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Review Article

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"THE TWENTY YONIVYAPAD: CLASSICAL CLASSIFICATION AND CORRELATION WITH MODERN GYNAECOLOGICAL DISORDERS — A NARRATIVE REVIEW"

Tushar Tapadiya[1]

AFFILIATIONS:
1. Research Assistant, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:
Tushar Tapadiya

EMAIL ID:
tushartapadiya11@gmail.com

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ABSTRACT:
Background: Ayurvedic gynaecology (Stri roga) groups the diseases of the female reproductive tract under the heading Yonivyapad, and all the principal classical texts state that there are twenty such disorders. The lists of Charaka and Sushruta, however, differ in names, order and basis of classification, and modern correlations are often presented without comment on their limits. **Objective:** To describe the classical classifications of the twenty Yonivyapad, to propose cautious correlations with contemporary gynaecological diagnoses, and to summarise published clinical evidence for Ayurvedic management of the main correlated conditions. **Methods:** Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya were reviewed with their commentaries for the names, causes, features and treatment of Yonivyapad. PubMed was searched up to October 2026 for clinical, experimental and review literature on Yonivyapad and related gynaecological conditions in Ayurveda. Findings were synthesised narratively. **Results:** Sushruta arranges the twenty disorders strictly by Dosha (five each for Vata, Pitta, Kapha and Sannipata), while Charaka combines four Dosha-named disorders with sixteen others defined by cause, symptom or structural feature. Correlations can be drawn with dysmenorrhoea, infertility, amenorrhoea, abnormal uterine bleeding, recurrent pregnancy loss, vulvovaginitis, cervical lesions, genital prolapse, dyspareunia, vaginal stenosis and congenital anomalies. Clinical evidence is concentrated in a few entities, notably Udavartini (primary dysmenorrhoea), Upapluta (vulvovaginitis in pregnancy) and Kapha-dominant vaginal discharge, and consists mostly of small trials and case reports. **Conclusion:** The twenty Yonivyapad form a coherent Dosha-based framework that remains clinically useful but should not be read as a one-to-one list of modern diseases. Correlations should be used as working hypotheses, with biomedical diagnosis to exclude serious disease, and outcome-based trials are needed for the commonest entities.

KEYWORDS: Yonivyapad, Stri roga, classification, Udavartini, Upapluta, Uttara basti

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INTRODUCTION

Gynaecological disorders account for a large part of the morbidity experienced by women of reproductive age, and in India a substantial proportion of women consult Ayurvedic practitioners for menstrual problems, vaginal discharge, infertility and pelvic pain. Ayurveda recognises gynaecology and obstetrics as a distinct field, Prasuti tantra and Stri roga, and the classical texts devote entire chapters to diseases of the Yoni, a term that refers to the whole female reproductive tract from the vulva and vagina to the cervix and uterus[1–3].

All three major texts state that the Yonivyapad number twenty. They agree that no disorder of the Yoni arises without vitiation of Vata, and that improper diet and conduct, abnormal menstruation, defects of the seed (Bija), and divine or fate-related causes are the main groups of aetiology[1–3]. Despite this agreement, the lists of Charaka and Sushruta differ substantially, which can confuse students and researchers. A further difficulty arises when the classical entities are equated with modern diagnoses. Correlation tables are widely reproduced in textbooks and dissertations, often as if each Yonivyapad were a single biomedical disease, although several classical entities describe symptom complexes that map to more than one modern condition, and several modern conditions are not clearly described in the classical texts.

Modern gynaecology has itself moved towards structured classification systems. The FIGO systems for abnormal uterine bleeding, for example, separate standardised symptom nomenclature from a classification of structural and non-structural causes (PALM-COEIN), so that clinicians and researchers use common definitions[4]. The aim of the present review is to set out the classical classification of the twenty Yonivyapad in a form accessible to an integrative readership, to discuss their modern correlations critically, and to summarise the published evidence for Ayurvedic management of the entities that have been studied clinically.

