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REVIEW

Conceptual Analysis of Ārthavavaha Srotas (Female Reproductive System): A Review of The Theories and Literature

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ABSTRACT

The reproductive health of females during their fertile years is foundational for individual well-being and societal prosperity. The purpose of this study was to bridge the analytical and epistemological gaps currently existing in the literature regarding Ārthavavaha Srotas (ĀvS), the Ayurvedic concept of the female reproductive system. A comprehensive literature review was conducted using forward and backward searches to analyse authentic Ayurvedic texts (Caraka and Sushruta Samhitas) alongside contemporary research articles published between 2014 and 2024. The analysis identified ten specific aspects of the ĀvS where prior interpretations were superficial or unclear. The results of this study epistemologically validate ancient Ayurvedic classifications against modern biological mechanisms: specifically, the etymology (Nirukti) of Dhamani accurately predicts pulsatile haemodynamics in embryology and tubal transport; the Srotomūla is validated as a dynamic, multi-dimensional regulatory centre rather than a static anatomical origin; and the metabolic distinction between Ārthava (anabolic tissue) and Rajah (catabolic waste) is confirmed as a critical determinant for clinical therapy. Furthermore, the study highlights the ĀvS as a system of profound metaphysical significance, facilitating the biological expression of Karma. These findings substantiate that classical Ayurvedic terminology serves as a precise, functional descriptor of reproductive biology, providing a validated theoretical foundation for future clinical and theoretical research.

Keywords: Srotaomūla, Arthavavaha dhamani, Sroto dusthi, Types of srotas

Introduction

Authentic Ayurveda texts emphasize the *Kśetra* (uterus) as the primary site of female health, with its significance beginning in the fetal stage. Understanding its fundamental role within *Garbha Sambhava Sāmāgri* (the four factors of fetal formation) requires exploring its functional aspects in menstruation, conception, and pregnancy, as described in authoritative texts [1].

While recent research has offered valuable insights into the *Garbhāśya* (uterus) as the root of *Ārthavavaha Srotas* (AvS), this existing literature frequently overlooks the intricate connections within the broader Srotas framework. This gap in analytical depth represents the specific problem and research requirement this paper addresses.

The primary objectives of this work are to delve into the specificity of *Ārthavavaha Srotas* (AvS) as a vital organ particularly during the fertile age and to explore its anatomical, physiological, and etymological aspects by drawing comparisons between Ayurveda and contemporary medicine. To achieve this, the paper discusses the theory behind the key functions of '*Srotas*' (channels of the body)—storing, resting, controlling, and expelling—and their relevance to female reproductive health. This provides a contemporary analysis of both Ayurveda and modern knowledge.

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Research methodology

This study was a comprehensive literature review and critical analysis, following procedures designed to ensure rigor and replicability. The primary goal was to analyze ten specific aspects of the *Ārthavavaha Srotas* (AvS) system using a defined search strategy. The literature search was executed using a two-pronged approach confined to a specific timeframe and language: the search scope included only articles published in English between 2014 and 2024. For the literature survey and selection, forward searching was performed in established databases, specifically PubMed, JSTOR, Google Scholar, and ResearchGate.

Search Methods:

1. **Primary Search Strategy (Systematic Keyword Screening):** This phase utilised a defined set of domain-specific terms to identify relevant records.
   - **Keywords:** *Ārthavavaha Srotas*, *Srotas*, *Garbhāśaya (uterus)*, *female reproductive system*, *Ayurveda*, *pre-conceptional health*, *prenatal health*, and *embryological development*.
2. **Secondary Search Strategy (Backward Snowballing):** To ensure comprehensive coverage, Backward Snowballing (Chain Referral Sampling) was applied. This involved a critical review of reference lists within the initial articles to identify foundational Ayurveda texts and seminal studies; namely the Caraka Samhita and Susruta Samhita

Inclusion and Exclusion:

The screening process yielded the following results:

- Initial Records: The initial search yielded 450 records.
- Full-Text Review: After removing duplicates and screening titles/abstracts, 120 articles were selected for full-text review.
- Final Corpus: 35 articles met the inclusion criteria and were included in the final analysis, along with 2 authentic Ayurvedic texts (Caraka Samhita and Susruta Samhita).

Analytical Procedures:

The gathered literature was subject to a critical qualitative analysis:

- Critique: Interpretations from recent authors were analyzed and critiqued for clarity and detail.
- Evaluation Standard: Evaluation assessed interpretations against established Ayurvedic principles and contemporary medical knowledge.
- Focus Area: The analysis was structured around ten specific subtopics related to ĀvS, addressing identified shortcomings in prior interpretations.
- Categorization: Information was categorized into traditional perspectives (e.g., *Nirukti, Duṣti*) and unorthodox perspectives (integrating modern scientific findings).
- Categorization: Analysis categorized information into traditional perspectives '*Nirukti*' (etymological explanations), '*Sankyā*' (listed in numbers), '*Prabheda*' (types), and '*Duṣti*' (vitiation);and unorthodox perspectives (integrating modern science).
- Critique: Interpretations were analyzed, paraphrased, summarized, and critically evaluated against established Ayurvedic principles and contemporary knowledge.
- Focus Areas: The identified shortcomings were categorized into ten subtopics and addressed by reviewing Ayurveda basic principles, *Śārīra* (functional anatomy), and modern embryology. These ten points constitute the specific focus of the study's analysis and are documented in the Results section.

