



IJAPC

Volume 11 Issue 2,
2019

www.ijapc.com

2350-0204

GREENTREE GROUP PUBLISHERS



Review of *Uttarbasti*- An Answer to Female Infertility

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ABSTRACT

Now a day's infertility is coming out as burning problem of reproductive age couple due to improper food habit and career oriented life style. Due to hectic and stressful lifestyle fertility potential of couples is decreasing. About 10% of the population is affected by infertility worldwide, out of them 40% is directly caused by female partner. These days, advance management of infertility is available but it's not affordable by all and it may be associated with health hazard. *Uttarbasti* is very much effective & pin point treatment for infertility (*Vandhyatva*). *Vandhyatva* is *Vata* predominant disease and *Uttarbasti* is highly beneficial for it.

KEYWORDS

Infertility, Uttarbasti, Vandhyatva



Greentree Group Publishers

[Received 21/06/19](#) [Accepted 29/08/19](#) [Published 10/09/19](#)



INTRODUCTION

To become a parent is most desirable goal of a married couple. Due to hectic and stressful lifestyle fertility potential of couples is decreasing. Infertility is defined as the inability of a couple to achieve conception after 12 months of unprotected coitus. About 90% of couples should conceive after 12 months of unprotected intercourse and 10% of couples remain infertile. Out of them, the main aetiological factor is found in the female in about 40% of cases; about 35% of the husbands concerned have some degree of infertility. In 10-20% of cases, a combined factor is responsible and the rest have unexplained infertility¹. According to FIGO manual (1990) female partner causes are due to tubal and peritoneal factors (25–35%), ovulatory factor (30–40%) and endometriosis (1–10%)².

These days, advance management of infertility like ART (Assisted Reproductive Techniques) are available but all infertility clinics may not be sufficiently equipped with latest technology and cost of treatment is not affordable by all. It may be associated with health hazards like increase chances of miscarriage, multiple pregnancy, slightly higher chances of ectopic pregnancy, risk

of prematurity, low birth weight of baby and psychological stress of couples³.

In *Ayurved*, *Vandhyatva* is described under *Vata* predominant *Vyadhi* (disease) and *Basti* best *VatashmanaChikitsa*. *Uttarbasti* - a type of *Basti* is highly beneficial & pin point treatment for infertility (*Vandhyatva*). It is safer and cost effective too.

INDICATION

Uttarbasti is indicated in all causative factors of Infertility (*Vandhyatva*) like cervical factor- less quantity and poor quality of cervical mucus etc.; ovulation factor- anovulation or oligo-ovulation, decreased ovarian reserve, luteal phase defect (LPD), PCOD etc.; tubal factor- both or single tube blockage, fimbrial blockage, partial blockage etc.; uterine factor and also in unexplained factor.

CONTRAINDICATION

ABSOLUTE CONTRAINDICATIONS

Mehina (Diabetic patients), during menstruation period, Copper-T in-situ and during pregnancy.

RELATIVE CONTRAINDICATIONS

Urogenital infections condition like vaginitis, cervicitis, endometritis, PID and carcinoma.

UTTARBASTI KALA

After the *Sodhana Karma* of woman, *Uttarbasti* should be given after complete



cessation of menses (starting of *Rutukala*). *Rutukala*(follicular phase) is preferred for *Uttarbasti* because just after the cessation of menses, uterus orifice is opened and drug insertion become easy⁴⁻⁶.

UTTARBASTI DRUGS

Uttarbasti drugs are chosen as per cause of infertility or as per *DoshaDushti*. The choice of *Taila*(oil) or *Ghrita* depends on the associated *Doshas*with *Vata*. *Taila* has to be preferred, if *Vata* is associated with *Kapha*, while *Ghrita* has to be preferred in case of *Pitta* association.

In cervical factor, drug of choice for *Uttarbasti* is preferably *Phala Ghrita*⁷ or *Shatavatri Ghrita*⁸ or *Bruihata Shatavatri Ghrita*⁹ or *Goghrita*¹⁰; in Ovarian factor - *Narayana Taila*¹¹, *Mahanarayana Taila*¹², *Shatpuspa Taila*¹³; in Tubal factor - *Apamarga Kshara Taila*¹⁴, *Yavkshara Taila*¹⁵, *Kumari Taila*¹⁶ and in unexplained infertility by *Goghrita*, *Phala Ghrita*, *Bala Taila*^{17,18} etc.

