

Pathophysiological Insights into the Ill Effects of Shakrit Vega Dharana: A Critical Appraisal Based on Astanga Hridaya and Modern Science

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Abstract

Voluntary restraint of natural urges, termed Vega Dharana in Ayurveda, is viewed as a significant cause of both physical and mental disorders. Among the natural urges that should never be suppressed, the inhibition of the urge for defecation (Shakrit Vega Dharana) receives special emphasis in the Astanga Hridaya for its wide systemic implications [1]. In the modern era, lifestyle factors such as long sitting hours, irregular diet, and social constraints often result in habitual delay of defecation. This review critically examines the classical references to Shakrit Vega Dharana and correlates them with current physiological and pathological concepts [2–6]. The discussion highlights close parallels between Vagbhata's concept of Apana Vata Prakopa and modern explanations of altered defecation reflexes, autonomic imbalance, and disturbances of the gut–brain axis.

Keywords: Shakrit Vega Dharana, Apana Vata, Defecation Reflex, Constipation, Pathophysiology, Astanga Hridaya, Modern Perspective

Introduction

Ayurveda repeatedly warns against suppression of natural bodily urges (Vega Dharana), identifying it as a root cause of many diseases [1]. Shakrit Vega, the urge for defecation, is essential for maintaining the balance of Apana Vata, the principle governing excretory and reproductive functions. In the Astanga Hridaya Sutrasthana (4/3–4), Vagbhata lists the harmful outcomes that arise when this urge is deliberately restrained [1]. In today's working conditions, suppression has become routine because of time restrictions, irregular meals, and sedentary behaviour [2, 3]. Constipation and other bowel disturbances are now common. Understanding this ancient Ayurvedic warning through modern physiological insight provides valuable guidance for prevention and health maintenance.

Concept of Shakrit Vega Dharana in Astanga Hridaya

Astanga Hridaya Sutrasthana 4/3–4 states [1]:

Shakritah pindikodveshta pratisyaya shiroruja |

Urdhva vayuh parikarto hridayasyoparodhanam ||

Mukhenavitpravrittishcha purvoktashchaamayah smritah ||

The verse explains the effects of restraining the urge to defecate: calf-muscle cramps (pindikodveshta), nasal congestion (pratisyaya), headache (shiro ruja), upward displacement of gas (urdhva vayu), anal pain

(parikarta), and a feeling of cardiac obstruction (hridayoparodha). In severe cases, expulsion of fecal material through the mouth may occur. These manifestations indicate derangement of Apana Vata, disturbing its normal downward movement and consequently affecting other forms of Vata [1].

Pathophysiological Correlation with Modern Science

Normal Physiology of Defecation

Defecation is a coordinated function of the colon, rectum, anal canal, and nervous system. It depends on the enteric nervous system (ENS), parasympathetic outflow from S2–S4, and voluntary cortical control [2, 3]. Distension of the rectum activates stretch receptors and initiates the recto-anal inhibitory reflex (RAIR), which relaxes the internal anal sphincter and generates the urge [2]. Evacuation occurs when relaxation of the external sphincter coincides with contraction of abdominal muscles. This mechanism preserves regular bowel rhythm and supports autonomic balance [3].

Immediate Physiological Disturbance

When the urge is resisted, the rectal reflex is interrupted [2]. Continued absorption of water makes stool hard and dry [4]. Repeated suppression dulls rectal sensitivity and promotes chronic constipation [4, 5]. Fecal retention causes colonic distension and stimulates sympathetic inhibition of peristalsis [3]. The resulting abdominal tightness and bloating (anaha) resemble the obstruction of Apana Vata. Suppression also influences the enterogastric reflex, slowing gastric emptying and reducing appetite (arochaka) [2].

Autonomic and Systemic Effects

Rectal distension activates vagal pathways that affect other organs [3]:

- Headache and heaviness (shiro-ruja, shira gaurava) result from parasympathetic over-activity and vascular changes [5].
- Chest oppression (hridayoparodha) occurs through viscerocardiac reflexes that transiently alter heart rhythm [5].
- Nasal congestion (pratisyaya) is caused by autonomic imbalance and vasodilation in the nasal mucosa [6].
- Calf-muscle spasm (pindikodveshta) may arise from electrolyte imbalance or circulatory stasis [2].

Chronic Effects

Prolonged suppression leads to structural and functional alterations of the colon [4, 5]. Rectal sensitivity diminishes, and fecal stasis may progress to megacolon. Absorbed toxins from retained stool contribute to fatigue and systemic inflammation [4]. Gas accumulation produces reflux (urdhva vayu), and hard stools may cause fissures or piles (parikarta) [2]. In severe obstruction, feculent vomiting can develop [5]. These effects correspond with modern entities such as chronic constipation and irritable bowel syndrome [2–5]. Studies on the gut–brain axis reveal that retained stool alters serotonin release and elevates cortisol, mirroring Vata prakopa and its systemic manifestations [6].

Integrative Pathophysiological View

The Ayurvedic explanation of disturbed Vata movement parallels the modern view of neuro-autonomic dysregulation [6]. When Apana Vata fails to act downward, compensatory upward movement of Prana and Udana Vata causes widespread symptoms [1]. Modern physiology similarly describes feedback from

rectal distension to higher autonomic centres through vagal circuits [3, 6]. The classical account in Astanga Hridaya can thus be interpreted as an early description of multisystem disorder arising from suppression of defecation [1, 6].

Critical Appraisal in the Modern Context

In contemporary life, habitual delay of defecation is common due to travel, occupational stress, or social hesitation [6]. This behaviour promotes constipation, headache, irritability, and other Vata-related disturbances [1]. Modern evidence supports this by showing that suppression increases stress hormones, slows bowel transit, and disrupts circadian rhythm [5, 6]. The ancient guidance against Vega Dharana therefore remains scientifically valid and clinically significant.

Preventive and Corrective Measures

Vagbhata recommends Sneha (oleation), Sveda (fomentation), Mridu Virechana (mild purgation), and Anuvāsana Basti (oil enema) to pacify aggravated Vata and ease elimination [1]. Modern management follows similar principles—adequate hydration, high-fibre diet, regular physical activity, and fixed bowel timing [4]. Yogic practices such as Pavanamuktasana and Malāsana stimulate bowel movement, while relaxation techniques help restore autonomic balance [6]. A combined Ayurvedic and biomedical approach offers effective prevention and therapy.

Conclusion

The explanation of Shakrit Vega Dharana in Astanga Hridaya closely matches present-day understanding of gastrointestinal and autonomic physiology [2–6]. Deliberate withholding of stool disturbs reflex coordination and produces systemic imbalance. Re-examining this traditional insight through scientific reasoning emphasizes the importance of responding to natural urges and maintaining a disciplined lifestyle for disease prevention [6].

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