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Siddhantik Exposition of Dharaniya & Adharaniya Vega (Mental & Physiological Urges) and their Pathophysiological Parallels in Lifestyle and Psychosomatic Medicine

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Abstract: *In classical Ayurvedic literature, health (Swasthya) is defined as a state of dynamic equilibrium among bodily humors (Dosha), metabolic processes (Agni), structural tissues (Dhatu), excretory functions (Mala), and an unafflicted state of the soul, sense organs, and mind (Prasannatmendriyamanah). A central pillar of Ayurvedic preventive and psychosomatic medicine is the management of natural urges (Vega). The classical literature categorizes Vega into two distinct domains: Adharaniya Vega (thirteen non-suppressible physiological urges that must be evacuated naturally) and Dharaniya Vega (thirteen suppressible psychological, vocal, and physical urges that must be consciously restrained).*

In contemporary society, lifestyle patterns routinely invert these natural principles—individuals systematically suppress somatic urges due to social constraints or occupational demands (Adharaniya Vega Dharana) while failing to restrain destructive emotional, vocal, and behavioral impulses (Dharaniya Vega Avega). This dual mismanagement acts as a primary trigger for intellectual blasphemy (Prajnaparadha), driving Vata Pratilomata (erratic movement of Vata), channel obstruction (Srotorodha), and impairment of the mind-carrying channels (Manovaha Srotas).

This review article presents a comprehensive Siddhantik analysis of Dharaniya and Adharaniya Vega as delineated across the Brihat Trayi (Charaka Samhita, Sushruta Samhita, and Astanga Hridaya), incorporating classical commentary insights from Chakrapani Datta, Dalhana, and Indu. Furthermore, it establishes systematic pathophysiological parallels between classical Vegadharana mechanisms and modern biomedical constructs, including Autonomic Nervous System (ANS) dysfunction, Hypothalamic-Pituitary-Adrenal (HPA) axis hyperactivation, central neuro-visceral dysregulation, and functional gastrointestinal disorders (FGIDs). Finally, it outlines integrative therapeutic strategies incorporating Nidana Parivarjana, Vata Anulomana, Medhya Rasayana, and Satvavajaya Chikitsa (Ayurvedic Psychotherapy) to mitigate the rising burden of psychosomatic illnesses.

Keywords: Dharaniya Vega, Adharaniya Vega, Charaka Samhita, Prajnaparadha, Psychosomatic Disorders, Srotodushti, Autonomic Nervous System, HPA Axis, Satvavajaya Chikitsa.

I. INTRODUCTION

Psychosomatic medicine in contemporary healthcare recognizes that emotional, environmental, and behavioral factors exert profound physiological effects on somatic tissue. Long before the formulation of modern psychoneuroimmunology, classical Ayurvedic texts detailed the intricate reciprocal relationship between the mind

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(*Manas*) and the physical body (*Sharira*). Acharya Charaka states that the body and mind serve as twin substrata for both well-being and disease (*Srayah Vyadhinam Sharasya Tathascha*).

A foundational doctrine governing psychosomatic homeostasis is the concept of *Vega* (natural urges or impulses). In the *Naveganadharaniya Adhyaya* (*Charaka Sutra Sthana*, Chapter 7), Acharya Charaka divides urges into two fundamental operational categories:

Adharaniya Vega (Non-suppressible Urges): Thirteen innate physical reflexes—ranging from excretory evacuations (*Mutra*, *Purisha*) to protective metabolic and respiratory reflexes (*Kshudha*, *Trishna*, *Kasa*, *Kshavathu*, *Nidra*)—that maintain physical homeostasis. Suppressing these reflexes causes physiological resistance, perverting the natural movement of *Vata Dosha* (*Vata Pratilomata*) and disrupting internal organ systems.

Dharaniya Vega (Suppressible Urges): Thirteen harmful mental, vocal, and physical behaviors driven by emotional volatility (*Raja* and *Tama Dosha*). These urges must be actively regulated through intellect (*Dhi*), fortitude (*Dhriti*), and memory (*Smriti*). Failing to suppress these emotional impulses leads to neuro-endocrine dysregulation and systemic disease.

