AN ANALYTICAL OUTLOOK OF DETERMINATION OF THE MULASTHAN OF SROTAS

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ABSTRACT

Dosha, dhatu and mala are the basic building elements of body. Their continuous and proper flowing in body is the material cause for health of the body. Any obstacle anywhere in this process, known as disease. For proper direction of these building blocks in body unaltered state akash mahabhuta is necessary. This space or akash mahabhuta is represents as the srotas or channels of conduction. ‘Kha’ is one of the synonym of srotas and the same scripture is used for srotas. Proper functioning of Srotas is the only remote cause for good health. Ayurvedic clinical foundation is based on thorough knowledge of it. Srotans are the channels that convey the body elements, which are undergoing metabolic processes, subserve the purpose of circulation. The normal functioning of the particular group of channels (srotansi) is depends upon it’s mulasthan. After management of mulasthan of that specific srotas basic management of the diseases belonging to that particular srotas gets completed. Hence peculiar discussion of the mulasthan of the group of channels (srotansi) on the basis of cause-effect theory is inevitable for clinical practice.

KEYWORDS: Srotas, mulasthan, origin site, local controller, unique controller, Pranavaha srotas

Pranavaha srotas

Hridaya and mahasrotas have been considered as mulasthan of pranavaha srotas\(^2\). In this context the term hridaya not only signifies the organ heart but also extends chest or cardiac region.\(^3\) Cardiac region is also important for normal flowing of pranavayu. The general treatment of the diseases of the vitiation of pranavaha srotas resembles with disease shwasa\(^4\) which originates from amashaya\(^5\). The term amashaya also mentioned as synonymous with mahasrotas.\(^6\) Hence shwasa originates in the vicinity of mahasrotas. On account of similarity of treatment with shwasa reg the seat of treatment of pranavaha srotas might be mahasrotas. Hence from clinical point of view mulasthan of pranavaha srotas is justified here with. Prana reach to the every corner of the body through rasavahi dhamani and then performs the categorical functions. Rasavahi dhamani is considered as mulasthan as the mode of transportation. Hridaya is depicted as the site of pranavayu.\(^7\) The transformation of bahya prana to shariropyo prana (body compatible prana) takes place in hridaya and then transported throughout the body. So in this regard also hridaya is also considered as mulasthan as the sangrahsthan or storage point of view.

Annavaha srotas

Annavaha and vama parshwa have been considered as mulasthan of annavaha srotas, annavahi dhamani also considered.\(^2,8\) Mahasrotas word is used as a mulasthan to both pranavaha and annavaha srotas. Although pranavaha and annavaha srotas are vital and gives large procreative energy to the body, commonly mahasrotas term is applicable to annavaha srotas only. Annavahi dhamani plays vital role in the priman karma of rasadhatu by carrying paramasukshma, tejohuta, properly digested, panchabhautik ahararasa to all the corners of the body. Annahaya is storage site of panchabhautik anna and along with vama parshwa it is basic substratum for all disorders which originate from the respective srotas. Basically physicians conduct vama karma with support of amashaya, virechan karma with...
support of amashaya and pachymanashaya and basti karma with support of pakvashaya. Amashaya, pachymanashaya and pakvashaya are nothing but the sub portions of mahasrotas. So in this regard, amashaya can be considered as a mulasthan with storage point of view, annavahi dhamani as mulasthan as conduction point of view and vama parshwa as a mulasthan as clinical standpoints.

**Udakavaha srotas**

Talu and kloma have been considered as mulasthan of udakavaha srotas. Examination of talu is commonly done in vitiation of this srotas. Hence talu is a vital diagnostic tool in this regard. In disease of any srotas, if talu shasha observe then analogically vitiation of udakavaha srotas gets established. Hence from diagnostic point of view mulasthan of udakavaha srotas is justified here with. Procreator of kloma organ is varun devata. Varun is a god of water (jala) hence indispensable relation of kloma organ with jala gets established. In the vidradhi of kloma organ pipasa seen as a cardinal feature. In this regard, kloma can be considered as a mulasthan with clinical point of view.

**Rasavaha srotas**

Hridaya and dasha dhamani have been considered as mulasthan of rasavaha srotas. In this regard hridaya is the organ heart which is situated in middle mediestenum and pumps the blood throughout the body continuously. Hridaya is a material cause for storage and pumping action of rasa dhatu but production of rasa dhatu does not takes place in mahasrotas rather than here. After that dasha dhamani transports that rasa dhatu which is pure and minutest essence of properly digested food through all corners of body. So in this context, hridaya is justified as a mulasthan with storage point of view and dasha dhamani as a mulasthan with conduction standpoint.

**Raktavaha srotas**

Yakrit and pliha have been considered as mulasthan of this srotas, raktabhadi dhamani also considered. During embryonic development origin of yakrit and pliha takes place from shonit (rakta) and after birth for particular time period production of rakta takes place in yakrit and pliha. Hence on the basis of gunasamanya ashraviyashri relation between yakrit-pliha and shonit dhatu gets proven successfully. In this way yakrit and pliha justified as a mulasthan with origin and storage point of view. Raktavahi dhamani conducts the blood after attaining red color in yakrit- pliha throughout the all corners of body. In this regard, raktavahi dhamani is justified as a mulasthan as conduction point of view.

**Mansavaha srotas**

Snayu and twak have been considered as mulasthan of this srotas, raktabhadi dhamani also considered. Snayu is a basic storage site of mansa dhatu.

