

स्त्री विशिष्ट पेशी (Muscles)

स्त्रीणां तु विंशतिरधिका।

सु.शा.5/39

स्त्रियों के शरीर में 20 पेशियां अधिक होती हैं।

पुरुष- 500 पेशी

स्त्री- $500+20= 520$

20 पेशी

10 स्तनो मे



प्रत्येक स्तन मे-5

यौवन मे वृद्धि

10 जननाङ्गो मे

4-अपत्यपथ

3-गर्भछिद्र संश्रित

3-शुक्रार्तव प्रवेशिनी

4-अपत्यपथ

2 बाह्य मुखाश्रित- वर्तुलाकार

Bulbo cavernous-
encircling introitus

2 आभ्यान्तर प्रसृत

Ant & post vaginal wall/
Pubocervical & Rectovaginal fascia

3-गर्भछिद्र संश्रित

Cervix uteri

OR

Uterus

1-Pubocervical
2-Cardinal lig.
3-Uterosacral lig.

1-Fundus
2-Corpus
3-Isthmus

3-शुक्रार्तव प्रवेशिनी

शुक्र प्रवेशिनी- 1 cervix uteri
आर्तव प्रवेशिनी- 2 fallopian tube

स्त्री विशिष्ट मर्म- 4, (सु.शा.6/26,29,30)

	मर्म प्रकार	प्रमाण	स्थान	विद्ध लक्षण
स्तनरोहित (2)	मांसमर्म, कालान्तर प्राणहर	½ अंगुल	स्तन चूचको के 2A° उपर	रक्तपूर्ण कोष्ठता, कास-श्वास से मृत्यु
स्तनमूल (2)	शिरा मर्म, कालान्तर प्राणहर	1 अंगुल	स्तन के 2A° नीचे	कफपूर्ण कोष्ठता, कास-श्वास से मृत्यु

Ovarian cyst

1-Functional cyst: harmless and without treatment resolve spontaneously

- These normal cysts will often shrink and disappear within two or three menstrual cycles.
- Because this type of cyst is formed during ovulation, it rarely occurs in menopausal women because eggs are no longer being produced.

Non-functional cysts (dysfunctional)

1-Dermoid cyst

These are ovarian cysts that are filled with various types of tissues, including hair and skin.

- 2-Chocolate cyst of ovary:
- Endometrioma Cysts An endometrioma, endometrioid cyst, endometrial cyst, or chocolate cyst is caused by endometriosis, and formed when a tiny patch of endometrial tissue bleeds, sloughs off, becomes transplanted, and grows and enlarges inside the ovaries.

3- A polycystic cyst Ovarian Disease

- 2- Chocolate cyst of ovary.
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3-A polycystic cyst Ovarian Disease

This disease refers to cysts that form from a build up of follicles. • These cysts cause the ovaries to enlarge and create a thick outer covering, which may prevent ovulation from occurring, and are often the cause of fertility problems.

- is diagnosed based on its enlarged size
- usually twice normal with small cysts present around the outside of the ovary.
- -It can be found in "normal" women, and in women with endocrine disorders.

- -An ultrasound is used to view the ovary in diagnosing the condition.

4- adenoma Cysts

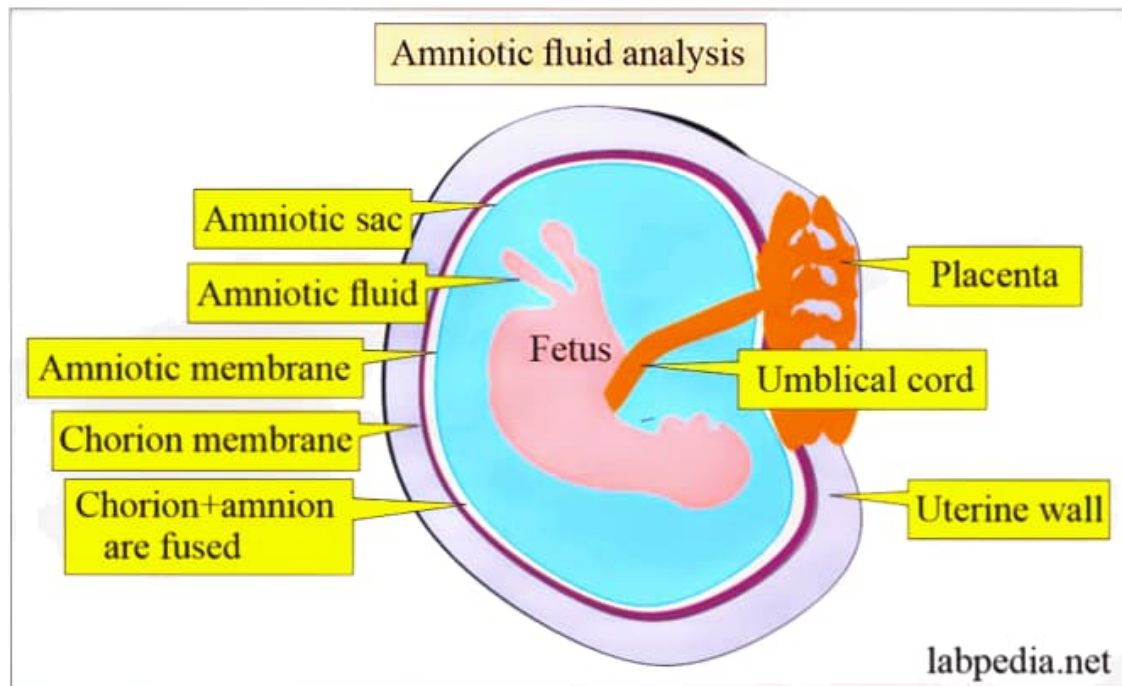
These are ovarian cysts that develop from cells on the outer surface of the ovaries.

