



ANATOMICAL EXPLORATION OF *SHRINGATAKA* MARMA W.S.R TO VARMAM POINTS IN SIDDHA SCIENCE

Dr. Sonia Meend*

Ph.D. Scholar, Department of Rachana Sharir, National Institute of Ayurveda, Deemed to be University, Jaipur. *Corresponding Author

Dr. Sunil Kumar Yadav

Professor, Department of Rachana Sharir, National Institute of Ayurveda, Deemed to be University, Jaipur.

ABSTRACT

The *Marma* points on the human body are explained in many old Ayurveda classics. These are physio-anatomical structures that are deeply embedded in the body and not just visible as surface markers. *Marma* is the seat of *Prana* and is described as the confluence of the *Mamsa*, *Sira*, *Snayu*, *Asthi*, and *Sandhi* at a specific location. Ayurveda states that there are 107 *Marma* in the human body. Acharya Sushruta and Vagbhata primarily classified them into distinct groups based on factors such as structure (*Rachana*), prognosis (*Parinaama*), number (*Sankhya*), and measurement (*Parimaana*). In Tamil, the words *Varmam* and *Marmam* have the same meaning. *Varmam* sites where *Pranic* energy is concentrated or inhibited are subjected to therapeutic manipulation known as *Varmalogy*. Whenever a specific *Varmam* point is activated, the blocked energy is released and the obstructed flow is regulated due to pressing of these points. According to Siddha Science, *Patchinema Varmam* point has the almost same location as of the *Shringataka Marma*. Through this article, we will try to explore the structures undercover the *Shringataka Marma* and also try to correlate the *Shringataka Marma* according to Siddha Science along with the methods to stimulate the *Varmam* point.

KEYWORDS :

INTRODUCTION

Marma

The *Marma* points on the human body are explained in many old Ayurveda classics. These are physio-anatomical structures that are deeply embedded in the body and not just visible as surface markers. *Marma* is the seat of *Prana* and is described as the confluence of the *Mamsa*, *Sira*, *Snayu*, *Asthi*, and *Sandhi* at a specific location. Ayurveda states that there are 107 *Marma* in the human body. Acharya Sushruta and Vagbhata primarily classified them into distinct groups based on factors such as structure (*Rachana*), prognosis (*Parinaama*), number (*Sankhya*), and measurement (*Parimaana*).

Classification of Marma

According to Ayurveda, there are 107 *Marma* in the body. They are classified into various groups depending on the region, structure, prognosis, number and measurement etc. mainly by Acharya Sushruta and Vagbhata.

- Regional Classification (*Shadanga Bhedena*)
- Structural Classification (*Rachana Bhedena*)
- Prognostic classification (*Parinaama Bhedena*)
- Numerical classification (*Sankhya Bhedena*)
- Dimensional Classification (*Parimaana Bhedena*)

In earlier era, the knowledge of *Marma* was limited to king or warrior and knowledge regarding *Marma* got developed from the ancient wars where weapons like sword or arrow were used and where these weapons cause injury like stab around, puncture wound.

Varmam

Varmam refers to the vital points present in all over the body where the *Pranic* (life) energy resides. When any type of forceful pressure is given on these points it produces severe injurious effects or changes in the body. The word *Varmam* is derived from the root word *Vanman*, According to *Ramayanam*. In Tamil, the meaning of *Marmam* is secret.

Varmam Therapy

It is a therapeutic manipulation of *Varmam* points where the *Pranic* energy gets concentrated or blocked. When a particular *Varmam* point gets stimulated this energy released from there and bring relief to the affected area of a person by regulating the flow of this energy which is obstructed due to

assault on specific points.

Classification of Varmam points⁵

A text titled "*Varmam Vilvita*" mentions 8000 points, text titled "*Kumbamuni Narambarai*" mentions 251 points in human body. Majority of the texts limit the number of points to 108.

Types of Varmam

Padu Varmam -12
Thodu Varmam -96

Padu Varmam are major points which are 12 in number and possesses abundant energy means when the application given on them is done it stimulate other *Varmam* points located nearby whereas *Thodu Varmam* are minor points which are 96 in number and possesses less energy and it gets stimulated by touch only.

Measurement and Amount of Pressure Needed for Manipulations

For the treatment of disease, the knowledge of finger measurement and amount of pressure given to stimulate *Varmam* points is very much essential. And for this a unit of force called *Maathirai* is being used for *Varmam* stimulation. *Maathirai* means the unit of force needed for touching *Varmam* points using fingers.

If the *Varmam* point is touched from lateral and medial side of the nail bed of the thumb or interphalangeal joint of thumb then it is considered as 1/4th *Maathirai*. When the *Varmam* point is stimulated using pulp portion of the middle finger, then it is 1 *Maathirai*.

