



SYSTEMATIC REVIEW ON THE ROLE OF UTTARA BASTI KARMA IN FEMALE INFERTILITY

PRIYANKA B. BHADARGADE¹ VASANT C. PATIL² AKSHATA L. NAYAK³ JASMINE GUJARATHI⁴ SHRUTI NAIK⁵ MADHURI RODD⁶

ABSTRACT

Infertility is a medical condition that can cause psychological physical, mental, spiritual and medical detriments to the patient. The unique quality of this medical condition involves affecting both the patient and the patient's partner as a couple. The financial burden of assisted reproductive techniques (ART) and its failure rate create consequence like marital duress, abandonment, loss of social status and also the treatment options are painful, uncomfortable and expensive. Panchakarma plays an important role in treating female infertility and Uttara Basti is highlighted for the treatment of infertility in our classics and is well practiced with substantial results. To meet the global demand of this burning issue there is need for evidence-based treatment protocol. Present review is an effort to understand the efficacy of *Uttara Basti* in female infertility according to evidence based clinical trials. Ayurvedic treatment modalities can bypass the surgical management to avoid the related burden to provide fruitful outcome in such conditions. We have screened 84 articles of PUBMED and GOOGLE SCHOLAR and extracted 16 articles and reviewed here.

KEYWORDS: *Uttara Basti*, Tubal block, Anovulation

^{2*}Professor, Dept. of Panchakarma, AMV college and Hospital, Karnataka, India.

⁴Professor, Dept. of Prasooti Tantra and Streeroga, GJPIASR, Anand, Gujarat, India.

^{1,3,,5,6}PG Scholar Dept. of Panchakarma, AMV college and Hospital, Karnataka, India.

Corresponding Email id: ayurvasant@gmail.com Access this article online: www.jahm.co.in

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INTRODUCTION:

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Conception depends on the fertility potential of both male and female partner. The male is directly responsible in about 30% to 40%, the female in about 40% to 55% The most common causes of female infertility are Ovulatory factor, endometrial and tubal factor etc¹.

Basti Karma is considered as most important treatment for many ailments according to the classical literature of *Ayurveda*. It is best remedy to treat female infertility. *Uttara Basti* is the therapy in which the medicines are administered through intra-vesical, intra-vagina, and intra-uterine routes in Genitourinary ailments. Among the *Basti*, the *Uttara Basti* is the most complicated and needs high skill and highly aseptic area. The desired effect of *Uttara Basti Karma* depends on the dose, medicines, mixing method, *Bastidana Kala* and method of administration. There are many variations in practice of *Uttara Basti* regarding dose, course and method of administration.

A very few systematic reviews published in *Ayurveda* and on *Uttara Basti* till date no systematic review done. Many articles have been published for understanding and managing infertility. Searching and regularly reviewing such articles gives better results by

RESULTS:

understanding the available evidence. A detailed analysis of latest studies advances in clinical practice helps to understand the limitations and shows the rarely explored area of research. So here in this systematic review an attempt is made to review the published articles, extract the data, interpret the data and arrive to conclusion which will become a guiding lamp for researchers to do further research.

AIMS AND OBJECTIVES:

To evaluate the efficacy of *Uttara Basti* in Female infertility.

To evaluate the *Uttara Basti Karma* published related data.

To review the published articles on Female infertility.

METHODS:

The search was done on *Uttara Basti Karma* W.S.R. to Female infertility and relevant data is collected, extracted, and analyzed.

SEARCH METHODOLOGY:

The articles are searched from 2014 to 2022 in Google scholar and PUBMED using a strategy designed to optimize the retrieval of CT's and case reports. The Search terms used were as follows *Uttara Basti*, Tubal block, Anovulation, Female infertility etc.

Table No. 1- General Details of study

Sl.No.	Authors	Research design	Sample Size	Result
1.	Shivashankar Rajput et.al. ²	Research article	18	In this study, patency achieved in fimbrial block by <i>Uttara Basti</i> has shown 83.33%. In case of cornual block the result also found highly effective i.e.,76.92%. <i>Uttar Basti</i> removes the blockage of tubal lumen by directly acting on obstruction and restores the normal endometrium.
2.	Priyanka Mhaske et.al. ³	Case study	1	HSG reported the normal tubes after three sitting of <i>Uttara Basti</i> along with <i>Kanchanara Guggul</i> and <i>Kumari Asava</i> for three months
3.	K. Shukla et.al. ⁴	A randomized clinical trial	14	The total effect of therapy was very encouraging and highly significant on tubal blockage. The tubal block was removed in total 85.71% patients.
4.	Dr. Vidya Rani et.al. ⁵	A case report	1	<i>Uttara Basti</i> of <i>Narayana Taila</i> is helpful in removing the tubal blockage by relieving <i>Vata</i> , <i>Pittta Dosha</i> . It not only helps to get the patency of the tubal lumen but also restores normal physiological functions of ovary (ovulation)
5.	Kamayani Shukla et.al. ⁶	Clinical research	16	The tubal blockage was removed in 80% of the patients, and 40% of the patients had conceived within the follow-up period of two months.
6.	Komal Gujar et al. ⁷	Observational single case design	1	H.S.G., Both fallopian tubes are well defined. There is no abnormal dilation of the tubes and are normal with spillover of contrast on both sides confirming patency. After 6 months in August 2020 Patient is conceived.

