WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 16, 1637-1647. Review Article ISSN 2277–7105

REVIEW OF TAGARADI TAILA YONI PICHU IN KARNINI YONIVYAPAD WITH SPECIAL REFERENCE TO CERVICAL EROSION

Dr. Sanju Lata Patel*[1], Dr. Shashi Sharma[2], Dr. Shikha Sharma[3]

[1]P.G. Scholar, [2]Prof. and HOD, [3]Lecturer,

Department of Prasuti Tantra and Stri Rog, State Ayurvedic College and Hospital Lucknow, Maha Yogi Guru Gorakhnath Ayush University, Uttar Pradesh, India.

Article Received on 15 July 2026,
Article Revised on 05 August 2026,
Article Published on 16 August 2026,

https://doi.org/10.5281/zenodo.21989822

***Corresponding Author**

Dr. Sanju Lata Patel

P.G. Scholar, Department of Prasuti Tantra and Stri Rog, State Ayurvedic College and Hospital Lucknow, Maha Yogi Guru Gorakhnath Ayush University, Uttar Pradesh, India.

How to cite this Article: Dr. Sanju Lata Patel*[1], Dr. Shashi Sharma[2], Dr. Shikha Sharma[3]. (2026). Review of Tagaradi Taila Yoni Pichu In Karnini Yonivyapad With Special Reference To Cervical Erosion. World Journal of Pharmaceutical Research, 15(16), 1637-1647.
This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Karnini Yonivyapad is one of the twenty Yonivyapadas described in classical Ayurvedic gynaecology, produced by vitiated Vata and Kapha (or Kapha alone) obstructing Raja and giving rise to a fleshy, ear-shaped growth (Karnika) on the cervix. On the basis of symptomatology it is widely correlated with cervical erosion (cervical ectopy) of contemporary gynaecology, a condition in which the columnar epithelium of the endocervix extends over the ectocervix, and which affects a substantial proportion of women of reproductive age, presenting with mucopurulent vaginal discharge, pruritus, backache, dyspareunia and contact bleeding. Local Ayurvedic Kriyakalpas, particularly Yoni Pichu (a medicated vaginal tampon), are commonly used for the local management of Karnini Yonivyapad because of their Lekhana, Ropana and Shodhana properties, and are reported to be effective without the discomfort and recurrence often seen after cauterisation. Tagaradi Taila, an oil formulation described by Acharya Sushruta in the Chikitsa Sthana for Vrana Ropana, is prepared from Tagara, Aguru, Ela, Jati, Chandana, Padmaka, Darvi, Amrita, Tuttha and Shilada (Manahshila)1. This article reviews the Rasa Panchaka of the ingredients of Tagaradi Taila, the pharmacological evidence available for these drugs, the standardised clinical protocol for administration of Tagaradi Taila Yoni Pichu, and its

probable mode of action in Karnini Yonivyapad with special reference to cervical erosion.

KEYWORDS: Karnini Yonivyapad; Cervical erosion; Tagaradi Taila; Yoni Pichu; Kriyakalpa; Ayurvedic gynaecology; Lekhana; Ropana.

1. INTRODUCTION

The Yoni (female reproductive tract) is described in Ayurveda as susceptible to vitiation of the Doshas, giving rise to twenty distinct Yonivyapadas enumerated by Acharya Charaka, Sushruta and Vagbhata.[1,2] Among these, Karnini Yonivyapad develops due to vitiated Vata obstructed by Kapha during straining in labour, producing a Karnika (small fleshy, ear-shaped growth) in the Yoni that obstructs the passage of Raja and is associated with blood-stained or mucoid vaginal discharge, backache, pain in the vulva and pruritus around the vulva, thighs and pelvic joints.[2,8]

