



“ CONCEPTUAL STUDY ON UTTARBASTI CHIKISTA ”

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Abstract-

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 intravascular, intravaginal, and intrauterine routes using specific approaches in order to produce the desired therapeutic effect. This technique is performed on males both intravesical and intra-urethral. The procedure of UttaraBasti is of due importance as it is administered via different procedures in males and females. As earlier mentioned, *uttarabasti* has been given a lot of importance by our *Acharyas* in the management of all the *yonirogas*. It is said to be one of the types of *basti upakarma*.

Keywords- *Yoniroga, Panchakarma, Upakarma, uttaramarga, Uttarabasti*

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. PanchaKarma, Basti hold a supreme role and is considered as Ardha Chikitsa as well as Sampurna 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

Commentator Chakrapani has given the derivation of the word *uttarabasti* as follows.

1. E"ÉUqÉÉaÉiSîrÉqÉÉIÉiÉrÉ, ÌMüÇuÉÉ 'Éå,aÉÑhÉiÉrÉÉ E"ÉUuÉÎxiÉÈ
(cÉ. ÍxÉ. 9/50 cÉçümÉÉÍhÉ)

i.e., that which is administered through the *uttaramarga* and has *shreshta guna* is known as *uttarabasti*.³

Uttaramarga means the *mootra* and *shukramarga* i.e., penis in male and the *mootra marga* and *yoni marga* i.e., urethral meatus and the vaginal orifice in the female.

Another derivation is given as^{4,5,6}

2. xÉ ÌIÉÂWûÉSè E"ÉUÇ E"ÉUâhÉ uÉÉ qÉÉaÉâihÉ SîrÉiÉ CÌiÉ E"ÉUuÉÎxiÉÈ ||
(A. xÉÇ. xÉÔ. 28/9, A. WØû. xÉÔ. 19/2 – AÂhÉS"É)

i.e., which is administered after *niruha basti* and through the *uttara marga* is said to be *uttarabasti*.

MATERIALS AND METHODS-

In the present context, both the definitions of *uttarabasti* have been taken into consideration. *Uttarabasti* which is administered through the *apathyamarga* or the vaginal orifice has been considered.

Uttara basti Yantra^{7,8}

Alike the usual *basti yantra*, this *yantra* also consists of two parts.

1. *Basti putaka*
2. *Basti netra*

1. *Basti putaka*⁹

Since the quantity of *kwatha* or *sneha* administered is comparatively less, small sized animal bladders are used for the purpose. For instance, bladders of goat, sheep, pig, etc. are used. Or else, even the leather of birds or any other smooth leather can be used.

2. Basti Netra^{-10,11,12}

Age	Passage	Length	Circumference of Nozzle	Size of Lumen	Karnika (From the Tip of Nozzle)
Male	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>)
Girl	Urinary	10 <i>Angula</i>	<i>Maltipushpavruntagra</i>	<i>Sarshapsannibham</i> (size of mustard seed)	At 1 <i>Angula</i>
Adult women	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>
Adult women	Vaginal	10 <i>Angula</i>	<i>Medhra</i> <i>Aayamasamama</i>	<i>Mudgvahi</i> (size of green-gram seed)	At 4 <i>Angula</i>

It is also named as '*pushpa netra*'. It must be 10 *angulis* in length for administering *uttarabasti* in women. It must be made up of gold or silver. Its shape should resemble the petal of a flower or '*Gopuchha*' (tail of a cow) i.e., broad at the base and tapering towards the end. The opening at the top of the *netra* should be of the diameter of a *mudga*. The *netra* should have two *karnikas* or circular marking rings – the first one at the distance of 4 *angulas* from the tip and the other at the base of the *basti netra*.

Drugs used for administration in *uttarabasti*¹³

Alike *basti karma*, both the *kashayas* as well as the *snehas* are used in *uttarabasti*

Dose of medicine administered¹⁴

There are some differences of opinions regarding the exact dose of medicine to be administered in *uttarabasti*. It also differs according to whether *kashaya* or *sneha* is used.

