EMOTIONAL EXPRESSION AS PREVENTIVE MEDICINE: AN AYURVEDIC PERSPECTIVE ON ASHRU VEGA DHARANA

ABSTRACT

Background:

Ashru (crying) is recognised as a vital behavioural risk factor in cardiovascular health. Traditional Ayurveda identifies Hridaya (the heart) as the seat of Vyana Vayu (circulation), Manas (mind) and Sadhaka Pitta (emotional consciousness). Inhibiting Adharaniya Vegas (natural urges), specifically Ashru VegaDharana (tear suppression), causes Hridroga (heart disease) and Shiroroga (cranial disease). This study synthesises classical Ayurvedic texts with modern neurochemistry and clinical epidemiology to investigate this pathophysiological link.

Methods: This cross-disciplinary comparative review analysedBrihat Trayi (classical Ayurvedic texts) alongside contemporary biomedical literature from PubMed, PMC, Google Scholar and JAMA. Search queries focused on emotional tearing, vagal activation, chemical composition of tearsand clinical cardiovascular risks.

Results: Suppressing tears disrupts Udana Vayu (emotional expression) and Vyana Vayu (circulation), causing Udavarta (retrograde energy flow) that blocks cardiac Srotas (channels), resulting in Hridroga (heart diseases), Pratishyaya/Peenasa (rhinitis)and Shiroruk (headaches). Biochemically, suppressing emotional lacrimation prevents the Mala-Visarga (excretion) of stress hormones (cortisol, ACTH), prolactinand manganese. This blocks parasympathetic activation via the vagal brake, trapping the body in sympathetic dominance (reduced HRV, coronary spasmand arterial shear stress). Clinically, Baspavegadharana (tear suppression) increases Coronary Artery Disease (CAD) odds 4.47-fold ($p < 0.01$).

Conclusion: Significant biophysical convergence exists between Ayurvedic concepts and autonomic regulation. Swapna (sleep), Madya (relaxing preparations) and Priyaah Kathaah (soothing conversations) directly align with modern parasympathetic activation methods. Healthy emotional expression is a vital preventive medicine modality.

Keywords: Adharaniya Vega,Ashru, Hridroga, Shiroroga,Stress hormones, Udana Vayu, Vyana Vayu.

1. INTRODUCTION

THE HRID-MANAS connection

We talk about the “head” and the “heart” like two different countries in the body’s geography. Modern hospitals have created a very clear, administrative boundary between the cardiac ward and the psychiatric department. Yet, patients don’t lead their lives separated.

It took clinical medicine centuries to understand this fact. We know now that cardiovascular disorders and psychological problems maintain an endless reciprocal relationship with each

other. Chronic depression makes a person much more susceptible to coronary heart disease, and acute fear and distress from a heart attack become common. Mind-muscle barriers begin to disappear.[1,2]

The Concept of theVega

However, mind-body continuity has never been a discovery. This concept was the core of Ayurvedic practice for more than three thousand years. In classical Ayurvedic medicine, the term "Vega" means an automatic and instinctual urge and "Dharana" means its conscious inhibition.[3]

The classical Ayurvedic approach doesn't consider these urges an annoyance of the body. These urges serve as pressure release valves. This is how the nervous system gets rid of metabolic waste and releases emotional stress to maintain internal balance.[4] These impulses can be split into two categories according to classical doctrine:

1. **Dharaniya Vegas**(TheSuppressible): Mind-based impulses that need to be suppressed and inhibited—DharaniyaVegas mentioned by Acharya Charaka includes Lobha(greed), Shoka (grief), Bhaya (fear), Krodha (anger),Maana (vanity), Lajja (shamelessness), Ershya (jealousy),Atiraga (too much attachment) and Abhidhya (malice).[5,6] These are the decisions that determine ethical health.

