kushtha, Vatapittaj Kushtha, Urdhvaga amlapitta, Kaphaj Unmad, Daha each and one was swastha, came for hrutu shodhan. Sixteen were treated with Virechana and two with Vamana. Internal oleation was achieved using various siddha sneha according to disease. After assessment of koshtha and agni of each patient following guidelines in Brihat-travi, 16 patients were given medium dose while 2 were given maximum dose cited in Vangasena. Patients were assessed for proper completion of oleation using SSL described in Ashtangsangraha as it comprise symptoms quoted both by Charaka Samhita and Sushruta Samhita. Vatanulomana(proper evacuation of flatus and stools), deeptagni(enhanced digestive function), snigdha varchas(oily stools), asanhat varchas(unformed stools), mrudvangata(suppleness of skin), snigdhaangta(oily skin), snehodvega (revulsion for sneha), glani(exhausted), vimlendriyata(enthusiasm) these are symptoms of proper oleation which were assessed daily during internal oleation. Oleation was discontinued as soon as oily stools were observed in patient.

Observations:Table2:- Internal oleation applied in patients following the method cited in Vangasena-Snehapanadhikar

Pt.	Age	Diagnosis	Day-1	Day-2	Day-3	Day-4	Day-5	Day-6	Day-7	Symptoms
no.	and	and OPD	Dose and	Dose and	Dose and	Dose and	Dose and	Dose and	Dose	of proper
	sex	no	jaran kala	jaran kala	jaran kala	jaran kala	jaran	jaran	and	oleation
							kala	kala	jaran	
									kala	
1.	43/	Swasth-	21/9/12	22/9/12	23/9/12	24/9/12				vatanulo-
	M	yartha	60ml,(7am	70ml,	80ml,	90ml(7am				man,
			-10am)	(7am-	(7am-	_				deeptagni
		39804	3hrs.	10.30am)	11am)	11am)				asanhat-
				3½ hrs.	4hrs.	4hrs.				varchas,
										adhastat-
										snehadar-
										shan
2.	40/F	Adhoga	18/8/12	19/8/12	20/8/12	21/8/12	22/8/12	23/8/12		vatanulo-
		Amlapitta	60ml,(7.30	70ml,	80ml,	90ml,	100ml,	110ml,		man,
			am-	(7.30	(7.30	(7.30	(7.30am-	(7.30am-		deeptagni,
			9.30am)	am-	am-	am-	9.30am)	9.30am)		glani,
		34575	2hrs.	9.30am)	9.30am)	9.30am)	2hrs.	2hrs.		mrudvan-
				2hrs.	2hrs.	2hrs.				gata,
										adhastat-
										snehadar-
										shan



