

CONCEPT OF VAGHBHATTOKTA DHAMANI MARMA

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ABSTRACT

Ayurveda, the science of life which deals with maintaining health not only physical but also mental and spiritual. It describes human body by diving it into six parts called shadanga.^[1] Even though all the parts of body are significant, there are vital spots called marma. There is a vital force which is driving the life of mankind which is called prana.^[2] It is termed as atma swaroopa due to its existence all over the body, but still its roots are being embedded in precise location of human structure. This precise location is considered as the point where there is conglomeration of five human basic structure that is mamsa, shira, snayu, asthi and sandhi.^[3] But Aacharya Vagbhatta added one more structure that is dhamani.^[4] These specific locations are explained under the concept of marma shareera in classics. In this article effort is made to understand the concept of Vaghbhattokta dhamani marma.

KEYWORDS: Shadanga, Vitalpoints, Marma, Dhamani marma.

INTRODUCTION

Marma science is most specialised subject of ayurveda. It is part of vedic science, the origin can be traced to SARASWATI culture or INDUS Valley civilization. The first reference is found in RIGVEDA. There is reference of words like VARMAN and DRAPI which is some kinds of body Armor or Corslet to protect the body from the assault of enemy weapon. In ayurveda 107 marmas are explained.^[5] These are the anatomical site where structures like

mamsa, sira, snayu, asthi, sandhi, i.e muscles, veins, ligaments, bones, and joints meet together but Acharya vaghabhatta in astanga hrudaya these are the points where important structure i.e dhamani come together along with other structures like muscle, ligaments etc. Vagabhatta also says that those sites which are painful, severe tender and shows abnormal pulsation should be considered as marma or vitalpoints. These points are the seats of life. They are also the sites where not only Tridosha {vata, pitta, kapha} are present but their subtle forms Prana, Ojus{soma}, and Tejas {agni} are located along with Sattva, Rajas, Tamas.^[6] Hence this is a specific area on the body, which has relation through pranic channel to various internal organs. Acharya Indu commented as “Mriyate asmin anga upahata iti Marma” means these are the vital areas injury to such points leads to severe pain or even death in certain conditions.^[7] If marmas are injured they don't always result into death but can cause various diseases, which naturally indicates that all vital points don't produce death when injured. Hence these areas can be divided into.

1-THERAPEUTIC AREAS

2-LEATHAL AREAS

They are also important pressure points on the body much like the Acupuncture points of the traditional Chinese medicine.

Sushrutacharya explained indetail about marma in 6th chapter of shareerasthana also he divided into 5 groups.^[8]

1-MAMSA MARMA

2-SIRA MARMA

3-SNAYU MARMA

4-ASTHI MARMA

5-SANDHI MARMA

VAGHABATTA ACHARYA.^[9]

6- DHAMANI MARMA

Depending on predominant structures involved in marma are of 6 types otherwise all are PRANAYATAN only.

Irregular pulsation, pain on pressing are commonest features of marma.

STRUCTURAL CLASSIFICATION OF MARMA BY ACHARYA SUSHRUTA & ASTANGA HRUDAYA^[10]

SR NO	TYPE OF MARMA	SUSHRUTA	ASTANGA HRUDAYA
1	MAMSA MARMA	11 [GUDA AS MAMSA MARMA]	10
2	SIRA MARMA	41[SHRUNGATAKA AS SIRA MARMA]	37 [KAKSHADHARA AND VITAPA AS SIRA MARMA NOT SNAYU MARMA]
3	SNAYU MARMA	27	23
4	ASTHI MARMA	8	8
5	SANDHI MARMA	20	20
6	DHAMANI MARMA	-	9 [GUDA-1 APASTHAMBA-2 VIDHURA-2 SHRUNGATAKA-4]

1 GUDA MARMA

TYPE-MAMSA MARMA [A/C SUSRUTA]

DHAMANI MARMA [A/C A.H]

PRAMANA-4 Anguli

NUMBER-1

SITE-Controls 1st chakra i.e muladhara

Channels of urinary, reproductive system.

Anatomical structures involved-

Sphincter ani internus and externus muscles.

Rectal plexus of nerve

Inferior rectal artery and vein

Signs if injured –

Injury to sphincter muscles will cause loss of control of action of anus.

Sudden dilatation will cause reflex stoppage of heart hence called as Sadyopranahar marma.

2 APASTHAMBA

TYPE-SIRA MARMA [A/C SUSRUTA]

PRAMANA-1/2 Anguli

NUMBER-2

SITE-Below the nipples at the level of 3rd thoracic vertebra.

Anatomical structures involved-

Pulmonary artery,

Pulmonary vein

Descending aorta

Pectoral group of muscles.

Signs if injured –

Injury to bronchi and vessels may leads to haemorrhage and death.

