



Research Article

A STUDY OF ARTHAVAVAHA SROTAS WITH SPECIAL REFERENCE TO MAITHUNA ASAHISHNUTHA (DYSpareunia)**Uma B Gopal^{1*}, Swapna H N²**¹Professor, ²PG Scholar, Department of Shareera Rachana, SDMCAH, Hassan, Karnataka, India.**KEYWORDS:***Maithunaasahishnutha, Dyspareunia, Arthavavaha Srotas (AVS), Dosha.***ABSTRACT**

Understanding the science of *Ayurveda* is based on proper concept of *Tridosha* – the *Vata*, *Pitta* and *Kapha*, as these form the physiological control factors. *Prakruti*, the biological or genetic constitution to a great extent influences each individual, in the way he is, the way he behaves, the way he reacts to certain things there by making a person unique and distinct from one-another. *Acharya Sushruta* the pioneer in the field of *Shareera* has gone through evaluating the anatomical structures under the name of *Sroto-Shareera*, which includes *Srotas* of *Ahara*, *Dhatu*, *Mala* and *Upadhatu* like *Arthavavaha Srotas*. *Arthavavahasrotas* gets originated from *Garbhashaya* and *Arthavavaha Dhamani* injury to *Arthavavahasrotas* results in *Vandhyathva*, *Nastarthava* and *Maitunaasahishnutha*. In his purview it is the local injury to organs of reproductive system which may be due to excessive coitus, repeated curettage, LSCS and thereby, which may result in pelvic adhesions, local infections, tubal block, etc. ultimately leading to *Maithunaasahishnutha* (dyspareunia). In this study 20 women who were diagnosed as *Maitunaasahishnutha* selected for assessment of predominant *Prakruti* based on physiological and anatomical triats. From the statistical analysis it is evident that *Kaphaprakruti* were more prone for *Maithunaasahishnutha*.

Address for correspondence*Dr Uma B Gopal**Professor & Head
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Ayurveda the science of life is based on the collection of thoughts and perception of the fundamentals of structure and functions of the body.

Acharya Sushruta has explained the functional system of the body from the embryonic level itself by mentioning the formation of *Prakruti*, which is a group of characters inherited by an individual from *Sukra* and *Shonitha* of the parents depending upon the predominance of *Dosha* prevailing at the time of conception.^[1] *Charaka* has said that, *Prakruti* of an individual may also influence the factors like *Sukra*, *Shonitha*, *Garbhashaya* and other bodily entities. *Prakruti* formed during fertilization will have its own influence on the physical and psychological state of an individual (*Garbha*) which maybe chromosomal (*Beeja-Sukra*, *Shonitha*) or extra chromosomal (*Kaala*, *Garbhashaya*), food and habits (*Ahara-Vihara*) and 5 basic elements (*Pancha mahabootha*). Further the biological molecules, *Vata*, *Pitta* and *Kapha* are derived from 5 basic elements and their qualities are reflected in these molecules, which in turn constitute the body and are thus evident in the physical characters of the individual and determine her personality.

Arthavavaha Srotas gets originated from *Garbhashaya*.^[2] The disorders of *Arthavavaha Srotas* like *Vandhyathva*, *Nastarthava* and *Maituna asahishnutha* though not mentioned directly, has been said to be specifically caused due to imbalance in governing factors further complicating certain *Yonivyapath* and *Arthavadusti*.

Dyspareunia (Maitunaasahishnutha)

Inability of women to restrain coitus due to genital pain she experiences during the sexual act is stated as dyspareunia. As the *Yonigarbhashaya* (uterus, vagina) and the related organs will get occluded with *Vranashotha* (inflammation) women thereby suffers from *Asahishnutha* (intolerance). Leaving the *Agantu Karana* (extraneous factor), the *Vikara* of *Guda* (anal canal), *Basti* (urinary bladder), *Malashaya* (rectum), *Yoni* (vagina), and *Garbhashaya* (uterus) predominantly *Shothajanyavikaras* (pelvic inflammatory disease) may also lead to *Asahishnutha*. Dyspareunia also occurs due mental attitude of women towards her partner the effect of which is out shown in the form of *Yonyakshepa* (vaginismus) and *Yonisankocha* (intentional contraction)^[3] Dyspareunia has been said as a symptom in some of the general systemic

disorders and some of the *Yonivyapath* (complication) and not as a disease.

Sushruta says that dyspareunia is one of the clinical features of AVS injury.^[4] In *Pariplutha* (Pelvic inflammatory disorder) *Yoni Vyapath*, *Pitta Prakruti Stree* with excessive use of *Pitta* vitiating factors and suppressing the urges during act, suffer from *Yonishotha* (Vaginitis, Vestibularitis) *Ruja* (pain), *Sparshasahatva* (tenderness), *Aarathi* (inflammatory pain) in pubic region^[5]. According to *Charaka* it is said to be due to *Vata* and *Pitta*, having inflammation, fever, and backache^[3,5] which goes in par with clinical features of inflammatory conditions of Bartholin glands, fallopian tubes and ovaries causing dyspareunia. *Madhukosha* commentary appears identical to *Vaginismus*, which is characterized by muscular spasm of thighs, vulva and vaginal canal associated with dyspareunia, which may be due to psychological abnormalities.^[6]

In *Antarmukhi Yonivyapath* *Charaka's* concept seems to be the description of acute anterior flexion or acute retroflexion of uterus due to *Yoni Vakratha* (deformed/malformed female reproductive organs).^[7] Dyspareunia is said to be the chief symptom in *Krusha* individual due to vitiation of *Vata* resulting in rough, stiff and dry vagina along with anesthetic and hyperaesthetic condition, which may be due to vaginal atrophy and deficiency of oestrogen.^[8] *Charakacharya* describes that *Medovruddi* (Obesity) give rise to dyspareunia with various other symptoms which may be due to hypothalamic disorder.^[9]

