

## Unit 1: Basic Principles of Ayurveda and Women's Health

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#### Overview

This chapter introduces you to foundational Ayurvedic principles—**Panchamahābhūta** (five great elements), **Tridoṣa** (Vāta, Pitta, Kapha), **Dhātu** (tissues), **Agni** (digestive-metabolic fire), and **Ojas**—and applies them directly to **Stree-roga** (women's health). You will learn how these classical concepts explain female physiology, the menstrual cycle, fertility, pregnancy maintenance, and common patterns of women's disorders. The language is clinical and practical, so you can immediately apply it in case-based reasoning and patient counseling.

#### Learning Objectives

By the end of this chapter, you will be able to:

1. Relate each **Mahābhūta** to key features of female physiology and reproductive function.
2. Explain the roles of **Vāta**, **Pitta**, **Kapha** across the menstrual cycle and life-stages (bālya, yuvati, rajo-nivṛtti).
3. Map the **Sapta Dhātu** to fertility, implantation, placentation, fetal growth, and lactation.
4. Use **Agni** and **Āma** principles to rationalize menstrual regularity, skin/hair changes, and endocrine-metabolic patterns.
5. Correlate **Ojas** with vitality, pregnancy maintenance (garbha-sthāpana), immunity, and post-partum recovery.

### 1. Panchamahābhūta Theory and Its Relevance in Women's Physiology

Ayurveda states that the body is constituted by five fundamental substrates—**Prthvī** (earth—structure, stability), **Āpas** (water—cohesion, lubrication), **Tejas** (fire—transformation, temperature), **Vāyu** (air—movement), and **Ākāśa** (space—patency). Their clinical value emerges when you see them in tissues, secretions, movement patterns, and functional rhythms.

#### Clinical Mapping of Mahābhūta to Women's Physiology

Mahābhūta	Primary Qualities (Guṇa)	Visible Correlates in Women	Reproductive Relevance
Prthvī	Guru (heavy), Sthira (stable)	Bone density, pelvic girdle robustness, breast tissue bulk	Uterine wall integrity, placental anchorage
Āpas	Snigdha (unctuous), Mridu (soft)	Cervical mucus, vaginal moisture, skin luster, breast milk	Follicular fluid, endometrial receptivity, lactation
Tejas	Uṣṇa (warm), Tīkṣṇa (sharp)	Basal body temperature shifts, digestive vigor, skin glow	Ovulatory surge dynamics, luteal transformation



Mahābhūta	Primary Qualities (Guṇa)	Visible Correlates in Women	Reproductive Relevance
Vāyu	Chala (mobile), Rukṣa (dry)	Peristalsis, uterine peristaltic waves, mood variability	Follicular transport, tubal motility, parturition pains
Ākāśa	Sūkṣma (subtle), Laghutā	Ovarian follicles, luminal spaces, ducts	Follicular cavitation, tubal patency, uterine cavity

**Clinical pearl:** When a patient presents with dry vaginal mucosa, scanty menses, constipation, and anxiety, you are observing **Vāyu-Prādhānya** with relative Āpas depletion. Your line of management will include snigdhatā (unctuousness), Vāta-śamana, and Agni support.

## 2. Concept of Tridoṣa in Female Reproductive Health

Vagbhata succinctly defines the framework:

“वायुः पित्तं कफश्चेति त्रयो दोषाः समासतः ॥६॥  
विकृताविकृता देहं ध्वन्ति ते वर्तयन्ति च ॥७॥”  
Aṣṭāṅga Hṛdayam, Sūtrasthāna 1/6-7

**Meaning for practice:** Vāta, Pitta, Kapha sustain the body when balanced; when vitiated, they initiate disease. In gynecology, each doṣa has signature roles:

