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UNDERSTANDING OF FEMALE SEXUAL DYSFUNCTION IN AYURVEDA W.S.R TO FEMALE AROUSAL DISORDER- A CONCEPTUAL STUDY

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ABSTRACT

Female sexual dysfunction (FSD) has traditionally included disorders of desire, arousal, pain, and muted orgasm. Despite having its own definition, it is important to note that diagnosing an isolated dysfunction like female sexual arousal disorder is often difficult due to the dynamic nature of a woman's sexual response. According to revised DSM-4 if there are absent or markedly reduced feelings of sexual arousal from any type of stimulation and absent or impaired genital sexual arousal is termed as female sexual arousal disorder[1]. Epidemiologic studies have indicated a female sexual dysfunction prevalence rate of 30-55%. Despite the recent interest in organic causes of FSD, desire and arousal phase disorders (including lubrication complaints) remain the most common presenting problems when surveyed in a community-based population. In women, sexual interest is influenced by their psychological mindset, beliefs and values, expectations, sexual orientation, preferences, and presence of a safe and erotic environmental setting where lack of mental wellbeing is strongly linked to women's symptoms of low desire. In classics, most of the female sexual dysfunction have been explained in *yonivyapad* (gynecologic disorder) where some features look very similar to arousal disorder. Acharya Dalhana has given the commentary for the word *Apraharsha* as *Ananda abhava* (absence of enjoyment) is the most appropriate term to describe arousal disorder for which *Sankalpa* (determination, imagination), *Dhyeya* (meditating), *chintya* (thinking), *vicharya* (analysing), *oohya* (reasoning)which plays a major role. Understanding *Manas*(mind) as a foremost factor in the *Sampraharshana* and adopting *Satwavajayachikitsa*(psychological) to reduce anxiety and minimize the mental fluctuation and promoting a greater degree of relief in the symptoms.

Keywords: Arousal disorder, *Sampraharsha, Manas, Satwavajayachikitsa*

INTRODUCTION

Epidemiologic studies have indicated a female sexual dysfunction prevalence rate of 30-55%. Despite the recent interest in organic causes of FSD, desire and arousal phase disorders (including lubrication complaints) remain the most common presenting problems when surveyed in a community-based population[2]. A sexually excited female partner

is considered as *Vrishyatama* (best among aphrodisiac) where all objects of beauty are assembled in a woman in a compact form, nowhere else[3].*Sampraharshana* is a phenomenon which is supported by the *Sankalpa* (determination/imagination),a *Manobhava*[4] mainly by the normal functioning of *Vayu* enhanced through *Sparshanendriya* (tactile sensation).In women, sexual interest is influenced by their psychological mindset, beliefs and values, expectations, sexual orientation, preferences, and presence of a safe and erotic environmental setting where lack of mental wellbeing is strongly linked to women's symptoms of low desire.Understanding the causes of *Sthreedosha*[5](disorders of women) and role of *Manas* (mind), which are leading to arousal disorder helps greatly in treatment of the condition.

Apraharsha

Feeling of desire triggered by both internal (fantasies, memories, feeling of arousal) and external (an interested and uninterested partner) and are dependent on neuroendocrine function[6].*Kama* (desire), *Krodha* (anger), *Bhaya* (fear), *Shoka* (sadness), *Irshya* (jealous), *Udvega* (anxiety) etc. are the prime *Manovikaras* (disorders of *manas)*and *ManasikaBhavas*[7]which have got their definite role in the vitiation of general functioning of *Manas*(mind) as well as speculative higher mental and recreational functions i.e. sexual arousal, orgasm by altering the *Dosha* configuration. *Shukra*is one among the *Saptadhutu* (seven elements) which gets *Poshana* (nourishment)from the *Majjadhatu* (bone marrow) and produces the *Oja s*(essence) and is told as *Shukrasara*. The *Samanyaguna s*(general qualities) of *Shukradhatu* like *Dhairya* (courage), *Preethi* (love), *Dehabalam* (bodily strength), *Harsha* (excitement), *Beejartham* (fertilisation) should be understood in *Stree* (female) also. Whenever the *Shukrakshaya* happens because of *Shareerika* (physical) as well as *Manasikanidanas* (psychological etiology) it will cause the *Kshaya* (reduction) of *Shukradhatu* situated over whole body and in turn leading to *Apraharshana* (absence of excitement).

