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Holistic Approach to Female *Uttar Basti* - A Review Article

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ABSTRACT

In *Ayurveda*, *Basti* is considered as *Ardhchikitsa* by some *Acharyas* and as a complete therapeutic procedure by others due to its *Vast* areas of action. As defined by *Acharya Charak*, *Basti* is of three types and among them; *Uttar Basti* has been highlighted for most of the uro-genital disorders in both males and females. As it gives quick relief and can easily be practiced in OPD basis, it outpowers other systems of medicine and can be used as alternative for invasive intervention. Vaginal douching and Urethral douching have been practiced already but *Uttar Basti* has a far wider scope in terms of disease diversity. Through this article, an attempt has been made to review *Uttarbasti* through classical texts to understand the concept of *Uttarbasti* and to understand its mode of action with its importance in clinical practice.

Key words: *Ayurveda*, *Uttarbasti*, *Uro-genital disorders*

INTRODUCTION

Uttar Basti is a procedure, in which drug is administered through *Uttar Marga* i.e., *Marga* above the *Guda* (*Apatyamarg* and *Mutramarga*) and it imparts *Srestha Guna* to the body.^[1] *Acharya Vagbhata* defines it as the one which is administered after the *Niruha Basti* and is given in *Uttar Marga*.^[2]

AIMS AND OBJECTIVES

1. To study the methodology of *Uttar Basti*.
2. To study classical indications mentioned in *Ayurvedic* textbooks and different *Yogas* used for

Uttar Basti in current practices.

3. To study the scientific approach of *Ayurveda* towards the concept of *Uttar Basti* according to different *Aacharyas*.

MATERIAL AND METHODS

Types of *Uttar Basti*

Uttar Basti can be classified in many ways:

A. Based on *Marga* (Route) of Administration:^[3]

1. ***Mutrashyagata Uttar Basti***: The administration of drug through Urethral route.
2. ***Yonigata Uttar Basti***: The administration of drug through Vaginal route.
3. ***Garbhasyagata Uttar Basti***: The administration of drug through Uterine route.

B. Based on Drug of Administration:^[4]

1. ***Snaihika Uttar Basti***: When only *Sneha Dravya* such as *Ghritha* and *Taila* are used for *Uttar Basti*, it is called *Snaihika Uttar Basti*.
2. ***Niruhika Uttar Basti***: When *Kashaya*, *Swarasa*, *Ksheerpaka*, etc are used to administer in *Uttar*

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Basti, it is called as *Nairuhika Uttar Basti*. There is no addition of *Madhu, Lavana, Sneha, Kalka, Kwath* etc is required in *Uttar Basti* which are commonly added in *Niruha Basti*.

Indication And Contra-Indication^[5,6]

Indication	Contra-Indication
<ul style="list-style-type: none"> ▪ <i>Sukra Dushti</i> (Sperm disorders including Hormonal problems) ▪ <i>Shonita Dushti</i> (Menstrual disorders including Uterine Bleeding problems) ▪ <i>Pushpodreka</i> (<i>Menorrhagia, Pushpa Nasha</i> (Pathological Amenorrhoea), <i>Kastapushpa</i> (Dysmenorrhoea). ▪ <i>Basti Vikara</i> including <i>Mutraghata</i> and <i>Mutrakrichha</i>. ▪ <i>Mutragraha</i>, may be Physiological and Anatomical. ▪ <i>Bindu Srava</i> (Dribbling of Urine or Weakness of Sphincter) ▪ <i>Mutraghata, Mutradosha</i> ▪ <i>Yonivyapada, Yonivyadhi</i> (Gynecological disorders) ▪ <i>Sharkara Ashmari</i> ▪ <i>Basti Vankshana Mehana Shoola</i> (Pain in bladder, groin, phallus) ▪ <i>Yonivibhrmsa</i> (Uterine Prolapse) ▪ <i>Apradushti</i> (Problem of Placenta implantation) ▪ <i>Asrigdara</i> (Dysfunctional Uterine bleeding), etc. 	<ul style="list-style-type: none"> ▪ Prameha ▪ Hyper sensitivity ▪ Bleeding diseases ▪ Carcinoma ▪ Fistula ▪ Diverticulum ▪ Genetic and Congenital anomalies. ▪ In the genital tract of Girls <i>Uttar Basti</i> is contraindicated.

