IAMJ

Review Article *International Ayurvedic Medical Journal* *ISSN:2320 5091*

PATHOLOGICAL LINKS AND SYMPTOMS OF *PURISHA-MUTRA VEGAVID-HARANA*

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ABSTRACT

In last 5000 years, the *Ayurvedic* learners have given a dim concentration for this significant cause of the diseases. There are thirteen insuppressible and not retainable *Vegah* which are defined with their pathology in most of the original text, but major *Vegah* among them are *Mutra*, *Purisha* and *Vata Vega* because they are *Aaharamala*, bigger in quantity, higher in frequency and greater importance in waste elimination process. All these three are finally eliminable waste substances in physical form of solid, liquid and gas respectively. However the *Vata Vegavidharana* was not taken as a study part but while person suppress the *Mutra* and *Purisha* unduly unsuppressed *Vata* is a simultaneous product of mainly *Purisha Vegavidharana*. So for *Vata Vegavidharana* is automatically understood along with the suppression of these two main urges. That's why these two *Vegah* are explained here for etiopathological study.

Keywords: *Vegavidharan*, Suppressing Natural Urges, *Purisha, Mutra*

INTRODUCTION

The present century has been declared to concentrate on "Lifestyle Disorders" by World Health Organization and fortunately *Ayurveda* has an ample scope to contribute alot in this field to the world. The great quotation since an immemorial time is how useful to medical fraternity this time[1]! *Veganigraha* of thirteen types and *Anigraha* of ten types are briefly advised to the learners by their teachers without any further details of pathological participation of these causes.

The term *Vega* is synonym to a stream, impulse, speed, rapidity, quickness, velocity, outbreak, outburst, flood, rush, violent agitation, shock, jerk, impetus and semen. The term *Vega* is described as, after the formation of *Mutra* and *Purisha* from *Mutrashaya* and *Purishashaya* respectively, the natural segregation of these wastes from their formation place, and ready for elimination, expulsion or excretion of these wastes from body[2].*Vegavidharana* is retention of wastes in body, retardation of velocity, stopping, retarding or obstruction of natural urges. Present discussion is concisely based on the *Purisha-Mutra Vegavidharana* and their disease processing phenomena.

DISCUSSION

Symptoms of Purisha Vegavidharana

The great trio of *Ayurveda*, *Charak*, *Sushrut* and *Vagbhat* given sincere emphasis on the natural urges not to be retained. They have given a list of symptoms produced by suppression of natural urge of defecation[3]. A comparative chart of all the text is shown as in Table 1

Table 1: Comparative Symptoms of *Purisha Vegavidharana*

S. No.	SYMPTOMS	C. S.	Su. S.	A. Hṛ.	A. S.	Bh. P.
1.	*Pakvashyashula*	+	-	-	-	-
2.	*Shirshula*	+	-	+	+	-
3.	*VataApravartana*	+	-	•	•	-
4.	*VarchoApravartana* +		+	•	•	+
5.	*Pindikodveshtana*	+	-	+	+	-
6.	*Aadhman*	+	-	-	-	-
7.	*Aatop*	-	+	-	-	+
8.	*Shula*	-	+	•	-	+
9.	*Parikartana*	-	+	+	+	**Parikartika**
10.	*UrdhvaVata*	-	+	+	+	+
11.	*Mukhen vitta pra vriti*	-	+	+	+	+
12.	*Pratishyaya*	-	-	+	+	-
13.	Hrid Uprodha	-	-	•	•	-

Acharya Vagbhat (•) described that with above listed symptoms, the suppression of stool also produce symptoms due to suppression of *Adhovata*[4]. The above listed symptoms are explained below:

1. When an individual retains the natural urge of defecation for long time, the small rectum cannot capacitate the large fecal matter and accumulation increases in large intestine results in *Pakvashyashula* (pain or discomfort) because of this unnatural accumulation. Initially the feces which are semisolid converts first into solid, then hard in consistency and obstruct the elimination of gases (*Vata Apravartana*) produced during this obstruction. This obstruction could not comply with the peristaltic ejection and causes *Aatop* (abdominal distention), *Aadhman* (tympanitis) and long standing *Varcho Apravartana* (constipation).
2. The *rasa mala viveka* physiology[5] hampered (food does not digested even if it is suitable, light and taken at proper time in the presence of such factors like excessive intake of water, improper eating, suppression of natural urges and sleep disturbances) and causes the release of toxins into the blood and circulatory system[6] (the discharge of natural excretory impulses make blood in pure form). This can cause generalized symptoms like *Shirshula* (headache), *Shula* (fatigue and body ache), *Pindikodveshtana* (cramps in calf muscles).
3. Consequently the pressure of dry and largely accumulated fecal matter cause *Parikartana* (pricking pain in anus), obstruction in natural locomotion of *Vata* due to poor peristalsis, sticky or harder stool can cause *UrdhvaVata* (upward raising of gases), *Hrid Uprodha* (pressure feeling on cardiac region) *Gulma* (hernius feeling) *Agnivadha* (loss of appetite) and *Aruchi* (nausea).
4. This heavy accumulation of solids in neighboring part of bladder and hampered physio-

logical separation of fluid matter from solid waste or *Pakva annarasa* from *Samana Vayu* reduce the quantity and quality of urine thus causes *Mutra Sanga* (retention of urine).

