



Review Article

www.ijrap.net



PRACTICAL ASPECTS OF UTHARAVASTI-THROUGH APATHYAMAARGA IN FEMALES: A REVIEW

Anoop A K *¹, Sandhya CV ²

¹Assistant Professor, Dept. Samhitha, Sanskrit and Sidhanta, VPSV Ayurveda College, Kottakkal, India

²Medical Officer, GAD Irimbilium, Malappuram, India

Received on: 06/05/19 Accepted on: 15/06/19

*Corresponding author

E-mail: dranoopak86@gmail.com

DOI: 10.7897/2277-4343.100357

ABSTRACT

Utharavasti in females through apathyamarga (vaginal orifice) is an important weapon for the practitioners in the field of streeroga. It should be administered preferably in the pre-ovulatory phase, after the menstrual phase. Utharavasti through apathyamarga can be done in 3 methods, considering the amount of medicine used and the extend up to which the vastineta (enema nozzle) is introduced. Performing intra vaginal and intra cervical utharavasti are safe because the chance of complications is less. Deciding the type of utharavasti for a patient is based on the nature and extends of the disease and also the confidence of the physician

KEY WORDS: Utharavasti, apathyamarga, kashaya vasti, vasti netra, avagaha sweda, yonee prakshalana, yonee pichu

INTRODUCTION

Utharavasti in females through apathyamarga (vaginal orifice) is an important weapon to the practitioners in the field of streeroga. Even though utharavasti gives good results in conditions where all other remedies fail, the number of skilled practitioners administering utharavasti are less. This reluctance in the practice of utharavasti may be due to the lack of practical exposure and fear of complications. Usually uthara vasti through apathyamarga (vaginal orifice) is done following 2 or 3 kashayavasti (decoction enema) ¹. It should be administered preferably in the pre-ovulatory phase, after the menstrual phase. Kashaya (decoction), kseerakashaya (milk decoction), taila (oil) and ghrita (ghee) are used as medicines for this. When taila is used for utharavasti, madhyama paka (moderate cooking) shall be preferred².

TYPES

Utharavasti through apathyamarga can be done in 3 methods, considering the amount of medicine used and the extend up to which the vastineta (enema nozzle) is introduced.

- Intra vaginal
- Intra cervical
- Intra uterine

Now a day for practical ease, the vasti putaka (enema receptacle) is replaced by disposable syringe and vastineta by Rubin's cannula / infant feeding tube/Intra uterine insemination cannula.

INTRA VAGINAL UTHARAVASTI

In intra vaginal utharavasti, the medicine fills in the vaginal canal only. Around 60 ml of medicine is used for this purpose. According to different acharyas, the minimum and maximum amount of medicine for utharavasthi through apathyamarga are 1/2 pala³ (48 ml) and 2 prasrutha⁴(a handful) respectively. Thus, the intra vaginal utharavasti can be interpreted as the uthravasti of females through apathyamaarga explained by all Acharya's. Here the amount of medicine used to be more than the uterine volume (volume of uterus is 3-5ml).

INTRA CERVICAL UTHARAVASTI

Here the medicine reaches in the cervical canal. The medicine releases in two methods. In first method, the cannula is just introduced in to the external os of cervix to release medicine in to the cervical canal. In second method, the cannula is positioned 1cm away from the external os and the medicine is sprayed into the cervical canal, in a pulsatile manner. Here the amount of medicine should be minimal up to 5ml as the volume of uterus is 3-5ml.

INTRA UTERINE UTHARAVASTI

In intra uterine utharavasti the medicine reaches in the uterine cavity itself. Here the nozzle should be introduced behind the internal os of the cervix to take the medicine inside the uterine cavity directly. While introducing the nozzle through the cervical canal after passing the external os, the nozzle further passes through an area of a resistance feel -by which, it can be understood that the cannula passed the internal os. Here also the amount of medicine used should not exceed 5ml. as the volume of uterus is 3-5ml. If more amount of medicine is used, it may cause pelvic irritation and cramps due to the overflow of medicine through the fallopian tubes.

While using Rubins cannula for intra uterine utharavasti, the cannula should be introduced in to the cervix facing its concavity upward in anteverted uterus and the concavity facing downwards in retroverted uterus. We can introduce the IUI cannula and infant feeding tube, irrespective of the direction of uterus as these instruments are flexible. Though there is no classical reference for intra cervical and intra uterine utharavasti, practitioners are successfully utilizing them in various clinical conditions.

REQUIREMENTS

Sterile gloves
Sterile lubricants
Sponge holding forceps
Vulsellum

Uterine sound
Rubin's cannula/infant feeding tube/IUI cannula
Disposable syringe (5ml)
Mops and swabs
Medicines (medicated oils or ghee)
Speculum (Cusco's bivalve speculum)
Light source

Consent: The procedure should be explained to the patient and the informed or verbal consent of the patient should be taken before starting the procedure. Aseptic precautions should be adopted strictly.

PROCEDURE

Patient is asked to empty her bladder. After abhyanga (oil massage) over the lower abdomen and pelvic area, local swedana (fomentation locally) using a hot water bag is performed. Instead avagaha sweda (sitz bath) can also be done. Position of the patient is maintained in dorsal or dorsal lithotomy. Yonee prakshalana (vaginal douche) preferably using triphala kashaya is done for local cleansing. Then internal examination is done to confirm the position and direction of the uterus. The Cusco's speculum is introduced to retract the vaginal walls and the exposed external os of the cervix is then cleaned with triphala kashaya.

