

## FROM STAGNATION TO CREATION – ROLE OF UTTARBASTI IN ANOVULATORY INFERTILITY

Dr. Veena Jawale<sup>1</sup>, Dr. Sonal Nitave<sup>2\*</sup>

<sup>1</sup>HOD, Faculty of Ayurveda (PTSR Department), SGR Ayurved College, Solapur.

<sup>2</sup>PG Scholar, Faculty of Ayurveda (PTSR Department), SGR Ayurved College, Solapur.

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### \*Corresponding Author

**Dr. Sonal Nitave**

PG Scholar, Faculty of Ayurveda  
(PTSR Department), SGR Ayurved  
College, Solapur.



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### ABSTRACT

Anovulatory infertility, a leading cause of female subfertility, often stems from disruptions in the hypothalamic-pituitary-ovarian (HPO) axis, resulting in hormonal imbalances and failure of ovulation.<sup>[1]</sup> While modern treatments such as hormonal therapy and assisted reproductive technologies have shown efficacy, they are frequently accompanied by adverse effects and high costs.<sup>[2]</sup> *Ayurveda*, with its holistic and individualized approach, offers *Uttarbasti*—a specialized therapeutic procedure involving the intrauterine or vaginal administration of medicated oil or ghee—for managing gynecological disorders including *Vandhyatva* (infertility), *Artava Dushti* (menstrual irregularities), and *Yonivyapad*.<sup>[3,6]</sup> This paper explores the integrative potential of *Uttarbasti* in addressing anovulatory infertility by bridging Ayurvedic

principles with contemporary biomedical insights. According to Ayurveda, anovulation is primarily caused by *Avarana* of *Apana Vata*, and imbalances in *Rasa* and *Artava Dhatus*. *Uttarbasti*, being *Sthanik* (localized) and *Shodhana* (purificatory), acts directly on the reproductive system, facilitating *Srotoshodhana*, restoring *Dosha* balance, and promoting *Artava Utpatti* (ovulation).<sup>[3]</sup> Modern perspectives suggest that intrauterine administration of lipophilic medicated oils may enhance endometrial receptivity, improve ovarian blood flow, and regulate local hormonal activity through neuro-endocrine modulation.<sup>[4]</sup> Additionally, emerging research indicates its potential to influence levels of FSH, LH, and estrogen, thereby aiding in follicular development and ovulatory cycle restoration.<sup>[5]</sup> This paper reviews clinical and experimental evidence to assess the efficacy of *Uttarbasti* in reactivating ovarian

function. It positions *Uttarbasti* not merely as a traditional remedy but as a promising, integrative therapy for anovulatory infertility that supports natural conception.

**KEYWORDS:** *Vandhyatva*, Anovulatory Infertility, *Uttarbasti*, Hypothalamic-Pituitary-Ovarian (HPO) Axis, Apana Vata, Artava Utpatti *Srotoshodhana*.

## INTRODUCTION

Anovulatory infertility remains one of the most significant contributors to female subfertility in modern clinical practice, affecting the quality of life and emotional well-being of countless women.<sup>[1]</sup> Characterized by the failure of ovulation, it often stems from disturbances in the hypothalamic-pituitary-ovarian (HPO) axis, leading to hormonal imbalances, impaired folliculogenesis, and absence of ovum release. While modern medicine offers pharmacological ovulation induction and assisted reproductive techniques, these interventions may be associated with high costs, potential side effects, and emotional stress.<sup>[2]</sup>

Ayurveda, the ancient science of life, offers a holistic approach that aims not just at symptomatic relief but at correcting the root cause through restoring doshic balance and strengthening reproductive channels. Among the various Ayurvedic therapies, *Uttarbasti* stands out as a powerful *Sthanik Chikitsa* (local therapy) specifically indicated for gynecological and infertility disorders. Administered via the vaginal or intrauterine route, *Uttarbasti* facilitates the direct delivery of medicated oils or decoctions to the reproductive tract, leading to *srotoshodhana* (cleansing of microchannels), *vata anulomana*, and *artava uttejana* (ovulation stimulation).<sup>[3,6]</sup>

This presentation aims to explore the concept of anovulatory infertility through both Ayurvedic and modern lenses, and to elucidate how *Uttarbasti* therapy serves as a transformative intervention—from the state of stagnation (*anartava*) to the possibility of creation (*garbhadharana*).