Pathomechanism and Classification of Natural Urges (*Vega*)

Urge Category	Classical Mandate	Vitiation Mechanism	Intermediate Pathophysiology	Ultimate Clinical Outcome
Adharaniya Vega (Physical Urges)	MUST BE EXCRETED	Forced Suppression (Adharaniya Vega Dharana)	Induces Prajnaparadha & Srotodushti	Psychosomatic Pathology
Dharaniya Vega (Mental Urges)	MUST BE RESTRAINED	Unrestrained Expression (Dharaniya Vega Avega)	Induces Prajnaparadha & Srotodushti	Psychosomatic Pathology

Modern society frequently promotes the opposite behavior: individuals suppress physical urges due to sedentary work environments, public inhibition, or busy schedules, while allowing stress, anger, greed, and anxiety to go unchecked. This article provides a critical Siddhantik exposition of both urge categories, establishing their pathophysiological mechanisms and mapping them to contemporary biomedical models of lifestyle and psychosomatic disease.

II. MATERIALS & METHODS

The methodology for this review relies on a dual-phase qualitative synthesis combining classical textual analysis with electronic database cross-referencing:

2.1 Primary Classical Literature Search

A systematic textual extraction was conducted across primary *Brihat Trayi* sources:

Charaka Samhita: *Sutra Sthana* Chapter 7 (*Naveganadharaniya Adhyaya*) and *Sharira Sthana* Chapter 1.

Sushruta Samhita: *Uttara Tantra* Chapter 55 (*Udavarta Pratishedha*).

Astanga Hridaya & Astanga Samgraha: *Sutra Sthana* Chapter 4 (*Roganutpadaniya Adhyaya*).

Critical classical commentaries were analyzed to decode contextual terminology using *Tantra Yukti* (textual devices):

Ayurveda Dipika by Chakrapani Datta on *Charaka Samhita*.

Nibandha Samgraha by Dalhana on *Sushruta Samhita*.

Sashilekha by Indu on *Astanga Samgraha*.

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2.2 Secondary Biomedical Search & Data Extraction

Electronic literature searches were conducted across PubMed, DHARA, Google Scholar, and Scopus using relevant MeSH terms and keywords: Adharaniya Vega, Dharaniya Vega, Vegadharana, Prajnaparadha, Autonomic Nervous System, HPA Axis, Psychosomatic Disorders, Pelvic Floor Dyssynergia, and Gut-Brain Axis. Literature published up to 2026 was screened for physiological, neuro-endocrine, and gastroenterological parallels matching classical urge suppression sequelae.

III. RESULTS & SIDDHANTIK ANALYSIS

3.1 Textual and Epistemological Findings in *Brihat Trayi*

Charaka Samhita (Sutra Sthana 7): Provides the most structured categorization, dedicating an entire chapter (*Naveganadharaniya Adhyaya*) to urge management. Charaka enumerates thirteen physical urges to be released and classifies mental urges into three groups: *Manasa* (mental), *Vacika* (vocal), and *Kayika* (physical actions driven by emotion).

Sushruta Samhita (Uttara Tantra 55): Focuses extensively on the structural and physiological sequelae of *Udavarta* (upward/reverse movement of Vata) caused by suppressing physical urges, detailing the somatic manifestations in pelvic, abdominal, and thoracic viscera.

Astanga Hridaya (Sutra Sthana 4): Summarizes urge management succinctly, emphasizing that all systemic diseases can ultimately be traced back to the forced suppression of natural physical urges (*Roga Sarve Api Mandagni... Vega Dharana Jayan*).

Commentary Insights: Decoding Classical Terminology

Chakrapani Datta (*Ayurveda Dipika* on Charaka Sutra 7/3): Clarifies that *Vega* refers to the natural impulse generated when metabolic or physiological end-products accumulate to a critical threshold (*Pravrittimukhi Kriyate*). Forced suppression creates structural resistance, which perverts *Apana Vayu*, subsequently disturbing *Samana*, *Vyana*, and *Prana Vayu*.

