

ROLE OF UTTARBASTI IN GYNAECOLOGICAL DISORDERS

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ABSTRACT

UTTARBASTI, an Ayurvedic therapeutic procedure involving the administration of medicated oil or decoctions into the uterine cavity through the vaginal route, is a fundamental treatment in management of various gynaecological disorders. This procedure is renowned for its efficacy in conditions such as infertility, tubal blockages, anovulation, PCOD, endometriosis and recurrent miscarriages, uterine fibroid, PID. It is certainly the impression in most of people that infertility is becoming more common. Infertility is a growing global health crisis, affecting approximately one in six people of reproductive age. Today's issue for many gynaecological disorders is mainly driven by factors such as delayed child bearing age (advanced maternal / paternal age) high stress and unhealthy life style. Medical definitions of infertility tend to emphasize the immediate problem brought to the consultation, reflecting the typically short-term interaction of many doctors, particularly specialists with their patients. In Sushruta Samhita, the Vandhyatava^[2] has been included in twenty Yoni vyapada.^[1] Acharya Charaka and Vagabhatta have referred Vandhyatva due to abnormality of Beejamsa. First time Acharya Harita has classified Vandhyatva in detail. This article delves into the historical significance, procedural methodology, therapeutic benefits, indications, contraindications, and modern scientific validations of uttar basti, highlights in integrations into contemporary gynaecological practice.

KEYWORDS: Uttarabasti, Stree Roga, Apana Vata, Ayurvedic gynecology, infertility, endometriosis, uterine health.

INTRODUCTION

Ayurveda, an ancient system of medicine, offers Uttarabasti as a specialized Panchakarma therapy for addressing a range of gynecological issues. The term 'Uttarabasti'^[3] is derived from 'Uttara,' meaning superior, and 'Basti,' meaning enema, signifying its refined application in gynecological and urological conditions. Historically documented in classical texts like Charaka Samhita and Sushruta Samhita, Uttarabasti is hailed as a unique intervention for conditions linked to impaired reproductive health.

Uttara basti as per the word meaning suggests that something which is related with basti and Uttara. In Ayurveda wherever it is mentioned about the basti, it

means that which is administered with the help of Basti Putaka. And the word meaning of Uttara refers to Uttama marga, which is prior to the Guda Marga and Uttama.^[4] i. e. some more special to others.

So, in both the context Uttara basti is concluded as the Basti which is better from rest of the basti's and is administered through the Mutra Marga.

In classics, there are two types of Uttara basti; male Uttara Basti and female Uttara Basti. In males, it is administered through the urethral orifice. And in females it is administered through Garbhashaya and Mutrayashaya. Because for both (Garbhashaya and Mutrayashaya) the routes are common in females and

posses a common path.

For the formation of good progeny, a simile is quoted in classics i. e. these four things^[4] jala, karshana, beeja, ritu are needed for good quality. These subjects are related to the female body especially genital organs. The female has to carry the foetus for nine months till the birth of the child, so it is needed to provide sexual health to the females; hence Uttara Basti plays an important role in that. As per the Ayurveda all the disorders which are related to females only, are generally correlated to yoni vyapada and as per the Chikitsa sutra,^[5] Uttara Basti is a special line of treatment.

AIMS

Role of Uttarbasti in Gynaecological disorders.

OBJECTIVES

Study the Uttar Basti as per Ayurveda classical.

MATERIALS

Source of Data - Laghutrayi Samhita Bruhatrayi Samhita E-Journal.

METHODS

To compile available literature on Uttar Basti.

To compile the importance of Uttar Basti Lakshana in appearance of disease. This is literary research study. In this articles all the references from Ayurveda Samhita and respective commentaries regarding this article.

Review of literature

Focus on Ayurveda Review Uttar Basti.

Direct indications for Uttara Basti is explained by Acharya Charaka; are Basti Vikara, Yoni Bhramsha, Yoni Shoola, Asrigdara^[5] etc.

Acharya Shusruta indicates in Mutraghata, Mutradosha, Yoni Vyadhi, Rajo Nasha, nasta artava, Atyartava So, Uttara Basti is clearly mentioned for the sexual health of females.

Time of administration

Ritukala is the preferred time to administer the uttara basti, because at that time the yoni or garbhashaya will be avarana rahita^[8] (without covering), thus it receives the sneha easily. And pacifies the vata dosha which further helps the yoni to attain the pregnancy quickly, This is the best time to administer the uttara basti whereas in atyayika (emergency) conditions, one can practices the uttara basti any time irrespective of ritukala.^[9]

Netra Pranidhana (Administration)

It is the length up to which the Netra is to be administered. It is differentiated into Apatyamarga and Mutra marga. And specially for bala netra administration it should be only 1 angula^[6] pramana.

Indications

- Diseases of urinary bladder

- Uterovaginal prolapse
- Severe pain of vagina or reproductive organs
- Yonivyapada
- Asrugdara
- Retention of urine
- Passage of urine is drop by drop
- Severe dysuria
- Amenorrhoea
- Dysmenorrhoea
- Menstrual disorder
- Retention of placenta (Ca. Si., 9/62-65)

Procedure of Uttarbasti

In the procedure of Uttarabasti it is worth mentioning here a brief description of the following.

- 1) Preparation of patient
- 2) Uttarabasti Yantra
- 3) Drug
- 4) Procedure

Method of Administration of Uttarbasti

Intrauterine Uttarabasti is mentioned as the best Chikitsa for all gynaecological disorders and also for the Vandhyatva. In present study the patients selected according to criteria were given the Uttarabasti in the following manner.

