

**ROLE OF SAHACHAR TAILA MATRA BASTI IN ADENOMYOSIS:
AN AYURVEDIC PERSPECTIVE*****Dr. Trushna Yogesh Agam**

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ABSTRACT

Background: Adenomyosis is a benign yet frequently symptomatic uterine disorder characterized by the presence of endometrial glands and stroma within the myometrium. It commonly presents with dysmenorrhoea, heavy menstrual bleeding, chronic pelvic pain, and uterine enlargement. Although modern medical management provides symptomatic relief, recurrence and treatment-related limitations remain important concerns. Ayurveda does not describe adenomyosis as a single disease entity; however, its clinical manifestations can be interpreted through the principles of Artava Dushti, Yonivyapad, Udavarta, and Vata-Kapha or Vata-Pitta involvement depending on the presentation.

INTRODUCTION

Adenomyosis is a common benign uterine condition in which endometrial glands and stroma are located within the myometrium, with smooth-muscle hypertrophy and inflammatory changes.^[1] The condition can significantly affect physical, reproductive, emotional, and social well-being. Commonly presenting complaints are heavy menstrual bleeding, dysmenorrhea, chronic pelvic pain, dyspareunia, infertility, and an enlarged or tender uterus. Diagnosis is generally based on clinical evaluation, sonography and MRI. Ayurveda emphasizes individualized assessment based on Dosha, Dushya, Agni, Srotas, Roga Marga, and the stage of disease. Adenomyosis does not have a direct one-to-one equivalent in the classical Ayurvedic texts. Therefore, an Ayurvedic interpretation should be considered a conceptual correlation rather than an exact classical diagnosis.

The major symptoms of adenomyosis are painful menstruation, excessive menstrual bleeding, pelvic heaviness, and uterine enlargement. Pain is associated with Vata, while excessive bleeding may involve Pitta and Rakta. Obstruction or impaired movement of Apana Vayu may contribute to painful and abnormal menstruation. Among the therapeutic modalities described for Vata disorders, Basti occupies an important position. Matra Basti, being a relatively gentle form of Basti, and it is suitable when Vata aggravation and pelvic pain are prominent. Sahacharadi Taila is an Ayurvedic medicated oil traditionally associated with Vata disorders,. Its Snigdha, ushna, kaphaghna and Vata-shamana properties provide a conceptual basis for investigating Its use through Matra Basti.

AIM

To critically review the possible role of Sahachar Taila Matra Basti in adenomyosis from an Ayurvedic perspective.

OBJECTIVES

- To review the Ayurvedic concept of adenomyosis in relation to Vata, Artava Dushti, and Yonivyapad.
- To understand the role of Apana Vayu in the pathogenesis of menstrual and pelvic disorders.
- To review the properties and therapeutic actions of Sahacharadi Taila.
- To understand the therapeutic importance of Matra Basti in Vata-predominant disorders.

MATERIALS AND METHODS

This review was prepared using a conceptual and narrative literature-review approach.

The following texts consulted for the Ayurvedic and modern concept of adenomyosis

- Charaka Samhita
- Sushruta Samhita
- Ashtanga Hridaya
- Ashtanga Sangraha
- Bhavaprakasha Nighantu
- Modern sources
- Modern literature concerning:
- Pathophysiology
- Clinical manifest

Ayurvedic Conceptual Understanding of Adenomyosis

Adenomyosis may be understood as a condition involving multiple pathological components rather than a single Dosha or Srotas.

