

Role of Uttarabasti in the Management of Female Infertility – A Successful Case Studies

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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, Uttarabasti is a specialized intrauterine therapeutic procedure that plays a pivotal role in managing female infertility. The present paper deals with total three cases of female infertility which were successfully treated with Ayurvedic intervention specially with Uttar basti **Case 1-** Primary infertility due to bilateral tubal blockages – IUUB was given with kshara taila and kasisadi taila for three consecutive cycles patient conceived and delivered healthy baby. **Case 2-** Primary infertility due to bilateral tubal blockages – IUUB was given with kshara taila, kasisadi taila and phala grita for two consecutive cycles, later patient got conceived and delivered a healthy baby. **Case 3-** Secondary infertility due to PMOS –IUUB was given with Mahanarayana taila and phala grita for one cycle, later patient got conceived and delivered a healthy baby. All the above cases signifies the importance and practical utility of Uttara basti in in female infertility.

Key words- Uttarabasti, Stanika chikitsa, IUUB-Intra uterine Uttara basti ,Tubal block, Conceive,

INTRODUCTION

Ayurveda being unique science of life, describing treasures of healthy life and its maintenance by avoiding factors affecting health and also at the same time it emphasizes many preventive and curative elements. Infertility is failure to conceive within one or more years of regular unprotected coitus. Female factor is directly responsible in 40-55% among which prevalence of infertility due to ovarian factor is 15-25 %, tubal factor 25-35%, uterine factor 10 % and cervical factor 5%.¹ According to Ayurveda, vata is considered as a physiological force as it is responsible for the normal functioning of body systems. Infertility being a vataja disorder, demands basti karma which is having local oleation and nourishing action.² Basti is the procedure which is included under shodhana chikitsa as well as sthanik chikitsa. In context of Striroga it includes local procedures (therapy) or Sthanik Chikitsa which specially concerns gynecological problems involves mainly Yonidhavan, Uttar-Basti , Yoni Pichudharan, Yoni-Dhupan , Yoni-Lepan ,Yonivarti, Yoni-Puran, Yoni Parisheka, Pinda chikitsa etc. Where Uttarabasti is a procedure where Basti Dravya (Aushadhiya Dravya) is administered through the organ which is above Guda i.e. Mutra Marga and in females Yoni Marga, which possess Uttama quality (Guna) which is mainly indicated in uro-genital disorders of both, the males and the females. It directly works locally^{4,5}. Uttarabasti

nowadays it is often used by many of Ayurveda practioners especially for treating infertility and various gynecological disorders at huge scale.

Aims & Objectives

To evaluate the effect of intra uterine uttarabasti (IUUB) in female infertility

MATERIALS AND METHODS

Patient attending OPD of department of PT&SR. Sanjeevini Ayurveda medical college and hospital, Hubli were taken for the study and given IUUB according to the diseased condition.

Observations and Results

Case 1-

32 years, female complaining of no issue since 7 years of marital life eager to conceive. Menstrual history was normal all vitals were normal, with no history of any systemic disorders but HSG suggested bilateral tubal blockages, case diagnosed as primary infertility due to bilateral tubal blockages.

Intervention

Three cycles of IUUB was given. Purvakarma-Stanika abhyanga with Mahanarayana taila followed by nadi sweda. Sukumaradi Kashaya asthapana basti was given. Pradhana karma- IUUB with Kshara taila⁵+Kasisadi taila⁶ in arohana matra was given for 5 days after cessation of menstrual cycle. Paschyath karma-Yoni pichu with phalagrita⁷ was kept. Orally Tab.Streethita 1-0-1 and Tab.M.D forte 1-0-1 was given.

Timeline 4 months

Before treatment and after treatment findings



RESULTS

Patient conceived and delivered healthy girl baby.

Case 2-

38 year, female complaining of no issue since 4 years of marital life, eager to conceive. Menstrual cycle was normal, all vitals were normal, with no history of any systemic disorders but HSG suggested bilateral tubal blockages, diagnosed as primary infertility due to bilateral tubal blockages.

