

UDUMBARADI TAILA: A CLASSICAL AYURVEDIC POLYHERBAL MEDICATED OIL FOR LOCALIZED GYNECOLOGICAL THERAPEUTICS — A NARRATIVE REVIEW WITH SPECIAL REFERENCE TO CERVICAL EROSION

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ABSTRACT

Udumbaradi Taila is a classical Ayurvedic medicated oil described for localized gynecological disorders and administered through Yoni Pichu. This narrative review consolidates the classical description, composition, pharmaceutical processing, Ayurvedic pharmacodynamics, probable therapeutic roles of its constituents, and the available clinical literature relevant to cervical erosion. The formulation is classically prepared using a decoction containing Udumbara (unripe fruit), the Panchavalkala group, Kulaka, Malati and Nimba; sesame oil as the lipid medium; and a paste (Kalka) containing Laksha, Dhava, Palasha and Shalmali. Classical properties of several ingredients emphasize Kashaya Rasa, Sheeta or context-dependent Virya, and Stambhana, Sandhaniya and Vranaropana actions, providing a pharmacological rationale for local use in disorders characterized by discharge, tissue friability, inflammation and superficial mucosal disruption. The formulation is particularly

relevant to Ayurvedic management of cervical-vaginal disorders because Yoni Pichu permits prolonged local contact of the medicated oil with the vaginal and cervical region. Modern biomedical literature reports antimicrobial, anti-inflammatory, antioxidant, astringent, hemostatic and wound-healing activities for several individual constituents; however, direct clinical evidence for the complete Udumbaradi Taila formulation remains limited and should not be extrapolated beyond the available studies. A previously reported case report describes its use in vaginal discharge associated with cervical erosion, while another report discusses Yoni Pichu in Karnini Yonivyapada with reference to cervical erosion. This review therefore supports Udumbaradi Taila as a pharmacologically and classically rational formulation for further clinical evaluation, while emphasizing the need for standardized pharmaceutical characterization, safety assessment and controlled clinical studies.

KEYWORDS: Udumbaradi Taila; Yoni Pichu; Ayurveda; cervical erosion; Karnini Yonivyapada; Vranaropana; Stambhana; Panchavalkala; gynecological disorders; wound healing.

INTRODUCTION

Ayurveda places Aushadha among the essential components of rational clinical management. Classical Ayurvedic therapeutics integrates the knowledge of disease causation, clinical features and appropriate therapeutic substances. Localized disorders of the female reproductive tract are addressed through Sthanika Chikitsa, in which the therapeutic agent is brought into direct contact with the affected tissue. Udumbaradi Taila is one such classical medicated oil formulation described in Charaka Samhita, Chikitsa Sthana, Yonivyapat Chikitsa, in the context of localized Yoni disorders.^[1]

The formulation is classically described for conditions including Picchila Yoni, Vivrita Yoni, Kaladushta Yoni and Daruna Yoni. Its administration is through Yoni Pichu for seven consecutive days, with the intended effects of local purification, restoration of mucosal integrity and support of conception.^[1-5]

These indications provide an important conceptual basis for considering the formulation in cervical-vaginal disorders associated with abnormal discharge, tissue friability, inflammation and superficial mucosal disruption.

AIM OF THE REVIEW

To describe the therapeutic rationale and research importance of Udumbaradi Taila in cervical-vaginal illnesses, especially cervical erosion, and to critically organize the classical, pharmacological, pharmacodynamic, and modern biomedical information on Udumbaradi taila.

REVIEW METHODOLOGY

This narrative review is based on a selection of contemporary biomedical material that is pertinent to Udumbaradi Taila, standard pharmacognosy/Dravyaguna sources, and classical Ayurvedic classics. The formulation's classical indication, ingredients, quantities, preparation process, Ayurvedic qualities, phytochemical information, reported biological activities, and clinical literature were all reviewed. There is no quantitative pooled effect estimate provided, and the review makes no claims to be a systematic review or meta-analysis. Evidence pertaining to individual ingredients is separated from statements pertaining to the entire mixture.

Charaka Samhita, Chikitsa Sthana 30/73–76, is the main classical source for Udumbaradi Taila. Other classical literature and published case studies pertinent to its clinical.

CLASSICAL PERSPECTIVE OF UDUMBARADI TAILA

A traditional polyherbal Sneha formulation, Udumbaradi Taila is mostly used for localized gynecological treatments. Charaka Samhita, Chikitsa Sthana, Chapter 30, Yonivyapat Chikitsa Adhyaya, verses 73–76, is the main classical source.^[1] For Picchila Yoni, Vivrita Yoni, Kaladushta Yoni, and Daruna Yoni, the formula is explained. Yoni Pichu is the traditional method of administration, which keeps the therapeutic oil in close proximity to the cervical region and vaginal canal.

