WJPMR, 2026, 12(8), 441-445

Review Article

Impact Factor: 7.533

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

ISSN (O): 2455-3301
ISSN (P): 3051-2557
Coden USA: WJPMBB

A REVIEW ON THE THERAPEUTIC ROLE OF KUBERAKSHA VATI AND DASHMOOLA TAILA MATRA BASTI IN UDAVARTINI YONIVYAPAD W.S.R. TO PRIMARY DYSMENORRHEA

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How to cite this Article: Dr. Shubhi Mishra[1*], Dr. Shikha Sharma[2], Dr. Shashi Sharma[3] (2026). A Review On The Therapeutic Role Of Kuberaksha Vati And Dashmoola Taila Matra Basti In Udavartini Yonivyapad W.S.R. To Primary Dysmenorrhea. World Journal of Pharmaceutical and Medical Research, 12(8), 441–445.

Article Received on 05/07/2026 **Article Revised on 25/07/2026** **Article Published on 01/08/2026**

ABSTRACT

Primary dysmenorrhea is described as painful menstruation enough to incapacitate day to day activities. Its clinical aspects in Ayurveda can be comprehended in the form of Udavartini Yonivyapad, a condition where Artava is expelled with difficulty and pain followed by relief upon the onset of the menstrual flow indicating Vata predominance condition. The two interventions selected for the thesis protocol (Kuberaksha Vati and Dashmoola Taila Matra Basti) are discussed in the present review. Kuberaksha Vati contains Kuberaksha, Shunthi, Hingu and Sauvarchala Lavana, processed with Rasona Swarasa. The formulation mainly Ushna and has Deepana, Pachana, Vatanulomana, Shulahara and Artavajanana actions. Dashmoola Taila is made up of Dashmoola Kwatha, Dashmoola Kalka and Tila Taila as per Sneha Paka Vidhi. Matra Basti given in premenstrual period gives Snigdha, Vata-Shamaka, Shothahara and Shulahara effect and is targeted towards functional regulation of Apana Vata. The oral formulation is complementary with Basti therapy as one acts through the work of Agni, Ama, Srotorodha and Vatanulomana while the second supplies Sneha and route-specific Vata management. Based on the available evidence, it is plausible that Kuberaksha vati and Dashamoola could be used together for their analgesic and anti-inflammatory properties, but further clinical trials are needed to determine their effectiveness when combined.

KEYWORDS: Apana Vata, Dashmoola Taila, Kuberaksha Vati, Matra Basti, Primary dysmenorrhea, Udavartini Yonivyapad.

INTRODUCTION

Painful menstruation is one of the most frequent complaints encountered during the reproductive age. Primary dysmenorrhea is defined as menstrual pain occurring without an identifiable pelvic lesion. The pain usually begins shortly before or with the onset of bleeding and may be accompanied by backache, nausea, vomiting, fatigue, headache or bowel disturbance. Increased endometrial prostaglandin production, uterine hypercontractility, vasoconstriction and temporary uterine ischemia are regarded as important factors in its pathogenesis.[3,4]

Ayurvedic classics do not describe primary dysmenorrhea under a single modern diagnostic term. However, the description of Udavartini Yonivyapad closely resembles the usual clinical pattern. Acharya Charaka states that aggravated Vata moves in an abnormal direction, causes painful and difficult expulsion of Raja and the woman feels relief after the menstrual flow is released.[1] This sequence is especially relevant because the relation of pain with the onset and establishment of flow is a characteristic feature in many patients with primary dysmenorrhea.

वेगोदावर्तनाद् योनिमुदावर्तयतेऽनिलः ।
सा रुगार्ता रजः कृच्छ्रादुदावृत्तं विमुञ्चति ॥

आर्तवे सा विमुक्ते तु तत्क्षणं लभते सुखम् ।
(Charaka Samhita, Chikitsa Sthana 30/25-26)

The treatment principle therefore should not be limited to suppression of temporary pain. It should be correcting upward motion of Apana Vata, and thus relieving Shula and consequently removing functional blockage and normal expulsion of Artava should be maintained. In the combined objective, Kuberaksha Vati and Dashmoola Taila Matra Basti were selected in the synopsis.

