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REVIEW OF TALAHRIDYA MARMA'S ANATOMICAL AND APPLIED ASPECTS

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ABSTRACT

Marma is an ancient concept first described way back in *Vedic* literatures and was described in many literatures afterwards. i.e in *Upanishads*, epics like *Mahabharat, Ramayana*, literatures of *Ayurveda*, etc. Most references highlight *Marma* as a fatal part of the body that should be protected from injury during warfare or surgery while few references are there which laid emphasis these *Marma* as a vital region of the body that may be utilized for the treatment of organic diseases & are even of psychological and spiritual importance. This review is objective to get clearer insight regarding *Talahridya Marma* & its applied aspects.

Keywords: *Talahridya Marma*

INTRODUCTION

The essential parts of the body are called *Marma*. *Marma* is derived from the *Sanskrit* word ***"mri"*** which means "death." "***Marayate Iti Marmani***" is a *Sanskrit* expression that also indicates death or major harm to one's body or health when it has been inflicted to the point of their condition. These regions are therefore known as *Marma*.

From the ancient *Vedic* literature to the literature of the present day, *Marma* has been described. Due to its practical applications, it has always been a topic

of attention. It was regarded in ancient writings as a science of the body's vital organs, which must be safeguarded under all circumstances if one is to pursue survival. Both the school of medicine and the school of surgery have described the concept of "*Marma*" in Ayurvedic literature, i.e.,

According to Acharya Charak

दश प्राणायतनानि; तद्यथा- मूर्धा, कण्ठः, हृदयं, नाभिः, गुदं, बस्तिः, ओजः, शुक्रं, शोणितं, मांसमिति। तेषु षट् पूर्वाणि मर्मसङ्ख्यातानि॥ ९॥

According to Acharya Sushruta:-

सप्तोत्तरं मर्मशतम्।

तानि मर्माणि पञ्चात्मकानि भवन्ति; तद्यथा- मांसमर्माणि, सिरामर्माणि, स्नायुमर्माणि, अस्थिमर्माणि, सन्धिमर्माणि चेति।

न खलु मांससिरास्नाय्वस्थिसन्धिव्यतिरेकेणान्यानि मर्माणि भवन्ति, यस्मान्नोपलभ्यन्ते॥ ३॥

Number and types of *Marmas* There are one hundred and seven *Marmas*. There are five types of them. For example *(1) Mansamarma, (2) Shiramarma, (3) Snayumarma, (4) Asthimarma and (5) Sandhimarma*.

Due to non- availability of additional meaning from flesh, vein, nerve, bone and joint- *Marmas*, other meanings do not exist.

तत्रैकादश मांसमर्माणि, एकचत्वारिंशत् सिरामर्माणि, सप्तविंशतिः स्नायुमर्माणि, अष्टावस्थिमर्माणि, विंशतिः सन्धिमर्माणि चेति।

तदेतत् सप्तोत्तरं मर्मशतम्॥ ४॥

Number of Departments of *Marma:-* *Mansamarma 11, Shiramarma 41, Snayamarma 27, Asthimarma 8, and Sandhimarma 20*, thus there are a total of 107 *Marma.*

तेषामेकादशैकस्मिन् सक्थ्नि भवन्ति, एतेनेतरसक्थि बाहू च व्याख्यातौ, उदरोरसोद्वादश, चतुर्दश पृष्ठे, ग्रीवां प्रत्यूर्ध्वं सप्तत्रिंशत्॥ ५॥

The Number of *Marmas* due to body parts:- Out of these *Marmas, 11 Marmas* are in the feet. Similarly, the second leg and two arms should also be understood. There are 44 meanings in all branches. *12* in the stomach and chest, *14* in the back, thus there are *26 marmas* in the *kostha*. There are *37 Marmas* above the neck.

Altogether *44 + 26 + 37 = 107 marmas*

तत्र सक्थिमर्माणि क्षिप्रतलहृदयकूर्चकूर्चशिरोगुल्फेन्द्रबस्तिजान्वाण्युर्विलोहिताक्षाणि विटपं चेति, एतेनेतरत्सक्थि व्याख्यातम्।

The Marma of the foot - *1 Kshitra, 2* ***Talahradaya*** *3 Kurch 4 Kurchashira, 5 Gulf, 6 Indrabasti, 7 Janu, 8 and 9 Urvi, 10 Lohitaksha, 11 Vitap,* these are the essences in the *sakthi* (leg). Similarly, they are in the second leg.

