

Ashaya as Abode: Reconciling Ayurvedic Vata Theory with Intestinal Neurophysiology

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Abstract

Background: *Ashaya* refers to a site or structure within the body where a substance resides. *Ashaya* refers to the internal sites or structures within the body where various substances reside. Commonly, seven *Ashayas* are described in males, while in females there are eight, while Sharangadhara has described 9 *Ashayas*. *Vatashaya* denotes the specific site of Vata Dosha, which is considered the chief among the three *Doshas* due to its vital role in governing movement and regulating bodily activities. Although multiple locations of Vata have been mentioned in classical texts, *Pakwashaya* is regarded as its principal site. In this study, an attempt has been made to explore the concept of *Vatashaya* and interpret it from an anatomical and physiological perspective. **Aim and Objective:** To explore the concept of *Ashaya* in Ayurvedic classics and find out the structure indicated by the name of *Vatashaya*. **Methodology:** This study is a conceptual and literary review based on classical Ayurvedic texts (*Brihatrayi* and *Laghutrayi*) and modern anatomical and physiological literature, along with journals, research articles, electronic databases, relevant websites were also used as references for the study. **Result:** The Gunas of Vata, such as Ruksha, Laghu, Shita, Sukshma, and Chala, are reflected in the functional environment of *Pakwashaya*, where digestion leads to dryness and compaction, resulting in the formation of Vata. *Pakwashaya* shows a close correlation with the large intestine in modern anatomy, which performs functions like absorption, movement, and excretion. These activities are regulated by the Enteric Nervous System, including Auerbach's and Meissner's plexuses and are comparable to the functions of Vata, especially *Apana Vata*. Vata plays a major role in disease manifestation, *Basti* therapy is considered the most effective as it acts directly on *Pakwashaya*, the main site of Vata. **Conclusion:** After studying the structural, functional, pathological and therapeutic aspects of *Vatashaya* confirms its location as *Pakwashaya* which may be further correlated with the large intestine and its neural regulation through the Enteric Nervous System.

Keywords: *Ashaya*, *vatashaya*, *vata*, large intestine, enteric nervous system

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INTRODUCTION

Ayurveda aims to preserve wellness in those who are already healthy and to heal and alleviate illness in those who are unwell, promoting overall health and balance in both cases [1]. Among the important fundamental principles of *Ayurveda*, *Sharira* stands as one of the pillars. *Ashaya* refers to a site or structure within the body where a substance resides. All *Acharyas* have described the concept of *Ashaya* in their classical texts. *Ashaya* can be understood as the internal spaces of the body that hold *Dosha*, *Dhatu* and *Mala*, where they remain and carry out their normal physiological roles. Among these, *Vatashaya* refers to the particular site where *Vata dosha* takes residence in the body. *Vata* is considered the chief among the three *Doshas* and plays a key role in controlling movement and

regulating various functions in the body. *Acharyas* have described many sites for *Vata Dosha* in the body, but *Pakwashaya* is considered its principal site. In this study, an attempt has been made to explore the concept of *Vatashaya* and interpret it from an anatomical and physiological perspective.

AIM AND OBJECTIVE

- To explore the concept of *Ashaya* in *Ayurvedic* classics.
- To find out the structure indicated by the name of *Vatashaya*.

METHODOLOGY

This study is a conceptual review based on references collected from classical *Ayurvedic* texts and modern anatomical literature. Information was collected from *Brihatrayi*, *Laghutrayi*, their respective commentaries, other *Ayurvedic* textbooks and modern anatomical and physiology textbooks. In addition, various journals, research articles, electronic databases and relevant websites were also used as references for the study.

CONCEPT OF ASHAYA

Ashaya – *Aang* + *Shin* + *Acha* – The word *Ashaya* derived from the *Shin Shayne Dhatu* prefixing *Pum* and *Aang* and suffixing with *Acha Pratyaya* [2]. The meaning of *Ashaya* is resting place, retreat, bed, seat, place, receptacle any recipients of the body [3].