Dalhana (*Nibandha Samgraha* on Sushruta Uttara 55/3): Defines *Udavarta* as the pathognomonic state where Vata, prevented from taking its normal downward pathway (*Anuloma Gati*), moves upward (*Pratiloma Gati*), carrying vitiated Doshas and *Ama* into superficial and deep tissue channels (*Srotas*).

Indu (*Sashilekha* on Astanga Samgraha Sutra 4): Explains that *Dharaniya Vega* regulation is not mere suppression of emotional feeling, but rather the intellectual neutralization (*Shamana*) of destructive cognitive impulses before they translate into somatic pathology.

3.2 Siddhantik Analysis of *Adharaniya Vega* (13 Non-Suppressible Physical Urges)

Acharya Charaka enumerates thirteen physical reflexes that must never be suppressed. Each urge corresponds to specific anatomical channels (*Srotas*) and functional subdivisions of *Vata Dosha*.

The 13 *Adharaniya Vega* (Physical Urges) Categorization

Excretory & Reproductive	Metabolic & Digestive	Respiratory & Reflexive
• Mutra (Micturition)	• Kshudha (Hunger)	• Kasa (Coughing)
• Purisha (Defecation)	• Trishna (Thirst)	• Kshavathu (Sneezing)
• Retas/Shukra (Ejaculation)	• Udgara (Belching)	• Jrimbha (Yawning)
• Vata/Vayu (Flatus)	•Chhardi/Vamana (Vomiting)	• Shwasa (Exertional Breathing)

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		•Shramashwasa / Ashru (Tears/Exhaustion)
		• Nidra (Sleep)

A. Excretory and Reproductive Urges

1. ***Mutra Vega Dharana* (Suppression of Micturition):** Dysuria (*Mutrakrichhra*), headache (*Shirasool*), pelvic distension (*Anaha*), and groin cramps (*Vankshana Anaha*). Involves vitiation of *Apana Vayu* and *Mutravaha Srotas*.
2. ***Purisha Vega Dharana* (Suppression of Defecation):** Abdominal colic (*Shoola*), fecal retention (*Anaha*), calf cramps (*Pindikodveshtana*), upward flatus (*Urdhva Vayu*), and halitosis. Involves vitiation of *Apana* and *Samana Vayu*, affecting *Purishavaha* and *Annavaha Srotas*.
3. ***Vata/Vayu Vega Dharana* (Suppression of Flatus):** Tympanites (*Adhmana*), severe abdominal pain (*Ruk*), exhaustion (*Klama*), and obstruction of flatus, stool, and urine. Involves vitiation of *Apana Vayu* and *Purishavaha Srotas*.
4. ***Shukra Vega Dharana* (Suppression of Ejaculation):** Seminal calculi (*Ashmari*), dysuria, prostatic/testicular pain (*Vedana*), and erectile dysfunction (*Klaibya*). Involves vitiation of *Apana Vayu* and *Shukravaha Srotas*.

B. Metabolic and Digestive Urges

1. ***Kshudha Vega Dharana* (Suppression of Hunger):** Body aches (*Angamarda*), loss of appetite (*Aruchi*), emaciation (*Karsya*), abdominal discomfort, and dizziness (*Bhrama*). Involves *Pachaka Pitta* and *Samana Vayu* impairment in *Annavaha Srotas*.
2. ***Trishna Vega Dharana* (Suppression of Thirst):** Dryness of mouth and throat (*Kanthashosha*), deafness (*Badhirya*), fatigue (*Shrama*), and cardiac discomfort (*Hridvyatha*). Involves aggravation of Pitta and Vata in *Udakavaha Srotas*.
3. ***Udgara Vega Dharana* (Suppression of Belching):** Hiccup (*Hikka*), dyspnea (*Shwasa*), anorexia (*Aruchi*), tremors (*Kampa*), and cardiac oppression (*Hridorobandha*). Involves vitiation of *Udana* and *Samana Vayu* in *Annavaha Srotas*.
4. ***Vamana/Chhardi Vega Dharana* (Suppression of Vomiting):** Urticaria/skin eruptions (*Kotha*, *Kushta*), erysipelas (*Visarpa*), edema (*Spathu*), nausea, and jaundice (*Pandu/Kamala*). Involves vitiation of *Prakupita Pitta* and *Kapha* in *Annavaha* and *Raktavaha Srotas*.

