

ANATOMICAL AND CONCEPTUAL STUDY OF *GUDA MARMA* & ITS CLINICAL SIGNIFICANCE

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Article Received on 25 April 2026,
Article Revised on 15 May 2026,
Article Published on 01 June 2026,

<https://doi.org/10.5281/zenodo.20438409>

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How to cite this Article: ¹*Kanchan Sharma, ²Sunitha Valsan, ³Rakesh Kumar Sharma. (2026). Anatomical and Conceptual Study of Guda Marma and Its Clinical Significance. World Journal of Pharmaceutical Research, 15(11), 112-120.

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ABSTRACT

The *Hindu* text *Atharva Veda* gives a description of the term "*Marma*" (vital region). Injury prone consequences are more likely to affect the essential sections of the body than other body parts. As contemporary surgery and medicine have developed in extraordinarily it has become quite important for an *Ayurveda* anatomists to investigate the pre-clinical and clinical significance of these crucial regions of the human body. *Marmas* are the anatomical regions that pulse with structure and experience profound pain and sometimes may result in death if injured. *Guda* is the name for the terminal portion of the big intestine and the *Moola* of *Purishavaha Srotas*. It is regarded as one of the *Karmendriys* and one of the *Bahirmukha Srotas*. *Guda* is one of the *Koshtangas*, according to *Charaka*. *Guda* is referred as the passageway where faeces are excreted and is situated in the lower pelvic area. *Charaka* recognised two portions in it, called *Uttara Guda* and *Adhara Guda*. One

of nine *Bahirmukha Srotas* in the pelvic area, it is an extension of the big intestine. *Pureesha dhara Kalaa* is associated with *Purishavaha Srotas*, as well as being *Sadyopranhara Marma* and the *Moola* of *Purisha vahay Srotas*. *Guda*-related illnesses include *Arsha*, *Bhagandara*, *Guda Vidradhi*, *Sannirudha Guda*, and *Guda Bhransha*. According to *Sushruta* and *Vagbhata*, the component associated to the *Sihulantra* that allows for faeces to be excreted is

known as the *Guda Marma*. This *Sadyah pranahara Marma* is one of the three *Marmas* in the *Udara* region, *Guda Marma* is included under the regional categorization of *Marmas* as *Udar Marma*. Out of 107 *Marmas*, in this review article study of *Guda Marma* (vital point at anus) is carried out.

KEYWORDS: *Guda Marma, Sadyopranhar Marma, Rectum, Anal canal.*

INTRODUCTION

Marma is defined as the *Sthana* where *Mansa, Sira, Snayu, Asthi, Sandhi* meet together. According to *Acharya Sushruta* at the points of *Marma* “*Prana*” are situated that is why these points are called vital points. *Sadyopranhara Marmas* are said to be very important and injury to these structures cause sudden death. The *Sadyapranahara Marmas* are having the *Agni Guna Pradhanya* this way the *Agni Guna* vitiated becomes immediately due to injury to the *Marma Sthana* due to the *Agni Prakopa* leads to sudden death. So if any injury happens to the *Marma Sthana*, there will be immediate death. Among the nineteen *Sadyapranahara Marmas*, *Guda Marma* is one of the most critical *Marma* of abdominal locale to which is usually handled by a proctologist in their regular practice. It is the part attached to large intestine and serves as the passage for stool and flatus. It also simultaneously consists of several structures and any harm to this *Marma* can prove to be dangerous or very predestined. *Purishadhara Kala* is related to *Guda* and that is *Moola* of *Purishavaha Srotas*.

One of the fifteen *Koshthagas* (abdominal viscera) is called *Guda*. It is composed of two parts: *Adhara Guda* and *Uttara Guda* (the proximal component) (distal or terminal part). '*Uttara Guda* is the seat of faeces waste collecting and *Adhar Guda* is the evacuator,' stated *Chakrapani*, the commentator on *Charaka*. As soon as faeces enter the rectum, there is an urge to urinate, which shows that *Uttara Guda* the rectum extends up to the pelvic colon from rectum and *Adhar Guda* is anus.

