



CONTEMPORARY METHOD OF UTTAR BASTI AND ITS USE IN INFERTILITY

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ABSTRACT

Infertility is a growing problem of this modern era and affects around 15% of couples of reproductive age worldwide. So, it is the need of hours to find out the effective treatment of the problem. *Uttar Basti* is a unique and effective treatment to treat infertility with high efficacy. *Uttar Basti* is a specific type of *Basti* in which drug is administered through Vaginal/ Uterine/ Urethral opening. In ancient times *Uttar Basti* was given with *Basti* (bladder of small animals) and *Basti Netra* but Presently that seems impractical, and it is given by disposable syringe and *Uttar Basti* cannula. So here contemporary method of *Uttar Basti* has been discussed. In *Uttar Basti* drugs act directly on the tissues (Cervix, Endometrium and Fallopian Tubes etc).

Keyword: Infertility, *Uttar Basti*, Ovarian Factor, Tubal Factor, Uterine Factor, Cervical Factor

INTRODUCTION

In the modern era Infertility is a growing issue. Infertility is a disease defined as failure to conceive after 12 months or more of regular unprotected sexual intercourse and affects almost 15% of couples of reproductive age worldwide. In India prevalence of prima-

ry infertility is 3.9 to 16.8%¹. According to Ayurveda failure to give live birth is called infertility so along with the inability to conceive repeated abortions and stillbirths are also coming under *Bandha* (infertility). *Basti* is a procedure in which a drug is

inserted through the anal opening and *Uttar Basti* is a specific type of *Basti* in which drug is administered through vaginal/ uterine/ urethral opening for the treatment of various diseases but in the view of infertility uterine *Uttar Basti* is found most useful². In ancient times it was given with *Basti putak*³ (bladder of small animals), *Basti Netra*⁴⁻⁶ (tube made up of gold or silver shape like cow's tail)⁷ and *Basti Dravya* (very high dose of *Basti Dravya* was used) that is not practically possible in this modern era. So, the contemporary method which is used these days is quite different. It is of two type *Snaihika Uttar Basti* in which *Sneh Dravyas* oil and *Ghrita* is used and *Niruhika Uttar Basti* in which *Kashaya Dravyas* are used without the addition of *Sneha*, *Madhu* and *Kalka* etc. which are commonly added in *Niruha Basti*⁸.

Materials and Methods:

These are conceptual types of research. textual materials and research articles are consulted for the present study and from which the relevant references have been collected. The principle Ayurvedic texts and available commentaries on them. Research articles were also searched from various websites related to the title.

Indication of *Uttar Basti*⁹⁻¹¹

- *Shonita Dusti* (Menstrual disorders)
- *Rajanash* (Pathological Amenorrhea)
- *Pushpodreka* (Menorrhagia)
- *Kastartava* (Dysmenorrhea)
- *Mutraghata* (Retention of urine)
- *Yonivyapada* (Gynaecological disorders)
- *Aprasanga* (Retention of Placenta)
- *Shukra Dusti* (Sperm disorders)
- *Shukrotseka* (discharge of Semen)
- *Bandhya* (Infertility)

Contraindications-

- Unmarried girls
- Genital tract infections
- During the bleeding phase of menstruation

Time of administration – *Uttar Basti* should plan after cessation of menses in follicular phase because Cervix is comparatively wide open at that time and easily receives the injected *Sneha*¹². It should give

after purification of the body with 2 or 3 *Asthapana Basti*. It should be given in the morning time.

A contemporary method of *Uttar Basti*¹³

Instruments used in Uterine *Uttar Basti*- Sims posterior vaginal wall speculum, Anterior vaginal wall retractor, Allis tissue forceps, Uterine sound, Hagar's dilator, Syringe (10 or 20 ml), Infant feeding tube/ Rubin's cannula/ *Uttar Basti* cannula/ IUI cannula

Procedure- Intrauterine *Uttar Basti* is done in Three phases-

1. *Purvakarma*
2. *Pradhana Karma*
3. *Pashchatkarma*

Purvakarma

- Bowel cleaning (the drug is advised if required),
- Part preparation (removal of pubic hair),
- *Yoni Prakshalan* with *Panchvalkal Kwatha*,
- Blood pressure and pulse to be recorded,
- *Abhyanga* with Bala tail for 10 mints (backside and lower abdomen)
- *Nadi Sweden* by *Dashmoola Kwath* for 5 mints,
- Position for *Uttar Basti*- lithotomy position in O.T. (supine with well flexed thighs)

Pradhana Karma

- Cleaning of vulva and perinium with povidine iodine, Sims speculum should be inserted in the vagina, Along with sims anterior vaginal wall retractor should use and cervix should be exposed,
- External OS and vagina should be painted with diluted povidone iodine,
- Caught the cervix with allis forceps,
- Uterine sound is passed through cervix to find out the position of uterus,
- Cervix is dilated with Hagar's dilator,
- After dilatation 3/5ml taila or *Ghrita* filled in 10/20ml disposable syringe fitted with *uttarbasti* cannula should be inserted gently and oil is instilled slowly,
- All instruments removed

