

#### WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

## Unit 2: Ayurvedic Anatomy and Physiology in Practice

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(Dhātus • Srotas • Marmas • Nāḍīs • Pain & treatment logic)

# Dhātus (body tissues) and their nourishment -

Ayurveda describes seven primary tissues—rasa (plasma/lymph), rakta (blood), māṃsa (muscle), meda (adipose), asthi (bone), majjā (marrow/nerve), śukra/artava (reproductive essence)—that are built and maintained in a sequential supply chain. Nutrients first form rasa, which then "feeds" rakta, and so on, each step governed by local dhātu-agni (the tissue's metabolic capacity). When agni at any step is weak or overloaded, the next tissue is undernourished (kṣaya) and waste/by-products accumulate (āma), often presenting as dryness, poor wound healing, hair/nail fragility (asthi/majja issues), or low vigor (ojas depletion). In manual therapy, warm oils, rhythmic glides, and breath-paced holds improve capillary/lymph flow (rasa-rakta), soften fascial drag (māṃsa/meda), and calm autonomic overdrive—indirectly supporting downstream nourishment.

### Dhātu quick-reference

Dhātu	Core role	Depletion signs (examples)	Massage focus
Rasa	First receiver/distributor	Fatigue, dryness	Warm, long glides; lymph-first
Rakta	Oxygen/heat, coloration	Pallor, irritability/heat swings	Even tempo; avoid overheating
Māṃsa	Form/motion	Weakness, myalgia	Along-fibre glides; gentle kneads
Meda	Cushion/energy	Edema, heaviness	Brisk light strokes; heat brief
Asthi	Structure/mineral	Achy joints, brittle nails	Traction; avoid jabs on capsules
Majjā	Nerve/immune marrow	Tingling, low resilience	Parasympathetic pacing; avoid sharp inputs
Śukra/Artav	a Reproductive/creative	Low vigor, menstrual dysregulation	Whole-body tone; gentle abdominal work if appropriate

# Srotas (body channels) — types, function, and massage relevance -

Srotas are the body's transport networks—macro to micro pathways through which nutrients, signals, wastes, and doshas move. Classics name both systemic srotas (e.g., prāṇavaha for respiration, annavaha for food, udakavaha for water, rasa-rakta-māṃsa-...-śukravaha for each dhātu, mūtravaha/pūriṣavaha/svedavaha for urine, feces, sweat) and give each a mūla-sthāna (root), signs of dysfunction (sroto-duṣṭi), and corrective measures. From a therapist's lens: distal→proximal limb strokes aid venous/lymph return (rasa pathway), intercostal work assists prāṇavaha, clockwise abdominal glides help annavaha, and gentle inguinal/axillary clearing creates drainage "gates" before moving fluid from the periphery. Treatment of "blocked channels" blends snehana (oleation), svedana (therapeutic heat/sweat), and movement—always dosha-matched and dose-controlled.

### Common srotas in practice

Srotas	Root (mūla; classical)	Clinic signs of dușți	<b>Bodywork emphasis</b>
Prāṇavaha (resp.)	Heart/diaphragm	Breath shallow, rib stiffness	Rib arcs, sternum holds on exhale
Annavaha (GI)	Stomach/duodenum	Bloating, erratic bowels	Clockwise abdomen; pace breath
Udakavaha (fluids)	Palate/kloma	Thirst dysregulation	Hydration cues; gentle chest work
Rasa/Rakta	Heart/vessels	Cold extremities or heat spikes	Distal→proximal limb returns
Māṃsavaha	Fascia/muscle beds	Stiffness, trigger bands	Along-fibre glides; kneads
Medovaha	Flanks/abdomen	Oedema, heaviness	Brisk light strokes; brief heat
Mūtravaha / Pūriṣavaha	a Bladder/colon	Retention/constipation	Diaphragm cue; avoid force

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Srotas Root (mūla; classical) Clinic signs of duṣṭi Bodywork emphasis
Svedavaha Skin/sweat Dry skin, poor heat tolerance Oil film; dose steam prudently

# Marmas — classification, locations, therapeutic importance -

Marmas are 107 vital junctions where structures (muscle, vessel, ligament, bone, joint) converge and where  $pr\bar{a}na$  is said to be especially accessible—and vulnerable. Classics group them by anatomy (māṃsa, sirā, snāyu, asthi, sandhi marmas), region (44 in limbs, 12 trunk, 14 back, 37 head/neck), and prognosis after injury: sadyaprāṇahara (instant fatal), kālāntara-prāṇahara (delayed fatal), viśalyaghna (fatal on withdrawing an embedded object), vaikalyakara (disabling), and rujakara (pain-causing). Therapeutically, we do not "press hard" on marmas; we use broad, breath-timed, oblique contacts to calm neurovascular tone, modulate pain (gate control), and coordinate with srotas work—e.g., Hṛidaya for autonomic settling, Nābhi to quiet gut-brain loops, Gulpha/Talahridaya for distal grounding.

