



Unit 3: Health & Disease in Women from Ayurvedic Perspective

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Overview

This chapter builds a clinically usable framework for understanding women's health and disease through Ayurveda. You will learn the scope of **Strī Roga** (women's disorders) and **Prasūti Tantra** (obstetrics), recognise common gynaecological entities through **Doṣa-Dhātu-Srotas-Agni-Āma** reasoning, and apply preventive-promotive principles with **Dinacharyā** (daily regimen) and **Ritucharyā** (seasonal regimen). The emphasis is on clear definitions, pattern recognition, and practical correlations you can carry into clinics.

1. Definition and Scope

1.1 Strī Roga (Women's Disorders)

Strī Roga encompasses disorders of the female reproductive system and closely linked systemic imbalances. The domain includes:

- **Ārtava-vyāpad** (menstrual disturbances: scanty, heavy, painful, irregular),
- **Yoni-vyāpad** (vulvo-vaginal and pelvic disorders),
- **Vandhyatva** (infertility), **Garbhaśaya-gata vikāra** (uterine disorders),
- **Stanya-vikāra** (lactation/milk-quality issues),
- **Rajo-nivṛtti** (menopause)-related syndromes with **Vāta** predominance.

The core Ayurvedic lens is **Tridoṣa** (Vāta—principle of motion, Pitta—principle of transformation/heat, Kapha—principle of structure/cohesion), acting upon susceptible **Dhātu** (tissues) through specific **Srotas** (channels).

1.2 Prasūti Tantra (Obstetrics)

Prasūti Tantra deals with **preconception preparation**, conception, **garbha-dhāraṇa** (pregnancy maintenance), **prasava** (labour and delivery), and **sūtikā paricaryā** (puerperium).

For women, this means maintaining balanced **doṣa**, steady **Agni**, well-nourished **Dhātu** (especially **Rasa-Rakta-Māṃsa-Meda-Artava**), unobstructed **Ārtavavaha** and **Rasavaha Srotas**, and a calm mind (*prasanna manas*).

2. Common Gynaecological Issues Explained in Ayurveda

2.1 Yoni Vyāpad (Pelvic and Vulvo-vaginal Disorders)

A functional umbrella for infections, inflammations, tone/lubrication issues, prolapse tendencies, pruritus, and pelvic congestion. Patterns:

- **Vātaja**: Dryness, pricking pain, dyspareunia, constipation, scant discharge; often worse with fasting, travel, sleep loss.
- **Pittaja**: Burning, redness, ulceration/erosion tendency, yellowish hot discharge with odour, irritability; worsens with heat, spices.
- **Kaphaja**: Thick, white, stringy discharge, heaviness, itching, lethargy; associated with sedentary life, cold/sweet-heavy diet.

2.2 Vandhyatva (Infertility)

Infertility is considered when conception fails despite appropriate cohabitation during **Ritu Kāla**. Typical Ayurvedic contributors:

- **Vāta**: Apāna dysfunction—tubal spasm/transport irregularity, cervical factors.
- **Pitta**: Endometrial “heat”/inflammation, luteal instability, spotting.
- **Kapha**: Follicular cystic tendencies, thick cervical mucus, anovulatory inertia.
- **Agni-Āma**: Poor assimilation undermines **Rasa→Rakta→...→Artava** nourishment.
- **Srotorodha** (channel obstruction): in **Ārtavavaha/Rasavaha**.

2.3 Ārtava-vyāpad (Menstrual Disorders)

- **Artava-kṣaya** (scanty/delayed): Vāta ↑ with Rasa-kṣaya; dry skin, constipation, anxiety.
- **Asṛgdāra** (heavy/prolonged—AUB menorrhagia profile): Pitta-Kapha patterns, clots, heaviness, fatigue.
- **Udāvartinī** (spasmodic dysmenorrhoea): Vāta-prakopa with upward/retrograde strain sensations.
- **Ritu-vibhrama** (irregular cycles): Doṣa-mixed, often Agni instability and stress overlay.

2.4 Yonikandu (Pruritus) and Śvayathu (Pelvic congestion)

Generally **Kaphaja** (itch-thick discharge) or **Pittaja** (burning-erythema). History of diet (guru-snigdha vs uṣṇa-tīkṣṇa), hygiene, sexual practices and stress patterns refine the doṣa picture.