Modern Review of Dyspareunia^[10]

Dyspareunia is a genital pain experienced just before, during or after sexual intercourse. Initial instigating factor may be physical or physiological. Patient complains of well-defined localized pain or experience a general disinterest and dissatisfaction with intercourse that stems from the associated discomfort. More common in women than male with pain initiating in several areas from vulvar surfaces to the deep pelvic structures. Pain may be due to irritation of external genitalia or the vascular congestion that occurs during the excitement phase. Patients present only with description of pelvic pain and do not have history of physical or sexual abuse. Psychological theory historically treats dyspareunia as a symbol of unconscious conflict, stemming from phobic reactions, major anxiety conflicts, hostility or sexual aversion. The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition defines dyspareunia as sexual pain disorder, a subcategory of sexual dysfunction associated with negative attitude towards sexuality.

Physical Causes

These include the lesions of External Genitalia (like Erythema, Leukoplakia), Vulva (Tenderness in Vulvar disease, Intolerances to touch), Vestibular

Area, Bartholin's duct, Skene's ducts, Urethra, Vestibular skin (Papillae), Mucosal Integrity (presence or absence of vaginal rugae, fissures, friable tissue), Vagina (atrophic changes), Cervix (dysplastic lesions, cervicitis, cervical nodules and endometriosis), Fixed Adnexa (due to pelvic inflammatory disease).

Description by disease or condition

Vulvodynia is defined as the pain in Vulva. Which may also be due to infections of trichomonas, candida, and other systemic causes. Vulvar vestibulitis is chronic and painful inflammation of vestibular structures. Vaginismus is a condition where there is involuntary spasms of the introital muscles which is different from dyspareunia but with the painful sex, patient complains of either or both conditions in combination. Inadequate Lubrication due to inhibited arousal phase, oestrogen deficiency in older women, psychological factors, Post-partum dyspareunia and entry pain at the site of vulvar repair.

Description by Pain location

Superficial Pain due to various conditions affecting the labia or vestibule like Vulvodynia, Vulvar vestibulitis, Vaginismus, Vaginitis, Urethritis and Deep Painlike Endometrioses, Pelvic adhesions, Adnexal pathology, Retroverted uterus, chronic cervicitis, Endometritis, Pelvic congestion.

Materials and Methods

Criteria for selection of the samples

The experimental unit for the present study consisted of women patients, selected at random with twenty as sample from a sizeable group of patients who were diagnosed as suffering from *Maituna asahishnutha* (Dyspareunia). Patients were taken for the analysis of *Prakruti* from Stree Roga & Prasoothi Tantra Department (OPD & IPD) of SDM Ayurveda Hospital, Kuthpady, Udipi, and Karnataka.

The groups of patients were evaluated for 20 *Deha Prakruti* (*Vata*, *Pitta* and *Kapha*) characters. The *Prakruti* characters were divided based on anatomical and physiological features under physical characters (A) made up of 44 traits and psychological characters (B) made up of 13 traits.

Physical traits includes characters like *Deha* (Body), *Mukha* (face), *Twak* (skin), *Shira* (head), *Skanda* (shoulder), *Kesha-loma* (hair & body hair), *Bhroo* (eyebrows), *Netram* (eyes), *Danta* (tooth), *Snayu* (tendon)-*Sandhi* (joint)-*Mamsa* (muscle), *Asthi* (bone), *Raktha* (blood), *Osta* (lips), *Vaktra* (mouth), *Jihwa* (tongue), *Hanu* (mandible), *Talu* (palate), *Vaksha* (chest) based on anatomical features and characters like *Ahara* (food), *Kshuda* (hunger), *Trishna* (thirst), *Agni* (digestive fire), *Kosta* (organs), *Bala* (strength), *Ushna*, (hot), *Sweda* (sudation), *Gandha* (smell), *Netra-Cheshta* (eye movements), *Varna* (complexion), *Vihara* (habits), *Purisha* (defecation), *Mutra* (micturition), *Swara* (voice), *Vyahara*, *Vyavaya* (Sexual activities),

Apathya, Roga (diseased condition), *Cheshta/Gati* (body movements), *Nidra* (sleep), *Swapna* (dreams) based on physiological behavior differing between *Vata, Pitta* and *Kapha Prakruti*.

Particular *Dosha Prakruti* has got its own influence on the mind and the interest of a person which is categorized under Psychological traits, which included thirteen characters *Kleshahishnutha* (tolerating nature), *Kruthajnatha* (forgiveness), *Manasthairya* (stable mind), *Bhakthi* (worship), *Krodam* (anger), *Guna Swabhavam* (attitude), *Smruthi* (memory), *Mathi* (common sense), *Kamecha* (desire), *Indriya Nigrahana* (control over senses), *Raga* (attachment) and *Viraga* (non attachment), *Samarambha* (quickly getting pleased) and *Shrutha Grahana* (grasping quickly).

Criteria of selection of patients

Patients were of the age group 16-45 years. Patients with Intra Uterine Contraceptive Device & oral contraceptives, fibroids, tumors and malignant conditions, of reproductive systems were excluded from the study.

Objective parameters

Assessment criteria for determination of scores

The *Prakruti* assessment proforma contained 20 *Prakruti* (V, P, K) characters to be responded by the individual patients. If the response is positive, it received a score (rate) of +1, if the response was negative, it was given 0. Wavering and uncertain responses were not entertained. The patients were taken into confidence through proper medical counselling before subjecting the individuals for questionnaire responses.

