“ Bridging Ayurveda and Female Sexual Dysfunction - A Paradigm for Intimate Renewal ”

Abstract

Traditionally, disorders of desire, arousal, pain, and reduced orgasm have been included under the category of female sexual dysfunction (FSD). However, because female sexual response is dynamic and complicated, recognizing isolated dysfunctions like Female Sexual Arousal Disorder (FSAD) is still difficult. The revised DSM-IV states that FSAD is characterized by impaired genital arousal and absent or considerably reduced arousal in response to stimulation. According to epidemiological studies, 30–55% of people have FSD. Disorders of desire and arousal, particularly lubrication problems, continue to be the most commonly reported problems in community surveys, notwithstanding the recent increase in interest in organic causes. A woman's psychological state, beliefs, expectations, tastes, and surroundings all influence her sexual attraction. Sexual desire and mental health are intimately related. Similar to arousal disorders, these dysfunctions are referred to as *Yonivyapad* in traditional Ayurvedic writings. According to Acharya *Dalhana*, one of the main characteristics of *Apraharsha* (lack of happiness) is the importance of mental abilities like *Sankalpa* (decision), *Dhyeya* (meditation), and *Vicharya* (analysis). *Sampraharshana* (arousal) requires addressing the *Manas*(mind) and the Ayurvedic method of *Satwavajaya Chikitsa* (psychological treatment) aids in symptom relief and anxiety reduction.

Key word – Female Sexual Arousal Dysfunction, *Apraharsha,* Psychological state, *Satwavajaya Chikitsa*

Introduction

FSAD is characterized by impaired genital arousal and absent or considerably reduced arousal in response to stimulation.[i] According to epidemiologic research, 30–55% of women have sexual dysfunction. When surveyed in a community-based population, desire and arousal phase disorders—including lubrication complaints—remain the most prevalent presenting issues, despite the new interest in organic etiology of FSD.[ii] A sexually excited female partner is considered as *Vrishyatama* (best among aphrodisiacs) where all objects of beauty are assembled in a woman in a compact form, nowhere else.[iii] *Sankalpa* (imagination), a *Manobhava*, is primarily the regular operation of *Vayu*, which is bolstered by *Sparshanendriya* (tactile sensation)—supporting the occurrence of *Sampraharshana*[iv]. Women's psychological thinking, beliefs and values, expectations, sexual orientation, preferences, and the existence of a safe and erotic environment all affect their sexual interest. Women's symptoms of low desire are closely associated with mental health issues. Treatment of arousal disorder is substantially aided by an understanding of the reasons for *Sthreedosha* (women's problems) and the role of *Manas*, which are responsible for the ailment.[v]

Both internal (fantasies, memories, arousal) and external (an interested or uninterested partner) factors can cause feelings of desire, which are reliant on neuroendocrine function. [vi]The primary *Manovikaras* (disorders of *Manas*) and *Manasika Bhavas* are Kama (desire), *Krodha* (anger), *Bhaya* (fear), *Shoka* (sadness), *Irshya* (jealousy), *Udvega* (anxiety), etc.[vii] These disorders have a specific role in impairing the general functioning of *Manas* (mind) as well as speculative higher mental and recreational functions, such as sexual arousal and orgasm, by changing the *Dosha* configuration. One of the seven *dhatus*, *Shukra*, receives *Poshana* (nourishment) from the *Majjadhatu* (bone marrow) and generates *Oja* (essence), which is known as *Shukrasara.*

It is important to comprehend the *Samanyaguna*s (generic attributes) of *Shukradhatu*, such as *Dhairya* (courage), *Preethi* (love), *Dehabalam* (physical strength), *Harsha* (excitation), and *Beejartham* (fertilization) likewise in *Stree* (female). Every time *Shukra kshaya* (reduction) occurs due to *Shareerika* (physical) as well as *Manasika nidanas* (psychological etiology), the body's *Shukradhatu* is diminished, which leads to *Apraharshana*, or a lack of enjoyment. Due to bodily changes, religious beliefs, and other factors, pregnancy and the postpartum period can hurt emotional and sexual closeness. They can also have an impact on sexual behavior and views. Menopause will bring about significant changes in ovarian function, and women's sexual response may be impacted by the considerable decrease in adrenal production of prohormones that produce oestrogen and testosterone. Age has a significant influence in producing *Prakruthaapraharshana* (physiological hypoexcitation), due to the *Dhatukshaya* associated with *Vayaparihaani* (aging). Thus, the name "*KlaibyaasMaithuneapraharsha*[viii]" refers to the absence of arousal during sexual activity, whereas

"*Apraharsha*" (absence of excitation) represents *Ananda abhava*, which affects both sexes. Therefore, the main cause of Apraharshana is any weakness in the will or ambition to engage in sexual activity or act with the partner.

Rigid upbringing, unpleasant early experiences, lack of sexual education, and personality traits such as introversion, dullness, fear, or *Avara Sattva* (decreased mental strength) as well as *Mithyaahara* (abnormal diet), *Mithyavihara* (abnormal regimen), *Pradusht aartava* (menstrual disturbances), and *Beejadosha* (ovarian defect) reflect abnormal psychology of the individual leading to psychosomatic abnormalities like arousal disorder[ix]. The writings go into great length about the *Dehaprakriti*, *Manasikaprakriti,* and *Satvabala* to explain a person's capacity for sexual reproduction and recreation. Any of these constitutional flaws makes a person more likely to experience sexual dysfunction in the future.

