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ABSTRACT

Among *PanchaKarma*, *Basti* (Medicated Enema) holds a supreme role and is considered as *Chikitsaardha* and also as a *Poorna Chikitsa* in Ayurveda. *UttaraBasti* (Urethral/ Intra Uterine/ Intra Vaginal enema) is one among the three types of *Basti* which is indicated in a great spectrum of diseases pertaining to *Yonigarbhasya* (Uterus and Cervix) and *Mootramarga* (Urethra) . *Uttarabasti* stand supreme owing to the route by which it is being administered and also because it is capable of performing both *Sodhana* (Detoxification therapy) and *Snehana* (Oleation therapy). *UttaraBasti* is well-known in the classics for treating most uro-genital diseases in both males and females. It is a procedure in which medicaments are administered into the intravesicular, intravaginal, and intrauterine routes using specific approaches in order to produce the desired therapeutic effect. This technique is performed on males both intravesically and intra-urethrally. The procedure of *UttaraBasti* is of due importance as it is administered via different procedures in males and females. Aim: To critically analyse the concept of *UttaraBasti* mentioned in classics and to find out the research scope of the same in the current era. Methodology: Critical analysis of concept of *UttaraBasti*, instruments used and its clinical utility and to analyse various research works done on *UttaraBasti*. Results: Most of the research works on *UttaraBasti* was confined to Fallopian tube induced Infertility and fewer works on Urinary related issues. The rest places where *UttaraBasti* is mentioned have been explored the least. Conclusion: Though in classics *UttaraBasti* is indicated in various disorders, fewer research works have been conducted in this topic and updates in scientific knowledge backed up with research works has to be done to bring *UttaraBasti* to limelight.

Keywords: *Basti, UttaraBasti, Basti Netra, Basti Putaka, Yoni, Garbhasya*

INTRODUCTION: The science of Ayurveda consists of expansive range of different therapeutic procedures holistic in approach. *PanchaKarma* is heart core of Ayurveda with its supreme 5 *Pradhana Karmas* which are capable of eliminating the vitiated *Doshas*, thereby eradicating

the root cause of diseases. In chronic diseases with deep rooted pathology, *PanchaKarma* has critical role of action. *PanchaKarma* comprises of five major procedures which eliminates the vitiated humours and toxins through the nearest possible natural orifice. Among

PanchaKarma, *Basti* hold a supreme role and is considered as *Ardha Chikitsa* as well as *Sampoorna Chikitsa*.¹ Based upon the characteristics of drugs used and route of administration, *Basti* is mainly divided into three types – *Nirooha/ Asthapana Basti* (Medicated decoction enema), *Anuvasana/ Sneha Basti* (Medicated oil enema) and *UttaraBasti*.² *UttaraBasti* stand supreme owing to the route by which it is being administered and also because it is capable of performing both *Sodhana* and *Snehana*. It is a procedure in which medicaments are administered into the intravesicular, intravaginal, and intrauterine routes using specific approaches in order to produce the desired therapeutic effect. This technique is performed on males both intravesically and intra-urethrally. So, we have tried to critically review the classical references of *UttaraBasti*.

AIM

To critically analyse the concept of *UttaraBasti* mentioned in classics and to find out the research scope of the same in the current era

METHODOLOGY

- Critical analysis of concept of *UttaraBasti*, instruments used and its clinical utility
- Analysis of various research works done on *UttaraBasti*

Vyutpatti/ Etymology

The term '*UttaraBasti*' is composed of two words '*Uttar*' and '*Basti*'. In the grammatical exposition view of the term *Uttar*, it consists of Ut+ Tar. Here the 'Tar' suffix is always used to denote comparatively better status, which in turn suggests that a better type of *Basti*. "Superior" status of *UttaraBasti* is signified by the prefix "Ut". Various commentators have stated the terms like

"*Gudat*" or "*Niruhata Uttarena Margena diyate iti*", thereby signifying the route of administration.³ In Ayurveda parlance the word '*UttaraBasti*' can be considered as a technical term which denotes a type of *Basti* given through '*Mootra* and/or '*Yonimarga*'.