Results

The comprehensive literature survey and critical analysis of the two authentic Ayurveda texts and the 35 selected research articles yielded a set of structural, conceptual, and pathological findings, primarily addressing the ten specific aspects of the ĀvS system where prior literature was found to be insufficient or unclear.

Foundational findings and definitions

- *Nirukti* (Etymology): Examination of *Nirukti* revealed variable technical terms for the Garbhāśaya (uterus)across classical texts, including *Kukśi*, *Kśetra*, *Garbhakoṣtha*, and *Vipula Strotas Kuksi*. The term *Ārtava* was found to carry the dual meaning of menstrual blood (*Ārtava Sonita*) and ovum (*Stri Beeja*) [1, 2].
- Structural Origin (*Mūla*): The Garbhāśaya (uterus) and Athavavaha Dhamani (fallopian tubes) were identified as the fundamental Mūla (root) of ĀvS, governing both the origin (*Utpatti*) and expulsion (*Visarjana*) of *Ārtava* [3, 4].
- System Components: The ĀvS system was confirmed to comprise the ovaries, uterine (fallopian) tubes, uterus, vagina, and external organs [5].
- Primordial Origin: The formation of the Garbhāśaya was found to be primarily influenced

by an excess of two *Panchabhūta* (primordial matters)—*Akaśa* (space) and *Vāyu* (air)—creating the essential uterine cavity [6].

Functional and categorical findings

- *Dhamani* Classification: Based on the commentary of Sushruta *Vimarshini*, the concept of four downward-directed arteries (*Adhogāmini Dhamani*) was identified, with two responsible for *Ārtava* formation (Prādurbhava) and two for expulsion (Visarga) [7, 8].
- *Ārtava* vs. *Rajas*: *Ārtava* (ovum and endometrium) was identified as a supportive tissue (*Upadhātu*) of *Rasadhātu* (plasma), while Rajas is the waste product eliminated.(9),(10)
- Functional Synonyms: The synonyms of Srotas (Channels) used in Caraka Vimāna Sthāna 5/9 were found to highlight functions occurring within a repository (*Aśaya*), resort (*Niketa*), and site (*Sthāna*) [5, 11, 12].
- Categorical Identification: ĀvS was identified across five distinct categories determined by its anatomical morphology (e.g., *Samvṛta/Asamvṛta*, *Sthūla/Sūkşma*) and orientation [5] (*Antarmukha/Bahirmukha*). The oviduct was noted as a unique internally open Srotas (*Asamvṛta*) [13–16].

The Ārthavavaha Srotas (ĀvS) system and anatomical correlates

The *Ārthavavaha Srotas* (ĀvS) system encompasses various anatomical components, ranging from the macroscopic to the microscopic [17, 18].

- Macroscopic Components: This includes structures referred to as *Bhaga*, *Smarapatra*, *Yoni*, *Garbhāśaya*, and *Antargata phalam*.
- Microscopic Components: These relate to the cellular level of the embryo and the endometrial mucosal layer.

All these components contribute to the normal functioning of the ĀvS. Anatomical deformities within the ĀvS can manifest as various menstrual disorders (*Ārthava Vyāpat*), as described in the Caraka Chikitsa chapter 30 under '*Vimśati Yonivyāpad*'.

Pathological findings

- ***Sroto-dusṭhi* Forms:** Specific causative factors (diet and lifestyle) were found to lead to four forms of Srotodusṭhi (channel vitiation) in the ĀvS, affecting both structure and function [8].
  1. *Atipravrutti* (excess circulation), linked to *Pitta Kopa* (inflammation) and leading to *Asrugadhara* (menometrorrhagia).
  2. *Sanga* (obstruction), linked to *Vāta* and *Kapha* aggravation, causing scanty menstrual bleeding.
  3. *Sirāgranthi* (varicosity or tortuousness), linked to *Vāta* or *Kapha* entering the ĀvS and leading to *Arbuda*(tumor) formation.
  4. *Vimārgamana* (abnormal circulation direction), linked to vitiated *Vāyu* (air), where menstrual blood enters fistulas [19].

Discussion

This section interprets the findings presented in the Results, addressing the specific limitations identified in previous literature. The review revealed that existing studies often suffered from two primary deficiencies regarding the ten listed aspects of the ĀvS: first, an analytical gap, characterized by superficial explanations lacking depth and detail; and second, an epistemological validation gap, where the contextual framing of data and its alignment with established Ayurvedic principles were often insufficient or unclear.

The following discussion addresses these gaps by critically synthesizing classical Ayurveda textual evidence with contemporary anatomical and physiological knowledge across the ten identified domains.

Structural and functional origin (Mūla) of ĀvS: An epistemological validation

The review highlights a critical analytical gap where the Ayurveda concept of *Srotomūla* (root of channels) is frequently misinterpreted as a static anatomical origin. However, this study utilizes the authoritative texts of *Caraka* and *Susruta* to epistemologically validate the *Mūla* as a dynamic, regulatory command center governing the system's physiology and pathology.

