



## A CUSTOMIZED PRACTICE OF MALE UTTARA BASTI: CLINICAL INSIGHTS

## Ayurveda

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## ABSTRACT

*Uttara Basti (UB)*, the best among the varieties of *Basti* (enema), is indicated in the management of various Urological, Andrological and Gynaecological conditions. It is a procedure by which medicaments are introduced into intra vesicle, intra vaginal and intra uterine route, by specialized techniques to achieve desired therapeutic outcome. In spite of its large applicability *UB* is not routinely practiced. In males, this procedure is administered intra-vesically and intra-urethral, and can be successfully practiced under all aforesaid precautions. Although there are evidence of few practitioners performing Male *UB* in private practice and at institutional levels, and also a number of Post Graduate studies have been conducted in the past at various institutes; the procedure is not widely practiced and thus it lacks appropriate methodology in turn leading to lack of confidence in the upcoming physicians to practice the same. Hence, this procedure needs further exploration in various uro-genital conditions for its greater utilization in clinical practice.

Thus, in this article an effort has been made to focus on certain easy and customised recommendations in performing *UB* in Male patients, and also serve as a beneficial work for practitioners. These recommendations are produced on the evidence based practice and author's clinical experience of a decade in treating cases through *Uttara basti* (male).

## KEYWORDS

Male *Uttara Basti*, Intra-vesicle Enema, Customized Practice, Clinical Insights.

## INTRODUCTION:

*Uttara Basti*<sup>[1]</sup> (*UB*), the best among the varieties of *Basti* (enema), is indicated in the management of various Urological, Andrological and Gynaecological conditions. It possesses both *Nirooha* (medicated decoction) and *Anuvasana* (oleating medicament) properties depending on the medicine used. It is a procedure by which medicaments are introduced into intra vesicle, intra vaginal and intra uterine route, by specialized techniques to achieve desired therapeutic outcome. In spite of its large applicability *UB* is not routinely practiced. In comparison, the female *UB* is well established and practiced in different regions. In males, this procedure is administered intra-vesically and intra-urethral, and can be successfully practiced under all aforesaid precautions. Although there are evidence of few practitioners performing Male *UB* in private practice and at institutional levels, and also a number of Post Graduate studies have been conducted in the past at various institutes; the procedure is not widely practiced and thus it lacks appropriate methodology in turn leading to lack of confidence in the upcoming physicians to practice the same. Hence, this procedure needs further exploration in various uro-genital conditions for its greater utilization in clinical practice.

Thus, in this article an effort has been made to focus on certain easy and customised recommendations in performing *UB* in Male patients, and also serve as a beneficial work for practitioners. These recommendations are produced on the evidence based clinical experience of a decade in the Srishti Fertility Centre of KLE Ayurved Hospital and Medical Research Centre, Belagavi, Karnataka.

## MATERIAL AND METHODS:

Literary resources like classical textbooks of Ayurveda, clinical trials, published manuscripts and clinical experience of treating cases.\*

## Equipments required:

- Surgical gloves
- Sponge holding forcep
- Cotton swabs
- Savlon
- Betadine or *Triphala kashaya*<sup>[2]</sup>
- Green wound cloth with a central hole
- Glass / Steel bowl of 50ml capacity
- Infant feeding tube no. 8 or Disposable rubber catheter No 6/7 (Or according to the size of Urethral meatus)
- Kidney tray
- Disposable syringe of 50ml capacity
- Medicine: *Taila* (oil)/ *Ghrta* (ghee)/ *Kashaya* (decoction)/ *Ksheerapaka* (medicated milk) according to the condition

## Dosage:

- Start with the dose of 25ml and increase 5ml per day upto the end of *UB* course.

## Duration:

- Once a day for a period of one week. The procedure can be repeated after an interval of seven days and such sittings may be continued as per the desired effect is obtained.
- Dose and duration can be altered based on the condition of patient.

## Precautions/ Safety measures:

- All instruments including *sneha* (oil/ ghee) medicine should be autoclaved to avoid UTI.
- Freshly prepared *kashaya* (decoction) & *ksheerapaka* (medicated milk) can be used directly.
- The medicine is checked for luke warm temperature before administration.
- The catheter should not be forcefully inserted in case any obstruction is met.
- Retention time ranges between three to six hours.

