



Review Article

A SYSTEMIC REVIEW OF VEGADHARANA ON CARDIAC DISORDER

Sushil Kumar Jha<sup>1\*</sup>, Vivek Raghuvanshi<sup>1</sup>, Santosh Kumar<sup>1</sup>, Vijay Bahadur Singh<sup>2</sup>

<sup>1</sup>MD Scholar, <sup>2</sup>Associate Professor, HOD, Department of Kayachikitsa, Govt. Ayurvedic College, Patna, Bihar, India.

Article info

Article History:

Received: 01-10-2023

Accepted: 22-10-2023

Published: 10-11-2023

KEYWORDS:

Vega, Hridaya  
Roga, Vegadharan,  
CVD.

ABSTRACT

The term “Vega” means natural urge, and “Dharana” means suppression, so collectively, the word *Vega Dharana* means forceful suppression of natural urge. *Vegas* are naturally created in the body in order to maintain bodily equilibrium. Initiation of urges is a normal body activity through which unwanted and waste body products are expelled from the body. In order to facilitate the elimination of these substances, the body is equipped with *Adharniya Vegas*, which appears naturally. So it is very important to respond to these urges and not suppress them as and when they appear. In Ayurveda, it is broadly explained how suppression of urges leads to serious illnesses. The suppression of urges cause disturbance in homeostasis and lead to many metabolic disorders. *Vega dharana* as a *Nidana* is a unique concept of Ayurveda. Acharya Vagbhatta, in the *Astang Hridaya Sutrasthana*, stated that the root cause of almost all diseases is *Vega udirandharane*. In Ayurveda, *Vegadharan* of *Adharniya vega* is one of the causative factors of *Hridaya roga*. Today, cardiovascular disorders are the world’s leading cause of mortality and responsible for one out of every four deaths. The increased incidence of cardiovascular disease (CVD) all over the world is due to faulty diet patterns and lifestyles. Approx eighty percent of premature deaths from CVD are preventable. The role of Ayurveda in the prevention and cure of cardiovascular disease is very systematic and good. It can be helpful in decreasing the incidence of cardiovascular disease.

INTRODUCTION

Ayurveda refers to the knowledge in scriptures describing various methods to obtain health and longevity by preventing illness in healthy individuals and eradicating diseases in diseased individuals<sup>[1]</sup>. Ayurveda thus offers the divine methods to achieve *Ayu* and keep away the *Rogas*. Prevention is better than cure, and we have the opportunity within our grasp to make a major difference in some of the scourges that afflict mankind today. Among various preventive aspects of Ayurveda<sup>[2]</sup>, like following *Dincharya*, *Ritucharya*, *Sadavritta*, and *Achar Rasayan*, one important aspect is not suppressing the natural urges of the body. In Ayurveda, the word *Vega Dharana* means forceful suppression of the natural urge<sup>[3]</sup>. *Adharniya vega* are those that should not be avoided or non-suppressible urges. Cardiovascular

diseases (CVDs) are the leading cause of death globally, taking an estimated 17.9 million lives each year. CVD is the world's biggest killer. 33% of all the deaths are due to CVD. The most important behavioural risk factors for heart disease and stroke are an unhealthy diet, physical inactivity, tobacco use, and the harmful use of alcohol<sup>[4]</sup>. *Hridaya* is one of the *Trimarma* and *Mool* of *Rasavaha* and *Pranvaha Srotas*<sup>[5]</sup>, which play a significant role in maintaining body homeostasis. In Ayurveda, the cause of heart disease<sup>[6]</sup> is excessive consumption of food that is heavy to digest, dry, cold, and with bitter or astringent qualities; excessive physical exertion; altered patterns of sleep, including day sleep; forceful withholding of urges or initiation of urges; excessive indulgence in purgation; emesis or enema procedures; mental stress; excessive fear; over thinking; anxiety; and indulgences in medications to counteract these things can be broadly classified into *Aharaja*, *Viharaja*, and *Manasika* factors, which in turn vitiate the *Agni* and subsequently the *Rasadhatu*<sup>[7]</sup>. The impaired *Rasadhatu* in the presence of impaired *Agni* at the levels of *Koshta* and *Dhatu*s and vitiated *Vyana vayu*, eventually paves the way for metabolic disorders such as *Medoroga*, *Sthoulya*, *Prameha*, etc., which are

Access this article online	
Quick Response Code	
	<a href="https://doi.org/10.47070/ijapr.v11i10.2976">https://doi.org/10.47070/ijapr.v11i10.2976</a>
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

milestones in the pathogenesis of *Hrid-vikara*. *Nidan Parivarjanam* is to avoid the known disease-causing factors in diet and lifestyle. According to Benjamin Franklin, "An ounce of prevention is worth a pound of cure." So prevention should be given more importance, which is easier than disease management.

