

REVIEW ARTICLE

A Conceptual Study of *Adhāranīya Vega* w.s.r to *Mutra Vegarodha* and Role of *Avpīdaka Ghr̥ta*

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ABSTRACT

Background: The article explores the *Ayurvedic* principles of *Adhāranīya Vega*, with a focus on *Mutra Vegarodha*, which refers to the suppression of the urge to urinate. It highlights the physiological and pathological consequences of this suppression, such as urinary retention, bladder distension, urinary tract infections (UTIs), and kidney damage.

Objectives:

1. To understand the classical *Ayurvedic* perspectives on *Adhāranīya Vega* and *Mutra Vegarodha*.
2. To integrate modern scientific literature with traditional *Ayurvedic* texts.
3. To investigate the therapeutic potential of *Avpīdaka Ghr̥ta* in managing the adverse effects of *Mutra Vegarodha*.

Methods: The study reviews traditional *Ayurvedic* texts and modern scientific literature to provide a holistic view of the concepts. Here, we see the effect of *Avpidaka Ghr̥tapan* on symptoms of *Mutra Vegavarodha*. The thesis investigates the formulation's mechanism of action, impact on the urinary system, and ability to promote healthy urination.

Results: The study finds that *Avpīdaka Ghr̥ta*, when taken with *Anupana* of *Usnajala* (warm water), effectively alleviates symptoms such as *Mutrakrichhata* (difficulty in urination), *Siroruja* (headache), *Bastishula* (bladder pain), and *Vankshana Anaha* (abdominal distension). However, it is not effective in treating symptoms like *Vinama* (bending of the body), *Mutra Nigrha* (incomplete urination), and *Alpam alpam mutrata* (frequent scanty urination).

Conclusion: The thesis provides a comprehensive exploration of *Adhāranīya Vega* and *Mutra Vegarodha*, emphasizing the importance of not suppressing natural urges. It highlights the potential benefits of *Avpīdaka Ghr̥ta* in managing related health issues. By blending traditional wisdom with modern scientific inquiry, the study contributes to a holistic understanding and treatment of urinary health problems, offering valuable insights for practitioners and researchers in *Ayurveda* and integrative medicine.

Key Words *Adhāranīya Vega*, *Mutra Vega*, *Micturition reflex*, *Avīpdaka ghr̥ta*

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INTRODUCTION

Āyurveda, the oldest system of medicine in the world, addresses every aspect of life. To maintain health and protect against diseases¹, *Āyurveda* describes *Āhara* (diet) and *Vihāra* (lifestyle) in

detail. While *Āhāra* is widely recognized as fundamental, *Vihāra* often falls into neglect. *Vihāra* is classified into *Nitya Kālina* (daily regimens) and *Anitya Kālina* (occasional regimens). *Nitya Kālina Vihāra* includes

REVIEW ARTICLE

Dinacharya (daily routine) and *Ritucharya* (seasonal routine), whereas *Anitya Kālina Vihāra* encompasses practices like *Vegadhārana* (suppression of natural urges), *Udīrana*, *Shodanam*, *Brihanam*, and *Bhūtadisparshanam*.

The study focuses on *Vegadhārana*, highlighting how the suppression of natural urges can lead to various diseases. *Ācharya Caraka* introduced the concepts of *Dhāranīya* (urges to be controlled) and *Adhāranīya Vega* (urges not to be suppressed) in the *Sutra Sthāna*. *Dhāranīya Vega* includes emotions like *Lobha* (greed), *Shoka* (grief), *Bhaya* (fear), *Krodha* (anger), *Ershaya* (envy), *Ati-rāga* (excessive attachment), *Māna* (ego), and *Lajja* (shame). *Adhāranīya Vega*, on the other hand, includes urges such as *Mutra* (urination), *Purīsha* (defecation), *Retas* (semen), *Vāta* (flatus), *Chardi* (vomiting), *Kshavathu* (sneezing), *Udgāra* (belching), *Jhrumbha*

(yawning), *Kshudha* (hunger), *Trishna* (thirst), *Bāspa* (tears), *Nidra* (sleep), and *Shrama-janya-nihshwasa* (breathlessness due to exertion)².