3. Causes (Nidāna) and Pathogenesis (Samprāpti)

3.1 Nidāna categories in Strī Roga

Nidāna (Cause)	Examples (ask in history)	Likely Doṣa effect
Āhāra (diet)	Heavy, cold, sweet dairy excess; very spicy/sour; irregular meals; ultra-processed foods	Kapha ↑ /Āma; Pitta ↑; Vāta via fasting/snacking
Vihāra (lifestyle)	Night-waking; long travel; excessive exertion; prolonged sitting; poor hygiene	Vāta ↑; Kapha stasis; Pitta irritability
Manas (mind)	Chronic stress, grief, fear, anger; sexual discord	Vāta-Pitta aggravation; Ojas depletion
Kāla/Deśa (season/place)	Humid monsoon; peak summer; cold-dry winters	Kapha congestion; Pitta flares; Vāta dryness
Mithyāyoga of maithuna	Wrong timing (outside Ritu Kāla), excessive/deficient, unprepared	Apāna-Vāta derangement; Ritu-vibhrama
Garbhiṇī apathyā	Inappropriate diet/behaviour in pregnancy	Doṣa vitiation affecting mother-foetus
Agnimandya	Bloating, heaviness, foul breath, coating on tongue	Āma formation → Srotorodha

3.2 Samprāpti (Pathogenesis) — Generic Flow

1. **Hetu-sevana** (cause exposure) →
2. **Agni dusti** (Jatharāgni/ Dhātvāgni disturbance) → **Āma** formation →
3. **Doṣa prakopa** (Vāta/Pitta/Kapha) →
4. **Srotas involvement** (especially Ārtavavaha, Rasavaha) with **Srotorodha** or **Atipravṛtti** →
5. **Doṣa-Duṣya sammūrchanā** (binding of vitiated doṣa with susceptible tissues such as **Rasa, Rakta, Māṃsa, Meda, Artava**) →
6. **Lakṣaṇa** (clinical features) and complications.

Clinical reasoning key: identify **dominant doṣa**, the **affected srotas**, **agni/āma status**, and **duṣya** under assault; then decide whether to begin with **Dīpana-Pācana** (for Āma), **Doṣa-śamana**, **Srotoshodhana**, or **Brimhana**.

3.3 Condition-wise Samprāpti Sketches

A. Vātaja dysmenorrhoea (Udāvartini pattern)

- **Nidāna:** fasting, cold-dry foods, travel, sleep loss.
- **Agni:** Viṣama. **Āma:** minimal or co-existing.
- **Doṣa:** Apāna-Vāta ↑; **Srotas:** Ārtavavaha with spasm.
- **Lakṣaṇa:** colicky pain, scanty dark flow, relief by warmth/unctuousness.
- **Priority:** Vātānulomana, snigdha-uṣṇa support, bowel regularity.

B. Pittaja menorrhagia (Asrgdāra profile)

- **Nidāna:** uṣṇa-tīkṣṇa-amla diet, heat exposure, anger, alcohol.
- **Agni:** Tīkṣṇa/irritable; **Āma** may or may not be present.
- **Doṣa:** Pitta (Rakta-pitta axis) ± Kapha congestion.
- **Srotas:** Ārtavavaha-Raktavaha.
- **Lakṣaṇa:** bright-red hot flow, burning, irritability, acne; possible clots.
- **Priority:** Pitta-śamana, śītala-madhura anupāna, Rakta-stambhana where indicated after Āma clearance.

C. Kaphaja leucorrhoea (Kledavatī pattern)

- **Nidāna:** guru-snigdha diet, inactivity, daytime sleep.
- **Agni:** Manda; **Āma** significant.
- **Doṣa:** Kapha with **Srotorodha**.
- **Lakṣaṇa:** thick, white, stringy discharge, heaviness, pruritus.
- **Priority:** Dīpana-Pācana, rukṣa-uṣṇa measures, lightening diet, mobilise Kapha.

4. Preventive and Promotive Health Concepts for Women

Ayurveda stresses **prevention first**, long before reproductive events.

4.1 Life-stage Anchors

- **Bālya (pre-menarche):** Nourish **Rasa-Māmsa-Asthi**; avoid junk, screen overuse, late nights.
- **Yauvana (reproductive years):** Guard **Pitta** surges; maintain steady **Agni**; keep **Apāna** grounded via routine, bowel regularity, and mindful sexual practices aligned to **Ritu Kāla**.
- **Rajo-nivṛtti (menopause):** Protect against **Vāta** escalation—daily warm meals, abhyanga, gentle svedana, sleep discipline, bone/mood support.

4.2 Preconception Wellness (for future fertility)

- Restore **Agni** and clear **Āma** before attempting conception.
- Build **Rasa-Rakta** (nutrient-dense, madhura-snigdha yet light-to-digest choices).
- Stabilise mind (*sattva*): regular sleep, moderated screens, stress rituals (japa, prāṇāyāma).
- Align cohabitation to **Ritu Kāla**; avoid extremes (excess/deficient maithuna).

