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Review Article

Yonivyapad in *Brihattrayi*: A Comparative Clinical and Literary Review

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ABSTRACT

Yonivyapad represents a broad spectrum of gynecological disorders described in Ayurveda under diseases affecting the female reproductive system. The *Brihattrayi—Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*—provide detailed descriptions of the etiology, classification, symptomatology, and management of various *Yonivyapad*. Although these conditions were described in classical terminology, many correlate clinically with modern gynecological disorders such as pelvic inflammatory disease, vaginitis, menstrual abnormalities, infertility, and uterine prolapse. This review critically analyzes the descriptions of *Yonivyapad* in the *Brihattrayi* from literary and clinical perspectives and compares similarities and variations among classical texts. A structured literature review was conducted using Ayurvedic classics, commentaries, and modern databases including PubMed, Scopus, and Google Scholar. The review highlights that *Charaka* emphasizes systemic pathogenesis and internal medicine approaches, *Sushruta* focuses on surgical and anatomical aspects, whereas *Ashtanga Hridaya* presents concise therapeutic approaches integrating both traditions. Comparative analysis reveals differences in classification, nomenclature, and treatment principles, reflecting the evolving understanding of women's health in classical Ayurveda. Modern gynecological correlations indicate significant conceptual overlap in pathophysiology and symptom presentation. However, the absence of standardized diagnostic criteria and limited clinical validation remain major challenges. This review underscores the relevance of classical Ayurvedic gynecology in contemporary integrative healthcare and

identifies areas requiring further interdisciplinary research.

Keywords: *Yonivyapad, Brihattrayi, Ayurveda gynecology, Stri Roga,* women's health, Ayurvedic classics, comparative review

1. Introduction

Women's reproductive health occupies a significant place in Ayurveda, where disorders of the female genital tract are collectively described under *Yonivyapad*. The term is derived from *Yoni* (female reproductive organ) and *Vyapad* (disorder or dysfunction) [1].

The *Brihattrayi—Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*—describe multiple *Yonivyapad* with varying classifications and therapeutic approaches. These disorders encompass gynecological, obstetric, and psychosomatic conditions affecting women.

In modern medicine, several *Yonivyapad* can be correlated with conditions such as:

- Vaginitis
- Cervicitis
- Pelvic inflammatory disease
- Dysmenorrhea
- Infertility
- Uterine prolapse

Despite growing interest in Ayurvedic gynecology, comparative literary and clinical analyses of *Yonivyapad* across the *Brihattrayi* remain limited.

Aim and Objectives

- To critically review *Yonivyapad* described in the *Brihattrayi*
- To compare classifications and clinical features among classical texts
- To correlate classical descriptions with modern gynecological conditions
- To evaluate therapeutic principles and identify research gaps

2. Methodology of Literature Review

Databases Searched

- PubMed
- Scopus
- Web of Science
- Google Scholar

Ayurvedic Sources

- *Charaka Samhita*
- *Sushruta Samhita*
- *Ashtanga Hridaya*
- Classical commentaries

3. Historical Perspective / Conceptual Background

Ayurveda recognizes women's health as essential for preservation of family and society. Detailed gynecological concepts are found in all three major classics.

Charaka Samhita

Describes approximately 20 *Yonivyapad*, emphasizing:

- *Dosha* imbalance
- Menstrual irregularities
- Infertility
- Internal medicine approaches [2]

Sushruta Samhita

Provides:

- Anatomical descriptions
- Surgical considerations
- Obstetric complications [3]

Ashtanga Hridaya

Presents concise yet clinically practical descriptions integrating medical and surgical principles [4].

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4. Comparative Literary Review of *Yonivyapad*

4.1 Classification of *Yonivyapad* in *Brihattrayi*

Text	Number of *Yonivyapad*	Major Basis
Charaka Samhita	20	Dosha predominance
Sushruta Samhita	20	Clinical features and anatomy
Ashtanga Hridaya	20	Integrated approach

4.2 Common *Yonivyapad* Described

- *Vatiki Yonivyapad*
- *Pittaja Yonivyapad*
- *Kaphaja Yonivyapad*
- *Paripluta*
- *Udavartini*
- *Antarmukhi*
- *Mahayoni*
- *Putraghni*

4.3 Comparative Interpretation

A. *Vatiki Yonivyapad*

Features

- Pain
- Dryness
- Irregular menstruation

Modern Correlation

- Dysmenorrhea
- Vaginal atrophy
- Pelvic pain disorders

B. *Pittaja Yonivyapad*

Features

- Burning sensation
- Yellowish discharge
- Fever

Modern Correlation

- Cervicitis
- Pelvic inflammatory disease
- Infective vaginitis

C. *Kaphaja Yonivyapad*

Features

- Itching
- White discharge
- Heaviness

Modern Correlation

- Candidiasis
- Leucorrhea

D. *Udavartini Yonivyapad*

Features

- Painful menstruation due to obstructed *Vata*

Modern Correlation

- Primary dysmenorrhea

E. *Mahayoni*

Features

- Prolapse and laxity

Modern Correlation

- Uterine prolapse

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5. Clinical Perspective

5.1 Etiological Factors

Ayurvedic Causes

- Improper diet (*Ahara*)
- Excessive coitus
- Suppression of natural urges
- Psychological stress
- Trauma