Embryological concept of Guda as per Ayurveda

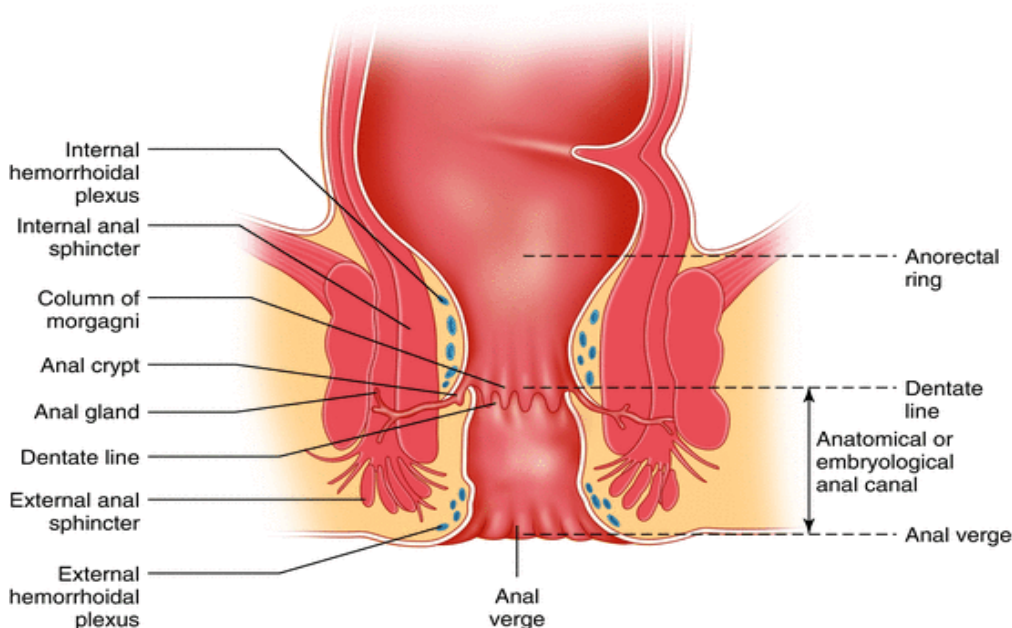
Regarding the embryology in *Ayurveda*, it is said that parts of body are formed from the predominance of maternal, paternal and other genetic aspects. *Guda* is *Matrija* in origin which means it is developed in pregnancy with the predominance of maternal genes. Its physical composition occurs in intrauterine life from the best part of *Rakta* and *Kapha* formed by *Pitta* and penetrated by *Vayu*. The above description suggests the complex anatomy of anus and rectum containing specific formation of muscles.

