In the 21st century, the globe is looking towards India as leader of Healthcare provider through Ayurveda and Yoga. Ayurveda, science of life, is one of the best healthcare systems. G.J.Patel Institute of Ayurvedic Studies and Research emphasizes on quality based Ayurveda education. Vision of Honourable Chairman Dr.C.L.Patel sir is to achieve heights in academics as well as to serve society in the field of healthcare. He has blessed this institute with his whole hearted support by all means to fulfill requirements to be one among the leading ideal Ayurveda Institutes in India.

Present academic education system is focusing more on completion of syllabus and teaching theories of Ayurveda in wall bounded classroom. Ayurvedic education shall be more practice oriented. Ayurveda, is combination of body, mind, soul and sense organs. Hence, the education shall also be integration and continuation of all. Ayurveda emphasizes on concept of soil, that is the human body, rather than the concept of seed, the various organisms, causing diseases in the body. The intact body and healthy mind are always capable to meet any outside challenge or threat for health.

Evidence based medicine is the need of hour. The Ayurveda academia shall be considered in view of clinical medicine. Starting from teaching of Padartha Vijnana in first professional year, the Gurvadi Gunas shall be taught in a manner of physiological and pathologically important entities causing disease. And the same Gunas are utilized in treatment. Hence Knowledge of Gunas shall be clinically applied to create interest of student in a subject like Padartha Vijnana. An Ayurvedic teacher shall always be a good clinician, who thinks every aspect in terms of promotion of health and prevention of disease with its management as well. Ayurveda, never has differentiated subjects on the basis of clinical and non-clinical. Otherwise, the Adhikaranas shall have been changed to materialistic aspect from Purusha that is live human being. Similarly the knowledge of plants, in Dravyaguna should be focused more on the actions and clinical trials to found strong scientific evidences. Clinical bed side practice of Ayurveda in view of Ayurvedic Nidan panchaka, and personalized medicine are very important for propagation and belief of students in Ayurveda. If they are not shown the advantages of Ayurvedic understanding, how will they believe in the principles? Hence they ultimately turn towards practice of so called quick medicine. It’s duty of every Ayurvedic teacher to bow seed of Ayurveda in mind of every student to serve Ayurveda in future. In all, Ayurvedic education need major reforms about its policies and development strategies. Though, a very few signs of progress are observed towards promotion of Ayurveda, being the leaders, it’s our responsibility to develop competent Ayurveda scholars strong enough in "Karmabhysa" based on thorough "Shastrabhysa".

**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. Susrutha has mentioned 24 Dhamanis that originate from Nabhi. 10 of them are urdhvagami, 10 adhogami, and 4 tiryakt. 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, Apathambha, Vidhura and Sringataka
According to Acharya Sushrutha Guda is Mamsa Marma, Vidhura is Sanyu Marma where as Apathambha 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**

**व्यावाहारिक** : स. 30/82

व्यावाहारिकरूपाधभावनोनेत्रदोन्तित्वम्

(चक्रपणि)

धान्यो रसायनिधिः धन्यति पवनरती

(शारसारो)

**Utpatti sthana and Sankhya**

चेतनिशाश्मितमात्रो नाशिन्यन्त्र अत्कालिता

(सू. शा. 9/3)

धान्यो नामितमात्र विशाश्मितस्य त्रिश्चता

(अ. ह. शा. 3/39)

**Definition of Dhamani**

तत्त्व ू सुंदर नामितमात्राणां धन्यमणी नामामिता दशष, दश वादगामिष्यः चतुर्भुजितमणि

(सू. शा. 9/8)

**Relation with Hridaya**

सत्तवाणां हृदयस्य हृदिवर्तमाणी दश धन्यमणि

(च. वि. 5/6)

ता महत्त्वपुरुषोदितों जोगाहरोऽधन्यमणि

(चक्रपणि)

**Discussion and Conclusion**

Dhamani Marma is introduced by Acharya Vagbhata. In the current era we observe that Marma abhigrahata 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 Marmabhagata 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 veins, 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 Stylostomoid artery. Here, injury leads to deafness especially because of the damage to Stylostomoid 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 Apathambha also we found arterial part (Bronchial artery) –the damage may have fatal consequences.

Thus it is observed in all the above conditions -Marmabhagata 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, Sanyu, Asthi and Sandhi terminology. Dhamani can differentiate in another form of structure.

Srotasas are the fine, subtle channels inside our body responsible for production(uptatti), transfer (vahana), expulsion (utsarjan) and at last storage (samgraha) of all nutrients essential to maintain the physiological state of shirah upadan dravyas. The body for proper growth and development is nourished with sara or Prasad bhaga after sara-kitta vivechana only with the help of srotasas. These are 13 in no. (Ach.Charaka) and 11 pairs (Ach. Sushruta).

