CLINICAL APPLICATION OF SHADVIDHOPKRAMA: A CRITICAL REVIEW

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ABSTRACT
The eternal science of life Ayurveda has indicated various types of Chikitsa for the management of diseases. Amongst the Chikitsa mentioned, Shadvidhopkrama bears lot of significance. In this context the knowledge of upakrama becomes very essential. The Sadvidhaupakrama, the combination of six prime upakramas of Ayurveda can be considered a part of Yuktiivipashraya chikitsa. Sadvidha upakrama plans to act by balancing the proportion of the Panchamahabhutas in the body. In other words those substances or process which increases the agni, vayu and aakasha mahabhutas in the body can be termed as langhana. Result of any Upakrama is Dosha Saamyata. It is attained through balancing the Gunas, ultimately by achieving the Panchabhouthika stability. Whatever may be the treatment modalities it will come under the peer view of Shadvidhopkrama. That is the reason these principles of shadvidhopkrama are implemented in the day to day clinical practice.

Keywords: Chikitsa, Dosha Saamyta, Upkrama, Shadvidhopkrama

INTRODUCTION
Ayurveda, the eternal science of life has indicated various types of Chikitsa for the management of diseases. Amongst the Chikitsa mentioned, Shadvidhopkrama bears lot of significance. In this context the knowledge of upakrama becomes very essential. The word upakrama in terms of Ayurvedic classics refers planning a line of treatment and executing it to a perfection for betterment of the diseased.1 Hence, the Sadvidhaupakrama, the combination of six prime upakramas of Ayurveda can be considered a part of Yuktiivipashraya chikitsa of Trividha Chikitsa as it requires proper planning and expertise of the physician for its successful implementation for health and prosperity of mankind as a whole.2

Sadvidha Upakrama
Sadvidhaupakrama forms the basic core of treatment in Ayurvedic science. The knowledge of Sadvidhaupakrama is essential for an expert physician. It consists of the procedures like Langhana, Brumhana, Ruksana, Snehana, Swedana and Stambhana.3

Sadvidha Upakrama in Dwidopkrama
Vagbhata’s concept of Dwidopkrama emprises the importance as it includes these six under the heading of two modalities of the treatment as Santarpana and aptarpana.4 This classification holds well because even diseases are being explained as santrapanjanya and aptarpanjanya vyadhi.5 Hence to manage santrapanjanya vyadhi aptarpana is the line of management and in aptarpanjanya vyadhi santrapan is the line of management.6 For an example while managing the patient of sandivata both sthula and krusha has to be taken into consideration, if patient is sthula then Mahayograj guggulu would be drug of choice whereas it cannot be advised in krusha where Trayodashang Guggulu would be the choice of drug. This concept signifies the importance of treatment principle that may be the reason to include Langhana, Ruksana, and Swedana included in the Aptarpana while Brumhana, Snehana and Stambhana unite to form Santarpana.

Langhana
The procedures or a substance which creates lightness in the body is called langhana7. The substances which carry out the functions of langhana have the qualities of laghu, ushna, tikshna, vishada, sukshma, kharas and kala in characteristics8.

Types of langhana
The classics mention 10 varieties of langhana therapies viz, Sodhana (Vamana, Virechana, Sirovirechana, Niruha Basti), Pippasa, Maruta sewana, Atopa sewana, Pachana, Upavasaan and Vyayama.9 Acharaya Vagbhata have classified Langhana into two types they are Sodhana (5 types of sodhana viz Vamana, Virechana, Nasya, Niruha basti, Rakthatokshana) and Shamana (Pachana, Deepana, Kshut, Trshna, Vyayama, Atopa, Maruta).10

Indication of Dashaprakara Langhana
Rogi, Rogi Bala, Roga are the basic criteria which should be taken into due account before indicating Langhana – it can be summarised as below.11
Table 1