7.	M. A. Asmabi et al. ⁸	A case report	1	This case report shows an insight into systemic learning how to manage primary infertility associated with PCOS effectively through Ayurvedic treatment modalities.
8.	Varsha sigh et al. ⁹	Single case report	1	U.S.G. report was found normal. Both fallopian tubes were found patent. She conceived and delivered a full- term female child.
9.	Suvarna. P. Nidagundi et al. ¹⁰	Pilot study	10	Among 10 patients, 4 patients - Well response, 2 patients - Improved with follicular study, 3 patients - Poor responded, 1 Patient discontinued the study.
10.	R. Shylaja et al. ¹¹	Clinical research	30	The results of this study showed that the <i>Phalaghrita Uttara Basti</i> caused conception in 60% of the patients. <i>Uttara Basti</i> cured tubal block in 50% patients, poly cystic ovarian disorder (PCOD) in 33.3% patient and bulky uterus in all the patients.
11.	Jasmine Gujarathi et al. ¹²	Case series	3	In First case, Urine pregnancy test was found positive. second case, Follicular cyst resolve, endometrial thickness increased and pregnancy test found positive. Third case, polycystic ovaries are cured. Urine pregnancy test found positive.
12.	Asha Hosur et al. ¹³	Case report	1	endometrial polyp gets resolved.
13.	M.S Sanjeewane Parera et al. ¹⁴	A case study	1	fibroid Size was reduced the transverse and vertical diameter 1.1cm and 1.3cm respectively
14.	S. P. Otta et al. ¹⁵	Controlled single blind clinical trial	30	As regards the other symptoms associated with infertility, like irregular menstruation lower abdominal pain and tenderness, dyspareunia; a

				remarkable improvement has been observed in the present study.
15.	A Varma et al. ¹⁶	Clinical trial research	28	endometrial thickness in most patients was raised up to 10-12mm
16.	R. Trivedi et al. ¹⁷	Clinical research	31	The 20% of patients were completely cured and 20% of the patients were markedly improved, while 30% of the patients were improved and other 30% of the patients were unchanged.

Table No. 2- The details of the Uttarabasti Therapy

Authors	Disease	Oil	Dose	Sittings	Duration
Shivashankar Rajput et al. ²	Tubal blockage	<i>Apamarga Kshara Taila</i>	5ml	3	3 Days
Priyanka Mashke et al. ³	Tubal blockage	<i>Apamarga Kshara Taila</i>	5ml	2	6 Days
K. Shukla et al. ⁴	Tubal blockage	<i>Yavakshara Taila</i>	5ml	2	6 Days
Vidya Rani et al. ⁵	Tubal blockage	<i>Narayan Taila</i>	5ml	3	5 Days
Kamayani Shukla et al. ⁶	Tubal blockage	<i>Kumari Taila</i>	5ml	2	5 Days
Komal Gujar et al. ⁷	Bilateral Tubal blockage	<i>Apamarga Kshara Taila with Bala Ghrita</i>	5ml	3	5Days
M. A. Asmabi et al. ⁸	PCOD	<i>Mahanarayana Taila with Kalyanaka Kshara</i>	5ml	3	6 Days
Varsha sigh et al. ⁹	PCOS	<i>Panchagavya Ghrita</i>	5ml	3	5Days
Suvarna P.	Low antral follicles	<i>Phala Ghrita</i>	5ml	3	3Days

Nidagundi et al. ¹⁰					
R. Shylaja et al. ¹¹	Low antral follicle	<i>Phala Ghrita</i>	5ml	3	3Days
Jasmine Gujarathi et al. ¹²	Anovulataion	<i>Shatapushpa Taila</i>	5ml	3	3Days
Asha Hosur et al. ¹³	Endometrial Polyp	<i>Varunadi Ghrita</i>	5ml	3	3Days
M.S Sanjeewane Parera et al. ¹⁴	Uterine Fibroid	<i>Palasha KsharaTaila</i>	5ml	2	6Days
S. P. Otta et al. ¹⁵	Dysmenorrhoea and Leucorrhoea	<i>Phala Ghrita</i>	3 -5 ml	3	9 Days
A Varma et al. ¹⁶	Endometrial receptivity	<i>Bhrihat Shatavari Ghrita</i>	5ml	3	3Days
R. Trivedi et al. ¹⁷	<i>Arthava Kshaya</i> (oligomenorrhea)	<i>Arkapushpa Taila</i>	5ml	3	3Days

