



ROLE OF STRIYONIGAT PESHI IN THE SUPPORT OF THE URINARY BLADDER: MODERN ANATOMICAL PERSPECTIVE ON FEMALE URINARY INCONTINENCE

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ABSTRACT:

Nowadays, stress and a sedentary lifestyle are increasing due to busy schedules, long screen time, and reduced physical activity. Lack of physical activity can weaken pelvic floor muscles. The pelvic floor muscles play a critical role in maintaining continence by supporting pelvic organs and contributing to urethral closure mechanisms which are essential for bladder control. Globally urinary incontinence affects approximately 25–45% of women and about 10–15% of men.⁽¹⁾ Urinary incontinence is a prevalent condition that significantly impacts quality of life, particularly among women, older adults and postpartum populations. In *Ayurveda*, the concept of *Striyonigat Peshi* refers to the group of supportive structures to pelvic organ and female reproductive system. Weakening, trauma to *Striyonigat Peshi* results into loss of support to pelvic organ such as uterus, urinary bladder, rectum. This is an attempt to explore the impact and involvement of *Striyonigat Peshi* in urinary incontinence.

Keywords: *Striyonigat Peshi*, urinary incontinence.

INTRODUCTION –

Ayurvedic anatomy explores in term of *Srotas*, *Aashaya*, *Kala* in this way while describing *Aartavavah Srotas*. *Garbhashaya* is extra *Aashaya* in female body which is situated in *Tryavarta Yoni*. *Garbhashaya* is important child bearing organ.

गर्भाशयोऽष्टमः स्त्रिणां पित्तपक्वाशयान्तरे। (अ.ह.शा.३/११)⁽²⁾

The *Garbhashaya* is located in the space between the *Pittashaya* and *Pakwashaya*. *Ayurvedic* texts describe the *Garbhashaya* as resting on the sides (*Parshwa*) of the *Basti* and situated right in the middle between the *Pittashaya* (small intestine) and *Pakwashaya* (large intestine). Anatomical disturbances in the uterus directly cause changes in bladder pathology and function due to their close physical proximity - the uterus rests directly posterosuperior to the bladder. In *Ayurveda*, the concept of *Striyonigat Peshi* refers to the structural components of the female reproductive system and urinary system particularly the vaginal, uterine and bladder structure. This idea is rooted in classical *Ayurvedic* texts such as the *Sushruta Samhita*, where detailed

descriptions of female anatomy and physiology is given. Urinary incontinence is a common medical condition characterized by the involuntary loss of urine. It affects millions of people worldwide. Urinary incontinence can significantly impact a person's quality of life, leading to social embarrassment, reduced physical activity, and emotional distress. Despite its prevalence, many individuals hesitate to seek medical help due to stigma or misconceptions that it is a normal part of aging.⁽³⁾

AIM AND OBJECTIVE:

AIM:

To study role of *Striyonigat Peshi* in the support of the urinary bladder modern anatomical perspective on female urinary incontinence.

Objective:

1. To study *Striyonigat Peshi*.
2. To study urinary incontinence.
3. To study involvement of *Striyonigat Peshi* in urinary incontinence.

MATERIALS AND METHODS:

Data collected from Classical literature - *Ayurvedic Samhita* and their commentaries. Modern text books - Database - Google Scholar, PubMed and data base.

DISCUSSION

In *Ayurvedic* terminology definitions and interrelationships are complex. *Peshi* provides the active power for physical movement, while *Snayu* acts as the fibrous, binding network that anchors muscles to bones and stabilizes joints. *Snayu* and *Peshi* play a crucial role in maintaining the musculoskeletal system's integrity and functioning

PESHI SHARIR

Definition of Peshi

मांसवयवसंघातः परस्परं विभक्त पेशीत्युच्यते। (सु.शा.५/३८)⁽⁴⁾

According to *Acharya Sushrut* - *Mamsa Dhatu* splits into *Peshi* because of *Vata Dosha*.

Development of Peshi –

यथार्थ उष्मणां युक्तो वायुः स्रोतांसि दारयेत् ।

अनुप्रविश्य पिशीतं पेशी विभजते तथा । (सु.शा.४-२८/२९)⁽⁵⁾

At the time of development *Mamsa Dhatu* the *Vayu Mahabhoota* along with *Ushma Guna* helps to open the *Srotas* and also enters *Mamsa* and helps to develop *Peshi*

Types of Peshi according to their Swaroop –

"तासां बहल पेलव स्थूलाणु पृथु वृत्त हस्व दीर्घ स्थिर मृदु श्लक्ष्ण कर्कशभवाः सन्ध्यस्थि सिरास्नायु यथा प्रदेशं स्वभावतएवभवन्ति ॥ (सु. शा. ५/५२)⁽⁶⁾

There are 12 types of *Peshi* according to their *Swaroop Bahala, Pelava, Sthula, Anu, Pruthu Vritta, Hraswa, Dirgha, Sthira, Mrudu, Slakshna* and *Karkasha*.

