

Swedana Karma

Unit 3. Swedana Karma (Sudation Therapy)

1. Introduction

Swedana is the therapeutic induction of sweating to relieve **śīta** (cold), **stambha** (stiffness), and **gaurava** (heaviness), mobilise **doṣa** and prepare the body for **śodhana**. Properly administered after **snehana**, it pacifies **Vāta-Kapha** and prevents obstruction of **mala** flow (stool, urine, semen). Classical sources position Swedana as a core **pūrvakarma** of **Pañcakarma** and part of the **Ṣaḍvidhopakrama**.

“अतः स्वेदाः प्रवक्ष्यन्ते... स्वेदसाध्याः प्रशाम्यन्ति गदा वातकफात्मकाः ॥३॥ स्नेहपूर्वं प्रयुक्तेन स्वेदेनावजितेऽनिले पुरीषमूत्रेतांसि न सज्जन्ति कथञ्चन ॥४॥ ...” (Ca. Sū. 14/3-5)

End-point of therapy: stop when cold, pain, stiffness and heaviness subside and tissue **mārdava** (softness) appears—these are the **samyak-swinna lakṣaṇa**. **Ati-sveda** shows **pitta** aggravation, fainting, thirst, burning and limb weakness; cooling-unctuous care is advised.

2. Swedana Dravya (Materials/Media)

Classics describe **wet/unctuous** and **dry** fomentation media for **piṇḍa-sveda** and other modes. Representative sources are listed below (from Ca. Sū. 14/25-27):

“तिल-माष-कुलत्थ-आम्ल-घृत-तैल-आमिष-ओदनैः पायसैः कृशरैर्मांसैः पिण्डस्वेदं प्रयोजयेत् ॥२५॥ ... सिकता-पांशु-पाषाण-करीष-आयस-पूटकैः ॥२६॥ श्लैष्मिकान् स्वेदयेत् पूर्वैर्वातिकान् समुपाचरेत् ॥२७॥”

Practical grouping

Swedana medium	Nature	Classical hints	Typical use-cases
Tila, Māṣa, Kulatta, Kṛśara, Pāyasa, Māṃsa-rasa, Ghṛta/Taila	Snigdha (unctuous, wet heat)	Vāta-dominant, stiffness, dryness	Patra/Śāṣṭika piṇḍa-sveda, Parisheka/Pizhicchil
Sikatā (sand), Pāṃśu (dust), Pāṣāṇa (hot stone), Kariṣa (dried dung), Āyasa-pūṭa (heated iron)	Rūkṣa (dry heat)	Kapha/Meda excess, āma states	Valuka-sveda, Aśmaghana/Prastara

3. Indications and Contraindications of Swedana

General indications: Vāta, Kapha and Vāta-Kapha disorders; relief of cold-pain-stiffness-heaviness; as **pūrvakarma** before **Vamana/Virechana/Basti** (after Snehana).

Contraindications (illustrative list from Ca. Sū. 14/16-19):

- **Garbhiṇī** (pregnancy), **Raktapitta**, **Pittaja** disorders, **Atisāra**, **Madhumeha**, **Pittameha**
- **Kṣudhita** (hungry), **Tṛṣṇārta** (thirsty), **Śrānta**, **Naṣṭa-sañjña** (faint), **Durbala/Ati-viśuṣka**, **Upakṣiṇa-ojas**
- **Sthūla**, those with **Kaṣāya/Madya nitya** habit, **Viṣama-madya vikāra**, **Kāmalā**, **Udararoga**, **Kṣata** etc.

“कषायमद्यनित्यानां गर्भिण्या रक्तपित्तिनाम्... दुर्बलातिविशुष्काणामुपक्षीणौजसां... न स्वेदमवतारयेत् ॥१६-१९॥”



Stop-criteria (Samyak-swinna lakṣaṇa): relief of cold-pain-stiffness-heaviness; onset of tissue softness. **Over-sudation signs & care** are explicitly listed in the text.

