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Review Article

ROLE OF *UTTAR BASTI* IN THE MANAGEMENT OF *VANDHYATVA* (FEMALE INFERTILITY)

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ABSTRACT

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. According to Ayurveda, successful conception occurs when the four essential factors- *Ritu* (appropriate timing), *Kshetra* (healthy reproductive environment), *Ambu* (adequate nourishment), and *Beeja* (viable gametes) - are present in their optimal state. Derangement in any of these factors especially *Kshetra* results in infertility. Therefore, infertility management in Ayurveda focuses on restoring and maintaining the functional integrity and balance of these four components to facilitate natural conception. Vitiation of *Vata Dosha* is mainly responsible for all *Yoniroga*and *Artava Vikaras* including infertility. *Basti* (enema) is regarded as the best *Vata Shamana Chikitsa* and *Uttarabasti*, the best among the varieties of *Basti*, is one among the most effective treatment modality for infertility because of its *Vata Shamaka* as well as *Ropana* and *Sodhana* property. It is a procedure by which medications are introduced into the intra vaginal and intra uterine route, by specialized techniques to achieve desired therapeutic outcome. Formulations like *Phala Ghrita* and *Vata-shamaka Taila/Ghrita* are selected for *Uttarbasti* based on *Dosha* predominance and individual *Prakruti*. *Uttarbasti* with appropriate drugs is effective in treating all the factors causing female infertility including tubal blockage, thin endometrium, anovulation, cervical factors, and unexplained infertility. Thus, *Uttarbasti* serves as a focused and minimally invasive Ayurvedic intervention in the management of female infertility, grounded in classical principles and aligned with contemporary clinical practice.

INTRODUCTION

Infertility is defined as a medical condition affecting either the male or female reproductive system, characterized by the inability to conceive despite having regular, unprotected sexual intercourse for 12 or more months.[1] According to WHO report, approximately one in six individuals globally, experience infertility.[2] Ayurveda has immense scope in treating infertility purely through standalone ayurvedic management. As per Ayurveda *Rutu* (fertile period), *Kshetra* (reproductive organs), *Ambu* (nutritive fluid), *Beeja* (ovum) along with healthy psychological status and normal functioning of *Vata*, are responsible factors mainly for the *Garbha* Formation (formation of embryo). Any abnormalities in these factors can lead to infertility.[3] To manage these localized reproductive anomalies, Ayurveda highly emphasizes *Sthanika Chikitsa* (localized therapies). Among all therapeutic modalities, *Basti* is hailed as the ultimate treatment for *Vata* disorders. *Uttar Basti,* a specialized intrauterine and intravaginal administration of medicated oils or decoctions, is considered the gold standard treatment for female infertility. By delivering highly potent, medicated *Sneha* (lipids) directly into the reproductive tract, *Uttar Basti* bypasses systemic digestion to provide immediate *Srotoshodhana* (clearing of channels) and *Ropana* (healing) effects. It offers a precise, minimally invasive, and highly targeted approach to resolving complex issues like tubal blockage, anovulation, thin endometrium, and cervical hostility, thereby

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fundamentally restoring a woman's natural fertility potential.

MATERIALS AND METHODS

This review article was conducted using a narrative literature review approach. Relevant information was collected from classical Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Ashtanga Sangraha*, to understand the concept, indications, contraindications, procedure, mode of action, and therapeutic applications of *Uttar Basti*. Contemporary scientific literature was also searched through electronic databases such as PubMed, Google Scholar, Scopus, and Research Gate. Relevant review articles, clinical studies, randomized controlled trials, and observational studies published in English were screened and included. The collected literature was critically analyzed, compared, and synthesized to present the current evidence regarding the role of *Uttar Basti* in the management of infertility.

Infertility *(Vandhyatva)* Definition

Infertility is defined as the incapacity to conceive after a year or more of regular sexual intercourse with no contraceptive measures taken[4]. Conception depends on the fertility potential of both male and female partner. The male is directly responsible for about 30% to 40% the female is about 40% to 55%. The most common causes of female infertility are ovulatory factor, endometrial and tubal factor[4]

Types of infertility mentioned in classical texts

According to Acharya Charaka → 3 types

1. *Vandhya*– It is the term for complete infertility brought on by severe intrinsic issues such as *Beejopaghata* (absolute congenital chromosomal or mullerian agenesis defects).[5]
2. *Apraja*– It refers to infertility in which a female becomes conceived after receiving treatment for primary infertility or in which a woman experiences unsuccessful pregnancies even after being pregnant.[6]
3. *Sapraja* – A condition in which women who is of reproductive age but has a history of successful pregnancies is unable to conceive.[7]

