



CONCEPTUAL STUDY OF ASHTA MARMA

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ABSTRACT

Ayurveda, the science of life, has given many unique concepts to the world of medicine. Among these, the 'Marma shareera' or 'science of vital points and delicate structures of the body' is one. Acharyas enumerated & classified 107 marmas under different headings. In context of *shalya karma* of *Mutra-ashmari* the *Ashta marmas sevani*, *shukraharani*, *phalasrotas*, *yoni*, *guda*, *mutraseka*, *mutravaha* and *basti* are mentioned. Among them, only two have been mentioned in 107 marmas. The objective of this paper is to do the conceptual study of *Ashta marmas* and justify its anatomical locations and structures.

Keywords: *marma*, *Ashta marma*, *Mutrashmari*, pelvic region

INTRODUCTION

Ayurveda, the science of life, is eternal. It has given many unique concepts to the world of medicine. Among these 'Marma shareera' or 'science of vital points and delicate structures of the body' is one. This also seems to be the first and earliest reference of the explanation of 'applied anatomy'. The knowledge of anatomy and physiology are very es-

sential subjects to becoming a good surgeon or physician. Likewise, the *Marma Vijnana* and *Srothas Vijnana* are contemporary to surgeons and physicians. The term Marma is derived from the root 'mrung pranatyage' meaning, that which causes *Pranatyaga* or death¹. The root word 'mru' is indicative of *Jeevasthanam*². *Marmas* are said to be the site

where there is the conglomeration of *Mamsa, sira, snayu, asthi,* and *sandhi* and at these places' *prana* resides specially by nature³. *Acharya Vagbhata* is also of the same opinion and has additionally included *dhamani* along with other structures. He also considers it as the seat of *prana*⁴. *Acharyas* realized the presence of 107 *Marmas* and *Acharya Charaka* also enumerated 107 *marmas* and among them, *Shiras, Hrudaya, and Basti* are of vital clinical significance⁵. *Acharya Sushruta, Vagbhata,* and *Bhavamishra* classified these *Marmas* on the basis of^{6,7,8} –

1. Based on *Rachana* (Morphological) - *Mamsa, Sira, Snayu, Asthi, Sandhi,* and *Dhamani*
2. Based on *Adhishtana* (Location) – *Shakhagata, Koshta, Prushta,* and *Urdhwa Jatrugata marma*
3. Based on *Parinama* (Prognostic)- *Sadhyapranahara, Kalantarapranahara, Vishalyaghna, Vaikalyakara* and *Rujakara*
4. Based on *Pramana* (Measurement) - Based on *anguli pramana*
5. Based on *Samkhya* (Number) – *Eka, Dwi, Chathur, Pancha,* and *Ashta Sankhya Ashta marma*

Acharya Sushruta describes the knowledge of *marma* and its vitality as the *Ardhavishaya* (half the subject) of *Shalya tantra* in his *Pratyeka Marmanirdesha Shareera adhyaya*. This implies the relevance of *marma* in *shalyatantra* and the importance of *marma jnana* for a surgeon to practice the shastra⁹. *Mutrashmari* (Urinary stone disease) is a major urological condition. Endourologic techniques have influenced the clinical approach and outcomes. As in urinary stone disease, we see the involvement of the *marmasthana*. *Acharya Sushruta, Ashtanga Sangrahaakar,* and *Ashtang Hrudayakar* have specifically mentioned the *Ashta srotjanya marmas* while explaining the *ashmari chikitsa*. After the implication of the *shamana* and *shodhana chikitsa* as mentioned in the *mutraghata* and *ashmari chikitsa adhyaya*, if the disease does not subside, the physician should then resort to surgical treatment. The surgeon, not well versed in operative procedures, causes the death of many people due to his ignorance regarding the eight *marma* located in the *srotas*. The 8 *marmas* are the *sevani, shukraharani, phala srotas, guda, mutraseka, mutravaha, yoni* and *basti*.^{10,11,12}

Sl. no.	Marmas	Abhigataja lakshana
1.	Mutravaha	Mutrapura basti, Marana
2.	Shukravaha	Klaibyam, Marana
3.	Mushkavaha / Phalavaha	Dhwajabhanga
4.	Mutraseka / mutrapraseka	Mutraraksharana
5.	Sevani	Ruja (pradurbhava)
6.	Basti	Marana
7.	Guda	Marana
8.	Yoni	Ruja (pradurbhava)

Table No.1 List of *Ashta marmas* and their *Abhigataja lakshana*¹³

DISCUSSION

Our classics have emphasized the concept of trauma by describing the *marmavijnana*. An indirect mention of the trauma of vital structures and related structures is found in the branch of traumatology. *Acharyas* described *marma* mainly on the basis of *abhigata*. The classifications by *Acharyas* as mentioned above are more clinically approached. On the basis of those classifications, the *Ashta marmas* are discussed.

