



Unit 2: Ayurvedic Concept of Female Anatomy & Physiology

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Learning objectives

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

1. explain the Ayurvedic description of the female reproductive organs with emphasis on **Garbhāśaya** (uterus) and **Ārtavavaha Srotas** (channels of menstrual/reproductive flow); 2) define **Ārtava** (menstrual blood/ovum) and relate its qualities to fertility; 3) map the **Ritu Chakra** (menstrual cycle) into clear Ayurvedic phases; 4) analyse the roles of **Doṣa** in menstrual and reproductive physiology; 5) discuss **Stanya** (breast milk) and its importance in mother-infant health.

1. Orientation: Srotas-based view of female physiology

Ayurveda views the body as a living network of channels (**Srotas**) that transport, transform and regulate all substances and signals. A famous sūtra declares:

“यावन्तः पुरुषे मूर्तिमन्तो भावविशेषास्तावन्त एवास्मिन् स्रोतसां प्रकारविशेषाः...”

(There are as many kinds of srotas as there are embodied functions in a person.) — *Caraka Saṃhitā, Vimāna Sthāna 5/3*

This channel-centric approach is especially useful in women's health, because fertility, menstruation, conception, pregnancy and lactation are all **flow phenomena** governed by specific srotas, tissues (**Dhātu**) and fires (**Agni**).

2. Ayurvedic description of female reproductive organs

2.1 Garbhāśaya (Uterus) and its setting

Garbha—embryo/foetus requires a well-prepared **Kṣetra** (field), identified with the **Garbhāśaya**, supported by the neighbouring **Pittaśaya** (region of digestive/metabolic fire), **Pakwāśaya** (colon), urinary bladder and vaginal canal. Classical descriptions place the uterine seat within the “yoni complex”, which is conceived as a conch-like, multi-chamber pathway suited for **garbha-sthāna** (lodgment of the embryo) and **ārtava-niṣkramaṇa** (menstrual outflow).

Functional attributes of Garbhāśaya (Ayurvedic perspective):

- **Ārtava-saṅgraha/niṣkramaṇa**: collection and periodic expulsion of ārtava.
- **Garbhōtpatti-Dharana**: facilitation of conception and maintenance of the foetus.
- **Sambandha with Srotas**: acts as **Mūla** (root) for the **Ārtavavaha Srotas**.

During pregnancy, the embryo's nourishment is described vividly by Suśruta:

“मातुस्तु खलु रसवहायां नाड्यां गर्भनाभिनाडीप्रतिबद्धा... तेनोपस्नेहेनास्याभिवृद्धिर्भवति।”

(The foetus is connected by the umbilical cord to the mother's *rasavahā nāḍī*; through this, the essence of her diet nourishes and promotes its growth.) — *Suśruta Saṃhitā, Śārīra Sthāna 3/31*

This highlights the centrality of **Rasa Dhātu** (plasma/essence) circulation for foetal growth and frames antenatal care as the art of maintaining pure rasa and unobstructed srotas.

2.2 Ārtavavaha Srotas (Channels carrying Artava)

Definition & scope: Ārtavavaha Srotas are the functional channels responsible for the **production, conduction and periodic elimination** of Ārtava. Classical authorities describe their **Mūlasthāna** (roots) as **Garbhāśaya** and **Ārtavavāhinī Dhamanī** (menstrual/ovarian-uterine conduits). Clinically, this srotas encompasses the ovarian-tubal-uterine axis and the cervico-vaginal outflow in an Ayurvedic sense.

When Ārtavavaha Srotas are vitiated, typical features include: scanty or absent menses (**Anārtava**), dysmenorrhoea, intermenstrual bleeding, clots, infertility (**Vandhyatva**), or irregular cycles (**Ritu-vibhrama**), depending on the dominant Doṣa and the level of obstruction/depletion.

2.3 Yoni (Female genital tract)

Ayurveda uses **Yoni** as an umbrella term for the structural pathway of reproduction—external genitalia, vaginal canal, cervix and uterine mouth. Its healthy tone, lubrication and patency depend upon:

- **Kapha** for *snehā* (unctuousness) and stability,
- **Pitta** for tissue metabolism and defense,
- **Vāta**, especially **Apāna Vāta**, for rhythmic opening and downward flow.

