

Santhigiri Ayurveda Medical College

NEWSLETTER

Vol: 02 / Issue : 09 / June 2020 / Monthly Publication

Editorial

Gurucharanam Saranam

Warm greetings and wishes to you all from the family of Santhigiri Ayurveda Medical College, Palakkad. We pray Lord Dhanvantari, the Almighty, for easing the hardships due to COVID -19 and other health problems of all human beings on this globe.

Dear friends, SAMC Newsletter of this month is a special issue as it is having three special articles on Massage techniques, Marmacikitsaa, *Kalari* and Fracture Management based on the presentation of the resource persons during a one day national workshop, “the Karmaabhyaasa” conducted on 6th March 2020 by the Dept of Pan'cakarma and Dept of S'alyatantra of Santhigiri Ayurveda Medical College, Palakkad. The resource persons were Dr. Sreevaths, District Program Manager, AYUSH Thrissur, Dr Vinodkrishnan, Chief Physician, Amiya Ayurveda Hospital, Pattambi, and Dr. Saifudheen Gurukkal P., Asst.Prof., Dept of PG Studies in S'alya Tantra, Alvas Ayurveda Medical College, Moodbidri and the Medical Director and Consulting Physician, Shafi Ayurveda, Kalari, Marma Chikitsalayam, Thalassery. These resource persons are really resourceful in their fields of specialties and serving the mankind and the science alike with their practice and teaching.

Initially we thought of having a small program for students and house surgeons of our institution and later with enthusiasm and efforts of faculties and students with support of the management we could conduct a very useful, practical oriented, satisfying and successful workshop. There were 170 participants from 14 institutions.

There were very few great personalities in this world who were experts in many fields of sciences. like Bhagavan Vyaasa, Bhagavan S'ankara etc. Though there are many specialists only few have excelled in their specialties by virtue of their dedicated efforts and realization. All the educational institutions should put efforts to organize programs to introduce their students to such learned experts so that the students can find a living example to follow and learn from them. In this regard all the nearby institutions should support one another and encourage their students to participate in such programs which will be beneficial for both the students and

the institution in terms of money, manpower, time and knowledge.

In AYUSH sector, our students are lacking practical knowledge due to many factors which is ultimately resulting in low self esteem and confidence. Workshops like Karmaabhyaasa will definitely bring a change among the faculties and the students and vitalize them in their endeavour. Many of us are not aware of Basic Life Support techniques and who ever few are having such knowledge is of modern medical system. During our Karmaabhyaasa workshop we felt that if these massage techniques, marmacikitsa, bhagnacikitsa and *Kalari* cikitsa are properly combined we can develop our own system of Basic Life Support and Institutional Rapid Response Teams. Such initiation will definitely improve confidence levels among our students and there by the scope of aayurveda academy itself. Even the present outlook of the contemporary society towards aayurveda i.e. it works slowly and is only for chronic and life style disorders, will change and will be acceptable for more people.

We are planning to continue our efforts and have “Karmaabhyaasa 2” next year with another group of specialties. We thank you all for making this program a grand success with your support and encouragement. We expect the same in coming years also.

Lets come together, share our strengths, improve our knowledge, wipe out our weakness and try hard to achieve the highest standards in our fields. Continuous flow is the life and stagnation results in death. Lets receive the right knowledge from all and all corners.

Aa no bhadraa kratavo yantu visvatah/

Dr. G. Nagabhusanam
Chief Editor

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KARMABHYAASA

Marma Massage Therapy In Pan'cakarma Cikitsa – An Overview

Dr.N.V.Sreevaths M.D(Ay)

Introduction

Massage therapy is a major component of Aayurveda. In Kerala, it flourished in different names such as *uzbichil*, *pizbichil*, *thadavikettuka* (massage and bandage), *abhyan~ga*, *mardana*, *bandhana* etc. They had realized the need for it, understood the benefits and designed different approaches and methods of massages according to the requirement of the client / patient.

Massage Therapy

Massage therapy is defined as a group of procedures which are usually done with the hands, such as friction, kneading manipulations, rolling and percussion of the external tissues of the body in a variety of ways with a curative, palliative or hygienic object in view. (Douglas Graham, Boston)

As in Mosby's Medical dictionary Massage is manipulation of the soft tissue of the body, through stroking, rubbing, kneading or tapping, to increase circulation, to improve muscle tone and to relax the patient.... performed either with the bare hand or through some mechanical means, such as a vibrator.

