



Ayurvedic Clinical Approach of Uttarbasti in Streeroga

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Abstract

In *Ayurveda Basti* is considered *Ardhachikitsa* by some *Acharyas* and as a complete therapeutic procedure by others due to its vast areas of action. As defined by *Acharya Charak*, *Basti* is of three types and among them, *Uttarbasti* has been highlighted as alternative for invasive intervention. *Uttarbasti* has a far wide scope in terms of disease diversity. Through this article an attempt has been made to review *Uttarbasti* through classical texts to understand the concept of *Uttarbasti* and to understand its mode of action with its importance in clinical practice.

Keywords

Ayurveda, *Uttarbasti*, *Streeroga*

Introduction

Ayurveda emphasizes *Sthānika Chikitsā* (local therapeutic procedures) for diseases localized to specific organs. Among these, *Uttarbasti* is considered the most important procedure for disorders of the female reproductive system.

Uttarbasti literally means “administration of medicated substances into the upper passage,” referring to the uterine or vaginal route. Classical *Acharyas* have described it as a superior therapy for *Yonivyāpada*, *Garbhaśaya roga*, *Artava vikāra*, and *Vandhyatva*. Owing to its direct drug delivery and systemic as well as local action, *Uttarbasti* plays a vital role in *Streeroga* management. This review explores the classical basis, therapeutic indications, procedural methodology, and clinical relevance of *Uttarbasti* in gynecology.

Uttarbasti is a procedure, in which drug is administered through *Uttar marga* i.e *Marga* above the *Guda* (*Apatyamarga* and *Mutramarga*) and it imparts *Shreshth Guna* to the body. *Acharya Vagbhata* defines it as the one which is administered after the *Niruha Basti* and is given in *Uttarmarga*.

Materials And Methods

Types of Uttar Basti: Uttar Basti can be classified in many ways:

A) Based on Marga (Route) of Administration:

1. **Mutrashyagata Uttar Basti:** The administration of drug through Urethral route.
2. **Yonigata Uttar Basti:** The administration of drug through Vaginal route
3. **Garbhshyagata Uttar Basti:** The administration of drug through Uterine route.

B) Based on Drug of Administration:

1. **Snaihika Uttar Basti:** When only Sneha Dravya such as Ghrita and Taila are used for Uttar Basti, it is called Snaihika Uttar Basti.
2. **Niruhika Uttar Basti:** When Kashaya, Swarasa, Ksheerpaka, etc are used to administer in Uttar Basti, it is called as Nairuhika Uttar Basti. There is no addition of Madhu, Lavana, Sneha, Kalka, Kwath etc is required in Uttar Basti which are commonly added in Niruha Basti.

Indication

- Sukra Dushti (Sperm disorders including Harmonal problems)
- Shonita Dushti (Menstrual disorders including Uterine Bleeding problems)
- Pushpodreka (Menorrhagia), Pushpa Nasha (Pathological Amenorrhoea), Kastapushpa (Dysmenorrhoea).
- Basti Vikara including Mutraghata and Mutrakrichha.
- Mutragraha, may be Physiological and Anatomical.
- Bindu Srava (Dribbling of Urine or Weakness of Sphincter)
- Mutraghata, Mutradosha
- Yonivyapada, Yonivyadhi (Gynecological disorders)
- Sharkara Ashmari
- Basti Vankshana Mehana Shoola (Pain in bladder, groin, phallus)
- Yonivibhrmsa (Uterine Prolapse)
- Apradushti (Problem of Placenta implantation)
- Asrigdara (Dysfunctional Uterine bleeding), etc.

Contra-Indication

- Prameha
- Hyper sensitivity
- Bleeding diseases
- Carcinoma
- Fistula
- Diverticulum
- Genetic and Congenital anomalies.
- In the genital tract of Girls Uttar Basti is contraindicated

Uttar Basti Yantra (Instruments):

Uttar Basti Yantra is consists of 2 parts

1. Bastiputaka
2. Bastinetra

Bastiputaka: It should be made up of bladder of small sized animals such as sheep, pig, goat etc. or else with leather of bird can also be used as Bastiputaka. It should be clean, smooth and procured with Kashaya Dravya.