Nirukti/ Definition

UttaraBasti is the *Basti* that is delivered through *Uttarmarga* or *Utkrishta Avayava* or a therapeutic process with *Shreshtha Guna*.⁴ In other words, according to Acharya Vagbhata, it is called as *UttaraBasti* since it is administered after the (*Uttar*) *NiruhaBasti* method.⁵ Males and females have different administration routes. *Mootramarga* is the way by which *UttaraBasti* is administered in men, whereas *Mootra* and *Apathya Marga* are the routes through which *UttaraBasti* is delivered in females.⁶

Classification of UttaraBasti

Based on drug of administration⁷

- *Snaihika UttaraBasti*: *Sneha dravya* is only used in *Snaihika UttaraBasti*. No addition of *Avapa dravya*.
- *Nairuhika UttaraBasti*: Only *Kashaya* is used in *Nairuhika UttaraBasti*. There is no mentioning of addition of *Makshika, Lavana, Kalka* etc.

Based on Route of Administration of drug⁸

- *Mutrashyagata UttaraBasti* - through urethral route
- *Yonigata UttaraBasti* - through vaginal route
- *Garbhashayagata UttaraBasti* - through uterine route

Instruments used for UttaraBasti

Basti Putaka and *Basti Netra* are used to administer *Basti Karma*. *Basti yantra* is made up of two parts: *Basti Putaka* and *Basti Netra*.⁹

Basti Putaka: The delicate skin of the *Basti* (bladder) of pig, goat, or sheep is used to make the *Basti Putaka*. If they are scarce or inaccessible, skin from other birds or other animals can be used as a substitute.¹⁰

Basti Netra: In the context of *Basti Netra*, various Acharyas have differing opinions on the measures of *Basti Netra* in Males and Females.

Males :^{11,12}

Length - Length of the *Netra* should be equal to 14 *Angula* of that patient as per Acharya Susruta and 12 *Angula* as per Acharya Caraka.

Size and Shape: Tip of the *Netra* should be size of stalk of a jasmine or oleander flower. The shape should be tapering towards the end resembling the cow's tail and hole of the through which mustard seed can pass through.

Metals to be used: *Netra* should be made out of gold or silver.

Provision of *Karnikas*: One *Karnika* should be provided at the midpoint of the *Netra* (i.e., 7 *Angulas* /6 *Angulas*) and the other at the base for proper grip.

The reason why *Karnika* is fixed in that particular position is that maximum distance upto which *BastiNetra* can be introduced is only upto 7 *Angulas*. If it is introduced to a greater length than mentioned above, there are chances of injury.

Females :^{13,14}

Length - Length of the *Netra* should be equal to 10 *Angulas* of that patient

Size and Shape: Its circumference should be of the size of the urethral canal and the channel of *Netra* should be large enough to allow a free passage of *Mudga* (green gram seed).

Provision of *Karnikas*: The *Karnika* is to be provided at a length of Four *Angulas*.

It should be inserted in to the vagina upto a depth of Four *Angulas* and upto a depth of two *Angulas* in the urethra in case of an adult women. Where as in case of young girls, the catheter should be introduced only upto one *Angula* in the urethra.

Details of *UttaraBasti Netra* is given in Table No: 1

Table No 1: UttaraBasti Netra

Age	Passage of administration	Length of the <i>Netra</i>	Nozzle - Circumference	Lumen size	<i>Karnika</i> (From the Tip of Nozzle)
<i>Purusha</i>	Urinary	12/14 <i>Angula</i>	<i>Maltipushpavruntagra</i>	<i>Sarshapsannibham</i> (size of mustard seed)	<i>Madhya</i> (at 6/7 <i>Angula</i>)
<i>Bala</i> (Stree)	Urinary	10 <i>Angula</i>	<i>Maltipushpavruntagra</i>	<i>Sarshapsannibham</i> (size of mustard seed)	At 1 <i>Angula</i>
<i>Stree</i>	Urinary	10 <i>Angula</i>	<i>Mutrasrotah Parinaah</i> (size of urethral meatus)	<i>Mudgvahi</i> (size of green-gram seed)	At 2 <i>Angula</i>

Stree	Vaginal	10 Angula	Medhra Aayamasamama	Mudgvahi (size of green-gramseed)	At 4 Angula
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Time of administration: It should be given during their menstrual period, as the *Yoni Garbhasaya Mukha* (mouth of the uterus) opens at that time and readily receives the injected *Sneha*. When the Vata is controlled in this way, the uterus is easily impregnable. *UttaraBasti* is

administered after purifying the body with two – three *Asthapana Basti*. It should be administered in morning time.

