



Determination of the meaning of the term *Pakvashaya*.

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Abstract:

Pakvashaya is mentioned as main sthana of *vata dosha*. *Basti* is called as *ardhachikitsa* in *ayurveda*. It works on *Pakvashaya*. Thus this study is helpful to know the exact *sthana* of *Pakvashaya*.

Keywords: *Pakvashaya*, Large Intestine, Ayurved.

Introduction:

Pakvashaya is described in different *adhyayas* for different functions like digestion, *sthan of mutrotpatti*, *vata dosha sthan*. So there is confusion about its **exact position**. How it works? Due to these queries the present subject is selected for study.

This study also helpful in **Nidan point** of view as well. We come across many patients of *Atisar*, *Sandhi shool*, *Malavstmabh* etc. We can think in those patients about *Pakvashaya* dushti. This study also helpful in **Chikitsa point** of view since our *Acharya*

mentioned the action of *Basti Dravyas* also takes place in *Pakvashaya*. Thus present study is carried out to observe the **Anatomical and Physiological study of *Pakvashaya*** to determine the exact position of *Pakvashaya* in our body.

Aims and Objectives:

In Ayurveda there is description of *Pakvashaya* but it is not clearly defined still there is confusion about the term. Hence my aim is –

- To define term *Pakvashaya* as described in various classical texts and references.
- To study *rachana sharir* of *Pakvashaya* from both Ayurvedic and modern aspect.
- To study *kriya sharir* of *Pakvashaya* from both Ayurvedic and modern aspect.
- To do comparative study of *Pakvashaya* from both aspect to confirm exact position of *Pakvashaya*.

Material and Methods:

Materials:

Ayurvedic Samhitas and their commentaries are studied.

Related modern text is compiled from textbooks of Anatomy and Physiology.

Previous research papers are studied for relevant references.

Methods:

Literary study:

Combinatory study from Samhitas and related modern text is done.

Physiological consideration:

Physiological study is done by the examination of *Purishvaha strotas*. *Purishvaha strotas dushti lakshanas* are mentioned in *Charak Samhita* as follows:

- *Atibaddha mala*: consistency of mala is very hard.
- *Atidrava mala*: mala is liquid in form or watery stools.
- *Alpalpa mala*: patient is not satisfied after going to the toilet and hence feels like going again and again.
- *Sashool mala*: patient has pain in abdomen at the time of defecation.
- *Atibahu mala*: increase quantity of mala.

Also with the available data of X-ray, *sonography*, or *colonoscopy* the anatomical and physiological study is done to determine the exact position of *Pakvashaya*.

Cadaveric study:

Sharangdharacharya has explained about the position of Ashaya-

श्लेष्माशयः स्यादुरसि तस्मात् आमाशयत्वधः ।

उर्ध्वमग्न्याशयो नाभेर्वाग्भाग व्यवस्थितः ॥

तस्योपरि तिलं ज्ञेयं तदधः पवनाशयः ।

मलाशयस्त्वधस्तस्य बस्तिमुत्राशयः स्मृतः ।

जीवरक्ताशय उरो ज्ञेयः सप्ताशयस्त्वमी ॥ शा.सं. पू. खं. ११-१३

Ashtang Sangraha and Ashtang Hridaya have mentioned the site of *Purishdhara Kala* as 'अन्नामपक्वशयाश्रिता आमपक्वशयाश्रया '

Here according to this, *Purishdhara kala* is distributed in *Amashaya* and *Pakvashaya*.

Charaka has described *Amashaya* as

नाभिस्तनान्तरं जन्तोरामाशय इति स्मृतः ।

अशितं खदितं पीतं लीढं चात्र विपच्यते ॥ च.वि. २/१८

Sushrutacharya has mentioned the *sthan* of *Pakvashaya* is above *Shroni guda* and *adho nabhi*.

तत्र समासेन वातः श्रोणिगुदाश्रयः ।

तदुपरि अधो नाभेः पक्वशयः ॥ सु.सु. २१/५

Thus during dissection an attempt has been made to clear the idea about the position of *Pakvashaya*.

Observation:

Physiological considerations:

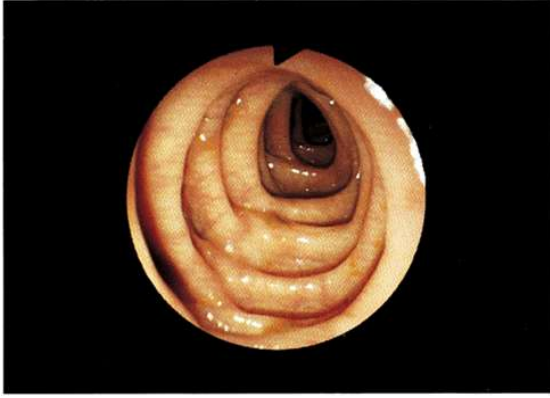
1) Normal physiology-

X-ray- In above normal abdominal standing x-ray, there is gas shadows under diaphragm which indicates the ascending, transverse, descending colon. In *Ayurveda*, *Pakvashaya* is considered as *mula sthan of Vata dosha*.

