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## An Observational Study of Aetiopathological Effects of Malavega Vidharana

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### Abstract

The concept of suppression of the Vegas as one of the main causes of many diseases is unique. However, very few studies are available that evaluate the strong cause-effect relationship of the suppressed urges and manifestation of symptoms mentioned in the Ayurveda texts. It was also pertinent to understand the aetiopathological consequences of *Malavega Vidharana* in terms of related systemic derangements in various disease conditions. The present observational study entitled “An Observational Study of aetiopathological Effects of *Malavega Vidharana*” was designed to understand the effects of *Malavega Vidharana* as described in Ayurvedic Samhitas. This would further help in prevention of many lifestyle disorders with emphasis on not suppressing *Malavega Vidharana* as “*Nidana Parivarjana*” constituting the “First Line of Treatment.”

**Keywords : Malavega, Vegavidharan, Lifestyle disorders, Prevention**

### 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. Ayurveda have elaborated that suppression of natural urges cause various local and systemic diseases.

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 lead to a pathological state that pave way too many diseases in long run.

“*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

*Apaan Vayu*. Thus, *MalavegaVidharana* has potential to cause manifold harmful effects on one's health.

**Need of the study:-**The concept of suppression of the Vagas as one of the main causes of many diseases is unique. However, very few studies are available that evaluate the strong cause-effect relationship of the suppressed urges and manifestation of symptoms mentioned in the Ayurveda texts. It was also pertinent to understand the aetio-pathological consequences of *Malavega Vidharana* in terms of related systemic derangements in various disease conditions. The present observational study entitled "An Observational Study of aetio-pathological Effects of *MalavegaVidharana*" was designed to understand the effects of *MalavegaVidharana* as described in Ayurvedic Samhitas. This would further help in prevention of many lifestyle disorders with emphasis on not suppressing *Malavega Vidharana* as "*NidanaParivarjana*" constituting the "First Line of Treatment."

#### **Aims and Objectives:**

- 1.To establish an association between the severity and duration of *Malavega Vidharana* and etiopathological effects and manifestation of symptoms as mentioned in Ayurvedic Samhitas
- 2.To review literature of *Malavega Vidharana* given in all major texts of Ayurveda critically

#### **Materials and Methods:**

##### **Type of study:**

Cross-sectional study conducted by survey method

##### **Sample size :**

Total 200 subjects were studied

##### **Selection of Subjects :**

Study subjects were selected from healthcare setup of Ayurvedic Hospital and College.

##### **Inclusion Criteria:**

- Subjects of age 16 to 70 years, irrespective of genders
- Subjects who were ready to give consent/assent

##### **Exclusion Criteria:**

- Subjects with alcohol/drug abuse
- Subjects with history of complex and/or severe physical or psychological disorder
- Subjects who have undergone major surgical interventions
- Female subjects who were pregnant or lactating

#### **Evaluation parameters :**

##### **Assessment of MalavegaVidharana(Suppression of urge)**

- Duration of voluntary MalavegaVidharana
- Duration of voluntary MalavegaVidharana between awakening & time of first defecation
- Frequency of voluntary MalavegaVidharana
- Chronicity of voluntary MalavegaVidharana

# Definitions and gradations of most of the symptoms are based on "Common Terminology Criteria for Adverse Events (CTCAE) Version 4.0; Published by: U.S.DEPARTMENT OF HEALTH AND HUMAN SERVICES, National Institutes of Health, National Cancer Institute; on May 28, 2009 (v4.03: June 14, 2010)".

##### **Activities of Daily Living (ADL):**

\*Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.

\*\* Self care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

##### **Statistical analysis:**

The study data generated and collected were put to statistical analysis to reach to the final results and conclusions.

Data was categorized and analyzed in groups\*to assess cause-effect relation of *Malavega Vidharana* and Symptom manifestation to assess the causality effect of severity of *Malavega Vidharana* and severity Symptom manifestation

The data obtained in the studies were subjected to tests of significance.

The Spearman rank-order correlation coefficient (Spearman's correlation, for short) - a nonparametric measure of the strength and direction of association that exists between two variables measured on at least an ordinal scale.

P value < 0.05 was considered significant.