C. Respiratory, Reflexive, and Neurological Urges

1. ***Kshavathu Vega Dharana* (Suppression of Sneezing):** Facial paralysis (*Ardita*), severe headache (*Shiroruk*), stiffness of the neck (*Manya Stambha*), and sensory loss. Involves vitiation of *Prana Vayu* in *Pranavaha Srotas* and *Shiro-Indriyas*.
2. ***Kasa Vega Dharana* (Suppression of Coughing):** Increased coughing, dyspnea (*Shwasa*), anorexia (*Aruchi*), cardiac distress (*Hridroga*), and emaciation. Involves vitiation of *Prana* and *Udana Vayu* in *Pranavaha Srotas*.
3. ***Jrimbha Vega Dharana* (Suppression of Yawning):** Facial spasms, cervical stiffness (*Stambha*), sensory disturbances, and body tremors (*Kampa*). Involves vitiation of *Vyana* and *Prana Vayu*.
4. ***Nidra Vega Dharana* (Suppression of Sleep):** Drowsiness (*Tandra*), heaviness of head/eyes (*Shirogaurava*), malaise (*Jrimbha*), confusion, and cognitive fatigue. Involves aggravation of Vata and *Tamo Guna*, disturbing *Manovaha Srotas*.

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5. ***Shrama-Shwasa / Ashru Vega Dharana* (Suppression of Tears & Exertional Breathing):** Rhinitis (*Pinasa*), ocular pain (*Akshiroga*), headache, cardiac oppression (*Hridroga*), and dizziness (*Bhrama*). Involves vitiation of *Prana Vayu* and *Manas Dosha* in *Manovaha* and *Pranavaha Srotas*.

3.3 Siddhantik Analysis of *Dharaniya Vega* (13 Suppressible Urges)

In *Charaka Sutra Sthana* 7/26–28, Acharya Charaka establishes that emotional, vocal, and physical impulses driven by passion (*Raja*) and ignorance (*Tama*) must be suppressed to preserve mental and physical health.

The 13 *Dharaniya Vega* (Mental and Behavioral Urges) Categorization

Manasa (Mental Impulses)	Vacika (Vocal Impulses)	Kayika (Physical Actions)
• *Lobha* (Greed)	• *Parushya* (Harsh Speech)	• *Steya* (Theft/Covetousness)
• *Shoka* (Grief)	• *Anrita* (Lying/Falsehood)	• *Himsa* (Violence/Harm)
• *Bhaya* (Fear/Anxiety)	• *Asakala* (Irrelevant Talk)	• *Parashtree* (Adultery)
• *Krodha* (Anger)	• *Anukrosa* (Unkind Speech)	• Excessive Physical Strain
• *Mana* (Pride/Ego)		
• *Nairlajya* (Shamelessness)		
• *Irshya* (Jealousy/Envy)		
• *Abhidhya* (Malice/Ill-will)		

- ***Manasa Vega* (Mental Urges):** *Lobha* (uncontrolled desire inducing chronic psychological unrest), *Shoka* (prolonged sorrow depleting *Ojas*, vitiating Vata, and depressing *Agni*), *Bhaya* (chronic apprehension destabilizing *Prana* and *Vyana Vayu*), *Krodha* (uncontrolled rage vitiating Pitta and *Rakta Dhatu*), *Mana* (egoistic inflation impairing *Dhi-Dhriti-Smriti* and precipitating *Prajnaparadha*), *Irshya* (resentment vitiating Pitta and disrupting *Prasada*), *Nairlajya* and *Abhidhya* (moral degradation damaging interpersonal stability).
- ***Vacika Vega* (Vocal Urges):** *Parushya* (harsh speech intended to cause pain), *Anrita* (falsehood generating cognitive dissonance), *Asakala* (excessive, unguided speech wasting *Udana Vayu* energy), and *Akaala Vakya* (untimely speech reflecting impaired *Dhriti*).
- ***Kayika Vega* (Physical Actions Driven by Emotion):** *Himsa* (bodily harm driven by *Krodha* or *Abhidhya*), *Steya* (theft driven by unrestrained *Lobha*), and *Parashtree* (uncontrolled sexual behavior driven by *Kama*, depleting *Shukra Dhatu* and destabilizing *Ojas*).