According to *Harita samhita* – 6 types [8]

1. *Kakavandhya*– Unable to get pregnant after one child.
2. *Anapatyas*– Primary infertility in which a woman is unable to conceive.
3. *Garbhasravi*– Frequent abortions that result in failed pregnancy.
4. *Mritavatsa*– Failure pregnancies brought on by perinatal fatalities, stillbirth and recurrent intrauterine deaths.
5. *Balakshaya* – Infertility brought on by *Dhatukshaya* or a lack of *Bala* (strength).
6. *Balya* – When a girl has coitus before menarche, her uterus and *Shukra* constrict, which causes her to either not conceive at all or conceive very slowly and with difficulty.

Etiology of *Vandhyatva*

According to *Acharya Sushrutha*

Four responsible factors for healthy conceptions are:[9]

1. *Rutu* (fertile period / ovulation)
2. *Kshetra* (reproductive organs)
3. *Ambu* (nutritive fluids / hormones)
4. *Beeja* (ovum)

A healthy psychological status and normal functioning of *Vata*, shad *Shadbhava* (six factors – mother, father, *Atma*, *Satva*, *Satmya*, *Rasa*). Any abnormalities in any of these factors cause infertility conceptions.

According to *Acharya Charaka* [10]

- *Matruja* and *Pitruja*: *Shonita* (*Stribeeja*/ovum) and *Shukra* (*Pumbeeja*/sperm) should be normal.
- *Aatmaja* and *Satvaja*: *Aatma* enveloped by *Satva* and descends into the fertilized egg to form the *Garbha*. The *Garbha* formation is not possible without *Aatma* and *Satva*.
- *Satmyaja* and *Rasaja: Shonita* and *Shukra* in normal state is substantially influenced by the use of *Satmya Aahara* and *Vihara*. The *Rasa* offer food for both the woman and embryo. So, any abnormality in *Garbhakara-bhavas*, also known as shad bhava will result in infertility.

As per Modern Science

In modern society abnormalities in these is mostly because of delayed marriage and late pregnancy, leading to dropping ovarian reserve and dropping AMH level. Other causes of infertility in today's time are PCOS epidemic mostly because of sedentary lifestyle, obesity, lifestyle and metabolic disorders like diabetes, thyroid disorder, sleep disturbance, chronic stress which lead to increase in cortisol levels leading to ovulation suppression and ultimately *Artava Dusti*, environmental toxins like increase consumption of plastic, pesticides, heavy metals, air pollution, cosmetic endocrine disruptors, smoking, substance abuse, all these leading to *Beeja Dusti*, endometriosis rise also can cause implantation failure which cause infertility. Repeated abortions due to use of MTP Pills, underwent D&C procedure and taking contraceptive pills can cause infertility.[11]

Treatment of Infertility

Treatment for the management of infertility in Ayurveda *Shamana* and *Shodhana chikitsa* mainly described. In *Yonirogas* and *Artava vikaras, Sthanika*

chikitsa plays a very important role in the treatment which deals with *Tryavarta Yoni* and it will treat infertility. *Pitta* and *Kapha's* functions are dependent on *Vata dosha. Panchakarma* helps in curing many *Yonivyapada. Panchakarma* detoxifies the body and cleans passages, hence considered helpful for female infertility. *Basti* is one such *panchakarma* therapy which improves the *Rakta*, *Vata*, *Kapha*, and *Pitta Dosha. Basti Karma* is the best choice of treatment for *Vata dosha* also it will improve the potency of *Dhatu. Uttara basti* is one among the three *Basti* and is given in *Uttara marga*, i.e. through urinary or vaginal tracts. *Uttara Basti* is one of the approaches of *sthanikachikitsa*.[12,13]

Uttar Basti

Definition: The *Basti* administered through the *Uttar marga* and has *Sreshta guna* is known as *Uttar basti. Uttaramarga* means the *Mutra* and *Shukra marga* in male and the *Mutra* and *Yoni Marga* in female.[14] The *Basti* which is administered after *Niruha basti* and through the *Uttar marga* is said to be *Uttar basti.*[15] '*Uttarabasti*' is a type of *Basti upakarma* which has been highlighted in the classics for the management of most of the *Yonivyapada.*

Guna* of *Uttara Basti

Uttarabasti removes *Artava dushti, Shukra dushti, Atya-artava, Kastha-artava, Yonivyapada* and other factors related to *Vandhyatva*.[16]

Types of *Uttara Basti*

Based on *marga (*Routes) of Administration[17]

1. *Mutrashayagata Uttara Basti*: Drug administration through urethral route.
2. *Yonigata Uttar Basti*: Drug administration through the vaginal route.
3. *Garbhashayagata Uttar Basti*– Drug administration through uterine route.