The groups were made as follows-

- 1.Presence of *MalavegaVidharana* – Manifestation of Symptoms
- 2.Presence of *MalavegaVidharana* – No manifestation
- 3.Absence of *MalavegaVidharana* – Manifestation
- 4.Absence of *MalavegaVidharana* – No manifestation

The scoring was done as follows-

Sr.No.	Parameters	Observations	Scoring
1.	Duration of <i>MalavegaVidharana</i>	> 12 hours	4
		6-12 hours	3
		1-6 hours	2
		< 1 hour	1
		No suppression	0
2.	Duration of <i>MalavegaVidharana</i> between awakening & time of first defecation	> 4 hours	4
		2-4 hours	3
		1-2 hours	2
		< 1 hour	1
		No suppression	0
3.	Frequency of <i>MalavegaVidharana</i>	> 10 times per week	4
		4-8 times per week	3
		2-4 times per week	2
		< 2 times per week	1
		Rare/Occasional Suppression	0
4.	Chronicity of <i>MalavegaVidharana</i>	> 12 months	4
		6-12 months	3
		1-6 months	2
		< 1 month	1
		Rare/Occasional Suppression	0

Total Score	Severity of <i>MalavegaVidharana</i>	Grading
12-16	Very high	A
8-12	High	B
4-8	Moderate	C
2-4	Low	D
0-2	No	E

## Assessment of Presence or Absence of Symptoms as Mentioned in Ayurvedic Samhitas-

Symptoms Observed	Definition#	Present/ Absent
<i>Pakvashyashula</i> (Abdominal pain)	A disorder characterized by a sensation of marked discomfort in the abdominal region. (usually colic)	
<i>Shirshula</i> (Headache)	Pain in any region of head	
<i>VataApravartana</i> (Retention of flatus)	A disorder characterized by irregular and infrequent or difficult evacuation of the flatus.	
<i>VarchoApravartana</i> (Retention of feces)	A disorder characterized by irregular and infrequent or difficult evacuation of the bowels.	
<i>Pindikodveshtana</i> (Cramps in calf muscles)	Claudicating pain	
<i>Aadhman</i> (Abdominal distension)	A disorder characterized by self-reported feeling of uncomfortable fullness of the abdomen.	
<i>Aatop</i> (Rumbling sounds of bowel)	A disorder characterized by self-reported rumbling sounds of bowel	
<i>Shula</i> (Pain in abdomen)	Pain in abdomen	
<i>Parikartana</i> (Pricking pain in anus)	A disorder characterized by a marked discomfort due to pricking sensation in the anal region.	
<i>Urdhvavata</i> (upward movement of gas)	A disorder characterized by self-reported feeling of upward movement of gas	
<i>Mukhen vitta pravriti</i> (Emesis of fecal matter)	Emesis of fecal matter	
<i>Pratishyaya</i> (Rhinitis)	experience of any of the following symptoms- runny nose, sneezing, congestion, post-nasal drip, itching inside nose	
<i>HridUprodha</i> (Chest tightness)	A disorder characterized by self-reported feeling of chest tightness	
<i>Gulma</i> (Palpable mass in abdomen)	Palpable mass in abdomen	
<i>Klama</i> (Fatigue)	A condition characterized by a state of generalized weakness with a pronounced inability to summon sufficient energy to accomplish daily Activities	
<i>Drishtighaat</i> (Blindness)	Functional loss of vision	

**Assessment of Severity of Manifested Symptoms as Mentioned in Ayurvedic Samhitas-**

Symptoms Observed	Absent 0	Mild 1	Moderate 2	Severe 3	Very severe 4
<i>Pakvashyashula</i> (Abdominal pain)	No pain	Mild pain	Moderate pain; limiting instrumental activities of daily living (ADL)*	Severe pain; limiting self care ADL **	Severe pain requiring urgent intervention
<i>Shirshula</i> (Headache)	No headaches; or no different from healthy individuals	Has more frequent or more severe headaches but the headaches never, or only rarely, interfere with the usual ADL	The headaches significantly interfere with some activities, and more than just rarely.	The headaches are daily and often incapacitating.	Incapacitating and causing vomiting and hospitalization
<i>Vataapravartana</i> (Retention of flatus)	No symptoms	Occasional or intermittent Symptoms	Persistent symptoms	Bothersome symptoms often limiting instrumental ADL	Unbearable symptoms requiring urgent intervention
<i>Varchoapravartana</i> (Retention of feces)	No symptoms	Occasional or intermittent Symptoms	Persistent symptoms with regular use of laxatives or	Severe symptoms with manual evacuation indicated; limiting	Severe symptoms requiring hospitalization and urgent

