



REVATI: AN AYURVEDIC LENS ON REPRODUCTIVE FAILURES

RATHORE L^{1*} AND KULKARNI AA²

1: 2nd year PG Scholar, Samhita & Siddhant, Parul Institute of Ayurved, Parul University,
Vadodara, Gujrat, India

2: Professor, Samhita & Siddhant, Parul Institute of Ayurved, Parul University, Vadodara,
Gujrat, India

*Corresponding Author: Dr. Lekhika Rathore: E Mail: rathorelekhika1998@gmail.com

Received 6th May 2025; Revised 7th June 2025; Accepted 20th Aug. 2025; Available online 1st June 2026

<https://doi.org/10.31032/IJBPAS/2026/15.6.10254>

ABSTRACT

Revati, also known as *Jataharini*, is a pathological entity elaborated in the *Kashyapa Samhita*, a foundational Ayurvedic text focused on pediatrics (*Kaumarabhritya*) and gynecology (*Striroga*). This review explores the mythological, clinical, and pathophysiological aspects of *Jataharini* as described in Ayurvedic literature. The text discusses classifications based on prognosis, mode of transmission, and timing of affliction, linking these ancient insights to possible modern gynecological disorders such as delayed menarche, recurrent pregnancy loss, stillbirths, and neonatal deaths. By correlating Ayurvedic conceptual frameworks with contemporary medical parallels, the study sheds light on the relevance of ancient diagnostic wisdom and the psychosomatic interpretations of women's reproductive health in ancient Ayurvedic thought.

Keywords: *Revati*, *Jataharini*, Fetus, Menstruation

INTRODUCTION

Reproductive health disorders have long posed significant challenges in both ancient and modern medical systems. Among these, conditions leading to infertility, recurrent pregnancy loss, stillbirths, and neonatal mortality are particularly distressing, often carrying complex etiological and

psychosomatic implications. *Ayurveda*, the ancient Indian system of medicine, offers a holistic perspective on these disorders, combining physiological, spiritual, and behavioral factors.

One such condition, *Revati*- also known as *Jataharini* -is primarily documented in the

Kashyapa Samhita, it is presented not only as a clinical disorder but also as a manifestation of divine affliction, believed to result from unrighteous living and behavioral transgressions. It encompasses a wide range of reproductive anomalies affecting menstruation, conception, pregnancy, fetal development, and early childhood survival.

Drawing parallels between these ancient insights and contemporary gynecological disorders, such as delayed menarche, recurrent abortions, stillbirths, intrauterine fetal death (IUFD), and neonatal mortality. The condition's rich classification based on prognosis and timing reflects a deep observational understanding, despite its spiritual and mythological framing.

This article aims to critically examine *Revati*, correlating its classical descriptions with modern clinical observations.

Aims

- To explore the concept of *Revati* (*Jataharini*) in Ayurvedic texts, especially the *Kashyapa Samhita*.
- To examine its clinical, pathological, and psychosomatic implications.
- To correlate classical descriptions with modern gynecological and obstetric disorders

MATERIALS AND METHODS

This study is based on comprehensive review of Ayurvedic texts, with Critical

analysis of the *Kashyapa Samhita*, particularly the sections on *Revati*. Cross-references were made to the *Charaka Samhita* and *Sushruta Samhita*.

Relevant shlokas and references were analyzed to understand etiology, classification, treatment and therapeutic aspects, with modern gynecological parallels drawn to elucidate current relevance.

Definition

Acarya Kasyapa has mentioned about *Revati* in *Revikalpa* chapter of *Kalpasthāna* of *KashyapaSamhitā*.

Revati is a pathological entity affecting – menstruation, embryos, fetuses, and children up to approximately 16 years

Synonyms [1]

Jataharini, Pilipicchika, Raudri, Varuni, Revati

Etiology [2]

- *Revati* is believed to destroy the menstrual flow (*Puspa*), body, fetus (*Garbha*), and newborns – particularly among individuals engaged in unrighteous or immoral acts (*adharmā*)
- It afflicts women in various stages i.e. menstruation, pregnancy, etc.
- Individuals who indulge in unrighteous acts and immoral behavior are vulnerable to *Jataharini*.

