

CONCEPTUAL STUDY OF ASHYAPKARSHA GATI AND ITS CLINICAL SIGNIFICANCE-A REVIEW ARTICLE

¹*Dr. Harshika S. Bhagat, ²Dr. Pramod Garje

¹(PG Scholar), ²(H.O.D. and GUIDE)

Department of Rognidan Evum Vikriti Vigyan, Shri Ayurved Mahavidyalaya, Nagpur,
Maharashtra.

Article Received on 15 Sept. 2026,
Article Revised on 05 Oct. 2026,
Article Published on 16 Oct. 2026,
<https://doi.org/10.5281/zenodo.23366506>

*Corresponding Author

Dr. Harshika S. Bhagat

(PG Scholar), Department of
Rognidan Evum Vikriti Vigyan, Shri
Ayurved Mahavidyalaya, Nagpur,
Maharashtra.



How to cite this Article: ¹*Dr. Harshika S. Bhagat, ²Dr. Pramod Garje. (2026). Conceptual Study of Ashyapkarsha Gati and Its Clinical Significance-A Review Article. World Journal of Pharmaceutical Research, 15(20), 206–217.
This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

According to Ayurveda, *Vata*, *Pitta*, and *Kapha* are the true intrinsic causes of illness. These Doshas are prone to vitiation and imbalance. The basic components of the body that are in charge of mobility, transformation, and cohesiveness are called *tridoshas*. In equilibrium and unequilibrium states, respectively, these are in charge of both health and illness. *Doshagati* signifies the movement of Doshas, whereas Gati means movement. Classical Ayurvedic literature describe a particular kind of *Dosha Gati* called Ashayapkarsha Gati. It is initially described under *Vishama Sannipata* in the *Charak Samhita*, where symptoms or disease manifestation result from vitiated Vata displacing ordinarily placed Pitta or Kapha from their corresponding *Ashayas*. In order to diagnose and treat illnesses that exhibit non-classical symptoms, it is essential to

comprehend this idea. Using key Ayurvedic literature including *Charak Samhita*, *Ashtanga Hridayam*, and *Madhavidan*, a textual review and conceptual analysis of *Ashayapkarsha Gati* were carried out. The paper's primary goal is to explain Ashayapkarsha Gati and its significance in *Vyadhi Samprapti* and *Chikitsa Siddhanta*. Understanding the manifestations of Anukta and Asadharana diseases requires an understanding of Ashayapkarsha. Knowing Ashayapkarsha Gati improves the accuracy of diagnosis in atypical disease presentations and directs the right course of treatment. **Aims and Objectives:** to do conceptual study of ashayapkarsha gati and its clinical significance -A Review article. **Material and Methods:** Material for study of Ashyapkarshya gati are taken from Ayurved Samhitas, Online journals,

KEYWORDS: Ashyapkarsha gati, Dosha gati, Tridoshas.

Ayurveda, the traditional Indian medical system, uses the fundamental concepts of Dosha, Dhātu, and Mala to create a thorough framework for understanding human health and illness. The structural and functional elements of the body, referred to as Sharīr, are represented by these three basic components.^[1] The dynamic equilibrium between these things characterizes the state of Swastha or health. When these entities' homeostatic balance is upset, sickness manifests.



When Doshas are in Pravrudhha (increased) and Kshina (decreased), symptoms of Doshas are found to be in hyper-state and hypo-state, respectively, which is helpful in assessment. The disease produced at a place in the body where Pitta and Kapha are taken by Vata is

AIM

MATERIAL AND METHODS

REVIEW OF LITERATURE

The word "gati" comes from the Sanskrit root verb "gam," which can mean going, deportment, movement, path, course, manner, procedure, progress, power of motion, and condition or state.^[9]

CONCEPT OF DOSHAGATI

[illegible]

Gati means to move. Thus, Doshagati refers to Dosha's movement. Doshagati, according to Chakrapanidatta, is nothing more than distinct Awastha (states) Doshagati is nothing more than various Awastha (states), such as Kshaya, Prakopa (vitiated), etc.^[10] Doshagati is a condition where the sites of Dosha vary according to its equilibrium or unequilibrium state. While Doshas are either in a hypo-state or a hyperstate in an unequilibrium state, they are present in their own site and carrying out their regular functions in an equilibrium condition. Doshagati is found in Roga-Marga (the pathway of diseases)^[11], which contains Marma (vital organs), Koshta (holy organs and cavernous spaces or cavities of the body), and Shakha (Sharirdhatus or body tissues excluding the Rasa Dhatu or plasma and including the Twak or skin).

