



## A CONCEPT OF MARMA SHAREERA WITH SPECIAL REFERENCE TO SHIROMARMABHIGHATA LAXANAS

### Ayurveda

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### ABSTRACT

Marmas are the vital areas where there is sannipata of mamsa, sira, snayu, asthi and sandhi and moreover prana exist in. Any injury or trauma to these regions may results in localized pain or various physical deformities. And also even death may occur. In this article only jatru urdhvagata are considered. Either vaikalyakara or sadyopranahara variety so any injury to these mamasthanas are fatal.

Marma Viddha laxanas which are mentioned in the classics are due to doshaabhighata (Internal factors) or abhighata (external trauma / injury). The term sadyopranahara does not essentially mean immediate death rather it can be taken as conditions of neuro-pathological lesions affecting the cerebro vascular system of the body such patients may survive with life support aids or impaired vitality. The vaikalyakara marma abhighata results in to deformities which are assessed by detail neurological examinations.

### KEYWORDS

Marma shareera, CVA.

### INTRODUCTION

“भास्यन्तीतिमर्माण्युच्यन्ते” This is a quite a famous quote by commentator Dalhana Acharya in the context of Susrutha Samhita Shareerasthana 6/3. This quote states that which cause death is called marma. Another quote by commentator Arunadatta stating “मरणकारित्वान्मर्म, मरणासदृशदुःखदायित्वाद्वा” meaning that which causes death or may produce such agonizing pain or any condition with severe pain is called marma. These are classical references depicting marma as vital or vulnerable areas or regions in body.

### Definition Of Marma

Marma word in Susrutha Samhita is mentioned as a region where there is conglomeration of mamsa, sira, snayu, asthi and sandhi and also where the prana is present generally as well as specifically. Also Acharya mentions that the sira present in marma sthana are 4 in number (vatavaha, pittavaha, kaphavaha and raktavaha) which are responsible for the nourishment of other 4 marma vasthus such as mamsa, sira, snayu and asthi.

In Charaka Samhita the marma sthana is mentioned as the seat of chetana, and hence the sense of pain will be more in this region when compared to other regions of human body

### Concept Of Prana

Marma sthana is the conglomeration of mamsa, sira, snayu, asthi and sandhi along with prana. The presence of prana in these areas makes it vulnerable as well as vital. Prana which usually circulates though-out the body is seen to concentrate in the sites of marma. Prana is said to be present by nature itself and specifically in marma sthana. And any injury to these regions causes obstruction and derangement to the flow of prana causing serious symptoms or even death. The reference about the terms such as JEEVASTHANA, CHETANADINIBADHA, JEEVIDAM STHITAM, JEEVAAGAARAM, JEEVADHARANI etc. all signifies the prana or life being located in marma sthanas.

Acharya Susrutha mentions that the marmas are seat of “sapta Prana”. Here the “prana” is referred to be in the form of shareerika dosa (soma, marutha & tejas), manasika gunas (satva, rajas & tamas) and as bhutaatma.

### Classification Of Marma

A Total number of 107 marmas are mentioned by various Acharya. These marmas are further classified into 5 different sub groups based on various factors. The 5 groups include:-

1. Asraya bhedenā- based on structural classification,
2. Shadanga bhedenā/Avayava bhedenā- based on regional classification,
3. Vikalpa bhedenā- classification based on effect of injury,
4. Mana bhedenā- based on dimensional classification and
5. Sankya bhedenā- based on numerical classification.

**Samprathi Of Marma Viddha** (Conditions produced by an injury on marmasthana)

मर्माणिमांससिरास्नाय्वस्थिरस्थिस्थसन्निपाताः; तेषुस्वभावतएवविशेषेणप्राणस्तिष्ठन्ति;

Marma as Acharya Susrutha mentions is the meeting place of mamsa, sira, snayu, asthi & sandhi along with presence of prana by nature. Sira which is present is of 4 types – vatavaha, pittavaha, kaphavaha & raktavaha, and which helps in nourishment of the other 4 marmavasthu.

Any Injury to the marmasthana leads to vitiation of vaayu. The vitiated vaayu spreads & covers the sira, producing severe pain and also various symptoms pertaining to injury.

Acharya Susrutha mentions “तस्मान्मर्मस्वभिहतस्तास्तान्भावानापद्यन्ते ||” commenting on the word “तास्तानि” Acharya Dalhana mentions- “तास्तानिति इन्द्रियाथेष्वसम्प्राप्तिर्मनोबुद्धिविपर्यय इत्यादिकानत्रैवोक्तान् अन्येतु “भ्रमःप्रलापःपतनप्रमोह” इत्यादिकान्सूत्रस्थानोक्तानाहुः||” so the symptoms such as vesheshalakshana including indriyaateshusamprapt or samanyalakshana including bhrama, pralapaadi will be produced.