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2	22/								501111	, 1
3.	33/	Medoro-	16/8/12	17/8/12	18/8/12	19/8/12	20/8/12	21/8/12		vatanulo-
	F	ga	60ml,	70ml,	80ml,	90ml,	100ml	110ml,		man,
		C	(6.45am-	(7am-	(8am-	(8am-	(7.45	(8am-		deeptagni,
							`			
			9am),	10am)	10.30am)	11am)	am-	12pm)		mrudvanga-
			2½hrs	3hrs.	$2\frac{1}{2}$ hrs.	3hrs.	11am)	4hrs		ta,
		30910					2½hrs			asanhatvar-
		30910					2/41115			
										chas,glani,
										adhastat-
										snehadar-
										shan
4.	24/	Vandhyat	6/6/12	7/6/12	8/6/12	9/6/12	10/6/12			vatanulo-
	F	va	60ml,	70ml,	80ml,	90ml,	100ml,			man,
	1.	va								
			(7.50	(7.30	(7.30	(7.30	(8.15am-			deeptagni,
			am1.30pm	am-	am-6pm)	am-	6pm)			glani,
) '	3.30pm)	10½hrs	3.30pm)	10½hrs			mrudvanga-
		0.4750	<i>J</i> 5 401		10/21113		10/41113			_
		24752	5.40hrs	8hrs		8hrs				ta,
										adhastat –
										snehadar-
	I									shan
	I									
<u> </u>	221	3.6 1	20/5/12	20/5/12	20/5/12	21/5/12	1/6/12	2/6/12	2/6/12	, 1
5	22/	Medoro-	28/5/12	29/5/12	30/5/12	31/5/12	1/6/12	2/6/12	3/6/12	vatanulo-
	F	ga	60ml,(8.30	70ml,	80ml,(,	90ml,	100ml,	110ml,	120ml,	man,
	I		am-10am)	(8.30	(8.30	(8.30	(8.30am-	(8.30am-	(8.30a	deeptagni,
					*	*		`		
			1½hrs	am-	am-	am-	9.30pm)	5pm)	m1pm)	snehodvega
				12.30pm)	12.30pm)	2.30pm)	13hrs	8½hrs	4½hrs	glani,
				4hrs	4hr	6hrs				mrudvangata
		22048		IIII	1111	OHIS				adhastat –
		22048								
										snehadar-
										shan
										5.74.7.
	427	A 11	2/4/12	4/4/10	E / A / 1 O	6/4/10	7/4/10			. 1
6	43/	Adhoga	3/4/12	4/4/12	5/4/12	6/4/12	7/4/12			vatanulo-
	M	Amlapit-	60ml,	70ml,	80ml,	90ml,(,	looml,			man,
		ta	(6.3am12p	(6.3am12	(7.15	(7.15	(7.30			deeptagni,
		ta	` -							
			m)	pm)	am-3pm)	am8pm)	am-8pm)			mrudvanga-
			5½hrs	5½hrs	7¾hrs	123/4hrs	12½hrs			ta,
										asanhatvar-
		15234								
		13234								chas,glani
										adhastat –
										snehadar-
	I									shan
	I									Sivoir
7	20/	A .11	20/2/12	21/2/12	1/4/12	2/4/12	2/4/12			1
7	38/	Adhoga	30/3/12	31/3/12	1/4/12	2/4/12	3/4/12			datanulo-
	F	Amlapit-	60ml,(6.45	70ml,	80ml,	90ml,	100ml,			man,
	I	ta	am-11am)	(6.45)	(7.15	(7am-	(7am-			deeptagni,
	I	ш								
	I		4¼hrs	am-1pm)	am-3pm)	9pm)	10pm)			asanhatvar-
	I	14667		6¼hr	7¾hrs	14hrs	15hrs			chas,glani
	I									adhastat –
	I									
	I									snehadar-
	I									shan
	I									
	501	ъ .	20/2/12	21/2/12	22/2/12	00/0/10				
8	53/	Prameha	20/3/12	21/3/12	22/3/12	23/3/12				vatanulo-
	F		120ml,	140ml,	160ml,	180ml,				man,
	l ⁻		(7am-			(8am-				
	I	1610		(7.15	(7.30					deeptagni,
	I	1619	1.30pm)	am-	am-	5pm)				glani,
	I		6½hrs	1.30pm)	1.30pm)	9hrs				asanhatvar-
	I		, 21115							
1				61/4hrs	6hrs					chas,
	I									Snehodvega
	I									Adhastat –
	I									snehadar-
	I									
	I									shan
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			Internati	ional Journa	l of Ayurved	ic Medicine,	2015, 6(3), 2	254-261		
9	34/ M	Sheetapitta 36048	11/10/12 60ml,(7am -12pm) 5hrs	12/10/12 70ml, (7am- 1pm) 6hrs	13/10/12 80ml, (7am- 1pm) 6hrs	14/10/12 90ml, (7am- 1pm) 6hrs	15/10/12 100ml, (7am- 1pm) 6hrs			vatanulo- man, deeptagni, vimalen- driyata, adhastat- snehadar- shan
10	23/ F	Medorog 49554	19/12/12 60ml,(7.30 am- 3.30pm) 8hrs	20/12/12 70ml, (7.30 am- 3.30pm) 8hrs	21/12/12 80ml, (7.30 am- 3.30pm) 8hrs	22/12/12 90ml, (7.30 am- 3.30pm) 8hrs	23/12/12 100ml, (6.30am- 6.30pm) 12hrs	24/12/12 110ml, (6.30am- 8.30pm) 14hrs		vatanulo- man, deeptagni, snehodveg glani, adhastat- snehadar- shan
11	33/ M	Kaphaj Unmaad 50264	12/12/12 60ml,(7.30 am-3pm) 7½hrs	13/12/12 70ml, (7am- 3pm) 8hrs	14/12/12 80ml, (8.30 am- 10pm) 13½hrs	15/12/12 90ml, (8am- 9pm) 13hrs	16/12/12 100ml, (8am- 5.3opm) 9½hrs	17/12/12 110ml, (8am- 3pm) 7hrs		vatanulo- man, deeptagni, vimalen- driyata snehodveg adhastat- snehadar- shan,
12	19/ F	Adhoga Amlapitta 51336	21/12/12 60ml,(7am -12.30pm) 5½hrs	22/12/12 70ml, (7am- 12pm) 5hrs	23/12/12 80ml, (7am- 12pm) 5hrs	24/12/12 90ml, (8am- 2pm) 6hrs	25/12/12 100ml, (8am- 2pm) 6hrs			vatanulo- man, deeptagni, glani, asanhat- varcha, snehodveg a, adhas- tat – snehadar- shan
13	32/ M	Prameha 1605	18/01/13 60ml,(8am -11am) 3hrs	19/01/12 70ml, (8am- 2pm) 6hrs	20/01/12 80ml, (8am- 1.30pm) 5½hrs	21/01/12 90ml, (8am- 2pm) 6hrs				vatanulo- man, deeptagni, asanhat- varchas, glani, adhastat – snehadar- shan
14	39/ M	Prameha 8319	10/02/13 60ml,(8am -10.30am) 2½hrs	11/02/13 70ml, (8.15 am- 11am) 2 ³ / ₄ hrs	12/02/13 80ml, (8.45 am-2pm) 5 ¹ / ₄ hr	13/02/13 90ml, (9.30 am- 11.30am) 2hrs	13/02/13 100ml, (9.15am- 12pm) 2 ³ / ₄ hrs	14/02/13 110ml, (8am- 2pm) 6hrs		vatanulo- man, deeptagni, asanhat- varchas,vi mlendriya ta, adhastat – snehadar- shan,