Mode of action of massage therapy is by stimulation or sedation of the nerve endings in the skin which can affect the body as a whole, also Increase in the local blood flow brought about by the stimulation of the nerve endings and dilation of the arterioles and there by promotion of lymphatic and venous return by the alternating pressure and relaxation of massage techniques. Stretching and relaxation of subcutaneous tissues such as muscle and connective tissues to facilitate movement.

In marmacikitsa massage therapy is utilized both as a preventive as well as curative modality. There is a quote which states the importance of *abhyan~ga* is *aabaadhavarjanam nityam...* *marma paripaalanam*.

Mainly there are three types of massages in marmacikitsa i.e. *Sukha tirummal* (preventive) *Kaccha tirummal* (preparatory) *Raksha tirummal* (therapeutic)

Kerala Aayurveda physicians, had imbibed a lot of practical methods from kalari masters and marma masters of Tamil style, to make their armory strong and have intelligently used them and vice-versa. They achieved this through thorough theoretic

knowledge and numerous practical experiences.

The marma physician usually deals with the acute clinical traumatic situations with methods advised in *sadyovran'a cikitsa*, *bhagna cikitsa* and *abhighaata s'opha cikitsa*. *Vaatavyaadhi - vaatarakta* and *rasaayana cikitsa* are adopted for chronic traumatic conditions in general. The real knowledge of marma *s'aareera* helps in the proper diagnosis, prognosis and treatment of the clinical traumatic conditions of various causes. While dealing with a patient a marma specialist may visualize all the marma points in the body.

Based on the age, strength, structure involved and need of the patient, rate, rhythm, count, force, manipulations like traction etc. makes the difference in massage. In *sahacaraadi taila yoga* *Drutavilambita gati* is told. The varieties are *thalodal*, *thadaval*, *thirummal*, *theppu*, *uzbichil*, *thattal*, *valikkal*, *chavittal*, *kuttal*, *amarthal* etc. The methods of *kaccha tirummal*, *sukha tirummal* and *raksha tirummal* of Kalarimarma cikitsa are utilized for care, cure and rehabilitative treatments. In order to perform these types of massages physician need attenders with well built body who are called as *Kinkaras*.

The methods of strokes in marma massage vary according to the site. Though no direct references are found to indicate the direction of strokes in different body parts, the same can be inferred from the types of *chedana* in different sites of the body as mentioned in the *samhitas* – longitudinal, transverse or circular or semicircular.

Different modalities of massage in Aayurveda are *abhyan~gam*, *mardana*, *samvaahana*, *taad'anam*, *traasanam*, *paadaaghaatam*, *unmardanam*, *udvartanam*, *utsaadanam*, *gharshan'am*, *udgharshan'am*, *peed'anam*, *avapeed'anam*, *paripeed'anam*, *vimlaapanam*, *lepanam*, *latavesh't'anam*, *phenakam* etc.

Different strokes mentioned in *kalari naad'ee marma cikitsa* are *nervari*, *kiruvari*, *villuvattam*, *kone*, *paadu*, *koottadakkam* etc. In *Varma cikitsa* the marma are manipulated in the following different ways: *anukkal*, *asaithal*, *pidithal*, *nazbukkal*, *thattal*, *thadaval*, *oondral*, *amarthal*, *padbukkal*, *karaka*, *pinnal*, *yeanthal* etc.

Massage provides a gentle stretching action to both the muscles and connective tissues which support the muscles and many other parts of the body and which help to keep these tissues elastic.

While doing the an *abhyan~ga* the structure gets nourished or modulated is connective tissue not only the muscle or joint also the stroking is done in that of arrangement of connective tissue our



body.

Procedure

- o Preparation
- o consent
- o Wearing of comfortable dress
- o **Poorvakarma**
- o Taila applied on the head where adhipati marma is considered
- o Gently rubbing on head and then on face
- o **Pradhaana karma**
- o In sitting posture apply oil in trunk and then to back, hands, legs, joints are massaged in circular manner
- o In supine posture pour oil in naabhi and gently massaged including chest also
- o In left lateral position oil massage is done in hand, flanks, leg, foot.
- o In right lateral position also same
- o In prone posture application oil is done in lumbar and dorsal chest region
- o In supine posture face, foot, head is massaged
- o Once again came back to sitting posture
- o Final posture
- o **Pas'caat karma**
- o Wipe excess oil using cloth
- o If patient is tired then das'amoolarisht'a is given