Mutrashmari is a major urological condition. When we go through the surgical and diagnostic procedures related to the pelvic and perineal region, we find the close anatomical proximity of the bladder, urethra, rectum, anal canal, and vagina (in females) and the inter-relationship between their vascular and lymphatic networks. One such surgical procedure is the extraction of *mutrashmari* where *Acharya Sushruta, Vriddha Vagbhata,* and *Laghu Vagbhata* have specifically mentioned the eight structures to be protected from trauma during surgery. And among eight structures only two have been mentioned in 107

marmas and the rest six are excluded. As these structures are *srotojanya* and interrelated to each another. The word *srotas* is used for justifying the transportation, reservoir, and nutritional fulfillment of a particular entity. And anatomically the structures have an *avakasha* i.e., cavity or space which allows the movement of a particular substance in their respective structures. As these marmas are located in the pelvic and perineal regions. The organs located in this region and their arrangement slightly vary in males and females. The pelvic region is termed basin one which holds the viscera. The structures found here are the bladder, urethra, rectum, anal canal, vagina, and the chief vessels and nerves named internal pudendal vessels and branches and pudendal nerves and branches.

1) *Mutravaha*

Vahana suggests the meaning as the channel which is carrying urine from one location to another. As we come across two such structures in the modern science of the urinary system i.e., the ureter and urethra. The ureter is the channel that carries urine from its formation site i.e., kidney to the storage site i.e., bladder. It is a muscular, tubular structure that opens in the bladder. But the course and relations of the ureter have a very significant role in understanding this concept. The abdominal part is related to the iliac vessels, and the pelvic part at one site is crossed by the uterine artery. And the lower part of the ureter runs posteriorly to the base of the bladder and goes downwards and opens into the bladder at the lateral angle. And all these relations are crucial while performing surgery.

2) *Shukraharani / Shukravaha*

As in this context *shukraharani* or *shukravaha* indicate the channels carrying the *shukra* as the term *harana* and *vahana* gives the meaning 'to carry or to transport'. After reviewing the literature, the structures carrying *beeja rupi shukra* are ductus deferens, seminal vesicles with their ducts, and ejaculatory ducts. Injury to the ductus deferens leads to infertility and injury to ejaculatory ducts leads to oligospermia or azoospermia. According to a study it is stated that during inguinal surgeries even a slight disturbance in the muscular layer or mucosa of ductus deferens may endanger fertility. In many inguinal surgeries, the physician is suggested to handle the inguinal contents carefully which includes the ductus deferens also.

3) *Mushka Srotas / Phala srotas*

The word *phala* literally means fruit. In nature, the new plant grows from seed present in the fruit. Likewise, our *Acharyas* have used the word *phala* which contains *beeja* which on fertilization leads to the birth of a new progeny. *Vrushana* is also termed *beejakoshikas*. In males, testes produce the sperm which is carried by the ductus deferens. The whole spermatic cord is to be taken under consideration as it contains the various blood vessels and nerves which are responsible for the proper functioning of the testes. In traumatic conditions like ruptured blood vessels or tearing of the testicles, a man's fertility is affected if he still has one functioning testicle. In females, the ovary produces the ovum which is carried by the fallopian tubes. These produce the *streebeeja* i.e. *aartava/ shonita* which is carried into the *garbhashaya* through *aartava vahasrotas / phala-vahasrotas*. The cilium of the fallopian tube facilitates the movement of the ovum. Injury to the fallopian tubes and any blockage may lead to infertility.

Mutraseka / Mutrapraseka:

Here *seka* or *praseka* means to sprinkle. The word *ksharana* used by *Dalhana* means oozing or dropping from, gradually. The ureters carry formed urine from the kidneys to the bladder. The urethra acts as a passage to evacuate the stored urine from the bladder. The urine passing out of the external urethral orifice comes out like a sprinkle, especially through the penile urethra. Rupture of the urethra especially in males, either of a fall astride on a sharp object or during catheterization. This leads to the dribbling of urine in superficial or deep perineal pouches based on the site of rupture. Any injury to the external and internal urethral sphincters i.e., Sphincter vesicae and sphincter urethrae lead to urine incontinence. Such injuries may occur during the surgical procedure related to the pelvic and perineal region. One among them is open surgery for the extraction of urinary calculi.

