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Concept of 'Snehasaro Ayam Purushaha' and its assessment through examination of Akshi and Karna

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ABSTRACT

Shareera is considered as the essence of Sneha. Also the importance of Snehabhava for proper functioning of the Shareera is well known. A proper functioning of Jataragni, Dhatwagni and Dhatu Parinama results in optimal amount of Snehabhava in the Shareera. Functioning of Jataragni can be assessed by examination of Purisha, assessing Jarana Shakti etc., whereas for assessing the functioning of Dhatwagni and the condition of other internal environment, we need to have a close examination of other Shareera Malas, where in Mutra Pareeksha is considered to be an excellent choice. But due to practical difficulties it is impossible to conduct the same on a daily basis on all the patients. This paper aims at a complete literary review in understanding the concept of Shareera and Kleda and showing importance of the examination of other Malayanas like Akshi and Karna for understanding the overall condition of the Shareera. For the same, regular examinations in the Eye and ENT OPDs like general eye examination, otoscopy etc. and investigations like tear osmolarity can be used judiciously. These examinations can give a general idea about the functioning of Dhatwagni and thus the status of Sneha in Shareera, which can further be used for selection and administration of treatment modalities.

Key words: Kleda, Malayana, Purusha, Literary review, Akshi, Karna.

INTRODUCTION

Snehasaro Ayam Purushaha is one among the most celebrated quotations in Ayurveda. It means the essence of the human body is Sneha, wherein Sneha is something which possesses Snigdhatva (which makes

something wet) or one which causes Kledana.^[1] So Kleda in the Shareera can be considered as a representative of the Snehabhava.

Shareera is considered as Panchabhautika.^[2] As a Karya Dravya it is made out of base material that is PritviMahabhoota, held together by JalaMahabhoota, in the space given by Akasha Mahabhoota, according to the shape designed by Vayu Mahabhoota. Thus, it can be inferred that the Sharira is a mass of Sneha formed by Pritvi and Jala Mahabhoota.

We, as Ayurveda Vaidyas, appreciate the intricate network of the organ systems in the body, with Agni being the key modulator. Along the journey, the increase or decrease in Sneha bhava can prove to be clinically vital, to map the etio-pathogenesis in the patient. This article is an infantile step for evaluation of Malayanas, for assessing the status of Sneha in the

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body. When done systematically, this examination can contribute significantly in understanding local and systemic state of the subject.

Understanding Shareera

It is known that *Shareera* is formed by *Dosha*, *Dhatu* and *Mala*.^[3] But *Dosha* is devoid of perfect perceivable physical form unlike *Dhatu* and *Mala*. Taking *Dhatu* into consideration, it causes *Dharana* in *Shareera*.^[4] Also, it exists in two forms, i.e., *Poshya* and *Poshaka*. *Poshya Dhatu* is the one which is determined by the *Sara*, *Prakruti* etc. *Dhatu*s are continuously consumed for the sustenance of the body which must be replenished by the *Poshaka Dhatu* formed from the *Ahara*. If the replenishment process doesn't take place properly it can lead to *Dhatu Kshaya*. The transformation of the *Ahara* into *Poshaka Dhatu* causes the production of various *Malas*, which are expelled through various *Malayanas*. During the period between its production and expulsion it also does various *Karmas* for the sustenance of *Shareera*.