It is kalantara pranahara marma.

3 VIDHURA

TYPE-SNAYU MARMA [A/C SUSRUTA]

PRAMANA-1/2Anguli

NUMBER-2

SITE-Behind and below the ear just below the mastoid bone.

Anatomical structures involved-

Basilar and posterior auricular artery, posterior auricular vein, auditory nerve, mastoid muscles.

Signs if injured –

Injury will leads to deafness. It is vaikalyakara marma.

4 SHRUNGATAKA

TYPE-SIRA MARMA [A/C SUSRUTA]

PRAMANA-4Anguli

NUMBER-4

SITE-At the meeting point of tongue ears eyes nose on the soft palate.

Anatomical structures involved.

Supra orbital artery, frontal diploic vein, superior sagittal sinus occipito frontalis muscles.

Signs if injured – Injury will leads to severe haemorrhage and death. It is sadyopranahara marma.

DHAMANI MARMA VIDDA LAKSHANA^[11]

Dhamani marma injury leads to haemorrhage in which blood which is frothy and warm, flows out with sound and patient may undergo unconscious state.

DISCUSSION

Marmas are the unique and crucial superficial spots may be found all over the body. These are unique due to presence of prana in it. Further more vishama spandana is one of the remarkable property of marma. All the acharyas explained the 5 types of marmas, but acharya vagbhata added one more type ie dhamani marma. Which are 9 in number.

Guda marma is the part which is attached to the large intestine it can be correlated to rectum which is muscular part so Acharya susruta included under mamsa marmama. But when we trace the pathologies related to rectum such as piles fissure, fistula (arsha, bhaganadara, parkartika) etc, there will be an clinical evidences of haemorrhage, pain etc. In this marma mainly superior and inferior rectal arteries involved so injury to these arteries leads to haemorrhage, pain etc so Acharya vagbhata considered under dhamani marma.

Apsthamba marma-which are 2 in number located bilaterally on the chest it is considered under sira marma by acharya susruta keeping in the mind that under this marma pulmonary veins lies but injury to this marma leads to death due to kasa swasa ie pnemothorax, haemothorax, resulting into respiratory distress leading to death. Vagbhata mainly considered that injury to this marma fills up the thorax with blood which produces kasa, swasa, i e respiratory failure. The cause of blood in the thorax is Dhamani and also the anatomical structures involved in this marma are mainly pulmonary artery, pulmonary vein, descending aorta so included under the dhamani marma.

Vidhura marma-Acharya susruta and vagbhata considered this marma under vaikalyakara marma. Vaikalyakara which means injury to such marma leads to deformity not the sudden death, injury to this vidhura marma leads to deafness so considered under vaikalyakara marma. Acharya susruta considered under the snayu marma, as the involvement of facial nerve which can be grouped under vrutta snayu(nerve as round ligament), injury to facial nerve causes the facial palsy not deafness so not considered as snayu marma, But Acharya vagbhata in astanga sangraha included under dhamnai marmama because in this marma mainly basilar artery and stylomastoid artery, posterior auricular artery is involved, dhamani is very important structure to supply the nutrition to particular organ. If arterial supply is lost results into loss of functions of that particular organ. In the act of hearing mainly tympanic membrane plays vital role, which is supplied by the stylomastoid arteries branch of posterior auricular artery, and also anterior tympanic artery branch of maxillary artery. Vidhura marma involves all these arteries hence classified under dhamani marma.

Shrungataka marma- which lies at the level of talu pradesha where the confluence of siras ie veins nursing nose, ear, eye, tongue. They are 4 in number Involvement of supraorbital artery, deploic vein, cavernous and intercavernous sinuses so considered as dhamani marma. Injury to shrungataka marma leads to severe haemorrhage and death so included under sadyopranahara marma.

In the current era we observe that Marma abhighata leads to death, delayed death or any deformities. Beneath these marmas we see many important anatomical structures. Among these Dhamani is one of the important structure. Dhamani means which is having pulsation in it structurally it can be correlated to Artery among the blood vessels. Artery is the vessel, which carries oxygenated blood. Marmabhighata leads to arterial rupture leads to profuse bleeding resulting in hypovolemic shock, unconsciousness sand finally death. However in case of injury to vein, the chances of sudden death are much less as compare to delayed death.

CONCLUSION

Marmas are the anatomico-physiological areas where the prana of individual resides. Here the number of total marmas 107 is same in both susruta and astanga hridaya but given 6th types as Dhamani marma which are 9 in number by vagbhatta. The structures which are pulsatile are called dhamani. In our body arteries can be correlated to dhamani as the arteries are having pulsation in it. As the marmas are classified based on the predominant structures involved in it. Guda, Apasthmaba, Vidhura, Shrungataka all these marma are involved with the arteries. Hence these marmas are considered as Dhamani marma.

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