Basic techniques

1. Stroking manipulations
 - 1.1. Palmar stroking
 - 1.2. Finger stroking
 - 1.2.1. Brisk finger stroking
 - 1.2.2. Slow rhythmic finger stroking
 - 1.2.3. Slow rhythmic finger stroking
2. Pressure manipulations
 - 2.1. Squeezing kneading
 - 2.2. Stationary kneading
 - 2.3. Circular kneading
 - 2.4. Flat kneading Lifting kneading

- 2.5. Twisting kneading
- 2.6. Rolling kneading
- 2.7. Friction kneading
3. Percussion manipulations
 - 3.1. Hacking percussion
 - 3.2. Clapping percussion
 - 3.3. Beating percussion
 - 3.4. Pounding percussion
4. Shaking manipulations
 - 4.1. Flat hand vibration
 - 4.2. Fingertip vibration
 - 4.3. Limb shaking vibration

Ayurvedic Massage techniques are

- Mardanam
- Unmardanam
- Samvaahanam
- Utsaadanam
- Anulepanam
- Gharshan'am
- Udgharshan'am
- Kharautsaadanam
- Sandhilepanam
- Sandams'ika
- Kes'mardanam
- Phenakam etc.

Kerala massages

- *Thadaval*-Stroking massage
- *Thirummal*-Hard massage
- *Uzbichil*-Contour massage
- *Chavuttiuzbichil*-Foot massage
- *Thalodal*- Light stroking
- *Thattal*-Tapotement /Percussion
- *Theppu*-Application
- *Valikkal*
- *Churukkaal*



- Pokkal
- Thazthal
- Chavittal
- Kukttal
- Amarthal

Contra-indications for massage therapy

- Acute inflammatory conditions
- Acute abdominal conditions

- Blood disorders
- Acute febrile illness
- Infectious skin diseases

Conclusion

Marma massage deals with all traumatic and repeated stress injuries of marmas, acute or chronic musculo-skeletal conditions predominantly, involving or not with circulatory and or neurological complications which the patient suffers.

Recent Trends In “Marma Cikitsa” – In The Context Of Musculoskeletal Trauma

Article based on the Guest lecture by Dr. Saifudheen Gurukkal P, Asst.Prof. , Dept of PG Studies in S'alya Tantra, Alva's Ayurveda Medical College, Moodbidri, Mangalore ; During Karmaabhyaasa-National workshop on 6th March 2020.

Prepared by- Dr. Krishnanand C, B.A.M.S, MS(Ayu), Mr. Gokul Madhav, Miss. M. Nivetha

Abstract

Marma cikitsa is an indigenous form of planned trauma care including resuscitation methods. Though an effective healing method, the population of trained practitioners in this sector remain fewer. Training in Marma cikitsa, inevitably requires an academic design in order to actively incorporate it to the formal Aayurvedic education system. This endeavor was taken up by some educational institutions and have been successfully providing quality training in this field. However, there remains a large lacuna. Despite adversities this field is advancing, but with a slow pace.

This article is based on the presentation on applicability of Marma cikitsa in the context of musculoskeletal trauma during “Karmaabhyaasa”, a one-day workshop hosted by Santhigiri Ayurveda Medical College, Palakkad on March 6th 2020.

Introduction

Marma are vital points of the body. Aayurvedic classical literature has an elaborated description of marma points with focus on structural aspects, functional importance, their arrangement, measurements and problems surfacing on injury (acute and chronic). On a practical ground, the study of trauma (with either offensive or curative aims) and the management of the same, have imbibed significantly from the knowledge on Marma. Hence, the

workable models of trauma care grew parallel to and entangled with martial art forms. This happened throughout India and elsewhere. This has in turn enriched surgical knowledge.

Marma therapy, as an applied science is more popular in the Southern part of India. In Kerala, two main streams of marma therapy are in vogue. One is based on the martial art tradition of Kerala named *Kalarippayattu*. This is mainly practiced in North Kerala. The practice of marma therapy in South Kerala is highly influenced by the Tamil tradition. In Tamil, Marma is called *Varma*. Tamil *Varma* emphasizes *Adangal*, - the application of counterpoints in afflictions (particularly trauma) to vital points.

The study and application of Marma vijnaana in medical practice have more to do with the structural aspects of individual body parts, the mechanism of injury, the specifications of injuries, diagnostic methods based on the clinical presentation and skill aided with necessary technical back up. This article is an overview of traditional methods for managing common musculoskeletal trauma.