4.3 Antenatal & Postnatal (brief placement)

- Antenatal: keep **Pitta** in check during mid-trimester heat; maintain **Ojas** via rest and wholesome rasa-building diet.
- Postnatal: classical **Sūtikā paricaryā** principles—rekindle Agni, pacify Vāta, build Rasa for **Stanya** and maternal resilience.

5. Role of Lifestyle—Dinacharyā & Ritucharyā

5.1 Dinacharyā (Daily Regimen) Essentials for Women

Habit	Rationale (Doṣa/Agni/Ojas)	Practical cue
Regular wake-sleep (same times)	Entrains Vāta and hormones; preserves Ojas	Lights out by ~10 pm; morning light exposure
Abhyanga (oil application) as suited	Pacifies Vāta , improves tone & sleep	Warm sesame in Vāta-prone; coconut in Pitta climates
Vyayāma (exercise) to <i>bala-ardha</i>	Moves Kapha , stabilises Agni	30–45 min brisk walk/yoga; avoid overexertion during flow
Āhāra niyama (meal regularity)	Prevents Agnimandya /Āma	Warm, fresh, compatible foods; avoid late dinners
Pāna (hydration) mindfully	Maintains Rasa ; reduces headaches/cramps	Sips of warm water; avoid iced drinks
Mānasa care	Protects Sādhaka pitta & Ojas	Short daily relaxation—breathwork, prayer, journaling

5.2 Ritucharyā (Seasonal Regimen) Highlights

- **Grīṣma (summer)**: Cool-hydrating; avoid hot-spicy; protect from heat to prevent **Pitta** menorrhagia patterns.
- **Varṣā (monsoon)**: Light, warm, easily digestible foods to curb **Āma**; encourage gentle activity to prevent **Kapha** leucorrhoea patterns.
- **Hemanta/Śiśira (winter)**: Nourishing but not clogging; oiling and warmth to prevent **Vāta** dysmenorrhoea.

6. Putting It Together — Quick Pattern Map

Complaint cluster	Likely Doṣa	Srotas focus	Agni/Āma	First concern
Scanty, painful menses + dryness	Vāta	Ārtavavaha	Viṣama; ±Āma	Vātānulomana, snigdha-uṣṇa
Heavy hot flow, burning, irritability	Pitta	Raktavaha-Ārtavavaha	Tikṣṇa; ±Āma	Pitta-śamana, śītala, haemostasis post-Āma
Thick leucorrhoea, heaviness	Kapha	Ārtavavaha-Rasavaha	Manda; Āma ↑	Dīpana-Pācana, rukṣa-uṣṇa
Irregular cycles + stress + bowel issues	Vāta-Pitta mixed	Ārtavavaha + Manovaha	Labile	Routine, sleep, gut reset
Infertility with cystic pattern	Kapha ± Pitta	Ārtavavaha	Manda; Āma ↑	Lightening, Kapha mobilisation
Postmenopausal dryness, insomnia	Vāta	Rasavaha-Majjā	Viṣama	Snigdha nourishment, abhyanga, sleep care

7. Key Verses to Anchor Clinical Thinking

1. Tridoṣa doctrine (for all patterning):

“वायुः पित्तं कफश्चेति...” — *Aṣṭāṅga Hṛdayam, Sūtrasthāna 1/6–7*

2. Definition of health (preventive-promotive compass):

“समदोषः समाग्निश्च समधातु मलक्रियः... स्वस्थ इत्यभिधीयते ।” — *Suśruta Saṃhitā, Sūtrasthāna 15/41*

Use these verses to justify regimen counselling and to explain to patients how daily choices keep the cycle *sama* (balanced).



Summary (Rapid Revision)

- **Strī Roga** covers menstrual, vulvo-vaginal, uterine, fertility, lactation and menopausal issues via **Doṣa-Dhātu-Srotas** logic; **Prasūti Tantra** spans preconception to puerperium.
- **Yoni vyāpad, Vandhyatva, Ārtava-vyāpad** present in recognisable **Vātaja-Pittaja-Kaphaja** patterns, often preceded by **Agnimandya → Āma → Srotorodha**.
- Prevention focuses on **Agni hygiene**, mind steadiness, and life-stage-appropriate nourishment.
- **Dinacharyā** regularity and **Ritucharyā** alignment stabilise **Apāna Vāta**, modulate **Pitta** surges, and prevent **Kapha** stagnation—thereby protecting menstrual rhythm, fertility potential, and menopausal ease.