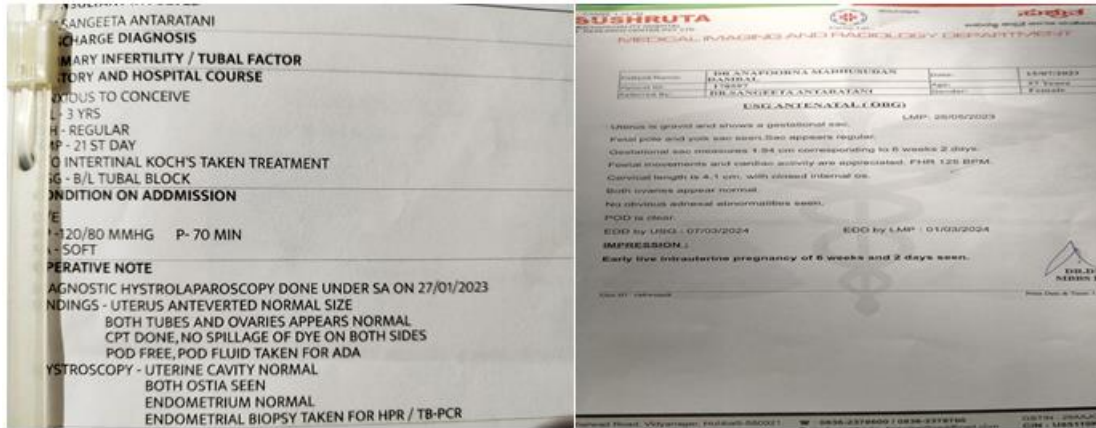
Intervention

Two cycles of IUUB- Purvakarma-Stanika abhyanga with Mahanarayana taila followed by nadi sweda Sukumaradi Kashaya asthapana basti was given. Pradhana karma- IUUB with Kshara taila +Kasisadi taila+Phala grita arohana matra was given for 5 days after cessation of menstrual cycle. Paschyath karma-Yoni pichu with

phalagrita was kept. Orally given Tab.Pushpadhanwa ras 1-0-1, Cap Mahakalyanaka grita 1-0-1 and Shivalingi beeja churna+ Putranjeevaka beeja churna 1 tsp with milk early morning was given.

Timeline 3 months

Before treatment and after treatment findings



Results

Patient conceived and delivered healthy girl baby.

Case 3-

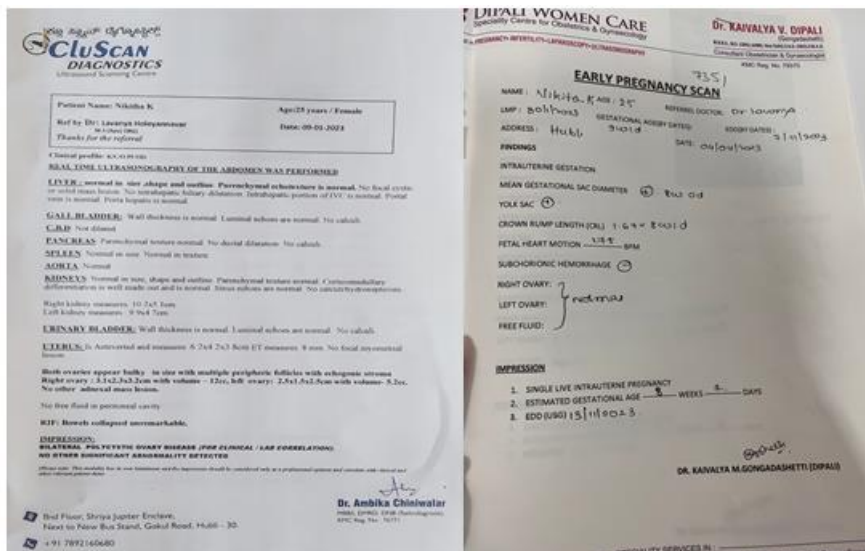
32year female, complaining of no issue since 5 years after 1st child eager to conceive. Menstrual history with irregular cycles, all vitals were normal with no history of any systemic disorders but USG suggested bilateral PCOD. Diagnosed as Secondary infertility due to PCOD/PMOS(Kakavandhya)

Intervention

1 cycle of IUUB- Purvakarma-Stanika abhyanga with Sahacharadi taila followed by nadi sweda, Dashamuladi niruha basti was given. Pradhana karma- IUUB with Mahanarayana taila in arohana matra was given for 5 days after cessation of menstrual cycle. Paschyath karma-Yoni pichu with phalagrita was kept. Orally Cap. Mahakalyaka grita 1-0-1 and Tab.Kanchanara guggulu Ds 1-0-1 was given

Timeline 1 month

Before treatment and after treatment findings



Results

Patient conceived and delivered a healthy boy baby.

DISCUSSION

Procedure

Pre therapeutic procedure – Stanika snehana, swedana, anuvasana and niruha basti should be given prior to IUUB.

Procedure- At first, the patient was asked to empty the bladder. The patient was placed in the lithotomy position. Antiseptic swabbing was done. Cusco's speculum was introduced and the Uterine sound is passed to find the length and position of the uterus Infant feeding tube or catheter or intra uterine cannula (IUI) is inserted in the uterus through the cervix very gently and carefully. Snehana dravya is taken in the syringe and administered into the uterus with cannula Remove the cannula and speculum slowly later Insert the sterile pichu medicated with sneha dravyas.

