

Original Research

To evaluate the effect of natural urge for prevention of anorectal diseases

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ABSTRACT:

Aim: The aim of this study to evaluate the effect of natural urge for prevention of anorectal diseases. **Material and methods:** To begin, we developed a questionnaire based on the Ayurvedic classics to assess the degree to which people in the modern day are able to control their desires to urinate and defecate (Adharaniya Vegas), with a focus on micturition (Mutra) and defecation (Purisha). Around 200 people were surveyed for the research. One hundred patients with piles, fistula in ano, or fissure in ano who met the inclusion criteria below were assigned to Group A (the study group). One hundred healthy volunteers made up Group B (the "control group"). There were a total of 100 patients in this trial, and they all had to have either piles, fistula in ano, or fissure in ano, and be between the ages of 20-60. **Results:** Compared to controls, those in the study group were more likely to have mild or moderate urinary urge suppression (Mutra Vegadharana) than those in the control group (84 percent and 16 percent, respectively). No statistically significant difference was found. Study subjects were more likely to have experienced purging urge suppression (PurishaVegadharana) than control subjects were (82% mild and 18% moderate). With a P-value of less than 0.0001, the outcome was deemed statistically significant. There was no statistically significant difference between the study and control groups, with the vast majority of participants in both groups (98%) passing stool within an hour of awakening. Sixty-five percent and sixty percent of people in the research and control groups, respectively, reported a habit of urinating or defecating after drinking water or tea, or shortly after breakfast. Forty-one percent and 47 percent of participants in the research and control groups, respectively, drank more than four glasses of water first thing in the morning. **Conclusion:** Subjects with anorectal diseases (piles, fistula, and fissure) were shown to have much higher rates of suppressing their need to defecate than the general population. Many people with anorectal problems avoid going to the bathroom when they feel the need to go. This study also found a significant correlation between constipation and a variety of anorectal illnesses. Regular patterns of sleep and wakefulness were also shown to have a role in the development of bowel and bladder problems.

Keywords: Adharaniya Vega, Apana Vayu, Mutra Vegadharana, PurishaVegadharana, Ushnajaalpana

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INTRODUCTION

Ayurveda places a premium on self-care, considering it more important than everything else in the world, since the human body is sacred.¹ However, modern life's pressures—whether from work or home obligations—often mean that people don't take the time to tend to their own needs, and even repress their bodies' signals that they need rest and relaxation. Anorectal illnesses including piles, fistula, and fissure are only some of the diseases that may develop when natural impulses are repressed or artificially created.

^{2,3}Vegadharana is the category that includes bowel

and bladder habits, and it is crucial to act on these impulses rather than repress them. More specifically, "Sadaatura Purusha" illnesses are common among scholars (Shrotriya Vedapathi), military personnel (Rajasevaka), businesspeople (both male and female), and women. This is because their hectic and stressful lifestyle (continuous travel, a heavy workload, etc.) causes them to suppress their natural desires.⁴ The need to urinate and defecate, respectively, is the most usually repressed natural desire. About 10 million people in the U.S. alone experience haemorrhoids each year. According to one survey, more than half of

all Americans over the age of 50 have suffered haemorrhoids at some point in their lives.^{5,6} Suppressing natural desires may lead to a variety of health problems; this investigation concentrates on anorectal illnesses because of the suffering, discomfort, and financial cost they bring. In addition, a sedentary lifestyle is correlated with anorectal diseases. To learn more about the role of bowel and micturition behaviours, such as Mutra and PurishaVegadharana, in anorectal problems, a case-control survey research was designed. This research provides empirical evidence that anorectal problems may be avoided with the adoption of a few basic, low-cost lifestyle changes, most notably the refusal to suppress the natural needs to urinate and defecate.

MATERIAL AND METHODS

To begin, we developed a questionnaire based on the Ayurvedic classics to assess the degree to which people in the modern day are able to control their desires to urinate and defecate (Adharaniya Vegas), with a focus on micturition (Mutra) and defecation (Purisha). Around 200 people were surveyed for the research. One hundred patients with piles, fistula in ano, or fissure in ano who met the inclusion criteria below were assigned to Group A (the study group). One hundred healthy volunteers made up Group B (the "control group"). There were a total of 100 patients in this trial, and they all had to have either piles, fistula in ano, or fissure in ano, and be between the ages of 20-60. Patients with conditions other than piles, fistula, and fissure, as well as those who declined to take part, were not included.

ASSESSMENT CRITERIA FOR VEGADHARANA OF MUTRA AND PURISHA

The questionnaire for Vegadharana of Mutra and Purisha comprised of four questions, each with five options with scores (1/2/3/4/5). Based on the responses, scores were calculated. The maximum scoring being 20 and minimum 0. Further, on the basis of scoring, the level of Vegadharana was graded

into mild, moderate and severe degree as per the table given below.

- No Vegadharana- 0
- Mild 4-9
- Moderate 10-15
- Severe 16-20.

The data collected were computed in Microsoft Excel Sheets, and analysis was done using the percentage and Chi-square test.

