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Evaluation of Ayurvedic Interventions in the Management of Gynecological Disorders: A Review

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ABSTRACT

Gynecological disorders, including menstrual disorders, infertility, menopausal symptoms, pelvic organ prolapse and pelvic inflammatory disease, remain among the most common health concerns affecting women globally, with significant physical, psychological, and social impacts. Although the availability of conventional therapies, many women seek complementary and alternative systems such as Ayurveda due to concerns regarding side effects and the long-term management. This retrospective descriptive cross-sectional study aimed to evaluate and analyze the inpatient records and clinical treatment protocols of patients admitted to the Gynecology and Obstetrics Unit (GOU) at the Bandaranaike Memorial Ayurveda Research Institute, Navinna, Sri Lanka, from January to September 2024. Secondary data were obtained from inpatient archives, and all eligible records within the study period were included. All patients were administered *Agni Deepana* and *Pachana* drugs before initiation of the main treatment protocols. Therapeutic procedures including *Sneha*, *Sweda*, *Virechana*, *Nasya*, *Basti*, and *Raktamokshana* were prescribed based on individual body constitution and disease severity. Twelve Intra Uterine Uttara Basti (IUUB) procedure were carried out during the study period, while *Yoni Poorana*, *Sheka*, *Lepa*, and *Pichu* were used for conditions such as *Yoni Bramsa* and *Swethapradara.* The total estimated expenditure for these comprehensive treatment protocols over the nine-month period was LKR 1,209,600, highlighting the cost-effectiveness and minimal invasiveness of Ayurvedic interventions. The findings suggest that Ayurveda offers a sustainable, affordable, and holistic approach to managing gynecological conditions, addressing root causes while aligning with patient preferences for non-invasive care, and underscore its growing relevance in contemporary gynecological practice.

Keywords-Ayurvedic interventions, Cost effectiveness, Gynecological disorders, *Panchakarma*

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Introduction

Gynecological disorders are the most common health problems affecting women worldwide. Menstrual disorders, infertility, menopausal symptoms, pelvic organ prolapse and pelvic inflammatory disease significantly affect women's physical, psychological and social well-being. Although conventional management therapies are widely used for the management of these conditions, many women seek complementary and alternative medical systems such as Ayurveda due to concerns regarding adverse effects, high costs and long- term management (Ghafari et al., 2025).

Globally the prevalence of gynecological disorders is increasing. It is estimated that approximately 10–15% of women of reproductive age are affected by various gynecological disorders, while infertility affects about 17.5% of the adult population worldwide. The management of subfertility and other gynecological conditions particularly is important in reproductive healthcare, as these disorders lead to significant psychological, social, and economic consequences. Increased awareness of newer Assisted Reproductive Technologies (ART), including In Vitro Fertilization (IVF) and Intrauterine Insemination (IUI), have contributed to a growing demand for fertility-enhancing treatments (Frisch, 1982). However, these treatment modalities and related surgical interventions are often expensive and may impose a considerable financial burden on patients and their families.

Ayurveda is a traditional system of medicine that originated in India more than 5,000 years ago and is widely practiced in South Asia. Numerous gynecological disorders such as *Vandya, Ggarbashagatha Arbuda,* and *Yoni Vyapath* are managed using Ayurvedic principles and herbal formulations in many traditions and countries mainly because options of current medical therapy for those conditions in other medicine systems are presenting its own advantages and disadvantages (Karunagoda et al., 2020).

Further, women prefer treatment options by avoiding surgical procedures including hysterectomy (Gunathilake et al, 2023). An ideal treatment should be effective, minimally invasive, cost effective, efficacious, and associated with low risk of re-occurrence. In this context, utility of Ayurvedic interventions in the management of gynecological disorders is an important area of study.

Compared with modern medicine, Ayurveda emphasizes the correction of the root cause of disease through herbal medicine, dietary modifications, lifestyle interventions, and Panchakarma therapies. Therefore, Ayurveda has gained increasing global recognition as a complementary and integrative healthcare system that offers a holistic and patient-centered approach to the management of gynecological disorders.

Objectives

The present review aimed to evaluate the gynecological disorders managed at the Gynecology and Obstetrics Unit of BMARI, Navinna, Sri Lanka, during the period from January to September 2024 to identify the common gynecological disorders treated and assess the potential role of Ayurvedic interventions in improving gynecological health and patient care. Furthermore, the review aimed to provide evidence-based recommendations for future clinical practice and research in the field of Ayurvedic gynecology.

