

A Scoping Review on the Methods Adopted and Rationale Applied for Therapeutic Administration of Ghee or Oil as a Purificatory Regimen

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ABSTRACT

Snehapana (therapeutic intake of ghee /oil) is a specific modality of treatment uniquely mentioned in Ayurveda. It involves the oral administration of medicated oil or ghee to attain specific therapeutic goals. *Snehana* therapy has a vital role in panchakarma. It is a procedure through which one can induce *snigdhatta* (unctuousness) to the body. *Snehapana* can be conducted as *Purvakarma* (prior to the main procedure) in *sodhana* (cleansing therapy), and it can also be customized as a *pradhana karma* (main therapeutic procedure) in specific conditions. The present review is an effort to understand the wide variety of *snehapana* in different medical conditions by analyzing articles published from 1984 to 2023. We have screened 115 articles of PUBMED, DHARA, and AYUSH RESEARCH PORTAL by using key words *Snehapana*, *Sneha*, *Snehapan*, *Snehapaan*, Fat and Ayurveda, and Lipids and Ayurveda and finally extracted 26 articles on *Sodhanartha snehapana*. These articles were analyzed for the type of *Sneha Dravya* (fatty substance) used, methods, dosage, and duration in different medical conditions including neurological conditions, thyroid disorders, skin disorders, metabolic disorders, musculoskeletal disorders and some rare diseases. The most common dosage regimen employed is the *Arohana matra* (escalating dose) method, with a 7 days treatment duration. Significant variability in treatment protocols suggests consideration of individual patient factors and conditions.

Keywords: *Arohana matra*, Ghee or Oil, Scoping Review, *Snehapana*, *Sodhanartha*.

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INTRODUCTION

A scoping review is a type of literature review that aims to identify and map existing research on a particular topic. *Snehapana*, a unique therapeutic procedure in Ayurveda, involves the oral administration of medicated fats mainly oils or ghee. Based on the major therapeutic objectives, *snehapana* is primarily classified into two types-*sodhanartha* (for the purpose of purification) and *samanartha* (for the purpose of pacification). *Sodhanartha Snehapana*, is a preparatory procedure in Ayurvedic detoxification therapies, facilitating the disintegration of accumulated toxins at the tissue level, *koshtha* (alimentary tract) level or in the *srotas* (macro and micro channels in body) to optimize subsequent *sodhana* (purification therapies). It involves a specific protocol of

oral administration of medicated fat alone in a large quantity in the early morning, where the dose of medicated fats is gradually increased for a maximum duration of 7 days to facilitate deep cleansing. *Samana Snehapana* focuses on pacifying and balancing aggravated *doshas*. It typically involves administration of medicated fats after getting appetite, until the pacification of disease, customized to the individual's constitution and health condition. This review concentrated on two specific types of research articles: case reports, which provide detailed accounts of individual patients, and clinical trials, which offer a more rigorous assessment of treatment efficacy. This scoping review examines the methods and rationale for *Snehapana*, utilizing the data extracted from published research articles. The review also details the conditions treated with *sodhanartha Snehapana*, the medications used, and the specific dosage and duration of the therapy, providing valuable insights into the practice of *Snehapana* in Ayurveda. This review aims to evaluate the published data related to *Snehapana*.



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MATERIALS AND METHODS

Eligibility criteria

The articles selected from the three sources dealing with the snehapana as the purificatory regimen and highlighting the methods and rationale.

Information sources

The articles published in PUBMED, DHARA and AYUSH RESEARCH PORTAL.

Search strategy

The articles were searched using keywords *Snehapana*, *Sneha*, *Snehapan*, *Snehapaan*, Fat and Ayurveda, and Lipids and Ayurveda.

Selection process

Table 1 summarizes the number of articles screened from different data bases based on snehapana. They were searched from 1984 to 2023 in PUBMED, DHARA and AYUSH RESEARCH PORTAL. The search terms used were as follows *snehapana*, *sneha*, *snehapan*, *snehapaan*, fat and ayurveda, and lipids and ayurveda.

First step: Collected published articles related to *snehapana*. Articles with full text availability are included in this study. The articles containing keywords anywhere in abstract were selected for screening. No automation tools were used for screening purpose. 115 articles were obtained for screening. Duplicate records were removed from it. The total articles removed from first step is 24.

Second step: 91 articles were available for screening. 6 articles were excluded, 2 for being direct copies from textbooks and 4 for being seminar presentations. The remaining 85 articles were move to the third step. Total articles removed from second step are 6.

Third step: 80 articles were retrieved. 5 were excluded for the reasons as 3 had only abstracts available, one was a poster presentation, and one contained only an image. Total articles removed from third step is 5.