**Medovah srotas**

Vrikka and vapavahan as well as kati have been considered as mulasthan of srotas. The vrikka organ vitally relates with fat metabolism (medodhatu pushhti). On account of removal of adrenal glands, daurubalya, karshya, agnimandya, trishna etc arises as complications, and same are seen in many contexts in relation with diseases raised from the vitiation of meda dhatu. The objective of above scenario is that, with mentioned vrikka organ it is necessary to consider kidney organ along with suprapenal glands which are situated on the apex of kidneys as a mulasthan of this srotas. Hence vrikka is justified as a mulasthan with origin point of view. Vapavahan and kati mainly stores the excess fat in body. Deposition of excess fat in body is commonly occurs in abdomen. The utilization of this stored excess fat is mainly takes place during condition of heavy starvation or other chronic disorders. So here, kati and vapavahan have been justified as a mulasthan as storage point of view.

**Asthivaha srotas**

Medomul and jaghan have been considered as mulasthan of this srotas. According to dhatuposhan nyaya, the origin of asthi dhatu takes place on account of the specific action of asthidhatvagni on asthiposhakansha which is formed at the time of medadhuta uptatti. Hence from origin point of view, medomul is justified as a mulasthan of srotas. Entire hip region can be considered as a mulasthan of asthivaha srotas with mentioned jaghan region. It can be considered as mulasthan with diagnostic as well as clinical point of view. During old age vitiation of asthivaha srotas primarily seen in the same region. As most frequently observed fracture in old age is fracture of neck of femur. Primary management of disorders of vitiated asthivaha srotas is basti and panchakarma. Maximum panchakarma procedures (except nasya and siravyadha) can be successfully done with the support of whole hip region. Basti karma constitutes 50% of whole management and this basti karma is impossible to do without support of the hip region. In this regard, jaghan Pradesh is justified as a mulasthan as diagnostic as well as clinical point of view.

**Majjavaha srotas**

Asthi and sandhi have been considered as mulasthan of majjavaha srotas. The tissue bone marrow occupies the internal cavities of bones. At birth these cavities are filled entirely with red bone marrow but in later life the marrow in limb bones is replaced by yellow bone marrow. Fatty yellow bone marrow is placed in diaphysis or body or shaft of long bones and red bone marrow is found in spongy bone tissue of long bones. In present context, with sandhi region it is necessary to consider entire lower end of one bone and entire upper end of other bone which takes part in sandhi formation. In this way, asthi and sandhi have been justified as a mulasthan with origin and storage point of view.

**Shukravaha srotas**

Vrishan and sheph have been considered as mulasthan in present srotas, stan also considered. Although shukra dhatu belongs to each and every corner of body, shukra mentioned in this context is that which is cognizable at the time of conception. Production of this shukra takes place in vrisan after that it stored for proper time in vrisan and at the time of conception it is conducted from vrisman to sheph by the medium of specific tube like structures. Stan is explained as a mulasthan with diagnostic standpoints. In sandhi yonivapat, anartava (amenorrhea) and astani (mal development of mammary glands) have been observed as cardinal features. Mammary glands are present in both males and females and it is characteristic feature of mammals. Here, vrisan is justified as a mulasthan with origin and storage point of view whereas sheph is justified as a mulasthan with conduction standpoints and stan as diagnostic standpoints.
Purushavaha srotas
Pakvashaya and shulgudaga have been considered as mulasthan of srotas. The production of purisha takes place during 3rd avasthapak in pakvashaya (large intestine). Large intestine can be divided into two parts proximal 1/3rd and distal 2/3rd. Among that, in proximal 1/3rd part basically production of fecal matter occurs and distal 2/3rd part is mainly responsible for storage of formed fecal matter. In uttaguda mainly storage of fecal matter takes place and through adharaguda it is excreted out of the body. In this regard, pakvashaya is justified as a mulasthan with origin and storage point of view and shulgudaga as a mulasthan with storage and conduction point of view.

Murtavaha srotas
Basti and vankshan have been considered as a mulasthan of srotas. In this context entire urinary system can be considered with basti pradra. After formation of urine in pakvashaya it’s storage takes place in basti and after that it’s conduction takes place through vankshan Pradesh upto bahirmukh srotas of body for excretion. In this regard, basti is justified as a mulasthan with storage and conduction standpoints wherein vankshan is clarified as a mulasthan with conduction point of view.

Svedavaha srotas
Medomul and lomkup have been considered as a mulasthan of srotas. Mulasthan of srotas can be divided basically into two types. a) Pramukha niyantrak (unique controller) It can be considered that, all above explained mulasthan are local controllers of their corresponding srotas. The two centers each mentioned as mulasthan in context of one srotas, primarily controls the activities of their corresponding srotas only. But there might be a super or unique controller who controls mulasthan of all srotas. e.g. in relation to rasavaha srotas, hridaya and dasha dhamani are local controllers and not super controllers. So who is the unique controller of all srotas? annavaha srotas (mahasrotas) is the super controller who controls all these mentioned standpoints. Mahasrotas is the basic substratum for all vital management procedures in the ayurvedic line of treatment. In disease of any srotas it is impossible to complete vamanadi panchakaramarupi shodhan chikitsa as well as dipan pachanadi saptavidhha shaman chikitsa without support of mahasrotas. In this regard, mahasrotas is justified as unique or super controller of all srotas.

CONCLUSION
On the basis of above discussion it may be concluded that, the assessment of mulasthana cannot be ascertain always in the per view of anatomical angle. In this regard the controlling inputs of the functions of the srotas and the physiological angles are also to be considered. Besides the clinical outlook and the diagnostic considerations must be accounted to justify it’s overall assessment and certainly by considering the above 5 points the mulasthan or the source of any particular srotas, not described in classics, can also be confirmed.

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