- 1) Patients were admitted in I. P. D. 24 hours after their menstrual bleeding was stopped.
- 2) Prior to Uttarabasti patients were administered with Erandabhrsta Haritaki Curna 5 gm at bed time with warm water to evacuate Malasaya, irrespective of their Agni and Kosta.
- 3) During the course patients were advised not to take food. 3 hours prior and after the Uttarabasti procedure
- 4) Before starting with the Basti, the needed medicines, instruments and assisting staff was confirmed.

Instruments

Intrauterine Uttarabasti needs major procedure and aseptic precaution, was done in operation theatres. Before that all instruments were autoclaved. The following instruments were used.

- a) Sim's speculum, Anterior vaginal wall retractor, Allis forceps, uterine sound, Hegar's cervical dilator, uterine canula, syring, gloves, towel clips etc.
- b) Linen required such as perineal towels, draw sheets, apron, masks, gauze pieces, cotton pad etc.
- c) Medicine was also autoclaved and kept warm at the time of procedure.

The medicated substances used in Uttarabasti are chosen for their specific actions on dosha balance and tissue rejuvenation (rasayana). For instance.

- Prajasthapana Gana Siddha Ghrta in infertility
- Dashamoola Kashaya: Anti-inflammatory and analgesic properties.^[7]
- Ksheerabala Taila: Strengthens uterine muscles and improves elasticity.
- Tila Taila: Nourishing and Vata-pacifying.

Procedure

The Uttarabasti procedure includes 3 steps:

1) Purva Karma

The patient selected for the following procedures.

- a) Abhyanga: As a part of Purvakarma patients were given Abhyanga of 'Bala Taila' for ten minutes on the Katipradesa, Adhodara, Prustha and Parsva Pradesa. Abhyanga has Vatasamaka and Vatanulomaka action thus helps to relieve the pelvic organs.
- b) Svedana: After Abhyanga, Svedana was given to same parts for about ten minutes with hot water bag. The Svedana Karma relieves undue stiffness and pain in the pelvic region. It is also Vatanulomaka. Both Snehana and Svedana may help to relieve pain during the procedure of Uttarabasti.
- c) Yoni Prakshalana: Vaginal douche with 500 ml of Panchavalkal Kvatha was given with all aseptic precaution.
- d) Patient was advised to empty the bladder.
- e) Then patient was taken in Operation Theater. Examination of pulse, B. P. etc. was done.
- f) Patient was placed in lithotomy position.
- g) The genital organs were painted with antiseptic solution and covered with perineal towels and clips were applied to fix the covering.

Routine P/V examination was performed in order to assess the size, shape, position of uterus. The trolley with instruments, light arrangement was made ready

2) Pradhana Karma

It includes the administration of medicine.

- a) Sims speculum and anterior vaginal wall retractor were inserted in order to visualise the cervix.
- b) Allis forceps was applied to the anterior lip of the cervix.
- c) The vaginal canal, external os and fornices were swabbed with the antiseptic solution.
- d) With the help of uterine sound, the length and position of uterus was assessed, whether the os was open or not was seen.

The os is dilated gradually with lubricated Hegar's dilators enough to admit the uterine canula easily.

- f) Then the uterine canula with one end curved so as to go in direction of uterus was introduced into the uterine cavity so as just to cross the internal os of the cervix. Then the medicine was injected with syringe from other side of (IUI) Canula.
- g) At the same time of injecting the medicine into uterus patient was kept in head low position.

3) Pashchata Karma

- a) It is important to watch and observe that the Ghrta was expelled out properly or not, and then a sterilized gauze piece was kept into the vagina.
- b) All instruments were removed slowly and perineal towels taken away.
- c) Patient was advised to extend her legs, was given

head low position for 15 minutes in the O. T. and advised 2 to 3 hours in I. P. D. She was shifted from over the operation table to the I. P. D. bed on a stretcher.

- d) Before shifting her from the O. T. B. P., Pulse etc. was checked.
- e) Sankhavati 2 tab, bid was given along with hot water bag for Svedana.

Precautions During Procedure

- 1) The medicated Ghrta should be injected very slowly by applying minimum required pressure because sudden increase of intrauterine pressure makes complications.
- 2) A rapid administration of drug into uterus may result entry of drug in the peritoneal cavity through fallopian tubes. As a consequence patient may develop abdominal pain, fainting, palpitation, low blood pressure etc.
- 3) It is necessary to confirm that the syringe should not contain any air bubble, Syringe along with canula made free from air bubbles by pushing medicine before administration to ensure absence of air. Entry of air may result in abdominal pain.

RESULT AND DISCUSSION

If the concept of **Uttar Basti** is clearly understood from a historical perspective, the condition can be identified at an early stage and managed effectively. Therefore, proper knowledge of Uttar Basti helps in understanding the process involved in the development and manifestation of diseases related to Uttar Basti.

The Basti is helpful for getting the knowledge of Sadhyasadhyatva Disease.

CONCLUSION

- 1) To conclude the following one the points derived from the above The proper knowledge of the Uttar Basti helps in understanding the process of manifestation of disease condition.
- 2) The knowledge of Uttar Basti is helpful for getting the knowledge of Sadhyasadhyatva of Disease.
- 3) In clinical practice utara basti is a very apt line of treatment for infertility.

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