FUNCTION:

Its main function is to protect the fetus.

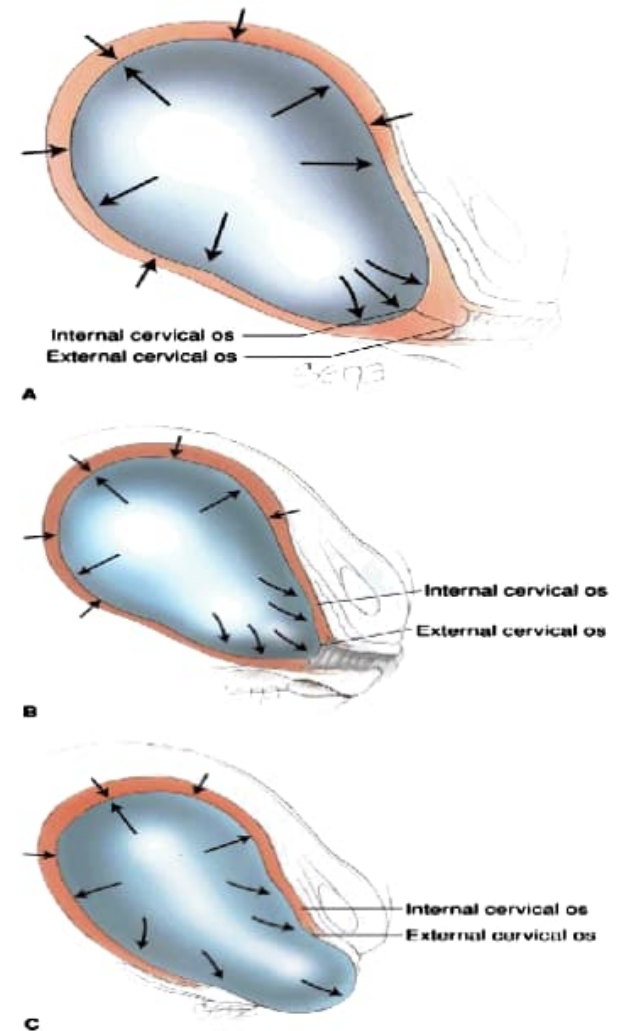
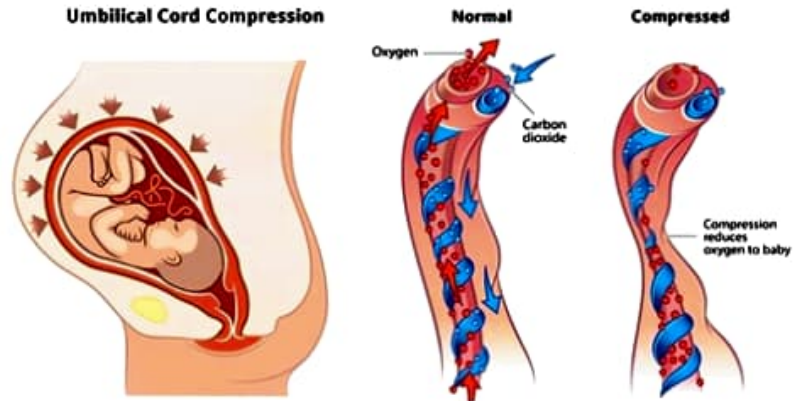
During pregnancy:

- (1) It acts as a **shock absorber**, protecting the fetus from possible extraneous injury;
- (2) Maintains an even temperature;
- (3) The fluid distends the amniotic sac and thereby allows for growth and free movement of the fetus and prevents adhesion between the fetal parts and amniotic sac;
- (4) Its nutritive value is negligible because of small amount of protein and salt content; however, water supply to the fetus is quite adequate.



