ROLE OF BASTI IN THE MANAGEMENT OF PCOD (ARTAVAVYAPAD)

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ABSTRACT

In present era, women have made inroads in all the functioning of society yet there are some issues which challenges the "women health". No regularity of menses, skin conditions, overweight, infertility, hormonal imbalance is the commonest reproductive health issues that women of reproductive age are facing now. The very first disease causing condition which leads to such issues is Polycystic Ovary Syndrome. In beginning PCOS was only concerned with infertility but at present it also seen that it is associated with endocrine as well as metabolic abnormalities with increased risk of type 2 DM, chronic heart conditions, increased lipid levels, HTN, raised insulin levels. Hence it becomes very, important to evaluate such condition—along with infertility and other related health issues. The *panchakarma* therapies mentioned in *Ayurveda* gives us a crystal-clear way to medical condition of PCOD. Here *panchakrama* therapy works by improving structural potency of the reproductive organs along with equilibrium in endocrine and metabolic function of the body. *Basti chikitasa* is one of the most effective *panchakrma* therapies in PCOD. In *basti chikitasa* medicine is used or given in the form of *kwatha*/ decoction and *Sneha*/medicated oil or ghee through anus.

Keywords: PCOD, Basti, Kwatha, Sneha

1. INTRODUCTION

Polycystic ovary syndrome (PCOS) includes major complications among females of all age. In a group of 5-6 female average 1 woman is facing serious complications regarding pregnancy, irregular menses, and also obesity. PCOD is also termed as, Multicystic ovarian condition, Schlerocystic Ovaries, Stein Leventhal – given after an American gynecologist irving F Stein, SR, and Michael L. Leventhal Plowden (2016). When PCOD is taken into account, mental as well as physical stress, weight gain, hormonal imbalance are the key factors Teede et al. (2010) . Females of age group 18-44 get affected commonly with endocrine disorders Legro (2009) and 5-15 % of females worldwide Azziz (2016). PCOD is a condition where fluctuation in hormonal level disturbs ovarian mechanism which turns into cyst

formation inside ovarian sac. Whereas male hormone androgen increases above its normal values in females suffering from PCOD Reddy et al. (2016). In simple way PCOD can be conclude as a condition with increased levels of androgen (male hormone), in more specific manner testosterone causes increase in levels of luteinizing hormone (LH) and decrease in levels of follicle stimulating hormone (FSH), together inhibits follicles to get develop into mature eggs and finally resulting into anovulatory cycle which is lastly responsible for menstrual irregularity in females

2. CLINICAL FEATURES

Infertility

About 70% of females are infertile because of this condition Diamanti-Kandarakis and Dunaif (2012), Anonymous (2011)

• Hirsutism and Acne

Due to elevated androgen levels.

• DM type 2

An insulin resistance leads to metabolic dysfunction

• Irregular menses

Hormonal imbalance causes irregularity in menstrual cycle

Depression and Anxiety

Females suffering from PCOD are seen mentally affected Helvaci et al. (2017)

• Discoloration of the skin

Neck, area under breast, elbows, groin, and knees are commonly involved.

Overweight

Among all female population of PCOD, on an average 80% of them are confined to weight gain/ Obesity issues.

Migraine

Fluctuation in hormonal levels can lead to headaches.

3. AYURVEDIC VIEW ON PCOD

Acharya Charak has explained the specificity of each patient. He explained that it's okay if one did not give any kind of nomenclature to each disease condition Agnivesha, Charka Samhita (2011). In Ayurveda PCOD is not directly mentioned as any diseased condition. Acharya indulges commonly more of the gynecological conditions as Yoniyapada or Aartavavyapda. The prognosis of Vyadhi in each patient is different. Stages of Dosha dushya dushti, Involment of Srotas, Srotadushti prakara, Sthan of the dosha and roga and Samuthan of Vyadhi, are major keys involved in the proper diagnosis and treatment of any disease-causing condition. From Ayurvedic point view, Artava Dhatu under the guidance of Vata helps in evolution of reproductive system with the comprise of secondary sexual characters, ecstasy etc, in the female body. By bringing of puberty age; Rutuchkra- the reproductive/ menstrual cycle of perpetutation of the pip (Beejartha) and decumbent for implantation (Garbhashayya). When there is no implantation (Garbhasthapan), the Shayya becomes obsolete (Purana Raja) and is dispense in the form of Rajasrav. The cycles get repeated every month from the onset of puberty till menopause. This Chakar may get disturbed sometimes. The main cause in irregularity of Rutuchakra

is inappropriate execution of *Artav Dhatu* (stands for *Shukra Dhatu* of male) which is under dominance of vata.