Ashaya defines as according to *Shabdakalpadrūm* – *Āśayaśaḥ* – *Āśeṣṭadatrety Āśayaḥ* | *Ādhārah*, *Āśrayaśaḥ* means it refers to a place that provides support and refuge [4]. According to *Acharya Dalhana tēṣāmāśayā avasthānapradēśā dhātvāśayāḥ* refers to those locations in the body that provide shelter to *Dhatu*s and such sites called *Ashaya* [5]. *Āśayō’ dhiṣṭhānam* – refers to a site or location in the body that serves as a place of residence or support for bodily elements [6]. Further, *āśaya āmādisthānam* indicates that *Ashaya* is the site where *Ama*, *Anna* and *Pakwa Anna* are present [7]. According to *Ashtanga Hridaya*, the term *Ashaya* refers to a receptacle or a place that holds bodily substances [8]. *Ashaya* develops due to the repeated presence of *Vayu* at a particular location [9].

Now along with *Ashaya*, the concept of *Koshta* will be studied. The term *Koshta* is made by union of two-word elements “*Kush*” and “*Stham*”, *Kush* means empty space or lumen and *Stham* means stable firm wall [10]. Thus, any structure that consists of a lumen enclosed within a firm wall can be considered as *Koshta* (Table 1).

Table 1. Number of *Ashaya* according to different *Acharyas*.

<i>Sushruta</i> [11]	<i>Ashtang Hridaya</i> [12]	<i>Ashtanga Sangraha</i> [13]	<i>Kashyapa</i> [14]	<i>Sharanga-dhara</i> [15]	<i>BhavPrakash</i> [16]
<i>Vatashaya</i>	<i>Vatashaya</i>	<i>Vatashaya</i>	–	<i>Pavanashaya</i>	<i>Pavanashaya</i> .
<i>Pittashaya</i>	<i>Pittashaya</i>	<i>Pittashaya</i>	<i>Pittashaya</i>	–	–
<i>Shleshmashaya</i>	<i>Kaphashaya</i>	<i>Kaphashaya</i>	<i>Kaphashaya</i>	<i>Shleshmashaya</i>	<i>Shleshmashaya</i> .
<i>Raktashaya</i>	<i>Raktashaya</i>	<i>Asrikashaya</i>	–	–	<i>Raktashaya</i> .
<i>Amashaya</i>	<i>Amashaya</i>	<i>Amashaya</i>	<i>Amashaya</i>	<i>Amashaya</i>	<i>Amashaya</i> .
<i>Pakwashaya</i>	<i>Pakwashaya</i>	<i>Pakwashaya</i>	<i>Pakwashaya</i>	–	–
<i>Mutrashaya</i>	<i>Mutrashaya</i>	<i>Mutrashaya</i>	<i>Mutrashaya</i>	<i>Mutrashaya</i>	<i>Mutrashaya</i> .
<i>Garbhashaya</i>	<i>Garbhashaya</i>	<i>Garbhashaya</i>	<i>Garbhashaya</i>	<i>Garbhashaya</i>	<i>Garbhashaya</i> .
–	–	–	<i>Malashaya</i>	<i>Malashaya</i>	<i>Malashaya</i> .
–	–	–	<i>Krimishaya</i>	–	–
–	–	–	–	<i>Agnashaya</i>	<i>Agnashaya</i> .
–	–	–	–	<i>Stanyashaya</i>	<i>Stanyashay</i> .
–	–	–	–	<i>Jeeva Raktashaya</i>	–
–	–	–	–	–	<i>Pachak ashaya</i> .

Vatashaya

Vatashaya refers to the site where *Vata Dosha* is in the body. Although *Vata* is present throughout the body, its specific sites have been described separately in classical texts. Therefore, understanding *Vata* is essential before studying the concept of *Vatashaya*.

Vata is derived from *tatra* “vā” *gatigandhanayōḥ, iti dhātuh* | Here *Gati* means movement and *Gandhan* means is to be taken sense carrying sensation (Table 2) [17].

Table 2. Location of *Vata Dosha* according to different *Acharyas*.