The actual origin site of these fine channels is their Mulasthana. All the functioning of these channels is maintained and controlled by this Mulasthana. Any harm or damage to this Mulasthana may cause the respective srotasas dysfunctioning.

The Mulasthana or site of origin has a major role to play in the above mentioned properties of srotasas.

**Pranavaha Srotasas** :- Heart (Hridaya) and Alimentary canal (Mahastrotasas) are the controlling centers of the channels carrying Prana. Hridaya is so because as it supplies oxygen to each cell and tissue while Amashaya which is the synonym for Mahastrotasas is so because as it is said to be origin site for Shwasa (Respiratory diseases)

**Annavaha Srotasas** :- Amashaya, Vama Parshwa and the annavahi dhamnians are the mulasthana of annavaha srotasas. Here amashaya is the storage site of panchabhaute aharan and the dhamnias transport Ahara rasa to all dhatus and provides nourishment to them.

**Udakavaha Srotasas** :- Palate (Talu) and Kloma are the mulasthana of udakavaha srotasas. Clinically Talu is a diagnostic criteria in this srotasas while the Kloma is the organ closely immersed with the water content of body: any pathology in this srotasas first manifests with the feature – Pipasa.

**Rasavaha Srotasas** :- Heart (Hridaya) and Dasha dhamnias are the origin site of Rasavaha srotasas. The Ahara rasa with the help of Samana Vayu after being brought to Hridaya is spread to all over the body for nourishing with the help of Vayana Vayu through Dasha dhamnias (Arteries)

**Raktavaha Srotasas** :- Liver (Yakrut) and Spleen (Pleeha) are the mulasthana of Raktavaha srotasas as these are the proper site of origin of Raktadhatus (RBC’s)’s during embryonic state of development.

**Mamsavaha Srotasas** :- Muscles (Snayu) and Skin (Twak) are the mulasthana of mamsavaha srotasas. The necessary Lepana karma is done by snayu over the joints and ultimately by skin all over the body.

**Medovaha Srotasas** :- Kidneys (Vrucka) and Omentum (Vapa vahan) are the origin sites of medovaha srotasas. As the Fat storage and regulating depot in our body is kidney, liver and omentum viz. Abdominal region.

**Asthivaha Srotasas** :- Medomula and Jaghana are the origin sites of Asthivaha srotasas. As per the law of nutrition (Dhatuposhana nyaya) the previous medodhatu is responsible for proper nourishment of forthcoming Asthidhatu so medomula, and Jaghana means the Hip portion which is mainly responsible for stable support of our body as Asthidhatu carries main function of Dharaan.

**Majjavaha Srotasas** :- Bones (Asthi) and Joints (Sandhi) are the major sites of origin of Majjavaha srotasas. Where Majja is usually found in cavities of long bones. Even though they are converted from Red Bone Marrow to Fatty Yellow Bone Marrow in their later stage of life. While sandhi is necessary to annex two or more bones together by supplying proper nourishment to Asthidhatu which is done by majjavaha as per law of nutrition.

**Shukravaha Srotasas** :- Testicles (Vrushana) and Pudendum (Shefa) are the mulasthana of shukravaha srotasas. Where shukra Dhatu is formed in testes so vrushan, and is conducted through shukravaha dhamnies and expelled out by penis involving sheva vis, pudendal region.

**Purishvaha Srotasas** :- Large intestine (Pavakshaya) and Sthula Guda are the mulasthana of purishvaha srotasas. Pavakshaya is the proper site involved in formation of purisha after the trividiha avashapaka of the ingested Ahara by Jatharagni. Which is further carried via the channels from pavakshaya and is stored in the rectal part of large intestine. Where the so called Sthula guda is considered to be divided into 2parts- Uttara guda and Adhara guda.
**Mutaravaha Strotasa** :- Urinary bladder (Basti) and Kidneys (Vankshana) are the mulasthana of mutaravaha strotasa. Kidneys are the structure where urine is formed and stored in bladder. As per Ayurveda, urine is the waste product thereby absorbed from microcirculatory channels from pakvashaya which is ultimately released into reservoir called Basti.

**Swedavaha Strotasa** :- Meddomula and Loma or Roma kupa are the mulasthana of swedavaha strotasa. As per the law of nutrition, sweda is formed as mala or kitta bhaga of medodhau so its upatpiti is from medodhau thus medomula which is carried via microchannels and expelled out of body via pores on skin namely Loma or Roma kupa.

**Artavaha Strotasa** :- Acharya Sushruta had explained this unique feature in females. Where Garbhashaya and artavahi dhamnis are the mulasthana of artavaha strotasa. The uterus along with its ovaries and conducting fallopian tubes are to be considered hereby.