Number of Peshi in Human body-

In Male body there are 500 *Peshi* – *Shakha* - 400 (extremities), *Kostha* - 66 (Trunk / *Madhya Sharir*), *Griva - Urdhwa* (Neck/above the clavicle) - 342.

सिरास्नायवस्थिपर्वाणि सन्ध्यश्च शरीरिणाम् ।

पेशीभिः संवृतान्यत्र बलवन्ति भवन्त्यतः ॥ (सु. शा. ५/३८)⁽⁷⁾

Sira, Snayu, Asthi, Parva (smaller joints), *Sandhi* in the body is covered and strengthened by *Peshi*.

SNAYU SHARIR

स्नायुः इति शाणाकार उपधातु विशेषः येन दन्तूषि नह्यते । (डल्हण)⁽⁸⁾

स्नायवो बंधनं प्रोक्ता देहे मांस अस्थि मेदसाम् । (शां. पूर्वः)⁽⁹⁾

तासां च सर्वशरीरावयवनिबन्धनं दर्शयन्नाह । (डल्हण)⁽¹⁰⁾

मांससिरास्नायवस्थिजालानि प्रत्येकं चत्वारिः तानि मणिबन्धगुल्फसंश्रितानि परस्परनिबद्धानि परस्परगवाक्षितानि चेति, यैर्गवाक्षितमिदं शरीरम् । (सु. शा. ५/१२)⁽¹¹⁾

Snayu are *Shanakar*, rope-like structures (just like a string of a bow). Their main function is *Bandhana* or binding. They bind together the *Mamsa* (muscles), *Meda* (synovial joint), *Asthi* (bones). Like the rope holds the wooden planks together, *Snayu* holds the body together making it capable of weight bearing.

केचित् अवसन्न सुषिर पर्यन्ताः शणतूलवत् स्नायु जालवन्तो दुर्दर्शनाः । (सु. सू. २३/१२)⁽¹²⁾

Snayu are basically fibrous structures or their modifications. These fibers are arranged in bundle like *Shan* or Hemp fibres. *Sushrut* has described four types of *Snayu* were present in human body *Pratanvati, Vrutta, Pruthula* and *Sushir snayu*.

Pratanvati Snayu: Creeping or branching structures found in joints and extremities (modern equivalent: ligaments).

Vrutta Snayu: Circular or cylindrical structures (modern equivalent: tendons).

Pruthu Snayu: Broad and flat structures found in the back, chest, and head (modern equivalent: aponeurosis or flat fascia).

Sushira Snayu - Means porous, hollow, cavity etc. *Acharya Sushruta* explains that *Sushira Snayu* is present in the terminal part of regions like *Amashaya, Pakwashaya & Basti*. These are structures which are porous like in nature and also present in the openings of hollow organs and hold these hollow organs (viscera).

आमपक्वाशयान्तेषु बस्तौ च शुषिराः खलु । (सु. शा. ५/३२)⁽¹³⁾

According to the principle of "*Namaikdeshe Namagrahana*" (नामैकदेशे नामग्रहण) the term *Snayu* is sometimes used to refer to *Peshi* (muscle) because muscles and their fibrous tendinous endings form a continuous functional unit. Thus, in certain *Ayurvedic* contexts, *Snayu* may represent the entire (*Peshi*) musculofibrous structures, particularly when emphasizing its supportive, stabilizing, and locomotor functions.

अङ्गुलीगुल्फजठर हृद्वक्षोगलसंश्रितः ।

स्नायुप्रतानमनिलो यदाऽऽक्षिपति वेगवान् ।

तदाऽस्याभ्यन्तरायामं कुरुते मारुतो बली ।

बाह्यस्नायुप्रतानस्थो बाह्यायाम करोति च ॥ (सु. नि. १/५२-५८)⁽¹⁴⁾

Apathanaka (convulsive disorders/tetanus) where muscle contraction occurs but the term '*Snayubandha*' is used for the muscles. *Apatanaka* is a severe *Vata Vyadhi* (neuromuscular disorder) where aggravated *Vata* dosha-often combined with *Kapha*-spreads to the head and nervous channels, causing involuntary muscle spasms, rigidity, and the arching of the limbs.