			enemas; limiting instrumental ADL		
<i>Pindikodveshtana</i> (Cramps in calf muscles)	No symptoms	Occasional or intermittent Symptoms	Persistent symptoms limiting instrumental ADL	Severe symptoms often incapacitating	Severe symptoms requiring urgent intervention indicated
<i>Aadhman</i> (Abdominal distension)	No discomfort	Mild discomfort	Moderate discomfort; limiting instrumental activities of daily living (ADL)	Severe discomfort; limiting self care ADL	Severe discomfort requiring hospitalization
<i>Aatop</i> (Rumbling sounds of bowel)	No discomfort	Mild discomfort	Moderate discomfort; but not affecting ADL	Persistent discomfort; affecting ADL	Severe discomfort requiring intervention
<i>Shula</i> (Pain in abdomen)	No pain	Mild pain	Moderate pain; limiting instrumental activities of daily living (ADL)	Severe pain; limiting self care ADL	Severe pain requiring hospitalization
<i>Parikartana</i> (Pricking pain in anus)	No pain	Mild pain	Moderate pain; limiting instrumental activities of daily living (ADL)	Severe pain; limiting self care ADL	Severe pain requiring hospitalization
<i>UrdhvaVata</i> (upward movement of gas)	No discomfort	Mild discomfort	Moderate discomfort; limiting	Severe discomfort;	Severe discomfort requiring hospitalization

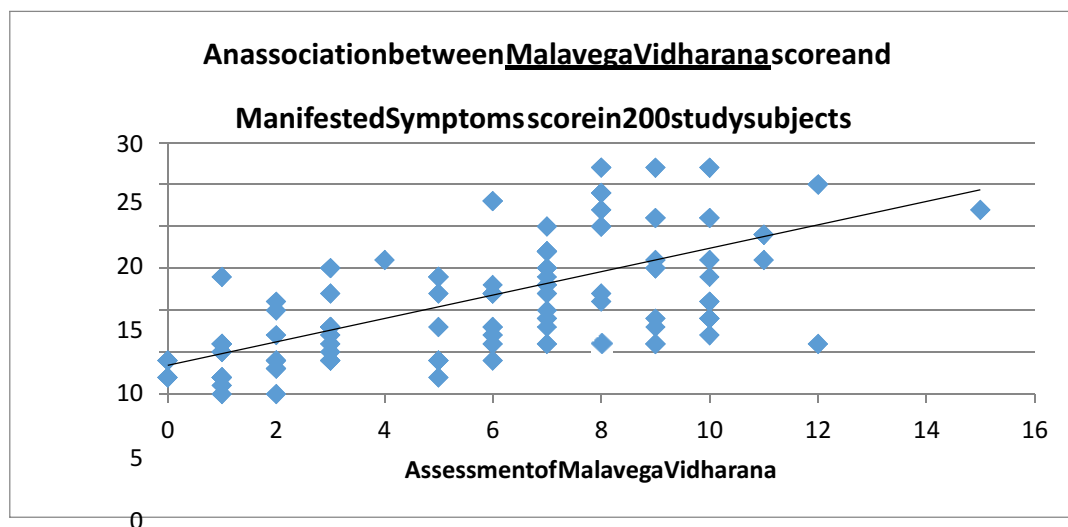
			instrumental activities of daily living (ADL)	limiting self care ADL	
<i>Mukhen vitta pravriti</i> (Emesis of fecal matter)	Never	Occasional	Persistent	Bothersome	Unbearable
<i>Pratishyaya</i> (Rhinitis)	No symptoms	Few; Occasional	Few; Persistent; affecting instrumental ADL	Many; Bothersome; affecting instrumental ADL and requiring intervention	All symptoms; Unbearable; limiting self care ADL and requiring intervention
<i>Hriduprodha</i> (Chest tightness)	No discomfort	Mild discomfort	Moderate discomfort; limiting instrumental ADL	Severe discomfort; limiting self care ADL	Severe discomfort requiring hospitalization
<i>Gulma</i> (Palpable mass in abdomen)	No discomfort	Mild discomfort	Moderate discomfort; limiting instrumental ADL	Severe discomfort; limiting self care ADL	Severe discomfort requiring intervention
<i>Klama</i> (Fatigue)	No fatigue	Fatigue only after excessive work or play	Fatigue on doing more than accustomed work or play	Fatigue on doing routine work or after normal play	Fatigue even at rest or no activity