The validation of this concept rests on the classical analogy provided in Susruta Shariira 9/13, which defines the *Srotomūla* as arising from a vacant space (*Mūlat Khādhāntaram*) and functioning analogous to the roots of a tree. This comparison is not merely poetic but functionally substantiates the root's role in providing structural stability, nutrient access, and storage for the entire reproductive system. By grounding the analysis in these texts, the *Mūla* is validated as the fundamental source of biological integrity for the ĀvS [3, 8].

Validating the dual function: Utpatti and visarjana

Critically, this study identifies the *Garbhāśaya* (uterus) and *Ārthavavaha Dhamani* (fallopian tubes) as the unified *Mūla* of the ĀvS. While modern anatomy often segregates these organs, the Ayurveda epistemology unifies them through two validated physiological functions identified in Susruta Samhita (*Śārīra Sthāna*):

1. *Utpatti* (Origin/Production): Validated as the function during the *Rtukāla* (fertile phase), where the *Mūla* governs the formation of the ovum and the endometrial capillary bed [3, 4].
2. *Visarjana* (Expulsion): Validated as the function during *Rajsrāva Kāla* (menstruation), where the *Mūla* shifts to facilitate the expulsion of flow [3, 4].

This dual functionality confirms the epistemological stance that the ĀvS *Mūla* is an active regulator of the fertile cycle, distinguishing it from a passive anatomical vessel.

Clinical validation through six dimensions

To bridge the gap regarding the clinical scope of the *Mūla*, this analysis proposes that the *Garbhāśaya* and its adnexa must be evaluated through six distinct functional dimensions. This framework is epistemologically validated by the fundamental axiom stated in *Caraka Samhita* (Vimāna Sthāna 5/7), which establishes that the root is not merely structural but functional; therefore, any vitiation at the root (*Srotomūla*) inevitably leads to system-specific pathology (*Sroto Duṣthi*).

This textual authority validates the *Mūla* as the governing site for:

1. *Utpatti Sthāna*: Site of origin (production of ovum/endometrium).
2. *Samgraha Sthāna*: Site of storage (holding the fetus/menstrual fluid).
3. *Vahana Sthāna*: Site of conduction (transport via *Dhamani*).
4. *Visarjana Sthāna*: Site of expulsion (menstruation/parturition).
5. *Naidānika Sthāna*: Site of diagnosis (where pathology manifests).
6. *Chikitsātmaka Sthāna*: Site of treatment (target for intervention).

This multi-dimensional framework confirms that the *Garbhāśaya* is the critical *Chikitsātmaka Sthāna*, validating that therapeutic interventions targeting the *Mūla* are accurate, epistemologically sound practices for managing reproductive health [8, 11].

Dhamani and the formation of Ārthava: An epistemological validation

The review reveals a significant divergence in the interpretation of *Ārthavavaha Dhamani* (arteries/channels of the reproductive tract). While the term *Dhamani* is often broadly translated merely as "artery," its root etymology—*Dhamanāt Dhamnyah*—provides a critical functional definition.

This distinction is explicitly validated by Caraka Samhita (*Sūtra* 30/12), which establishes a clear physiological hierarchy for bodily channels: "Because of pulsation (*Dhamana*), some of them are called *Dhamani*; because of transudation (*Sravana*), some of them are called *Srotas*; and because of the action of simply carrying a substance from one place to another (*Sarana*), Susruta *Śārīra* 9/9 says *Sirā*. Thus, the specific classification of reproductive channels as *Dhamani* confirms their active, pulsatile nature, distinguishing them from passive transport vessels.

This etymological foundation epistemologically validates the inclusion of distinct physiological structures that exhibit both vascular pulsation and muscular peristaltic activities, distinguishing them from passive vessels [3, 8, 9, 20–25].

The four Adhogāmini Dhamani

Classical commentary (Sushruta Vimarshini) describes four downward-directed channels (*Adhogāmini Dhamani*) governing the reproductive cycle: two responsible for the formation (*Prādurbhava*) of Arthava and two for its expulsion (*Visarga*) [8, 24]. This study utilizes modern anatomical findings to validate these ancient classifications through two primary correlates:

1. The Fallopian Tube Hypothesis (Peristaltic Validation): Some scholars identify the two *Dhamani* responsible for *Prādurbhava* as the fallopian tubes [24]. This correlates with the function of *Utpatti* (formation/transport of the ovum). The defining characteristic of "pulsation" (*Dhamanāt*) is functionally validated here by the rapid peristaltic contractions of the tubal smooth muscle, which are physiologically essential for transporting the ovum from the ovary to the uterus [8, 19, 20, 32].
2. The Uterine Artery Hypothesis (Vascular Validation): Alternatively, from a vascular perspective, the four *Dhamani* align remarkably well with the branching pattern of the uterine arteries. The uterine artery, branching from the internal iliac, bifurcates into an ascending branch

(supplying the uterine body/fundus) and a descending branch (supplying the cervix/vagina).
- Ascending Branches (*Prādurbhava*): The two ascending branches correspond to the *Prādurbhava Dhamani*, validating the supply of nutrients required for the formation of the endometrial bed and the ovum's environment.
- Descending Branches (*Visarga*): The two descending branches correspond to the Visarga Dhamani, functionally linked to the cervix and vagina, the sites of expulsion.