Based on Drug of Administration[18]

1. *Snaihika Uttara Basti*– When only *Snehana dravya* such as *Ghrita* and *Taila* are used for *Uttara Basti.*
2. *Niruha Uttara Basti– Kashaya, Swarasa, Ksheerapaka* etc used for *Basti (Madhu, Lavana, Sneha, Kalka, Kwatha* etc. are not required to be added in *Uttara Basti* which are commonly used in *Niruha Basti*).

Indications and Contraindications[19,20]

Indications	
• *Shukra dushti* – Sperm disorders • *Shonita dushti* – Menstrual disorders • *Pushpodeka* – Menorrhagia • *Pushpanasha* – Pathological Amenorrhea • *Kashtapushpa* (Dysmenorrhea) • *Basti vikara* including *Mutraghata* and *Mutrakrichra* • *Mutragraha*	• *Bindu srava* (dribbling of urine) • *Mutradosha* • *Yonivyapada* • *Sharkara Ashmari* • *Basti, Vankshana, Mehana shoola* (pain in bladder, groin, phallus) • *Yonivibhramsha* (uterine prolapse) • *Apradushti* (placental implantation problem) • *Asrigdara* (DUB)

Contraindications

- *Prameha*
- Carcinoma
- Bleeding disorder
- Fistula
- In the genital tract of girls, *Uttara Basti* is contraindicated.
- Avoided in vaginitis, cervicitis, STD and carcinoma of genital organs.

Uttara basti yantra

Uttara Basti Yantra consists of two parts:

Basti putaka (bag for drug holding)

Basti Netra (Pushpanetra) (nozzle for inserting drug).

1. *Basti Putaka*– It should be *Laghu* and *Mrudu*. Because the quantity of drug to be used in that is less in comparison to *Basti*. [16] It can be made up of urinary bladder or skin of animals like goat, pig and sheep or thick cloth etc. It should be clean and without foul smell processed with *Kashaya dravya*.[21]
2. *Basti Netra (Pushpanetra)* – *Basti netra* should be made up of metal like gold, silver, brass etc. It should have a smooth tapering curve similar to a cow tail. Its tip should be the size of a *Jati* flower's stalk, *Karveera* or *Sarshapa* seed passing value lumen. It should contain two or three *Karnikas* (rings) to secure the bag and a length of ten or fourteen *Angula*. For urethral insertion the nozzle should have a *Mudga* seed accessible lumen and a length of ten *Angula.*[22]

Shape and size of *Basti Netra*

Age	Route	Circumference and size of lumen	Length to be inserted into the passage
Girl (age below 16 yrs)	Urinary	Flower-stalk of *Malati*; lumen size of mustard seed	one *Angula* (1cm)
Adult women	Urinary meatus	Lumen size of *Mudga* seed	two *Angula* (2cm)
Adult women	Vaginal	Index finger; lumen size of *Mudga* seed	four *Angula* (4cm)

Length of *Uttarabasti netra* to be inserted[23]

- Women who has delivered a baby or who is in her active reproductive age, four *Angula* (4cm) nozzle should be inserted in urinary passage.
- *Uttara basti* should not be given to unmarried girls in vaginal passage.

In current clinical practice, instruments required for *Uttara Basti* are:[24]

1. For *Basti Putak*/right arrow syringe (10-20-50 ml) can be used.
2. For *Basti Netra* /right arrow Rubber catheter (8/9 number) or Infant feeding tube or IUI cannula can be used.
3. Other Instruments for complete procedures are as follow:

▪ Cusco's speculum ▪ Sponge holding forceps ▪ Artery forceps ▪ Uterine sound ▪ Hegar's dilator is also required	▪ Kidney tray ▪ Sterile dressing cloths ▪ Sterile gauze piece ▪ Savlon, swab, normal saline, gloves ▪ Xylocaine jelly etc.