## AIM

To evaluate the therapeutic efficacy of *Uttarbasti*, an *Ayurvedic* intervention, in the management of anovulatory infertility.

## OBJECTIVES

1. Study the etiopathogenesis (*Samprapti*) of anovulatory infertility from *Ayurvedic* and modern medical perspectives.
2. To analyze the concept and mechanism of action of *Uttarbasti* as described in classical *Ayurvedic* texts.
3. To review classical and contemporary evidence supporting the efficacy of *Uttarbasti* in anovulatory.

## MATERIAL AND METHODS

### 1. Study Design

A systematic literature review comparing modern and *Ayurvedic* perspectives on anovulatory infertility.

### 2. Data Sources

Scientific databases: Peer-reviewed journals

*Ayurvedic* texts: *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*

Clinical guidelines and research articles

### 3. METHODOLOGY

Data on epidemiology, pathophysiology, diagnostics, and treatments were collected and analyzed. A comparative assessment of therapeutic approaches in both systems was conducted.

स्त्यायत्यस्यां गर्भ इति स्त्री, अनेन वंध्यां निरस्यति । च.शा. ४ टीका

वन्ध्यां नष्टार्तवाम् विद्यात् ।सु. उ. ३८/१० मा.नि. ६२

She in whom the embryo (*garbha*) is sustained is called ‘*Strī*’ (woman); by this, a woman who is infertile (*vandhyā*) is negated (excluded).

“A woman who does not menstruate (*nashṭārtavā*) should be considered infertile (*vandhyā*).”

*Vandyatwa* is a condition characterized by a woman’s inability to conceive despite having regular unprotected sexual relations. When the pathway necessary for conception (*Garbhadhaarana Marga*) is obstructed, the woman is referred to as *Vandhya*. The term “*Vandhya*” originates from the roots “*Vandh*” and “*Yok*”, which imply barrenness, infertility, or being unproductive.

***Nidana* (Causes) of *Vandhyatva* (Infertility)**

Before exploring the causes of infertility, it is important to understand the fundamental elements required for successful conception. Any disruption or abnormality in these components can result in *Vandhyatva*.

Acharya *Sushruta* has elaborated these essential factors under the concept of *Garbha Sambhava Samagri*.

ध्रुवं चतुर्णां सान्निध्यात् गर्भः स्याद् विधिपूर्वकं ।  
ऋतुक्षेत्राम्बुबीजानां सामग्रयादङ्कुरो यथा । (सु० सं० शा २/३३)

He identifies four key components necessary for conception: *Ritu* (the appropriate time), *Kshetra* (a healthy reproductive system or uterus), *Ambu* (adequate nourishment), and *Beeja* (healthy ovum and sperm).

शुद्धे गर्भाशये मार्गे रक्ते शुक्लेऽनिले हृदि । वीर्यवन्तं सुतं सूते ॥  
(अ० ६० शा० १/८,९.)

In addition to these, Acharya *Vagbhata* further emphasizes the importance of an unvitiated *Vata* (*Anila*) and a stable mind and heart (*Hridaya*) for the conception and birth of a healthy and well-formed progeny.

#### Ayurvedic *hetu* for infertility

मिथ्याचारेण ताः स्त्रीणां प्रदुष्टेनार्तवेन च ।  
जायन्ते बीजदोषाच्च दैवाच्च शृणु ताः पृथक् ॥ (Cha. Chi.30/8)

Due to misconduct (*Mithyachara*), vitiated menstrual blood (*Artava*), defective ovum (*Beejadosha*), and fate or karma (*Daiva*), women become infertile.

