



## 1c. Artavavaha and Stanyavaha Srotas

### c. Ārtavavaha and Stanyavaha Srotas

**Exam focus:** Define each srotas, state its mūla (root), srotoduṣṭi hetu-lakṣaṇa, and management; correlate with modern anatomy (uterus–endometrium–ovarian/uterine vessels for ārtavavaha; breast lobulo-ductal apparatus and neuro-hormonal axis for stanyavaha). Quote **one correct śloka** to justify āgama (classical authority).

#### 1) Prelude: Srotas—why they matter here

In Prasūti Tantra and Strīroga, physiological balance of the female reproductive and lactational systems is understood through **srotas**—the living channels that carry, transform and express substances and energies. Caraka defines srotas as the conveyors of dhātu undergoing transformation:

“स्रोतांसि खलु परिणाममापद्यमानानां धातूनामभिवाहीनि भवन्ति ।”

(*Srotāṃsi khalu pariṇāmam āpadyamānānām dhātūnām abhivāhīni bhavanti.*) — **Caraka Saṃhitā, Vimāna Sthāna 5/3.**

Among numerous channels, two are **stri-viśeṣa** (female-specific) for clinical study: **Ārtavavaha srotas** (carrying ārtava—menstrual flow/ovum aspect) and **Stanyavaha srotas** (carrying stanya—breast milk).

#### 2) Ārtavavaha Srotas

##### 2.1 Definition and classical authority

**Ārtavavaha srotas:** the channels by which **ārtava** (rajas—menstrual blood/ovulatory essence) arises and flows cyclically.

Caraka describes its functional idea and localization in uterus-related channels:

“अर्तवस्य विसर्गश्च काले येन प्रवर्तते ।

तद्वहानि स्रोतो ज्ञेयं गर्भाशयसमाश्रयम् ॥

तस्य मूलं रक्तवाहिन्यः स्युः गर्भाशयः स चोच्यते ॥”

— **Caraka Saṃhitā, Vimāna Sthāna 5/8.**

**Sense:** The timely discharge of ārtava proceeds through its own conducting channels based in **garbhāśaya** (uterus) and **raktavāhīnī dhamanīs** (arterial/vascular network) forming the **mūla**.

**Key take-away for viva:** *Mūla of Ārtavavaha srotas = Garbhāśaya + Raktavāhīnī dhamanīs.*

#### Ārtavavaha Srotas (menstrual/channel)

“आर्तवहे द्वे, तयोर्मूलं गर्भाशय आर्तववाहिन्यश्च धमन्यः,

तत्र विद्धाया वन्ध्यात्वं मैथुनासहिष्णुत्वमार्तवनाशश्च ;” Su. Sha. 9

**Meaning (brief):** “There are two artava-carrying srotas; their roots are the **uterus** and the **artava-carrying arteries**. Piercing them leads to **infertility, dyspareunia, and cessation of menses.**”

## 2.2 Mūla (root), mārga (course), and mukhya avayava (principal structures)

Aspect	Classical description	Modern-anatomical correlation (helpful in long answers)
Mūla	Garbhāśaya (uterus) and raktavāhinī dhamanīs	Uterus and its endometrium; uterine & ovarian arteries; venous plexus; endometrial spiral arterioles
Mārga	Yonimārga via cervix; network of <i>ārtavavāhinī</i> channels	Cervical canal → vagina; uterine cavity; fallopian interface for ovulatory ārtava (beejabhūta dimension)
Mukhyāśraya	Yoni, garbhāśaya, artavavāhinī dhamanīs	Uterus, cervix, vagina; HPO axis (hypothalamo-pituitary-ovarian) as regulatory support

[Follicle Stimulation 3D Model](#)  
[Ovulation 3D Model](#)

**Note for answers:** When asked to “correlate,” do not equate srotas to a single duct; describe **functional systems** (vascular + endometrial + neuro-endocrine regulation).