Dose For *Uttar Basti (Matra Nirdharan)*[25,26,27]

Acharyas	*Dravya matra*	In ml
Charak	*½ Pala Sneha dravya*	24ml
Vagbhatta	*1 Shukti - 1 Panchatika Sneha*	24-48ml *Sneha*
Sushruta	*1 Pala Sneha & 2 Prastha kwath*	48ml *Sneha* and 96ml *Kwath*

- Currently practiced method include *Basti Dravya* Dose (5ml - 10ml).
- Duration of administration is 3 days, 6 days.[28]

Uttarabasti Karma Vidhi

Classical Procedure of *Uttar Basti*

Poorva Karma

A. *Sambhara Sangraha* (Collection and Preparation of Materials)

- Required instruments, *Basti Dravya* (medicine), and other materials are collected and prepared before the procedure.
- The instruments should be properly cleaned and sterilized.

B. *Matra-Kala Nirdharana* (Determination of Dose and Time)

- The dose of *Basti Dravya* and appropriate time of administration should be decided according to the patient, disease condition, and strength of the patient.

C. *Atura Siddhata* (Preparation of Patient)

According to different *Acharyas*

- *Acharya Vagbhata* advised administration of *Niruha Basti* before *Uttar Basti* for *Shodhana* effect and purification of *Mala Marga*. [29]
- *Acharya Charaka* mentioned that the patient should take bath, consume food mixed with *Mamsarasa* and *Ksheera,* and evacuate the bowel and bladder before *Uttar Basti.* [30]
- *Acharya Sushruta* advised *Sthanik Abhyanga* and *Swedana* over abdomen, thighs, and groin region. After this, the patient should take *Yavagu* prepared with *Ghrita* and *Dugdha* before administration of *Uttar Basti*. [31]

***Pradhana Karma* (Method of Administration)**[32]

- The patient is placed in lithotomy position**.**
- *Basti Putaka* containing the prescribed medicine (*Sneha* or *Kwatha*) is prepared.
- The *Basti Netra* is lubricated with *Sneha* and gently introduced into the required route:
  - *Apatyamarga* (genital tract)
  - *Mutramarg*a (urinary tract), as indicated.

- The *Basti Putaka* is compressed slowly and uniformly so that the medicine enters the passage properly.
- According to classical references, *Uttar Basti* can be repeated 2, 3, or 4 times in a day**.**
- It may be administered continuously for 3 days, followed by a rest period of 3 days, after which another course may be given.

Paschat Karma

- The *Uttar Basti Dravya Pratyagamana Kala* is mentioned as 100 *Matra* (approximately 31.66 seconds). [33]
- *Acharya Sushruta* says, after the return of medicine, the patient is advised to take diet according to *Dosha* condition. *Ksheera* (milk), *Yusha* (soup), or *Mamsa Rasa* (meat soup) may be given in the evening after considering the patient's condition. [34]

According to *Acharya Charaka*[35]

- If *Sneha* does not return, the patient should be observed for one night.
- If it still does not return, *Teekshna Shodhana Varti* may be used.

According to *Acharya Sushruta*[36]

- If *Sneha* does not return, *Shodhana Basti* may be administered.
- Measures such as use of probe in *Mutra Marga* and specific *Shodhana Varti* application are also described.

Current Practice of *Uttar Basti* [37]

***Poorva Karma* (Preparation of Patient)**

- Patient is advised to empty bowel and bladder before the procedure.
- Blood pressure and pulse are recorded.
- All instruments are properly autoclaved to prevent infection.
- Patient is placed in Lithotomy position.
- Local cleansing (*Yoni Prakshalana*) is performed with:
  - *Panchavalkala Kwatha*
  - *Triphala Kwatha*
  - *Nimba Kashaya,* etc.
- Local *Abhyanga* and *Swedana* are performed over abdomen, thighs, and groin region.

***Pradhana Karma* (Main Procedure)**

A Vaginal/Uterine *Uttar Basti*

- Patient is placed in lithotomy position and local cleansing is done.
- Lubricated Cusco's speculum is inserted to visualize the cervix.
- Cervix is exposed using speculum and anterior vaginal wall retractor.
- Uterine sound is passed through the external os to assess the position of the uterus.
- Cervical dilatation is performed using Hegar's dilator when required.
- *Sneha*-filled *Basti Putaka* attached with *Basti Netra* is inserted gently.
- Medicine is slowly instilled into the vagina or uterus.
- Instruments and towels are removed after completion.
- *Pichu* may be placed at the vaginal opening to prevent leakage of *Basti Dravya.*
- Patient is advised to lie in supine position with folded legs.