In the present time due to travel, office work, laziness and hesitation, people do not give much importance to their *Mutra Vega*. In the present scenario, *Mutra Vega* is an important *Adhārnīya Vega* that when forcibly suppressed can lead to various symptoms like dysuria and pain in the lower abdomen or diseases related to the urinary system, which can disturb a person's normal healthy life.

According to *Ācharya Caraka*, *Sadā Ātura* patients are *Srotriya* (people belonging to the priest class), *Rāja-sevak* (servants of the king), *Vesya* (courtesans) and *Panya-jivins* (merchants). They always suppress the naturally manifested urges. They always void stool, urine etc³. As show table No. 1

Table 1 Characteristics of *Sadaatura*³

<i>Sadaatura</i>	<i>Lakshana</i>
Shrotriya (Students)	Limited access to restrooms, long lines, and unclean washrooms.
Rajasevaka (Service Class)	Busy with their duties of providing protection, and unclean washrooms.
Veshya (Prostitute)	Unable to attend to natural urges due to having to abide by the requests and amusement of men.
Panyajivi (Merchants)	Sedentary lifestyle required by their work, leading to extended periods of sitting and increased susceptibility to illnesses.

Suppression of *Mutra Vega* leads to various symptoms like *Shūla* in *Basti* and *Mehana* (Pain in bladder and phallus), *Mutrakricha* (dysuriya), *Shiroruja* (headache), *Vināma* (forward bending of the body), *Ānaha* in *Vankshāna Pradesha* (distension of the lower abdomen) and *Mutra Nigrahana* in *Linga* (urine obstruction in urethra), along with *Mutra Ashmari* (Calculus) *Alpam Alpam Mutrata*(repeat urination) etc. *Lakshana* (symptoms) are seen⁴. Ignoring these

symptoms can result in critical conditions and increase the risk of other urinary tract diseases. Urinary retention is a condition where the bladder doesn't empty completely or at all during urination. It can be acute, which is sudden and can be severe, or chronic, which develops over time and may cause few or no symptoms.

Enlarged Prostate (Benign Prostatic Hyperplasia, BPH), Urethral Stricture, Kidney Stones (Urolithiasis), Phimosis, Pelvic Organ Prolapse,

REVIEW ARTICLE

Bladder Outlet Obstruction, Infections and Neurological Disorders are some diseases and conditions that can cause urinary retention.

According to *Ācārya Caraka*, *Mutra Vegarodhajanya Vikāra* management is done by *Swedana*, *Avagāha*, *Abhyānga*, *Avpīdaka Sneha* with *Ghṛta* and *Bastikarma*.⁵ According to *Ācārya Vagbhata*, treatment of the diseases caused due to stopping the flow of urine is the consumption of '*Avpīdaka Ghṛita*' i.e. drink good amount of *Ghṛta* before eating and after the food is digested. Thus, Ghee consumed twice is called '*Avpīdaka*'.⁶ Here, main focus on effectiveness of *Avpīdaka Ghṛta* as rest of the procedures, mentioned by *Ācārya Caraka* in management of *Mutra Vegarodhajanya Vikāra*, are time consuming, has a long follow up and are having a lot of *Pathya-Apathya*.

Avpīdaka Ghṛta, primarily *Go Ghṛta* (cow ghee) taken with *Ushna Jala* (warm water), possesses properties like *Vātanulomaka* (regulating *Vāta*), *Dīpana* (enhancing digestion), *Pāchaka* (digestive), and *Āmahara* (removing toxins). By normalizing *Apāna Vāta*, it alleviates obstruction, promoting the expulsion of urine and feces⁷. The *Dīpana* property ensures proper digestion, with warm or boiled water aiding faster digestion compared to normal water.