Etiological Considerations In Marma Practice

The etiological consideration of bhagna in Aayurvedic classics focuses on the mechanism of trauma and forces involved thereby. This constantly points towards the importance of history in the care of orthopedic trauma. Studies centering on the location, character, structure, and measurements of marma (vital points) is yet another contribution of aayurveda, which has greatly influenced marma cikitsa. Aayurveda presents a detailed account of 107 vital points. The *Kalari* School provides a comprehensive illustration of vital points, conventionally called *Kulaabhyaasa* marma. They are 64 in number.

In present-day marma practice, the actual scene of affliction is vigorously studied. The basic care plan is designed around this understanding. The causative factors of trauma are investigated on various traditional and modern grounds to get a vivid and specific



picture from two different perspectives. The whole exercise is enriched by the recent understanding of exercise physiology and kinesiology.

Typological And Symptomatological Consideration Inmarma Practice

The symptomatology of bhagna is laid down extensively in ayurvedic classics. The available literature grossly classifies orthopedic trauma into two sets

1. Sandhimukta
2. Kaan'd'abhagna

The latter include fractures of all kinds whereas the former accommodates a wider range of sprain, strain, subluxation and dislocation. The clinical features are presented as generalized and typological in both sets. Typology of sandhimukta presents 6 varieties and that of kaan'd'abhagna, 12 varieties. More than a classification, they put forth a systematic description of the type of injury and respective signs and symptoms in a self-explanatory pattern providing a well-structured path for clinical approach. In the southern wing of India, *Kalaripayattu* nurtures this literature through scriptures, methodical training, and skill as well. Training in martial arts comprises the first-hand management and rehabilitative workout in trauma concerned.

Thus, the present-day marma practitioner is blessed with systematic literature, modern technological advances and proper training (though evolving from a different perspective).

Trauma Care In Marma Practice

In the present scenario, the diagnostic challenges in trauma care are addressed with the aid of conventional methods and modern technology. The use of modern imaging techniques has become a mandate in both diagnostic and follow-up settings.

The modern surgical advances in orthopedics have largely masked simple and cost-effective traditional methods. On the other hand, there has been a rapid decrease in the number of traditional marma practitioners dealing with very serious clinical scenarios. For eg: Open fractures and cranial fractures. As a result, conventional practitioners have lost their hold in mainstream emergency management. *Adangal prayoga* in *Kalari marma* are a unique set of practices that are of immense utility in resuscitation. But there is a scarcity of trained personals and not frequently used in regular practice.

Hence, the modern-day marma practitioner has limited his scope to less severe events. However, limited, the realm covers almost all types of common trauma. The common musculoskeletal injuries skillfully tackled by marma practitioner are included in Table 1:

Despite challenges, marma practice has evolved into a more

Wrist joint sprain	Upper extremity trauma
Colle's fracture	
Meta carpel fracture	
Phalangeal fracture	
Pulled elbow	
Shoulder joint sprain	
Shoulder joint Dislocations	
Clavicle fracture	
Rib fractures	Axial skeletal trauma
Lumbar IV disc prolapse	
Cervical IV disc prolapse	
Sprains to neck muscles	
Vertebral fractures without spinal cord trauma	
Hip fractures	
Coccygeal fractures	Lower extremity trauma
MCL and LCL tears (Knee joint)	
ACL and PCL tears (Knee joint)	
Joint cartilage injuries (Knee joint)	
Ankle Sprain	
Metatarsal fractures	
Phalangeal fractures	

structured form. The working model in marma specialty trauma care has 3 well-defined sectors of involvement.

1. First aid and planned trauma care
2. Rehabilitative workup
3. Management of complications

First Aid And Planned Trauma Care

Acute trauma is primarily approached with a view of providing symptomatic relief in terms of pain and also reassuring the patient. This is a workup period as well, where the trauma is broadly put into any of the threefold categories viz fracture, dislocation, or minor trauma (sprain, strain, etc.). The general health of the patient, comorbidities if any and medical history is also studied. This part is of significance in the present scenario as the patients are often under an umbrella of health caretakers belonging to different fraternities, a common presentation in the middle-aged (40-60yrs), and aged (> 60yrs) population.

The diagnostic confirmation is the next phase which includes radiological aid suiting the degree of trauma and area affected. Clinical diagnosis however, remains as the backbone of marma practice.

The "management proper" is the final phase. This phase involves reduction and immobilization methods indigenous to marma practice. Traction methods, reduction process, and immobilization techniques are drawn from *Kalaripayattu* (martial art) and aayurveda bhagna cikitsa.