Table No.1: Dharaniya Vegasaccording to Acharya

Category	Charaka Samhita	Ashtanga Hridayam / Vagbhata
Manasika (Mental Urges)	Must suppress Lobha(greed),Shoka(grief), Bhaya(fear), Krodha(anger), Mana(vanity/ego), Nairlajjya(shamelessness), Irshya(jealousy), Atiraga(excessive attachment) and Abhidhya(malice/coveting others' wealth).[5]	Must suppress greed, grief, fear, anger, ego, shamelessness, jealousy, excessive attachmentand desiring thingspossessed by others.[7][8]
Vachika (Verbal Urges)	Must suppress Parusha(harsh talks), Atimatra(excessive talking), Suchaka(backbiting/slandering), Anrita (lying)and Akalyukta (untimely/inappropriate speech).[5]	Must suppress harsh words, backbiting, lying and the use of untimely words.[7]
Kayika(Physical Urges)	Must suppressParapida(physical actions that harm or trouble others),Stribhoga(illicit sex/adultery),Steya(stealing)andHimsa(violence).[5]	Must suppress doing work beyond one's capacity,

		violence, stealing and adultery/desire for other women.[7]

2. **Adharaniya Vegas**(TheNon-Suppressible): Physical reflexes that must never be stopped. These are the reflexes of basic biological functions like sneezing, hunger, sleep, defecation and very importantly, the reflex for crying (Ashru orBaashpa).[9,10,11,12]

Table No.2:Adharaniya Vegas according to Acharya

S. No.	Urge	Charaka Samhita[9]	Sushruta Samhita[10]	Ashtanga Hridayam / Vagbhata[11]
1.	**Mutra** (Urination)	Yes	Yes	Yes
2.	**Purisha / Vit** (Defecation)	Yes	Yes	Yes
3.	**Retas / Shukra** (Ejaculation)	Yes	Yes	Yes
4.	**Apana Vayu / Vata** (Flatus)	Yes	Yes	Yes
5.	**Chardi** (Vomiting)	Yes	Yes	Yes
6.	**Kshavathu / Kshava (Sneezing)**	Yes	-	Yes
7.	**Udgara (Belching / Eructation)**	Yes	Yes	-
8.	**Jrumbha** (Yawning)	Yes	Yes	Yes
9.	**Kshudha / Kshudh** (Hunger)	Yes	Yes	Yes
10.	**Trishna / Pipasa / Trt (Thirst)**	Yes	Yes	Yes
11.	**Bashpa / Ashru (Tears/**	Yes	Yes	Yes

	Lacrimation)			
12.	**Nidra** (Sleep)	Yes	Yes	Yes
13.	**Shrama-nihshwasa / Shrama-shwasa (Exertion-induced rapid breathing)**	Yes	Yes	Yes
14.	**Kasa(Coughing)**	-	-	Yes

Why does suppression of tears harm the physical heart? Because in Ayurveda, our internal anatomy is charted in such a way that our physical heart is the supreme crossroads of all physiological pathways. The Hridaya is both the point of departure for the circulation of physical blood and lymphor VyanaVayu and also the seat of our emotional intelligence, SadhakaPittaand our mind, Manas.[1,13,14]

Due to the direct confrontation of physical vessels with our emotional self within our heart, any emotional turmoil and any behavioural mistakes that stop its expression create instant turbulence in our cardiac circulation.[15]

TEXTUAL EVIDENCE: CRACKING THE CLASSICAL CODE

If we examine Sanskrit verses of the Brihat Trayi, it becomes clear that the cautions about the hazards of tear suppression are extremely detailed and precise. Far from warning about just a vague imbalance of emotions, they describe a highly specific symptom cluster:

The Core Textual Directives

In the Charaka Samhita(Sutrasthana 7/22), the warning of Acharya Agnivesha about tear containment (Baashpa-nigraha) is condensed into one single verse couplet:[16]

प्रतिश्यायोऽक्षिरोगश्चहृद्रोगश्चारुचिर्भ्रमः।बाष्पनिग्रहणात्तत्रस्वप्नोमद्यंप्रियाःकथाः॥

Writing many years later, Acharya Vagbhata builds upon and further expands on this statement in Ashtanga Hridaya(Sutrasthana 4/6) by adding a couple of more somatic indicators to the list:[17]

पीनसाक्षिशिरोहृद्रुङ्न्यास्तम्भारुचिभ्रमाः।सगुल्माबाष्पतस्तत्रस्वप्नोमद्यंप्रियाःकथाः॥

Deconstructing the Pathology

The moment you sit next to a person exhibiting such symptoms, the ancient names immediately describe very tangible neurovascular and mechanical phenomena as follows:

- **Pratishyaya / Peenasa**(Congested Nasal Passages): Every time a person cries, tears run down from his eyes into the nose through a special nasolacrimal duct. If this

passage were forcibly closed, tears would accumulate in the duct, causing mucosal oedema and congestion.[18]