**SIGNIFICANCE**:

1. With all the above mentioned literature, it is clear that the mulasthana is very essential regarding clinical point of view for treatment of any particular Dhatu. One have to just focus the mulasthana of that Dhatu. As the mulasthana are the proper sites for- production (Utpatti) and Regulation (Nyantrak) of the essential component of any respective Dhatu.

2. Thus Dhatu Chikitsa can easily be planned.

3. After ingestion of panchabhautika ahara from external to inside the body its assimilation according to body for proper growth, development and nourishment of body is carried by these channels called as-Strotasa and ultimately their controlling centres get the due importance viz., Mulasthana of Strotasa.

**REFERENCES**:


**Training and view points: Importance of Mala pariksha**

**[Stool and pattern of defecation] in Diagnosis**

Dr.Yogesh S. Deole
Assistant Professor, Dept. of Kayachikitsa

Among eight modalities of treatment described in Ayurveda, Mala Pariksha is second examination. This describes the stool examination as well as pattern of defecation in patients. This is very important examination to detect abnormalities in gastro-intestinal tract. In clinical practice, patient comes with the complaint of constipation, however a wise physician shall examine patient thoroughly to confirm diagnosis with help of Malapariksha. The following tables 1 and 2 describes Mala-pariksha with probable diagnosis.

**Table 1: Mala Parikshana and diagnosis**

<table>
<thead>
<tr>
<th>Sr.no.</th>
<th>Mala Parikshana /condition</th>
<th>Dosha involved</th>
<th>Probable diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Increased frequency of sticky stools</td>
<td>Kapha</td>
<td>Kaphaja Grahani</td>
</tr>
<tr>
<td>2.</td>
<td>Increased frequency of semi-solid stools</td>
<td>Pitta</td>
<td>Pittaja Grahani</td>
</tr>
<tr>
<td>3.</td>
<td>Increased time for defecation</td>
<td>Vata</td>
<td>Vataja Grahani</td>
</tr>
<tr>
<td>4.</td>
<td>Increased Volume of stool absorbed</td>
<td>Kapha</td>
<td>Kaphaja Grahani</td>
</tr>
<tr>
<td>5.</td>
<td>Increased frequency of watery stools</td>
<td>Kapha, Pitta</td>
<td>Atisara</td>
</tr>
<tr>
<td>6.</td>
<td>Defecation immediately after taking meals</td>
<td>Pitta, Grahani</td>
<td>Grahani</td>
</tr>
<tr>
<td>7.</td>
<td>Decreased frequency of stool</td>
<td>Kapha -Vata</td>
<td>Kaphaja grahani</td>
</tr>
<tr>
<td>8.</td>
<td>Decreased volume of stool</td>
<td>Vata</td>
<td>Vata-Pittaja Grahani</td>
</tr>
<tr>
<td>9.</td>
<td>Passage of hard stool with strain</td>
<td>Vata</td>
<td>Vibandha and Udavarta</td>
</tr>
<tr>
<td>10.</td>
<td>Passage of hard stool with bloody stain and burning anus</td>
<td>Vata-Pitta</td>
<td>Parikartika</td>
</tr>
<tr>
<td>11.</td>
<td>Passage of dark coloured stool with black occult blood</td>
<td>Pitta</td>
<td>Aamashayika vrana</td>
</tr>
<tr>
<td>12.</td>
<td>Passage of dark coloured stool with fresh blood</td>
<td>Kapha-Vata</td>
<td>Arsha</td>
</tr>
<tr>
<td>13.</td>
<td>Passage of white coloured stool</td>
<td>Kapha and Pitta</td>
<td>Kamala</td>
</tr>
<tr>
<td>14.</td>
<td>Undigested food in stool</td>
<td>Pitta, Kapha</td>
<td>Ajeerna</td>
</tr>
</tbody>
</table>