1. Traction - As per the site of injury, type of injury, and nature of deformity as observed clinically and radiologically. In



contrary to the use of muscle relaxants and anesthetics, Marma practitioner often uses vital point(marma) stimulation techniques to bring muscle relaxation and analgesia. This is observed to be a safe and effective tool during manipulation.

2. Reduction - is done only in fractures and dislocations with displacement. Reduction techniques involve conscious but careful manipulation of bones or affected joints to bring normal alignment. The manipulative methods include (a) direct pressure over the site, with continuous traction (b) hyperextension, flexion, adduction or abduction, or any other movement which brings re-alignment (c) adjustments at regions away from the actual site of trauma, either proximal or distal. The reduction methods vary from region to region.

3. Immobilization - Marma practitioner uses simple and cost-effective methods of immobilization. Bandaging material includes fine to coarse cotton material. Splints designed from natural sources, often wood, tailored to the need are used. Unctuous bandaging is the first choice if the area is devoid of aberration or bruise (to prevent secondary infection). Ghee, medicated or raw, is the most commonly used material to bring unctuousness. Unlike the modern counterpart, there are frequent follow-ups and re-bandaging sessions. Re-bandaging is advised at intervals of 3, 5, or 7 days. The schedule is decided based on the severity of inflammation and also external environmental factors which may increase the inflammatory response. 14 types of bandaging techniques as mentioned in the classical Aayurvedic literature is adhered to. Orthotics are also used in the present scenario, as a part of modernization and cosmetic needs, without jeopardizing the periodic follow-up.

Management of a few common trauma with highlights on conventional adaptations and key points are presented in Table 2.

Rehabilitative workup & Management of complications –

Post-trauma phase often requires rehabilitative care as it is often associated with functional deficiencies. Immobilization causes transient functional problems that require short term treatments only. Chronic musculoskeletal problems due to trauma need more structured care plan. Oleation and sudation therapies, external applications (Lepa) etc. and tailored exercises are incorporated to achieve normal function and flexibility. Aayurveda and Kalari also propose physical therapies in the post-trauma phase.

Acute complications associated with fractures such as non - union, and malunion are immediately picked up and managed accordingly. This becomes possible because of frequent short-term follow-ups.

TRAUMA	Colle's fracture	Anterior dislocation - Shoulder joint	MCL/LCL partial tear - Knee joint
TRACTION METHOD	Traction and counter traction method (between wrist and elbow), followed by traction in line of fingers	Forward traction only	-
MARMA MANIPULATION	-	Man'ibandha marma(a vital point at the wrist is manipulated forcibly to get muscle relaxation)	-
REDUCTION METHOD	Traction- hyperextension- flexion (in parallelism to the modern method) followed by subtle manipulation over the site, distal to the site and proximal to the site(guided pressure is applied with the index and middle fingers at the dorsal aspect of the forearm, while rest of the fingers with the thumb form a cuff around the forearm)	Axillary approach - Head of the humerus is pushed into position using the middle and index finger with the thumb providing an anchor at the acromioclavicular joint of the ipsilateral side.	-
BANDAGING METHOD	Splint is placed in the ventral aspect of the forearm, extending from a point distal to the distal palmar crease (between the thenar and hypothenar eminences) to the mid-forearm. Swathika bandha (figure of 8 bandage) is resorted to.	Figure of 8 bandage (including the axilla of the affected side only. A cotton ball is placed in the axilla to avoid recurrence);	Leaflet rachis of Cocos nucifera.Lin is made into a rim (of patellar dimension) and is wrapped with a soft cloth. The rim is secured to the knee, with the patella in position. Bandaging is done from above downwards up to lower calf
FINAL POSITION	The wrist remains in mild to moderate dorsiflexion. Collar and cuff sling is provided.	Adducted and internal rotated arm, flexed at elbow. Collar and cuff sling is provided	A comfortable position allowing movement to a limited extent.

Major complications like non - union and meniscal injuries are treated in extensive plains with both internal medications and external therapies.

Conclusion

Marma Cikitsa is one of the popular trauma care practices in Southern India having its roots in Aayurveda, Kalari and Tamil Varma Kalai. There is rich literary resource, which gives a firm foundation to this practice. The practical aspects are preserved and still practiced in South India due to its close relation to martial arts tradition. A large population in India often resort to traditional practitioners as they provide cost effective treatment and comparable results.