तत्र तलहृदयेन्द्रबस्तिगुदस्तनरोहितानि मांसमर्माणि,

Names of *Mansa Marma* *1. Mansamarma:* ***4 Talahridaya****, 4 Indrabasti, 1 guda, and 2 Sttanrohit all together make up 11Mansa Marma*.

by both *Acharya Charak* and *Acharya Sushruta* and it is exceedingly extensive and thorough. Three *Marma* are described in the *Charak Samhita*; however, all *107 Marma* are elaborately described in the *Sushruta Samhita.* 1 The descriptions in both works of literature need to be carefully examined in order to gain a greater understanding. All Acharyas place the utmost value on *Marmas*, but because he belongs to the school of surgeons and *Marma* knowledge is crucial for both surgery and the management of wounds, *Acharya Sushruta* went into considerable depth about it. Compared to a detailed and tiresome description of all Knowledge of regional anatomy is beneficial in the treatment of injuries to the *Marmas*. bodily structures. Even if specifics of anatomical techniques in the field of *Marma* were not given as much priority, the *Acharyas*' complete knowledge of *Marma* led to their excellence in surgery. One of the significant *Marma* mentioned by *Acharya Sushruta* in both the upper and lower limbs is the *Talahridya marma.*

***Talahridaya Marma*:**

मध्यमाङ्गुलीमनुपूर्वेण मध्ये पादतलस्य तलहृदयं नाम , तत्र रुजाभिर्मरणं[6/24 shu. sha]

This *Marma* point also referred to as the "heart of the hand," is situated in the middle of the palm and is 1/2 *anguli* (half a finger unit) in size. This point is

closely linked to *Anahata*, the heart chakra, and is thought of as an important point in stimulating circulation throughout the whole body. It links closely to the lungs and respiratory health and is also a vital *Marma* point to work with regarding communication. Therapists who use their hands can also massage this point before treatment to enhance the flow of prana to the palms.

Talahridya marma:- **The following details are provided in the traditional descriptions of the lower limb - Anatomical site/surface anatomy:**

If a straight line is traced from the middle toe's root to the centre of the foot, it can be discovered there or in the midsole of the foot. When harmed, this *Marma*—which falls under the category of *kalantara pranahara marma*—causes extreme suffering that could finally lead to death. When people are sitting or lying down over a bed with their legs extended, this *Marma* is more visible. Think of the healing process as a vertical, straight line beginning at the base of the middle finger. To concurrently probe for the *Marma* in the sole, use both thumbs. The area of minor pain on deep palpation should be carefully located above the aponeurosis of the palm and soles. The anastomosis of the blood vessels' arch is immediately above it.

Injury occurs.

This *Marma's* damage resulted in excruciating discomfort, which ultimately led to death. The great toe's capacity to adduct as well as the phalanges' flexibility and range of motion may be compromised by injury. A plantar arch injury may result in significant bleeding.

Regional anatomy:-

Understanding the applied anatomy of key anatomical structures:-

According to the aforementioned description, the anatomical structures that would probably fall under the purview of this *Marma* are:

1. Among the muscles at the sole of the foot are the flexor digitorum brevis, quadratus plantae, and oblique head of the adductor hallucis (from the bottom up).
2. Planter aponeurosis,
3. Plantar arch of arteries,
4. Long plantar ligament,
5. Deep branch of the lateral plantar nerve (accompanies the plantar arch)

Discussion

If the aforesaid structures are considered in the context of the anatomical structures existing in the area, it is clear that the muscles, blood vessels, and nerves there are involved. The medial plantar nerve and lateral plantar arch are two key anatomical components that can be seen when *Talahridaya marma* is

accurately figured out. Although a long plantar ligament surrounds these important tissues, if the ligament is damaged, it bleeds profusely and kills the surrounding tissue. Death comes quickly, much like when a tree is cut at the root. In a nutshell, it can be claimed that the interosseous or lumbricals, plantar aponeurosis, plantar ligament, flexor digitorum muscle, interosseous or lumbricals, together with the blood vessels, and the nerves, are likely anatomical features situated in the area of the *Marma*. An infection from a cut or other damage to this area may result in severe bleeding and the development of an abscess, both of which, if untreated, could endanger the patient's life.