1. **Vridhhi-Kshaya-Sthana Gati:** - It refers to quantitative changes in Doshas, such as Vridhhi, Kshaya, and Sthanath. These changes correspond to hyperfunction, hypofunction, or homeostatic presence of Doshas, which correspond to biochemical imbalances or aberrant cellular signaling mechanisms seen in modern physiology.
2. **Urdhwa Adho Tiryaka:-** Adho (downward), Tiryaka (lateral), and Urdhwa (upward) are the three directions of Dosha movement that make up Urdhwa-Adho-Tiryaka Gati. Lakshan is influenced by these movements; for instance, Raktapitta Vyadhi is categorized based on the bleeding route. When vitiated Kapha is combined with vitiated Pitta and Rakta, the body's upper orifices hemorrhage. Vitiated Vatait can cause bleeding from the lower orifices. Subcutaneous manifestation is caused by the vitiation of the three Doshas.
3. **Koshtha-Shakha-Marma Gati:-** Describes the movement of Doshas within particular anatomical domains, such as Asthi-sandhi (bones-joints), Shakha (four limbs/peripheral tissue), Marma (vital spots), and Koshtha (torso). The localization of Dosha activity and its effects on organ systems and musculoskeletal structure are reflected in this classification.

Ashayapakarsha is the term for moving away from one's initial location. Here, the natural pitta is displaced by the vitiated Vata Dosha or Kapha from its position. Due to the imbalance of pitta and kapha, this displacement of these elements results in a number of illnesses. Due to the imbalance of pitta and kapha, this displacement results in a number of illnesses. It is crucial to remember that Ashayapakarsha's pitta and kapha are natural and unvitiated. Normal pitta and kapha are displaced by vata. Ashayapakarsha is typically brought on by vitiated Vata Dosha. usual pitta is pulled or pushed from its usual location by vata that is exacerbated by the depletion of Kapha.^[14]

The term "apakarsha" describes actions that indicate pathological relocation or derangement, such as pulling away, displacement, or forceful removal. Ashaya, which means receptacle or anatomical seat of a Dosha, and Apakarsha, which means dragging away or pathological displacement, combine to form the compound phrase *Ashayapakarsha*.^[15] *Ashayapakarsha* in *Dosha Gati* refers to a *Dosha's* pathological displacement from its allocated and natural location. The main site of physiological activity for each Dosha is a particular Ashaya. For example, although Vata pervades the body, its main seat is the *Pakwashaya*, from where it controls its subtypes. In a similar vein, *Kapha* functions mostly from the Urah and Pitta from the Nabhi.

In the context of *Dosha Gati*, the concept of *Ashayapakarsha* is well documented in classical Ayurvedic texts, especially in the Madhav Nidan Madhukosha commentary.

The primary textual reference for the traditional explanation of this phenomenon is Bhattar Harishchandra's commentary of *Charaka Samhita* on the *Kiyantah Shirasiya Adhyaya*. One of the twelve forms of Vishama Sannipata is characterized by a decrease in Kapha, which causes aggravated Vata to displace and disperse normal Pitta throughout the body. Intermittent discomfort, a burning sensation, exhaustion, and weakness are the outcomes. In a different form, where Pitta is reduced, the regular Kapha is displaced by the increased Vatadis, causing colicky pain, coldness, stiffness, and heaviness.^[16]

Ashayapakrushta Dosha is the Dosha that has been shifted from Ashaya as a result of exacerbated Vata. Usually Prakrita Pitta or Prakrita Kapha, this displaced Dosha is moved away from its original Ashaya. After being dislodged, the Ashayapakrushta Dosha causes

ROLE OF ASHYAPKARSHA GATI IN MANIFESTATION OF DISEASES

[illegible]

Both Sheetapitta, which is primarily Vata-dominant, and Udarda, which is Kapha-dominant, include the displacement of Pitta Dosha as a result of Vata and Kapha aggravation (typically from Sheeta Vata Sevan, i.e., exposure to cold wind). Itching and skin rashes are signs of the misplaced Pitta reaching the Shakha (particularly Rasa and Rakta dhatu).^[17]

In the pathophysiology of Vataja Jwara, exacerbated Vata Dosha migrates to the Amashaya due to its own causative reasons, where it vitiates the first Dhatu, Rasa, and afflicts Agni. Fever results from this Sama Rasa obstructing the Rasa and SwedavahaSrotas, which disrupts the body's regular thermoregulatory function and displaces the Kosthastha Ushma throughout body manifesting as fever.^[18]