## DISCUSSION

India has one of the highest burdens of cardiovascular disease worldwide<sup>[8]</sup>. CVD is the leading cause of death worldwide. Every fourth death in India is because of CVD. In Ayurveda, *Hridaya* is considered *Trimarma*, *Pranayatanam*<sup>[9]</sup>, placed near *Anaha Chakra*, the sites of *Vyanvayu*, *Sadhak Pitta*, *Avlambak Kapha*, *Ojja*, *Mana*, *Budhi*, *Chetna* and the *Mool of Pranvaha and Annavaha Shrotas*<sup>[10]</sup>. In the *Samhita Granth*, the etiology of heart disease is mentioned. The common etiological factor of heart disease mentioned in Ayurveda is *Vegadharan*. Acharya Vagbhatta, in the *Astang Hridaya Sutrasthana*, said that *Vegadharan* is the cause of all the diseases. "*Rogah sarveapi jayente vegadirdharne*".<sup>[11]</sup> According to Ayurveda, there are fourteen types of natural urges in the body that should not be suppressed. These are the natural calls from the body that a person must attend to as and when they

appear in order to maintain balance in the body and eliminate an element that might cause imbalance. The human body is a wonderful, complex system that has a number of ways to balance or eliminate materials that could be useful or harmful to the body.

The fourteen non-suppressible natural urges are<sup>[12]</sup>

1. Urge to pass urine
2. Urge to eliminate faeces
3. Urge to eliminate semen
4. Urge to pass out flatus
5. Urge to vomit
6. Urge to sneeze
7. Urge for eructation
8. Urge to yawn
9. Urge to eat (hunger)
10. Urge to drink water (thirst)
11. Urge to shed tears or cry
12. Urge to sleep
13. Urge for heavy or fast breathing caused by over exertion
14. Urge for coughing

**Table 1: Out of fourteen *Vegadharana*, nine *Vegadharana* is directly linked with etiology of heart disease**

<i>Adharniya vega</i>	Charaka	Sushruta	Madhav Nidana	Astang Sangraha	Astang Hridaya	Bhava Prakash
<i>Vata</i> (flatus)	-	<i>Hridaya uparodha</i>	-	<i>Hridroga</i>	<i>Hridroga</i>	-
<i>Purisha</i> (defecation)	-	-	-	<i>Hridroga, Hridayauprodh</i>	<i>Hridroga, Hridayauprodh</i>	-
<i>Mutra</i> (urination)	-	-	-	<i>Hridroga, Hridayauprodh</i>	<i>Hridroga, Hridayauprodh</i>	-
<i>Udagara</i> (eructation)	<i>Hridaya Vivandha</i>	-	-	<i>Hridaya Vivandha</i>	<i>Hridaya Vivandha</i>	<i>Hridaya vyatha</i>
<i>Trishna</i> (thirst)	<i>Hridaya vyatha</i>	<i>Hridaya vyatha</i>	<i>Hridaya vyatha</i>	<i>Hridroga</i>	<i>Hridroga</i>	<i>Hridaya vyatha</i>
<i>Kasa</i> (cough)	-	-	-	<i>Hridroga</i>	<i>Hridroga</i>	-
<i>Shrama swasa</i> (deep breathing)	<i>Hridroga</i>	<i>Hridroga</i>	<i>Hridroga</i>	<i>Hridroga</i>	<i>Hridroga</i>	<i>Hridroga</i>
<i>Ashru</i> (lachrymation)	<i>Hridroga</i>	-	-	<i>Hridroga</i>	<i>Hridroga</i>	-
<i>Shukra</i> (seminal discharge)	<i>Hridaya vyatha</i>	-	-	<i>Hridaya vyatha</i>	<i>Hridaya vyatha</i>	-

*Vega dharana* mainly causes vitiation of *Vata*<sup>[13]</sup>; later on, vitiated *Vata* causes vitiation of *Pitta* and *Kapha*. Acharya Charaka and Sushruta briefly explain the concept of *Khavaigunya*. Aggravating Doshas may accumulate at the *Khavaigunya*, initiating pathological changes in body and mind. Vitiated *Vata*, *Pitta*, and *Kapha* while roaming around in the body accumulate at a place where *Srotas* is already weakened and tends to cause disease<sup>[14]</sup>. So, that's how

*Vega dharana* leads to various diseases, and *Vata* plays a crucial role in causing those diseases, including cardiac disorders. Ayurvedic texts have described *Aahar*, *Vihar*, *Ritucharya*, *Dinacharya*, *Adharniya Vega*, *Yoga*, and *Rasayan*, which have a good role in the prevention and cure of cardiovascular disease

## CONCLUSION

All Ayurvedic texts have mentioned *Adharniya Vega* as one of the causes of *Hridroga*. Among fourteen *Adharniya Vega*, nine *Adharniya Vega* especially leads to different types of *Hridroga* (CVD). The first line of treatment in Ayurveda is *Nidana Parivarjana*. For this reason, every disease caused by the suppression of natural urges can be prevented by avoiding the suppression of natural urges under any circumstances.