Table No: 3 Most commonly used Taila and Ghrita

Name of the disease	Oil used
Tubal Blockage (Unilateral)	<i>Apamarga Kshara Taila, Yava Kshara Taila, Narayana Taila, Kumari Taila.</i>
Tubal Blockage (Bilateral)	<i>Aparmarga Kshara Taila, Bala Ghrita</i>
PCOD	<i>Mahanaryana Taila with Kalayanaka Kshara</i>
PCOS	<i>Phala Ghrita</i>
Low Antral Follicles	<i>PhalaGhrita</i>
Anovulation	<i>Shatapushpa Taila</i>
Endometrial Polyp	<i>Varunadi Ghrita</i>
Uterine Fibroid	<i>PalashaKshara Taila</i>
Dysmenorrhea and Leucorrhea	<i>Phala Ghrita</i>
Endometrial Receptivity	<i>Brihatshatavari Ghrita</i>
Oligomenorrhea	<i>Arka Pushpa Taila</i>

DISCUSSION

Dose

In 95 % of studies used 5ml and in only 5 % studies used 10 ml dose. According to *Acharya Sushruta* dose of the *Uttara Basti* is 1 *Prasuta Matra* in females.¹⁸ According to *Acharya Vagbhata* 1 *Prakuncha Matra* for Women, 1 *Shukhti Matra* for *Kanya* (Girl).¹⁹ The classical method of *Uttara Basti* enables greater surface area for drug absorption as *Maharshi Sushruta* told insertion of *Basti Netra* up to 4 Angula only, and the length of vagina is 7-9cm (Anterior wall 7cm, Posterior wall 9cm) so, 50% of vagina and the whole uterus will be the available area for drug absorption. The administered oil enters into the uterus through the internal OS because of pressure produced by the *Basti Putaka Peedana* and the laxity of cervix produced by *Abhyanga* and *Svedana*. More absorption, the action will be greater and rapid. So, in order to arrive to a conclusion, which is the best and effective dose, there is need for research involving 5 different groups 25ml, 50ml, 75ml, 100ml (Classical). And 5ml (currently practiced method).

Duration and course:

In 50% of the studies the duration of administration is 3 Days. In 25% of studies the duration of administration is 6 Days. In 20% of

studies the duration of administration is 5 Days. In the 5% of the studies the duration of administration is 9 Days. In the 75% of studies, course of administration of *Uttara Basti* is 3. In 25% of studies course of administration is 2. In classics *Acharya Charaka* mentioned the administration is done for 3 days with gradual increase in dose of *Sneha*.²⁰ Two sittings of seven days course with a gap of seven days in between.

Time of administration of *Uttara Basti*

In research studies, in 25% of the patients *Uttara Basti* was administered from 6th day to 12th day of the cycle. In 20% of studies 7th day to 12th day of the cycle. In 55% of studies 10th day to 12th day of the cycle. *Acharya Charaka* has mentioned, *Ritu Kala* is the best time for administration of the *Uttara Basti* as *Yoni Mukha will be Avaranarahita* (Cervix will be open).²¹

Posture

Acharya Charaka has mentioned Women should be made to sleep in *Uttanayashayanaha Samyak Sankochya Sakthini* position (supine position with flexed thighs and elevated knees).²² The patient is given dorsal lithotomy head low position on the OT table after *Yoni Prakshalana* with *Triphala Kashaya*.

Procedure

According to *Samhitas*, after giving the position the nozzle of the *Uttara Basti Yantra*

is slowly inserted following the direction of the passage. In 24hours, 2-3 times *Uttara Basti* is given for 3 nights with gradual increase in dose of the *Sneha*.²³

Currently Practiced Method:

After making patient relaxed Sim's speculum should be inserted into vagina. Cervix should be exposed with the help of the anterior vaginal wall retractor and speculum. After this process once again vagina and external OS should be painted with diluted betadine for removal of mucoid or any discharge. When the sterilization is over, cervix should be caught with Allis forceps or vulsellum forceps. Uterine sound is passed through external OS to find the position of uterus. After knowing the position of uterus, Hegar's dilator is inserted through external OS for dilating the cervix properly. When cervix is dilated properly, then 5 ml *Taila* filled in 10/20 ml disposable syringe fitted with angulated *Uttara Basti* cannula should be inserted gently and oil is instilled. After this all instruments and towels should be removed. Patient is advised to return to supine position with legs folded on each other. In clinical studies, the dose used was 5 ml by 95% of the studies and only 5% of the studies used 10ml.