<i>Charaka</i> [18]	<i>Sushruta</i> [19]	<i>Ashtang Samgraha</i> [20]	<i>Ashtang Hridaya</i> [21]	<i>Sarangdhara</i> [22]	<i>Kashyap</i> [23]
<i>Basti</i>	<i>Shroni</i>	<i>Pakwashaya</i>	<i>Pakwashaya</i>	<i>Malashaya</i>	<i>Adhonabhi</i> .
<i>Purishadhan</i>	<i>Guda</i>	<i>Kati</i>	<i>Kati</i>	<i>Agnisthan</i>	<i>Asthi</i> .
<i>Kati</i>	<i>Adhonabhi</i>	<i>Sakthi</i>	<i>Sakthi</i>	<i>Kostha</i>	<i>Majja</i> .
<i>Sakthi</i>	<i>Pakwashaya</i>	<i>Pada</i>	<i>Asthi</i>	<i>Hridaya</i>	<i>Pakwashaya</i> .
<i>Pada</i>	–	<i>Asthi</i>	<i>Srota</i>	<i>Sarva Sharir</i>	–
<i>Pakwashaya</i>	–	<i>Srota</i>	<i>Sparshindriya</i>	<i>Kantha</i>	–
<i>Basti</i> [24]	–	<i>Sparshana</i>	–	–	–
<i>SarvaSharir</i> [25]	–	<i>Adhonabhi</i> [26]	–	–	–

According to all *Acharyas*, *Pakwashaya* is considered the main site of *Vata Dosha*.

Acharya Sharangadhara uses the term *Pavanashaya* synonymously for *Vatashaya*. *Acharya Sharangadhara*, while explaining the concept of *Ashayas*, describes the location of *Vatashaya* in this way the *Pawanashaya* is situated below the *Agnashaya*, while a structure called *Tilla* is located above the *Agnashaya* [27].

Acharya Charaka describes *Vata* as having *Ruksha*, *Laghu*, *Shita*, *Sukshma*, *Chala*, *Vishada* and *Khara Guna* [28]. *Acharya Sushruta* describes *Vata* as having *Guna*, such as *Ruksha*, *shita*, *laghu*, *khara Avyakto vyakt karma*, movements in all direction (*Tiryak*), *Rajobahula*, *Achintyavirya*, *Vata* is involved in all diseases (*Rogsamuhurat*), *Ashukari* [29]. *Acharya Vagbhata* has described the *Gunas* of *Vata* – like *Acharya Charaka* – but without including *Vishada* among its qualities [30].

According to *Acharya Charaka*, in its normal state, *Vata* is responsible for enthusiasm in performing actions, regulation of inhalation and exhalation of breath, initiation of both physical and mental activities, proper movement and balance of body tissues, maintenance of equilibrium among *Dhatus*, and timely elimination of waste products such as faeces and urine. These are the normal functions of unvitiated (*Prakrita*) *Vata* [31]. *Vata* governs the functioning of the mind and directs its activities. It also stimulates all the sense organs to perceive their respective objects and facilitates the transfer of sensory information from one place to another. It is responsible for the proper formation and connection of body parts, especially during fetal development. *Vata* initiates speech and is also the origin of touch and sound sensations hence important for tactile perception. It stimulates digestive fire (*Agni*), dries up excess bodily impurities and helps in the elimination of waste products. Thus, when in a balanced state, *Vata* performs all physiological functions smoothly and is essential for sustaining life and longevity [32].

According to *Acharya Sushruta*, *Vata* is in its normal state, it maintains the balance among *Dosha*, *Dhatu* and *Agni*. It properly connects the mind and sense organs with their respective objects such as sound, touch, sight, taste and smell. It also ensures the smooth and regulated functioning of vital physiological processes, like respiration, digestion, and circulation, along with proper functioning of the five motor organs including speech and other actions [33].

Acharya Vagbhata also described balanced (*Prakrit*) *Vata* supports the body by maintaining enthusiasm and vitality, regulates breathing and coordinates all physical activities of daily movements. It also governs the proper elimination of natural urges, like faeces and urine, ensures smooth circulation and movement of body tissues (*Dhatus*) and enables the sense organs to function properly in perceiving their respective objects [34].

Vata Dosha imbalance leads to various pathological conditions. *Charaka Samhita* mentions that *Vata Dosha* is responsible for eighty types of *Nanatmaj Vyadhi*, which arise independently without the involvement of other *Doshas*, highlighting its prime importance in disease manifestation [35].

For vitiated *Vata*, treatments prepared with sweet, sour and salty tastes, having unctuous and hot properties are recommended. Therapeutic measures, such as oleation (*Snehana*), sudation (*Swedana*), medicated enemas (*Asthapana Basti* and *Anuvasana Basti*), nasal therapy (*Nasya*), appropriate diet, massage (*Abhyanga*) and external applications – like *Utsadana* and *Parishheka* – should be administered after considering proper dose and time.