## 2.3 Srotoduṣṭi hetu (etiological factors)

- **Doṣa-prakopa** from **mithyā-āhāra-vihāra** (excessively rukṣa, uṣṇa, tīkṣṇa; divā-svapna; vyavāyatiyoga/ayoga).
- **Raktadoṣa** (vidāhi āhāra, surā, sūryātapa).
- **Ābhigāta** to yoni/garbhāśaya (instrumentation; repeated abortions).
- **Mānasika** factors (chinta, śoka) disturbing vata-pitta and the HPO axis.
- **Prakṛta** life-cycle transitions (menarche, perimenopause) where vata and pitta shifts sensitise the channel.

## 2.4 Srotoduṣṭi lakṣaṇa (clinical features)

- **Vāta-pradhāna:** *Anartava* (amenorrhoea), *kṛcchrārtava* (scanty/painful flow), *yonivedanā* (cramps).
- **Pitta-pradhāna:** *Āsṛgdāra* / menorrhagia, inter-menstrual spotting, burning, red-brown clots.
- **Kapha-pradhāna:** delayed cycles, heaviness, mucoid discharge.
- **Saṃsarga/saṃmūrcchana:** dysmenorrhoea with menorrhagia, PMS clusters, infertility patterns.

**Include in short notes:** Classical synonyms—*ārtava*, *rajas*, *strī-rajah*; *ārtavanāśa*, *rajaḥ-saṅga*, *rajaḥ-pradara* as nosological pointers.

## 2.5 Nidāna pañcaka mapping

- **Hetu:** as above; add anaemia, chronic illness as *dhātu-kṣaya* contributors.
- **Pūrvarūpa:** cycle irregularity, mood/temperature lability, pelvic ache.
- **Rūpa:** pattern-specific—*ati/manda pravṛtti*, *vedanā*, *varṇa-gandha-pīcchila* changes.
- **Upaśaya/Anupaśaya:** Vāta-hara snehana-svedana relieves spasmodic pain; rakta-prasadana helps pitta patterns.
- **Samprāpti:** doṣa-dūṣya (rasa-rakta-ārtava) with **vāta (apāna)** as *pradhāna* driver → **āvāraṇa** or **kṣaya** types.

## 2.6 Chikitsā sūtra (management framework)

- **Doṣa-pratyanika:**
  - *Vātika:* snehana (tila/ghṛta), mṛdu svedana, dīpana-pācana (hingu-ajamodādi), bālya garbhashaya-snigdhatā.
  - *Paittika:* rakta-prasadana (śatadhauta ghṛta local; drākṣādi, uśīra, lodhra, mustā internally), śītala pānīya.
  - *Kaphaja:* lekhaṇa-dīpana (trikaṭu, mustakādi), vyāyāma-niyama.
- **Raktaprasādana & stambhana** for *āsṛgdāra:* lodhra-priyangu-mustā-nāgakeśara yoga; mukta-śaṅkha bhasma (with due classical indications).
- **Garbhashaya-br̥mhaṇa** and *rasāyana* in *anartava:* aśokāriṣṭa, kumāryāsava (indication-wise), śatāvarī-ghṛta.
- **Yuktivyapāśraya with anupāna:** ghee/milk for vātika; honey or sugar-candy vehicle for pittika.
- **Satvavajaya:** stress modulation; *rtucaryā-dinacaryā* adherence.

- **Modern supportive correlation** (write as *samanvaya*): correct anaemia, thyroid imbalance, luteal defects; manage PCOS with weight-metabolic correction in kapha-dominant *samprāpti*.

### 3) Stanyavaha Srotas

#### 3.1 Definition

**Stanyavaha srotas**: the channels through which **stanya** (breast milk) is formed, conducted and expressed from the mother to the neonate. Classical teaching places their **mūla** in the **stana (breasts)** together with vascular channels (*raktavāhinī dhamanīs*) as structural base, with regulatory support from rasa-dhātu metabolism.

**Upadhātu doctrine (helpful linkage)**: **Stanya** and **Raja(ārtava)** are described as **upadhātu** of **Rasa**; thus any **rasa-dhātu duṣṭi** quickly reflects in both lactation and menstruation (Caraka/Āṣṭāṅga tradition).