***[3]Talahridya marma*:- The following details are provided in the traditional descriptions of the Upper limb - Anatomical site/surface anatomy:-**

This *Marma* is located in the middle of the palm, where the middle finger and line meet. A straight line formed from the root of the *Madhyama anguli* leads to the centre of the sole of the foot, where *Talahridaya Marma* is located (middle toe). To locate this *Marma*, draw an illustrative vertical straight line from the base of the middle finger to the base of the palm. The *Talahridaya Marma* is easily perceptible with the thumb in the palms.

The injury occurs:- This *Marma's* damage resulted in excruciating discomfort, which ultimately led to death. The capacity to flex and extend the second, third, and fourth fingers as well as the second, third, and fourth metacarpals may be lost as a result of injury. Shock, terrible pain, or finger gangrene could result from significant bleeding.

Understanding the applied anatomy of key anatomical structures:-

According to the aforementioned description, the anatomical structures that would probably fall under the purview of this *Marma* are:

Intermediate part of the palmar aponeurosis,

2. Superficial volar arch
3. Deep palmar arch
4. Adductor pollicis
5. Flexor pollicis brevis
6. Interosseus lumbricals

DISCUSSION

From the medial boundary of the palmar aponeurosis to the fifth metacarpal, a medial fibrous septum extends deeply. The medial or hypothenar compartment, which houses the hypothenar muscles, is medial to this septum. Similar to this, a lateral fibrous septum extends deeply from the third metacarpal to the lateral border of the palmar aponeurosis. The lateral or thenar compartment, which houses the thenar muscles, is lateral to this septum. The flexor tendons and their sheaths, the lumbricals, the superficial palmar arterial arch, and the digital vessels and nerves are all located in the central compartment, which is located between the hypothenar and the thenar compartments. The adductor compartment, which houses the adductor pollicis, is the deepest muscle plane of the palm. The thenar space and the Midpalmar space are two potential niches between the flexor tendons and the fascia encasing the deep palmar muscles. Fibrous septa that run from the metacarpals to the borders of the palmar aponeurosis define the gaps. The third metacarpal-attached lateral fibrous septum, which is very sturdy, separates the two compartments. The Midpalmar space connects to the anterior compartment of the forearm through the carpal tunnel, whereas the majority of fascial compartments terminate at the joints. The deep palmar branch of the ulnar artery joins the end of the radial artery to create the deep palmar arch. It crosses the bases of the metacarpal bones and interossei and is protected by the lumbricals, the digital flexor tendons, and the oblique head of the adductor pollicis. The deep branch of the ulnar nerve runs laterally across its concavity. The arch is rarely unfinished. Size variations exist in the ulnar artery's contribution. When the palmar (arterial) arches are injured, bleeding is typically severe. When the arches are torn, it might not be enough to ligate just one forearm artery because these vessels typically have numerous connections in the forearm and hand and bleed from both ends. Compressing the brachial artery and its branches close to the elbow may be necessary to treat serious hand injuries (e.g., using a pneumatic tourniquet). When the aforementioned

structures are examined in relation to the local anatomical structures, it is evident that nearby muscles, blood vessels, and nerves are involved. If left untreated, a wound to this area always causes discomfort and infection, which in turn causes pus to form, cellulites, and eventually extreme anguish that can be fatal.

Applied aspect of *Talahridya Marma*

Marmas are said to be more than just superficial body markings; they are important prana seats. They are major, deep-seated physico-anatomical structures. or psycho-neuroendocrine-immunological pathways6, which can alter the processes that control the physical, mental, and spiritual well-being and have shown promise in the treatment of a number of illnesses. The *Talahridya Marma*, which can be activated to affect the cardiovascular system specifically the blood pressure8, can be utilised to treat hypertension in its early stages. This treatment could become a non-invasive, secure, and affordable solution for managing hypertension and open up greater vistas for its application in all parts of human life.

CONCLUSION

This may suggest that in the upper limb, the thenar and mid-thenar palmar gaps, as well as the deep palmar arch, are the most noticeable features of the *Talahridya Marma*, whereas, in the lower limb, the opposite is true. Along with the blood vessels and nerves, anatomical features that are most likely situated in the *Marma* include the plantar aponeurosis, plantar ligament, flexor digitorum muscle, and interosseous muscle. It will take some time for a comprehensive scientific inquiry to establish the potential, efficacy, and safety of *Talahridya Marma* therapy for the treatment of hypertension and related cardiovascular illnesses, but it might end up being a non-invasive, secure, and cost-effective option.

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