Dose of administration

Details of dose of administration of *Sneha* and *Kwatha* for *UttaraBasti* is given in the Table No: 2

Table No: 2 Dose of Sneha and Kwatha for UttaraBasti

Bastidr ava	Sneha Matra			Kwatha Matra
	Sushruta	Charaka	Vagbhata	Sushruta
Purusha	1 Prakuncha	½ Pala	1 Shukti	1 Prasruta
Stree*	1 Prasrut	-	1 Prakuncha	Garbhashaya Shodhanartha, Basti Shodhanartha – 2Prasruta
Bala**	-	-	1 Shukti	1 Prasruta

* After 16 years of age

**Before 16 years of age

Indications & Contraindications

Indications of UttaraBasti^{15,16,17}

- Disorders of the *Basti*
- Prolapse of uterus,
- Gynecological disorders
(*Yonivyapada, Yonivyadhi*)
- Stasis of urine
- Incontinence of urine
- *Shukradushti* (Vitiation of Semen)
- *Shonitadushti* (Vitiation of Menstrual blood)
- *Mutraghata* (*Mutravrodha*: Retention of urine)
- *Mutradosha* (*Mutrakrichha*: Difficulty in micturition)
- *Shukrotseka* (Discharge of semen)
- *Sharkraashmari* (Urinary calculi)
- *Basti, Vankshana, Meha Shula* (Pain

inbladder, groin, phallus)

- *Yonivibhrmsha* (Uterine prolapse)
- *Asrigadara* (Dysfunctional Uterine bleeding)

Contraindications of UttaraBasti

UttaraBasti is contraindicated in genital tracts of girls.

Procedure of UttaraBasti¹⁸

Any *PanchaKarma* procedure consists of three main sections as follows. In context of *UttaraBasti*, *PradhanaKarma* is slightly different to male and female owing to the difference in anatomical structure.

- Purva Karma*
- Pradhana Karma*
- Pashchat Karma*

PurvaKarma:

Purvakarma as opined by different Acharyas is given in Table no: 3

Table No: 3 PurvaKarma

Vagbhata	Charaka	Susrutha
Prior to <i>UttaraBasti</i> , in order to purify the <i>Malamarga</i> , it is recommended to give 2-3 <i>Asthanpana Bastis</i> . According to the condition of	Prior to <i>UttaraBasti</i> , the patient is advised to take bath and diet which is predominant with meat juice or milk is also advocated.	At first, <i>Snehana, Swedana</i> has to be done as <i>Sthanika</i> and diet should be <i>Yavagu</i> along with <i>Ghrta</i> and <i>Ksheera</i> .

the patient dose should be decided.	The patient should be asked to satisfy the natural urges by voiding faeces and urine.	
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Pradhana Karma:

Males –

The patient is asked to sit comfortably on a soft seat. He should sit straight on a knee-high stool. After attaining a secure position, the phallus of the patient is made to erect. To understand the patency of the route of administration, a *Shalaka* smeared with ghee should be inserted into the urethra. This will help to know whether there is any obstruction in the pathway, and if no obstruction is found, *Basti Netra* has to be inserted according to the size of the phallus. It should be penetrated without causing any injury internally. After compressing *Basti Putaka* without shaking it, medicine has to be administered. Then *Basti Netra* should be withdrawn without causing discomfort to the patient.

Females –

The patient is made to lie in lithotomy position (supine posture with thighs flexed). *Netra* should be introduced in the line of the curve of spinal column in such a way that no discomfort is caused to the patient.

Pashchat Karma: The *UttaraBasti Dravya Pratyagamana Kala* is 100 *Matra* . Wait for the *Sneha dravya* to return, and if in case it does not return one night of observation is required. *Shodhanavarti* should be substituted in the case of failure of return of *Sneha*. According to Acharya Susrutha, after the medicine has returned, a second and third *Basti* should be given.

Duration

In a time of *Ahoratra*, two, three or four *Sneha Basti* can be done to the patient.

This same pattern should be repeated for a time period of three days. In the following days gradual increase in the dosage of *Sneha* should be done. Likewise, the procedure should be repeated after a three-day interval.