Synonym of Guda

- 1) *Apana*
- 2) *Payu*
- 3) *Guhyam*
- 4) *Gudvartma*

Internal Structure of Guda

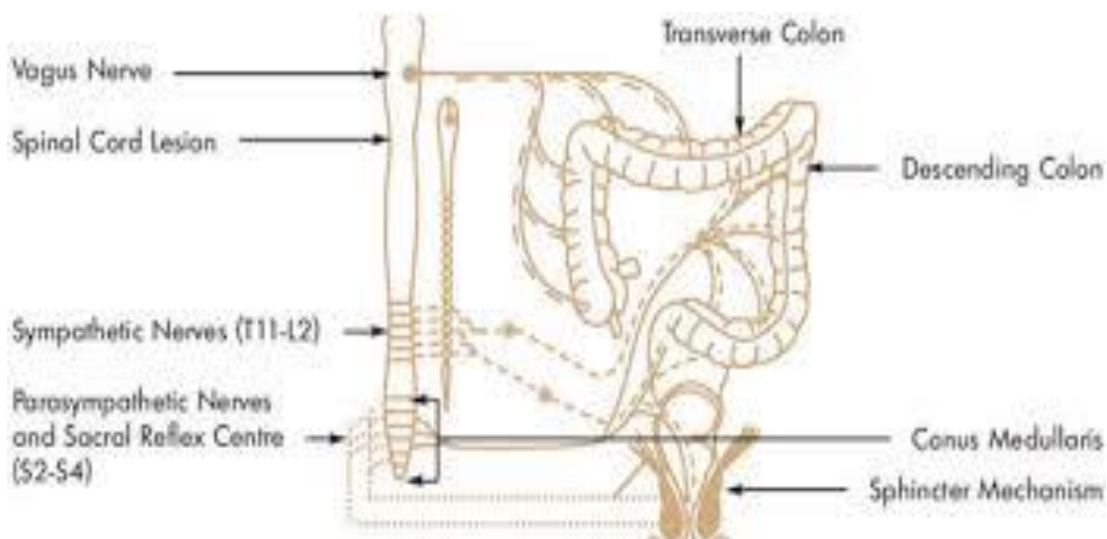
Sushruta described that interior of *Guda* contains three *Valis*. These are *Pravahini*, *Visarjini* and *Samvarni*. They are situated one above the other at an interval of $1\frac{1}{2}$ *Angula*. They are arranged spirally (*Shankhavartanibha*) and resembles the colour of palate of an *elephant* (*Gajatalu*). The location of these *Valis* has been further categorised by *Acharya Vagbhata*. He designated the intermediate one as *Samvarani* and the distal one as *Pravahini* whereas proximal one being *Visarjini*. *Gudoshtha* is located 1 finger in the anal margin. Away from or far from *Samvarni*. the *Pravahini* is most internally placed $1\frac{1}{2}$ *angula* to *Visarjini* and *Samvarni* is $1\frac{1}{2}$ *angula* below *Visarjini*. Each *Vali* is 1 finger long, and the stated distance $\frac{1}{2}$ finger is located between 2 *Valis*. Hence, *Guda's* length $4\frac{1}{2}$ fingers when *Gudoshtha* is included. The of length *Gudoshtha* is has a half a finger. According to *Acharya Sushrut Guda* is formed by 3 *Peshies*. There are 60 *Snayu* in pelvic region and 10 in groin. The pelvic region has 4 bones, these 4 are found in anal region, pubic region and in hip, sacral region. *Guda* is made of *Sushira Snayu* and *Samudga Sandhi*. Out of 700 *Siras* 34 *Vata* carrying *Siras* are in *Koshtha*, out of them 8 *Sira* are in the anus, pelvis and penis. The rest of the *Siras* Carrying *Pitta*, *Kapha* and *Rakta* are distributed similarly. The *Siras* present in *guda* are called *Malvaha Siras* and *Vatvaha Siras*. Out of total 24 *Dhamanies* 10 spread downwards and go to rectum, pelvis, anus, bladder, penis etc. The *Dhamanies* taking a downward course carry *Apan Vayu*, *Mutra*, *Purisha*, *Shukra* and *Artava* to the respective organs such as *Pakvashaya* (intestines), *Kati*, *Guda*, *Basti* and *Medhra*. These organs are situated below the level of *Nabhi*. The two *Dhamanies* attached to *Sthoolantra* perform excretion of *Pureesha*.



Comparison of Ayurved and modern aspects of Guda Sharir

<i>Ayurved Sharir of Guda valis</i>	Modern anatomy
<i>Pravahini</i>	Largest Houston's valve
<i>Visarjani</i>	Internal anal sphincter
<i>Samvarani</i>	External anal sphincter
<i>Uttarguda</i>	Seat for faecal collection
<i>Adharguda</i>	Seat for evacuation of the stools
<i>Guda</i>	Anal canal with some extent up to largest transverse fold

Nerve Supply: The rectum is supplied with sensory and autonomic nerves. The sympathetic nerve supply to the rectum is derived from the lumbar splanchnic nerves and superior and inferior hypogastric plexuses. Parasympathetic nerve supply is from S2-4 through pelvic splanchnic nerves and inferior hypogastric nerve plexuses.



According to *Ashtanga Sangraha* *Guda* is considered as *Maha Marma*. Its dimension is equal to palm of the particular person.

According to *Acharya Sushruta* it is *Mushthi Pramana*.