4. Sāgni Sweda (Sudation using Fire/Heat Sources)

Definition: procedures in which heat is produced/applied through a fire-derived source. **Thirteen** types are enumerated in *Charaka's Svedādhyāya*: **Saṅkara, Prastara, Nāḍī, Pariśeka, Avagāha, Jentāka, Aśmaghana, Karśū, Kuṭi, Bhū-sveda, Kum̐bhi, Kūpa, Holaka.**

One-line clinical cues (for viva):

- **Saṅkara (Piṇḍa-sveda)** — boluses of leaves/powders/rice/lemons; localised-regional Vāta-Kapha pain/stiffness.
- **Prastara** — lying on medicated hot mattress or warm media (e.g., hot stone).
- **Nāḍī** — jet/tubular steam with decoctions per disease.
- **Pariśeka** — warm medicated pours (dhāra).
- **Avagāha** — tub/sitz immersion with medicated liquids.
- **Jentāka/Kuṭi** — heated room/cottage, smoke-free, after full body oiling.
- **Aśmaghana/Karśū/Bhū** — heated slab/trench/floor variants of dry heat.
- **Kum̐bhi/Kūpa/Holaka** — pitcher/pit/heap methods for enveloping heat.

5. Niragni Sweda (Sudation without Fire)

Definition: sweating induced **without** direct fire heat; **ten** methods are listed:

“व्यायाम उष्णसदनं गुरुप्रावरणं क्षुधा। बहुपानं भयक्रोधावुपनाहाह्वातपाः॥६४॥ स्वेदयन्ति दशैतानि नरमग्निगुणादृते॥६५॥” (Ca. Sū. 14/64-65)

Practical examples:

- **Vyayāma** (exercise), **Uṣṇa-sadana** (warm chamber), **Guru-prāvaraṇa** (heavy clothing/blankets), **Kṣudhā** (fasting), **Bahu-pāna** (copious fluids—esp. alcoholic in classics), **Bhaya/Krodha** (fear/anger), **Upanāha** (poultice), **Āhava** (wrestling/effort), **Ātapa** (sun exposure).

6. Procedure of Sāgni Swedana Karma (Step-wise)

(A) Pūrva-karma (Pre-procedure)

1. **Assessment:** doṣa-dhātu-agni-bala, contraindications (see §3), disease stage (āma vs nirāma), **ṛtu/deśa/vaya**.
2. **Snehana:** external or internal as indicated; swedana follows snehana.
3. **Preparation:** light, warm meal prior evening; voiding; remove ornaments; protect **marmas** (eyes, heart, testes) with cool ghee pads or shields as taught in the chapter.
4. **Setup:** **smoke-free heated room (Jentāka/Kuṭi)** or appropriate apparatus; warm medicaments ready.

(B) Pradhāna-karma (Main procedure)

- **Positioning:** according to region—localised (ekāṅga) or whole-body (sarvāṅga).
- **Medium & mode:** choose **snigdha** vs **rūkṣa**; **wet** vs **dry**; e.g., **Piṇḍa-sveda** for Vāta-rukṣa states, **Valuka-sveda** for Kapha-Meda/āma.
- **Heat control:** maintain comfortable warmth; avoid burning; keep head cool in sarvanga steam (head-out)

chambers are described in modern practice).

- **Monitoring:** look for **samyak** signs—relief of cold/pain/stiffness, appearance of softness; stop accordingly. **Watch for atisveda** features (pitta aggravation, thirst, faintness).

(C) Paścāt-karma (After-care)

- **Wipe & rest;** mild **uṣṇa-jala** bath if advised; light, warm, easy-to-digest food; avoid wind/cold/exertion; proceed to intended **śodhana** on the planned day.

7. Principles of Practice in Key Disorders

Core rule: **Snigdha-sveda** for **Vāta**, **Rūkṣa-sveda** for **Kapha/Āma**; in mixed states tailor as **snigdha-rūkṣa**.