Possible Ayurvedic components

Clinical feature	Possible Ayurvedic interpretation
Dysmenorrhoea	Vata Prakopa, especially Apana Vayu
Pelvic pain	Vata predominance
Heavy menstrual bleeding	Rakta/Pitta involvement; Artava Dushti
Pelvic heaviness	Kapha and Meda association
Uterine enlargement	Kapha, Mamsa, Meda and Srotodushti considerations
Chronicity	Dhatu and Srotas involvement
Menstrual obstruction/difficulty	Apana Vayu dysfunction
Infertility	Artavavaha Srotas and Garbhashaya dysfunction

Role of Apana Vayu

Apana Vayu is responsible for downward movement and elimination including menstruation, defecation, urination and childbirth. Classical Ayurvedic descriptions place Apana Vayu in the pelvic region and associate it with the proper expulsion of Artava and Garbha. When Apana Vayu becomes aggravated or obstructed, abnormal downward movement may occur. This provides a conceptual explanation for painful menstruation and pelvic discomfort.

Therefore, correction of Apana Vayu is an important therapeutic consideration in disorders characterized by:

- Dysmenorrhoea
- Pelvic pain
- Menstrual irregularity
- Pelvic heaviness
- Difficulty in normal menstrual flow

Dysmenorrhea can be correlated with Udavartini Yonivyapad which is characterized by painful menstruation.

Concept of Matra Basti

Basti is considered as ardhachikitsa by Acharya Charak mainly effective in Vata vyadhi. Hence in gynecological disorders it helps for Vata Shamana and Apana Vayu Anulomana. Matra Basti is a form of Sneha Basti in which a relatively small quantity of medicated oil is administered. It is given per rectum and reaches up to ileocecal junction. It is traditionally

considered a comparatively mild and convenient form of Basti and may be used repeatedly according to the patient's condition and therapeutic requirement. Basti Chikitsa makes the vitiated Apanavata to move in a downward direction and cures the dysmenorrhea^[2] adenomyosis commonly involves pelvic pain and painful menstruation, the Vata-modulating action of Matra Basti provides a good relief in it.

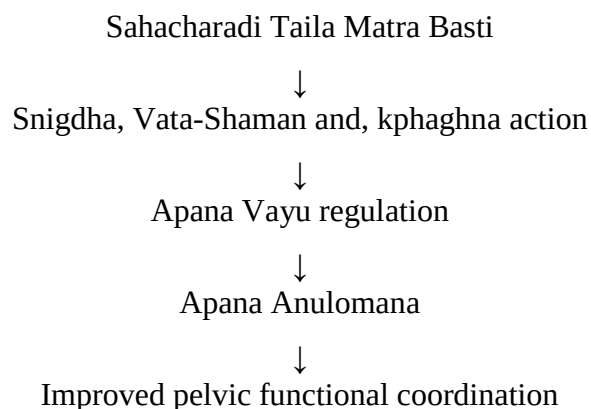
Mode of action Sahacharadi Taila

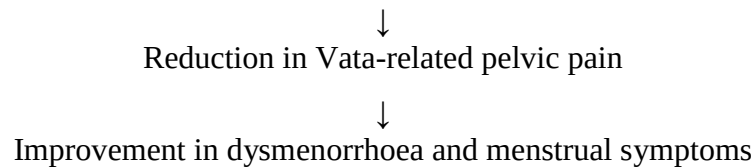
Drugs which have the property to bring about Anuloma Gati of Vata may relieve the symptoms of primary dysmenorrhea. Mulsthana of Aartavaha Srotas is Garbhashya and Aartava Vahini Dhamani^[3] which is the main seat of Apana Vata. In this disease condition mainly Apana Vata Dushti is there and Basti is the most effective treatment on this. So we give Sahacharadi Taila Matra Basti in patient. Contents of Sahacharadi Taila are 4 parts-Tila Taila and 16-part Kwatha of Sahachara, Devadaru and Nagara. Devadaru (Cedrus deodara) is Kapha, Vatashamaka having the properties like Vedana sthapana, Shothahara, Kusthaghna, Kaphanisaraka. Nagara (Zingiber officinalis) is KaphaVatashamaka useful in the conditions like Shothahara, Shulahara. Internally it is digestive. Sahachara (Barleria prionitis) is also Kapha-vatashamaka having the properties like Vedana Sthapana, Shothahara, Kusthaghna, Kaphanisaraka, Vranashodhana, Vranaropana.^[4] Content of Sahacharadi tail mentioned by Vagbhat have the Ushna Veerya and Kapaha and Vatashamaka property. According to Acharya Charaka Sahacharadi Taila Basti is Sarvaroganashaka, Rasayana.^[5] Useful in Kshata, Vatakshaya, Pittavikara, Rupa, Varna, Bala, Mansa, Shukra Vradhana.

