INTERNATIONAL JOURNAL OF AYURVEDA360

ISSN
PRINT:
3048-7382
ONLINE:
3048-7390

AYURVEDA 360

PEER-REVIEWED BIMONTHLY JOURNAL

2025
VOLUME 2
ISSUE 3
NOVEMBER-DECEMBER

www.ayurveda360.in/journal

Review Article

Suppression of Apāna Vāyu: Classical Ayurvedic Perspectives and Modern Clinical Correlations of Natural Urges

Vd. Milind Aware[1], Vd. Rahul Chaudhari[2], Vd. Subhash Sonyabapu Pawar[3]

[1] Principal, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India, https://orcid.org/0009-0005-6478-2771

[2] Guide and Associate Professor, Samhita Siddhant Department, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India, https://orcid.org/0009-0001-8204-4730

[3] P.G. Scholar, Samhita and Siddhant Department, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India.

Abstract

Introduction: Apāna Vāyu is a type of Vāta Doṣa. It is responsible for all the downward-moving physiological functions such as defecation, urination, menstruation, ejaculation, and parturition. Classical Ayurveda literature mentioned various diseases caused due to the suppression of Apāna Vāyu under the heading Vegādhāraṇa, its role in the development of udāvarta and various systemic disorders.

Methods: This review is based on a critical analysis of classical Ayurvedic texts, including Caraka Saṃhitā, Susruta Saṃhitā, and Aṣṭāṅga Hṛidaya, along with their commentaries. Relevant contemporary literature was reviewed to establish clinical and physiological correlations.

Results: Classical sources consistently describe Vegādhāraṇa as a cause of Vāta vitiation, impaired downward movement of Apāna Vāyu, and dysfunction of gastrointestinal, genitourinary, and reproductive systems. Contemporary evidence reveals parallels with conditions such as chronic constipation, urinary retention, pelvic floor dysfunction, dysmenorrhea, and infertility.

Discussion and Conclusion: Apāna Vāyu Vegādhāraṇa represents a significant link between lifestyle practices and disease development. Integrating classical Ayurvedic concepts with modern scientific understanding highlights its relevance in preventive and holistic healthcare.

Keywords: Apāna Vāyu, Vegādhāraṇa, udāvarta, Vāta Doṣa, Eliminative Physiology.

Access this article online	
Quick Response Code:	**Website:** www.ayurveda360.in/journal
	International Journal of Ayurveda360
	E-ISSN: 3048-7390 **Print ISSN:** 3048-7382
	Volume 2 Issue 3: November-December 2025
	DOI: https://doi.org/10.63247/3048-7390.vol.2.issue3.10

Address for Correspondence:
Vd. Subhash Sonyabapu Pawar, P.G. Scholar, Samhita and Siddhant Department, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India, Email ID: subhash02.sp@gmail.com

How to cite this article:
Aware M, Chaudhari R, Pawar SS. Suppression of Apāna Vāyu: Classical Ayurvedic Perspectives and Modern Clinical Correlations of Natural Urges. Int J Ayurveda360. 2025;2(3):902–910. DOI: https://doi.org/10.63247/3048-7390.vol.2.issue3.10

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Final Updated Received
08/11/2025	17/11/2025	23/11/2025	29/11/2025	03/12/2025
Accepted	**Published**	**Conflict of Interest**	**Funding**	**Similarity Check**
11/12/2025	15/12/2025	NIL	NIL	8%

Introduction

Vega refers to natural physiological urges essential for maintaining homeostasis. Ayurveda emphasizes the need for timely and unhindered evacuation of such urges. There are two types of natural urges, namely Dhāraneeya Vega and Adhāraneeya Vega. Dhāraneeya Vega should be suppressed to avoid diseases, which include jealousy, anger, grief, fear, ego, etc. Adhāraneeya Vega will cause diseases if suppressed. [1] These are the feces, urine, sneeze, sleep, flatus and others. [2] Vegādhāraṇa, or suppression of natural urges, is a cause for imbalance of Vāta and subsequent disease. In the modern lifestyle, prolonged sitting, occupational stress, and lack of access to hygienic facilities contribute to habitual suppression, making the understanding of Apāna Vāyu Vegādhāraṇa highly relevant.