Complications and Management

If excessive burning sensation is felt, then *Guda Basti* with *Kwatha* of *Sheeta Virya Aushadis* should be given. All the other complications should be treated similar to the complications of *Sneha Basti*. The rest of the regimen should be followed like that of *Anuvasana Basti*.

Modern Aspect of UttaraBasti

Intra-vesical therapy is more or less comparable to procedure of *UttaraBasti*. Instillation of medicines into the bladder by transurethral Catheterization is known as intra-vesical therapy. Intravesical therapy is also known by the name Bladder instillation. In this procedure, a catheter is used for the administration of the medicine into the urethra. Here fluids are slowly introduced into the bladder and are allowed to remain there for a set of time. So some retention time is given to the fluid to have a contact with the tissues to bring about their bioavailability before being drained or withdrawn. This particular route of drug administration has less systemic side effects when compared with oral and parental drug delivery and also allows the delivery of the drug into urothelium.

OBSERVATIONS

Research Works on UttaraBasti

Details of Research work on *Uttarabasti* is given Table No: 4

Table No: 4 Research works

Sl	Title and Authors	Study	Treatment adopted	Results
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No.		population		
1	Role of <i>UttaraBasti</i> in the Management of Post Traumatic Neurogenic Bladder – A Case Study Vd. Avinash Vishnu Bharati et al. ¹⁹	Case study	Tila taila <i>UttaraBasti</i> (per urethra) three times continuously for three days in a week per month for 5 months	There was a considerable improvement in the symptoms with absence of Urinary retention and straining of urine
2	Clinical evaluation of <i>Apamarga-Ksharataila UttaraBasti</i> in the management of urethral stricture K. Rajeshwar Reddy ²⁰	Two groups of 30 patients each diagnosed with urethral stricture, in which Group A was treated with <i>UttaraBasti</i> and Group B with Urethral dilatation	<i>Apamarga Ksharataila UttaraBasti</i> (per urethra) in Group A <i>UttaraBasti</i> was given for a maximum of 33 days with minimum 21 days comprising of 7 or 11 sittings and a gap of 3 days In Group B, intermittent urethral dilatation with bougies was done. The duration of the procedure was biweekly for 1 week, weekly for 1 month and fortnightly for 3 months	In Group A , Sonography was done showing evidence of reduction in size of stricture as well as urine residual volume Though overall results were more in Group B, considering that more recurrence of disease occurred in Group B, compared to Group A stating <i>Uttara Basti</i> is more effective than dilatation
3	Effect of <i>Kumari Taila Uttara Basti</i> on fallopian tube blockage Kamayani Shukla Upadhyay et al. ²¹	15 patients in reproductive age group	<i>UttaraBasti</i> was given with 5ml of <i>Kumari taila</i> for two consecutive cycles. In each cycle <i>UttaraBasti</i> was given for 6 days with a gap of three days in between.	On HSG it was evident that in 80 % of the patients the tubal block was removed. The paper also discuss about the negative results obtained

				in the study.
4	<i>UttaraBasti</i> – An Alternative Treatment For Tubal Block Induced Infertility. Swati Surendra Mohite ²²	30 patients with infertility induced by tubal blockage as confirmed by HSG	2 cc <i>Sahachara taila</i> was given intra uterine route. <i>UttaraBasti</i> was administered for three consecutive days. Followed for three consecutive months after the cessation of menstrual cycle.	Study reports about 93% elimination of tubal blockage and 46% rate of conception
5	Role of <i>Phala Ghruta UttaraBasti</i> in the management of female infertility w.s.r to follicular study Dr. Suvarna P. Nidagundi ²³	10 patients of female infertility	5 ml of <i>Phalaghrita</i> was given via intra uterine route for three days. This was repeated for three to five consecutive cycles.	Among 10 patients, 6 patients showed improvement in Follicular size.
6	Effect of <i>Apamarga-Kshara tail UttaraBasti</i> and <i>Phalaghrita</i> in Bilateral tubal blockage-A Case Study ²⁴	Case study	For 8 th and 9 th day of menstrual cycle- <i>Apamarga Kshara tail</i> , and 10 th day <i>Bala tail</i> (5ml each). <i>Phalaghrita</i> was used as <i>Samana oushadi</i>	Normal HSG was observed after study and patient conceived after 6 months
7	Efficacy of <i>Yavakshara Taila UttaraBasti</i> in the management of fallopian tube blockage. Baria H P et al. ²⁵	19 patients where half of the participants were having Unilateral tubal blockage and other half having bilateral tubal blockage	Intrauterine <i>UttaraBasti</i> was given with 5ml of <i>Yavakshara Taila</i> for two consecutive cycles. In each cycle <i>UttaraBasti</i> was given for 6 days with a gap of three days in between.	In 68.75% patients tubal patency was found. One of the main highlight of the study was 6.25% of patients conceived during or after the study.
8	A Review Study on <i>UttaraBasti</i> of <i>Yavakshara Taila</i> in the Management of <i>Vandhyatva</i> W.S.R. Fallopian Tubal Blockage	Three studies with similar treatment protocol and selection criteria was reviewed in this	Intrauterine <i>UttaraBasti</i> was given with 5ml of <i>Yavakshara Taila</i> for two consecutive cycles. In each cycle <i>UttaraBasti</i> was given for 6 days with a gap of	As a total in 80.85 % patients tubal patency was found and 6.28% of patients