Fourth step: 9 articles other than case reports, clinical trials, and case series were excluded. And also, 15 articles are not related to snehapana even though their abstract contains either keyword. 20 Articles having not complete data related to snehapana were also omitted .3 articles were not disease specific along with 7 articles having details of only samana snehapana. Total articles removed from fourth step is 54.

Final step: 26 articles are included for the review

A total of 26 articles were selected for this review, and their key characteristics are summarized across three tables. Table 2

presents the general information of each study, including the authorship, type of article, and citation details. Table 3 outlines the disease conditions addressed in each study along with the specific type of *Sneha Dravya* (medicated fat) used for *Snehapana*. Table 4 provides information on the method of administration, the minimum and maximum doses employed, and the duration (in days) of *Snehapana* as reported in the selected articles.

Study risk of bias assessment: This study is focused on the rationale and methods adopted and not with the results, so no bias found.

RESULTS

Study selection

Out of the 115 articles, through different screening process we selected only 26 articles for the review. The selected articles were only based on *sodhananga snehapana* (purificatory purpose)

Study characteristics

By evaluating the 26 articles which were based on *sodhananga snehapana* 25 articles follow arohana method of snehapana and only one follows static method.

Risk of bias in studies

Since this study focused on the rationale and methods adopted and not with the results, there is no risk of bias in this study.

Result of individual studies

Condition

Table 5 consists of the disease and the medication used. Although, it can't find a majority out of 26 studies, 6 diseases belonged to neurological conditions, 4 diseases were related to thyroid disorders including Hashimoto's thyroiditis. There are 2 dermatological conditions where *snehapana* is given. One is psoriasis and the other is vitiligo. 2 articles each with *Amavata* and psychiatric conditions. One each with simple myopia and secondary amenorrhea. One case of Musculo skeletal disease (cervical spondylosis) was also added here. Rare diseases like Hirayama disease, diminishing ovarian reserve, and Transient hip osteoporosis were also documented here. Metabolic disorders like Obesity and diabetes mellitus were also found in this search (Figure 1).

Table 1: Database-wise distribution of articles related to *Snehapana* identified during the initial search phase.

Data base	No. of articles found related to <i>snehapana</i>
DHARA	14
AYUSH RESEARCH PORTAL	84
PUBMED	17

Medication

After assessing the 26 articles, the most commonly used medications were *tikthaka ghrita*, *bhadradarvadi taila*, and *murchitha tila taila*. Other medications like *nirgundi taila*, *sahacharadi taila* and *panchagavya ghrita* were used more than once. *Prabhanjana vimardhana taila*, *dasamoola bala taila*, *anandhadi taila*, *aragwada mahatiktaka ghrita*, *mahakalyanalka ghrita*, *panchatiktaka guggulu ghrita*, *sukumara ghrita*, *dhanwantara ghrita* and *prasarnyaadi taila* were the medications occur singly. 57.4% of articles used medication processed ghee while in 39.4% medicated *taila* were used, 3.2% used cow's ghee. It would understand better in Figure 2.

Dosage and Duration

Table 4 presents data on the escalating or static dose pattern. Minimum and maximum dose of *arohana snehapana* and the number of days of treatment using *Snehapana*. The minimum dose utilized in the studies ranged from 25 mL to 60 mL. The most frequently used minimum dose was 30 mL, appearing in 10 out of the 26 studies. Maximum doses in the studies varied from 110 mL to 350 mL. The most common maximum dose was 350 mL, used in 6 of the studies. In one study the dosage was static that is 30 mL, which was given for 5 days. The number of treatment days commonly ranged from 3 to 7. The most frequent treatment length was 7 days, found in 12 of the 26 studies. One of the studies utilized both 4-day and 6-day *snehapana* as