However, the potential of trauma care through traditional methods are overlooked in recent times, owing to the technological advancements in the modern parallel. Marma cikitsa uses a systematic strategy to approach musculoskeletal injury with indigenous methods and techniques, and needs extensive study. Indigenous resuscitation methods (Adangal prayogam) is yet another contributable field. Despite challenges, Marma practice is evolving in recent times to a more robust form imbibing knowledge from both conventional and modern realms.



Marma An Overview

Article based on the Guest lecture by Dr. Vinodkrishna, Chief Physician, Amiya Ayurveda Hospital, Pattambhi during Karmabhyasa-National workshop on 6th March 2020

Prepared by - Dr Arun Babu BAMS MS (AYU), Dr Sooraj and Dr Nihal

Introduction

Marmas'aastra, the science of marma is one of the unique and important topics discussed in Aayurveda. It is a noble contribution of ancient India to the world. The science of Marma or Marma vidya is an extraordinary and dynamic Aayurvedic therapy that has tremendous value in health, longevity and prevention of diseases. The vital energies (praan'a) during their flow tends to pause at certain areas of the body which can be termed as marma in simple language. They are 107 in number. These vital points should be protected from injury as the essence of life (praan'a) rest in them. Any injury or mechanical involvement directly affecting these marma sthaana results in death sooner or later or any serious consequences. Marma therapy or Marmacikitsa is thus an important method of Aayurvedic treatment for entire spectrum of health complaints in major and minor cases. This article is based on the presentation about Marma and its importance in pan`cakarma and kalari cikitsa during "Karmaabhyaasa", a one-day workshop hosted by Santhigiri Ayurveda Medical College, Palakkad on March 6th 2020

Description of marma in Aayurveda

Marma is a conglomeration of anatomical structures namely maamsa(muscle), siraa(blood vessels), snaayu (ligaments and nerves), asthi (bone) and sandhi (joints) where praan'a is situated.

Depending on the structure, marma are classified as:-

Marma	Number
1. Maamsa marma	11
2. Siraa marma	41
3. Snaayu marma	27
4. Asthi marma	08
5. Sandhi marma	20

Depending on the consequences of trauma over marmas, Susruta Aacarya had classified marma into 5 groups

Marma	Number
1. Sadya praan'ahara marma	19
2. Kalaantara praan'ahara marma	33
3. Vis'alyahara marma	3
4. Vaikalyakara marma	44

5. Rujaakara marma 8

Based on the sites and location Aac'arya Sus'ruta has classified marmas under 5 categories

Marma	Number
1. Head and neck	37
2. The chest	9
3. The abdomen	3
4. The back	14
5. The extremities	11 each

Upper extremities	Lower extremities	Head&Neck
Kshipra	Kshipra	Adhipati
Tala hr'daya	Tala hr'daya	Sr'n~gaat'aka
Koorca	Koorca	Seemanta
Koorca s'ira	Koorca s'ira	Sthapani
Man'i bandha	Gulpha	Utkshepa
Koorpara	Indra vasti	S'ankha
Indravasti	Jaanu	Aavarta
Aan'i	Aan'i	Apaan~ga
Bahvi	Oorvi	Phan'a
Lohitaaksha	Lohitaaksha	Vidhura
Kakshadhara	Vit'apa	Kr'kaat'ika
		Maatr'ka
		Nilanya

Abdomen	Chest	Back
Guda	Hr'daya	Kat'eeka tarun'am
Vasti	Stanamoola	Kukundaram
Naabhi	Stanarohita	Nitambam
	Apaalaapa	Paars'vasandhi
	Apastambha	Br'hati
		Amsa phalaka
		Amsa

Marma abhighaata

Marma abhighaata suggests any injury to marma in the body. Marmaabhighaata is likely to produce subjective manifestations depending upon the extent and nature of injuries to the marma. They include-

“Bhrama: pralapa: patanam pramoho vicesht'anam
samlayanoshn'ate ca,
srastaan~gataa moorccchanamoordhva vaatasteevraa rujo
vaatakr'taas'ca taastaa:
maamsodakaabham rudhiramca gacchetsarvendriyaardho
paramastathaiva,



dashaardha sankhyeshvapi vikshateshu saamaanyato marmasu lin~gamuktam.”

Certain general manifestations like confusion, delirium, weakness, lack of consciousness, restlessness, loss of sensations of parts, rise in body temperature, loss of function of the joints, unconsciousness, shallow breathing, severe pain, bleeding, loss of perception of senses, paleness of body and postural instability are commonly seen in marmaabhighaata.

