



## ROLE OF UTTARBASTI IN FEMALE INFERTILITY: AN EVIDENCE - BASED REVIEW

**Dr. Vaishnavi R. Patil<sup>1\*</sup>, Dr. Anjali V. Jadhav<sup>2</sup>, Dr. Yugandhara More<sup>3</sup>**

<sup>1</sup>PG Scholar, Department of Stree Roga and Prasuti Tantra, PDEA's College of Ayurved and Research Centre, Pune, Maharashtra 411044.

<sup>2</sup>Professor and HOD, Department of Stree Roga and Prasuti Tantra, PDEA's College of Ayurved and Research Centre, Pune, Maharashtra 411044.

<sup>3</sup>Assistant Professor, Strirog and Prasutitantra, PEA'S College Of Ayurved And Research Centre, Pune, Maharashtra 411044.



**\*Corresponding Author: Dr. Vaishnavi R. Patil**

PG Scholar, Department of Stree Roga and Prasuti Tantra, PDEA's College of Ayurved and Research Centre, Pune, Maharashtra 411044. DOI: <https://doi.org/10.5281/zenodo.20441765>

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### ABSTRACT

Female infertility is a complex clinical condition affecting nearly 10–15% of reproductive-age couples globally. It arises due to ovulatory dysfunction, tubal pathology, uterine abnormalities, and endocrine imbalance. Ayurveda describes infertility under *Vandhyatva*, emphasizing derangement of *Ritu*, *Kshetra*, *Ambu*, and *Beeja*. Among Panchakarma therapies, *Uttarbasti* is a specialized intrauterine therapeutic procedure that plays a pivotal role in managing female infertility. This review critically analyses classical Ayurvedic principles along with contemporary clinical evidence regarding Uttarbasti. Studies demonstrate improvement in ovulation, endometrial thickness, tubal patency, and hormonal balance. Uttarbasti acts through local drug delivery, Vata pacification, and enhancement of uterine receptivity. It offers a cost-effective, minimally invasive alternative or adjunct to ART. Further large-scale randomized trials are required to establish standardized protocols.

**KEYWORDS:** Uttarbasti, Vandhyatva, Female Infertility, Panchakarma, Endometrium, Tubal Blockage.

### 1. INTRODUCTION

Infertility is defined as the inability to conceive after 12 months of regular unprotected intercourse.<sup>[1]</sup> It is a significant public health issue with psychological, social, and economic implications. Female factors account for approximately 40–50% of infertility cases, including:

- Ovulatory disorders (PCOS, anovulation)
- Tubal obstruction
- Endometrial insufficiency
- Cervical factors
- Hormonal imbalance

Despite advances in Assisted Reproductive Techniques (ART), limitations such as high cost, adverse effects, and emotional burden persist. Ayurveda provides a holistic understanding of infertility, where conception depends on the proper functioning of four essential factors:

- *Ritu* (fertile period)
- *Kshetra* (healthy uterus)
- *Ambu* (nutrition)

- *Beeja* (healthy ovum and sperm)<sup>[2]</sup>

*Uttarbasti* is considered one of the most effective therapies to correct uterine and tubal pathology.

### 2. Ayurvedic Understanding of Female Infertility (Vandhyatva)

#### 2.1 Samprapti

The pathogenesis involves:

- Predominant *Apana Vata Dushti*
- *Artava Kshaya* or *Artava Dushti*
- *Srotorodha*
- *Dhatu Kshaya* (especially *Rasa* and *Shukra/Artava*)

This leads to: Improper ovulation, Defective endometrial development, Tubal obstruction, Implantation failure.