<table>
<thead>
<tr>
<th>Rogi</th>
<th>Roga Bala</th>
<th>Roga</th>
<th>Langhana Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brahadi shareera</td>
<td>Balatv / pravara</td>
<td>Prabhata- Shleshma, Pitta, Rakta, Mala along with Vata.</td>
<td>Vishodhana</td>
</tr>
<tr>
<td>Madyana Bala</td>
<td>Vami, Atisara, Vibhandha, Gourava, Hrudroga, Visuchika, Udghara, Hrullasa, Alasaka, Jwara, Aruchi, Kaphapitta roga.</td>
<td>Pachana</td>
<td></td>
</tr>
<tr>
<td>Alpa Bala</td>
<td>Vami, Atisara, Vibhandha, Gourava, Hrudroga, Visuchika, Udghara, Hrullasa, Alasaka, Jwara, Aruchi, Kaphapitta roga.</td>
<td>Pipasa, Upavasa</td>
<td></td>
</tr>
</tbody>
</table>

Application of Dasavidha Langhana

The applicability of Langhana can be summarized as Sodhana and Shamana. In context of shodhana Vamanas is the best example for managing the Bahudoshakapha in Tamaka swasa in order to expel out the upastitha doṣha, whereas Virechana holds strong in Adhogata amlapipta which does the sthāna suddhi, similarly Basti in Avaranajanya vata vyadhi by acting upon the both avarka and avruta and Siro virechana in Kaphāha shirashbūla through removal of toxins. Further modalities of langhana like Pipasa, Atopa and Maruta Sewana in alpa dosha or in chaya avasta of dosha, Upavasa in Taruna jwara as principles starts with lāngana. Deepana pachana in Amaja conditions to bring it to Nirama avsatha, Vyayama in Uurstambha and Stoulya shows the effectiveness of Shamana rupi Langhana.

Brumhana

The term Brumhana refers to the use of substances and procedures which will substantiate the growth of the body. Brumhanakari dravyas will have the functions of Guru, Shita, Mridu, Snigdha, Bahalam, Picchilam, Manda and Sthiranad slakshana.

Application of Brumhana

Sasthika Shali as diet internally in Karshya and externally in the form of Sasthika Shali Pinda Swedana in Pakshaghata, Matrabasti in case of Vataja Gridhras, Ghritapana in case of Vata pittaja Jeerna Jwara and use of Rasayana and Vajikarana dravyas are few potent areas where the concept of Brumhana is giving effective result.

Ruksha

The therapy by which the oily, sticky and fatty constituents of the body are dried up and reduced and which eliminates excess mucus, fat and water from the tissues and organs of the body is known as Rukshana. The drugs having the ability to carry out Rukshana have the qualities of Ruksha, Laghu, Khara, Teeksha, Sthira, Picchila and Kathinaand Drava.

Application of Rukshana

Rukshana can be done both externally (Bahya) and as well be done internally (Abhyantara). Bahya Rukshana is carried out by procedures such as Udvartana and application of various ruksha lepas whereas Abhyantara Rukshana is done efficiently with administration of Takrapana, Ruksha Annasewana and also by Bhesajas.

Snehana

The procedure by which Snigdhata (oiliness), Vishyananda (liquefaction), Mardavata (softness) and Kledana (moistness) is achieved is called Snehana. The substances which act as snehana possesses the qualities such as Drava, Sukshma, Sara, Snigdha, Picchila, Guru, Sheetala, Manda and Mridu.

Types of Snehana

According to action

- Shodhananga
- Shamana
- Brumhana

According to route of Administration

- Bahya (external) such as Abyanga, Lepa, Avagaha, Parisekh, karnapoornara,akasharpana
- Abhyantara (internal) like Snehapana, Basti, Nasya

Shodhananga Snehana

Sneha administered prior to Sodhana is known as Sodhananga Snehana. It is administered for the purpose of Dosa Utklesha prior to Vamana, Virechana for a maximum period of 7 days.

