

A COMPREHENSIVE REVIEW ON RUJAKARA MARMA

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ABSTRACT

Our science of life “*Ayurveda*” has withstood the test of time in a glorious manner. In those times a *vaidya* had to deal with more exigencies during the time of war where people were injured on their *marma sthana* and it might have been the reason why *marma* was given utmost importance in our *samhitas*. *Marma* are the vital points which when afflicted can cause death like miseries or death and need utmost care while performing surgical procedures on such points. In *samhitas*, totally 107 *marma* are explained and classified them under three groups as, *Marmavastu anusara bheda*, *Shadanga anusara bheda*, *Vikalpa anusara bheda*. *Rujakara marma* is one among *Vikalpa anusara bheda* and are eight in number. Among them four are present in *Bahu i.e manibandha* and *kurchashira* and four in *Sakthi i.e gulpha* and *kurchashira*. *Vayu* and *Agni tatwa* are predominant in these *marma* and any injury to them leads to *Ruja*. In this paper, an effort is made to access the structures involved in these *marma pradesh* and explain their *viddha laxanas*.

Keywords: *Marma, Vikalpaanusara bheda, Rujakara marma.*

INTRODUCTION

Ayurveda is the ancient science which has been proved for more than 5000 years. Even though the modern science is changing from time to time it has maintained its special place till date.

Ayurveda has its own principles or concepts which stand in modern era also. The concept of *Marma* is one such Imperative and Unique principle.

Marma is a vital site where *Mamsa, Sira, Snayu, Asthi* and *Sandhi* confluence take place and *Prana* resides at these sites.

In classics, 107 *marmas* are explained and are classified under three groups i.e on the basis of location in the body (*Shaakagatamarma, Udaraurogatamarma, Prustagatamarma* and *Urdhwajatrugatamarma*), on the basis of predominant *marmavastu* (*Mamsamarma, Sirmarma, Snayumarma, Asthimarma and Sandhimarma*) and on the basis of effect of injury (*Sadhyopranahara, Kaalantharapranahara, Vaikalyakara, Visalyaghna* and *Rujakara marma*).

Rujakara marma is one such category based on effect of injury. Totally eight *Rujakara marma* are mentioned, among them four are present in *Bahu* i.e. *manibandha* and *kurchashira* and four in *Sakthi* i.e. *gulpha* and *kurchashira*.

OBJECTIVES

The objective of this study is to access the structures involved in *Rujakara marma pradasha* and explain their *viddha laxanas*.

ETYMOLOGY AND DEFINITION OF MARMA

According to *Shabdhakalpadruma*, word *marma* is derived from *mru dhatu* which means *sandhisthanam* or *jeevasthanam*.^[1]

Acharya Sushruta has defined *marma* as the anatomical site where *Mamsa*, *Sira*, *Snayu*, *Sandhi* and *Asthi* meet together and *Prana* is present in *marmapradesha* by its *swabhava* (generally) as well as *visheshata* (specifically) and any injury to it leads to *prananasha* (death).^[2]

NUMBER OF MARMA

Total number of *marma* is mentioned as 107 by *Acharya Sushruta*.^[3] The same opinion is given by *Charaka* and *Vagbhata*.^[4, 5]

CLASSIFICATION OF MARMA

All the 107 *Marmas* are classified into three different groups as follows:

1. *Marmavastuanusara bheda* ^[6]
2. *Shadangaanusara bheda* ^[7]
3. *Vikalpaanusara bheda* ^[8]

RUJAKARA MARMA

Rujakara marma are one among *Vikalpa anusara bheda*.

Totally eight *Rujakara marma* are mentioned ^[9], among them four are present in *Bahu* i.e. *MANIBANDHA* and *KURCHASIRA* and four in *Sakthi* i.e. *GULPHA* and *KURCHASHIRA*.