Uttar Basti Yantra (Instruments)

Uttar Basti Yantra is consists of 2 parts:

1. *Bastiputaka*
2. *Bastinetra*

***Bastiputaka*^[7]**

It should be made up of bladder of small sized animals such as sheep, pig, goat etc. or else with leather of bird can also be used as *Bastiputaka*. It should be clean, smooth and procured with *Kashaya Dravya*.

***Bastinetra*^[8,9,10]**

It is also called as *Pushpa Netra*. It should be made up of *Hema* (Gold) or *Raupya* (Silver) and its shape should resemble tail of a cow (broad at the base and tapered towards the end), containing 2-3 *Karnika* (ridges), it has to be strong (*Dridha*), smooth (*Shlakshan*) and *Vritta*. Length of *Bastinetra*, circumference and size of lumen of *Basti Netra* is different in sex and age group as mentioned in the Table 1.

Age	Passage	Length	Circumference of Nozzle	Size of Lumen	Karnika (From the Tip of Nozzle)
Male	Urinary	12/14 Angula	<i>Maltipushp avruntagra</i>	<i>Sarshaps annibham</i> (size of mustard seed)	<i>Madhya</i> (at 6/7 Angula)
Girl	Urinary	10 Angula	<i>Maltipushp avruntagra</i>	<i>Sarshaps annibham</i> (size of mustard seed)	At 1 Angula
Adult women	Urinary	10 Angula	<i>Mutraserotah Parinaah</i> (Size of Urethral Meatus)	<i>Mudgva hi</i> (size of green-gram seed)	At 2 Angula
Adult women	Vaginal	10 Angula	<i>Medhra Aayamasamama</i>	<i>Mudgva hi</i> (size of green-gram seed)	At 4 Angula

In current practice, instrument used for *Uttar Basti* are:

- For *Basti Netra*-
 - Rubber catheter (8/9 number) or infant feeding tube can be used for urinary *Uttar Basti*.
 - While for uterine *Uttar Basti*, Rubin's cannula, I.V cannula, intrauterine insemination cannula (IUI) can also be used as *Basti Netra*.
- For *Bastiputak* - Syringe (10-50 ml) can be used.
- Cosco's speculum, sponge holding forceps, artery forceps, uterine sound, heger's dilator is also required.
- Other instruments such as Autoclave, kidney tray, cloth to cover all other parts, cleansing materials (swab, gauge piece, savlon), normal saline, gloves, xylocaine jelly etc. are required.

Time of Administration (*Kala Nirdharan*)

- Uttar Basti* should be given during early morning (*Purvavahana*) or in afternoon (*Madhyayan*).
- Urinary *Uttar Basti* can be given on any day as no specific time is mentioned for administration of *Mutra Marg Gata Uttar Basti*. While vaginal and uterine *Uttar Basti* should be given during *Ritukala* (just after cessation of menses) as mentioned by *Acharya Charak* and *Vagbhatta* because *Yoni-Garbhasthya Mukha* (vaginal and uterine orifices) are widely open during this time and hence *Sneha* easily enters and gets absorbed there.^[11,12]
- However, *Acharya Vagbhatta* mentioned that during Emergency condition (*Atyayik*) *Uttar Basti* can be administered on days other than *Ritukala*.^[13]
- Administration of 2-3 *Asthapana Basti* is also mentioned before giving *Uttar Basti* for *Shodhana* effect, by *Acharya Vagbhatta*.^[14]

Dose For *Uttar Basti* (*Matra Nirdharan*)

- Acharya Charak* has mentioned that dose of *Sneha* should be $\frac{1}{2}$ *Pala* for administration of *Uttar Basti* irrespective of the route.^[15]

- While *Acharya Sushrut* has clearly mentioned different dosage of *Sneha* and *Kwath* for *Uttar Basti*.^[16]

Gender	<i>Sneha</i>	<i>Kwatha</i>
Male	1 <i>Prakuncha</i> (1 <i>Pala</i>)	1 <i>Prasruta</i>
Female	1 <i>Prasruta</i> (<i>Garbhasthya Shodhanarth</i> -2 <i>Prasruta</i>)	2 <i>Prasruta</i>

- Acharya Vagbhatta* prescribed the dose of *Sneha* in females as 1 *Prakuncha* (1 *Pala*) and in *Kanya* as 1 *Shukti*.^[17]
- According to *Sharangdhar*, *Vangsen* and *Bhavprakash*, dose of *Sneha* should be.^[18]

Females:	Males:
<ul style="list-style-type: none"> <i>Yoni Marga</i>: 2 <i>Pala</i> <i>Mutramarga</i>: 1 <i>Pala</i> Bala: $\frac{1}{2}$ <i>Pala</i> (2 <i>Karsha</i>) 	<ul style="list-style-type: none"> < 25 years: 2 <i>Karsha</i> ($\frac{1}{2}$ <i>pala</i>) > 25 years: 1 <i>Pala</i>

- Dose should be fixed considering *Vaya*, *Bala*, *Satva*, *Satmya* etc.
- In Current Practice, for *Mutramarg Gata Uttar Basti*- 50 ml of *Sneha* and upto 200 ml of *Kasaya* can be given while for *Yonimarg Gata Uttar Basti* only 5-10 ml of *Sneha* can be given.

