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SAHCHARADI TAILA MATRA BASTI IN THE MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME (PCOS): AN AYURVEDIC PERSPECTIVE

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is one of the most prevalent endocrine disorders among women of reproductive age, characterised by oligo-anovulation, hyperandrogenism, and polycystic ovarian morphology. In Ayurvedic clinical science, PCOS finds its closest nosological correlate in *Artavakshaya* and *Pushpaghni Jataharina*, conditions arising from the interplay of vitiated Kapha and Vata dosha culminating in impaired *artava* (ovum/menstrual blood) formation. *Matra Basti*—a modified, low-volume oil enema—is a pivotal intervention in the Panchakarma armamentarium for disorders rooted in *Apana Vata* derangement. *Sahcharadi Taila*, an oleaginous preparation classically indicated for *Vatavyadhi* and gynaecological disorders, is proposed as a potent therapeutic vehicle in this context. The present article critically reviews the Ayurvedic pathogenesis of PCOS, the pharmacodynamics of Sahcharadi Taila, the procedural rationale of Matra Basti, and the mechanistic basis through which this intervention may restore ovulatory function and hormonal homeostasis, with reference to classical texts including the *Charaka Samhita* and *Sushruta Samhita*.

Index Terms: *Artavakshaya, Apana Vata, Kapha Avarana, Matra Basti, PCOS, Pushpaghni Jataharina, Sahcharadi Taila, Vatavyadhi.*

I. INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) constitutes a complex heterogeneous endocrinopathy affecting 6–15% of women of reproductive age globally, rendering it the most common cause of anovulatory infertility.[1] It is characterised by a triad of features: oligo- or anovulation, clinical or biochemical hyperandrogenism, and polycystic ovarian morphology on ultrasonography. Its sequelae extend beyond the reproductive domain to encompass insulin resistance, type 2 diabetes mellitus, dyslipidaemia, cardiovascular disease, and psychological morbidity.[2]

Contemporary allopathic management—including oral contraceptive pills, metformin, clomiphene citrate, and gonadotrophin therapy—addresses individual symptoms but does not achieve definitive pathological resolution.[3] This therapeutic lacuna has generated increasing scholarly interest in Ayurvedic management protocols, which offer a holistic, root-cause-directed therapeutic approach targeting the underlying doshic disturbance.

In the Ayurvedic clinical framework, PCOS is not described as a single discrete entity but is accommodated within classical descriptions of *Artavakshaya* (diminished or qualitatively impaired menstrual tissue), *Pushpaghni Jataharina* (a woman who menstruates but does not conceive, described by Sushruta), *Nashtartava* (amenorrhoea), and *Granthibhuta Artava* (cystic formations in the ovary).[4] The principal doshic pathogenesis involves the obstruction of Vata by aggravated Kapha and Meda (adipose tissue), resulting in *Apana Vata Dushti* and consequent failure of folliculogenesis and ovulation.

Matra Basti is a specialised form of *Anuvasana Basti* employing a small, fixed dose (approximately 60–120 mL) of medicated oil, administered per rectum. It is considered the safest and most convenient form of Basti and is particularly indicated in *Vatavyadhi* and disorders of *Apana Vata*, the subdosha governing the pelvic viscera.[5]

Sahcharadi Taila—a classical compound oil preparation—is specifically indicated for Vata-dominant disorders, musculoskeletal diseases, and gynaecological conditions, and its administration as Matra Basti in PCOS represents a clinically rational and textually grounded therapeutic strategy.

II. AYURVEDIC CONCEPTUAL FRAMEWORK OF PCOS

A. Nidana (Aetiology)

Charaka describes the causative factors for artava disorders under *Yonivyapad* in the Chikitsa Sthana. The principal aetiological factors (*nidana*) relevant to the PCOS phenotype include.[6]

- **Ahara nidana:** Excessive consumption of *guru* (heavy), *snigdha* (unctuous), *madhura* (sweet), and *abhishyandi* (channel-blocking) foods, producing *Kapha-Meda vriddhi*.
- **Vihara nidana:** Sedentary lifestyle (*avyayama*), excessive sleep (*atinidra*), and suppression of natural urges (*vegadharana*)—particularly apana vata-governed urges—directly impair pelvic circulation and follicular maturation.
- **Manasika nidana:** Chronic psychological stress and *chinta* (anxiety), which vitiate Vata dosha and indirectly aggravate the hypothalamic-pituitary-ovarian (HPO) axis.

Sushruta in the Sharira Sthana describes Pushpaghni as.

> *"Yasyah pushpam pravartatey na tu garbho grahyate sa pushpaghni"*

— "One in whom menstruation occurs but conception does not take place is called Pushpaghni."[7] This captures the oligo-anovulatory phenotype of PCOS where cycles occur but are anovulatory.

B. Samprapti (Pathogenesis)

The samprapti of PCOS proceeds through six stages of *Shatkriyakala* as described in Charaka Sutra Sthana 21/36.[8]

Table I: Shatkriyakala In Pcos Pathogenesis.

