



आयुर्वेदामृतम्

AYURVEDAAMRUTAM

[Contemporary Health and Ayurveda Research Updates]



VOL. 3

ISSUE 2

July - Dec. 2014

ISSN: 2394-1286

Patron



Dr. C. L. Patel

Hon. Chairman- CVM

Editorial Board

Chief Editor

Dr. A. R. V. Murthy

Dean and Superintendent
G. J. Patel Institute of Ayurvedic
Studies and Research
New Vallabh Vidya Nagar

Executive Editor

Dr. Yogesh S. Deole

Lecturer
Department of Kayachikitsa
Email: dryogeshdeole@gmail.com

Associate Editor

Dr. Bipin Sawant

Lecturer
Department of Dravyaguna
Email: drbipinsawant@gmail.com

Contents

**1. Editorial: Education and Research in
Ayurveda: Future perspectives**

Prof.A.R.V.Murthy

2. Importance of Dhamani Marma

Dr. Mallikarjun

3. News & Events

4. Achievement of Students

Editorial: Education and Research in Ayurveda: Future perspectives Dr. A. R. V. Murthy



The future perspective of Ayurvedic education can be categorized under three domains viz. Academics, Practice and Research. Academic

principles and theories of Ayurveda are better explained by teachers and understood by students. Practice refers to enabling the future physicians and surgeons on application of procedures described in Ayurveda leading to successful classical Ayurvedic practitioners. Research, the dimension of personality of a health care provider, innovating the real thing after exploring young brains. However today's research perspectives need large reforms in view of basic principles of Ayurveda.

Research and Development is a much polished field, and India is the most wanted clinical research hub for trials of new drugs. More and more researchers are getting attracted towards Ayurveda and herbal medicine. However, the direction of today's research seems to be improperly directed and wrongly interpreted. The present research is totally based upon extracting active molecules of herbs, phyto-chemistry pharmacological effects of drugs and the scientists from allied sciences like pharmacology, pharmaceutical chemistry seem to mislead research by focusing on active ingredient(s) only on the name of drug standardization. Ayurveda doesn't mean only herbal medicine. In fact, in Ayurveda, the Rasa [activity based on taste], Guna [therapeutic properties], Veerya [potency], Vipaka [activity after metabolism] of herb are more important. For example, many researches are being carried out on pharmacological effects of Guduchi [*Tinospora cordifolia*] as immune-modulator, adaptogenic, anti-stress owing to its active ingredients.

However, the Ayurvedic pharmacological effect of Guduchi are neglected and needs to be defined. The properties of Guduchi as discussed in Ayurveda are Medhya Rasayana [Nootropic], Sangrahani [binding agent], Balya [vigor], Agnideepani [stimulating bio-fire], Tikta [bitter], Jwarahara [Antipyretic]. But none is really making serious efforts to study these properties. The longevity of herbal medicines based upon modern research is also a matter of concern. The classical Ayurveda formulations are known to long last as compared to modern herbal formulations. For ex. 'Memorin Plus' based on activity of Bacoside-A and B of Brahmi [bacopa] had a very short life in market. At the same time classical formulations of Brahmi Ghrita, Brahma Rasayana prepared from same Bacopa are still available in market with good recognition. Furthermore, Ayurvedic people are not being actively involved in these types of researches. Though Ayurveda is benefitting partially by these researches, Ayurvedic scholars still strive for rewards, that are paid largely to pharmacologists. Therefore, the authenticity of claims towards activity of a particular Ayurvedic drug needs verification. Government of India is reluctant to provide facilities and favourable environment for researchers in Ayurvedic institutions. The policies designed for approving Ayurveda research protocols are totally based upon modern parameters. Following this, many of Ayurveda researches don't produce desirable outcomes. Hence, there is an urgent need of designing Ayurveda research protocols based on fundamental Ayurveda principles. And it should be made mandatory for any research protocol to involve institutionally engaged Ayurveda physicians. Simultaneously it is also desired that training programmes be planned for Ayurveda doctors to equip themselves to conduct research incorporating western as well as Ayurveda methods to study, analyze and interpret Ayurveda concepts. Ideally UG/PG curriculum should incorporate stringent research. The apex institutes of Ayurveda shall come forward for defining new research methodology for Ayurveda. The benefit of Ayurveda physicians be kept in mind.

