

CLINICAL ANATOMY OF THE PELVIC FLOOR IN PELVIC ORGAN PROLAPSE: AN AYURVEDIC AND MODERN ANATOMICAL REVIEW**Dr. O. P. Dwivedi^{*1}, Dr. Namrata Tiwari²**¹Professor & HOD Rachana Sharir, Govt. Ayurved College Rewa (M.P.).²Associate Professor Rachana Sharir, Shri N.P.A. Govt. Ayurved College Raipur (C.G.).

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ABSTRACT

Pelvic Organ Prolapse (POP) is a common gynaecological condition characterised by the descent of one or more pelvic organs due to weakness or failure of the pelvic floor support system. It significantly affects women's quality of life by causing urinary, bowel, sexual, and psychological dysfunction. Modern anatomy attributes POP to defects in the pelvic floor muscles, connective tissue, and ligamentous supports.^[1] Ayurveda, although not describing pelvic organ prolapse as a separate disease entity, explains the condition through concepts of Yoni Vyapat, Artavavaha Srotas, Garbhashaya, Mamsa Dhatu, Snayu, and Apana Vata. This review integrates classical Ayurvedic principles with contemporary anatomical knowledge to provide a comprehensive understanding of pelvic floor anatomy and the pathogenesis of pelvic organ prolapse. Such

an integrated approach may contribute to improved preventive strategies, early diagnosis, and holistic management.^[2]

KEYWORDS: Pelvic Organ Prolapse, Pelvic Floor, Garbhashaya, Apana Vata, Artavavaha Srotas, Rachana Sharir, Clinical Anatomy.

INTRODUCTION

Pelvic organ prolapse (POP) is a common pelvic floor disorder characterised by the descent of one or more pelvic organs due to the weakening of the pelvic support system. It affects millions of women worldwide, particularly those with advancing age, multiparity, menopause, obesity, and conditions associated with chronically increased intra-abdominal

pressure. POP significantly impairs urinary, bowel, sexual, and psychological health, thereby reducing quality of life.^[3]

The pelvic floor is a complex musculoskeletal structure comprising the levator ani and coccygeus muscles, pelvic fascia, ligaments, and connective tissues that provide dynamic and static support to the pelvic viscera. Damage to these structures through childbirth, aging, hormonal changes, or connective tissue degeneration disrupts pelvic support, leading to prolapse. Therefore, a thorough understanding of pelvic floor anatomy is essential for understanding the pathogenesis, diagnosis, and management of POP.

Although pelvic organ prolapse is not described as a distinct disease entity in Ayurveda, its clinical features closely resemble conditions such as Prasamsini Yoni Vyapad and Mahayoni. Ayurveda attributes these disorders primarily to the vitiation of Apana Vata, along with weakness of supporting tissues including Mamsa, Snayu, Kandara, and Sira. The concepts of Garbhashaya, Yoni, Artavavaha Srotas, and Marma further provide a structural and functional basis for understanding female pelvic anatomy from an Ayurvedic perspective.

Integrating modern anatomical knowledge with Ayurvedic principles provides a comprehensive understanding of pelvic floor support mechanisms and the etiopathogenesis of pelvic organ prolapse. Such an approach may facilitate improved anatomical interpretation, early diagnosis, and holistic preventive and therapeutic strategies. This review aims to discuss the clinical anatomy of the pelvic floor in relation to pelvic organ prolapse and correlate modern anatomical concepts with classical Ayurvedic principles.

REVIEW OF LITERATURE

MUSCLES OF THE PELVIC FLOOR

The levator ani primarily forms the pelvic floor, and the coccygeus muscles together constitute the pelvic diaphragm. The levator ani comprises three parts: puborectalis, which maintains the anorectal angle and faecal continence; pubococcygeus, which supports the pelvic organs and aids urinary continence; and iliococcygeus, which provides additional support to the pelvic viscera. The coccygeus muscle reinforces the posterior pelvic floor and contributes to pelvic stability. Collectively, these muscles support the bladder, uterus, vagina, and rectum, resist increased intra-abdominal pressure, and facilitate childbirth. Weakness or injury to these muscles is a major factor in the development of pelvic organ prolapse.^[4]

FASCIAL SUPPORTS

The endopelvic fascia is a continuous connective tissue network that provides passive support to the pelvic organs by anchoring them to the pelvic walls. Its major components include the pubocervical fascia, which supports the bladder and anterior vaginal wall; the rectovaginal fascia, which separates and supports the rectum and posterior vaginal wall; the pericervical ring, which stabilizes the cervix; and the surrounding endopelvic connective tissue. Damage or weakening of these fascial supports, commonly due to childbirth, ageing, or chronic increases in intra-abdominal pressure, may result in cystocele, rectocele, and uterine prolapse.

LIGAMENTOUS SUPPORTS OF THE UTERUS

The uterus is supported by the cardinal (transverse cervical), uterosacral, pubocervical, round, and broad ligaments. Among these, the cardinal and uterosacral ligaments provide the primary apical support by anchoring the cervix and upper vagina to the pelvic walls, thereby maintaining the normal position of the uterus.^[5]

DELANCEY'S LEVELS OF PELVIC SUPPORT

DeLancey classified pelvic support into three levels. Level I consists of the uterosacral–cardinal ligament complex, which supports the uterus and vaginal apex. Level II comprises the lateral attachment of the vagina to the pelvic sidewall through the endopelvic fascia. Level III includes the perineal membrane, perineal body, and distal vagina.

AYURVEDIC PERSPECTIVE

Although Pelvic Organ Prolapse (POP) is not described as a distinct disease in Ayurveda, conditions such as Yoni Vyapat, particularly Prasamsini Yoni, Mahayoni, Phalini Yoni, and Garbhashaya Vikriti, exhibit clinical features comparable to pelvic organ prolapse. These conditions are associated with displacement or dysfunction of the female reproductive organs, primarily due to vitiation of Apana Vata and weakening of the supporting tissues.^[6]

GARBHASHAYA AND ARTAVAVAHA SROTAS

Garbhashaya (uterus) is described as the site of conception and fetal development. Its structural stability is maintained by Mamsa Dhatu, Snayu, Sira, Dhamani, and Artavavaha Srotas. According to Ayurvedic classics, the Artavavaha Srotas have their roots (Mulasthanas) in the Garbhashaya and Artavavahi Dhamani. Disorders affecting these structures may lead to menstrual abnormalities, reproductive dysfunction, and loss of uterine support.

DISCUSSION

Pelvic Organ Prolapse results from failure of the integrated pelvic support system involving muscles, fascia, ligaments, connective tissue, and neural regulation. Modern anatomical studies highlight the importance of the levator ani complex and ligamentous support, whereas Ayurveda emphasizes the structural roles of Mamsa, Snayu, and Artavavaha Srotas, together with the functional regulation by Apana Vata.

The similarities between these systems suggest that ancient Ayurvedic descriptions correspond closely with current concepts of pelvic support. Combining detailed anatomical knowledge with Ayurvedic principles may improve preventive care, rehabilitation, and holistic management.

CONCLUSION

Pelvic Organ Prolapse is a multifactorial disorder resulting from anatomical and functional failure of the pelvic floor support system. Modern anatomy provides detailed knowledge of the muscular, fascial, and ligamentous components involved, while Ayurveda offers a holistic framework through the concepts of Garbhashaya, Artavavaha Srotas, Mamsa, Snayu, and Apana Vata. Integrating these perspectives enhances understanding of pelvic floor disorders and supports comprehensive approaches to prevention and management.^[7]

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