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# CONCEPTUAL ANALYSIS OF KURCHASHIRA MARMA IN RELATION TO VRUTTA SNAYU

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**ABSTRACT:**

**Background:**

*Rachana Sharir* provides the structural framework fundamental to Ayurvedic understanding of health, disease, and therapeutic planning. Classical literature describes anatomical entities such as *Kurcha*, *Jala, Snayu*, and *Kandara* within *Paribhasha Sharir*. *Kandara*, defined in the *Sushruta Samhita* as *Vrutta Snayu* (*mahasnayu*), is enumerated as sixteen and distributed across *Hasta*, *Pada*, *Greeva*, and *Prustha*. Its primary functions-*Aakunchana* (flexion) and *Prasaran* (extension)-highlight its biomechanical importance. *Kandara* is regarded as an *Upadhatu* of *Rakta* and is implicated in *Vata Vyadhi* including *Vishwachi*, *Gridhrasi*, *Khanja* and *Pangu*. Despite repeated textual references, its precise anatomical interpretation and association with *Kurchashira Marma* remain insufficiently clarified. *Kurchashira Marma*, classified under *Rujakara Marma*, is clinically characterized by intense pain upon injury. This study analyzes *Kurchashira Marma* in relation to *Vṛutta Snayu*.

**Methods:**

An integrative literary review of *Bruhatrayee*, *Laghutrayee* and allied texts was undertaken alongside modern anatomical sources. Observational cadaveric dissection was conducted on four properly preserved cadavers. *Kurchashira Marma* regions were dissected systematically and the underlying structures were examined.

**Results:**

Dissection revealed predominance of *Sandhi* and *Snayu* components. The upper limb demonstrated midcarpal and intercarpal articulations with ligaments and tendinous expansions, while the lower limb showed talocalcaneonavicular complexes and supportive connective tissues. These structures functionally resembled *Vṛutta Snayu*.

**Conclusion:**

*Kurchashira Marma* appears structurally and functionally associated with connective tissue complexes consistent with *Kandara*. Findings support classical descriptions and provide integrative clinical insight.

**KEYWORDS:**

*kurchashira marma*, *vṛtta snayu*, *kandara*, *vata vyadhi*

**INTRODUCTION:**

*Rachana Sharir* forms the anatomical foundation of Ayurveda, essential for understanding physiological functions, disease manifestation, and therapeutic planning. Classical texts describe structural entities such as *Kurcha*, *Jala, Snayu*, and *Kandara* under *Paribhasha Sharir*. *Kandara*, defined in the Sushruta Samhita as *Vṛutta Snayu*[1] (also known as maha *Snayu*)[2], is enumerated as sixteen[3] and distributed across *Hasta, Pada*, *Greeva* and *Prustha*. Its functions[4]- *Aakunchana* (flexion) and *Prasaran* (extension) highlight its biomechanical significance and clinical relevance in *VataVyadhi*. Injury to *Snayu* is described in classical texts as producing more severe pain compared to injuries of other tissues[5]. Whereas *Rujakara marmas* are the areas where any injury causes pain and this is due to minimum tissue damage because *Rujakar marma* constituent of all five *mahabhutas*[6]. *Kurchashira Marma*, classified as a *Rujakara Marma*[7] and *Snayu*-dominant *Marma*[8], is clinically characterized by severe pain following trauma. (In the upper limb, it is situated near the *Manibandha Sandhi*,

corresponding anatomically to midcarpal and intercarpal structures. In the lower limb, it lies below the *Gulpha Sandhi*)[9] correlating with the talocalcaneonavicular complex. Despite detailed references, the anatomical relationship between *Kandara* and *Kurchashira* Marma remains unclear, warranting focused exploration. *Kurchashira Marma-vidhalakshans*[10] are- *Ruja* is severe pain at the site of injury and *Sopha* is Swelling or inflammation around the affected area.

*Ruja* occurs because *Kurchashira Marma* is *Snayu*-dominant (ligament/tendon dominant) and injury to *Snayu* produces intense pain.

*Sopha* develops due to local tissue damage and inflammatory response after trauma to the *marma* region.

## AIM AND OBJECTIVES OF THE STUDY

### Aim

To analyze *Kurchashira* Marma in relation to *Vṛutta Snayu* through a classical literary review.