## REFERENCES

1. Sushruta Samhita of Maharsi sushruta, Kaviraja Ambikadutta shastri, Sutrasthan, Vedo Utpatti adhyaya (1/22) page-7; Chaukhambha Sanskrit Sansthan, Varanasi- edition: Reprint 2012.
2. Charaka Samhita of Agnivesha, vidyotini, Kashinatha Sastri and Gorakhnath Chaturvedi, Sutra sthana, Matrashitiye Adhyaya (5/1-111), pg: 102-133, Varanasi: Chaukhambha Bharati Academy; 17<sup>th</sup> ed.
3. Charaka Samhita of Agnivesha, vidyotini, Kashinatha Sastri and Gorakhnath Chaturvedi, Sutra sthana, Navegandharaneeya Adhyaya (7/1-25), pg: 150-157, Varanasi: Chaukhambha Bharati Academy; 17<sup>th</sup> ed.
4. Kumar & Clarks, clinical medicine, cardiology, chapter 30, page 1019: Elsevier 10<sup>th</sup> ed
5. Charaka Samhita of Agnivesha, vidyotini, Kashinatha Sastri and Gorakhnath Chaturvedi, vimana sthana, Shrotoviman adhyaya (5/7-9), pp: 710-711, Varanasi: Chaukhambha Bharati Academy; 17<sup>th</sup> ed.
6. Prof. K.R. Srikanta Murthy, Madhava nidanam( Rog Vinischaya) of Madhavkara Treatise on Ayurveda, Translated into English. Hridaya rog nidanam, Adhyaya 29, Chaukhamba orientalia, Varanasi, 6<sup>th</sup> edition, 2004.
7. Bhavaprakash Vidyotini, Sri Bhava Mishra, Madhyam khand, Chikitsha prakarnam, edited by Pandit Sri Brahma Sankara Misra VOL II Adhyaya 34, Hrid roga dhikar, (34/2): page 357; Chaukhambha sanskrit bhawan, edition reprint 2020.
8. Kumar & Clarks, clinical medicine, cardiology, chapter 30, page 1019: Elsevier 10<sup>th</sup> ed
9. Charaka Samhita of Agnivesha, vidyotini, Kashinatha Sastri and Gorakhnath Chaturvedi, Sutra sthana, Duspranayataniye Adhyaya (29/3), pg: 576, Varanasi: Chaukhambha Bharati Academy; 17<sup>th</sup> ed.
10. Charaka Samhita of Agnivesha, vidyotini, Kashinatha Sastri and Gorakhnath Chaturvedi, Vimana sthana, Shrotoviman Adhyaya (5/7-9), pp: 710-711, Varanasi: Chaukhambha Bharati Academy; 17<sup>th</sup> ed.
11. Astanghridayam, Vagbhatta, Kaviraj Atrideva gupta. Sutrasthan, Roganutpadaniya adhyaya (4/22) pp46-49 Varanasi: Chaukhambha prakashan 3<sup>rd</sup> ed.
12. Astanghridayam, Vagbhatta, Kaviraj Atrideva gupta. Sutrasthan, Roganutpadaniya adhyaya (4/3) Pp41-47 Varanasi: Chaukhambha prakashan 3<sup>rd</sup> ed.
13. Astanghridayam, Vagbhatta, Kaviraj Atrideva gupta. Sutrasthan, Roganutpadaniya Adhyaya (4/23) pp46-49 Varanasi: Chaukhambha prakashan 3<sup>rd</sup> ed.
14. Charaka Samhita of Agnivesha, vidyotini, Kashinatha Sastri and Gorakhnath Chaturvedi, vimana sthana, Shrotoviman Adhyaya (5/7-9), pp: 710-711, Varanasi: Chaukhambha Bharati Academy; 17<sup>th</sup> ed.

### Cite this article as:

Sushil Kumar Jha, Vivek Raghuvanshi, Santosh Kumar, Vijay Bahadur Singh. A Systemic Review of Vegadharana on Cardiac Disorder. International Journal of Ayurveda and Pharma Research. 2023;11(10):50-52.

<https://doi.org/10.47070/ijapr.v11i10.2976>

Source of support: Nil, Conflict of interest: None Declared

### \*Address for correspondence

**Dr. Sushil Kumar Jha**

MD Scholar,  
Department of Kayachikitsa,  
Govt. Ayurvedic College,  
Patna, Bihar.

Email:

[drsushil8969@gmail.com](mailto:drsushil8969@gmail.com)

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.