



Uttarabasti: An Effective Sthanika Chikitsa In Females

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ABSTRACT:

Basti Chikitsa is considered to be a prime treatment modality among the *Panchakarma*. *uttara basti* In Ayurvedic Gynecology *Sthanik Chikitsa* (Local therapies) are the specialized treatment procedures. These procedures basically deal with the disorders of *Tryavarta Yoni* (Three coverings of Vagina). Vata is the the main causative factor for all *yonirogas* and *arthava vikaras*. *Basti* is best *Vata Shamana Chikitsa*. Acharya sushruta says *basti* is useful in treatment of *vata,pitta,kapha* doshas even in the derangement of *rakta dhaatu*.The *basti* administered through the *Uttara marga* and has *shreshta* gunas is known as *Uttara basti*. Out of this *Uttar Basti* is most widely used and unique treatment concept of *Stree Roga*. In this Study *Uttar Basti* is reviewed through ancient texts and an effort is made to understand the concept of *Uttar Basti*.

KEY WORDS: *Uttar Basti, Ayurveda, Stree Roga, Sthanika Chikitsa, vandyatwa.*

INTRODUCTION:

Uttar Basti is a procedure, in which drug is administered through *Uttar Marga* i.e. Urinary or vaginal than usual, that is anal passage and is used after *Niruhabasti* and is superior in qualities thus is termed as *Uttarabasti*. 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⁾ A healthy conception results due to the influence of *Ritu, Kshetra Abu, Bija Samyoga, Garbha Sambhava Samagri* as mentioned in Ayurvedic classics, any defect in the above component can lead to *Vandyatwa*.

Kshetra is one of the most important factors that may have its impact on conception and growing fetus as well as it is considered as the site of implantation in the *Garbhashaya* which bears the fruit of conception and can be considered *Garbha* (uterus) the defects of which are treated with *uttarabasti*.

AIMS AND OBJECTIVES:

- To study *Uttar Basti* from different Ayurvedic texts
- To study the methodology of *Uttar Basti*

MATERIAL AND METHODS:

Literary source: This is a conceptual type of study. Literary aspect of *uttarabasti* will be collected from classical ayurvedic and modern text.

CLASSIFICATION OF UTTARA BASTI:

- On the basis of form of drug to be administered *uttara basti* may be classified as *snaihika uttara basti*, *niruhika uttara basti* ⁽³⁾
 1. ***Snaihika uttara basti*** – the *uttara basti* procedure where only *sneha dravyas* are used is called as *snaihika uttara basti*. there is no mentioning of addition of any *avapa dravyas* in it.
 2. ***Niruhika uttara basti*** – the *uttara basti* procedure where only *kashaya dravyas* are used. there is no mentioning of addition of *madhu, sneha, kalka* etc. which are being added commonly in *niruha basti*.
- On the basis of route of administration, it is classified as ⁽⁴⁾
 1. ***Mutrashayagata uttara basti*** – the administration of drugs through urethral route.
 2. ***Yonigata uttara basti*** - the administration of drugs through vaginal route.
 3. ***Garbhashayagata uttara basti*** - the administration of drugs into uterus.

INDICATION AND CONTRA-INDICATION ^(5,6)

INDICATION

- *Sukra Dushti* (Sperm disorders including Harmonal problems)
- *Shonita Dushti*(Menstrual disorders including Uterine Bleeding problems)
- *Pushpodreka* (Menorrhagia)
- *Pushpa Nasha* (Pathological Amenorrhea),
- *Kastapushpa*(Dysmenorrhea).
- *Basti Vikara* including *Mutraghata* and *Mutrakrichha*.
- *Mutragraha*, may be Physiological and Anatomical.
- *Bindu Srava* (Dribbling of Urine or Weakness of Sphincter)
- *Mutraghata, Mutradosha*
- *Yonivyapada, Yonivyadhi* (Gynecological disorders)

- *Sharkara Ashmari*
- *Basti Vankshana Mehana Shoola* (Pain in bladder, groin, phallus)
- *Yonivibhrmsa* (Uterine Prolapse)
- *Apradushti* (Problem of Placenta implantation)
- *Asrigdara* (Dysfunctional Uterine bleeding), etc.