- **Akshiroga**(Ocular Strain): The lack of tears – a natural eye-lubricant rich in immunological substances – makes the eye susceptible to irritation and visual fatigue.[19]
- **Shiroruk&Manyastambha**(Cranial Tension&Stiff Neck): Try to picture the amount of physical strain that goes into preventing yourself from crying. In order to do so, one needs to clench the jaws, stiffen the neck and tighten the throat area. Such a strain pattern can result in neck spasms and tension headaches.[20]
- **Aruchi**(Loss ofAppetite): Emotional repression leads to a hard-hitting sympathetic "shut down" of the digestive system that paralyses the production of gastric secretions and results in severe gastroparesis.[21]
- **Hridroga**(Cardiac Anginaand Distress): Emotions lead to an intense release of adrenaline into the coronary arteries, causing vasospasm, myocardial ischemia and a familiar feeling of physical constriction in the middle of the chest area.[22]

Tears and the Pathology of the Head (Shiroroga)

In order to demonstrate the profound extent to which classical Ayurveda considered the repression of tears as a physically toxic process, Vagbhata even takes it a step further in Ashtanga Hridaya(Uttarasthana 23/1-3). In this work, he clearly lists Baashpa-nigraha (suppression of tears) along with other environmental toxins like inhalation of heavy soot (Dhuma) or being exposed to the harsh midday sun (Atapa) as a cause of diseases of the brain:

धूमातपतुषाराम्बु-क्रिडातिस्वप्नजागरैः॥उत्स्वेदाधिपुरोवात-बाष्पनिग्रह-रोदनैः॥

It becomes clear from the above literature that, from the perspective of the great masters, the act of suppressing tears was not only a social faux pas. It was a violent physical intervention which destabilised the functions of both the heart and the brain.[23]

2. METHODS

This study follows a systematic comparative review methodology in which classical Ayurvedic literature is reviewed and compared to contemporary scientific literature. This research was carried out in two separate domains:

2.1. Classical Literature Retrieval and Selection

The key texts from Brihat Trayi and Laghu Trayi have been analysed to find all the mentions of tear suppression and crying:

- **Charaka Samhita (c. 1000 BCE - 200 CE):** Especially scrutinised the Sutrasthana Chapter 7 (Navegandharaniya Adhyaya) for extracting the main Sanskrit verses about the manifestations and treatment of Baashpa suppression.
- **Ashtanga Hridaya (c. 600 CE):** Scrutinised the Sutrasthana Chapter 4 (Roganutpadaniya Adhyaya) in search of the additional set of symptoms accompanying Baashpa suppressionand Uttarasthana Chapter 23 (ShirorogaVijnaniya) to define the causes of head and neck diseases (Shiroroga).
- **Sushruta Samhita &Bhavaprakash**: Analysed the sections about the physical structure of tears (Ashru) and its cellular origin.

2.2. Contemporary Scientific Literature Retrieval

Key biomedical resources (PubMed, PubMed Central, Google Scholar and Journal of the American Medical Association - JAMA) have been searched by means of a specially constructed query matrix:

- **Biochemistry of Tears and their Excretion:** The keywords were "emotional tears," "psychic crying," "William Frey," "chemical constituents of tear fluid," "excretion of cortisol" and "ACTH tears".
- **Autonomic Regulation of Cardiovascular System:** The keywords used for searching included "self-soothing by crying," "parasympathetic activation," "vagal nerve stimulation," "heart rate variability during crying," "autonomic brake by vagus nerve" and "sympathetic inhibition by stress".
- **Clinical and Epidemiological Evidence:** The keywords were "Nifina Krishnan case-control," "crying suppression in coronary artery disease," "emotional repression and cardiovascular risk" and "urge suppression in Hridroga".

2.3. Synthesis and Translation Matrix

In order to facilitate a strong comparative analysis, the collected information was integrated into a common pathophysiological pathway. Energetic theories of classical times (directional flows of Udana Vayu, Vyana Vayu and Udavarta) were correlated with modern neurological pathways (hypothalamo-pituitary-adrenal axis activation, sympathetic-parasympathetic balance and vagal regulation mechanisms).

