



MALAVEGA VIDHARAN- ETIOPATHOLOGICAL BASIS OF LIFESTYLE DISORDERS

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Article Received on 31/08/2018

Article Revised on 20/09/2018

Article Accepted on 11/10/2018

ABSTRACT

Ayurveda is an ancient science of healthcare which focuses on maintenance of healthy state of mind and body. One of the directives for attaining healthy status is following the signals given by the body timely. Ayurveda Samhitas have mentioned that Vega Vidharan i.e. suppression of natural urges can cause minor to severe diseases. One of the important Vegas controlled by Apan Vayu is Malavega. The current review discusses the effects of Malavega Vidharan as etiopathological basis of lifestyle diseases. Malavega Vidharan causes vitiation of Apan Vayu and also results into various disorders of Annavaha and Purishavaha Srotasas. Serious complications like vision deformities, chest pain etc have also been mentioned in this regard. Chronic and habitual Malavega Vidharan leads to Khavaigunya which in turn forms the basis of pathology for a number of disorders of various systems. While applying Nidan Parivarjan as the primary line of treatment for these complaints, importance must be given to avoid suppression of the natural urge of Malavega.

KEYWORDS: Ayurveda, Malavega, Vega Vidharan, Nidan Parivarjan.

INTRODUCTION

Ayurveda, the traditional Indian medical system is considered as world's ancient medical system. It is holistic approach to health which is designed to help people live a longer, healthy and well balanced life. The major texts of Ayurveda namely Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya have clearly stated that objectives of Ayurveda are to maintain the positive health of a healthy person and cure the disease of the patient.

The first objective, "preservation of health (Swasthyarakshanam)" can be achieved by preventing or avoiding the reasons or causes of disease (Roganutpadaniya). The measures to avoid the diseases include the moral conduct, the daily, seasonal and sexual regimens of life, dos and don'ts about aahar (diet) and vihara (routine activities). In the context of prevention of diseases, Ayurvedic texts have elaborated that suppression of natural urges causes various local and systemic diseases. The symptoms arising due to suppression of these urges are listed in the major texts of Ayurveda.^[1]

न वेगान् धारयेद्दीमाञ्जातान् मूत्रपुरीषयोः ।
न रेतसो न वातस्य न च्छर्दयाः क्षवथोर्नः च ॥
नोद्गारस्य न जृम्भाया न वेगान् क्षुत्पिपासयोः ।
न बाष्पस्य न निद्राया निःश्वसस्य श्रमेण च ॥
Charak Samhita, Sutrasthana, 7/3-4

According to Charaka Samhita, the urges like passing flatus, urine, feces, ejaculation of semen should not be controlled. The involuntary actions like sneezing, yawning, breathing, coughing and vomiting are the natural responses of body. Holding these urges back can cause discomfort to body. Natural body demands like Hunger, thirst and sleep have to be fulfilled properly. Neglecting these can lead to diseases.

Today's era is marked with increased prevalence of chronic diseases with causative factors mostly related to diet and lifestyle. The unique concept such as "Na vegan dharaniya" or "Rogaanutpadaniya" in Ayurveda has become much more relevant in current times, as our modern lifestyle compels people to frequently ignore natural urges, and which is at the base of various disorders. Many social, emotional, psychological, physiological, occupational, sanitary aspects influence the daily routine to suppress the natural urges for longer

time. The suppression of these urges leads to a pathological state that pave way to many diseases in long run.

Charakacharya has given concept of Sadatura, i. e. individuals who suppress natural urges due to engagement in their duties always suffer from various diseases.^[1]

“Malavega” (urge to defecate) is the most common natural urge found to be suppressed in current days, mostly due to occupational habits and inadequate sanitary facilities. “Vidharana” (suppression or withholding) of this particular vega also involves other vegas such as Adhovaat (flatus or wind) and Mutra (urine), which are also under the control of Apan Vayu.^[1] Thus, Malavega Vidharana has potential to cause manifold harmful effects on one’s health.