3. Ārtava (menstrual blood/ ovum) and its significance in fertility

Dual connotation: In Ayurveda, **Ārtava** denotes (a) the **monthly uterine flow** (menstrual blood), and (b) the **female beejabhāga** (ovum principle). Both arise from the refinement of **Rasa Dhātu**; therefore, the status of rasa directly influences menstrual quality and ovulatory potential.

Lakṣaṇa of śuddha Ārtava (classical description, taught across commentaries):

- Colour and odour are **natural** (not foul, not putrid),
- Flow is **neither excessive nor scanty, painless**, occurs **regularly** in a **fixed period**,
- Duration **about three days** (may vary with constitution),
- Does not cause burning, itching or marked fatigue.

Why Ārtava quality matters for fertility:

- **Kapha-supported endometrium** (śleṣma-guṇa) provides the receptive bed, while **Pitta** ensures optimal tissue metabolism; **Vāta** governs follicular rupture/ovulation and tubal transport.
- Vitiated ārtava—too hot (Pitta), too cold/viscous (Kapha), or too dry/irregular (Vāta)—reduces the probability of conception even when coitus occurs in the fertile window.

4. Ritu Chakra (menstrual cycle) — Ayurvedic phases

Ayurveda recognises a cyclic choreography guided by the Doṣa, traditionally grouped into **three working phases** that broadly align with modern physiology:

Ayurvedic Phase	Typical Window*	Dominant Doṣa	Functional emphasis	Practical signs
Rajaḥ-srava Kāla (menstrual outflow)	~3-5 days	Pitta-Vāta	Elimination of previous endometrial ārtava; cleansing; relief after complete srava	Flow starts, mild pelvic heaviness; should be painless and odour-free if śuddha

Ayurvedic Phase	Typical Window*	Dominant Doṣa	Functional emphasis	Practical signs
Ritu Kāla (fertile period)	~days after cessation of flow, fertile window	Kapha → Vāta	Rebuilding (Kapha) of endometrium and lubrication; Apāna Vāta supports follicular rupture and gamete meeting	Clearer cervical fluid, lightness, better libido; basal warmth steadies
Rituvyātit Kāla (post-ovulatory/luteal)	balance of the cycle till next menses	Vāta-Pitta	Transport of zygote if conceived; implantation heat (Pitta) with Vāta-guided descent; otherwise preparation for next <i>śrava</i>	Subtle breast fullness, mild heat; if no conception, <i>śrava</i> resumes

*Windows vary by prakṛti, age, nutrition and climate. The fertile **Ritu Kāla** is classically counted in nights after cessation of menstruation; counselling should tailor this to the individual's cycle length and regularity.

Clinical note: When counseling for conception, align *maithuna* with the woman's **Ritu Kāla** while ensuring **Agni** is steady, mind is calm (*sattva*), and **Vāta** is not provoked by travel, sleep loss or fasting.

5. Role of Doṣa in menstrual & reproductive physiology

5.1 Doṣa-subtype map (applied to gynaecology & obstetrics)

Doṣa (Subtype)	Key locations/ actions in <i>Stree-śarīra</i>	Physiological roles
Vāta (Apāna Vāta)	Pelvic floor, colon, uterus, cervix, vagina	Governs downward flow : menstruation, ovulation (rupture), tubal transport, cervical opening, labour & placental expulsion
Vāta (Samāna/Vyāna)	Gut-pelvis interface; circulation	Coordinates Agni with nutrient delivery to <i>rasa</i> ; uterine perfusion
Pitta (Pācaka/Rañjaka)	Digestion/liver-blood axis	Builds rasa → rakta → ārtava ; gives colour/heat to menses; supports implantation heat
Pitta (Sādhaka/Ālocaka)	Mind-heart; perception	Libido, mood around ovulation; psychosexual harmony
Kapha (Kledaka/Avalambaka/Śleṣaka)	Mucosa, breasts, pelvis	Lubrication, glandular growth (follicle, endometrium), stanya formation and let-down reflex tone

A balanced triad yields a timely, painless, odourless flow and a predictable fertile window. Disturbances present in signature ways:

- **Vātaja:** delayed/irregular cycles, spasmodic dysmenorrhoea, scanty dark flow, bloating, anxiety, constipation.
- **Pittaja:** early cycles, burning, bright-red hot flow, irritability, acne flares.
- **Kaphaja:** heavy/long cycles, mucous admixture, lethargy, weight gain, breast engorgement.