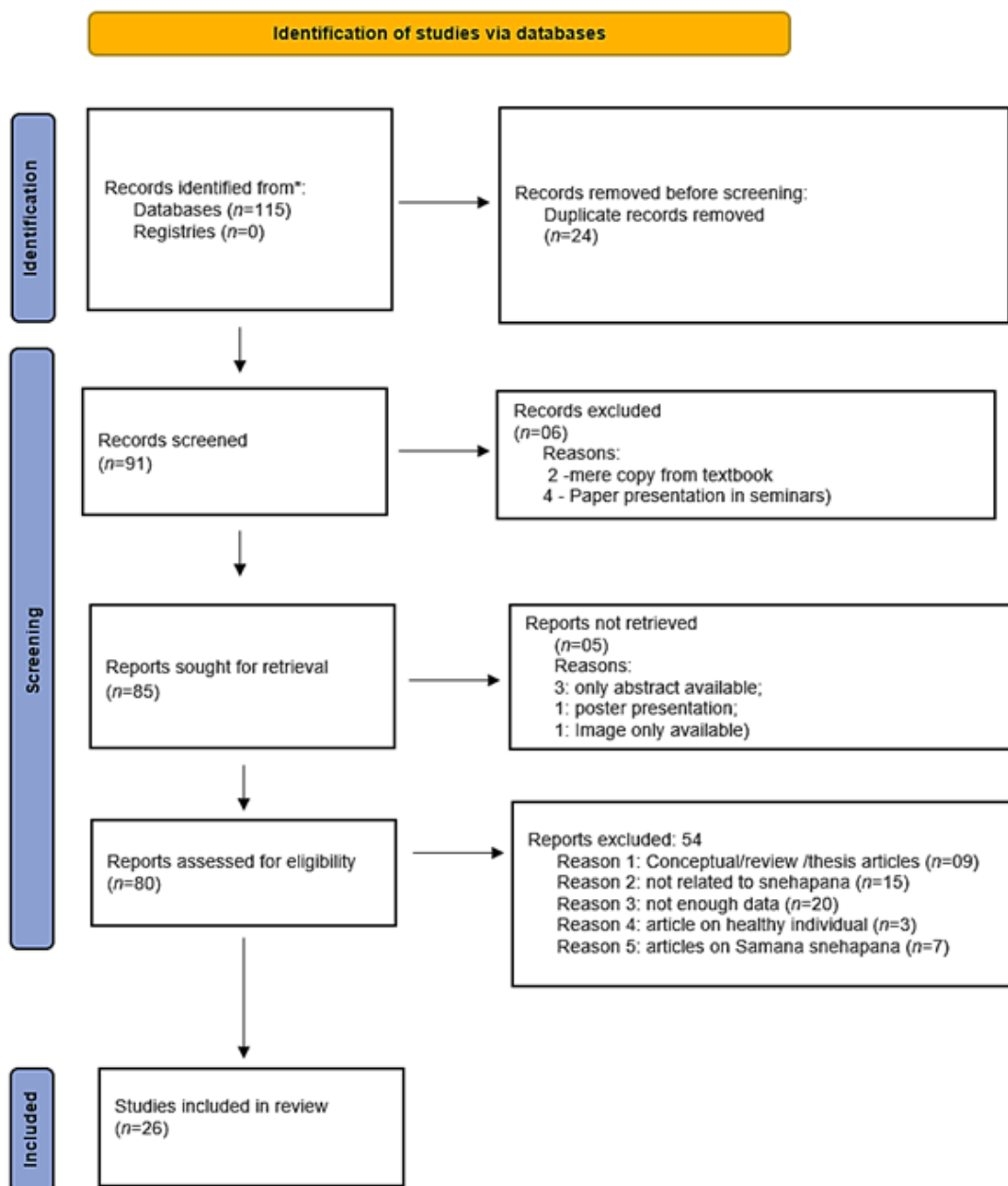


Figure 1: PRISMA 2020 flowchart illustrating the systematic process of article identification, screening, eligibility assessment, and inclusion in the review.

Table 2: Summary of studies included in the review with authorship, article type, and citation.^[1-26]

