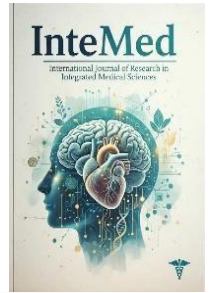




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Review Article

Tryavarta Yoni Sharir and the Four *Peshis* of the *Prathama Avarta* in Pelvic Anatomy

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Abstract:

Background The description of *Tryavarta Yoni* in the *Sushruta Samhita* presents the female reproductive passage in three *Avartas*. A nearby passage describes four *Peshis* along the *Apatyapatha*, or birth passage. These descriptions are often compared with the vagina and its surrounding muscles, but an exact anatomical equivalence has not been demonstrated.

Objective To examine the classical wording and compare the region of the four *Peshis* with current knowledge of the distal vaginal wall and pelvic floor.

Sources and approach A focused narrative review was undertaken using *Sushruta Samhita*, *Sharira Sthana* 5/37–39 and 5/43, together with original human anatomical studies based on histology, dissection, magnetic resonance imaging, and functional assessment. Textual statements were separated from later anatomical interpretations.

Findings Verse 5/43 locates the fetal bed in the third *Avarta*. Verse 5/39 places two of four *Peshis* internally along the birth passage and two externally near its opening. Modern studies show a lower vaginal region formed by vaginal smooth muscle, paired superficial perineal muscles, the perineal body and membrane, and the medial levator ani. These structures offer a useful regional comparison, but the evidence does not identify four discrete modern muscles corresponding to the four classical *Peshis*.

Conclusion The *Prathama Avarta* is best discussed as a lower reproductive passage and its supportive tissues. The proposed correlations are topographical and educational.

Direct one-to-one identification needs further textual and anatomical work.

Keywords Tryavarta Yoni; Prathama Avarta; Peshi; Apatyapatha; vaginal anatomy; perineal body; pelvic floor

Introduction

The female reproductive passage is described in the *Sushruta Samhita* as *Yoni* with three *Avartas*. The same chapter lists four *Peshis* in the *Apatyapatha*. The passages are brief, yet they raise an important question for the study of *Rachana Sharir*: what part of present-day pelvic anatomy can reasonably be compared with the first *Avarta* and its *Peshis*?¹

This question calls for care with both kinds of evidence. A classical verse may describe a region or a visible arrangement without defining a separate muscle in the modern histological sense. In turn, present-day anatomy recognizes several tissue layers and connected muscle groups around the lower vagina. Histological work identifies contractile smooth muscle within the vaginal wall; dissection and imaging show that this wall is also closely related to the perineal membrane, perineal body, and levator ani.^{2,3} A comparison is useful when it makes those relationships clearer. It becomes misleading if a similar position is treated as proof that two named structures are identical.

The purpose of this review is to read the relevant classical statements closely, describe the anatomy of the lower reproductive passage in current terms, and set out which comparisons are plausible, uncertain, or unsupported. The emphasis is on the four *Peshis* described along the birth passage.

Sources and approach

The principal classical source was *Sushruta Samhita*, *Sharira Sthana*, chapter 5, especially verses 37–39 and 43. The Sanskrit wording and verse numbers were checked against a digital text of that chapter. Contemporary material was selected through focused searches for original studies of the vaginal muscularis, perineal membrane, perineal body, levator ani, and urogenital hiatus. Priority was given to human dissection, serial histology, magnetic resonance imaging, and studies that measured pelvic floor function. This was a narrative comparison, not a systematic review or a new anatomical experiment.

Each proposed correlation was examined against four questions: Where is the structure located? Is it muscular, fibrous, or mixed? Is it paired or continuous? Does the original passage actually specify a function? Where a source did not answer a question, the comparison was kept at the level of a region rather than a named muscle.

