

Review Article

Volume 14 Issue 06

June 2025

REEVALUATING *MARMA* IN THE CONTEXT OF CONTEMPORARY ANATOMICAL AND SURGICAL PERSPECTIVES

Dr. Hemant Nana Jire¹, Dr Rakhi Ram Kulkarni²

¹Associate Professor, Rachana Sharir Department, Ahinsa Institute of Ayurveda, Dondaicha,
Dist- Dhule, Maharashtra, India.

²Professor and HOD, Rachana Sharir Department, Ahinsa Institute of Ayurveda, Dondaicha,
Dist- Dhule, Maharashtra, India.

Abstract

The *Atharva Veda* is where the word "*Marma*" first appears. Anatomically speaking, a *Marma* is a location where five structures converge including *Asthi*, *Sandhi*, *Snayu*, *Sira* and *Mamsa*. According to Ayurvedic literature, *Marmas* are considered essential spots or important bodily parts whose damage can cause serious malfunction, deformity, or death. They are thought to make up half of Ayurvedic surgical knowledge. *Marmas* are categorized in a methodical manner according to their dimensions, damage effects and anatomical makeup. Damage to these critical locations can mean life threatening injury, unintentional traumas and even death during surgeries. The *Samhitas* stress the need to safeguard these locations and warn against harming them. *Marma* points are characterized as crucial sites where trauma can cause symptoms that range from minor discomfort to grave consequences. Since *Marmas* are thought to be the seats of *Prana*, therefore *Marma Chikitsa* helps to balance *Tridosha*. This article reviewed concept of *Marma* in the context of contemporary anatomical and surgical perspectives.

Key-Words: *Ayurveda, Marmas, Vital Points, Injury, Rachana Sharir*

Introduction

The concept of *Marmas* represents vital points of human body which possesses anatomical and physiological significance. These crucial spots, which are well-documented in traditional Ayurvedic writings, are said to be key places where the flow of *Prana* intersects with structural components like ligaments, muscles, arteries, bones and joints. *Marmas* function as physiological regulators, medicinal targets, and anatomical landmarks. These vital points play physiological importance in the management of pain and trauma [1-3].

Anatomical View:

Marma points are particular anatomical sites that are present in deeper structural layers as well as on the exterior of the body. These 107 vital points are classified (**Figure 1**) based on the predominant tissue or anatomical structure present at each site. Ten of them are *Mamsa Marma*, which is found in muscle tissue; forty-one are *Sira Marma*, which is found in blood vessel-rich places; twenty-seven are *Snayu Marma*, which is found where ligaments or tendons are noticeable; eight are *Asthi Marma*, which is related to skeletal structures; and twenty are *Sandhi Marma*, which is related to joints. The region wise distribution of *Marma* is also presented in **Table 1** [3-5].

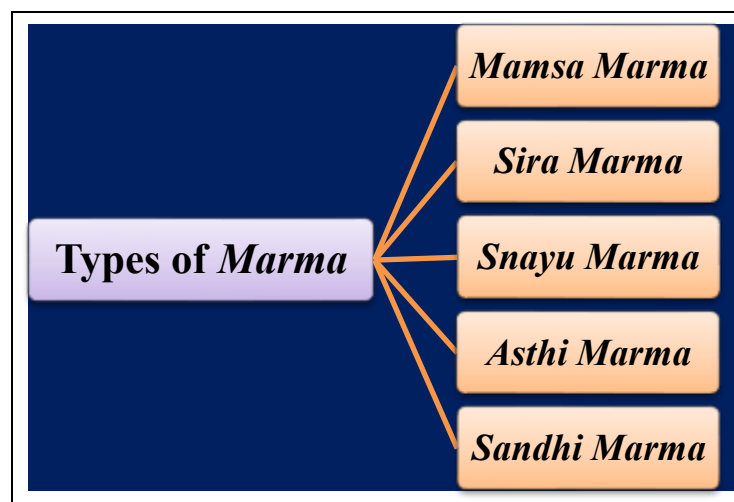


Figure 1: Major categories of Marma

Table 1: Region wise distribution of *Marma* Points

Region	Number of <i>Marma</i> Points	Distribution
Upper Limbs	22	11 <i>Marma</i> points in each arm
Lower Limbs	22	11 <i>Marma</i> points in each leg
Thorax and Abdomen	26	Central trunk region
Head and Neck	37	Includes cranial and cervical areas
Total	107	Total number of <i>Marma</i> points