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3.4 Comparative Diagnostic Matrix: Classical Urge Sequelae vs. Modern Diseases

Natural Urge (Vega)	Classical Symptoms (Samhita)	Vitiated Dosha & Srotas	Contemporary Medical Equivalent
***Mutra* (Micturition)**	*Mutrakrichhra*, *Shirasool*, *Vankshana Anaha*	*Apana Vayu*; *Mutravaha Srotas*	Neurogenic Bladder, Urinary Tract Infection (UTI), Hypertensive Pressor Response
***Purisha* (Defecation)**	*Pindikodveshtana*, *Anaha*, *Urdhva Vayu*, *Shoola*	*Apana-Samana Vayu*; *Purishavaha Srotas*	Chronic Idiopathic Constipation, Dyssynergic Defecation, IBS-C
***Kshudha* (Hunger)**	*Angamarda*, *Aruchi*, *Karsya*, *Bhrama*	*Pachaka Pitta*, *Samana Vayu*; *Annavaha Srotas*	Functional Dyspepsia, Hypoglycemia, Gastric Ulceration, Anorexia
***Trishna* (Thirst)**	*Kanthashosha*, *Badhirya*, *Hridvyatha*	*Pitta-Vata*; *Udakavaha Srotas*	Dehydration, Hypovolemia, Electrolyte Imbalance
***Nidra* (Sleep)**	*Tandra*, *Shirogaurava*, *Jrimbha*, *Akshi Gaurava*	*Vata*, *Tamo Guna*; *Manovaha Srotas*	Insomnia, Circadian Rhythm Sleep Disorder, Chronic Fatigue Syndrome
***Kshavathu* (Sneezing)**	*Ardita*, *Manya Stambha*, *Shiroruk*	*Prana Vayu*; *Pranavaha Srotas*, *Shiro-Indriya*	Cervical Spondylosis, Tension Headache, Trigeminal Neuralgia
***Krodha* (Anger - Mental)**	*Pitta-Rakta Prakopa*, *Daha*, *Hridroga*	*Pitta*, *Rakta Dhatu*; *Manovaha Srotas*	Essential Hypertension, Coronary Artery Disease (CAD), Intermittent Explosive Disorder
***Bhaya* (Fear - Mental)**	*Vata Prakopa*, *Kampa*, *Hridvyatha*, *Ojo-Kshaya*	*Vata*, *Prana-Vyana*; *Manovaha Srotas*	Generalized Anxiety Disorder (GAD), Panic Disorder, Phobic Anxiety
***Shoka* (Grief - Mental)**	*Karsya*, *Aganimandya*, *Daurbalya*, *Sroto-Sanga*	*Vata*, *Raja-Tama*; *Annavaha & Manovaha Srotas*	Major Depressive Disorder (MDD), Psychogenic Weight

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			Loss, Immune Deficiency

IV. DISCUSSION & PATHOPHYSIOLOGICAL SYNTHESIS

4.1 The *Samprapti* Matrix (Pathogenesis of Urge Mismanagement)

The pathogenesis (*Samprapti*) of psychosomatic diseases resulting from urge mismanagement operates through two distinct pathways that converge on channel obstruction (*Srotodushti*) and systemic disease.

Pathogenesis of Urge Mismanagement (Samprapti Table)