5. In most advanced condition when whole large intestine is occupied by the fecal matter, it can proceed upward with defund physiology of small intestine and stomach can cause initially a foul fecal smelling odor in mouth, sometimes the fecal matter comes out through vomiting (*Mukhen vitta pravriti*). However this reverse motion is difficult to explain with many physiological specifications of upper GI tract. But this happens sometimes and process is yet to explore for this reversal.
6. In *Asthang Hṛdaya*, *Pratishyaya* (rhinitis) *Dṛṣṭivadha* (loss of vision) are also listed in the symptoms of *AdhoVata Vegavidharana*. This may be caused because of assimilations of toxins and various allergens into the blood accumulated with fecal matter and they can cause and predispose these conditions alongwith other precipitating causes.

Contemporary View

1. Constipation is most frequently the result of neglecting the call to defecate. If the sensation of fullness of the rectum is repeatedly ignored the sensory mechanism and its reflex effects becomes 'adapted'. The situation becomes progressively worse; the result is dependence on laxatives. Constipation was once believed to cause widespread toxic symptoms as a result of absorbing toxins from the bowel. However, the symptoms including headache, restlessness and irritability and signs such as furred tongue and foul breath, seem mostly to result from a prolonged distention and mechanical irritation of the rectum. Similar effects can be provoked by packing the rectum with cotton wool[7]
2. A frequent functional cause of constipation is irregular bowel habits that have developed through a lifetime of inhibition of the normal defecation reflexes. Clinical experience shows that if one fails to allow defecation to occur when the defecation reflexes are excited or if one overuses laxatives to take the place of natural bowel function, the reflexes themselves become progressively less strong over a period of time and the colon becomes atonic[8]
3. Motility disorders predispose the patient to stasis of intestinal contents, allowing proliferation of upper intestinal bacteria. This proliferation may result in bacterial overgrowth, with metabolism of dietary constituents to gases by anaerobic bacteria in upper GI tract. This condition amplifies gaseous distention[9].
4. Constipation causes headache in many people. A study shows that when spinal cord of patients have been cut the headache was still there, the cause of this headache was not due to nervous impulses from colon but it possibly results from absorbed toxic products or from changes in the circulatory system resulting from loss of fluid into the gut[10].
5. Chronic constipation may be associated with urinary tract infections, and in children it may be associated with enuresis and vesicoureteral reflux as well as fecal soiling. These conditions often improve or disappear with treatment of constipation[11].
6. Chronic constipation also may lead to pudendal nerve damage and fecal incontinence in middle aged and older women. In more advanced cases, rectal prolapse may result[12].

7. Many children have slow colonic transit, usually localized to the distal colon and rectum, which suggests either voluntary withholding behavior or abnormal anorectal junction[13]. The patient with Irritable Bowel Syndrome and delayed colonic transit may produce more colonic gas because of prolonged bacterial exposure to carbohydrates.
8. Voluntary Suppression of defecation can delay gastric emptying in healthy volunteers. Patients with gastroparesis present with chronic or intermittent nausea, vomiting, bloating, early satiety, or postprandial abdominal pain[14].
9. Feculent emesis occurs with obstruction of the distal small intestine or colon, small intestine bacterial overgrowth complicating chronic intestinal pseudo obstruction and gastro colic fistulae[15].
10. Hepatic and Splenic Flexure Syndromes are thought to be caused by the trapping of gas at the colonic flexures, with subsequent distention of the colon, resulting in upper abdominal discomfort. Pain may be referred to the chest, shoulder and neck because of diaphragmatic irritation and may simulate myocardial ischemia. Symptoms are improved by defecation or enema during an attack.

Symptoms of *Mutra Vegavidharana*:

In great trio of *Ayurveda*, *Charak*, *Sushrut* and *Vagbhat* loudly declare the urinary retention is a major cause of urogenital systemic diseases. *Acharyah Charak* and *Sushrut* along with *Acharya Vagbhat* given a list of symptoms produced by urine[16] undue suppression. A comparative chart of all the text is shown as in Table 2.

