WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 16, 986-996. Case Study ISSN 2277–7105

AN AYURVEDIC DIAGNOSTIC APPROACH IN *PAKWASHAYAGATA VATA* WITH BIOCHEMICAL AND CLINICAL IMPROVEMENT-A CASE STUDY

Shruti Balkrishana Kulkarni[1], Vaishali Raghunath Chaudhari[2]*, Pranesh Prakash Gaikwad[3], Vindeep[4]

[1]PG Scholar, Department of Panchakarma, Dr. D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune, Maharashtra, India – 411018.
[2]Professor and HOD, Department of Panchakarma, Dr. D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune, Maharashtra, India – 411018.
[3]Professor, Department of Panchakarma, Dr. D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune, Maharashtra, India – 411018.
[4]PG Scholar, Department of Panchakarma, Dr. D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune, Maharashtra, India – 411018.

Article Received on 15 July 2026,
Article Revised on 05 August 2026,
Article Published on 16 August 2026,
https://doi.org/10.5281/zenodo.21916610

***Corresponding Author**
Vaishali Raghunath Chaudhari
Professor and HOD, Department of Panchakarma, Dr. D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune, Maharashtra, India – 411018.

How to cite this Article: Shruti Balkrishana Kulkarni[1], Vaishali Raghunath Chaudhari[2]*, Pranesh Prakash Gaikwad[3], Vindeep[4] (2026). An Ayurvedic Diagnostic Approach In Pakwashayagata Vata With Biochemical And Clinical Improvement-A Case Study. World Journal of Pharmaceutical Research, 15(16), 986–996.

ABSTRACT

Background: *Pakwashayagata vata* is a clinical entity characterized by the predominance of aggravated *vata* localized in the *pakwashaya*, presenting with symptoms such as *malavrodha*, *anannabhilaṣha*, *kaṭishula* and *bhramprachiti*. Accurate ayurvedic diagnosis based on *dosha*, *dushya*, and *sthana* forms the cornerstone of successful management. Objective biochemical parameters may complement clinical assessment in documenting therapeutic outcomes. **Case Presentation:** A 55-year-old male presented with complaints of constipation *malavrodha* (constipation), *atopa* (abdominal distension and flatulence), *anannabhilaṣa* (loss of appetite), *bhramaprachiti* (giddiness), and *kaṭishula* (low back pain) for two months. He was a known case of *arsha* for one year. Baseline serum vitamin B12 level was <50 pg/mL, with no history of vitamin B12 supplementation or any concurrent conventional treatment. Based on clinical features and Ayurvedic examination, the condition was diagnosed as

pakwashayagata vata. **Intervention:** The patient was initially managed with *chandraprabha vaṭi*, *Patha*, *dhamasa*, *Ananta*, *shatavari churna* combination, *arshoghna vaṭi*, and *aragvadha kapila*. This was followed by *kala basti* incorporating *shampakadi niruha basti* for 15 days. Subsequently, *Snigdha virechana with abhayadi modaka*, *aragvadha kola phaṇṭa* and *eranda taila* was performed after *sukumarak ghrita snehapana*, followed by appropriate *saṃsarjana krama* and continuation of internal medications. **Results:** The patient demonstrated progressive improvement in bowel habits, appetite, giddiness, low back pain, and overall well-being. Serum vitamin B12 levels increased from <50 pg/mL at baseline to 80 pg/mL after two months and 131 pg/mL at final follow-up. No adverse events were observed during treatment. **Conclusion:** This case highlights the significance of ayurvedic diagnostic reasoning in identifying *pakwashayagata vata* and selecting stage-wise panchakarma-based management. Marked clinical improvement accompanied by progressive biochemical improvement suggests that objective laboratory parameters may serve as supportive evidence while evaluating ayurvedic interventions. Further systematic clinical studies are warranted to validate these observations.

KEYWORDS: *Basti*, Case report, *Pakwashayagata vata*, Panchakarma, *Virechana*, Vitamin B12.