Functional pulsation in the fertile period

The analysis suggests that the unique attribute of *Dhamanāt* (pulsation) in the female body is not static but is functionally activated during specific fertile phases linked to the ovum's fate. This physiological nuance bridges the validation gap between the ancient text and modern embryology, identifying *Dhamani* not just as structural tubes but as active, pulsatile agents of reproductive transport.

This pulsatile activity is scientifically observed in three distinct scenarios, validating the classical definition:

1. Tubal Transport: The "more rapid contraction phase" (approximately 8 hours) occurring in the fallopian tubes (*Ārthavavaha Dhamani*) when the egg or conceptus passes through the isthmus during transport to the uterus.
2. Menstruation (*Rtusrāva Kāla*): The rhythmic uterine contractions occurring for 4-5 days to facilitate the shedding of the endometrium.
3. Parturition: The periodical, rapid, spontaneous contractions of the uterine *Sroto-mūla* (*Garbhāśya*) during the termination of pregnancy.

Significantly, in Kashaypa Samhita by pioneer Ayurvedic gynecologists have explicitly encoded these pulsatile forces using the technical terms "*Avī*" (labor pains/contractions) and "*Grāhī*" (holding/retaining force). The use of such specific nomenclature validates that the ancient understanding of *Dhamani* extended beyond simple vessels to include the dynamic, auto-generated muscular forces essential for both retaining the fetus and expelling it [26].

Arthavavaha Srotas: Validation of the system concept

The review identifies a tendency in recent literature to view the ĀvS merely as a collection of isolated organs. This reflects an analytical gap where the holistic Ayurveda concept of *Srotas* is reduced to simple gross anatomy. Epistemologically, this study validates that a *Srotas* is defined not just by structure, but by the unified function of a group of organs working in concert.

Validation through functional synonyms

To validate ĀvS as a complete system rather than a list of parts, this analysis applies the functional synonyms found in Caraka Vimāna Sthāna 5/9. These terms epistemologically classify the system based on three distinct functional states, validating the interconnectedness of the organs:

- *Āśaya* (Repository**):** Validates the uterus as a dynamic repository for physiological transformation.
- *Niketa* (Resort**):** Validates the system as a temporary resort, not merely for the physiological *Ārthava* (during the 28-day cycle), but as a metaphysical abode. It functions as the residence for the growing fetus and its soul, providing a place for the soul to expend *karma* (past deeds) over the 280-day or 40-week gestation period. This interpretation aligns with the Buddhist concept of karma as cause and effect, thereby highlighting and validating the profound metaphysical aspect of *Niketha* within the ĀvS [27, 30, 31].
- *Sthāna* (Site): Validates the specific loci for the distinct events of *Utpatti* (origin) and *Visarjana* (expulsion) [19, 28, 29].

Integration of macro and micro dimensions

The validation of ĀvS as a system is further established by its inclusion of both macroscopic (*Sthūla*) and microscopic (*Sūkşma*) channels. The uterus and adnexa do not function in isolation; they form a network that transports nutrients, removes waste, and transmits energies (*Chetanā*) between the mother and the fetus [8, 11].

This systemic view bridges the epistemological gap between the visible organs (*Drusya*) and the subtle functional pathways (*Adruşya*). It confirms that the ĀvS operates as a unified biological system capable of facilitating the metaphysical entry of the *Atma* (soul) and the physical transport of reproductive elements, a complexity often missed in purely anatomical descriptions.

Contribution of primordial matters (Panchamahabhuta) to Garbhāśaya formation

A significant analytical gap in previous literature is the failure to connect the gross anatomy of the uterus with its primordial elemental composition. This study bridges that gap by applying the principle of *Ākāśa Mahābhūta* (Space) and *Vāyu Mahābhūta*

(Air) to epistemologically validate the formation and unique expansive capacity of the *Garbhāśaya*.

The elemental theory of cavity formation

Epistemologically, the term *Garbhāśaya* is a compound of *Garbha* (fetus) and *Āśaya* (abode/receptacle). Caraka Vimāna 5/9 emphasizes that all *Srotas* (channels) and *Āśaya* (receptacles) fundamentally originate from the primordial element of *Ākāśabhūta* (Space) [11].

This analysis posits that the formation of the uterine cavity is not random but is the result of a specific elemental interaction:

- Mechanism: The uterine cavity is formed by the combined functions of *Vāyu* and *Ākāśa*.
- Process: *Vāyu*, characterized by the quality of movement, pushes space peripherally within the *Mānsa dhātu*(muscle tissue) [6].
- Validation: This elemental mechanic validates the definition of the uterus as a muscular organ (*Mānsa*) with a central hollow cavity (*Ākāśa*) created for specific retention.

Validating pathological vs. physiological expansion

The *Panchamahäbhüta* theory further provides a predictive model for differentiating health from disease.

Physiological Expansion: During *Garbhāvakrānti* (embryological development), the *Garbhāśaya* is primarily influenced by an excess of *Space* and *Air*. The *Vāyubhūta* induces cellular proliferation in the growing fetus, creating an internal pressure that drives the physiological expansion of the *Āśaya* to accommodate the pregnancy [6, 8].