Sl. No.	Authors	Type of article	Sample size	Citation
1	Seetha Chandran <i>et al.</i> , ^[1]	Case Series	5	Chandran S, Rajam R, Patgiri BJ, Mangalasseri P. Management of Hashimoto's Thyroiditis through Ayurveda. Journal of Ayurveda Case Reports. 2018 Jul 1;1(1):18-22.
2	P Ramachandran Nair <i>et al.</i> , ^[2]	Clinical Trial	17	Ramachandran nair P, Vijayan N.P, Madhavikutty P. Clinical evaluation of prabhanjanavimardanam taila and sodhana therapy in the treatment of gridrasi (sciatica). Journal of reasearch in ayurvedic science.1989 jan 10.vol 12.19-32.
3	R.B Nair <i>et al.</i> , ^[3]	Clinical Trial	40	Nair RB., Madhavikutty P, Nair P.KS, Jaya N, Saraswathy VN, venugopalan N, Pankajavally P T and Menon P v. effect of dasamoolabala taila(d.b.taila) as a snehadravaya in gridhrasi (sciatica) patients of Panchakarma therapy with special reference to biochemical parameters, Journal of reasearch in ayurvedic science, 27 th may 2005.
4	P. Ramachandran Nair ^[4]	Clinical Trial	18	Ramachandran Nair P, Indhirakumari S, Ravishankar B, Vijayan N P, Varma RR, Effect of snehapana on haemoglobin-a serendipitous find, Journal of reasearch in ayurvedic science, 7 th August 1989.
5	Adil Rais <i>et al.</i> , ^[5]	Case Report	1	Rais Adil, Zala Divya, Mungra Patik, Keshari Neha, Thakar Anup B, Management of sthaulya through tailapana and virechanakarama -a case report, ayucare, 8 th february2021.
6	P Ramachandran Nair <i>et al.</i> , ^[6]	clinical Trial	40	Nair Ramachandran P, Vijayan N P, Indhirakumari S, Madhavikutty P, Prabhakaran V A. Snehapana effect of bhadradarvadi taila in gridrasi.
7	P. K. N Namboothiri <i>et al.</i> , ^[7]	Clinical Trial	36	Namboothiri P K N, Menon T V, Vijayan N P, Vijayakumar D, The role of snehapana in pakshavadha (hemiplegia)-a study, Journal of reasearch in ayurvedic science21 st january 1984.
8	Smruthi K.K ^[8]	Case Report	1	Smruthi K.K, Hyperthyroidism and its management with ayurveda -A case report, ARYAVAIDYAN, Vol. 36, No. 4 and Vol. 37, No. 1, May - October 2023, Pages 51 – 54.
9	Rajkala. P Patil ^[9]	Clinical Trial	30	Patil Rajkala, Vinodkumar G, Meharjan T. . An open clinical trial to analyze Samyak Snigdha Lakshana of Shodhananga Snehapana with Mahatikthakam Ghritam in Psoriasis. (2011) Ayu. 32. 519-25.
10	Pooja Sharma <i>et al.</i> , ^[10]	Case Report	1	Sharma, Pooja; Kajaria, Divya. Ayurvedic management of Hirayama disease: A case report. Journal of Ayurveda Case Reports 5(3):p 130-134, Jul-Sep 2022. DOI: 10.4103/jacr.jacr_108_21.
11	S. Akshata <i>et al.</i> , ^[11]	Case Report	1	Akshatha, S.; Shetty, Suhas Kumar. Ayurvedic management to aid weaning of anti-depressants: A case report. Journal of Ayurveda Case Reports 4(2):p 50-53, Apr-Jun 2021. DOI: 10.4103/jacr.jacr_4_21.
12	Sinha Kaushal <i>et al.</i> , ^[12]	Clinical Trial	30	Sinha, k.; a, l.b.; kumar, a.m. comparative clinical study on the murchita taila in fixed and increasing dose with special reference to samyak snigdha lakshana. Int. J. Res. Ayurveda pharm. 2017, 8, 115-121.
13	Divya U <i>et al.</i> , ^[13]	Clinical Trial	15	Divya u, Vijayakumar N. Effect of Ayurvedic Treatment Protocol on Diminishing Ovarian Reserve. IJAM [Internet]. 2020 Jul. 3.
14	Seetha Chandran <i>et al.</i> , ^[14]	Case Report	1	Chandran Seetha,Rajam R. Management of Hashimoto's Thyroiditis through Ayurveda. (2013).
15	Soniya Gupta <i>et al.</i> , ^[15]	Case Report	1	Gupta Soniya, Kundra, Yadava RamaKant, Dharmarajan Prasanth. (2022). Management of multiple sclerosis through Ayurveda: A case report. Journal of Ayurveda Case Reports.