[illegible]

4. MADHUMEHA

5. KAMALA

Pitta Dosha does not directly aggravate Shakhshrit Kamala; instead, Vata, which has been aggravated in connection with Kapha, displaces Pitta Dosha from its seat. The misplaced Pitta moved to the Shakha (peripheral tissues), resulting in symptoms of jaundice such as pale feces and yellow coloring of the skin, sclera, and urine.^[21] Though Lakshanas like Netra Twak Peetata, Pitta Laxana is seen here, manifestation of disease is due to Kapha & Vaayu so these should be treated first. The key symptom to understand Shakhshrita Kamala is Tila Pishta Nibham Varcha.

Due to factors such as Vegavarodha (suppression of natural impulses) or Sahas (overexertion), Vata becomes agitated in Shosha and shifts Pitta or Kapha from their seats to different parts of the body. Numerous symptoms, including anorexia, coughing, hoarseness, dyspnea, chest pain, and fever, are brought on by this. Systemic emaciation results from this Dosha imbalance over time. All three Doshas may be active in Kshayaja Shosha, which is mediated by Ashayapakarsha.^[22]

CHIKITSA IN ASHYAPKARSHA CONDITION

Vata Prashamana: Reducing Vata using suitable therapies, medications, and dietary changes.

Ashayapakrushta Dosha Sthapana: This refers to returning displaced Doshas, especially Pitta and Kapha, to their original homes. After Vata is brought under control, this restoration

usually takes place. The treatment strategy often adheres to the traditional Ayurvedic concepts of Shamana Chikitsa (palliative therapy) and Hetu Viparita Chikitsa (therapy hostile to causal factors). Taking a complete and accurate history is crucial for diagnosing Ashayapakarsha.^[23]

Instead of treating Pitta directly during treatment, it is crucial to address the exacerbated Vata that is displacing Pitta. Ignorance of this could result in unsuitable Pitta-pacifying therapy.

Madhukosha clarifies the stance of Bhattar Harichandra: the contention of the opposing side is indeed valid. Nevertheless, for the specific purpose of determining appropriate therapeutic interventions, one must invariably take into account a distinct form of Dosha vitiation—namely, the translocation of the Dosha from its original site—as distinct from mere quantitative increase or decrease. Otherwise, if one were to assume solely that Pitta has increased and proceed to reduce it through measures such as purgation (Virechana), such a course of action would not be appropriate. In such instances, the proper approach is to restore the Dosha to its own specific anatomical site.^[24]

Ayurveda offers a established technique to managing Ashayapakarsha through Shodhana (purification), Shamana (pacification), Ahara Vihara (diet,lifestyle changes), and Rasayana (rejuvenation).^[25]

1. Shodhana therapy (detoxing Measures)

Panchakarma procedures help restore doshic stability:

Vamana (Emesis): To do away with displaced Kapha

Virechana (Purgation): For displaced Pitta dosha.

Basti (Enema): For misaligned Vata dosha

Nasya (Nasal remedy): For problems related to the upper frame and Pranavaha Srotas

2. Shamana therapy (Pacification strategies)

- Triphala: Detoxifies and regulates bowel motion.
- Shatavari and Yashtimadhu: Pacify displaced Pitta and restore digestive health.
- Dashamoola Kwatha: enables in disorders caused by displaced Vata.
- Haridra and Guduchi: restore displaced Kapha and beautify immunity.

3. AharaVihara (food regimen and way of life control)

- Dosha specific food regimen: avoid aggravating foods and devour balanced meals.

- Right day by day ordinary (Dinacharya): Prevents doshic imbalances.
- Seasonal regimens (Ritucharya): Aligns physical features with nature.

5. Rasayana Chikitsa (Rejuvenation remedy)

- Brahmi and Shankhpushpi: enhance intellectual health and doshic stability.
- Ashwagandha and Bala: beef up the musculoskeletal machine.
- Chyawanprash: complements immunity and restores displaced doshas.

6. Yoga and Pranayama

- Vata disorders – gentle stretching and oil rubdown.
- Pitta problems – Cooling practices like Sheetal Pranayama.
- Kapha issues – excessive workout and Kapalabhati.

DISCUSSION

Ayurveda is intended for long and healthy life. Doshas are fundamental the Ayurvedic principle. & Doshagati is crucial idea since it plays a vital crucial part in therapy. The primary force is Vata underlie the pathological and physiological movement of bodily parts. Kapha, Pitta, Dhatus and Malas are all uninteresting. Understanding Ashayapakarsha will be beneficial.