<i>Drishtighaat</i> (Blindness)	Normal	Occasional blurred vision or reduced visual acuity	Persistent blurred vision limiting instrumental ADL	Persistent blurred vision limiting self care ADL and requiring intervention	Loss of vision requiring urgent intervention

The data was presented in the contingency table as given below-

	No Manifestation of Symptoms(0 - 4)	No. of Manifestation of Symptoms(> 4)
Absence of <i>MalavegaVidharana</i> (Score 0 - 2)	A	B
Presence of <i>MalavegaVidharana</i> (Score > 2)	C	D

Chi – Square Test – Test of association was applied to data generated. P value< 0.05 was considered significant.





## Observations & Results

Clinical assessment of 200 study subjects was done with the help of pre-designed Case Record Form (CRF) and questionnaire. The severity and overall score of MalavegaVidharana as well as manifested symptoms due to MalavegaVidharana were assessed and recorded in the CRF.

Statistical Analysis of data generated through CRF and presented in Master-chart to test an association between MalavegaVidharana score and Manifested Symptoms score in 200 study subjects:

Number of Points : 200

Spearman  $r = 0.6879$  (Moderately Positive Correlation)

Two tailed p value is  $< 0.0001$ , extremely significant

There is a positive correlation between MalavegaVidharana score and Manifested Symptoms score in 200 study subjects which is statistically significant too.

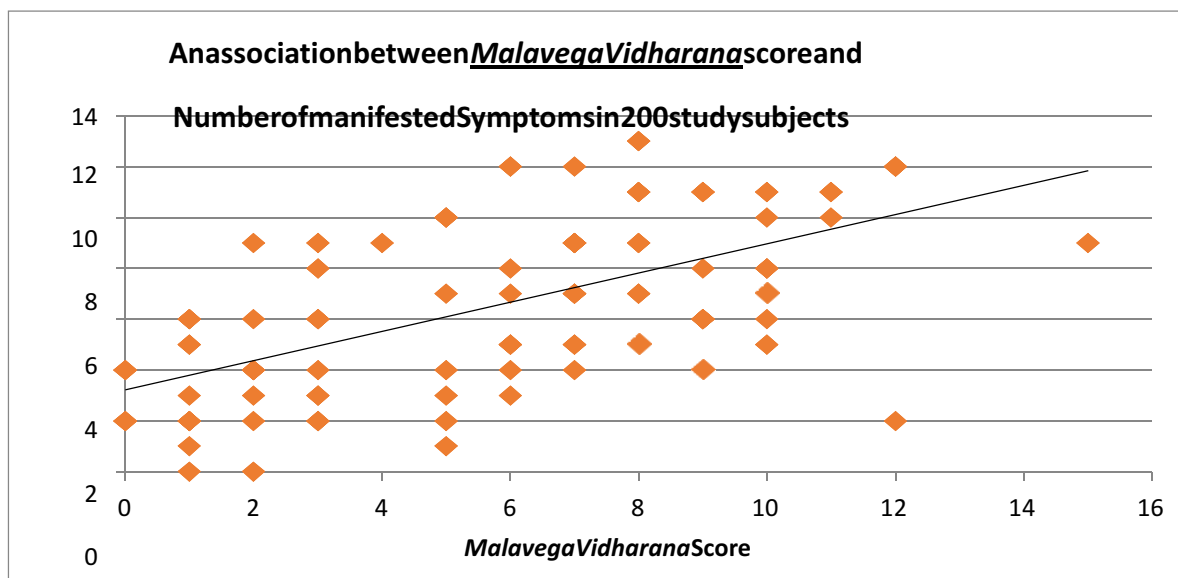
An association between MalavegaVidharana score and Number of Manifested Symptoms in 200 study subjects:

Number of Points : 200

Spearman  $r = 0.6127$  (Moderately Positive Correlation)