Thus we can see *vata* in normal abdominal x-ray. Then this area can be considered as *Pakvashaya*.

Colonoscopy-

Normal colon Typical folds and vascular pattern can be seen.



2) In Abnormal X-ray or colonoscopy of abdomen shows most of cases shows anatomical change in bowel size & shape or physiological changes. *Charakacharya* mentioned in *Purishavaha strotodushti lakshanas* that there is atidrava, atibadha, alpa alpa mala pravrutti, sashool mala, atibahu mala. Instead of these *lakshanas* we get more symptoms like pain in abdomen, *sarakta Drava mala pravrutti*. *Sthana* of *purishavaha strotas* is *Pakvashaya* and *sthul gudam*. Thus in such conditions we can consider it in *Pakvashaya dushti*.

2) CADAVERIC STUDY:

AS *sushruta* mentioned, *sthan* of *Pakvashaya* is below *nabhi*. Here an attempt is made to find the structures located below *nabhi*.

Also, *Sharangadharacharya* mentioned the *sthans* of all *ashayas*. Thus here an attempt is made to compare it with that reff.

In cadaveric study, an attempt has been made to see the *sthan* of *ashayas* as mentioned in *Sharangdhar samhita*. He mentioned *vataashaya* is present below *agnyashaya* & till (gall bladder) and below it there is *malashaya*.

Also one reff from *Sushruta* that *Pakvashaya* is present below *Nabhi*. Thus

attempt has been made to see the structures below *nabhi*.

Discussion:

We have discussed this entire work in following ways-

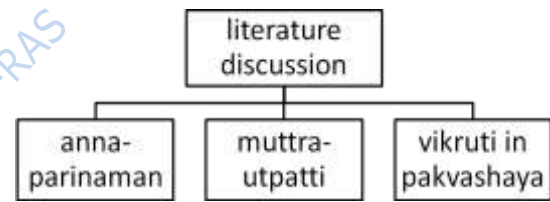
Discussion regarding the literary information collected from Ayurveda and Modern sciences.

Discussion based on physiological study observations.

Discussion based on observations done during cadaveric study.

Sthan nischiti

Discussion regarding the literary information collected from Ayurveda and Modern sciences.



Anna-Parinaman :

पक्वाशये तु प्राप्तस्य शोष्यमाणस्य वह्निना ।

परिपिण्डित पक्वस्य वायुः स्यात् कटु भावतः ॥

च. चि. १५/११

पक्वाशये तु प्राप्तस्ये इति मलरूपतयां पक्वाशयं गतस्य ।

शोष्यमाणस्य वह्निनेति यद्यप्युर्ध्वदाहक्षयो वह्निनः, तथाऽप्यस्याधोगतस्य वह्निना शोष्यमाणत्वं पक्वाशयगतस्याप्युपपन्नम् ।

यतश्चधोगने सम्यब्वह्निव्यापरो नास्ति, अतः पच्यमानस्य इति पदे परितज्य 'शोष्यमाणस्य' इति कृतम् । परिपिण्डित पक्वस्येति परिपिण्डितरूपतया पक्वस्य ।

वायु स्यात् कटुभावतः इति परिपिण्डितावस्थोद्भूत
कटुता वायोरुत्पद्यते । च.चि. १५/११
चक्रपाणि

पक्वाशयं तु प्राप्तस्य वह्निना शोष्यमाणस्य
परिपिण्डित पक्वस्य तस्य षडरसस्यान्नस्य
कटुभावो भवति, तस्मात् कटुभावात् वायुर्नाम
मलः स्यात् ॥ च.चि.१५/११ गंगाधर टिका

This verse *acharya Charaka* & its
commentaries by Chakrapani and Gangadhar
clearly explains 2 points-

The chime that has reached to the
Pakvashaya is already digested . i.e.
Digestion is complete before it reach to the
Pakvashaya from Grahani. And no further
digestion takes place in it. Only absorption
of the water and formation of gases takes
place in Pakvashaya.

The content in the form of mala is
Paripindita meaning the content is
haustrated/Saculated.

Thus we can explain digestion in
Pakvashaya in following ways-

Inegsted food is having a label as a food still
the amla avasthapaka. whether it may be
apakwa (amavastha) or pakwa
(pacyamanavastha), after that food is
completely digested and converted into sara
bhaga and kitta bhaga. Sara bhaga flows into
rasavaha strotas and further dhatu parinaman
takes place. On the other hand kitta or the
waste product reaches the unduka and
formation of purisha takes place with the
help of purishadhara kala and maladhara
kala. The purisha is then gradually pushed
towards guda. During its pathway, shoshana
of the watery materials takes place by the

local agni and resulting into the paripindita
form of purisha. This is the place for the
katu avasthapaka. The paripindita purisha is
eliminated by the help of apan vayu.