Marma cikitsa

Marma cikitsa involves application of pressure on marma points to induce the positive flow of praan'a through the various channels. Diseases such as headache, body ache, faulty spinal alignment, joint pain, muscular sprain etc may be treated using various healing therapies like svedana, abhyan~ga, pizhichil, kizhi etc clubbed along with marma cikitsa. There are various specific marma points used for the treatment of diseases such as: kshipra marma, man'ibandha marma, kat'eekatarun'a marma etc. Kshipra marma is found in hands and legs; man'ibandha marma is found in upper limbs and is associated with sandhi. Marma therapy offers stimulation of these specific points which removes blockage from the vital srotas and provides physical and psychological relaxations. Marma cikitsa mainly concentrates on diseases pertaining to neuromuscular system, locomotor system, nervous system and circulatory system. There are various approaches which are utilized in marma therapy such as ; therapeutic touch, massage, pressure to marma points etc. Aayurveda also describes use of medicated oil massage prepared in sesame oil base for marma cikitsa.

Marma in Pan`cakarma

Pan`cakarma mainly includes the s'odhana cikitsa like vamana(emesis), virecana(purgation), vasti (enema), nasyam(nasal medication), raktamoksham(bloodletting) and Keraleeya cikitsa modalities like abhyan~ga, dhaara, s'irodhaara, pin'd'a svedam, urovasti, picu dhaaran'a, kat'eevasti etc. All these treatment methods involve marma in the respective areas. So knowledge of marma plays an important role in performing various treatments.

Some examples are:

1. Talam, s'irodhaara, abhyan~gam, s'irovasti – adhipati marma is involved
2. Nasyam, kavalam, gand'oosham – s'r'n~gaat'aka marma and manya marma is involved.
3. Vamanam – stimulating uro marma leads to easy expulsion of vamaana vega and also vamaana will be powerful only if maatr'ka marma is functioning properly

Concept of kalari marma cikitsa

The system of marma as a cikitsa or therapy is related to *kalari payattu*. *Kalari* marma cikitsa is a technique for healing injuries related to musculoskeletal system that evolved along with the martial arts form itself. As a result it has evolved over the years into a highly specialised technique for treatment of injuries relating to bones, muscles, nerves, joints and tissues. So it is not at all surprising that people make a local line for this place rather than visiting a hospital when they have an accident or have sprained their ankle playing football.

Kalari cikitsa is usually done by *kalari* master called '*gurukkal*' based on mainly "*thirummal*" (massage) of the body with various oils and drugs with healing powers. A *kalari* master uses the marma points to heal. The master has extreme knowledge about psychophysiological aspects and practical knowledge on the body's vital spots 'marma'. This gives him extra ordinary control over his body and thus control of energy.

Kalari massage

The first stage of the preparation of a warrior and the artist is based on oil massage known as "*Udvar thaizam*" or "*uzhichil*". The Aayurvedic tradition of sus'ruta aacaarya says that diseases are afraid of approaching a body which has been foot massaged, just like animals in the site of a lion.

Combat situation demands an extremely agile, strong and supple body, which would instantly obey the focused mind. The ancient martial artistes (warriors) used *kalari* massage to prime their body and sharpen reflexes. In *kalari* massage the therapist or the *kalari* master uses his hand and feet to massage their recipient using medicated oil. The masseurs use "Nad'ee sootra kriya" to apply pressure with the fingers, thumb or toe at certain points of the body. These pressure points are areas where there is a high concentration of praan'a.

Usually an *uzhichil* course lasts for 14 days. At the time of massage the master has to follow strict restrictions in his/her daily routines. He should not expose to the sun for a long time, should take only the prescribed food and should follow strict celibacy.

The three types of *kalari* massage are used for different purposes

1. *Sukha thirummal* :- this system of massage relieves the body from aches and muscular pain
2. *Katcha thirummal* :- given to increase a person's body flexibility and physical endurance
3. *Raksha thirummal* :- this massage is for healing

Chavatti uzhichil

Chavatti Uzhichil is a unique form of massage that originated from the esteemed traditional martial arts form of Kerala, *Kalaripayattu*.



Also called as *chavatti thirummal* or foot massage, it is a unique massage treatment and extension of Aayurveda and dhanurveda (archery). This massage is done on the whole body mainly using feet by the masseur, putting medicated herbal oil all over the body and head of the person.

