

UTTARBASTI IN FEMALES - A SCIENTIFIC REVIEW

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ABSTRACT :

Basti is unique form of treatment modality that not only expels the vitiated doshas rapidly but also nourishes the body. Charaka considered Basti as *Ardhachikitsa*. Uttarbasti is an important panchkarma procedure where the medicinal oil, ghrita or decoction is administered into urinary bladder or uterus and is indicated in genito-urinary disorders of both male and female. It is most effective treatment in Gynaecological disorders. It helps to purify and clear *Artavavaha Srotas* and pacifies vitiated *Apana vayu* and improves follicular maturity.

Key words: Uttarbasti ,Pushpanetra, Ritukala.

INTRODUCTION: Uttarbasti as *Artava or Rajas* of female and *Sukra* of Chakrapani commented *Shrestanam*¹ male. Thus the treatment Uttarbasti is *Shrestaganataya*² which means the best used for diseases of *Sukra* and *Artava*. The and give rise to best results. The uttarbasti Netra and Putaka of Uttarbasti are replaced is administered through *mootra* and *yoni* nowadays with rubber catheter such as *marga*. These two together forms foley's catheter or metallic catheter. *uttarmarga* whereas *guda* becomes *adhara Uttarbasti Netra:* The type of Uttarbasti *marga*³. Uttarbasti also has *Netra* and *Netra* differs for male and female. *Putaka*. Uttarbasti Netra is called *Bastinetra* should be made up of metals *Pushpanetra*⁴. The Pushpa refers to the like silver, gold etc.

	Size of Netra	Description
Male	12 Anguli (cms.)	Resembling jasmine flower stalk, tail of cow, hole equal to mustard seeds (Charaka) ⁵
	14 Anguli(cms)	Sushruta ⁶
Female	10 Anguli(cms.)	Comfortable size to pass the urethra, Hole equal to green gram seed ^{7,8}
	4 Anguli(cms.)	For full grown nulliparous ⁹
	1 Anguli (cm)	Virgins ¹⁰

Garbhashaya shodhana should not be performed in virgins.

Uttarbastiputaka:

Putaka is sac made up of sheep, goat, pig, urinary bladder¹¹. Nowadays for the sterile

conditions to adopt we are using plastic bags.¹²

Indications^{13,14,15}:

1. For conception.
2. For pacifying *vata*.
3. For disease of urinary bladder.

4. Diseases caused by prolapse.
5. Severe pelvic pain.
6. Gynaecological disorder.
7. *Asrigdhara*.
8. Retention of urine.
9. Incontinence of urine.
10. Menstrual disorders.
11. Pathological amenorrhea.
12. Dysmenorrhea.
13. *Mutradosha*.
14. Urinary disorders.
15. Retention of placenta.
16. Urinary calculi.
17. Groin pain.
18. For all reproductive tract disorders.
19. All 20 types of *yonivyapads*.

Contraindication:

Not described in classics. The only contraindication given in classics is the genital tract in girls.

Dose of snehana type of uttarbasti

- Acharya Charaka¹⁶ explained amount of Snehabasti in mutramarga of female as ½ pala which is approximately 25 ml.
- Acharya Sushruta¹⁷ has given the quantity of Snehana type of Uttarbasti for urinary tract as 1 *PRASRITA* (palm of outstretched hand and hollowed it as to hold liquid, filled upto the Swangulimula i.e base of fingers). For cleaning of uterus it is double i.e 2 *PRASRITA*. While commenting on the same Acharya Dalhana again clarifies the quantity may be half or less as decided by physician according to strength of patient and severity of disease.
- Acharya Vagbhatta¹⁸ has mentioned the dose of one *PRAKUMCH* (Pala = 48gms.) in adult women whereas this dose is one *Shukti* (24gms.) for girls. This is *MadhyamaMatra* and it should be increased gradually by half and one *karsha* in second and third Uttarbasti respectively.

- Acharya Sharangdhara¹⁹ considered the dose of two *pala* app. 96 gms in genital tract and one *pala* in urinary tract. Time of administration^{20,21,22}:

The Uttarbasti should be given to women after cleansing her body by use of two or three *Asthapana Basti*. Uttarbasti in males can be administered at anytime but for female it is necessary to wait for *Ritukala*. During this period *Garbhashayamukha* is wide opened and drug enters easily. This is taken as preovulatory period. During this period cervix is soft and allows the basti. *Netra* penetrate easily and endometrium which is in proliferative period absorbs drug easily. Thus *vayu* having being overcome conception in uterus takes place quickly

Interval²³: After giving rest for 3 days, the procedure will be repeated for another 3 days with gradual increase in dose.

Method of Uttarbasti in female²⁴:

The women should be placed in supine position with thighs flexed and knees are elevated. The nozzle should be inserted in urinary or vaginal passage slowly with steady hands following direction of passage. Uttarbasti now a day is practiced with several modifications.

Purvakarma:

Yoni prakshalana: With some anti septic kwatha is done properly. This is followed by *Snehana* of abdomen, back, thighs and legs followed by *Svedana* especially *NadiSweda* on back and lower abdomen.

