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"VEGASANDHARANAAMANAROGYAKARANA AM" PRINCIPLE VALIDATION WSR TO MUTRA,PURISHA & APAAN VAYU IN SPECIFIC SET OF POPULATION OF SADATURA

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Abstract:

Ayurveda the primitive and preventative science elucidated adharneeya (nonsuppressible) Vega (natural urges) to prevent and restrain diseases. *Vega* plays a major role in the proper functioning of the body. They are regulated mainly by *Vata* with the support of other subtype of dosha and the controlled and guided activities of mind. *Vega Dharana* is considered as the contributory cause of many chronic diseases and acute physiological conditions. Ayurveda is not merely system of medicine in conventional sense of curing diseases, though also teaches us way of life and how to preserve and protect health. In Sadvritta, Acharya have mentioned briefly some urges which is not to be suppressed. Later on they mentioned a separate chapter for non - suppressible urges and suppressible urges.

Key words: Adharneeya Vega,Dharneeya Vega,Sadatura,Sadavritta

Introduction:

Ayurveda- "The science of life" is a holistic system of medicine which evolved from divine sages of ancient India some 3000-5000 years ago having objective of"*swasthasyaswasthya rakshanamatursyavikar prashamnamcha*..[1]in order to attain ultimate aim of life- **"***dharmarthakamamokshanamaarogyam…*[2]Good health and Disease free condition is the supreme foundation for the achievement of life and best source of virtue,wealth,gratification and salvation.Unlike other medical science Ayurveda has emphasized more on the preventive aspect of health rather than curative aspect.In this context for maintainance of health, Acharya charaka has described *Swastha chatuska* in *sutrasthan* which includes almost every important concepts related with prevention of health when unfollowed later become cause of many diseases.Concept of *ahaar vihaar*(Dietics and regime with Do's and Dont's),*Dincharya*(dailyregime),*Ritucharya*(seasonalregime),*Adharneeyavega*(insuppressible urges,*Prakruti* (body constitution)etc.

'vegasandharnam Anarogya karanam' [3] is one of the critical concept that leads to ill health in our body.This quotation is of ample scope in today's scenario and is marked with increased prevalence of chronic disease with causative factors mostly related to diet and lifestyle. The disease process in Ayurveda is very specific to disease wise along with some common disease processing factors like *Mandagni(weak digestive fire),*

Malinahar(contaminated foods) and *udirna vegavidharan*(suppression of present urges) in many disease. However Acharya vagbhatta clearly states that disease will be manifested *"rogasarveapijayante vegoudiranadharane*".All diseases will be manifested due to forceful expulsion and voluntary suppression of natural urges.[4] Acharya Charaka in *Sharir Sthana* has indicated that voluntary transgression can cause disease[5] and can impair a conception[6].It even leads to premature death[7].Henceforth no other work should be done with suppressed natural urges.[8]

Human body is the most evolved and sophisticated system which has its own purificatory mechanism to eliminate toxins and waste substance produced inside the body, thus maintaining homeostasis.*Vegavidharan* is retention of wastes in body,retardation of its velocity or obstruction of natural urges. The voluntary suppression of *vegas* (natural urges) is considered as one of the main causes of disease in Ayurveda . There are thirteen insuppressible urges & ten suppressible urges described in almost every ayurvedic literature. Due to important part of body physiology and excretion system major *vegah* among them are *Mutra*(urine urge), *Purisha* (defeacation urge),and *Apan vayu* (flatus urge)as they are directly associated with *Aaharmala*,and are greater in quantity and frequency.These *vegas* not only plays a key role in waste elimination process but directly help in metabolism of body.All the three vegas are eliminated in physical form of solid,liquid and gas.Also these are the most common insuppressible urges

Due to busy life, heavy work load, stress, nature of work these commonest three natural urges are commonly suppressed in a definite set of population of *sadatura* "***sadaturah srotriya rajsevkastathaiva veshya sah panyajivibah***."[9] As veshya is notlegitimate regarding this study, so all the sadatura with this exception are scientifically analysed for ***vega sandharnam anarogya karanaam*** along with disease prevelancy.
Supressing these natural urges not only affects the biological clock but also physiological function of the body.The nature of work,ignorance towards urges and stress involved in these set of population disrupts the biological clock and affects digestion,metabolism,immune system,hormonal and balance of the body. These voluntary suppression of vegas in long term is considered as one of the prime causes of some of the disease in ayurveda which is observed and analysed scientifically in this study.Study group individual will also be guided for occurance of these diseases in near future.