In *Ayurveda*, the understanding of body structure and functions is deeply rooted in the concept of *Dhatu*. Through the principles of *Dhatu Poshan Nyaya*, *Ayurveda* explains that the sequential production and nourishment of *Dhatu*. According to *Ayurveda*, *Peshi* are formed from well-nourished *Mamsa Dhatu*, while *Snayu* develops from a *Meda Dhatu*'s *Kharapak* which are specialized supportive fibrous structures. In *Ayurvedic* classics according to *Kshir-Dadhi Nyaya*, just as milk undergoes gradual transformation into curd and other products, each *Dhatu* is transformed in sequence, giving rise to its specific tissues and associated structures. In the same manner, according to *Kedara Kulya Nyaya*, nourishment is distributed to different tissues just like that irrigation channels supply of water to the individual fields according to their needs. Similarly, nutrients derived from *Ahara Rasa* are selectively delivered to each *Dhatu*, ensuring proper formation, nourishment, and maintenance of *Peshi and Snayu*.⁽¹⁵⁾

Therefore, both *Peshi* and *Snayu* are formed and sustained through the sequential and selective nourishment of *Mamsa Dhatus* and *Meda Dhatu Poshya Bhag*, reflecting the *Ayurvedic* concept of *Uttarottara Dhatu Poshana*.

स्त्रिणां तु विंशतिरधिका ।

दश तासां स्तनयोरेकैस्मिन् पञ्च पञ्चति यौवने ।

तासां परिवृद्धिः अपत्यपथे चतस्तः, तासां प्रसुते अभ्यन्तरतो द्वे,

मुखाश्रिते बाहो च वृत्ते द्वे, गर्भच्छिद्रसंश्रितास्तिस्तः,

शुक्रार्तव प्रवेशिन्यस्तिस्तः एव ॥ (सु. शा ५/३९)⁽¹⁶⁾

In female along with 500 *Peshi* there are 20 more *Peshi*. There are 5 in each breast thus 10 in total. Remaining 10 *Peshis* are present in Yoni –

4 - *Peshi* in *Apatyapatha*,

3 - *Peshi* are attached to *Garbhachidra*,

3 - *Peshi* in *Sukra - Artava Pravesini*.

Supports of the Female Reproductive System⁽¹⁷⁾

The female reproductive system consists of internal and external genital organs responsible for reproduction. The internal genital organs include the ovaries, fallopian tubes, uterus, and vagina. The female reproductive organs are maintained in their normal anatomical position by a combination of muscular, fascial, ligamentous, and peritoneal supports. These supports work together to resist the effects of gravity and increases in intra-abdominal pressure during activities such as coughing, lifting, and childbirth.

1. Muscular Support (Pelvic Floor) – Primary Dynamic Support

The pelvic diaphragm forms the strongest support of the pelvic organs and acts as a muscular hammock.

Components:

- 1) Levator ani muscle
 - Pubococcygeus
 - Puborectalis
 - Iliococcygeus
- 2) Coccygeus (Ischiococcygeus) muscle

Functions:

Supports the uterus, vagina, bladder, and rectum and resists downward displacement during increased intra-abdominal pressure and prevents uterine and vaginal prolapse.

Maintains the urogenital hiatus.

Maintains urinary and faecal continence.

2. Perineum -

The perineum is the diamond-shaped region below the pelvic diaphragm, located between the thighs. It supports the pelvic organs and contains the external genitalia and anal canal. It is divided into:

- Urogenital triangle (anterior)
- Anal triangle (posterior)

Urogenital Diaphragm -

The urogenital diaphragm is a fibromuscular layer in the anterior perineum. It consists mainly of the perineal membrane and deep perineal muscles (deep transverse perineal muscle and external urethral sphincter). It supports the urethra and vagina and helps maintain urinary continence.

Anal Triangle -

The anal triangle is the posterior part of the perineum. It contains the anal canal, external anal sphincter. Its main functions are to support the anal canal and maintain faecal continence.

3. Fascial Support (Endopelvic Fascia)

The endopelvic fascia forms a connective tissue network that anchors pelvic organs.

Components

- Pubocervical fascia
- Rectovaginal fascia
- Arcus tendinous fascia pelvis (white line)

Functions -

Supports the bladder and anterior vaginal wall, supports the rectum and posterior vaginal wall, suspends the vagina from the pelvic sidewall, prevents cystocele, rectocele, and enterocele.