UTTARBASTI ROUTE, DOSE & DURATION

Uttarbasti is given Intra Uterine or Intra Cervical or Intra Vaginal. In each *Uttarbasti* only 5 ml autoclaved luke warm medicated *Taila* or *Ghrita* is given. *Uttarbasti* can be given continuously for 3 days after the cessation of menses for 3 consecutive menstrual cycles. Depending upon severity of condition, it can be given

for 6 days with 3 days interval in between; for 3 consecutive menstrual cycles¹⁹.

INSTRUMENTS FOR UTTARBASTI

All instruments and linen are must be autoclaved. All aseptic precaution must be taken during *Uttarbasti* procedure.

MAIN INSTRUMENTS

- Sponge holding forceps
- Sim's speculum
- Anterior vaginal wall retractor
- Allis' forceps or vulsellum forceps
- Uterine sound
- *Uttarbasti* cannula
- Disposable syringe of 5 ml
- Kidney tray

OTHERS

- Towel clip
- Leggings
- Cut towel
- Cotton ball
- Gauze piece
- *Pottali* which is prepared from gauze

PROCEDURE

The patient who is admitted for *Uttarbasti* is advised to take a light diet during procedure. All required haematological, biochemical and urine investigation are carried out before the procedure. Before starting the procedure written consent must be taken. Vital data must be taken before and after the procedure.



PURVA KARMA

The patients is asked to pass urine prior to *Uttarbasti*.

- **ABHYANGA(OLEATION)**

Abhyanga should be performed on lower abdomen, back, flank and lower limbs with *BalaTaila*²⁰ or *TilaTaila* or *KshiraBalaTaila* for 10-15 minutes.

- **SWEDANA (FOMENTATION)**

For at least 20-30 minutes *Swedanawas* performed by *NadiSwedana* or by hot water bag on lower abdomen, back, flank and lower limbs.

- **YONIPRAKSHALANA (VAGINAL DOUCHE)**

*Yoniprakshlana with Panchavalkala Kwatha*²¹ was performed before *Uttarbasti*.

PRADHANA KARMA

Just after *Purvakarma*

- The patient is taken on the operation table in Lithotomy position..
- Antiseptic cleaning of the vulva and draping is done²²
- Bimanual per vaginal examination is performed for the position of uterus²³.
- Cervix is visualized with help of sim's speculum and anterior vaginal wall retractor²⁴.
- The anterior lip of the cervix is caught with an allis's tissue forceps²⁵.

- The cervix is gently cleaned by dry gauze piece.
- Uterine sound is introduced to confirm the position of uterus²⁶.
- *Uttarbasticannula* is fitted with 5 ml disposable syringe containing autoclaved luke warm medicated *Taila* or *Ghrita*.
- Give head low position to the patient.
- *Uttarbasti* cannula is passed just above the level of internal os and slowly introduced medicated *Taila* or *Ghrita* in uterine cavity.
- *Pratyavartana* (spilling out of inserted medicated *Taila* or *Ghrita*) is started after introducing of 2.5ml (capacity of uterine cavity) medicated *Taila* or *Ghrita*.
- *Taila* or *Ghrita* soaked *Pottali* is inserted in posterior fornix.
- Remove all instruments and patient is shifted to ward.

PASHCHATA KARMA

- Patients is kept in head low position for at least 2 hours for better absorption of drug.
- *Swedana*(fomentation) with hot water bag is applied on lower abdominal region, back, flank & lower limbs for 30 min.
- Removal of *Yoni Pottali* is done after two hours.
- Vital data of the patient should be noted.



- Patient is kept under observation for any complications.
- Prescribed *Shankhavati* as per requirement.

COMPLICATIONS

Severe abdominal pain, bleeding per vagina, oil embolism etc.

ADVICE

To avoid intercourse during 3 days period of *Uttarbasti* treatment.

To avoid spice, over eating, fried food & overnight food.

To avoid day sleep and night vacation.