Charaka Samhita¹⁵ – Dose of *sneha* should be '*ardha-pala*'. However he has not very clearly mentioned about the exact dose of *uttarabasti* to be given with the help of *kashaya*. According to him, irrespective of the route of administration of *uttarabasti*, whether it be urethral or vaginal, the amount of *kashaya* to be administered should be decided according to the condition i.e., if the vitiation of *vata* is more, then the quantity of *Sneha* should be more. Accordingly, the dose to be administered should be judged on individual conditions.

Sushruta Samhita¹⁵ – (i) *Kwathamana* – 2 *Prasruta* of *kashaya* should be administered.

(ii) *Snehamana* – It is described to be 1 *Prasruta*. But Sushruta further specifies this quantity as follows. If *sneha* is to be held in one palm of the hand, then one *prasruta* means the amount of *sneha* which can be accommodated in palm of the hand that reaches up to the root of the phalanges. This amount seems to be equal to 80 ml which is the actual *prasruta pramana*.

Also in another context, Sushruta says that the dose of *uttarabasti* should be one *Prakuncha*. For the purpose of ‘*Garbhasaya visshuddhi*’ it should be doubled. However, he says

uÉrÉÉáÅuÉxjÉÉxÉÔ“ÉqÉmÉÉqÉÉhÉÉSuÉÉiXçqÉkrÉÇ WÛllÉÇ cÉ oÉÑSèkrÉÉ ÌuÉMÛlsmÉiÉÇ qÉÉlÉÇ ¥ÉârÉqÉÇ ||

(xÉÑ. ÍcÉ. 37/103-QûsWûhÉ)

If *shodhana* is required for *uttara basti*, then for women who have already delivered or not delivered but are of reproductive age then the quantity of *sneha* is 2 *prasruta*.

Vagbhata¹⁶ prescribed the dose as 1 *pala*. In subsequent administrations, i.e., second, third and fourth *basti s*, the dose of *sneha* should be increased by ½ *karsha*, 1 *karsha*, etc.

According to Sharangdhara and Bhavamishra, the quantity of *sneha* is 2 *pala*.

CONTRAINDICATIONS –

In the genital tract of girls *Uttarbasti* is contraindicated.

Time of administration of *Uttara basti*

Charakacharya quotes *rutukala* to be the apt time for the administration of *uttarabasti*. As per his explanation, *uttara basti* should be administered just after the menses has stopped. *Uttara basti* should be given after 2-3 *asthapana basti* (which does *shodhana*) during *rtukala*, as during this period the *yoni* or *garbhashaya* is *avarana rahita* i.e., *apavruta* and thus receives the *sneha* easily. However, Astanga Samgraha says that it can be administered even other than in *rtukala* in *anrutavapi* or *atyayika avastha*.

Administration of *uttara basti*^{17,18}

Pooravakarma

As per the derivation of the word *uttra basti*, i.e., *uttara basti* should be given after the administration of *niruha basti*, according to Vagbhata, about 2 or 3 *niruha basti* should be given before the administration of *uttarabasti*. Sometimes in practice, a course of ‘*Yogabasti*’ can also be given to the patient before the administration of *uttara basti*.

On the day of actual *uttara basti*, the patient should be prepared priorly, following which *snehana* and *swedana karmas* should be done preferably over the *kati*, *vamkshana* and *adhodara*.

Pradhanakarma

Position:

The patient is made to lie down on her back. Then she is made to fold her legs in the knees so as to attain a somewhat lithotomy position (*Urdhwajanu, uttana sthiti*).

Administration:

Then the *uttarabasti yantra* containing the desired *dravya* (either *kwatha* or *sneha*) is taken and the *basti netra* lubricated with *sneha* is carefully introduced into the *apatyamarga* and *basti putaka* is compressed uniformly so that the *dravya* enters the *yoni*. It is practically observed that *kwatha* returns out immediately whereas *sneha* is retained for some time.

This administration of *uttara basti* can be repeated 2-3 times in a day and also has to be given consecutively for 3 days. Then the patient is advised rest for 3 days before giving another course of *uttara basti*.

