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Review Article

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RELATION BETWEEN APASTAMBH MARMA AND BRONCHOGENIC CARCINOMA - A REVIEW ARTICLE

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ABSTRACT

Marma Vigyan is a unique feature of Ayurved Samhitas. Concept of marma is important in clinical and surgical point of view. These are the vital points in the body where all important structures confluence like Mansa, Sira, Snayu, Asthi, Sandhi And Prana. All acharyas mentioned marma sankhya as 107. Out of these 107 marma Apastambh Marma is described as urogata marma. The site of Bronchogenic Carcinoma and Apastambh Marma is same as given in samhitas that is Urogata Vatavahi Nadi. This article is an attempt to state relation between Apastambh Marma and Bronchogenic Carcinoma.

KEYWORDS: Apastambh Marma, Urogata Vatanadi, Bronchogenic Carcinoma, Shalyatantra, Rog Marga.

INTRODUCTION

Knowledge of *marma* is described as half of *shalyatantra*.^[1] *Samhitas* mentioned that injury to *marma* sight will produce severe pain, deformities and even death.^[2] *Samhitas* also mentioned *marmas* as *rogamarga* that is localize disorder sight. *Vikrit doshas* can produce diseases in *marmasthisandhi rogamarga*.^[3] So deep study of all *marmas* is important for diagnostic purpose.

Apastambh marma is urogata marma. This is the marma in urasthana where two vatanadi are situated. The location of Apastambh marma is mentioned as on the two sides of anterior

of chest. This is the region around two principle bronchi. *Samhitas* also mentioned two *Apastambh marmas*. *Pramana* diameter of this *marma* is *ardhangul*. *Sushrut* said that it is *siramarma* though *vagbhat* included this in *dhamanimarma*. ^{[4][5]}

If we are going to treat diseases in which *sthanasanshyay* is *Apastambh marma* we should consider all anatomical structures around the *marma*. According to *sthana* of Apastambh marma the bronchogenic carcinoma can seriously affect the anatomical structures around *apastambh marma*.

DISCUSSION

Bronchogenic carcinoma is malignant neoplasm of the lung arising from epithelium of bronchus or bronchiole. Carcinoma begins as a small focus of atypical epithelial cells within bronchial mucosa. As the lesion progresses atypia becomes frankly malignant and neoplasm grows in size. May grows into lumen along the mucosa or into bronchial wall and adjacent lung perenchyma. Eventually neoplasm spreads to regional lymph nodes. Most bronchogenic carcinomas form mass in or near hilus.^[6]

Intramural mass which may partially or completely obstruct the bronchus. Neoplasm also may compress or invade local structures such as aorta, oesophagus, svc.

As the site of bronchogenic cancer and *Apastambh marma* is same that is two principle bronchi the anatomical structures related to this are

- Muscular structures Smooth muscles of bronchi, Bronchioles, Muscles of thoracic cage, Pectoral muscles.
- Vascular structures Two pulmonary arteries, Four pulmonary veins, Aorta, SVC, IVC, Bronchial vein, Lymph nodes.
- Neuroconnective Tissues structures Elastic connective tissue helping in recoiling of lungs, Pleura, Endo thoracic Fascia, Vagus nerve, Phrenic nerve, Pulmonary plexus.
- Bony structures Ribs, Costal cartilages, Cartilaginous plates of bronchial tree.
- Articular Structures Region of carina, Sternocostal joints.

As neoplasm invades these structures and produce symptoms like cough, dyspnoea, Hemoptysis, chest pain, difficulty in swallowing, pneumonia, weight loss. The survival of patient is at least 5 years after diagnosis. These symptoms are similar to the symptoms of *marmaghat lakshanas* of *Apastambh marma*. This *marma* also described as *kalantarpranahar*

marma in samhitas means death occurs later on. Sushrut mentioned it as sira marma and Vagbhat mentioned it as dhamani marma. Both sira and dhamani around the marma are included in pathology of bronchogenic carcinoma. Bronchogenic carcinoma shows SVC and aortic obstruction and also puts pressure on oesophagus which produce symptoms like difficulty in swallowing. This is the relationship between apastambh marma and bronchogenic carcinoma.

CONCLUSION

After reviewing literature of *Apastambh marma* and bronchogenic carcinoma, we are concluding that *Apastambh marma* has surgical and medicinal importance. Because of all vital anatomical structures around this *marma* any disease or *marmaghat* can produce life threatening effects. *Samhitas* also mentioned *marmasthisandhi rogamarga*. *Nija doshas* also cause diseases like bronchogenic carcinoma in *marmasthana*. So *marmas* also have importance in terms of *kayachikitsa*. Thorough study of *marmas* and anatomical structures around them has equal importance for treatment purpose. There is a vast scope for research in field of *marma sharir*.

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