5) *Sevani*

Sevani is the region of *avayava-samyoga* and anatomically it is a ridged union of continuous biological tissue. A simile explains it in a better way i.e., it appears like a stitch which joins the two ends of the cloth. As well as *Ashtanga Hrudayakara* mentioned *rasana/ jiwbandhana* as *Jeevitadhama (pranayatana)*. This shows the vitality of *sevani* as *marma*. The seven *sevani*s found in the body differ from each other. Here mentioned is *Shephasevani* being considered as a *twakasevani* as we find the involvement of skin and muscular tissues to form skin-

ny ridges and intermuscular septum. The perineal raphe is well developed in males compared to females. Reviewing through embryological development we came across that in males the perineum raphe grows as a superficial extension of the midline or intermuscular septum between the bilateral bulbospongiosus muscles. Whereas, in females, the bilateral muscles are separated widely by the vestibule. Any injury to this structure leads to severe pain. Because the area is an interlacing of perineal muscles embedded with the perineal blood vessels and nerves. This area being more sensitive hence leads to severe pain in traumatic conditions like perineal tears, and perineal lacerations especially in females during childbirth. Damage to the perineal nerve (branch of the pudendal nerve) leads to throbbing and intense pain, followed by tenderness for several weeks.

6) Guda:

Guda is considered to the rectum and the anal canal. It has a muscular and vascular structure. The formed faecal matter is evacuated from the anal canal. It is one among the *sadhyapranaharamarma*. The anal canal is innervated by sympathetic and parasympathetic nerves. This makes *guda* a sensitive structure which on injury leads to profuse bleeding and severe pain, which leads to shock and eventually leads to death.

7) Basti:

Here *basti* is to be considered as the *mutrashaya*. The other *marmas* mentioned are all either directly or indirectly related to *mutravaha samsthana*. It is one of the *trimarmas* and *dashapranayana*. The urinary bladder is the structure that is the reservoir of urine. Any injury to the bladder leads to the extravasation of the urine in the perineal pouches and further leads to septicemia leading to death.

8) Yoni

The word *yonis* in Ayurvedic classics refers to the entire female reproductive system and also to the individual organ of the reproductive system. Reviewing through the synonym *yonis*, it is to be understood, as an organ for sexual copulation, the flow of rajas, and for the birth of the *kukshigata-garbha*. The shape of the *yonis* is the *shankha nabhi-aakruti* which has the three *aavartas*. In the 3rd *aavarta* lies the *garbhashaya*. The cavities of the *shankha* i.e., conch shell give the resemblance to the whole of the vaginal canal. The vagina is narrower at the beginning and further increases in width. *Aavarta* means a whirl or spiral rotation. The transverse ridges/ rugae (mucosal

folks) of the vaginal canal can be arbitrarily compared to the *aavartas*. In the upper portion of the vaginal canal, we find four fornices i.e., anterior, posterior, and lateral (on each side) from where the uterus begins. In the context of *ashmari chikitsa*, the word *yonis* suitably fits the explanation of the vaginal canal. As the vaginal canal lies in close proximity to the urinary system and the lower part of the excretory system. Vaginal trauma can occur during childbirth, sexual assault, penetration of any foreign bodies or instruments, and falling astride on hard/ sharp objects. Vaginal lacerations commonly occur following assisted instrumental vaginal deliveries (forceps or vacuum extraction), difficult breech extractions, sometimes and a cervical tear may extend to the vault of the vagina and cause profuse bleeding. These vaginal lacerations cause fibrosis and atresia, which may lead to dyspareunia.

CONCLUSION

Marmas are the vulnerable spots where *prana* resides. As these are complex structures formed by the combination of multiple structures. Due to the seat of *the prana*, even minor injuries to these vital points become fatal.

The specificity of mentioning *Ashta marmas* in the *ashmari chikitsa adhyaya* indicates the relevance of those structures during that procedure because they all lie in close proximity to the *mutravaha samsthana*. The structures like the ureter – *mutravaha*, ductus deferens, and ejaculatory ducts – *shukravaha/shukraharana*, spermatic cord in males and fallopian tube in females – *phala srotas*, urethra – *mutrapraseka*, perineal raphe- *sevani*, urinary bladder- *basti*, anal canal- *guda* and vaginal canal – *yonis* lie in close proximity. These structures do pose a danger of getting damaged during pelvic & perineal surgical procedures. Hence surgeons should take precautions while performing surgery as mentioned by *Acharyas*.

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