Ditoriation or deficit (*Unmarga gaman* or *Kshay*) are the two major conditions for any activity to get disturbed, along with barriers (*Srothorodha*). When *Rutuchakra*, is consider activity of vata may get deficit along with obstcal (*Srotorodha*) due to *Vatakapha* dosha at the site of *Beejartha*; Which results irregularity menses. Two common conditions were described are *Vataj* and *Vatakaphaja Yonivyapad. Rasayan*, *Lekhan* and *Bhedan chikitasa* respectively works as Promoter, decrement, and breakdown treatment in this condition Nagral (2014)

4. ROLE OF PANCHAKARMA (BASTI) IN PCOD

In PCOD main involment of *vata* is of *Apanvayu* and as given in *Ayurveda Basti* is the prime effective *chikitasa* for such condition. The major goal of the *panchkarma chikitasa* is to maintain proper menstrual flow. *Mulstahana* of *Aartavasritas* is *Garbhashya* and *Aartava vahini dhamni* – the ultimate stahan of the *Apanvayu* Deepali and Zanwar (2021).

Figure 1

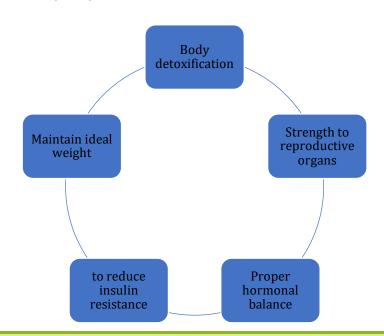


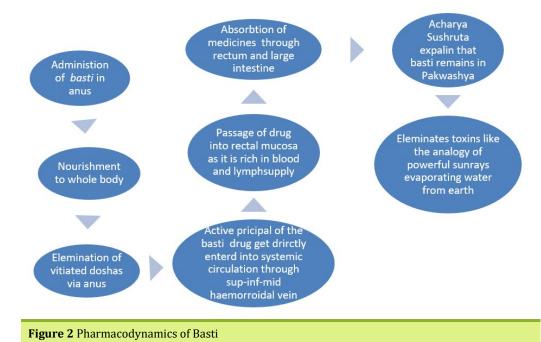
Figure 1 Basti Chikitasa in PCOD Includes Following Goals

5. MODE OF ACTION OF BASTI

The specialty of *Ayurveda* is that it explains the compounded things/topic with simple clarification by using analogy seen in day-to-day life. Such way of explaining the things were used, as there was lack of non involment of objective criteria for explanation. This easy explanation makes one to understand the pathophysilogy, prognosis and treatment very comfortably. Which also includes the concept of Basti.

1) Pharmacodynamics of basti Yadaiah (2008):

Figure 2



2) Systemic action of the Basti (13):

Figure 3



Figure 3 Systemic Action of the Basti

6. BASTI- A SUPREME LINE OF TREATMENT

- It is the prime therapy in regulating Vata *Dosha* main factor for all the physiological and pathological activity of body and the mind. Agnivesha, Charka Samhita (2011)
- It has effect of both the *Upakramas viz.Langhana and Brumhana* and combines all advantages of *Panchakarma* by virtue of its different type and variety of drugs used. Agnivesha, Charka Samhita (2011)
- It has effect of *Samshodhan* as well as *Samsaman* Sushruta Samhit (2011) it gives instant strength, thereby prime line of treatment, mainly for children, women, and geriatric age. Agnivesha, Charka Samhita (2011).
- By the permutation and combination of Varity of drugs used for *basti* it become useful in wide range of diseases. Agnivesha, Charka Samhita (2011) and Sushruta Samhita (2011)
- It removes the Doshas/ Mala situated in the body, resulting in healthylife. Agnivesha, Charka Samhita (2011)

7. CONCULSION

With Ayurveda's basic concept of Dosha, Dushya, Dhatu, Srotas and Sthanadusti any rog condition can be diagnosed and treated. In such presentation of PCOD Panchakrma chikitasa of Basti helped in maintaining proper ovarian function to have hormonal balance in regular manner for normal menstrual cycles. So, from this we can say that Ayurveda helps in freeing symptoms of PCOD along with fruitful treatment of Pachakarma without any adverse effect.