REVIEW OF LITERATURE:-

Historical review:

In this context *Vyottapatti,Nirukti*,Origin & definations of various Conceptual word of this study from *Vachaspatyam,Shabdakalpadrum* and various authentic Historical books will be done.In this section previous work done on this topic will be acknowledged & how different is this one.This section will also deals with various reference of *vegasandharana* in Ayurvedic Classics along with Modern aspect of different disease having this suppression as it cause and also symptoms & ailments arising out of this.

Role of Nervous System, Reflexes, and Neurotransmitters:

Peripheral nervous system is divided into somatic, autonomic, and enteric nervous system. The autonomic controls and regulates the internal organs without any conscious recognition or effort by the organism and is subdivided into sympathetic and parasympathetic nervous system. Organ systems are balanced between the input from the sympathetic and parasympathetic divisions. The enteric nervous system has few myenteric plexuses, in which the nervous tissue in the wall of the digestive tract organs can directly influence digestive function.Response to the stimulus in a way to maintain homeostasis is called reflex or homeostatic reflex. Some reflexes are totally involuntary, and some reflexes are conscious at some level and inhibitory. Neural reflex (e.g., body temperature control), hormonal reflexes (e.g., blood sugar control), and neural-hormonal reflexes (e.g., control of water balance) are the three types of homeostatic reflexes. There are two types of reflex arcs of autonomous nervous system, one is autonomic reflex arc that affects the inner organs, and the other is somatic

reflex arc that affects muscles.General visceral afferent sensations are mostly unconscious; in certain instances, they may send pain sensations to the central nervous system as referred pain. If the peritoneal cavity becomes inflamed or if the bowl is suddenly distended, this afferent pain stimulus is interpreted as somatic in origin. This pain is usually nonlocalized. Sex, fear, rage, aggression, and hunger are emotional stimuli to visceral responses.

Classification of reflexes according to the involvement of the part of the nervous system:

- Brain stem – vomiting, sneezing, and swallowing
- Spinal reflex – urination and defection
- Brain, hypothalamus, thalamus, brain stem – breathing, eating, and water balance (homeostasis)
- Emotion linked – urination and defecation.
- Neurotransmitters are chemical messengers that carry, boost, and balance (inhibitory or excitatory) signals between neurons or nerve cells and other cells in the body. They can affect a wide variety of both physical and psychological functions including heart rate, sleep, appetite, mood, and fear.
- Autonomous nervous system, reflexes, and neurotransmitters play an important role in every *Vega*.

AIMS AND OBJECTIVES:

1-To Assess the prevalence rate of suppression of common *Adharneya vega* of *mutra,pureesha* and *apan vayu*.

2-Assesssment of manifestation of diseases due to the suppression of these urges in specific set of population of *sadatura*(Students,service class & shopkeeper)

3-Create awareness among specific set of population regarding principle of non suppression of these urges and to promote the concept of easily, accessible and gender. Specific,toilet in the workplace in the society.

NEED OF THE STUDY:

'*Vegavidharnam*" *of mutra, purisha* and *apan vayu* is very common practice among the specific set of population of *sadatura* i.e *shrotriya* (students),*Rajasevak*(service class people),and *panyajeevibhi*(shopkeepers).This study is done to evaluate the most common disease factors of *vegasandharnam* concept of very common Vega.This concept is worth examining among this set of population and disease and symptoms mostly arising out of it..This study will also review the *vegavidharan* as causative factors of various ailments describe in Classics and modern literature also. To review also whether the symptoms arising out of this are found in various disease or even symptom are present as sole disease.

Due to engagement in their duties, individuals like *shrotriya*, *rajsevak* and *panyjeevbhi* tends to suppress their common natural urges and suffers from various types of symptoms and disease.This study will help them to understand that their suffering and future perspective of disease and health in long term. Lifestyle disorders also depends on this factor of suppression of urges so this study will also help to create awareness among people regarding insuppressible urges in the namesake of civilization or negligence towards non availaibity of public toilets in the society & workplace.

MATERIAL AND METOHDS:

A Survey study on 450 people in near by workplace in Muzaffarnagar is conducted among the specific population of *srotruya* (students) ,*Rajsevak*(service class) and *panyajeevibhi*(shopkeepers) each of 150 group and their subjective symptoms are analysed.

SELECTION OF INDIVIDUAL:-

Total 450 individuals in Group distribution-3 group each of 150 participants

A-*Srotriya*(students)

B-*Rajsevak*(service class)

C-*panyajeevibhi*(shopkeepers)

STUDY DESIGN: -

Cross sectional observational survey study.

