

<https://doi.org/10.46344/JBINO.2022.v11i05.08>

CLINICAL STUDY OF MATRA BASTI IN TREATMENT OF ARTHAVAKSHAYA - A REVIEW

Dr.Saraf Rhuta Naimish¹ & Dr. Naimish Kishor Saraf²

¹Associate Professor Stree Rog & Prasuti Tantra Siddhakala Ayurved Mahavidyalaya , Sangamner Dist. Ahmednagar

²Professor, Department of Shalya Tantra, Siddhakala Ayurved Mahavidyalaya, Sangamner Dist. Ahmednagar

Email: rhutasaraf@gmail.com

ABSTARCT

Ayurveda is the science which deals with maintenance of health and cure of disease. It stands on the frame work of Tridoshas, Sapta Dhatus and Trimalas. Apart from the sapta dhatus, upadhatus also play an important role. In female, Artava the upadhatu of rasa dhatu is responsible for conception. Hence, the healthy status of Artava is of prime importance when it comes to reproductive health. Any abnormality in Artava and its functions has an impact on menstrual regulation as well as reproduction. So within the inherent constitutional frame work of doshas and timely administration of Aushadha, Aahara and Vihara will restore the doshik balance which in turn keeps artava in samyavastha. In the present article we are studying the clinicle role of Matra Basti in treatment of Arthavakshaya.

Keywords: Ayurveda ,Matrabasti

Introduction.

“Rutau Bhawtiartavam” the word rutau means particular or specific time period and Bhavam means occurrence. In females, Rajas or Artava is an upadhatu of Rasa dhatu, coming out for three days in every month from the age of 12 years and ceases to flow at 50 years of age. From the essence part of rasa the upadhatu artava is formed. Artava is agneya, has characteristics of Rakta. Artava possess the same characteristics as that of Rakta and helps in the formation of Garbha. It is one of the most important physiological processes which enable the formation of Garbha. Artava can be understood as Menstrual flow (In Samhitas the word Artava is used to denote menstrual blood) and as Ovum (Artava is used to denote ovum at number of places in relation to fertilization). Various opinion of Acharya's: Chakrapani says that though Artava is visible at twelve years of age but it is formed in garbhakala itself. Dalhana accepts presence of raja or shonita from the very childhood like shukra by giving the simile “pushpmukulastho”, which is not visible due to very minute quantity. Artava is responsible for secondary sexual characters. The formation of Shukra from Rasa takes place in one month and is same for Artava formation in females. 12 years is the age of menarche where as menopause occurs in jarapakva shareera i.e. at the age of 50. Kashyapa mentioned the age of sixteen years which is probably the description of appropriate age for conception. While Arundatta opines that the probable age may slightly vary in individual, menarche may occur at 11 years similarly

menopause can be delayed. Role of Pitta in Rutu Chakra The rutu vyatitakala is a period unfit for conception; it is because the yoni mukha closes. Simultaneously a series of changes takes place in the Artava where now the navin raja is called as purana raja which is later expelled. For the transformation of navina raja to purana raja, pitta dosha plays a major role. During this period ushmata of shareera also increases. The modern concept supports this as during this period, progesterone hormone is at higher level than other hormones and it is also been observed that the basal body temperature rises during this period. Apart from this, a series of changes is seen in the components of the endometrium. Hence, during this period one can say that pitta dosha is predominant. Role of Vata in Rutu Chakra The blood collected for whole month by both the dhamanis (uterine vessels and their endometrial capillaries) assuming slight black color and specific order is brought downwards to vaginal orifice by vayu for excretion. So, Vata dosha is predominant in raja srava kala. Hence, all the three doshas have the influence at different stages of rutuchakra. Any impairment in these doshas leads to Artavavyapads.