Objective scoring of individuals through a professionally set questionnaire (*Prakruti* Proforma) formed the basic methodology to generate data. The treatment received by the patients at the first care level, relief/otherwise, stress/emotions revealed as reflex responses (Positive/Negative) to probing

received due weight, age in assessing scoring values, as required.

Subjective parameters

Assessment of Agni (appetite)

This was done depending on the frequency and quantity of food intake assessing subjectively. If the appetite is found irregular, intake of food is variable, it was listed under *Vata*. If the appetite is high, quantity of food intake is large, it was listed under *Pitta*. If the appetite is less, food intake is also less, it was listed under *Kapha*.

Assessment of Koshta (bowel habits)

If it was found that the bowel habit is highly irregular, with hard consistency and the frequency of purge being once in two- three days, then it was listed under *Vata*. If the bowel habit was irregular, not formed stools with the frequency of purge being two-four times a day; it was listed under *Pitta Prakruti*. If the bowel habit was found regular, well-formed, with purge being once or twice a day, it was listed under *Kapha Prakruti*.

Assessment of Nidra (sleep pattern)

If the duration of sleep was less than five hours and disturbed type, it was listed under *Vata Prakruti*. If the duration was moderate with five-eight hours of sleep, it was listed under *Pitta Prakruti*. If the sleep was of excess duration for more than eight hours with/without inclusion of day sleep, it was listed under *Kapha Prakruti*.

Similar criterion was employed to assess the particular *Prakruti* based on the *Dosha Prakruti* characters given in classical textbooks for this study.

Observations

Results and Discussion

The mean score values and the % *Prakruti* data obtained for the 20 *Prakruti* characters (V, P, K) are given in table 1 and figures 1 and 1A, the analysis indicated the following.

Statistical analysis

Table 1: Deha (Sharira) Prakruti Data (Numerical Values) – Recorded for Twenty Women Patients with Maitunaasahishnutha

Case No.	Status	Food Habit	Age in (Years)	Sharira Prakruti Characters (Traits)								
				VATA (V)			Pitta (P)			Kapha (K)		
				A	B	A+B	A	B	A+B	A	B	A+B
1	M	V	46	21	8	29	10	3	13	13	2	15
2	M	V	29	7	2	9	23	8	31	14	3	17
3	M	V	47	3	1	4	26	11	37	15	1	16
4	M	V	27	1	6	7	9	1	10	33	6	39
5	M	V	31	2	3	5	35	9	44	7	1	8
6	M	NV	30	5	4	9	24	6	30	15	3	18
7	M	V	46	27	9	36	3	2	5	14	2	16
8	M	NV	33	0	1	1	32	10	42	12	2	14

9	M	NV	45	1	2	3	8	5	13	35	6	41
10	M	V	28	5	3	8	28	10	38	11	0	11
11	M	V	34	1	2	3	7	5	12	36	6	42
12	M	NV	32	11	4	15	5	2	7	27	7	34
13	M	V	22	22	5	27	7	3	10	14	5	19
14	M	NV	35	0	0	0	12	7	19	31	6	37
15	M	NV	40	13	1	14	2	4	6	28	7	35
16	M	V	38	1	0	1	21	9	30	22	4	26
17	M	NV	45	1	5	6	10	6	16	33	2	35
18	M	V	25	11	9	20	20	3	23	13	1	14
19	M	V	28	0	0	0	31	9	40	13	4	17
20	M	NV	30	26	8	34	5	3	8	12	2	14
20	Total		691	158	73	231	318	116	434	398	70	468
	Mean		34.55	7.90	3.65	11.55	15.90	5.80	21.70	19.90	3.50	23.40
	%P					20.35			38.23			41.23

Note : A – Physical, B – Psychological, M – Married, NM - Not Married, V – Vegetarian, NV – Non-vegetarian, % P - % *Prakruti*

Figure 1: Mean Score Values in *Vata*, *Pitta* and *Kapha* for AVS Disorder –*Maitunaasahishnutha*