Sl. No.	Authors	Type of article	Sample size	Citation
16	Uttamram Yadav <i>et al.</i> , ^[16]	Case Report	1	Yadav Uttamram, Bhatted Santosh Kumar. Management of uncontrolled type 2 diabetes mellitus associated with peripheral neuropathy through Virechana karma: A case report. <i>Journal of Ayurveda Case Reports</i> 4(4):p 146-149, Oct-Dec 2021.
17	Sinha Kaushal <i>et al.</i> , ^[17]	Case Report	1	Sinha Kaushal, Sahu Lalravi, B a Lohith, Kumar Ashvini. (2017). Panchakarma interventions for sthoulya: a case study. <i>International Journal of Research in Ayurveda and Pharmacy</i> . 8. 64-67.
18	Charde Va <i>et al.</i> , ^[18]	Case Report	1	Charde V A, Amit, Nair P G, Deep V C, Role of agnikarma and snehapana in management of pain in cervical spondylosis- A case study, <i>International journal of ayurveda and pharma research</i> , April 2017, vol 5, issue 6, 22-26.
19	Govardhan Belaguli ^[19]	Case Report	1	Belaguli Govardhan; Brinda G. M. Role of Ayurveda Interventions in the Management of Primary Hypothyroidism - A Case Report. <i>Indian Journal of Ayurveda and Integrative Medicine</i> KLEU 4(1):p 20-25, Jan-Jun 2023.
20	K.M Pratap Shankar <i>et al.</i> , ^[20]	Case Report	1	Pratap Shankar, K. M.; Akashlal, M.; Rohit, K. S.. Understanding transient osteoporosis of hip (Asthi-Majjagatavata) and management through Ayurveda. <i>Journal of Ayurveda Case Reports</i> 3(3):p 108-112, Jul-Sep 2020.
21	Basavaraj R Tubaki <i>et al.</i> , ^[21]	Case Report	1	Tubaki, B. R., Chandake, S., and Sarhyal, A. (2021). Ayurveda management of Major Depressive Disorder: A case study. <i>Journal of Ayurveda and integrative medicine</i> , 12(2), 378-383.
22	Narayanam Srikanth <i>et al.</i> , ^[22]	Clinical Trial	120	Srikanth Narayanam, Khanduri Shruti, Jameela Sophia, Amin Hetal, Anumol K, Rao Chandrasekhara Bodhavalli, Rana Rakesh, Clinical Evaluation of Efficacy and Safety of Classical Ayurveda Formulations, Panchatikta Ghrita and Nalpamaradi Taila, in the Management of Psoriasis: Study Protocol, <i>Journal of Research in Ayurvedic Sciences</i> , June 2019.
23	Kishor a Gavali <i>et al.</i> , ^[23]	Case Report	1	Gavali, Kishor and Gavali, Preeti and Londhe, Deepak. (2020). Ayurvedic Management of Shwitra (Vitiligo): A Case Report. <i>Journal of Research in Ayurvedic Sciences</i> . 3. 152-156.
24	Jayakrishnan a <i>et al.</i> , ^[24]	Case Report	1	Jayakrishnan, A and Krishnaprabha, A and Sivabalaji, K and Ashwini, BN. (2019). Management of Simple Myopia with Anantadi Ghrita: A Case Report. <i>Journal of Ayurveda Case Reports</i> .
25	T Prathana <i>et al.</i> , ^[25]	Case Report	1	Prarthana, T.; Rao, Veena G. Management of secondary amenorrhea and PCOS by Vamana and Virechana - a case report. <i>Journal of Research in Ayurvedic Sciences</i> 6(1):p 11-16, Jan-Mar 2022.
26	Diksha Nitin Kabra <i>et al.</i> , ^[26]	Case Report	1	Kabra, Diksha Nitin; Bhatted, Santosh Kumar. Management of Amavata with Panchakarma treatment - A case report. <i>Journal of Ayurveda Case Reports</i> 6(3):p 119-124, Jul-Sep 2023.

purvakarma for vamana and virechana respectively. It is depicted in Figure 3.

DISCUSSION

By analysing 26 studies, it can be understood that there is a wide variety in doses, medications, methods, and durations. This variability reveals the flexible nature of *snehapana* practiced in different conditions. It is found that medicated ghee was the most commonly utilized (57.4% of articles), followed by medicated oil (39.4%). Plain cow's ghee was used in a smaller percentage of articles (3.2%). The use of Murchitha tila taila and plain cow's ghee was observed,^[5,17,22,26] possibly to assess the effect of *Snehapana* itself without the additional actions of processed

medications. 72.7% of studies employed the *Arohana* method. This indicates a strong preference for this gradual dose-escalation approach in the studies. *Arohana krama snehapana* is advised to achieve *snighda lakshana* within 7 days. Since the dose is in escalating pattern it helps to achieve the *utklesana* and also help to increase the *agni*. Since the gradual increase of dose of *Sneha* is based on the digestion it helps to prevent the loadgment of *ama* (undigested material). Smaller initial doses improve palatability and acceptance, encouraging patient adherence. The incremental approach of *Sneha* helps to penetrate deeper tissues and enhancing the preparatory effect of *shodhana*.