### Doṣa-wise Roles in Female Reproductive Axis

- **Vāta (principle of motion):** Especially **Apāna-Vāta**, governs ovum release, tubal transport, menstruation (rajasrāva), dilation in labour, and involution.
  - *Vāta vitiation signs:* Dysmenorrhoea with colicky pain, oligomenorrhoea, infertility due to tubal spasm/functional block, postpartum dryness, mood lability with anxiety-insomnia.
- **Pitta (principle of transformation/heat):** Orchestrates enzymatic and hormonal transformations; correlates with ovulatory heat, cervical mucus thinning, luteal transformations, pigmentation changes.
  - *Pitta vitiation signs:* Menorrhagia/metrorrhagia with burning sensation, inter-menstrual spotting, inflammatory pelvic pain, hot flushes, acne flares.
- **Kapha (principle of structure/cohesion):** Builds endometrium, follicles, and reserves; imparts lubrication and stability (garbha-dhāraṇa).
  - *Kapha vitiation signs:* Polymenorrhoea with heaviness, leucorrhoea, weight gain, sluggish cycles, cystic tendencies.

### Doṣa and Menstrual Phases

Cycle Phase	Doṣa Predominance	Key Observables	Red-flags of Vitiation
Follicular (ṛtu-kāla, early)	Kapha ↑	Endometrial build-up, lubrication, calm mood	Excess Kapha → heavy, prolonged cycles, lethargy
Ovulation (madhya-kāla)	Pitta ↑ with Vāta trigger	Thermal shift, libido, fertile mucus clarity	Pitta excess → inter-cycle bleeding, heat, irritability
Luteal (ṛtu-paryāya)	Kapha-Pitta sustaining	Breast fullness, nesting mood	Kapha excess → bloating; Pitta excess → PMS irritability
Menstruation (rajasrāva)	Apāna-Vāta execution	Cramping expulsion, lightness after flow	Vāta excess → spasmodic pain, scant flow; Vāta depletion → fatigue

### Life-Stage Lens

- **Bālya (childhood):** **Kapha** baseline—tissue building; early menarche with obesity suggests Kapha-Pitta



aggravation.

- **Yauvana (reproductive years):** Pitta dynamism—ovulatory heat, acne-prone skin; regulate Pitta without drying.
- **Rajo-nivṛtti (menopause):** Vāta ascendance—dryness, insomnia, joint crepitus; prioritize snigdha, svedana-mild, vātānulomana, medhya support.

### 3. Dhātu (Tissues) and Their Role in Fertility and Pregnancy

**Sapta-Dhātu** form a sequential nourishing chain. In women, **Artava** (menstrual/reproductive tissue) and **Stanya** (breast milk) are classically described as **Upa-dhātu** (subsidiary tissues), chiefly of **Rasa**.

#### Clinical Map of Dhātu in Women

Dhātu	Core Function	Women's Health Relevance	Depletion Signs (Kṣaya)	Excess/Vitiation Signs
<b>Rasa</b> (plasma/essence)	Primary nutrition & flow	Cycle regularity, mucus quality, lactation readiness	Dryness, scanty menses, fatigue, dizziness	Congestion, heaviness, oedema
<b>Rakta</b> (blood)	Oxygenation, color	Quality/quantity of flow, endometrial vitality, complexion	Pallor, amenorrhoea, hair fall	Menorrhagia, hot flushes, irritability
<b>Māṃsa</b> (muscle)	Form & tone	Uterine tone, pelvic floor strength, breast parenchyma	Prolapse tendency, poor tone, back pain	Fibrotic nodules, mastalgia
<b>Meda</b> (adipose)	Cushion & reserve	Hormonal buffering, ovulatory rhythm, lactation energy	Dry skin, irregular cycles	Obesity, cystic changes, insulin resistance patterns
<b>Asthi</b> (bone)	Framework	Pelvic support, bone density in menopause	Osteopenia, dental issues	Bony spurs, stiffness
<b>Majjā</b> (marrow/nerve)	Immuno-neuro support	Mood stability, myelination, postpartum recovery	Brain-fog, paresthesia, low immunity	Headache heaviness, sluggishness
<b>Śukra/Artava</b> (repro essence)	Reproductive potency	Follicular health, ovulation, implantation, libido	Infertility, low libido, thin endometrium	Excessive discharge, cystic growths

**Applied note:** In recurrent implantation failure with thin endometrium, suspect **Rasa-Rakta kṣaya** atop **Vāta prakopa**. Management will build Rasa-Rakta with tailored ahāra, ghṛta-yukta snehana, and Pitta-sātmya rasāyana without suppressing Apāna-Vāta movement.