Some terms are related to *Guda* like

- 1) *Gudopastha Pradesha* – Meaning perineal region related to manifestation of pain in *Tuni, Pratituni*.
- 2) *Guda Parshava Kshetra*- Meaning ischiorectal fossa where *Bhagandara Pidakas* occur.
- 3) *Guda Mandala* – circular area of anus.
- 4) *Gudashrita Roga* – Disease which takes origin or manifest in *Guda* like *Arsha, Bhagandara*.
- 5) *Gudankura* –Bud like structure in *Guda (Arsha)*
- 6) *Guda Alaya* –Alaya means seat and *Guda* in the seat of *Apana Vayu*.
- 7) *Gudoshta* – Anal verge.

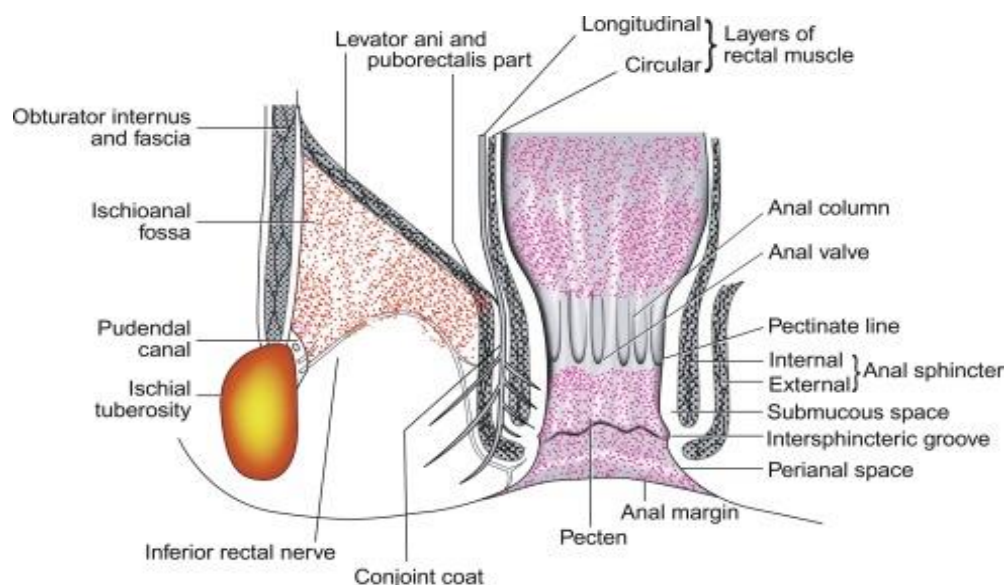
In the *Nidana Sthana* of *Sushruta*, it has been told that *Basti, Bastishira, Pureesha, Granthi, Vrishana* and *Guda* are related to one another and are present in *Gudasthi Vivara*.

Acharya Charaka mentions that the administered *Taila* through *Guda*, permeates through *Sira, Dhamani*, and reaches the various portions of *Srotas*. This idea explains that *Guda* is *Moola* of *Sharira*, and whatever *Dravya* is administered through *Guda* reaches every part of the body.

DISCUSSION

Guda Marma is single in itself and is located in anal canal. It is a *Mamsa* (muscular) *Marma*, consisting musculature i.e. muscle like external sphincter ani, internal sphincter ani. It is supplied with hemorrhoidal nerve plexus (network of nerves) and inferior hemorrhoidal artery and vein. The muscular anal canal forms a sphincter (a ring like muscle that normally maintains constriction of a body passage or orifice & relaxes as a normal physiological function at the distal end of the gastrointestinal tract). In an adult the anal canal is 4 cm long. The dentate or pectinate line is present in the anal canal. It is an line which divides the upper 2/3 and lower 1/3 of the anal canal and it is important anatomical landmark, and several distinctions can be made based upon the location of a structure relative to this line. The mucosa above (2/3) the line has an autonomic nerve supply and is insensitive to cutting and pricking. Where as the skin below one third part is supplied by the inferior rectal branch of pudendal nerve and is actually sensitive. The venous drainage (blood returning to the heart)