METHODOLOGY

This narrative review was prepared in two parts. First, the primary classical texts of Ayurveda, namely Charaka Samhita (Chikitsa sthana, chapter 30), Sushruta Samhita (Uttara tantra, chapter 38) and Ashtanga Hridaya (Uttara sthana, chapters 33 and 34), were studied with their standard commentaries for the names, causes, clinical features and treatment of Yonivyapad[1–3]. Second, PubMed was searched for literature published up to October 2026 using combinations of the terms Yonivyapad, Yonivyapat, Ayurveda, gynaecology, dysmenorrhoea, infertility, endometriosis, uterine prolapse, cervical erosion, vaginitis, vaginal discharge, polycystic ovary syndrome, uterine fibroids and Uttara basti. Reviews, randomised controlled trials, trial protocols, experimental studies and case reports were considered. Every reference cited in this article was checked against its PubMed record for authors, title, journal, year, volume, pages and digital object identifier. Retracted publications identified during the search were excluded. The findings are synthesised narratively rather than statistically.

GENERAL CONCEPTS

1. Aetiology

Charaka attributes Yonivyapad to four groups of causes: faulty diet and conduct (Mithya ahara vihara), abnormalities of menstruation (Artava dushti), defects in the parental seed (Bija dosha) and fate (Daiva)[1]. Sushruta adds excessive or improper sexual activity, unsuitable posture during intercourse and the use of improper objects in the vagina[2]. Several of these categories have modern counterparts. Dietary and lifestyle factors correspond to the metabolic and nutritional influences on menstrual and ovulatory function; Artava dushti corresponds to menstrual disorders as both causes and markers of gynaecological disease; and Bija dosha anticipates the concept of congenital and genetic disorders of the reproductive tract.

2. The central role of Vata

The classical authors state that the Yoni is the seat of Apana vata and that no gynaecological disorder occurs without its involvement[1,3]. Vata governs the downward movement of menstrual blood, the foetus and other pelvic contents. Pain, dryness, abnormal movement and structural displacement are regarded as Vata features; burning, inflammation and bleeding as Pitta features; and itching, discharge, coldness and heaviness as Kapha features. This symptom-based reading of the Doshas is what allows the twenty disorders to be grouped and, to a certain extent, correlated with modern categories.

THE CLASSICAL CLASSIFICATIONS

1. Sushruta's Dosha-wise classification

Sushruta presents the most systematic arrangement, with five disorders attributed to each Dosha and five to the combination of all three[2]. The Vata group comprises Udavarta, Vandhya, Vipluta, Paripluta and Vatala. The Pitta group comprises Lohitakshaya, Vamini, Sramsini (Prasramsini), Putraghni and Pittala. The Kapha group comprises Atyananda, Karnini, Acharana, Aticharana and Shleshmala. The Sannipata group comprises Shandhi, Phalini (Andini), Mahati, Suchivaktra and Tridoshaja. The strength of this scheme is its consistency: the Dosha predominance directly suggests the line of treatment.

2. Charaka's mixed classification

Charaka also lists twenty disorders but follows a different logic[1]. Four are named after the Dosha involved, namely Vatiki, Paittiki, Shlaishmiki and Sannipatiki, and sixteen are named for a distinctive cause, symptom or structural feature: Asrija (Raktayoni), Arajaska, Acharana, Aticharana, Prakcharana, Upapluta, Paripluta, Udavartini, Karnini, Putraghni, Antarmukhi, Suchimukhi, Shushka, Vamini, Shandhi and Mahayoni. Each of these sixteen is nevertheless assigned a predominant Dosha in the text, so Dosha remains the basis of treatment. Vagbhata largely follows Charaka in the Ashtanga Hridaya, with some differences of name and detail[3].

3. Comparing the two lists

About half of the names are common to both authors, namely Udavarta or Udavartini, Paripluta, Putraghni, Vamini, Acharana, Aticharana, Karnini, Shandhi and Suchivaktra or Suchimukhi, although their descriptions do not always coincide. Entities unique to Charaka, such as Upapluta (disorder during pregnancy), Prakcharana (premature intercourse), Antarmukhi (displacement of the uterine opening), Shushka (dryness) and Arajaska (absence of menstruation with wasting), add clinically recognisable pictures that Sushruta places within broader categories. Conversely, Sushruta's Vandhya, Vipluta, Atyananda and Phalini have no exact counterpart in Charaka's list. For research purposes, authors should state which classical source they follow when naming a Yonivyapad.