INTRODUCTION

In ayurveda, the evaluation of any disease based on principle of *trividha bodhya sangraha*, that is *vikara prakriti* (nature of the disease), *adhiṣhṭhana* (site of pathology), *samutthana visheṣha* (etiology and pathogenesis), rather than relying solely on the nomenclature of a disease. In disorders involving *vata dosha*, localization of the aggravated *vata* assumes particular significance.[1] *Pakwashaya* is predominant seat of *vata dosha* according to classical texts.[2] *'Gata vata'* is *gatatva* of *vata* as *gati*, i.e., associated with site, denotes motion or direction of motion.[3] In a particular *adhishthana*, vitiated *vata dosha* accumulates to cause the disease. Hence, the vitiation of *vata dosha* localized in site of *pakwashaya*, termed as *pakwashayagata vata*. The manifestation by symptoms such as *antrakujana* (borborygmi), *shula* (abdominal pain), *anaha* and *atopa* (abdominal distension and flatulence), *krcchra mutra-puriṣha pravritti* (difficulty in micturition and defecation), constipation, and *trika pradesha vedana* (pain in the lumbosacral region).[4] The appropriate therapeutic intervention such as *anulomana*, shodhana *basti*, and *snigdha virechana* plays a important role in the successful management of *pakwashayagata vata*. Vitamin B12 is an

essential water-soluble vitamin required for normal hematopoietic and neurological functions and its deficiency may present with a wide spectrum of gastrointestinal and neurological manifestations including loss of appetite, constipation, dizziness, fatigue, and impaired quality of life.[5] So, in the present case, the diagnosis and management such as *shodhana basti* and *snigdha virechana* were guided entirely by ayurvedic principles, whereas serial vitamin B12 analysis were used only to objectively monitor the patient's progress during treatment.

Patient information

A 55-year-old male presented to the Panchakarma outpatient department with complaints of *malavrodha* (constipation), *atopa* (abdominal distension and flatulence), *anannabhilaṣa* (loss of appetite), *bhramaprachiti* (giddiness), and *kaṭishula* (low back pain) for the past two months. The patient was a known case of *arsha* (hemorrhoids) for one year. He had no history of any significant systemic illness. On laboratory investigation, the baseline serum vitamin B12 level was found to be <50 pg/mL. Patient had not received any allopathic management.

Clinical findings

A) General Physical Examination

BP - 120/80 mmHg | Pulse - 80/min | Body Weight - 80kg | RS - AEBE Clear | CVS -S1- S2 heard | CNS - Conscious & oriented |P/A –tenderness |Temperature: 98.7 F |Tongue- Coated |Pallor- Present |Icterus- Absent |Cyanosis- Absent |

Ashtavidha Pariksha

Nadi (Pulse) – Pittapradhan (70min) | *Mala* (Stool) - *Samyak*,once a day early morning |*Mutra* (Urine) - *Samyak* (Normal) | *Jivha* (Tongue) – *Niram* (Uncoated)| *Shabda* (Speech)- *Spashta* (Clear)| *Sparsha* (Touch) – *anushna sheeta* (Normal)| *Druk* (Vision) - *Prakruta* (Normal)| *Aakriti* (Built) – *Madhyam* (Medium built)

B) Dashavidha Pariksha

Prakriti (Body constitution) - *Vatapittaja* | *Vikriti* (Pathology) - *Pitta Pradhana Tridoshaja* | *Sara (Tissue status)-Alpa* | *Samhanana* (Compactness) - *Madhyama*| *Pramana (Measurement) - Madhyama*| *Satmya (Suitability) - Madhyama*| *Satva (Mental Constitution)- Uttam*| *Aharashakti (Digestive power)- a) Abhyavaharana Shakti - Avara, b)Jarana Shakti - Avara* | *Vyayamashakti (Physical capacity) - Madhyama*| *Vaya* (Age) – *Madhyama.*

Differential diagnosis

Table 1: Differential agnosis.

Sr no	Disease	Inclusion	Exclusion
1	*Pakwashayagata vata*	Presents with constipation, abdominal pain, borborygmi, abdominal distension with flatulence, difficulty in defecation and micturition, and pain in the lumbosacral region due to aggravated *vata* localized in the *pakwashaya*.	-
2	*Anaha*	Presents with constipation, abdominal pain, abdominal distension and retention of flatus due to obstructed *vata*.	Presents with constipation, abdominal pain, borborygmi, abdominal distension with flatulence, difficulty in defecation and micturition, and pain in the lumbosacral region due to aggravated *vata* localized in the *pakwashaya*.