Stage	Adharaniya Vega Dharana (Forced Physical Suppression)	Dharaniya Vega Avega (Unrestrained Emotional Urges)
Mool Hetu (Root Cause)	Prajnaparadha / Impaired Intellect (Dhi-Dhriti-Smriti)	Prajnaparadha / Impaired Intellect (Dhi-Dhriti-Smriti)
Prathamik Kriya (Initial Mechanism)	Mechanical & Neuro-Reflexive Resistance	Raja & Tama Guna Aggravation
Dosha & Sroto Dusthi (Pathological Shift)	Vata Pratilomata (Reverse Vata Flow)	Vitiation of Manovaha Srotas
Systemic Impact	Vitiation of Apana, Samana & Prana Vayu	Sympatho-Adrenal & HPA Hyperactivation
Sanyukta Parinama (Combined Impact)	Disruption of Agni & Ojas → Srotorodha (Channel Obstruction)	Disruption of Agni & Ojas → Srotorodha (Channel Obstruction)
Antim Vyadhi (Final Clinical Result)	Psychosomatic & Metabolic Disorders (Hypertension, IBS, Tension Headache, GAD, CAD)	Psychosomatic & Metabolic Disorders (Hypertension, IBS, Tension Headache, GAD, CAD)

A. The Pathway of *Adharaniya Vega Dharana* (Physical Suppression)

When a natural physical impulse is forcibly suppressed:

1. **Initial Obstruction:** Physical resistance at the sphincter or exit port interrupts the natural neuro-reflexive cascade.
2. ***Vata Pratilomata*:** *Apana Vayu* (responsible for downward evacuation) is blocked and forced into reverse flow (*Pratiloma Gati*).
3. **Secondary *Dosha* Vitiation:** The reversed Vata interferes with *Samana Vayu* in the digestive tract and *Prana Vayu* in the head and thorax, carrying metabolic toxins (*Ama*) into systemic circulation.
4. ***Srotodushti*:** The misdirected Vata causes structural distension, spasms, and obstruction (*Srotorodha*) in *Annavaha*, *Purishavaha*, *Mutravaha*, and *Pranavaha Srotas*.
5. **Somatic Manifestations:** Physical symptoms emerge in target organs, including pelvic colic, headaches, functional bowel disturbances, and systemic hypertension.

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B. The Pathway of *Dharaniya Vega Avega* (Unrestrained Emotional Impulses)

When destructive emotional impulses are allowed to manifest without intellectual restraint:

1. **Cognitive Breakdown (*Prajnaparadha*):** Impairment of *Dhriti* (volitional control) allows *Raja* and *Tama Guna* to overwhelm *Sattva Guna*.
2. ***Manovaha Sroto-Dusthi*:** Vitiated mental Doshas enter the channels of the mind (*Manovaha Srotas*), altering emotional processing.
3. **Neuro-Endocrine Cascades:** Mental affliction secondarily vitiates physical Doshas—*Krodha* increases Pitta and *Rakta*; *Bhaya* and *Shoka* increase Vata; *Lobha* increases Kapha.
4. **Somatization:** The psychological disturbance manifests physically as cardiovascular stress, peptic ulcerations, tension headaches, or metabolic dysregulation.

4.2 Biomedical Parallels in Lifestyle and Psychosomatic Medicine

Modern physiological research provides strong biomedical models that align with classical Ayurvedic concepts of *Vegadharana*.

Ayurvedic and Biomedical Pathophysiological Parallels

Classical Concept	Ayurvedic Mechanism	Modern Biomedical Equivalent
Mutra / Purisha Vega Dharana	*Apana Vayu Pratilomata*, *Mutra / Purishavaha Srotorodha*	Sympathetic Overactivity, Pelvic Floor Dysfunction, Dyssynergic Defecation, IBS
Nidra Vega Dharana	*Manovaha Sroto-Dusthi*, *Vata-Tamo Vitiation*, *Ojo-Kshaya*	Circadian Disruption, Elevated Cortisol, IL-6, Insulin Resistance
***Krodha / Bhaya* (Dharaniya Vega)**	*Pitta-Rakta Vitiation*, *Prana-Vyana Vayu Disturbance*	HPA Axis & SAM Activation, Catecholamine Surge, Endothelial Dysfunction, HTN
Kshudha / Trishna Vega Dharana	*Pachaka Pitta Impairment*, *Agnimandya*, *Vata Aggravation*	Ghrelin / Leptin Disruption, Mucosal Barrier Breakdown

A. Autonomic Nervous System (ANS) Dysregulation & Pelvic Urge Suppression

The forced suppression of micturition (*Mutra*) or defecation (*Purisha*) offers a direct parallel to dysregulation of the autonomic nervous system:

- **Pelvic Sympathetic Activation:** Voluntary retention of urine or stool requires sustained contraction of the external urethral or anal sphincters (pudendal nerve stimulation). This voluntary somatic contraction induces a sympathetic stress response, inhibiting parasympathetic pelvic nerve signaling (*Vata Pratilomata*).
- **Functional Bowel Disorders:** Repeated suppression of defecation dulls the recto-anal inhibitory reflex and rectal sensation. This leads to dyssynergic defecation, rectal hyposensitivity, chronic constipation, and Irritable Bowel Syndrome (IBS), matching classical descriptions of *Purishaja Udavarta*.
- **Sympatho-Vascular Pressor Response:** Sustained pelvic sphincter contraction and urinary bladder distension trigger a sympathetic pressor reflex, raising systemic blood pressure and heart rate—biomedical confirmation of *Mutra Vega Dharana* causing *Shirasool* (tension/hypertensive headache).

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B. Hypothalamic-Pituitary-Adrenal (HPA) Axis & *Dharaniya Vega*

The failure to suppress psychological urges (*Dharaniya Vega Avega*) corresponds to neuro-endocrine profiles observed in chronic stress:

- ***Krodha* (Anger) & Sympatho-Adreno-Medullary (SAM) Surge:** Anger triggers acute activation of the SAM axis, causing an immediate release of epinephrine and norepinephrine. Chronic anger causes endothelial damage, elevated systemic vascular resistance, and arterial hypertension, mirroring the classical linkage between *Krodha*, *Pitta-Rakta* vitiation, and *Hridroga* (cardiovascular disease).
- ***Bhaya* (Fear/Anxiety) & HPA Axis Hyperactivation:** Chronic fear or apprehension stimulates the corticotropin-releasing hormone (CRH) pathway from the hypothalamus, raising ACTH and cortisol levels. Sustained cortisol secretion leads to hippocampal atrophy, immune suppression, and metabolic dysregulation, aligning with *Bhaya* causing Vata aggravation, *Ojo-Kshaya* (depletion of immunity), and *Karsya* (emaciation).
- ***Shoka* (Grief/Depression) & Neuro-Immune Suppression:** Prolonged grief elevates pro-inflammatory cytokines (IL-6, TNF-α, C-reactive protein) and reduces central serotonin and dopamine levels. This inflammatory state mirrors *Shoka* vitiating Vata, depressing *Jatharagni*, and inducing deep metabolic dysfunction.

C. Circadian Disruption & Sleep Suppression (*Nidra Vega Dharana*)

Sleep (*Nidra*) is classified as one of the three foundational pillars of life (*Trayopasthambha*):

- **Sleep Suppression & Metabolic Disruption:** Suppressing sleep impairs glymphatic waste clearance in the brain, disrupts melatonin secretion, and elevates evening cortisol levels. This creates systemic insulin resistance, cognitive decline, and metabolic syndrome.
- **Classical Parallels:** These changes match the classical features of *Nidra Vega Dharana*: *Tandra* (drowsiness), *Shirogaurava* (cranial heaviness), *Moha* (confusion), and *Srotorodha* (channel congestion).

V. CONCLUSION

The classical concept of *Dharaniya* and *Adharaniya Vega* provides a sophisticated, bi-directional framework for understanding psychosomatic health and disease. By distinguishing between innate physiological reflexes that must be evacuated (*Adharaniya Vega*) and destructive mental impulses that must be controlled (*Dharaniya Vega*), classical Ayurveda identified a fundamental driver of disease that remains highly relevant in modern society.

The widespread habit of suppressing somatic reflexes while permitting unrestrained emotional volatility triggers a cascade of pathogenic events: *Prajnaparadha* disrupts intellectual control, *Vata Pratilomata* alters natural physiological direction, and *Srotodushti* causes structural channel breakdown. These mechanisms align directly with modern biomedical models of autonomic imbalance, pelvic floor dysfunction, HPA axis hyperactivation, and neuro-visceral stress disorders.