Shamana Snehana

Sneha administered processed with herbs that can cure diseases. In general, the sneha dosage is administered in empty stomach when client feels hungry during Anna kaala. E.g. administration of Shatavari Ghrita in patients of Kshinasukra.

Brumhana Snehana

Small amounts of sneha given along with food for the purpose of nourishment is known as Brumhana Sneha.

Application of Snehana

Snehana has been broadly applied in various treatment like Nasya in Apabahuka, Abhyanga in twakgata vata, Shodhananga snehanapana in kushtha, Shirodhara in Anidra and Parisekh in Dhatukshayajanya Pakshaghata.

Swedana

Swedana is defined as a process by which the sweat or perspiration is produced in the body by various methods by which there is relief from stiffness, heaviness and coldness of body. The drugs which are Ushna, Tikshna, Sara, Snigdha, Ruksha, Sukshma, Drava, Sthira and Guru in nature are used for Swedana.
Types of Swedana

Various classifications are present in the classics to explain the types of Swedana. Charaka has classified Swedana as Anagni and Saagni Swedana.\(^{44}\) Anagni Swedana - Vyayama, Ushna Sadana, Guru Pravaran, Kshudha, Bahupana, Bhaya, Upanaha, Krodha, Aahata, Aatopa.\(^{35}\) Saagni Swedana- Sankara Swedana, Prasthara Swedana, Nadi Swedana, Parisekha Swedana, Avagaaha Swedana, Jentaka Swedana, Ashmaghna Swedana, Karshu Swedana, Kuti Swedana, Bhu Swedana, Kumbhi Swedana, Kupaa Swedana and Holaka Swedana.\(^{46}\)

Susruta has mentioned four classes of Swedana where in the above mentioned classification of Saagni Swedana can be included.

- Tapa Swedana- Jentaka, Karshu, Kuti, Kupa.
- Ushma Swedana- Sankara, Prashtara, Naadi, Ashmaghna, Kumbhi, Bhu
- Drava Swedana- Parisekha, Aavaagaha.
- Upanaha Swedana

Table 2: Special indications of Swedana

<table>
<thead>
<tr>
<th>Type of Swedana</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taapa</td>
<td>Kapha roga</td>
</tr>
<tr>
<td>Ushma</td>
<td>Kapha roga</td>
</tr>
<tr>
<td>Drava</td>
<td>Pitta anubandh vata roga</td>
</tr>
<tr>
<td>Upanaha</td>
<td>Vata roga</td>
</tr>
<tr>
<td>Niragani</td>
<td>Kaphamedovrutha Vata roga</td>
</tr>
</tbody>
</table>

Applications of Swedana

- Upanaha Swedana: Vatavyadhi having predominance of shula, Sankoca, Stambha.
- Bashpa Swedana: In Katishoola, Gridhrasi
- Valuka Swedana, pradha type of Upanaha: in Aama Pradhana Sotha as in Aamavata.
- Dhianamla Dhara in Aamavata
- Kshiradhooma in Ardita

Stambhana

The procedures or the drugs which arrests the mobility of a moving substances or restricts the flow of a substance is known as Stambhana.\(^{47}\) It possess Laghu, Shita, Mridu, Drava, Slakshna, Ruksa, Sukshma and Sthira properties.\(^{48}\)

Application of Stambhana

Piccha basthi in Rakta Athisara and Avapida nasya with Vasa swarasa in Raktapitta are few of the best examples of Stambhana.\(^{49}\)