The classical description

Three Avartas of Yoni

Verse 5/43 describes *Yoni* as *shankhanabhyakriti*, resembling the interior of a conch, and *tryavarta*, having three *Avartas*. It places the *garbhashayya*, the bed of the fetus, in the third *Avarta*.¹ This is the clearest landmark in the verse. The familiar teaching sequence of a lower passage as the first *Avarta*, a cervical region as the second, and the uterine region as the third is a reasonable spatial interpretation, but the verse itself does not label the first two as vagina and cervix. Nor does it define three sharply separated modern organs. In this review, *Prathama Avarta* therefore refers to the lower part of the reproductive passage as an interpretative working region.

The four Peshis along Apatyapatha

Verse 5/39 describes twenty additional *Peshis* in women: ten in the breasts, four in *Apatyapatha*, three near an opening associated with the womb, and three along a reproductive passage.¹ The four in *Apatyapatha* are arranged as two internally and two externally near the mouth of the passage. The wording offers a count and relative positions. It gives neither individual names nor attachments, fibre direction, histological type, or an explicit account of their action.

The word *Peshi* belongs to a classical system of describing bodily tissues. Translating it as “muscle” is helpful in many contexts, but it does not establish that every listed *Peshi* is an isolated skeletal muscle recognizable on a present-day anatomical chart. The local anatomy includes smooth muscle, skeletal muscle, fascia, and connective tissue that merge at several points. The count of four should be retained as a feature of the text rather than used to force the modern anatomy into four parts.

Anatomy of the lower reproductive passage

The vaginal wall

The vagina has a muscular wall with smooth muscle and connective tissue. Human tissue experiments show that its anterior muscularis can contract, providing direct evidence that this is active tissue rather than a passive lining.² The smooth muscle belongs to the wall itself. It must be distinguished from the striated muscles surrounding the lower vagina and from the fibrous supports between them.

Tissue arrangement also varies along the length of the vagina and between individuals, so an internal structure described in a short text cannot be identified from location alone.

The perineal membrane and perineal body

The perineal membrane links the lateral lower vaginal wall and perineal body to the ischiopubic rami. Serial histology and cadaveric dissection show that it is a three-dimensional structure with different dorsal and ventral regions, rather than a thin isolated sheet. The levator ani attaches to its cranial surface, while tissues around the vestibule are closely related to its lower surface.³

Posterior to the vaginal opening lies the perineal body, where several muscles and connective tissues meet. In an MRI study of eleven women with normal pelvic support, the perineal body could be examined at superficial, middle, and deep levels. The superficial level included relationships with the bulbospongiosus and superficial transverse perineal muscles; deeper levels included components of the pubovisceral muscle and tissues adjacent to the vaginal wall.⁵ These findings show why the opening of the birth passage cannot be reduced to a single circular muscle.

The levator ani and urogenital hiatus

The medial levator ani lies around the opening through which the urethra and vagina pass. MRI in women with normal support has shown identifiable pubovisceral and puborectal subdivisions; the puboperineal course is visible near the perineal body.⁴ A more recent study combining MRI, dissection, and histology demonstrated the close connections among the levator ani, perineal membrane, perineal body, and vaginal fascia. Those observations support a combined account of support and closure at the urogenital hiatus.⁶ They do not show four structures matching the classical count.

Comparison of classical and modern descriptions

Table 1 separates what the Sanskrit passages state from the possible anatomical comparison. A regional correspondence is stronger than a claim that a particular *Peshi* has been found.

• Table 1 Anatomical comparison and limits of interpretation

Classic al stateme nt	Modern anatomical region	What can be concluded
Three <i>Avartas</i> ; fetal bed in the third (5/43)	Lower reproductive tract, cervix, and uterus are a useful teaching sequence.	The third <i>Avarta</i> has a textual uterine landmark. Specific names for the first and second are later interpretations.
Four <i>Peshis</i> in <i>Apatya patha</i> (5/39)	The distal vaginal wall and the tissues supporting the birth passage.	The description points to a region and a count. Four separate present-day muscles have

Classic statement	Modern anatomical region	What can be concluded
		not been demonstrated.
Two internal <i>Peshis</i>	Vaginal muscularis and neighbouring bilateral pelvic floor support.	These are anatomical candidates by location only. The verse does not identify tissue type or attachment.
Two external <i>Peshis</i> near the mouth	Paired superficial perineal muscles and their connections with the perineal body and membrane.	A paired arrangement is plausible; no continuous circular “vaginal sphincter” or exact pair can be assigned from the verse.