Importance of Dhamani Marma Dr. Mallikarjun, Associate Professor, Dept. of Rachana Sharira Introduction

Marma science and Marma therapy are untouched chapters of Indian surgery. With the exploration of Marma science the whole scenario of Indian surgery may change in multidimensional approaches. As previously Yoga was the means of achieving spiritual gains, and these days yoga is a tool for health promotion among the masses and the best way to combat most of the diseases from which man suffers, in the same way the implementation of Marma therapy may help in different medical and surgical lesions in many ways.

Marma in Ayurvedic classics is illustrated as the vital point in human body, the injury of which leads to cessation of life. Descriptions of 107 Marmas by Susrutha and Vagbhata have been classified into five varieties based on structure involved; based on effect of injury, on the basis of location on the body.

Charaka has given the basic definition of Dhamani as anything that pulsates. Sushruta has mentioned 24 Dhamanis that originate from Nabhi. 10 of them are urdhwagami, 10 adhogami, and 4 tiryakgami. However, while mentioning Marmas he has not mentioned Dhamani Marma.

Vagbhata, was the first to classify Dhamani Marma. Nine Marmas come under this group and they are Guda, Apasthambha, Vidhura and Sringataka

According to Acharya Sushruta Guda is Mamsa Marma, Vidhura is Snayu Marma where as Apasthambha and Sringataka are Sira Marmas.

Generally in an injury that involves Dhamani Marma it will cause profuse bleeding in which blood which is frothy and warm flows out with a sound and the person easily loses his consciousness. This may lead to sudden death or delayed death.

Definition of Dhamani

@mana²mNy: csU ĒĒĒĒ

@manat\pUr`ad\baHyen rsaidneTy4R: ck/pai`
2mNyo rsvaihNyo 2miNt pvn.tnaE xar.g2r

Utpatti sthana and Sankhya

ctuivR.xit2RmNyo naiwp/wva Aiwihta: su xa ÑĒĒ
\
2mNyo naiwsMb²a iv.xitXcturuTtra:

naiw: piv<ta naiwXck<naiwirvarkE: A h< xa ĒĒĒ
Types of Dhamani

tasa. tu qlu naiwp/wava`a. 2mnl namU@vRga dx,
dx ca2ogaimNy: cts<iStyRGga: su xa ÑĒĒ

Relation with Hridaya

rsvahana. s<otsa. H<dy. mUl. dx c 2mNy: c iv íăĐ
ta mhamUla [it Aojovha 2mNy: ck/pai`

Discussion and Conclusion

Dhamani Marma is introduced by Acharya Vagbhata. In the current era we observe that Marma abhighata leads to death, delayed death or any deformities. Beneath these Marmas we see many important anatomical structures. Among these Dhamani is one of the important structure. The definition of Dhamani as pulsating part that can be structurally correlated with Artery among blood vessels. Artery is the vessel, which carries oxygenated blood. In Marmabhighata arterial damage leads to profuse bleed, loss of volume and reduction in oxygen supply to the body tissues to which it supplies. The artery is directly connected with Heart through cardiovascular system. We observe that arterial damage leads to profuse bleed resulting in hypovolemic shock, unconsciousness and finally death. However in case of injury to vein, the chances of sudden death are much less as compare to delayed death. In Guda Marma, beneath structures are arterial plexus -its injury leads to sudden death- not by the any muscular injury but only due to arterial injury. In Vidhura Marma the structures found beneath is Stylomastoid artery. Here, injury leads to deafness especially because of the damage to Stylomastoid artery and not due to any other structure. In Sringataka Marma the structures found beneath are arterial plexuses (circle of Willis) injury of which lead to sudden death. In Apasthambha also we found arterial part (Bronchial artery) –the damage may have fatal consequences.

Thus it is observed in all the above conditions -*Marmabhighata* leads to death or any abnormality and this is a special feature because of presence of blood vessel. These blood vessels probably are referred to as *Dhamani* by *Vagbhata*. Therefore *Dhamani Marma* as a separate category was introduced by *Vagbhata*. This only shows the practical approach of *Vagbhata* who was ready to propose new entities on his own practical observations though he had to deviate from his learned predecessors. In clinical practice also we found many important features of artery when compared with other blood vessels. By getting the reference of *Vagbhata* we can consider *Dhamani Marma* as having in its own importance in structural and functional aspect of human body. In fact, *Marmas* are having anatomical configuration in *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi* terminology. Dhamani can differentiate in another form of structure.



