

## CRITICAL ANALYSIS OF GUDAMARMA AND ITS CLINICAL IMPORTANCE

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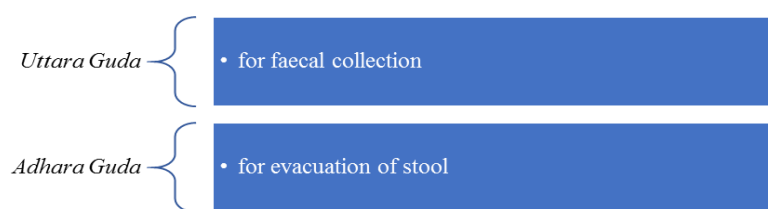
### ABSTRACT

Gudamarma, one among Trimarma described in classical Ayurveda is a vital anatomical and functional region located in ano-rectal junction. It is considered as sadyopranahara marma, indicating critical role in sustaining life. The terminal part of large intestine and *Moola* of *Pureeshava Srotas* is known as *Guda*. It is one of the *Karmendriya*. *Charak* has mentioned that *Guda* is one of the *Koshtangas*. Entire length of *guda* include 4 ½ angula. *Guda* include 3 obliquely transverse fold at distance of 1 ½ angula named as *Pravahini*, *Visarjini*, *Samvarani*. *Guda* is defined as passage through which excretion of faeces take place. *Uttara guda* is the part which *pureesha* will be collected and *Adharaguda* is for excretion of faeces. *Pureeshdhara Kala* is related to *Guda* and it is *Moola* of *Pureeshvaha Srotas*. Structures falling under *guda* include anus, rectum, sphincters, nerve plexuses, levator ani muscles, haemorrhoidal vessels.

Objective of study include literary review on Gudamarma with correlation of anatomical study and the clinical importance through contemporary science,

**KEYWORDS:** Gudamarma, sadyopranahara, Arshas, Parikarthika, Bhagandhara, Gudavidradhi.





Chakrapani says *Uttara guda* is the part which *pureesha* will be collected and *Adharaguda* is for excretion of faecus.<sup>[7]</sup>

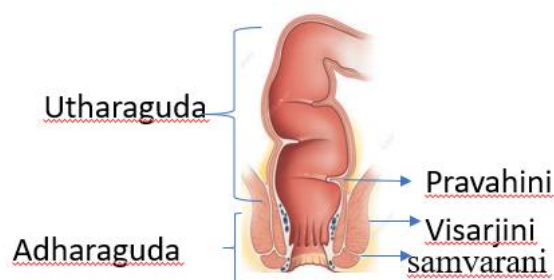
### Characters of *Guda Marma*

- *Ashraya Bheda- Guda* which is continuation of large intestine
- *Sanghya bheda*-one
- *Nivesha bheda*-
- ❖ *Dhamani Marma*(AH)-it is predominantly made up of Dhamani, ie blood vessels
- ❖ *Mamsa Marma*(SU)-it is predominantly made up of mamsa, ie muscle tissue
- *Mana bheda-Svapanithala*
- *Vyapath-Sadya Pranahara*
- It is present in *Madya Shareera, Udara gata marma*

### *Guda sharira* according to Ayurveda

*Guda* is located in *Madyasharira*. Embryologically *Guda* is *Matrujabhava* of *Garbha*. During fetus development anorectal region develops from hindgut and cloacal structures. Normal CRL indicates normal fetal growth which indirectly reflects proper development including all body structures. *Antra, Guda and Basti* are made from *Rakta and kapha* after being digested by *pitta and vayu*. Susruta and Vagbhata have mentioned entire length of *Guda* as  $4\frac{1}{2}$  *angula*.<sup>[8]</sup> One *angula* is approximately 2 cm, so total length of *guda* is around 9 cm. Maximum length of anal canal is 3-4 cm. so *Guda* include anal canal and lower part of rectum. It is one of *Koshthanga*, and one of *Dashapranayatana* situated at the terminal part of intestine described by charaka.