SHRINGATAKA MARMA

The meaning of *Shringataka* is triangular space or mountain with three peaks or configuration of planet or resemble a fruit named *Singhara*. It is clearly indicating the shape of the *Marma* having special feature of three horns. *Shringa* signifies the meaning it is a horn like structure from all the sides.

Location

According to Acharya Sushruta, *Shringataka Marma* is located above the clavicle in head region or it is a *Urdhwajatrugata Marma*. It is the centre of the confluence of

blood vessels which supply nose, ears, eyes and tongue.⁵

Acharya Vagbhatta described that *Marma* is located at the meeting point of opening of the tongue, eyes, nose, ears at *Talu Pradeshha*.⁷

Type of Marma

According to Sushruta:

On the basis of structural classification, it is a *Sira Marma*.

According To Vagbhatta:

On the basis of structural classification, it is a *Dhamani Marma*.

Number and Measurement:

Acharya Sushruta and Vagbhatta described *Shringataka Marma* four in number and in measurement it is equal to *Swapanitala* or size of one's own palm.

Dalhana has measured 4 *Angula*.

Prognostic status: It is a *Sadyapranhara Marma* which means injury to *Shringataka Marma* leads to death of a person.

DISCUSSION

Anatomical exploration of Shringataka Marma.

Acharya Dalhana:

described that *Shringataka Marma* is a *Sira Marma* and it is four *Angula* in *Pramana*.⁸

Dr. Ghranekar described that it is a confluence of cavernous and intercavernous sinus situated at the base of the skull because veins of eye directly drain into the *Shringataka Marma* and veins of ear and nose indirectly join it. The shape of cavernous and intercavernous sinus is quadrangular and any type of hit on this region, on the head, back of the head, on the mandible cause fracture of the back of skull due to *Shringataka* and *Sushumna Shirsha* present their get ruptured.

Acharya Ramraksha Pathak:

He mentioned that buccal centre, visio-physic centre, and visio-sensory centre, hearing centre, taste and smell centre join in this *Marma*.

Damage to any of these four centres causes destruction of the concerning nervous plexus results in death.

Pandit Hariprapanna Sharma: has taken cavernous and intercavernous sinus from *Shringataka Marma*.

Depending on the above descriptions *Shringataka* is categorized under two heads *Sira* and *Dhamani Marma*. It is located in head region but according to Vagbhatta it is located in *Talu Pradeshha*.

According to Sushruta it is a *Sira Marma* whereas according to Vagbhatta it is a *Dhamani Marma*.

By looking deeper on the meaning of *Sira*, Sushruta used the *Sira* for dual purpose. He considers *Sira* as vessel but specifically the meaning of *Sira* is vein.

So, the controversy can be resolved by taking *Sira* as vessel.

So, by Sushruta point of view cavernous and intercavernous sinus can be taken as *Shringataka Marma* where by Vagbhatta point of view Intercavernous branch of internal carotid artery can be taken as *Shringataka Marma* which could be termed as vein as an artery in status.

Cavernous Sinus

The term cavernous derived from the caverns which means

intercommunicating channels. The cavernous sinuses are situated in the middle of the cranial fossa on each side of the sella turcica on the upper surface of the body of the sphenoid, which contains the sphenoid air sinus. Each sinus extends from the medial end of the superficial orbital fissure to the apex of the petrous part of the temporal bone. This sinus consists of a venous plexus of thin-walled veins which communicate with each other through venous channels anterior and posterior to the stalk of pituitary gland.

The borders of cavernous sinus are

- Anteriorly it is surrounded by superficial orbital fissure.
- Posteriorly by petrous part of the temporal bone.
- Medially by the body of the sphenoid bone.
- Laterally by meningeal layer of the dura mater running from the roof to the floor of the middle cranial fossa.
- Roof is made up of meningeal layer of the dura mater that attaches to the anterior and middle clinoid processes of the sphenoid bone.
- Floor is made up of endosteal layer of dura mater that overlies the base of the greater wing of the sphenoid bone.
- Several important structures pass through cavernous sinus to for entering into the orbit.

They can be categorized into two parts whether they travel through the sinus or they travel through the lateral wall of the sinus.

Abducens nerve, carotid plexus and internal carotid artery passes through the sinus whereas oculomotor nerve, trochlear nerve and ophthalmic and maxillary division of trigeminal nerve passes through the lateral wall of the sinus.

Each cavernous sinus receives venous drainage from:

Superior and inferior ophthalmic veins, superficial middle cerebral vein, inferior cerebral veins from the temporal lobe, sphenoparietal vein along with central library. And drains into superficial and inferior petrosal sinuses, and ultimately into the internal jugular vein and into the pterygoid plexus via several small veins.