Post therapeutic position should be head low position given for about 30 min with crossed leg postion.

Mode of Action of Uttarabasti

Uttara Basti exerts both local and systemic therapeutic effects by directly targeting the Vata dosha- correction and Dhatu (tissue) nourishment. The local effect includes – Direct cleansing and debridement by administering Kwatha (herbal decoctions) and Sneha (medicated oil or Ghrita) via intrauterine or intravesical routes, Uttara Basti performs a Shodhana (cleansing) action on the uterus, fallopian tubes, bladder, and lower genital tract. Local Lubrication and tissue softening - Administration of Sneha (medicated oil or Ghrita) removes stagnated Doshas (specially Apanavata and kapha) and accumulated morbid secretions. Clears adhesions and inflammatory exudates in tubal lumen, enhancing patency and ciliary function, Reduces local inflammation and microbial load, thereby alleviating chronic endometritis, cystitis and pelvic inflammatory conditions. The Systemic effect includes- Modulation of Apana Vata. Uttara Basti primarily pacifies Apana Vata, the sub-Dosha governing downward movements (excretion, menstruation, parturition) by directly administering medicated substances to its seat (uterus and bladder), the therapy normalizes directional flow of Apana Vata, correcting ovulation disorders and dysmenorrhea. Alleviated Vata-related pain syndromes (spasms, pelvic pain, dysuria).and restores Apana Vata function, enhancing fertility and facilitating natural expulsive processes of menses and urine⁸.

CONCLUSION

Uttarabasti not only removes the blockage but also creates an environment conducive inside the Garbhashaya for intrauterine implantation and restores the tonic contractions of tube and movement of cilia. Not only the patency of tubal lumen is needed for the treatment of tubal infertility, but normalization of fallopian tube action is also very important. It can be achieved by pacifying the vitiation of Vata. In the first two case case studies, a remarkable result was obtained in treating tubal blockage by administering therapeutic cleansing procedures such as Uttarabasti, along with oral Ayurvedic medicines. In the third case *Uttarabasti* given intrauterine route activated the normal function of *Vata* and stimulates the ovarian hormones, ultimately achieving ovulation also stimulates certain receptors in endometrium leading to correction of all physiological processes of reproductive system. It also help in rejuvenation of the endometrium. So Uttarabasti is best boon of Ayurveda for those who are suffering from Infertility. These cases illustrates a situation where Ayurvedic intervention can not only help in relieving symptoms but also restores fertility of the women and avoid further complications. However, the efficacy of such treatment protocol may be shown through further studies in a larger sample size.

REFERENCES

1. D.C Dutta (author). Hiralal Konar (editor). Text Book of Gynaecology, Chapter 16, 5th edition reprint, Calcutta, New Central Book Agency (P) Ltd; Reprint 2009. p. 220, 222.
2. Yadavji Trikamji Acharya (editor). Charaka Samhita of Charaka, Siddhi Sthana, Chapter 1, Verse no. 34. Varanasi, Chowkambha Krishnadas Academy; 2010. p. 683.
3. Shastri K, Chaturvedi G. Vidyotini Hindicommentary on Charaka Samhita of Agnivesha. Vol2. Siddhi Sthana, Chapter 9, Verse 50. Varanasi: Chaukhamba Visvabharti Academy; 2009. p.1063[Crossref][PubMed][Google Scholar]
4. Indu. Shashilekha: Sanskrit commentary on Ashtanga Sangraha. Sutra Sthana, Chapter 28, Verse 10. 3rd ed. Varanasi: Chaukhambha Sanskrit Series Office; 2012. p.213 [Crossref][PubMed][Google Scholar]
5. Sharangdhara Samhita, Madhyamakhandha, 9/174, Prof. K.R. Srikantha Murty, Chowkamba Orientalia, Varanasi.
6. Kaviraja Ambikadutta Shastri, Sushruta Samhita Ayurveda-Tattva-Sandipika Hindi Commentary, Chaukhambha Sanskrit Sansthan Varanasi, edition reprint 2016, Chikitsasthana Chapter 6 Verse 12 Page No. 49
7. Meena P, Trapti A, Gaurav P. Role of phalasarpiuttarbasti in the management of low antral follicles: a case study. Int J Ayurved Pharm Res 2017; 5:80-2.
8. Lamoria S, et al. Effect of Uttarabasti on endometrial thickness and ovulation in women with thin endometrium. Int Res J Ayurveda Yoga.2025;8(7):64-8. [Crossref] [PubMed] [Google Scholar]