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Review Article

CONCEPTUAL REVIEW OF *VATAJA YONIVYAPAD* WITH SPECIAL REFERENCE TO ADENOMYOSIS

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ABSTRACT

Women's reproductive health is essential for overall family and well-being of the society. In Ayurveda, gynaecological disorders are described under *Yonivyapad*, among which *Vataja Yonivyapad* is caused by the vitiation of *Vata Dosha*. Aggravated *Vata* affects the *Yoni* and *Garbhashaya*, leading to symptoms such as severe pelvic pain, dysmenorrhea, menstrual abnormality, dyspareunia and eventually leading to Infertility. These features closely resemble adenomyosis, a condition characterized by the presence of endometrial tissue within the myometrium, commonly associated with dysmenorrhea, menorrhagia, and chronic pelvic pain. Ayurvedic management mainly includes *Vatahara* therapies such as *Snehana*, *Swedana*, *Basti Chikitsa*. This review aims to conceptually analyse the *Nidana*, *Samprapti*, and *Chikitsa* of *Vataja Yonivyapad* in correlation with adenomyosis from both Ayurvedic and modern perspectives.

INTRODUCTION

Over the past few decades, humanity has achieved remarkable advancements in modern technology. However, the true prosperity and well-being of a society are still measured by its overall health status and quality of life. The health of women plays a crucial role in determining the health index of the entire community therefore, greater attention must be given to preserving women's health and well-being.

Health issues are often challenging to manage and may worsen due to factors such as lack of awareness, negligence, and poverty. This becomes especially significant in relation to women's health problems. In India, many women tend to conceal their health concerns because of fear, illiteracy, misinformation, and inadequate family support.

In the Samhitas, several Acharyas have described twenty types of *Yonivyapad*. Among them, *Vataja Yonivyapad* is characterized predominantly by symptoms such as *Yoni toda*, *Vedana*, *Sthambha*, *Pipeelika srupti*, *Karkashata*, *Supti*, *Aayasa* and *Artava vaishamya* in the form of *Sa shabdha*, *Ruk*, *Phena*, *Tanu*, *Ruksha Artava*. Due to changes in lifestyle, unhealthy dietary habits, and increased consumption of junk food, women are often unable to follow the principles of *Dinacharya*, *Ritucharya*, *Rajaswala Paricharya*, *Ritumati Paricharya*, *Sutika Paricharya*, and *Garbhini Paricharya* described by the *Acharyas* for maintaining women's health. Failure to adhere to these regimens increases the susceptibility to various *Yonirogas*, among which *Vataja Yonivyapad* is one of the common disorders.

In developing countries, gynaecological disorders among women of reproductive age are a major public health concern. Among these, adenomyosis is increasingly recognized as an important cause of dysmenorrhea, chronic pelvic pain, menorrhagia, and infertility. Adenomyosis is characterized by the presence of endometrial glands and stroma within the myometrium, significantly affecting the quality of life of affected women. In Ayurveda, the clinical features of adenomyosis can be correlated with *Vataja Yonivyapad*, where aggravated *Vata Dosha* produces symptoms such as severe pain, menstrual abnormalities, and pelvic discomfort.

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Modern management mainly includes hormonal therapy and surgical interventions, which may be associated with recurrence and adverse effects. According to a recent systematic review and meta-analysis, the global prevalence of adenomyosis in the general population is around 1%, while its prevalence among women with gynaecological symptoms and infertility is considerably higher.[1]

AIMS AND OBJECTIVES

1. To study the literary review of *Vataja Yonivyapad*.
2. To evaluate the etiopathogenesis of *Vataja Yonivyapad* in correlation with adenomyosis from both Ayurvedic and modern perspectives.

MATERIALS AND METHODS

This conceptual review was prepared after a thorough study of all available offline Ayurvedic classics and contemporary medical literature.

