

“A COMPREHENSIVE REVIEW ON UTTAR BASTI: AN AYURVEDIC APPROACH TO STREE ROGA MANAGEMENT”

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Article Received on 02 October 2025,
Article Revised on 22 October 2025,
Article Published on 01 Nov. 2025,

<https://doi.org/10.5281/zenodo.17473981>

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How to cite this Article: Dr. Vaishali Shripad Balwande^{*}, Dr. Amruta Jagadish Rajenimbalkar Dr. Shreya Avinash Jankar. (2025). Assistant Professor, Department of Dravyaguna, Government Ayurvedic college and Hospital, Dharashiv, Maharashtra, India – 413501. World Journal of Pharmaceutical Research, 14(21), 509–XXX.

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ABSTRACT

Uttar Basti is a specialized *Panchakarma* procedure mentioned in *Ayurveda* for managing genitourinary and reproductive disorders, particularly in females. It is considered the best *Vata-shamaka* therapy, effective in conditions such as infertility, menstrual irregularities, and uterine disorders. The procedure involves the administration of medicated *Sneha* (oil or ghee) or *Kwatha* (decoction) through the vaginal or urethral route, producing both local and systemic effects. This review highlights classical references, pharmacological rationale, indications, contraindications, and the modern relevance of *Uttar Basti*. Medicated preparations like *Phala Ghrita*, *Shatavari Ghrita*, and *Kshara Taila* play key roles in promoting ovulation, removing tubal blockages, and rejuvenating uterine tissues. The therapy regulates *Apana Vata*, restores hormonal balance, and enhances fertility by improving endometrial receptivity. When performed under aseptic precautions and during the appropriate phase (*Ritukala*), it ensures safety and

efficacy. Integrating *Ayurvedic* wisdom with modern gynaecological concepts reveals that *Uttar Basti* acts through *Sneha*, *Shodhana*, and *Rasayana* principles, offering a holistic and

non-surgical approach to women's reproductive health. Future research on standardization and clinical validation can establish it as an evidence-based therapy in infertility.

KEYWORDS: *Infertility, Ayurveda, Uttar Basti, procedure SOP, Stree Roga, Ritukala, Reproductive health, non-surgical management.*

INTRODUCTION

In Ayurvedic Gynaecology, *Sthanik Chikitsa* (local therapies) form a specialized group of treatment procedures that primarily deal with the disorders of the *Tryavarta Yoni* (three coverings of the vagina). Among the various gynaecological disorders, infertility (*Vandhyatva*) has emerged as a major concern in the modern era. According to Ayurvedic principles, vitiation of *Vata Dosha* is predominantly responsible for *Yoniroga* (gynaecological disorders) and *Artava Vikara* (menstrual abnormalities). For the pacification of vitiated *Vata*, *Basti* therapy is considered the most effective line of treatment.

Uttar Basti is a unique and highly specialized procedure of *Panchakarma*, indicated for *Genito-urinary disorders in both males and females*. It involves the administration of medicated preparations—such as *Ghrita* (medicated ghee), *Taila* (medicated oil), or *Kashaya* (herbal decoction)—through the *Uttara Marga*, i.e., the urinary or vaginal route. This localized administration allows the medicine to act directly on the reproductive organs, offering both curative and rejuvenated benefits.

Ayurveda, the ancient Indian system of medicine, emphasizes a holistic approach to health through prevention, purification, and rejuvenation. *Panchakarma*, the purificatory branch of *Ayurveda*, plays a pivotal role in eliminating vitiated *Doshas* and maintaining systemic equilibrium. Among its five principal procedures, *Uttar Basti* holds a distinguished place due to its direct therapeutic action on the *Garbhashaya* (uterus) and *Mutravaha Strotas* (urinary channels).

In women, *Uttar Basti* is chiefly indicated in *Vata-dominant Stree Roga* such as *Vandhyatva* (infertility), *Kashtartava* (dysmenorrhea), *Artava Vyapad* (menstrual disorders), *Garbhashaya Shotha* (uterine inflammation), and *Mutrakricchra* (urinary difficulty). The classical texts of Charaka, Sushruta, and Vagbhata have described *Uttar Basti* as *Shreshtha Basti*—the most superior among all *Basti* procedures—because of its profound efficacy in managing disorders of the female reproductive system.

ACTION OF TRIDOṢHA ON FEMALE REPRODUCTIVE SYSTEM

In Ayurveda, the physiological functions of the female reproductive system are governed by the balanced state of the *Tridoṣha* — *Vata*, *Pitta*, and *Kapha*. These three fundamental bio-energies regulate all aspects of menstruation, ovulation, conception, and parturition. Any disturbance in their equilibrium leads to various *Yonivyapada* and *Artava Vikara*.

1. *Vata Doṣha*

Vata is the principal governing force of the female reproductive system. It controls all movements and expulsions within the body, including the regulation of *Artava Pravṛtti* (menstrual flow), *Garbha-Niṣpatti* (ovulation and conception), and *Prasava Karma* (delivery process). Among the five subtypes, *Apana Vata* plays a prime role as it is situated in the pelvic region (*Pakvashaya*, *Basti*, and *Yoni*). It facilitates downward movement of menstruum, semen, and foetus. When vitiated, it leads to *Vandhyatva* (infertility), *Artava-kṣaya* (oligomenorrhea), *Kashtartava* (painful menses), and *Garbhasrava* (habitual abortion). Hence, *Uttarbasti*, being the best *Vata-shamaka* karma, directly pacifies vitiated *Apana Vata* and restores normal reproductive function.