Drugs and Medication used for *Uttar Basti*

For Urinary *Uttar Basti*

- In case of any type of infection such as cystitis, urethritis, *Shodhana* type of *Uttar Basti* should be given containing *Gokshuru*, *Punarnava*, *Shatavari*, *Erand* etc. because of their anti-inflammatory and diuretic effect.
- In case of incontinence, *Snaihiik Basti* of *Bala Taila*, *Ksheerbala Taila*, *Sukumar Ghrith* etc. should be given for their *Balya* effect.
- Varunadi Kashaya* can be used in case of hydronephrosis.
- While any type of *Kshar Basti* such as *Apamarga Kshar* or *Yavkshar* containing *Shweta Parpati* can be given in case of urinary infections having pus cells in urine.

For Vaginal Uttar Basti

- In any type of discharge from vagina *Triphala Kashaya* can be used for *Uttar Basti*, while in case of itching *Aragwadh Kashaya* is preferred.
- Any type of *Kshar* can be used for erosions while *Jatyadi Taila* or *Ghrit* can be used in case of wound or abrasions where healing is required.
- *Mahatiktak Ghrit* can be used for burning sensation.

For Garbhashyagata Uttar Basti

- For infertility- *Phalaghrit*, *Phalkalyanak Ghrit*, *Shatpushpa Ghrit*, *Shatavari Ghrit*, *Ksheer Bala Taila*, *Mahanaryana Taila*, *Narayan Taila*, *Til Taila* etc. can be used.
- For uterine prolapse- *Bala Taila*, *Sukumar Ghrit*, *Brahmi Ghrit* can be used.
- For Tubal Block- *Kumari Taila* (inflammatory origin blockage), *Yavkshar Taila* (adhesion blockage), combination of *Saindhava* and *Madhu* can be used.
- For Tortous tube- *Nirgundi Taila* can be used.
- Oligomenorrhoea- *Kumari Taila*.
- Secondary Amenorrhoea- *Phala Sarpi*, *Apamarg Kshar*.
- Dysmenorrhoea- *Dashmool Trivrit Taila*, *Sukumar Ghrit*.
- Ovulation induction- *Lashun Taila*, *Shatpushpa Taila*, *Mahanaryana Taila*, *Narayan Taila*.
- Low level FSH and Prolactin- *Phalasarpi*.

Uttar Basti Procedure

Like every procedure of *Panchakarma*, *Uttar Basti* is also carried out in 3 steps - *Poorvakarma*, *Pradhana Karma* and *Paschat Karma*.

Poorvakarma

1. *Sambhar Sangraha* (Preparation of material-Instruments and Drug)
2. *Matra-Kala Nirdharan*
3. *Atur Siddhata* (Preparation of Patient)

Preparation of Patient**In Classics -**

- *Acharya Vagbhatta* has mentioned administration of *Niruha Basti* prior to *Uttar Basti* for *Shodhan* effect as to purify the *Mala Marg*.^[19]
- *Acharya Charak* advised the patient to take bath then having food mixed with *Mansaras* and *Ksheer* and voided her *Mala Marga* before *Uttar Basti*.^[20]
- *Acharya Sushrut* mentioned *Sthanik Abhyanga* and *Swedana* over abdomen, thighs, groin area and having *Yavagu* with *Ghrita* and *Dugdha* before administration of *Uttar Basti*.^[21]

In Current Practice -

Advise the patient first to empty her bladder and bowel.



B.P and pulse should be recorded.



All instruments should be autoclaved to avoid any type of infection.



Patient should be made to lie down in supine position with well flexed thighs (Lithotomy position).



Yoni Prakshalana with *Panchvalkala Kwatha*, *Triphala Kwatha*, *Nimba Kasaya*, etc. should be done for local aseptic precautions.



Followed by *Sthanik Abhyanga* and *Swedana* over abdomen, thighs, and groin region.