AIM OF THE REVIEW

To review the classical basis, ingredients, Ayurvedic properties and probable mode of action of Kuberaksha Vati and Dashmoola Taila Matra Basti in the management of Udavartini Yonivyapad with special reference to primary dysmenorrhea.

UDAVARTINI YONIVYAPAD AND ITS CORRELATION WITH PRIMARY DYSMENORRHEA

Ayurvedic understanding

Udavartini is one among the twenty Yonivyapad. The specific cause mentioned by Acharya Charaka is Vegadharana. Repeated suppression of natural urges disturbs Vata, particularly Apana Vata, and produces Pratiloma Gati, i.e upward movement of Apana vata. Rajah is then pushed in an upward direction and is expelled with difficulty. The primary clinical symptom is Krichchhrartava and Shula; relief on Artava Pravritti. [1,9]

The probable Samprapti may be understood as Vata-prakopaka Ahara-Vihara or Vegadharana leading to Apana Vata Dushti. Agnimandya and Ama can lead to Srotorodha while Ruksha and Sheeta qualities can provide spasm and pain. Artavavaha Srotas gets disturbed and normal downward movement of Artava is disturbed. Therefore, Vatanulomana, Shulahara, Deepana-Pachana, Srotoshodhana and Snehana measures are relevant as therapeutic measures.

Modern Correlation

In primary dysmenorrhea, pain is commonly related to increased uterine activity and reduced uterine blood flow. Prostaglandin F2 alpha is associated with strong uterine contractions and vasoconstriction. The pain is often cramp-like, is more severe during the first two days of menstruation and may be associated with other systemic symptoms.[3,4] The Ayurvedic concept of Pratiloma Apana Vata is not identical to this mechanism, but both descriptions emphasize disturbed uterine function and painful expulsion during menstruation.

BASIS FOR SELECTION OF THE FORMULATIONS

The selection of both therapies follows a direct Vata-oriented approach. *Acharya Sushruta* explains that pain does not occur without Vata involvement, while *Acharya Charaka* that *Yonivyapada* cannot develop without Vata and that Vata should be pacified first.[1,2] Kuberaksha Vati was selected as an oral formulation indicated in different types of Shula. Dashmoola Taila was selected because Dashamoola and Tila Taila possess Vata-Shamaka and Shothahara properties, and Basti is considered a principal procedure for Vata disorders. Acharya Charaka also mentions Dashamoola-based Basti in the management of Udavartini.[1]

KUBERAKSHA VATI

Classical reference and composition

Kuberaksha Vati is mentioned in Brihat Nighantu Ratnakara in the context of Ashtavidha Shula and the formulation mentioned in the synopsis contains Kuberaksha (Latakaranja), Shunthi, Hingu and Sauvarchala Lavana in equal proportion triturated with Rasona Swarasa and formulated in Vati form. In the proposed clinical schedule, two tablets of 250 mg are administered twice daily after meals with lukewarm water for three consecutive menstrual cycles.

Drug	Botanical/source name	Part used	Rasa-Guna-Virya-Vipaka	Important Karma	Relevance in Udavartini
Kuberaksha (Latakaranja)	Caesalpinia crista L.	Seed/root bark	Tikta, Kashaya; Laghu, Ruksha; Ushna; Katu	Vata-Kapha Shamaka, Shothahara	Helps reduce obstruction and supports Vata regulation.
Shunthi	Zingiber officinale Roscoe	Dried rhizome	Katu; Guru, Ruksha, Tikshna; Ushna; Madhura	Deepana, Pachana, Vata-Kaphahara, Shulahara	Acts on Agnimandya, Ama, Adhmana and spasmodic pain.
Hingu	Ferula asafoetida L.	Resin (Niryasa)	Katu; Laghu, Snigdha, Tikshna; Ushna; Katu	Vatanulomana, Shulahara, Artavajanana	Promotes normal movement of Apana Vata and relieves colicky pain.
Sauvarchala Lavana	Mineral salt	Purified salt	Lavana with Madhura	Rochana, Deepana,	Supports digestion and relieves Vibandha and

			Anurasa; Laghu, Snigdha; Ushna	Pachana, Anulomana	Udavarta.
Rasona Swarasa	Allium sativum L.	Fresh bulb juice	Predominantly Katu; Snigdha, Tikshna, Sara; Ushna	Vata-Kaphahara, Vatanulomana, Shulahara	Bhavana Dravya; adds Snigdha, Tikshna and Sara actions.