3. *Paschat Karma* (Post-procedure Care)

- Blood pressure and pulse are recorded after the procedure.
- Patient is advised to rest for about 30 minutes.
- Fomentation over the suprapubic region with a hot water bag may be done to relieve discomfort.
- Patient is advised to take a light diet in the evening.
- All instruments such as syringe, catheter, and other equipment should be properly sterilized/ autoclaved.

Time of Administration (*Kala Nirdharana*)

Mutramaryagata Uttarabasti: It can be administered at any day as no specific time mentioned for the Administration.[38]

According to *Acharya Charaka* and *Acharya Vagbhata*, *Uttara Basti* should be given in the *Ritukala* because *Garbhashaya mukha* (cervical orifices) are widely open during this time, hence *Sneha/Basti dravya* can enter easily into the uterine cavity and get absorbed there. It should be given during early morning (*Purvavahana*) or afternoon (*Madhyayan).*[39]

However, *Acharya Vagbhata* mentioned that during emergency it can be given on days other than *Ritukala*. It should be given of 2-3 *Asthapana Basti* is also mentioned before giving *Uttarabasti* for *Shodhana* effect by *Acharya Vagbhata*.[40]

Mode of action of *Garbhashaya gata Uttar basti*

Uttar Basti is considered one of the most potent therapies in Ayurvedic gynaecology (*Prasuti Tantra and Stri Roga*) for managing female infertility (*Vandhyatva*). Drawing from the foundational text you provided, as well as clinical observations documented in peer-reviewed journals, we can break down its mode of action into a comprehensive, dual-pathway model: Local (*Sthanika*) and systemic (*Sarvadehika).*

Here is an elaborated, well-structured breakdown of how *Uttar Basti* works to combat infertility.[41]

Local Therapeutic Action (*Sthanika Karma)*

When the medicated oil (*Taila*) or ghee (*Ghrita*) is introduced directly into the uterine cavity or vagina, it exerts immediate physical and pharmacological effects on the reproductive tract.

Mechanical Flushing and Dilation: The gentle pressure used during the administration of the medicine helps clear the cervical canal, uterine cavity, and fallopian tubes. This can wash away cellular debris, mucous plugs, and minor endometrial adhesions.

***Srotoshodhana* (Clearing Channels):** For conditions like tubal blockage, drugs with *Lekhana* (scraping) and *Katu*/*Ushna* (pungent/hot) properties are used. These active principles help dissolve fibrotic tissue, reduce inflammation, and clear the obstruction in the fallopian tubes.

Enhancing Endometrial Receptivity: The localized application of medicine activates endometrial receptors. This improves the thickness, vascularity, and glandular activity of the uterine lining, creating an optimal environment for the implantation of a fertilized egg.

Improving Cervical Mucus: Medications based on *Madhura-Sheeta* (sweet and cooling) *Ghrita* nourish the cervical glands. This stimulates the production of healthy, sperm-friendly cervical mucus, which is crucial for sperm survival and motility.

Vaginal Reservoir Effect: The highly vascular nature of the posterior vaginal fornix allows it to act as a reservoir. The medicine pools here and is slowly absorbed into the local pelvic circulation, ensuring sustained therapeutic action.

Systemic and Endocrine Action (*Sarvadehika Karma)*

Uttar Basti does not merely act as a local wash; its active principles cross the mucosal barrier, entering the systemic circulation to correct underlying hormonal imbalances.

Hypothalamic-Pituitary-Ovarian (HPO) Axis Stimulation: The reproductive system is heavily governed by the neuro-endocrine system. The absorption of potent phytoestrogens and specialized herbal lipids stimulates the HPO axis, regulating the release of FSH and LH, which are critical for timely follicle maturation and ovulation.

***Apana Vata Anulomana* (Regulating *Vata*):** In Ayurveda, all reproductive functions (menstruation, ovulation, conception) are governed by *Apana Vata* (the downward-moving vital energy). *Uttar Basti* pacifies and corrects the direction of *Apana Vata,* resolving the root cause of many functional infertility disorders.

Systems Biology Integration: Just as modern systems biology suggests that organs are deeply interconnected at a molecular level, Ayurveda views the body through the lens of *Tridosha* and *Mahabhuta*. By normalizing the local tissue environment, *Uttar Basti* creates a feedback loop that helps restore systemic hormonal balance across the entire body.