### SAMANYAMARMA VIDHALAKSHANA.

According Acharya Susrutha- Su.Soo.25/34-35

भ्रमःप्रलापःपतनप्रमोहोविचेष्टनसंलयनोष्णते [ १ ] च |

स्रस्ताङ्गतामूर्च्छनमूर्ध्ववातस्तीव्राक्रोवातकृताश्रतास्ताः || ३४ ||

मांसोदकाभरुधिरं च गच्छेत्सर्वेन्द्रियाथोपरमस्तथैव |

दशार्धसङ्ख्येष्वपि विशतेषु सामान्यतोर्मसुलिङ्गमुक्तम् || ३५ ||

Vertigo, delirium, collapse, dazed state, loss of movements, unconsciousness, rise of temperature, flaccidity of extremities, fainting, dyspnea, severe pain of various kinds caused by vaata, flowing out of blood similar to color of meat washing & loss of functions of all the senses- these are the general symptoms of injury to the marmasthana.

Acharya Caraka even though mentions 107 marma located in skandha (trunk) and shaakha (limbs). Among these marmasthana, the ones located in the skandha are more important than ones located in the shaakhas, because these limbs are dependent upon the trunk. In skandhapradeshahridaya, basti and shiras are said to be important because they are the very basis substratum of the body “चेतनानिबन्धवेशेष्यात्”. He mentions the samanyalakshana for shiromarmaabhighata in siddhi sthana as Ca.si.9/6.

शिरस्यभिहतेमन्यास्तम्भादितवशुविभ्रममोहोद्वेष्टनचेष्टानाशकासाशसहन्युहमूकगद्गदवाक्शिमिलन- गण्डस्पन्दनजृम्भणलालास्रावस्वरहानिवदनजिह्वत्वादीनि

Stiffness of neck, paralysis of muscles on one side of face & neck, agitation of eye, unconsciousness, udveshtana, loss of motor activities, cough, dyspnea, stiffness of mandible, dumbness, slurring speech, ptosis, pulsation of neck region, yawning, excessive salivation, loss of ability to produce speech and twisting of face are the symptoms produced when there is injury to the head.

**For the present paper the following intracranial lesions were considered:-**

**1) Stroke-** Stroke condition occurs when there is a poor blood flow to

the brain cells resulting in brain cell death. Two main types are seen- ischemic and hemorrhagic. Stroke process may be intrinsic to a vessel for example- atherosclerosis, inflammations, developmental deformities, aneurysmal dilation, venous thrombosis etc. It can originate remotely as embolus in heart or extra-cranial circulation that gets lodged in intra-cranial vessels. Stroke can also result from decreased perfusion pressure or increased blood viscosity with inadequate blood flow. Also from rupture of vessel in subarachnoid space or intracranial tissue.

**2] Ischemic Stroke-** is usually gradual in onset, occurs due to lack of blood flow. Factors such as intravascular occlusion, low flow states contributes to ischemic or infarcts lesions.

**3] Hemorrhagic Stroke-** is usually sudden in onset, occurs due to bleeding. In case of increased blood pressure, rupture of saccular aneurysm leads to bleeding and this usually occurs in regions of putamen adjacent internal capsule, thalamus, pons, cerebellum etc.

**Intra-cranial Space Occupying Lesions:-** such as those occurring in the regions of 3<sup>rd</sup> ventricle including pituitary adenomas, germ cell neoplasms, astrocytoma's, glioma's etc.

HEMATOMA in brain which is a solid swelling of clotted blood within the brain tissue when veins rupture in subdural space. Usually life threatening & results from head injury. Two types are observed- acute & chronic. Acute subdural hematoma is caused due to severe head injury while chronic subdural hematoma is due to minor head injuries.

#### **CONCLUSION:-**

An attempt has made to contribute substantial evidences on the topic of marmashareera and the symptoms mentioned as viddhalaxanas and they may be compared to the symptoms or clinical entities produced by the intra cranial lesions. Some of the findings which are observed are merely suggests the Susruthokta mamarmaviddhalakshanas which are clearly seen in patients. Commonly the samanya marma viddhalakshanas are also observed in many patients.

A comprehensive analysis of clinically assessed marmaabhi ghatalakshanas with present days Cerebrovascular accidents may substantiate the presumption of Marmaviddhalaxanaas and their significance in the context of CVA management. Future such efforts may result in a new perception about the MARMA SHAREERA AND ITS CLINICAL SIGNIFICANCE.