Female sexual dysfunction

Strong motivation to engage in sexual activity comes from sexual desire. Numerous neurotransmitters, peptides, and hormones, including norepinephrine, dopamine, oxytocin, and serotonin, influence desire and subjective arousal. The five phases of a woman's sexual response cycle include the sexual desire phase, which can linger for days and involve fantasies and dreams about the sexual object.[x] The arousal phase may last anywhere from one to two minutes to several hours.
The duration of the plateau phase is 30 seconds to 3 minutes. The orgasmic phase lasts three to fifteen seconds, while the relaxation phase lasts ten to fifteen minutes.[xi] Vasocongestion and neuromuscular tension, often known as myotonia, are the two fundamental physiological processes in this cycle. Vasocongestion occurs in the breasts and lower and upper genital organs, whereas myotonia occurs throughout the body.[xii]

Mental health, ageing, personality traits, relationships, infertility, medications, and partner sexual dysfunction are the main causes of sexual dysfunction.[xiii] Disorders such as sexual want/interest disorder, combined sexual arousal disorder, subjective sexual arousal disorder, genital arousal disorder, and orgasmic disorder are classified as sexual desire and sexual arousal disorders.[xiv]

Arousal disorders can be due to organic, sociocultural as well as psychological reasons.

Table no 1

Organic reasons[xv]	neurological problems, cardiovascular diseases, gynecological cancers, urogynecologic pathologies, drugs, and hormonal disorders
sociocultural factors[xvi]	Inadequate education, conflict with religious, personal and family values and social taboos
psychological[xvii]	Depression/anxiety, history of sexual and/or physical assault, stress, past psychosexual trauma, problems with the partner, not desiring intimacy with the partner, and relations that are falling apart, alcohol and/or drug addictions

Symptoms of *Yonivyapadas* (gynecological disorders) like *Vatala, Acharana*, and *Athyananda* include *Karkasha* (roughness), *Sthabda* (stiffness), *Shoola* (pain*), Na santhosham graamyadharmena*[xviii](no excitement or satisfaction during sexual intercourse), and *Apraharshana,* all include disorders involving desire, arousal, and orgasm in addition to sexual pain disorders.

Treatment modalities

The primary cause of *Avrishya* (non-aphrodisiac) is *Daurmanasyam* (mental anxiety), while *Sankalpa* (determination) is the primary cause of *Vrishyas*[xix](aphrodisiac). Treatment should be understood in terms of *Daivavyapasrayachikitsa, Yuktivyapashraya,* and *Satwavajaya.* Adopt sexual counseling and behavior therapy as *Satwavajayachikitsa*. The primary goal of *Yuktivyapashrayachikitsa* should be to repair the *Vyana, Apana, Prana Vayu*, and *poshana* to *rasa dhatu* (nutrition to rasa dhatu). One of the most important *Panchashodhana* (five detoxification therapies) for reversing the pathology is *Virechana*[xx] (purgation), together with *Padabhyanga* (massage of the feet), *Mastishkya* (overhead application of medication), and *Sthanikachikitsa* (local treatment), including *Yonipichu, Yonipoorana* and others, with the appropriate drugs. Depending on *Shareerika's* involvement and *Manasikadosha* vitiation, the *Vrishya* medications should be chosen that are *Madhura* (sweet), *Snigdha* (slimy), *Jeevaniya, Bruhmaniya*, and *Mano harshana* (excitation).Ayurvedic classics refer to combinations of *vrishya dravyas* such as *ashwagandha, shatavari, musali, and kapikacchu* etc in various formulations to promptly enhance arousal and reproductive capacity[xxi]. *Manovishayas* are modified with *Medhyadravyas* such as *Shankhapushpi, Brahmi* and *Mandukaparni.*

When insufficient stimulation is the cause of an arousal condition, foreplay and lubricant should be encouraged. Maximizing stimulation and minimizing inhibition are the therapy goals if it results from insufficient stimulation or sexual inexperience. A couple should be encouraged to try out various coital postures and approaches, as well as to use sex aids or devices and to explain, educate, and pay

attention to coital techniques. If in the case of relaxed vaginal outlet interventions like Colpoperineorrhaphy should be done.[xxii]

Discussion

According to epidemiologic research, between 30 and 55 percent of women experience sexual dysfunction. When examined in a community-based population, desire and arousal phase disorders—including lubrication complaints—remain the most prevalent presenting issues, despite the new interest in organic origins of FSD. We must start a serious discussion about this subject, particularly in a place like India where it is taboo. Here, an effort is made to comprehend the organic-psychological-sociocultural elements contributing to arousal disorder, and a solution is discussed. A person's family, societal and religious beliefs, health, experiences, ethnicity, demographics, and psychological state of the individual couple should all be considered when assessing their sexual functioning.

A collection of fundamental emotions known as *manasikavega* (mental desires) are physiologically present in every human mind**.**In the context of the mind, *satwavachayachikitsa* is of paramount importance, as is the detoxification of the body through purgation (*virechana*). This process cleanses both the mind and the body, as well as the sensory organs (*utsaahatoindriya* and *Buddhiprasada*).

Conclusion

Sexual functioning not only reflects reproductive capacity and gender identity, but also strengthens emotional bonds with one's primary partner. Couples often face sexual problems owing to misconceptions, a lack of information or experience, or an inability to convey their preferences. Sexual dysfunction is a significant healthcare issue that requires thorough evaluation and treatment.
Sexual difficulties are common, but can go unnoticed or undiagnosed in clinical settings. Improper *Kama* (desire) can negatively impact a person's sexual behavior. Sexual dysfunctions can be caused by pleasure inhibition, which impairs desire, sexual arousal, or orgasm. *Satwavajayachikitsa*, such as sexual counseling, behavior therapy, detoxification (*panchshodhan*) and aphrodisiac drugs (*vrishya dravyas)*, can be used to stimulate *manoharshana* (mental excitement).

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