3. RESULTS

Thus, this cross-disciplinary study demonstrated three closely related fields of evidence:

3.1. Ayurvedic Literature Analysis and Symptomatology

These classical texts detail the specific, organic symptoms associated with Ashru Vega Dharana in highly coordinated verses.

Charaka Samhita (Sutrasthana, Chapter 7, Navegandharaniya Adhyaya):

प्रतिश्यायोऽक्षिरोगश्चहृद्रोगश्चारुचिर्भ्रमः।बाष्पनिग्रहणात्तत्रस्वप्नोमद्यंप्रियाःकथाः॥

Refusal to shed tears, especially when in a mood of sadness, can be a causative factor in various health conditions like rhinitis, eye diseases, heart disorders, poor appetite and vertigo. Treatment should involve proper rest and sleep, along with ways to make the person feel good emotionally, like drinking some wine (when appropriate culturally or in the circumstances) and having nice conversations.[24]

Ashtanga Hridaya (Sutrasthana, Chapter 4, Roganutpadaniya Adhyaya): Acharya Vagbhata in his formulation further explains the same:

पीनसाक्षिशिरोहृद्रुङ्न्यास्तम्भारुचिभ्रमाः।सगुल्माबाष्पतस्तत्रस्वप्नोमद्यंप्रियाःकथाः॥

When there is suppression of tears, chronic rhinitis, pain in the eyes, head, heart (chest), neck stiffness, poor appetite, vertigoand Gulma (lumpiness in abdomen) might develop. Sleep (rest) and wine (Asava, Arishta), along with pleasing conversation, are the treatments recommended here.[25]

Moreover, to prove that suppression of emotions leads to Shiroroga (head and neck disorders), Acharya Vagbhata in Ashtanga Hridaya(Uttarasthana Chapter 23, Shiroroga Vijnaniya) mentions Baashpa-nigraha (suppression of tears) as one of the direct causes of head disorders:[26]

धूमातपतुषाराम्बु-क्रिडातिस्वप्नजागरैः॥उत्स्वेदाधिपुरोवात-बाष्पनिग्रह-
रोदनैः॥अत्यम्बुमद्यपानेनकृमिभिर्वेगधारणैः॥

3.2. Ayurvedic Pathophysiology: The Biophysics of Suppression

3.2.1. Structure of Ashru (Tears)

According to the classical literature, Ashru or tears have a complicated structure, which is made up of several dhatus (vital tissues) and Mahabhutas (elements):[27]

- **Rasa Dhatu (Water Layer)**:Consisting of the main water constituent of the tears, this layer comes from Rasa Dhatu (plasma) and is affected by Jala Mahabhuta(water element).[27,28]
- **Meda Dhatu (OilyLayer):** The oil-based secretion that prevents tear evaporation is fed by Meda Dhatu (fatty tissue).[27]
- **Majja Dhatu (MucusLayer):** The cellular mucus secretion, traditionally called Akshivita (waste material of the eye), is formed by Majja Dhatu (bone marrow and nerve tissues). The eyelids have young bones (Tarun-asthis), suggesting a link between the tears and bone marrow.[27,29]
- **Kapha Dosha:** The function of tears is the lubrication and moisture of the eyes and the provision of Bala (immunological strength) to the eyes, which are characteristic features of Kapha.[30]

3.2.2. Vata Vectors Dynamics and the Udavarta

Crying physically takes place under the control of two sub-doshas of Vata:

- **Udana Vayu:** This sub-dosha of Vata functions within the chest, throatand head areas and controls outward effort, speech and weeping (Rodana).[31]
- **Vyana Vayu:** Vyana Vayu originates in the Hridaya (heart) and regulates systemic circulation, heart contraction and local motor reflexes, such as blinking and distribution of tears.[31]

Normally, during crying, Udana Vayu moves the impulse to cry up and outwards and Vyana Vayu acts as an impulse for systemic circulation.[4]

In case a patient consciously prevents themselves from crying (Ashru Vega Dharana), they create a conscious resistance against this outward kinetic action. The kinetic energy is forced to move in reverse direction (upwards and backwards) in a process called Udavarta(retrograde and erratic movement of Vata).[4]The energy flows directly back towards the source of Vyana Vayu – the heart (Hridaya). The collision of these energies clogs theSrotas(circulation channels of the heart) and causes Sroto-dushti (clogging of channels).[24] Consequently, the circulation of Rasa Dhatu is prevented in the myocardium and the rhythm is disrupted, resulting inHridroga(cardiovascular disease).[4,12,32]

