Infundibulum, ampulla isthmus uterine part. Each uterine tube is divisible into four parts:—

Uterine tubes -

The uterine tubes (formerly called fallopian tubes) extend laterally from the uterine horns and open into the peritoneal cavity near the ovaries. Each uterine tube is divisible into four parts:

Uterus:-

The uterus (womb) is a thick-walled, pear-shaped, hollow muscular organ. The non gravid (not pregnant) uterus usually lies in the lesser pelvis, with its body lying on the urinary bladder and its cervix between the urinary bladder and the rectum. The adult uterus is usually antverted (tipped anterosuperiorly relative to the axis of the vagina) and anteflexed (uterine body is flexed or bent anteriorly relative to the cervix) so that its mass lies over the bladder. The position of the uterus changes with the degree of fullness of the bladder and rectum.

The uterus is divisible into two main parts:-

The body of the uterus—forming the superior two thirds of the structure, includes the fundus of the uterus and the isthmus of the uterus. The uterine horns (L.Cornua) are the superolateral regions where the uterine tubes enter.

The cervix of the uterus— the cylindrical, narrow inferior part of the uterus, which has a supravaginal part between the isthmus and the vagina and a vaginal part that protrudes into the vagina and surrounds the external or of the uterus.

The wall of the body of the uterus consists of three layers—Perimetrium, Myometrium, Endometrium

Vagina:-

The vagina, a mostly sub peritoneal musculomembranous tube, extends from the cervix of the uterus to the vestibule of the vagina. The vestibule contains the vaginal and external urethral orifices and the openings of the two greater vestibular glands. The superior end of the vagina surrounds the cervix of the uterus.

The vagina:

- Serves as a canal for menstrual fluid.
- Forms the inferior part of the birth canal.
- Receives the penis and ejaculate during sexual intercourse.
- Communicates superiorly with the cervical canal, and inferiorly with the vestibule. The cervical canal extends from the isthmus of the uterus to the external os (opening) of the uterus.

The vagina is usually collapsed, so its anterior and posterior walls are in contact, except at its superior end, where the cervix holds them apart. The vaginal fornix, the recess around the protruding cervix, is usually described as having anterior, posterior, and lateral parts. The posterior vaginal fornix is the deepest part and is closely related to the recto uterine pouch.
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DISCUSSION:-
According to Acharya Sushruta "Artavavahe Dwe". That means Artavavaha Srotasa is present in pair in body. So structures which are present in pair in body one of them can be consider as Artavavaha Srotasa. These organs are:

1. Ovaries
2. Fallopian Tubes
3. Uterine Arteries

All of these are important in terms of the working of female genital organs, but these cannot fulfil the complete working and understanding of the Female Genital Organs.

Ovaries are the essential part of the female genital organs, but these shed off the ovum, the most important part for the development of the fetus. But, in few cases this is seen that if there will be some problem with ovaries, like polycystic ovarian disease, this can hamper the activities (Menstrual Cycle) in females but other Lakshana of Viddha of Artavavaha Srotasa like Maithuna Asahishrutu (Dyspareunia) doesn't appear. So all alone ovary cannot be said as Artavavaha Srotasa.

Fallopian tubes performs the function of carry of the ovum from ovary to the uterus. It is also an important site of fertilisation. But when we discuss about the Viddhalakshana of Artavavaha Srotasa only Vandhyatva is the symptom that comes due to ligation of fallopian tubes. There is not any role of fallopian tubules in other two symptoms.

Next are the uterine arteries in Uterus. Which performs the function of Poshana i.e. supply nutrition to all organs of female genital system. When there is ligation or tubectomy is performed in female body, there is not any interruption in functions of female genital system.

When we discuss about endometrium in Uterus and consider that it is responsible for menstrual flow. Then this is not a complete view because neither endometrium alone is responsible for this nor it is responsible for good health and all functions of female genital system.

Any system works properly, when all of its components are working well, even small tiny cells are important in well functioning of the system. So, the whole female genital organs can be taken as Artavavaha Srotasa, single organ and structure of cannot be compared with Artavavaha Srotasa.

According to Acharya Sushruta Yoni that is a very important structure of female body, shaped as "Shankha Nabhi Akriti", contains three Avarta in its structure. One more important structure is "Garbhashaya or Garbhashaya", situated in third Avarta of Yoni. If we take whole reproductive system as Yoni and Garbhashaya instead of only Vagina and Uterus respectively. Then everything would be cleared.

Anatomy of Artavavaha Srotasa and in that description of Yoni with its Traya Avartha concept is unique to Ayurveda. In Anatomical Position Uterus, Cervix and Vagina are placed in Anteverted-Anteflexed Position that Sushruta called as Avartha. These three Avartha of Yoni should be

1. First Avartha should be Vagina: - It Starts from Vestibule to External Os.
2. Second Avartha should be Cervix: - It starts from External Os to Internal Os.
3. Third Avartha should be Uterus: - It starts from Internal Os to Fundus of Uterus (Alpa Mukha and Anta Sushria) The Third Avartha in which GarbhaShaaya should be Uterus/ Uterine Cavity which is like RohitMatsyamukta that is compared with cervix opening.

Aartava constitute both parts Bahipushpa and Anatahpushpa which are compared with menstrual discharge and ovum respectively. So their their production sites Uterus and ovaries and flow pathway Fallopian tube and Vagina all are included in Artavavaha Srotasa.

So we should understand the whole female genital tract as Aartava Vaha Srotasa and this thought should be carried well to define all the anatomical Deformities of the same.

REFERENCE:-
3. Vaidya jadavji trikamji Acharya, Carak Samhita by Agnivesha, Revised by Caraka and Dridhbalal, with Ayurveda-Opika commentary of Cakrapandatadatta, edition 2010, Varanasi, Chowkambha Krishnadas Academy, PgNo. 643, C.Ci.3/207

CONCLUSION:-
In Sushruta Samhita, when Acharya Sushruta starts the topic of srotasa he himself claims that these srotasas are innumerable and again he has classified all these in eleven pairs.

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