4. Ligamentous Support

The ligaments provide passive support and maintain the uterus in its normal anteverted and anteflexed position.

A. Cardinal (Transverse Cervical) Ligaments

Extend from the cervix and upper vagina to the lateral pelvic wall and its main support of the cervix and upper vagina.

B. Uterosacral Ligaments

Extend from the cervix to the sacrum and prevent downward and posterior displacement of the uterus.

C. Pubocervical Ligaments

Extend from the cervix to the posterior surface of the pubic bones and support the bladder neck and anterior vagina.

D. Round Ligaments

Extend from the uterine cornua through the inguinal canal to the labia majora and help to maintain uterine anteversion but provide little support against prolapse.

5. Peritoneal Supports (Peritoneal Folds)

The peritoneum forms folds around the uterus that provide only minor mechanical support.

Components

Broad ligament, uterovesical fold, rectouterine (Douglas) fold.

Functions

Maintain anatomical relationships of pelvic organs.

Carry blood vessels, nerves, and lymphatics.

Provide minimal support compared with muscles and ligaments.

De Lancey's Levels of Pelvic Support

TABLE 1.1		BIOMECHANICAL BASIS OF UTERO VAGINAL SUPPORT	
Level	Site of vagina	Structures involved	Type of defects
I	Upper	◆ Ligaments • Uterosacral • Mackenrodt	◆ Prolapse • Uterovaginal • Enterocele • Vaginal vault
II	Middle	◆ Fascia • Arcus tendineus • Pubocervical	◆ Defects • Paravaginal • Pararectal
III	Lower	◆ Urogenital diaphragm ◆ Perineal muscles ◆ Perineal body ◆ Levator plate	• Cystocele • Rectocele • Urinary incontinence

Relation between bladder and uterus -

The urinary bladder lies anterior to the uterus, separated from it by the vesicouterine pouch and loose connective tissue. The bladder base/neck is closely related to the anterior wall of the vagina and cervix. The uterus normally rests posteriorly over the bladder, and its position can influence the bladder and urethral angle.

स्त्रीणाम् तु बस्ती पार्श्वगतो गर्भाशयः सन्निकृष्टः ॥ सु. चि.७/३३⁽¹⁸⁾

According to *Aacharya Sushrut* while describing *Ashmari Chikitsa*, in women, the uterus is situated close to the sides of the urinary bladder.

THE URINARY BLADDER⁽¹⁹⁾

The bladder is a hollow muscular organ with considerable power of distension.

Capacity - Its capacity is about 450 ml but can retain as much as 3-4 Liters of urine. When distended, it is ovoid in shape.

It has got: (1) an apex, (2) superior surface, (3) base, (4) two inferolateral surfaces and (5) neck, which is continuous with the urethra. The base and the neck. remain fixed even when the bladder is distended.

Relations: The superior surface is related with the peritoneum of the uterovesical pouch. The base is related with the supravaginal cervix and the anterior fornix. The ureters, after crossing the pelvic floor at the sides of the cervix, enter the bladder on its lateral angles. In the interior of bladder, the triangular area marked by three openings two ureteric and one urethral, is called the trigone. The inferolateral surfaces are related with the space of retzius. The neck rests on the superior layer of the urogenital diaphragm.

Structures: From outside inwards-

1. Outer visceral layer of the pelvic fascia.
2. Muscle layer composed of muscles running in various directions. Near the internal urethral opening, the circular muscle fibers provide involuntary sphincter.
3. Mucous coat is lined by transitional epithelium with no gland. There is no submucous coat.

Ligaments of the Bladder⁽²⁰⁾

True Ligaments - These are condensations of pelvic fascia around the neck and base of the bladder. They are continuous with the fascia on the superior surface of the levator ani.

1. The lateral true ligament of the bladder extends from the side of the bladder to the tendinous arch of the pelvic fascia.

2. The lateral pubovesical ligament extends from the posterior aspect of the pubic bone toward the bladder neck and proximal urethra; helps stabilize bladder neck.

3 The medial pubovesical ligament extends from posterior surface of the pubic symphysis to the bladder neck and proximal urethra. Supports bladder neck.

In females, bands similar to the puboprostatic ligaments in male are known as the pubovesical ligaments.

4. The median umbilical ligament is the remnant of the urachus.

5. The posterior ligament of the bladder is directed backwards and upwards along the vesical plexus of veins. It extends on each side from the base of bladder to the wall of pelvis.

