

Negligence of natural urges can leads to anemia

Kaur Jaskirat^{1*} and Chawla Ritesh²

*¹ Deptt of Roga Vigyan & Vikriti Vigyan, SLN Ay College, Amritsar, Punjab, India

²Deptt of Kayachikitsa, SLN Ay College, Amritsar, Punjab, India

Received: 1st January 2015/ Accepted: 6th January 2015 / Published: 10th January 2015



Greentree Group

©International Journal of Ayurveda and Pharmaceutical Chemistry, 2014

Kaur et al

✉ jaskirat131@gmail.com

Int J Ayu Pharm Chem Vol. 2 Issue 1, 2015

Abstract

Acharya Vagbhatta (A.Hr.Su 4/22) explains that all the diseases are manifested due to forceful expulsion and voluntary suppression of natural urges. One of the main causes of lifestyle disorder is adopting western culture in daily routine which has reduced the time for humans to stay calm. Everyone is running to meet their goals round the clock which force them to suppress their natural urges and leads to generation of factors that can cause diseases.

Constipation due to suppression of natural urge of defecation causes headache in many people which possibly results from absorption of toxic products or from changes in the circulatory system resulting from loss of fluid from the gut. To obtain some facts regarding the same a clinical survey of 50 patients with their hematological investigations was conducted to find out the relation between Vegavidharan and anemia and found that these are also one of the causes.

Keywords Vegavidharan, Suppressing Natural Urges, Anemia, Constipation

INTRODUCTION

Ayurvedic texts has elaborated that retention of natural urges cause various local and systemic diseases^[1]. The pathogenesis of such diseases occurs due to improper digestion and metabolic processes. Vegavidharan hampers the master metabolic transformer, *Agni*^[2], of all chemical processes occurring in the body and obstruct *Vata*^[3], thus causing constipation and pain in whole body. The *rasa mala viveka* physiology gets hampered (food does not digest even if it is suitable, light and taken at proper time in the presence of such factors like excessive intake of water, improper eating, suppression of natural urges and sleep disturbances) and causes the release of

toxins into the blood and circulatory system^[4].

According to contemporary view constipation is most frequently the result of neglecting the call to defecate. If the sensation of fullness of the rectum is repeatedly ignored the sensory mechanism and its reflex effects becomes 'adapted'. The situation becomes progressively worse; the result is dependence on laxatives. Constipation was once believed to cause widespread toxic symptoms as a result of absorbing toxins from the bowel. However, the symptoms including headache, restlessness and irritability and signs such as

furred tongue and foul breath, results from a prolonged distention and mechanical irritation of the rectum [5]. Constipation causes headache in many people, A study shows that when spinal cord of patients have been cut the headache was still there, the cause of this headache was not due to nervous impulses from colon but it possibly results from absorbed toxic products or from changes in the circulatory system resulting from loss of fluid into the gut^[6].

MATERIALS AND METHODS

1. Selection of Cases:

Source: Fifty patients were taken from National Institute of Ayurveda Hospital Jaipur, with Enrolment No.RAU/08/1613 and Registration No. RAU/Aca./336/08-09.

Age: 20-50 yrs. of both sexes.

2. Inclusion and Exclusion Criteria: The patients were taken from 20-50 yrs. age group with a simple exclusion criterion of some grave diseases with multifocal in multi dimensions and unable to pinpoint the etiopathology. No drug was given to the patients but they were given a good convincing applicable healthy lifestyle changes especially in Vegavidharan aspect.

3. Laboratory Investigations: The patients were registered in central laboratory, N.I.A.,

Jaipur for re-examination of present symptoms with following investigations:

Hematological Investigations: Hb%, TLC, DLC, ESR.

4. Assessment Criteria: The present study is based on the Mutra-Purisha Vegavidharan. Retention pattern of these two urges were noticed subjectively. For this purpose, following scoring pattern was adopted:

❖ *Duration of Defecation Retention:*

Retention of defecation was observed in three ways:

a. Retention A: Time period between awakening and time of first defecation in a day as described in Table 1.

b. Retention B: Duration of voluntary suppression of natural urge of defecation as described in Table 1.

Table 1: Grading of Retention A and B

S. No.	Duration	Category	Grade
1.	>3 hour	Very High	a
2.	2-3 hour	High	b
3.	<2->1 hour	Middle	c
4.	<1 hour	Low	d
5.	No Retention	No	e

c. Retention C: Frequency of voluntary suppression of natural urge of defecation as described in Table 2.

Table 2: Grading of Retention C

S. No.	Duration	Category	Grade
1.	>8 per month	Very High	a
2.	4-8 per month	High	b
3.	2-3 per month	Middle	c
4.	1 per month	Low	d
5.	No Retention	No	e

Duration of Micturition Retention:

In retention of defecation, grading was of three types but in case of micturition Type A is submerged into Type B so Retention of micturition was observed in two ways:

- Retention A: Duration of voluntary suppression of natural urge of micturition as described in Table 3.
- Retention B: Frequency of voluntary suppression of natural urge of micturition as described in Table 4.