	Hetal P et al. ²⁶	study with a collective data of 52 patients	three days in between.	conceived during or after the study.
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RESULTS: When we look at the aforementioned research, we can see that the majority of them focused on Fallopian tubal blockage-induced infertility, with fewer studies focusing on urinary difficulties. The rest places where *UttaraBasti* is mentioned have been explored the least. More research is needed in the areas where *UttaraBasti* can produce reasonable findings.

DISCUSSION

Probable Mode of Action - UttaraBasti

Drugs administered through Vaginal and Urethral route have greater bioavailability when compared to oral route as these medicines doesn't have to undergo the complex procedures of digestion of Upper gastrointestinal tract. These medicines are target specific , so easily bind with target molecules and release their potency to the organs and brings about the desired effect. *UttaraBasti* is the most effective route of drug delivery in diseases corresponding to Vagina, Uterus, Urethra and related structures. This mode of drug administration does not encounter with the common side effects of oral intake of medications like gastric irritation, nausea, vomiting etc.

Vaginal UttaraBasti (Yonigata): Drugs administered through Vagina absorbed as Transcellular process and Paracellular process. Transcellular absorption occurs via cells through concentration dependent diffusion across the epithelial cells, Paracellular absorption is mediated via tight junctions between adjacent epithelial cells. Along with this vesicularly or receptor mediated transport occurs in Vaginal drug delivery. The medicines or drugs administered through vagina gets

absorbed through two steps - drug dissolution in vaginal lumen and membrane penetration. Physicochemical properties of the drug like solubility, dissolution rate, chemical structure, stability, and pore size are thought to influence the vaginal drug delivery. So when a solution or a lipophilic drug base is administered through Vagina, it undergoes the first uterine pass effect (preferential transfer of a vaginally administered drug to the uterus) and because of the gross vascularity and with the modes of mechanism mentioned above, the potency of the drug is delivered to target site. *UttaraBasti* is advised to administer repeatedly. The most probable reason for this can be that, prolonged contact time will contribute substantially to the absorption of the drug.

Uterine UttaraBasti (Garbhasayagata): Uterus is supplied with a vast vascular supply. The drugs administered through intrauterine route passes through concurrent vascular exchange involving diffusion between adjacent utero-vaginal veins and arteries. There occurs drug transport through venous or lymphatic circulatory system and also passive diffusion through tissues.

Urethral UttaraBasti (Mootramargagata): The drug administered through intraurethral route softens the surrounding tissue and increases the vascular flow of that region. The procedure along with the drug causes vasodilation, dilates cavernosal arteries. Absorption of drug occurs through the urethral lining.

CONCLUSION

In this paper, an effort has been done to review *UttaraBasti* and to explain its probable mode of action via three routes (*Yonigata*, *Garbasayagata*, *Mootramargagata*). Though in classics *UttaraBasti* is indicated in various disorders, fewer research works have been conducted in this topic and the utility of *UttaraBasti* in vast variety of diseases still remains hidden. Updates in scientific knowledge backed up with voracious research works has to be done to bring *UttaraBasti* to limelight.

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