(a) Sandhigata Vāta (degenerative osteoarthritis phenotype)

- **Goal:** relieve pain-stiffness, enhance joint mobility, nourish **asthi/majjā**.
- **Choice:** **Snigdha piṇḍa-sveda** (e.g., **Patra-piṇḍa** with Vāta-hara leaves), **Nāḍī/Pariśeka** with māṃsa-rasa/kṣīra-siddha dravya; follow with **Basti** when planned.

(b) Vatarakta (gouty-raktaja involvement)

- **Stage-wise:** in **āma-rakta-pitta** dominance, avoid aggressive heat; prefer **mṛdu**, region-specific **snigdha-sveda** after **ālpa snehana**, protecting **rakta-pitta** sites; in chronic cold-stiff phases, **piṇḍa-sveda** with tikta-kaṣāya dravya. (General Vāta/Kapha indication supports careful use.)

(c) Pakṣāghāta (hemiplegia)

- **Goal:** reduce spasticity/stiffness, facilitate function.
- **Choice:** **Sarvāṅga/Jentāka or Kuṭi-sveda** after full **abhyāṅga**; local **Piṇḍa-sveda** over affected limbs; combine with indicated pañcakarma and physiotherapy.

(d) Ardita (facial palsy)

- **Choice:** **Mṛdu uṣṇa Pariśeka**, **Nāḍī-sveda** to face/neck with protection of eyes; avoid over-heat (**pitta** region). Endpoints drive dose.

(e) Gridhrasī (sciatica)

- **Choice:** **Local piṇḍa-sveda** to lumbosacral-gluteal-posterior thigh track, or **Nāḍī-sveda** with vāta-hara kvātha; pair with **Basti** as per protocol.

(f) Āmavāta (rheumatoid—āma dominant)

- **Rule:** **Rūkṣa-sveda** first (e.g., **Valuka-sveda**, **Cūrṇa-piṇḍa**), avoiding heavy unctuous heat during **āma**; once **āma** reduces (nirāma phase), shift to **snigdha-sveda**.

Modern bridge: Whole-body steam (**Sarvāṅga Svedana**) transiently increases heart rate and peripheral circulation and aids muscle relaxation—supporting classical pain-stiffness relief claims.



8. Swedana Karmukata (Mode of Action)

Classical view

- **Guṇa-prabhāva:** ushna-tikṣṇa qualities liquefy/mobilise **doṣa**, open **srotas**, reduce **śīta-stambha-gaurava**, and produce **mārdava** in dhātu. The text sets **stop-criteria** at these clinical signs.
- **Doṣa targeting:** **Vāta-Kapha** pacification; **Pitta** aggravation risk explains contraindications and need for cooling care in **ati-sveda**.

Physiological correlates (inference): peripheral **vasodilation**, increased cutaneous blood flow, decreased muscle spindle activity and viscosity, enhanced connective tissue extensibility, sweating-mediated removal of inflammatory metabolites, and autonomic relaxation—collectively explaining pain relief and improved range of motion; hemodynamic studies of steam chambers support these effects.

Quick Classification Tables

A. Sāgni vs Niragni

Category	Types (Charaka)
Sāgni (13)	Saṅkara, Prastara, Nāḍī, Pariśeka, Avagāha, Jentāka, Aśmaghana, Karṣū, Kuṭi, Bhū-sveda, Kuṁbhi, Kūpa, Holaka.
Niragni (10)	Vyayāma, Uṣṇa-sadana, Guru-prāvaraṇa, Kṣudhā, Bahu-pāna, Bhaya, Krodha, Upanāha, Āhava, Ātapa.

