



## PHARMA SCIENCE MONITOR

AN INTERNATIONAL JOURNAL OF PHARMACEUTICAL SCIENCES

Journal home page: <http://www.pharmasm.com>

## FEMALE SEXUALITY IN AYURVEDA

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## ABSTRACT

Ayurveda consider sex as an inevitable part of human life. Different aspects of female sexuality can be seen in the contexts of reproduction and gynecological disorders. The mid cycle sexual behavior nearing to ovulation is unique. Signs of immediate conception (*Sadyo griheeta garbha lakshana*) have striking similarities to orgasmic or pre-orgasmic changes in female. Disorders like transexualism, lesbianism and female hypoactive sexual desire or intolerance to sexual act, nymphomania are also evident. But detailed treatment strategies of the above said disorders is not available and attempts to plan the same is highly recommended.

**KEYWORDS:** Kama, cyclic sexual behavior, female orgasm, sexual dysfunction.

## INTRODUCTION

The Science of Ayurveda considers sex as an inevitable support of life just as food and sleep, constituting the three supportive pillars of life. In a philosophical ground, the aim of maintenance of health is described as to achieve the four goals of life (*Purushartha*) including Virtue (Dharma), Wealth (Artha), Desire/ Sex (Kama) and Freedom (Moksha). Moreover, *Vajeekarana* (Aphrodisiac therapy) is one among the eight major branches of Ayurveda. But, different aspects of female sexuality, especially the psychological aspects are not illuminated much in the Ayurvedic Classics. In the present arena, about 5,000 studies were published on male sexual function in a year, but there were only 2,000 women's studies during the period 1990-1999, even though more women report sexual problems than men<sup>[1]</sup>. This indicates that, research and management for women's sexual issues still lags behind. A review on psycho- physiological aspects of female sexuality in major Ayurvedic classics is attempted in the present paper. Contemporary books sketched female life like Anangaranga and Yajnavalkya Smrti are used to clarify the social basis of sexual behavior described in Ayurvedic classics.

## SEXUALITY OF FEMALES IN AYURVEDA:

In general, *Kama* denotes desires, especially the sexual drive and sexual satisfaction. As per Charaka, *Kama* is the root cause for enjoyment (*Harsha*); or all types of enjoyment may come under *Kama*. Caraka further states that the best aphrodisiac is one's beloved lady itself. The

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strong psychological bond between the partners is poetically described by Caraka as follows: the best lady as a partner by virtue of her beauty, age, speech etc enters into one's heart by god's grace or by his own good deeds. She will be so close to his heart and feelings so that they may have similar sexual attitude. Without her, this world seems to be devoid of enjoyment and body seems to be without sense organs. In the presence of the beloved, one may not feel sadness, anxiety or detachment. One may have constant desire to mate with her over and over again. He may have a feeling of completeness while being with her. One should attempt to have a progeny by co-habiting with such a beloved lady. This poetic description substantiates the psychological harmony of the couple, especially the mutual bondage of love. The same author undoubtedly claims that psychological wellness is the most important pre-requisite for conception (*Soumanasyam garbhadharanam sreshtam*). This aspect is more important for females as the word '*stree*' has derived from the root word '*styayati garbho*' meaning where the embryo attaches firmly for growing.

As a health science, Ayurveda highlights the biological aspects of female sexuality in the context of reproductive physiology including menstruation and pregnancy. The sexual act should be started after marriage. The minimum age of marriage, vis-à-vis sexual act is 16 for females whereas 20-25 for males. *Bhavaprakasha* describe the age wise sexual behavior of females and the optimal time for sexual act. All classics warned males that not to do the sexual act with too young or too old females. The psychological part of female sexuality is inseparably merged with biological action. From the social point of view, the status of female in ancient India should be considered; as for example, being in the company of sexually appealing women is mentioned as a treatment for fever of *Pitta* origin. Many a times, females are described as the instrument for sexual satisfaction of male just as evident from the indications of aphrodisiac formulations. Abnormal sexual behaviors are described at different contexts like gynecological disorders (*Yoni roga*) and Impotence (*Klaibya/ Napumsaka*).

The psycho-physiological description mainly comprises of cyclic sexual behavior and orgasm-like feeling.