#### Causative Factors in Females (According to modern)<sup>[7,8]</sup>

Ovulation dysfunction (30-40%)	Oligoovulation, Anovulation, Corpus luteum deficiency
Tubal abnormalities (25-35%)	Tubal block may be due to infection, pelvic adhesions etc.
Uterine abnormalities (10%)	Thin endometrium, endometritis, uterine fibroids, Synechiae, congenital abnormalities
Cervical factors (5%)	Cervicitis, cervical polyps, cervical erosion, cervical malignancy
Vaginal Factors	Vaginal atresia, vaginal septum, Narrow introits, Vaginitis and purulent discharge

This chart shows that ovulation dysfunction is the mostly responsible for female infertility.

#### Classification of ovarian dysfunction<sup>[9]</sup>

### Expanded Classification of Ovarian Dysfunction – 11 Groups

Group	Etiological Category	Description / Examples
1	Hypothalamic causes	Functional hypothalamic amenorrhea, stress, weight loss
2	Pituitary causes	Pituitary tumors (e.g., prolactinoma), Sheehan's syndrome
3	Hyperprolactinemia	Elevated prolactin due to drugs or pituitary adenomas
4	Thyroid dysfunction	Hypothyroidism or hyperthyroidism affecting ovulation
5	Adrenal causes	Congenital adrenal hyperplasia, Cushing's synd.
6	Ovarian failure (primary)	Premature ovarian insufficiency (POI), Turner syn.
7	Polycystic ovary syndrome (PCOS)	Most common cause of anovulation. – often with hyperandrogenism
8	Luteal phase defects	Inadequate corpus luteum function—short luteal ph.
9	Chronic or systemic disease	Diabetes, liver/kidney disease affecting hormone
11	Iatrogenic causes / Unclassified	Radiation, chemotherapy, medications, surgery

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## Anovulation

Anovulation is one of the leading causes of female infertility in the modern era. It refers to the absence of ovulation — the process by which an egg is released from the ovary.<sup>[1]</sup> In this condition, even though serum FSH (Follicle Stimulating Hormone) levels may remain within the normal range, ovulation does not occur.

Due to the continuous influence of oestrogen without the balancing effect of progesterone, the endometrial lining becomes excessively thickened. Menstrual bleeding in anovulatory cycles tends to be irregular and heavy, as the endometrium sheds suddenly when oestrogen levels drop, rather than being regulated by progesterone withdrawal.<sup>[10]</sup>

Ovulation requires a well-coordinated function of the hypothalamic-pituitary-ovarian (HPO) axis, with<sup>[11]</sup>

- 1) Proper pulsatile secretion of GnRH from the hypothalamus,
- 2) Normal responsiveness of ovarian hormones at their target tissues,
- 3) Correct functioning of positive and negative hormonal feedback mechanisms.

Disruption in any part of this axis can lead to anovulatory cycles.