Cervical erosion (cervical ectopy) is one of the commonest gynaecological findings, reported in 17–50% or more of women of reproductive age, and is defined as replacement of the native squamous epithelium of the ectocervix by columnar epithelium, appearing as a red, granular area around the external os.[4,5,9] Based on shared clinical features — mucoid/purulent discharge, pruritus, backache, dyspareunia and contact bleeding — Karnini Yonivyapad is correlated with cervical erosion in contemporary Ayurvedic literature, even though no single classical entity maps onto it exactly.[3,5,9]

Contemporary management of cervical erosion relies largely on cauterisation (cryocautery, electrocautery or chemical cautery); although effective in destroying the ectopic columnar epithelium, this approach does not itself promote healthy re-epithelialisation and is frequently followed by prolonged watery discharge, delayed healing and occasional cervical stenosis or recurrence.[10] This has sustained interest in Ayurvedic Yoni Kriyakalpas — Yoni Prakshalana, Yoni Pichu, Yoni Varti, Agni Karma and Kshara Karma — as local, minimally invasive alternatives.[3,6] Among these, Yoni Pichu allows a medicated Taila to remain in prolonged contact with the cervical mucosa, thereby exerting sustained Lekhana and Ropana action. Tagaradi Taila, a classical Vrana-Ropana oil described by Acharya Sushruta, has been used as a Yoni Pichu Taila for Karnini Yonivyapad by virtue of the Rasa Panchaka of its constituent drugs.[1] This review compiles the classical description, drug composition, standardised procedure and probable mechanism of action of Tagaradi Taila Yoni Pichu in the management of Karnini Yonivyapad with special reference to cervical erosion.

2. AIM AND OBJECTIVES

Aim: To review the concept, drug composition, standardised procedure and probable mode of action of Tagaradi Taila Yoni Pichu in the management of Karnini Yonivyapad with special reference to cervical erosion.

Objectives: To review the concept of Karnini Yonivyapad and its clinical correlation with cervical erosion.

To review the Rasa Panchaka (Rasa, Guna, Veerya, Vipaka, Karma) of the ingredients of Tagaradi Taila and the available pharmacological evidence for these drugs.

To describe the standardised procedure (Purva Karma, Pradhan Karma, Pashchat Karma) for administration of Tagaradi Taila Yoni Pichu.

To discuss the probable mode of action of Tagaradi Taila Yoni Pichu in the local management of cervical erosion.

3. MATERIALS AND METHODS

This is a narrative/conceptual review. Material relating to Yonivyapad, Karnini Yonivyapad and the formulation Tagaradi Taila was drawn from classical Ayurvedic texts — Sushruta Samhita and Charaka Samhita with available commentaries[1,2] — together with published Ayurvedic reviews and case studies correlating Karnini Yonivyapad with cervical erosion.[3,4,5,6,7] Contemporary gynaecological understanding of cervical erosion was drawn from standard textbooks.[10] Pharmacological information on the individual ingredient drugs of Tagaradi Taila was collected from PubMed, ScienceDirect and Google Scholar.[11,12,13] The compiled material was analysed thematically to correlate classical Ayurvedic pharmacodynamics with the probable mechanism of action of Tagaradi Taila Yoni Pichu in cervical erosion. No experimental procedure involving human or animal subjects was conducted for this review.

4. DRUG REVIEW – TAGARADI TAILA

Tagaradi Taila is referenced by Acharya Sushruta in the Chikitsa Sthana, Adhyaya 2, Shloka 68–69, in the context of Vrana Ropana (wound-healing) oils[1]:

□□□□□□□□□□□□□□□□□□□□□□□□□□□□□| □□□□□□□

□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□||□ (*Su. Chi.*

2/68-69)

The formulation is prepared from equal (Tulya) parts of Tagara (Valeriana wallichii), Aguru (Aquilaria agallocha), Ela (Elettaria cardamomum), Jati (Jasminum officinale), Chandana (Santalum album), Padmaka (Prunus cerasoides), Darvi (Berberis aristata), Amrita (Tinospora cordifolia) and Shila (Manahshila), processed as a medicated Taila indicated for Ropana.[1] Its Rasa Panchaka makes it a rational choice for Yoni Pichu in Kapha-Vata predominant Yonivyapadas such as Karnini, where erosion, discharge and delayed epithelial healing are the chief complaints.