Malavega Vidharan

According to Charakacharya, Purishavegadharana causes Pakwashaya Shula, Shira Shula (headache), Adhovata and Purisha Apravartana (no passage of flatus and stool), Pindikodveshtana (pain in calf region) and Adhmana.^[1]

पक्वाशयशिरःशूलंवातवर्चोऽप्रवर्तनम्।

पिण्डिकोद्वेष्टनाध्मानपुरीषस्याद्विधारिते ॥ च.सू.७/८

According to Sushrutacharya, Purishavegadharana causes Atopa, Shula, Parikartana (cutting type of pain in Guda, Basti), PurishaSanga (inability to pass stool), Urdhvavata (frequent belching), Purisha Pravrutti from Mukha.^[2]

आटोपशूलौपरिकर्तनंचसङ्गः

पुरीषमास्यादपिवानिरेतिपुरीषवेगोऽभिहतेनरस्य ॥ सु.उ. ५५/८

According to Vagbhatacharya, Purishavegadharana causes Pindikodveshtana, Pratishtaya, Shiroruja, Urdhvavayu, Parikartana, Hrudayoparodha, VitPravrutti from Mukha and Adhovatarodhajanya Lakshanani. These are Gulma, Udavarta, Ruja, Klama, Adhovata-Mutra-Purisha Sanga, Drushtivadha, Agnivadha, Hrudgada.^[3]

शकृतःपिण्डिकोद्वेष्टप्रतिशयायशिरोरूजा।

ऊर्ध्ववायुः परीकताहृदयस्योपरोधनम् ॥

मुखेनविट्प्रवृत्तिश्चपूर्वोक्ताश्चामयाः स्मृता। अ.ह.सू.४/३

Before we study the etiopathological consequences of Malavega Vidharan, it is very essential to understand purisha, the process of formation and excretion of purisha, the process of Vega or urges, and results of Vegavidharan i.e. suppression of the urges.

Purisha

Nirukti - पुरीष - <<पू; The word purisha is derived from Dhatu पू.

तत्राहारप्रसादाख्योरसः किद्वंचमलाख्यम्अभिनिवर्तते।

किद्वत्स्वेदमूत्रपुरीषवातपित्तश्लेष्मणः

कर्णाक्षिनासिकास्यलोमकूपप्रजननमलाः

केशशमश्रुलोमनखाद्यश्चावयवाः पुष्यन्ति। च.सू.२८/४

Purisha is Aharamala, end product of Anna Pachana Kriya, i.e. digestion. After Saara-KittaVibhajana, Saara, the nutritional part becomes Rasa and Kitta, the waste part becomes Mala in the form of Mutra (urine), Purisha (stool), Vata (flatus), Sweda (sweat), etc.

It is the Sthula Mala of Ahara. It is formed in Pakwashaya during third stage of Avasthapaka. At this stage, Agni by its Shoshana Karma offers ‘Paripindita’ form i.e. well-formed state to the aharmala.^[1]

पक्वाशयं तु प्राप्तस्य शोष्यमाणस्य वन्धिना ।

परिपिण्डितपक्वस्य वायुः स्यात् कटुभावतः ॥ च.चि.१५/११

Purishavaha Srotas includes Pakwashaya and Sthoolaguda and is sthana for Purisha Nirmiti, Purisha Dharana and Visarjana. Visarjana of Purisha from Guda is under control of ApanaVayu.^[1]

Purishavega

Urge of defecation is called Purishavega. Vega is natural urge of body like hunger, thirst, micturition, defecation etc.

वेगः प्रवृत्तिउन्मुखत्वंमूत्रपुरीषादीनाम्। च.सू.७/३

Defecation reflex

Voiding of feces is known as defecation. Feces is formed in the large intestine and stored in sigmoid colon. By the influence of an appropriate stimulus, it is expelled out through the anus.

Ordinarily, defecation is initiated by defecation reflexes.^[7,8,9]

1. **Intrinsic myenteric defecation reflex** - mediated by the local enteric nervous system in the rectal wall. When feces enter the rectum, distention of the rectal wall initiates afferent signals that spread through the myenteric plexus to initiate peristaltic waves in the descending colon, sigmoid, and rectum, forcing feces toward the anus. As the peristaltic wave approaches the anus, the internal anal sphincter is relaxed by inhibitory signals from the myenteric plexus; if the external anal sphincter is also consciously, voluntarily relaxed at the same time, defecation occurs. The intrinsic myenteric defecation reflex functioning by itself normally is

relatively weak. To be effective in causing defecation, it usually must be fortified by another type of defecation reflex, a parasympathetic defecation reflex that involves the sacral segments of the spinal cord.

