



Role of Bile juice in *Accha Snehapana*

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Abstract

Snehapana is an internal administration of *sneha* (medicated or non-medicated) has an important therapeutic application in Ayurveda. This therapy aims to prepare the body for *Shodhana karma* and helps in bringing the *doshas* from *Shakha* (peripheral tissues) to *koshtha* so that they can expel out easily. *Accha sneha pana* is superior type of internal *oleation*. Digestion of *sneha* is all depending upon the *Agni bala*. Digestion and absorption of *sneha* shows various physiological changes in the body. *Adahstad sneha darshanam* is a classical sign of *Samyak snigdha lakshana*. Mode of action of *sneha* in *koshtha* and its relationship with bile salts and lipid metabolism process

should be thoroughly studied for the success of *snehapana* therapy.

Key words:

Accha snehapana, *Abhukta sevankal*, *Adahstad sneha darshan*, Role of bile

Introduction:

Ayurveda is majorly concern about *dosha-dhatu-agni samya*⁽¹⁾. It is achieved by *Shodhana* (evacuatory or eliminatory procedures) and *Shamana* (pacificatory procedures) treatment. *Shodhana* play important role in Ayurveda. It helps in eradication of disease completely from the body⁽²⁾. It is a major procedure if not followed properly can cause further complications⁽³⁾. To reduce this complications and easy elimination of

doshas, *Samhitakar* advocated the *Snehana kalpana*⁽⁴⁾.

Snehana is an indispensable measure of Ayurvedic principle⁽⁵⁾. *Snehapana* or internal *oleation* is the most important *poorva karma* to be done before *Shodhana* treatment⁽⁶⁾. It is necessary because the whole outcome of *Shodhana* procedure depends upon the proper mobilization of *Dosha* from the *shakha* (peripheral tissues) to *koshtha* which is to be achieved with the help of *Snehana* and *Swedana* (Sudation therapy)⁽⁷⁾. *Doshas* in the *linavastha* (the deep seated *doshas*) change to *Prachala* or *Pravahanavastha* (displacement) due to which they can be removed easily⁽⁸⁾. The *doshas* are moistened by the *Snehana* and liquefied by *Swedana* and can be easily expelled out by *Shodhana* treatment.

Snehana is classified as 1) *Bahya Snehana* 2) *Abhyantar Snehana*⁽⁹⁾

Accha Snehana can be included in *Abhyantar Snehana*⁽¹⁰⁾.

***Accha snehapana* –**

Accha Snehapana is a type of internal administration of *sneha dravya* without mixing with any other material. It is a superior type of *Snehana* therapy⁽¹¹⁾. It is given in early morning (*Pratah Kala*), on empty stomach (*Abhuktavastha*) after the digestion of previous night meal especially

for *Shodhana karma*⁽¹²⁾. *Vridhhi* and *vishyandankarma* of *dosha* is achieved by this *Snehana* treatment⁽¹³⁾. So *doshas* can bring from *Shakha* (peripheral tissues) to *Koshtha* so that they can be expelled out easily.

Tails (oil), *ghrita* (ghee), *majja* (bone marrow), *vasa* (muscle fat) are the forms of *sneha dravya* that we can use as an *accha peya*⁽¹⁴⁾. Tail is a *vataghna* while *majja* and *vasa* we used in patient who has a *tikshna agni*⁽¹⁵⁾. But in all *sneha*, *ghrit* is a superior form of *sneha* because it does not leave its characteristics even after various *sanskaras* and has a best *pittaghna* property⁽¹⁶⁾.

Action of snehapana

The administration of *sneha* undergoes in various digestive phases in *koshtha*. The digestion and absorption of *sneha* creates certain physiological changes in the body. *Sneha* shows its functional properties like *Snehana*, *mardava* (softness), *vishyandana* and *kledakarakatva*.