#### Classical pointer on increase/decrease discernment:

“दोषादीनां यथास्वं च विद्याद् वृद्धिक्षयो भिषक्।”

Aṣṭāṅga Hṛdayam, Sūtrasthāna 11/24

The physician should know the increase and decrease of Doṣa, Dhātu, and Mala by observing qualities.

### 4. Agni (Digestive/Metabolic Fire) and Women's Health

**Agni** is the driver of digestion, absorption, tissue transformation, and detoxification. Clinically, **Jatharāgni** (central digestive fire) governs nutrient extraction; **Bhūtāgni** and **Dhātvāgni** execute specific transformations at elemental and tissue levels. When Agni is **sama** (balanced), tissues are adequately nourished; when **manda** (sluggish) or **viṣama/tikṣṇa** (erratic/excess), patterns of **Āma** (toxic, unassimilated residues) and doṣa vitiation appear.

### Women's health applications of Agni:

- **Cycle regularity:** Steady Agni → predictable cycles; Manda-Agni → heaviness, clots, prolonged cycles (Kapha overlay); Tikṣṇa-Agni → scanty flow, heat signs, irritability (Pitta overlay).
- **Skin & hair:** Sama-Agni → luster; Agni derangement with Āma → acne, dull hair, perioral pigmentation.
- **Fertility:** Agni ignites Dhātvāgni so that **Rasa→Rakta→...→Śukra/Artava** nourishment proceeds. Erratic Agni contributes to luteal insufficiency patterns.
- **Pregnancy:** Gentle, stable Agni supports Grāhya (acceptance) and Garbha-poshana (nourishment). Over-stimulation (excess fasting/over-spicing) dries Apāna-Vāta; under-stimulation (heavy, incompatible diet) loads Kapha-Āma.

**Practical Agni check-ins (history taking):** appetite regularity, post-prandial lightness/heaviness, belching/flatulence pattern, stool form and frequency, menstrual clotting and odor (Āma marker), cravings/aversions.

## 5. Ojas and Its Correlation with Stree-Roga

**Ojas** is the distilled essence of all Dhātu—vitality, immunity, mental steadiness, and resistance to disease. In obstetrics, **Ojas** stabilizes conception and sustains fetal development; in puerperium, it buffers fatigue and mood volatility.

“ओजोविवृद्धौ देहस्य तुष्टिपुष्टिबलोदयः ॥”

Aṣṭāṅga Hṛdayam, Sūtrasthāna 11/41

(When Ojas increases appropriately, there is contentment, nourishment, and rise of strength.)

### Ojas in Key Clinical Moments

- **Pre-conception:** Ojas reflects as calm mind, steady sleep, resilient stress response—favorable for gamete quality.
- **Implantation & First Trimester:** Ojas anchors the embryo; Ojas depletion manifests as spotting with anxiety, palpitations, dry tongue, and fatigue.
- **Third Trimester & Labour:** Ojas supports endurance; low Ojas → excessive fear, poor stamina, delayed recovery.
- **Post-partum & Lactation:** Ojas fuels stanya production and maternal resilience; depletion → low milk, hair fall, post-partum blues.

**Ojas-depleting factors in Stree-roga:** chronic sleep loss, grief, over-exertion, repeated abortions/miscarriages (duḥkha-śoka-bhaya-krodha), crash dieting, stimulant overuse, and chronic infections causing Āma.

**Ojas-support framework:** madhura-rasa dominant sātmya āhāra, ghṛta/dugdha in suitable quantity, medhya-rasāyana (e.g., śatavari-based formulations per classics), snehana-sveda in Vāta-dominant patients, prāṇāyāma and nidrā-saṃskāra.

## 6. Integrative View: From Principles to Bedside

### 1. Symptom cluster → Doṣa lens:

- Spasmodic dysmenorrhoea, constipation, scanty flow → **Vāta**.
- Burning menorrhagia, acne, irritability → **Pitta**.
- Heaviness, prolonged cycles, leucorrhoea → **Kapha**.