**Cyclic sexual behavior:** This behavior is dealt under the heading of '*ritumati*' or ovulating woman. The term '*artava*' may denote the menstrual fluid/ menstruation, or ovum/ovulation. Hence '*ritumati*' may show some sure sign of ovulation and these signs may act as biological signals for her partner as an invitation for mating. *Ritukala* represents the time in the menstrual cycle which is favorable to conception. Usually, it is 12 days in the first 16 days of menstrual cycle omitting the initial three days of menstrual bleeding and the 16<sup>th</sup> day. Susruta mentions this

time as '*adrushtartava*' (invisible menstruation) <sup>[2]</sup>, which can be considered as the time of ovulation. During this time, a woman may present with the following features<sup>[3]</sup>:

- Cheerful face
- Moistness in the body especially the lips
- Internal moistness; either because of elated mental status or vaginal lubrication
- Strong desire to be with the loved one
- Interested in stories/ fantasies
- Moving eyes, and feeling of movements in abdomen and head
- Pulsations in the hand, breast, pelvis, loin, umbilicus, thighs and buttocks
- Extreme interest for coitus.

These features can be viewed as an optimal sexual desire stage of females in and around the ovulatory period. Here, the ancient scientists with their keen observation had reported the surest signs of ovulation as well as a welcoming from the female for sexual act.

Contemporary texts of Dharmasastra had elaborated the social and cultural importance of this period. If a lady asks for sexual act during ovulatory period (*r`tukaala*) to her husband, and if he denies the request, he will be vulnerable for the penance of killing the foetus (*garbha hatya papa*) <sup>[4]</sup>. It is devastating that, if a youthful lady is not united with her loved one, she may feel like dying or may develop unsoundness of mind<sup>[5]</sup>. This emphasizes the psychological importance of sexual act to females in contrast to the physical importance of sex to males.

### **Excitement stage and Orgasm:**

Even though direct references are not available for sexual pleasure of females, the features mentioned in the context of immediate conception (*Sadyogrhita garbha lakshana*) coincide with that of female sexual excitement and orgasm<sup>[6]</sup>. These psycho-physiological features include well reception and retention of semen (*Beeja*), satisfaction/ a sense of relaxation and well being, heaviness and pulsations in the vagina, non- returning of semen (*Sukra*) and ovum (*Asra*), increased heart beat, mild clouding of consciousness, thirst, fatigue and horripilation.

### **Abnormal sexual behaviors and sexual dysfunctions:**

Certain etiological factors mentioned for some andrological disorders may give the notion that, abnormal sexual behavior of men cause immense distress to females. As for example, the gynecological disorder '*Prakcharana*' causing severe pain in the vagina and cervix occurring as a result of paedophilia (*Maithunat ati balayah*- sexual act in too young girls). On another end, prostitution was also described and Charaka counted prostitutes among the four classes of people who are always prone to diseases (*sadaatura*).

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The descriptions of certain sexual dysfunctions and paraphilia applicable to females are dealt in different contexts.

**Transexualism:** Clear description of preference of female to homosexuality is available in Susruta Samhita in the description of the spectrum of sexual dysfunctions and paraphilia (*napumsaka*). Other authors following Susruta, like Bhavamirsra also describes the same. Dalhana clarifies the term given by Susruta “*nara cheshtita*” as ‘that woman is feminine in appearance, but gets sexual gratification by rubbing her genitals over the genitals of another woman, just like men<sup>[7]</sup>’.

**Lesbianism:** Susruta in the same context describes that, if two females driven by sexual urge copulate with each other, there will be secretion from their vagina. Their mode of sexual gratification is just like mentioned above.

**Increased frequency of sexual act:** Mentioned in the context of the gynecological disorder Aticarana yoni vyapat caused by excessive sexual act. This may be either voluntary or forceful leading to the damage of vagina and the vitiation of *vata*.

**Congenital virility:** This spectrum comprise of ill developed external genitalia and absence of sexual desire (*shanda yoni vyapat*)

**Female hypoactive sexual desire/ enjoyment disorder:** In the gynecological disorder *vandhya*, the female may have either aversion/ intolerance to sexual act.

**Nymphomania:** The dysfunction of increased sexual desire (*Ati rati priya*) is described in the gynecological disorder *vipluta*. Causative factor of the same is the presence of microbes (*Krimi*) present in the vaginal region because of poor sexual hygiene.