CONFLICT OF INTERESTS

None.

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REFERENCES

- Agnivesha, Charka Samhita (2011). Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikmaji Acharya, Chaukhambha Surbharati Prakashan, Varanasi, Reprinted-2011, Cha. Si. 9/7, 717.
- Agnivesha, Charka Samhita (2011). Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikmaji Acharya, Chaukhambha Surbharati Prakashan, Varanasi, Reprinted-2011 Cha. Si 11/36, 729.
- Agnivesha, Charka Samhita (2011). Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikmaji Acharya, Chaukhambha Surbharati Prakashan, Varanasi, Reprinted-2011 Cha. Si. 10/4, 723.
- Agnivesha, Charka Samhita (2011). Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikmaji Acharya, Chaukhambha Surbharati Prakashan, Varanasi, Reprinted-2011, Cha. Si.1/28, 675.
- Agnivesha, Charka Samhita (2011). Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikmaji Acharya, Chaukhambha Surbharati Prakashan, Varanasi, Reprinted-2011, Cha. Su. 25/40, 131, cha. Si. 1/38-39, 673.
- Agnivesha, Charka Samhita (2011). Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikmaji Acharya, Chaukhambha Surbharati Prakashan, Varanasi, Reprinted-2011, Chi Si. 11/16, 3/6, 694
- Agnivesha, Charka Samhita (2011). Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikmaji Acharya, Chaukhambha Surbharati Prakashan, Varanasi, Reprinted-2011, sutrasthana 25th Chapter, Verse-40, 132,-133.
- Anonymous (2011). About PCOS Foundation Organization. N-pc, Editor.
- Azziz R. (2016). Introduction: Determinants of Polycystic Ovary Syndrome. Fertility and Sterility, 106(1), 4–5. https://doi.org/10.1016/j.fertnstert.2016.05.009
- Deepali, A., and Zanwar, A. C. (2021). Management of Garbhashaygata Arbud in Ayurveda W.R.T. Uterine Fibroid- A Single Case Study. International Ayurvedic Medical Journal.
- Diamanti-Kandarakis, E., and Dunaif, A. (2012). Insulin Resistance and the Polycystic Ovary Syndrome Revisited : An Update on Mechanisms and Implications. Endocrinology, 33, 981-1030. https://doi.org/10.1210/er.2011-1034.

- Helvaci, N., Karabulut, E., Demir, A. U., and Yildiz, B. O. (2017). Polycystic Ovary Syndrome and the Risk of Obstructive Sleep Apnea: A Meta-Analysis and Review of the Literature. Endocrine Connections, 6(7), 437–445. https://doi.org/10.1530/EC-17-0129.
- Legro, R.S. (2009). Stein-Leventhal Syndrome, Encyclopedia Britannica.
- Nagral, K. (2014). A Glimpse of Observational Study, PCOD Aartavavyapada, Ayurved Vyaspeeth, 56.
- Plowden, T. C. (2016). Reproductive Endocrinology and Infertility Eunice Kennedy Shriver Natinal Institute of Child Health and Human Development.
- Reddy, R., Deepika, M.L.N., Latha. K. P., Agurthi, S. R., Lakshmanarao, S.S., Rahman, P. F., Jahan, P. (2016). Polycystic Ovary Syndrome: Role of Aromatase Gene Variants in South Indian Women, International Journal of Pharma and Bio Sciences, 6(2).
- Sushruta Samhit (2011). edited by Vaidya Ambikadatta Shastri, Chaukhambha Prakashan, Varanasi, Reprinted-2011, Su.Chi. 35/3, 4 pp, 140.
- Sushruta Samhita (2011). Edited by Vaidya Ambikadtta Shastri, Chaukhamba Prakashan, Varanasi, Reprinted-2011, Su. Chi. 38/111, 160.
- Sushruta Samhita (2011). Edited by Vaidya Yadavji Trikmaji Acharya, Surbharati Prakashan, Varanasi, Reprinted-2011, Chikitasa Sthana 36th Chapter, Verse-25, 145.
- Teede, H., Deeks, A., and Moran, L. (2010). Polycystic Ovary Syndrome: A Complex Condition with Psychological, Reproductive and Metabolic Manifestations that Impacts on Health Across the Lifespan. BMC medicine, 8, 41. https://doi.org/10.1186/1741-7015-8-41.
- Yadaiah, P. (2008). Clinical Pancha karma (2nd Ed.). Hyderabad : Jaya Publication, 93.