Diagnosis

Pakwashayagata vata

Therapeutic intervention and timeline

Table 2: Therapeutic intervention and timeline.

Date	Clinical Events / Follow-up	Internal Medicines (Abhyantara Chikitsa)	External Therapy / Procedure (Bahya Chikitsa)
22/05/24 to 05/06/24	Patient presented with *malavrodha*, *atopa*, *anannabhilaṣa*, *bhramaprachiti*, and *kaṭishula*. Diagnosed as *pakwashayagata vata* Based on classical symptomatology, Serum Vitamin B12 was <50 pg/Ml.	*Chandraprabha vati* 500mg-BD www *Patha Dhamasa Ananta shatavari churna* with each 250mg-TDS www *Arshoghni vati* 500mg-BD www *Aragwadh kapila* 500mg-HS www	-
06/06/24 to 22/06/24	Approximately 25% reduction in symptoms. Improvement in bowel evacuation, appetite, giddiness. Mild reduction in low back pain.	Continued previous internal medicines.	*Sarvang snehana* with *bala tail* *Sarvang bashpa sweda*

			Anuvasana with *bala tail* 80 ml *Shampakadi Niruha* **(6)** 700 ml administered in *kalabasti* schedule for 15 days.
23/06/25 to 23/07/25	General improvement noted. Patient reported feeling *laghavata* (lightness) and *utsaha* (enthusiasm).	Continued previous internal medicines.	-
24/07/24	Serum Vitamin B12 improved from <50 pg/mL to 80 pg/mL. Further improvement in constipation, appetite, tingling sensation and giddiness.	Planned for *shodhana* therapy. Advised *snigdha virechana.*	-
25/07/24 to 08/08/24	Patient prepared for *snigdha virechana* **(7)**. *Snehapana* with *sukumaraka ghṛita* in increasing doses of 30, 60, 90, 120 and 150 ml over five days. Two days *vishrama kala* followed by *virechana* with *abhayadi modaka*, *aragvadha kola phaṇṭa* (200 ml) and *eranda taila* (10 ml). Patient attained *uttama shuddhi*. **Post-procedure recovery:** *Saṃsarjana krama* for seven days, followed by dietary regimen as per classical guidelines		
09/08/24 to 22/09/24	Approximately 80% overall improvement in symptoms. Marked relief in constipation, appetite, giddiness and low back pain.	*Chandraprabha vati* 500mg-BD www *Patha Dhamasa Ananta shatavari churna* with each 250mg-TDS www	-
23/09/24	Patient reported with complete relief in major complaints and marked *utsaha* and *laghavata*. Serum Vitamin B12 increased to 131 pg/ml.	Advised follow-up and continuation of supportive medication as required.	-

TDS- three times a daily, BD- two times daily, OD- One time daily, AF-after food, BF-before food.

Diagnostic assessment

The diagnosis was made based on both subjective and objective criteria. Under the subjective assessment, the patient's reported symptoms were considered. gradations were taken. On other way hemogram were taken as objective parameters.

The investigation was done which included serum vitamin B12.

Follow up and outcome

The patient showed marked clinical and hematological improvement over the course of treatment and follow-up. Initially, multiple symptoms were present with moderate to severe scores, which gradually reduced and became absent on last follow-up. Objective parameters also improved, with serum vitamin B12 rising,

1) Assessment according to subjective parameters.

Table 3: Subjective parameters assessment.

Sr no	Symptoms	Observation	Score	BT	AT (After 1st FU)	AT (After 2nd FU)
1.	*malavrodha* (constipation)	Absent	0	3	1	0
		Mild	1			
		Moderate	2			
		Severe	3			
2.	*atopa* (abdominal distension and flatulence)	Absent	0	2	1	0
		Mild	1			
		Moderate	2			
		Severe	3			
3.	*anannabhilaṣa* (loss of appetite)	Absent	0	3	1	0
		Mild	1			
		Moderate	2			
		Severe	3			
4.	*bhramprachiti* (giddiness)	Absent	0	3	2	0
		After mild exertion	1			
		After Moderate exertion	2			
		Present throughout every activity	3			
5.	*kaṭishula* (low back pain)	Absent	0	3	1	0
		Mild	1			
		Moderate	2			
		Severe	3			

2) Assessment according to objective parameters.