Significance of Trimarma and Surgical Implications

In the context of *Trimarmameeya Chikitsa*, *Acharya Charaka* prioritizes three essential *Marmas*; *Hridaya*, *Siras* and *Basti* even though he acknowledges the presence of 107 *Marma* points. He discusses their physiological, clinical, and anatomical relevance in the *Siddhi Sthana*, emphasizing how they affect the course of sickness and how to treat it. As the seat of *Prana* and *Chetana*, *Hridaya* is categorized as a *Sadyah Pranahara Marma*. In addition, it is the location of *Ojas* and the *Moola Sthana* of the *Pranavaha* and *Rasavaha Srotas*, giving it a spot among the ten *Pranayatana*.

The *Jnanendriyas* are carried by *Siras*, which facilitate *Indriya Vishaya Jnana*. Serious outcomes like *Cheshtanasha*, *Chakshu Vibhrama* or *Hanugraha* might result from injury to the *Siras*. The *Basti*, which is surrounded by important structures like *Guda*, *Sevani* and *Mushka* channels of *Shukra* and *Mutra*, is essential to preserving the pelvic organs' structural and

functional integrity. Important pelvic functions can be seriously disrupted by injury to the *Basti* [4-6].

Precautionary Measures in Surgery Related to *Marma*

- ✓ Prior to performing *Ashmari Nirharana*, *Acharya Sushruta* requires obtaining higher authorization. During pelvic procedures, he stresses the importance of safeguarding the *Ashta Marmas*, which are eight crucial regions surrounding the bladder.
- ✓ *Marma Sthana* is ranked as a zone to stay away from in the list of areas that are not recommended for caustic applications. Because *Marma* lands are delicate, it is strictly forbidden to use *Kshara* and *Agni Karma*.
- ✓ Avoid removing foreign objects close to a *Marma* since this may cause severe pain and *Vata* aggravation, which may result in unconsciousness.

Role of *Marma Chikitsa*

Marma Chikitsa is an age-old Ayurvedic treatment method that addresses the subtle energy systems as well as the physical body, offering a comprehensive foundation for trauma recovery. By stabilizing critical processes and averting complications, prompt intervention at particular *Marma* sites might significantly impact prognosis in cases of acute damage.

Sadyapranahara Marmas, or critical *Marmas*, like *Hridaya* and *Shira* must be attended to right away to prevent grave consequences. Similar to this, *Kalantarapranahara Marmas* like *Basti* and *Nabhi* need to be treated right away to lower the chance of dying later from internal bleeding or sepsis. Rapid and focused therapies are made possible by the identification of these *Marmas* using clinical symptoms and anatomical features [5-7].

Controlled pressure application over certain *Marmas* is one stabilization technique used to adjust neurovascular flow and reestablish physiological equilibrium. For example, applying the *Kshipra Marma* to the hand can assist control shock or fainting spells; this technique is similar to the acupressure used in first aid. Bandaging the joints and other *Marma* regions provides protection, supports damaged structures and stops bleeding.

During trauma, immobilization of *Marma*-adjacent regions, such as supporting the *Koorpara Marma*, stops additional harm to the nerves, arteries and ligaments, etc. Through improving tissue healing, managing problems and regaining mobility, *Marma* therapy continues to play a crucial role in the post-trauma rehabilitation phase. By enhancing blood circulation and oxygenation, targeted *Marmas* stimulation promotes cellular regeneration. Similar to neuromuscular activation techniques, engaging the *Talahridaya Marma* promotes peripheral circulation and speeds up wound healing.

Similar to contemporary physiotherapy treatments, the administration of medicinal oils, like *Ksheerabala Taila*, in conjunction with *Marma* massage over areas like the *Janu Marma*, enhances tissue flexibility, relieves stiffness and lowers inflammation, etc. Additionally, *Amsa Marma* and other mild *Marmas* might assist in reducing swelling and pain following an accident. When incorporated into contemporary surgical procedures, *Marma Chikitsa* also provides beneficial assistance, especially in preoperative care. Stabilizing essential functions like blood pressure and heart rate before to surgery is facilitated by stimulating *Marmas* like *Hridaya*. Calming points like *Talahridaya* and *Shankha* can be gently activated to lower anxiety and increase psychological preparedness [7-9].

