



Review Article

**Globalisation of Uttarbasti Chikitsa for Tubal Blockage
: Need of an Hour**

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ABSTRACT:

Globalization in present era still needs the exploration of Ayurvedic treatment in front of the world, so that its principles can become helpful for serving the humanity. This scenario has enhanced the responsibility of Ayurvedists not only to understand the Ayurveda but also to make it understood by others. Tubal blockage contributes 25-30% cause of Infertility and one of the globally burning issue which needs to be considered in this aspect. Tubal blockage is very difficult to manage with modern interventions whereas with *uttarbasti* we can manage it successfully. But standard operating procedurs should be prepared for *Uttarbasti* in terms of Globalization. Preparation of medicines to be administered intra-uterine should be regularized and controlled, and worldwide researches needs to be carried out which should be more specific and diligent. All these will not only develop *Uttarbasti* in successfully treating the tubal blockages in a standard manner but also it will help to accept it worldwide.

KEY WORDS: Globalization, *Uttarbasti*, tubal blockage.

INTRODUCTION:

Tubal factor contributes 25-30% cause of Infertility. ¹ Modern management is very difficult, costly and is out of reach for most of the population. Some Ayurvedic practitioners claim that *Uttar Basti* is very effective on tubal blockage. So for globalization of *Uttarbasti* international research work Should be carried out.

A research conducted in western countries claim that 100 years old technique of flushing the woman's fallopian tubes with an iodised poppy seed oil – has been proven to have significant benefits for fertility ². But the similar technique is already mentioned in *Ayurveda* known as *Uttarbasti* which dates back at least 5000 years.

Status of Ayurveda in some foreign countries:

The countries like Sri Lanka, Nepal have separate National Policy for Ayurveda. They also consider Ayurveda as National Health systems. The California College of Ayurveda, California conducts a two year

course, which certifies the student as Clinical Ayurvedic Specialist. In Russia NAAMI Ayurveda Medical Centre runs successfully. The Russian translation of Charaka Samhita, Sushruta Samhita and Ashtanga Samgraha are available; except these, in United Kingdom, European countries, Australia and New Zealand, Germany, Japan, Italy etc. In USA, the Ayurveda is having a very high commercial, potential and the Panchakarma therapy is also practiced widely. Ayurveda is a well recognized Medical Science³. People of all over the world have awareness towards Ayurveda. Eventhough Ayurveda is well known in these countries no one use *Uttarbasti* chikitsa.

Challenges in *Uttarbasti* chikitsa :

Ayurveda and modern medicine are derived from different epistemological and ontological premises. Therefore, the approach to diagnosis of infertility as well as nomenclature differs. It is quite impossible

to make one to one correlations or pick up equivalent terms. *Ayurvedic* classification of *vandhyatva* is different from those of Modern sciences.

Dosage is another a long pending issue for *Uttarbasti chikitsa*, while most conventional medicines are aggressively tested to determine the most effective and safest dosages (especially in relation to parameters like body weight, drug interactions etc.), there are variations in the dosage as well as *dravyas* used for *Uttarbasti chikitsa*.

Several factors might contribute to such issues & discrepancies, for example:

- ◆ Lack of standardization and quality control of the drugs used in clinical trials for *Uttarbasti*.
- ◆ Use of different dosages.
- ◆ Use of different *dravyas* like *taila*, *ghruta*, *kashayas*.
- ◆ Wide variations in the duration of treatment.
- ◆ Wide variations in the frequency of procedure.

Solutions :

Intensive documentation of the currently available *Uttarbasti chikitsa* practiced in different regions in the country and their standard operating procedures is more important than the standardization of drugs. The former would contribute to consolidation of *Uttarbasti chikitsa* clinical experience and improvement of expertise of the *Ayurvedic* professional and the later will help the pharmaceutical industry more. If, we wish to export *Uttarbasti chikitsa* to western countries, following aspects needs to be considered seriously-

- Provide separate hospitals for research activities related to *Uttarbasti*
- Proper integration and linkage to Modern Technology
- Participation of National Health Programme
- Communication with WHO, UN, RCOG, ACOG along with other institutes for international research activities of *Uttarbasti*
- Ability to match dramatic outcomes with modern treatment of tubal blockage like cannulation done by hysteroscopy etc.

Future Directions: Some Suggestions :

The emphasis of efforts in *Uttarbasti chikitsa* should therefore be

- There is a need to create *Ayurvedic* professionals who seek to enter *Ayurveda* for its own value and respect their own system of medicine.
- Standardizing *Ayurvedic* diagnostic and treatment protocols by in situ studies and documentation of clinical practices.
- Creating centers of excellence for

Vandhyatva where *Uttarbasti chikitsa* will be practiced

- Sustainable manufacture and supply of quality drugs required for *Uttarbasti*.
- Global level forum for serious debate and discussion among *Ayurvedic* professionals with modern medicine professionals about the role of *Uttarbasti chikitsa* in tubal blockage.
- *Ayurvedic* scholars need rigorous training in the *Uttarbasti chikitsa* along with exposure to appropriate research methodology.

Suggestions to Empower *Uttarbasti chikitsa* :

- Establish own Teaching Hospital having all facilities required for effective practical training on *Uttarbasti chikitsa*.
- Establish Research Institutes having support for clinical research into use of *Uttarbasti chikitsa* for treating fallopian tube blockages and other causes of *vandhyatva*.
- Explanation for origin or proof of concept.
- Provide data about rigorous proof of safety and efficacy by modern standards of clinical trial.
- Ability to match dramatic outcomes with modern treatments like cannulation done by hysteroscopy etc.
- Proper integration and linkage to Modern Technology.

CONCLUSION :

A lot of research has been done in the past few decades on *Uttarbasti chikitsa* at different institutes in the country, yet no globally acceptable research data is available. Though the number of persons practicing *Uttarbasti chikitsa* has increased manifold there has not been a matching increase to facilitate learning and global research in this field. Necessary and efficient tools have not been developed to facilitate easy and correct understanding of the *Uttarbasti* procedure. So, Its high time to take *Uttarbasti* globally which can serve the infertile world for a long time.

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