INCLUSION CRITERIA:-

*18-70 yrs

* both Sexes

*Only students,service class people and shopkeepers are kept in the study not suffering from any acute disease condition.

EXCLUSION CRITERIA:-

*Patient with schizophrenia, depression, psychosis , epilepsy, hormonal disorders.

*Sex workers, bar girls.

DATA COLLECTION TOOL:-

Specialized Designed questionnaire either through google form or direct interview.

ASSESMENT CRITERIA:-

Descriptive Statistics & subjective parameters and its Scientific analysis through specialized designed questionnaire.

Inference on Mutra Vega Dharana Based on Symptom Analysis Across Three Occupational Groups

This study reveals that urinary urge suppression is a prevalent behavioral pattern across all three occupational groups (students, service class, shopkeepers), driven primarily by busy schedules, constrained environments, and low health awareness. While intergroup comparisons show no statistically significant differences, the prevalence of key symptoms strongly supports the Ayurvedic understanding of *Mutra Vega Dharana Janya Lakshana* (symptoms due to urine suppression).

Justification Based on Key Findings

- ❖ Busy Schedule as a Root Cause

- Majority participants (≈73.8%) responded “yes” or “usually yes” to being busy most of the time.
- Across all groups, structured routines and occupational pressure suppress the natural call of micturition.

Ayurvedic Justification: This aligns with *Pragyaparadha*—the intellectual error of ignoring biological urges due to social conditioning, workload, or etiquette.

- ❖ Symptom Prevalence Supports Pathological Progression

- Bastishool (pain below umbilicus): Present in ≈36.6%—most commonly reported symptom.
- *Mutrakrichcha*, *Vinaam*, *Mehanshool*, and headache also noted among 18–25% participants.
- Hurt during micturition and heaviness post-micturition reported in ≈19–23%.

- Passing reduced urine quantity (≈37%) suggests stagnation or incomplete bladder evacuation.

Physiological Interpretation: These symptoms reflect pressure buildup, detrusor dysfunction, and potential backflow (reflux), causing irritation, neural pain, and possible renal injury.

Ayurvedic Parallel: Vitiation of *Vata*—especially *Apana Vayu*—is evident, with *Srotodusti* leading to localized and systemic dysfunction.

Suppression Duration and Behavior

- 67.8% suppress urine at varying durations; only 32.2% deny suppression.
- Most suppression occurs 3 hours daily.

Implication: Even intermittent or mild suppression can cumulatively lead to dysfunction.

Ayurvedic Relevance: Chronic suppression violates *Sadavritta* (ethical behavioral code) and leads to *Roganutpatti Hetu* (causative factor in disease emergence).

Low Renal Calculus History (6.4%)

- Not yet pathologically significant but may serve as a latent marker.
- Indicates that while current pathology is limited, dysfunction may evolve with time.

Justification: This emphasizes the need for longitudinal studies to validate disease progression from functional to anatomical pathology.

Overall Conclusion of mutra vegavidharan

Mutra Vega Dharana is a widespread behavioral issue across occupational categories, fueled by societal norms and work culture. Though differences between groups are statistically insignificant, the consistent presence of classical symptoms supports the Ayurvedic claim that urge suppression is a precursor to disease. *Bastishool*, *Mutrakrichcha*, and related signs confirm the physiological stress and serve as early indicators for clinicians.

Defecation Patterns & Vegadharana inference

Significant Variation in Defecation Routine & Schedule

- The variable timing of defecation across groups showed statistically significant differences ($P < 0.05$).
- Students largely defecate *after some time of awakening*, whereas service class individuals prefer *immediate evacuation*. Shopkeepers rely more on *inducing factors like tea or hot water*.

Justification: Lifestyle rhythm and occupational demands distinctly shape bowel habits. Early morning evacuation aligns better with Ayurvedic *Apana Vayu* function, while delayed or stimulus-dependent elimination suggests disruption and possible suppression tendencies.

❖ No Significant Difference in Defecation Suppression & Symptoms

- Most participants in all groups did not suppress defecation urges regularly (Table B-2), and symptoms such as abdominal pain, headache, distension, and *pindikodweshtan* (calf contraction) showed no significant variation among groups.

Justification: Although urge suppression exists, it may be episodic or low-frequency across groups. However, presence of mild symptoms in 25–30% (like obstruction in flatus and difficulty in next evacuation) reinforces that even occasional suppression can initiate Vata-related dysfunctions.