2. *Pitta Doṣha*

Pitta is responsible for transformation and metabolic activities at both cellular and systemic levels. In the reproductive system, it governs the hormonal functions, ovulation, and menstrual coloration through its subtypes like *Ranjaka Pitta* and *Pachaka Pitta*.

Balanced *Pitta* maintains the proper formation and excretion of *Artava Dhatu*, while its vitiation results in *Rakta-pitta* disorders such as Menorrhagia (*Ati-artava*), *Yoni Daha* (burning), and inflammatory conditions of the genital tract.

The *Sneha* and *Sheeta* Guna of medicated *Uttarbasti* oils and *Ghee* help to pacify aggravated *Pitta* and reduce local inflammation, heat, and burning sensations.

3. *Kapha Doṣha*

Kapha maintains the structure, stability, and lubrication of the reproductive organs. It is essential for ovum formation, implantation, and maintenance of pregnancy.

When vitiated, *Kapha* leads to *Shweta Pradara* (leucorrhoea), cystic growths, anovulation, and delayed menstruation.

Uttarbasti, through its *Shukṣma*, *Vyavayi*, and *Tikṣhṇa Guṇas*, helps in clearing the excessive *Kapha* and *Ama* accumulation from *Yoni Marga*, restoring the normal tone and function of reproductive tissues.

Table No. 1: Dosha and its equilibrium with female reproductive system.

| Dosha | Function in Reproductive System | Imbalance Manifestation | Effect of Uttarbasti |
|-------|--|---------------------------------------|--|
| Vata | Governs movement, menstruation, ovulation, parturition | Amenorrhea, dysmenorrhea, infertility | Pacifies Apana Vata, normalizes menstruation & conception |
| Pitta | Controls transformation, hormonal and thermal balance | Menorrhagia, inflammation, burning | Reduces heat and Pitta aggravation through Sneha & Sheeta Guna |
| Kapha | Provides structure, stability, and lubrication | Leucorrhoea, cysts, delayed menses | Removes Kapha & Ama, enhances tone of reproductive organs |

Jalakarshana-bija-ritu-samyogat sasya-sambhavah,

Yuktih shad-dhatu-samyogad garbhanam sambhavah tatha. //23 //

Mathyamanthana-manthana-samyogad agni-sambhavah,

Yuktivyukta chatushpada-sampad vyadhi-nibarhani. //24 //

In the context of *Uttarbasti*, this shloka underlines the importance of proper combination (*Saṃyoga*) of:

1. *Yukti* (rational application of therapy),
2. *Dravya* (medicated Sneha),
3. *Karma* (procedure), and
4. *Dosha–Dhatu–Mala* balance within the reproductive system.

Just as *Garbha* forms from the correct of causes, the therapeutic success of *Uttarbasti* arises from the correct *Saṃyoga* of these essential factors, under proper *Rutu* (timing) and *kshetra* (uterine condition).^[1]

Pratidosham tu sadhyasu snehadikrama ishyate /

Dadyad uttarabastimsh cha visheshena yathoditan //21 //

Sushruta Samhita emphasizes that in curable gynaecological disorders (*Sadhya Yonivyapada*), therapy must be selected based on the predominant doṣa involved — *Vata, Pitta, or Kapha*.^[2]

Among the various *Sthanika Chikitsa* (local therapies), *Uttarbasti* is considered the most effective when performed in accordance with Doṣha and proper procedural steps (*Snehadi Karma*).

“*Snehadi Karma*” indicates the preparatory sequence of *Snehana* (oleation), *Swedana* (sudation), and *Mridu Shodhana* (mild purification) prior to administering the *Uttarbasti*.

“*Yathoditan*” implies that the *Uttarbasti* should be given using the suitable medicated oil or *Ghrita* as per the Doṣha predominance and site (*Yoni or Mutra Marga*).

“*Shukraṃ duṣṭaṃ Shoṇitaṃ Chagananaṃ,
puṣpodrekaṃ tasya nasaṃ ca kaṣṭaṃ; |
mutraghataṃ mutradoṣhaṃ pravṛddhaṃ,
yonivyadhiṃ samsthitiṃ caparayāḥ || 125||*”

This classical reference highlights the interrelationship between the reproductive (*Shukra–Shonita*) and urinary systems (*Mutra-vaha srotas*) in female pathophysiology.^[3]

The vitiation of *Shukra* and *Shoṇita* leads to disturbed *Artava* pravṛtti and infertility, while urinary stasis causes *strotorodha* and chronic *Yoni-vyadhi*.

The pathology here primarily involves *Vata* vitiation associated with *Kapha–Pitta* obstruction.

Relevance to Uttarbasti Chikitsa

In such conditions, *Uttarbasti* serves as the most effective *Sthanika Chikitsa*, as it directly acts on the uterine and urinary channels. The *Sneha* administered through *Uttarbasti* possesses *Sukṣma, Vyavayi, Snigdha, and Vata-shamaka* guṇas, which help in:

- Pacifying aggravated *Vata* Doṣa responsible for *Artava kṣhaya* and *Vandhyatva*,
- Removing *strotorodha* (channel obstruction) in *Yoni and Mutra marga*,
- Purifying *Shukra and Shoṇita* dhatu, thereby restoring reproductive vitality,
- Reducing inflammation and promoting of uterine tissues.

