

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 8, Issue 12, 1675-1681.

Review Article

ISSN 2277-7105

INSIGHTS FOR THE ROLE OF ADVANCED AYURVEDIC PERSPECTIVES FOR INFERTILITY

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Article Received on 21 Sept. 2019,

Revised on 11 Oct. 2019, Accepted on 01 Nov. 2019

DOI: 10.20959/wjpr201912-16332

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ABSTRACT

The history of *Ayurveda* begins 5000 years ago. Remember the 'Sanjivani' for Lakshman, and the *Chyavanprasha* and the mud therapy of *Rishi Chyavan* but the present era wishes to have fast treatment and quick results. It is a belief that *Ayurveda* is a slow processed treament which is not true. You can have results with time limits from minutes to hours. Now regarding infertility, where science has its own limits, nature has its own powers. In the vision of Allopathy, for blocked fallopion tubes, there is a limited treatment with only 20% chances of success where *ayurveda* succeeds over it. Moreover, in the absence of the ovum, the reproductivity of ovum could be started naturally by

Ayurvedic treatment^[1] (ref. Aryabhishaka). In one of my cases I turned over a non productive certified case into a productive one. If one wishes pregnancy after menopause, the results are successful, for instance, even after 7 years of menopause, purposeful periods could be started to obtain the ovum and hence succeed.^[2] (Ref. Aaryabhishaka). 'Uttarbasti'' is known to be the best treatment for infertility. It's the remedy for blockages, zigzag and infections fallopion tubes. Hence, this topic needs to be studied deeply to know more about its working, usage and results because sterility cases are growing with large numbers now-adays. Secondly, 'vata - pitta - kapha' are recognised as the pillars of Ayurveda. If there are less sperms than the normal count and semen, failures to conceive is one of the remarkable and practical fact. I have succeeded in an 11 years old sterility case with the help of the above principle.^[3] Apart from this, even thyroid could be nullified with context to the etiological factor of infertility. Thus, looking to the role of Ayurveda for infertility, we bow down to our ancient sages, modern. Ayurvedic laboratories and pharmacies and wishing help from Allopathy and modern techniques.

KEYWORDS: Uttarbasti, Uterus, Blocked tubes, infertility.

AIMA AND OBJECTIVES

- 1. To treat the diseased persons with various purificatory procedures as *Uttarbasti*.
- 2. To prevent diseases by enhancing the non-specific immunity against disorders of gynaecological diseases and infertility.
- 3. To attain the result in infertility by *uttarbasti*.
- 4. To maintain the physiological function of reproductive system after the convalescent period of the disorders of the uterus related with infertility, blocked tubes etc. by *uttarbasti*.

INTRODUCTION

Basti therapy is most important in Ayurveda. Its process in which the medicated oil or decoction is administered into the large Intestine (Pakvashaya) or Uterus (Garbhashaya) or Bladder (Mutrashaya) with the help of Basti yantra, like catheter or Canula etc. is known as Basti. In Ayurvedic treatment, the role of panchakarma, and specifically basti, is having very important place in the management of various diseases. Basti is one of the Panchakarmas, hence its sphere of action is said to be Apadamastaka (head to toe). "Basti vataharnam shrestha", basti is the best therapy to treat all vatavyadhis, not only for vata but also for pitta, kapha, rakta and in samsargaja and sannipataja doshas. [6]

The enema which is mentioned in modern texts administered with soap water and it is expected to clean only large intestinal and rectum (local cleaning). *Basti* is not similar to enema, hence it should not to be interpreted as enema.^[7]

According to *Ayurveda*, *Basti* is said to be complete treatment for all diseases (Sarvam chikitsamapi bastimeke).

Among the all types of *bastis*, *Uttarbasti* is important *one* in gynaecological diseases. It is useful for infertility. Administration of medicines through the orifice which is situated anteriorly (Uttar marga) to the anus is said to be Uttar *basti*. It is having *best efficacy* hence it has been called as *Uttar basti*.^[8]

In males and females the routs of administration of *Uttarbasti are different*. *It is* administered intravesicle through urethra in males and intrauterine through cervix in females.^[9]

UTTAR BASTI IN MALE

Indications

1] Mutra Jathara 2] Mutra kruchchhra

3] Mutra Sanga 4] Mutrateeta

5] Vatabasti 6] Ushnavata

7] Vatakundalika 8] Granthi (tumour of the bldder)

9] Vidvighata 10] Bastikundalika

11] Shukra Dosha 12] Klaibya (Impotency)

13] Dhwajabhnanga 14] Ashtheela (BPH)

Materials

1) Rubber catheters of various size.

2} 20 ml sterile syringe.

3} Medicines - (a) Medicated oils, (b) Medicated Ghrutas.

Dose: 20ml.