of the mucous is upward into the inferior mesenteric and portal circulation (a general term denoting the circulation of blood through larger vessels from the capillaries of one organ to those of another; applied to the passage of blood from the gastrointestinal tract and spleen through the portal vein to the liver). Whereas that of the skin below is into the systemic venous circulation (blood flow through the veins to the body's two main veins called the vena cava, which deliver the blood back into the heart). This is relevant in the spread of malignant tumors. Fissure in the anal canal, extending from the anal dentate line to the anal verge (i.e. the opening of the anus on the surface of the body) is associated with local inflammation and spasm of the sphincter causing severe pain on defecation as this area is sensitive with rich nerve (somatic) supply. During surgical procedure like anal dilatation, if the anesthesia is not properly given, the patient reacts immediately; if this is neglected the patients may go in vasovagal shock, which ultimately leads to death.



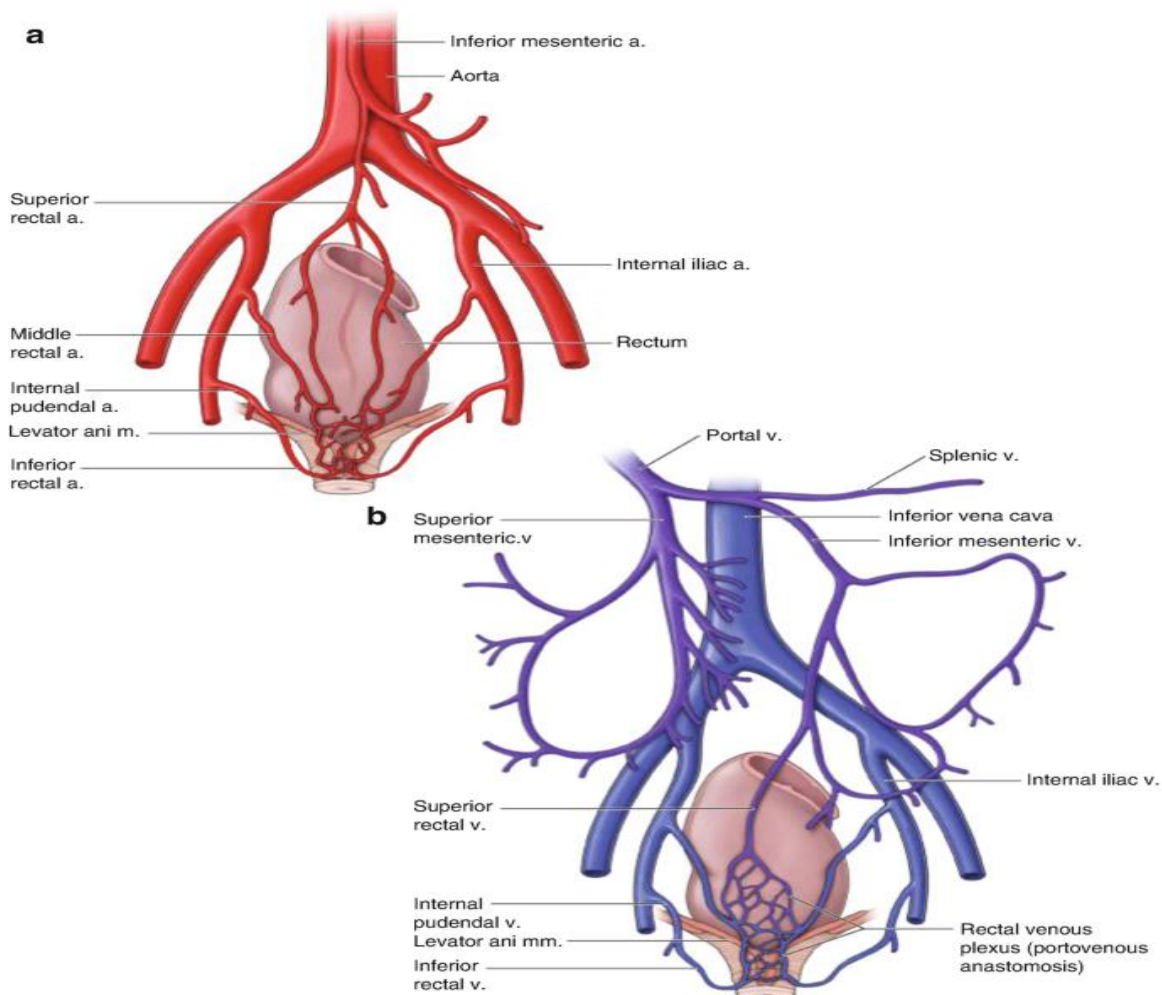
Acharya Sushruta had considered *Guda* as *Mamsa* (muscular) *Marma*. According to modern anatomy, internal and external sphincters (formed by muscles) together form the sphincter mechanism of anal canal.