- Transmission through contact with an infected individual
- Engaging in sexual activity during pregnancy
- Maintaining an unhygienic lifestyle
- An enraged *Revati* attacks a woman who is menstruating, pregnant, puerperal or the one who stays in a hut during any *Kāla* (period of life) say childhood, womanhood, adulthood or old age. It may attack any time of day and night (i.e. early, mid or end of the day or night).

Classification of *Jataharini*

i) Based on prognosis (*Sadhyasadyata*):

Sadhya (11)

Asadhya (8)

Yapya (16)

ii) On basis of Lok bhed

1. Daivi (Divine) [3]

2. Manushi [4]

- Varna (Brahmin, Kshatriya, Vaishya, Shudra)

- Varnantara

- Lingini

- Karuki

3. Tiraschina [5]

- Śhakuni

- Chatuṣpadi

- Sarpa

- Matsi

- Vanaspati

Clinical features of *Jataharini*

General clinical features [6]

Anxious, look/bewildered, malnourishment, unstable mind, lack of endurance/perseverance, absence of enthusiasm, abdominal pain, disagreeable look and suffers from various disorders. She exhibits impulsive behavior, consumes unsuitable food (*Apathya Ahara*) and consequently loses her wealth, fame, luxuries. The calves of her goat, cow, sheep, Buffalo fail to survive. May suffer social stigma or personal loss, including widowhood

Specific clinical Features

Based on prognosis

Effect of affliction by *Jataharini* [7]

Due to extreme unrighteousness (adharma), the *Revati* (a type of evil spirit) gains access to the body through the pores, assumes terrifying forms and out of intense anger destroys the progeny or kills both the mother and the child

Clinical features of child afflicted by *Jataharini* [8]

Loud cry, contaminated breast milk leads to fever, drowsiness, feeling of hotness in head, pallor, thirst, diarrhoea, voice hoarseness, palate dryness, anemia, jaundice, blisters in oral cavity, stomatitis, becomes cold and motionless as if dead but regains consciousness next moment.

Jataharini/Revati

Sadhya (11)	Yapya (16)	Asadhya (8)
Suska revati Katambhara Pushpaghni Vikuta Parisruta Andaghni Durdhara Kalaratri Mohini Stambhani Krosana	Nakini Pishachi Yakshi Asuri Kali Varuni Sasthi Bhiruka Yamya Matangi Bhadrakali Raudri Vardhika Candika Kapalmalini Pilipicchika	Vashya Kulkshayakari Punyajanani Pourushadini Sandanshi Karkotaki Indravadava Badavamukhi

Clinically, the *Jataharini's* based on prognosis (*Sādhyāsadhya*) being more important is described in detail.

A) Sadhya Jataharini [9]

In a living mother, the *Jataharini's* those destroying *Puspa* (*Shuṣka* and *Kaṭambharā*) are *Asadhya* whereas those killing foetus are *Sadhya*.

Kasyapa while classifying *Sadhya Jataharini* mentions 10, but while describing mentions 11.

1. Shuṣka Revati [10]

Condition in which female doesn't attain menarche even after attaining age of 16 and has emaciated arms and hips

Probable correlation: Delayed menarche due to nutritional disorders.

2. Kaṭambhara [11]

A mature woman who dies without menstruating, scrawny, appearing weak and irritable.

Probable correlation: Primary amenorrhoea due to nutritional deficiency

3. Puspaghni [12]

Condition in which woman fails to conceive despite of regular mensus.

Probable correlation: Uniovular menses with hirsutism.

4. Vikuta [13]

Woman with irregular menstruation in terms of duration, colour and amount and feels persistently tired without an identifiable reason.