Table 4: Objective parameters assessment.

Test name	BT	AT (After 1st FU)	AT (After 2nd FU)
Serum Vitamin B12	<50 pg/mL	80 pg/mL	131 pg/mL

Figure 1: Serum vitamin B12 report (Before management).

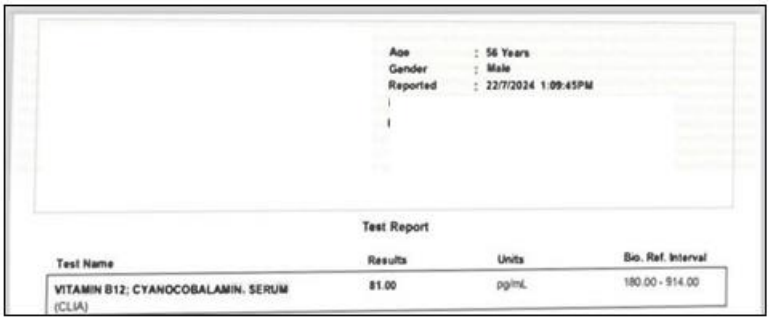

Figure 2: Serum vitamin B12 report (After 1st FU).

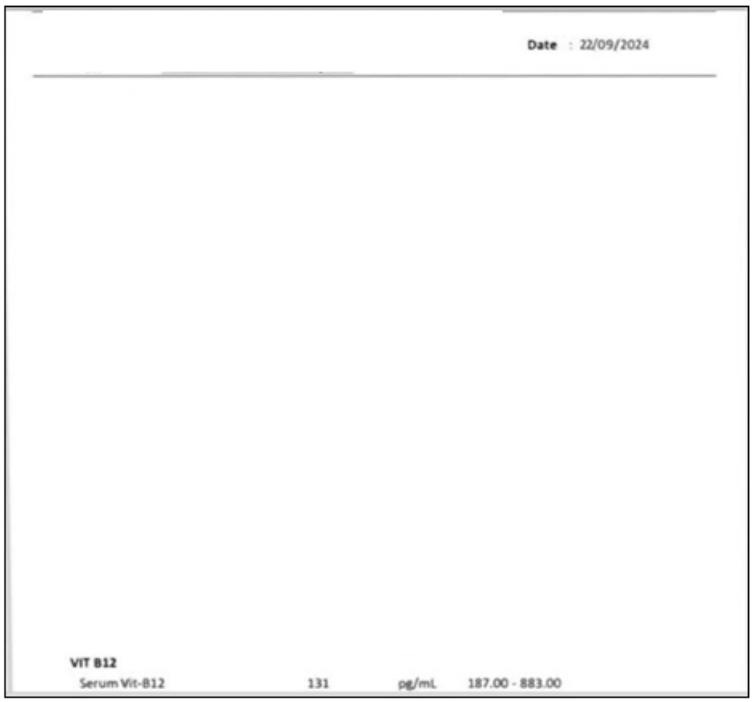

Figure 3: Serum vitamin B12 report (After 2nd FU).