Materials and Methods

A retrospective descriptive cross-sectional study was conducted using secondary data obtained from the inpatient archives of the Gynecology and Obstetrics Unit of BMARI, Navinna, Sri Lanka. The study evaluated clinical records maintained in ward No. 4 over a nine-month period from January 1, 2024, to September 30, 2024.

A total population sampling method was employed, all available inpatient records within the study period were included for analysis. All available records from the inpatient registers, clinical bed-head tickets (BHTs), and official treatment protocol sheets logged within the stipulated nine-months were targeted for inclusion and records from the Outpatient Department (OPD), admissions to other wards, or admissions falling outside were excluded from the analysis.

Data collection was performed manually from inpatient registers, bed-head tickets (BHTs), and treatment protocol sheets maintained in ward No. 4. A structurally designed data extraction sheet was developed to ensure systematic and uniform collection of information from the available records. The extracted variables included administrative details such as date of admission, date of discharge and duration of hospital stay. Demographic profile includes patient age and geographical location. Clinical information comprises presenting

complaints, clinical findings, and Ayurvedic diagnoses and therapeutic interventions including *Panchakarma* and other Ayurvedic treatment procedures.

Data extracted from inpatient registers, Bed Head Tickets (BHT), and treatment protocol sheets were entered into Microsoft Excel and checked for completeness, consistency, and accuracy prior to analysis. Descriptive statistical methods were employed to analyze the data. Frequencies and percentages were calculated to summarize patients' demographic characteristics, gynecological conditions, Ayurvedic diagnoses, treatment modalities, and procedures administered during hospitalization. The results were presented using tables and figures where appropriate to facilitate interpretation.

Diagnoses were categorized into major gynecological disease groups, including *Yoni Vyapad*, *Artava Vyapad*, *Vandhyatva*, *Garbhashayagata Arbuda*, and *Dimbakoshagata Granthi*. The corresponding Ayurvedic treatment modalities and therapeutic procedures administered for each diagnostic category were documented and analyzed. The distribution of Panchakarma and other specialized Ayurvedic procedures was also analyzed. The findings were presented using tables and figures where appropriate to facilitate interpretation of the data.

Results

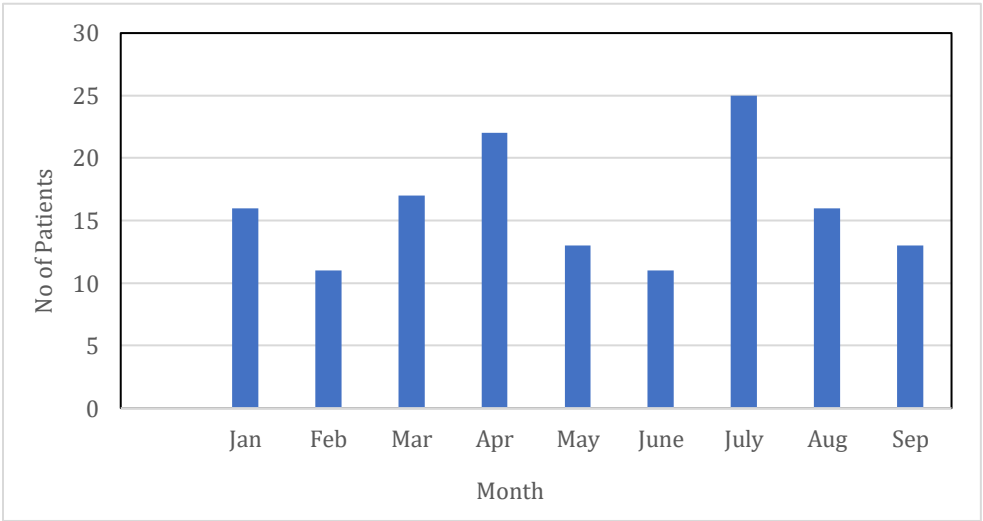

Figure 01: Monthly distribution of inpatient admissions to the *GOU* (January - September 2024)

A total of inpatient admissions to the Gynecological and Obstetrics Unit (*GOU*) from January to September 2024. The highest number of admissions were reported in July (n=15), followed by April (n= 22). In all other months, more than 10 patients were admitted and treated (Figure 1).