Thus, the shloka provides a pathophysiological foundation for the indication of Uttarbasti in *Artava-kṣaya*, *Vandhyatva*, *Yoni-sanlocha*, and *Mutraghatjanya-janya* conditions.

“*Bastau rogeshuu narinam yoni-garbhashayechu ch,
dvitra-sthapana-shuddhebhya vidadhyad bastimuttaram.*||19/70”

Acharya Vagbhata provides a clear therapeutic protocol for Uttarbasti karma in Vata-dominant disorders of the female reproductive system, such as.^[4]

- ✓ *Vandhyatva* (infertility due to Apana Vata vitiation),
- ✓ *Artava-kṣaya* (scanty menses),
- ✓ *Yoni-Sankocha* (vaginal constriction),
- ✓ *Mutragata* (urinary retention), and
- ✓ *Garbhashaya-vata viakara*.

“After the purification of the body through two or three regular *Bastis*, *Uttarbasti* should be administered in disorders of *Yoni*, *Garbhashaya*, and *Basti*. This sequential approach enhances therapeutic efficacy and prevents complications.”

INDICATIONS OF UTTARBASTI

According to the classical texts of Ayurveda, *Uttarbasti* is indicated in various disorders of the female reproductive and urinary systems, especially those associated with *Vata dosha* vitiation. It serves both therapeutic and fertility-enhancing purposes.

The principal indications are as follows

1. For conception (*Garbha-utpatti hetu*)

To promote fertility and facilitate conception by normalizing *Apana Vata* and purifying *Artava-vaha strotas*.

2. In *Yoni Roga*

In disorders of the vagina and uterus such as *Yoni-Shula*, *Yoni-Shosha*, *Yoni-Daha*, and other gynaecological afflictions.

3. In *Yoni Vibhramsha* (Uterine prolapse)

To restore tone and strength to pelvic and uterine musculature through *Vata-Shamana* and *strotas-balya* actions.

4. In Garbhshyaya Roga

For inflammatory, degenerative, or functional disorders of the uterus including endometrial and ovarian dysfunctions (Ayurvedic correlation).

5. In Asrugdara (Dysfunctional uterine bleeding)

To regulate menstrual flow by pacifying *Pitta and Vata*, and by strengthening *Artava dhatu*.

6. In Yoni-Shula –For relief from pain and spasmodic conditions of the vagina and uterus caused by Vata prakopa.

7. In Artava-vikara – To correct menstrual irregularities such as *Artava-kṣaya* (scanty menses), *Anartava* (amenorrhea), and *Kashtartava* (painful menstruation).

8. In Mutra-gata vikara – For disorders of the urinary system, especially when caused by *Vata* or *Shrotorodha*, such as retention or obstruction of urine (*Mutragata*).

9. In Mutrakṛcchra (Dysuria / Painful micturition)

To relieve urinary discomfort and restore normal flow by its *Vata-Shodhana and Sneha-Shamana* actions.

10. As a Vata-shamaka measure – *Uttarbasti* is highly effective for pacifying *Vata doṣha* in the pelvic region (*Adhobhaga*), thereby promoting normal functions of *Artava*, *Mutra*, and *Purisha vega*.

Uttarbasti exerts local as well as systemic effects on the female reproductive tract.

By virtue of its *Sneha*, *Shukṣma*, *Vyavayi*, and *Vata-shamaka guṇas*, it helps in

- ✓ Regulation of menstrual and reproductive functions,
- ✓ Management of inflammatory and degenerative uterine conditions,
- ✓ Correction of urinary and gynaecological disorders, and
- ✓ Enhancement of fertility through improved uterine health and hormonal balance.^[5,6,7]

CONTRAINDICATIONS OF UTTARBASTI

Although *Uttarbasti* is a highly beneficial *Sthanika Chikitsa* for disorders of the female reproductive system, it should be performed only under proper indications and with due caution.

Certain conditions render the procedure unsafe or unsuitable.

According to classical references and modern clinical understanding, *Uttarbasti* is contraindicated in the following situations:

1. In unmarried or virgin females (*Balanam Apatya-marge na diyat iva*)

The procedure should never be administered through the genital route in virgins, as it may cause hymenal injury and psychological trauma.

2. In active infections

Such as vaginitis, cervicitis, endometritis, or pelvic inflammatory disease, where local inflammation or microbial contamination is present.

In these cases, *Uttarbasti* may aggravate infection or lead to systemic spread.

3. In carcinoma of cervix or uterus

The procedure is contraindicated in malignant or suspicious lesions due to the risk of irritation, bleeding, and dissemination of pathology.

4. During heavy uterine bleeding (*Ati-Asrugdara / menorrhagia*)

Administration during active bleeding may worsen haemorrhage and disturb haemostasis.

5. In systemic infections such as HIV and Hepatitis B

The risk of cross-infection and transmission is high; therefore, *Uttarbasti* should be done with precaution.

6. In hypersensitive or allergic individuals

Where local medicated oils or *ghrita* preparations may cause irritation or allergic reaction.