False Ligaments - These are peritoneal folds, which do not form any support to the bladder. They include:

1 Median umbilical fold.

2 Medial umbilical fold.

3 Lateral false ligaments formed by peritoneum of the paravesical fossa.

4 Posterior false ligaments formed by peritoneum of the sacrogenital folds.

Internal urethral sphincter

Location: Junction of urinary bladder and urethra (bladder neck).

Muscle type: Smooth muscle, involuntary.

Origin/formation: Circularly arranged smooth muscle fibres of the detrusor muscle at the bladder outlet.

Function: Maintains continence by keeping the bladder outlet closed during the storage phase.

During micturition, sympathetic activity decreases and parasympathetic-mediated bladder contraction facilitates relaxation/opening of the outlet.

External urethral sphincter

The external urethral sphincter is a voluntary striated muscle that surrounds the urethra and provides active control over urinary continence.

Location: Around the membranous urethra; in females, it forms a complex around the mid/distal urethra.

Muscle type: Skeletal (striated) muscle, under voluntary control.

Nerve supply: Mainly pudendal nerve (S2–S4).

Function: Compresses the urethra and maintains active urinary continence, especially during coughing, sneezing, and increased intra-abdominal pressure.

During micturition: It relaxes to allow urine passage.

MICTURITION⁽²¹⁾

The complete process of micturition is as follows:

Urine formation by kidneys $\Rightarrow$ Urine enters bladder through ureters $\Rightarrow$ Bladder fills

$\Rightarrow$ Detrusor accommodates urine with little initial pressure rise $\Rightarrow$ Bladder wall stretches

$\Rightarrow$ Stretch receptors activated $\Rightarrow$ Afferent impulses pelvic nerves S2–S4 $\Rightarrow$ Micturition reflex activated $\Rightarrow$ Higher centres decide whether to permit or inhibit micturition $\Rightarrow$ Pontine micturition centre coordinates voiding $\Rightarrow$ Parasympathetic activity increases

Detrusor contracts $\Rightarrow$ Bladder outlet relaxes $\Rightarrow$ Pudendal activity decreases $\Rightarrow$

External urethral sphincter relaxes $\Rightarrow$ Urine passes through urethra $\Rightarrow$ Bladder empties.

DISTRIBUTION OF *PESHI* WITH THE CORRESPONDING SUPPORTIVE STRUCTURES ACCORDING TO MODERN ANATOMY

- 1) The term 'प्रसृते' means to extend or spread, while 'अभ्यन्तरतो' means inside. Therefore, it implies two *Peshi* spreading within the *Yoni*.⁽²²⁾

These structures are correlated with Bulbospongious muscle and urethrovaginal sphincture.

- 2) According to *Acharya Bhavaprakash* description about outer two *peshi* in *Apatyapath* is as follows,
यानावेव बर्हिर्निगते स्रोतः पार्श्वदयास्थिते तदुलेयोन्निणिकैति यावत् ।

भा. प्र. पू. खं. गर्भप्रकरण ३⁽²³⁾

Acharya Bhavaprakash describes two *Peshi* in the *Apatyapath* as follows - The two lateral structures surrounding to the *Yoni*. These are *Peshi* (muscular structures) are – Pubovaginalis muscle and round ligament. These are two *Peshi* around the vaginal orifice in circular fashion.

- 3) The term *Garbhachchidra* is described in *Ayurvedic* literature as synonymous with *Garbhamarga*, which literally means the pathway through which the fetus passes during childbirth. This passage corresponds to the birth canal and includes the cervix and vagina. Before labor the cervix remains closed, but during the second stage of labor, complete cervical dilatation transforms the cervix into a continuous passage with the vagina, thereby functioning as the *Garbhamarga*. *Acharya Dalhana*, mentions that three *Peshi* are present in the *Garbhamarga*:

"गर्भच्छिद्रसंश्रिताः इति गर्भमार्गाश्रिताः तिस्रः ।" (डल्हण टीका सु. शा. ६/३२)⁽²⁴⁾

This commentary indicates that these three muscular structures are situated within or around the *Garbhamarga* and play an important role in maintaining its integrity, support, and function. These *Peshi* are believed to contribute to the structural stability of the reproductive passage and assist in the physiological processes of labor and childbirth.