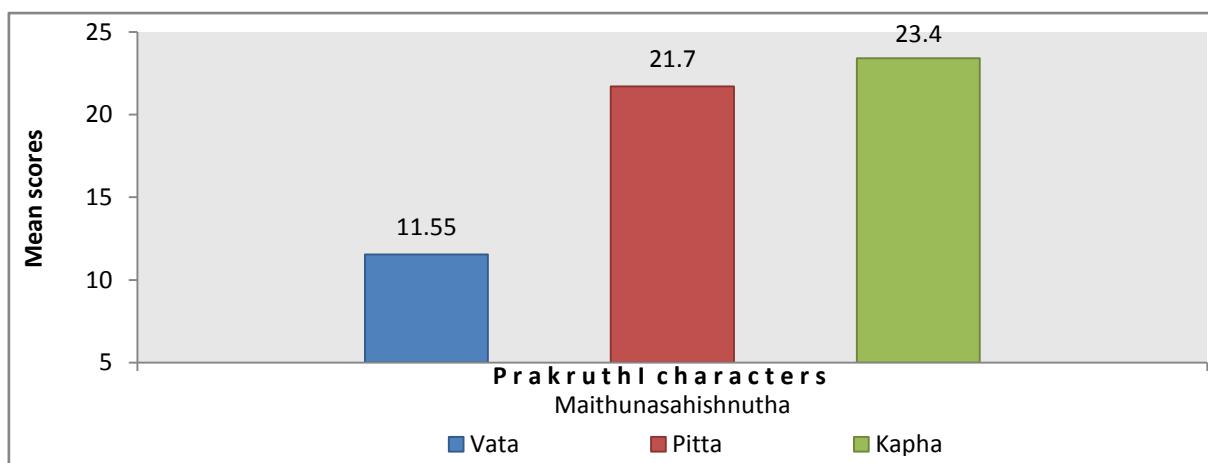
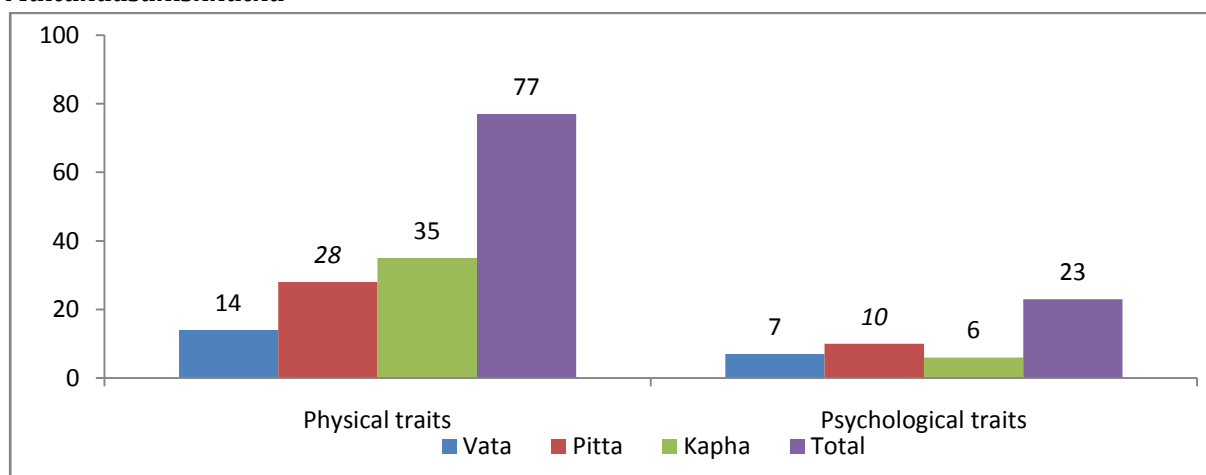


Figure 1A: Percent *Prakruti* Ratings for Physical and Psychological Characters in AVS Disorder - *Maitunaasahishnutha*



The data in Table 2 indicates that the mean score recorded for *Kapha* is 23.40 as against 11.55 of *Vata*, the least. The patient’s studies for *Maitunaasahishnutha* had 44.31% of their total *Prakruti* dominated by *Kapha Dosh*a. The scores obtained for physical (A) and psychological (B) traits were studied for their % contributions to the total *Prakruti* of the individual cases. These data are presented in figures 2A and 2B. The data in figure 3A indicates that the physical traits contributed for 35% as against 6% supplemented by psychological traits, thus

elevating the total *Kapha Prakruti* set at 40.54%. The hierarchy as per ranking order for V, P and K is “*Kapha > Pitta > Vata*”, as noted.

Table 2: Correlation Coefficients Computed For *Deha Prakruti* Characters of *Maithunaashishnuta*

AVS Disorders		r (vp)	r (vk)	r (pk)
<i>Maitunasahishnutha</i>	r	-0.48	-0.34	-0.56
	SEm	0.14	0.19	0.15
	Pe	-0.09	0.06	0.10
	C	23.04	11.56	31.36

Note : r – correlation, SEM - Standard Error, Pe - Probable Error, C - Co-efficient of determination (%), V - *Vata*, P - *Pitta*, K – *Kapha*.

Figure 2A: Rank Correlations For Physical Characters

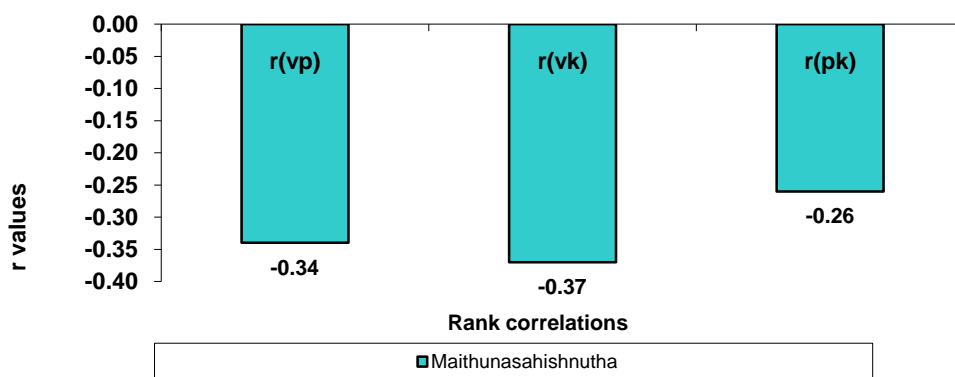
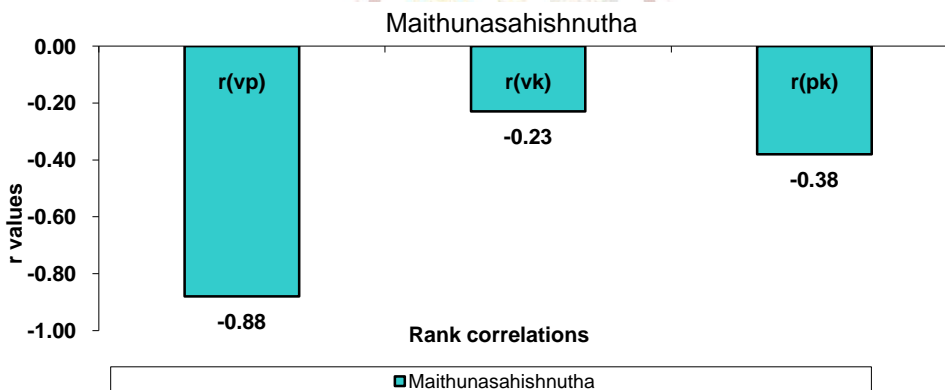


Figure 2B: Rank Correlations For Psychological Characters



The regression coefficient estimated for the *Maithunaashashnutha* are given in Table 3, along with CD = (r²) values. It is seen that the regression coefficient calculated for P and K the other b_{pk} = - 0.67, b_{vp}= -0.41 and b_{vk}= - 0.34 obtained for *Maitunaasahishnutha*.