HRIDAYA (Heart)

/ \

(Vyana Vayu) (Udana Vayu)

/ \

Heart Circulation and Blinking Exhalationand Tears

\ /

\ /

NORMAL LACRIMATION

|

If Repressed (Ashru Vega Dharana)

|

Udavarta (Retrograde Vata)

|

Sroto-dushti of the heart

|

Hridroga (Cardiovascular Disease)

3.3. Modern Scientific Translation: The Dual-Mechanism Model

3.3.1. Process A: Chemical Detoxification (Mala-Visarga)

Scientific chemical studies have proven that weeping due to emotions is a necessary excretory function, validating the Ayurveda principle of Mala-Visarga(excretion of toxic products of metabolism).[33]An important study done by Dr William H. Frey II and his team at the Minnesota Tear Research Centre proved that psychic tears were different in composition from reflex tears caused by irritants such as onions.[34]

The composition of emotional tears contains a much higher concentration of proteins, major stress hormonesand chemicals:[34]

- **Adrenocorticotropic Hormone (ACTH) and Cortisol:** Key physiological markers for the activation of the stress response within the HPA axis.[34]
- **Prolactin:** A protein-based hormone that is very highly produced when an individual is under psychological stress.[34]
- **Leucine Enkephalin:** An endogenous opioid peptides that function as a natural painkiller and mood enhancer.[34]
- **Manganese:** An important mineral that has an association with emotional lability; emotional tears contain manganese levels that are as much as 30 times higherthan in the serum.[34]

Therefore, the process of physical expulsion of emotional tears allows toxins to be eliminated from the body. The inhibition of tears (AshruVega Dharana) means that toxins remain in the system along with excess cortisol.[34]

3.3.2. Mechanism B: Autonomic Homeostasis (Vatanulomana)

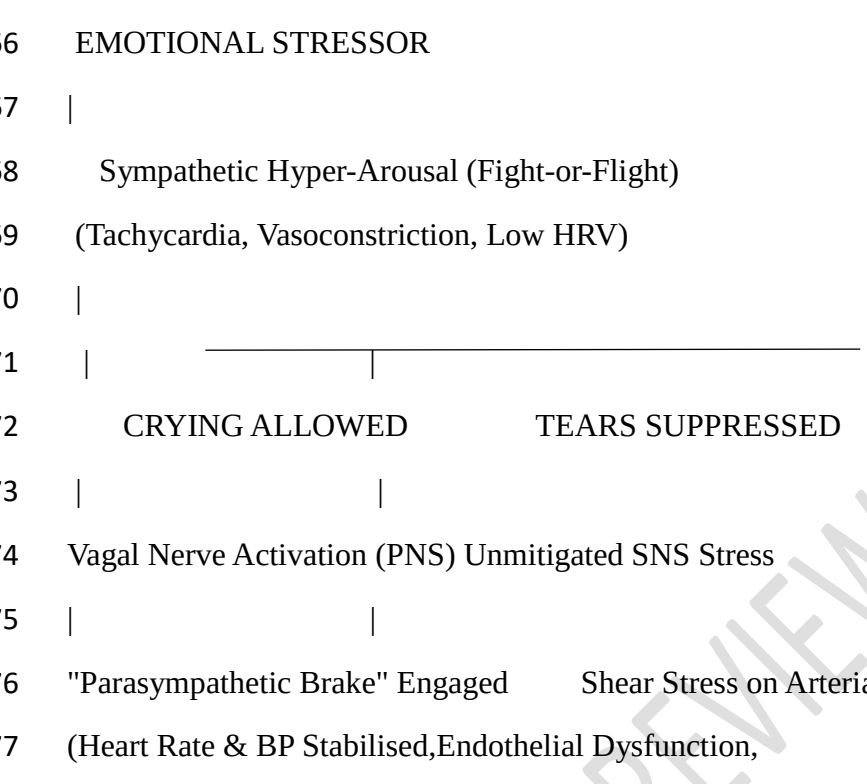
The regulation of the cardiovascular system occurs through the Autonomic Nervous System (ANS).