Nidana of *Vataja Yonivyapad*

Samanya Nidana

Acharya Charaka [2]	Abnormal dietary habits and lifestyle, defects in *Artava* and *Beeja* (genetic abnormalities), as well as unexplained factors described as *Daivakrita* (divine influence).
Acharya Sushrutha [3]	In young, weak, debilitated, or excessively dry (*Ruksha*) women, frequent sexual intercourse with a man having a *Pravriddha linga* may aggravate *Vata Dosha*. The aggravated *Vata*, along with vitiated *Pitta* and *Kapha Doshas* caused by their respective etiological factors, affects the *Yoni* and gives rise to various gynaecological disorders.
Acharya Vagbhata [4]	Improper dietary habits, excessive sexual activity, intercourse in abnormal positions, use of artificial objects for sexual pleasure (*Apadravya*), vitiation of *Artava* and *Beeja*, as well as *Daivika* (divine or unexplained) factors.

Vishesha Nidana

If women with *Vata Prakriti* indulges in *Vata prakopaka Ahara* and *Vihara* results in *Vataja Yonivyapad*. [5]

Samprapti

1. *Nidana sevana*
2. Vitiation of *Vata dosha* predominantly
3. *Doshas* starts to accumulate in their own *sthana*
4. *Prakupita dosha* gets *Sthansamshraya* in *Artava Vaha Srotas*
5. *Vataja Yonivyapad Lakshana*

Lakshana

Lakshana	Acharya Charaka [6]	Acharya Sushrutha [7]	Acharya Vagbhata [8]
Yoni toda	+	+	+
Yoni Vedana	+	+	+
Sthamba	+	+	+
Pipeelika srupti	+	-	+
Karkashata	+	+	+
Supthi	+	-	+
Sa shabdha Artava	+	-	-
Sa ruk Artava	+	-	+
Phena, Tanu, Rukshartava	+	-	+
Aayama	-	-	+

Swanam	-	-	+
Alpa, Aruna, Krishna Artava	-	-	+
Sramsa	-	-	+
Vedana in *Vankshana, Parshwa*	-	-	+
Gulma	-	-	+

According to Chakrapani, the abnormal vaginal bleeding observed in *Vataja Yonivyapad* may also occur during the intermenstrual period, thereby showing similarity with *Vataja Asrigdara*.

Adenomyosis

The term adenomyosis originates from the Greek word 'adeno' meaning gland, 'myo' meaning muscle, and 'osis' meaning condition, collectively referring to a disorder involving glandular tissue within the muscular layer.

Adenomyosis is a gynaecological condition characterized by enlargement of the uterus due to the presence of ectopic endometrial glands and stroma within the myometrium. It is recognized as a distinct entity in the PALM-COEIN classification proposed by FIGO for the causes of abnormal uterine bleeding (AUB). This classification categorizes AUB into structural causes: polyp, adenomyosis, leiomyoma, malignancy and hyperplasia and non-structural causes such as coagulopathy, ovulatory dysfunction, endometrial causes, iatrogenic factors, and causes not yet classified.

Pathogenesis

The pathogenesis of adenomyosis involves genetic, immunological, hormonal, and fibrotic factors. Genetic studies have demonstrated altered expression of several genes and microRNAs related to cell proliferation, apoptosis, steroid hormone signalling, and tissue remodelling. Mutations such as KRAS suggest a possible genetic predisposition and abnormal cellular growth. Immune dysregulation also plays a major role, with increased expression of HLA molecules, macrophage infiltration, and release of inflammatory cytokines and matrix metalloproteinases, which promote tissue invasion, fibrosis, and epithelial-mesenchymal transition.

Hormonal imbalance, particularly hyperestrogenism, is a key factor in disease progression. Increased local oestrogen production due to enhanced aromatase activity and reduced oestrogen metabolism creates an oestrogen-rich environment that stimulates abnormal uterine contractions, angiogenesis, and proliferation of ectopic endometrial tissue. Progesterone resistance further contributes to uncontrolled endometrial growth due to altered progesterone receptor expression. Elevated prolactin and oxytocin receptor activity may enhance uterine hyperperistalsis and microtrauma at the endometrial-myometrial junction, promoting lesion formation. Repeated tissue injury and repair ultimately lead to fibrosis and smooth muscle metaplasia mediated by TGF-β signalling.