INTRA CERVICAL AND INTRA UTERINE UTHRAVASTI



Figure 2: Rubin's cannula



Figure 3: Infant feeding tube

In case of intra cervical and intra uterine uthravasti, the desired medicine is taken in a syringe. Then Rubin's cannula /infant feeding tube/IUI cannula is fitted on the nozzle of the syringe. Cervix is held steady using a vulsellum. After expelling the air bubbles the tip of the cannula is introduced just beyond external os/1 cm away from the external os in intra cervical uthravasti and beyond the internal os in intra uterine uthravasti. 3-5 ml of the medicine is administered slowly in a pulsatile manner. Then speculum is removed. A yonee pichu (cotton swab with a tail) is placed after the procedure to retain the medicine in position for some more time. Ask the patient to take rest for 3 hours and to

INTRA VAGINAL UTHRAVASTI

Method 1

The Cusco's speculum is placed in position and the medicine is filled into the vaginal canal using a 10 ml disposable syringe. The medicine is retained for 10-15 minutes and then drained.

Method 2



Figure 1: Asepto syringe

Here an asepto syringe is used to fill the medicines in the vaginal canal. The asepto syringe filled with medicine is directly introduced into the vaginal canal and squeezed to fill the vaginal cavity. Here a vaginal speculum is not needed to retract the vaginal walls.



Figure 4: IUI cannula

remove the pichu ball by pulling the pichu tail. If the patient is comfortable, she can retain the pichu ball up to the next urge for micturation⁵.

MEDICINES

Commonly used medicines for Utharavasti are Phala gritham⁶ in infertility due to anovulation and luteal phase defect. Sukumara ghrtham⁷ for oligomenorrhea, hypomenorrhea, secondary amenorrhea, anovulation and inadequate endometrial maturation.

Karpasasthyadi tailam⁸ and Mahanarayana thailam⁹ for endometriosis and adenomyosis. Balatailam¹⁰ for genital prolapse, dysmenorrhea and pelvic pain.

CONCLUSION

Performing intra vaginal and intra cervical utharavasti are safe, as the chances of complications are less. In intra uterine utharavasti, though rare, there is a possibility for sudden complications like vasovagal shock and uterine spasm and delayed complications like endometritis. If the procedure is done carefully after knowing the position and direction of uterus by bimanual examination, the chances of complications are minimal. Deciding the type of uthravasti for a patient is based on the nature and extend of the disease and also the confidence of the physician. The bio availability of the medicine is more in vaginal route than in oral route because unlike vaginal medicines, oral medicines undergoes metabolic inactivation while passing the gastrointestinal tract. Possible mechanism of the action of medicine in vaginal route are 'passive diffusion' through the tissues and 'absorption' through the venous and lymphatic systems. Considering the condition of the patient, this procedure 'uthravasti' needs to be made beneficial for those who seeks remedy for their ailments through pure Ayurveda.

REFERENCES

1. T.Sreekumar (trans.), AstangaHrdaya of Vagbhata, Sootra Stana.Vastividhi; Chapter19, verse 70. Thrissur: Harisree Hospital Reprint 2017,vol II-p109.
2. R.K Sharma, Bhagwan Dash (Tran). Charaka Samhitha of Agnivesa, Kalpa sthana, Dantidravanti kalpam:Chapter 12, verse 104. Varanasi: Chowkhamba Sanskrit Series Office, ISBN: 978-81-7080-013-7, Reprint 2013, Vol. VI- p.135.
3. R.K Sharma, Bhagwan Dash (Tran). Charaka Samhitha of Agnivesa, Sidhi sthana, Uttaravasti sidhi:Chapter 9, verse 52. Varanasi: Chowkhamba Sanskrit Series Office, ISBN: 978-81-7080-013-7, Reprint 2013, Vol. VI- p.345.
4. Vaidya Jadavaji Trikamji Acharya(Trans),Susruta samhita of Susruta, Chikitsasthana, Netrabastivvyapad chikitsa Suchi 37/116, Varanasi: Chowkhamba Orientalia, Reprint 2014, p.538
5. R.K Sharma, Bhagwan Dash (Tran). Charaka Samhitha of Agnivesa, Sidhi sthana, Uttaravasti sidhi:Chapter 9, verse 52. Varanasi: Chowkhamba Sanskrit Series Office, ISBN: 978-81-7080-013-7, Reprint 2013, Vol. VI- p.34
6. Prof.K.R.Srikantha Murthy (Tran).Ashtanga Hrudayam of Vagbhata,Uttara stana, chapter 34, verse 63-67. Varanasi: Chowkhamba Krishnadasa Academy, ISBN: 978-81-218-0020-X, Reprint 2017, Vol.III- p.326-327
7. Prof.K.R.Srikantha Murthy (Tran).Ashtanga Hrudayam of Vagbhata,Chikitsa stana,vidradi vridhi chikista: Chapter 13, verse 41-47. Varanasi: Chowkhamba Krishnadasa Academy, ISBN: 978-81-218-0020-X, Reprint 2017, Vol.II- p.398-399
8. Anekkaleelil S Gopalapillai. Sarvaroga chikitsa ratnam. Kodungallur: Devibook Stall, p.357
9. Kaviraj Ambika Datta Sastri(Tran).Bhaishajyaratnavali of Sri Govinda dasa,Vata vyadi,chapter26.Verse343. Varanasi: Chowkhamba Sanskrit Bhawan, p.367-368.
10. Prof.K.R.Srikantha Murthy (Tran). Ashtanga Hrudayam of Vagbhata,Sareera stana, Garbha vyapath .Chapter 2, verse 67-72. Varanasi: Chowkhamba Krishnadasa Academy, ISBN: 978-81-218-0020-X, Reprint 2017, Vol.I- p.326-327

Cite this article as:

Anoop A K and Sandhya CV. Practical aspects of utharavasti-through apathyamaarga in females: A review. Int. J. Res. Ayurveda Pharm. 2019;10(3):33-35 <http://dx.doi.org/10.7897/2277-4343.100357>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.