Probable mode of action of Kuberaksha Vati

The predominance of Ushna and Tikshna qualities are present in the formulation. Shunthi, Hingu, Rasona and Sauvarchala Lavana has the ability to improve the activity of Agni and assist in digestion of Ama. This is relevant where irregular food habits, poor digestion, abdominal distension or constipation accompanied by menstrual pain. Vatanulomana is mainly contributed by Hingu, Rasona and Sauvarchala Lavana. Their action can help re-establish the flow of Apana Vata in the downward direction and supports Artava Pravritti.

Shunthi and Hingu are also traditionally used in the treatment of Shula and abdominal colic. Due to its Laghu and Ruksha properties, Kuberaksha can be useful in the presence of Kapha or Ama associated with Srotorodha. Snigdha quality of Hingu and Rasona helps to keep the formulation from getting too drying. Thus, Kuberaksha Vati works through a combination of Deepana-Pachana, Srotoshodhana, Vatanulomana, Artavajanana and Shulahara effects rather than through a single action.

Modern research on ginger has reported that the severity of primary dysmenorrhea is reduced and systematic reviews have concluded that there is a probable benefit of using ginger orally to help relieve menstrual pain; however, there is still limited direct clinical research evidence for the entire Kuberaksha Vati formulation. Ginger has also been reported in modern studies to reduce the severity of primary dysmenorrhea and systematic reviews have concluded that there was probably a benefit of using ginger orally to help relieve menstrual pain; however, there is still limited direct clinical research evidence for the complete Kuberaksha Vati formulation.[12,13]

DASHMOOLA TAILA MATRA BASTI

Composition and preparation

Dashamoola includes Brihat Panchamoola—Bilva, Agnimantha, Shyonaka, Patala and Gambhari—and Laghu Panchamoola—Shalaparni, Prishniparni, Brihati, Kantakari and Gokshura.[2] Dashmoola Taila is prepared by Sneha Paka Vidhi using four parts Tila Taila, sixteen parts Dashmoola Kwatha and one part Dashmoola Kalka, as described with reference to Sharangadhara Samhita.[7] The use of Dashmoola Taila is also supported by the classical description of Dashamoola-based Basti in Udavartini.[1]

Group	Ingredients	Dominant properties	Therapeutic contribution
Brihat Panchamoola	Bilva, Agnimantha, Shyonaka, Patala, Gambhari	Mainly Vata-Kapha Shamaka, Deepana and Shothahara	Helps reduce Vata-Kapha-related obstruction, inflammation and pain.
Laghu Panchamoola	Shalaparni, Prishniparni, Brihati, Kantakari, Gokshura	Vata-Pitta Shamaka, Balya, Shothahara and Brimhana	Supports Vata pacification, tissue nourishment and relief of pelvic discomfort.
Sneha base	Tila Taila	Snigdha, Guru, Ushna, Vyavayi and Vata-Shamaka	Reduces Rukshata, carries the properties of processed drugs and supports Apana Vata.

Rationale of Matra Basti

Pakwashaya is important seat for Vata dosha management while Basti is the main Panchakarma procedure in Vata management. Matra Basti is a Sneha Basti administered in a relatively small amount.[9] In the synopsis, 60 mL of lukewarm Dashmoola Taila is administered per rectum for seven consecutive days in the premenstrual period during each of three cycles.

The timing is clinically meaningful. In many patients, the symptoms start just before or at the time of menstruation. The purpose of the premenstrual administration is to calm down Vata before it is expected to get aggravated, and to prepare the Apana region for the normal expulsion of the Artava. Also, the local Abhyanga and Swedana massage the lower abdomen and back, giving warmth and relaxation.