Marma therapy support healing process after the surgical intervention by reestablishing neurovascular balance and lowering the stress. Massage and the use of herbal

oils to surgical areas, such *Janu Marma* after knee surgery help in the healing process and functions restoration. *Marma Chikitsa*, which emphasizes both short-term stabilization and long-term rehabilitation, is a potent adjunct to contemporary trauma and surgical therapy [8-10].

Marma Susceptible for Surgical Trauma:

Extreme caution is urged while performing surgical procedures on some *Marma* points since they are extremely prone to harm, particularly in crucial places mentioned in Ayurvedic writings. During lower abdominal and pelvic procedures, *Acharya Sushruta* stressed the need of safeguarding the *Ashta Marmas* that surround the bladder; *Guda, Sevani, Vankshana, Kati, Lohitaksha* and *Nitamba*. *Shankha, Sthapani, Krikatika, Utksepa* and *Shringataka* and *Kshipra* are additional extremely sensitive *Marma* points. Because they overlap with important neurovascular systems, these are especially sensitive to procedures affecting the head, neck, spine, face, and joints. In order to prevent difficulties and guarantee the protection of important structures, it is essential to comprehend the anatomical and functional significance of these *Marma* sites in both Ayurveda and contemporary surgical practice [1,5, 9-11].

Conclusion

Marma points are 107 essential anatomical locations that are found deep within the body as well as on the outside. Eleven *Mamsa*, forty-one *Sira*, twenty-seven *Snayu*, eight *Asthi* and twenty are the *Sandhi Marma* as categories according to the dominating tissue. There are 22 of them in the upper and lower limbs, 26 in the trunk, and 37 in the head and neck, according to their regional distribution. *Acharya Charaka* emphasizes three of these *Marmas* (*Hridaya, Siras*, and *Basti*) because of their vital function in maintaining life and directing therapeutic approaches. *Marma* point injury can have lethal consequences and frequently

results in major medical or surgical problems. It is essential to take extra care around *Marmas* during surgery. In order to prevent serious problems, *Acharya Sushruta* forbids the use of caustics like *Kshara* and *Agni Karma* on *Marma* regions and cautions against invasive acts close to these sites, particularly during pelvic surgeries.

References

1. Acharya YT. Charaka Samhita of Agnivesha: Revised by Charaka and Dridhabala with the Ayurveda Dipika Commentary of Chakrapanidatta. 4th ed. Chaukhamba Orientalia; 2007.
2. Nishteswar K. Science of Marma (in Ayurvedic diagnosis and treatment). Ayu. 2015 Jan-Mar;36(1):113-4.
3. Dwivedi KN, Dwivedi SK. Clinical importance of Marmas (vital points): An Ayurveda perspective. AYU. 2012; 33(2): 227-232.
4. Kumar A, Sharma RK. Neurophysiological and therapeutic implications of Marma therapy in Ayurveda. Int J Res Ayurveda Pharm. 2011; 2(2): 379-382.
5. Mishra M, Tripathi SN. Anatomical correlation and biomechanical relevance of Marmas in Ayurvedic trauma management. Int J Ayurveda Med Sci. 2018; 3(1): 5-10.
6. Srinivasan TM. Energy points in traditional medicine: Comparing Marmas and modern trigger points. J Altern Complement Med. 2009; 15(4):475-477.
7. Kulkarni DD, Patil RM. Role of Marma Chikitsa in post-traumatic pain management: A clinical case series. J Indian Med Assoc. 2013; 111(2): 116-118.
8. Vagbhata, Astanga Hridaya with Sarvangasundara commentary of Arunadatta and AyurvedaRasayana commentary of Hemadri edited by Dr AnnaMoreswar Kunte Revised edition 2002 Chaukamba surabharati Prakashan Varanasi, shareerasthana 4/70 page no-416.

9. Rao PV, Rao MV. Functional and structural studies of Marmas in relation to neural pathways. *Ayurveda Pharmacol J.* 2014;6(3):180-185.
10. Acharya Sushruta, Sushruta samhita with Nibandha sangraha commentary of dalhanacharya and Nyaya Chandrika Panchika of Gayadasa on nidanasthana edited by Vaidya Jadavaji Trikamji Acharya Reprint Edition 2014:Chaukamba surabharati Prakashan Varanasi Shareera sthana 6/19-20 page no-372.
11. Pooja Tekam, Rita Marwaha, Nisha Bhalerao, Shiba Dutta Panda, Sapna Anand. A conceptual study on Marma and its practical application in Chikitsa. *J Ayurveda Integr Med Sci* 2023; 02: 126-132.