During the time of pregnancy as well as postpartum stage may negatively affect emotional and sexual intimacy, due to physical changes, and religious believes etc., also influence the sexual behaviour and attitudes. There will be marked changes in ovarian function associated with menopause, and the marked reduction of adrenal production of prohormones that is responsible for the production of oestrogen and testosterone may affect women's sexual response. Age plays a major role to produce *Prakruthaapraharshana* (physiological hypo excitement) due to the *Dhatukshaya* related to *Vayaparihaani* (aging). So, understanding the term *Klaibya*as*Maithuneapraharsha*[8](absence of arousal during sexual intercourse) where *Apraharsha* (Absence of excitement) stands for *Ananda abhava*, that happens to both sex.So, any defect in the determination or ambition regarding sexual interaction or act with the partner is prime cause for *Apraharshana*. The rigid upbringing, negative initial experiences and lack of sexual education and the personality trait in itself, viz. introversion, dull, fearful or *AvaraSattva* (decreased mental strength) individual are prone for this particular condition along with the *Mithyaahara* (abnormal diet), *Mithyavihara* (abnormal regimen), *Pradushtaarthava* (menstrual disturbances) and *Beejadosha* (defect in

ovaries) reflect abnormal psychology of individual leading to psychosomatic abnormalities like arousal disorder[9]. The *Dehaprakriti*, *Manasikaprakriti* and *Satvabala* have been dealt in detail in the texts to explain sexual procreational and recreational capacity of an individual. Any of these constitutional defects becomes a susceptible factor to cause sexual dysfunctions in future.

***Samprati* (pathology)**

Due to *Manasika, Shareerikanidanas, Avarasatwa,Avaraprakruti* as well as *Rogaathikarshana* vitiates *Manodoshas* such as *Rajas and tamas* leading to *Sanga* in the *Manovahasrothas*. It further disturbs the *Mano-vishaya* such as *Sankalpa* and *Shareerika-doshas.* These *Manasika* as well as *Shareerikadosha* vitiation further contributes to produce *Apraharshana*.

Female sexual dysfunction

Sexual desire provides strong motivation to be sexual. Multiple neurotransmitters, peptides, hormones modulate desire and subjective arousal such as Norepinephrine-dopamine-oxytocin-serotonin-promote sexual response. The physiology of sexual response cycle in women includes 5 phases such as sexual desire phase which can last for days where fantasies, dreams about the sexual object are a part of it. Arousal phase which can last from 1-2 minutes to hours. Plateau phase lasts between 30 seconds to 3 minutes. Orgasm phase lasts for 3-15 seconds and relaxation phase for 10-15 minutes. In this cycle, there are two basic physiologic processes they are vasocongestion and Neuromuscular tension called myotonia where vasocongestion takes place in lower and upper genital organs and breasts, while myotonia takes place in the whole body[10].

Many of the sexual problems couples encounter is due to sexual misconceptions, deficit of knowledge or experience or inability of the couple to communicate about their sexual preferences. In FSD involves any problem during any phase of the sexual response cycle that prevents an individual or couple from experiencing satisfaction from sexual activity.It includes disorders involving desire, arousal and orgasm as well as sexual pain disorders (dyspareunia, vaginismus). Most of the factors involved sexual dysfunction are mental health, aging, personality factors, relationships, infertility, drugs, sexual dysfunction in partner[11]. Sexual desire and sexual arousal disorders includes disorders like Sexual desire/interest disorder, combined sexual arousal disorder, subjective sexual arousal disorder, genital arousal disorder, orgasmic disorder[12]. Arousal disorders can be due to organic, sociocultural as well as psychological reasons. Under organic reasons disorders related to neurological problem, cardiovascular diseases, gynecological cancers, uro-gynecologic pathologies, drugs, hormonal disorders etc. are included. Under sociocultural factors- Inadequate education, conflict with religious, personal, family values, social taboos. Under Psychological- Depression/anxiety, history of sexual and/or physical assault, stress, past psychosexual trauma, problems with the partner, not desiring intimacy with the partner, relations that are falling apart, alcohol and/or drug addictions, relationship level plays major role in the manifestation of disorder. Symptoms of *Vatala, Acharana, Athyanandayonivyapad* (gynecological disorder) such as *Karkasha* (roughness), *Sthabda* (stiffness), *Shoola* (pain), *Na santhosham graamyadharmena*[13](no

satisfaction or excitement during sexual intercourse), *Apraharshana*- Includes disorders involving desire, arousal and orgasm as well as sexual pain disorders.