Bastinetra: It is also called as Pushpa Netra. It should be made up of Hema (Gold) or Raupya (Silver) and its shape should resemble tail of a cow (broad at the base and tapered towards the end), containing 2-3 Karnika (ridges), it has to be strong (Dridha), smooth (Shlakshan) and Vritta. Length of Bastinetra, circumference and size of lumen of Basti Netra is different in sex and age group

In current practice, instrument used for Uttar Basti are:

1) For Basti Netra-

Rubber catheter (8/9 number) or infant feeding tube can be used for urinary Uttar Basti.

While for uterine Uttar Basti, Rubin's cannula, I.V cannula, intrauterine insemination cannula (IUI) can also be used as Basti Netra.

2) For Bastiputak – Syringe (10-50 ml) can be used.

3) Cosco's speculum, sponge holding forceps, artery forceps, uterine sound, heger's dilator is also required.

4) Other instruments such as Autoclave, kidney tray, cloth to cover all other parts, cleansing materials (swab, gauge piece, savlon), normal saline, gloves, xylocaine jelly etc. are required.

Time of Administration (Kala Nirdharan)

Uttar Basti should be given during early morning (Purvavahana) or in afternoon (Madhyayan).

Urinary Uttar Basti can be given on any day as no specific time is mentioned for administration of Mutra Marg Gata Uttar Basti. While vaginal and uterine Uttar Basti should be given during Ritukala (just after cessation of menses) as mentioned by Acharya Charak and Vagbhata because Yoni-Garbhashya Mukha (vaginal and uterine orifices) are widely open during this time and hence Sneha easily enters and gets absorbed there.

However, Acharya Vagbhata mentioned that during emergency condition (Atyayik) Uttarbasti can be administered on days other than Ritukala

Administration of 2-3 Asthapan Basti is also mentioned before giving Uttar Basti for Shodhana effect by Acharya Vagbhata.

Dose for Uttar Basti (Matra Nirdharan)

Acharya Charak has mentioned that dose of Sneha should be 1/2 Pala for administration of Uttarbasti irrespective of the route.

While Acharya Sushrut has clearly mentioned different dosage of Sneha and Kwath for Uttar Basti .

Acharya Vagbhata prescribed the dose of Sneha in females as 1 Prakuncha (1 Pala) and in Kanya as 1 Shukti.

According to Sharangdhar, Vangsen and Bhavprakash, dose of Sneha should be:

Females:

Yoni Marga: 2 Pala

Mutramarga: 1 Pala

Bala: ½ Pala (2 Karsha)

Males:

< 25 years: 2 Karsha (½ pala)

25 years: 1 Pala

Dose should be fixed considering Vaya, Bala, Satva, Satmya

In Current Practice, for Mutramarg Gata Uttar Basti- 50 ml of Sneha and upto 200 ml of Kasaya can be given while for Yonimarg Gata Uttar Basti only 5-10 ml of Sneha can be given.

Drugs and Medication used for Uttar Basti**For Vaginal Uttar Basti**

In any type of discharge from vagina Triphala Kashaya can be used for Uttar Basti, while in case of itching Aragwadh Kashaya is preferred.

Any type of Kshar can be used for erosions while Jatyadi Taila or Ghrit can be used in case of wound or abrasions where healing is required.

Mahatiktak Ghrit can be used for burning sensation

For Garbhashyagata Uttar Basti

For infertility- Phalaghrit, Phalkalyanak Ghrit, Shatpushpa Ghrit, Shatavari Ghrit, Ksheer Bala Taila, Mahanaryana Taila, Narayan Taila, Til Taila can be used.

For uterine prolapse- Bala Taila, Sukumar Ghrit, Brahmi Ghrit can be used.

For Tubal Block- Kumari Taila (inflammatory origin blockage), Yavkshar Taila (adhesion blockage), combination of Saindhava and Madhu can be used.

For Tortous tube- Nirgundi Taila can be used.

Oligomenorrhoea- Kumari Taila.

Secondary Amenorrhoea- Phala Sarpi, Apamarg Kshar.

Dysmenorrhoea- Dashmool Trivrit Taila, Sukumar Ghrit.

Ovulation induction- Lashun Taila, Shatpushpa Taila, Mahanaryana Taila, Narayan Taila.

Low level FSH and Prolactin- Phalasarpi.