In Female:

1. Patient should lie in lithotomy position on OT table in OT.
2. Cleaning.
3. Patient relaxed

Sim's speculum should be inserted into vagina



Cervix should be exposed with anterior vaginal wall retractor and speculum



Vagina and external OS should again be painted with diluted Povidone-iodine solution for removal of mucoid or any discharge



After sterilization → cervix should to be caught with Allis forcep



Uterine sound is passed through external OS to find position of uterus ↓

After knowing the position → Cervix is dilated using Hegar's dilator



After dilatation, 5 ml *taila* filled in 10/20 ml disposable syringe fitted with angulated *Uttarbasti* cannula should be inserted gently and oil is instilled



All instruments and towel should then be removed



Douche is kept in vaginal orifice to prevent outside leaking of *Bastidrava*



Patient is advised to return to supine position leg folded over each other.

Paschatkarma

Rest for some time is advisable. Also, the common regimens to be followed after any *panchakarma* are applicable in the present context too.

As far as diet intake is concerned, Acharyas suggest that after the *pratyagama* of *uttara basti*, in the evening the patient should be given milk (*payasa*), *yusha* or *mamsarasa*.

Basti vyapath¹⁹

All the descriptions are in relation to *basti* administered through the *guda marga*. However, there is no direct reference with respect to *uttara basti*. Yet the *doshas* mentioned for *basti* i.e., *bastiputaka dosha*, *basti netra dosha*, *basti pranidhana dosha* and *basti peedana dosha* can also cause abnormalities during the procedure of administration of *uttarabasti* also. Keeping these concepts of *dosha* and its *parinama* in general of *basti*, it is to be applied to *uttara basti* also.

Probable Mode of Action of *Garbhashayagata* (Uterine) *Uttarbasti*²⁰

Theoretically, the drugs may reach into the uterus by the following mechanism:

1. Direct passive diffusion through the tissues.

2. Passage from vagina to the uterus through the cervical lumen.
3. Transport through venous or lymphatic circulatory systems.
4. Concurrent vascular exchange involving diffusion between adjacent utero-vaginal veins and arteries.

Having an insight about vascular supply of uterus helps in better understanding of drug absorption through uterine route. Arterial supply of uterus is mainly derived from uterine arteries which are branches of the internal iliac arteries. The uterus is also supplied by the ovarian arteries, which are branches of the aorta. The uterine arteries pass along the sides of the uterus within the broad ligament and then turn laterally at the entrance to the uterine tubes, where they anastomose with the ovarian arteries. The uterine veins enter the broad ligaments with the uterine arteries. They form a uterine venous plexus on each side of cervix and its tributaries drain into the internal iliac vein. The uterine blood is drained into inferior vena cava like vagina, and hence bypassing deleterious “first-pass” effect.

In a study in *ex-vivo* uterine perfusion model, it is reported that progesterone applied in vaginal tissue reaches to the uterus within 5 h of application. In another study model, sperm sized 99m TC labelled micro aggregates of human serum albumin was administered through vagina which reaches uterus within a minute indicating the direct transport mechanism involving aspiration through the cervical canal. In recent studies, it is seen that the placement of a formulation in different area of vagina dramatically influences the first uterine pass effect. When drugs are absorbed in the outer 1/3rd of the vagina, it passes to the uterus. This explains the efficacy of *Yoni Pichu* etc. which are kept just near the vaginal entrance. The *Basti* nozzle is advised to be inserted up to 4 *Angula* (~7.5 cm); from this fact it can be said that it is almost nearer to the opening of cervix and the drugs laid to this opening may travel towards the uterus by the osmolarity of *Sneha*. The *Sneha* which remains in the inner portion of vagina may show systemic effect by being absorbed and transported into inferior vena cava by vaginal, retro sigmoidal, vesical and uterine veins

DISCUSSION –

- *Uttara basti*, thus has been given prime importance in treatment of almost all gynecological disorders. Due to the apt site of administration of the medicine, *Acharyas* have highlighted

the efficacy of *uttara basti* over all other drugs administered orally, in the management of gynecological disorders.

- 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-

At present, *Uttarbasti* is confined to a very few gynecological 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* in spite of its higher clinical efficacy, 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.

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.

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