## Types of Anovulation

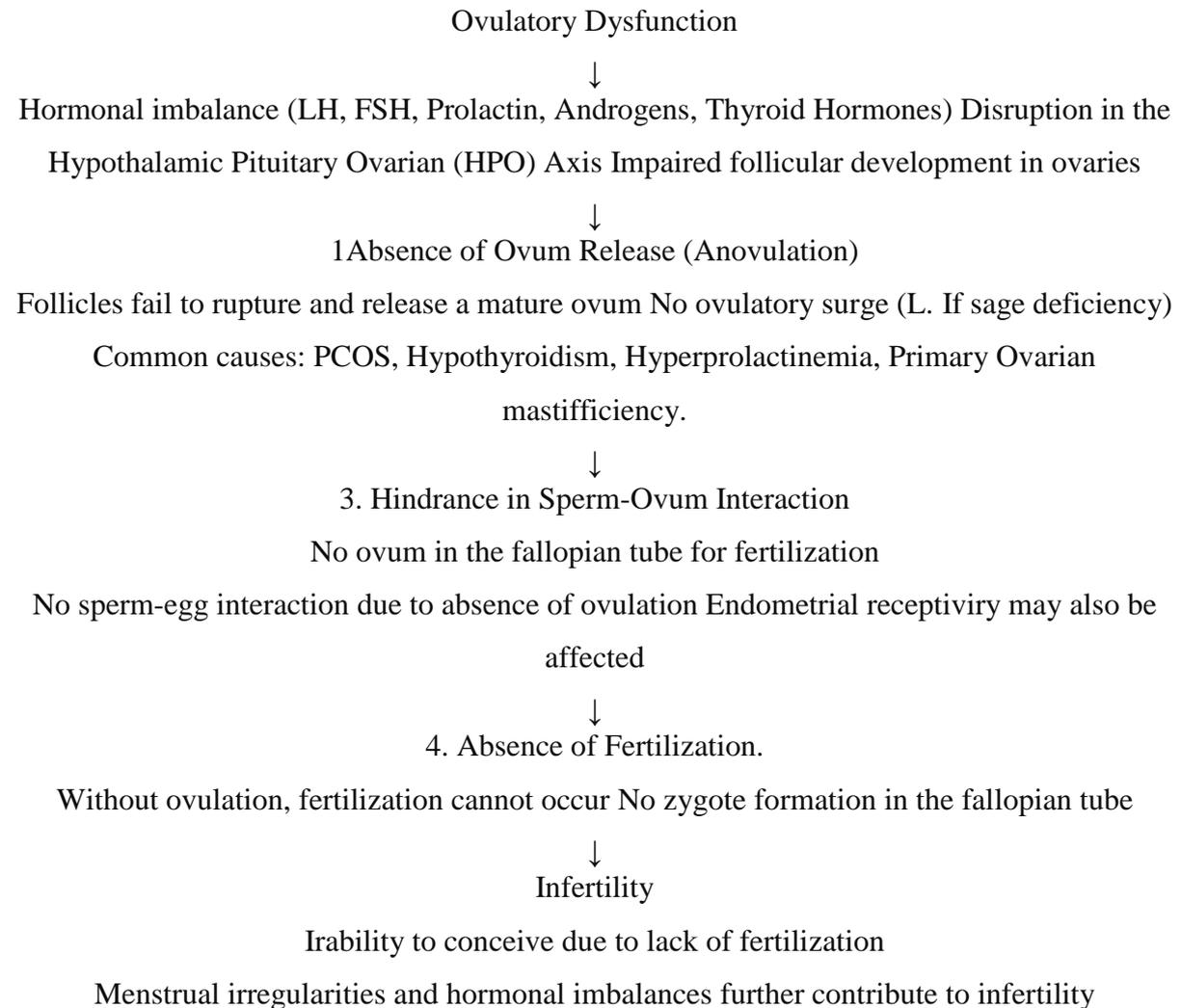
### 1) Primary Anovulation

This occurs when a woman has never ovulated in her reproductive life. It is often associated with congenital or genetic disorders.<sup>[12]</sup>

## 2) Secondary Anovulation

This refers to a condition where ovulation ceases after previously being normal, usually due to stress, illness, weight changes, or endocrine disorders.<sup>[13]</sup>

### Pathophysiology of Female Infertility Due to Anovulation



### Pathogenesis (*Samprapti*) of Anovulatory Infertility in Ayurveda<sup>[14]</sup>

The excessive intake of causative factors (*Dushita Nidana Sevana*) leads to the vitiation of the three *Doshas*—*Vata*, *Pitta*, and *Kapha*—as well as *Agni*, particularly *Jatharagni* (digestive fire). This impairment results in the formation of *Ama* (undigested or improperly metabolized material), which is a key pathogenic factor in many diseases.

