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AN APPLIED ASPECT OF VITAP MARMA W.S.R. TO VASECTOMY:

A REVIEW ARTICLE

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ABSTRACT

The word Marma is of Sanskrit origin Mrin Maranae. The Sanskrit phrase –*Mriyataeasminiti Marmameans* there is possibility of death or serious damage to health when these points are injured. Marmain Sanskrit also means hidden or secret. Marma (vital point) is the seat of Prana (life). As Acharya Sushruta has stated that Marma points are the juncture on the body where two or more types of tissue meet, such as Mamsa (muscles), Sira (veins, arteries), Snayu (ligaments), Asthi (bones), and Sandhi(joints). These are mostly accepted as 107 points that are present in anterior and posterior aspects of body. In other sense Marma means mortal points, sensitive points, and weak vulnerable points. The word 'Vitap' is formed from 'VitamVistaramvaPaatiPibati' or 'Vetati-Shabdayateti'. Its meaning is branch of tree or bush or new seed or covering of seestis. The VitapMarma is described under SnayuMarma by Acharya Sushrutaand Sira Marma by Acharya Vagbhata with dimension of 01 Angula. The traumatic effect that occurs is infertility or deformities in spermatogenesis and oogenesis. So, this Marma site can be used for vasectomy which is highly effective and safe for family planning. The main aim & objective of this paper is to explore a scientific & therapeutic guideline of Vitap Marma & to create a better understanding of Vitap Marmaamong students, health care providers & consumers.

Keywords: Vitap, vasectomy, spermatic cord, inguinal canal, family planning

INTRODUCTION

The term Marma literary communicates the sense of vital parts of the body. Injuries or mechanical involvements directly affecting the sites of Marmas are likely to take away the life of the person concerned or to make him functionless. The knowledge pertaining to locations and sites of Marmas in the body finds better scope in the traumatic injury which is encountered in road side accident or when enemies counteract each other. The people or soldiers when get injured or wounded, require major part of surgical interference where extreme care is needed, if certain vital parts of Marma are involved. The knowledge of surgery forms its basis through thorough human dissection. Acharya Sushruta was pioneer in this field. A detailed dissection of human body with a view to develop a sound knowledge of the underneath structure, organs etc. leads perfection in anatomy which subsequently develops its better application, during these courses of surgical interference, particularly when it is situated at some vital area or Marma of the body. The knowledge of regional anatomy finds its better scope in management of the injuries involving the Marmas or the vital parts of the body. The surgeons must take care of the vital structures like nerves, arteries and tendons etc. A thorough knowledge of Marmas popularized the excellence of Indian surgeons in the field of surgery. So, Marmasthana implies the place of vital importance in the body, which when injured results to death sooner or later or serious consequences. In Ayurveda the Marma has been considered as a very delicate part, having agglomeration of number of tissues and other body structures accounted to be vital point in the human body. Any injury at these vital parts or Marma of the body makes the organ senseless or functionless or cause deformity or severe haemorrhage or even collapse and death instantaneously or late.

In old days, the knowledge of the Marma was in practical use of the warriors during warfare, and in hunting of the wild animals, aiming at the desired sites, with arrow. This science was also in practice by the ancient person's trend in martial arts like wrestling, karate, kungfu, Judo, etc. But today, with the immense advancement in modern medical science, these Marma points are also been taken as JivantitiMarmani i.e. therapeutic application at Marmapoints can provide life. This will draw a new dimension in the health care system. Prana resides in these Marmapoints and positive

and negative energies flow in the body. So these Marma alarming points communicate the information about the vital sites, when pressure is applied over these points.

The human body consists of an intricate network of channels, organs, circuits and tissues on many levels from the blood to the most refined nerve tissue of the brain. These interrelated channels create various patterns, linkage and interchanges across which substances, energy and information continually travel and circulate creating the mosaic of system that makes up who we are. The total of 107 Marma points in the body is broadly classified into two categories as lethal or as therapeutic regions. Lethal Marma points are areas which if struck or injured threaten the life of a person. Therapeutic regions are sensitive points that can be used to direct energy and counter diseases. Lethal areas therefore are more important for the martial arts, while therapeutic points are more significant for medical purposes. Among these vital areas one is the position of VitapMarma. It lies in between the Vankshana (groin) and the Vrishana (testes) and an injury to it gives rise to impotency or oligospermia. It is a SnayuMarma in nature, Vaikalyakar in consequences and covers the area of one Angula. According to Vagbhatta it is a Sira Marma.

Anatomical structures related to VitapMarma Dr. Ghanekar interpreted Vitapmarma at the site of inguinal canal and its content i.e spermatic cord. The injury in this region may produce obstructive pathology in vasdeferens or the vascular damage may cause indirect effect in entire reproductive scenario; the ultimate result is the sterility of infertility. According to Dr R. R. Pathak and Dr V. S. Patil the anatomical structures like spermatic cord, inter-crural fascia, cremasteric fascia, infundibuliform fascia, testicular artery and vein, the ductus deferens with the artery supplying it, testicular nerve may be taken as the common contents of VitapMarma. Considering the ancient views pertaining to the nature of the Marma, consequences and area occupied by this particular Marma, it will be justified to accept the inguinal canal through which testicular artery, spermatic cord and pampiniform plexus pass. An injury to over this canal area is bound to damage the spermatic cord and thus may develop the chances of sterility. If the injury is limited to one side of the inguinal canal, then the chances of ejaculation of lesser quantity of semen or oligospermia may be there. If the spermatic cord along with

the blood vessels and the ilio-inguinal and genitofemoral nerve are damaged, the chances of impotency due to crush of cord, blood vessels and nerves or blockage of vasdeferens may be there.