APPLICABILITY OF ARTAVA JANAKA DRAVYAS Dravyas which are Artava Janaka in nature will be helpful in conditions where there is impaired formation of Artava i.e. Artavakshaya or Anartava. These conditions occur whenever there is disturbance in the harmony of doshas in Rutu Chakra. Predominance of vata dosha associated with pitta dushti where Vata due to its ruksha guna can lead to reduced quantity of Artava, leading to conditions like Kshinartava/Artavakshaya. If Kapha is

predominant, then due to its sheeta guna & Snigdha guna the function of pitta is impaired due to which the Artavadarshana does not takes place. Vagbhatta has explained that this concept can be taken to understand that if kapha prakopa is present then conditions like Anartava can takes place. Artava is agneya in nature and pitta dosha is predominant during the last phase of menstrual cycle. Hence, if there is a pittakshaya and vata or kapha vriddhi during the last phase then conditions like Artavakshaya, Anartava takes place. Apart from these conditions like PCOD, Delayed menarche, premature Ovarian Failure, Resistant Ovarian Failure, also can be understood based on the concepts of arthavakshaya, anartava, artavadushti. In these conditions, Artavajanaka Dravyas play an important role. ArtavaKshaya In Artavakshaya there will be yathochita kala adarshana of artava, alpata of artava and it is associated with yoni vedana.

Effect on menstrual irregularities Amapachana, Srotoshodhana, and Vatakaphashamaka properties of both Pathadi Kwatha and STMB may be responsible for the efficacy.[6] Ushna, Tikshna, Lekhana, Pachana, etc., properties of contents of Pathadi Kwatha are similar to Pitta increases Agneya Guna of Pitta, which is responsible for decreasing interval. This effect is also supported by Vatanulomana property of Matra Basti. Looking to the result, it can be said that the combination of Kwatha and Matra Basti may decrease the level of androgen, which allows estrogen to work on endometrium. Effect on follicular growth and ovulation Group A shows

significant ($P < 0.01$) result on follicular growth, group B shows insignificant ($P < 0.05$) result, whereas no change was found in group C. Follicular size increased after treatment in maximum patients in group A. Patients with no follicular growth reported increase in follicular size after therapy. This may because of removal of Sanga by Kapha-Vata Shamaka Srotoshodhana, Aama Pachana, etc. properties of both the drugs. After removal of Sanga created by vitiated Kapha and Ama in Artavavaha Srotas, Apana Vata functions well leading to normal Rajah Pravritti and Beeja Nirmana. It may be hypothesized that both the treatment modalities may decreases LH level thus preventing premature luteinization. Thus normal FSH level stimulates growth and development of follicle.

METHODOLOGY OF MATRABASTI

Method of Administration of Matra Basti The patient was asked to take light meal, neither too Snigdha nor too Ruksha and not more than 3/4th of the usual quantity. Before administration of Basti, Abhyanga with Bala Taila was done on the region of Kati and Udara Pradesh. Thereafter, Nadi Sweda was performed. After this Purvakarma, the patient was advised to take left lateral position with left lower extremity straight and right lower extremity flexed on knee and hip joint. The patient was asked to keep his left hand below the head. 60 ml of luke warmed Taila was taken in enema syringe. Rubber catheter oleated with Bala Taila was attached to enema syringe. After removing the air from enema syringe, rubber catheter was

administered into the anus of the patient up to the length of 4 inches. The patient was asked to take deep breath while introducing the catheter and drug. The total Taila was not administered in order to avoid entrance of Vayu into the Pakvashaya which may produce pain. After the administration of Basti patient was advised to lie in supine position and patient's buttocks were gently tapped and legs were raised few times so as to raise the waist. All these were done to prevent the fluid flow out too soon. After some time patient was advised to get up from the table and take rest in their bed. Basti Pratyagamana Kala was also recorded. Posology Two oils were used for Vasti treatment half of the patients receive Dashamoola oil Vasti and the rest Tila taila Vasti. Dose 60 ml per day continue 07 days for two consecutive menstrual cycle given in mid cycle in morning hours.

Criteria of assessment

The effect of the therapy was assessed considering to the overall improvement in signs and symptoms by specially made grading system. Follow up After stopping the administration of the drugs under trial, patients were advised to report weekly for follow up study, which was carried out for 2 months.

DISCUSSION

Mode of action of Matra Basti is defined in Ayurvedic classics very well. Acharyas have explained its mode of action on Ayurvedic principles of Dosha & dosha-Dushya Sammurchhana.