Targeted Action Based on Infertility Cause

The brilliance of *Uttar Basti* lies in its adaptability. The physician changes the medium (oil vs. ghee) and the herbal decoction based on the exact pathology.[42,43,44]

Cause of Infertility	Required Drug Property	Typical Ayurvedic Formulation	Mechanism of action
Tubal blockage	*Lekhana/Ushna*	*Kshara taila, Kumara taila*	Breaks down adhesions, reduces tubal inflammation, and restores patency.
Anovulation/PCOS	*Snehana* (lubricating)/ *Sukshma* (penetrating)	*Shatapushpa taila, Lasuna taila*	Stimulates ovarian follicles, regulates HPO axis, and promotes timely egg release.
Endometrial defects	*Brimhana/Rasayana*	*Phala Ghrita, Kalyanaka Ghrita*	Thickens the endometrial lining and improves uterine vascularity for implantation.
Cervical factor	*Mdhura-Sheeta*	*Shatavari ghrita*	Nourishes cervical glands to produce healthy, alkaline mucus for sperm transport.

RESULTS

Based on the comprehensive review of classical Ayurvedic texts and contemporary clinical studies, *Uttar Basti* emerges as a highly efficacious, targeted therapeutic modality for female infertility (*Vandhyatva*). The literature reveals that the clinical outcome of Uttar Basti is highly dependent on the choice of the drug (*Dravya*) and the specific etiology of infertility:

Tubal Factor: Formulations with *Lekhana* and *Ushna* properties, such as *Kshara Taila* and *Kumari Taila*,

demonstrated significant success in clearing tubal blockages and reducing local inflammation.

Ovarian/Anovulatory Factor: *Snehana* drugs like *Shatapushpa Taila* were found effective in stimulating follicular growth and regulating the menstrual cycle.

Uterine/Cervical Factor: *Madhura* and *Brimhana* formulations like *Phala Ghrita* significantly improved endometrial thickness, vascularity, and cervical mucus quality, enhancing receptivity for implantation.

Overall, the reviewed data indicates that *Uttar Basti* not only exerts a direct mechanical and localized pharmacological effect on the *Kshetra* (reproductive tract) but also regulates the *Apana Vata*, contributing to systemic hormonal equilibrium.

DISCUSSION

The management of infertility requires a multi-dimensional approach, and *Uttar Basti* fulfils this by delivering medication directly to the target organ (*Garbhashaya*), bypassing initial gastrointestinal metabolism. This direct administration ensures maximum bioavailability of the active principles at the site of pathology.

From an Ayurvedic perspective, infertility primarily involves the vitiation of *Vata Dosha* (specifically *Apana Vata*), which governs the movement and physiological functions of the reproductive system. *Uttar Basti* acts as the supreme *Vata-Shamaka* therapy. The mechanical action of the fluid helps in *Srotoshodhana* (clearing channels), while the pharmacological properties of the medicated oils/ghee act specifically on the *Artavavaha Srotas.*

In the context of modern science, the vaginal and uterine mucosa are highly vascularized, allowing for rapid absorption of the lipophilic components of the *Ghrita* or *Taila*. This localized pooling stimulates the endometrial receptors and triggers the Hypothalamic-Pituitary-Ovarian (HPO) axis through neuroendocrine feedback loops. The flexibility to alter the drug based on the specific pathology- using scraping (*Lekhana*) drugs for blockages versus nourishing (*Brimhana*) drugs for endometrial thinning- makes *Uttar Basti* a highly personalized and versatile bio-cleansing therapy. It bridges the gap between classical Ayurvedic *Sthanika Chikitsa* and modern localized drug delivery systems

CONCLUSION

Infertility is a complex condition involving anatomical, physiological, and psychological factors. Among the diverse therapeutic modalities available in Ayurveda*, Uttar Basti* stands out as a paramount, minimally invasive, and highly effective intrauterine intervention. By directly acting on the *Kshetra* (reproductive environment) and regulating *Apana Vata*, it addresses the root causes of infertility ranging from tubal blockages and thin endometrium to ovulatory dysfunctions. When executed with proper aseptic precautions and tailored with the appropriate medicated formulation (according to *Dosha* and pathology), *Uttar Basti* offers a safe, cost-effective, and highly promising alternative or adjunct to modern assisted reproductive technologies (ART), facilitating the path to natural conception.

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