पेश्यो न संडघटन्त इति। असंवृतमुखत्वादसंवृतमुखी, मांसैरुत्सन्ना मांसापचितातिस्थुलेत्यर्थः । सा महती योनिः महायोनिः ॥
जेज्जट टीका.⁽²⁵⁾

Acharya Jejjata explains that "पेश्यः न संडघटन्त" indicates failure of these supporting structures, while "असंवृतमुखी" denotes the gaping vaginal opening resulting from weakening of the supporting fibromuscular structures (*Peshi*).

The cardinal, uterosacral, and pubocervical ligaments constitute the primary passive support system of the cervix and uterus. They anchor the cervix to the lateral pelvic wall, sacrum, and anterior pelvic structures, thereby maintaining the uterus in its physiological position and preventing its downward displacement.

- 4) गर्भशय्या। तासां शुक्रार्तवप्रवेशिन्यतिस्रः पेश्यः। डल्हण टीका । सु. शा. ६/३⁽²⁶⁾

Remaining three *Peshi* are situated in the '*Garbhashaya*' that is in the uterus.

Sushruta describes the *Yoni* as having three circular folds (*Tryavarta Yoni*) resembling the shape of a conch. The *Garbhashayya* is situated in the third fold of the *Tryavarta Yoni*. *Garbhashaya* is located between the *Pittashaya* and *Pakvashaya*, where the fetus resides during pregnancy.

Shukra Artava Praveshini Peshi can be correlated with the layers of uterus.

Perimetrium (outer serosal layer) – provides external protection and structural support.

Myometrium (middle muscular layer) – the thick smooth muscle layer responsible for uterine contractions, sperm transport, implantation support, and childbirth.

Endometrium (inner mucosal layer) – undergoes cyclical changes and provides the site for implantation and nourishment of the developing embryo.

Thus, from a functional perspective, *Shukra - Artava Praveshini Peshi* are most closely correlated with the perimetrium, myometrium and endometrium as the concept of *Garbhashaya* as a whole includes all three uterine layers - perimetrium, myometrium, and endometrium.

***Striyonigat Peshi* and Urinary Incontinence – Correlation Chart**

Sr. No	<i>Striyonigat Peshi</i> / Structure	Modern anatomical correlation	Normal function	Possible role in urinary continence	Effect of weakness/dysfunction
1	<i>Abhyantara Apatyapatha Peshi</i>	Bulbospongiosus + urethrovaginal sphincter	Supports vaginal/urethral outlet	Assists urethral closure	Reduced urethral support → stress urinary incontinence
2	<i>Bahya Apatyapatha Peshi</i>	Pubovaginalis component of levator ani + round ligament	Supports vagina and urethra	Maintains urethral position and closure	Pelvic-floor weakness → urine leakage on coughing/straining
3	<i>Garbhachidra-ashrita Peshi</i>	Cardinal, uterosacral and related endopelvic fascial supports	Supports cervix and upper vagina	Maintains normal pelvic-organ position supporting bladder neck and urethral outlet	Apical support failure → uterine/vaginal prolapse ± urinary symptoms
4	<i>Shukra-Aartav Praveshini Peshi</i>	Three layers of uterus	Reproductive tract support/function	Indirect relationship with pelvic support	Dysfunction may contribute to altered pelvic support

CONCLUSION

The present study encompasses *Yoni* as the entire female genital tract.

Trayavarta Yoni consists of *Prathama Avarta* corresponds to vagina, *Dvitiya Avarta* corresponds to cervix and *Tritiya Avarta* corresponds to uterus.

In *Ayurveda*, the distinction between *Peshi* and *Snayu* is often functional rather than absolute. A *Peshi* may be regarded as *Snayu* when it performs supportive, binding, and stabilizing functions. Similarly, fibromuscular *Snayu* structures may exhibit *Peshi*-like characteristics. This functional overlap is particularly important in the

utero vaginal support system and helps explain the involvement of *Striyonigata Peshi* in the pathogenesis of Urinary incontinence.

Stri - Yonigat Peshi represent the functional musculoligamentous support system of the female pelvis. Here, *Peshi* are considered as *Snayu* (ligament).

Abhyantar Apatyapath Peshi are Bulbospongious muscle and Urethrovaginal sphincter.

Bahya Apathyapath Peshi are Pubovaginalis and round ligament.

Garbhachhidrashrit Peshi are Cardinal, Uterosacral and Pubococcygeus ligaments.

Shukra – Aartav Praveshini – Layers of uterus i.e. Perimetrium, myometrium and endometrium.

Their integrity is essential for maintaining the normal position of the uterus, vagina and urinary bladder also.

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