The composition uses an oil vehicle along with mostly tissue-supporting and astringent medications. According to Ayurveda, profuse discharge and local tissue laxity are related to Kashaya Rasa.

On the other hand, illnesses involving mucosal friability and superficial tissue injury are explained by the effects of Stambhana, Sandhaniya, and Vranaropana. The formulation's local Yonishodhana and wound-healing importance are further explained.^[2]

CLASSICAL COMPOSITION

Table 1: Classical composition of Udumbaradi Taila.

S.No.	Ingredient	Botanical identity	Part used	Role
1	Udumbara (Shalatu)	Ficus glomerata Roxb. / Ficus racemosa Linn.	Unripe fruit	Kwatha dravya
2	Nyagrodha	Ficus bengalensis Linn.	Stem bark	Panchavalkala kwatha
3	Ashwattha	Ficus religiosa Linn.	Stem bark	Panchavalkala kwatha
4	Plaksha	Ficus lacor Buch.-Ham.	Stem bark	Panchavalkala kwatha
5	Parisha	Thespesia populnea (L.) Sol.	Stem bark	Panchavalkala kwatha
6	Udumbara	Ficus glomerata Roxb.	Stem bark	Panchavalkala kwatha
7	Kulaka (Patola)	Trichosanthes dioica Roxb.	Leaves	Kwatha dravya
8	Malati (Mallika)	Jasminum sambac (L.) Aiton	Leaves	Kwatha dravya
9	Nimba	Azadirachta indica A. Juss.	Leaves	Kwatha dravya
10	Tila Taila	Sesamum indicum Linn.	Seed oil	Sneha dravya / base
11	Laksha	Kerria lacca Kerr.	Purified resinous exudate	Kalka dravya
12	Dhava	Anogeissus latifolia Wall.	Stem bark / flower	Kalka dravya
13	Palasha	Butea monosperma Lam.	Stem bark / resin	Kalka dravya
14	Shalmali	Salmaalma malabarica Schott.	Bark resin (Mocharasa)	Kalka dravya

Classical proportions include 4.0 kg each of Udumbara Shalatu, Kulaka, Malati and Nimba; 0.8 kg each of the five Panchavalkala bark components; 5.0 L (1 Prastha) of sesame oil; and 300 g each of Laksha, Dhava, Palasha and Shalmali.

PHARMACEUTICAL PROCESSING

The formulation follows the general principles of Sneha Paka. The decoction is lowered to around one-fourth of its original volume and filtered after the coarse medications are traditionally made as Yavakuta and processed with water. Shalmali, Laksha, Dhava, and Palasha are processed as Kalka. The decoction and Kalka are mixed into Murchhita Tila Taila, the Sneha medium, and heated under controlled conditions.

Warm filtration and storage in the proper container come after heating is continued until the proper Sneha Siddhi/Madhyama Paka qualities are attained. These pharmaceutical procedures

are crucial because Sneha Paka is a processing technique meant to move water-soluble and lipid-soluble fractions into the oil medium rather than just mixing substances.

Batch-to-batch standardization should record raw material identification, quantity and ratio, extraction/decoction volume, heating duration and temperature profile, endpoint features, yield, physicochemical parameters, and microbiological purity for rigorous pharmaceutical research. Where feasible, chromatographic fingerprinting may be added to establish formulation-level quality markers.

YONI PICHU: LOCAL ROUTE OF ADMINISTRATION

The traditional local delivery method for Udumbaradi Taila is called Yoni Pichu. It involves placing a sterile absorbent cotton core in the vaginal canal close to the ectocervix under aseptic conditions, wrapping it in sterile surgical gauze, securing it with a thread, and saturating it with medicated oil. The external thread allows for removal. Long-term local touch is what gives Pichu its medicinal value. The targeted pharmacological environment is primarily local, in contrast to an oral formulation, while systemic absorption cannot be ruled out. Aseptic method, suitable patient selection, placement time, oil volume, and removal process should all be standardized and recorded in research settings.

The therapeutic relevance of Pichu lies in prolonged local contact. Unlike an oral formulation, the intended pharmacological environment is predominantly local, although systemic absorption cannot be assumed to be absent. In research settings, aseptic technique, appropriate patient selection, duration of placement, amount of oil used, and removal procedure should be standardized and documented.