## Complications and Management:

- The complications if any encountered are to be treated as indicated in *sneha basti*<sup>[3]</sup> (oleating enema).

## Procedure:

Though a very simple procedure it requires careful administration and patient compliance. The entire procedure can be divided into three parts:

- a) Pre operative procedure
- b) Operative procedure
- c) Post operative Procedure

## a) Pre operative procedure:

- Detailed information about the procedure should be explained to the patient, in order to gain his confidence and he overcomes his apprehension.
- Written consent is to be obtained.
- Instruct the patient to clean the pubic region prior to the procedure.
- Prior to the administration of *UB*, three *Nirooha basti* (*NB*) (decoction enema) are given for the first three days. *UB* should be administered from day four.

On the day of *UB*:

- Advise the patient to take hot water bath.
- Advise to have light meals/ breakfast (*yavagu* with *ghrita* & *ksheera*).

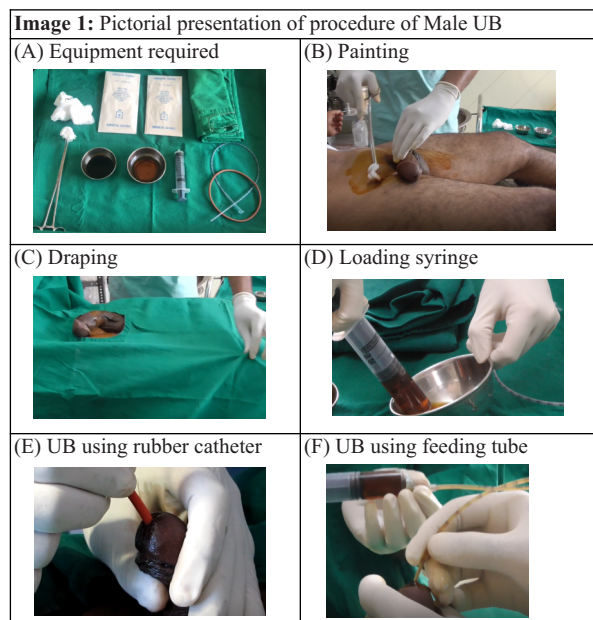
- Patient should be free from all natural urges.
- Instruct to void urine before administering *UB*.
- *Sthanika abhyanga* (oleation therapy to lower abdomen and thigh) followed by *mridu nadi sweda* (mild sudation therapy) should be performed.
- Monitor vitals.

**b) Operative procedure:\*\***

- Monitor vitals.
- Patient is made to relax and lay in supine position and the genital region is exposed.
- Wash the genitalia and the surrounding area with savlon by using sponge holding forceps and gauge.
- Retract the prepuce completely and, thoroughly but gently wash the glans penis & cleanse the area with betadine.
- Cover the region with sterile green wound cloth.
- Autoclaved medicated oil is taken into the disposable syringe. Care is to be taken that no air bubbles are formed.
- Lubricate the catheter with the same oil which is to be used for administering through *basti*.
- The flaccid penis is then held perpendicular to the body.
- Gently introduce the tip of the catheter into the urethra.
- As the bulbo-membranous urethra is approached, ask the patient to take slow and deep breaths which will help in relaxation and thus provide easy entry of the catheter into the bladder.
- As the catheter reaches bladder, small quantity of urine is voided which is to be collected in a kidney tray.
- Clamp the catheter and attach the loaded syringe to the rubber catheter.
- Release the clamp and slowly inject the required quantity of medicated oil into the bladder.
- Carefully remove the catheter allowing some quantity of medicine in the syringe.
- Advise the patient to lie in the same position for 10-15 minutes.

**c) Post-operative Procedure:**

- Monitor vitals.
- Educate the patient to note down the time of first micturation and associated feelings following the procedure.
- End the course of *UB* with an *Amuvasana basti (AB)* (oil enema).
- During the course of treatment patient is instructed to avoid all sorts of extreme condition and if possible to follow abstinence from coital act.



**RESULT AND DISCUSSION:**

The Male *UB* procedure can also be followed by every clinician on OPD basis. It has been well documented that one of the common complications of this procedure could be Urinary Tract Infection. On following this customized procedure under aseptic precautions, we have not encountered any complications so far and the patients showed good compliance. Thus the safety of the procedure can be well understood, when carefully followed.