Pathological Expansion (Author's Analysis): This study analyzes that the mechanism of expansion—driven by *Vāyu*(proliferation) creating *Ākāśa* (space)—remains constant. However, the outcome is context-dependent. The analysis finds that where this expansion of uterine space occurs without the growth of a fetus (teleological purpose), it is fundamentally pathological. The same elemental function of cell proliferation, devoid of a conceptus, manifests as morbid growth (e.g., tumors or *Arbuda*), necessitating surgical intervention.

Thus, the elemental theory serves as a valid epistemological tool for distinguishing the "pregnant uterus" from the "pathological uterus" based on the cause of expansion.

Epistemological distinction between Arthava (Ovum) and Rajah (Menstrual Blood)

Contemporary interpretations often conflate the terms *Ārthava* and *Rajah*, viewing them merely as synonyms for menstrual fluid [32, 33]. However, this review identifies a critical epistemological distinction validated by the physiological status of the fluids. While structurally intertwined, the *Ārthavavaha Srotas* (ĀvS) and *Rajo Vaha Srotas* (RvS**)** operate in distinct functional domains.

Validation through functional domains

The differentiation is validated by the specific biological goals of each system:

- ĀvS (The Anabolic/Generative Phase): Functionally active in the ovaries, fallopian tubes, and uterine fundus during the fertile window. Its primary role is *Utpatti* (production) of the ovum (*Stri Beeja*) and the endometrial bed. Epistemologically, this phase is dominated by Tejas (heat/transformation), mirroring the metabolic intensity required for potential life [9].
- RvS (The Catabolic/Expulsive Phase): Functionally active in the uterine fundus, cervix, and vagina during menstruation, as described in Susruta Samhita *Śārīra Sthāna* [8]. Its primary role is *Visarjana* (expulsion) of the unfertilized ovum and the aged endometrium, a phase governed by the downward movement of *Apāna Vāyu* [10].

Metabolic validation: Upadhātu vs. Mala

The most significant validation of this distinction lies in *Dhātu* (Tissue) Metabolism. Ayurveda classifies these substances differently based on their potential for supporting life:

- *Ārthava* as *Upadhātu*: During the fertile phase, *Ārthava* is classified as an *Upadhātu* (supportive secondary tissue) of *Rasadhātu* [9]. This metabolic classification validates the clinical approach wherein *Ārthava* is treated as a vital tissue to be nourished—specifically in the context of infertility—as prescribed in Caraka Samhita *Chikitsā Sthāna* 15/17.
- *Rajah* as *Mala*: When conception fails, this same material is metabolically downgraded to Rajah (waste) [34, 35]. Consequently, it is treated as a substance to be cleansed in the management of menstrual disorders, a distinction explicitly supported by Caraka Samhita (*Chikitsā Sthāna* 30/204, 30/25-26) and Sushruta Samhita (*Śārīra Sthāna* 2/21).

This metabolic differentiation serves as the epistemological basis for clinical decision-making. It confirms that the therapeutic strategy—whether nourishment or purification—is strictly determined by the biological status of the fluid. Consequently, *Ārthava* is clinically approached as a vital tissue requiring nourishment (anabolic therapy) in the context

of infertility, whereas *Rajah* is managed as metabolic waste requiring cleansing (purification therapy) in the treatment of menstrual disorders.

Clinical validation: Rasadhātu and estrogenic signs

This theoretical framework is further validated by clinical signs described in the classical texts. The health of the endometrium (*Upadhātu*) is directly reflected in *Twak Sāra* (skin luster), establishing a diagnostic link between reproductive health and systemic vitality.

- Validation of Peak Luster: High-quality *Rasadhātu* during the *Rtumatī* (ovulatory/estriol) phase manifests as peak skin luster, confirming the optimal development of the endometrium. This direct correlation between internal tissue excellence and external dermatological health is epistemologically validated by specific references in Charaka Samhita (*Sūtra Sthāna* 14/9) and Sushruta Samhita (*Śārīra Sthāna* 5), which describe *Twak Sāra* (skin excellence) as the diagnostic sign of optimal *Rasa*.
- Validation of Depletion: Conversely, the expulsion of *Rajah* leads to a temporary depletion of *Rasadhātu* and *Ojas*, explaining the lethargy and diminished luster often observed during *Rajosrāva Kāla* (menstruation).

Epistemologically, this depletion is not merely a loss but a necessary purification. *Caraka Samhita* validates this physiological reset with a profound analogy: "Menstruation cleanses *Rasadhātu* like a flowing river, purifying women" (p. 268) [11]. This metaphor validates the menstrual process not as a pathology, but as a vital, self-regulatory cleansing mechanism essential for maintaining female beauty and health.

Categorical identification and epistemological validation of ĀvS

A critical epistemological challenge in Ayurveda is reconciling the classification of *Srotas* (channels) with anatomical reality. Caraka Vimāna 5/7 and Susruta *Śarīra* 9/12 generally classifies internal *Srotas* as *Samvṛta* (closed). However, this study identifies a unique epistemological exception within the *ĀvS* that validates its distinct biological role.