This *Ama* obstructs the *Srotas* (body channels), causing *Avarodhaja Dushti*—dysfunction due to blockage of these essential pathways. Once formed, *Ama* circulates throughout the body, carried by the vitiated *Vata Dosha* through the *Rasavaha Srotas* (channels responsible for

transporting nutrient plasma), spreading systemic imbalance.

As *Mandagni* (low digestive fire) persists, the primary *Dhatus* (tissues) such as *Rasa* (plasma) and *Rakta* (blood) become vitiated. The *Dhatvagni* (tissue-level metabolic fire) also becomes weak, disturbing the formation and nourishment of *Artava* (ovum), which is the *Upadhatu* (secondary product) of *Rasa* and *Rakta Dhātu*.

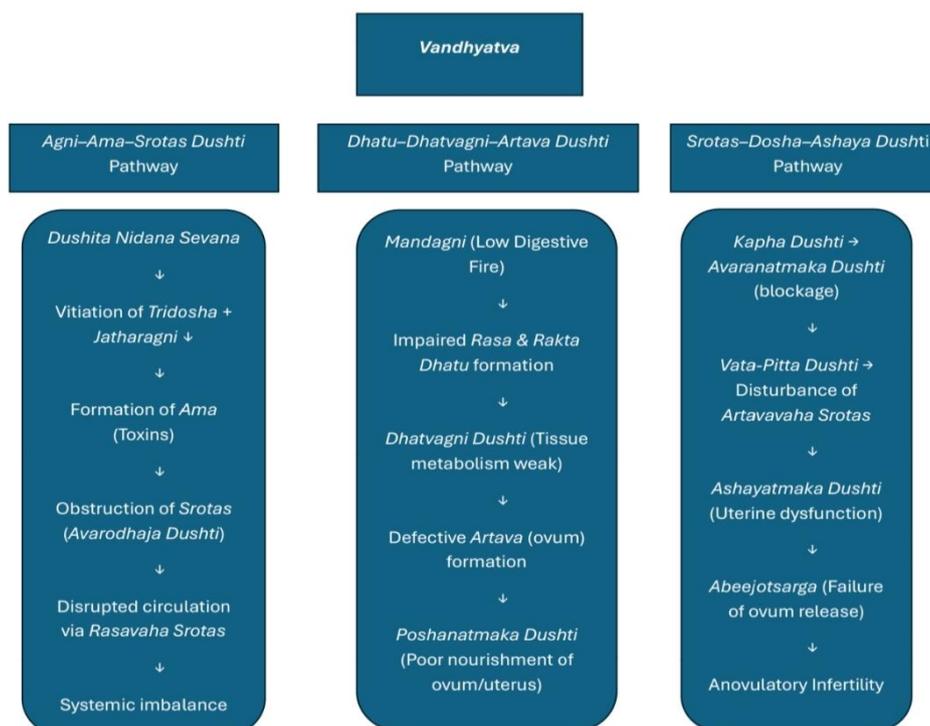
*Vagbhata* Acharya describes that fine blood vessels nourish the uterus throughout the cycle in anticipation of the ovum (*Bija*). However, due to *Dushti* (vitiating) of these channels and tissues, *Poshanatmaka Dushti* (defect in nourishment) occurs.

The involvement of vitiated *Kapha* further causes *Avaranatmaka Dushti* (functional impairment due to occlusion or blockage), while aggravated *Vata* and *Pitta* disturb the function of *Artavavaha Srotas* (channels related to ovum). This leads to *Ashayatmaka Dushti*—pathology related to the uterus and its receptivity.

Together, these pathological events culminate in *Abeejotsarga* (failure of ovum release), resulting in Anovulatory infertility.

↓(Poor nourishment of ovum/uterus) Anovulatory Infertility

Systemic imbalance



**Uttarbasti**

उत्तरबस्तिज्ञा उत्तरमार्गदीयमानतया, किंवा श्रेष्ठगुणतया उत्तरबस्तिः ।

(Chakrapani Cha, Si.9/50)

गुदादुतरेण मार्गेण दीयत इत्युत्तरबस्तिः ।

(Arunadatta As. Hr.Su19/70)

Among the three types of *Basti*, *Uttar Basti* has some special quality, so it is nominated as “*Uttar*” i.e. “*Shrestha*”. The *Basti* which is given in *Uttar Marga* (i.e. in urinary or vaginal passage) than usual *Adho Marga* (i.e. in anal passage) is termed as *Uttar Basti*.