#### Marma essentials

Axis Key facts for therapists

Number & spread 107 points; limbs 44, back 14, trunk 12, head/neck 37

Anatomy classes Māṃsa, Sirā, Snāyu, Asthi, Sandhi

Injury prognosis Sadyaprāṇahara, Kālāntara-prāṇahara, Viśalyaghna, Vaikalyakara, Rujakara

Safety

No vertical force on agni marmas (Hṛidaya, Nābhi, Basti, Ādhipati); oblique, graded touch over

sūkṣma (neurovascular) sites

Evidence signals

Reviews and pilots report pain and BP modulation with select marma protocols; mechanisms likely

neurovascular/autonomic.

# Nāḍīs (energy channels) and their subtle role in Kalari Uzhichil -

Ayurvedic-yogic literature speaks of thousands of nāḍīs—prāṇa pathways of the subtle body. Three are primary: Iḍā (cooling, lunar, left), Piṅgalā (warming, solar, right), and Suṣumnā (central channel associated with balanced ascent of prāṇa). Nāḍīs are not gross nerves; they are functional/energetic routes recognized in hatha-yoga texts that outline breath practices to "purify" them. In Uzhichil, we translate this into breath-synced pacing, left-right symmetry, and a central sweep to settle the axis—practical ways to "balance Iḍā-Piṅgalā" and invite a Suṣumnā-like stillness at the close.

# Subtle-practice bridge

Yogic idea Bodywork translation

Iḍā ↔ Piṅgalā balance Mirror strokes left/right; equalize temperature & tone

Suṣumnā awakening Sacrum→crown midline sweep; crown/heart "seal" on quiet breath

Nāḍī-śodhana (alt. nostril) Cue longer exhale; time depth to exhalation for vagal bias

# Ayurvedic concept of pain and treatment approach -

Classically, **śūla/vedanā (pain)** is dominated by **Vāta** (motion/nerve principle) and worsened by **srotas obstruction** (**srotorodha**)—often due to **āma** or tissue congestion. Management therefore follows a **two-lane logic**:

- 1. **Normalize movement & tone (Vāta)** *snehana* (oleation with warm oils), *svedana* (therapeutic heat/sweat), gentle joint traction and along-fibre glides; progress to mobilization and strengthening as tolerated.
- 2. Clear obstruction (āma/srotas) sequence lymph/venous return (proximal clear → distal move), use heat judiciously, and pair with diet/rest routines that steady agni. In stubborn Vāta disorders (e.g., chronic low back pain), classical approaches prioritize basti (medicated enemas) under medical care; in bodywork scope, we focus on rhythmical oiling, heat, and breath to desensitize and restore range. Clinical reports within Ayurveda

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journals consistently emphasize **snehana** + **svedana** as first-line for Vāta-pain, with marma adjuncts for modulation.

### Pain pathway map (Ayurveda → practice)

Cause lens	Typical signs	First-line measures in bodywork	Medical adjuncts (outside massage scope)
Vāta aggravation	Variable, shifting, worse with cold/dry	Warm oils, slow depth on exhale, joint traction	Basti; internal Vāta-hara formulations
Āma + srotorodha	Heaviness, stiffness, morning aggravation	Clear proximals; brief heat (kizhi/steam)	Āma-pācana (digestive) plans
Pitta-pain	Burning, hot/inflamed	Neutral-cool oils; avoid friction; light lymph	Anti-Pitta regimen; cooling herbs
Kapha-pain	Dull, heavy, oedematous	Brisk light strokes; elevation; movement	Kapha-reducing diet/exercise

# Integrating the unit in Kalari Uzhichil sessions -

- Start with srotas logic (clear gates, then move fluid),
- Tune dhātu goals (which tissue needs nourishment vs. unloading),
- Place marma work thoughtfully (quality over quantity),
- Use nāḍī cues (symmetry + midline sweep + exhale timing), and
- Follow pain logic (Vāta calm + obstruction clear).

Used together, these frameworks turn full-body oil work into **precise, individualized physiology in action**—grounded in classical maps and consistent with modern, safe manual practice.

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