*Guda* include 3 obliquely transverse fold at distance of  $1\frac{1}{2}$  *angula* named as *Pravahini, Visarjini, Samvarani*.<sup>[9]</sup>



- *Prvahini vali-1 ½ angula*-it propagates faeces forward ,can be correlated with Houstonvalve.<sup>[10]</sup>
- *Visarjini-1 ½ angula* between *pravahini* and *samvarani*-it propagates faeces further down path, we can take it as Internal Anal sphincter.
- *Samvarani-1 ½ angula*-Distalpart-to hold /stop by voluntary muscles -can be taken as External Analsphincter’,

### Modern correlation of structures coming under Guda Marma

**Anal canal**-Terminal part of GI and is situated below level of pelvic diagram. Around 3.8 cm in length, extends from anorectal junction to anus. Directed downward and backward. Anus is surface opening of anal canal situated about 4 cm below and in front of tipoff coccyx in cleft between 2 buttocks.

**Internal Anal Sphincter**- It is voluntary in nature, formed by thickened muscle coat.

**External Anal Sphincter**- Under voluntary control, made up of striated muscle.

**Anorectal Ring**- Present at anorectal junction and it is easily felt by fingering in analcanal.

**Arterial supply**- Above dentate line-Superior and Below dentate line-Inferior Rectal Artery

**Venous Drainage**- Internal Rectal Venous plexus/Haemorrhoidal plexus

Vein present in 3 analcanal column seen at 3’o clock, 7’o clock and 11’o clock in lithotomy position. Above dentate line -Superior rectal vein followed by hepatic portal circulation.

**External Rectal Plexus**<sup>[11]</sup>- Lies outside muscular coat of rectum and analcanal and communicate with internal plexus. Below dentate line -middle and inferor rectal vein followe by venacava circulation.

**Innervation**- Above dentate line-inferior mesenteric plexus, pelvic splanchnic nerves,inferior hypogastric plexus. Below dentate line-pudendal nerve.

**Rectum**-<sup>[12]</sup> It is the dilated lower part of Large Intestine. It is about 12 cm long and lies within true pelvis. Its upper end is continuous with sigmoid colon in front of third sacral

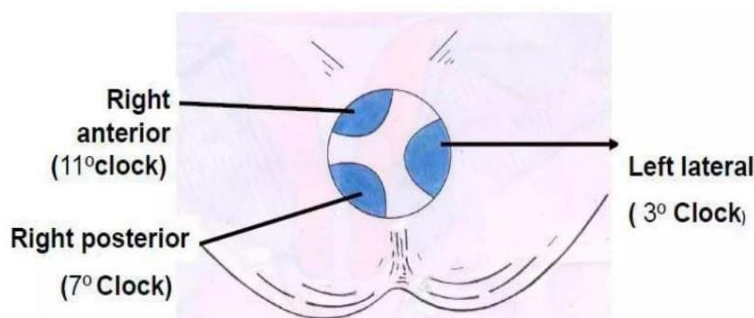
vertebra. The lower end of rectum lies a little below and in front of tip of coccyx and become continuous with anal canal.

**Relation-**Upper 1/3<sup>rd</sup> of rectum is covered with peritoneum anteriorly and sides Middle 1/3<sup>rd</sup> is cover anterior and Lower 1/3<sup>rd</sup> which is dilated to form ampulla below lower 1/3<sup>rd</sup>.

**Arterial supply-**Superior Rectal Artery-continuation of Inferior Mesentric artery at pelvic brim Middle Rectal Artery-branch of anterior division of internal iliac artery and supply to superficial coat of lower rectum.

Inferior Rectal Artery-terminal branch of Pudendal artery, it supplies sphincter ani muscles, perianal skin and ascending branches anastomose with branches of Superior Rectal artery.

**Venous Drainage-**Rectal veins are arranged in plexus known as Annulus Haemorrhoidalis in the lowerpart of rectm and analcanal. It include Internal and External Rectal venous Plexus.