B. Snigdha vs Rūkṣa selection

State	Prefer	Examples
Vāta-rukṣa	Snigdha-sveda	Patra/Jambīra/Śāṣṭika piṇḍa-sveda , Pariśeka
Kapha-Meda/Āma	Rūkṣa-sveda	Valuka-sveda , Cūrṇa-piṇḍa, Aśmaghana/Prastara
Mixed Vāta-Kapha	Snigdha + Rūkṣa	phased Start rūkṣa → shift to snigdha as āma subsides

Assessment

Long Answer (10 marks — answer any 1)

1. **Define Swedana.** Classify **Sāgni** and **Niragni** Sweda with examples. Describe **indications-contraindications**, **samyak/ati-sveda lakṣaṇa**, and the **procedure** of Sāgni Swedana with references.
2. Enumerate **Swedana dravya** from *Charaka* and explain **snigdha vs rūkṣa** selection with clinical reasoning. Illustrate planning in **Sandhigata Vāta** and **Āmavāta**.
3. Write on **Swedana karmukata**: classical mechanisms and modern correlates; add notes on safety (vital-site protection) and **stop-criteria**.

Short Answer (5 × 5 = 25 marks — answer any 5)

1. List **ten Niragni** Sweda methods with any three clinical uses.
2. State **five contraindications** of Swedana with textual reference.
3. Write **samyak-swinna lakṣaṇa** and **ati-sveda lakṣaṇa** (any four each).
4. Outline **Nāḍī-sveda** decoction design with two examples from the text.
5. Differentiate **Piṇḍa-sveda** types: **Patra**, **Cūrṇa**, **Śāṣṭika**, **Jambīra**.
6. Indicate Swedana choices in **Ardita** and **Gridhrasī** with precautions.
7. Explain **Jentāka/Kuṭi-sveda** setup and advantages.
8. Write a short note on **Valuka-sveda** and its indications.

MCQs (10 × 1 = 10 marks)

1. The **stop-signal** for Swedana is relief of cold, pain, stiffness, heaviness and development of **mārdava**. This is:
a) Hīna-sveda b) Samyak-sveda c) Ati-sveda d) Asamyak-sveda
2. **Niragni** Sweda **does not include**:
a) Vyayāma b) Ātapa c) Nāḍī-sveda d) Guru-prāvaraṇa
3. **Piṇḍa-sveda** using hot sand is:
a) Snigdha-sveda b) Rūkṣa-sveda c) Uṣma-sveda d) Parisheka
4. Which is **contraindicated** for routine Swedana as per Charaka?
a) Kapha-roga b) Garbhīṇī c) Vāta-roga d) Gridhrasī
5. **Thirteen** varieties of **Sāgni** Sweda are enumerated in:
a) Ca. Sū. 13 b) Ca. Sū. 14 c) Su. Sū. 12 d) A.H. Sū. 17
6. **Samyak-sveda** primarily pacifies:
a) Pitta b) Vāta-Kapha c) Rakta d) Sādhaka Pitta
7. **Vyayāma** is a form of:
a) Sāgni-sveda b) Niragni-sveda c) Atyārtha-sveda d) Śīta-upakrama
8. For **Āmavāta** (āma-dominant), initial choice is:
a) Snigdha-piṇḍa-sveda b) Rūkṣa-sveda c) Snehapāna d) Shirodhara
9. **Jentāka/Kuṭi** sweda corresponds to:
a) Steam in head-out chamber b) Pit-based heating c) Hot stone slab d) Poultice only
10. A study on **Sarvāṅga Svedana** reports hemodynamic effects consistent with vasodilation and heart-rate rise:
a) Unsupported b) Animal study only c) Reported in clinical observation d) Only in neonates

Answer key: 1-b, 2-c, 3-b, 4-b, 5-b, 6-b, 7-b, 8-b, 9-a, 10-c.

References (primary classical & supportive modern)

- *Charaka Saṃhitā, Sūtrasthāna 14 - Svedādhyāya*: structure, indications, dravya, 13 Sāgni and 10 Niragni methods, lakṣaṇa, precautions.
- Rastogi S. **Hemodynamic effects of Sarvāṅga Svedana** (steam chamber) — physiological support to classical claims.

Memory hook: “Right medium, right heat, right stop-signs → Vāta-Kapha soothed, srotas open, tissues supple.”