Uttar Basti Procedure:

Like every procedure of Panchakarma, Uttar Basti is also carried out in 3 steps – Poorvakarma, Pradhana Karma and Paschat Karma.

Poorvakarma

- 1) Sambhar Sangraha (Preparation of material- Instruments and Drug)
- 2) Matra-Kala Nirdharan
- 3) Atur Siddhata (Preparation of Patient)

Preparation of Patient

In Classics –

Acharya Vagbhatta has mentioned administration of Niruha Basti prior to Uttar Basti for Shodhan effect as to purify the Mala Marg.

Acharya Charak advised the patient to take bath then having food mixed with Mansaras and Ksheer and voided her Mala Marga before Uttar Basti.

Acharya Sushrut mentioned Sthanik Abhyanga and Swedana over abdomen, thighs, groin area and having Yavagu with Ghrita and Dugdha before administration of Uttarbasti

In Current Practice –

Advise the patient first to empty her bladder and bowel.



B.P and pulse should be recorded.



All instruments should be autoclaved to avoid any type of infection.



Patient should be made to lie down in supine position with well flexed thighs (Lithotomy position).



Yoni Prakshalana with Panchvalkala Kwatha, Triphala Kwatha, Nimba Kasaya, etc. should be done for local aseptic precautions.



Followed by Sthanik Abhyanga and Swedana over abdomen, thighs, and groin region.

Pradhana Karma (Method of Administration)

In Classics –

- 1) In Lithotomy position, Bastiputaka containing the prescribed Dravya (either Kwath or Sneha) is taken and Bastineta lubricated with Sneha is carefully introduced into the Apatyamarg and Mutramarga.
- 2) Bastiputaka is compressed uniformly, so that the Dravya enters the Marga

3)Such Uttar Basti can be repeated 2/ 3/ 4 times in a day and also has to be given consecutively for 3 days. Then the patient is advised rest for 3 days before giving another course of 3 Uttar Basti.

Vaginal / Uterine Uttar Basti

In Lithotomy position, after cleansing of the part, Cusco's speculum lubricated with oil should be inserted into the vagina to see cervix properly.

↓

Cervix should be exposed with anterior vaginal wall retractor and speculum.

↓

Then, uterine sound is passed through external OS to find position of uterus.

↓

After knowing the position, Cervix is dilated using Hegar's dilator.

↓

After dilatation, Sneha filled in Bastiputaka fitted with Bastinetra should be inserted gently and oil is instilled slowly into the vagina or uterus.

↓

All instruments and towel should then be removed.

↓

Pichu can be kept in vaginal orifice to prevent outside leaking of Bastidrava.

↓

Patient is advised to return to supine position with leg folded over each other.

Paschatkarma

In Classics –

The Uttarbasti Dravya Pratyagamana Kala is 100 Matra (~31.66 sec)

Acharya Sushruta says, after the medicine has returned, in the evening considering the Dosha, Ksheera, Yusha or Mamsa Rasa has to be taken.

Acharya Charaka and Acharya Vagbhatta mentioned the same Paschatkarma for Uttar Basti as of Anuvashana Basti.

Acharya Charaka says if the Sneha does not return, then observation should be done for one night. If it fails to return, then Teekshna Shodhanavarti should be inserted.

Acharya Sushruta says, if Sneha does not return then Shodhana Basti can be given.

He also mentioned the use of Probe in Mutramarga and abdomen is pressed forcefully below the umbilicus. Then, Varti of size of Mudga, Ela and Sarshapa prepared from Aaragwadha Patra with Nirgundi Patra Swarasa, Gomutra and Saindhava smeared with Ghee is inserted into Mutramarga with the help of Shalaka.

In Current Practice –

Blood pressure, pulse to be recorded.



Patient is advised to relax for 30 min in ward in head low position.



Fomentation over supra-pubic area should be done with hot water bag to relieve pain.



Patient is advised to take light diet in evening.



All the instruments including syringe, catheter, and oil should be properly autoclaved.

Discussion

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 tubes, 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.

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 labelled 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. 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.

Conclusion

At present, Uttar Basti is confined to a very few gynaecological diseases particularly infertility. Its practice in other gynaecological disorders as mentioned in classical texts has almost disappeared. But, if applied with proper indications, septic precautions and extreme carefulness, it can show marvellous results.