Probable correlation: Irregularly irregular menstrual cycle.

5. Parisruta [14]

Characterised by constant, profuse vaginal discharge.

Probable correlation: Leucorrhoea.

6. Andaghni [15]

A dreadful condition where woman with repeated expulsion of scarcely visible zygote is seen

Probable correlation: Abortion in blastocyst stage

7. Durdhara [16]

A woman whose embryo repeatedly fails to develop distinct anatomical structures and is subsequently destroyed is afflicted by a severe uterine disorder known as *Durdhara* Probable correlation: First trimester abortion.

8. Kalaratri [17]

The destruction or expulsion of fully formed fetus (*purna garbha*) significantly compromises *garbhini* survival

Probable correlation: Premature labour with perinatal death.

9. Mohini [18]

A severe condition in which embryo is expelled either before or after implantation, causing death of mother due to unconsciousness

Probable correlation: Abortion due to maternal disorders (PIH, toxemia).

10. Stambhani [19]

The foetus does not quiver.

Probable correlation: Still birth.

11. Kroshana [20]

The various complications caused due to the intra-uterine foetus

Probable correlation - Pregnancy induced disorders (PIH, GDM).

B) Yanya jatahariṇi [21]

The 16 *Jataharini* have the tendency to recur in woman doing righteous acts.

1. Nakini [22]

It is a dreadful condition where woman delivers a dead child (always).

Probable correlation: Repeated still birth.

2. Pishachi [23]

The newborn dies immediately after delivery, hence it is known as a carnivorous *Jataharini*.

Probable correlation: Perinatal death/Neonatal death.

Other 14 *Yanya Jatahariṇi's* kills the baby (repeatedly) after birth on specific days mentioned as follows:

[24]

Yaksi: Fatal on 2nd day

Asuri: Fatal on 3rd day

Kali: Fatal on 4th day

Varuṇi: Fatal on 5th day

Sasthi: Fatal on 6th day

Bhiruka: Fatal on 7th day

Yamyā: Fatal on 8th day

Matangi: Fatal on 9th day

Bhadrakali: Fatal on 10th day

Raudra: Fatal on 11th day

Vardhika: Fatal on 12th day

Candika: Fatal on 13th day

Kapalmalini: Fatal on 14th day
Pilipicchika: Fatal after fortnight
 Probable correlation:
 Neonatal/Perinatal death.

C) Incurable *Jatahariṇi*

1. *Vasya* [25]

There is repeated death of intrauterine fetus by 5th, 6th and 7th month.

Probable correlation: IUFD.

2. *Kulaksayakari* [26]

A woman who's male offsprings consistently perish while female oospring survive effortlessly, even without proper care

3. *Punyajani* [27]

A fierce incurable condition where progeny dies repeatedly soon after birth

4. *Paurusadiṇi* [28]

The progeny of the woman afflicted, dies before 16 years of age.

5. *Samdamsi* [29]

Death of firstborn on conceiving of second child by mother

6. *Karkoṭaki* [30]

When the woman conceives, one of her twins dies and other suffers from *Balagraha*.

7. *Indravadava* [31]

When any one or both the twin babies die
 Probable correlation: Death of biovular twins.

8. *Badavamukhi* [32-34]

When one of the uniovular twins (*Nabhija*) dies, followed by the death of the second one

Probable correlation: Death of uniovular twins.

DISCUSSION

The descriptions of *Revati* in the *Kashyapa Samhita* reflect a blend of clinical insight and socio-religious philosophy. Women afflicted by this disorder exhibit a range of symptoms that include physical manifestations (emaciation, lower abdominal pain, constant discharge), reproductive failures (amenorrhea, abortions, stillbirths), and psychosocial consequences (loss of wealth, social ostracism, familial destruction).