Table 3 : Regression Coefficients computed for *Vata, Pitta* and *Kapha* of *Maithunaasahishnutha*

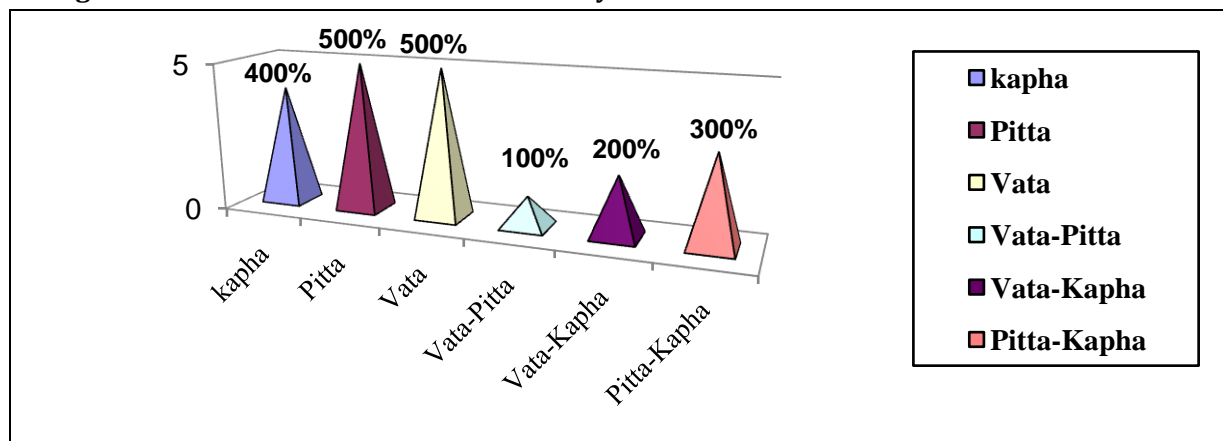
AVS Disorders	b _{vp}	b _{vk}	b _{pk}
<i>Maitunaasahishnutha</i>	-0.41	-0.34	-0.67

Note : b_{vp}-Regression of *Vata* on *Pitta*, b_{vk}- Regression of *Vata* on *Kapha*, b_{pk}- Regression of *Pitta* on *Kapha*

The individuals within the *Maitunaasahishnutha* group were further analyzed based on *Ayurvedic* principles, the results indicate the following.

Out of twenty patients selected by random sampling, it was observed that by individual count, it was *Pitta Prakruti* individuals who were more prone for *Maitunaasahishnutha*. But by overall scoring of all the twenty cases, it was seen that slightly, the *Kapha Prakruti* women had an edge over *Pitta Prakruti* women in relation to afflictions of this disorder. Depending on the general classification with respect to high score, overall there were (Figure 3B)

Figure 3B: Prakruti Classification of Twenty Cases in AVS Disorder- Maitunaasahishnutha



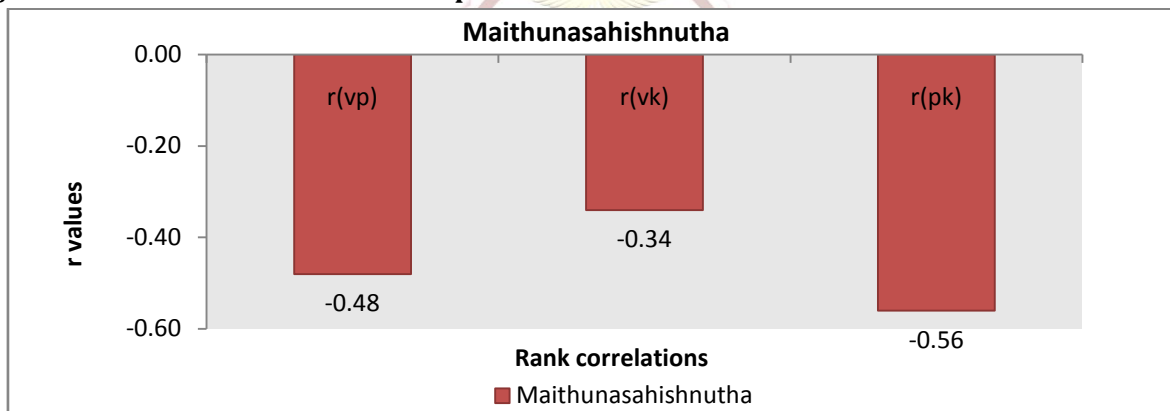
Correlation between the Prakruti

It is found necessary to understand the relationship between V, P, and K, the three valued *Prakruti* traits in Ayurveda. Hence the correlation coefficients were calculated for V, P and K to determine the direction (+ ve / - ve) and the strength of association (-1= r = + 1). The values obtained for the total (A + B) scores of V, P and K using the general formula is given in table 2, Figure 4.

It may be noted that all the nine r values calculated across the disorder of *Mathnaasahishnutha* was found to be negative, suggesting that the increase in one character variable will be followed by decrease in the other character, and vice/ versa.