The formulation is traditionally associated with management of Vata-predominant conditions, especially disorders involving the lower body and musculoskeletal structure.

Possible Mechanism of Sahacharadi Taila Matra Basti

The proposed Ayurvedic mechanism may be represented as





This should be considered a hypothesized Ayurvedic mechanism, rather than a proven biological mechanism for adenomyosis.

Possible Modern Correlation

Adenomyosis is associated with inflammatory processes, abnormal uterine contractility, altered tissue architecture, and increased sensitivity to pain.

The possible benefits of an Ayurvedic intervention such as Sahachar Taila Matra Basti may be studied through outcomes such as

- Pain intensity
- Dysmenorrhoea severity
- Menstrual blood loss
- Pelvic tenderness
- Quality of life

However, it is important to distinguish between Ayurvedic therapeutic rationale and scientifically established mechanisms. At present, the specific efficacy of Sahachar Taila Matra Basti for adenomyosis should be considered an area requiring clinical research rather than an established treatment.

DISCUSSION

Adenomyosis represents a complex gynecological condition with significant menstrual pain-related morbidity. Studies using imaging to diagnose adenomyosis have reported an association between adenomyosis and an increased risk of preterm birth, small for gestational age, and pre-eclampsia among pregnant women who conceive spontaneously.^[6] Women with adenomyosis have a higher incidence of infertility and miscarriage, due to abnormal function of the sub endometrial myometrium, interference in sperm transport and blastocyst implantation, abnormal endometrial immune response and nitric oxide level.^[7]

Conventional treatment includes hormonal therapy, non-steroidal anti-inflammatory drugs, tranexamic acid in appropriate patients, intrauterine systems, other hormonal approaches, and surgical treatment in selected cases.

From the Ayurvedic perspective, Ayurveda, primary dysmenorrhea can be correlated with Udavartini Yonivyapad which is characterized by painful menstruation.^[8]

वेगोदावर्नताद्योननमुदावर्त रऽननलः । सा रुगार्त रजः कृच्छ्रेणोदावत्तृ ववमुञ्चनर् ॥ आर्तवे सा ववमुक्ते र् तर्क्षणं लभर् सुखम् । रजसो गमनादध्वं ज्ञेयोदावर्तनी बुध ॥^[9]

Apana Vata is responsible for the proper expulsion of Sukra, Artava, Sakrut, Mutra and Garbha.^[10] The predominance of pelvic pain and dysmenorrhoea suggests an important role of Vata, particularly Apana Vayu. Basti is traditionally recognized as an important therapeutic modality for Vata disorders. The use of an unctuous preparation through Matra Basti may therefore be conceptually appropriate in selected patients.

Sahacharadi Taila provides an additional Snigdha, kaphaghna and Vata-shamana approach. The combination may potentially address the functional component of Apana Vayu disturbance and Vata-associated pain.

Nevertheless, adenomyosis has a structural pathological basis involving the myometrium. Therefore, it would be inappropriate to conclude that Sahachar Taila Matra Basti can eliminate adenomyotic lesions based solely on Ayurvedic principles.

The most appropriate current interpretation is that it may have a supportive role in symptom management, particularly for pain and menstrual discomfort, subject to clinical evaluation.

CONCLUSION

Sahachar Taila Matra Basti may have a potential role as an Ayurvedic supportive intervention in selected patients with adenomyosis, particularly where Vata predominance and pain are prominent. However, its efficacy specifically in adenomyosis requires systematic clinical investigation through well-designed studies before definitive therapeutic claims can be made.

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