Among all therapies for *Vata* disorders, *Asthapana Basti* and *Anuvasana Basti* as the most important. These therapies primarily act on the *Pakwashaya*, which is the main site of *Vata*, and help eliminate the root cause of vitiated *Vata*. When *Vata* is controlled at its primary seat, the disorders spread throughout the body subside naturally. Just as when a tree's root is cut, its trunk, branches, shoots, flowers, fruits, and leaves are certainly destroyed, in the same way, when the root cause is eliminated, everything arising from it is also destroyed [36].

Pakwashaya

The term *Pakwashaya* is derived from two words, indicating the site where digested food (*Pakwa Anna*) is present. *Pakwashaya* is the principal site of *Vata Dosha*.

According to *Acharya Sushruta*, *Pakwashaya* is part which lies below the umbilicus up to the *Shroni* and *Guda* [37].

According to *Acharya Charaka* [38] and *Acharya Sushruta* [39], *Pakwashaya* is the *Moola Sthana* of the *Purishavaha Srotas*.

As per *Acharya Sushruta* when food reaches the *Pakwashaya*, the channels there facilitate the separation and transport of *Mutra* and other waste products through the respective channels [40].

As the digested food reaches the *Pakwashaya* and gets dried up by the digestive fire, the *Vata* is generated due to the transformation of the food into a more solid and compact form and the predominance of *Katu* properties [41].

This passage explains the process of how *Vata Dosha* is generated in the *Pakwashaya*. As the waste material reaches the *Pakwashaya*, it gets dried up by the *Agni* present there. This leads to the formation of a more solid and compact mass known as *Paripindita*. Due to this compaction the *Katu* property emerges, which in turn generates *Vata Dosha*. The passage highlights the role of *Agni* and the transformation of waste material in the *Pakwashaya* in producing *Vata* [42].

In disorders of the *Pakwashaya*, aggravated *Vata* leads to symptoms such as intestinal gurgling (borborygmus), colicky pain around the umbilical region, difficulty in passing urine and stool, abdominal bloating and pain in the sacral (lower back) region [43]. *Acharya Charaka* described the same features of aggravated *Vata* in the *Pakwashaya* as *Acharya Sushruta* [44].

Modern Review

The digestive system consists of the Gastrointestinal-tract and accessory organs. It is a 30 feet tubular structure from mouth to anus including pharynx, esophagus, stomach, small intestine, large intestine along with some accessory organs [45].

ANATOMY OF LARGE INTESTINE [46]

Extent and Parts

The large intestine extends from the ileocecal junction to the anal canal and measures about 1.5 metres in length. It is divided into the caecum, ascending colon, right colic flexure, transverse colon, left colic flexure, descending colon, sigmoid colon, rectum and anal canal. A narrow diverticulum, the vermiform appendix arises from the caecum near the terminal ileum.

Features

The large intestine is mainly adapted for absorption of water and electrolytes and storage of intestinal contents. Its mucosa is absorptive and lacks villi but contains numerous goblet cells that provide lubrication. Solitary lymphatic follicles protect against intestinal bacteria. The calibre is widest at the caecum and gradually narrows towards the rectum, which expands as the rectal ampulla above the anal canal.

Muscular Arrangement

Most parts of the large intestine are fixed, except the appendix, transverse colon and sigmoid colon. The longitudinal muscle layer is arranged into three ribbon-like bands known as *taeniae coli*, namely *taenia mesocolica* and *taenia omentalis*.

Blood Supply

The colon receives arterial supply from the marginal artery of Drummond, formed by branches of the superior and inferior mesenteric arteries.

Nerve Supply

The large intestine receives both sympathetic and parasympathetic innervation, except the lower half of the anal canal. The midgut region is supplied by sympathetic fibres from T11–L1 through the coeliac and superior mesenteric ganglia and parasympathetic fibres from the vagus nerve. The hindgut region receives sympathetic supply from L1–L2 lumbar sympathetic fibres and parasympathetic supply from the pelvic splanchnic nerves through the hypogastric and inferior mesenteric plexuses. Large Intestine does the absorption of water and minerals, Secrete the mucus to lubricate faeces, participates in the synthesis of vitamin B with the help of bacterial flora and give protection from microorganisms by secreting IgA antibodies.

The large intestine shows sluggish movements that are important for mixing, absorption and propulsion. These movements are of two types: mixing movements (segmentation contractions) and propulsive movements (mass peristalsis). Segmentation contractions are circular constrictions in the colon that occur at regular intervals, involving about 2.5 cm segments and help in mixing the contents. By the neurogenic factors – like the gastrocolic reflex and parasympathetic stimulation mass peristalsis – a strong propulsive movement starts which pushes faeces toward the anus [47].