The absorption of water and electrolytes,
maintenance of bacterial flora, and
absorption of nutrients these function
indicate the vivechan carried out by
influence of saman vayu. The evacuation of
mala is under the influence of apan vayu, is
the other function.

After the Grahani, there is Pakvashaya, half
digested food retains some time in the
Pakvashaya, and kala is responsible for the
absorption of water and electrolytes and
maintenance of bacterial flora. While peshi
is responsible for Munchan of the kitta
i.e. remainig after the digestion.

The maladhara kala and purishadhara kala is
confined as internal portion of unduka and
Pakvashaya. As the functional difference
between the proximal colon and distal colon
is concerned, the proximal colon internally
consists maladhara kala and distal colon
consists of purishdhara kala. So the proximal
portion absorbes water and electrolytes
maximum, which lined by the maladhara
kala. The distal portion stores the purisha
and evacuates with the help of apana vayu,
which lined by purishdhara kala. Pachaka
pitta, saman vayu and apan vayu are the
main responsible substance for the functions
of Pakvashaya.

About mutra utpatti-

पक्वाशयगतास्तत्र नाड्यो मुत्रवहास्तु याः ।

तर्पयन्ति सदा मुत्रं सरितं सागरं यथा ॥ सु.नि.३/२०

इवाप्सू निमग्न मुखोऽपि पार्श्वेभ्योऽम्भसो पूर्यते ।

शेषो ग्रहणीस्थो मलद्रवः मलद्रवस्य जलभागः ।

सिराभिः बस्तिनीतो मूत्रं भवति ॥ भा. प्र. पू.
९/१७२

Mootravaha nadis related to Pakvashaya constantly replenish the basti like river carries water from different regions to ocean. These nadis divide into innumerable branches and are not visible. Mootra drained from Pakvashaya enters basti both in wakening and even in state of sleep. It is continuous process like a new pot immersed upto its neck in water and gets filled by water through its lateral pores.

About vikruti in Pakvashaya –

पक्वाशयस्थोऽन्नकुजं शूलं नामो करोति च ।

(सु. नि. १/२३)

‘शूलं नामो’इत्यत्र ‘शूलानाहो’ इति केचित पठन्ति व्याख्यानयन्ति च ।

पक्वाशय आनह्यते समन्तात्विबध्यत इवेति वेदनाप्रकार एक आनाहः । (सु.नि.१/२३ डल्हण)

वातादृते नास्ति रुजा वर्चसोऽतिविबन्धोऽधः स्वेस्थाने परिकृतन्ति । च चि २८/७०

स्वेस्थाने इति पक्वाशये । चक्रपाणि

In vikruti also, we seen that in Pakvashaya there is symptoms like shool, anaha, varchaso ativibandh etc which are mostly due to Vata dosha specifically saman and apan vata. As Pakvashaya is the main sthan of vata , thus these symptoms are present there.

Discussion based on physiological study

After collection of abnormal reports of x-ray & colonoscopy, in patients having symptoms like purishvaha strodushti i.e.atibaddha, atidrava mala pravrutti, alpa alpa ,sashool, atibahu mala pravrutti , we see that such patients shows abnormality in large intestine

region. As Pakvashaya & sthul guda are the mul sthana of Pakvashaya, thus patients showing abnormality in large intestine also have abnormality in Pakvashaya.

Discussion based on cadaveric study

Sushrutacharya mentioned the sthan of Pakvashaya is above shroni &

Below nabhi, during dissection we observed that, transverse colon is present just above nabhi & other coloni parts are present below nabhi. But transverse colon play major role in the absorption process. Thus we can consider it in Pakvashaya.

Conclusions:

Through the past few pages as attempt has been made out to put the theorotical consideration of *Pakvashaya sharir* and its relevant *Vikruti*.

On the basis of literary review and physiological study following points are concluded-

Pakvashaya starts from *kshudrantra* and ends in rectum (*malashaya*).

As proximal half of the colon concerned with absorption and distal half with storage, the term *Pakvashaya* can be used for Large Intestine.

As formation of gases takes place in Large Intestine and *Pakvashaya* is the main sthan of *Vata dosha* thus it can be considered as Large Intestine.

In Colonoscopy and X-ray data shows *Purishavaha stroto dushti lakshanas* & pain in abnormal Large Intestine. Thus *Pakvashaya* can be considered as Large Intestine.

As *Shool*, *Anaha*, *Adhman* like symptoms included in *Pakvashaya dushti* & flatus formation takes place in Large Intestine, then it can be considered as *Pakvashaya*.

A general review of the whole dissertation reveals that whatever aims and objectives study was undertaken, they have been satisfied to a greater extent. Care has been taken in preserving and highlighting the fundamental principles of Ayurveda. How far the study has become successful in maintaining the objectives is to be decided by the learned scholars.

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