### Clinical importance-ARSHAS/Haemorrhoids

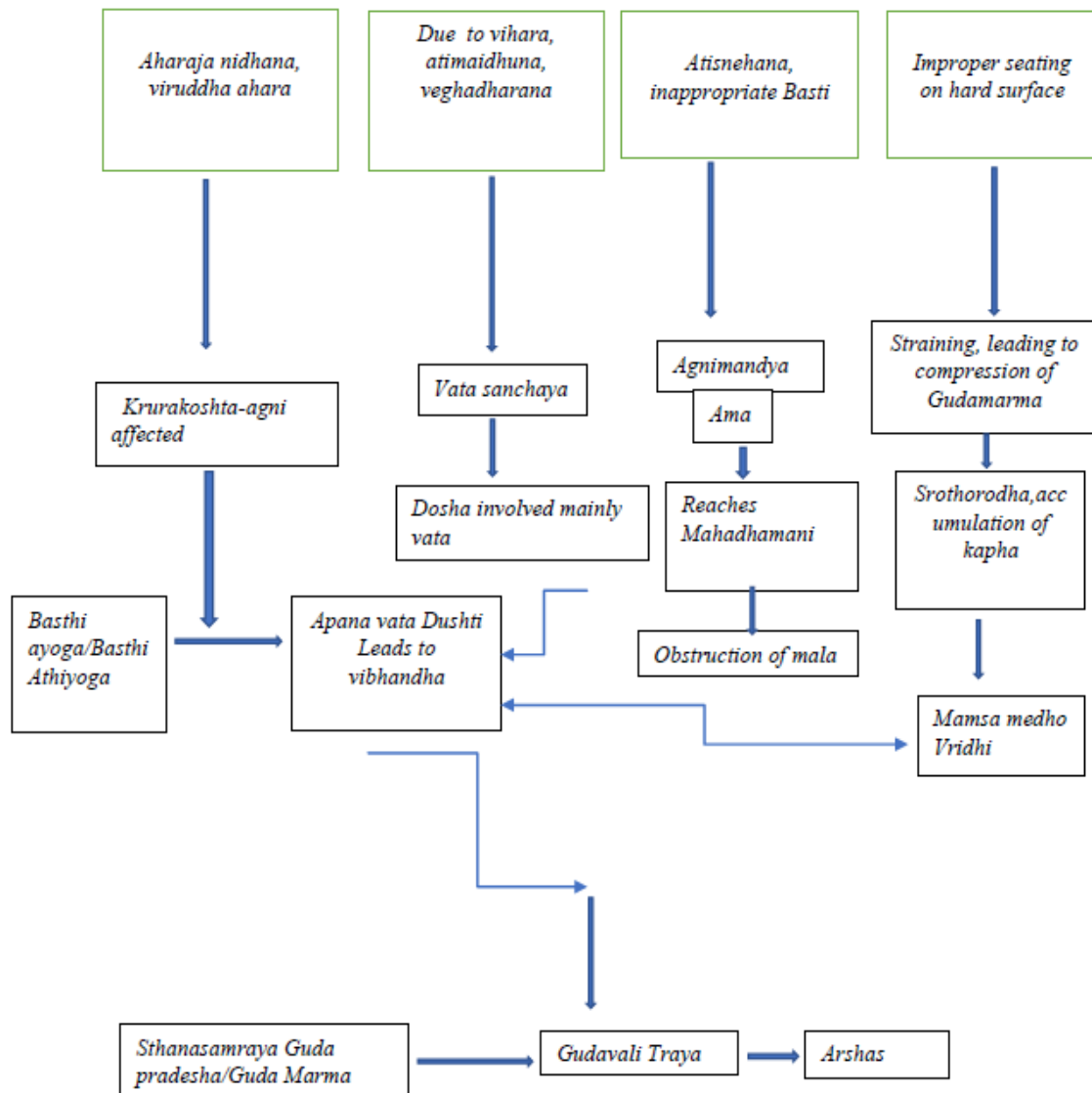
*Arshas* is the one of the common anorectal disorders found in *Guda pradesha*. It is one among *Ashtamahagada*.

According to Charaka-vitiation of *Bahya*, *Abhyantara Rogamarga* affect *Gudavalitraya* leads formation of *Arshas*.

According to Ashtanga Hridaya- *mandagni* leads to vitiation of *Apanavayu* leads to stagnation of *mala in Gudavali*, ultimately forms *Arshas*.