CONTRAINDICATION

- *Prameha*
- Hyper sensitivity
- Bleeding diseases
- Carcinoma
- Fistula
- Diverticulum
- Genetic and Congenital anomalies.
- In the genital tract of Girls Uttar Basti is

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.

Table 1

AGE	PASSAGE	LENGTH	CIRCUMFERENCE OF NOZZLE	SIZE OF LUMEN	KARNIKA (FROM THE TOP OF NOZZLE)
MALE	Urinary	12/14 <i>angula</i>	<i>Maltipushpavruntagra</i>	<i>Sarshpsannibham</i> (size of mustard sed)	<i>Madhya</i> (at 6/7 <i>angula</i>)
GIRL	Urinary	10 <i>angula</i>	<i>Maltipushpavruntagra</i>	<i>Sarshpsannibham</i> (size of mustard sed)	At 1 <i>angula</i>
ADULT WOMEN	Urinary	10 <i>angula</i>	<i>Mutrasratah 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 aayamasa mama</i>	<i>Mudgvahi</i> (size of green gram seed)	At 4 <i>angula</i>

IN CURRENT PRACTICE, INSTRUMENT USED FOR *UTTAR BASTI* ARE:

1. 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*.

2. For *Bastiputak* - Syringe (10-50 ml) can be used.

3. Cosco's speculum, sponge holding forceps, artery forceps, uterine sound, heger's dilator is also required.

4. 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.

DOSAGE

Different Acharya's have different opinion over the dosage values; which basically depends upon the ingredients of the *basti* either *sneha* or *kashaya*. Acharya *vagabhata* defines the amount as 1 *shukti* which is for *bala* (less than 16 years) and he has also told that the *madhyama matra* in an adult female is 1 *prakuncha*. And it is also mentioned that the dosage can be adjusted on the behalf of age of the female.

Table 2

<i>Acharya</i>	<i>Sneha utara basti matra</i>	In (ml)
<i>Charaka</i> ⁽¹¹⁾	$\frac{1}{2}$ pala	24 ml
<i>Vagabhata</i> ⁽¹²⁾	1 shukti – 1 prakuncha	24ml – 48 ml
<i>Sushruta</i> ⁽¹³⁾	1 pala	48 ml

Table 3

<i>Acharya</i>	<i>Kashaya utara basti matra</i>	In (ml)
<i>Sushruta</i> ⁽¹⁴⁾	2 prasruta	96 ml

According to *Acharya Charaka* the dose of *sneha utara basti* can be administered in increasing order ⁽¹⁵⁾, it seems similar to the concept of *shodhanaga snehapana* (administration of *Sneha* through oral route for the pre-procedure of *vamana* and *virechana karma*).

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* (without covering), thus it receives the *sneha* easily. And pacifies the *vata dosha* which further helps the *yoni* to attain the pregnancy quickly ⁽¹⁶⁾. This is the best time to administer the *uttara basti* whereas in *atyayika* (emergency) conditions, one can practice the *uttara basti* any time irrespective of *ritukala*.

POSITION

Females should lie down in supine position with well flexed thighs ⁽¹⁷⁾; it is correlated with lithotomy position. It helps in proper flexion of the thigh muscles which further helps in proper vision of *yoni* and *garbhashaya* and increase the working area for the *basti Dravya*

GARBHASHAYAGATA UTTARA BASTI

The mode of administration of drugs either in *Sneha* or *Kashaya* form through vagina to uterus as a therapeutic measure is called as *Garbhashayagata Uttara Basti*.

REQUIREMENTS

- *Uttara basti yantra*
- Medicine
- Lithotomy Table
- Kelley's Pad
- Hole towel
- Tray
- Cuscus Speculum

- Tampon
- Sponge Holding Forceps
- Gauze pieces
- Kashaya for prakshalana

PROCEDURE

It is divided in to 3 steps.

