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

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ABSTRACT

Utharavasti in females through apatyamarga (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 apatyamarga can be done in 3 methods, considering the amount of medicine used and the extend up to which the vastinetra (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, apatyamarga, kshaya vasti, vasti netra, avagaha sweda, yonee prakshalana, yonee pichu

INTRODUCTION

Utharavasti in females through apatyamarga (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 apatyamarga (vaginal orifice) is done following 2 or 3 kshayavasti (decocition enema) 1. It should be administered preferably in the pre-ovulatory phase, after the menstrual phase. Kashaya (decocition), kserakshaya (milk decocition), 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 apatyamarga can be done in 3 methods, considering the amount of medicine used and the extend up to which the vastinetra (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 vastinetra 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 utharavasti through apatyamarga are 1/2 pala (48 ml) and 2 prasrutha (a handful) respectively. Thus, the intra vaginal utharavasti can be interpreted as the utharavasti 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 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. 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 VAGINAL UTHARAVASTI

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.

INTRA CERVICAL AND INTRA UTERINE UTHRAVASTI

Figure 2: Rubin’s cannula

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 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 micturation.

MEDICINES

Commonly used medicines for Utharavasti are Phala gritham in infertility due to anovulation and luteal phase defect. Sukumara ghrtham for oligomenorrhea, hypomenorrhea, secondary amenorrhea, anovulation and inadequate endometrial maturation.
Karpasasthyadi tailam\textsuperscript{8} and Mahanarayana thailam\textsuperscript{9} for endometriosis and adenomyosis.

Balatailam\textsuperscript{10} 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 utharavasti 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 ‘utharavasti’ needs to be made beneficial for those who seeks remedy for their ailments through pure Ayurveda.

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