CLINICAL FEATURES AND MODERN CORRELATION

1. Disorders of menstruation and pain

Udavartini is the clearest example of correspondence. The text describes frothy menstrual blood expelled with great pain because upward-moving Vata obstructs its passage, with relief once flow is established, which closely parallels primary dysmenorrhoea[1,5]. Vatiki or Vatala yonivyapad, characterised by pain, roughness, numbness and scanty, frothy, dark menstrual flow, overlaps with dysmenorrhoea and with painful vaginal conditions[1,2]. Paripluta, with severe pain during intercourse, swelling and tenderness, and painful, delayed menstruation, has been correlated with pelvic inflammatory disease and with endometriosis-associated dyspareunia[1]. One published case report diagnosed a woman with endometriosis and primary infertility as Vatiki yonivyapad associated with Paripluta, illustrating how a modern diagnosis may be expressed through more than one classical entity[6].

Arajaska, in which vitiated Pitta afflicts the menstrual blood and causes absence of menstruation with emaciation and pallor, resembles secondary amenorrhoea associated with anaemia, undernutrition or chronic disease[1]. Lohitakshaya (Sushruta) and Asrija or Raktayoni (Charaka) describe excessive menstrual bleeding and its effects, and therefore correspond broadly to heavy menstrual bleeding, although Ayurveda also describes Asrigdara or Pradara as a separate disorder[1,2]. Because heavy menstrual bleeding has many structural and non-structural causes, correlation with a single Yonivyapad should prompt classification by the PALM-COEIN system rather than replace it[4].

2. Disorders of conception and pregnancy

Vandhya, described by Sushruta as a Vata disorder with loss of menstruation, corresponds to infertility, particularly that associated with amenorrhoea or anovulation[2]. Vamini, in which the uterus expels the semen within a few days of its entry, has been interpreted as a form of infertility or very early pregnancy loss[1,2]. Putraghni, in which the woman repeatedly loses the foetus because of vitiated Vata or Pitta affecting the menstrual blood, corresponds to recurrent pregnancy loss[1,2]. Upapluta, described by Charaka as a Kapha–Vata disorder occurring in pregnancy with pain, pallor and white mucoid discharge, corresponds closely to vulvovaginitis during pregnancy[1,7]. Shandhi, characterised by absent menstruation and undeveloped breasts due to a defect of the seed, corresponds to primary amenorrhoea with gonadal dysgenesis, such as Turner syndrome[1,2].

Polycystic ovary syndrome has no single classical counterpart. It has been discussed under Arajaska, Vandhya and Pushpaghni jataharini and under disorders of Kapha and Meda, which reflects its heterogeneity rather than a deficiency of the classical framework. Experimental work in this journal reported that Shatapushpa churna improved estrous cyclicity, hormonal profile, glucose tolerance and ovarian histomorphology in a letrozole-induced rat model[8], and an integrated yoga module improved menstrual regularity, hormonal and metabolomic profiles in 25 women with polycystic ovary syndrome in an uncontrolled study[9].

3. Infective and inflammatory disorders

A group of Kapha- and Pitta-predominant Yonivyapad describe vaginal discharge, itching, burning and inflammation. Shleshmala or Shlaishmiki presents with itching, coldness, slimy pale discharge and mild pain, resembling vulvovaginal candidiasis and other non-specific vaginitis[1,2]. Acharana, attributed to uncleanliness, presents with itching and excessive desire, and resembles vulvovaginitis associated with poor hygiene, including candidal and trichomonal infection[1]. Aticharana, associated with excessive intercourse, presents with pain, swelling and numbness and has been compared with chronic vaginitis or cervicitis[1]. Pittala or Paittiki, with burning, fever, foul-smelling yellowish discharge and local inflammation, resembles acute bacterial vaginitis, cervicitis and pelvic infection[1,2]. Karnini is described as a fleshy projection (Karnika) in the Yoni produced by Kapha and blood, and is commonly correlated with cervical erosion, cervical ectropion or cervical polyp[1]. A pessary containing Daruharidra, Haridra, Lodhra and alum has been standardised for Garbhashaya grivamukhagata vrana (cervical erosion)[10], and a cervical polyp coexisting with uterine fibroids has been managed with oral medication and Uttara basti in a single case report[11].