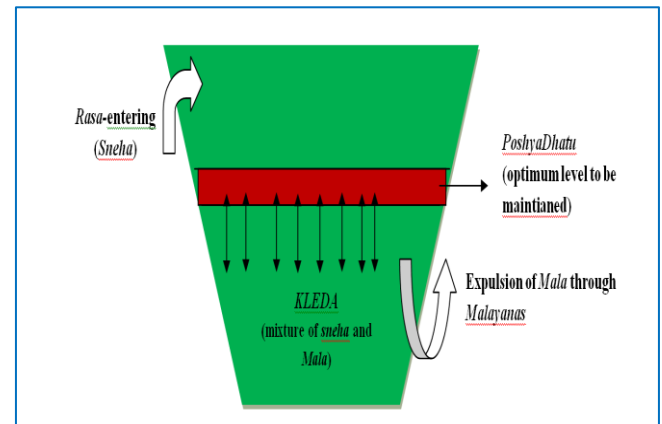
CONCEPT OF KLEDA

The word *Kleda* is formed from the *Dhatu* "Klid" which means 'to wet'. It does not always mean a *Dravya* but can also be a state. The *Kleda* in the *Shareera* can be a representative of the *Sneha*. For example, the softness of the *Chappathi* dough shows the *Kleda* state of it which is caused by the amount of water or oil (*Sneha*) used to mix the flour.

The *Ahara* which is ingested gets acted upon by the *Jataragni* to produce *Ahara-Rasa* and *Kitta*. Thus, formed *Ahara Rasa* is heterogenous to the *Kleda* inside the body and it has to be converted to homogenous one to get entry inside the body. This process is done by the *Dhatwagni* and the resultant product is named as *Rasadhatu*. This product will be then transferred into the pool of *Sneha* which already exists in the *Shareera*, wherein following processes will be happening.

- Receiving of *Rasa Dhatu*
- Maintaining of *Poshya Dhatu*

- Transforming *Poshaka Dhatu* to *Poshya Dhatu*
- Accommodating the *Mala* formed from the above transformation
- Expulsion of thus formed *Sneha Mala*



Picture 1: *Kleda pool*

The *Ahararasa* formed after the action of *Jataragni* can be of three *Rasas* namely *Madhura*, *Amla* and *Katu*- also known by the name *Vipaka*.^[5] So, the *Kleda* which is omnipresent inside the *Shareera* will also be of three *Rasas*. Each of which possessing different functions as follows-

Madhura Kleda - maintaining the *Sthirata* of body

Amla Kleda - maintaining the function of *Agni*

Katu Kleda - maintaining the patency of the *Srotuses*

Therefore, the proper proportion of these three is necessary for the smooth functioning of the body, which can be attained by proper intake of *Ahara*. This can be the reason why our *Acharyas* have insisted to have *Ahara* which is of *Shadrasas* and in *Madhurapraya*.

Now coming to the *Sneha Malas* which are produced during the transformation of the *Dhatu*s, they are accommodated in the *Sneha* pool and will be expelled out through the *Malayanas* (Mainly through *Mutra* - which is understood from "Mutrasya *Kleda Vahanam*").

Examination of *Kleda* in *Shareera*

Functioning of the *Jataragni* can be assessed by the examination of *Purisha*, whereas the functioning of

the *Dhatwagni* and the condition of *Kleda* inside the body can be assessed by the examination of other *Malas*, especially *Mutra*. Detailed *Mutra Pareeksha* has been explained by medieval textbooks of *Ayurveda* like *Yogaratanakara*, *Basavarajiyi* and *Chikitsasara*. Explanations are in so detail that it includes collection of urine, method of examination, various interpretations with respect to the colour, and nature of the collected urine. There are also explanations in the name of *Tailabindu Pareeksha*, where in oil drop will be instilled into the urine sample and the nature of spreading of oil over urine is noted to make various interpretations like *Dosha* predominance and *Sadhysadhyatha* of Disease. Various researches also have happened in this regard and was proved to be an excellent diagnostic tool.^[6]

Similarly, the *Snehabhava* of *Shareera* can also be assessed by the examination of other *Malayanas* like *Karna*, *Akshi*, *Mukha*, *Nasa* etc. We can understand better about these with few examples.

In case of a patient with dryness of the *Akshi*, a thorough examination of the quantity and quality of *Akshi Vit* has to be done. A reduction in the same can be considered as the increase in the *Ruksha Bhava* within the body or the derangement in the *Dhatwagni* functioning. It should be noted here that the *Akshivit* is considered as the *Mala* from the *Parinama* happening at the *Majja Dhatu* level.^[7] Hence, the treatment of the same should not end up with local *Sneha* application but the correction of the *Agni* and maintenance of the *Sneha* pool function by administration of *Sneha* internally should be done.