How far the correlation can go

One possible reading places the two internal *Peshis* near the sides of the lower vaginal wall and the two external *Peshis* around its opening. This reading fits the order in which the text describes them and the presence of paired structures in the modern perineum. It remains an inference. Vaginal smooth muscle is not divided into two named muscles, and the medial levator ani is a broader paired complex. Likewise, the bulbospongiosus lies alongside the vestibule and contributes to the superficial perineum, but it does not form a complete ring around the vaginal opening. The perineal body is a shared attachment point, not a fourth isolated muscle.^{2,4,5}

The terms “internal” and “external” also depend on the observer’s point of reference. They may distinguish depth, position along the passage, or relation to its opening. The verse does not tell us which plane to use. For this reason, it would be too strong to label one pair as pubovaginalis and another as bulbospongiosus, or to equate the four *Peshis* with four components of the levator ani. Such labels can be taught as hypotheses only if their uncertainty is made clear. There is a second issue with the three *Avartas*. The third contains *garbhashayya* according to the text, but a modern cervix is not simply a “turn” between a vagina and uterus. The cervical canal, vaginal fornices, and uterine cavity have different walls and landmarks. Using them to explain a classical sequence can help orient a student; presenting the sequence as a proven anatomical equivalence gives the classical passage more precision than it claims.¹

Functional and clinical context

The lower vaginal and perineal structures matter in childbirth because the tissues of the outlet must stretch and

may be injured. MRI has identified levator ani abnormalities after a first vaginal birth that were absent in a comparison group of nulliparous women.⁷ In a separate case-control study, major levator defects were more common in women with prolapse than in women with normal support, and the prolapse group produced less vaginal closure force during contraction.⁸ These findings make the lower passage and its muscular support a clinically relevant area for anatomical study. They do not establish that the classical four *Peshis* are the injured structures in either study.

For teaching, it is useful to examine the vaginal wall, vestibular muscles, perineal membrane, perineal body, and medial levator ani together. Their connections explain why injury to one part may alter the function of a wider region.^{3,6} This regional view also keeps the classical discussion anchored to anatomy that can be seen in sections, dissection, and imaging.

What further study is needed

A future investigation could begin with a close comparison of Sanskrit editions and commentaries to clarify the words used for the inner and outer locations. The anatomical part would then need predefined landmarks: the vaginal introitus, distal vaginal wall, perineal body, perineal membrane, and medial levator ani. Thin-section MRI could show living relationships; dissection and serial histology could distinguish smooth muscle, striated muscle, and fibrous tissue. Independent observers should record whether a proposed structure is paired, how it attaches, and whether it can be followed along the birth passage. Only then could a more specific correspondence be tested. This review has not performed that investigation.

Limitations

The classical text is concise, and translation of anatomical terms can change the apparent precision of a passage. Modern studies examine different populations and use different methods; for example, MRI may show a muscle course while histology better distinguishes tissue type. This focused review did not use a systematic search with a formal risk-of-bias assessment. No new dissections, scans, or patient observations were undertaken for this article. The table therefore presents a reasoned anatomical interpretation, not a validated map of four classical structures onto four named muscles.

Conclusion

The *Sushruta Samhita* places the fetal bed in the third *Avarta* and describes four *Peshis* along the *Apatyapatha*, with two internal and two external near its opening. Current anatomy shows several interdependent tissues in the corresponding lower reproductive passage, including vaginal smooth muscle, superficial perineal muscles, the perineal body and membrane, and the medial levator ani. A regional comparison is justified. The identity of individual *Peshis* remains unproven and should be presented as a question for anatomical research.

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