**Table 2: Dosha dominance and disease specific Mala Pariksha**

<table>
<thead>
<tr>
<th></th>
<th>Vata dominance</th>
<th>Pitta dominance</th>
<th>Kapha dominance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grahani [Cha.Chi.15/64,66,70]</td>
<td>Delayed, painful, dry or semi solid, undigested, with sound and froth, increased frequency</td>
<td>Indigested, bluish, yellowish, liquid stools with increased frequency</td>
<td>Mal-formed, sticky, bulky with increased frequency</td>
</tr>
<tr>
<td>Arsha [Cha.Chi.14/11,14,17]</td>
<td>Increased frequency, with pain hard, constipated</td>
<td>Yellowish , with blood, excess, with foul smell</td>
<td>Heavy, sticky, whitish</td>
</tr>
<tr>
<td>Atisara [Cha.Chi.19/5]</td>
<td>Undigested, spreading over, dry, liquid, painful, foul smelling, with sound, with obstructed urine and flatus</td>
<td>Greenish, yellowish, bluish, blackish, with blood and bile, excessively foul smelling, increased frequency</td>
<td>Unctuous, whitish, sticky, with threads, undigested, heavy, foul smelling,with sticky discharge, small in quantity and frequent</td>
</tr>
<tr>
<td>Purishhaja Krimi [Cha.Vl.7/13]</td>
<td>--</td>
<td>--</td>
<td>Semisolid stool, with itching in anal region</td>
</tr>
<tr>
<td>Pandu</td>
<td>Dried stool</td>
<td>With foul smell, malformed</td>
<td>Whitish</td>
</tr>
<tr>
<td>Jalodara [Yoga Ratnakar ]</td>
<td>Whitish, excessively foul smelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kshaya [Yoga Ratnakar ]</td>
<td>Blackish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aam [Yoga Ratnakar ]</td>
<td>Yellowish with low backache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrutyu[Death] [Yoga Ratnakar ]</td>
<td>Excess black, excess white, excess yellow, excess red, excess hot</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Joining of new Principal
G.J.Patel Institute of Ayurvedic Studies and Research is fortunate enough to have new leadership of Dr. M.K. Sirdeshpande, M.D. (G.A.U.). GJAC family congratulates and welcomes The New Principal with warm wishes for successful future ahead.

Prakriti Quiz contest “ABC of Human Behaviour: Magic of Prakriti” conducted by Sharir Kriya Dept.
Prakriti quiz contest for 1st BAMS students, named “ABC of Human Behaviour: Magic of Prakriti” was successfully conducted on 21st and 24th of April 2015 by Dept. of Sharir kriya. Total 56 students participated in the quiz in two sections. Ms. Nishi Patel won the first prize in Self Prakriti assessment. In quiz competition, for A Batch, team of Miss. Shreya Marsoniya, Darshan Panchal, Priya Pariya, Yash Parmar, Riya Patel and for B batch, team of Jinal Patel, Krunal Patel, Maulik Patel, Megha Patel, Nishi Patel were Winners.

NSS Programs
Ashi village of Anand district has been adopted by GJPIASR for NSS programs in 2015-16. Various social activities like toilet survey, de-addiction survey, medicinal drug survey, Suvarnaprasrana camp, Awareness of Pradhanmantri Jnan-Dhan Yojana etc. were conducted.

International Yoga Day
First International Yoga Day was conducted in the campus as per directions of AYUSH ministry. Yoga Protocol was followed for training and a rally was organized for creating awareness regarding health benefits of Yoga in Vallabhbh vidya Nagar. Nearly 150 students and teachers participated in the program.

Resuscitation training program
Basic newborn care resuscitation program [BNCRP] for final year and intern students was conducted at institute on 26/04/15 by Dr. Rashmin Seshsein, Kilo Pediatric Hospital, Anand. Total 28 participants got benefited by this program.

Medical Camps at S. G. Patel Ayurveda Hospital
S. G. Patel hospital organized sixteen satellite camps and four general camps in the periphery of Anand. Total 435 patients were treated in satellite camps and 948 patients were benefitted in general camps conducted at Dahmi, Ashi, Mogari and Khabhators club.

Awards & Achievement
Dr. Dipshin Chavda and Dr. Sagar Bhinde won first and second prize in National Seminar organized by Ayurved Vyaspeetha at Ahmedabad on 12/04/15.
Dr. Ritesh Gujarathi won first prize in Oral paper presentation in National Seminar organized on 27 Feb. 15 at Parul Institute, Vadodara.
Dr. Sagar Bhinde secured second rank in Chess Competition for CVM employees held at V & C Patel School, Anand on 1st March 2015.

Sports activities
GJPIASR students won 12 gold medals and 6 bronze medals in athletic competitions organized by Gujarat Ayurved University, Jamnagar. Students participated in various sports activities throughout the year.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mountaineering Basic Course at Junagadh</td>
<td>12 to 21-05-15</td>
</tr>
<tr>
<td>Swimming competition - Surat</td>
<td>10-02-2015</td>
</tr>
<tr>
<td>Tracking – Dwarka</td>
<td>15 to 20-02-15</td>
</tr>
<tr>
<td>Chess competition - Anand</td>
<td>21-02-15</td>
</tr>
<tr>
<td>CVM Chess competition - Anand</td>
<td>01-03-15</td>
</tr>
</tbody>
</table>

CMEs/ Guest lectures/ Conference Workshops at Institute
One day CME was organized on 25th March 2015. Dr. Harshvardhan Jobanputra delivered lecture on “Fistula-in-ANO” and Dr. Haridra Dave demonstrated “Methods of tooth extraction”.

Resuscitation Training
International Yoga Day 2015
Winners at GAU, Jamnagar
Annual NSS Program