Manibandha is a *sandhimarma* ^[10] 2 *angula* in *pramana*,^[11] and injury to it leads to *kuntatha*.^[12]

Gulpha is a *sandhimarma*,^[13] 2 *angula* in *pramana*,^[14] and injury to it leads to *Ruja*, *Sthabda-paada* and *Kanjata*.^[15]

Kurchashira is a *snayu marma*,^[16] 1 *angula* in *pramana*,^[17] and injury to it leads to *Ruja* and *Shopha*.^[18]

Agni and *Vayu tatwa* are predominant in *Rujakara marma* and injury to this *marma* will lead to severe pain. According to other *Acharyas*, *Rujakara marma* is composed of all the five *mahabutas*.^[19]

Various type of pain will be felt when *Rujakara marma abhigata* occurs and if it is treated by *kuvaidhya* then it will lead to *vikalata*.^[20]

DISCUSSION

Rujakara marma are *Vayu* and *Agni tatwa* predominant, and *Vayu* is responsible for *ruja*. The role of *Agni* may be understood by its *karma* i.e. it maintains *Bala* and *Swastha*. So in *marma viddha* we may predict *balahani* in that particular region.

A. MANIBANDHA MARMA

LOCATION

Manibandha marma is located between *Prakosta* and *Hasta*.

CATEGORISATION

- a) *Shakagata marma*
- b) *Dwayaangula pramana marma*
- c) *Dwi-sankhya marma*

- d) *Sandhi marma*
e) *Rujakara marma*

MARMAVASTU

1. *Mamsa marma vasthu*: Long flexor and extensor muscles.
2. *Sira marma vasthu*: Radial and Ulnar artery.
3. *Snayu marma vasthu*: Radial and ulnar collateral ligaments, median nerve, radial nerve, superficial branch of ulnar nerve.
4. *Asthi marma vasthu*: Radius, ulna and carpal bones.
5. *Sandhi marma vasthu*: Wrist joint, Intercarpal joints.

VIDDHALAXANA

Injury to *Manibandha marma* will lead to *kuntatha* i.e restricted movement of hand and these *laxanas* may be due to following reasons.

- Injury to radial and ulnar collateral ligaments may lead to severe pain and restricted movement (*kuntatha*).
- Fractures of the wrist joint involving the lower end of the radius (Colle's fracture and Smith's fracture) are very common. Fracture of the Scaphoid is also very common.

A. GULPHA MARMA

LOCATION

Gulpha marma is located between *Paada* and *Jangha*.

CATEGORISATION

- a) *Shakagata marma*
- b) *Dwayaangula pramana marma*
- c) *Dwi-sankhya marma*
- d) *Sandhi marma*
- e) *Rujakara marma*

MARMAVASTU

1. *Mamsamarmavasthu*: Tibialis anterior, Tibialis posterior, Extensor digitorum brevis, Peroneus longus and Brevis, Extensor digi-

torum longus, Extensor hallucis longus, Flexor digitorum longus, Flexor hallucis longus, Peroneus tertius.

2. *Siramarmavasthu*: Small saphenous vein, Great saphenous vein, Anterior tibial artery, Posterior tibial artery, Peroneal artery, Dorsalis pedis artery, medial and lateral malleolar network.
3. *Snayumarmavasthu*: Capsular ligament, Deltoid ligament and Lateral ligament, Transverse tibio-fibular ligament, Sural nerve, superficial peroneal and deep peroneal nerves, saphenous nerve.
4. *Asthimarmavasthu* : Tibia, Fibula, Talus.
5. *Sandhimarmavasthu*: Ankle joint, Inferior tibio-fibular joint.

VIDDHALAXANA

Injury to *Gulpha marma* will lead to *ruja*, *stabdhapaada* and *kanjata* and these *laxanas* may be due to the following reasons:

- Ankle sprain usually occurs when foot is plantar-flexed. During plantar flexion, the trochlea tali moves antero-inferiorly and the grip of the malleoli on trochlea becomes loose. Hence leads to ligament tear causing severe pain and restricted movement (*stabdhapaada*)
- Pott's fracture occurs when one foot is caught in a hole in the ground, causing torsional spiral fracture of the lateral malleolus. Forceful eversion pulls on the extremely strong deltoid ligament and causes its evulsion. This may lead to pain(*ruja*),restricted movement (*stabdhapaada*) and limping (*kanjata*)
- Involvement of nerves and ligaments can cause restriction in the movement of the ankle joint which is similar to *Stabdha* as mentioned in *Gulpha marma viddha laxanas*.