Evacuation of Gases from Gastrointestinal Tract [48]

Gas in the GIT accumulates either due to swallowing of air (Exogenous approx. 90%) or produced during digestion and by bacterial action in the intestine.

There are two main processes to expel the accumulated gases one is burping (expulsion of gas from the stomach through the mouth) and other is flatulence (expulsion of intestinal gases through the anus).

Nerve supply to Gastrointestinal Tract [49]

The gastrointestinal tract receives two types of nerve supply: intrinsic and extrinsic.

Intrinsic Nerve Supply (Enteric Nervous System)

The intrinsic nerve supply, also known as the enteric nervous system, regulates the movements and secretions of the GIT through two interconnected plexuses:

Auerbach's (Myenteric) Plexus

Located between the circular and longitudinal muscle layers, it mainly controls gastrointestinal motility. It stimulates movements through neurotransmitters, such as acetylcholine and serotonin, while inhibitory neurotransmitters – like vasoactive intestinal polypeptide (VIP), neurotensin, and enkephalin – reduce motility.

Meissner's (Submucosal) Plexus

Situated between the muscular and submucosal layers, it regulates intestinal secretions and local blood vessel constriction.

Extrinsic Nerve Supply

The extrinsic nerves consist of sympathetic and parasympathetic fibres that regulate the enteric nervous system.

Sympathetic Supply

Sympathetic fibres arise from spinal segments T5–L2 and synapse in the coeliac and mesenteric ganglia. Postganglionic fibres supply the GIT and inhibit intestinal movements and secretions through noradrenaline, while also constricting sphincters.

Parasympathetic Supply

Parasympathetic fibres are supplied mainly through the vagus nerve to the oesophagus, stomach, small intestine and upper large intestine, while fibres to the lower large intestine arise from sacral segments S2–S4 via pelvic nerves. These fibres synapse within the enteric plexuses and increase gastrointestinal motility and secretions through acetylcholine.

Diseases of the Large Intestine [50]***Diarrhoea***

Diarrhoea is a condition in which a person passes frequent loose and watery stools. It mainly happens when the large intestine cannot absorb water properly or when its movement becomes faster than normal. Normally, the colon absorbs water and makes the stool semisolid, but in diarrhoea this process gets disturbed, so stools become watery. It can occur due to contaminated food or water, infections, food intolerance, certain medicines, or intestinal problems like inflammation of intestine irritable bowel syndrome and abnormal motility of intestine. Common symptoms include frequent watery stools, dehydration, weakness, abdominal pain, bloating, nausea and loss of electrolytes (especially potassium). In long-term cases, it may also lead to metabolic acidosis.

Constipation

Constipation is the difficulty or infrequent passage of faeces, causing discomfort. It mainly occurs due to reduced movement of the large intestine (colon). Because of decreased motility, faeces remain longer in the colon, leading to excess water absorption, making stools hard and dry. The decrease in mobility may cause by low fibre or low fluid diet, irregular bowel habits, spasm of the sigmoid colon, certain diseases and drugs like diuretics, painkillers, and antidepressants. Dysfunction of the colon's nerve supply (myenteric plexus), as seen in megacolon or Hirschsprung's disease, can also lead to severe constipation. Common symptoms include hard, dry stools, difficulty in defecation, abdominal discomfort and a feeling of incomplete evacuation.

Ulcerative Colitis

Ulcerative colitis is an inflammatory disease of the large intestine commonly occurs in young adults in which the inner lining develops ulcers and inflammation though it mainly affects the rectum and lower colon but sometimes the entire colon. Common symptoms include abdominal pain, diarrhoea with blood in stools, fatigue, loss of appetite and weight. Other symptoms may include anemia, joint pain, skin rashes, eye inflammation and liver disorders.

DISCUSSION

The concept of *Ashaya* as described in classical texts refers to the internal cavities or receptacles of the body which provide *Aadhar* and *Ashraya* to *Dosha*, *Dhatu* and *Mala*. Etymologically, *Acharya Dalhana* has explained *Ashaya* as the site providing shelter to *Dhatus*, while it is also described as empty spaces where body elements reside.