Through this study, we are assessing the effect of Avpīdaka Ghṛta in the prevention of Mutra Vegarodhajanya Symptoms so that we can early diagnose these symptoms and prevent their future morbidities. Urinary retention, characterized by the incomplete or total inability to empty the

bladder, can be acute or chronic, leading to serious complications.

Hypothesis

- H_0 – *Avpīdakaghṛta* is not effective in *Mutra Vegarodhajanya* symptoms.
- H_1 – *Avpīdaka Ghṛta* is effective in *Mutra Vegarodhajanya* symptoms.

Aims and objectives:

1. **To highlight** the importance of *Adhāranīya Vega*, with a special focus on *Mutra Vega*.
2. **To analyze** the symptoms associated with *Mutra Vegarodha*.
3. **To evaluate** the effect of *Avpīdaka Ghṛta* on subjects suffering from *Mutra Vegarodha* symptoms.

Source of Survey Study:

- **Location:** Urban and rural areas of Udaipur, Rajasthan.
- **Sample Size:** 100 participants.
- **Study Duration:** 2 months.
- **Intervention:** Subjects with *Mutra Vegarodhajanya* symptoms were administered *Avpīdaka Ghṛta* (5ml) once daily before meals.

Development of Questionnaire:

- A questionnaire was designed based on the *Prakriti* assessment proforma to determine the dominant characteristics of participants.
- Additional questionnaires were developed to assess *Mutra Vegarodhajanya* symptoms and the degree of pain using the Wong-Baker scale.

Ethical Clearance and CTRI Registration:

- Ethics clearance was obtained from the Institutional Ethics Committee of Madan Mohan Malviya Govt Ayurveda College, Udaipur
- March 10th 2025 Volume 22, Issue 2 **Page 102**

REVIEW ARTICLE

(Rajasthan). Certificate No.:
IEC/ACA/2022/5544-5693.
• The study was registered in the Clinical Trials Registry of India (CTRI/2023/07/055302).

• Written informed consent was obtained from all participants in accordance with the Helsinki Declaration after providing detailed explanations about the study and its aims.

Informed Consent:

Study design:

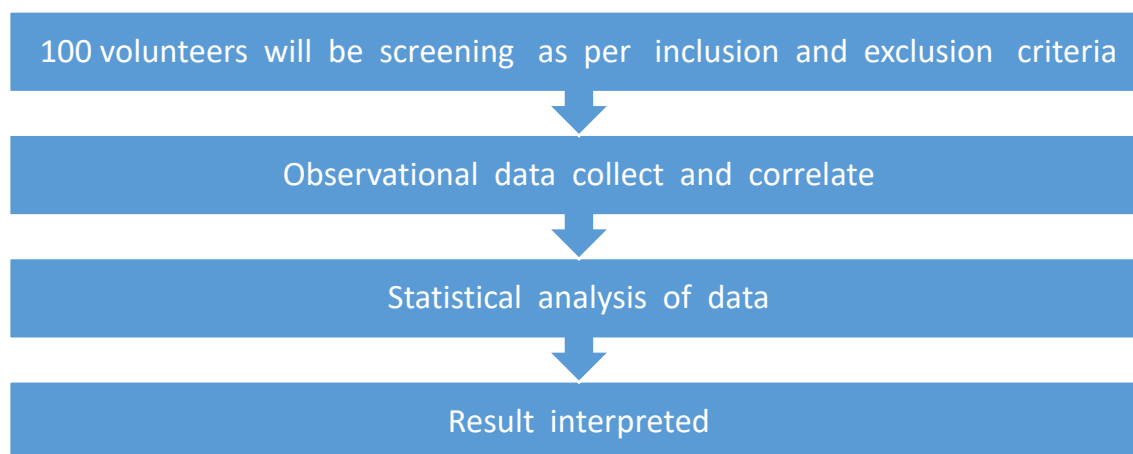


Figure 1 Study design

Inclusion Criteria-

- Person of either sex between 20-60 years.
- Subjects of *Mutra Vegaavrodhajanya* symptoms.

