

UNDERSTANDING *MATRIKA MARMA*: AN AYURVEDIC PERSPECTIVE WITH MODERN ANATOMICAL CORRELATIONS

¹*Dr. Kavya K., ²Dr. Swapna Kumary M. S. (Ayu), Ph.D

¹PG Scholar, Department of Rachana Sharira, Alva's Ayurveda Medical College
Moodubidire – 574 227.

²H.O.D. & Professor, Department of Rachana Sharira, Alva's Ayurveda Medical College
Moodubidire – 574 2272.

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*Corresponding Author

Dr. Kavya K.

PG Scholar, Department of Rachana
Sharira, Alva's Ayurveda Medical
College Moodubidire – 574 227.



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ABSTRACT

Matrika Marma is one of the most clinically significant *Marma* point described in classical Ayurvedic texts, classified as a *Sadyopranahara*, *Sira Marma*. A vital site where injury leads to instantaneous death. Located on either side of the neck, these *marmas* correspond anatomically to the contents of the Carotid triangle. This article reviews *Matrika Marma* with emphasis on anatomical correlations, *Viddha Lakshana* and *Marma Chikitsa*, integrating Ayurvedic principles with modern anatomical understanding.

KEYWORDS: *Matrika Marma*, *Sadyapranahara Marma*, *Viddha Lakshana*, *Marma Chikitsa*, Carotid triangle.

INTRODUCTION

Marma

Marma points are vital sites where *Prana* resides.^[1] These are the sites where multiple structural components integrate and function together. Their injury can disrupt the flow of *Prana* and lead to severe pain, loss of function, and death.

According to classical texts, there are 107 *marmas* in the body^[2], each with its own prognostic and therapeutic implications. Among them, 37 *marmas* are located in the head and neck region, which is under the *Urdhvajatrugata Marmas*.^[4] Among these, *Matrika Marma* is classified under *Sadyopranahara marma*.^[4]

The *Marma Paripalana* comprises:

- *Abadha Varjana*: Avoidance of causative factors.
- *Svasthanavritta Anuvartana*: Healthy lifestyle and practices.
- *Arta Vighata*: Proper management of diseases and injuries.

सुविक्षतोऽप्यतो जीवेदमर्मणि न मर्मणि ।

प्राणघातिनि जीवेत्तु कश्चिद्वैद्यगुणेन चेत् ॥

असमग्राभिघाताच्च सोऽपि वैकल्यमश्नुते ।

तस्मात् क्षारविषाग्न्यादीन् यत्नान्मर्मसु वर्जयेत् ॥ (A.H.Sh.4/68-69)

Severe injury to non-vital parts may be survivable, but injury to a *Marma* can cause death or permanent disability. Therefore *Marma* points should be carefully protected by expert physician from trauma, *visha* and procedures like *kshara* and *agni karma* should be avoided.^[13]

केचिदाहुर्मासादीनां पञ्चानामपि समस्तानां विवृद्धानां समवायात् सद्यःप्राणहराणि,

एकहीनानामल्पानां वा कालान्तरप्राणहराणि, द्विहीनानां विशल्यप्राणहराणि,

त्रिहीनानां वैकल्यकराणि, एकस्मिन्नेव रुजाकराणीति । नैवं, यतोऽस्थिमर्मस्वप्यभिहितेषु शोणितागम

नं भवति ॥१७॥[Su.S.Sh 6/17]

The classification of *Marma* is based on the predominance of the five structural components. *Mamsa* (muscle), *Sira* (vessels), *Snayu* (ligaments/nerves), *Asthi* (bone), and *Sandhi* (joints). When all five components are injured together, the *Marma* is classified as *Sadyopranahara*, producing immediate death on injury. When one component is less, it becomes *Kalantarapranahara*, causing delayed death. If two components are less, it is termed *Vishalyaghna*, if three components are less, it is classified as *Vaikalyakara*, leading to deformity or disability. When only one component predominates, it is considered *Rujakara*, producing severe pain. However, *Sushruta* explained that all *Marmas* contain multiple structural elements, and their classification is based on the vital nature of the structures involved and the severity of injury, rather than the number of components present.^[14]

Matrika Marma Chikitsa (Management)

In Ayurveda, treatment of *Matrika Marma* injury includes emergency care to preserve life, followed by therapies that support healing and restoration of vital functions:

- *Prana Raksha* (Life Preservation): *Resuscitation*, *Ojaskara* and *Balya* therapies as first-line intervention.^[15]
- *Rakta Stambhana Chikitsa* (Haemostasis): *Sandhana*, *Skandhana*, *Dahana* and *Pachana* types of *Stambhana*, use of *Kashaya rasa dravyas*.^[16]
- *Shamana* (Palliative Care): *Abhyanga* and *Lepa* as indicated.^[17]
- *Vrana Chikitsa* (Wound Management): Includes *Shodhana* and *Ropana* of the wound.^[17]
- *Shastra Chikitsa* (Surgical Management): If clinical features arise due to the presence of a foreign body (*Shalya*), surgical removal with extreme caution is indicated.^[18]
- *Shodhana* (Purification Therapy): Primarily *Basti* and *Nasya*.^[17]

DISCUSSION

Matrika Marma is the vital point in which each 4 *siras* are located on either side of the neck and on injury it leads immediate death. Trauma to the Carotid bifurcation region in Carotid triangle shows the closest correlation with *Matrika Marma* injury. Damage to the carotid arteries can produce profuse hemorrhage, cerebral ischemia, loss of consciousness, and rapid death. Along that, injury to the carotid sinus, carotid body, internal jugular vein, and Vagus nerve can disrupt cardiovascular, respiratory, and neurological functions, demonstrating the critical role of this region in sustaining life. This may be the reason for *Matrika marma* being classified under *Sadyapranahara Sira Marma*.