The Asamvṛta exception

While the majority of the system functions as *Samvrta* (closed channels), the oviduct (fallopian tube) presents a unique anomaly: it opens directly into the peritoneal cavity to facilitate ovum capture. This anatomical reality validates the existence of Asamvṛta (open) channels within the ĀvS. This finding bridges the validation gap by confirming that the ĀvS is a hybrid system—predominantly closed but functionally open at the *Ayanamukha* (internal opening)—a distinction unique to the female reproductive anatomy compared to the male.

Epistemological validation of micro-channels (Sūkṣma Srotas) and sensory pathways

Furthermore, the analysis validates the *Srotas* concept beyond gross anatomy. The inclusion of Sūkşma *Srotas* (micro-channels) is not merely theoretical but represents the cellular and receptor-level pathways essential for reproductive signaling. This validates the Caraka Vimāna (Chapter 5) assertion that *Srotas* encompass both visible organs and the subtle networks carrying "emotions" (*Chetnā*) and sensory signals.

Specific identification of the three Nāḍis: Pain, pleasure, and conception

This sensory function is specifically localized to the vaginal orifice (*Manobhavagaramukha* or *Yonimukha*), identifying it as a critical zone for signal transmission. Bhavamishra's *Pūrvakhanda* (*Garbha Prakarana*) provides a granular validation of this by identifying three distinct sensory channels (*Nāḍis*) located within the *Yonimukha*, each governing a specific reproductive outcome dependent on the "timing of female satisfaction" (pleasure) [36].

The special identification of these *Nāḍis* correlates sensory input with biological determination:

1. *Samīrana Nādi*: This channel is identified as governing the general likelihood of conception. Its function is tied to the transmission of signals that either facilitate or inhibit the retention of seed based on the local sensory environment.
2. *Chandramukhī Nādi*: Meaning "Moon-faced," this channel is specifically identified with the conception of a female fetus. It suggests a specific receptivity or micro-environment triggered by satisfaction associated with this pathway.
3. *Gaurī Nādi*: Meaning "The Fair/Golden One," this channel is identified with the conception of a male fetus.

Validation of Psychosomatic Link: Bhavamishra explicitly links the activation of these channels to "female satisfaction" (*pleasure*). Epistemologically, this validates the existence of a psychosomatic feedback loop within the ĀvS. It implies that the *Yonimukha* contains specific *Sūkṣma Srotas* (micro-channels) capable of translating a sensory experience (pain or pleasure/satisfaction) into a definitive biological command (sex determination or conception success).

Thus, the transmission of informative signals through these *Anu Srotas* (subtle channels) is a recognized, validated mechanism in Ayurveda reproductive physiology.

Diśā bheda: Epistemological validation of orientation and orifices

The categorical identification of *AvS* via *Diśā Bheda* (classification by orientation) concerns the positioning of *Srotas* openings, distinguishing between those directed outward (*Bahir mukha*) and those directed inward (*Antarmukha*). A fundamental distinction lies in the female anatomy regarding the external orifices (*Bahir mukha Srotas*).

While males possess nine external orifices, females possess three additional openings, bringing their total to twelve. This anatomical distinction is explicitly detailed and validated in Caraka Samhita (*Vimāna* 5, pp. 171-180) [11], Sushruta Samhita (*Śārira*, pp. 200-206) [8], and Ashtanga Hridaya (*Uttara Tantra*, p. 7) [37].

These additional orifices—specifically the two breast ducts and the vaginal opening—are critical to the reproductive functions of lactation and parturition, validating the unique *Diśā* (orientation) requirements of the female physique

This analysis highlights the unique anatomical status of the female body, which possesses three additional external orifices compared to the male.

- Validation of Dual Orientation: The *AvS* is validated as a system possessing both orientations. It contains one external macroscopic opening (*Bahirmukha Srotas*) responsible for the elimination of substances (*Visarjana*) and a unique internal microscopic opening (*Ayanamukha*), which is specific to female anatomy. This dual orientation validates the system's capacity to function as both a retainer of conception (internal) and an expeller of waste (external) [14, 15, 37, 38]'

The Sthanya-Ārthava axis: A unified system

Furthermore, classical Ayurveda texts—specifically Charaka Samhita Chakrapani Tika [11], Sushruta Samhita (8) and Ashtanga Hridaya, [37]—emphasise the profound functional interconnection between *Sthanya* (breast milk) and *Ārthava* (menstrual fluid). Epistemologically, both are validated as *Upadhātus* (secondary tissues) originating from *Rasa Dhātu*, essential for childbearing.

- Validation of Inverse Relationship: Ayurveda notes an inverse relationship between actation and menstruation (lactational amenorrhea), suggesting a deep functional link. The channels for both appear interconnected, supporting the notion that they function as a unified reproductive system within the ĀvS framework. This systemic view aligns with the review by Dhaygude et al. (2023) [39], which draws on the authority of *Kashyapa* and *Harita* to highlight the integral role of breast milk in the female reproductive system.
- Anatomical Confirmation: This interconnectedness is further emphasised by the unique female anatomy: women possess all three external openings (*Bahirmukha Srotas*) dedicated to releasing the *Upadhātu* of *Rasa* (two breast ducts and the vaginal orifice). This explicitly validates the unified role of these structures in progenesis.