Concept of Vega according to various Āchāryas:

Concept of Vega according to Āchārya Caraka

Āchārya Caraka has mentioned Svastha Caturṣka in the Sūtrasthāna, which guides us to maintain a healthy life. Vegādhāraṇa is included under this heading. Vegādhāraṇa is the forceful suppression of the natural urges. This is a natural detoxification process by which the body is trying to preserve itself. Continuous suppression of urges creates many pathological conditions and leads to diseases.

Concept of Vega according to Āchārya Sūsruta

Forceful suppression of the Vega leads to vitiation of Vāta Doṣa. This vitiated Vāta Doṣa, especially Apāna Vāta, moves in the upward direction. [3] This is called Udāvarta, and it interferes with the functioning of the particular Srotasa (Srotodusṭi) and disturbs the whole-body functions, manifesting symptoms in the areas where they are accumulated.

Concept of Vega according to Āchārya Vāgbhaṭa

Function of the Vāta doṣa includes the elimination of the natural urges. [4] According to Āchārya Vāgbhaṭa, vitiation of the Vāta Doṣa occurs due to the suppression of natural urges. [5] The vitiated Vāta further leads to the vitiation of Kapha and Pitta doṣa. This tridoṣa imbalance causes various types of diseases in all systems.

Comparative Interpretation

Caraka emphasizes etiological and doṣa aspects, Sūsruta focuses on anatomical and functional consequences, and Vāgbhaṭa presents a harmonized clinical approach. All three Āchāryas unanimously recognize Apāna Vāyu as central to eliminative physiology and

identify its suppression as a major pathological factor.

Adhāraneeya Vega

Āchārya Caraka mentioned thirteen types of Adhāraneeya Vega, and Āchārya Vāgbhaṭa mentioned fourteen types of Vega. The same thirteen Vega are also mentioned under the Udāvarta disease by Āchārya Sūsruta.

Concept of Apāna Vāyu

Apāna Vāyu is located primarily in the pelvic region, including the colon, urinary bladder, reproductive organs, and lower abdomen. It governs the expulsion of waste materials, reproductive fluids, and menstruation. Its proper functioning is important for overall homeostasis and physiological well-being.

Table 1: Apāna Vāyu - Location, Functions, and Effects of Disturbance

Parameter	Description	Effects of Disturbance
Location	Lower abdomen, pelvis, colon, bladder, reproductive organs	Constipation, urinary retention, menstrual disorders
Functions	Defecation, urination, menstruation, ejaculation, parturition	Systemic Vāta disorders, pelvic pain, and infertility
Movement	Downward flow	Reverse flow leads to Udāvarta and other Vāta disorders.

Effects of Suppression of Apāna Vāyu on Body

Various types of diseases occur due to the suppression of the Apāna Vega. Harmful effects are explained due to suppression of vega according to the Bṛhattrayi as follows: [6],[7],[8]

1. **Suppression of Mutra Vega**: Suppression of the urge to urinate results in bladder distension, pain, difficulty in micturition, urinary retention, and predisposition to urinary tract infections and urolithiasis. These manifestations reflect impaired expulsive force of Apāna Vāyu and stagnation within the urinary system. [9]
2. **Suppression of Purīṣa Vega**: Suppression of defecation leads to constipation, abdominal distension, colic pain, headache, upward movement of Vāta, and anorectal disorders. Chronic suppression results in Pakvāśhaya dysfunction and Udāvarta, corresponding to altered bowel motility and rectal sensitivity. [10]
3. **Suppression of Retas Vega**: Suppression of ejaculation results in genital pain, swelling, urinary obstruction, psychological stress,

infertility, and sexual dysfunction. These features reflect Apāna Vāyu disturbance affecting the reproductive system and pelvic circulation. [11]