Treatment focus (Treatment modalities)

Charaka has listed *Daurmanasyam* (mental worry) as the first cause for causing *Avrishya* (non-aphrodisiac) and *Sankalpa* (determination) as the foremost among *Vrishyas*[14](aphrodisiac). Line of treatment should be understood under *Satwavajaya*, *Yuktivyapashraya* as well as *Daivavyapasrayachikitsa*. Adopt behaviour therapy, sexual counselling as *Satwavajayachikitsa* (treatment). *Yuktivyapashrayachikitsa* should be more intended towards correcting the *Vyana, Apana*, *PranaVayu* as well as *poshana* to *rasa dhatu (*nourishment to rasa dhatu). Among *Panchashodhana* (five detoxification therapy), *Virechana* (purgation) plays a major role in correcting the pathology. Along with *Padabhyanga* (feet massage), *Masthishkya* (application of medications overhead), *Sthanikachikitsa* (local treatment) such as *Yonipichu*, *Yonipoorana* etc. with respective medications. *Vrishya* drugs are *Madhura* (sweet), *Snigdha* (slimy), *Jeevaniya*, *Bruhmaniya* and *Mano harshana* (excitement) should be selected depends upon the involvement of *Shareerika* as well as *Manasikadosha* vitiation. Administration of *Vrishyadravya* such as *ashwaganda, shatavari, musali, mashadighritha, kalyanakaghrita, kushmandaavaleha* etc. which enables instantaneous sexual excitation. Modification of *Manovishayas* with the *Medhyadravya* like *Shankhapushpi, brahmi, mandukaparni.*

Whenever arousal disorder is attributed to inadequate stimulation should promote foreplay as well as lubricant. If it is due to sexual inexperience or lack of sufficient stimulation the treatment goal is to maximize stimulation and minimize inhibition. Couple should be advised to experiment with different coital technique and postures, explanation, education and attention to coital techniques, use of sex aids or gadgets. If in the case of relaxed vaginal interventions like Colpoperineorrhaphy should be done.

DISCUSSION

As the Epidemiologic studies, have indicated a female sexual dysfunction prevalence rate of 30-55%. Despite the recent interest in organic causes of FSD, desire and arousal phase disorders (including lubrication complaints) remain the most common presenting problems when surveyed in a community-based population. We need to initiate deep conversation around this topic especially in country like India where this topic is considered as a taboo. Here an attempt to understand the Organic-psychological-sociocultural factors leading to arousal disorder and discussion made to find out a solution.While evaluating sexual functioning of an individual it is important to incorporate family, social and religious believes, health status, personal experiences, ethnicity and demographic conditions and psychological status of the personal couple. *Manasikavega* (mental urges) are set of basic emotions which are present physiologically in every human mind. Until they are present in optimum level true to the given time and place, they are very important factors which depict the state of healthy mind. Once they cross their limits, they hamper the functioning of mind causing physical or psychological or social disharmony

and unrest. Here mind is concerned *satwavachayachikitsa* plays a prime role as well as detoxification of body in the form of *virechana* (purgation)[15] which provides detoxification to both *Manas* (mind) and *Shareera* (body), *Buddhiprasada, Bala/ utsaaha*to*indriya* (strengthens as well as provides enthusiasm to sensory organs).

CONCLUSION

One's sexual functioning is not an expression of reproductive capacity and gender identity but also serves a major role in cementing the emotional bond with the primary partner. Many of the sexual problems couples encounter is due to sexual misconceptions, deficit of knowledge or experience, inability of the couple to communicate about their sexual preferences.Sexual dysfunction is major health care issue; it deserves attention, consideration, proper investigation and appropriate treatment. Sexual problems are highly prevalent nowadays, yet frequently underrecognised and underdiagnosed in clinical practice. Thus, when mind is afflicted by improper *Kama*(desire), it affects the sexual response of an individual.Sexual dysfunctions in general or in particular can be considered as due to pleasure inhibition where in there is impairment or inhibition in desire, sexual arousal or orgasm where *Satwavajayachikitsa* in the form of sexual counselling, behaviour therapy, detoxification of body in the form of *virechana* (purgation) and *Vrishyadravyas* (aphrodisiac drugs) to stimulate *manoharshana* (mental excitement) should be adopted.

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