Conditions such as *Gridrasi*, *Pakshavadha* and other neurological conditions were managed using the combination of *taila* like

Table 3: Distribution of disease conditions and corresponding Sneha Dravya used ^[1-26]

Sl. No.	Author	Condition	Medication
1	Seetha Chandran <i>et al.</i> , ^[1]	Hashimotos thyroiditis	Tiktaka Ghrita
2	P Ramachandran Nair <i>et al.</i> , ^[2]	Gridhrasi (Sciatica)	Prabhanjana Vimardhana Taila
3	R.B Nair <i>et al.</i> , ^[3]	Gridhrasi (Sciatica)	Dasamoola Balataila
4	P. Ramachandran Nair ^[4]	Neurological Patients	Nirgundi Taila Bhadradarvadi Taila Sahacharadi Taila
5	Adil Rais <i>et al.</i> , ^[5]	Sthoulya	Murchita Tila Taila
6	P Ramachandran Nair <i>et al.</i> , ^[6]	Gridhrasi	Bhadradarvadi Taila
7	P. K. N Namboothiri <i>et al.</i> , ^[7]	Pakshavadha (hemiplegia)	Nirgundi Taila Sahachara Taila Bhadra Darvadi Gana Taila
8	Smruthi K.K ^[8]	Hyperthyroidism	Tiktakam Ghritam
9	Rajkala. P Patil ^[9]	Psoriasis	Mahatiktakam Ghrita
10	Pooja Sharma <i>et al.</i> , ^[10]	Hirayama Diseases	Aswagandha Ghrita
11	S.Akshata <i>et al.</i> , ^[11]	Depression	Panchagavya Ghrita
12	Sinha Kaushal <i>et al.</i> , ^[12]	Obesity	Murchita Tila Taila
13	Divya U <i>et al.</i> , ^[13]	Diminishing Overian Reserve	Sukumara Ghritam
14	Seetha Chandran <i>et al.</i> , ^[14]	Hashimoto's Thyroiditis	Tiktaka Ghrita
15	Soniya Gupta <i>et al.</i> , ^[15]	Multiple Sclerosis	Brahmi Ghrita
16	Uttamram Yadav <i>et al.</i> , ^[16]	Type 2 Diabetic Mellitus	Dhanwantara Ghrita
17	Sinha Kaushal <i>et al.</i> , ^[17]	Sthoulya	Murchita Tila Taila
18	Charde Va <i>et al.</i> , ^[18]	Cervicsl Spondylosis	Prasaranyadi Taila
19	Govardhan Belaguli ^[19]	Primary Hypothyroidism	Panchatiktaka Guggulu Ghrita
20	K.M Pratap Shankar <i>et al.</i> , ^[20]	Transient Osteoporosis	Guggulu Tiktaka Ghrita
21	Basavaraj R Tubaki <i>et al.</i> , ^[21]	Major Depressive Disorders	Brahmi Ghrita
22	Sanjay Kumar Gupta <i>et al.</i> , ^[22]	Amavata	Cow's Ghee
23	Kishor A Gavali <i>et al.</i> , ^[23]	Shwitra(Vitiligo)	Mahatiktaka Ghrita
24	Jayakrishnan A <i>et al.</i> , ^[24]	Simple Myopia	Anantadi Ghrita
25	T Prathana <i>et al.</i> , ^[25]	Secondary Amenorrhrea	Aragwada Mahatikta Ghrita+Guggulu Tiktaka Ghrita Mahakalyanaka Ghrita
26	Diksha Nitin Kabra <i>et al.</i> , ^[26]	Amavata	Cow's Ghee

nirgundi taila, *bhadradarvadi taila* and *sahacaradi taila*, which may help in neuromuscular rehabilitation.^[2-4,6-7] The repeated usage of certain taila across multiple studies suggests their broad spectrum applicability and possible neuroprotective mechanism of actions that needs further pharmacological evaluation. In *Amavata*, *snehapana* was given in 2 cases, probably in later stages to reduce the *rookshata* created by *vatakopa*.^[22,26] Usually, myopia is found to be treated with *tarpana* treatment. Here, a case of myopia was identified to be treated with *anantadi ghrita* for *snehapana*.^[24] And it was given for 5 days in static dose, 30 mL at night as *sodhanartha* which is found to be very exceptional compared to other cases. Endocrine disorders like Hashimoto's

thyroiditis, Hyperthyroidism and type 2 Diabetic mellitus were commonly treated with *tiktaka ghrita* and *dhanwantara ghrita* which helps in pacifying the aggravated *pitta* and *kapha doshas*.^[14,16,19] The inclusion of *tikta kadu rasa* prominent drugs in these formulations supports their role in metabolic regulation and immune modulation. Ghee like *Ashwagandha ghrita*, and *Anandadi ghrita* were found used in Hirayama disease and Simple myopia respectively.^[10,24] In Psychiatric and Cognitive disorders like Depression and Multiple sclerosis *snehapana* with *Brahmi ghrita* and *Panchagavya ghrita* aligning with the *rasayana* property and thereby supports the enhancement of *ojas* and also gives mental clarity.^[15,21] *Snehapana* with *mahatiktaka ghrita* in

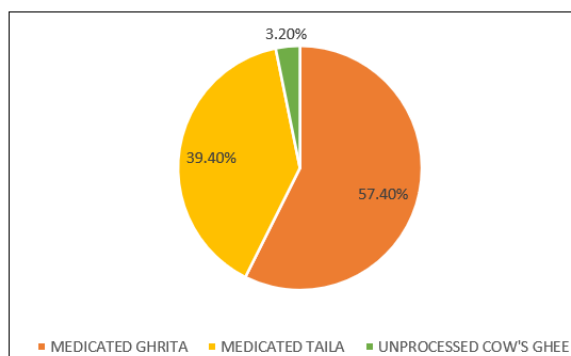


Figure 2: Pie chart depicting Percentage distribution of different types of medicated substances used in *Snehapana* therapy across the selected studies.