The place where *Vata Dosha* resides is termed as *Vatashaya* and the locations are *Kati*, *Sakthi*, *Pada*, *Asthi* and *Srotas*. The chief seat described as *Pakwashaya* by all *Acharyas*.

The classical explanation states that when digested food reaches *Pakwashaya*, it undergoes drying due to *Agni*, leading to *Paripindita Avastha* and predominance of *Katu* properties, which results in the generation of *Vata*. The passage highlights the role of *Agni* and the transformation of waste material in the *Pakwashaya* in producing *Vata*.

According to *Acharya Sushruta*, *Pakwashaya* is the part of the body located below the navel and extending up to the pelvic region and anus. *Pakwashaya* is the place where *Pakwanna* (digested food) is stored before it is expelled from the body. So, it can be closely correlated with the large intestine. Functions of Large Intestine are absorption of water and minerals, secretion of mucus to lubricate faeces, formation, storage and expulsion of faeces. Thus, *Pakwashaya* and the large intestine are closely related in function. The processes – like movement of food, absorption and removal of waste in modern science – can be understood along with the Ayurvedic idea of *Vata*, which is responsible for movement and elimination in this region.

The large intestine shows sluggish movements that are important for mixing, absorption and Propulsion. These movements are of two types: mixing movements (segmentation contractions) and propulsive movements (mass peristalsis). That may be correlates with the *Chala Guna* of *Vata* and this *Vata* attributes with the nervous system in modern science. The function of large intestine is controlled by the enteric nervous system, which includes Auerbach's plexus and Meissner's plexus. Major function of Auerbach's plexus is to regulate the movement of GIT. Meissner's plexus regulates the secretory function of GIT and cause constriction of blood vessels of GIT. The ENS is influenced by the autonomic nervous system, where parasympathetic stimulation increases motility and secretion and sympathetic stimulation inhibits them. These functions correlate with the activities of *Vata Dosha*, especially *Apana Vata*, which is responsible for excretion of faeces, urine, semen and menstruation. The overall control of movement, coordination and expulsion described under *Vata* functions aligns with ENS-mediated regulation of gastrointestinal activity.

The *Vata Dosha* imbalance leads to various pathological conditions, i.e., 80 types of *Nanatmaja Vikara* are mentioned by *Acharyas Charaka*. This highlights its primary importance in disease Pathogenesis. In a vitiated state, *Vata* leads to various systemic disorders. The disorders of *Pakwashaya* are also due to aggravated *Vata*, leading to symptoms like pain, bloating, abnormal bowel movements, and intestinal gurgling. In modern medicine, diseases of the large intestine, such as diarrhoea, constipation, and ulcerative colitis are explained by different pathological mechanisms including altered motility, disturbed water absorption, infections, inflammation and immune dysfunction. Although the causative theories are different, both systems describe similar clinical presentations involving stool changes, abdominal pain and bowel dysfunction, but interpret them through their own conceptual frameworks.

The management of these diseases requires therapies that possess opposite qualities such as unctuous, hot and nourishing effects. Among all therapies for *Vata* disorders, *Asthapana Basti* and *Anuvasana Basti* are the most important. These therapies primarily act on the *Pakwashaya*, which is the main site of *Vata* and helps to eliminate the root cause of vitiated *Vata*. When *Vata* is controlled at its primary seat, the disorders spread throughout the body subside naturally just as when a tree's root is cut, its trunk, branches, shoots, flowers, fruits, and leaves are certainly destroyed, in the same way, when the root cause is eliminated, everything arising from it is also destroyed.

CONCLUSION

After studying the structural, functional, pathological and therapeutic aspects of *Vatashaya* confirms its location as *Pakwashaya* which may be further correlated with the large intestine and its neural regulation through the Enteric Nervous System.