Mode of action of Matra Basti is also possible to define on the basis of the modern accepted theories. There are three theories, which are being tried to explain the mode of action of Basti. These are – i) absorption through gastrointestinal system, ii) stimulation of enteric nervous system (ENS) & iii) system biology. The Basti drug are absorbed from the intestines through the rich blood supply of rectum and acts on all over the body. From capillaries and lymphatics of intestines, it will reach to systemic circulation and then will act on all the bodily organs. This theory is same as the theory given by Acharya Sushruta [10],

where he defines how Basti acts on whole the body after reaching in the gastrointestinal tract. Acharya Sushruta says that the Virya of Basti administered through the Basti reaches the whole body through the channels (Srotas) as the active principles in the water when poured at the root of the tree reaches the whole plant. [11]

Acharya Charaka has also described the similar view to modern theory of absorption to explain the action of Basti [12]. As tree irrigated in its root level attains nourishment for whole tree, in the same way, Basti drugs given through rectum (rich of blood vessels, lymphatics & nerves) nourishes all the limbs & organs of the body. Whole body is composed of Srotamsi, the channels (micro and macro) from where things can (metabolites) travel. Srotamsi can be correlated with all the biological channels (Blood vessels, lymphatics, capillaries etc.), pores, paracellular spaces, intercellular spaces

etc. these are not restricted to organs, systems, cells, but also to the nucleus of the cells.(Concept of system biology)[13] Thus, Basti Dravya normalizes the function of Vata by pacifying it after reaching all over the body. Its contents act through their different chemical constituents to restore the normal menstrual physiology and thus, relieve pain during menstruation. Action of Basti on Vata aggravation can also be explained on the basis of action of Basti

Conclusion

Basti treatment can be considered as an effective line of management for tested menstrual disorders including Hypomenorrhoea, Oligomenorrhoea and Dysmenorrhoea. Out of several hypotheses its exact mode of action on breaking the pathology of menstrual disorders is to be studied in future

REFERENCES

Murat cakir, Ilke mungan, Taner karakas, Ilknurgiriken, Aysenur okten. Menstrual pattern and common menstrual disorders among university students in Turkey. Pediatrics International. 2007;49(6): 938–942.

Bhavamisra. Bhavaprakasa, eds Srikantamurthy. Varanasi: Krishnadas Academy, 1998; 2: 782.

Agnivesha. Charaka Samhita, eds R.K.Sharma, Bhagwan Dash. Varanasi; Chowkhamba Sanskrit Series Office, 2003; 5: 185.

Sushruta. Sushruta Samhita, eds Srikantha vMurthy. Varanasi; Chaukhamba Orientalia, Vol.1: 153.

Agnivesha. Charaka Samhita, eds R. K.Sharma, Bhagwan Dash. Varanasi; Chowkhamba Sanskrit Series Office, 2004; 5: 68.

Agnivesha. Charaka Samhita, eds R.K.Sharma, Bhagwan Dash. Varanasi; Chowkhamba Sanskrit Series Office, 2002; 1: 426.

American Academy of Continuing Medical Education. Module-1, Update on PCOS and its Clinical Management. 2009. p. 3.

Sushruta, Sushruta Samhita, Sharira Sthana, 2/14, Ambikadutta Shastri, 2nd edition, Chaukhamba Sanskrit Sansthan, Varanasi.

Vridha Jivaka, Kashyapa Samhita, Kalpa Sthana, Shatapushpa-Shatavri Kalpadhyaya, 5/8, Pandit Hemaraja Sharma Commentator, 6th edition, Chaukhamba Samskrit Samsthan, Varanasi, 1998.

Kumar P, Malhotra N. Jeffcoate's Principles of Gynaecology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2008. pp. 384.

Sheth SS. Essentials of Gynecology. 1st ed. New Delhi: Jaypee Brothers Medical Publishers; 2005. pp. 219.

Sharma PV. Dravyaguna Vijnana. Vol. II (Vegetable Drugs). Varansi:

Chaukhamba Bharti Academy; 2001. p. 275,331,362,403,463,626.

Agnivesha, Charaka, Dridhabala, Charaka Samhita, Sutra Sthana, 21/20, translated by Shastri Girijashankar Mayashankar, 3rd edition, Sastu Sahitya Vardhaka Karyalaya, Ahmedabad, 1981.

Ibidem. Charak Samhita, Siddhi Sthana, 1/31.

Gershon MD. Nerves, refl exes and the enteric nervous system: Pathogenesis of the irritable bowel syndrome. J Clin Gastroenterol 2005;39 (5, Suppl 3):S184-93.

Furness JB. The Enteric Nervous System. Oxford: Blackwell; 2006. pp. 274.

Rajan R. Postgraduate reproductive endocrinology. 4th ed. New Delhi: Jaypee Brothers Publication; 2004. pp. 201-5.