Sankyā and Linga bheda: Beyond number and gender

Finally, the review addresses the apparent discrepancies in classification between major texts:

- *Sankyā Bheda* (Numerical): *Charaka* enumerates 13 *Srotas* without explicitly naming *Ārtavavaha*, whereas *Sushruta* lists 11 pairs, explicitly including *AvS* with its roots and injury symptoms.
- *Linga Bheda* (Gender): This variation is validated as a gender-based distinction (*Linga Bheda*), acknowledging that ĀvS is a system exclusive to the female physiology.

Conclusion on Categorization: Ultimately, this analysis enlists the categorical distinction of *ĀvS* as being primarily defined by its designed functions. The anatomical variations—whether *Samvṛta-Asamvṛta* (closed/open), *Sthūla-Sūkṣma*(macro/micro), or *Antarmukha-Bahirmukha* (internal/external)—are not arbitrary but are driven by specific functional requirements. This functional determinism validates the complex morphology of the female reproductive system beyond mere numerical counts.

Nirukti (Etymology) based functional validation of Srotas

The validation of Ayurveda physiology relies heavily on *Nirukti* (etymology). This study finds that the specific terms used to describe channel functions are not arbitrary but serve as accurate, biologically valid descriptors of the female body's transport mechanisms.

Validating the dual nature of transport: Sravana vs. Gati

The term *Srotas* is derived from the root *Sru*, which possesses two validated meanings: *Gatau* (to move/go) and *Sravane* (to ooze/filter). This dual etymology is echoed in the root meanings of *Ayana* (to move) and *Mukha* (to leave free) [37].

- Epistemological Validation: This etymological framework validates the complex physiology of the *AvS*, confirming that it must facilitate both energy-dependent active transport (movement/motor proteins) and passive secretion (oozing/transudation). This aligns with modern cell biology, which distinguishes between energy-dependent secretion (as noted by Alberts et al.) and force-mediated tissue transport. Thus, *Caraka's* definition of *Sravanam* validates the system's capacity to maintain bodily tissues (*Dhātu*) through diverse transport mechanisms.

Validating the hierarchy of flow: Dhamani, Srotas, Sira

A critical epistemological distinction is found in the functional separation of channels. While often used interchangeably in general discourse, Caraka Samhita (*Sūtra* 30/12) and Sushruta Samhita (*Śārīra* 10/3) explicitly differentiate them based on bio-physical mechanics:

- *Dhamanāt Dhamnyāh* (Pulsation): Validated as the active, pulsatile function (e.g., arterial/tubal).
- *Srawanatā Srotamsi* (Permeation): Validated as the secreting/oozing function (e.g., capillary/endometrial).
- *Sarnāt Sirā* (Flow): Validated as the passive carrying function (e.g., venous drainage).

Metaphysical validation: Janani and Purushakāra

The unique presence of *Dhamanāt* (pulsation) during menstruation and parturition holds profound metaphysical significance. This physiological phenomenon—the auto-generated contractions—is validated not just as a mechanical event but as the facilitator for the entry of a soul seeking human birth.

- The Concept of *Purushakāra*: The *AvS* grants the soul the opportunity to engage in physical activities (*Purushakāra*), validating the female body as the distinct *Janani* (Progenitor). This function is explicitly detailed in Charaka Samhita (*Vimāna* 3/30, p. 372) [11] and further analysed by Keerthy Priya [40].
- Metaphysical Agency: This function signifies the female role in bringing new *Panchabhutic* bodies (encasing 'old' souls) into the world, bridging the gap between the physical contractions of the uterus and the metaphysical cycle of birth and rebirth (*Samsara*).

Validation of the three major functions in prenatal influence

To address the analytical gap regarding fetal circulation, this study correlates the three classical functions outlined in Caraka Samhita (*Sūtra* 30/12) with the specific stages of fetal development.

Validating Sravanāt as histotrophic nutrition

Modern embryology identifies that in the early stages (pre-placental), the embryo receives nutrition via histotrophicmeans—diffusion from the eroded decidua and glandular secretions.

- Ayurveda Correlate: This phase is epistemologically validated by the term *Srawanāt Srotamsi* (channels of oozing). Within the *AvS*, the *Samvrta Srotas* (closed channels) of the endometrium facilitate the transport of transformative substances through transudation (*Sravanam*). This perfectly describes the passive diffusion of nutrients from the endometrial capillary bed to the embryo before vascularisation is complete.

Validating Dhamanāt as hemotrophic nutrition

As fetal organogenesis progresses, the metabolic demand exceeds the capacity of diffusion. The embryo transitions to hemotrophic nutrition, which requires active vascular circulation driven by a pressure gradient.

- Ayurveda Correlate: This transition is captured by the shift to *Dhamanāt Dhamnyāh* (pulsation), as defined in *Caraka Samhita* (Sūtra 30/12) [25]. The development of the fetal heart and vasculature requires the transformation of potential energy into kinetic energy.
- Textual Authority: The Sharangadhara Samhita refers to this pulsatile force as *Jīvasākshinī* ("the witness of life") in the context of *Nadi Pariksha*. This validates that Ayurveda recognized the onset of active, pulsatile circulation (*Dhamani*) as the distinct marker of fetal vitality [25, 41].