*Uttara-basti* may be defined as the route of administration of drugs through Vesicular / urethral route in males and vesicular /urethral or genital route in females.

### **Mode of action of uttarbasti in anovulatory infertility – Local Effect and Mode of Action of Uttar Basti in Anovulatory Infertility**

The efficacy of *Uttar Basti* in anovulatory infertility largely depends on the method, instrument, and type of medicated formulation used. When administered appropriately, *Uttar Basti* facilitates direct contact of the medicated oil or ghee with the reproductive tract, promoting local and systemic effects. In cases of anovulation, the selected drug should possess *Snigdha*, *Ushna* and *Balya* properties to nourish and stimulate the ovaries. These medications are believed to be absorbed through the richly vascularized posterior fornix and endometrium, from where they influence the hypothalamic-pituitary-ovarian (HPO) axis—thus promoting follicular development and timely ovulation.<sup>[15]</sup> *Uttar Basti* may also stimulate neuroendocrine receptors in the endometrium, helping re-establish normal ovulatory physiology.

### **Systemic Effect of Uttar Basti in Anovulatory Infertility**

In anovulatory infertility, *Uttar Basti* exerts its systemic effect primarily after the absorption of medicated substances through the rich vascular network of the vaginal or uterine mucosa.<sup>[16]</sup> *Ayurveda*, since ancient times, has acknowledged a distinction between oral and parenteral routes of drug administration, with *Uttar Basti* resembling a parenteral modality. Once absorbed, the active components may stimulate neuro-endocrine pathways, particularly those associated with the hypothalamic-pituitary-ovarian (HPO) axis, thereby promoting hormonal regulation and ovulatory function.

The systemic action of *Uttar Basti* can also be explained through the lens of systems biology,

a modern scientific concept that aligns with *Ayurveda*'s holistic principles. Systems biology emphasizes the interconnectedness of body systems at the molecular level, link to *Ayurveda*'s theory of *Mahabhutas* and *Tridoshas*. Thus, a therapeutic change induced by *Uttar Basti* in the reproductive system may also influence and correct related systemic physiological functions—supporting ovarian rejuvenation, hormonal harmony, and ultimately, ovulation.

### Role of *Uttarbasti* in *Samprapti Bhang* Anovulatory Infertility

<i>Samprapti</i> Step	Effect of <i>Uttarbasti</i>	Explanation
<i>Avarana</i> of <i>Apana Vata</i>	Removes obstruction	Oils with <i>Vata-Kapha Shamak</i> properties unblocks the pathways and restores <i>Apana vat</i> normal function.
<i>Artava Kshaya</i>	Stimulates <i>Artava Utpatti</i>	<i>Artavajanana dravyas</i> support follicular development and ovulation.
<i>Srotorodha</i> (obstruction)	Cleanses <i>Srotas</i> ( <i>Srotoshodhan</i> )	<i>Uttarbasti</i> eliminates <i>Ama</i> reduces congestion in <i>Artavavaha Srotas</i> , enhancing circulation.
<i>Beeja Dushti</i>	Improves <i>Beeja</i> quality	<i>Rasayana</i> and <i>Garbhasthapana</i> properties improve ovarian vitality and uterine environment
<i>Agni Dushti</i>	Regulates <i>Dhatu Agni</i>	Enhances metabolism <i>RasaRakta-Shukra</i> leading to improved hormonal balance.
<i>Kapha Meda Dushti</i> (seen in PCOS)	<i>Kapha-Medohara</i> action	<i>Tailas</i> with <i>Kapha-hara dravyas</i> reduce ovarian cysts and normalize ovulatory cycles.