The intercavernous sinus are circular sinus, which forms collar like structure of veins around the stalk of pituitary gland and connects the two cavernous sinuss by means of anterior and posterior inter cavernous sinuses.

The eyes are found to be related with the cavernous sinuses through oculomotor, abducent and ophthalmic branches of the trigeminal nerve.

The maxillary branches of trigeminal nerve supply the skin of the nose and its mucosa.

Sensory fibers of mandibular nerve supply skin of the cheek and skin over the mandible, temporomandibular joint, the teeth of the lower jaw, floor of the mouth, anterior part of the tongue. Motor fibers of mandibular nerve supply the muscles of mastication, anterior belly of the diaphragm muscle and the tensor veli palatini of soft palate and the tensor tympani of the middle ear.

Intercavernous Sinuses

There are two parts of the intercavernous sinuses that is anterior and posterior part which connect the cavernous sinus in a circular form thus complete a venous circular sinus. Small irregular sinuses inferior to hypophysis cerebri drains into them. As all the connections are valveless so the direction of blood flow in them is reversible.

Internal Carotid Artery

Internal carotid artery begins by the bifurcation of the common carotid artery where it usually presents a dilatation termed the carotid sinus it then ascends to the base of the skull

and enters the cranial cavity through carotid canal of the temporal bone. It then runs forwards through the cavernous lying in the carotid groove on the side of the body of the sphenoid bone and ends below the anterior perforated substance of the brain by dividing into anterior and middle cerebral arteries.

Internal carotid artery divides into four parts

1. Cervical part
2. Petrous part
3. Cavernous part
4. Cerebral part

Trigeminal ganglion lies in the small depression on the anterior surface of the petrous part of the temporal bone.

The trigeminal nerve is Nerves of taste (*Jibhya Santarpaniya*)
And five ganglions as follows:

Semilunar ganglion

- Ciliary ganglion on ophthalmic division (*Netra Santarpaniya*)
- Spheno palatine on maxillary division (*Ghrana Santarpaniya*)
- Otic ganglion on mandibular division (*Shrotra Santarpaniya*)
- Submaxillary ganglion on mandibular division (*Jibhya Santarpaniya*)

Traumatic Effect

Due to any type of force blow or hit the skull on injuries of the middle cranial fossa of the base of the skull, cavernous sinus and internal carotid arteries gets damage which in turn gives different type of effects like thrombosis, haemorrhage, laceration, aneurysms etc. Any trauma with high velocity can result into intracranial haemorrhage resulting into death. The upper lip and nose are the most frequent site of thrombophlebitis, most dangerous condition.

The arterio-venous fistula of cavernous sinus may occur from the rupture of a sub-clenoid aneurysm. Cavernous sinus thrombosis arising from the infection in lower jaw occurs more vulnerable than arising from upper jaw.

Cavernous sinus injury is a rare condition which cannot be caused by the injury of low velocity but it can be fatal due to two obvious reasons first one is sinus bleeding which occur profusely due to non-collapsing tendency of cavernous sinuses fibrous texture and the other one its site which is very difficult to approach.

Varmam point correlated with Shringataka Marma:

As per the location of *Shringataka Marma*, *Patchinema Varmam* can be correlated.

PATCHINEMA VARMAM:

Location: it lies five fingers above the *Thilartha Kaalam* on the mid line of the forehead.

How to place fingers:

Use pulp part of the middle three fingers and place it on the *Varmam* point to stimulate that.

How to stimulate the Varmam point:

Move the fingers in sideward directions without releasing the pressure for three times along with using 1/4th *Maathirai* pressure.

Therapeutic Uses:

- Helps in curing abdomen related problems like constipation.
- In pregnant women, it helps in inducing normal labour and stimulates the *Apaana Vaayu* also.

CONCLUSION

Shringataka Marma can be compared to confluence of cavernous and intercavernous sinus which are situated at the base of the skull. Veins of eye directly drain into the *Shringataka Marma* and veins of ear and nose indirectly join it. As per the location of *Shringataka Marma*, *Patchinema Varmam* can be correlated.

REFERENCES

1. Acharya Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha,(1998), Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana 6/16;pg no. 69
2. Dr. N. Shunmugom; Basic Concepts of Vethasatthi Medical Varmalogy; 2nd Edition; Shivakasi;Priyadarshini Printograph;January 2019;pg no 51
3. Acharya, Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha, (1998),Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana 6/27
4. Paradkar HS, editor. Astanga Hridaya of Vagbhata with Sarvangasundra commentary of Arunadatta & Ayurveda rasayana of Hemadri, 6th ed., Varansi, Chaukhambha Surbharati Prakashan; 2014 ;Sharir Sthana 4/35
5. Acharya, Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha, (1998),Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana 6/27.