Table 4: Dosage methods, ranges, and duration of *Snehapana* reported in the selected articles. ^[1-26]

Sl. No.	Authors	AROHANA	Minimum dose	Maximum dose	No. of Days
		/STATIC			
1	Seetha Chandran <i>et al.</i> , ^[1]	AROHANA	50 mL	250 mL	7 Days
2	P Ramachandran Nair <i>et al.</i> , ^[2]	AROHANA	50 mL	350 mL	7 Days
3	R.B Nair <i>et al.</i> , ^[3]	AROHANA	50 mL	350 mL	5-7 Days
4	P. Ramachandran Nair ^[4]	AROHANA	50 mL	350 mL	3-7 Days
		AROHANA	50 mL	350 mL	3-7 Days
		AROHANA	50 mL	350 mL	3-7 Days
5	Adil Rais <i>et al.</i> , ^[5]	AROHANA	50 mL	200 mL	4 Days
6	P Ramachandran Nair <i>et al.</i> , ^[6]	AROHANA	50 mL	350 mL	7 Days
7	P. K. N Namboothiri <i>et al.</i> , ^[7]	AROHANA	50 mL	350 mL	7 Days
		AROHANA	50 mL	350 mL	7 Days
		AROHANA	50 mL	350 mL	7 Days
8	Smruthi K.K ^[8]	AROHANA	50 mL	200 mL	7 Days
9	Rajkala .P Patil ^[9]	AROHANA	30 mL	300 mL	7 Days
10	Pooja Sharma <i>et al.</i> , ^[10]	AROHANA	50 mL	250 mL	5 Days
11	S. Akshata <i>et al.</i> , ^[11]	AROHANA	30 mL	280 mL	6 Days
12	Sinha Kaushal <i>et al.</i> , ^[12]	AROHANA	30 mL	150 mL	5 Days
13	Divya U <i>et al.</i> , ^[13]	AROHANA	25 mL	175 mL	7 Days
14	Seetha Chandran <i>et al.</i> , ^[14]	AROHANA	50 mL	250 mL	7 Days
15	Soniya Gupta <i>et al.</i> , ^[15]	AROHANA	40 mL	200 mL	5 Days
16	Uttamram Yadav <i>et al.</i> , ^[16]	AROHANA	70 mL	170 mL	5 Days
17	Sinha Kaushal <i>et al.</i> , ^[17]	AROHANA	30 mL	140 mL	4 Days
18	Charde Va <i>et al.</i> , ^[18]	AROHANA	30 mL	180 mL	7 Days
19	Govardhan Belaguli ^[19]	AROHANA	30 mL	110 mL	4 Days
20	K.M Pratap Shankar <i>et al.</i> , ^[20]	AROHANA	30 mL	180 mL	5 Days
21	Basavaraj R Tubaki <i>et al.</i> , ^[21]	AROHANA	30 mL	125 mL	3 Days
22	Sanjay Kumar Gupta <i>et al.</i> , ^[22]	AROHANA	40 mL	120 mL	5 Days
23	Kishor A Gavali <i>et al.</i> , ^[23]	AROHANA	60 mL	140 mL	5 Days
24	Jayakrishnan A <i>et al.</i> , ^[24]	STATIC	30 mL HS		5 Days
25	T Prathana <i>et al.</i> , ^[25]	AROHANA	30 mL	200 mL	6 Days
		AROHANA	30 mL	120 mL	4 Days
26	Diksha Nitin Kabra <i>et al.</i> , ^[26]	AROHANA	30 mL	200 mL	5 Days