7. In Vescio-vaginal or recto-vaginal fistula

The presence of abnormal communication between the bladder, rectum, and vagina contraindicates the introduction of medicinal oils, which may cause further infection.

8. During pregnancy (*Garbhiṇi Avastha*)

Uttarbasti should never be performed in pregnant women, as it may induce uterine contractions, threaten abortion, or cause foetal distress.

Uttarbasti should be avoided in conditions involving infection, malignancy, bleeding, structural defect, or pregnancy.^[9,13]

Performing the procedure only after confirming the absence of these contraindications ensures safety, asepsis, and ethical practice.

Proper patient selection, sterile technique, and dosha-wise evaluation are therefore essential prerequisites for successful administration.

IDEAL TIME FOR ADMINISTRATION OF UTTARBASTI

1. Charaka Samhita

Charaka Samhita, Siddhi Sthana 9/78–79

“Ritukaale tu yoshitaam yonim, rituvyateete tu na dadyat;
na hi kaalatya yonir yathavachchhuddhyati.”

Meaning

Uttar Basti in women should be administered only during the *Ritu Kala* (fertile period, i.e., after completion of menstruation). After *Ritu Kala* (when the uterus is not in a pure condition), it should not be given.

2. Sushruta Samhita

Sushruta Samhita, Chikitsa Sthana 37/14–15

“Ritukaale tu yoshitaam yonim, mutramaargam tu pumsam;
na cha atyaye na cha apakve, na atyushne na atishite //”

Meaning

In women, *Uttar Basti* should be given during the *Ritu Kala* (after menses), and in men, through *Mutra Marga* (urethra) during an appropriate time - not when the patient is weak, or during extreme cold or heat.

3. Ashtanga Hridaya and Ashtanga Sangraha

Ashtanga Hridaya, Siddhi Sthana 4/62, Ashtang Sangraha Siddhi Sthana 4/53

“Ritukaale striyaam yonau, mutramaarge cha pumsam;
dadyaad bastim yathoktena, naatyushna-sheeta-vaatanaih.”

Meaning

In women, the *Uttar Basti* should be given during *Ritu Kala* (post-menstrual phase),

and in men through the urinary passage, avoiding extremes of temperature or *Vata*-provoking conditions

5. *Sharangadhara Samhita*

Sharangadhara Samhita, Uttara Khanda 8/13

“Ritukaale striyaam bastim, mutramaarge cha pumsam.”

Meaning

In women, *Uttar Basti* should be administered during *Ritu Kala* (fertile phase), and in men through the urinary tract.^[14,18]

1. During *Rutu Kala* (Just After Menstrual Bleeding Stops)

At this time, the uterus and vagina are clean and free from any. Their openings remain open and receptive, which allows the medicated fluid to enter and act effectively.

2. For Genital Route

Uttarbasti should be administered during *Rutu Kala*, that is, after the cessation of menstrual bleeding and before the process of ovulation begins. It is most appropriate to perform the procedure on the sixth, seventh, or eighth day of the menstrual cycle in women having a regular cycle.

3. In Case of Prolonged Menstrual Bleeding

If the woman experiences bleeding for more than five days during her menstrual cycle, *Uttarbasti* should be administered only after the bleeding has completely stopped.

4. For Urethral Route

Uttarbasti through the urethral route can be performed at any time except during the menstrual period. According to Vagbhata, the procedure should be performed for three consecutive days, then stopped for the next three days, and again repeated for another three days continuously.

5. In Emergency Conditions

In emergency cases, *Uttarbasti* can be given on days other than *Rutu Kala* if there is an urgent need for treatment.

6. Before Administration

The body should be purified with two or three *Asthapan Basti* (cleansing enemas) before giving *Uttarbasti* to ensure proper elimination of doshas and better absorption of the medicine.

7. Absence of Infection

The presence of any local or systemic infection should be ruled out. If any infection is detected, it should be completely treated before performing the procedure.

8. Aseptic Precautions

Uttarbasti should always be carried out under complete aseptic precautions to avoid contamination and prevent infection.

UTTAR BASTI DRAVYA & PRAMANA^[19,23]

1. Dravya (Substances Used)

- *Sneha* (Medicated oil or ghee)
- *Kwatha* (Medicated decoction)

2. Utility

- *Sneha* is considered more beneficial in most of the diseases of *Garbhashaya* (Uterus).

According to Acharya Sushruta

Table No. 2: *Uttarbasti Dravya Pramana.*

| Purpose | Type of Dravya | Quantity (Pramana) | Approximate Measure |
|-------------------------------------|----------------|--------------------|--|
| <i>Uttarbasti</i> for urinary tract | <i>Kwatha</i> | 1 <i>Prastrita</i> | ≈ 96 g (palm of outstretched hand, hollowed and filled up to the base of fingers – <i>Swangulimula</i>) |
| Cleansing of uterus | <i>Kwatha</i> | 2 <i>Prastrita</i> | ≈ 192 g |
| For <i>Sneha</i> (oil/ghee) | <i>Sneha</i> | 1 <i>Prastrita</i> | ≈ 96 g |

Note

- The above doses are advised for **severe diseases** and **strong patients**.
- **Acharya Sushruta** emphasizes that the **final dose** should be determined by the **physician's discretion**, based on the **strength of the disease** and **the patient** (*Vyadhi-Bala and Rogi-Bala*).