Pradhanakarma:

The instruments used for Uttarbasti are:

- a. Sponge holding forcep
- b. Posterior vaginal speculum.
- c. Anterior vaginal wall retractor.
- d. Allis forcep
- e. Uttarbasti cannula fitted with disposable syringe.
- f. Cotton and gauze.

The instruments should be properly autoclaved and procedure should be done in operation theatre. The patient is taken in dorsal lithotomy position, cleaning with antiseptic solution is done with sponge holding forcep. Then posterior vaginal speculum is inserted and cervix is visualized with anterior vaginal wall retractor and anterior lip of cervix is held with Allis forcep. The patient is kept in head low position. Then the medicated oil is inserted with the help of Uttarbasti cannula. Instruments are then removed slowly and patient is kept in this position for atleast 2 hours.

PASCHATKARMA²⁵;

Abdominal hot fomentation should be given which is followed by light diet.

PRATYAVARTANA OF SNEHA (returning):

Pratyavartana of sneha is considered essential for Uttarbasti. Acharya Charaka²⁶ has mentioned administration of Pippalyadi Varti if basti does not return. Acharya Dalhana²⁷ has given a very specific description for the *Pratyavartana* of Sneha. These measures are – *yonivarti, gudavarti, SphikTadana and Eshana etc.*

Probable mode of action of uttarbasti:

UttaraBasti (UB) is a simple procedure of greater efficacy especially in the diseases concerned with ApanaVata Dosha²⁸. As UB is indicated for the diseases of genito-urinary system, its site of action is likely to be on genito-urinary system.

As the present topic is concerned with female infertility, the mode of action of UB concerned to female infertility is discussed hereunder.

The mode of action of uttarbasti can be understood in two ways:

Local effect of Uttarbasti:

Effect of Uttarbasti will depend upon various factors like method, instrument

and drugs used etc. if medicine is put in cervical canal, it may act more on cervical factors. For factors like cervical stenosis, a katu ushnataila based medication is more useful while for increasing the secretions of mucus from cervical glands a nutritive and madhu- shitaghrita based medicine is more effective. In ovulation, a drug with Snehana properties can be good while for tubal block a drug with lekhana properties will be better. Uttarbasti may also stimulate certain receptors in endometrium leading to correction of all physiological processes of reproductive system. It may also help in rejuvenation of endometrium.

SYSTEMIC EFFECT OF UTTARBASTI:

Dose: The volume available in uterus may be 3- 8 ml (**Practical approach to infertility management-Bansal**). It is surprising to note that the dose for garbhashayagata uttarbasti has been told as 2 pala (96ml)²⁹ his high amount may be to maintain pressure gradient required for drug absorption. As it is evident from the studies of J Ossoon et al (**year**) who reported that intrauterine irrigating fluid absorption depends on the pressure gradient of application through an intact uterus. The cannula or infant feeding tube used for the application contributes in maintaining the pressure.

Niruhabasti does the Shodana of Srotas, so that the Sneha or the drug administered in the form of uttarbasti may be absorbed and assimilated properly in the body and thus produce desired effects. Further by the administration of Niruhabasti an osmotic pressure gradient may be created which helps in the absorption of UttaraBastiDravyas. Most of the oils used for uttarbasti are of acidic pH and Okada H etal(**year**) says that vaginal absorption of

LH was enhanced when administered with organic acids.

NiruhaBasti administered to Pakwashaya, get absorbed and circulates all over the body through its veerya in the manner as the water poured to the root nourishes the whole tree³⁰. The same explanation holds good to explain the systemic action of UttaraBasti. M.Elimas et al (year) established the absorption of drugs administered through intrauterine route. They detected sulfamethoxazole-trimethoprim combination in milk up to 48 hours and in plasma up to 24 hours in postpartum lactating cows when the drugs administered through intrauterine route.

Basti procedure is capable of eliminating Doshas situated throughout the body³¹.

Cicinelli E etal(year) studied that the vaginal administration of (99m) Tcperchnetate activity was observed in uterus after 60 min (even in sealed cervix) and thyroid uptake appeared after 180 min.

On the basis of this observation it may be said that the drugs administered through intrauterine, may get absorbed in to systemic circulation and then exert its action on H-P-O (hypothalamo-pituitay-ovarian axis). The active principles may be absorbed through the endometrium which in turn drains in to the internal iliac vein from there in to the systemic circulation. **(Datta textbook of gynaecology).**

Supporting the above explanation of systemic absorption of medicines administered through intra uterine route, JoAnn V etal(year) reported that, low dose vaginal estrogen products have proven effectiveness for treating vaginal atrophy in postmenopausal women but concern lingers about possible systemic absorption leading to endometrial hyperplasia.

CONCLUSION:Uttar basti can be termed as highly effective treatment in

gynaecological disorder. Uttarbasti is cost effective non surgical procedure carried out without local anaesthesia should be propagated as a safe ayurvedic alternative treatment with high success rate.

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