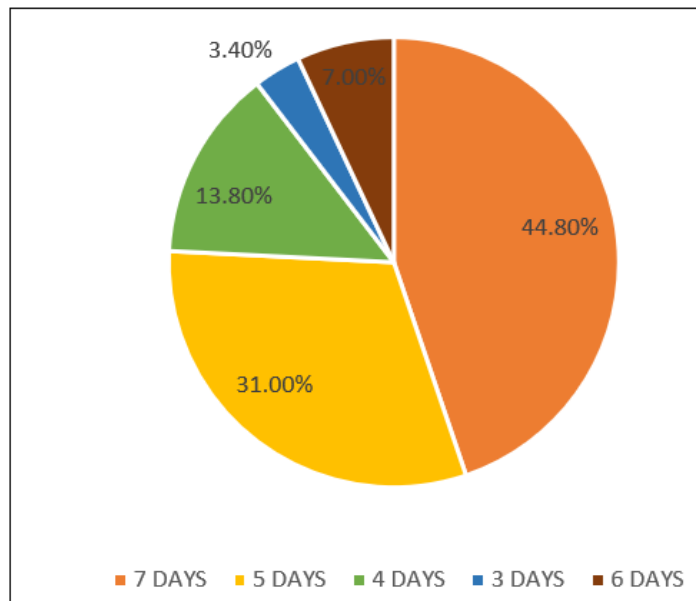


Figure 3: Pie chart depicting distribution of the duration (number of days) of *Snehapana* treatment as reported in the reviewed studies.

dermatological and auto immune conditions such as psoriasis and vitiligo aligns with the ayurvedic view of skin diseases being deeply rooted in systemic *doshic* imbalances primarily of *pitta and rakta*.^[9,23] The frequent use of *Murchita Tila Taila* in the treatment of obesity indicates its significance in *snehapana*, where it may help in the mobilization of *Meda dhatu* and thereby aids in the activation of metabolic functions.^[12,17] This highlights a promising area that warrants further clinical and biochemical investigation.

The wide range in minimum and maximum dose of *snehapana* highlights the flexibility in tailoring dosages based on individual patient needs or the specific requirements of different conditions. The variation in dosage and duration of *Snehapana* treatment can be attributed to the attainment of *Samyak Snigdha Lakshana*, which depends on *Koshta*. *Mridu Koshta* achieves *Samyak Snigdha Lakshana* in a shorter duration, requiring fewer days. Whereas *Krura Koshta* takes a longer duration to attain *Samyak Snigdha Lakshana*, resulting in a longer treatment period. This explains the observed range in duration (3-7 days) in Table 4. The treatment is individualized based on patient response rather than a fixed timeframe.

CONCLUSION

This review clearly shows that *sodhanartha snehapana* is a well recognised and widely used *snehapana* method used in ayurveda addressing a wide variety of health issues. Of which *arohana* method is having a noticeable preference over static method. The choice of medicines its dose and duration are determined based on the patients *prakriti* and *koshta*, the specifics of their diseases, and how they are responding to the treatment. This adaptability

Table 5: Distribution of article types selected during the fourth step of the screening process.

Type of article	Number
Case Reports	16
Clinical Trial	09
Case Series	01

is seen as essential for achieving the goals of purification and restoring balance in the body. This review also shows the common practices and variations in the practice of *snehapana* and also points to the high level of clinical skills and clinical assessment that goes into while giving *snehapana*. It is also a good reminder that the practice of giving *sneha* which is built on the established principles are applied with the awareness of each person's unique situation. This adaptability is the main reason for practicing *snehapana* and its acceptance as relevant and valuable therapy.

STUDY LIMITATIONS

The number of articles on *snehapana* in PUBMED, DHARA and AYUSH RESEARCH PORTAL were very less. The minute procedure details were also unavailable in most of the articles.

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ABBREVIATIONS

PUBMED: Public Medicine Database; **DHARA:** Digital Helpline for Ayurveda Research Articles; **AYUSH:** Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy; **PRISMA:** Preferred Reporting Items for Systematic Reviews and Meta-Analyses; **DOI:** Digital Object Identifier; **HS:** Hora Somni (At Bedtime); **IJAM:** International Journal of Ayurvedic Medicine; **Vol.:** Volume; **No.:** Number; **PP:** Pages.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

SUMMARY

This scoping review explores the therapeutic application of *Sodhanartha snehapana*, the Ayurvedic practice of administering ghee or oil orally for purification and treatment purposes. By analyzing 26 relevant articles published between 1984 and 2023, the review identifies patterns in how *snehapana* is used across various medical conditions, including neurological, thyroid, skin, metabolic, and musculoskeletal disorders. Most studies employed Arohana Matra (gradually increasing doses) over a 7-day regimen. The review highlights significant variation in the types of fatty substances used, dosage protocols, and duration-indicating the importance of individualized treatment based on patient condition and disease type. Overall, the findings underscore the adaptability and therapeutic potential of *snehapana* in Ayurvedic medicine, especially as part of cleansing (*sodhana*) therapies.

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