### 2. Then check Agni & Āma:

- If **Manda-Agni** with coated tongue, foul stools, heaviness → de-sludging first (Dīpana-Pācana), then tissue building.
- If **Tikṣṇa-Agni** with dryness, irritability → cool, unctuous, grounding.

### 3. Dhātu targeting:

- Thin endometrium → **Rasa-Rakta** nourishment before expecting conception.



- Recurrent PMS anxiety → **Majjā** (neuro-tissue) and **Ojas** fortification.

#### 4. Mahābhūta balancing cues:

- Excess **Tejas** (heat) → pitta-samana āhāra, śītala dravyas.
- Low **Āpas** (lubrication) → santarpana with unctuous foods and snehana.
- Erratic **Vāyu** (movement) → routine, abhyanga, warm meals.

## 7. Quick Decision Aids (Clinic-Ready)

### A. Doṣa-Phase Navigator (Menstruation)

- **Day –7 to –1 (late luteal):** Pitta-Kapha. Counsel on cooling diet, light svedana if heaviness; avoid over-spicing.
- **Day 1-3 (flow):** Apāna-Vāta. Emphasize warmth, rest, castor-oil abhyanga to lower abdomen if appropriate, gentle vātānulomana.
- **Day 4-10 (early follicular):** Kapha build. Encourage light-to-moderate exercise, avoid dairy excess.
- **Day 11-16 (ovulation window):** Pitta flare. Hydration, bitters in moderation, manage heat and stress.
- **Day 17-26 (luteal):** Kapha-Pitta sustainers; keep bowels regular to prevent Vāta aggravation.

### B. Agni-Centered Triage

- **If heaviness + clots + foul odor:** Treat **Āma** first (Dīpana-Pācana, rukṣa-uṣṇa anupāna as indicated), then brimhana.
- **If dry cramps + scanty flow:** Unctuous, warm, grounding; avoid aggressive langhana.

### C. Ojas Safeguards in Pregnancy (general wellness guidance)

- Prioritize sleep hygiene, mild prāṇāyāma, and suitable ghṛta/dugdha if tolerated.
- Guard against excessive fasting, harsh purgation, intense heat exposures.

## 8. Key Shlokas for Memory

#### 1. Tridoṣa core

“वायुः पित्तं कफश्चेति त्रयो दोषाः समासतः ॥६॥  
विकृताविकृता देहं घ्नन्ति ते वर्तयन्ति च ॥७॥”  
Aṣṭāṅga Hṛdayam, Sūtrasthāna 1/6-7

#### 2. Doṣa-Dhātu-Mala assessment

“दोषादीनां यथास्वं च विद्याद् वृद्धिक्षयो भिषक् ।”  
Aṣṭāṅga Hṛdayam, Sūtrasthāna 11/24

#### 3. Ojas outcome

“ओजोविवृद्धौ देहस्य तुष्टिपुष्टिबलोदयः ॥”  
Aṣṭāṅga Hṛdayam, Sūtrasthāna 11/41

## 9. Summary for Rapid Revision

- **Mahābhūta → phenotype:** Pṛthvī-structure, Āpas-lubrication, Tejas-transformations (ovulation), Vāyu-movement (menstruation/parturition), Ākāśa-patency (follicular cavity, tubes).
- **Tridoṣa rhythm:** Kapha builds (follicular), Pitta peaks (ovulation), Apāna-Vāta executes (menses). Life-stage drift from Kapha (bālya) → Pitta (yauvana) → Vāta (menopause).
- **Dhātu chain:** Rasa to Śukra/Artava; in practice, nourish Rasa-Rakta before expecting Śukra/Artava excellence.
- **Agni first:** Correct Agni to prevent Āma-driven srotorodha; then tailor doṣa and dhātu therapy.
- **Ojas protects:** It stabilizes conception, sustains pregnancy, fortifies postpartum recovery—preserve it through diet-rest-mind care.