Paschat karma

- Keep patient in head low supine position with a leg folded over each other.
- Blood Pressure and Pulse rate to be recorded,

- If the patient is stable, then shift inward and advise complete rest in head low position for 2 Hrs.
- If the patient complains of abdominal pain, then advise hot water bag fomentation over the suprapubic area for 10- 20 Minutes.
- Complications of *Uttar Basti* – Oil embolism, Abdominal cramps, Genitourinary infections

Uttar Basti in different Infertility Causative factors¹⁴

Ovarian factor- Ovarian factors like defective folliculogenesis, absence of dominant follicle or luteinized unruptured follicle are the major issues that cause infertility.

According to Ayurveda the differentiation, division and expulsion are the functions of *Vata*. So *Vata* is responsible for making dominant follicles and rupture of the follicle. *Uttar Basti* of tail or *Ghrit* like *Shacharadi taila*, *shatavari taila*, *Shatapushpa taila*, *Lahsunadi taila*, *Phala Ghrita*, *Panchtikta ghrita* and *Prajasthapana Ghan Sidh ghrit* restores or activate the normal function of *Vata* and stimulate the ovarian hormones which cause ovulation. Ovaries have receptors for hormones of hypothalamus and pituitary gland. *Uttar Basti* stimulate these receptors.

Tubal factor- Tubal abnormalities like intratubal adhesions or obstructions cause tubal blockage and further cause infertility. *Uttar basti* of *Kumari tail*, *Yavakshara taila*, *Apamarga Kshar tail* and *Kasisadi tail* had maximum efficacy in achieving tubal patency. *Kumari tail Uttar Basti* shows a significant conception rate. According to Ayurved as tubal patency

is caused by *Sang* type of *Strotodushti* and *Sang* is caused by *Vata* and *Kapha*. These oils have *Vata kapha* alleviating properties and also have to penetrate, scraping, cleaning and healing properties. So, these oils act locally, remove the tubal blockage and help in the development of tubal cilia and rejuvenate the endometrium.

Uterine factor- *Shatavari Ghrit*, *vrahatshatavari ghrit*, *phalkalyan Ghrit* and *Shatapushpa tail Uttar basti* are beneficial in increasing endometrial layer and blood flow. So, increase the chance of conception.

These drugs are having phytoestrogens and are easily absorbed by mucus membrane, glands and vessels. They improve endometrial thickness and uterine artery doppler flow, rejuvenate the local tissues and also potentiating the endometrial receptors which improve implantation rate by favouring implantation and nidation of the embryo.

Cervical factor- Intracervical *Uttar Basti* of *Phala ghrita*, *Shatavari ghrita*, *Goghrita* and *Ashwagandha ghrita* are beneficial in abnormal cervical mucus or abnormal postcoital test. 3 ml is given intracervical for 3 days after cessation of menses subsequently for 2 cycles.

According to Ayurveda vitiated *vata* due to *Ruksha guna* and vitiated *Pitta* due to *Tikshna guna* cause reduction in cervical mucus and *Ghrita* is *vata pitta shamak*. *Ghrita* is *Balya* and *Rasayana* also so it will tone up the reproductive organs and improve the quality of *ambu* (cervical mucus).

Tabular forms of various above-mentioned drugs used in *Uttar Basti*

Ovarian	Tubal	Uterine	Cervical
<i>Shacharadi taila</i>	<i>Kumari tail</i>	<i>Shatavari Ghrit</i>	<i>Phala ghrita</i>
<i>shatavari taila</i> ,	<i>Yavakshara taila</i>	<i>vrahatshatavari Ghrit</i>	<i>Shatavari ghrita</i>
<i>Shatapushpa taila</i> ,	<i>Apamarga Kshar tail</i>	<i>phalkalyan ghrit</i>	<i>Goghrita</i>
<i>Lahsunadi taila</i> ,	<i>Kasisadi tail</i>	<i>Shatapushpa tail</i>	<i>Ashwagandha ghrita</i>
<i>Phala Ghrita</i> ,	<i>Kumari tail</i>		
<i>Panchtikta ghrita</i>			

CONCLUSION

At present, *Uttarbasti* is confined to very few gynaecological diseases, particularly infertility. Its practice

in other gynaecological disorders as mentioned in classical texts has almost disappeared. As not a single research work has been done to explore the mode of action of *Uttarbasti* despite its higher clinical effica-

cy, a huge task remains for the scientist to discover. Indeed, a better knowledge of urothelial permeability (in case of *Uttarbasti* in males) could help to optimize this treatment

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