Though significant clinical trials have been carried out in few conditions, better results have also been observed at individual level where the drug has proven its efficacy in a particular diagnosis. Based on such evidences, we have enlisted few such conditions and the medications used, and also recommend the scope for further clinical trials in this field, in Table 1.

**Table 1:** Evidence based practice of Male *Uttara Basti* in different Conditions

Condition	Clinically practiced medicine
Asthenospermia	<i>Pippalyadi taila/ Mahamasha taila</i>
Azoospermia <sup>[4]</sup>	<i>Pippalyadi taila/ Anu taila/ Ksheerabala taila (101)</i>
Benign Prostatic hyperplasia ( <i>Mutraghata</i> ) <sup>[5]</sup>	<i>Daruharidra kashaya/ Bhruhatyadi kashaya/ Vastyamayantaka ghrita</i>
Erectile Dysfunction <sup>[6][7][8]</sup>	<i>Ashwagandha taila/ Sahacharadi taila/ Arjuna shalmali sidda taila</i>
Oligospermia <sup>[9][10]</sup>	<i>Ashwagandha taila/ Tila taila/ Mahamasha</i>
Physiological Urethral stricture ( <i>Mutra sankocha</i> ) <sup>[11][12][13][14]</sup>	<i>Tila taila/ Sahacharadi taila/ Bala taila/ Apamarga kshara taila</i>
Premature ejaculation <sup>[15]</sup>	<i>Ashwagandha ghrita/ Sahacharadi 2I</i>
Recommendations of conditions for further scope in research trials	
Anti-sperm antibodies	<i>Dashamula taila/ Balaguduchyadi taila</i>
Burning ejaculation	<i>Chandanadi taila</i>
Dysuria	<i>Brihatyadi kashaya/ Panchavalkala Kashaya/ Mutra virajaniya gana kashaya</i>
Epididymitis	<i>Dhanwantara taila/ Mahanarayana taila</i>
Genitalia pain	<i>Mahanarayana taila/ Shatawhadi taila</i>
Maturation arrest	<i>Shatapaki bala Balashwagandha taila</i>
OAT Syndrome	<i>Ksheerabala taila/ Balaguduchyadi taila</i>
Pyobacterospermia	<i>Shukra shodhana gana kashaya / Chandana-Sariva sidda kseera</i>
Teratozoospermia	<i>Phala ghrita/ Dashamula taila</i>
Varicocele	<i>Amrutadya taila/ Sahacharadi taila 2I/ Yashtimadhu taila</i>

**Contra Indications:**

- Diabetes mellitus<sup>[16]</sup>
- Anatomical urethral stricture
- Hypersensitivity
- Carcinoma of penis
- Hypo/ Epispadias
- Phimosis

In Table 2, we present practically followed patterns of *UB* in Males:

**Table 2:** Patterns of Male *UB* in practice

Pattern (A) <sup>[17]</sup>								
Time	D1	D2	D3	D4				
Morning	NB	NB						
Evening		UB	UB	UB				
Pattern (B)								
D1	D2	D3	D4	D5	D6	D7	D8	D9
	NB	NB	NB					
AB	UB	UB	UB	UB	UB	UB	UB	AB
Pattern (C)								
Time Of Day	D1	D2	D3	D4	D5			
Morning E/S		NB	NB	NB				
Morning P/C		UB	UB	UB				
Afternoon	AB	UB	UB	UB	AB			
Evening		UB	UB	UB				
<b>Note:</b> In case of multiple sittings per day, Folly's catheter may be kept in situ								
Pattern (D) <sup>[6]</sup>								
D1	D2	D3	D4	D5	D6	D7		
UB	UB	UB	UB	UB	UB	UB		
<b>Note:</b> <i>UB</i> without the administration of <i>NB</i> is also followed & no complications are observed								

**Discussion on classical view and practical procedure of UB:**

- Before starting *UB*, *NB* (decoction enema) should be given for three days, to obtain *marga shuddi* (purification of channels) and *Ashaya prashithila*<sup>[18]</sup>.
- Prior to the administration of *UB*, *Sthanika abyanga* (local oleation therapy) followed by *mridu nadi sweda* (mild sudation therapy) may help in pacifying *vata dosha* and also increase the drug absorption by smooth muscles<sup>[19][20]</sup>.