RESULTS

The suppression of the desire to urinate (Mutra Vegadharana) was higher in the study group (84% mild and 16% moderate) than in the control group (75% mild and 25% moderate). However, the outcome was statistically insignificant. This could be attributed to the smaller sample size [Table 1]. The suppression of the desire to defecate (PurishaVegadharana) was greater in the study group (35% mild and 65% moderate) than in the control group (82% mild and 18% moderate). The outcome was statistically significant (P 0.0001) [Table 2]. The majority of individuals in both groups (98% and 99%, respectively) evacuated their bowels within 1 hour of waking up, with no significant difference between study and control groups [Table 3]. Furthermore, the majority of individuals (65% and 60% in the research and control groups, respectively) had the habit of bowel evacuation after consuming water/tea/after breakfast. [Table 4] shows that there was no significant difference between the study and control groups. According to Ayurveda, bowel evacuation should occur shortly after waking up; yet, the majority of participants in both groups defecated within an hour of waking up and after consuming breakfast or tea. This demonstrates the current era's changing lifestyle, which may result in a variety of difficulties. The majority of patients (41%) and 47% in the research and control groups, respectively, drank more than four glasses of water in the morning [Table 5].

Table 1: Degree of suppression of urge of micturition (Mutra Vegadharana)

Cases (%)		Control (%)		χ^2	P value
Mild	Moderate	Mild	Moderate		
84	16	75	25	3.58	0.06

Table 2: Degree of suppression of urge of defecation (PurishaVegadharana)

Cases (%)		Control (%)		χ^2	P value
Mild	Moderate	Mild	Moderate		
35	65	82	18	19.85	<0.0001

Table 3: Distribution according to time of bowel evacuation

Evacuation time after waking up	Cases (%)	Control (%)	χ^2	P
Within 1 hr	98	99	0.44	0.63
After 1 hr	2	1		

Table 4: Distribution according to habits of bowelevacuation

Habits of bowel evacuation	Cases (%)	Control (%)	χ^2	P
Evacuation after waking up	35	40	0.44	0.63
After drinking water/tea/ after breakfast	65	60		

Table 5: Distribution according to amount of water consumed in the morning

Amount of water consumed in the morning	Cases (%)	Control (%)	χ^2	P value
Up to 3 glasses	12	7	4.69	0.21
4 glass	17	26		
Above 4 glass	41	47		
Did not consume water	30	20		

Table 6: Distribution according to frequency of bowel movement in a day

Frequency of bowel movement in a day	Cases (%)	Control (%)	χ^2	P
2-4 times in a day	45	28	11.69	<0.005
Once in 1 st /2 nd day/3 rd day	49	72		
Once in 2 nd day/3 rd day	6	0		

Table 7: Distribution according to wake-up time and sleeping time

Sleep and wake time	Cases (%)		Control (%)		χ^2	P
	Ideal time	Erroneous	Ideal time	Erroneous		
Wake time	63	37	75	25	4.69	0.039
Sleep time	72	28	84	16	4.98	0.028

DISCUSSION

The majority of ailments may be traced back to poor diet and way of living. Misguided lifestyle choices, such ignoring the body's signals for urine and faeces, are a major cause of anorectal illnesses like piles, fistula in ano, and fissure in ano. In addition to medical or surgical intervention, a healthy diet and healthy lifestyle are essential for primary prevention of various anorectal problems or treatment of diseases. The results of this investigation are consistent with our own observations. More people in the study group (84% mild and 16% moderate degree) reported urinary urge suppression (Mutra Vegadharana) than in the control group (75% mild and 25% moderate degree). No statistically significant difference was found. Study individuals were more likely to have had purging urge suppression (PurishaVegadharana) than control subjects were (82% mild and 18% moderate). With a P-value of less than 0.0001, the result was statistically significant. There was no statistically significant difference between the study and control groups (maximum individuals in both groups had bowel evacuation within 1 hour of waking up, at 98% and 99%, respectively). In addition, the majority of participants (65% in the research group and 60% in the control group) reported emptying their bowels after drinking water or tea and again after breakfast. Reveals no statistically significant differences between the experimental and control groups. Although Ayurveda recommends doing your business first thing in the morning, the vast majority of people in both groups reported doing their business within an hour of waking up, after having either breakfast or tea. This exemplifies how people's lifestyles have evolved in

the modern day, which may cause a variety of issues. The majority of participants (41% and 47% in the study and control groups, respectively) drank more than four glasses of water first thing in the morning. There was no discernible gap between the two groups statistically. Ushnjalapana, or the consumption of eight Prasriti (about 640 ml) of water immediately upon arising, is recommended for illness prevention in Ayurveda.⁷ Subjects were found to be constipated if they did not empty their bowels at least twice a day (45%) or once every two days (6%). A P value of less than 0.005 indicated a statistically significant difference. There were four questions on the Vegadharana survey for Mutra and Purisha, and each one may be answered with one of five possible points values (1/2/3/4/5). Scores were determined on the basis of the replies. The scale runs from 0 to 20 with 20 being the maximum. In addition, Vegadharana severity was scored and classified into mild, moderate, and severe categories (see below).^{8,9} The vast majority of people in the research group reported having irregular sleep schedules. Statistical analysis confirmed the significance of the discrepancy. In terms of when people get up and go to sleep, the control group is closer to the sweet spot. Poor sleeping habits aggravate Vata, which in turn disturbs Agni and contributes to the development of anorectal problems.¹⁰ The morning Vata period also facilitates bowel movement evacuation, therefore an early rise is recommended.¹¹

CONCLUSION

Subjects with anorectal diseases (piles, fistula, and fissure) were shown to have much higher rates of suppressing their need to defecate than the general

population. Many people with anorectal problems avoid going to the bathroom when they feel the need to go. This study also found a significant correlation between constipation and a variety of anorectal illnesses. Regular patterns of sleep and wakefulness were also shown to have a role in the development of bowel and bladder problems.

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