Clinical pearl: Always examine **Agni** (appetite, digestion, assimilation) and **Mānasika bhāva** (mind), because Vāta-Pitta-Kapha derangements often follow disturbed routines, incompatible foods and stress. Correct daily regimen (**Dinacharyā**) and seasonal regimen (**Ritucharyā**) restore rhythm to the Ritu Chakra.

6. Stanya (breast milk) and Ayurvedic importance

Status: **Stanya** is taught as a **Strī-viśiṣṭa upadhātu** (subsidiary tissue specific to women) of **Rasa Dhātu**. Hence,

anything that uplifts rasa—wholesome diet, adequate rest, kindness in relationships, satmya (compatibility)—supports healthy milk.

Lakṣaṇa of śuddha Stanya (classical descriptors used in practice):

- Natural white/cream **colour**, mild **madhura** (sweet) undertone, **neutral smell**;
- **Neither too thin nor too thick, not frothy, no stringiness** in water tests;
- Infant shows **easy suckling**, steady weight, normal stools and sleep.

Stanya-doṣa patterns and infant reflections:

- **Vātaja duṣṭi**: thin, frothy milk; infant colic, restlessness.
- **Pittaja duṣṭi**: yellowish tinge, sour smell; infant rashes, loose stools, irritability.
- **Kaphaja duṣṭi**: thick, stringy milk; infant mucous, heaviness, somnolence.

Implications for practice: Postpartum care (**Sūtikā paricaryā**) should prioritise: rekindling **Agni**, calming **Vāta**, and building **Rasa** with light, warm, unctuous, easily digestible foods; gentle rest-activity cycles; and emotional support. What nourishes the mother's rasa will nourish the child through stanya.

7. Practical correlations & clinical mapping

7.1 Terminology crosswalk

Ayurvedic term	Core meaning	Practical/modern correlation (for reasoning only)
Garbhāśaya	Uterine “abode” of the foetus; also seat for ārtava	Uterus (cavity + muscular wall)
Ārtavavāhini Dhamanī	Conduits conducting ārtava	Ovarian-tubal-uterine vascular/canal system and patency pathways
Ārtava (rajaḥ)	Menstrual efflux/ovum principle from Rasa	Menstrual endometrial shedding & ovulatory gamete
Apāna Vāta	Downward-moving vāyu	Pelvic floor reflexes, uterine-cervical motility
Stanya	Milk as upadhātu of Rasa	Lactation (volume/quality reflects maternal rasa-agni status)

7.2 Red flags in Ārtavavaha Srotas assessment

- **Painful, clotted, foul-smelling** flow (consider Pitta-Vāta aggravation).
- **Amenorrhoea/oligomenorrhoea** with dryness, constipation, weight loss (Vāta).
- **Menorrhagia** with lethargy, heaviness (Kapha).
- **Infertility** with irregular cycles or scanty ārtava (Vāta predominance) → assess Apāna and Agni.
- **Severe dysphoria or rage** perimenstrually suggests Pitta with sādḥaka-pitta/rajas aggravation—mind care is therapeutic.

8. Selected classical verses (for memorisation & application)

1. Srotas doctrine (for all channel-based reasoning):

“थावन्तः पुरुषे मूर्तिमन्तो भावविशेषास्तावन्त एवास्मिन् स्रोतसां प्रकारविशेषाः...” — *Caraka Saṃhitā, Vimāna Sthāna 5/3*

2. Foetal nourishment (antenatal physiology):

“मातुस्तु खलु रसवहायां नाड्यां गर्भनाभिनाडीप्रतिबद्धा... तेनोपस्नेहेनास्याभिवृद्धिर्भवति।” — *Suśruta Saṃhitā, Śārīra Sthāna 3/31*

3. Doṣa principle (for cycle analysis and all pathya-apathya counselling):

“घात, पित्त, श्लेष्म—एते त्रयो दोषाः” (Tri-doṣa are Vāta, Pitta and Śleṣmā/Kapha) — *Bṛhatrayī tradition, used across texts for foundational teaching*



How to use them in clinic: Verse (1) reminds you to locate **which srotas is affected**; verse (2) directs antenatal diet and rasa-centric care; verse (3) keeps all planning centred on **doṣa-dhātu-srotas** balance.