Table No – 1.

Drug	Botanical Name	Family	Part Used	Rasa Panchaka	Karma
Tagara	Valeriana wallichii	Valerianaceae	Root	Rasa- Tikta, Katu, Kashaya; Guna- Laghu, Snigdha; Veerya- Usna; Vipaka- Katu	Kapha-Vatahara
Aguru	Aquilaria agallocha	Thymelaeaceae	Aromatic resinous wood, Oil	Rasa- Katu, Tikta; Guna- Laghu, Ruksha, Tikshna; Veerya- Usna; Vipaka- Katu	Vata-Kaphahara
Ela	Elettaria cardamomum	Zingiberaceae	Seeds	Rasa- Madhura, Katu; Guna- Laghu, Ruksha; Veerya- Sheeta; Vipaka- Madhura	Kapha-Vatahara
Jati	Jasminum officinale	Oleaceae	Root, Leaf, Flower	Rasa- Kashaya, Tikta; Guna- Laghu, Snigdha, Mridu; Veerya- Usna; Vipaka- Katu	Tridoshahara
Chandana	Santalum album	Santalaceae	Heartwood, Volatile oil	Rasa- Madhura, Tikta; Guna- Laghu, Ruksha; Veerya- Sheeta; Vipaka- Katu	Kapha-Pittahara
Padmaka	Prunus cerasoides	Rosaceae	Stem bark	Rasa- Kashaya, Tikta; Guna- Laghu, Snigdha; Veerya- Sheeta; Vipaka- Katu	Kapha-Pittahara
Darvi	Berberis aristata	Berberidaceae	Root, Fruit, Extract (Rasanjana)	Rasa- Tikta, Kashaya; Guna- Laghu, Ruksha; Veerya- Usna; Vipaka- Katu	Kapha-Pittahara
Amrita	Tinospora cordifolia	Menispermaceae	Stem, Leaf, Aerial root	Rasa- Tikta, Kashaya; Guna- Guru, Snigdha; Veerya- Usna; Vipaka- Madhura	Tridoshashamaka

Correlating the Rasa Panchaka of the ingredients, most drugs are Tikta-Kashaya Rasatmaka, Laghu-Ruksha Gunatmaka, with either Sheeta or Usna Veerya and a predominant Kapha-hara and Pitta-hara Karma. Tikta and Kashaya Rasa are classically attributed with Lekhana, Shoshana and Vrana Shodhana properties, while the Madhura-Sheeta drugs among them

(Chandana, Padmaka, Ela) impart Ropana and Prasadana effects on inflamed cervical mucosa; Amrita, being Tridoshashamaka and Rasayana, is considered to add an immunomodulatory dimension.

4.1 Pharmacological evidence for the constituent drugs

Contemporary pharmacological literature lends supportive evidence to the classical Ropana and Shodhana Karma ascribed to Tagaradi Taila. Berberis aristata (Darvi) and its principal alkaloid berberine possess well-documented antibacterial, antimicrobial and wound-healing activity.[11] Tinospora cordifolia (Amrita) demonstrates significant immunomodulatory, anti-inflammatory and antimicrobial activity and is validated as a Rasayana drug in experimental and clinical studies.[12] Santalum album (Chandana) heartwood oil shows antibacterial activity, including against Staphylococcus aureus, along with anti-inflammatory and wound-healing effects, consistent with its classical Sheeta-Ropana action.[13] These findings, summarised in Table 2, provide pharmacological plausibility for the traditional Karma of the formulation.

Table No – 2.