**Table 3:** Comparison between classically explained and practically customized procedure

Classical	Practical
Length of urethral passage: 10 <i>angula</i> (approx. 20 cm)	Length of urethral passage: 18-20 cm
Instruments: <i>Basti netra &amp; basti putaka</i> <sup>[21][22]</sup>	Infant feeding tube no. 8 / Disposable rubber catheter No 6/7
Length of insertion of nozzle in urethra: 7 <i>angula</i> <sup>[23]</sup> (14 cm)	Length of insertion of feeding tube in urethra: 20cm
Administration of <i>UB</i> in sitting posture into Erect Penis <sup>[24]</sup>	Administration of <i>UB</i> in supine position into Flaccid Penis
Dose of <i>sneha</i> drug to be administered is $\frac{1}{2}$ <i>pala</i> <sup>[25]</sup> (24ml)	To start with 25 ml and increase upto 50 ml
Dose of <i>kwatha</i> drug to be administered is 1 <i>prasrita</i> <sup>[26]</sup> (96ml)	To start with 100 ml and can be increased as necessary
<i>UB</i> retention time: 100 <i>matrakala</i> <sup>[27]</sup>	<i>UB</i> retention time: 3 to 6 hours
<i>UB</i> is administered 2-3 or 3-4 times per day <sup>[28]</sup>	1. Once a day for 7 days 2. 3 <i>UB</i> per day for 3 consecutive days 3. Repeat the same after a gap of 3 days <sup>[29]</sup> 4. Repeat the same after a gap of 7 days <sup>[29]</sup> 5. Or as mentioned in the above table

**CONCLUSION:**

Although very precisely mentioned in the classics, the Male *Uttara Basti* is limited to a handful of practitioners. This approach of Ayurvedic medicinal procedure has wide applicability and has been scientifically proved to be best route of administering the drug locally on target organs of uro-genital system to achieve best possible results. Thus, the recommendations provided through this paper have been customized based on several successful trials. This evidence based practice of Male *UB* procedure shall prove more beneficial for the upcoming clinicians and will help in its exploration to the entire scientific world.

\*Details of the cases shall be provided on request.

\*\*The video-graphic demonstration of Male *Uttara Basti* performed by the author is available on the following you-tube link. (<https://www.youtube.com/watch?v=ru8SXYrtul>)

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**REFERENCES**

- [1] Ayurveda Deepika commentary, Charaka Samhita Siddhi sthana 9/53, Chaukhamba Orientalia, Varanasi, Reprint 2012; pg 1058
- [2] Mahajan DH, Bhojar MS, Chaudhari SS, Efficacy of triphala kwath yoni dhavan with triphala siddha ghrita pratisarana in episiotomy wound, IJRAP 4(2), Mar-Apr 2013
- [3] Murthy Srikanth K R, Sushruta Samhita Chikitsa sthana 37/117-127, Chaukhamba Orientalia, Varanasi, Reprint 2015; pg 361-363
- [4] Sharma MH and Singh G, Standardization of Uttara-basti and its role in the Management of shukra- dusti with reference to Obstructive azoospermia. DPC Dissertation, Gujarat Ayurveda University, Jamnagar, 1997
- [5] Banothe G et al. Efficacy of Ayurveda Formulations and Basti Chikitsa on Mutraghata w.s.r. to Benign Prostatic Hyperplasia, Int. J. Ayur. Pharma Research, 2014; 2(7): 5-11
- [6] Nandigoudar SN, A Comparative Clinical Study To Evaluate The Effect Of Uttara Basti And Matra Basti In Kilaibya With Special Reference To Erectile Dysfunction, RGUHS 20, pg 84-86
- [7] Pareek T, Role Of Panchakarma Chikitsa In The Management Of Kilaibya: A Case Study, AYUSHDHARA | September - October 2016 | Vol 3 | Issue 5, pg 884-887
- [8] Arun H M, Role of Uttara Basti in the management of Kilaibya (Erectile dysfunction); RGUHS 2001
- [9] Bhosale PN, Management Of Ksheen Shukra (Oligoasthenospermia) With Uttarbasti, RGUHS 2009, pg 75-76
- [10] Jithesh, Uttarbasti in the management of oligospermia. MD Dissertation, Govt. Ayurvedic College, Thiruvananthapuram Kerala University, 2003
- [11] Amilkanthawar RH, Role of uttarbasti in management of mutra marga sankoch (urethral stricture), Indian Journal of Traditional Knowledge Vol. 3(2), April 2004, pp. 177-181
- [12] Patel JR, Role Of Uttarbasti In Functional Bladder Outlet Obstruction : A Case Study, Journal of Ayurveda and Integrated Medical Sciences, Vol 2 No 3 (2017): May - June, pg 270-273