In this massage the patient lies down on a reed mat (sometimes a wooden cot), while the teacher holds on to a rope hanging from the ceiling and massages the person with his feet. This requires great skill and is only possible after the person has reached a level of mastery. The procedure involves manipulating the marma points deftly using controlled pressure, varying from gentle to intense. This improves blood flow across the body and rejuvenates its every tissue. It involves applying foot pressure. This massage requires intense focus and expertise since every marma point of the body has specific and firm pressure requirements – some quite intense. So using the feet serves the purpose, with some small strokes and many long strokes. The entire process takes about 1 hour, and then the patient is advised to take rest for some while and to have bath in hot water.

Benefits:-

- The marmas are well massaged and manipulated
- Increases energy and vitality of body
- Beneficial in marma injuries
- Excellent rejuvenation technique
- Good in obesity and weight reduction
- Cures muscular pain, sciatica, low back ache, structural

deformities, spinal injuries etc.

- Beneficial for developing stability, memory, concentration and strength.

Contra indications:-

- Children
- Oldage
- Weakness
- Fever
- Pregnancy etc.

Conclusion

Like a door or pathway, activating a marma point opens into the inner pharmacy of the body. The body is a silent, universal, biochemical laboratory—operating every moment to interpret and transform arising events. Touching a marma point changes the body's biochemistry and can unfold radical, alchemical change in one's makeup. Stimulation of these inner pharmacy pathways signals the body to produce exactly what it needs, including hormones and neurochemicals that heal the body, mind and consciousness. This deep dimension of marma therapy has the potential to unfold spiritual healing. Marma s'aareera is also concerned with the prana, treatment procedures and surgery apart from traumatology. Even modern traumatology, despite the advancement, has its own drawbacks and failures. Appropriate clinical research and re-establishment of marma theory may certainly become complementary to modern surgery.



Images from the National Workshop - 'Karmaabhyaasa' held at Santhigiri Aayurveda Medical College, Palakkad on 6th March 2020



Guidelines for Environmental Measures In Healthcare Facilities

Ministry of Health & Family welfare issued guidelines regarding maintaining proper environmental sanitation measures to contain COVID 19

- Freshly prepared 1% Sodium Hypochlorite can be used as a disinfectant for cleaning and disinfection
- Leaving the solution for a contact time of at least 10 minutes is recommended
- High contact surfaces (door, knobs, hand rails, washroom fixtures etc) should be regularly cleaned with 1% Sodium Hypochlorite.
- Nursing station, examination room, cubical with less than 1 week admission need more frequent cleaning than other areas of ward.
- Alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metals.
- Sensitive equipment's (BP apparatus, thermometer, endoscopes) should be wiped with 70% alcohol-based rub/spirit swab before each patient contact.
- Endoscopes can be sterilized by immersing in 2% glutaraldehyde solution for 20 minutes
- Heat stable Examination Equipments : (autoclave), chemical (formaldehyde) vapor, and dry heat (e.g., 320° F for 2 hours)
- For air-conditioning/ventilation, the guidelines emphasises setting of all air conditioning devices should be in the range of 24-30 deg C, relative humidity should be in the range of 40- 70%. Nonetheless intake of fresh air should be as much as possible and cross ventilation should be adequate

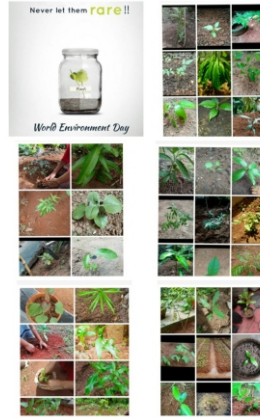
Sanskrit Alphabets with English Transliteration Key

अ	आ	इ	ई	उ	ऊ
a	aa	i	ee	u	oo
		ए	ऐ	ओ	औ
		e	ai	o	au
ऋ	ॠ	ऌ		ॡ	अः
r'	rr'	l'		m	h
क	ख	ग	घ	ङ	
ka	kha	ga	gha	n~	
च	छ	ज	झ	ञ	
ca	cha	ja	jha	n`a	
ट	ठ	ड	ढ	ण	
t'a	t'ha	d'a	d'ha	n'a	
त	थ	द	ध	न	
ta	tha	da	dha	na	
प	फ	ब	भ	म	
pa	pha	ba	bha	ma	
य	र	ल	व		
ya	ra	la	va		
श	ष	स	ह	क्ष	ज्ञ
s'a	sha	sa	ha	ksha	jna

Events

Environment Day Celebrations

The students of Santhigiri Ayurveda Medical College celebrated World Environment Day 2020 on 5th June 2020 by planting saplings in their respective home and surroundings as the classes were suspended due to the Covid- 19 pandemic.



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