Drug	**Reported Pharmacological Activities (contemporary literature)**
Darvi (Berberis aristata)	Antibacterial, antimicrobial, anti-inflammatory and wound-healing activity attributed mainly to berberine and related alkaloids; traditionally used for gynaecological disorders and ulcer/wound dressing.
Amrita (Tinospora cordifolia)	Well-documented immunomodulatory, anti-inflammatory, antioxidant and antimicrobial activity; classically described as Rasayana and Tridoshashamaka.
Chandana (Santalum album)	Antibacterial (including against Staphylococcus aureus), anti-inflammatory and wound-healing activity of the heartwood oil, supporting its Sheeta-Ropana action on inflamed mucosa.
Tagara, Aguru, Ela, Jati, Padmaka	Reported analgesic, anti-helminthic, hepatoprotective, anti-snake-venom, diuretic, spermicidal and cancer-chemopreventive properties in classical Nighantu and pharmacognosy literature, contributing to the composite Ropana-Shodhana action of the formulation.

5. STANDARD PROCEDURE OF TAGARADI TAILA YONI PICHU

Pichu (a medicated cotton tampon) allows a drug in Taila form to remain in contact with the diseased site for a longer duration than a wash or douche, thereby prolonging Lekhana and Ropana action; Yoni Pichu with medicated Taila has classically been used as an antibacterial

measure to control vaginal discharge and promote wound healing.[1,3]

5.1 Preparation and Administration

Preparation of Pichu: A sterile cotton swab (approx. 4 × 4 cm) wrapped in sterile gauze, secured with a long retrieval thread, and fully saturated with medicated Tagaradi Taila before insertion.

Matra: Pichu fully soaked in medicated oil (approx. 10 ml)

Route of Administration: Applied locally (Yoni Pichu) for one week after clearance of menses, for two consecutive menstrual cycles.

5.2 Precautions

The Pichu and medicated oil must be sterilised prior to use; the oil-soaked Pichu should not be excessively heated before insertion.

The dimensions of the Pichu should be customised to the patient's individual vaginal anatomy.

5.3 Purva Karma (Pre-procedure)

Written informed consent obtained from the patient before starting the procedure.

Pichu autoclaved prior to use.

Patient placed in the lithotomy position; vulva and vagina cleaned with betadine solution.

Drug administered on the 3rd day after cessation of menstruation; patient called on the scheduled day for administration of Tagaradi Taila.

5.4 Pradhan Karma (Main procedure)

Patient placed in the lithotomy position; all standard aseptic precautions strictly followed.

A Cusco's speculum gently inserted to visualise and expose the cervix, which was then cleaned properly.

With a gloved hand, a sterile Pichu soaked in Tagaradi Taila was placed in contact with the cervix.

The medicated Pichu was retained inside the vaginal cavity for about 2 hours, with a portion of the attached thread kept outside the vaginal canal opening for easy removal.

The patient was clearly instructed on the removal procedure — to gently pull the thread for safe self-extraction of the Pichu.

5.5 Pashchat Karma (Post-procedure) and Advice

Patient kept under observation in the IPD for 2 hours to monitor for any complications; Pichu removed by the patient herself using the attached thread.

Light diet advised before and after the procedure, especially in the evening, avoiding spicy foods during the treatment period.

Coitus prohibited during the course of treatment; care taken to prevent constipation.

6. RESULTS

The classical description of Yoni Pichu Karma, together with the pharmacological review of the constituent drugs of Tagaradi Taila, converges on four principal local actions relevant to the management of cervical erosion in Karnini Yonivyapad (Table 3).

Table No. 3.