❖ Defecation Duration and Frequency Remain Comparable

- Duration of avoiding defecation and number of daily evacuations show similar trends in all groups, with majority evacuating once or twice daily.
- Frequency beyond 3 times/day is rare, suggesting absence of hypermotility or irritative pathologies.

Justification: Regular patterns suggest functional integrity, but subtle differences in timing and consistency can indicate early imbalances, especially in semisolid or irregular stool forms .

❖ Influence of Inducing Factors Is Uniform Across Groups

- Use of warm water and plain water as bowel inducers is consistently common (≈20–24%) .
- Fast-acting agents like tobacco and exercise are minimally used, while tea shows moderate influence (≈14%).

Justification: External inducers imply sluggish evacuation patterns, aligning with *Mandagni* and Vata involvement. Uniform usage across groups reflects a behavioral adaptation to lifestyle stresses.

❖ Ayurvedic Interpretation

- While outright suppression of *Purisha Vega* is not significantly different across groups, the dependency on inducing factors, delayed schedules, and presence of mild symptoms support that modern routines subtly violate natural urge expression.
- This behavioral drift can vitiate *Apana Vayu*, leading to *Udavarta*, *Anaha*, and *Srotodusti*, if sustained over time.

❖ Inference on Purisha Vega Dharana (Suppression of Defecation Urge)

This cross-sectional study reveals that while outright suppression of defecation urges is not highly prevalent or significantly different among the three groups, the data demonstrates statistically significant variation in defecation timing and scheduling, which holds critical diagnostic and preventive relevance in Ayurvedic pathophysiology.

Justification Based on Key Findings

❖ Significant Observations

- Defecation Usually at Same Time : There is a statistically significant difference ($P < 0.05$) in regularity of defecation timing between groups—students show 80% regularity, service class 82%, shopkeepers 82.7%. This variation reflects occupational and lifestyle influences.

- Defecation Schedule and Pattern (Table B-10): Students are more irregular and dependent on inducing factors (tea, warm water), whereas service class demonstrates more routine early morning evacuation. Significant difference confirmed ($P < 0.05$).

Interpretation: Consistency of bowel movement timing affects proper elimination and the functional integrity of *Apana Vayu*. Disruptions reflect underlying lifestyle imbalance and potential for *Vata vitiation*.

No Significant Difference in Suppression-Related Symptoms

- Parameters like abdominal pain, headache, distension, flatus obstruction, *pindikodweshtan* (calf contraction), and difficulty in next evacuation show no statistically significant variation ($P > 0.05$) across groups .
- Duration of avoidance, frequency of defecation, stool consistency, and use of inducing factors also reflect uniform trends.

Interpretation: Although chronic suppression isn't reported widely, the presence of mild symptoms in ~25–30% participants confirms that intermittent or unconscious holding still impacts the physiology, especially among individuals with sedentary, high-pressure routines.

Ayurvedic Perspective

- The disruption in natural bowel routines—particularly delay or reliance on artificial stimulants—may weaken *Agni*, distort *Vata*, and cause *Srotodusti*. Symptoms like distension, pain, and difficulty in evacuation align with *Udavarta*, *Anaha*, and impaired *Apana Vayu*.
- Regular timing of defecation is a component of *Dinacharya* and *Sadavritta*, essential for health preservation. This study suggests those who deviate from routine elimination practices may be at risk of physiological dysfunction over time.

Clinical and Preventive Implications

- Mild yet noticeable symptoms warrant inclusion of defecation habits in Ayurvedic history-taking.
- Behavioral interventions—early rising, warm water intake, scheduled meals, and yoga—can restore *Anuloma Gati* and reduce future pathology.

<u>Inference on Apana Vayu Dysfunction Due to Flatus Urge Suppression</u>

While the statistical analysis reveals no significant difference ($P > 0.05$) between the student, service class, and shopkeeper groups regarding flatus-related symptoms, the data consistently show that a considerable portion of participants report mild to moderate physiological effects associated with suppression of flatus, validating classical Ayurvedic views on *Vega Dharana* and *Apana Vayu* disruption.

<u>Justification Based on Key Findings</u>

Behavioral Pattern of Suppression

- Over 80% of participants regularly suppress the sensation of flatus .
- Despite no group-wise significance, this high prevalence confirms suppression as a common behavioral tendency across occupations.

Ayurvedic Link: Suppression of Apana Vayu-related urges impedes natural downward movement, leading to systemic dysfunction over time.