The *Kashyapa Samhita* presents a comprehensive classification system, where the *Sadhya* types align with treatable conditions resembling disorders as hormonal imbalances, polycystic ovarian syndrome (PCOS), or early pregnancy loss. The *Yapya* types often describe recurring infant or foetal deaths with specific timings post-delivery, suggesting knowledge of perinatal mortality patterns. The *Asadhya* types describe incurable forms with hereditary or repeated reproductive failures, some of which could align with genetic or autoimmune causes, or idiopathic infertility. Furthermore, the attribution of *Jathaarini* to divine wrath and immoral behaviour reflects the integrated psychosomatic and cultural view of disease in *Ayurveda*. It is evident that these narratives served both as diagnostic tools and as moral guidelines,

promoting righteous living to prevent illness. While these ideas may appear superstitious from a modern perspective, they underscore the emphasis on mental, ethical, and spiritual well-being in preventive healthcare.

Jathaarini also reflects a broader theme in ancient medicine: the human attempt to understand unexplained and tragic reproductive outcomes in the absence of advanced diagnostic tools. Conditions like recurrent miscarriages or neonatal deaths, which still challenge modern medicine, were interpreted through spiritual and symbolic frameworks.

CONCLUSION

The exploration of *Jathaarini* in *Kashyapa Samhita* offers a fascinating intersection of ancient medical knowledge, spiritual philosophy, and proto-clinical observations in women's reproductive health. While the etiological explanations lean heavily on spiritual and moral causes, the clinical classifications reveal an astute awareness of gynaecological and obstetric phenomena. The text not only functions as a medical guide but also as a cultural artifact that shaped the behaviour and healthcare of women in ancient Indian society.

Correlating these ancient descriptions with modern clinical entities highlights Ayurveda's nuanced understanding of complex reproductive disorders. Recognizing these interpretations allows for

a deeper appreciation of traditional diagnostics and may inform culturally sensitive approaches in integrative gynaecological practice today.

REFERENCES

- [1] Prof. P.V.Tewari, *Kasyapa Samhita of Vrddhajivakiya tantra*, Kalpa 6/7, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [2] Prof. P.V.Tewari, *Kasyapa Samhita of Vrddhajivakiya tantra*, Kalpa 6/8-24, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [3] Prof. P.V.Tewari, *Kasyapa Samhita of Vrddhajivakiya tantra*, Kalpa 6/62, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [4] Prof. P.V.Tewari, *Kasyapa Samhita of Vrddhajivakiya tantra*, Kalpa 6/63-68, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [5] Prof. P.V.Tewari, *Kasyapa Samhita of Vrddhajivakiya tantra*, Kalpa 6/69, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [6] Prof. P.V.Tewari, *Kasyapa Samhita of Vrddhajivakiya tantra*, Kalpa 6/24-30, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [7] Prof. P.V.Tewari, *Kasyapa Samhita of Vrddhajivakiya tantra*, Kalpa 6/70-71, Varanasi: Chaukhambha Visvabharati Prakashan, 2008

- [8] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/72-78, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [9] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/41, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [10] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/31, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [11] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/32, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [12] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/33, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [13] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/34, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [14] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/35, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [15] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/36, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [16] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/37, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [17] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/38, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [18] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/39, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [19] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/40, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [20] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/41, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [21] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/48, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [22] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/42, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [23] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/43, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [24] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/44-47, Varanasi: Chaukhambha Visvabharati Prakashan, 2008

-
- [25] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/49, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [26] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/50, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [27] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/51, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [28] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/52, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [29] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/53, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [30] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/54, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [31] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/55, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [32] Prof. P.V.Tewari, Kasyapa Samhita of Vrddhajivakiya tantra, Kalpa 6/56, Varanasi: Chaukhambha Visvabharati Prakashan, 2008
- [33] Dr. Shipra, Dr. Nikitha Sirigere, Ayurvediya Prasuti Tantra, NewDelhi: Chaukhambha Publication
- [34] Dutta DC Text book of Obstetrics including Perinatology and Contraception 9th edition, New Delhi: Jaybee Brothers Medical Publisers, 2018