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"PURVAKARMA IN PANCHAKARMA: SNEHANA, SWEDANA AND PREPARATORY PROCEDURES – RATIONALE, SAFETY AND RESEARCH GAPS"

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ABSTRACT:
Background: Purvakarma, the preparatory phase of Panchakarma, comprises Deepana-Pachana, Snehana (oleation) and Swedana (sudation). It is regarded as essential for the safe and effective conduct of Shodhana therapies. **Objective:** To describe the classical rationale of Purvakarma and review contemporary evidence on its practice, safety and outcomes. **Methods:** Narrative review based on a PubMed search and classical texts. **Findings:** In 29 healthy volunteers, escalating oral ghee given until proper oleation was associated with weight loss and reduced abdominal circumference, with no significant change in total cholesterol, HDL or LDL and a fall in triglycerides and VLDL. A pilot study in ten patients suggested escalating Anuvasana Basti as an alternative to oral Snehapana in patients with poor compliance. A seasonal Vamana study provided reference data on the dose and duration of Snehapana. Studies specifically evaluating Swedana were not identified in the sources retrieved. **Conclusion:** Evidence on oleation is accumulating, with encouraging safety data, whereas evidence on sudation is lacking. Standardised reporting of Purvakarma parameters and consensus guidelines are needed.

KEYWORDS: Purvakarma, Snehana, Snehapana, Swedana, Panchakarma, Ayurveda

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INTRODUCTION:

Purvakarma refers to the measures carried out before the principal Panchakarma procedure. It typically includes Deepana-Pachana to correct digestive fire and digest undigested material, Snehana (oleation) and Swedana (sudation).[1,2] Classical texts treat these steps as essential, as they prepare the body for elimination of Doshas by Shodhana therapy.[1]

In clinical practice Purvakarma is the longest and most resource-intensive part of a Panchakarma course, and it is the phase in which patient compliance is most often tested. Nevertheless, research is more commonly directed at the main procedures than at preparation. This review aims to describe the classical basis of Purvakarma and to identify what contemporary studies tell us about its practice and safety.

MATERIALS AND METHODS:

This narrative review was prepared using a structured but non-systematic literature search. PubMed was searched on 6 November 2026 using combinations of the terms Purvakarma, Snehana, Snehapana, Swedana, Panchakarma, preparatory procedures and oleation. Records were screened by title and abstract, and articles were retained when they described the procedure or condition, its classical rationale, its safety, or clinical outcomes. Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya) were consulted for conceptual and procedural descriptions. The included studies were heterogeneous (case reports, uncontrolled pilot studies, randomized trials, reviews and trial protocols), so no formal risk-of-bias assessment or meta-analysis was undertaken and the findings are synthesised narratively. The review does not claim exhaustive coverage of the literature.

OBSERVATION AND RESULTS:

1. Classical Framework

The Charaka Samhita describes Snehana and Swedana in Sutrasthana 13 (Snehadhyaya) and Sutrasthana 14 (Swedadhyaya), and the arrangement of the drugs, equipment and attendants for Panchakarma in Sutrasthana 15 (Upakalpaniya).[1] Ashtanga Hridaya covers the same subjects in Sutrasthana 16 (Snehavidhi) and Sutrasthana 17 (Swedavidhi).[2]

The rationale is that Snehana and Swedana loosen the Doshas from the tissues (Dhatus) and direct them towards the Koshtha, from where they can be expelled safely by Vamana or Virechana.[1,3] In practice, an escalating dose of medicated fat (Vardhamana Snehapana) is given according to digestive capacity (Agni) and bowel habit (Koshtha), until the features of proper oleation (Samyak Snigdha Lakshana) appear.[3,4]

2. Evidence on Snehana

A concern about Snehapana is that the large quantity of fat could worsen the lipid profile. In a study of 29 healthy volunteers receiving escalating doses of cow ghee, 16 lost more than 2 kg in weight and the other 13 lost smaller amounts, while all showed a significant reduction in abdominal circumference.[3] Total cholesterol, HDL and LDL were not significantly altered, triglycerides and VLDL fell significantly, and no volunteer was reported to have been harmed.[3] The study was uncontrolled, in healthy adults, and of short duration, so these findings should not be extrapolated to patients with dyslipidaemia without further research.

Because oral Snehapana is unpalatable to some patients, alternatives are of practical interest. The authors of a pilot study reported that 10-15% of patients show poor compliance with escalating oral fat, and they tested Anuvasana Basti with medicated sesame oil in ten patients for three to seven days.[4] Symptoms of oleation such as semisolid or loose stools, tiredness without exertion, lightness of the body and oiliness of the skin were observed and were similar to those after oral fat.[4] This suggests a possible alternative route, which requires controlled comparison.

Reference data on how Snehapana is conducted in practice come from a seasonal Vamana study in which 69 participants completed the procedure; the authors recorded mean minimum, maximum and total Snehapana doses of 36.40 ml, 187.21 ml and 578.59 ml respectively, over a mean of 5.01 days.[5] Such figures are useful for protocol planning, although they reflect a specific population and centre.

3. Evidence on Swedana and Safety

No study that primarily evaluated Swedana as a Purvakarma procedure was found among the sources retrieved. Swedana appears as a component of multimodal programmes, for example in an exploratory trial that plans to precede spring Vamana and autumn Virechana in healthy adults with Snehana and Swedana,[6] and in a case report of trigeminal neuropathy in which medicated milk steam (Ksheera-bashpa Swedana) was used.[7] The physiological effects

of different forms of Swedana therefore remain to be characterised.

With regard to safety of the overall course, a study of 15 patients who underwent Virechana, which is preceded by Purvakarma, found serum electrolytes within normal range after the procedure.[8] This does not isolate the effect of the preparatory phase, but it supports the general tolerability of the sequence.

4. Standardisation

A consensus-development study for Marsha Nasya generated best practice statements in six domains, one of which was the preparatory procedures domain.[9] This suggests that expert consensus can be applied to the preparatory phase of Panchakarma, and a similar exercise for Snehana and Swedana before Vamana, Virechana and Basti would help to reduce variation in reporting.[9]

DISCUSSION:

Purvakarma is conceptually central but empirically under-studied. The best evidence concerns Snehapana, where small studies suggest acceptable metabolic safety and show that dose and duration vary between patients.[3,5] Alternatives to oral Snehapana are an interesting area for research but remain at the pilot stage.[4] The most obvious gap is Swedana, for which no focused study was identified.

Recommended directions include prospective studies in patients with metabolic disease, randomized comparison of oral Snehapana and alternative routes, physiological studies of Swedana (for example, haemodynamic and thermoregulatory responses), and consensus guidelines for reporting Purvakarma. Limitations of this review are its narrative design, single-database search and small number of directly relevant studies.

CONCLUSION:

Purvakarma is an indispensable part of Panchakarma. Current evidence on Snehapana is limited but reassuring, and evidence on Swedana is lacking. Systematic documentation and well-designed studies of preparatory procedures will improve the safety, comparability and credibility of Panchakarma research.

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