4. Structural and displacement disorders

Several entities describe structural abnormalities. Prasramsini or Sramsini, in which the Yoni is displaced and discharges after irritation, and which leads to difficult labour, corresponds to genital prolapse of lesser degree[1,2]. Mahayoni or Mahati, with a widely dilated, painful vagina and prolapse of the uterine os, corresponds to severe uterovaginal prolapse or procidentia[1,2]. Phalini or Andini, in which the Yoni protrudes in a young woman after intercourse with a partner disproportionately large for her, has been compared with vaginal wall prolapse such as cystocele[2]. A case report described cystocele, uterine prolapse and weak pelvic floor strength managed with vaginal oil massage (Yoni abhyanga) and oral medicines, with improved perineometer readings at three months[12]. Antarmukhi, in which the opening of the uterus is turned and the woman feels pain during intercourse, has been compared with acute retroversion or retroflexion of the uterus[1]. Suchimukhi or Suchivaktra, a pinhole-like vaginal orifice arising from a defect of the seed, corresponds to congenital vaginal stenosis or atresia[1,2].

5. Disorders of sexual function and dryness

Vipluta, with persistent pain in the Yoni, and Shushka, with dryness of the vagina during intercourse, retention of urges and pain, correspond respectively to chronic vulvodynia or vaginismus and to vaginal dryness, including genitourinary syndrome of menopause[1,2]. Atyananda, described as a woman who is not satisfied by repeated intercourse, has been compared with hypersexual behaviour, although this correlation is the most culturally loaded and least useful clinically[2]. Prakcharana, caused by intercourse before the body is mature, describes local injury, pain and swelling, and may correspond to vulvovaginal trauma and infection in early sexual life[1].

6. Limits of correlation

The correlations in this section should be read as heuristic. Some classical entities, such as Udavartini, Upapluta and Mahayoni, have close modern counterparts. Others, such as Paripluta and Arajaska, describe symptom complexes that span several modern diagnoses. A third group, including Atyananda and Vamini, reflects social and physiological assumptions that do not translate readily into modern pathology. Equally, important modern conditions, including gynaecological cancers, sexually transmitted infections in their specific forms and endocrine disorders such as hyperprolactinaemia, are not described as discrete Yonivyapad and must be identified by biomedical evaluation.

PRINCIPLES OF MANAGEMENT

The general treatment of Yonivyapad is directed by Dosha predominance. Charaka advises that Vata disorders be treated with oleation, sudation and Basti;

Pitta disorders with cooling, Pitta-pacifying measures; and Kapha disorders with drying and heating measures, and he gives detailed formulations for each disorder[1]. Local therapies (Sthanika chikitsa) are particularly characteristic of Ayurvedic gynaecology and include vaginal douching (Yoni prakshalana or Yoni dhavana), tampons soaked in medicated oils or decoctions (Yoni pichu), medicated pessaries (Yoni varti), fumigation (Yoni dhupana), vaginal filling with medicated oil (Yoni purana) and Uttara basti, the instillation of medicated oil or ghee into the uterus or vagina[1,3]. A review of topical Triphala in gynaecological disorders summarised experimental antimicrobial, anti-inflammatory, antioxidant and wound-healing actions relevant to these procedures, but found the clinical evidence limited and heterogeneous[13].

CLINICAL EVIDENCE FOR SELECTED ENTITIES

1. Udavartini yonivyapad

Udavartini is the most studied Yonivyapad. In a small randomised study, 36 women with primary dysmenorrhoea diagnosed as Udavartini yonivyapad received either Uttara basti with *Operculina turpethum* (Trivrit) and *Allium sativum* (Lasuna) oil or a non-steroidal anti-inflammatory drug; pain intensity was significantly reduced and successive cycles were less painful in the Uttara basti group[14]. A 2026 review proposed reformulation of the classical milk-based preparation Ksheerapaka as a dried powder for Udavartini, while noting that dysmenorrhoea-specific clinical evidence remains limited[5].

2. Upapluta yonivyapad and vaginal discharge

In a controlled clinical trial in 80 pregnant women with vulvovaginitis diagnosed as Upapluta yonivyapad, intravaginal Dhatakyadi varti for 14 days was compared with a conventional vaginal suppository (Clingen); the herbal pessary produced significant relief in fungal infection, Gram-negative bacterial infection and pus cells, with complete remission in about 35% of patients, comparable to the control group[7]. The trial was not blinded, and the groups were unequal in size. More recently, an exploratory randomised open-label trial in 36 women with vaginal candidiasis compared a Triphala decoction vaginal douche with and without cow urine distillate (Gomutra arka) for seven days; both groups improved, and the combination showed earlier improvement in discharge, pruritus and Candida spore count, which the authors described as hypothesis-generating[15]. These studies indicate that local therapy for Kapha-dominant Yonivyapad can be tested with microbiological outcomes, but larger blinded trials are needed.