DISCUSSION

Pakvashayagata vata is a *sthanagata vatavyadhi* in which aggravated *apana vata* localizes in the *pakvashaya*, producing symptoms such as *malavibandha, antrakujana, shula, anaha, aṭopa, kricchra mutra-purisha pravrutti*, and *trika-pradesha vedana*. In the present case, the patient additionally presented with *anannabhilasha, bhramaprachiti*, indicating chronic impairment of gastrointestinal function with associated *vata* predominance. The diagnosis was established based on ayurvedic symptomatology, while the low serum Vitamin B12 level was considered a supportive biochemical finding rather than the basis of diagnosis. *Chandraprabha vati*[8] act as *dipana, pachana, vaatanulomana, mutrala*, and *rasayana* properties by correcting impaired *agni* and facilitating the downward movement of *apana vata*, thereby relieving constipation and difficulty in defecation. *Triphala, trikatu, musta, chitraka, guggulu*, and *shilajatu*, which improve appetite, stimulate digestion, reduce intestinal inflammation, and enhance metabolic activity. The combination of *patha*[9], *dhamasa*[10], *ananta*[11], *shatavari*[12], was administered to improve *agni*, nourish depleted dhatu. Patha possesses *dipana, pachana* and *vatakaphahara* properties, helping to reduce intestinal inflammation and improve digestion. *Dhamasa* is traditionally considered *raktaprasadana* and *rasayana*, promoting tissue nourishment and vitality. *Ananta (sariva)* exhibits *balya, pittahara*, and *rasayana* actions, while *shatavari* acts as a *brimhana* and tissue restorative drug with demonstrated antioxidant and immunomodulatory activities. Collectively, this formulation improved appetite, promoted tissue nourishment, reduced giddiness and enhanced overall strength. *Arshoghni vati*[13] was prescribed primarily to facilitate bowel evacuation. It is classically indicated for *arsha* and as patient had history of *arsha* and its ingredients possess *anulomana, dipana, pachana* and *mrudu rechana* properties, reducing straining during defecation and promoting smooth elimination of stool. Regular evacuation helps relieve obstruction to *apana vata*, thereby reducing abdominal distension, flatulence, and constipation. *Aragvadha Kapila* was administered at bedtime as a gentle laxative. *Aragvadha (Cassia fistula)*[14] is one of the classical *mridu virechaka* drugs that produces mild bowel evacuation without causing excessive depletion or aggravation of *vata*. It softens stool, facilitates regular bowel movement, and restores the physiological direction of apana vata. Improvement in bowel habits may subsequently enhance digestion and intestinal absorption. *Shampakadi niruha basti*[6] was administered in *kala basti* schedule while continuing the internal medicines. *Basti* contains *aragwadha, eranda, punarnava, ashwagandha* which mainly pacifies the *pristha-trik-uru shula* and reduces symptoms like stiffness by its *vaatkaphhar* property indicated in pain and stiffness located lumbar region.

According to Goyal & Hirano (1996) the Enteric Nervous System (ENS) is a collection of neurons in the G.I.T. that constitutes the "Brain of Gut" & can function independent of C.N.S. The ancient wisdom of ayurveda considering the *pakwashaya* as the seat of *vata*. *Basti* drug reaches first to the *pakwashaya* and then to the *grahani. Pakvasaya* is the site of *purishadhara kala* and *grahani* is the site of *pittadhara kala*. So, *basti* directly acts on *purishdhara kala* and *pittadhara kala*. Commentator *Dalhana* has commented that *purishdhara* and *asthidhara kala* are same and *pittadhara kala* and *majjadhara kala* are one and same. *Sukumaraka ghrita* is specifically indicated for disorders involving *apana vata*, chronic constipation, and diseases of the lower gastrointestinal tract. *Virechana* was performed using *Abhayadi Modaka*, *Aragvadha Kola Phanta* (200 mL), and *Eranda Taila* (10 mL). *Haritaki*, the principal ingredient of *Abhayadi Modaka*[15], is regarded as one of the best *anulomana* drugs, effectively relieving constipation and normalizing the function of *apana vata. Aragvadha*[14] provides gentle purgation, while *Eranda Taila*[16] facilitates downward movement of *vata* and softens accumulated fecal matter. Completion of *samsarjana krama* helped restore digestive capacity and maintain the benefits achieved through purification. Following this sequential management, the patient demonstrated progressive improvement in constipation, appetite, tingling sensation, giddiness, and low back pain. Importantly, serum Vitamin B12 levels also improved from <50 pg/mL initially to 80 pg/mL after conservative management and further to 131 pg/mL after Panchakarma and follow-up treatment. While this biochemical improvement cannot be attributed solely to ayurvedic intervention from a single case, it coincided with restoration of gastrointestinal function and sustained clinical recovery. Improved digestive capacity and normalization of bowel function may have contributed to better nutrient assimilation, including Vitamin B12. Instead of treating the biochemical abnormality alone, management focused on correcting the underlying derangement of *apana vata*, restoring *agni*, and improving gastrointestinal function. The parallel improvement in subjective symptoms and objective laboratory findings suggests that biochemical parameters such as serum Vitamin B12 may serve as supportive indicators while evaluating the outcome of ayurvedic interventions, although larger controlled studies are required to establish this relationship.