Modern Practice

- **Routinely used quantity of Sneha Dravya: 3 to 8 ml** for *Uttarbasti*.
- The dose should be increased gradually in the second and third sittings according to the patient's condition and disease severity (*Bala-anusara*).

UTTAR BASTI YANTRA^[24,27]

The *Uttar Basti Yantra* consists of two main parts

1. Basti Putaka (Bag or Syringe)

- Not specifically mentioned in the classical Ayurvedic texts.
- It can be prepared on the same pattern as used for **Guda Basti**, but of smaller size.
- Its purpose is to hold and administer the *Sneha* or *Kwatha* Dravya.

2. Basti Netra (Pushpa Netra / Nozzle)

- The *nozzle of the Uttar Basti Yantra* is termed as **Pushpanetra**.
- **Material:** Should be made of *silver (Rajat)*, *gold (Suvarna)*, *brass (Pittala)*, *bell metal (Kamsya)*, or *tin (Trapu)*.

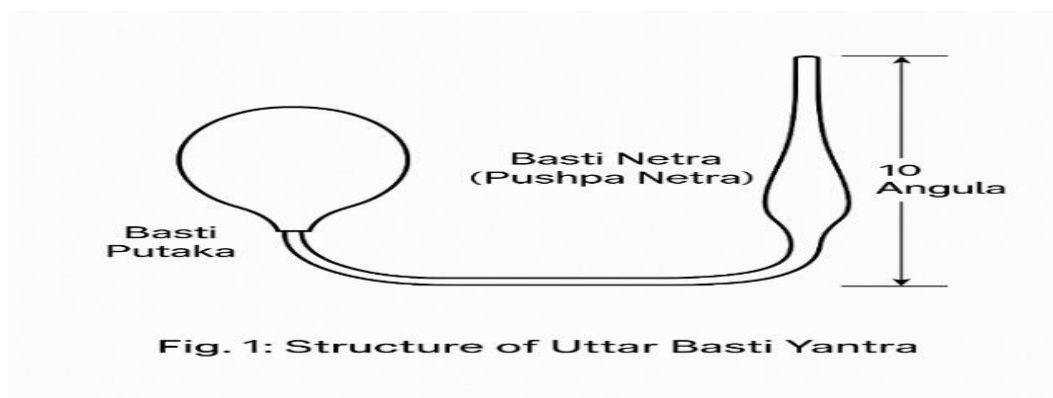
Structural Specifications

Table No. 3: *Uttarbasti Yantra*.

| Parameter | Description |
|--|---|
| Shape | Tapering like a cow's tail (<i>Go-puchha Aakar</i>) |
| Circumference for urinary passage | Equal to the Mutrastrotasa Parinaha (urethral circumference) |
| Lumen size for urinary passage | Equal to Mudga Chidra Sadrushya (size of green gram hole) |
| Circumference for vaginal passage | Equal to the index finger |
| Lumen size for vaginal passage | Equal to Mudga Chidra Sadrushya |
| Length (Pramana) | Approximately 10 Angula |
| Depth of insertion in married women | Up to 4 fingers in length |

Note

- The design of the Yantra should ensure **ease of administration**, **avoid injury**, and **maintain sterility**.



- **Material selection** should consider **purity, non-reactivity**, and **ease of sterilization** during clinical use.

Modern Instruments Used for Uttarbasti

In the present era, various modified and convenient instruments are used for the administration of *Uttar Basti* to ensure safety, precision, and asepsis. Traditionally described *Pushpanetra* or metallic nozzles (*Suvarna, Rajata, Tamra*) have now been replaced by modern, sterilizable, and disposable alternatives for clinical use.

Commonly used instruments include

- Uterine cannula made of stainless steel (Leech Wilkinson's cannula)
- Simple rubber catheter (No. 8)
- Foley's rubber catheter (No. 8)
- These are generally attached with a 5 ml disposable syringe (without needle) to facilitate the controlled instillation of medicated *Taila, Ghrita*, or *Kwatha*.
- Disposable Intrauterine Insemination (IUI) cannula is also widely used due to its flexibility, sterility, and ease of handling.

The use of these modern instruments provides better aseptic control, minimizes the risk of infection or trauma, and ensures precise delivery of the medicament into the uterine cavity or urinary bladder as per indication. Hence, the modern adaptation of *Bastinetra* has enhanced the safety and effectiveness of the Uttar Basti procedure in contemporary Ayurvedic gynaecological and urological practice.



“Fig. 2: Foley’s Catheter Leech Wilkinson’s Uterine Cannula. Disposable IUI Cannula.

UTTAR BASTI PROCEDURE

The *Uttar Basti* procedure is performed by an expert Ayurvedic physician under strict aseptic precautions using sterilized instruments and medicaments. Due to the use of sterile techniques and medicated formulations with inherent *krimighna* (antimicrobial) and *shothahara* (anti-inflammatory) properties, the chances of infection are minimal.

In the present clinical practice, the *Uttar Basti* procedure is carried out in the following three stages

- a) **Poorva Karma** (Pre-procedure)
- b) **Pradhana Karma** (Main procedure)
- c) **Pashchat Karma** (Post-procedure)

1. Poorva Karma (Pre-procedure)

The *Poorva Karma* includes preparatory measures to ensure proper cleansing, relaxation, and aseptic readiness before administration of the *Basti*.