Out of the nine pairs of characters studied only six r estimates were found significant. *Maitunaasahishnutha* with $r_{vp} = -0.48$ and $r_{pk} = -0.86$.

Figure 4: Correlation Coefficients Computed For Deha Prakruti Characters for Maithunaashishnutha



It was seen that the association between P and K, was quite greater for *Maithunasahishnutha* ($r_{pk} = -0.56$) closely followed by V and P.

Rank Correlations (p=Rho)

The estimates of rank correlations for V, P and K were obtained for physical and physiological characters separately. These data are given in table 3, 4, Figure 3A and 3B.

Regression

The regression equations developed using the statistics are variable (say X or Y) and the regression coefficient b_{yx} will be useful in predicting the value of one variable (say Y), knowing the other variable (say X). In this study the regression equations were formulated only for such of the pairs of association where correlation values were quite high and statistically significant.

Table 3: Rank Correlation coefficients Computed for Deha Prakruti Physical characters of Maithuna ashishnutha

AVS Disorders		r (vp)	r (vk)	r (pk)
<i>Maithunaasahishnutha</i>	r	-0.34	-0.37	-0.26
	SD	0.19	0.18	0.20
	CD (r ²)	11.56	13.69	6.76

Note: r – correlation, SD - Standard Deviation, CD (r^2) – Coefficient of determination, V - Vata, P - Pitta, K - Kapha

Table 4: Rank Correlation Coefficients Computed for Deha Prakruti Psychological Characters of AVS Disorders

AVS Disorders	r (vp)	r (vk)	r (pk)	
	r	-0.88	-0.23	-0.38
<i>Maitunaasahishnutha</i>	SD	0.05	0.21	0.19
	CD (r^2)	77.44	5.29	14.44

Note : r – correlation, SD - Standard Deviation, CD (r^2) – Coefficient of determination, V - Vata, P - Pitta, K - Kapha. This type of inference are useful to ameliorate the *Tridosha* (V, P and K) through diet and/or drugs use/abuse.

Regression Equations: -

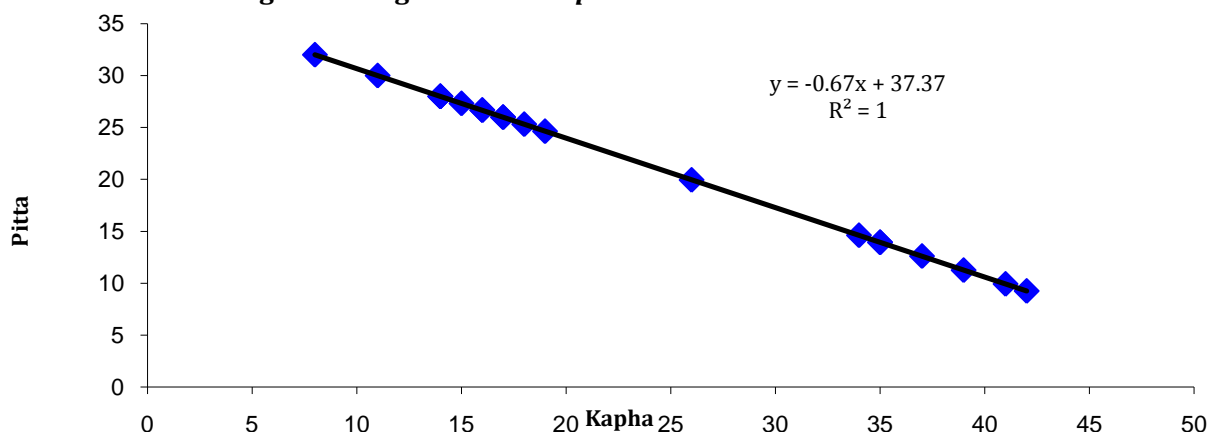
The regression equations developed and the regression lines drawn are shown in figures 4 and table 5 in that order for the regression statistics given below:

Table 5: Regression Coefficients computed for Vata, Pitta and Kapha of AVS Disorders

AVS Disorders	b_{vp}	b_{vk}	b_{pk}
<i>Maitunaasahishnutha</i>	-0.41	-0.34	-0.67

Note : b_{vp} -Regression of Vata on Pitta, b_{vk} - Regression of Vata on Kapha, b_{pk} - Regression of Pitta on Kapha

Figure 4 : Regression of Kapha on Pitta in Maitunaasahishnutha



$Y = 21.70, X = 23.40$ and $b_{yx} = - 0.67$
 Where $Y = P, X = K$ and $b_{yx} = b_{pk} = - 0.67$
 $Y = 21.70 - 0.67 (X - 23.40)$

Chi square test

The *Prakruti* ratings recorded for V, P and K for physical and psychological characters were subjected to chi square test. These data and the results of analysis are given in table 6. It is noted that chi square test were found not significant.

Table 6 : Chi Square test for Maitunaasahishnutha

Psychological traits					
		Vata	Pitta	Kapha	Total
Physical traits	Vata	231	274	228	733
	Pitta	391	434	388	1213
	Kapha	471	514	468	1453
Total		1093	1222	1084	3399

Oi	Ei	Oi-Ei	(Oi-Ei)sq/Ei
231	235.71	-4.71	0.09
274	263.53	10.47	0.42
228	233.77	-5.77	0.14
391	390.06	0.94	0.00
434	436.09	-2.09	0.01
388	386.85	1.15	0.00
471	467.23	3.77	0.03
514	522.38	-8.38	0.13
468	463.39	4.61	0.05
3399	3399.00	0.00	0.88

Indicating that the *Prakruti* characters did not differ for physical and psychological character in this study DISCUSSION

Evaluation of constitution forms an important aspect of clinical examination. Medical scientists all over the world are becoming more and more alive to the important of constitution in the causation and progress of several diseases.