- The Sympathetic Nervous System(SNS) activates the "fight-or-flight" response, resulting in the production of catecholamines and leading to tachycardia, vasoconstriction and a decrease in HRV.[35]
- The Parasympathetic Nervous System(PNS) activates the "rest-and-digest" response, controlled mostly by the vagus nervethat serves as an "autonomic brake," resulting in bradycardia, decreased blood pressure and homeostasis restoration.[35]

According to Ad Vingerhoets' psychophysiological research, crying causes a critical autonomic shift.[36] Although the "somatic part" of crying leads to a short-term sympathetic reaction, the second part, namely, the release of tears, causes strong parasympatheticactivation through vagus nerve stimulation. This parasympathetic inhibition results in the reduction of heart rate, respiration rate, blood pressureand an increase in HRV.[36]

Inhibition of crying (Ashru Vega Dharana) stops the parasympathetic switch. The body remains in continuous sympathetic overload, leading to continued shear stress on the arterial

walls, low heart rate variability (HRV) and coronary artery spasm—key physiological triggers for myocardial infarction, hypertension1 and atherosclerosis (plaque formation).[13,36]



3.4. Quantitative Clinical Evidence

While classical medical texts had long suggested such a connection, there is now solid evidence to confirm it quantitatively.

3.4.1. Kottakkal Case-Control Study (Nifina & Krishnan, 2021)

One of the groundbreaking clinical studies, performed by Drs. N. Nifina and A. Krishnan at VPSV Ayurveda College of Kottakkal, Kerala, examined the connection between bowel suppression (Purisavegadharana) and tear suppression (Baspavegadharana) and Coronary Artery Disease (CAD).[13]

- Methods: This study included 110 clinically diagnosed cases of CAD and 110 age- and gender-matched control subjects from the same hospitals. Exposure history was assessed through a questionnaire and interviews.[13]
- Key Finding: The phenomenon of tear suppression (Baspavegadharana) exhibited an immense Odds Ratio (OR) of 4.47 ($p < 0.01$). The finding suggests that tear suppression is an independent and strong behavioural factor, and thus a previously

unidentified behavioural determinant of CAD, posing risks similar to well-known risk factors such as smoking (OR = 6.23).[13]

3.4.2. Cardiovascular Risk and Autonomic Integrity (Kumawat & Nathani, 2025)

In a study conducted in the International Journal of AyurvedicMedicine, it has been observed that:

- The chronic suppression of emotion and tears (AshruVega Vidharna) increases the relative risk of developing cardiovascular diseases by 30% to 40%.[37]
- This risk is induced via the mechanism of sympathetic stress, resulting in a substantial reduction in parasympathetic tone and HRV.[37]

4. DISCUSSION

4.1. Clinical Deconstruction of Scriptural Symptoms

When we analyse the classical symptoms based on modern neuroanatomy and vascular physiology, we see an incredible consistency in this picture:

Table No. 3: Clinical Deconstruction of Scriptural Symptoms

Classical Symptom	Literal Translation	Biophysical & Physiological Mechanism
Pratishyaya / Peenasa	Acute Rhinitis / Nasal Congestion	The lacrimal gland drains into the nasal cavity via the nasolacrimal duct. Blocking tears forces fluid retrograde, creating local mucosal congestion, oedema and secondary rhinitis.[38]
Akshiroga	Eye Diseases / Visual Disturbances	Suppressing tear flow deprives the ocular surface of essential lubrication (Kapha/Rasa), leading to ocular dryness, conjunctival inflammation and local corneal stress.[39]
Shirorog / Shiroruk	Diseases of the Head / Headache	The somatic bracing of cranial and facial muscles to inhibit crying induces muscular tension, cranial vascular spasmand localised stagnation of cerebral blood flow.[40]
Hridroga / Hridruk	Cardiac Pain / Heart Disease	Sympathetic hyper-arousal triggers coronary vasoconstriction, transient myocardial ischemiaand subjective angina.[41]
Manyastambha	Neck Rigidity / Torticollis	Somatic bracing of the sternocleidomastoid, trapezius and deep cervical muscles during tear containment leads to severe myofascial neck spasms.[42]
Aruchi	Anorexia / Loss	Stress-induced sympathetic activation causes gastroparesis, shutting down salivary and gastric

	of Appetite	secretions and suppressing digestive fire (Agni).[43]
Bhrama	Giddiness / Dizziness	Autonomic blood pressure lability or hyperventilation during intense emotional suppression results in transient cerebral hypoperfusion and vertigo.[44]
Gulma	Abdominal Bloating / Spasms	Sympathetic-driven enteric spasm and retrograde Vata flow (Udavarta) cause localised gaseous distension and painful abdominal spasms.[45]