Schirmers test can be used for the quantitative analysis of the tear production, wherein a sterile graduated paper strip is used to calculate the amount of tear produced during a time period of 5 minutes. A level less than 10 mm is considered as a sign of Dry Eye. This reduction in the test can be considered as reduction in the mala produced at the level of *Majja Dhatu* causing *Rukshatwa* in the respective *Malayana*, i.e., *Netra*.

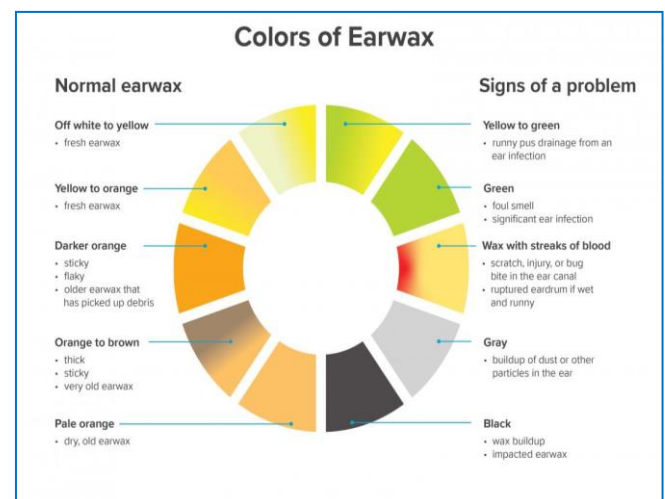
Also Tear Osmolarity test can be used for Qualitative analysis of the same. Osmolarity stands for the

concentration of a solution expressed as the total number of solute particles in a particular amount of the solution. Here in this test an increased osmolarity of the tear suggests reduced or unhealthy tear production causing an increase in the solutes in the tear that can be interpreted in terms of increasing *Rukshatwa* or deformed *Agni* functioning within the body.

Osmolarity Scale^[8]

Status	Osmolarity
Normal	250- 300 mOsm/L
Mild Dryness	300-320 mOsm/L
Moderate Dryness	320-340 mOsm/L
Severe Dryness	ABOVE 340 mOsm/L

Similarly, the examination of the condition of the Earwax in a regular clinical check-up can also derive great information regarding the condition of the *Snehabhava* of the *Shareera*. Below is an earwax colour chart, which shows the texture of ear wax with respect to its age and condition.



Picture 2: Colors of earwax^[9]

Rather than merely seeing the age of Ear wax, we can understand the condition of the *Sneha* Production, Transformation and Expulsion happening within the *Shareera*. Thus, any increase in *Rukshatwa* within the *Shareera* can be reflected in the texture of the Earwax, ranging from off white yellow colour ear wax

in EAC to gray dusty EAC with no production of ear wax.

CONCLUSION

Shareera is the essence of *Sneha*, which is represented by the collection of *Sneha* called *Kleda*. Any derangement in *Kleda* of *Shareera* can cause its deterioration, thus all measures should be taken to keep the *Snehabhava* of *Shareera* in optimum level. An assessment of this is of utmost importance for a clear diagnosis of a condition in a patient. This can be carried out by the thorough examinations of the *Malas*, especially *Mutra*. Since *Mutra Pareeksha* can be difficult to be conducted in all the patients in a clinic set-up, we can rely on other *Malayana* examinations including eyes, ear etc., which can give us an overall idea about the internal environment of the patient.

SCOPE FOR FURTHER STUDY

This article put forth a hypothesis regarding the importance of examination of *Urdhwajatru Malayanas* for understanding the general conditions of the *Shareera*. Further studies can be conducted to generate a standardised clinical examination protocol for the same.

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