Table 2*:* Comparative Symptoms of *Mutra Vegavidharana*

S.	SYMPTOMS	C. S.	Su. S.	A. Hṛ.	A. S.	Bh.
1.	*Basti Shula*	+	+	+	+	+
2.	*Mehana Shula*	+	*Meḍhra Shula*	*Meḍhra vedana*	+	+
3.	*SiraḥShula*	+	+	-	-	+
4.	*Mutrakṛcchra*	+	+	-	-	+
5.	*Vinama*	+	-	-	-	+
6.	*Vankṣaṇa Anaha*	+	*VankṣaṇaShula*	*Vankṣaṇa vedana*	+	+
7.	*Alpa - Alpa Mutra*	-	+	-	-	-
8.	*Anaddha Basti*	-	+	-	-	-
9.	*Muṣka Shula*	-	+	-	-	-
10.	*Guda Shula*	-	+	-	-	-
11.	*Nabhi Pradesha Shula*	-	+	-	-	-
12.	*Angabhanga*	-	-	+	+	-
13.	*Ashmari*	-	-	+	+	-

Acharya Vagbhat described that with above listed symptoms, the urine suppression also produce symptoms due to suppression of *AdhoVata*[17] and *Purisha*.

As these organs i.e. urinary bladder, rectum in males and urinary bladder, vagina, rectum in females are interrelated, the distention in one organ can compress other organ. *Mutra* is a waste product of ingested food material and it is separated from *Purisha* in *Pakvashaya*, the excessive aggravation of *Apana Vata* due to suppression of natural urges create obstruction in *Pakvashaya* three major eliminable substances get obstructed in this process. Due to malfunctioning of uneven *Apana Vata* that is flatus, feces and urine. So, *Acharya Vagbhat* rightly said that urine suppression also produce symptoms due to suppression of *AdhoVata* and *Purisha*.

Most of the symptoms listed in the above category seem limited with KUB region except few generalized symptoms.

- *BastiShula* (pain in inguinal region), *MehanaShula* (pain in penis), *Mutrakṛcchra* (dysuria), *Alpa-Alpa Mutra* (scanty urine), *MuṣkaShula* (scrotal pain), *Nabhipradesha Shula* (pain in umbilical region), *GudaShula* (anorectal pain), *Vankṣaṇa Anaha* and *Anaddha Basti* (distended heavy bladder) *Ashmari* (calculi in KUB region), all these symptoms are sequential and consequences to the retention of urine for the longer time because the formation and filtration of urine from kidney is a constant process and could be maintained with the rhythmic balance of timely urinary extraction. Sustained or suppressed natural urges can cause the accumulation of pressure because of excessive fluids drawn by the kidney into the ureter, bladder and urethra resulting hydronephrosis, distended ureter and bladder.
- *Vinama* or bending back is specifically narrated by *Acharya Charak* is simply a result of heavy bladder, unevacuated fluid loaded kidneys. This does not mean any spinal vertebral ailment.
- *Angabhanga* and *Shule Iva Bhinnamurte* symptoms are explained by respective commentators as throbbing, erupting, breaking, pricking pains in the body. These are the different neuralgic pains caused by neuritis, because of the compression of surrounding area spinal nerves by accumulation of fluid in KUB region.
- SirahShula or headache may be due to neuralgic pain, compressional causes or the pain caused by raised toxins in blood during the filtration in kidneys.

Contemporary View:

- Suppression of natural urges leads the pelvic muscles in hyperirritability state and increases tension due to hypersensitivity of peripheral and central nerves in the area[18].
- The over distended bladder of the patient in acute urinary retention will cause agonizing pain in the suprapubic region[19].
- In progressive chronic obstruction to micturition, Vesical musculature hypertrophies, its fascicule increasing in size and interlacing in all directions to produce an enlarged 'trabeculated bladder'. Mucosa between the fascicles forms 'diverticula' which may contain phosphatic concretions. When outflow is thus obstructed, emptying is not complete, some urine remains and may become infected, infection may extend to ureters and kidneys. Back pressure from a distended bladder may gradually dilate the ureters, renal pelves and even the renal collecting tubules[20].

  If it is inconvenient to micturate, impulses from the cerebral cortex cause inhibition and

elongation of the bladder wall, mainly apparently by inhibiting sacral parasympathetic exciter activity, but also possibly via the sympathetic nerves which relax the bladder musculature. The pressure in the organ falls and desire to micturate temporarily passes off. By constant practice, the bladder can be accustomed to accommodate very large volumes of urine before an uncontrollable and unbearable rise of intravesical pressure occurs. It is well known that many sedentary workers and women especially, can hold their urine for very long periods and without discomfort[21].

CONCLUSION

After going through all the text it is found that all these symptoms which are visibly seen in the patients were already mentioned in all the ancient text written 5000 years ago and all these can be well co- related with the present scenario of contemporary science.

The hypothetical mechanisms of all these symptoms arising due to suppression of natural urges are now well understood from the above explanations. The hypothesis is open for the correction but this seems to be the most possible pattern of the action.

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