DISCUSSION

Uttarbasti, one of the type of *Panchakarma*, is very much effective & pin point treatment of gynecological disorders²⁷⁻²⁹. There is *Niruha* (decoction based) and *Snehana* (oil based) type of *Uttarbasti* is mentioned in classics but these days, *Niruha* type of *Uttarbasti* is being used only by few practitioners and *Snehana* type of *Uttarbasti* is more popular after making several modifications.

Many *Ayurveda* practitioners avoid doing *Uttarbasti* because of possibility of ascending infection, but it is only when proper aseptic precautions were not taken before, during and after the procedure. In the same way, oil embolism can be taken place as major complication of *Uttarbasti*.

But, *Pratyavartana* (spilling out of inserted medicated *Taila* or *Ghrita*) which described by our *Acharyas* is ruled out the possibility of oil embolism. It is also considered as essential feature for *Snehana* type of *Uttarbasti*^{30,31}.

Sattvavjaya Chikitsa (mental preparation by psychological counselling) plays an important role in *Uttarbasti* procedure because most of female has *Avara Sattva* (anxious, fearful, insecure etc. nature) and this procedure is not done under sedative or anaesthesia. Vasovagal shocks and vaginismus is the most common complications while doing *Uttarbasti*. So, doctor has to convince the patients for *Uttarbasti* by proper counselling about its procedure, complications and benefits. If patient is willing then further prosecution of *Uttarbasti* becomes easy, so occurrence of complication like vasovagal shocks and vaginismus are decreased and patients get miraculous result of *Uttarbasti*. Effect of *Uttarbasti* depends on the choice of drug as per causative factors of infertility. Selection of drugs are totally different from each other as per various causative factors of infertility. When there is increased secretion of mucous from cervical glands, a nutritive & *Madhura Shita Ghrita* based medicine will be more efficacious, while a



KatuUshnaTaila based medication can be more helpful for cervical stenosis. The drugs which are having ovulation inducing property with *Sneha* can be good for anovulatory factor. The drugs which prepare from *Lekhaniya*(*scraping*)*Dravya* will be more beneficial for tubal factor.

Uttarbasti is very much beneficial in all causative factors of *Vandhytava*(infertility) but it gives better results if some points, we kept in our mind during the performing the procedure. The medicine should be instilled in cervical canal when cervical factor is responsible, while in uterine factor, it should be injected in uterine cavity. Also in the tubal blockage, medicine should be instilled in the uterine cavity, but nearer to the fundus and uterine cornu, thus it is easy to reach upto the fallopian tubes. It is not more essential to pass the internal os when we are treating cervical and ovarian factor, but it is more beneficial or mandatory when we are treating uterine and tubal factors. Apart from this, *Uttarbasti* may stimulates certain endometrial receptors and correct the physiological processes of reproductive system. It may also help in endometrium rejuvenation process. Thus, probable mode of action of *Uttarbasti* can be understood as follows:

Intra vaginal *Uttarbasti*:

As posterior fornix has a very rich blood supply and also act as reservoir of drug, when patient is lying down in head low position after procedure may facilitate the absorption of drug. It may helps in removing the infections also if it given with antiseptic drugs.

Intracervical *Uttarbasti*:

It may stimulates the secretion of cervical mucus and facilitate to ascent of sperms in uterine cavity when it is given with *Bhrimhana*(strengthening) drugs. Oil medicated with *Lekhaniya* (*scraping*) drugs helps to remove the cervical stenosis and it restores the function of cervix. It facilitate the chances of conception and also helps to treat dysmenorrhoea caused by stenosis.

Intra uterine *Uttarbasti*:

Infertility due to poor endometrium or scanty menstruation, *Ghrita medicated with Bhrimhana*(strengthening) drugs helps in rejuvenation of endometrium and regulates the ovulation.

A high intra uterine *Uttarbasti* with *Lekhana*(*scraping agents*) *Dravyas* is given in tubal factor and acts in two ways. It directly may removes the obstruction of tube. It also normalizes the tubal function by *scraping* and regenerates tubal cilia of fallopian tubes.

Modern science is also said that approximately 30% of the patients, who



have normal hysterosalpingography (HSG), conceive over the following 6 months. This is advantage of intra uterine instillation of oil is proved itself and it was thought to be a characteristic of only oil based contrast medium³².