REFERENCES

1. Acharya Vidyadhar Shukla, Tripathi RD. Carak Samhita with Vaiyamanorama Hindi Commentary. Reprint ed. Varanasi: Chaukhambha Sanskrit Pratishthan; 2019. Sutrasthan, Chapter 30, Verse 26. p. 447.
2. Deva RRK. Shabdakalpadrum. Reprint ed. Varanasi: Chaukhambha Sanskrit Series Office; 2011. p. 194.
3. Williams M. A Sanskrit-English Dictionary. Edited by Pandita Ishwar Chandra. 2nd ed. Delhi: Parimal Publication; 2011. p. 235.
4. Deva RRK. Shabdakalpadrum. Reprint ed. Delhi: Nagh Publishers; 2002. p. 194.
5. Thakral KK. Sushruta Samhita with Dalhana Commentary and Gayadas Nyaya Chandrika Hindi Translation. Reprint ed. Varanasi: Chaukhambha Orientalia; 2022. Sharirasthan, Chapter 4, Verse 5. p. 52.
6. Thakral KK. Sushruta Samhita with Dalhana Commentary and Gayadas Nyaya Chandrika Hindi Translation. Reprint ed. Varanasi: Chaukhambha Orientalia; 2022. Sharirasthan, Chapter 5, Verse 8. p. 76.
7. Thakral KK. Sushruta Samhita with Dalhana Commentary and Gayadas Nyaya Chandrika Hindi Translation. Reprint ed. Varanasi: Chaukhambha Orientalia; 2022. Sharirasthan, Chapter 2, Verse 11. p. 200.
8. Tripathi B. Ashtang Hridaya of Srimadvagbhata Edited with Nirmala Hindi Commentary. Reprint ed. Varanasi: Choukhamba Sanskrit Pratishthan; 2019. Sharirsthan, Chapter 3, Verse 11. p. 368.
9. Thakral KK. Sushruta Samhita with Dalhana Commentary and Gayadas Nyaya Chandrika Hindi Translation. Varanasi: Chaukhambha Orientalia; 2022. Sharirasthan, Chapter 4, Verse 30. p. 57.
10. Deva RRK. Shabdakalpadrum. Reprint ed. Delhi: Nagh Publishers; 2002. p. 207.
11. Thakral KK. Sushruta Samhita with Dalhana Commentary and Gayadas Nyaya Chandrika Hindi Translation. Reprint ed. Varanasi: Chaukhambha Orientalia; 2022. Sharirasthan, Chapter 4, Verse 8. p. 76.
12. Tripathi B. Ashtang Hridaya of Srimadvagbhata Edited with Nirmala Hindi Commentary. Reprint ed. Varanasi: Choukhamba Sanskrit Pratishthan; 2019. Sharirsthan, Chapter 3, Verse 11. p. 368.
13. Sharma S. Ashtanga Sangraha with Sasilekha Sanskrit Commentary. 3rd ed. Varanasi: Choukhamba Sanskrit Series Office; 2012. Sharirasthan, Chapter 5, Verse 46. p. 303.
14. Bhisagacharya SS, Sharma H. Kashyapa Samhita. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2009. Sharirsthana. p. 78.
15. Tripathi B. Sharangadhara Samhita with Dipika Hindi Commentary. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2008. Purva Khand, Chapter 5, Verse 11–14. p. 39.
16. Chunekara KC, Sitaram B. Bhavaprakasha of Bhavamishra. Reprint ed. Varanasi: Sanskrita Orientalia; 2015. Purvakhanda, Chapter 3, Verse 213. p. 42.
17. Shastri A. Sushruta Samhita Hindi Translation Ayurved-Tattvasandipika. Reprint ed. Varanasi: Choukhamba Sanskrit Sansthan; 2019. Sutrasthan, Chapter 21, Verse 5. p. 112.
18. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Sutrasthan, Chapter 20, Verse 8. p. 345.
19. Shastri A. Sushruta Samhita Hindi Translation Ayurved-Tattvasandipika. Reprint ed. Varanasi: Choukhamba Sanskrit Sansthan; 2019. Sutrasthan, Chapter 21, Verse 6. p. 113.
20. Gupta A. Astanga Samgraha Hindi Commentary. Reprint ed. Varanasi: Choukhamba Krishnadas Academy; 2011. Sutrasthan, Chapter 20, Verse 3. p. 159.
21. Tripathi B. Ashtang Hridaya of Srimadvagbhata Edited with Nirmala Hindi Commentary. Reprint ed. Delhi: Choukhamba Sanskrit Pratishthan; 2019. Sutrasthan, Chapter 12, Verse 1. p. 170.
22. Tripathi B. Sharangadhara Samhita with Dipika Hindi Commentary. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2008. Purva Khand, Chapter 5, Verse 45–46. p. 42.
23. Tewari PV. Kasyapa Samhita with English Translation and Commentary. Reprint ed. Varanasi: Choukhamba Visva Bharati; 2013. Sutrasthan, Chapter 27, Verse 10–12. p. 65.

24. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Chikitsasthan, Chapter 26, Verse 291. p. 696.
25. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Sutrasthan, Chapter 20, Verse 9. p. 347.
26. Gupta A. Astanga Samgraha with Hindi Commentary. Reprint ed. Varanasi: Choukhamba Krishnadas Academy; 2011. Sutrasthan, Chapter 1, Verse 25. p. 4.
27. Tripathi B. Sharangadhara Samhita with Dipika Hindi Commentary. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2008. Purva Khand, Chapter 5, Verse 12. p. 39.
28. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Sutrasthan, Chapter 20, Verse 59. p. 30.
29. Shastri A. Sushruta Samhita Hindi Translation Ayurved-Tattvasandipika. Reprint ed. Varanasi: Choukhamba Sanskrit Sansthan; 2019. Nidanasthan, Chapter 1, Verse 7–8. p. 295.
30. Tripathi B. Ashtang Hridaya of Srimadvagbhata Edited with Nirmala Hindi Commentary. Reprint ed. Varanasi: Choukhamba Sanskrit Pratishthan; 2019. Sutrasthan, Chapter 1, Verse 10. p. 10.
31. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Sutrasthan, Chapter 18, Verse 49. p. 335.
32. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Sutrasthan, Chapter 12, Verse 8. p. 215–216.
33. Shastri A. Sushruta Samhita Hindi Translation Ayurved-Tattvasandipika. Reprint ed. Varanasi: Choukhamba Sanskrit Sansthan; 2019. Nidanasthan, Chapter 1, Verse 10. p. 296.
34. Tripathi B. Ashtang Hridaya of Srimadvagbhata Edited with Nirmala Hindi Commentary. Reprint ed. Varanasi: Choukhamba Sanskrit Pratishthan; 2019. Sutrasthan, Chapter 11, Verse 1–2. p. 160.
35. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Sutrasthan, Chapter 20, Verse 11. p. 347.
36. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Sutrasthan, Chapter 20, Verse 13. p. 350.
37. Shastri A. Sushruta Samhita Hindi Translation Ayurved-Tattvasandipika. Reprint ed. Varanasi: Choukhamba Sanskrit Sansthan; 2019. Sutrasthan, Chapter 21, Verse 6. p. 113.
38. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Sutrasthan, Chapter 5, Verse 5. p. 633.
39. Shastri A. Sushruta Samhita Hindi Translation Ayurved-Tattvasandipika. Reprint ed. Varanasi: Choukhamba Sanskrit Sansthan; 2019. Sharirsthan, Chapter 9, Verse 12. p. 17.
40. Shastri A. Sushruta Samhita Hindi Translation Ayurved-Tattvasandipika. Reprint ed. Varanasi: Choukhamba Sanskrit Sansthan; 2019. Nidanasthan, Chapter 3, Verse 21. p. 315.
41. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Chikitsasthan, Chapter 15, Verse 11. p. 410.
42. Trikamaji J. Charaka Samhita by Agnivesha. 3rd ed. Mumbai: Nirnay Sagar Press. Chikitsasthana, Chapter 15, Verse 11. p. 513.
43. Shastri A. Sushruta Samhita Hindi Translation Ayurved-Tattvasandipika. Reprint ed. Varanasi: Choukhamba Sanskrit Sansthan; 2019. Nidanasthan, Chapter 1, Verse 23–24. p. 298.
44. Sastri K, Chaturvedi GN. Carak Samhita with Vidyotini Hindi Commentary. Rev ed. Varanasi: Choukhamba Bharat Academy; 2023. Chikitsasthan, Chapter 28, Verse 28. p. 711.
45. Sembulingam K, Sembulingam P. Essentials of Medical Physiology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2016. Chapter 34. p. 219.
46. Chaurasia BD. Human Anatomy. 10th ed. New Delhi: CBS Publishers & Distributors; 2025. Chapter 20. p. 277.
47. Sembulingam K, Sembulingam P. Essentials of Medical Physiology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2016. Chapter 41. p. 279.
48. Sembulingam K, Sembulingam P. Essentials of Medical Physiology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2016. Chapter 41. p. 280.
49. Sembulingam K, Sembulingam P. Essentials of Medical Physiology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2016. Chapter 34. p. 221.
50. Sembulingam K, Sembulingam P. Essentials of Medical Physiology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2016. Chapter 40. p. 267.