9. Skill drills

A. Structured menstrual history (use during OPD posting):

- Cycle length/variability; age at menarche; duration/quantity of flow; pain (site, character, timing); clots/odour; intermenstrual spotting; bowel habits; sleep & mood changes; dietary cravings/aversions; recent stressors.
- Map onto **Vāta-Pitta-Kapha**; identify likely **Ritu Chakra** disturbances; list preliminary **pathya-apathya**.

B. Ārtava quality bedside check (non-invasive):

- Colour/odour/heaviness and pain patterns across days 1-3; ask for premenstrual changes.
- Correlate with Agni: appetite before menses, bloating, heartburn.
- Document two actionable corrections (e.g., late-night eating → Vāta/Pitta aggravation; excessive cold salads in Kapha-prone menorrhagia).

C. Stanya observation counselling (postnatal):

- Mother's digestion, thirst, sleep; infant stool frequency/colour, colic, skin rashes.
- Classify likely **stanya-doṣa** pattern and suggest first-line diet-routine corrections to mother.

10. Summary for revision

- The female reproductive system is understood through **Garbhāśaya** (uterine abode) and **Ārtavavaha Srotas** (production-conduction-elimination of ārtava).
- **Ārtava** arises from **Rasa**; its purity predicts fertility.
- **Ritu Chakra** flows through **Rajaḥ-srava**, **Ritu**, and **Rituvyatit** phases with **Kapha-Pitta-Vāta** alternation.
- **Apāna Vāta** orchestrates menstruation, ovulation, conception and labour; **Pitta** colours and metabolises tissues; **Kapha** builds and lubricates.
- **Stanya** is an **upadhātu of Rasa**; maternal **Agni-Rasa-Manas** directly shape infant outcomes.

Assessment

A. Multiple Choice Questions (MCQs)

1. **Mūlasthāna** of Ārtavavaha Srotas is best described as:
 - a) Hṛdaya and Mahāsrotas
 - b) Garbhāśaya and Ārtavavāhinī Dhamanī
 - c) Basti and Vankṣaṇa
 - d) Yakṛt and Pliha

Answer: b

2. **Primary Doṣa** for downward movement of ārtava is:
 - a) Vyāna Vāta
 - b) Apāna Vāta
 - c) Sādhaka Pitta
 - d) Avalambaka Kapha

Answer: b

3. **Suddha Ārtava** is **not** characterised by:



- Regular periodicity
- Foul odour and burning
- Painless flow
- Appropriate quantity

Answer: b

4. In **Ritu Kāla**, the likely **Doṣa sequence** is:

- Pitta → Kapha
- Kapha → Vāta
- Vāta → Pitta
- Kapha → Pitta → Vāta

Answer: b

5. **Stanya** in Ayurveda is classically considered a/an:

- Māla of Rasa
- Upadhātu of Rasa
- Dhātu itself
- Doṣa product

Answer: b

6. A woman presents with **early cycles, burning sensation and bright-red hot flow**. Predominant doṣa is:

- Vāta
- Pitta
- Kapha
- Sāttva

Answer: b

7. The verse describing foetal nourishment through rasavahā nāḍī appears in:

- Caraka, Sūtra Sthāna 1
- Suśruta, Śārīra Sthāna 3
- Aṣṭāṅga Hṛdaya, Sūtra Sthāna 11
- Kāśyapa, Jātisūtriya

Answer: b

8. **Menorrhagia with lethargy and mucous admixture** suggests predominance of:

- Vāta
- Pitta
- Kapha
- Sannipāta

Answer: c

B. Case vignettes (apply reasoning)

Case 1:

A 24-year-old reports 35-45 day cycles, day-1 cramping relieved by warmth, scanty dark flow, constipation and anxiety before menses.

- Tasks:** Identify dominant doṣa and srotas involved; map which Ritu Chakra segment is most deranged; list three first-line corrections in dinacharyā/āhāra to pacify Vāta and support Apāna.

Case 2:

A 29-year-old trying to conceive: cycles every 28-30 days, menses painless; around mid-cycle she notes increased clear lubrication and better mood. She has late dinners and sleeps after midnight.

- Tasks:** Identify her **Ritu Kāla** window features; explain risks of *agnimāndya* on ovulatory quality; suggest two corrections to protect Kapha-building phase without provoking Pitta.

Case 3 (postnatal):

Mother 2 weeks postpartum; milk appears thick and stringy; baby sleepy with sticky stools.

- Tasks:** Identify probable **stanya-kapha duṣṭi**; list gentle **rasa-agni** supportive dietary and routine steps for the mother.



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