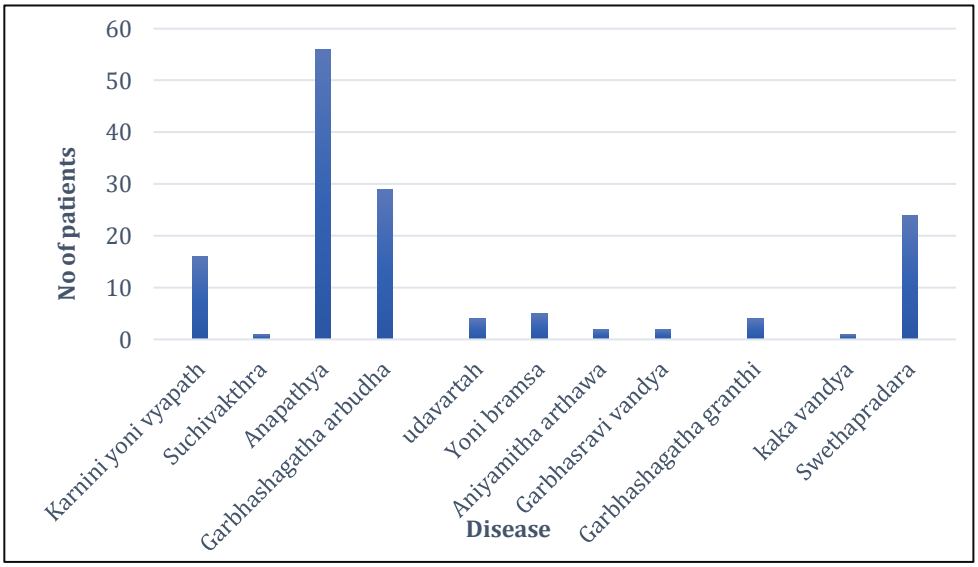

Figure 02: Diagnosis-wise distribution of admissions (January–September 2024)

Among the recorded diagnoses, *Anapathya* (Secondary and Primary infertility) was the most prevalent condition (n= 56) followed by *Garbhashagatha Arbuda* (Fibroids/Uterine tumors) with 29 cases. *Aniyamita Artava* (irregular menstruation) and *Swethapradara* (Leucorrhea) were also showed noticeable and *Udawartha, Yoni Bransa, Dimbakoshagatha Granthi* and *Garbhasrawee Vandya* were less common, with fewer than five cases recorded during the study period. These findings indicate that *Anapathya* and *Garbashagatha Arbuda* represented the highest disease burden among IPD (Figure 02).

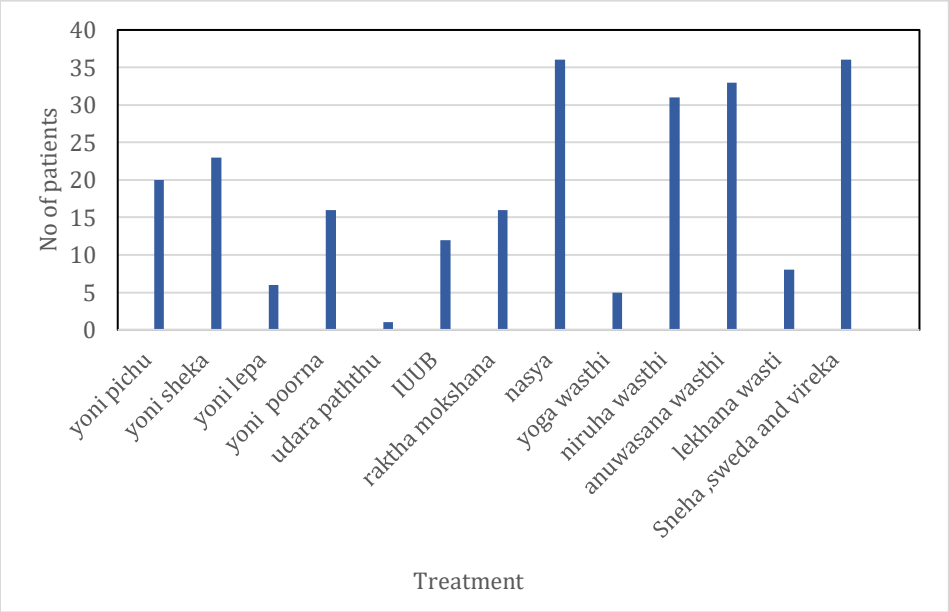

Figure 03: Distribution of counts of various Ayurveda procedures during the study period

All the patients were treated *Agni Deepana* and *Ama Pachana Chikitsa* before the initiation of the main treatment protocols. The common *Panchakarma* procedures included *Sneha Pana, Swedana Virechana, Nasya, Basti* and Intrauterine *Uttara Basti* (IUUB). These interventions were most frequently utilized in the management of *Anapathya* and *Garbhashaya Arbuda*. In addition, *Yoni Pichu, Sheka, Lepa, poorana* and *Udara Paththu* were applied for *Shwethapradara, Yoni Bramsa* and other gynecological conditions.