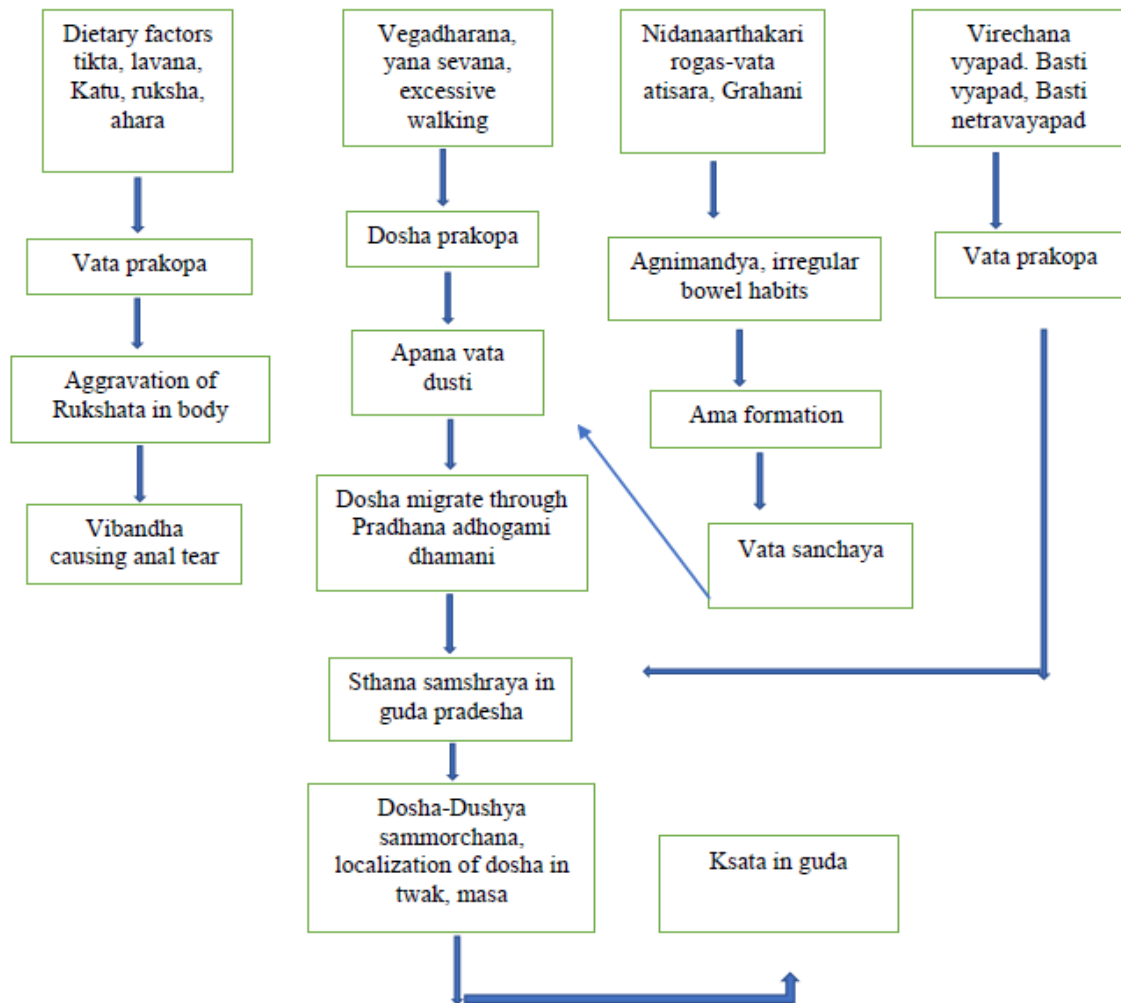
Haemorrhoids are vascular cushions of submucosal tissue containing venules, arterioles, smooth muscle fibres that are located in analcanal. Haemorrhoids are formed when these analcushions become swollen and irritated. These are dilated plexuses of superior

haemorrhoidal vein in relation to anal canal. Haemorrhoids are developed when supporting tissues of anal cushions disintegrate or deteriorate. So it can be described as abnormal downward displacement of anal cushions causing venous dilatations. It can be seen as External/Internal haemorrhoids.