Relevant Researches

Based on the principle of each upkrama many clinical trials have been conducted at various research centres across the country such as, Rajani A et al. conducted Comparative clinical study of Upavasa and Upavasa with Pachana in the management of Aagnisada. In this research study, Upavasa plus Pachana and Upavasa (among ten types of Langhanas) are applied in two different groups, using the random sampling method. Upavasa is taken as Hina Matra Bhojana that is, gradually increasing the dose of Ahara (by Padanshika Krama) was applied on the basis of the Ahara Shakti of the Atura and status of the Aagnisada. Furthermore, for the Pachana, Shunti (Zingiber officinale) was selected. The subjects for the study were patients who had signs and symptoms of Aagnisada and were between the age group of 20 and 60 years. In Group A (Upavasa plus Pachana) 83.77 % and in Group B (Upavasa) 72.97 % improvement was found, which was statistically highly significant (< 0.001). Upavasa plus Pachana and Upavasa were both found beneficial in promoting the Agni in patients with Aagnisada. However, in the percentage-wise comparison Group A showed better result than Group B.\(^{50}\)

Prasanna S. G. Aithal et al. conducted study on Role of Rookshana as Purvakarma for vanama in the management of sthula madhumehi. Vanama performed after Rookshana Purvaka Snehapana provided comparatively better relief in frequency of urine, quantity of urine, Avila Mutrata, excessive sleep, Ati Kshuda, Ati Trishna, Ati Sveda, Karapada Daha, Alasya, fasting blood sugar, postprandial blood sugar, urine sugar, weight and body mass index. On the basis of above results it can be concluded that Rookshana purvaka Snehapana and Vanama provided better relief in the signs and symptoms, fasting blood sugar, postprandial blood sugar, urine sugar, weight and body mass index of the patients of Madhumeha than Vanama performed Snehana Purvaka alone. The results of this work are in accordance of the suggestion made by Vaghbata that in the conditions were Kapha, Meda etc. are dominant and the Shodhana should be performed by preparing the patients with Rooksha Purvaka Snehana. For this study Sthula Madhumehi was selected in which Meda, Kapha, Kleda etc. are increased. It is suggested that this type of study if conducted in other increased Kapha; Meda etc. conditions then the better results can be obtained.\(^{51}\) Ramteke R et al. conducted study on An open clinical trial to analyze Samyak Snigdha Lakshana of Shodhananga Snehapana with Mahatikthakam Ghritim in Psoriasis. An open clinical trial was conducted in as there is no work done on the Samyak Snigdha Lakshana (SSL), this study was undertaken to work on the different aspects of Samyak Snigdha Lakshana. To minimize variables, subjects suffering with psoriasis and same Ghritim were selected on the basis of strict inclusion and exclusion criteria. Shodhananga Abhyantara Snehapana was advised before Vamana and Virechana. Samyak Snigdha Lakshanas which are described in all texts are different in milieu. Shodhananga Snehapana with Mahatikthakam Ghritim was given according to Koshta and Agni in 30 subjects. Samyak Snigdha Lakshanas were assessed using a special scoring pattern and the biochemical parameters were observed in all subjects. Statistical analysis using paired’ t test were done. In all patients Vatamuolomaana, Diaptgni, Snehodvega, Klama and Adhastat Sneha Darshanam were seen; whereas Angalaghava and Twak Snigdhdara were noted in less percentage of persons. The onset of various Samyak Snigdha Lakshanas occurs in sequence. There were changes in some biochemical parameters like serum cholesterol, Serum glutamic-oxaloacetic transaminase (SGOT) and fat globules in
stool after Snehashana. Shodhananga Snehashana with Mahatikthakam Ghritam decrease features of psoriasis up to some extent. More in depth studies are required to evaluate their importance and for their application in modern medical practice.\textsuperscript{52} Dilbag Singh Jindal \textit{et al.} studied role of Parisheka Svedana in the management of Katigraha. This study was carried out to evaluate the effects of Ksheerabala Taila in the management of Katigraha. As the base of Ksheerabala Taila is Tila Taila, which is also has Vata relieving effect, therefore in this study Tila Taila was kept as a control drug to evaluate whether the effect is of Ksheerabala Taila or only of oil and heat used in the process. The results of this study clearly showed that Ksheerabala Taila provided far better relief to the patients of Katigraha in comparison to Tila Taila. Hence it can be said that Ksheerabala Taila has its own effect also in relieving Katigraha which is one of the Vata Vyadhi.\textsuperscript{53} Patel MV \textit{et al.} conducted study on effects of Ayurvedic treatment on forty-three patients of ulcerative colitis. A clinical study of 43 patients of ulcerative colitis has been conducted. They were given Udumbara kvatita basti with oral Ayurveda medications including Kutaj ghan vati, Udumbara kvatita, and combination of Musta, Nagakesara, Lodhra, Mukta panchamrut rasa for a one-month period. Results were analyzed statistically by using the ‘t’ test. In this study, it was observed that the symptoms and signs, daily dose of steroids and other anti-inflammatory drugs were reduced by more than 75 % with a highly significant result. The hemoglobin level was also increased.\textsuperscript{54}