Two tailed p value is  $< 0.0001$ , extremely significant

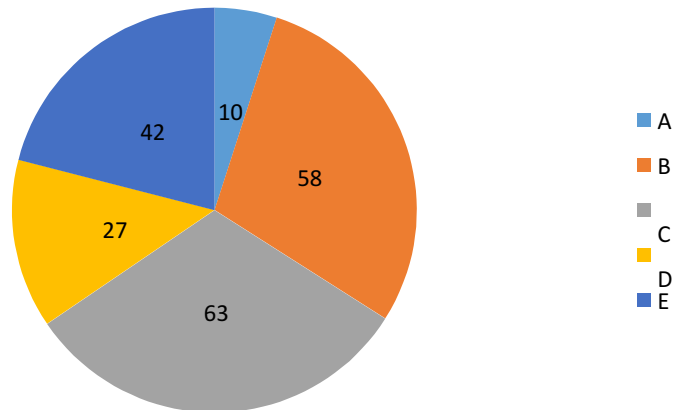
There is a positive correlation between Malavega Vidharana score and Number of Manifested Symptoms in 200 study subjects which is statistically significant too.



### Distribution of Study Subjects according to Severity of MalavegaVidharana

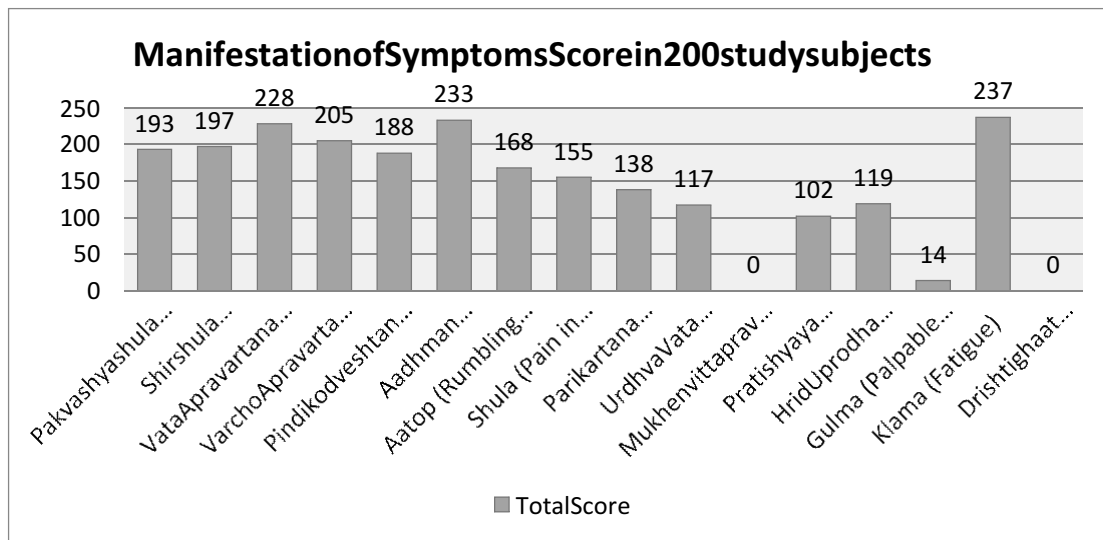
Total Score	Severity of <i>MalavegaVidharana</i>	Grading	Number of Study Subjects	Percentage (%)
12-16	Very high	A	10	5%
8-12	High	B	58	29%
4-8	Moderate	C	63	31.5%
2-4	Low	D	27	13.5%
0-2	No	E	42	21%

### Assessment of Malavega Vidharana



### Total score of manifested symptoms in 200 study subjects-

Sr. No.	Symptoms	Total Score
1	<i>Pakvashyashula</i> (Abdominal pain)	193
2	<i>Shirshula</i> (Headache)	197
3	<i>VataApravartana</i> (Retention of flatus)	228
4	<i>VarchoApravartana</i> (Retention of feces)	205
5	<i>Pindikodveshtana</i> (Cramps in calf muscles)	188
6	<i>Aadhman</i> (Abdominal distension)	233
7	<i>Aatop</i> (Rumbling sounds of bowel)	168
8	<i>Shula</i> (Pain in abdomen)	155
9	<i>Parikartana</i> (Pricking pain in anus)	138
10	<i>UrdhvaVata</i> (upward movement of gas)	117
11	<i>Mukhenvittapravriti</i> (Emesis of fecal matter)	0
12	<i>Pratishyaya</i> (Rhinitis)	102
13	<i>HridUparodha</i> (Chest tightness)	119
14	<i>Gulma</i> (Palpable mass in abdomen)	14
15	<i>Klama</i> (Fatigue)	237
16	<i>Drishtighaat</i> (Blindness)	0