The predominant *Dosha* present during the time of fertilization determines the *Prakruti* of a person. The three basic principles *Vata*, *Pitta* and *Kapha* have got an important role in the formation of the body from the stage of conception and thereby the embryonic life. This predominant *Dosha Prakruti* is influenced by *Dosha* state in relation to *Shukra*, *Shonitha*, *Kala*, *Garbhashaya*, *Ahara-Vihara* and *Mahabootha Vikara* at the time of conception.

The present study includes the assessment of predominant *Dosha Prakruti* carried out in gynecological patients suffering from disorders of AVS of *Maitunaasahishnutha*, in relation to Ayurvedic and Modern Medical Principles for predicting the disease severity, prognosis and prevention.

In this study, women patients (with twenty) who were found suffering from *Maitunaasahishnutha* were evaluated for *Prakruti* (*Vata*, *Pitta* and *Kapha*) ratings and to relate their association with AVS disorder.

The patients (experimental units) were evaluated for 20 *Prakruti* characters through a professionally set questionnaire. The data analyzed as per the established Ayurvedic principles and bio statistical techniques have revealed the following.

Cases of patients with *Maitunaasahishnutha* the % *Prakruti* values for *Pitta* but with higher *Vata*. The trend as for hierarchy of *Prakruti* traits did not differ from that noted earlier to AVS disorders. It was once again $K > P > V$.

In *Maitunaasahishnutha*, it was seen that *Kapha Pradhana Pitta Prakruti* women were more afflicted with this type of AVS disorder as was seen statistically, the *Kapha* having an edge over *Pitta*. Pain during coitus is associated with varied pelvic

inflammatory conditions like vulvitis, cervicitis etc with involvement of *Pitta Dosha* (*Daha*, *Paka*, *Shotha*) and *Krimiyoni* due to unhygienic infectious conditions like moniliasis, trichomoniasis etc. with involvement of *Kapha*, secondarily resulting in dyspareunia condition. In dyspareunia, it was seen that the psychological factors operate quite significantly.

The conclusions drawn are that the patients analyzed *Maitunaasahishnutha* disorder were largely dominated by *Kapha Prakruti*.

The correlation for psychological traits were not significant except for the one noted for *Vata* and *pitta* ($r = -0.88$) in case of *Maitunaasahishnutha*, which shows the involvement of psyche factors in relation to the disorder.

It may be construed that this sort of information derived from regression analysis, if it could be properly utilized will be helpful in ameliorating the *Prakruti Dosha* effectively to one's advantage.

Prakruti once formed remain constant. The characteristic features belonging to all the three *Prakruti* exist in all the individuals in varying degree. The dominance *Prakruti* is referred to that *Prakruti* (*V*, *P* and *K*), whose characters were predominantly seen.

Dyspareunia is seen secondary to the other causes in majority of the cases studied and not as a disorder itself. The symptoms were predominantly related to *Pitta* and *Kapha Vikara* which includes inflammatory conditions like vaginitis, vestibularitis, vulvitis, urethritis, and conditions like moniliasis, trichomoniasis and other bacterial / fungal manifestations associated with pain during coitus. *Krimiyoni* is a condition said by *Charaka* related to unhygienic condition of the vulva.^[11] By indirect questioning it revealed that some of them were suffering from *Vulvodinia* during sexual act, who were taken for *Prakruti* analysis. It was seen that some women, though of *Kapha Prakruti* at the age of forty suffering from pain during coitus, irritation, dryness.

This was associated with reduction in the oestrogen level leading to dryness and atrophic changes due to early ovarian failure and thereby early menopause.^[12] If these changes are seen in *Vata Prakruti* then, as atrophic changes are *Vataja*, the condition would have been severe. But as these conditions were seen in *Kapha Prakruti* women, as the *Dosha* and the cause for the disease are dissimilar, it is mild. Suppurative changes of vulva seen in both *Pitta* and *Kapha Prakruti* revealed that *Pitta Prakruti* women are acute sufferers with symptoms like burning sensation in the vulva, fowl smelling brown discharge when compared to *Kapha Prakruti* women because of the similar *Prakruti* the strength of *Pitta Dosha* is further enhanced.^[3] Hence, they have to follow opposite qualities of *Ahara-Vihara* to their *Prakritis*^[13] according to *Swasthavrutta* regimen. The physician should treat only after assessing the *Prakruti*.^[14]

It was also observed that some women of *Kapha-Pitta Prakruti* without any primary cause complained of dyspareunia. It was revealed that these women were suffering with fear, anxiety, and negative attitude toward sex because of depression, unconsented marriage with negligible local clinical symptoms.^[10] The wavering of mind, fear, disinterest in sex, etc are the qualities of *Vata Prakruti*,^[15,16-18] seen in two cases, though not in majority of the cases. The condition was found grave because of similarity between *Prakruti* and *Dosha*. It has been said that a *Adhirata* (inferiority complex), *Chalamanasa* (fickle minded), *Alpavyavayata* (disinterest towards sex) are the characteristic features of *Vata Prakruti*.^[15,16-19] Out of twenty cases two-third of the cases can be grouped under the psychological factors. In one case with *Pitta* dominance, it was seen that dyspareunia was related with postnatal period of seven months duration, which may be due to post-labor complications like improper healing of episiotomy repairs. This is related with vulnerability of the women by nature influenced by *Prakruti*. Comparatively, the healing process and the pain withstanding capacity is more in *Kapha* dominant women than others. In two cases, dyspareunia was related with original defects like shallow vagina and retroversion related with *Beejadosha* (chromosomal abnormality) and *Rasakruta* with *Douhruda-pacharakruta* (congenital anomalies).^[20]

Hence a physician before drawing the line of treatment has to ascertain the strength of the patient. occurrence of the disease and its strength,^[21] in relation to susceptibility of an individual and put forth favorable treatment on the basis of psychological state of a person^[22] and *Prakruti*.^[23]

CONCLUSION

It was proved statistically that psyche factors are involved in *Maitunaasahishnutha*, which shows that the physical cause is secondary.

