

ROLE OF KADALI PUSHPA SWARAS TAILA UTTAR BASTI IN ANOVULATORY BLEEDING¹*Dr. Sunita and ²Dr. Anjana Saxena¹Junior Resident, Deptt. of Prasuti Tantra and Stri Roga Govt. Ayurvedic P.G. College and Hospital Varanasi.²Reader (PhD), Deptt. of Prasuti Tantra and Stri Roga, Govt. Ayurvedic P.G. College and Hospital, Varanasi.***Corresponding Author: Dr. Sunita**

Junior Resident, Deptt. of Prasuti Tantra and Stri Roga Govt. Ayurvedic P.G. College and Hospital Varanasi.

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ABSTRACT

Life style of present day's women is very stressful, unhealthy and unhygienic due to unawareness, hectic and fast running Schedule. So infertility is emerging as one of the major disorder affecting the social and psychological aspect of the life of the Masses. According to WHO incidences of primary infertility are 20-30% while incidences of secondary infertility are 70-80%. Now a days due to sedentary life style, psychological factors, nutritional deficiency and stress leads to different diseases condition like PCOD, obesity, irregular menstrual cycle and anovulatory cycle and they all lead to female infertility. The female factors for infertility are ovulatory Factors(35%), tubal factors(30%), endometrial factors(21%), uterine Factors(14%). Here in this study anovulatory cause of infertility is selected. As it contribute about 35% of female infertility. According to ayurvedic classics Artava is the Updhatu of Rasa Dhatu and again Artava has all the qualities of Shonita(Rakta). Under Artava, menstrual blood, Ovum and female hormones are Included. Drugs used in the treatment of the patient may have properties of both Rasa & Raktashodhan and Also helps in the formation of raja(ovum) and normalise menstrual cycle. So in present study kadalipushpa taila uttarbasti is selected as uttarbasti can be used for systemic as well as local action. The uttarbasti procedure may itself stimulate the organs and also increases the blood supply. The increasing blood circulation may favours entry of drug and excretion of waste products from cells providing necessary elements to the organ facilitating their normal function. Thus kadalipushpa tail uttarbasti help to cure infertility because the uterovaginal permeability is much greater to lipophilic compound and by pass first pass metabolism, low enzymatic activity, reach upto the targeted site and give desired result.

INTRODUCTION

It is always difficult to describe and understand something very large and covering several things. It is true with Ayurvedic principles that Ayurveda covers all the physical, mental, and spiritual aspects of human life, and hence, description becomes more abstract. ArtavavahaSrotas is also the same. It covers the whole female reproductive tract and encompasses it as a structural and functional unit from the hypothalamus to the uterus.

Infertility is one of the most important problems before the gynaecologist and a mental stress for a woman. Ovarian factors are responsible for 30-40 % causes of infertility. There are several factors regarding ovaries which may be responsible for anovulation. The most important are the two- Problem in the development of dominant follicle and the problem in the rupture of dominant follicle.

In Ayurveda, these are pathologies regarding anovulation can be compared with the stages of vitiation of different Doshas at different time of cycle. Agni as a function of

Pitta can be considered as the responsible factor for ovulation of mature follicle, which is nothing but the rupture of mature follicle. And any hinderence in this function of agni may cause the follicle not to rupture resulting in infertility.

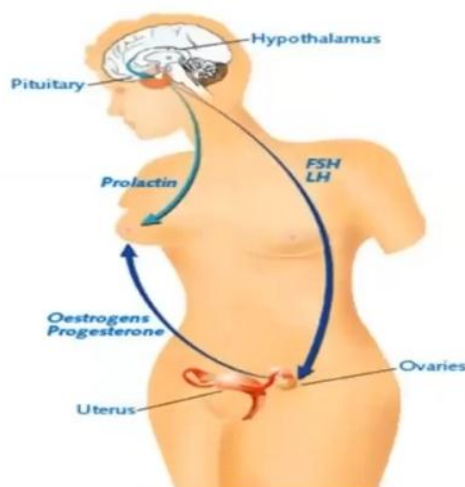
According to Acharya Sushruta four essential factors are required for healthy conception, which Are proper fertile period, physiologically adequate and healthy internal organs of reproduction, Sthe proper Nourishment – to the developing zygote or fetus, the activated ovum and spermatozoa. Fulfillment of all the above Essentials ensures the fullness of the motherhood. Any short come of the above factors impedes the conception and Thus the motherhood of a woman. Among them Beeja is the core stone of the female reproductive process and in its Absence conception cannot achieve despite of all the other factors. Here the Beeja is taken as Antahpushpa i.e. Ovum. So anovulation can be included under BeejaDushti. so in our classics the basti is well defined by acharyas and it is well acting for the anuloman of apanvayu which is the main vitiating factor genital system physiology.

UTTARBASTI

नहि वाताहते योनिनारीणां संप्रदुष्यति ?

