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RESEARCH ARTICLE

BRIDGING AYURVEDA AND FEMALE SEXUAL DYSFUNCTION - A PARADIGM FOR INTIMATE RENEWAL

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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, no twith standing 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 Apaharsha (lack of happiness) is the importance of mentalabilities like Sankalpa (decision), Dhyeya (meditation), and Vicharya (analysis). Sampraharsh ana (arousal) requires addressing the Manas(mind) and the Ayurvedic method of Satwavajaya Chikitsa (psychological treatment) aids in symptom relief and anxiety reduction.

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), aManobhava,is primarily the regular operation of Vayu, which is bolstered by Sparshanendriya (tactile sensation)—supporting the occurrence of

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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 Streedosha(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 ManasikaBhavas 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 sevendhatus, Shukra, receives Poshana (nourishment) from the Majjadhatu(bone marrow) and generatesOja (essence), which is known as Shukrasara.

It is important to comprehend the Samanyagunas (generic attributes) of Shukradhatu, such as Dhairya (courage), Preeti (love), Dehabalam (physical strength), Harsha(excitation), and Beejartham (fertilization) likewise in Stree (fe male). Every time Shukra kshaya(reduction) occurs due to Shareerika(physical)as well as Manasikanidanas(psychol ogical 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 producingPrakruthaapraharshana (physiological hypoexcitation), due to the Dhatukshayaassociated with Vayaparihaani (aging).Thus, the name"KlaibyaasMaithuneapraharsha[viii]" refers to the absence of arousal during sexual activity, whereas "Apaharsha" (absence of excitation) represents Ananda abhava, which affects both sexes. Therefore, the main cause of Apaharshana 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 AvaraSattva (decreased mental strength) as well as Mithyaahara(abnormal diet), Mithyavihara(abnormal regimen), Pradushtaartava (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, urogynecologicpathologies, 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, pastpsychosexual trauma, problems with the partner, not desiring intimacy with the partner, and relationsthat are falling apart, alcohol and/or drug addictions

Symptoms of Yonivyapadas(gynecological disorders) like Vatala, Acharana, and Atyanandainclude Karkasha(roughness), Stabda (stiffness), Shoola(pain), Na santhoshamgraamyadharmena[xviii](no excitement or satisfaction during sexual intercourse), and Apraharshana,allinclude 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 asSatwavajayachikitsa.The primary goal of Yuktivyapashrayachikitsa should be to repair the Vyana, Apana, PranaVayu, 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, Yonipooranaand others, with the appropriate drugs. Depending on Shareerika's involvement and Manasikadosha vitiation, the Vrishyamedications should be chosen that are Madhura(sweet), Snigdha(slimy), Jeevaniya, Bruhaniya, and Manoharshana(excitation).Ayurvedic classics refer to combinations of vrishyadravyas such as ashwagandha, shatavari, musali, and kapikacchuetc in various formulations to promptly enhance arousal and reproductive capacity[xxi]. Manovishayas are modified with such as MedhyadravyasShankhapushpi, Brahmiand 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, satwavajayachikitsa is of paramount importance, as is the detoxification of the body through 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 counselling, behavior therapy, detoxification (panchshodhan) and aphrodisiac drugs (vrishyadravyas), can be used to stimulate manoharshana (mental excitement).

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