Hence though this method of statistical analysis are used to assess *Dosha Prakruti*, the procedures may also be helpful for future research scholars for evaluating the V, P and K *Dosha* in various diseases, its strength and direction of association, to know independent and dependent *Dosha*, their rate of influence of increase in one *Dosha* on the other and the influence of extraneous factors like *Desha*, *Kala*, *Ahara* and *Vihara* on these *Dosha* for drawing the specific line of treatment.

REFERENCES

1. Sushruta, Sushruta Samhitha with Nibandha sangraha Commentary of Sri Dalhana Acharya (and Nyayachandrika Panjika of Gayadas Acharya on Nidhanasthana edited by Trikamji Acharya and Narayanaramacharya Kavyathirtha). Choukambha Orientalia, Varanasi.VII Edition. 2002. Cp. 824. Pp. 360.
2. Sushruta, Sushruta Samhitha with Nibandha sangraha Commentary of Sri Dalhana Acharya (and Nyayachandrika Panjika of Gayadas Acharya on Nidhanasthana edited by Trikamji Acharya and Narayanaramacharya Kavyathirtha). Choukambha Orientalia, Varanasi.VII Edition. 2002. Cp. 824. Pp. 386.
3. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 635.
4. Sushruta, Sushruta Samhitha with Nibandha sangraha Commentary of Sri Dalhana Acharya (and Nyayachandrika Panjika of Gayadas Acharya on Nidhanasthana edited by Trikamji Acharya and Narayanaramacharya Kavyathirtha). Choukambha Orientalia, Varanasi.VII Edition. 2002. cp. 824. pp. 669.
5. Madhavakara, Madhavanidhana with Madhukosha commentary of Mahopadhyaya Sri Vijayarakshita Srikantadatta and Vidyotini Hindi commentary by Sri Sudarshana Shastry, revised and edited by Yadunandana Upadhyaya, II Vol, Choukambha Sanskrit Sansthan Varanasi, III edition, 2057 (VS). cp 508, pp 353.
6. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 634, 636.
7. C.S.Dawn. Textbook of gynaecology and contraception.1996. 12th Edition. Dawn Books, Calcutta. Cp 704, pp 238-240.
8. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve

- dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 117.
9. Heim, L.J. Evaluation and Differential Diagnosis of Dyspareunia. 2001, American Family Physician. Vol 63, pp 1535-1544, 1551-1552.
10. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 635.
11. Bhavamishra, Bhavaprakasha Samhitha, Uttaraardha, Vidyotini Commentary by Bishakratna Ramashankar Shastry, Choukambha Sanskrit Sansthan, Varanasi. VII Edition, 2000, cp 958, pp 228.
12. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 635.
13. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurveda dipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 52.
14. Sushruta, Sushruta Samhitha with Nibandha sangraha Commentary of Sri Dalhana Acharya (and Nyayachandrika Panjika of Gayadas Acharya on Nidhanasthana edited by Trikamji Acharya and Narayanaramacharya Kavyathirtha). Choukambha Orientalia, Varanasi.VII Edition. 2002. cp. 824. pp. 363.
15. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738,pp 277.
16. Sushruta, Sushruta Samhitha with Nibandha sangraha Commentary of Sri Dalhana Acharya (and Nyayachandrika Panjika of Gayadas Acharya on Nidhanasthana edited by Trikamji Acharya and Narayanaramacharya Kavyathirtha). Choukambha Orientalia, Varanasi.VII Edition. 2002. cp. 824. pp. 361.
17. Vagbhata, Ashtanga Hrudayam, Edited by Kaviraja Atrideva Gupta with Vidyotini Hindi Commentary. Choukambha Sanskrit Sansthan, 14th Edition, 2003. cp 616, pp 192-193.
18. Bhavamishra, Bhavaprakasha Samhitha, Uttaraardha, Vidyotini Commentary by Bishakratna Ramashankar Shastry, Choukambha Sanskrit Sansthan, Varanasi. VII Edition, 2000, cp 836, pp 103.
19. Sharangdhara, Sharangdhara Samhitha with Anjananidhana of Maharshi Agnivesha annotated with Dipika Hindi Commentary by Dr.Brahmananda Tripathi, Choukambha Surabharati Prakashan, Varanasi, cp 485, pp 87.
20. Sushruta, Sushruta Samhitha with Nibandha sangraha Commentary of Sri Dalhana Acharya (and Nyayachandrika Panjika of Gayadas Acharya on Nidhanasthana edited by Trikamji Acharya and Narayanaramacharya Kavyathirtha). Choukambha Orientalia, Varanasi.VII Edition. 2002. cp. 824. pp. pp 114.
21. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 276.
22. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 255.
23. Agnivesha, Charaka Samhitha, revised by Charaka and Dridhabala with Sri Chakrapanidatta Ayurve dadipika Commentary in Sanskrit edited by Vaidya Jadhavji Trikamji Acharya. Choukambha Sanskrit Sansthan, Varanasi, Vth Edition, 2001.cp 738, pp 324.

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