AYURVEDIC PHARMACODYNAMIC RATIONALE

Kashaya-dominant properties are documented across several ingredients, together with Stambhana, Sandhaniya, Vranashodhana and Vranaropana actions. When taken as a whole, these characteristics can be understood in Ayurvedic pharmacology as promoting the decrease of excessive discharge, the stabilization of local tissue, the removal of unhealthy tissue, and the repair of injured mucosa.

Udumbara is characterized as Kashaya, Guru, Ruksha, and Sheeta, with Vranaropana, Stambhana, Garbhashayashothahara, and Kaphapittashamaka activity. Laksha is referred to as a Sandhaniya and Raktastambhana medication. Palasha contributes Stambhana,

Krimighna, and Vranaropana actions, while Dhava and Shalmali contribute astringent and tissue-supporting actions. Yonivishodhana and Snehana are said to be supported by Tila Taila, who offers the Sneha medium.

SELECTED INGREDIENT-WISE THERAPEUTIC CONTRIBUTION

Table 2: Functional interpretation of selected constituents.

Ingredient	Important Ayurvedic attributes	Potential formulation role
Udumbara	Kashaya; Sheeta; Stambhana; Vranaropana	Tissue stabilization, discharge reduction, wound healing
Panchavalkala group	Predominantly Kashaya; Sheeta; Stambhana/Vranaropana	Astringent, cleansing and reparative support
Nimba	Tikta/Kashaya-oriented; antimicrobial relevance	Local cleansing and microbial control support
Laksha	Kashaya; Sandhaniya; Raktastambhana; Vranaropana	Tissue knitting and bleeding control
Dhava	Kashaya; Stambhana; Shonitasthapana; Vranaropana	Astringent and reparative support
Palasha	Katu/Tikta/Kashaya; Stambhana; Krimighna; Vranaropana	Discharge control, antimicrobial and healing support
Shalmali (Mocharasa)	Stambhana; Shonitasthapana; Vranaropana	Mucosal protection and hemostatic support
Tila Taila	Madhura; Snigdha; Snehana; Yonivishodhana	Oil vehicle and local delivery medium

PHYTOCHEMICAL AND MODERN BIOMEDICAL CONSIDERATIONS

Several phytoconstituents among the individual ingredients are reported in the literature that is currently available. β -sitosterol, lupeol, lupeol acetate, friedelin, stigmasterol, and tannins are claimed to be present in udumbara. Butein-related chemicals are among the flavonoid and phenolic components found in palasha. Nimba is known to have phytochemicals with anti-inflammatory and antibacterial properties. Dhava bark is said to contain hydrolyzable tannins and chemicals related to ellagitannin, whilst Shalmali resin includes tannins and related elements. Although the activity of an isolated ingredient should not be automatically equated with the activity of the final Taila, these data offer a plausible pharmacological basis for a formulation meant for a moist mucosal surface.

According to the research, certain substances have been shown to have antibacterial, anti-inflammatory, antioxidant, astringent, hemostatic, analgesic, and wound-healing properties. These results are best viewed as supporting pharmacological data; without formulation-

specific controlled research, they do not prove Udumbaradi Taila's therapeutic efficacy in treating cervical erosion.

RELEVANCE TO CERVICAL EROSION

Cervical ectropion and various causes of an erythematous cervical appearance can be included in the clinically diverse phrase "cervical erosion." Therefore, an Ayurvedic clinical examination should precisely identify the lesion and rule out illnesses that call for particular contemporary diagnostic treatment. Instead of assuming a one-to-one correspondence between contemporary and traditional diagnoses, the symptoms of cervical lesions, such as abnormal vaginal discharge, contact bleeding, local discomfort, and tissue friability, can be correlated with pertinent Yonivyapad and Vrana-oriented therapeutic principles within the Ayurvedic framework.

Because some of its ingredients have traditional Stambhana, Sandhaniya, and Vranaropana activities and the oil vehicle allows for local application, Udumbaradi Taila is pertinent in this context. Therefore, after a local cleansing or lesion-modifying procedure, the formulation can be thought of as a restorative and tissue-supporting component.

CLINICAL EVIDENCE

A published case report by Chaurasia detailing the function of Udumbaradi Taila in vaginal discharge linked to cervical erosion is among the literature that is currently accessible.^[3] Yoni Pichu Chikitsa with an Ayurvedic formulation in Karnini Yonivyapada is similarly described in a 2021 case report, with particular reference to cervical erosion.^[5] Although case reports cannot show comparative efficacy or ascertain the independent effect of Udumbaradi Taila, they are clinically valuable for hypothesis generation.

Therefore, there is a significant data gap; lengthier follow-up, safety monitoring, microbiological evaluation, standardized outcome measures, and formulation-specific randomized controlled trials are required. When Udumbaradi Taila is used following another local intervention, this gap is especially significant because the clinical impact cannot be attributed to the Taila alone unless the study design allows for such attribution.