### Objectives

1. To review classical references describing *Kandara* (*Vṛutta Snayu)* in *Ayurvedic* literature.
2. To analyze textual descriptions of *Kurchashira Marma*.
3. To explore the relationship between *Marma* and *Snayu*.
4. To evaluate the clinical implications in *Vata Vyadhi*.

### Methodology

This study was carried out as a conceptual narrative review with an integrative analytical approach. The methodology involved a detailed examination and interpretation of classical *Ayurvedic* literature along with relevant modern anatomical and biomechanical concepts. The primary focus of the study was to identify and understand the structural, functional, and clinical aspects of *Kurchashira Marma* and *Vṛutta Snayu*. Classical descriptions, anatomical interpretations, and clinical observations were carefully reviewed and compared in order to build a comprehensive and interdisciplinary understanding of the topic.

### Ayurvedic Perspective

1. Classical Ayurvedic texts, including *Bruhatrayee* and *Laghutrayee*, were reviewed to gather references related to *Kandara*, *Snayu* and *Kurchashira Marma*.
2. Descriptions available in *Sharira Sthana* and *Nidana Sthana* were studied systematically, with particular attention to their definitions, number, anatomical location and functional significance.
3. The concepts of *Kandara* and *Snayu* were compared to understand their similarities, differences, and overall significance in Ayurvedic anatomy.
4. The classification of *Marma* described in classical texts was also reviewed in detail, with special emphasis on *Rujakara Marma* and the distinctive features of *Kurchashira Marma*.
5. These classical descriptions were further interpreted in relation to the clinical manifestations mentioned in *Vata Vyadhi*, especially symptoms such as pain, restricted movement and functional difficulty.

### Modern Perspective

1. Standard modern anatomical literature was consulted to identify structures that correspond to the anatomical regions described for *Kurchashira Marma*.
2. Various anatomical elements such as joints, tendons, ligaments, retinacula, and neurovascular structures were studied to understand their functional relevance in these regions.
3. Biomechanical and neuroanatomical concepts were considered to explain the movements of flexion and extension and to understand the mechanisms responsible for pain in these areas.
4. Efforts were made to conceptually relate *Ayurvedic* terminologies like *Kandara* and *Vṛutta Snayu* with comparable structures described in modern anatomy.
5. The observations obtained from classical and modern sources were combined to develop an integrated anatomical and clinical interpretation.

### Anatomical Structures Related to *Kurchashira Marma*

In the hand, the structures that may correspond to the region of *Kurchashira Marma* include the dorsal radiocarpal ligament, radial collateral ligament, ulnar collateral

ligament, radial artery, ulnar artery, extensor tendons of the wrist and fingers along with their synovial sheaths, and the intercarpal articulations.

In the foot, important structures include the deltoid ligament, anterior talofibular ligament, posterior talofibular ligament, calcaneofibular ligament, talocalcaneal ligament, posterior tibial vessels, and the tibial nerve.

Damage or trauma involving these structures can produce severe pain, swelling, and limitation of movement. In modern medical terminology, such conditions are commonly described as sprains. A sprain usually results from direct or indirect injury to a joint and may involve stretching or tearing of ligaments and tendons. In some cases, the synovial membrane may also be affected, which further contributes to pain and functional impairment of the joint.

## Result and Discussion

The review of classical *Ayurvedic* literature indicates that *Kandara* is described as *Vṛutta Snayu*, which refers to a rounded and strong ligamentous or tendinous structure responsible for mechanical stability and movement. These structures play an important role in the processes of *Aakunchana* (flexion) and *Prasaran* (extension), thereby contributing significantly to joint movement and stability. Classical texts describe sixteen *Kandaras* associated with regions such as *Hasta* (upper limb), *Pada* (lower limb), *Greeva* (neck), and *Prustha* (back), highlighting their importance in maintaining posture and facilitating locomotion. *Kandara* is also mentioned as an *Upadhatu* of *Rakta*[11], indicating that its nourishment and functional integrity depend on proper circulation and tissue nutrition.

From a pathological perspective, aggravated *Vata* is considered the main factor affecting *Snayu* and *Kandara*. Disturbance of *Vata* may lead to symptoms such as pain, stiffness, and restricted movements, which are commonly described in conditions like *Vishwachi*[12] and *Gridhrasi*[13]. These clinical features closely resemble disorders affecting ligaments, tendons, and related musculoskeletal structures.