During labor:

- (1) The amnion and chorion are combined to form a **hydrostatic wedge** which **helps in dilatation of the cervix**;
- (2) During uterine contraction, it prevents marked interference with the placental circulation so long as the membranes remain intact;
- (3) It guards **against umbilical cord compression**;
- (4) It flushes the birth canal at the end of first stage of labor and by its aseptic and bactericidal action protects the fetus and **prevents ascending infection to the uterine cavity**.



Causes of Intrauterine Fetal Death (IUFD)

A. Maternal (5–10%)

- 1) Hypertensive disorders in pregnancy
- 2) Diabetes in pregnancy
- 3) Maternal infections (malaria, hepatitis, influenza, toxoplasma, syphilis)
- 4) Hyperpyrexia (temp > 39.4°C)
- 5) Abnormal labor (prolonged or obstructed labor, ruptured uterus)
- 6) Post-term pregnancy

C. Placental (20–35%)

- 1) Antepartum haemorrhage (Both placenta previa and abruption)
- 2) Cord accident (prolapse, true knot, cord round the neck)
- 3) Twin transfusion syndrome (TTTS)
- 4) Placental insufficiency

B. Fetal (25–40%)

- 1) Chromosomal abnormalities
- 2) Major structural anomalies
- 3) Infections (virus, bacteria, chorioamnionitis).
- 4) Rh-incompatibility
- 5) Non-immune hydrops
- 6) Growth restriction

D. Idiopathic (25–35%)

Cause remains unknown even with thorough clinical examination and investigations

COMMON CAUSES OF MISCARRIAGE:

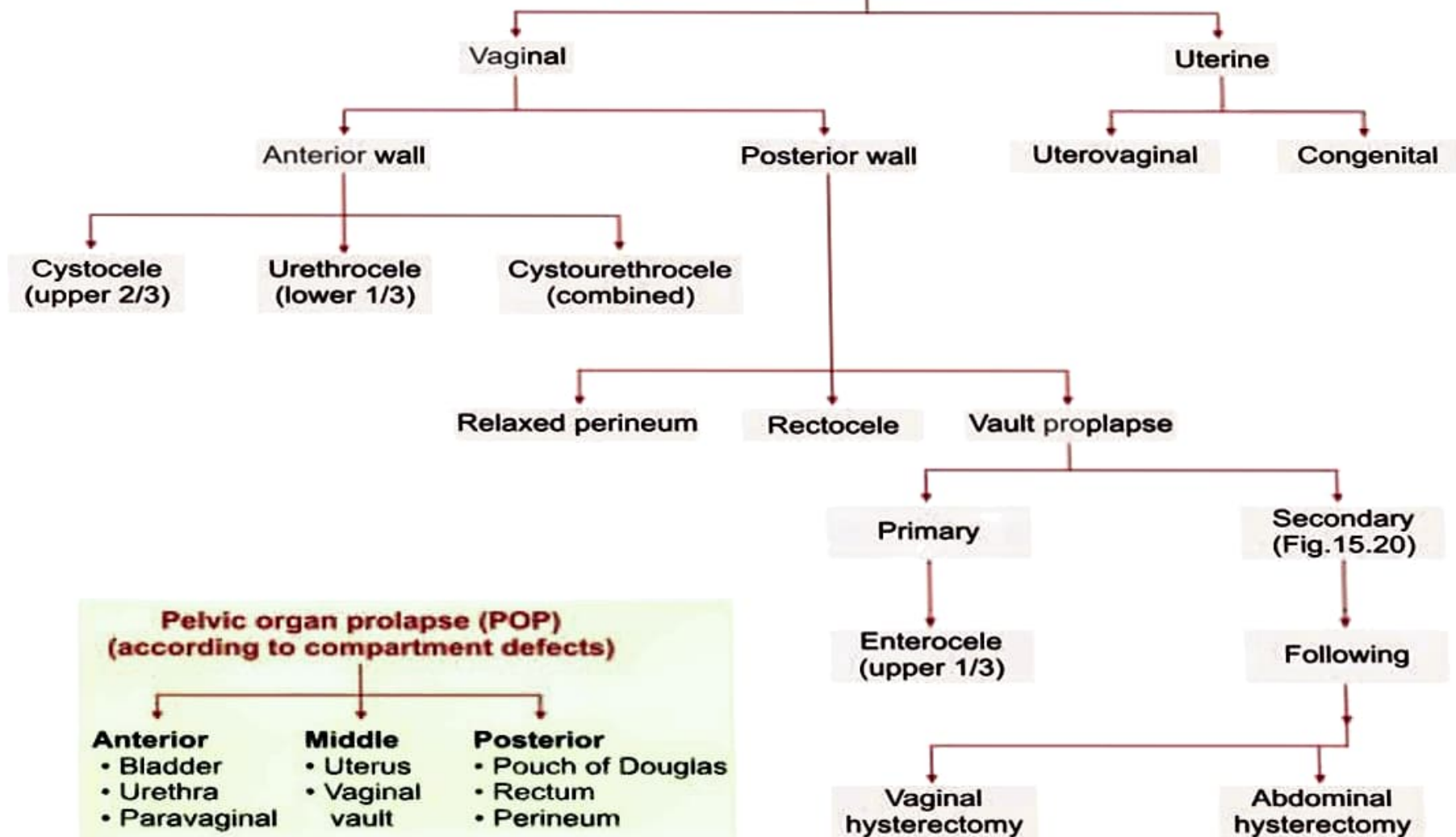
First trimester:

- (1) Genetic factors (50%).
- (2) Endocrine disorders (LPD, thyroid abnormalities, diabetes).
- (3) Immunological disorders (autoimmune and alloimmune).
- (4) Infection.
- (5) Unexplained.

Second trimester:

- (1) Anatomic abnormalities—
 - (a) Cervical incompetence (congenital or acquired).
 - (b) Mullerian fusion defects (bicornuate uterus, septate uterus).
 - (c) Uterine synechiae.
 - (d) Uterine fibroid.
- (2) Maternal medical illness.
- (3) Unexplained.

TYPES OF GENITAL PROLAPSE



Garbha Apyavotpatti (Organogenesis)

According to Acharya Sushruta & Acharya Vagbhata:

All the Anga-pratyanga (major & minor body parts) are derived from the different Dhatus, including their Sara and Kitta under the influence of Tridosha.

ANGA-PRATYANGA	ACHARYA SUSHRUTA	ACHARYA VAGBHATA
1) <u>YAKTRIT-PLEEHA</u>	Rakta	Rakta Sara; Ushna + Samana Vayu
2) <u>PHUPHUSA</u>	Rakta Phena	Rakta Phena
3) <u>UNDUKA (CAECUM)</u>	Rakta Kitta	---
4) <u>ANTRA, BASTI, GUDA</u>	Rakta Sara & Kapha get transformed by Pitta & Vayu	Rakta Sara & Mamsa Sara
5) <u>JIHVA</u>	Mamsa Sara, Rakta, Kapha	Mamsa Sara, Rakta, Kapha
6) <u>PESHI</u>	Vayu & Ushma of Pitta enters Mamsa and divides it into Peshi.	---
7) <u>SIRA</u>	Mridupaka of Sneha of Meda	---
8) <u>SNAYU</u>	Kharapaka of Sneha of Meda	---
9) <u>ASHAYA</u>	Repeated action of Vayu	---
10) <u>VRIKKA</u>	Rakta Sara, Meda	Meda, Rakta Kitta
11) <u>VRISHANA</u>	Rakta Sara, Kapha, Meda, Mamsa	Mamsa Sara, rakta, Kapha, Meda
12) <u>HRIDAYA</u>	Rakta Sara, Kapha	Rakta Sara, Kapha

भेद

दोष प्रधान के आधार पर (सु. शा २/५)	प्रधान लक्षण के आधार पर (सु. शा. २/३)
१) वातज	१) वातज
२) पित्तज	२) पित्तज
३) श्लेष्मज	३) श्लेष्मज
४) रक्तज	४) कुणपगन्धि
५) वात कफज	५) ग्रन्थिभूत
६) पित्त कफज	६) पूतिपूयनिभ
१) ७) पित्त वातज	७) क्षीण
८) सन्निपातज	८) मूत्रपुरिषगन्धि

योनिव्यापद का निदान

मिथ्याचारेण ताः स्त्रीणां प्रदुष्टेनार्तवेन च। जायन्ते बीजदोषाच्च देवाच्च शृणु ताः पृथक्।। (च.चि 30/8)

1. **मिथ्याचार** : मिथ्याआहार, मिथ्या विहार(mal nourishment, obesity, sedentary life, excessive coitus, STD)
2. **प्रदुष्ट आर्तव** : आर्तव दोष विशिष्ट अंगरसों(hormones) के कारण (HPO axis disturbance, Thyroid anomaly, Hormonal imbalance)
3. **बीजदोष** : स्त्रीबीज का दूषित होना (chromosomal and genetic anomalies)
4. **दैव** : भाग्य का अनुकूल न रहना (पूर्वजन्मकृत पाप) (idiopathic/ unknown)