**Action of Shadvidhopkrama**

Sadvidha upakrama plans to act by balancing the proportion of the Panchamahabhusutas in the body. In other words those substances or process which increases the agni, vayu and aakashah mahabhutha in the body can be termed as langhana.

**Action over the Mahabhutha**

Sadvidha upakrama plans to act by balancing the proportion of the Panchamahabhusutas in the body. In other words those substances or process which increases the agni, vayu and aakashah mahabhutha in the body can be termed as langhana. The various action of the upkramas can be determined by the permutation and combination of the mahabhuthas as Bramham acts by increasing prithvi and jala mahabhutha whereas snehashana increases the jala and prithvi mahabhutha, Stambhana increases the prithvi and jala langhana increases the akasha, vayu and tejo maha bhuta, rukshana increases akasha, vayu and tejas lastly Swedana increases tejas, vayu and akasha mahabhutha. This increase in mahabhutha is responsible for the metabolism of the body.

**Action over the Gurbadi Gunas**

Sadvidha upakrama acts on the principles of Samanya Vishesha of the Gurbadi Gunas as Langhana posses the laghu guna, Brumhana has Guru, Rukshana has ruksha, Snehashana, has snigdha, Swedana has usna and Stambhana has sheeta guna. This principle signifies importance of these six trumpet modalities for example Charaka has mentioned in kusha chikitsa as “vataotareshu sarpi” means, in vatapradhana kusha like kitibha kusha it can nullifies the vitiyyed vata dosha by Snighda guna of sarpi interim the usage of the snehashana upkrama does the samprapti vigyanta by acting on the guntha vridhlh of the dosha in vata kusha.

**Action over the Tridoshas**

Sadvidha upakrama helps to mitigate the tridoshas in the body as Langhana mitigates Kapha, Pitta, Brumhana is Vata, Pittahara, Rukshana decrease the Kapha, Pitta, Snehashana is Vata Pittahara, Swedana is Vata Kaphara and Stambhana eliminates the Pitta and Vata dosha for example in the management of the Dhatukshaja Pakshvada Bhrumanha, is the line of the management which acts on the both vitiyyed vata and pitta dosha.

**CONCLUSION**

The result of any Upakrama is Dosha Saamyata. It is attained through balancing the Gunas, ultimately by achieving the Panchabhouthika stability. Shadvidopakrama works on the principle of Samanya Vishesha Siddhanta. All the Upakramas come under the domain of the Sadvidhaupakrama. Roga and Rogi must be carefully assessed and only then Upakrama should be planned. That is why it is called Yuktivypashraya Chikitsa. Thus, Shadvidopakrama is used both for prevention and cure of disease. Charaka has clearly concluded this concept by saying that although various combination of doshas are possible as per various condition still the number of the doshas remains three similarly whatever may be the treatment modalities it will come under the peer view of Shadvidhopkrama. Thus it can be concluded that principles of shadvidhopkrama are implemented in the day to day clinical practice.

**REFERENCES**


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