On ovary, the effect of drug will be observed after drugs absorption. Instilled drugs of *Uttarbasti* may absorb from rich blood circulation of uterus and posterior fornix. The active principles may be absorbed through the endometrium which drain in to the internal iliac vein and mix with the systemic circulation and act on the Hypothalamo–Pituitary–Ovarian axis which facilitate the ovulation.

CONCLUSION

Uttarbasti is an ancient Ayurvedic procedure, which is beneficial in gynaecological disorders. In present era, only *Anuvasana*(oil based) type of *Uttarbasti* is in practice to treat *Vandhyatva*(infertility), but it can be great opportunity to evaluate its efficacy in several other gynaecological disorders by some experimental & clinical researches and proved our ancient procedure.



REFERENCES

1. Jeffcoate's principles of gynecology, (2014), revised and updated by Narendra Malhotra, Pratap Kumar, Jaideep Malhotra, Neharika Malhotra Bora and Parul Mittal, 8th international edition, jaypee brothers medical publishers; pp 651.
2. D.C. Dutta, (2013), D. C. Dutta's Textbook of gynecology including Contraception, enlarged & revised of 6th edition, edited by HiralKonar, Jaypee brother medical publisher, 229.
3. D.C. Dutta, (2013), D. C. Dutta's Textbook of gynecology including Contraception, enlarged & revised of 6th edition, edited by HiralKonar, Jaypee brother medical publisher, 244.
4. Agnivesha, (2014), CharakaSamhita, Siddhi Sthana, 9/62,63 elaborated by Charaka and Dridhabala with Ayurvedadipika commentary by Sri Cakrapanidatta edited by Vaidya YadavjiTrikamji Acharya prologued by Prof. R. K. Singh, 720-721.
5. Vagbhatta, (2002), AshtangaSamgraha with Hindi Commentary Vol. I, SutraSthana 28/62, with Hindi Commentary by KavirajAtrideva Gupta foreword by RajvaidyaPandit Sri Nandakishor Sharma BhashagAcharya, 214.
6. Vagbhatta, (2004), AstangaHridaya with English Translation, Notes, Appendix and indices, Vol.I, Sutra Sthana 19/70,77,78, Translated by Prof. K. R. Srikantha Murthy, 251-252
7. Sharangadhara, (2009), SharngadharaSamhita by Sarangadhara, MadhyamaKhanda9/79-86,translated in English by Prof. K.R. Srikantha Murthy, pp- 171-172.
8. VriddhiJivaka (2005), Commentary Vidyotini Hindi commentary of KashyapSamhitaKalpasthana, ShatpushpaShatavariKalpadhyaya, Verse no 23-26, 10th edition,Chaukhambha Sanskrit Sansthan, Varanasi,187
9. Agnivesha, (2014), CharakaSamhita, ChikitsaSthana, 30/64-68 elaborated by Charaka and Dridhabala with Ayurvedadipika commentary by Sri Cakrapanidatta edited by Vaidya YadavjiTrikamji Acharya prologued by Prof. R. K. Singh, 637-638.
10. Agnivesha, (2014), CharakaSamhita, Sutra Sthana, 27/231-233 elaborated by Charaka and Dridhabala with Ayurvedadipika commentary by Sri Cakrapanidatta edited by Vaidya YadavjiTrikamji Acharya prologued by Prof. R. K. Singh, 166.
11. Sharangadhara, (2009), SharngadharaSamhita by Sarangadhara, MadhyamaKhanda9/101-110,translated in



English by Prof. K.R. Srikantha Murthy, pp- 175-176.

12. Bhavamisra, (1993), Bhavaprakasa of sriBhavamishra , Madhya Khanda24/291-326, edited with the Vidyotini Hindi Commentary Notes, Introduction, index etc., by BhisagratnaPandita Sri Brahma SankaraMisra, 351-353

13. VriddhiJivaka (2005), Commentary Vidyotini Hindi commentary of KashyapSamhitaKalpasthana, ShatpushpaShatavariKalpadhyaya, Verse no 23-25, 10th edition,Chaukhambha Sanskrit Sansthan, Varanasi,187.

14. IndradevaTripathi (2012), Chakradutta, Vaidya Prabha Hindi Commentary, Varansi, ChaukhambhaSanskritaBhavana, ,KarnarogaChikitsa 57/25, 339.