2. **Parasympathetic defecation reflex** - by involvement of the sacral segments of the spinal cord. In response to distension of the rectal wall, the receptors send sensory nerve impulses to the sacral spinal cord via afferent fibers of pelvic nerve. Motor impulses from the cord travel along parasympathetic nerves back to the descending colon, sigmoid colon, rectum, and anus via efferent nerve fibers of pelvic nerve. The resulting contraction of the longitudinal rectal muscles shortens the rectum, thereby increasing the pressure within it to about 20 to 25 cm H₂O. This pressure, along with voluntary contractions of the diaphragm and abdominal muscles, plus parasympathetic stimulation, opens the internal anal sphincter. The external anal sphincter is voluntarily controlled. Voluntary relaxation of external sphincter is due to the inhibition of pudendal nerve, by impulses arising from cerebral cortex. If it is voluntarily relaxed, defecation occurs and the feces are expelled through the anus; if it is voluntarily constricted, defecation can be postponed. If defecation does not occur, the feces back up into the sigmoid colon until the next wave of mass peristalsis stimulates the stretch receptors, again creating the urge to defecate.

Assessment of Malavega Vidharana

Initiation of urges is normal body activity through which unwanted waste products are expelled out. This process is timely carried out by body at regular intervals & controlled by nervous system, suppression of which not only stops the elimination of waste products but also brings strain and disorders of nervous system causing various types of diseases affecting the body. This develops in those who have regular habit of suppressing natural urges over long period and may not be observed immediately. Thus, in clinical practice, it is important to take a detail history of each patient with special emphasis on various Vega Vidharana. In this context assessment of Malavega Vidharana can be done with following points: 1. Duration of voluntary Malavega Vidharana; 2. Duration of voluntary Malavega Vidharana between awakening & time of first defecation; 3. Frequency of voluntary Malavega Vidharana per day/week; 4. Chronicity of voluntary Malavega Vidharana over months or years.

Assessment of Symptoms of Malavega Vidharana

Following symptoms as mentioned in Brihatrayi should be keenly assessed through prashnapariksha of the patients. Pakvashyashula (Abdominal pain, usually colic), a disorder characterized by a sensation of marked discomfort in the abdominal region; Shirshula (Headache), pain in any region of head; Vata Apravartana (Retention of flatus), a disorder characterized by irregular and infrequent or difficult evacuation of the

flatus; Varcho Apravartana (Retention of feces), a disorder characterized by irregular and infrequent or difficult evacuation of the bowels; Pindikodveshtana (Cramps in calf muscles); Aadhmaan (Abdominal distension), a disorder characterized by self-reported feeling of uncomfortable fullness of the abdomen; Aatop (Rumbling sounds of bowel), a disorder characterized by self-reported rumbling sounds of bowel; Shula (Pain in abdomen); Parikartana (Pricking pain in anus), a disorder characterized by a marked discomfort due to pricking sensation in the anal region; Urdhva Vata (upward movement of gas), a disorder characterized by self-reported feeling of upward movement of gas; Mukhen vittapravriti (Emesis of fecal matter); Pratishyaya (Rhinitis), experience of any of the following symptoms—runny nose, sneezing, congestion, post-nasal drip, itching inside nose; HridUprodha (Chest tightness), a disorder characterized by self-reported feeling of chest tightness; Gulma (Palpable mass in abdomen); Klama (Fatigue); Drishtighaat (Blindness), functional loss of vision. Each symptom should be further graded as per the severity such as: No symptom; Occasional or intermittent symptoms, Persistent symptoms with regular use of laxatives or enemas; limiting instrumental daily activities; Severe symptoms limiting self care and further requiring hospitalization and Urgent intervention as indicated.