B. DESCRIPTION OF KURCHASHIRA MARMA:

CATEGORISATION

- a) *Shakagata marma*
- b) *Eka-angulapramana marma*
- c) *Chatur-sankhya marma*
- d) *Snayu marma*
- e) *Rujakara marma*

KURCHASHIRA MARMA (IN BAHU)

LOCATION

Kurchashira marma is located below *manibandha sandhi* on both the sides.

MARMAVASTU

1. *Mamsamarmavasthu*: Long flexor and extensor muscles.
2. *Siramarmavasthu*: Radial and Ulnar artery.
3. *Snayumarmavasthu*: Apex of palmar aponeurosis, Radial and Ulnar collateral ligaments of wrist joint, median nerve, radial nerve, superficial branch of ulnar nerve.
4. *Asthimarmavasthu*: Radius, ulna and carpal bones.
5. *Sandhimarmavasthu*: Wrist joint, Inferior radio-ulnar joint.

VIDDHALAXANA

Injury to *Kurchashira marma* will lead to *ruja* and *shoph* and these *laxanas* may be due to the following reasons:

- Dislocation of the Lunate bone may occur by a fall on acutely dorsi-flexed hand with forearm flexed. This displaces the lunate anteriorly, causing carpal tunnel syndrome. And compression of median nerve leads to severe pain and swelling.
- Inflammation involving the palmar side of palmar aponeurosis causes thickening and contraction of aponeurosis. As a result the

proximal phalanx become flexed and cannot be straightened.

- Ulnar bursitis which results in hour-glass swelling (so called because one swelling is seen in palm and another in distal part of forearm) can be considered here.

KURCHASHIRA MARMA (IN SAKTHI)

LOCATION

Kurchashiramarma is located below *gulpha sandhi* on both the sides.

MARMAVASTU

1. *Mamsamarmavasthu*: Flexor digitorum brevis, flexor digitorum accessorius, Tibialis anterior, Tibialis posterior, Extensor digitorum brevis, Peroneus longus and Brevis, Extensor digitorum longus, Extensor hallucis longus, Flexor digitorum longus, Flexor hallucis longus, Peroneus tertius.
2. *Siramarmavasthu*: Dorsal pedis artery, medial and lateral plantar arteries.
3. *Snayumarmavasthu*: Inferior extensor retinaculum Tendons of tibialis anterior, Extensor hallucis longus, Extensor digitorum longus, Peroneus tertius, Superficial and Deep peroneal nerves, medial and lateral plantar nerve, Plantar aponeurosis.
4. *Asthimarmavasthu*: Talus, Plantar surface of calcaneus
5. *Sandhimarmavasthu*: Talocalcaneonavicular joint.

VIDDHALAXANA

Injury to this *Kurchashiramarma* leads to *ruja* and *sopha*. These *laxanas* may be due to the following reasons:

- When the tip of plantar aponeurosis gets infected it will cause severe pain and tenderness in heel region and whole foot.

- During hard fall with the heel touching ground forcefully, calcaneal fracture occurs because it disrupts the subtalar joint, where the talus articulates with the calcaneus and thus produces swelling and pain.
 - The compression of tibial nerve will produce pain and numbness in heel.
 - Calcaneal bursitis (retroachilles bursitis) results from inflammation of the deep bursa of the calcaneal tendon located between the calcaneal tendon and the superior part of the posterior surface of the calcaneus. It causes pain posterior to the heel and occurs quite commonly during long-distance running, basketball, and tennis. It is caused by excessive friction on the bursa as the tendon continuously slides over it.
 - Fractures of the talar neck may occur during severe dorsi-flexion of the ankle. In some cases, the body of the talus dislocates posterior. In these cases it can injure the tendons of tibialis anterior, flexor hallucis longus and can produce pain and swelling in that region.
- Since *Ruja* (pain) is the main *laxana* of injury in all above four *marma*, they are grouped under the category of *Rujakara marma*.

CONCLUSION

Marmas are the vital points of our body, where the confluence of *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi* are seen. *Agni* and *Vayu* *tatwa* are predominant in *Rujakara marma* and injury to this *marma* will lead to severe pain. Regional anatomy in *rujakara marmapradesha* is being explained. Based on the structures involved in these *marmapradesha* one can plan for better treatment.

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