The four *Siras* of *Matrika Marma* can be compared to Internal carotid artery, External carotid artery, Internal jugular vein and Vagus nerve. These structures collectively sustain cerebral blood flow, venous drainage and autonomic regulation. Severe injury to these structures is similar to *Sira Vidha lakshana* and *Sadyopranahara vidha lakshana*.

Carotid Body and Carotid Sinus are specialized structures within the 5 components of *Matrika Marma* which regulate cardiovascular and respiratory homeostasis through chemoreceptor and baroreceptor reflexes respectively. Trauma to this region can trigger sudden cardiovascular collapse which depletes *Prana*.

In case of *Sadyapranahara Marma* such as *Matrika Marma*, its *Vidha lakshana* can be interpreted mainly through the perspective of Carotid artery injuries. Each of the five

components when injured individually will produce varying degrees of clinical effects, however as the severity of injury increases or multiple components are involved, the condition progresses to an irreversible or fatal stage. This progression can be objectively understood using modern anatomical injury assessment tools^[19] like:

1. The Abbreviated Injury Scale (AIS) which grades fatality of injuries, and reflects the degree of damage to critical structures.
2. The Injury Severity Score (ISS) and New Injury Severity Score (NISS) further quantify the combined impact of multiple injuries.
3. Organ Injury Scale (OIS)- It grades injuries based on the extent of structural damage such as contusion, hematoma, laceration, vascular injury, or complete disruption.

This scales can be correlated to *Parinama anusara marma bheda* as follows,

Marma Category	Outcome	Example in <i>Matrika</i> Region	Modern Correlation
<i>Rujakara</i>	Mainly pain	Minor strain of sternocleidomastoid muscle or small contusion over neck muscles	AIS 1–2, OIS Grade I
<i>Vaikalyakara</i>	Functional disability	Injury to Vagus nerve causing persistent hoarseness, dysphagia, or vocal cord palsy	AIS 2–3, moderate functional impairment
<i>Vishalyaghna</i>	Fatal after removal of foreign body	Penetrating neck injury at carotid vesse,l removal causes massive haemorrhage	AIS 4–5, severe vascular injury
<i>Kalantarapranahara</i>	Delayed death	Carotid artery dissection causing delayed stroke, cerebral oedema, or progressive neurological deterioration	AIS 4–5, high ISS/NISS with delayed mortality
<i>Sadyapranahara</i>	Immediate death	Complete rupture of carotid artery, bilateral vagal injury causing cardiac arrest, or catastrophic neurovascular destruction	AIS 6, OIS Grade V–VI, ISS Unsurvivable injury

- Thus, a *Sadyopranahara Marma* may manifest features of *Kalantarapranahara*, *Vishalyaghna*, *Vaikalyakara*, or *Rujakara Marma* depending on the structures involved and the severity of injury. Accordingly, appropriate treatment strategies should be adopted based on the clinical presentation and prognosis.^[14]
- The principles of *Rakta Stambhana* described by *Sushruta* provide a basis for controlling hemorrhage arising from injury to the vascular structures of the *Matrika marma* region. These measures can be correlated to vessel ligation, pressure application, coagulation, cauterization, and wound management techniques for haemostasis and preserving life.

- When trauma predominantly affects the sternocleidomastoid muscle, digastric muscle, omohyoid tendon, hyoid bone, or thyrohyoid junction, resulting in pain, dysphagia, hoarseness, or restricted neck movement without major haemorrhage. *Shamana Chikitsa* such as *Abhyanga* and *Lepa* may be beneficial. Associated wounds require *Vrana Chikitsa* with *Shodhana* and *Ropana* measures to promote proper healing.
- When a foreign body (*Shalya*) is lodged near the vital neurovascular structures of the *Matrika* region, *Shastra Chikitsa* should be performed with extreme caution by an experienced Surgeon, as improper removal may precipitate severe haemorrhage or death. During the recovery phase, *Shodhana* therapies, particularly *Basti* and *Nasya*, may be used to support restoration of normal physiological functions. Thus, the treatment of *Matrika Marma* injury should be individualized according to the severity of injury and the specific structures involved, with priority given to preservation of *Prana* and prevention of fatal complications.

Effective *Marma Chikitsa* requires the physician to have proper knowledge, clinical skill, careful observation, and timely action, as even a small delay in treating *Marma* injuries can lead to serious complications or loss of life. And also, even treatments that are considered to be contraindicated may be used, when necessary, by an expert and intelligent physician.

V. CONCLUSION

Matrika Marma is an important vital point described in *Marma* and its injury can lead to death. This review correlates *Matrika Marma* mainly to the Carotid artery and its associated structures in Carotid triangle on either side of neck.

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