1. **Ahara (Diet):** A light diet such as *Krushara*, *Sheera*, *Upama*, or milk with ghee is advised prior to the procedure to maintain digestive balance.
2. **Vasti-Mutra Visarjana (Evacuation):** The bladder and bowels should be completely evacuated before starting the procedure.
3. **Abhyanga (External Oleation):** Gentle massage with *Vata-shamaka Taila* (e.g., *Tila Taila*, *Ksheerabala Taila*, etc.) is performed over the lower abdomen, waist, and thighs.
4. **Swedana (Sudation):** After *Abhyanga*, mild *Swedana* (fomentation) is given to promote *Srotoshodhana* and relaxation of pelvic muscles.
5. **Yoni Prakshalana (Vaginal Douche):** Perineal and vaginal cleansing is done using approximately **500 ml** of lukewarm *Panchavalkala Kwatha*, *Dashamoola Kwatha*, or

Triphala Kwatha—possessing antiseptic and anti-inflammatory properties—under aseptic precautions.

6. **Pre-procedure Examination:** Vital parameters such as pulse, blood pressure, and general health condition of the patient are assessed.
7. **Positioning:** The patient is placed comfortably in the **lithotomy position** on the procedure table.
8. **Aseptic Precaution:** The genital region is cleaned and painted with an antiseptic solution and covered with sterile perineal towels.
9. **Pelvic Examination:** A routine per-vaginal examination is performed to assess the **size, shape, and position of the uterus**.
10. **Preparation of Instruments:** The procedural trolley with sterilized instruments, medicines, and proper lighting arrangements is kept ready before initiation of the main procedure.

Instruments and Modifications in Modern Practice of *Uttar Basti*

In contemporary clinical practice, *Uttar Basti* is performed with several modifications in instruments and techniques to enhance aseptic safety and procedural ease. Presently, only the ***Snehana* type of *Uttar Basti*** (administration of medicated oils or ghee-based formulations) is commonly practiced. The use of modern gynaecological instruments has made the procedure more standardized and convenient while maintaining the principles described in classical Ayurvedic texts.

Instruments Required for *Uttar Basti*

1. **Sterile gauze pieces, cotton, pads, *Pichhu*, and Betadine solution** – for cleaning and painting the perineal region.
2. **Swab holder** – for antiseptic cleansing and handling of swabs.
3. **Anterior vaginal wall retractor** – for proper visualization and access to the cervix.
4. **Sim's speculum** – to retract the vaginal wall and facilitate insertion of the cannula or catheter.
5. **IUI cannula / Foley's catheter / Simple rubber catheter** – used for the administration of medicated *Sneha* (*Phala Ghrita*, *Ksheerabala Taila*, etc.) into the uterine cavity.
6. **5 ml sterile syringe** – attached to the cannula or catheter for controlled instillation of the medicament.
7. **Sterile *Phala Ghrita*** (or other prescribed medicated oil/ghee) – used as the *Basti Dravya*.

8. **Sterile gloves** – to maintain aseptic conditions.
9. **Towel clips** – for fixing sterile drapes or towels during the procedure.
10. **Kidney tray** – for collection of used swabs and instruments.
11. **Good light source** – essential for clear visualization during the procedure.

These instruments, when used under strict aseptic precautions, help in achieving accuracy, safety, and comfort during the *Uttar Basti* procedure.



Fig. 3 Figure 1: Uttar Basti Instrumental Tray — showing sterilized instruments and materials required for the *Uttar Basti* procedure, including speculum, retractor, catheter, swab holder, sterile gauze, cotton, *Phala Ghrita*, and antiseptic solution.

B) Pradhana Karma (Main Procedure)

This is the main stage involving the administration of medicated *Sneha Dravya* into the uterine cavity.

1. **Visualization:** The Sim's speculum and anterior vaginal wall retractor are inserted gently to visualize the cervix.



Figure 4: Visualization of the cervix during Uttar Basti procedure — The cervix is visualized using a Sim's speculum and anterior vaginal wall retractor. This step ensures

proper alignment and minimizes the risk of trauma during administration of medicated *Sneha Dravya*.

2. **Cervical Stabilization:** The anterior lip of the cervix is held with an *Allis forceps* to stabilize the uterus.



Figure 5: Cervical stabilization during Uttar Basti procedure — The anterior lip of the cervix is held gently with an Allis forceps to stabilize the uterus and facilitate smooth insertion of the uterine cannula.

3. **Aseptic Preparation:** The vaginal canal, external os, and fornices are swabbed with an antiseptic solution (e.g., Betadine).
4. **Assessment:** Using a uterine sound, the **length, direction, and position** of the uterus are determined, and patency of the os is confirmed.
5. **Insertion of Cannula:** The uterine cannula (*Leech Wilkinson's cannula / IUI cannula / rubber catheter*) is introduced along the uterine axis up to the internal os.
6. **Attachment of Syringe:** A sterile **5 ml syringe** filled with **Phala Ghrita** or other medicated oil is attached to the cannula.
7. **Administration:** About **3–5 ml** of medicated oil or ghee is slowly instilled into the uterine cavity with gentle pressure.