Table 1. Frequency and cost analysis of Ayurveda treatment procedures administered at an inpatient (GOU) (January–September 2024)

Treatment Type	Cost Per Procedure (LKR)	No. of Procedures	Total Cost (LKR)
Ama Pachana & Agni Deepana	5,450	38	207,100
Gritha Pana	1,250	29	36,250
Abhyanga Sveda	4,000	36	144,000

Vireka	2,250	32	72,000
Niruha Vasthi	3,500	10	35,000
Anuwasana Vasthi	3,500	2	7,000
Lekhana Vasthi	3,500	2	7,000
Nasya	3,000	12	36,000
Raktha Mokshana	3,000	32	96,000
IUUB	13,500	10	135,000
Yoni Sheka	1,750	27	47,250
Yoni Pichu	6,500	24	156,000
Yoni Purana	7,500	23	172,500
Yoni Lepa	6,500	7	45,500
Agni Karma	6,500	2	13,000
Total Cost of Ayurveda Treatments			1,209,600.00

This finding suggests that infertility is a major reason for admission to the Ayurveda *GOU*. The high number of patients seeking Ayurvedic treatment for infertility may be associated with factors such as the cost, accessibility, and perceived effectiveness of conventional fertility treatments, including in vitro fertilization (IVF) and intrauterine insemination (IUI). Calculated cost for the whole procedures for 144 patients throughout the period was Rs 1, 209600.00(LKR) and minimum cost for the treatments for each patient was Rs 8400.00(LKR) (Table 01).

Discussion

The findings of this study demonstrate the significant role of Ayurvedic interventions in the management of chronic gynecological disorders. Unlike conventional allopathic protocols which often frequently rely on hormonal suppression or invasive surgical procedures for symptom control, Ayurveda focuses on *Samprapti Vighatana* (breaking the pathogenesis) and aims to address the underlying cause of the disease.

The conditions commonly identified in the ward No. 4 registers such as *Anapathya* (infertility), *Garbhashayagata Arbuda* (uterine fibroids/tumors), *Aniyamitha Arthawa* (irregular menstruation/ oligomenorrhea), and *Yoni Bramsa* (uterine prolapse) have complex and multifactorial etiologies. According to Ayurvedic principles, these conditions are associated with the vitiation of *Vata* and *Kapha Doshas* and disturbances in the *Artava Vaha Srotas* (reproductive channels).

From a health economics perspective, the utility value of the Ayurvedic approach is significantly higher. Conventional treatment protocols often require separate interventions for each condition, such as medical or surgical management of uterine fibroids, hormonal therapy for menstrual irregularities, and assisted reproductive techniques for infertility. In contrast, Ayurvedic treatment protocols address these interconnected pathologies simultaneously within a single therapeutic framework, thereby reducing the overall financial burden on patients.

The system of Ayurveda emphasizes the management of the root cause of the disease, which may help prevent recurrence. Conditions such as *Anapathya, Garbashagatha Arbuda, Aniyamitha Arthawa and Yoni Bramsa* needs long term management. In addition, medicinal management, Ayurveda incorporates physical, psychological, social and spiritual dimensions of health, providing a holistic approach to patient care.

Many women are increasingly seeking Ayurvedic treatment due to its comparatively lower cost, minimal adverse effects, and holistic therapeutic approach. Conventional fertility treatments such as in IVF may cost between LKR 600,000 and 1,000,000 per treatment cycle[4]. In comparison, the total expenditure for all Ayurvedic treatment procedures administered during the study period for all patients was LKR 1,209,600 (Table 1), which is lower than the cost of two IVF cycles alone. Ayurvedic interventions provide therapeutic benefits for multiple gynecological conditions simultaneously rather than targeting a single disease entity.

Given their affordability, accessibility, and holistic nature, Ayurveda gynecological treatments represent a cost- effective alternative for the management of chronic gynecological disorders, particularly in resource – limited settings. They provide an accessible, patient-centered approach that integrates traditional wisdom with modern clinical standards.

Conclusion

Ayurveda medicines contribute to improving all aspects of women's health and reduce healthcare expenditures in the wake of skyrocketing costs of medical care in modern society. The establishment and maintenance of

healthcare units and research institutes play a crucial role in advancing education, research, treatment protocols and evidence-based treatments enhance clinical infrastructure can further ensure better patient outcomes and promote the wider acceptance of Ayurveda gynecology. This study reviewed clinical data from BMARI to evaluate Ayurvedic interventions used in the management of gynecological disorders. The findings contribute to evidence-based Ayurvedic practice and may support future clinical research as well as the integration of Ayurveda into women's healthcare services.

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