Modern Risk Factors

- Infections
- Hormonal imbalance
- Poor hygiene
- Childbirth trauma

5.2 Pathophysiology

Ayurvedic Perspective

- *Dosha* vitiation affecting *Artavavaha Srotas*
- Predominant role of *Apana Vata*

Modern Perspective

- Infection
- Hormonal dysfunction
- Inflammation

- Pelvic floor weakness

6. Therapeutic Approaches

6.1 Ayurvedic Management

A. Internal Medicines

Ashokarishta

- **Dose:** 15–25 ml with equal water twice daily after meals
- **Indication:** Menstrual disorders, leucorrhea

Pushyanuga Churna

- **Dose:** 3–6 g twice daily with honey/rice water
- **Duration:** 4–6 weeks

Lodhrasava

- **Dose:** 15–20 ml twice daily

Shatavari Churna

- **Dose:** 3–5 g twice daily with milk

Phala Ghrita

- **Dose:** 5–10 ml twice daily with lukewarm milk

6.2 Panchakarma Therapies

Uttara Basti

Drugs Used

- *Phala Ghrita*
- *Shatavari Ghrita*
- *Bala Taila*

Dose

- **3–5 ml intrauterine/intravaginal**

Duration

- 3–5 days after menstruation for 2–3 cycles

Yoni Pichu

Drug

- *Jatyadi Taila / Bala Taila*

Duration

- Retained for 2–3 hours daily for 7–14 days

Yoni Dhavana

Drugs

- Triphala decoction
- Panchavalkala decoction

Frequency

- Once daily for 7–10 days

6.3 Modern Management

A. Antibiotics (In Infective Conditions)

Metronidazole

- **Dose:** 400–500 mg twice daily for 7 days

Doxycycline

- **Dose:** 100 mg twice daily for 14 days

Azithromycin

- **Dose:** 1 g single dose

B. Antifungals

Fluconazole

- **Dose:** 150 mg single oral dose

C. Hormonal Therapy

Combined Oral Contraceptive Pills

- Ethinyl estradiol 30 µg + Levonorgestrel 150 µg
- Daily for 21 days/cycle

D. Surgical Management

- Pelvic floor repair
- Vaginal hysterectomy in prolapse cases

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7. Critical Comparative Analysis

Aspect	Ayurveda	Modern Medicine
Approach	Holistic	Disease-specific
Focus	Dosha balance	Pathology control
Prevention	Strong emphasis	Limited
Evidence base	Classical	Extensive clinical

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8. Research Gaps and Limitations

- Lack of standardized diagnostic criteria
- Limited RCTs in Ayurvedic gynecology
- Inadequate interdisciplinary research
- Variability in interpretation of classical terms

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9. Future Perspectives

- Integrative gynecology clinics
- Evidence-based Ayurvedic protocols
- Molecular studies on Ayurvedic formulations
- Standardization of *Uttara Basti* procedures

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10. Conclusion

The concept of *Yonivyapad* in the *Brihattrayi* demonstrates the advanced understanding of women's reproductive health in classical Ayurveda. Comparative analysis reveals both consistency and evolution in conceptual and therapeutic approaches among classical texts. Many conditions show significant clinical overlap with modern gynecological disorders. Ayurvedic therapies emphasize systemic correction and prevention, whereas modern medicine offers targeted interventions. Integrative approaches may provide comprehensive management; however, scientific validation through robust clinical studies remains essential.

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11. References

1. Agnivesha, Charaka; Dridhabala (editor). *Charaka Samhita*, Chikitsasthana, Chapter 30, Verse 8–12. Reprint edition. Varanasi: Chaukhamba Orientalia; 2014. p. 634–640.
2. Agnivesha, Charaka; Dridhabala (editor). *Charaka Samhita*, Sharirasthana, Chapter 8, Verse 15–20. Reprint edition. Varanasi: Chaukhamba Orientalia; 2014. p. 910–918.
3. Sushruta; Dalhana (commentator). *Sushruta Samhita*, Uttara Tantra, Chapter 38, Verse 5–18. Reprint edition. Varanasi: Chaukhamba Sanskrit Sansthan; 2015. p. 670–682.
4. Vagbhata. *Ashtanga Hridaya*, Uttarasthana, Chapter 33, Verse 1–20. Reprint edition. Varanasi: Chaukhamba Surbharati Prakashan; 2016. p. 890–902.
5. Dutta DC. *Textbook of Gynecology*. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2016. p. 120–180.
6. Berek JS. *Berek & Novak's Gynecology*. 15th ed. Philadelphia: Lippincott Williams & Wilkins; 2012. p. 430–520.
7. Sharma PV. *Dravyaguna Vijnana*. Vol. 2. Reprint edition. Varanasi: Chaukhamba Bharati Academy; 2013. p. 450–470.
8. Singh RH. Exploring larger evidence-base for contemporary Ayurveda. AYU. 2011;32(3):299–304.
9. Patwardhan B, Vaidya AD. Ayurveda: scientific appraisal and integrative perspectives. Journal of Alternative and Complementary Medicine. 2015;21(9):547–552.
10. Narahari SR, Aggithaya MG. Integrative approach in women's health disorders. Journal of Ayurveda and Integrative Medicine. 2011;2(3):140–145.