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15	28/ M	Kushtha 7716	6/2/12 120ml, (6.45am- 1.45pm) 7hrs	7/2/12 140ml, (7am- 1.30pm) 6½hrs	8/2/12 160ml, (7.30 am- 1.30pm) 6hrs					vatanulo- man, deeptagni, mrudvanga- ta adhastat – snehadar- shan	
16	40/ F	Daaha 67	10/3/12 60ml,(6.45 am- 1.30pm) 6 ³ / ₄ hrs	11/3/12 70ml, (6.45 am- 1.45pm) 7hrs	12/3/12 80ml, (6.45 am- 1.45pm) 7hrs	13/3/12 90ml, (6.40 am- 1.50pm) 7hrs 10min.	14/3/12 100ml, (6.45am - 1.50pm) 7hrs 5min			vatanulo- man, deeptagni, snehodveg, adhastat- snehadar- shan	
17	31/ F	Urdhvaga Amlapit- ta 20263	3/5/13 60ml, (10am- 2pm) 4hrs	4/5/13 70ml, (12pm- 2.30pm) 2½hrs	5/3/13 80ml, (8am- 1.30pm) 5½hrs	6/5/13 90ml, (7.30am- 1.30pm 6hrs				vatanulo- man, deeptagni, glani mrudvanga- ta snehodvega adhastat – snehadar- shan	
18	32/ M	Kushtha 20264	3/5/13 60ml,(8.30 am- 1.30pm) 5hrs	4/5/13 70ml, (8.45 am- 1.50pm) 5hrs, 5min	5/3/13 80ml, (10.30 am- 2.45pm) 4 ¹ / ₄ hrs	6/5/13 90ml, (10.30 am- 1.30pm 6hrs				vatanulo- man, deeptagni, asanhatvar- chasmrudva ngata ad- hastat – snehadar- shan	