4. **Suppression of Adhovāta Vega**:
   Suppression of flatus causes abdominal distension, pain, impaired digestion, fatigue, and systemic Vāta disorders. These manifestations indicate obstruction of Apāna Vāyu and abnormal pressure dynamics within the gastrointestinal tract. [11]
5. **Suppression of Artava Vega**:
   Although menstruation is not voluntarily suppressible, behavioural factors such as stress, altered routines, and neglect of bodily signals affect Artava Pravṛtti. This leads to dysmenorrhea, irregular cycles, and amenorrhea, indicating Apāna Vāyu dysfunction.

Clinical and Contemporary Relevance of Apāna Vegādhāraṇa

Modern lifestyle factors such as prolonged sitting, work-related constraints, and lack of access to toilets contribute to the habitual suppression of natural urges. Clinical manifestations include constipation, urinary tract infections, pelvic floor disorders, dysmenorrhea, irritable bowel syndrome, and infertility. Understanding Apāna Vāyu Vegādhāraṇa provides a framework for both prevention and management of these conditions.

Management and Prevention

Timely evacuation of natural urges, following Dināchārya, and lifestyle modifications are primary preventive measures. Therapeutic interventions include Vāta-pacifying regimens such as Basti therapy, dietary modifications, and gentle physical activity. Stress reduction and proper hygiene facilitate normal Apāna Vāyu function.

Table 2: Management Strategies for Apāna Vāyu Vegādhāraṇa

Intervention	Description
Vega Anudāraṇa	Avoid suppression of natural urges
Basti Karma	Medicated enema for Apāna Vāyu regulation
Diet	Snigdhā, Uṣṇā, Vāta-pacifying foods
Lifestyle	Regular schedule, physical activity, stress management [12]

Discussion

Classical Ayurvedic literature described the pivotal role of Apāna Vāyu in governing elimination, reproduction, and pelvic stability. Vegādhāraṇa causes a significant physiological disturbance that disrupts normal bodily rhythms and

can initiate Udāvarta, leading to systemic disorders. [13] When interpreted in light of contemporary science, Vegādhāraṇa can be understood in terms of altered neurovisceral regulation, reflex coordination, and stress-related functional dysfunction. This correlation suggests that Ayurvedic principles anticipated key mechanisms now recognized in modern physiology.

1. Neurophysiological Basis

From a modern perspective, elimination functions are controlled by complex reflex arcs involving Central nervous system (brain and spinal cord), the Autonomic nervous system (parasympathetic dominance for evacuation), the enteric nervous system, and voluntary control via somatic nerves. Suppression of urges such as defecation or micturition requires cortical inhibition of normal reflex pathways. Repeated voluntary inhibition disrupts reflex sensitivity and coordination, leading to altered recto-anal inhibitory reflex, detrusor-sphincter dyssynergia, and impaired peristalsis. This neurophysiological dysfunction parallels the Ayurvedic concept of Apāna Vāyu avarodha and gati-vaishamya (obstruction and altered movement). [14]

2. Gastrointestinal Correlation (Purīṣa & Vāta Vegādhāraṇa)

In modern gastroenterology, suppression of the defecation urges leads to reduced rectal sensitivity, prolonged colonic transit time, increased water absorption from feces, hard stools and constipation. Chronic stool retention causes functional constipation, dyssynergia defecation, and irritable bowel syndrome (IBS-C). [15] These conditions reflect the Ayurvedic description of Pakvāśhaya dushti, Udāvarta (reverse or abnormal gut motility), abdominal distension, and pain. Suppression of flatus similarly causes gaseous distension, colonic spasms, and discomfort, comparable to Apāna Vāyu prakopa.