Women never suffers from Gynecic disease except aggravated Vayu.

Artavavaha Srotas



In classics it is clearly said that diseases of genital organs never occur without Involvement of vatta as pelvis is the main site of function of vatta. And for pacification of Vattabasti is the best treatment modality. Specially for female genital organ disease uttarbasti Is best.

Basti that is given by passage, uttar to the usual passage means given by vaginal, Uterine or urethral route & is having superior properties, is known as uttarbasti. Or the basti that is given after niruhabasti by the uttar routes is called uttarbasti.

Procedure should be repeated for 3 more days, but in this work we given uttarbasti one time a Day for 3 days.

Position for giving uttarbasti

Lithotomy position

Women should lie in supine position with flexed thighs along with flexed knees.

Current practice of uttarbasti

Instruments used

Sims posterior vaginal wall retractor
Anterior vaginal wall retractor
Volsellum
Uterine sound
Hagars Dilators
Syringe 5 ml
NG tube no. 8

Steps of procedure

First general condition of patient examined by taking BP, PR, Temperature

- Patient should lie in lithotomy position.
- Oelation& sudation of lower abdomen.
- Vaginal & vulval cleaning with diluted povidine iodine solution

- Posterior vaginal wall retracted by Sims speculum
- Anterior wall of vagina is retracted using anterior wall retractor to visualise The cervical os.
- Anterior lip of cervix is caught with volsellum
- Retracting cervix anteriorly and upwards gently uterine sound is introduced to Check the length of cavity and to check the position of uterus.
- Approx. 5cm length of NG tube to be introduced in the uterine cavity
- 3-5ml kadalipushpaoil will pushed slowly
- All instrument should be removed
- A picchu soaked in KadaliPushpaoil will kept in vaginal chanal
- Patient is advised to return to low head supine position for about 45 min.
- Hot water bag should be given for sudation over abdomen
- BP, pulse & temperature to be recorded again

Probable mode of action of uttarbasti

In Classics there is no reference regarding GarbhashayagataUttarbasti that Uttarbasti through cervix, but recently it is practiced all over India. It is especially Beneficial in infertility & other diseases related to uterus. In ancient period, administration Through cervix was not encouraged because of the fact that they availed the same facility Of reaching the drugs in uterus by first uterine pass effect without taking risk of infection In such a delicate region.

Theoretically the drugs may reach into uterus by the following mechanism

- i. Direct passive diffusion through the tissues
- ii. Passage from vagina to uterus through the cervical lumen.
- iii. Transport through venous or lymphatic circulatory systems

iv. Concurrent vascular exchange involving diffusion

In a study in ex – vivo uterine perfusion model it is reported that progesterone applied In vaginal tissue reaches to the uterus within 5 hours of application. In another study model, Sperm sized 99m TC labelled macro aggregates of human serum albumin were administered Through vagina which reaches uterus within a minute indicating the direct transport Mechanism involving aspiration through the cervical canal. Transport through vaginal vein to The uterus (through the counter flowing uterine artery) is possible. In women the uterovaginal veins are known to form a plexus on top of & in intimate contact with the ovarian Artery providing a large surface area to exchange the materials in accordance with the Concentration gradient. In recent studies it is seen that the placement of a formulation in Different area of vagina dramatically influences the first uterine pass effect. When drugs are Absorbed in the outer 1/3rd of vagina, it passes to the uterus. Yoni Pichu etc. Are just kept near The vaginal entrance. The basti nozzle is advised to be inserted up to 4 anguli (about 7.5 cm) From this fact it can be said that it is almost nearer to the opening of cervix & drugs laid to This opening may travel towards the uterus by osmolarity of Sneha. It is said to be done During menstruation as because in this period the cervical os remains open. The sneha which Remains in the inner portion of vagina may show systemic effect by being absorbed & Transported into inferior venacava by vaginal retro sigmoidal vesical & uterine veins.

As the vaginal bio availability is too variable to be useful clinically & it depends upon So many factors described earlier, the new method of administering medicines directly into The cervix has been developed. Moreover, in this method dependability on menstruation is Almost zero. Again, diffusion study shows that uterus is permeable to many peptides but Impermeable to ionizable substances.

The histology though doesnot provide any explanation for this type of permeability. It is also seen that permeability in normal & uteri are similar.

CONCLUSION

Uttarbasti procedure plays a significant role in disorders of Tryavarta yoni. When Kadali Pushpa taila Uttarbasti is given with proper indications, strict aseptic precautions and carefullness, it can give wonderous and desired results. When sukhoshna sneha enters the uterine cavity, as uterovaginal permeability is much greater for lipophilic compound. The network of srotas will Carry the uttarbasti dravya towards the desired sites. Therefore, it can be concluded on the basis of above mentioned study, uttarbasti is a very effective local treatment and can be used in the management of various stree rogas for achieving desired results.

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