VI. COMPREHENSIVE THERAPEUTIC PRINCIPLES (*CHIKITSA SIDDHANTA*)

The management of disorders arising from urge mismanagement requires a multi-pronged approach that addresses both physical obstruction (*Vata Pratilomata*) and psychological dysregulation (*Prajnaparadha*).

Comprehensive Therapeutic Approach Framework

Yukti Vyapasraya (Physical Therapies)	Satvavajaya Chikitsa (Ayurvedic Psychotherapy)	Daiva Vyapasraya (Spiritual & Behavioral)
• *Vata Anulomana*	• Mental Urge Regulation	• Mantra & Meditation
• *Basti Karma* (Enemas)	• Developing *Dhriti*	• *Sadvritta* (Ethical Living)

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• *Snehana* & *Swedana*	• Cognitive Restructuring	• *Achara Rasayana*
• *Medhya Rasayanas*	• Mindfulness Practices	

6.1 *Yukti Vyapasraya* (Rational Physical Therapeutics)

Restoration of *Vata Anulomana* (Downward Flow):

***Basti Karma* (Therapeutic Enemas):** Classified as the ultimate therapy for *Vata Dosha*. *Niruha Basti* (decoction enemas) and *Anuvasana Basti* (oil enemas) clear obstruction in the lower gastrointestinal and pelvic region, directly reversing *Apana Vayu Pratilomata*.

***Snehana* (Oleation) & *Swedana* (Sudation):** External application of Vata-hara oils (*Til Taila*, *Mahanarayana Taila*) followed by mild steam softens rigid channels (*Srotas*) and relieves muscle spasms caused by urge suppression.

Specific Symptomatic Formulations:

For Pelvic Urge Suppression (*Mutra/Purisha*): Formulations containing *Vata-Anulomana* and *Mutrala* herbs, such as *Gokshuradi Guggulu*, *Triphala Choorna*, *Gandharvahastadi Kashaya*, and *Sukumaram Ghrita*.

For Digestive Urge Suppression (*Kshudha/Udgara*): *Deepana* and *Pachana* compounds such as *Hinguvachadi Choorna*, *Ashtachurna*, and *Dhanwantharam Gulika* to restore *Jatharagni*.

Nootropic Support (*Medhya Rasayana*):

Administration of nervous system tonics—*Shankhapushpi* (*Convolvulus pluricaulis*), *Mandukaparni* (*Centella asiatica*), *Guduchi* (*Tinospora cordifolia*), and *Yashtimadhu* (*Glycyrrhiza glabra*)—to repair *Manovaha Srotas* damage, reduce cortisol reactivity, and normalize neurotransmitter levels.

6.2 *Satvavajaya Chikitsa* (Ayurvedic Psychotherapy)

Defined by Charaka as *Ahitebhyo Arthebhyo Manasa Nigraha* (restraining the mind from harmful thoughts and objects), *Satvavajaya Chikitsa* is the primary intervention for unsuppressed mental urges (*Dharaniya Vega Avega*):

Strengthening *Dhriti* (Volitional Control): Training the mind to recognize early emotional impulses (*Lobha*, *Krodha*, *Bhaya*) and actively neutralize them before they translate into harmful vocal or physical actions.

Cognitive Restructuring via *Dhi* (Wisdom) and *Smriti* (Memory): Educating patients on the long-term health consequences of emotional volatility, helping re-establish proper cognitive appraisal (*Prajna*).

Mindfulness and Breath Control (*Pranayama*): Utilizing *Pranayama* (regulated breathing) to modulate *Prana Vayu*, stabilize *Manas*, increase parasympathetic tone, and down-regulate hyperactive HPA and SAM axes.

6.3 *Sadvritta* and *Achara Rasayana* (Behavioral & Ethical Guidelines)

Acharya Charaka emphasizes that following ethical guidelines (*Sadvritta*) and behavioral rejuvenation (*Achara Rasayana*) acts as a preventative shield against psychosomatic illness:

Practicing non-violence (*Himsa-Nivritti*), truthful speech (*Satya Vadhina*), emotional calmness (*Prashanta*), and social respect.

Maintaining regular sleep-wake schedules and responding promptly to natural physical urges without hesitation or artificial delay.

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