15. Acharya Shalinatha (2003), Rasamanjari, 'Siddhiprada' hindi commentary by Siddhinanadana Mishra, ChaukhambaOrientalia, Varanasi, 9/52-549

16. Bhavamisra (2002), Bhavaprakasha of Bhavamisra, eds. K.R.Srikantha Murthy, Krishnadas Academy, Varanasi, Vol.2, 680

17. Sharangadhara, (2009), SharngadharaSamhita by Sarangadhara, MadhyamaKhanda9/113-118,translated in English by Prof. K.R. Srikantha Murthy, pp- 176-178.

18. Vagbhatta, (2003), AstangaHridaya with English Translation, Notes, Appendix and indices, Vol.II, ChikitsaSthana 21/73-81, Translated by Prof. K. R. Srikantha Murthy, 510-511

19. Vagbhatta, (2004), AstangaHridaya with English Translation, Notes, Appendix and indices, Vol.I, Sutra Sthana19/82, Translated by Prof. K. R. Srikantha Murthy, 253.

20. Vagbhatta, (2003), AstangaHridaya with English Translation, Notes, Appendix and indices, Vol.II, ChikitsaSthana 21/73-81, Translated by Prof. K. R. Srikantha Murthy, 510-511

21. Sharangadhara, (2009), SharngadharaSamhita by Sarangadhara, MadhyamaKhanda2/149,translated in English by Prof. K.R. Srikantha Murthy, pp- 103.

22. D.C. Dutta, (2013), D. C. Dutta's Textbook of gynecology including Contraception, enlarged & revised of 6th edition, edited by HiralalKonar, Jaypee brother medical publisher, 557.

23. D.C. Dutta, (2013), D. C. Dutta's Textbook of gynecology including Contraception, enlarged & revised of 6th edition, edited by HiralalKonar, Jaypee brother medical publisher, 102.

24. D.C. Dutta, (2013), D. C. Dutta's Textbook of gynecology including Contraception, enlarged & revised of 6th



edition, edited by HiralalKonar, Jaypee brother medical publisher, 598 ; 602.

25. D.C. Dutta, (2013), D. C. Dutta's Textbook of gynecology including Contraception, enlarged & revised of 6th edition, edited by HiralalKonar, Jaypee brother medical publisher, 604.

26. D.C. Dutta, (2013), D. C. Dutta's Textbook of gynecology including Contraception, enlarged & revised of 6th edition, edited by HiralalKonar, Jaypee brother medical publisher, 602.

27. Agnivesha, (2014), CharakaSamhita, Siddhi Sthana, , 9/49 elaborated by Charaka and Dridhabala with Ayurvedadipika commentary by Sri Cakrapanidatta edited by Vaidya YadavjiTrikamji Acharya prologued by Prof. R. K. Singh, 720.

28. MahrshiSusruta (2014),SusrutaSamhita, Chikitsasthana 37/125-126 edited with Ayurveda-Tattva-Sandipika, Hindi Commentary, Scientific Analysis, Notes etc. by KavirajaAmbikaduttaShastri, ChaukhambaSanskritSansthan ,Varanasi, 207.

29. Vagbhatta, (2004), AstangaHridaya with English Translation, Notes, Appendix and indices, Vol.I, Sutra Sthana 19/70, Translated by Prof. K. R. Srikantha Murthy, 251.

30. Agnivesha, (2014), CharakaSamhita, Siddhi Sthana, 9/69 elaborated by Charaka and Dridhabala with Ayurvedadipika commentary by Sri Cakrapanidatta edited by Vaidya YadavjiTrikamji Acharya prologued by Prof. R. H. Singh, 721.

31. MahrshiSusruta (2014),SusrutaSamhita, Chikitsasthana 37/117-118 edited with Ayurveda-Tattva-Sandipika, Hindi Commentary, Scientific Analysis, Notes etc. by KavirajaAmbikaduttaShastri, Chaukhamba Sanskrit Sansthan , Varanasi, 206-207.

32. Alper M M, Gareus P R, Spence J E, Quaringtom A M, (1986), pregnancy rate after HSG in oil and water based contrast media, ObstetGynael, 68:6-9