**Intolerance to sexual act:** If the channels of menstruation (*artava vaha srotas*) get injured, there will be intolerance to sexual act and may lead to infertility<sup>[8]</sup>.

## DISCUSSION:

Ayurveda is the science of life which is embedded in the Indian culture and advocate to live healthy. Kama or sexual pleasure is one among the goals of a healthy life itself and controlled sex act as a supportive pillar to human life. Female sexuality is viewed in terms of facilitation for procreation as well as to co-operate with males to satisfy their desires. But, for marital sex, the corner stone of family life, positive psychological relationship of the partners are highly essential. From the scarcity of description of female sexuality in contrast to the whole branch of Andrology, it is evident that the whole society was conservative towards feminine sexuality. Admitting the cultural and timeline differences, the view of Ayurveda in sexuality is still comparable to the concept of sexual health. The World Psychiatric Association has defined

sexual health as “a dynamic and harmonious state involving erotic and reproductive experiences and fulfillment, within a broader physical, emotional, interpersonal, social, and spiritual sense of well-being, in a culturally informed, freely and responsibly chosen and ethical framework; not merely the absence of sexual disorders.” [9,10]

The changes happening in an ovulating woman described in Ayurvedic classics should be understood more comprehensively. In a period, where the sonological screening for ovulation was unavailable, the ancient seers had noticed some sure signs of ovulation/ a period of high probability for conception based on the sexual attitude of females in the midcycle. Emerging researches from biological psychology report that a woman's cyclic hormonal changes oblige her to show some signs for men to notice rather unconsciously. These overt signs may include attractive dressing, more flirting, more sexually excitable, for a period roughly six days mid cycle, before and after ovulation. Subtle changes in voice, soft tissue becomes more symmetrical, skin tone changes etc; she becomes more textured and vascular. Men are also possessive of their women, and more loving towards them during ovulation<sup>[11]</sup>.

Another debatable point is the unique concept of signs of immediate conception. Surely, many of these symptoms are comparable to the physical changes during the sexual response cycle<sup>[12]</sup>.

**Table No:1: Comparison of features of immediate conception Vs sex response cycle**

<b>Sign/ symptom in immediate conception</b>	<b>Similar event in the sex response cycle</b>	<b>Stage of sex response</b>
Well reception & retention of semen	Onset of powerful involuntary rhythmic contractions of orgasmic platform and uterus	Orgasmic phase
Satisfaction/ a sense of relaxation and well being	General sense of relaxation	Resolution phase
Heaviness and pulsations in the vagina	Orgasmic platform forms at outer third of the vagina Cervix and uterus elevate further Inner two-thirds of vagina lengthens and expands further Clitoris retracts beneath the clitoral hood Lips of the vagina become more	Plateau phase

	swollen and change color	
Increased heart beat	Peak heart rates, blood pressure, and respiratory rates	Orgasmic phase
Mild clouding of consciousness	Visual and auditory acuity are diminished	Plateau phase, Orgasmic phase
Thirst, fatigue and horripilation	General loss of voluntary muscular control; may be cramp like spasms of muscle groups in the face, hands, and feet	Orgasmic phase

Even though the features of immediate conception are not told in the order of sex response cycle, majority of them seems to be features of orgasmic phase. These sure signs of orgasm may have significant association with successful conception. So many formulations indicated for fertility (Garbhadam/ suta pradam etc) should also enhance sexual act, especially the orgasmic phase. The formulations with the indications of 'garbhadam', mangalyam, alakshmi haram, etc can be given for female sexuality issues. Eg: Kalyanaka Ghrta, Phala sarpi

As per Charaka, indulging in sexual act with the most beloved lady, whom he really loves and who reciprocate with all psychological sophistications (*Samana manaskata*) as well as attaining psychological wellness prior to conception are extremely necessary to attain a healthy progeny. This indirectly points to the necessity of mental faculty for successful coitus resulting in conception. Hence, treatment of sexual issues of females requires psychological therapies as a firm initial step.

### CONCLUSION:

Ayurveda consider sex as an inevitable part of human life. But female sexuality has been restricted to events related to pregnancy. Sexual attitude of females in the mid cycle and the psycho-physiological features of immediate conception are to be well understood. Sexual dysfunctions of females also can be traced in Ayurvedic literature. Utilizing this knowledge, appropriate therapies should be planned.

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