1. *Purvakarma*
2. *Pradhanakarma*
3. *Paschatkarma*

PURVAKARMA:

- 2-3 *Niruha basti* are to be given continuously before starting of *uttara basti* ⁽¹⁸⁾. it is also in practice to give morning *niruha basti* and in the afternoon *uttara basti*. however it is not clear whether *niruha* should be given as *purvakarma* when taken *kashaya* as medicine for *uttara basti*.
- On the day of *uttara basti* or before administration of *uttara basti* patient should be given *snana* and *laghu bhojana*. *sthanika abhyanga* and *Nadi sveda* is to be given to the lower abdomen, thighs and *yoni Pradesha* ⁽¹⁹⁾. *Yoniprakshala* should be done with *Kashaya*.
- For *Niruha* any *Shodhanagana kashaya* like *Erandamoola*, *Dashamoola kashaya* etc can be selected according to the condition. *Niruha basti* does the *Srothoshodhana*, produces *Rookshata* which will help in the absorption of *Sneha* given as *uttara basti*. The *abhyanga* and *sveda* increases local circulation and help in absorption of *uttara basti* medicine.
- All the instruments used during the procedure including the medicine have to be autoclaved and kept ready.

PRADHANAKARMA:

- The patient is examined for the parameters like BP, pulse, temperature etc. before he is put to table.
- Then the patient is kept in lithotomy position with the part exposed, cleaned and draped. The part is covered with the ring towel and only the perineum is exposed.
- Later the *uttara basti* ricated cuscus speculum is slowly inserted to expose the cervix. Cervix and the surrounding areas are cleaned with suitable *Kashaya*.
- The direction of the uterus can be understood by the insertion of uterine sound which opens the os if it is closed. In case of closed internal os, Hegars dialator may be used.
- The autoclaved *Dravya* is then taken in the *Basti yantra*. The *Netra* (cannula or infant feeding *uttara basti*) is carefully introduced to the uterus through the cervix (after removing the air buttara bastible) and the *Dravya* is pushed in slowly taking 2 – 3 minutes.
- The administration of *Uttarabasti* can be repeated 2-3 times in a day and has to be given for 3 consecutive days by increasing the dose of the drug.
- Then rest is advised for 3 days before giving another course of *Uttara basti*.

PASCHATKARMA:

- The *Paschatkarma* for *Anuvasana basti* has to be followed like *Sphik tadana*, lifting the leg etc. followed by rest for some time.
- The patient has to lie down for 30 minutes in head low position.

Do's and dont's during UTTARA BASTI Procedure:

Ahara: As a *Purvakarma Yavagu bhojana* mixed with milk and ghee has to be given to the patient. Once the procedure is finished he is advised milk, *Yusha* or *Rasa* ⁽²⁰⁾. This diet told is to maintain the general condition of the patient and to avoid excessive hunger.

Vihara: One should avoid loud speaking, traveling in vehicles, excessive walking, sexual intercourse and taking unwholesome diet during the course of treatment.

PRATYAGAMANA KALA

- The *Uttara Basti dravya pratyagamana* is 100 *Matrakala* ⁽²¹⁾. In the absence of *uttara basti dravyas pratyagamana* one may wait and neglected. If it is
- *Upadravakari* it has to be expelled using *Teekshna Uttara basti*.
- Practically it is difficult to calculate the *Pratyagamana kala* and many a times the drug pushed will comes out immediately. Only a very little amount will be retained.

Probable Mode of Action of Garbhashayagata (Uterine) Uttarbasti ⁽²²⁾

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.

DISCUSSION

Uttarabasti is an ancient concept which is still in practice but sterilization is mandatory. Along with that practically it is difficult to administer the *basti netra* which is made of metals which can ultimately harm the tissues of the urinary tract or female genitalia. dosage mentioned in ayurvedic texts are practically difficult so standardization of dosage is important. the action of *Uttara basti* ia depended on the *Dravya* used so *Dravya* should selected on the basis of *vyadhi*.

CONCLUSION

Sneha utara basti is practically applied as *anuvasana basti* which is administered after *niruha basti*. Here *niruha basti* is applicable as the *poorva karma* of *uttara basti* which acts as *rookshana karma* prior to *brumhana* as a treatment modality. As no line of treatment is mentioned for *uttar basti* so *anuvasana basti*'s line of treatment should be followed. In clinical practice *uttara basti* is a very apt line of treatment for infertility and other gynaecological disorders.

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