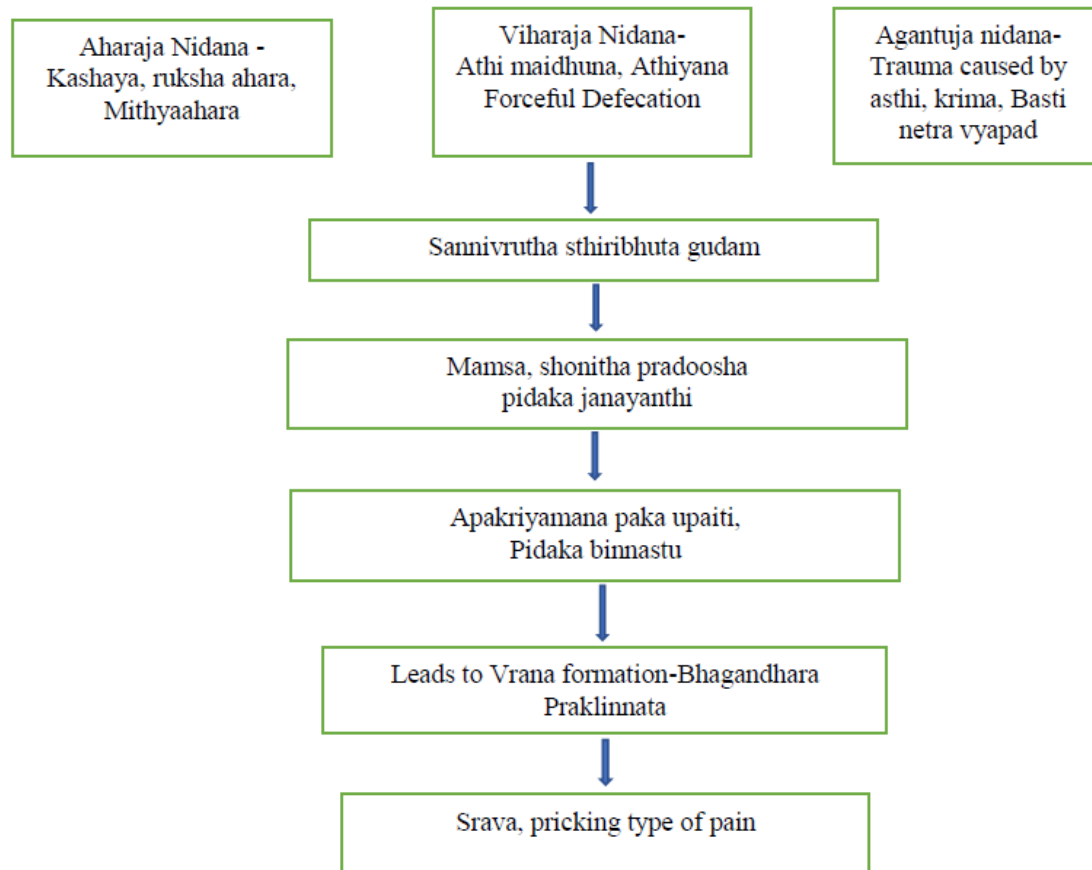
### Parikarthika<sup>[13]</sup>

Parikarthika is a complication of Bastikarma and Virechana vyapat as mentioned in Brihatrayees. It is characterized by kartanavat and chedanavat shola in guda. It can be correlated with fissure in ano and refers to intense, circumferential pain in the anal region described as sharp and cutting type of pain. Elongated ulcer that runs along the longitudinal axis of the anal canal. Usually seen in people suffering from chronic constipation. Mostly seen in the posterior midline, may occur in the anterior midline.



### Bhagandhara/Fistula in ano

The diseases in which бага, Guda and Basti pradesa becomes vidarita. In apakwa avastha known as pidaka, which in pakwavastha causes Bhagandhara. Fistula in ano is an inflammatory track, which has external opening in peri anal skin and internal opening in anal canal or rectum. Track is lined by unhealthy granulation tissue and fibrous tissue. It can be caused either by Crypto-Glandular infection, or by previous Ano-Rectal abscess infection. Or secondary to Crohns diseases, Ulcerative colitis, CA rectum, Abdominal TB.

