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Role of *Uttarbasti* in the management of uterine disorders: a case series.

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Abstract: Introduction: Uterine disorders like uterine fibroid are the most common in female reproductive life. In most of the cases, it is seen frequently as a result of leiomyomas. Leiomyomas, are benign smooth muscle neoplasms that typically originate from the myometrium, due to fibrous consistency and are also called as fibroid. Prevalence rate of incidences of uterine disorders is 37.65% in rural India and 24% in urban India. Most of the time they are asymptomatic or may identified during routine pelvic examinations. Clinical manifestation of uterine disorders is pain, pressure sensation, abnormal uterine bleeding or dysmenorrhea. Surgery may be cure in some manner but a satisfactory conservatory medical treatment is remained unestablished till now. Uterine disorders can be studied in the context of *Yonivyapada* in Ayurveda. **Materials and methods:** In the present study 3 cases are diagnosed with Uterine disorders where each one is dealing with various diseases like uterine fibroid and adenomyosis were treated by panchakarma treatment protocol like *virechana* followed by *uttarbasti* and *shamana chikitsa*. USG of lower abdomen is the main diagnostic tool in this study. **Result and Discussion:** After 5 months patients presented with USG report as absence of uterine disorders. **Conclusion:** Panchakarma treatments like *Virechana, Uttarbasti* along with *shamana* are found to be effective treatment modality in uterine fibroid and disorder.

Keywords: *Yonivyapada, Virechana, Uttarbasti,* Uterine fibroid, *Shamana,* Panchakarma

INTRODUCTION:

Uterine disorders like uterine fibroid are the most common in female reproductive life. In most of the cases, it is seen frequently as a result of leiomyomas. Leiomyomas, are benign smooth muscle neoplasms that typically originate from the myometrium, due to fibrous consistency and are also

called as fibroid. Prevalence rate of incidences of uterine disorders is 37.65% in rural India and 24% in urban India.[1] Most of the time they are asymptomatic or may identified during routine pelvic examinations. Clinical manifestation of uterine disorders is pain, pressure sensation, abnormal uterine bleeding or dysmenorrhea.[2] Surgery may be cure in some manner but a satisfactory conservatory medical treatment is remained unestablished till now. Uterine disorders can be studied in the context of *Yonivyapada* in Ayurveda. *Acharya Charaka* described 20 types of *yonivyapada* and their etiopathogenesis as well as their *chikitsa*.[3] In present case series 3 different diagnosed cases are taken, i.e uterine fibroid, necrosed uterine intramular fibroid and adenomyosis. Adenomyosis also commonly occurs together with endometriosis showed a prevalence of 21.8% in women undergoing surgery for endometriosis.[4] In *Yonivyapada*, according to *samprapti* and *dosha*, *shodhana* is essential. Panchakarma treatment like *virechana* and *basti* helps in *strotoshodhana* whereas *uttarbasti* help in *ashayashodhana* and give strength to uterus.

AIM & OBJECTIVES:

To highlight the role of *uttarbasti* in the management of uterine disorders.

MATERIALS AND METHODS: Three clinically diagnosed cases of uterine disorders were selected for this study and treated by designed protocol (table no. 1). After completion of treatment and follow up (total duration 9 months), all three patients were assessed based on their USG abdomen report before and after treatment (table no 2) and encouraging results were found in reliving clinical signs and symptoms.

Case 1: A female, married patient age of 44 years came with complaints of amenorrhea from 2 months, heavy bleeding during menses, heavy clots, severe abdominal pain, heavy bleeding lasting for 15-20 days in periods and weight gain since 1 year. Patient was on oral pills for 1.5 year for same above complaints. She had no associated history of DM, HTN or thyroid. On investigations, USG abdomen revealed bulky uterus with small posterior intramural fibroid with left mild enlarged ovary with thickened and echogenic endometrium with APD. Patient was diagnosed as case of uterine fibroid.