PROCEDURE

There are three types of procedures, viz, Pre-operative procedure:

Patient should be called to the table after passing natural urges. Patient should be free from mental worries and oil application and fomentation to the whole body or locally (lumber region)should be performed.^[1]

Operative Procedure

After oil application and fomentation, the patient should seat comfortable on knee-heel or lying posture. Take 10-20 ml of medicated ghruta in sterile syringe then fix the catheter and remove the air inside, introduce slowly into the bladder. The care should be taken so that the catheter should be entered into the bladder. Then slowly introduce the Medicine without any jerk and then remove the catheter.

Post- Operative Procedure

- 1] The patient should retain the basti contents even up to 6 to 12 hours.
- 2] Patient should be given light and hot diet.
- 3] He should abstain from coitus.
- 4] He should be advised to avoid physical and mental stress.

Duration of the basti: In male Uttarabasti can be given continuously for 3 days by increasing the dose of Sneha and the procedure can be repeated after 3 days with fresh oil or ghruta.^[11]

Uttar Basti In Female

In females the basti is administered intravesicle through urethra and intra-uterine through cervix.^[12]

Indications

- 1] Garbhashayabhramsha (Prolapse of the uterus). 2] Rajodosha (Menstrual disorder).
- 3] Pushpanasha (Amenorrhoea).
- 4] Asrugdara (Menorrhagia).
- 5] Teevra Yonivyapata (Disorders of vagina).
- 6] Vandhyatva (Sterility).

Tools

1] Artery forceps/Sponge holding forceps.

2] SIM's vaginal speculum.

3] Anterior vaginal wall retractor.

4] Dilators.

5] Vulsellum forceps.

6] Uterine Sound.

7] 50ml. syringe.

8] Enema can.

9] Shirodkar canula

Medicines: Medicated Ghruta, 80-100ml.

PROCEDURE

Pre-Operative Procedure

Oil should be applied to the lumber region and buttocks, and the patient should lye down on table in lithotomy posture. Firstly clean the vagina with triphala quatha.^[13]

Operative Procedure

After separating the labia introduce Sim's speculum into the vagina; and to inspect the cervix, retract the anterior vaginal wall with vulsellum forcep, then the cervix is smeared with Ghruta. Apply Ghruta to uterine sound and pass gently into the cervical canal to know the length and direction of the uterine cavity. With the help of dilators (no.1 to 4) the cervical canal should be dilated, then pass the sterile soft tube into the uterine cavity and attach the syringe containing medicine into the anterior end of the tube. Slowly inject the medicine without any jerk into the uterus, then remove the syringe and instruments and insert the swab of Ghruta into the vaginal canal. Light and gentle massage should be done with palm over

hypo gastric region. Then the patient should be advised to lie down on supine position with leg crossed for 15 - 20 minutes.

Post - operative procedure

Advise the patient to remove the pichu before next micturition. Patient should be advised to take simple and hot diet.

Time of Uttar Basti: In Rutu Kaal - soon after cessation of menstrual flow. [14]

Duration of Uttar Basti: Three Uttar Bastis should be given immediatly after menses for three consecutive days.

Similar modern method is used in hysterosalpingogram. Comparison of oil - based and water based dye:

Fertility enhancement	Oil : higher pregnancy rates
Patient discomfort	Water: less cramping
Image quality	Water: rugae seen
	Oil :better image
Embolization	Minimal risk with either dye
Granuloma	Greater risk for retained oil

Uttar basti and H.S. Graphy are the same processes, but H.S. Graphy examination for the normalcy and patency or blockage of fallopion tubes from cornu to the fimbrial end.

DISCUSSION

The goals of the infertility evaluation are to determine the probable causes of infertility; to provide accurate information regarding prognosis; to provide counseling, support and education throughout the process of evaluation; and to provide guidance regarding options for treatment.^[15] There are many factors responsible for female infertility like anovulatory factor, tubal factor and cervical factor. Ovulation disorder is the most common factor for female infertility.

Pelvic factor is also important. It includes abnormalities of the uterus, fallopian tubes, overies, and adjacent pelvic structures. Factors in the history that are suggestive of a pelvic factor include any history of pelvic infection, such as salpingitis or appendicitis, use of intrauterine devices, endometritis, and septic abortion. Any history of ectopic pregnancy, adrenal surgery, leiomayomas, or exposure to diethylstilbestrol (DES) in utero should be noted as possible contributory to the diagnosis of a pelvic factor. ^[16]

For Uttar basti inject oil with the help of 'Shirodkar Canula', it is for tuble patency and then acertain the other factors. Uttar Basti helps in endometrial conditions by reducing thickness of endometrial walls, helps cure endometriosis and absorb the medicine very fast and gives quicker result.

CONCLUSION

This review summarizes and evaluates the evidence underlying the use of Uttar basti for female infertility. Effective studies are needed to explore the possible mechanisms i.e., effective dose, side effect and safety of medicine in the treatment of infertility. Uttar Basti has tremendous therapeutic potential. Proper use of the medicine and proper time of administration are very essential for getting the desired results. Uttar Basti is increasing ojus, replenishing the hormonal balance and promoting fertility.

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