No.	Event	Result	
1.	Teachers day (5.09.2014)	1 st year (2014)	1 st (Disha-DG) 2 nd (Khushali- SK)
		3 rd Year (2012)	1 st (Rinal-RNVV) 2 nd (Bhupendra-KB) 2 nd (Kajal-SRPT)
		3 rd Year (2011)	1 st (Jigna-Shly) 1 st (Swati-KB) 2 nd (Drashti-shlky)

Navaratri (25.9.14 to 29.09.14)

No.	Event	Girls	Boys
2.	1 st day best dance Best Dress	Krupali 2012, Maitree 2011	Saurabh Intern, Chintan 2013
	2 nd day best dance Best Dress	Hiteshwari Intern, Jigna 2011	Ronak S 2012, Prashant 2012
	3 rd day best dance Best Dress	Chaitali 2012, Karishma 2012	Pratik Intern, Deval 2012
	4 th day best dance Best Dress	Shweta 2011, Megha 2014	Ghanshyam 2011, Dhaval 2012
	5 th day best dance Best Dress	Tanvi 2011, Meghraj 2011	Nirav 2011, Chintav 2013

Date: 18.11.14

3.	Volly ball	2011 batch	2012 batch
4.	Kabbadi	2011 batch	2013 batch
5.	Kho Kho	2011 batch	2013 batch

Date: 21.11.14

6.	Classical vocal solo singing	First: Nikita 2011, Second : Swati 2011
7.	Group Singing	First: 2011: Nikita, Swati, Maitri , Second: 2014: Yash, chirag, Meghvi etc
8.	Quiz	First: 2014: Mayur, Krunal, Niraj, Second: 2011: Rushikes, dharmik, Maulik
9.	Debate -	Favour: Maulik 2011, Oppose: Meghraj 2011
10.	Poetry recitation	First: Dhimant 2013, Second: Krishna 2012

Date: 22.11.14

11.	Mono Act	First: 2012: Krishna, Second: 2011: Meghraj
12.	Poster Making	First: 2012: Drashti Patel, Second: 2013 poonam Lagaria
13.	Rangoli	First: Shivani 2014, Second: Vimal 2012

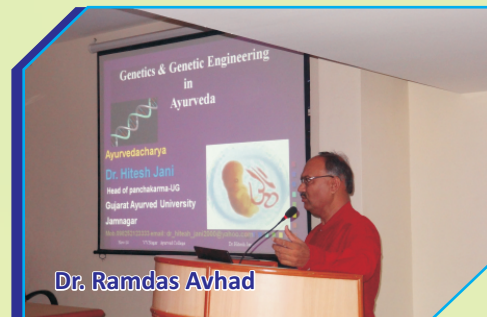


Students Selected for State Level Inter University Tournament

Chess	27.10.14 to 30.10.14 held at Gandhinagar	Dharmik Vasani
Badminton	3.11.14 to 15.11.14 held at Bhopal	Drashti Kamgad

CMEs/ Guest lectures/ Conference Workshops at Institute

Date	Topic Details	Speakers
30/06/2014 to 05/07/2014	6 days National CME for Kayachikitsa Teachers Sponsored by Dept of AYUSH, New Delhi & RAV	13 Speakers across India delivered lectures
07/07/2014 to 10/07/2014	CME on Clinical Research in Ayurveda	Various dignitaries well versed in the field of research
15/09/2014	Guest lecture- Teacher Student Relationship	Dr Vasudev Rawal
19/09/2014	Guest lecture- Seven Laws of Teaching & Student's Behavior Management	Mr Sarwan Singh
14/11/2014	Genetics & Genetic engineering in Ayurveda	Dr. Hitesh Jani



Dr. Ramdas Avhad

Vanamohatsav celebrated by NSS

On the occasion of Vanamohatsav celebrations during 07/07/2014 to 09/07/2014, Institute has planted around 500 saplings in an around the vicinity of Gamdi village under the supervision of Dr A R V Murty, Dr Somraj Kharche & Dr Bipin Sawant.



Dr. Yogesh Deole



Shishyopananiyam and Hon. Vice Chancellor Vd.Rajesh Kotecha Visit