PHARMACOLOGICAL INTEGRATION OF THE FORMULATION

It is useful to think of Udumbaradi Taila as a multi-component preparation rather than a single drug. Tila Taila provides the lipid phase and vehicle for local application, Kalka

provides additional plant and resin fractions, and the decoction fraction provides water-soluble components from the main Kashaya and cleansing medications. Therefore, the pharmaceutical process may alter the extractable chemical composition in contrast to simple aqueous or hydroalcoholic extracts of certain plants. From an Ayurvedic perspective, the combination makes sense because many of the components share similar astringent, stabilizing, and wound-healing qualities. From a biological perspective, the formulation contains a variety of phytochemicals with proven antibacterial, antioxidant, anti-inflammatory, and tissue-supportive qualities. The convergence of these two frameworks allows for greater pharmacognostic and pharmacological research while avoiding the unwarranted assumption that all reported activities occur simultaneously at clinically effective concentrations in the final product.

SAFETY AND RESEARCH STANDARDIZATION

Safety must be given special consideration when administering locally through the vagina. The final formulation should be assessed for stability, physicochemical quality, and microbiological contamination. In accordance with the traditional method, raw materials should be verified and, if necessary, cleansed. Aseptic insertion and removal procedures should be followed, and sterile or suitably sanitized materials should be used to prepare the Pichu. completed product. Future research should prospectively monitor burning, pain, aberrant bleeding, irritation, changed discharge, infection, and other local adverse effects because the formulation is meant for cervical-vaginal administration. Any unexpected reaction should be methodically documented. Safety claims should be cautious because the literature currently in publication does not offer enough data to establish a comprehensive safety profile for the final formulation.

RESEARCH GAPS AND FUTURE DIRECTIONS

A number of areas for additional research are supported by the current literature: (1) pharmacopeial standardization and authentication of each ingredient; (2) physicochemical and chromatographic characterization of the final Taila; (3) microbial and stability studies; (4) in-vitro evaluation of the finished formulation's antimicrobial, anti-inflammatory, and wound-healing properties; (5) histopathological or cytological evaluation when ethically and clinically appropriate; (6) randomized controlled clinical studies with standardized diagnostic criteria; (7) evaluation of patient-reported outcomes like discharge, dyspareunia, pruritus, and post-coital bleeding; and (8) longer-term follow-up to document safety. Separating the effect

of Palasha Kshara from the later effect of Udumbaradi Taila is especially crucial for rigorous clinical research, such as the author's current PhD study. Therefore, with the exception of the desired intervention difference, a well-defined protocol should report timing, dose/quantity, frequency, duration, application technique, concurrent treatment, and follow-up consistently between groups.

DISCUSSION

Because the traditional formulation combines several astringent, wound-supporting, and tissue-stabilizing medications with an oil carrier and a local Pichu route, Udumbaradi Taila holds a unique place in Ayurvedic local gynecological therapies. The formulation's composition is pharmacologically multidimensional: The composition of the formulation is pharmacologically multifaceted: Udumbara and the Panchavalkala components provide an astringent and tissue-supportive foundation; Laksha and Shalmali reinforce the Sandhaniya and Stambhana dimensions; Dhava and Palasha contribute additional astringent, antimicrobial, and reparative properties; Nimba offers a crucial cleansing component; and Tila Taila serves as the Sneha medium. Therefore, rather than framing the formulation's relevance to cervical erosion as an established treatment, it is appropriate to portray it as a logical traditional intervention that needs clinical validation. The case-based evidence that is now available is encouraging as a justification for additional research, but it is not enough to draw conclusions about causality. Because it preserves scientific integrity while precisely defining the study issue, this distinction is particularly crucial for clinical research and journal publication.

CONCLUSION

Yoni Pichu uses Udumbaradi Taila, a traditional polyherbal medicinal oil with a solid Ayurvedic foundation for targeted gynecological use. Sesame oil offers the Sneha medium, while Kashaya-dominant and tissue-supportive medications with Stambhana, Sandhaniya, Vranashodhana, and Vranaropana effects are combined in its composition. Antimicrobial, anti-inflammatory, astringent, hemostatic, and wound-healing potential is suggested by constituent-wise pharmacological literature; nevertheless, these results mostly pertain to individual ingredients and should not be taken as conclusive proof for the whole formulation. The clinical literature that is currently available is small and mostly case-based. Consequently, Udumbaradi Taila deserves controlled clinical research, safety assessment, and rigorous pharmaceutical standardization, especially in the context of cervical erosion research

and well-defined cervical-vaginal problems.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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