Pradhana Karma (Method of Administration)**In Classics -**

1. In Lithotomy position, *Bastiputaka* containing the prescribed *Dravya* (either *Kwath* or *Sneha*) is taken and *Bastinetra* lubricated with *Sneha* is carefully introduced into the *Apatyamarg* and *Mutramarga*.
2. *Bastiputaka* is compressed uniformly, so that the *Dravya* enters the *Marga* easily.

3. Such *Uttar Basti* can be repeated 2/ 3/ 4 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 3 *Uttar Basti*.^[22]

In Current Practice -

Urethral *Uttar Basti* :

In Lithotomy position, after cleansing of the part expose the Urethral Opening and catheterize it.



Then slowly insert the *Bastinetra* (Rubber catheter) and wait for the residual urine from the other end of catheter.



After collecting the residual urine, attach the *Bastiputaka* (Syringe) to *Bastinetra* and slowly push the drug.



Then remove the *Netra* and ask the patient to lie down until she feels urination.

Vaginal / Uterine *Uttar Basti*

In Lithotomy position, after cleansing of the part, Cusco's speculum lubricated with oil should be inserted into the vagina to see cervix properly.



Cervix should be exposed with anterior vaginal wall retractor and speculum.



Then, 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, *Sneha* filled in *Bastiputaka* fitted with *Bastinetra* should be inserted gently and oil is instilled slowly into the vagina or uterus.



All instruments and towel should then be removed.



Pichu can be kept in vaginal orifice to prevent outside leaking of *Bastidrava*.



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

Paschatkarma

In Classics -

- The *Uttarbasti Dravya Pratyagamana Kala* is 100 Matra (~31.66 sec)^[23]
- *Acharya Sushruta* says, after the medicine has returned, in the evening considering the *Dosha*, *Ksheera*, *Yusha* or *Mamsa Rasa* has to be taken.^[24]
- *Acharya Charaka* and *Acharya Vagbhatta* mentioned the same *Paschatkarma* for *Uttar Basti* as of *Anuvashana Basti*.
- *Acharya Charaka* says if the *Sneha* does not return, then observation should be done for one night. If it fails to return, then *Teekshna Shodhanavarti* should be inserted.^[25]
- *Acharya Sushruta* says, if *Sneha* does not return then *Shodhana Basti* can be given.^[26]
- He also mentioned the use of Probe in *Mutramarga* and abdomen is pressed forcefully below the umbilicus.^[27] Then, *Varti* of size of *Mudga*, *Ela* and *Sarshapa* prepared from *Aaragwadha Patra* with *Nirgundi Patra Swarasa*, *Gomutra* and *Saindhava* smeared with Ghee is inserted into *Mutramarga* with the help of *Shalaka*.^[28]

In Current Practice -

Blood pressure, pulse to be recorded.



Patient is advised to relax for 30 min in ward in head low position.



Fomentation over supra-pubic area should be done with hot water bag to relieve pain.



Patient is advised to take light diet in evening.



All the instruments including syringe, catheter, and oil should be properly autoclaved.

Complications

There is no direct reference of *Uttar Basti Vyapad*, but the *Dosha* mentioned for *Basti* such as *Bastiputaka Dosha*, *Bastineta Dosha*, *Basti Pranidana Dosha* and *Basti Pidana Dosha* are applicable to *Uttar Basti* also.

Assessment

Samyak, *Ayoga*, *Atiyoga Lakshana*, and *Pariharya Vishaya* for *Uttar Basti* is similar to that of *Anuvasana Basti*.^[29]

Schedules for Uttar Basti:

- In classics, administration of 2/3 *Niruha Basti* before *Uttar Basti* is mentioned. Then 2/3/4 *Sneha Basti* should be injected in the course of day and night. Such treatment should be done for 3 days with gradual increase in the dosage. In the same manner, the procedure should be repeated after an interval of 3 days^[30]
- In practice at OPD level, *Uttar Basti* can be given alone for 3/5/7 days.
- *Uttar Basti* can also be given in *Yoga Basti* pattern (8 days), where *Basti* according to *Yoga Basti* schedule is given in morning followed by *Uttar Basti* in afternoon.