- [13] TS Dudhamal, SK Gupta, C Bhuyan, Case Report: Management Of Urethral Stricture With Uttarbasti, Ancient Science of Life, Vol. 30, No.2 (2010) Pages 51 - 53
- [14] K. Rajeshwar Reddy, Clinical evaluation of Apamarga-Ksharataila Uttarbasti in the management of urethral stricture, Ayu, 2013 Apr-Jun; 34(2): 180-183
- [15] Kumar Pankaj, Sadh Shubham And Lohith, A Clinical Study To Standardise Dose Of Uttara Basti With Ashwagandhadhi Ghrita In Premature Ejaculation, International Journal Of Development Research Vol. 07, Issue, 07, Pp.14028-14031, July, 2017
- [16] Murthy Srikanth K R, Sushruta Samhita Chikitsa sthana 37/126, Chaukhamba Orientalia, Varanasi, Reprint 2015; pg 362
- [17] Kumar Pankaj et al. A clinical study to standardize of uttar basti with ashwagandhadhi ghrita in premature ejaculation, International Journal of Development Research, Vol. 07, Issue 07, July 2017: 14028-14031.
- [18] Murthy Srikanth K R, Vagbhata's Ashtanga Hridaya Sutra sthana 19/70, Chowkhamba Krishnadas Academy, Varanasi, edi:6th, 2009; pg 251
- [19] Murthy Srikanth K R, Sushruta Samhita Chikitsa sthana, 37/108, Chaukhamba Orientalia, Varanasi, Reprint 2015; pg 360
- [20] Murthy Srikanth K R, Vagbhata's Ashtanga Hridaya Sutra sthana 19/73-76, Chowkhamba Krishnadas Academy, Varanasi, edi:6th, 2009; pg 252
- [21] Murthy Srikanth K R, Sushruta Samhita Chikitsa sthana, 36/107, Chaukhamba Orientalia, Varanasi, Reprint 2015; pg 360
- [22] Ayurveda Deepika commentary, Charaka Samhita Siddhi sthana 9/50, Chaukhamba Orientalia, Varanasi, Reprint 2012; pg 1078
- [23] Murthy Srikanth K R, Sushruta Samhita Chikitsa sthana, 36/101, Chaukhamba Orientalia, Varanasi, Reprint 2015; pg 359
- [24] Ayurveda Deepika commentary, Charaka Samhita Siddhi sthana 9/53, Chaukhamba Orientalia, Varanasi, Reprint 2012; pg 1058; Murthy Srikanth K R, Sushruta Samhita Chikitsa sthana, 37/109, Chaukhamba Orientalia, Varanasi, Reprint 2015; pg 360; Murthy Srikanth K R, Vagbhata's Ashtanga Hridaya Sutra sthana 19/62, Chowkhamba Krishnadas Academy, Varanasi, edi:6th, 2009; pg 249
- [25] Ayurveda Deepika commentary, Charaka Samhita Siddhi sthana 9/50-57, 62, Chaukhamba Orientalia, Varanasi, Reprint 2012; pg 1078
- [26] Murthy Srikanth K R, Sushruta Samhita Chikitsa sthana 37/116, Chaukhamba Orientalia, Varanasi, Reprint 2015; pg 360
- [27] Dr Pulak Kanti Kar, Principles and practice of Panchakarma, Chapter 5: 636
- [28] Murthy Srikanth K R, Vagbhata's Ashtanga Hridaya Sutra sthana 19/82, Chowkhamba Krishnadas Academy, Varanasi, edi:6th, 2009; pg 253; Ayurveda Deepika commentary, Charaka Samhita Siddhi sthana 9/57, Chaukhamba Orientalia, Varanasi, Reprint 2012; pg 1078; Murthy Srikanth K R, Sushruta Samhita Chikitsa sthana, 38/114, Chaukhamba Orientalia, Varanasi, Reprint 2015; pg 360
- [29] Ayurveda Deepika commentary, Charaka Samhita Siddhi sthana 9/68-70, Chaukhamba Orientalia, Varanasi, Reprint 2012; pg 1081