#### Stanya (milk) pathways in Suśruta (via dhamanī description)

“द्वे स्तन्यं स्त्रिया वहतः स्तनसंश्रिते...” Su Sha 9

**Meaning (brief)**: “Two (up-coursing) dhamanīs **carry milk in a woman**, situated in the **breasts**.” (This is in the dhamanī section, not under “srotas,” but it’s Suśruta’s explicit reference to milk-carrying channels.)

#### (Related) Śukravaha Srotas

“शुक्रवहे द्वे, तयोर्मूलं स्तनौ वृषणौ च...”

**Meaning (brief)**: “There are two semen-carrying srotas; their roots are the **breasts** and the **testes**; injury causes **impotence, delayed emission, blood-tinged semen**.”

#### 3.2 Mūla, mārga, avayava—functional correlation

Aspect	Classical description	Modern-anatomical correlation
<b>Mūla</b>	<b>Stana</b> (breasts) + <b>raktavāhinī dhamanīs</b> (vascular support)	Lobes-lobules-alveoli; lactiferous ducts and sinuses; internal mammary & lateral thoracic vessels
<b>Mārga</b>	Stanyavaha pathways within <i>stana</i> leading to <i>stanya-nirgama</i>	Alveolus → ductule → duct → nipple pores (10–15)
<b>Regulatory āśraya</b>	<b>Rasa-dhātu</b> (as upadhātu source), <i>kapha</i> for snigdhatā; <i>prāṇa</i> & <i>udāna vāyu</i> for let-down	Prolactin (synthesis), oxytocin (let-down), suckling reflex arcs, emotional-neuroendocrine modulation

[Breast Anatomy 3D model](#)

[Breast Cross Section](#)

#### 3.3 Srotoduṣṭi hetu

- **Rasa-kṣaya** states (undernutrition, dehydration, postpartum exhaustion).
- **Pitta-aggravation** (uṣṇa-tikṣṇa diet, infections) → *stana-śoṭha*, burning.
- **Kapha-saṅga** → ductal stasis, engorgement.
- **Mānasika** (chinta, bhaya) inhibiting let-down (udāna-prāṇa vāyu dysregulation).
- **Atyaśana/Alpaśana** errors and improper *sūtikā-paricaryā*.

### 3.4 Srotoduṣṭi lakṣaṇa (clinical expressions)

- **Stanya-kṣaya / agalactia-hypogalactia:** scanty/absent flow, infant dissatisfaction, maternal fatigue—usually **vāta-pradhāna** with rasa-kṣaya.
- **Stanya-duṣṭi (quality vitiation):** colour/odour/taste change, infant colic/skin eruptions (describe in *doṣa-bheda* terms).
- **Stana-śūla/śoṭha:** engorgement, mastitis features; **pitta-kapha** involvement with localized warmth, tenderness.
- **Let-down difficulty:** anxiety-linked inhibition—**vāta-prāṇa-udāna**.

### 3.5 Chikitsā sūtra

- **Stanya-janana (galactagogue) line** in **vāta-kṣaya:** śatāvārī kalpa, vidārī, yaṣṭi-madhu, ikṣumūla siddha-kṣīra; **snehana-bṛmhaṇa** pathya (ghṛta, kṣīra, mudga-yūṣa).
- **Stana-śoṭha/pitta:** śītalī-pāna, pratisaṃskāra with śatadhauta-ghṛta; lodhra-candana-uśīra lepa; internal **rakta-prasadana** (dhātṛī, drākṣā).
- **Kapha-saṅga/engorgement:** mṛdu svedana (nabhi-ūrdhva avoidance for puerperium safety), gentle drainage/feeding technique education; **dīpana-pācana** (trikaṭu in suitable mātra).
- **Satvavajaya & nidrā-prasādana:** counselling, co-feeding posture support, family involvement.
- **Sūtikā-paricaryā:** staged diet; rasāyana *after* agni restoration.

**Answer pointer:** Always combine **rasa-dhātu care** with local *stana* measures; mention **prolactin-oxytocin** axis briefly in correlation to score extra in long answers.