Results

Out of 18 patients, on last day one digest *sneha* in 2 hrs, 3 digest it in 4 to 5 hrs, 9 in 6 to 7 hrs, and 5 patients took 10 to 15 hrs to digest sneha on the day of completion of Snehana. Prior to Snehana, Pachana given to the patient, accounts for vatanulomana and diptagni itself. Also any food devoured, if get digested properly, these two basic symptoms can be seen in a person. As you start with internal oleation, if proper digestion of *sneha* consumed that day takes place, these two symptoms are observed every day. All 18 patients showed these two symptoms from day1..Asanhat varchas was the symptom perceived in 9 patients, only the day on which it occurs was different due to difference in koshtha of every patient. Snehdvega seemed from third day onwards in 3 patients. Though snigdhangata was not observed mrudvngata was observed in maximum patients. Out of 18 patients, 8 shows mrudvangata. Glani and vimlendriyata are the symptoms, which cannot be observed at a time. Some experience glani while some sense patients vimlendriyata. Few experience sometimes glani and sometimes vimlendriyata during whole oleation procedure. Out of 18 patients, only 3 experience vimlendriyta. Glani was observed in 11 patients. Snigdha varchas or adhastat snehadarshan is the

symptom, which indicates completion of oleation and one should stop oleation as soon as it is observed in patient. Out of 18 patients one achieved SSL in three days whereas five in four days, six in five days and five patients in six days. One patient took seven days to achieve SSL. Complications are not observed in any patient. (Refer graph 1 and 2)

Discussion

Brihat-trayi, the three major texts of Ayurveda, doesn't tell the actual internal oleation doses pursued before *Vamana* or *Virechana*.

The method followed in *Brihat-trayi*, requires very widespread assessment and that too is very subjective contrary to the objective evaluation affirmed in VS, where evaluator does not make any judgments

As the dose depends on time required for digestion of consumed plain or medicated sesame oil or cow ghee, patient's feedback is very important about his hungriness. Some patients feel hungry properly but some could not make it out properly and report it as little hungry. In this situation they are advised to drink warm water and after that if there is no smell of ghee or oil in belching, digestion is supposed to be complete and patient can have prescribed food and vice a versa. Sometimes when patient could not understand if he is



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really hungry or it is only his cravings as he thought that he does not had food since morning and he should eat something and he does the same many times, in spite of all instructions. This leads to incorrect doses of oleation for following days as *jarana kala* is not recorded accurately, especially in patient who are treated on OPD basis. In case of patients who got admitted in hospital for treatment this assessment can bit easy. Though it's ideal to get patient admitted for *Vamana* and *Virechana*, right from internal oleation process, it is not possible for most of the patients to get admitted for treatment. In this context the doses stated by Vangasena are very practical where only assessment for *koshtha* and *agni* is required to know whether maximum or medium dose should be followed.

Conclusion

The above study reveals that, the method of internal oleation carried out before *shodhana chikitsa* as per *Brihat-trayi* requires very widespread assessment for judgment of dose of *sneha*. It also doesn't state quantification of internal oleation. Whereas the method affirmed in *Vangasen Snehapanadhikara* reveals actual quantification thereby minimizing the assessment. The duration of oleation is considered for seven days in this method also. In case of *mrudutara*, *mrudutama* and *kruratara*, *kruratama koshtha* where less than three days and more than seven days are required for completion of oleation also this method can be applied. After following this method in 18 patients intended for *shodhana*, it can be concluded that the method is very practical.

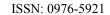
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