Case 2: A married female patient of age 50 years came with following complaints- severe abdominal pain before start of menses, heavy bleeding lasting for 15 days at every cycle and next cycle started after 8 days from previous one since7-8 months, heavy clots during periods, burning micturition, burning sensation at lower abdomen with foul smell and severe backache. She had no history of DM, HTN, Thyroid etc. On investigations USG abdomen revealed that uterus is bulky in size 9.9 x 5.0 cm with hypoechoic lesion within upper posterior myometrium of size 3.2 x 2.2 cm with another intramural and sub-serosal necrotising fibroid (2.5 x 1.8 cm).

Case 3: A female patient of 31 years age came with complaints of increased urination, severe abdominal pain at right lower abdomen, on and off constipation, amenorrhea since 3 months, irregular menses and weight gain from 3 months. She was k/c/o hypothyroidism. On

investigations, USG abdomen on august 11, 2020 revealed that subtle changes of focal uterine adenomyosis along fundo-posterior wall. Endometrium thickness was 6.4 mm in AP thickness. The case was diagnosed as adenomyosis.

Table no. 1: Treatment given in case of Uterine disorders:

Sr. no.	Treatment	Drug and dose	Duration
1	*Deepana and Pachana*	*Arogyavardhini* 500mg + *Shankhavati* 500 mg	5 days
2	*Snehapana*	*Mahatikta Ghrita* (70ml+ 100 ml+ 150 ml)	3 days
3	*Virechana*	*Abhayadi modak* 500 mg *triphala kwatha* 100 ml	1 day
4	*Sansarjana krama*		5 days
5	*Kala basti- Niruha* and *Anuvasana*	*Dashmula kwatha+ Tilataila*	15 days
6	*Uttar basti* with *katipradeshi snehana* and *swedana*	1) 1st month 1st day- *Nimba taila + Eranda taila+ kumari taila* (4:3:3 ml) 2nd day- same above 3rd day- *Nimba taila+ Kumari taila+ Eranda taila+ Lawana taila* (4: 3: 3: 2 ml) 4th day- same above + *kshar taila* (4: 3:3:1 ml) 5th day- *nimba taila+ kumari taila+ goghrita+ kasisadi taila+ kshar taila* (4: 3:4:1: 1ml)	1st day+ 2nd+ 3rd + 4th + 5th consecutively for 3 months before 4-5 days of menses
		2) 2nd month 1st day- *nimba taila+ eranda taila+ kumari taila* (4: 3: 2 ml) 2nd day- *nimba taila+ chandanbalalakshadi taila+ kasisadi taila* (4:3:1 ml) 3rd day- same above 4th day- *nimba taila+ kumari taila+ lakshadi taila+ kshar taila* (4:2:2:1 ml) 5th day- *nimba taila+ kumari taila+ eranda taila+ lakshadi taila* (4:2:2:2 ml)	
		3) 3rd month 1st day- *nimba taila+ eranda taila+ kasisadi taila* (4:3:2 ml) 2nd day- same as above 3rd day- *nimba taila+*	

		chandanbalalakshadi taila+ kumari taila (4: 4: 2) 4th day- same as above 5th day- *nimba taila+ chandanbalalakshadi + kshar taila* (4:4:1ml)	
7	*Shamana chikitsa*	*Kumari asava, Gokshuradi guggul, Triphala guggul, Ashokarishta, Sarivadyasava*	5 months

Table no 2: USG abdomen reports before and after treatment:

	Before treatment	**After treatment**
Case 1	27/06/2017- bulky uterus with small posterior intramural fibroid 1.5 x 1.1 cm with left mild enlarged ovary with thickened and echogenic endometrium with APD	24/02/2020- uterus size normal- 9.5 x 6.2 x 5.2 cm no obious vascularity within s/o posterior wall intramural uterine fibroid.
Case 2	24/06/2021- uterus is bulky in size 9.9 x 5.0 cm with hypoechoic lesion within upper posterior myometrium of size 3.2 x 2.2 cm with another intramural and sub-serosal necrotising fibroid (2.5 x 1.8 cm).	30/08/2021- Uterus size- 9 x 5.7 cm s/o intramural fibroids 21.1 x 18.8 mm Posterior myometrium- 33.0 x 26.3 mm
Case 3	11/08/2020- subtle changes of focal uterine adenomyosis along fundo-posterior wall. Endometrium thickness was 6.4 mm in AP thickness.	On 21/12/2020- Uterus appears normal (7.7cm x 5.2 cm x 3.7 cm). Few patchy echogenecities seen in uterine wall suggested possibility of mild changes of adenomyosis. Both ovaries are normal in size.

DISCUSSION:

Probable Mode of Action of *Garbhashayagata* (Uterine) *Uttarbasti*- Theoretically, the drugs may reach into the uterus by the following mechanism: 1. Direct passive diffusion through the tissues. 2. Passage from vagina to the uterus through the cervical lumen. 3. Transport through venous or lymphatic circulatory systems. 4. Concurrent vascular exchange involving diffusion between adjacent utero-vaginal veins and arteries. Having an insight about vascular supply of uterus helps in better understanding of drug absorption through uterine route. Arterial supply of uterus is mainly derived from uterine arteries which are branches of the internal iliac arteries. The uterus is also supplied by the ovarian arteries, which are branches of the aorta. The uterine arteries pass along the sides of the uterus within the broad ligament and then turn laterally at the entrance to the uterine ubes, where

they anastomose with the ovarian arteries. The uterine veins enter the broad ligaments with the uterine arteries. They form a uterine venous plexus on each side of cervix and its tributaries drain into the internal iliac vein. The uterine blood is drained into inferior vena cava like vagina, and hence bypassing deleterious "first-pass" effect.[5] In a study in ex-vivo uterine perfusion model, it is reported that progesterone applied in vaginal tissue reaches to the uterus within 5 h of application. In another study model, sperm sized 99m TC labeled micro aggregates of human serum albumin was administered through vagina which reaches uterus within a minute indicating the direct transport mechanism involving aspiration through the cervical canal.[6] 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 the vagina, it passes to the uterus. This explains the efficacy of Yoni Pichu etc. which are kept just near the vaginal entrance. The Basti nozzle is advised to be inserted up to 4 Angula (~7.5 cm); from this fact it can be said that it is almost nearer to the opening of cervix and the drugs laid to this opening may travel towards the uterus by the osmolarity of Sneha. The Sneha which remains in the inner portion of vagina may show systemic effect by being absorbed and transported into inferior vena cava by vaginal, retro sigmoidal, vesical and uterine veins.[7]

Uttarbasti and *vatashamana*- Due to *sukshmaguna* of *taila* of *uttarbasti*, it enters the microchannels(*strotasa*). The medicated oil when enters the intrauterine route, it enters the microchannels and due to its *snigdhaguna* it causes the *vatashamana*.[8]

Uttarbasti and Hormones- *Uttarbasti* may itself stimulates the organs and also increase the blood supply, which may favour absorption of drugs. Modern science believes that the receptors are available in ovaries to receive hormone secreted by hypothalamus and pituitary, which facilitate the production of ovarian hormone. So it may be possible that the drug given by intrauterine route may stimulate the receptors by which the ovaries receives the hormone and corrects its function i.e. *bijotsarga*.[9]

CONCLUSION:

Uterine disorder is seen during reproductive life of a female irrespective to the age, which may result in various menstrual problems such as dysmenorrhea, menorrhagia, and irregular periods, by disturbing anatomical as well as physiological integrity. Medical management of this problem is possible on the basis of Ayurvedic fundamental principles. Panchakarma treatment like *virechana, kala basti* and specially *uttarbasti* with *shamana chikitsa* were found to be very effective in relieving uterine fibroid in this case series. Uterine disorders may study under the light of yonivyapada. With *shodhana* and *shamana*, this combined therapy brings satisfactory results in uterine disorders.

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