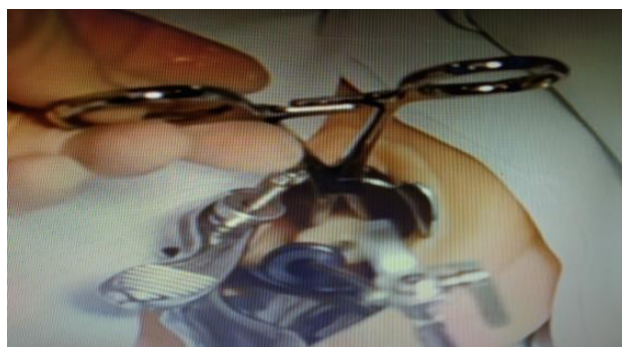


Figure 6: Administration of Sneha Dravya during Uttar Basti procedure — The uterine cannula is inserted up to the internal os, and a 5 ml syringe filled with medicated Phala

Ghrita is attached. The *Sneha Dravya* is administered slowly and gently into the uterine cavity while maintaining the patient in a head-low (Trendelenburg) position to ensure uniform distribution of the medicament and to avoid reflux.

8. Positioning: The patient is maintained in a head-low (Trendelenburg) position during administration to ensure uniform distribution of the medicament.^[10] This stage must be performed with care and precision to avoid trauma or discomfort.

C) Pashchat Karma (Post-procedure Care)

This stage includes observation, rest, and monitoring after completion of the procedure.

- 1. Observation:** The physician should observe whether the *Basti Dravya* is expelled properly. A sterile gauze piece or *Pichhu* is placed in the vagina to prevent leakage.
- 2. Instrument Removal:** All instruments are carefully removed, and perineal towels are taken away.
- 3. Rest and Position:** The patient should remain in the head-low position for 15 minutes and continue resting for 2–3 hours after the procedure.
- 4. Monitoring:** Vital signs such as pulse and blood pressure are recorded, and the patient is observed for any adverse reactions or discomfort.

RESULT AND DISCUSSION

Effect of *Uttar Basti*: An Ayurvedic and Modern Correlation

Uttar Basti is a distinctive *Panchakarma* therapy in *Stree-Roga Chikitsa*, indicated for disorders of the female reproductive tract. Administration of medicated *Sneha Dravyas* (ghee or oil-based preparations) into the uterine or vaginal cavity produces multidimensional effects on the reproductive organs. The observed outcomes can be interpreted through Ayurvedic principles as well as modern gynaecological science.

1. Effect on *Artava Janana* and Ovulation

Phala Ghrita, *Phalakalyanaka Ghrita*, *Shatavari Ghrita* and *Shatapushpa Ghrita* are recommended for stimulation of *Artava Janana*. Their *Snigdha* and *Brimhana Guna* promote *Vata Shamana* and nourishment of *Rasa* and *Rakta Dhatus*, resulting in healthy follicular development and timely ovulation.

Modern correlation

These formulations contain phyto-estrogenic and antioxidant constituents that may influence the Hypothalamo-Pituitary-Ovarian (HPO) axis, improving FSH–LH secretion and ovarian responsiveness. Enhanced local absorption through the vaginal and uterine mucosa provides systemic endocrine modulation, leading to regulated ovulatory cycles.

2. Effect in Tubal Blockage

Use of *Kshar Taila* and *Apamarga Kshar Taila* provides *Lekhana* and *Shodhana* actions. The mild alkalinity and scraping nature of these preparations aid in removal of tubal obstructions.

Modern correlation

The lipid-soluble, mildly caustic agents can soften and dissolve mucous or fibrinous plugs within the tubes. Improved pelvic micro-circulation and ciliary stimulation restore tubal motility and patency. This local cleansing effect correlates with mechanical recanalization and restoration of physiological gamete transport.

3. Bruhana (Rejuvenative and Nourishing Effect)

Bala Taila and *Shatavari Taila* exert *Balya*, *Rasayana*, and *Brimhana* actions, revitalizing the uterine tissues.

Modern correlation

These medicated oils provide essential fatty acids, saponins, and amino acids that improve endometrial blood flow, enhance uterine tone, and promote endometrial proliferation. *Shatavari* (*Asparagus racemosus*) has proven estrogenic and adaptogenic properties, which may improve endometrial receptivity and implantation rates.

4. Management of Cervical Erosion

Jatyadi Ghrita, *Ropana Ghrita* and *Triphala Ghrita* are effective due to their *Ropana* and *Shothahara* properties.

Modern correlation

Active compounds such as *Haridra* (*Curcumin*), *Triphala* polyphenols, and *Jatiphala* (*Myristica fragrans*) tannins possess antimicrobial, anti-inflammatory, and wound-healing actions. These promote epithelial regeneration and re-epithelialization of cervical mucosa, comparable to topical oestrogen or antiseptic therapies used in modern gynaecology.

5. Restoration of Normal Vaginal pH

Phala Ghrita, *Triphala Ghrita* and *Panchavalkala Ghrita* maintain vaginal pH and flora.

Modern correlation

They help sustain the acidic vaginal environment ($\text{pH} \approx 4\text{--}4.5$) favourable to *Lactobacillus* growth, suppress pathogenic microbes, and maintain mucosal immunity. The lipid component provides lubrication and prevents epithelial dryness, thereby supporting a healthy vaginal ecosystem.