## Assessment

### A. Multiple-Choice Questions (MCQs)

1. **Which Mahābhūta most closely relates to endometrial receptivity and cervical mucus?**  
A. Tejas B. Ākāśa C. Āpas D. Vāyu  
**Answer: C**
2. **Apāna-Vāta chiefly governs which event?**  
A. Follicular growth B. Ovulatory heat surge C. Menstrual expulsion D. Breast engorgement  
**Answer: C**
3. **A patient with heavy prolonged menses, lethargy, and thick leucorrhoea shows dominant:**  
A. Vāta prakopa B. Pitta kṣaya C. Kapha prakopa with Āma D. Tejas kṣaya  
**Answer: C**
4. **Sama-Agni typically correlates with:**  
A. Irregular cycles and foul stools B. Predictable appetite and lightness post-meal C. Persistent dryness and irritability D. Excessive thirst with scanty urine  
**Answer: B**
5. **Identify the correct Dhātu-function pair:**  
A. Māṃsa—hormone buffer B. Meda—pelvic floor tone C. Rakta—oxygenation & flow quality D. Majjā—skeletal framework  
**Answer: C**
6. **Ojas increase yields which triad per Aṣṭāṅga Hṛdayam?**  
A. Śrama, Kampa, Glāni B. Tuṣṭi, Puṣṭi, Bala C. Dāha, Mūrcchā, Bhrama D. Ālasya, Tandra, Klama  
**Answer: B**
7. **During which cycle window is Pitta physiologically heightened?**  
A. Early follicular B. Ovulation window C. Early menses D. Mid-luteal  
**Answer: B**
8. **Which sign set best reflects Rasa-Rakta kṣaya?**  
A. Oedema, heaviness, thick discharge B. Dry skin, pallor, scanty menses, fatigue C. Burning palms, acne, irritability D. Craving for cold, profuse sweating  
**Answer: B**
9. **A menopausal woman with insomnia, joint crepitus, and constipation primarily needs:**  
A. Langhana, Tikta-rasa, Cold baths B. Snehana, Warm meals, Vātānulomana C. Strong purgation, Fasting, Intense exercise D. Ice-cold drinks and night-shift work  
**Answer: B**
10. **Which statement is most accurate?**  
A. Correcting Agni is optional if doṣa signs are clear  
B. Ojas is unrelated to lactation  
C. Kapha solely causes infertility  
D. Āma removal often precedes brimhana in Kapha-loaded cycles  
**Answer: D**



## B. Short Answer (50-80 words each)

1. Explain how Āpas and Pṛthvī together shape endometrial receptivity.
2. Outline Pitta's role in mid-cycle events and how excess Pitta alters the pattern.
3. Describe a quick bedside method to appraise Agni without instruments.
4. How would you distinguish Vāta-dominant dysmenorrhoea from Pitta-dominant menorrhagia clinically?
5. State two measures to conserve Ojas in the first trimester in a Vāta-prone patient.

## C. Case Vignette

A 28-year-old woman presents with irregular scanty menses, spasmodic lower abdominal pain, constipation, dry skin, anxiety-insomnia, and low libido. Tongue mildly dry; appetite variable; stools hard, once in two days.

### Tasks:

1. Identify the predominant doṣa and dhātu status.
2. Comment on Agni type from the history.
3. Write the immediate therapeutic priorities (sequence), including ahāra-vihāra.
4. Mention two objective progress markers you will track over two cycles.

**Sample reasoning pointers (for self-check):** Predominant **Vāta** with **Rasa/Śukra (Artava) kṣaya, viṣama-Agni**; priorities—vātānulomana, snehana-saṃskṛta warm diet, gentle dīpana without drying, routine/sleep restoration; markers—cycle interval and day-2 flow volume, pain score reduction, bowel regularity, sleep hours.

## D. Viva Prompts

- Recite and interpret **AH Su 1/6-7** in a gynecological context.
- Explain why **Agni** correction often precedes **Rasa-Rakta** brimhana in heavy, clotted periods.
- Give two clinical signs each of **Ojas kṣaya** and **Ojas prasāda** in antenatal patients.

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