3. Urinary System Correlation (Mutra Vegādhāraṇa)

Voluntary retention of urine results in increased intravesical pressure, overdistension of the urinary bladder, and impaired detrusor contractility over time. Chronic suppression is associated with urinary tract infections, vesico-ureteral reflux, bladder dysfunction, and urolithiasis. These pathological changes correspond to Basti dushti and Apāna Vāyu kopa, where the normal expulsive force is inhibited, leading to stagnation and secondary disease formation. [16]

4. Reproductive System Correlation (Shukra & Artava Vegādhāraṇa)

Shukra Vegādhāraṇa

Modern andrological studies indicate that prolonged suppression of

ejaculation may cause pelvic congestion, prostatitis-like symptoms, sexual dysfunction, psychological stress, and anxiety. [17] This aligns with the Ayurvedic view that suppression of Shukra Vega leads to genital pain, infertility, and systemic Vāta disturbance.

Artava Vegādhāraṇa

Although menstruation cannot be voluntarily suppressed physiologically, behavioral suppression (ignoring pain, stress, altered routines) can affect the hypothalamic–pituitary–ovarian (HPO) axis, menstrual regularity, uterine contractility. [18] Stress-induced menstrual disorders such as dysmenorrhea, amenorrhea, and oligomenorrhea resemble Apāna Vāyu dysfunction affecting Artava Pravṛtti.

5. Pelvic Floor and Musculoskeletal Perspective

Apāna Vāyu functions are closely linked with pelvic floor coordination. Habitual suppression leads to pelvic floor muscle hypertonicity, dys-synergic defecation, and chronic pelvic pain syndromes. [19] Modern medicine recognizes pelvic floor dys-synergia as a major cause of constipation and urinary dysfunction, conceptually similar to Apāna Vāyu gati avarodha.

6. Preventive and Therapeutic Interpretation

Modern preventive recommendations parallel Ayurvedic principles, responding promptly to elimination urges, maintaining regular bowel and bladder habits, adequate hydration and fiber intake, stress reduction, and pelvic floor relaxation techniques. [20] These measures restore normal reflex activity and physiological balance, equivalent to Apāna Vāyu anulomana.

Conclusion

The concepts of Apāna Vāyu and Vegādhāraṇa described in the Bṛhattrayi represent a logical physiological perspective that remains highly relevant today. When evaluated alongside contemporary neurophysiology, gastroenterology, urology, and reproductive science, these concepts characterize elimination and pelvic health as reflex-driven, rhythm-dependent processes that are vulnerable to behavioral suppression and stress. This study validates Vegādhāraṇa as a crucial etiological and preventive factor by highlighting the distinctive contribution of Ayurveda in identifying functional dysregulation long before the manifestation of the disease. Incorporating this perspective into modern healthcare may enhance the management of lifestyle-related functional disorders and strengthen holistic preventive strategies.

Declarations

Conflict of Interest: The author declares that they have no conflicts of interest related to this work.

Funding / Financial Support: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Author Contributions: The author has contributed to the conception, design, data collection, analysis, drafting, and approval of the final manuscript.

Ethical Approval: Not Applicable

Data Availability Statement: The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Acknowledgements: The authors would like to acknowledge the support of their institution, colleagues, and technical staff who contributed to this work.

Disclaimer / Views and Opinions: The opinions expressed in this article are solely those of the author and do not reflect the views of the International Journal of Ayurveda360 or its editorial board.

AI-Use Declaration: The author declares that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used **solely for minor language and grammar refinements** to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the authors.