Reference

3. Chakrapani, Commentator. Charak, Drudhbala, Charak Samhita, Siddhi Sthana, Trimarmiya Siddhi adhyay, 9/50, Vaidya Yadavji Trikamji Acharya, editor. New Delhi: Chaukhambha Publications.
4. Vagbhata. Ashtanga Samgraha. Sutrasthana, Bastividhi adhyay, 28/9. Ravi Dutt Tripathi, editor. Delhi: Chaukhambha Sanskrit Pratishtan
5. Vagbhata. Ashtanga Hridyam. Sutrasthana, Bastividhiadhyay, 19/70, Vd. Yadunandan Upadhyay, editor. Varanasi: Chaukhambha Prakashan.
6. Vagbhata. Ashtanga Samgraha. Sutrasthana, Bastividhi adhyay, 28/9. Ravi Dutt Tripathi, editor. Delhi: Chaukhambha Sanskrit Pratishtan.
7. Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Siddhi Sthana Chapter 9/63-65, Varanasi, Chaukhambha Bharti Academy.
8. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/125-126, Varanasi, Chaukhambha Sanskrit Sansthana.
9. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/107-108, Varanasi, Chaukhambha Sanskrit Sansthana.
10. Vagbhata. Ashtanga Hridyam. Sutrasthana, Bastividhiadhyay, 19/79, Vd. Yadunandan Upadhyay, editor. Varanasi: Chaukhambha Prakashan.
11. Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Siddhi Sthana Chapter 9/50-51, Varanasi, Chaukhambha Bharti Academy.
12. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/101-104, Varanasi, Chaukhambha Sanskrit Sansthana.
13. Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Siddhi Sthana Chapter 9/62, Varanasi, Chaukhambha Bharti Academy.
14. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/109, Varanasi, Chaukhambha Sanskrit Sansthana
15. Vagbhata. Ashtanga Hridyam. Sutrasthana, Bastividhiadhyay, 19/77-78, Vd. Yadunandan Upadhyay, editor. Varanasi: Chaukhambha Prakashan.
16. Vagbhata. Ashtanga Hridyam. Sutrasthana, Bastividhiadhyay, 19/70, Vd. Yadunandan Upadhyay, editor. Varanasi: Chaukhambha Prakashan.
17. Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Siddhi Sthana Chapter 9/52, Varanasi, Chaukhambha Bharti Academy.
18. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/116-117, Varanasi, Chaukhambha Sanskrit Sansthana.
19. Vagbhata. Ashtanga Hridyam. Sutra Sthana, Bastividhiadhyay, 19/80, Vd. Yadunandan Upadhyay, editor. Varanasi: Chaukhambha Prakashan.
20. Sharangdhara Samhita, with Dipika and Gudhartha Dipika commentary, Uttar khand-Chapter 7/9, Varanasi, Chaukhambha Bharti Academy.
21. Vagbhata. Ashtanga Hridyam. Sutrasthana, Bastividhiadhyay, 19/70, Vd. Yadunandan Upadhyay, editor. Varanasi: Chaukhambha Prakashan.

22. Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Siddhi Sthana Chapter 9/53, Varanasi, Chaukambha Bharti Academy.
23. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/109, Varanasi, Chaukambha Sanskrit Sansthana.
24. Vagbhata. Ashtanga Hridayam. Sutra Sthana, Bastividhiadhyay, 19/81-82, Vd. Yadunandan Upadhyay, editor. Varanasi: Chaukhambha Prakashan.
25. Bhaluki Commentator. Sushruta. Sushruta Samhita. Chikitsa Sthana, Anuvasanottarbasti Chikitsa Adhyay 37/117, Vaidya Yadavji Trikamji Acharya, editor. Varanasi: Chaukhambha Sanskrit Sansthana; Reprint 2013.
26. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/113, Varanasi, Chaukambha Sanskrit Sansthana.
27. Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Siddhi Sthana Chapter 9/57, Varanasi, Chaukambha Bharti Academy.
28. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/118, Varanasi, Chaukambha Sanskrit Sansthana.
29. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/119, Varanasi, Chaukambha Sanskrit Sansthana.
30. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/120, Varanasi, Chaukambha Sanskrit Sansthana.
31. Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Chikitsa Sthana, Chapter 37/127, Varanasi, Chaukambha Sanskrit Sansthana.