Exclusion Criteria-

- Person below 20 years & above 60 years of age.
- A subject suffering from acute and chronic diseases. Drug induced UTI cases, Chronic kidney disease, chronic liver disease, cancer and post-traumatic stress disorder etc.
- Pregnant women.

Criteria of assessment -

All the Volunteers were examined every 15 days during the Observation.

Details of the scores adopted for the main signs and symptoms in this study were as follows:

Scoring Pattern of Subjective criteria-

Table 2 Grading of *Mutra Vegaavrodha* Symptoms and scoring pattern⁸

Subjective criteria	Grade	Score
<i>Mutrakrichāta</i> (Dysurea)	Normal	0
	Mild	1
	Moderate	2
	Severe	3
<i>Shiroruja</i> (Headache)	Normal	0
	Mild	1
	Moderate	2
	Severe	3
<i>Bastishūla</i> (Pain in bladder)	Normal	0
	Mild	1
	Moderate	2
	Severe	3
<i>Vināma</i> (Forward Bending of the body)	Normal	0
	Mild	1
	Moderate	2
	Severe	3
<i>Vankshana</i> <i>Ānaha</i> (Distention of the lower abdomen)	Normal	0
	Mild	1
	Moderate	2

REVIEW ARTICLE

Mutra Nigrha (Obstruction of urine)	Severe	3
	Normal	0
	Mild	1
	Moderate	2
	Severe	3
	Normal	0
Alpam alpam Mutradyaga (Repeat urination)	Mild	1
	Moderate	2
	Severe	3
	Normal	0

The Symptoms values of the participants were categorized into four groups based on the following ranges:

1. **Normal:** A score of 0 indicated that the individual reported no significant.
2. **Mild:** Scores of 1 denoted mild levels of Symptoms experienced by the participants.
3. **Moderate:** Scores of 2 indicated a moderate symptoms among the individuals.
4. **Severe:** Scores 3 represented severe levels of symptoms reported by the participants.

By assigning these Symptoms value groups, we were able to analyze the *Mutra Vegarodhajanya*

symptoms experienced and result of *Avpīdaka Ghrta*.

OBSERVATION

Based on a thorough analysis of the found *Mutra Vegarodhajanya* symptoms, we have carefully chosen a group of 100 volunteers from Udaipur and around Udaipur. The selection process involved considering specific inclusion and exclusion criteria to ensure a representative sample and study design showing in figure no.1.

As shown in table no. 2 Out of 100 study Volunteers 100 participants showed *Mutrakrichata* symptoms of *Mutravega dharana*, 97 participants showed *Shiroruja* symptoms of *Mutravega dharana* and 90 participants showed *Bastishūla* symptoms of *Mutra vega dharana*. 11 participants showed *Vinama*, 89 participants showed *Anaha*, 40 participants showed *Mutranigrh* and 45 participants showed *Alpam alpam Mutrata*.