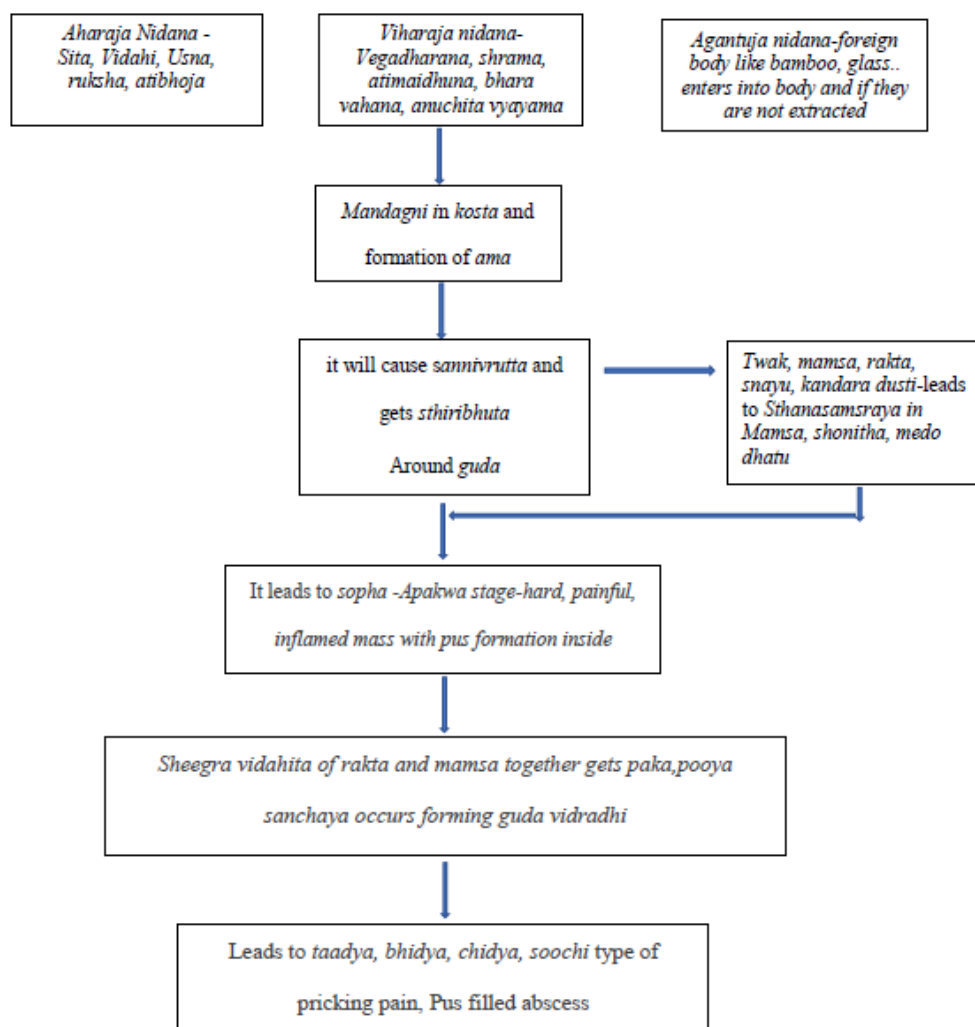


### Anal abscess

Anal abscess is an infected cavity filled with pus near anus or rectum. It can be due to clogging of glands in anal region, which may result in infection. In Ayurveda it has mentioned has Vidradhi deep seated inflammatory swelling which can progress to form as abscess if not treated properly.

### Classification

Peri anal(60%), Ischiorectal (20%), Submucosal (1%), Intersphincteric (5%), Pelvi rectal (4%).



### Why Guda marma as Sadyopranahara marma through lens of modern anatomy

- Guda (anal area) is rich with arterial and venous plexuses, when injury occurs leads to bleeding
- Pudental nerve injury, visceral nerve injury can leads to vasodilation or vasoconstriction, affecting haemorrhoids plexus
- Rectal wall is in close relation to perineum, pelvic floor muscles, infection spreads quickly due to rich venous and lymphatic connections.
- Gudamarma injury leads to loss of sphincter tone
- Injury leads to loss of bladder, bowel control
- Injury to rectal wall can cause fecal contamination may leads to infection and peritonitis.
- While doing *ksarakarma*, *agnikarma*, or *shastra* should be done cautiously.
- Otherwise it may leads to swelling, burning sensation, stenosis, loss of bladder control, impotency, or even marana

## DISCUSSION

*Guda marma* represents vital anorectal region rich in vascular and neuromuscular elements, which closely corresponds to haemorrhoidal plexus in modern anatomy. Acharya susruta mentioned *guda marma* under *mamsa marma*, and according to modern underlying structures include sphincters and levator ani muscles. According to Acharya Vagbhata it is predominantly made up of *dhamani*, i.e, blood vessels Superior, middle and inferior rectal arteries. Acharya charaka divides *guda* into 2 parts *Uttara guda and adhara guda*. Part of rectum which holds fecal matter before ejection is *Uttara guda* and one which assist defecation is *adhara guda*.

*Guda marma is sadyopranahara* eventhough death are not commonly seen but it effects quality of life of patients. *Guda* is one of the sthana of *vata*, i.e *apanavata*. Major Ayurveda diseases related to *Guda* –*Arshas, Parikarthika, Bhagandara, Guda vidradhi*,....This emphasis vulnerability of *Guda* as vital point, and importance of need for careful, conservative and precise management to preserve the integrity of vital region.