Table 3: Grading of Retention A

S. No.	Duration	Category	Grade
1.	>2 hour	Very High	a
2.	1-2 hour	High	b
3.	<1->1/2 hour	Middle	c
4.	<1/2 hour	Low	d
5.	No Retention	No	e

Table 4: Grading of Retention B

S. No.	Duration	Category	Grade
1.	>12-10 per week	Very High	a

2.	7-9 per week	High	b
3.	4-6 per week	Middle	c
4.	1-3 per week	Low	d
5.	No Retention	No	e

RESULTS**Table 5: Defecation Retention in Patients**

S. No.	Retention Type	Grade	Total	Profile	Percentage
1.	Retention A	a	50	10	20.00%
		b		16	32.00%
		c		20	40.00%
		d		04	08.00%
		e		00	00.00%
2.	Retention B	a	50	43	86.00%
		b		00	00.00%
		c		07	14.00%
		d		00	00.00%
		e		00	00.00%
3.	Retention C	a	50	01	02.00%
		b		40	80.00%
		c		01	02.00%
		d		08	16.00%
		e		01	02.00%

DISCUSSION

From Table 5 & 6 it is evident that Retention A was involuntary type in which the subjects wake up late and have involuntary suppression till his/her awakening and evacuation. The ideal time of awakening is Brahma Muhurat as in Ayurvedic and contemporary text but due to some reasons most of the population did not or cannot follow the ideal timings. The reasons for the same are also explained by Acharya Charak^[7] and Sushrut^[8]. Retention B was categorized for the persons who

suppress the urges voluntarily for some hours after awakening. Retention C was considered as the same voluntarily suppression of natural urges but here only the frequency of suppression of natural urges per month was evaluated.

Table 6: Micturition Retention in Patients

S. No	Retention Type	Grade	Total	Profile	Percentage
1.	Retention A	a	50	03	06.00%
		b		22	44.00%
		c		25	50.00%
		d		00	00.00%
		e		00	00.00%
2.	Retention B	a	50	11	22.00%
		b		05	10.00%
		c		30	60.00%
		d		04	08.00%
		e		00	00.00%

The cases suffering from involuntary Retention of Defecation & Micturition as seen in Retention A i.e. 80% were moderate to severe involuntary retainers.

Those patients who were voluntarily retaining their natural urges as seen in Retention B gives worse data about the patients where 86% were having severe retention of natural urges; so immediate correction was required in their lifestyle pattern.

Retention C was about the frequency of suppressing natural urges and this was

again worrying reason where 82% of the patients had moderate to severe frequency of suppression i.e. 4-8 times per month.

Table 6 contains the grading of micturition retention. In retention of defecation, grading was of three types but in case of micturition Type A is submerged into Type B therefore two types are mentioned. Majority of patients (94%) are having moderate suppression in moderate frequency.

Laboratory investigations of all those 50 patients were also carried out for finding an evidence and conclusion for the study. Table 7 and 8 show Hematological investigations of patients. Forty percent subjects have hemoglobin below normal range i.e. <14gm% in males & <11gm% in females, 50% have hemoglobin between first limit i.e. 14-15gm% in males & 11-12gm% in females and 10% had hemoglobin between normal range i.e. 15-18gm% in males and 12-14gm% in females. ESR (Erythrocyte Sedimentation Rate) of 62% subjects was above normal (Normal range: 0-9 mm/hr in males and 0-20 mm/hr in females). TLC (Total leukocyte count) and DLC (Differential leukocyte count) were almost normal in whole group.

Table 7: Hematology of 27 Male Patients

Regd. N.	Lb. N.	Hb(g%)	ESR(mm/h)	TLC(th/ μ l)	N	L	E	M	B
10124	3365	13.8	16	4300	68	27	3	2	0
10473	3376	15.0	10	6700	60	34	3	3	0
12339	4053	14.1	02	5900	58	36	4	2	0
13332	4730	13.2	30	5600	57	37	3	3	0
17166	6299	12.1	40	6800	71	23	4	2	0
16669	7943	14.5	10	5800	60	35	3	2	0
17140	7842	14.2	12	5500	55	40	2	3	0
14507	6380	13.1	21	6300	67	27	3	3	0
14541	6379	14.1	25	6500	66	30	2	2	0
17829	6510	14.7	13	6400	63	30	3	4	0
17834	6509	15.3	18	4900	52	43	2	3	0
18812	6954	12.2	30	6100	52	44	2	2	0
14542	6955	14.2	25	7000	64	29	3	4	0
18818	6956	13.0	10	6500	58	35	4	3	0
18799	6953	09.2	16	8600	75	20	3	2	0
19229	7189	14.1	18	6100	45	46	5	4	0
19216	7181	12.2	10	4500	60	36	2	2	0
19569	7413	14.1	08	6800	58	35	4	3	0
19869	7609	13.7	40	10500	71	26	2	2	0
20202	7941	12.7	36	5000	57	38	3	2	0
14526	8362	13.6	16	6400	58	38	2	2	0
20515	8126	14.5	15	6500	55	39	3	3	0
20914	8359	11.6	35	4200	60	36	2	2	0
21215	8454	13.4	16	6800	65	30	3	2	0
281	449	12.4	35	6500	65	30	3	2	0
1193	920	12.9	19	6800	65	31	2	2	0
1191	931	11.5	10	7200	55	40	2	3	0