Ashayapakarsha is mostly linked in classical writings to Sannipataj Vikara, where all three doshas create illness. In these cases, the intensified Vata dislodge regular Pitta or Kapha from their seats, resulting in symptoms that are far from the origin. This displacement results in acute and perplexing clinical presentation with localized symptoms that frequently have no systemic involvement. In these situations, Upashaya-Anupashaya (determining what alleviates or exacerbates the symptoms of the illness) becomes a crucial diagnostic tool.

Vata Prashamana's therapeutic foundation for Ashayapakarsha lies in Aahar, Vihar, and Aushadha are among the specific interventions used in Vata Prashamana to pacify Vata. Pitta and Kapha that have been displaced are returned to their original positions once Vata is under control (Ashayapakrushta Dosha Stha-pana). Pitta Kshaya and its negative consequences might result from misinterpreting symptoms, such as treating Pitta aggravation without addressing the underlying Vata displacement.

From the standpoint of modern science, Ashayap-akarsha is consistent with phenomena seen in autoimmune and chronic inflammatory disorders, where inflammatory mediators circulate

throughout the body, causing symptoms distant from the main site of pathology. Rheumatoid arthritis, diabetes, and chronic obstructive pulmonary disease are among the conditions that frequently exhibit multi-system involvement and fluctuating symptomatology that resemble Ashayapakarsha's clinical pattern. A promising framework for combining Ayurvedic principles with contemporary pathophysiology is provided by this correlation.

The knowledge of Ashayapakarsha will help the knowledge of Ashayapakarsha will help the physician in understanding the pathological states of Doshas in a proper way to differentially diagnose the conditions.

CONCLUSION

Ashaya-pakarsha Gati is a basic idea that is discussed when talking about Sannipataja Vikara. In this condition, the Vata dosha, because of its nature to move around (Chala Guna), pushes the Pitta dosha or Kapha dosha out of their usual places (Ashayas). This movement causes the doshas to go to unusual locations, which is known as Dosha Dushtiat. This situation often leads to symptoms that are not typical, called Vikriti Vishama Lakshana, which do not follow the usual patterns of disease progression (Samprapti). It is very important to clearly understand the difference between Ashaya-pakarsha and Dosha Vriddhi, since the way to treat them is quite different. Therefore, the treatment should start with Hetu Viparita Chikitsa, which means treating the cause in reverse, and focusing on calming the Vata dosha.

Diagnosis requires a basic understanding of Doshasthena and Gati. It is important to identify Sthanika Dosha and Agantu Dosha. Vata is the main factor that leads to Ashayapakarsha. The treatment approach known as Dosha Sthanantara Gamana Chikitsa should be planned. Using Upashaya and Anupashaya can assist in diagnosing the condition and developing an appropriate treatment plan.

REFERENCES

1. Tripathi B. Ashtanga Hridayam of Shrimad Vagbhata. Nirmala Hindi commentary with special deliberation. Sutra Sthana 11, Doshadividnyaniya Vyakhya Adhyaya, verse 1. Reprint ed. Delhi: Chaukhamba Sanskrit Pratishthan, 2012; 160. [Crossref] [PubMed] [Google Scholar]
2. Acharya sushrut, Kaviraj Ambika datta shashtri, Sushrut Samhita(vol 1) Chaukamba Sanskrit sansthan, Varanasi. Sutrasthan 21/8.