But adequate *oleation* can be assessed by following signs and symptoms⁽¹⁷⁾ –

1. *Vatanuloman*
2. *Agni deepan*
3. *Purish snighdhata* (unctuousness of stool)
4. Texture, lustre and softness of skin and hairs

5. *Glani*

6. *Snehodvega*

According to *Acharya Shushruta, Adahstad sneha darshanam (Steatorrhea)* is a classical sign of *samyak snehapana*⁽¹⁸⁾.

Lipid Metabolism

Accha sneha contain 99.0 – 99.5% of fat. It is *saponifiable* type of lipid.

Bile salts plays important role in digestion and absorption of fat. Fats are insoluble in water due to surface tension, thus *lipolytic* enzymes of GI tract cannot digest fat directly. Bile salts emulsify the fat globules to break it into small droplets in small intestine so that *lipolytic* enzymes can easily digest it⁽¹⁹⁾.

In human adults, bile salts synthesis is 0.2-0.4 gm/day. Approximately 3.5 gm of bile salts recycle repeatedly via *enterohepatic* circulation. As an ordinary meal requires 6-8 gm of bile salts to digest and absorb fats. Thus, entire pool recycles twice per meal and 6-8 times /day. The half-life of bile salt is 3 days.

The flow of bile is lowest during fasting and a majority of that is diverted into gall bladder for concentration. This concentration of bile occurs only in gall bladder as its mucosa can actively absorb fluids and electrolytes. It concentrates the bile 5-6 times than the liver's bile⁽²⁰⁾.

Rate of secretion of bile is depending upon the rate of synthesis of bile salts. And the rate of synthesis of bile salt is depending upon return of bile salt by *enterohepatic* circulation.

When we gradually increase the dose of *sneha*, quantity of bile salt for emulsification of fat is insufficient. So at maximum dose of *sneha*, some part of *sneha* is not emulsified. Thus body eliminate that through faeces, we called it as steatorrhea. We can diagnose it by fecal fat excretion test.

Discussion

Fat ingestion

General steps of fat digestion –

- Fat reaches primary part of small intestine
- *Cholecystokine* is hormone secreted by Jejunal intestinal mucosa cells
- Reaches through blood circulation to gall bladder and causes its contractions which turns into emptying of gall bladder of concentrated bile juice into duodenum
- This causes emulsification of fats means large molecules of lipids get breakdown into smaller molecules
- When the concentration of bile salts are high correspondent to quantity of fat, ingested fat get easily emulsified

and further Lipase acts on lipid and gets metabolised and absorbed.

- But as quantity of lipids became inversely proportionate to quantity of concentrated bile salts, major portion of lipids not get emulsified, resulting in reduce action of lipase on them which ultimately causes residual undigested fats in small and large intestine which passed in stool and expel out of our body undigested
- In our terms we called it *adahstad sneha darshana*.

Accha snehapan in concentration of 30, 60, 90, 120, 150, 180, 210 ml/gm gets digested stepwise but at one point it becomes inversely proportionate to bile salts concentration hence that day we get steatorrhea. We called it as *Samyak Sneha Lakshana*.

When we are taking *sneha* in the morning, concentration of bile salts is at its highest due to no food ingested for at least 12 hours hence fat gets emulsified easily within 3-6 hours. As the bile salts works to digest the lipids in the same manner we can say Agni works to digest the *acchasneha*.

Conclusion

After critical review and analysis of the available ancient literature and various

clinical studies, it can be speculated and affirmed that *accha snehapan* and percentages of available concentrated bile salts have role in *Samyak Snehapan lakshanas* mainly steatorrhea. Hence while planning *Snehapan* we should give importance to the percentage of bile salts available. We have to give attention in hepatic conditions viz *Cholecystectomy* while giving *Accha Snehapan* where concentration of bile salts gets hampered.

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Conflict of Interest: Non

Source of funding: Nil

Cite this article:

"Role of Bile juice in Accha Snehapana."

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Ayurlog: National Journal of Research in Ayurved Science- 2020; (8) (6):01- 05