3. Infertility, endometriosis and structural disorders

Evidence for Ayurvedic management of Vandhya, Paripluta and structural Yonivyapad comes mainly from case reports in this journal. A woman with endometriosis and ten years of primary infertility, after failed hormonal therapy and assisted reproduction, conceived after five months of internal medicines, Virechana, Basti and Uttara basti, and delivered at term[6]. A woman with endometrial calcifications and scanty menses improved and conceived after three cycles of Uttara basti with Kshara taila and Phala ghrita[16]. A woman advised hysterectomy for uterine fibroids, a cervical polyp and pelvic inflammatory disease became symptom-free with resolution of the ultrasound findings after three months of Ayurvedic medicines and monthly Uttara basti[11]. In a small comparative pilot study of 22 women with uterine fibroids, Ayurvedic medicines with intrauterine enema therapy using a medicated oil were associated with symptom relief and reduced fibroid size in most patients in the trial group, whereas the control group did not improve[17]. Such reports document feasibility and generate hypotheses but cannot establish efficacy.

4. Bleeding disorders

For heavy menstrual bleeding, which overlaps with Lohitakshaya and Asrija, a randomised controlled trial comparing Ashokarishta with Trinakantamani pishti against tranexamic acid is in progress at a Central Council for Research in Ayurvedic Sciences institute, with the pictorial blood loss assessment chart and the Menorrhagia Impact Questionnaire as outcomes. Results of this trial will be an important test of Ayurvedic management in a common and well-defined condition.

DISCUSSION

This review shows that the twenty Yonivyapad are best understood as a Dosha-based clinical framework rather than as a list of discrete diseases. Sushruta's arrangement emphasises the Dosha logic that guides treatment, while Charaka's list adds recognisable clin-

ical pictures defined by cause, symptom or structure[1,2]. Read together, the two lists cover a broad range of modern gynaecology, including menstrual pain and bleeding, infertility and pregnancy loss, infections and cervical lesions, prolapse, congenital anomalies and sexual dysfunction.

The value of modern correlation lies in its ability to translate Ayurvedic reasoning into testable propositions. For instance, the description of Udavartini as obstructed, upward-moving Vata with relief after flow makes a clear and testable prediction about pain relief from Vata-pacifying therapy[5,14], and the Kapha-dominant description of Shleshmala and Upapluta yonivyapad makes local antimicrobial and anti-inflammatory therapy a rational choice[7,13,15]. Correlation becomes a liability, however, when it is used to substitute for diagnosis. Heavy menstrual bleeding requires structural and endocrine evaluation[4]; vaginal discharge requires microbiological diagnosis and exclusion of sexually transmitted infection; and post-coital or intermenstrual bleeding and a visible cervical lesion require cervical screening before any diagnosis of Karnini is accepted.

The clinical evidence for Ayurvedic management of Yonivyapad is concentrated in a few entities and is methodologically weak. The most rigorous studies are small, open-label randomised comparisons[7,14,15], and most of the remaining evidence consists of case reports and uncontrolled series[6,11,12,16,17]. Several priorities follow. First, researchers should specify both the classical source and the modern diagnostic criteria they use, so that studies can be compared. Second, the commonest and best-defined entities, namely Udavartini, Kapha-dominant vaginal discharge, Upapluta and heavy menstrual bleeding, should be prioritised for adequately powered randomised trials with validated outcomes. Third, Uttara basti, which features in many case reports, needs standardised procedural guidelines, safety data and controlled evaluation. Finally, experimental work such as the Shatapushpa study in polycystic ovary syndrome[8] should be followed by clinical studies with appropriate endocrine and metabolic outcomes.

CONCLUSION

The twenty Yonivyapad, as described by Charaka, Sushruta and Vagbhata, provide a coherent Dosha-based classification of gynaecological disorders that remains useful for Ayurvedic diagnosis and treatment planning. Correlation with modern gynaecology is helpful for communication and research, but should be used as a hypothesis rather than an equation, and always alongside biomedical diagnosis. Current clinical evidence is encouraging for a few entities, particularly Udavartini and Kapha-dominant vaginal discharge, but rigorous trials are needed before Ayurvedic management of Yonivyapad can be firmly integrated into mainstream gynaecological care.

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