RESULT

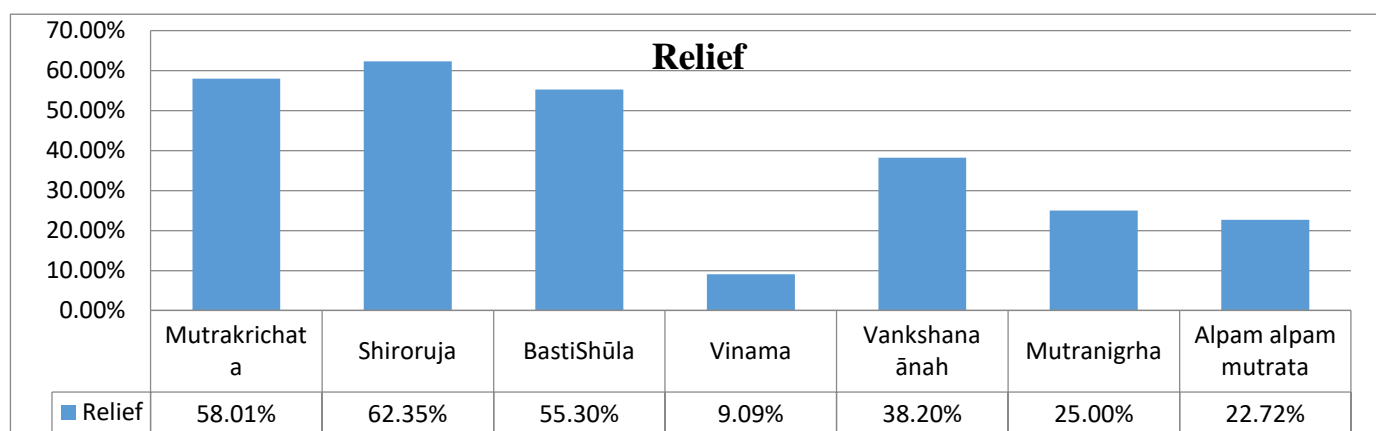


Figure 2 Effect of *Avpidaka ghrta*

After Advise A statistically highly significant effect was noted ($p < 0.001$) in the symptoms of *Mutrakrichata*, *Shiroruja*, *basti shūla*,. A

statistically significant effect was noted ($p < 0.0001$) in the symptoms of *Vankshāna Ānaha*, A Statically significant effect was noted ($p < 0.0020$)

REVIEW ARTICLE

in *Mutra Nigrha* and *Alpam alpam Mutrata*. *Vinama* Symptoms rate was 09.09%, which was not significant ($P < 0.1250$) had the least impact on this symptom.

Discussion

Ācārya Vāgbhaṭa mentioned that “*Rogāḥ sarve api jāynte vegodīranadhāranaih*” which state that all diseases are manifested by suppression of natural urges like *Mutra*, *Purisha*, *Retas* etc⁹. There are total 13 *Adhāranīya Vega* mentioned by *Ācārya Caraka*¹⁰.

‘*Adharanīya Vega*’ is a reflex mechanism and it is a nervous activity¹¹. And all the *Vega* is a Normal function of *Vāta Dosha*. *Mutra*, *Purisha*, *Adhovāta*, and *Shukra Vega* are attributed to *Apāna Vāyu* and *Prāna Vāyu*. Hence *Vāta Dosha* is mainly responsible for any retention in the body. By knowing its type and signs one can understand the function thoroughly.

The incidence rate of UTI, Atonic bladder, Urolithiasis etc. is much high due to the holding of urine urge. Therefore, *Avpīdaka Ghṛta* is a simple dietary regimen for this; which is not a medicine but a diet/pathya. *Goghṛta* taken in quantity of 5 ml before meal which is called as *Avpīdaka ghṛta*.

The utility of *Avpīdaka Snehapāna* in the management of *Mutra Vegarodhajanya Vikara* (disorders due to forceful suppression of micturition urge), bleeding piles and *Nābhi Gata Vāta* (Disorders of pelvic cavity specifically bowel, bladder diseases due to *Vāta*) are well documented in the classical text of *Āyurveda*.

Their exact stage and state of application points to be the *Pratilomata* (dyskinesia) of *Vāta Dosha* (structure responsible for homeostasis) due to *Ruksha Guna* (factor causing dyskinesia) and vitiation of *Pitta dosha* thus interfering with *Sāra Guna*. Hence the *Avpīdaka Snehapana* is advised. In pathology of *Vāta Dosha* dysfunction *Anulomana* (normal kinesia) is affected. Though the *Taila* is considered as the best medicine for *Vāta* dysfunction, *Avpīdaka Snehapana* using *Taila* is not appropriate because of it is *Badda sakrt* (constipated bowels) and *Alpa Mutra* property (reduced urine output) which interferes with the *Anulomana karma* of *Vāta* and *Sara Guna* of *Pitta*, so *Ghṛta* having the property of *Vāta Pitta Shāmak*, *Srstavinmutra* (increased urine output), is the most appropriate *Sneha* for performing *Avpīdaka Snehapana*.