4.2. Traditional and Modern Therapeutic Convergence

The classical treatment of Ashru Vega Dharana is quite unique: it does not use any physical purgatives but focuses on treatments aimed at pacifying Vata, calming the mind (Mana)and stimulating parasympathetic activity.[19, 20]

Table No. 4: Traditional and Modern Therapeutic Convergence

Clinical Convergence Matrix	
Classical Ayurvedic Concept	**Modern Biophysical Correlate**
Mala-Visarga (Ocular Waste)	Endocrine Clearance (ACTH, Cortisol, Mn)
Vyana Vayu (Cardiac Vector)	Autonomic Vagal Regulation (The Vagal Brake)
Udavarta (Retrograde Vata)	Chronic Sympathetic Overdrive & Shear Stress

1. Excretion vs. Retention (Mala-Visarga vs. Chemical Toxicity)

As was said earlier, good health in Ayurveda depends on proper excretion of waste products (Malas). When you close one of your waste pathways, you open yourself up to illnesses.

This is the exact point where Dr William Frey's tear research coincides with pathological processes.[3] Emotional tears are not only saline solutions; they are one of the active excretory mechanisms of endocrine nature.[3] In the process of crying caused by a stressful situation, our lacrimal glands operate as a filter system, removing excess stress chemicals, including such hormones as ACTH, cortisol, prolactin and extremely high levels of manganese, out of the bloodstream.[3]

The patient practising Ashru Vega Dharana blocks the pathway for excretion of Malas.[3] As a result, the neurochemicals responsible for stress remain in the organism. This causes prolonged irritation of blood vessels and a permanent increase in blood pressure.[3]

2. Vata Dynamics and the Vagal Brake

Now let's take a look at the heart. In Ayurveda, Vyana Vayu is found in the heart, regulating cardiac rhythm, vascular tone and blood circulation.[4] Functionally speaking, that is the territory of the ANS.

Under conditions of extreme sorrow or distress, our sympathetic nervous system ("fight or flight") kicks in, leading to vasoconstriction and a decrease in Heart Rate Variability (HRV).[3] Crying is the somatic "parasympathetic brake".[3] By stimulation of the vagus nerve, crying induces a strong parasympathetic shift. Instantly slowing down our heart rate, dilating the constricted coronary arteries and returning to a normal cardiac rhythm, crying is actually the natural physiological reset switch of our body.[3]

By blocking the outflow of tears (Udana Vayu), Ashru Vega Dharana blocks the natural outward and downward kinetic flow of Vata. The flow gets reversed (Udavarta) and collides with Vyana Vayu, located in the heart.[3] Autonomically speaking, it leads to the complete blockage of the parasympathetic response. Our body becomes trapped in the permanent and unrelieved sympathetic overdrive. Physiologically speaking, our heart is under constant arterial shear stress, microvascular spasm and progressive endothelial damage, resulting in the heart disease (Hridroga) that Charaka and Vagbhata talked about.[1, 3, 4]

3. Deconstructing the 4.47 Odds Ratio

For hundreds of years, these energy pathways were ignored by the sceptics as theoretical or even mystical concepts. The case-control study from Kottakkal in 2021 totally changes this situation.[13]

Finding out that habitual suppression of crying (Baspavegadharana) carries an odds ratio **of** 4.47 for the development of coronary artery diseaseis an incredible clinical discovery.[13] In order to understand how powerful the impact is, here's the thing: in the statistical model developed in this study, the suppression of emotional tears became a stronger predictor of coronary artery disease than some traditional risk factors. For decades, we were actively treating high blood pressure, high cholesterol levels and dietary habits – but we almost ignored the behavioural lifestyle mistake increasing the odds of coronary heart disease in our patients 4.47 times.[13]

4. Shifting the Autonomic Gears: The Restorative Regimens

4.2.1. Swapna (Restful Sleep)

- In the Context of Ayurveda: Sleep is one of the best natural pacifiers of Vata and also restores the lubricating and protective functions of Kapha.[46]
- In the Context of ModernTimes: Sleep increases vagal parasympathetic activity, reduces nighttime blood pressure and heart rate. Activates the glymphatic system of the brain, cleansing it of metabolic waste.[47]