Clinical features

Adenomyosis is often asymptomatic and may be detected incidentally after hysterectomy. About 50% of women with adenomyosis have no symptoms. Menorrhagia occurs in nearly 70% of cases due to enlarged uterus and abnormal vascularity. Dysmenorrhea is usually progressive, beginning before menstruation and continuing afterward. Pain is related to increased prostaglandins, oedema and deep myometrial invasion. Deep dyspareunia occurs in about 10% of affected women because of uterine tenderness. Adenomyosis can impair fertility by affecting implantation and uterine contractility. Pelvic discomfort and chronic pelvic pain may result from uterine enlargement. Rarely, adenomyosis may present as an abdominal or pelvic mass. Enlarged uterus may compress the bladder, causing increased urinary frequency. Clinical examination commonly shows a uniformly enlarged, mobile, boggy, and tender uterus.

Chikitsa* of *Vataja Yonivyapad

Snehana, *Swedana*, and *Basti* therapies should be performed with medicines possessing *Vata* pacifying properties.[9] The standard therapeutic approach aimed at pacifying *Vata* is considered effective in these conditions.[10] Various forms of *Swedana* include *Kumbhi Sweda*, *Nadi Sweda*, *Ashma Sweda*, *Prastara Sweda*, *Sankara Sweda*, and *Pinda Sweda*.[11] *Taila* possessing *Ushna* and *Snigdha* qualities should be utilized for *Prakshalana*, *Parisheka*, *Abhyanga*, and *Pichu* therapies.[12] Following *Yoni Abhyanga* with lukewarm *Taila*, *Himsra Kalka Dharana* should be administered.[13] *Basti* and *Pichu* therapies should be performed using *Guduchyadi Taila*. [14]

Pathya

Fermented formulations like *Sura*, *Asava*, and *Arishta*, together with *Mamsarasa*, should be administered based on the dominant *Dosha*, along with sufficient consumption of milk.[15] The dietary regimen should incorporate preparations made from barley. [16] Medicines such as *Bala Taila* and *Sukumaraka Sneha* are also considered beneficial.[17] The Kashyapa

Samhita specifically recommends the use of *Lashuna Rasayana*. [18]

Apathya

Manda is contraindicated in women affected by *Yoniroga*. [19]

DISCUSSION

The concepts of *Vataja Yonivyapad* described in Ayurvedic classics were analysed and correlated with the clinical presentation of adenomyosis. It was observed that many manifestations of adenomyosis closely resemble the symptoms explained under *Vataja Yonivyapad*, particularly those caused by the vitiation of *Vata Dosha* and dysfunction of *Apana Vata*.

Adenomyosis commonly presents with severe dysmenorrhea, chronic pelvic pain, dyspareunia, menorrhagia, and infertility. Among these, pain is the predominant symptom, which indicates the dominance of *Vata Dosha*. In Ayurveda, *Vata* is mainly responsible for pain, abnormal movements, and dysfunction of reproductive mechanisms. The progressive and spasmodic pain experienced during menstruation in adenomyosis resembles the *Shoola* and *Vedana* mentioned in *Vataja Yonivyapad*.

The disturbance of *Apana Vata* may alter the normal functioning of the *Garbhashaya*, leading to abnormal uterine contractions, pelvic discomfort, impaired implantation, and infertility. The excessive uterine peristalsis and increased intrauterine pressure observed in adenomyosis can also be understood as manifestations of aggravated *Vata*. Long-standing *Vata* vitiation may further produce tissue degeneration, dryness, and structural changes within the uterus, contributing to chronic symptoms and reproductive difficulties.

Dyspareunia and pelvic heaviness occurring in adenomyosis indicate the involvement of the pelvic structures and impaired uterine function. The enlarged and tender uterus may further aggravate *Vata*, resulting in persistent pain and discomfort. The associated infertility can be correlated with defective implantation, altered uterine contractility, and disturbance of the reproductive pathways caused by *Vata Dushti*.