Kriya	Karma	Probable Effect
Lekhana	Scraping action	Destructs / removes the abnormal columnar epithelium of the cervix
Ropana	Healing action	Promotes re-epithelialisation of squamous epithelium at the site of erosion
Shodhana / Antibacterial property	Cleansing and antimicrobial action	Controls vaginal discharge (Srava) and supports wound healing
Pichu Dharana	Prolonged local drug contact	Keeps the medicine at the site for a longer period for better action; improves the tone of the vaginal musculature

In addition, the constituent drugs are reported in contemporary literature to possess hepatoprotective, anti-helminthic, analgesic, anti-snake-venom, diuretic, spermicidal, cancer-chemopreventive, antibacterial and anti-inflammatory activities[11,12,13], of which the antibacterial, anti-inflammatory and wound-healing properties are most directly relevant to the local management of cervical erosion.

7. DISCUSSION

Karnini Yonivyapad, correlated with cervical erosion, is essentially a Kapha-Vata predominant condition in which excessive Srava, abnormal epithelial proliferation and local inflammation are the chief pathological features.[3,4,5] Cauterisation-based management, though effective in destroying ectopic columnar epithelium, does not itself promote healthy re-epithelialisation and is often followed by prolonged discharge and delayed recovery.[10]

Tagaradi Taila Yoni Pichu appears to address both limbs of this pathology simultaneously.

The Tikta-Kashaya predominant, Laghu-Ruksha drugs of the formulation (Tagara, Aguru, Darvi, Jati) provide the Lekhana and Shoshana action required to gradually reduce the abnormal columnar epithelium and control excess discharge, functioning in a manner analogous to a gentle, non-instrumental cauterisation. Concurrently, the Sheeta-Veerya, Madhura-Tikta drugs (Chandana, Padmaka, Ela) impart a Ropana and Prasadana effect, soothing the eroded surface and supporting regeneration of healthy squamous epithelium — addressing a shortcoming of purely destructive therapies. Amrita, as a Tridoshashamaka Rasayana drug with documented immunomodulatory activity[12], likely contributes anti-inflammatory support, while the antibacterial activity reported for Darvi and Chandana[11,13] helps control secondary infection and the associated foul-smelling discharge.

The Yoni Pichu route of administration is itself therapeutically significant: sustained contact of the medicated oil with the cervix for 2 hours ensures adequate tissue penetration and prolonged local action that a brief Yoni Prakshalana cannot achieve, while avoiding the systemic exposure associated with oral therapy.[1,3] Scheduling the procedure after cessation of menstruation and repeating it over two consecutive cycles allows adequate time for epithelial turnover between applications, and the advice regarding light diet, avoidance of spicy food, abstinence from coitus and prevention of constipation is aimed at minimising local irritation and Vata-kapha and Rakta aggravation during the healing phase.

Taken together, the classical Karma (Lekhana, Ropana, Shodhana) described to Tagaradi Taila, supported by the pharmacological profile of its constituent drugs, provides a plausible rationale for its clinical use in cervical erosion, and is consistent with case-study reports of symptomatic and colposcopic improvement following Yoni Pichu-based therapy in Karnini Yonivyapad.[6,7] However, the present review is based on classical textual description and individual-drug pharmacology rather than controlled clinical-trial data on the compound formulation itself; well-designed, adequately powered clinical studies with objective outcome measures (colposcopic grading, discharge scoring and epithelial-healing assessment) are required to substantiate these observations.

8. CONCLUSION

Tagaradi Taila Yoni Pichu represents a rational, non-invasive local Ayurvedic Kriyakalpa for Karnini Yonivyapad with cervical erosion. Its combined Lekhana, Ropana, Shodhana and

antibacterial properties, delivered through prolonged local contact via the Pichu, offer a therapeutic approach that not only addresses the abnormal cervical epithelium but also actively promotes healthy re-epithelialisation and improved vaginal tone — a combination not readily achieved with destructive procedures like cauterisation alone. Further clinical research with standardised outcome measures is recommended to establish robust evidence for its efficacy and to standardise treatment protocols.

CONFLICT OF INTEREST

Nil.

SOURCE OF SUPPORT

None.