## 4) Doctrinal linkage: Rasa-Upadhātu → dual impact on menstruation & lactation

- **Doctrine:** *Stanya* and *Raja*(*ārtava*) as **upadhātu** of **Rasa**—hence *rasa-duṣṭi* or *rasa-kṣaya* will **simultaneously** derange cycles and milk. (Ref.: Caraka/Āṣṭāṅga tradition; quote in explanation even if not asked explicitly.)
- **Clinical pearl:** In postpartum, if mother's diet is rukṣa/alpa and sleep is poor → **stanya-kṣaya** appears **with** delayed or scanty return of menstruation (when due), a rasa-kṣaya continuum.

## 5) Differential table

Parameter	Ārtavavaha Srotas	Stanyavaha Srotas
<b>Substance conveyed</b>	Ārtava (rajas; menstrual/ovulatory essence)	Stanya (breast milk)
<b>Mūla (root)</b>	Garbhāśaya + Raktavāhinī dhamanīs	Stana + Raktavāhinī dhamanīs
<b>Primary doṣa driver</b>	<b>Apāna Vāta</b> (with pitta for bleeding features)	<b>Kapha</b> (formation), <b>Udāna/Prāṇa</b> (let-down), vata-kṣaya in agalactia
<b>Common duṣṭi patterns</b>	Anartava, oligomenorrhoea, āsṛgdāra, dysmenorrhoea, infertility	Stanya-kṣaya, stanya-duṣṭi, engorgement, mastitis, let-down failure
<b>Therapeutic emphasis</b>	Vāta-pitta śamana, raktaprasādana, garbhāśaya-bṛmhaṇa	Rasa-bṛmhaṇa, galactagogues, kapha-saṅga breaking, śītala or snehana as per doṣa
<b>Modern correlation</b>	HPO axis, endometrium, uterine/ovarian vasculature	Prolactin-oxytocin axis, alveolo-ductal apparatus, nipple pores

## 6) Pathya-Apathyānuśāsana

**Pathya (both srotas):**



- **Rasa-varadhaka** simple, fresh diet; ghr̥ta-kṣīra in proper agni; mudga-yūṣa; leafy greens; dates (for rakta).
- **Caryā:** regular sleep; stress-reduction; gentle exercise; avoid suppression of natural urges (apāna vāta care).

**Apathya:**

- Rūkṣa upavāsa, excessive fasting; extremely uṣṇa-tikṣṇa or vidāhi āhāra; alcohol; night-vigil; immediate exertion post-delivery; repeated instrumentation without indication.

## 7) Short clinical correlations

1. **PCOS-type kapha-vāta samprāpti** → ārtava irregularity, scanty flow; plan **dīpana-pācana + rukṣa-uṣṇa upakrama**, weight correction; combine ārtavavaha srotas anulomana (hingvādi, kumāryāsava as indicated).
2. **Postpartum day 3-5 engorgement (kapha-saṅga)** → stanyavaha srotas stasis; apply **mṛdu svedana**, frequent infant latch (udāna-prāṇa facilitation), śītala lepa if pitta sign, *rasa-varadhaka* diet.
3. **Menorrhagia with pitta signs** → treat as **raktapitta-āsṛgdāra** interface; emphasize **raktaprasādana + stambhana**; rule out systemic causes (modern work-up) in correlation.

## 8) How to write the mūla differences

- **Caraka:** explicitly locates **Ārtavavaha** at **garbhāśaya + raktavāhinī dhamanīs** (Vimāna 5/8). For **Stanyavaha**, classical teaching places **mūla: stana + raktavāhinī dhamanīs** (accepted in Saṃhitā tradition).
- **Suśruta (Śārīra Sthāna 9):** enumerates internal (antarmukha) srotas; accepts **ārtavavaha** and **stanyavaha** among clinical pairs; gives **mūla** in the organ-vascular complexes.
- **Vāgbhaṭa (Aṣṭāṅga Hṛdaya):** doctrinally strengthens **Rasa-upadhātu** link (stanya, rajas)—very useful to justify combined management.