3. Dr. Vijay R. Potdar, Dr. Janhavi D. Shinde, The study of “Doshagati” with modern science in view of pathogenesis, Diagnosis and Management of disease. www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138) 2023 IJRAR March 2023; 10(1).
4. Acharya TJ. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with AyurvedDipika commentary by Chakrapanidatta. SutraSthana 9, Khuddakachatushpada Adhyaya, verse 4. Reprint ed. Varanasi: Krishnadas Academy, 2000; 62.
5. Acharya Sharangdhar Pandit Parshuramshashtri Vidyasagar, Chaukamba Krushnadas Akadmi, Varanasi Sharangdhar Samhita, Purvakhanda, chapter no.5 shlok no.25.
6. Charaka. Charaka Samhita, Vol. 1. Vidyadhar Shukla, Ravidatt Tripathi, editor. 1st ed. Varanasi: Chaukhambha Surbharati Prakashan. Sutrasthana, 2007; 17/62: 264.
7. Charaka. Charaka Samhita (Ayurveda Dipika Commentary). Yadavaji Trikamji Acharya, editor. 1st ed. Varanasi: Chaukhambha Surbharati Prakashan. Sutrasthana, 2009; 17/112-113: 105.
8. Archana A Kulkarni^{1*}, Prashant P Amrutkar, Clinical Utility of Ashayapkarsha Gati - A Review, J Ayu Int Med Sci., 2026; 11(2).
9. Williams M. A Sanskrit-English Dictionary. 1st ed. Delhi: Motilal Banarsidas Publishers Pvt. Ltd.; 1995; 347.
10. Sushruta. Sushrut Samhita (Nibandhasangra vyakhya Commentary). Yadavaji Trikamji Acharya, editor. 1st ed. Varanasi: Chaukhambha samsthan. Sutra sthana, 2013; 21.
11. Madhavkara. Sanskrit Madhava Nidanam(Madhukosh Commentary), Vol.1. Upadhyaya, editor. 1st ed. Varanasi: Chaukhambha Sanskrit samsthan, 2012; 1/5: 21.
12. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with Ayurved Dipika commentary by Chakrapanidatta. SutraSthana 17, Kiyanta Shiraseeya Adhyaya, verses 112–113. Reprint ed. Varanasi: Krishnadas Academy, 2000; 105.
13. Tripathi B. Madhavnidana of Sri Madhavkara with Madhukosha Sanskrit commentary by Vijayrakshita and Srikanthadatta, edited with Vimala, Madhudhara Hindi commentary and notes. Vol. 1, Panchnidana Lakshana, verse 5. Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan, 2005; 18–19, 27–28.
14. Madhavakara. Madhava Nidanam(Madhukosh Commentary), Vol.1. Vijayrakshit, Srikanthdatt, editor. 1st ed. Varanasi: Chaukhamba Sanskrit Samsthan, 2012; 1/5.
15. Williams M. A Sanskrit-English Dictionary. 1st ed. Delhi: Motilal Banarsidas Publishers Pvt. Ltd., 1995; 48. [Crossref][PubMed][Google Scholar].
16. Acharya TJ. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with AyurvedDipika commentary by Chakrapanidatta. SutraSthana 17, Kiyanta Shiraseeya

- Adhyaya, verses 45–47. Reprint ed. Varanasi: Krishnadas Academy, 2000; 101.
17. Upadhyaya Y. Madhavnidana of Sri Madhavkarawith Madhukosha Sanskrit commentary byVijayrakshita and Srikanthadatta, edited withVidyotini Hindi commentary and notes by Sudarshana Sastri. Part II, Shitapitta Uarda KothaNidana, verses 1–4. Reprint ed. Varanasi:Chaukhamba Sanskrit Sansthan, 2005; 168–169.
 18. Acharya TJ. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with AyurvedDipika commentary by Chakrapanidatta. NidanaSthana 1, Jwara Nidana Adhyaya, verse 20. Reprinted. Varanasi: Krishnadas Academy, 2000.
 19. Acharya TJ. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with AyurvedDipika commentary by Chakrapanidatta. ChikitsaSthana 19, Atisara Chikitsa Adhyaya, verse 5. Reprint ed. Varanasi: Krishnadas Academy; 2000; 548.
 20. Acharya T J. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with AyurvedDipika commentary by Chakrapanidatta. SutraSthana 17, Kiyanta Shiraseeya Adhyaya, verses 78–81. Reprint ed. Varanasi: Krishnadas Academy; 2000. p.103.
 21. Acharya TJ. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with AyurvedDipika commentary by Chakrapanidatta. ChikitsaSthana 9, Pandu Chikitsa Adhyaya, verses 124–126. Reprint ed. Varanasi: Krishnadas Academy; 2000.p.532.
 22. Acharya TJ. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with AyurvedDipika commentary by Chakrapanidatta. NidanaSthana 6, Shosha Nidana Adhyaya, verses 4–8. Reprint ed. Varanasi: Krishnadas Academy; 2000.p.219–220.
 23. Archana A Kulkarni^{1*}, Prashant P Amrutkar, Clinical Utility of Ashayapkarsha Gati - A Review, J Ayu Int Med Sci., 2026; 11(2): 399.
 24. Nidan Chikitsa Hastamlaka-pratham khanda 10th Adhyaya, page no-326.
 25. Dr. Ravi Shanker Mourya, 2Dr. S.N. Tiwari, Ashayapakarsha: A critical evaluation in Ayurvedic perspective, International Journal of Research Publication and Reviews, Vol (6), Issue (3), March (2025), Page – 6730-6733.