CONCLUSION

The present case illustrates that ayurvedic diagnosis based on classical symptomatology can guide rational selection of stage-wise panchakarma therapy. The sequential therapeutic approach *dipana, pachana, vatanulomana, basti* and *virechana* resulted in marked

improvement in symptoms and overall quality of life. The progressive increase in serum Vitamin B12 levels observed during the course of treatment, along with sustained clinical improvement, suggests that objective biochemical parameters may serve as supportive evidence while evaluating ayurvedic interventions, although they should not replace ayurvedic diagnostic principles. This case emphasizes the potential role of a comprehensive panchakarma-based approach in the management of *pakwashayagata vata* and insights further well-designed clinical studies with larger sample sizes to validate these findings and explore the relationship between ayurvedic treatment and biochemical outcomes.

REFERENCES

1. Sharma RK, DASH B. *Charaka Samhita of Agnivesha*. Vol. 1. Varanasi: Chowkhamba Sanskrit Series Office; 2014. Sutra Sthana, Chapter 18, Verse 44.
2. Sharma RK, Dash B. *Charaka Samhita of Agnivesha*. Vol. 5. Varanasi: Chowkhamba Sanskrit Series Office; 2014. Siddhi Sthana, Chapter 1.
3. Murthy KRS. *Ashtanga Hridaya of Vagbhata*. Vol. 2. Varanasi: Chaukhambha Krishnadas Academy; 2016. Nidana Sthana 15 *vatavyadhi adhyaya*.
4. Sharma RK, Dash B. *Charaka Samhita of Agnivesha*. Vol. 5. Varanasi: Chowkhamba Sanskrit Series Office; 2014. Chikitsa Sthana 28.
5. Stabler SP. Vitamin B12 deficiency. *N Engl J Med*, 2013; 368(2): 149-60.
6. Shubham Borkar, Babita Dash, Effect of Shampakadi Niruha Basti in the management of Katigraha w.s.r. to Lumbar Disc Herniation - A Pilot Clinical Study. J Ayu Int Med Sci, 2023; 8(1): 36-43.
7. Murthy KRS. Suśruta Saṃhitā. Vol. II (Chikitsā Sthana & Kalpa Sthana). Varanasi: Chaukhambha Orientalia; 2019. Chikitsa Sthana, Chapter 4, Verse 5.
8. Govind Das Sen. *Bhaishajya Ratnavali*. Varanasi: Chaukhambha Surbharati Prakashan; 2018. Prameha Chikitsa. Chandraprabha Vati.
9. Semwal DK, Semwal RB, Vermaak I, Viljoen A. Cissampelos pareira L.: A review of its traditional uses, phytochemistry, and pharmacology. *Journal of Ethnopharmacology, 20*21; 267: 113525.
10. Rather MA, Bhat BA, Qurishi MA. Pharmacological and biological activities of *Fagonia cretica*: A review. *Journal of Ethnopharmacology, 20*11; 134(3): 792–798.
11. Austin A. A review on Indian Sarsaparilla, *Hemidesmus indicus* (L.) R.Br. J Ethnopharmacol, 2008; 114(3): 274-285.

12. Goyal RK, Singh J, Lal H. Asparagus racemosus—An update. Indian J Med Sci, 2003; 57(9): 408-414.
13. Sudarmi K, Dudhamal TS. Comparative clinical study of Apamarga Kshara application, infrared coagulation and Arshohara Vati in the management of Arsha (1st and 2nd degree hemorrhoids). AYU, 2017; 38(3-4): 122-126. doi: 10.4103/ayu.AYU_94_17.
14. Mwangi RW, Macharia JM, Wagara IN, Bence RL. The medicinal properties of *Cassia fistula* L: A review. *Biomedicine & Pharmacotherapy, 20*21; 144: 112240. doi: 10.1016/j.biopha.2021.112240.
15. Govind Das Sen. *Bhaishajya Ratnavali*. Varanasi: Chaukhambha Surbharati Prakashan; 2022. Virechana Adhikara (Abhayadi Modaka Yoga).
16. Singh R, Kakade R, Gulhane J. Therapeutic aspects of Eranda Tail (Oil of *Ricinus communis*). Journal of Ayurveda and Integrated Medical Sciences, 2023; 8(4): 158-165.