A special techniques are used to commence with stimulation of *Gudamarma*. To initiate, sit in the *Vajrasana* with eyes closed along with relaxed mind and body both. Keep your backbone straight and then make a fist of the right hand and place it on the region below the navel while the other hand over the fist. During inspiration bend forward so that pressure is automatically applied over the fist as a result the fist presses the small intestine that activates *the guda marma*. During expiration comeback to the normal position i.e. by releasing the pressure from the intestines. Repeat this activity 15-20 times in a single cycle and accomplish it in three cycles during morning, noon and evening.

## CONCLUSION

*Guda* which is attached to *sthulantra* and eliminate *vata* and *varchas*. Injury can cause *sadyopranahara* due to severe bleeding. *Gudamarma* is one of the important and vital part of our body. Anus being the external outlet, closure is maintained by coordinated action of involuntary internal sphincter and voluntary external anal sphincter. Rectum is the dilated part of large intestine and continue with anal canal.

*Gudamarma* is enriched by muscular tissue with rich vascular and ligamentous support. Injury can cause haemorrhage, sphincter damage and even loss of continence. *Guda marma* represents a convergence of *prana, rakta and apana vata*. *Guda* is derived from *matruja*

*bhava*. Hence causing any injury leads to *gudashrita rogas*. It should be protected wisely while doing any ano rectal procedure. Guda is a Marma and is also an important Karmendriya, which participates in Mala Utsarga i.e., excretion of unwanted wastes and it is related to many diseases which shows that it is clinically very importance. Knowledge of *marmashira* has excellent importance in *shalyatanra*.

## REFERENCE

1. Mishra JN, Pradeep Kumar Chouhan. Marma and Its Management, 2005.
2. Dr Dora Ghanashyam, Dr. Prasad Bhabani Chinmaya. Marma Sariram-Atext on Anatomical views of vitalpoints.
3. Acharya YT. Shareera Sthana chapter 6 verse 34-36Sushruta Samhita with Nibandhasangraha commentary of Dalhanacharya. Reprint ed. Varanasi (India): Chaukambha Sankrit Sansthan, 2010.
4. Charak Samhita Text with English translation By P. V. Sharma Chaukhamba Orientalia, Varanasi, 2000.
5. Acharya YT. Shareera Sthana chapter 6 verse 26 Sushruta Samhita with Nibandhasangraha commentary of Dalhanacharya. Reprint ed. Varanasi (India): Chaukambha Sankrit Sansthan, 2010; 55.
6. Sapna Anand, Rita Marwaha, Nisha Bhalerao, Pooja Tekam. An anatomical study of Guda Marma and its clinical importance. J Ayurveda Integr Med Sci., [Internet], Mar. 25, 2023; [cited 2026 Mar. 19]; 8(2): 86-91. Available from: <https://jaims.in/jaims/article/view/2283>
7. Acharya Yadvi Trikamji, shareera sthana Charaka Samhita, chapter 7, verse 10, Reprint, 2009. Chaoukamba orientalia, 738.
8. Sushrutha Samhita: with nibandha sangraha, Acharya Yadavji Trikamji, Chaukamba Orientalia, Varanasi, Reprint, 2012; 824, 279.
9. Sushrutha Samhita with Nibandha Sangraha. Acharya Yadasji Trikamji. Chaukamba Orientalia, Varanasi, Reprint, 2012.
10. Sengar SS, Upadhyay S, Chitragupt A, A comparative study of Guda Sharira with contemporary knowledge of Anatomy. J Ayu Int Med Sci., 2024; 9(9): 185-189. Available From, <https://jaims.in/jaims/article/view/3672>
11. William, L. P., & Warwick R. Editor. Gray's Anatomy. 36th ed. Edinburgh: Churchill Livingstone, 1980; 1578, 1358, 1359, 288-292, 293-314.
12. Bailey and Love's Short Practice of Surgery, 27th Ed., CRC Press, 1256–1268.

13. Kashinath Shastri, Gorakanath Chaturvedi Charaka Samhita 23<sup>rd</sup> edition, Uttarardha, Siddhisthana Ch.No.06 SI No.61-62, Chowkamba Varanasi, 1027.