4.2.2. Madya (Medicines with Relaxing Effect)

- Context in Ayurveda: Mildly medicated wines (Asava or Arishta) have been recommended in specific clinical doses for immediate pacification of Vata (Vatanulomana) and soothing the nervous system.[48]

- ModernParallel: Controlled intake of natural GABAergic substances results in suppression of central nervous system hyperarousal with ensuing muscle relaxation and coronary vasodilatation, thus soothing the ischemic heart.[49]

4.2.3. Priyaah Kathaah (Healing through Communication and Telling Stories)

- Context in Ayurveda: Communication, soothing talkand hearing pleasing stories from loved ones have been suggested.[13]

- Contemporary Correlates: Social bonding promotes the production of oxytocinand endorphins, which alleviate anxiety and induce a lowering of blood pressure and the activation of the vagal "parasympathetic brake".[50]

Table No. 5: Comparative analysis of Ashru Vega Dharana in Charaka, SushrutaandVagbhata

Classical Text	**Roga / Lakshana(Diseases / Symptoms Caused by Ashru Veg Dharana)**	**Chikitsa(Line of Treatment)**
Charaka Samhita	Pratishyaya, Akshiroga, Hridroga, Aruchi, Bhrama	Swapna, Madya, Priyaah Kathaah
Ashtanga Hridaya	Added Manyastambha & Gulma to Charaka	Swapna, Madya, Priyaah Kathaah
Sushruta Samhita	Akshiroga, Shiroroga, Hridroga	Vatanulomana

5. Gender differences in emotional suppression and cardiovascular risk:

- Biological and sociocultural factors heavily influence emotional expression and suppression patterns between genders, leading to distinct cardiovascular risk profiles.[51] Biologically, higher levels of estrogen and prolactin in women lower their crying threshold, whereas testosterone in men acts as a natural inhibitor of tear shedding and crying.[51,52] This biological difference contributes to women crying more frequently than men, shedding tears an average of 5.3 times a month compared to men's 1.3 times.[52]
- Socioculturally, societal expectations heavily pressure males to suppress vulnerability, making expressive suppression a highly prevalent and habitual coping style for men.[51] Clinically, while women are more likely to experience higher subjective somatic burdens under stress, men are significantly more prone to maladaptive emotional suppression and internalising their distress.[51,53]
- This behavioural suppression is cardiotoxic; instead of promoting a healthy cardiovascular "challenge" response, suppression evokes a physiological "threat reactivity" profile characterised by lowered cardiac output, increased total peripheral resistance (vascular strain), reduced heart rate variability

(HRV), and elevated arterial shear stress, which dramatically increases the long-term risk of developing coronary artery disease.[51]

4.3. Study Limitations and Future Directions

While the double-mechanism hypothesis and the clinical data are quite convincing, several shortcomings should be pointed out:

1. RetrospectiveAssessment of Exposure: The groundbreaking Kottakkal case-control study used retrospective self-report questionnaires to assess urge suppression, thus being prone to bias.
2. Absence of LongitudinalStudies: It is necessary to have prospective longitudinal clinical studies, which could monitor the transition from chronic tear suppression to the formation of coronary endothelial plaque.
3. Future Clinical Trials:We suggest future clinical trials employing real-time HRV measurement in somatic emotional release techniques to track the transition from the state of sympathetic dominance to the restoration of the parasympathetic vagal activity.

5. CONCLUSION

A synthesis of ancient scriptures on Ayurveda and modern autonomic cardiology shows a deep understanding of a unique unifying truth: being able to express one's emotions is not an indicator of the psychological weakness of a person, but a biophysical process of homeostasis. The same way as the body needs to remove waste products of metabolism, the nervous system needs to periodically get rid of neurochemical products of the stress state (ACTH, cortisol, manganese) with tears.

Ashru Vega Dharana or the inhibition of crying, creates disbalance between Udana and Vyana Vayu and leaves a person in chronic sympathetic overdrive with a4.47-fold increase in the probability of developing Coronary Artery Disease.[13] It should be taken into account by cardiologists and assessed as a key behavioural factor in their practice. Crying should be promoted as an important preventative measure.

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