Symptoms such as *Klama* (Fatigue), *Aadhmaan* (Abdominal distension), *VataApravartana* (Retention of flatus), *VarchoApravartana* (Retention of feces), *Pakvashyashula* (Abdominal pain), *Shirshula* (Headache) and *Pindikodveshtana* (Cramps in calf muscles) were most commonly present.

*Gulma* (Palpable mass in abdomen) was rarely observed in few individuals.

Symptoms such as *Drishtighaat* (Blindness) and *Mukhen vitta pravriti* (Emesis of fecal matter), were not seen in any of the study subjects

#### Relationship between *MalavegaVidharana* and Number of Manifested Symptoms in 200 study subjects:

	No Manifestation of Symptoms (0 - 4)	No. of Manifestation of Symptoms (> 4)
Absence of <i>MalavegaVidharana</i> (Score 0 - 2)	31	11
Presence of <i>MalavegaVidharana</i> (Score > 2)	28	130

**Null Hypothesis (H0):**

There is no association between MalavegaVidharana and Number of Manifested Symptoms given in major texts of Ayurveda.

**Alternative Hypothesis (H1):** There is an association between MalavegaVidharana and Number of Manifested Symptoms given in major texts of Ayurveda.

Chi-Square (Non-parametric) test was applied to discrete data generated through the study.

Chi-Square Value (Calculated) = 53.04

Chi-Square Value (table) = 53.04 at 1 degree of freedom and 0.05 (5%) level of significance.

As calculated Chi-Square value is greater than the table value, null hypothesis of no association is rejected and alternative hypothesis is accepted.

There is a statistically significant association between *MalavegaVidharana* and Number of Manifested Symptoms given in major texts of Ayurveda.

**Discussion:**

The research study entitled “An Observational Study of aetiopathological Effects of *MalavegaVidharana*” was planned to assess the aetiopathological effects of *MalavegaVidharana* as it has a potential to cause manifold harmful effects on one’s health in present time.

Cross-sectional study was conducted in which the method of data collection was survey method. Total 200 study subjects were selected in the age group of 16 – 70 years irrespective of gender and socio-economic status. After obtaining written informed consent from every study subject, they were examined and interrogated thoroughly and data were recorded in the case record form.

Clinical assessment of 200 study subjects was done with the help of pre-designed Case Record Form (CRF) and questionnaire. The severity and overall score of *MalavegaVidharana* as well as manifested symptoms due to *MalavegaVidharana* were assessed and recorded in the CRF. The data was analyzed by using appropriate statistical tests.

There is a statistically significant association between *MalavegaVidharana* and Number of Manifested Symptoms given in major texts of Ayurveda.

“*VegasandharanamAnarogyakaranamAgryam*” (Charak Samhita Sootra. 25)

The suppression of natural urges causes vitiation of the *dosha* of the body mainly *Vata Dosha* and further cause accumulation of Ama (toxins) in the body. “Prevention is better than Cure” hence it is advisable not to suppress these natural Vegas. According to Ayurveda, the first line of treatment in all diseases is “avoid the cause”. Therefore, all diseases that can be

caused by the suppression of the various natural urges can be prevented simply by not suppressing any of them. Although it is very true that one should never suppress a non-suppressible urge, but it is also equally important not to forcibly initiate an urge, as it can create an imbalance in functioning of *Vata Dosha* causing related diseases.

**Conclusion:**

The conclusions drawn from the scientific discussion are as follows-

1. There is a strong and positive cause-effect relationship between *MalavegaVidharana* and manifested symptoms, as mentioned in major Ayurvedic texts.
2. While evaluating differential diagnosis, *MalavegaVidharana* should be considered as one of the prime etiopathological factors in various disease conditions.
3. It will be certainly helpful to emphasize on not suppressing the urges of faecus and other natural urges in view of “*Nidaan Parivarjana*” as “First Line of Treatment”.

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