Therefore, adenomyosis can be considered a *Vata* predominant disorder affecting the *Yoni* and *Garbhashaya*. Therapeutic measures aimed at *Vata Shamana* such as *Snehana*, *Swedana*, *Basti*, and the administration of *Vatahara* drugs may help in reducing pain, improving uterine function, and enhancing reproductive health.

CONCLUSION

Adenomyosis is a chronic gynaecological disorder characterized by dysmenorrhea, menorrhagia, dyspareunia, pelvic pain, and infertility. The clinical features of adenomyosis show a close resemblance to the descriptions of *Vataja Yonivyapad* mentioned in Ayurvedic literature. The predominance of pain, abnormal uterine activity, and reproductive dysfunction indicates the major involvement of *Vata Dosha*, especially *Apana Vata*.

Understanding adenomyosis through the Ayurvedic perspective of *Vataja Yonivyapad* helps in establishing a holistic approach to management. Therapies aimed at pacifying *Vata*, including *Snehana*, *Swedana*, *Basti*, and *Vatahara* medications, may play an important role in relieving symptoms and improving the quality of life of affected women. Thus, the Ayurvedic concept of *Vataja Yonivyapad* provides a meaningful clinical correlation for understanding and managing adenomyosis.

REFERENCES

1. Wang MH, Chen JH, Qi XY, Li ZX, Huang Y. Global prevalence of adenomyosis and endometriosis: a systematic review and meta-analysis. Reprod Biol Endocrinol. 2025; 23(1): 1-10.
2. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 8; p.634.
3. Acharya JT, Acharya NRK, editors. Sushruta Samhita with Dalhana Tika. Varanasi: Chaukhamba Surbharati Prakashan; 2022. Uttaratantra, Adhyaya 38, Shloka 3-4; p.668.
4. Sharma SP, editor. Ashtanga Sangraha with Shashilekha Sanskrit Commentary. Varanasi: Chaukhambha Sanskrit Series Office; 2008. Uttarasthana, Adhyaya 38, Shloka 32; p. 828.
5. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 9; p.634.
6. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 9-11; p.634-635.
7. Acharya JT, Acharya NRK, editors. Sushruta Samhita with Dalhana Tika. Varanasi: Chaukhamba Surbharati Prakashan; 2022. Uttaratantra, Adhyaya 38, Shloka 11; p.669.

8. Kunte AM, Navre KR, editors. Ashtanga Hridaya of Vagbhata with the commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri. Varanasi: Chaukhamba Surbharati Prakashan; 2023. Uttarasthana, Adhyaya 33, Shloka 29-31; p. 895.
9. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 41; p.636.
10. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 47; p.637.
11. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 47-49; p.637.
12. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 61; p.637.
13. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 62; p.637.
14. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2020. Chikitsa Sthana, Adhyaya 30, Shloka 59-61; p.637.
15. Acharya JT, Acharya NRK, editors. Sushruta Samhita with Dalhana Tika. Varanasi: Chaukhamba Surbharati Prakashan; 2022. Uttaratantra, Adhyaya 38, Shloka 29; p.670.
16. Sharma SP, editor. Ashtanga Sangraha with Shashilekha Sanskrit Commentary. Varanasi: Chaukhambha Sanskrit Series Office; 2008. Uttaratantra, Adhyaya 39, Shloka 50; p. 840.
17. Kunte AM, Navre KR, editors. Ashtanga Hridaya of Vagbhata with the commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri. Varanasi: Chaukhamba Surbharati Prakashan; 2023. Uttarasthana, Adhyaya 34, Shloka 24, 54-55; p. 898, 900.
18. Tewari PV (ed.). Kashyapa-Saṃhita or Vrddhajivakiyam Tantra. Haridas Ayurveda Series, Vol. 2. Varanasi (India): Chaukhambha Visvabharati; 2020. Kalpasthana, Adhyaya 2, Shloka 18-22; p.327.
19. Tewari PV (ed.). Kashyapa-Saṃhita or Vrddhajivakiyam Tantra. Haridas Ayurveda Series, Vol. 2. Varanasi (India): Chaukhambha Visvabharati; 2020. Kalpasthana, Adhyaya 7, Shloka 66-67; p.387.

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