Probable mode of action of Dashmoola Taila Matra Basti

The principal actions of Tila Taila are Snigdha and Vata-Shamaka. Snigdha and Ushna qualities opposes the Ruksha and Sheeta properties of aggravated Vata. Whereas, Dashamoola provides Shothahara, Shulahara and Vata-Shamaka effects. The therapy is administered through Basti route towards Pakwashaya and Apana Vata. This may help in correcting Pratiloma Gati, relieving pelvic spasm, improving bowel function and reducing the intensity of menstrual pain. Experimental studies in animals have shown that Dashamoola has analgesic and anti-inflammatory properties, which provides indirect but supporting evidence; some of the ingredients are also absorbed through the rectal mucosa when administered rectally, but the absorption profile of a complex medicated oil has not been determined, hence

this explanation should therefore be considered as a possible mechanism rather than a confirmed one.[15]

COMBINED THERAPEUTIC RATIONALE

Pathological factor	Role of Kuberaksha Vati	Role of Dashmoola Taila Matra Basti	Expected combined action
Apana Vata Pratiloma Gati	Hingu, Rasona and Sauvarchala promote Anulomana.	Basti acts on Pakwashaya and Apana Vata.	Restoration of normal downward movement of Artava.
Shula and uterine spasm	Shunthi, Hingu and Rasona provide Shulahara actions.	Sneha and Dashamoola provide Vata-Shamana and Shothahara effects.	Reduction in pain intensity and duration.
Agnimandya, Ama and Srotorodha	Deepana-Pachana and Tikshna-Sara actions.	Sneha softens and supports unobstructed movement.	Improved functional patency of Artavavaha Srotas.
Rukshata and pelvic discomfort	Snigdha drugs partly counter Ruksha Vata.	Tila Taila supplies direct Snigdha and Guru qualities.	More stable Vata function and reduced cramping.
Associated Vibandha and Adhmana	Anulomana and Pachana actions.	Local regulation of Apana Vata.	Relief of bowel-related aggravating factors.

The two interventions are thus complementary. Kuberaksha Vati is administered orally throughout the treatment period and mainly addresses Agni, Ama, Srotorodha, Vatanulomana and Shula. Dashmoola Taila Matra Basti is a time-specific intervention used before menstruation thereby providing Sneha along with direct Vata-oriented therapy. Both approaches finally converge on the correction of Apana Vata and relief of painful menstruation.

DISCUSSION

Formulation for Udavartini should describe its action on the sequence of disease development. A list of all drugs as analgesic is not sufficient to reflect the ayurvedic rationale. In this combination, the oral medicine works on the problems of Agni, Ama and supports Vatanulomana. Then the Basti component adds Sneha and brings a more intense Vata-Shamaka intervention prior to menstruation. This is in accordance with the classical principle of that the treatment of Vata comes first in Yonivyapad.[1]

In addition, the formulation is based on the evidence-based clinical practice of observing that menstrual pain can be accompanied by constipation, abdominal distention, nausea and low backache. Gastrointestinal features are relevant to the use of Hingu, Shunthi, Rasona and Sauvarchala Lavana and Dashmoola Taila Matra Basti may be useful in managing Apana Vata and reducing discomfort in the pelvis and in the lower back. Basti is not used randomly, it is planned to act ahead of time of the usual onset of symptoms.

The evidence for ginger and experimental evidence for Dashamoola corroborate the plausibility of the regimen, but not the efficacy of Kuberaksha Vati with Dashmoola Taila Matra Basti as an entirety. As such, the formulation should always be evaluated clinically with validated measures of pain and disability, as well as symptom and recurrence after treatment.

CONCLUSION

Kuberaksha Vati and Dashmoola Taila Matra Basti is one such Ayurvedic formulation which gives a logical combination approach for Udavartini Yonivyapad with special reference to Primary Dysmenorrhea. The main actions of Kuberaksha Vati are as follows: Deepana, Pachana, Vatanulomana, Artavajanana and Shulahara. The Dashmoola Taila Matra Basti is administered towards the control of Apana Vata and has Snigdha (lubricative), Vata-Shamaka and Shothahara (antiinflammatory) effects. They work well together to help resolve Pratiloma Gati of Vata, enhance Artava Pravritti and alleviate the pain associated with menstruation. The potential classical and pharmacological basis is promising but the clinical efficacy and safety of the full treatment regimen would be better tested by well-designed comparative studies.

ACKNOWLEDGEMENT

The authors acknowledge the Department of Prasuti Tantra and Stri Roga, State Ayurvedic College and Hospital, Lucknow, for academic guidance.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

SOURCE OF SUPPORT

Nil.

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