6. Regulation of the Hypothalamo–Pituitary–Ovarian Axis

Uttar Basti acts at both local and systemic levels through the absorption of bioactive compounds.

Modern correlation

The absorbed components may modulate neurotransmitters and hormones within the HPO axis, normalizing gonadotropin release and steroidogenesis. This harmonization of endocrine feedback supports follicular maturation, ovulation, and luteal function.

7. Pharmacokinetic Considerations

The posterior fornix and endometrial surface possess rich vascular and lymphatic networks, allowing rapid transmucosal absorption.

Modern correlation

The “first uterine-pass effect” allows direct transfer of drugs to the pelvic organs, bypassing hepatic metabolism. This ensures higher local bioavailability and prolonged therapeutic action, as the posterior fornix serves as a natural drug reservoir.

8. Receptor Modulation and Endometrial Rejuvenation

Ayurvedic texts mention the rejuvenation (*Rasayana*) of *Garbhashaya* Mukh and *Garbhashaya*.

Modern correlation

Phyto-estrogenic constituents may up-regulate estrogen and progesterone receptors in the endometrium, improving proliferation, vascularization, and receptivity. Enhanced angiogenesis and cellular turnover contribute to endometrial rejuvenation and successful implantation.

9. Effect on Cervical Mucus

Uttar Basti with Snigdha Dravya enhances the secretion of cervical mucus.

Modern correlation

This corresponds to increased cervical hydration and improved viscoelasticity of mucus, facilitating sperm transport into the uterine cavity. It creates a conducive micro-environment for fertilization by maintaining optimal sperm survival.

10. Mechanical and Ciliary Effect in Tubal Blockage

When *Lekhana Dravya* is used, the scraping and stimulating actions help remove minute adhesions.

Modern correlation

Restoration of ciliary motion and reduction of local inflammation enhance the physiological transport of gametes and zygotes. Thus, *Uttar Basti* serves as a minimally invasive approach to functional tubal correction.

Overall Mechanism of Action

| Ayurvedic Concept | Modern Interpretation |
|-------------------|--|
| Vata Shamana | Regulation of uterine & tubal motility |
| Rasa-Rakta Pushti | Improved ovarian & uterine vascularity |
| Sneha Karma | Lubrication & enhanced tissue permeability |
| Lekhana Karma | Removal of debris/adhesions |
| Ropana Karma | Tissue healing & epithelial regeneration |
| Rasayana Karma | Rejuvenation of endometrium & hormonal balance |

SUMMARY

Uttar Basti acts through a tri-dimensional mechanism involving

1. Local pharmacological effects on the reproductive mucosa,
2. Neuroendocrine modulation via the HPO axis, and
3. Rejuvenation of reproductive tissues through enhanced vascularity and receptor activation.

Its integrated *Snehana* (oleation), *Shodhana* (purification), and *Rasayana* (rejuvenation) actions collectively help in restoring the normal physiological functions of the uterus, fallopian tubes, and ovaries. These mechanisms make *Uttar Basti* a scientifically rational, non-invasive, and holistic therapeutic approach for the management of female infertility and various gynaecological disorders.

FUTURE SCOPE OF UTTARBASTI IN INFERTILITY

Uttarbasti, being a unique *Panchakarma* procedure indicated for disorders of the female reproductive system, has immense potential for future research and clinical application in infertility management. Despite its mention in Ayurvedic classics for *Yoniroga* and *Artava-vikara*, its scientific validation and standardization are still in developing stages.

- 1. Standardization of Procedure:** Future studies should focus on standardizing the dose, frequency, and duration of Uttarbasti for different etiological factors of infertility, such as anovulation, tubal blockage, and endometrial receptivity issues.
- 2. Pharmacological Evaluation of Drugs:** The pharmacodynamics and pharmacokinetics of various *Taila* and *Ghrita* formulations used in Uttarbasti (e.g., *Phala Ghrita*, *Shatavari Ghrita*, *Kshar Taila*) need detailed evaluation to establish their mechanism of action at the cellular and hormonal levels.
- 3. Clinical Trials and Evidence Generation:** Large-scale randomized controlled trials can help compare the efficacy of Uttarbasti with conventional infertility treatments and explore its role as a complementary therapy to assisted reproductive techniques (ART).
- 4. Integration with Modern Diagnostics:** Integrating *Uttarbasti* therapy with ultrasonographic and hormonal monitoring can help correlate Ayurvedic parameters with measurable biomedical outcomes, thus enhancing scientific acceptability.
- 5. Personalized Treatment Protocols:** Future work can also focus on individualizing Uttarbasti based on *Prakriti*, *Dosha* predominance, and *Artavavaha Strotodushti*, thereby improving therapeutic outcomes and minimizing recurrence.
- 6. Scope in Male Infertility:** Though predominantly used in female infertility, exploratory research can be done on its application in male infertility through *Mutrakata Uttarbasti* mentioned in classics, which may open new avenues in reproductive medicine.
- 7. Global Acceptance and Safety Studies:** Establishing safety profiles, aseptic techniques, and quality control of formulations can promote wider acceptance of *Uttarbasti* as a safe, evidence-based Ayurvedic procedure in global integrative healthcare.

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