This group of volunteers was practically advised with *Avpīdaka Ghṛta* take 5ml before food with *Ushna Jala*.

In *Mutra Vega Rodhajanya Lakshana* appears mainly due to *Mutra Vega Dhāraṇa*. So, first treatment of this is *Nidāna Parivarjana* (Not by suppressing the urge of urine). Mainly aggravation of *Vāta* and *Pitta* occurs in the *Mutra Vega Rodha*. *Vāta* and *Pitta Dosha* aggravation is treated by *Ghṛta* and *Usana jala* mainly. *Khvaigunya* of *Vāta* and *Pitta dosha* occurs in *Mutravaha srotas* (*Sthanasamsharaya*) if here symptoms are not treated well then it aggravates more and more which leads to chronicity. It is difficult to treat at that stage.

REVIEW ARTICLE

Figure no.2 showing all symptomatic relief in *mutra vegarodhajnya* symptoms. Out of all *Mutra Vega Rodhajanya Lakshana*, first one is, *Mutrakrichata* (Dysurea), caused by dominance of *Vāta*, relief was observed to be 58.01 %, *Vāta* having *Ruksha Guna* pacified by *Snigdha Guna* of *Avpīdaka Ghṛta*.

Next one is *Shiroruja* (Headache), caused by vitiation of *Vāta* and *Pitta*, relief was seen to be 62.35% *Ghṛta* pacifies *Vāta* and *Pitta* (*Ghritam Pittanilaharam*), thus causing relief.

Bastishūla (Pain in abdomen) is the next one, and *Shūla* is mainly caused by *Vāta Dosha*, *Avpīdaka Ghṛta* pacifies it by opposite *Guna* that of *Vāta Dosha*, thus relief was observed to be 55.30 %.

In *Vināma*, relief was observed to be 9.09% again *Vināma* is dominated by *Vāta Dosha*, pacified by *Avpīdaka Ghṛta*.

In *Vankshan Ānaha* relief percentage is found to be 38.20 %, *Ānaha* is caused by vitiation of *Vāta Dosha*, pacified by opposite properties of *Avpīdaka Ghṛta*.

Followed by, *Mutra Nigrha*, relief is 25% caused by *Vāta Dosha* and relief by *Sara Guna* of *Avpīdaka Ghṛta*.

Next one is *alpam alpam Mutrata*, the relief was found to be 22.72%, as *Vāta Dosha* causing the *Pratilom*(opposite) direction is pacified.

These symptoms occurred mainly due to *Pitta* and *Vāta*. *Avpīdaka Ghṛta* might have cleared the local vitiation of the *Vata* and *Pitta*. A statically not significant effect was noted in *Vināma* and *Alpam alpam mutrata*.

CONCLUSION

This conceptual study on *Adhāranīya Vega*, specifically *Mutra Vega Rodha*, and the role of *Avpīdaka Ghṛta* provides significant insights into the *Ayurvedic* understanding of bodily urges and their management. The research highlights the critical importance of not suppressing natural urges, particularly the urge to urinate (*Mutra Vega*), as doing so can lead to numerous health complications.

Avpīdaka Ghṛta has shown promise in alleviating symptoms associated with *Mutra Vegarodha*, demonstrating its potential as a therapeutic agent. The formulation, which balances the *doshas Vāta* and *Pitta*, is effective particularly in acute cases where the *dosha* aggravation is not severe. However, it is less effective in chronic cases due to flaccidity of the bladder muscles.

The study emphasizes the need for increased awareness and adherence to *Ayurvedic* principles regarding natural urges to prevent health issues. Integrating *Avpīdaka Ghṛta* into clinical practice, along with other therapies like *Swedana*, *Avgāha*, *Abhyanga*, and *Basti* as suggested by *Ayurvedic Acharyas*, may provide a holistic approach to managing conditions resulting from *Mutra Vegarodha*, thereby improving patient outcomes. Despite the small sample size, this study lays the groundwork for further research and combination therapies to achieve better results.

REVIEW ARTICLE

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