References:

1) Vāgbhaṭa. Aṣṭāṅgahṛdaya. Sūtrasthāna, Roganutsādaneeya Adhyāya, 4/1 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-evagbhata-ehrudayam-rogaanutpaadaneeya-adhyaya/
2) Agniveśa. Carakasaṃhitā. Sūtrasthāna, Navegandharaneeya Adhyāya; 7/3-4 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-sutrasthana-navegandharaneeya-adhyaya
3) Sushruta. Sushrutasamhitā. Uttaratantra, Udavartapratishedha Adhyāya; 55/4 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-esushruta-uttaratantra-udavartapratishedha-adhyaya/
4) Vāgbhaṭa. Aṣṭāṅgahṛdaya. Doshadivijnaneeya Adhyāya, 11/1 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-evagbhata-ehrudayam-doshadivijnaneeya-adhyaya/
5) Vāgbhaṭa. Aṣṭāṅgahṛdaya. Sūtrasthāna, Roganutsādaneeya Adhyāya, 4/23 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-evagbhata-ehrudayam-rogaanutpaadaneeya-adhyaya/
6) Agniveśa. Carakasaṃhitā. Sūtrasthāna, Navegandharaneeya Adhyāya; 7/6-24 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-sutrasthana-navegandharaneeya-adhyaya
7) Vāgbhaṭa. Aṣṭāṅgahṛdaya. Sūtrasthāna, Roganutsādaneeya Adhyāya, 4/2-21 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-evagbhata-ehrudayam-rogaanutpaadaneeya-adhyaya/

8) Sushruta. Sushrutasamhitā. Uttaratantra, Udavartapratishedha Adhyāya; 55/7-18 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-esushruta-uttaratantra-udavartapratishedha-adhyaya/
9) Agniveśa. Carakasaṃhitā. Sūtrasthāna, Navegandharaneeya Adhyāya; 7/6-7 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-sutrasthana-navegandharaneeya-adhyaya
10) Agniveśa. Carakasaṃhitā. Sūtrasthāna, Navegandharaneeya Adhyāya; 7/8-9 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-sutrasthana-navegandharaneeya-adhyaya
11) Agniveśa. Carakasaṃhitā. Sūtrasthāna, Navegandharaneeya Adhyāya; 7/10-11 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-sutrasthana-navegandharaneeya-adhyaya
12) Agniveśa. Carakasaṃhitā. Sūtrasthāna, Navegandharaneeya Adhyāya; 7/12-13 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-ecaraka-sutrasthana-navegandharaneeya-adhyaya
13) Vāgbhaṭa. Aṣṭāṅgahṛdaya. Sūtrasthāna, Roganutsādaneeya Adhyāya, 4/22 [Internet]. Ayurveda360; cited 2025 Nov 16. Available from: https://ayurveda360.in/ebooks-esamhita-evagbhata-ehrudayam-rogaanutpaadaneeya-adhyaya/
14) Kandel ER, Koester JD, Mack SH, Siegelbaum SA. Principles of Neural Science. 6th ed. New York: McGraw-Hill; 2021. p. 1103–1125.
15) Bharucha AE, Lacy BE. Mechanisms, Evaluation, and Management of Chronic Constipation. Gastroenterology. 2020 Apr;158(5):1232-1249.e3. doi: 10.1053/j.gastro.2019.12.034. Epub 2020 Jan 13. PMID: 31945360; PMCID: PMC7573977.
16) Fowler CJ, Griffiths D, de Groat WC. The neural control of micturition. Nat Rev Neurosci. 2008 Jun;9(6):453-66. doi: 10.1038/nrn2401. PMID: 18490916; PMCID: PMC2897743.
17) Waldinger MD. Ejaculation disorders. Lancet. 2015;385(9984):1787–1798.
18) Saadedine M, Kapoor E, Shufelt C. Functional Hypothalamic Amenorrhea: Recognition and Management of a Challenging Diagnosis. Mayo Clin Proc. 2023 Sep;98(9):1376-1385. doi: 10.1016/j.mayocp.2023.05.027. PMID: 37661145; PMCID: PMC10491417.
19) Haylen BT, et al. Pelvic floor disorders. Int Urogynecol J. 2016;27(2):165–194.
20) Khalsa SB. Stress, meditation, and yoga in autonomic regulation. Ann N Y Acad Sci. 2015;1373(1):123–134.