Assessment

A. Multiple-Choice Questions (MCQs)

1. The primary Ayurvedic axis for understanding women's disease patterns is:
 - A. Doṣa-Dhātu-Srotas-Agni-Āma reasoning
 - B. Only anatomical defects
 - C. Only hormonal assays
 - D. Only psychological factors

Answer: A

2. In **Vātaja** Yoni vyāpad, the most typical feature is:
 - A. Burning and yellow hot discharge
 - B. Thick, white, stringy discharge
 - C. Dryness with pricking pain and scanty flow
 - D. Profuse bleeding with clots and heat

Answer: C

3. **Asṛgdāra** (heavy prolonged bleeding) is most closely aligned with:
 - A. Vāta alone
 - B. Pitta (Rakta-pitta) ± Kapha congestion
 - C. Kapha alone
 - D. Sannipāta always

Answer: B

4. A key initiating event in many Strī Roga samprāptis is:
 - A. Excessive exercise only
 - B. Agnimandya leading to Āma and Srotorodha
 - C. High altitude exposure
 - D. Vaccination

Answer: B

5. **Apāna Vāta** governs all except:
 - A. Menstrual expulsion
 - B. Follicular rupture/ovulation assistance
 - C. Labour and placental expulsion
 - D. Hepatic bile secretion

Answer: D

6. The verse “समदोषः समाग्निश्च...” guides clinicians primarily in:
 - A. Selecting antibiotics
 - B. Defining health standards for preventive counsel
 - C. ECG interpretation
 - D. Fracture reduction

Answer: B

7. A woman with **Kaphaja** leucorrhoea will most likely benefit first from:
 - A. Heavy dairy and day sleeping
 - B. Dīpana-Pācana and lightening measures



- C. Only haemostatic herbs
D. Prolonged fasting in summer heat

Answer: B

8. In **Pittaja** menstrual disturbance, the common aggravating dietary profile is:
A. Cold, heavy, sweet
B. Uṣṇa-tikṣṇa-amla (hot, pungent, sour)
C. Bland, warm, lightly spiced
D. Dry fasting diet

Answer: B

9. Irregular cycles with anxiety, insomnia, and constipation suggest dominant:
A. Vāta
B. Pitta
C. Kapha
D. Sāttva

Answer: A

10. **Prasūti Tantra** includes all of the following except:
A. Preconception care
B. Labour and delivery
C. Puerperium
D. Management of male infertility exclusively

Answer: D

B. Case Vignettes (Applied)

Case 1 — Dysmenorrhoea with Dryness

A 22-year-old student has 35-40 day cycles, day-1 colicky pain relieved by warmth, scanty dark flow, constipation, late-night study habit, frequent skipping of meals.

Tasks:

1. Identify the dominant doṣa, agni status, and srotas involved.
2. Outline the first therapeutic priorities (sequence) using Ayurvedic logic.
3. List two measurable progress markers over two cycles.

Model reasoning pointers (for self-check): Vāta ↑ (Apāna) with Viṣama-Agni; Ārtavavaha srotas. Priorities: vātānulomana → snigdha-uṣṇa diet and routine → bowel regularity → gentle dīpana without drying. Markers: cycle interval narrowing, day-1 pain score drop, stool regularity, improved sleep.

Case 2 — Menorrhagia with Heat

A 30-year-old reports 26-day cycles with 6-7 days of heavy bright-red hot flow, burning sensation, acne flares, irritability; diet rich in pickles, chillies, fried snacks; works in hot kitchen.

Tasks:

1. Map doṣa-duṣya-srotas and agni.
2. State immediate priorities before contemplating any haemostatic measures.
3. Suggest two pathya changes consistent with Pitta-śamana.

Model reasoning pointers: Pitta (Rakta-pitta) ± Kapha; Ārtavavaha/Raktavaha; Tikṣṇa-Agni/irritability. Priorities: cool the system, remove Āma if present, then haemostasis. Pathya: reduce uṣṇa-tikṣṇa-amla; prefer śītala, madhura-prādhāna, timely meals; adequate hydration.

Case 3 — Leucorrhoea with Heaviness



A 27-year-old with sedentary job complains of thick, white, sticky discharge, pelvic heaviness, daytime sleep, sweet-dairy excess, bloating.

Tasks:

1. Identify pattern and initiating nidāna set.
2. Sequence early management logic.
3. Mention two lifestyle changes to prevent relapse.

Model reasoning pointers: Kaphaja pattern with Manda-Agni → Āma → Srotorodha. Sequence: Dīpana-Pācana → rukṣa-uṣṇa regulation, mobilise Kapha; lighten diet, avoid day sleeping. Changes: daily walk/yoga; fix meal times; cut heavy late dinners.

End of Unit 3