Symptomatic Responses to Suppression

Although not statistically significant between groups, the following symptoms are reported by a notable portion of the population:

- Sensation of air/distension in abdomen: ≈ 25–30% overall
- Obstruction in urine/stool during flatus urge suppression: ≈ 23% overall
- Generalized body pain and lethargy: ≈ 25–29% combined response rate
- Bone and nervine discomfort: ≈ 11–12%

Interpretation: These symptoms align with Ayurvedic descriptions of *Udavarta*, *Anaha*, *Shoola*, and *Siragranthi*, where obstructed flatus disrupts *Vata* balance, especially in the pelvic and gastrointestinal zones.

Physiological and Preventive Implications

- Consistent flatus suppression, even without acute complaints, can contribute to downstream pathologies due to retained pressure and neurovascular strain.
- Early interventions—such as behavior training, dietary regulation, and routine bowel movements—are essential to maintain *Apana Vayu* integrity and avoid long-term complications.

Clinical Note: While participants may not suffer immediate bone or nerve disorders, the subtle symptoms noted across groups warrant inclusion of flatus suppression behavior in Ayurvedic history-taking and diagnostic protocols.

Conclusion

This analysis upholds the Ayurvedic teaching that suppression of flatus (Vata Vega) may lead to mild but persistent physiological disturbances. Even though intergroup variation is not statistically significant, the overall prevalence of suppression and symptomatology calls for increased awareness, lifestyle correction, and validation through longitudinal studies.

Conclusion:

Although it seems to be briefly described concept but vastly seen in different disease. To Channelize different cause and effect and vice versa of various ailments and symptoms present in classics and modern context wsr to these common *adharneeya vega* and its vital role in lifestyle disordes of *sadatura* & to draw corrective measure regarding this.

Human body is a remarkable biological machine, maintained by interdependent body systems and organized functions of *dosha*. It has ingenious inbuilt mechanisms to maintain the health and *Vega* is one of them. Ayurveda describes *adharneeya shariara* (physical) *Vega* as and *dharaneeya manasik* (psychic) *Vega* which directly influence the physical, physiological, and psychological health of an individual.In the present study, an attempt has been made to explore the concept of *adharaneeya Vega* mentioned in *Charaka samhita* with contemporary relevance in clinical Ayurveda practice and thereby aid in health promotion and also as a preventive tool.In this dissertation a theoretical and survey study is done on "Prevalence of tendency of suppression of Adharaneeya vega and its impact on health." After study and analysis of classical texts it is concluded that Adharaneeya vegas are not to be suppressed because there are many pathologies developed as a result of suppression of these vegas.Health in Ayurveda is the balance and homeostasis of the dosha, dhatu, agni and another bhava. This can only be obtained with a well-disciplined lifestyle and food habits. Following dinacharya, ritucharya, and other measures of life as mentioned in Ayurveda helps to maintain this balance.

Dharana of dharaneeya vega and visarjana of the adharaeeya vega is an important part of sadvrittaa. Vegadharana is a sharirika mithyayoga and a product of pragyaparadha. As in all cases, avoidance or abstinence from following the sadvritta will lead into disease. Vegadharana is the main cause of anarogya as mentioned in agryasamgraha and avoidance of this is Arogya.

Due to changing lifestyle and the shift in the priorities, vegadharana is common in the society. Persons tend to suppress these urges when they are busy, in meeting, in front of their seniors or in the name of so-called modern etiquette. This is due to the three causes, lajja, bhaya and lobha as mentioned in the context of sadatura. The modern society has gradually fallen in this category of sadaatura.Many personss in modern society live an unhealthy lifestyle. They are always indulging in some work ,they skip there food , sleep to compete with the rest of world. We found ourselves actually suppressing some or most of the natural
urges of the body i.e. urge to passing flatus while in a classroom or in a public place. long with vitiated doshas, dhatu and mala also get vitiated and further leads to diseases in body. So, Vega dharana and udheerana are important cause in the disease manifestation and this information is often missed during the history taking.Even though it is one of the fundamental concepts of Ayurveda, it is very less understood. Understanding the physiology of Vegapravartana, study of vegarodhjanya and Udeeranajanya symptoms and analyzing them in the study of pathology of various diseases are really helpful to plan the complete treatment. There are basically three stages or types of chikitsa in Ayurveda, nidana parivarjana, shodhana and shamana. The first and foremost step to be applied in the treatment of any disease is the identification and removal of the etiology. Therefore, nidanaparivarjana is the first step. A careful history is necessary for the identification of the nidana and awareness and education related to the outcome of the consumption of nidana is essential. Nidanaparivarjana in case of vegadharana can be done only through the removal of pragyaparadha and it can be attained only through awareness.

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