### Various formulations for *uttarbasti* in anovulatory infertility

Drug name	Action
<i>Shatavari Uttarbasti</i> Taila	<i>Shatavari Taila</i> possesses <i>Tikta</i> and <i>Madhura Rasa</i> , <i>Guru</i> and <i>Snigdha Guna</i> , <i>Madhura Vipaka</i> , and <i>Sheeta Virya</i> . It acts as a rejuvenative and adaptogen, enhancing reproductive health by: Supporting ovarian function and hormonal balance Improving uterine and ovarian health Regulating the menstrual cycle Aiding in <i>Sanga</i> and <i>Avarana</i> removal Promoting proper <i>Dhatu</i> and <i>Upadhatu</i> formation Supporting the normal function of <i>Beejakosha</i> and <i>Beejotsarga</i>
<i>Shatapushpa Uttarbasti</i> Taila	<i>Shatavari Taila</i> possesses <i>Tikta</i> and <i>Madhura Rasa</i> , <i>Guru</i> and <i>Snigdha Guna</i> , <i>Madhura Vipaka</i> , and <i>Sheeta Virya</i> . It acts as a rejuvenator and adaptive, supporting female reproductive health by: Enhancing ovarian and uterine function Balancing hormones and regulating the menstrual cycle Nourishing reproductive tissues ( <i>Dhatu</i> and <i>Upadhatu</i> )

	Removing <i>Sanga</i> and <i>Avarana</i> , ensuring proper <i>Beejakosha</i> and <i>Beejotsarga</i> function
<i>MahaNarayana Tail Uttarbasti</i>	<i>Mahanarayana Taila</i> stimulates the natural functions of <i>Vata</i> and supports the secretion of ovarian hormones, thereby facilitating the process of ovulation.
<i>Prajasthapana Gana Siddha Ghee</i>	<i>Prajasthapana Gana</i> helps maintain hormonal harmony and supports overall reproductive well-being. These herbs may promote regular menstrual cycles and assist in ovulation by nourishing and strengthening the reproductive system.

## DISCUSSION

Anovulatory infertility poses a significant clinical challenge in modern gynecology, often managed with hormonal therapies that can cause side effects and are not always curative. *Ayurveda* offers a holistic approach, and *Uttarbasti* emerges as a unique therapy targeting the root cause—*Apana Vata Avarana* and *Dhatu Dushti*.

*Uttarbasti* acts both locally and systemically. Locally, it improves uterine and ovarian function by clearing *Srotorodha* (blockage), nourishing tissues, and promoting *Artava Utpatti* (ovulation). Systemically, the medicated oils influence the HPO axis through neuro-endocrine pathways, restoring hormonal balance and aiding follicular development.

The therapy's properties—*Snigdha*, *Ushna*, *Vata-Kapha Shamak*, and *Rasayana*—make it especially suitable in conditions like PCOS, where *Kapha-Meda Dushti* obstructs ovulation. Modern insights align with *Ayurvedic* principles, recognizing its potential to enhance endometrial receptivity, ovarian blood flow, and regulate FSH, LH, and estrogen levels.

Thus, *Uttarbasti* is not merely a local cleansing therapy but a systemic, integrative approach that bridges ancient wisdom and modern reproductive science, offering a promising, low-risk alternative for anovulatory infertility.

## CONCLUSION

*Uttarbasti*, a time-tested *Ayurvedic* therapy, offers a holistic and effective approach to managing anovulatory infertility. By addressing the root causes—such as *Apana Vata Avarana*, *Srotorodha*, and *Dhatu Dushti*—it restores reproductive balance through both local action on the uterus and systemic modulation of the HPO axis.

Modern research increasingly supports these effects, highlighting improved ovarian function, hormonal regulation, and enhanced fertility outcomes. Thus, *Uttarbasti* stands as a promising

integrative therapy that not only complements modern treatments but also supports natural conception with deeper physiological harmony.

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