Sroto Duṣṭhi (Vitiation): Diagnostic and clinical validation

The final epistemological validation of the AvS lies in its pathological manifestations. This study validates the system's clinical relevance by analysing the diagnostic framework of Internal (*Nija*) and External (*Āganthuka*) causes, confirming that ancient classifications accurately map to modern aetiologies.

Surgical validation (Viddha Lakshana)

The Sushruta Samhita provides a precise diagnostic corollary for structural damage (*Āganthuka*) to the root channels (*Srotomūla*). In Chapter 9 of the Śārīra Sthāna (Verse 12), Sushruta explicitly details the triad of symptoms resulting from surgical injury: *Vandhyatva* (infertility/sterility), *Maithuna-Asahiśhnutva*

(dyspareunia), and *Ārthavanāśa* (amenorrhoea). These classical descriptors serve as validated clinical markers for identifying iatrogenic or traumatic injury to the reproductive tract.

Validation of the four types of vitiation

Furthermore, the analysis validates the mechanism of *Doṣa-Dūṣya Sammurchana* (pathogenesis). Caraka Samhita (*Vimāna* 5/23) elucidates that specific dietary and lifestyle choices can vitiate the channels, leading to morbidity in both transforming and stable *Dhātu*. This study validates the Four Types of *Srotoduṣṭhi* (as classically defined in Sushruta *Śārīra* 9/12) by mapping them to specific gynaecological pathologies:

1. *Atipravṛtti* (Excess Flow): Validated by *Pitta*-dominant conditions such as *Asrugadhara* (menometrorrhagia). In this pathology, the aggravation of *Pitta* leads to increased heat and fluidity, triggering excessive circulation and haemorrhage, which aligns with the definition of *Atipravrutti* (excessive flow)
2. *Sanga* (Obstruction): Validated by *Vāta-Kapha* obstructions leading to scanty menstrual bleeding or amenorrhoea, confirming the concept of functional blockage.
3. *Siragranthi* (Varicosity/Growth): Validated by the formation of *Arbuda* (tumours/fibroids). This involves the vitiation of *Meda* (fat), *Māmsa* (muscle), and *Rakta* (blood) by *Vāta* or *Kapha*, manifesting as structural nodules or tortuosity within the AvS.
4. *Vimargagamana* (Wrong Path): Validated by the diversion of flow, such as in fistula formation (e.g., rectovaginal or vesicovaginal), where vitiated *Vāyu* forces menstrual blood into abnormal pathways connecting the uterus/vagina with the rectum or bladder.

Physiological validation of Rasadhātu influence

Finally, the analysis highlights the crucial influence of *Doṣa* vitiation on the first four *Dhātu* (tissues).

- Hormonal Analogy: The changes in *Rasadhātu* (plasma tissue) from menarche to menopause are validated as being analogous to gonadotrophin hormone fluctuations.
- Clinical Correlation: Since hormonal influence is minimal before menarche and after menopause, conditions like *Asrugadhara* (dysfunctional uterine bleeding) are clinically not observed in these phases. This validates the Ayurveda view that *Rakta* and *Dimbha* (ovum) possess *Ūṣṇaguṇa* (heat/metabolic activity), and their imbalance specifically impacts the fertile window.
- Structural Stability: Conversely, the potential for pathologies in the remaining tissues (*Māmsa, Meda*) remains unchanged across all phases, as their origins are linked to structural formation rather than the cyclical *Rasadhātu* flux [19].

Conclusion

The health of the *Ārthavavaha Srotas* (ĀvS) during the fertile period is foundational for the vitality of both the individual offspring and the nation. This study demonstrates that understanding the unique theoretical and practical aspects of ĀvS requires a rigorous synthesis of classical Ayurvedic epistemology and contemporary medical biology. By critically analysing ten specific aspects of the system, this research has successfully bridged the analytical gap found in previous literature, substantiating that ancient anatomical terms are not merely descriptive but are functionally predictive.

Scientifically, this review establishes that the application of *Nirukti* (etymology) serves as a valid biophysical descriptor. The redefinition of *Dhamani* as pulsatile channels validates the correlation with tubal peristalsis and embryological haemodynamics, while the metabolic differentiation between *Ārthava* (anabolic tissue) and *Rajah* (catabolic waste) provides a robust framework for clinical decision-making in infertility and menstrual disorders. Furthermore, the identification of the *Srotomūla* as a dynamic regulatory centre rather than a static origin point validates the Ayurvedic approach to systemic treatment.

Ultimately, this study highlights that the ĀvS is not limited to a system of physiological origin and expulsion; it is a distinct vessel of profound metaphysical significance, facilitating the biological expression of *Karma* and the continuity of life. These findings provide a validated theoretical foundation that should guide future clinical research and inspire a deeper, functional analysis of other Srotas systems within the human body.

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The authors declare no conflicts of interest.

Ethical approval

Not applicable. This study is a comprehensive literature review and conceptual analysis; it did not involve the use of human or animal subjects, and thus ethical approval was not required.

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