As injury to this Marmacauses impotency or oligospermia, so thisMarma points can also be used for family planning by doing vasectomy.Ayurvedais not only oriented towards treatment of diseases but also toward prevention & health maintenance. So, VitapMarmacan be useful in control of population & family planning policy of Govt.A simple surgical procedure called vasectomy can be performed at the area of VitapMarma

Vasectomy

The term “vasectomy” has been derived from vas deferens which is present in the spermatic cord and extends up to scrotum; this tube is blocked during the procedure. Vasectomy is a popular, effective and safe family planning method for couples who want to stop childbearing.

How does a vasectomy work? The testis contains a microscopic cell i.e. sperm which unite with the ovum to cause pregnancy. Vas deferens carries the sperm and it got mixed with other fluids and becomes semen. Most techniques involve removal of a section of the vas deferens and ligation or cauterisation of the cut ends. For medico-legal reasons, the nature of the excised portion is often confirmed histologically. Spermatozoa remain in the proximal duct system for several months after vasectomy. Thus, the operation cannot be considered a success until at least two successive sperm counts performed about 1 month apart after 20-25 ejaculations are negative. Despite correct operative technique and negative sperm counts, there is a late failure rate of about 1 case in every 500. Vasectomies don't change sexual desire, erection and feel of ejaculation. The semen just doesn't contain sperm, but the morphology is same.

Types of Vasectomy

- 1. Conventional incisional vasectomy:** It is done with local anaesthesia. The two small cuts are made on scrotum on each side to expose vas deferens tubes.

Each vas deferens tube is cut, and a small section is removed and the ends of the tubes are sealed off.

2. No-scalpel vasectomy: It is done with local anesthesia. A tiny puncture or hole is made in the scrotum to access the vas deferens. It is the preferred technique for isolating and accessing the vas deferens. Its aim is to reduce adverse effects such as bleeding, bruising, hematoma, infection and pain and to shorten the operating time. Some facts about vasectomy

- It has a lower failure rate.
- It is a permanent procedure and cannot be reversed.
- It is more cost effective.
- It doesn't affect the desire for your sex. There is no problem in erection and ejaculation.
- You have to use contraception for about one to two month as the tubes contains sperm.
- Atleast after 2 or 3 semen tests it will become sure that there is no sperm.
- It possess fewer surgical risk and complication

DISCUSSION

The word '*Vaikalyakara*' is derived from '*Vaikalya*' means deprived of some part or abnormality or deformity or disability to do something. Location of Vitap Marma mentioned by Acharya is the joining area of Vankshan and Vrishan. In males, injury on VitapMarma leads to Shandhata (sterility) or Alpasukrata (oligospermia). The dimension of this Marma is 1 Angula. The Testicular artery is the branch of abdominal aorta, that supplies blood to testis. Cremasteric artery is the branch of inferior epigastric artery, which supplies blood to cremasteric muscle and covering of spermatic cord. The function of pampiniform plexus is venous return form testis, which helps to regulate the temperature of testis. This is essential for sperm formation. If we assume the area of VitapMarma as mentioned by Acharya i.e. joining area of Vankshan and

Vrishana, it is area of spermatic cord as per traumatic effect =i.e. Shandhata (sterility) or Alpasukrata (oligospermia). Vas deferens injury during herniorrhaphy leads to obstruction and thus sterility. Pressure exerted by varicocele is responsible for sterility. Inflammatory pathogenesis of cord also causes sperm flow obstruction. Torsion or twisting of cord leads to sterility because of obstruction in the pathway of sperm flow. The involvement of ductus deferens which is affected by surgical procedure or above pathogenesis may lead to reduction in flow of sperm. Thus, it may cause Alpasukrata i.e. oligospermia or Sandhata i.e. sterility. This traumatic effect of VitapMarma can be beneficial for controlling population and family planning policy of government by doing the planned vasectomy surgical operation.

CONCLUSION

The dominant structure at this site of VitapMarma is considered as spermatic cord in male, round ligament of uterus in female along with other recessive structures of Mamsa, Asthi and Sandhi. The different opinions of both Acharya Sushruta and Vagbhata can be justified on the basis of functional and structural anatomy. In males, the spermatic cord structurally looks like a cord; hence it is considered as SnayuMarma by Acharya Sushruta. As Vas deferens is the constituent of spermatic cord and its function is conduction of sperms, so Acharya Vagbhata termed it as Sira Marma. The injury results of VitapMarma can be used therapeutically by the planned surgical procedure called vasectomy for the family planning.

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