**Exam line:** “Mūlam—Ārtavavaha: garbhāśaya + raktavāhinī dhamanīs; Stanyavaha: stana + raktavāhinī dhamanīs; both governed by rasa-dhātu status.”

## 9) Viva-friendly mnemonics

- “**Ga-Ra** for Rajas, **Sta-Ra** for Stanya”:
  - **Garbhāśaya + Raktavāhinī** → Ārtavavaha
  - **Stana + Raktavāhinī** → Stanyavaha.
- “**AR-ST: Apāna-Regulates / Stanya-Udāna**” — Apāna for menstruation; Udāna-Prāṇa for milk let-down.

## 10) Summary for last-minute revision

- **Ārtavavaha srotas** governs cyclic ārtava; **mūla: garbhāśaya + raktavāhinī**; **apāna-vāta** is key; disturbances present as anartava/āsṛgdāra/dysmenorrhoea; treat with doṣa-specific line plus raktaprasādana and garbhāśaya-br̥mhaṇa.
- **Stanyavaha srotas** governs formation-flow of stanya; **mūla: stana + raktavāhinī**; **kapha** builds milk; **udāna-prāṇa** express it; manage hypogalactia with rasa-br̥mhaṇa & galactagogues; mastitis/engorgement with kapha-pitta-specific care.
- **Rasa-Upadhātu doctrine** ties both; always correct **rasa-dhātu**.



## Assessment

### A. SAQ (3-5 marks each)

1. Define **Ārtavavaha srotas** and state its **mūla** with classical reference.
2. List four **hetu** and four **lakṣaṇa** of **stanyavaha srotoduṣṭi**.
3. Explain the role of **Rasa-dhātu** in menstruation and lactation.
4. Write short note on **management of āsṛgdāra** from the standpoint of **ārtavavaha srotoduṣṭi**.
5. Enumerate **doṣa-wise patterns** of **stanya-duṣṭi**.

### B. LAQ (10 marks)

1. Describe **Ārtavavaha srotas** under—definition, mūla, hetu, lakṣaṇa, samprāpti, chikitsā, and modern correlation. Quote one śloka.
2. Discuss **Stanyavaha srotas** with emphasis on **post-partum srotoduṣṭi** and rational chikitsā; correlate with **prolactin-oxytocin** physiology.

### C. Clinical vignette (write the outline of your approach)

A 23-year-old primipara, day-5 postpartum, presents with painful engorged breasts, low-grade fever and difficulty in milk let-down. Outline **doṣa-bheda**, **samprāpti**, and a stepwise **Āyurvedic management plan** integrating snehana/śītalalepa, stanya-janana, and satvavajaya.

## References

### Classical

1. **Caraka Saṃhitā, Vimāna Sthāna 5 (Srotovimāna)**—esp. 5/3 (definition of srotas) and 5/8 (Ārtavavaha mūla). (Critical eds. with Āyurveda Dīpikā of Cakrapāṇi.)
2. **Suśruta Saṃhitā, Śārīra Sthāna 9** (description of dhamanī-srotas and their clinical import; inclusion of strī-specific srotas; mūla indications). (Nibandhasaṃgraha of Ḍalhaṇa; standard Chaukhamba editions).
3. **Aṣṭāṅga Hṛdaya**, sections describing **Rasa-upadhātu** (stanya, rajas) and postpartum care (Sūtikā-paricaryā). Standard commentaries (Arunadatta/Hemādri).

### Modern-correlative & academic resources (for study support)

- Carakasamhitaonline—**Sroto Vimana (Vimāna 5)**: Sanskrit text, transliteration, translation.
- Standard BAMS texts:
  - Paradkar H.S. (ed.), *Aṣṭāṅga Hṛdaya* (Chaukhamba).
  - Y.T. Acharya (ed.), *Caraka Saṃhitā* (Chaukhamba).
  - P.V. Sharma (tr.), *Suśruta Saṃhitā* (Chaukhamba).
- Contemporary reviews on srotas and upadhātu (for correlation, not as primary authority).