REFERENCES

1. Maharshi Sushruta. Sushruta Samhita, Chikitsa Sthana, Adhyaya 2/68-69, with Ayurveda Tattva-Sandipika Hindi commentary by Ambika Dutta Shastri. Varanasi: Chaukhambha Sanskrit Sansthan.
2. Agnivesha. Charaka Samhita, Chikitsa Sthana 30/7-8, with Vidyotini Hindi commentary. Varanasi: Chaukhambha Bharati Academy.
3. Sushma. Diagnosis and management of Karnini Yonivyapad w.s.r. to Cervical Erosion and its significance in Modern Era. J Ayurveda Integr Med Sci [Internet], 2021; 6(4): 303-11. Available from: https://jaims.in/jaims/article/view/1415
4. Pal S, Prakash C. A Critical Review on Karnini Yonivyapad w.s.r. to Cervical Erosion. AYUSHDHARA [Internet], 2017; 4(6). Available from: https://ayushdhara.in/index.php/ayushdhara/article/download/358/292/878
5. Sonam, Asokan V, Roy B, Pathan KU. Karnini Yonivyapad (Cervical Erosion): A Review. J Pharm Res Int., 2021; 33(36A): 42-51. doi:10.9734/jpri/2021/v33i36A31925.
6. Mahamad RBS, Deshmukh JS. Ayurvedic management of cervical erosion (Karnini Yonivyapad): A case study [Internet]. Int J Phytomedicine Rel Ind., 2026; 15(2). Available from: https://www.phytojournal.com/archives/2026.v15.i2.15837
7. Meena M, Neelima A. Ayurvedic Management of Cervical Erosion (Karnini Yonivyapad) through Patolyadi Kwatha Yoni Prakshalan – A Case Study [Internet]. Int J Adv Res Sci Eng Manag. Available from: https://www.ijaresm.com/ayurvedic-management-of-cervical-erosion-karnini-yonivyapad-through-patolyadi-kwatha-yoni-prakshalan-a-case-study

8. KARNINI YONIVYAPAD W.S.R TO CERVICAL EROSION – A CASE STUDY. AYUSHDHARA [Internet], 2021; 7(6): 2972-5. Available from: https://ayushdhara.in/index.php/ayushdhara/article/view/633
9. Role of Ayurveda in treating cervical erosion – a case study. Int J AYUSH [Internet], 2023. Available from: https://internationaljournal.org.in/journal/index.php/ijayush/article/view/777
10. Dutta DC. Textbook of Gynaecology. Kolkata: New Central Book Agency – Chapter on Cervical Erosion / Cervical Ectopy.
11. Potdar D, Hirwani RR, Dhulap S. Phyto-chemical and pharmacological applications of Berberis aristata. Fitoterapia, 2012; 83(5): 817-30. doi:10.1016/j.fitote.2012.04.012.
12. Tinospora cordifolia (Giloy): An insight on the multifarious pharmacological paradigms of a most promising medicinal ayurvedic herb. Heliyon [Internet], 2024; 10. Available from: https://www.cell.com/heliyon/fulltext/S2405-8440(24)02156-X
13. Choudhary S, Chaudhary G. Sandalwood (Santalum album): Ancient Tree with Significant Medicinal Benefits [Internet]. Available from: https://www.researchgate.net/publication/352069182
14. Sharma PV. Dravyaguna Vijnana, Vol. II. Varanasi: Chaukhambha Bharati Academy.
15. Chunekar KC, editor. Bhavaprakasha Nighantu of Bhavamishra. Varanasi: Chaukhambha Bharati Academy.
16. Maharshi Sushruta. Sushruta Samhita, Sharira Sthana – description of the twenty Yonivyapadas. Varanasi: Chaukhambha Sanskrit Sansthan.
17. Standard operative protocol for the Yoni Pichu procedure, Department of Prasuti Tantra evum Stri Roga, [Institute Name] (institutional clinical protocol).