Medicines used for Uttara Basti

Apamarga Kshara Taila, due to its *Sukshma*, *Laghu*, *Sara*, *Vyavayi*, *Vikasi*, *Pramathi* etc. *Guna*, *Katu Vipaka* and *Ushna Virya* might

have been played important role to remove block in the tubes. Due to *Vrana Shodhana* and *Vrana Pachana Karma*, *Tila Taila* acts as anti-inflammatory. Due to its *Vyavayi* and *Sukshma Guna* its spreads in minute channels and spread easily. *Apamarga Kshara Taila* has *Vata Kaphagna* and *Lekhanaa* properties. So, it can be said that, *Kshara Taila* is the best way to remove the blockage in tubal cavity and also helps to remove fibrosed layer of endometrium to enhance its regenerating property and to rejuvenate it.^{2,3} *Yava Kshara Taila*, works with its *Tikshna* and *Vata-Kapha Shamaka* properties. It helps in scraping of obstructing substance and also removes the endometrial lining of tubes and uterus.⁴

Narayana Taila and *Mahanarayana Taila* are *Vata Shamana*, and indicated in *Vandhyatwa*. They are helpful in removing the tubal blockage by relieving *Vata*, *Pittta Dosha*. So, it can be said that the drug given by IU route may Stimulate the receptors by which the ovaries receive the hormone and corrects its function.^{5,8}

Kumari Taila is highly efficacious and established for their role on menstrual disorders and hormonal imbalance. For pacification of *Vata* too, *Kumari Taila* seems to be very efficient not only remove tubal blockage, but it also corrects the ovarian

functions, and restore normal menstrual physiology.⁶

Panchagavya Ghrita have *Ushna* and *Tikshna Guna* which regulate the *Kapha* and *Vata* and helps in maturation of Graafian Follicle.⁹

Phala Ghrita possessing Oleating, Nourishment and Phytoestrogenic properties gets easily absorbed through the mucus membrane, glands and vessels, increases ovulation factor. It gives tubal potency. In Endometrial factors it increases the blood circulation, helps in proliferation increases the receptive activities of endometrial and cervical mucus secretion.¹⁰

Shatapushpa by its Phyto-estrogenic properties brings down the levels of insulin resistance in the body and restore the cellular imbalance that is a major cause of PCOS.¹²

Varunadi Ghrita has *Lekhniya* property and which helps in resolving the endometrial polyp.¹³

Palasha Kshara Taila, contains *Palasha Kshara* and *Tila Taila* has the action of *Ksharana* and *Lekhana*. Therefore, it might be resulting into *Ksharana* and *Lekhana* of nodular growth. *Tila Taila* has property of *Vatashamaka*, *Sleshmahara*, *Yonivishodhana* and *Yonishula Prashamana*. The *Ushna* and *Snigdha Guna* of the Tila (sesame) oil pacifies the increased *Rukshatva*, *Khartava Guna* of *Vayu* restoring its normal function and thus brings about *Srotoshodhana*. When instilled into uterine

cavity a known place of *Apana Vayu*, which gives direct access to the seat of *Dosha Dushya Sammorchana*. This directly acts on *Vikratavayu* and *Kaphadosha* which causes *Ksharana* and *Lekhana* of *Vikruta Mamsa* and *Medo Dhatu* and breaks the *Samprapti* of uterine fibroid.¹⁴

Brihat Shatavari Ghrita did *Shodhana Karma* of *Vata Dosha* and gives nourishment to endometrium potently by its *Brinhana* property and improved endometrial receptivity.¹⁶

CONCLUSION

The *Uttara Basti* is the most complicated and needs high skill and aseptic area for administration. The desired effect of *Uttara Basti Karma* depends on the dose, medicines, method of administration, administration time, and post operative management.

This Systematic Review concludes the following findings and observations-

Dose- In 95% of studies used 5ml and in only 5% studies used 10 ml dose. In order to arrive to a conclusion of best and effective dose, there is need for research involving 5 different groups 25ml, 50ml, 75ml, 100ml (Classical) and 5ml (currently practiced method).

Duration and course- In the 50% of the studies the duration of administration is 3 Days. In 25% of studies the duration of administration is 6 Days. In 75% studies 3 course and in 25%

studies 2 course of *Uttara Basti* are administered.

Time of administration of *Uttara Basti*- In 25% of the patients *Uttara Basti* was administered from 6th day to 12th day of the cycle. In 55% of studies 10th day to 12th day of the cycle.

Method of administration- All the studies the procedure using *Uttara Basti* Canula is used

Posture/position- All the studies the procedure was done in the patient is given dorsal lithotomy head low position.

Drug used- In 18.75% of studies, *Apamarga Kshara Taila* is used and 18.75% studies the *Phala Ghrita* is used.

Disease selected for study- In 37.5% studies are taken Tubal Block under study and 31% studies are taken ovarian diseases under study.

Research Design- Among 16 articles 43.75% are case reports and 25% are clinical research.

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