Table 8: Hematology of 23 Female Patients

Rgd. N.	Lb. N.	Hb(g%)	ESR(mm/h)	TLC(th/ μ l)	N	L	E	M	B
11228	3505	12.4	13	4700	64	30	3	3	0
11229	3504	13.2	13	5000	65	31	2	2	0
12338	4056	11.2	13	5300	58	36	4	2	0
14055	4939	12.1	14	8700	66	27	3	4	0
16673	6007	11.0	19	6600	60	34	3	3	0
14714	6227	10.5	18	5300	64	32	2	2	0
17147	6226	11.5	26	8400	66	30	2	2	0
14544	6233	12.2	02	7400	60	35	3	2	0
17830	6508	07.7	69	9400	52	44	2	2	0
41288	6627	11.8	08	7800	66	27	4	3	0
17833	6687	10.9	09	3500	55	40	3	2	0
19600	7423	11.2	15	5800	55	40	3	2	0
16222	7414	11.4	20	8800	63	32	3	2	0
19838	7606	11.5	35	2900	53	43	2	2	0
19846	7608	11.7	16	3900	55	37	4	4	0
19857	7610	10.7	18	6600	54	40	4	2	0
19244	7611	11.0	16	5900	52	44	2	2	0
20204	7813	11.8	19	4400	54	42	2	2	0
20918	8361	11.2	30	6100	45	50	2	3	0
1192	919	11.8	13	7100	55	39	3	3	0
1183	930	11.6	70	10000	58	38	2	2	0
1175	933	11.5	65	6800	60	35	2	3	0
1472	839	11.3	03	8400	60	36	2	2	0

CONCLUSION

It shows that all those patients who were having habit of suppressing natural urges suffered with diseases, due to formation of toxins in their blood or due to improper conversion of food in best body tissues or Dhatu i.e Rasa Dhatu which will ultimately form improper *Rakta, Mansa, Meda, Asthi, Majja & Shukra* leading to diseases.. When their Hemoglobin was tested it was found

that 90% of the patients were having Hb levels less than the normal range. We have tried to establish that if natural urges are suppressed it will lead to anemia the same was found in this study. Further, studies will be conducted to re-establish if suppression of these urges can lead to other disorders related to respective Dhatus.

REFERENCES

- [1] Editor Trikamji Jadavji Acharya, Charaka Samhita with Ayurveda Deepika commentary by Chakrapani Dutta, Chaukhamba Surbharti Prakashan, Varanasi, 2005, Sutrasthana 7.
- [2] Editor Trikamji Jadavji Acharya, Sushruta Samhita - Nibandhasamgraha commentary of Shri Dalhanacharya. Chaukhamba Surbharti Prakashan, Varanasi, Reprint 2008 Dalhan on Chikitsa 24/107.
- [3] Editor Trikamji Jadavji Acharya, Charaka Samhita with Ayurveda Deepika commentary by Chakrapani Dutta, Chaukhamba Surbharti Prakashan, Varanasi, 2005, Siddhi Sthan 11/31.
- [4] Editor Trikamji Jadavji Acharya, Sushruta Samhita - Nibandhasamgraha commentary of Shri Dalhanacharya. Chaukhamba Surbharti Prakashan, Varanasi, Reprint 2008 Sutra 46/507.
- [5] Samson Wright's Applied Physiology, Thirteenth Edition, Oxford Medical Publications, P. No. 438
- [6] Arthur C. Guyton; Textbook of Medical Physiology; 9th Edition; P. No. 618.
- [7] Editor Trikamji Jadavji Acharya, Charaka Samhita with Ayurveda Deepika commentary by Chakrapani Dutta, Chaukhamba Surbharti Prakashan, Varanasi, 2005, Nidan Sthan 6/6.
- [8] Editor Trikamji Jadavji Acharya, Sushruta Samhita - Nibandhasamgraha commentary of Shri Dalhanacharya. Chaukhamba Surbharti Prakashan, Varanasi, Reprint 2008 Chikitsa Sthana 34/10

Kaur et al *Int J Ayu Pharm Chem Vol. 2 Issue 1, 2015*

✉ jaskirat131@gmail.com