DISCUSSION

Probable Mode of Action of Yonigata (Vaginal) Uttar Basti

Vaginal delivery can be used for systemic as well as local action. The networks of blood vessels like plexus of arteries extending from internal iliac artery, uterine, middle rectal and internal pudendal arteries supply blood to the vagina. The blood cells are abundant in vaginal wall. This vascularity of vaginal tissue is responsible for first uterine pass effect, or direct preferential vagina to uterus transport. The first uterine pass effect can be defined as a preferential transfer of a vaginally administered drug to the uterus. A significantly higher concentration of progesterone in

uterus after vaginal administration as compared to oral administration can be taken as an evidence for the above findings.^[31]

The vaginal histology mainly consists of four distinct layers:

1. Superficial layer: composed of non-secretory stratified squamous epithelium.
2. Lamina propria or tunica: made of collagen and elastin, which contains a rich supply of vascular and lymphatic channels.
3. Muscular layer: consists of smooth muscle fibers running in circular and longitudinal directions.
4. Final layer consists of areolar connective tissue and a large plexus of blood vessels.

The drug transport across vaginal membrane mainly takes place by three major ways:

- a) Transcellularly (across epithelial cells) via concentration dependent diffusion through the cells.
- b) Paracellularly (between adjacent epithelial cells) mediated via tight junctions.
- c) Vesicular or receptor mediated transport.

Drug absorption from vaginal delivery system happens in two steps: dissolution in vaginal lumen and membrane penetration. Cervical mucus acts as a permeability barrier in vaginal absorption. As vaginal fluid is watery in content, any drug intended for vaginal delivery requires a certain degree of solubility in water. This explains the absorption of *Kwatha Dravya* through *Yonimarga* and use of *Madhyama Paka* of *Sneha* for *Uttarbasti* (same as *Basti*) that contains substantial amount of water besides, as mentioned by *Acharya Charaka*.

Factors affecting Vaginal drug delivery^[32]

1. Physicochemical properties of the drug like solubility, dissolution rate, chemical structure, stability, and pore size are thought to influence the vaginal drug delivery.
2. Generally, absorption of low molecular weight lipophilic drugs is much more than large molecular weight lipophilic or hydrophilic drugs.

3. Contact time: More the retention of the medicament within the vaginal cavity more will be the absorption. For this reason, *Acharya* might have advised to perform *Uttarbasti*, thrice or more at a stretch in a day so that the medicine remains for more time in the contact of the surface. Prolonged contact with the absorbing surface will cause better drug absorption.

Probable Mode of Action of *Garbhashayagata* (Uterine) *Uttarbasti*^[33]

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.

Probable mode of action of *Mutramargagata* (Urethral) *Uttarbasti*^[34]

Drug administered through phallus or female urethra is called Urethral *Uttarbasti*. A small fraction of orally administered drugs only acts on the desired site either due to poor absorption or due to metabolic loss for which systemic therapy in bladder diseases most often is not fruitful. This loss can be avoided from first pass metabolism, thus the therapeutic effect of a drug at the target site with very minimal side effects can be achieved by administering Intra-vesical Drug Delivery (IDD). The need of a prolonged regimen by oral administration for achieving efficacy can be lowered by IDD.

The main problem of IDD is low residence time of a drug in the bladder that necessitates frequent instillation. Usually, the drug inside the bladder rarely lasts beyond the first voiding of urine after instillation. Another important obstacle of this therapy is low permeability of transitional epithelium of the bladder also known as Urothelium. However, in diseased state, this tough barrier against IDD is somewhat compromised and even then, only mode of membrane transport across urothelium is passive diffusion. Since passive diffusion is the only driving force for intra-vesical drug absorption, the drug transport across the urothelium (trans-vesical) may be improved if the concentration gradient is high. Increasing retention time of bladder is possible by repeating the therapy for prolonged time. The medicine of *Uttarbasti* (usually medicated oil or ghee; sometimes decoction) are introduced into bladder for 3 to 4 times in a day and should be repeated in every fourth day. Use of Ghee or

oil in *Uttarbasti* is beneficial as it remains on the urothelium layer for several hours. It fulfils three main criteria: quick adhesion to the urothelium after instillation, should not bottleneck voiding of urine and retained over urothelium for at least several hours.

In *Ayurvedic* classics, the drugs used in *Uttarbasti* have been advised to release at the level of mid portion of penile part of the urethra in male and in urethra of the female. So, there is also a chance of absorption of drug in urethral part. Moreover, in male, it is said to administer *Uttarbasti* in *Hrishta Medhra* (i.e., Erected Phallus). In erect condition, there is huge accumulation of blood in spongy area, which may drain the drugs to the circulation.

CONCLUSION

At present, *Uttar Basti* is confined to a very few gynaecological diseases particularly infertility. Its practice in other gynaecological disorders as mentioned in classical texts has almost disappeared. But, if applied with proper indications, septic precautions and extreme carefulness, it can show marvellous results.

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