The internal sphincter is downward extension of the circular layer of the rectal muscle. The external sphincter surrounds the internal part and is continuous with the fibers of the levator ani muscle. The upper part of the external sphincter at the level of anorectal junction is the puborectalis muscle. Because of predominant presence of muscle, a *Guda* is *Mamsa Marma*.

Guda is a *Matrija* (maternal) organ, *Mridu* (soft) and *Mamsaja* (muscular). When a finger put in the rectum, it feels hot. Rectal temperature is more than the skin. One can feel the pulsation. It is the shunt area (Vent), which balances the porto- systemic circulation. If the portal pressure (blood pressure in hepatic portal vein which is normal between 5-10 mmHg) is raised, there will be bleeding through rectum. Vessels or haemorrhoidal plexus (venous network) is present at the site of *Guda Marma*.

Internal haemorrhoids (Piles) are associated with the dilation of superior rectal plexus of veins (venous network) in the anal columns. They have no valves and back pressure in the portal venous system and will, therefore, fill the haemorrhoidal venous network.

Rectal bleeding is the main symptom of internal haemorrhoids (Piles). The blood is characteristically bright red like arterial blood. (It has been suggested that the internal hemorrhoidal plexus is like a corpus cavernous with direct arterio venous communications). So it may be considered as *Dhamani Marma* also.



The periods of these two books are different. *Sushruta* might have mentioned on the basis of external structure of *Guda* while *Vagbhata* had given more emphasis to outcome of injury to *Guda*, which is mostly due to injury to the deep vessels. The view of both scientists was different to explain *Guda Marma*.

CONCLUSION

Guda Marma is both *Dhamni* and *Mansa Marma*. *Guda* is one among 15 *Koshtangas*.

Guda may be correlated with Rectum and anal canal. *Uttara Guda* may be correlated to upper part of rectum and *Adhar Guda* to the lower part of rectum and anal canal. 3 types of *Valis* may be correlated to the horizontal folds of the rectum and anal sphincter. The length of the *Guda* includes lower 6cms of rectum including middle and inferior rectal folds (valve) and 3cms of anal canal.

Gudaushtha may be correlated to Anus. The total length of *Guda* is $4\frac{1}{2}$ *angula* which includes 3 cm of anal canal and 6 cm of rectum.

Guda is a *Sadyopranhara Marma*. Physiologically *Samvarni* and *Visarjini* can be correlated to external and internal sphincter. *Guda* is the part of *Pakvashaya* (part of intestine) and *Moola sthana* i.e. the site of formation of body constituents and which regulates main activity of *Purishvaha Srotasa* (According to *Acharya Sushruta & Charaka*).

In ano rectal diseases, complain of pain, bleeding, constipation, protrusion of pile mass, itching, burning sensation, burning sensation, discharge of pus, swelling etc. are recorded which effect patients routine life. The quality of life is affected by the factors like depression and self-perception. Disease which are related to *Guda Marma* triggers the change in the quality of life of patients.

So *Guda* is the most vital part of our body and every one must have to protect it from any injury.

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

Supervision: Associate Prof. Rakesh Kumar Sharma

ACKNOWLEDGEMENTS

I am sincerely thankful to the Department of Rachana Sharir for their valuable guidance and support.

Conflicts of Interest: None.

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