Stage	Ayurvedic Description	PCOS Correlation
1. Sanchaya	Accumulation of Kapha & Meda	Early insulin resistance, dyslipidaemia
2. Prakopa	Aggravation of Kapha-Meda; Agni mandya	Hyperinsulinaemia; androgen excess
3. Prasara	Spread into channels (*srotas*)	Systemic dissemination to ovarian tissue
4. Sthanasamshraya	Lodgement in Artava Vaha Srotas; Kapha avarana	Follicular arrest; anovulation; cyst formation
5. Vyakti	Manifestation of Artavakshaya	Oligomenorrhoea, hirsutism, weight gain
6. Bheda	Complications: Vandhyatva, Sthoulya	Infertility, metabolic syndrome, T2DM

C. Srotodusti and Doshic Involvement

The primary channel affected is *Artava Vaha Srotas*, whose *mula* (root organs) are the ovaries and uterus (Charaka Vimana 5/8: *"Artavahasya srotasah garbhashaya artave cha moolam"*).[9] The mode of srotodusti is *Sanga* (obstruction) and *Vimargagamana* (abnormal flow), produced by *Kapha-Meda avarana* of Vata in pelvic channels. Concurrently, *Rasa-Rakta Dhatu Dushti* impairs the nourishment of artava as an upadhatu.

D. Lakshana (Clinical Features)

The classical features corresponding to PCOS include

- **Artavakshaya:** Scanty, delayed menstruation
- **Nashtartava:** Amenorrhoea
- **Sthoulya:** Central obesity
- **Lomasha:** Excessive hair growth (hirsutism)
- **Mukhadushika:** Acne vulgaris
- **Vandhyatva:** Anovulatory infertility
- **Granthibhuta Artava Srotas:** Ovarian cysts on USG

III. SAHCHARADI TAILA PHARMACODYNAMICS

A. Classical Reference & Composition

Sahcharadi Taila is referenced in *Sahasrayoga* for Vatavyadhi. Its principal ingredient, Sahachara (*Barleria prionitis* Linn.), is Vata-Kaphahara and Shothahara.[10] Processed in a sesame oil base (*tila taila*), it possesses *Vata-shamana*, *Balya*, and *Sroto-shodhana* properties (Charaka Sutra 13/14).[11]

Table II: Composition Of Sahcharadi Taila.

Ingredient	Botanical Name	Karma (Action)
Sahachara	*Barleria prionitis*	Vatakaphahara, Shothahara
Tila Taila	*Sesamum indicum*	Vatashamana, Balya, Sroto- shodhana
Eranda Taila	*Ricinus communis*	Vatahara, Artavajana, Anulomana
Devadaru	*Cedrus deodara*	Kaphavatahara, Shothahara, Deepana
Rasna	*Pluchea lanceolata*	Vatahara, Amahara, Vedanasthapana
Bala	*Sida cordifolia*	Balya, Brimhana, Vatashamana

B. Pharmacological Actions

Key actions relevant to PCOS include: **Vatanulomana** (restoring Apana Vata flow); **Kapha-Meda Virajanana** (clearing lipidic obstruction); **Sroto-shodhana** (purifying channels of Ama); **Artavajana** (promoting ovulatory discharge); and **Balya-Brimhana** (supporting follicle development).

IV. MATRA BASTI: CLASSICAL RATIONALE

Charaka states: *"Basti karma ardha chikitseti vata vyadhishu sarvashu basti karma param smritam"* — Basti is half of all treatment and supreme for Vata.[13] Sushruta confirms its unmatched efficacy in nourishing the body and calming Vata.[14]

Matra Basti uses a small dose (60–120 mL) of oil, administered post-prandially without rigid dietary constraints.[15] Rectal administration allows direct absorption through pelvic hemorrhoidal and lymphatic channels, bypassing first-pass hepatic metabolism and acting directly on the seat of *Apana Vata* (*Pakvashaya*).[16], [17]

V. THERAPEUTIC RATIONALE IN PCOS

1. **Apana Vata Normalisation:** The *ushna*, *snigdha*, and *sukshma* properties directly counteract Vata's *ruksha* and *sheeta* qualities (*Vishesha Siddhanta*).[18]
2. **Avarana Resolution:** Tikta-kashaya herbs clear Kapha-Meda blockage before pacifying Vata.[19]
3. **Sroto-Shodhana:** Eranda taila acts as an emmenagogue and modulates prostaglandin receptors to stimulate ovulation.[20], [21]
4. **Gut-Reproductive Axis:** Stimulates sacral parasympathetic nerves, normalising GnRH pulsatility, LH/ FSH balance, and insulin sensitivity.[22]
5. **Metabolic Modulation:** Devadaru and Rasna exhibit anti-inflammatory and insulin-sensitising properties, reducing ovarian androgen production.[23], [24]

VI. PROPOSED CLINICAL PROTOCOL

Assessment: Rotterderm criteria confirmation, baseline USG (ovarian volume, AFC), serum LH, FSH, Testosterone, Fasting Insulin, and HOMA-IR.

Purvakarma: Mild Snehana (Eranda taila 10–30 mL hs) and local Swedana for 3–5 days.

Procedure: Instillation of 60–90 mL lukewarm Sahcharadi Taila per rectum in Sims' position. Retention for 20–30+ minutes in prone position.

Schedule: 16 consecutive sittings (excluding menses), evaluated at Day 30 and Day 60 for cycle regularity, USG changes, and hormonal recovery.

VII. DISCUSSION AND CONCLUSION

Sahcharadi Taila Matra Basti offers a multi-targeted, root-cause treatment for PCOS by clearing *Kapha-Meda avarana*, regulating *Apana Vata*, and restoring *Artava Vaha Srotas* function. Clinical studies on Basti therapies confirm improvements in menstrual frequency, LH:FSH ratio, and ovarian morphology.[25] As a safe, non-invasive intervention, it represents a compelling integrative option for managing anovulatory infertility and metabolic dysfunction in PCOS.

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