Clinical implications of Malavega Vidharana

Various observational studies and experiential data suggest that there is a strong and positive cause-effect relationship between Vega Vidharana and manifested symptoms as common as frequent headaches to functional vision loss, chest pain, etc.^[9,10,11,12,13] Habitual suppression of urges in long term can result in Kha Vaigunya of many vital srotasas and further leading to many lifestyle disorders of gastrointestinal, cardiovascular,^[14] metabolic, neurological,^[15] psychosomatic,^[16] gynecological,^[17] urological,^[18] and many other systems. While evaluating differential diagnosis, Malavega Vidharana should be considered as one of the prime etiopathological factors in such disease conditions. It will be certainly helpful to emphasize on not suppressing the urges of feces and other natural urges in view of “Nidaan Parivarjana” as “**First Line of Treatment**”.

REFERENCES

1. Charaka: Charaka Samhita with English translation of Chakrapani Commentary, by Bhagwan Das, Chaukhambha Sanskrit Series, Varanasi.
2. Sushruta Samhita: Edited by Yadavaji Trikamji Acharya, Chaukhambha.
3. Arunadatta: Sarvangsundari Commentary on Ashtanga Hridaya, Krishnadas Academy, Varanasi.
4. Apte V. S. 'The students' Sanskrit English Dictionary Published by Motilal Banvaridas Publication, Delhi, 1968.
5. Deva R. R.: Shabdakalpa Druma, Chaukhambha Sanskrit Series, Varanasi.

6. Monier-Williams Sanskrit-English dictionary, Oxford University Press, London, 1899.
7. Davidson Principles and practice of medicine; 16th edition, 1991.
8. G G. Oza Text book of Clinical Medicine, 2004.
9. Baghel M.S.: Research in Ayurveda, Mridu Ayurvedic Publication, Jamnagar.
10. Ujjainiya Bharat kumar. Samhitao Me Varnit Adharaniya Vega Ki Rogotpadakata Ka Vishleshnatmak Addhyayan. Ayurveda Siddhanta. Govt. (Auto) Ayurved College, Rewa, 2008.
11. Johannes Laping; the Progressive Potential Of Ayurveda And Its Possible Contribution To Health Care Today; Ancient Science of Life, Vol. No. V No. 1, July 1985, Pages 21-29; Revised version of the paper presented to the Second International Congress On Traditional Asian Medicine, Surabaya, Sept 1984.
12. Kaur Jaskirat. A Diagnostic Study of Life Style Diseases with Special Reference to Mala-Mutra Vega Vidharanajanya Vikara. Rog Nidan Avum Vikritivigyana. National Institute of Ayurveda, Jaipur, 2011.
13. Anil Kumar Singh, Manish Singh, Arvind Kumar Gupta, Pramod Kumar Singh; Life Style Disorders "A Curse Of Modern Society" And It's Management With Ayurveda; Review Article, Unique Journal Of Ayurvedic And Herbal Medicines; 02(01), Jan-Feb 2014.
14. Khade Prashant Annaso. Study of Vega-Vidharana Hetu in Relation to Hrudroga, its Assessment, With Special Reference to Trushna Vega-Vidharana. Ayurveda Samhita. Padmashree Dr. D.Y. Patil College of Ayurved& Research Centre, Pune, 2008.
15. Madhu Shukla & S. N. Tripathi; Effect of Vegavidharna (Urine Withholding) On Neurohumors: (An Experimental Study); Ancient Science of Life, July 1988; 8(1): 55-59.
16. Madhu Shukla, CM Tiwari; Evaluation of the Role of Vega-Vidharan (Suppression of Natural urges) in the Aetiology of Psychosomatic Diseases (With special reference to voluntary retention of Urine and Neurohumoral Physiological and Clinical changes in human volunteers); Ancient Science of Life, 1981; 1(2): 83-93.
17. Vrinda Roy. A Case Control Study to Evaluate the Association between Muthra Pureesha Vega Dharana and Primary Dysmenorrhoea. Swasthavritta. Vaidyaratnam PS Varier Ayurveda College, Kottakkal, 2011.
18. Sabeena P J. Vegadharana with Special Reference to Mootra Vega and Its Impacts on Formation of Asmari. Ayurveda Siddhanta. Govt. Ayurveda College, Trivendrum, 2008.