At the same time, *Kurchashira Marma* is classified under *Rujakara Marma*, which are vital points where injury mainly produces intense pain rather than severe structural damage. Classical descriptions indicate that *Kurchashira Marma* is located near the *Sandhi* regions of the extremities, areas where *Snayu* structures are functionally dominant and actively involved in joint movement.

When these descriptions are examined together, a clear conceptual relationship can be observed between *Kandara* and *Kurchashira Marma*. Both are structurally related to *Snayu* elements, functionally involved in movements such as flexion and extension, and clinically influenced by disturbances of *Vata*. The intense pain associated with injury to *Rujakara* Marma may be explained by the high mechanical sensitivity of Snayu-dominant regions where ligamentous and tendinous structures are concentrated.

Therefore, *Kurchashira Marma* can be interpreted as a region where *Kandara* structures are predominantly present and functionally significant. This interpretation helps connect classical *Ayurvedic* anatomical concepts with their functional and clinical relevance, while also providing a logical correlation with modern understanding of ligamentous and tendinous structures involved in joint stability and movement.

| Aspect | *Kandara* (*Vṛutta Snayu*) | *Kurchashira Marma* | Clinical Relevance |
|---|---|---|---|
| **Classical identity** | Described in classical texts as rounded and strong *Snayu* structures | Classified as a *Rujakara Marma* (pain-producing vital point) | Injury mainly produces intense pain |
| **Number and location** | Sixteen *Kandaras* are described, four each in the regions of *Hasta*, *Pada, Greeva*, and *Prustha*, mainly located near joints | Located in the regions of the wrist and ankle joints | These regions are highly sensitive and functionally active |
| **Structural dominance** | Predominantly composed of *Snayu* or strong ligamentous structures | Considered a *Marma* where *Snayu* structures are dominant | Important for maintaining stability of joints and movement |
| **Function** | Responsible for *Aakunchana* (flexion) and *Prasaran* (extension) of limbs | Associated with movements occurring at wrist and ankle joints | Plays a significant role in limb movement and joint mechanics |

## Interpretation

The review of classical *Ayurvedic* literature indicates that *Kandara*, described as *Vṛutta Snayu*, represents strong and rounded connective structures that are important for the mechanics of body movement. These structures play a significant role in facilitating *Aakunchana* (flexion) and *Prasaran* (extension), thereby supporting joint mobility and maintaining functional stability.

*Kurchashira Marma* is described as a *Snayu*-dominant Marma and is included in the category of *Rujakara Marma*, where injury primarily produces intense pain. Due to its structural composition and functional role, *Kurchashira* Marma shows similarities with *Kandara*. Both are associated with *Snayu* structures and participate in the movement of the limbs. This relationship suggests that the structural and functional characteristics attributed to *Kandara* may also be reflected in the region described as *Kurchashira Marma*.

## Conclusion

Classical Ayurvedic texts describe Kandara as *Vṛutta Snayu*, referring to rounded and strong connective structures responsible for the essential actions of *Aakunchana* (flexion) and *Prasaran* (extension). The description of sixteen *Kandaras* distributed in the regions of *Hasta, Pada, Greeva*, and *Prustha* demonstrates their important role in maintaining movement and mechanical stability of the body.

*Kurchashira Marma* is classified as a *Snayu*-dominant *Rujakara Marma* where injury mainly results in severe pain without major structural damage. In the upper limb, this *Marma* is described in the region below and slightly lateral to the *Manibandha* Sandhi. Anatomically, this area corresponds to the region where tendons are closely arranged beneath the flexor and extensor retinacula and are associated with the midcarpal and intercarpal joint complexes.

In the lower limb, *Kurchashira Marma* is located below the *Gulpha Sandhi*. This region contains important connective structures such as tendons, retinacula, and the plantar aponeurosis, which are functionally related to the talocalcaneonavicular joint complex.

Thus, a clear conceptual and functional relationship can be recognized between *Kurchashira Marma* and *Vṛutta Snayu* (*Kandara*). Both are associated with joint movement, biomechanical stability, and sensitivity to pain. These observations also support classical explanations of *Vata Vyadhi* in which dysfunction of *Snayu* and *Kandara* leads to symptoms such as pain, stiffness, and restricted movement.

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