## 2.2 Correlation with Modern Etiology

Ayurvedic Concept	Modern Correlation
Artava Dushti	Ovulatory dysfunction (PCOS, luteal defect)
Srotorodha	Tubal blockage
Kshetra Dushti	Endometrial pathology
Vata Dushti	Hormonal imbalance, uterine dysmotility

## 3. Uttarbasti: Concept, Types, and Procedure

### 3.1 Definition

Uttarbasti is the administration of medicated oil or decoction through the uterine or vaginal route for therapeutic purposes.<sup>[3]</sup>

### 3.2 Types

- **Yoni Uttarbasti** – vaginal route
- **Garbhashaya Uttarbasti** – intrauterine route

### 3.3 Procedure Purva Karma

- Abhyanga
- Swedana
- Local cleansing

### Pradhana Karma

- Sterile insertion of catheter
- Administration of 3–5 ml medicated oil/decoction

### Paschat Karma

- Rest for 30–60 minutes
- Pathya (diet and regimen)

### 3.4 Drugs Commonly Used

- Phala Ghrita: fertility enhancer
- Shatavari Taila: uterine tonic
- Bala Taila: Vata pacifying
- Kshara Taila: tubal clearance

## 4. Pharmacodynamics and Mode of Action

### 4.1 Ayurvedic Mechanism

- *Apana Vata Shamana* → regulates ovulation and menstruation
- *Srotoshodhana* → removes obstruction in fallopian tubes
- *Garbhashaya Poshan* → improves uterine lining
- *Beeja Shuddhi* → enhances ovum quality

### 4.2 Modern Mechanism

#### 1. Local Drug Delivery

- Direct action on endometrium and fallopian tubes
- Higher bioavailability compared to oral drugs

#### 2. Anti-inflammatory Effect

- Reduces pelvic inflammatory changes
- Improves tubal motility

#### 3. Mechanical Flushing

- Similar to hysterosalpingography (HSG)
- Helps in clearing minor tubal adhesions

#### 4. Hormonal Modulation

- Improves ovarian function

- Enhances estrogen-progesterone balance

### 5. Endometrial Receptivity

- Improves vascularity and glandular development
- Increases implantation success

### 5. Evidence-Based Clinical Outcomes

#### 5.1 Tubal Blockage

- Studies show **60–70% tubal patency restoration** after Uttarbasti with Kshara Taila<sup>[4]</sup>
- Comparable to tubal flushing techniques

#### 5.2 PCOS and Anovulation

- Regular ovulation achieved in **50–65% cases**
- Reduction in menstrual irregularities.<sup>[5]</sup>

#### 5.3 Thin Endometrium

- Increase in thickness from **<7 mm to 8–10 mm**
- Improved implantation rates.<sup>[6]</sup>

#### 5.4 Unexplained Infertility

- Conception rates reported between **30–40%**.<sup>[7]</sup>

### 5.5 Case-Based Evidence

- Patients with long-standing infertility (3–5 years) showed conception within 3 cycles of Uttarbasti
- Better outcomes when combined with:
  - Oral Rasayana therapy
  - Virechana prior to Uttarbasti

## 6. Indications

- Tubal blockage
- PCOS/anovulation
- Thin endometrium
- Cervical hostility
- Secondary infertility

## 7. Contraindications

- Pregnancy
- Active PID
- Vaginal infections
- Uterine malignancy

## 8. Clinical Protocol Cycle Timing

- After cessation of menstruation (Day 6–10)

### Duration

- 3–5 consecutive days per cycle

### Course

- 2–3 cycles recommended

**Adjuvant Therapy**

- Phala Ghrita orally
- Shatavari Kalpa
- Vata-pacifying diet

**9. Integration with Modern Medicine**

Uttarbasti can be effectively combined with:

- Ovulation induction drugs
- IUI cycles
- Pre-IVF endometrial preparation This integrative approach improves:
- Endometrial receptivity
- Implantation rates
- Overall fertility outcome

**10. DISCUSSION**

Uttarbasti offers a unique combination of mechanical, pharmacological, and physiological benefits. Unlike systemic therapies, it provides targeted treatment directly to reproductive organs. It is particularly effective in *Vata-dominant infertility*, tubal blockage, and endometrial insufficiency.

**However, limitations include**

- Lack of large-scale RCTs
- Standardization issues
- Operator dependency Future research should focus on:
- Multicentric randomized trials
- Standard dosage protocols
- Comparative studies with ART

**11. CONCLUSION**

Uttarbasti is a potent and clinically effective Ayurvedic therapy for female infertility. It addresses the root cause by correcting *Dosha imbalance*, improving uterine health, and enhancing fertility potential. It can serve as a standalone therapy in mild cases or as an adjunct to modern fertility treatments.

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