

A LITERARY REVIEW OF MARMA CLASSIFICATION, LOCATION, AND CLINICAL SIGNIFICANCE AS DESCRIBED IN SUSHRUTA SAMHITA AND OTHER CLASSICAL TEXTS

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ABSTRACT

Marma science, a profound and intricate aspect of Ayurvedic anatomy (Rachna Sharir), forms the cornerstone of surgical and therapeutic practice in ancient India. Described as vital points on the body where the life force (Prana) is concentrated, **Marma** points are critical anatomical sites where injury can lead to severe consequences, including death. This literary review aims to systematically analyze and synthesize the descriptions of Marma points from the primary Ayurvedic texts, with a special focus on the **Sushruta Samhita**, the foundational text of ancient Indian surgery. The article explores the classification of Marma based on their location, anatomical composition (Rachana), and the effect of injury (Parinam). Furthermore, it delves into the precise location of these points and their clinical significance in both trauma (Shalya Tantra)

and therapeutics (Chikitsa). By meticulously reviewing and correlating these classical descriptions, this study seeks to provide a comprehensive understanding of Marma science for modern researchers and practitioners.

KEYWORDS: Marma, Ayurveda, Sushruta Samhita, Rachna Sharir, vital points, Shalya Tantra.

1. INTRODUCTION

The human body, according to Ayurveda, is an intricate network of channels, tissues, and energy points. Among these, the concept of Marma holds a unique and critical position. The term Marma (from the root *mṛ*, meaning 'to die') signifies a vulnerable or fatal point.^[1] Acharya Sushruta, the father of ancient Indian surgery, dedicated an entire chapter, **Sharira Sthana**, to the elaborate description of Marma points, emphasizing their paramount importance in surgical procedures. He cautioned that a surgeon must possess complete knowledge of these points to avoid causing fatal harm during an operation.^[2] While the Sushruta Samhita provides the most detailed exposition, other classical texts like the **Charaka Samhita**, **Ashtanga Hridaya**, and **Ashtanga Sangraha** also mention Marma in various contexts, particularly regarding trauma and therapeutics.^[3,4]

This review seeks to consolidate the fragmented knowledge of Marma from these ancient sources. By systematically categorizing the information, we aim to provide a clear and accessible resource for understanding the classical view of Marma classification, location, and its immense clinical significance.

2. CLASSIFICATION OF MARMA

The classical texts classify Marma points from three distinct perspectives:

2.1. Classification based on Anatomical Components (Rachana Bheda)

Acharya Sushruta classified Marma into five categories based on the anatomical structures that predominate at each point.^[5] These structures are vital for life and include muscle, bone, joints, ligaments, and vessels.

- **Māṃsa Marma (Muscle Marma):** These are points where muscle tissue is the predominant structure. There are 11 such points, and injury to them can lead to various diseases, swelling, and pain. Examples include the Kakshadhara Marma and the Gulpha Marma (ankle joint) where muscles are prominent.
- **Asthi Marma (Bone Marma):** These points are located on bones. There are 8 such Marma, and injury here can result in immediate severe pain, deformity, and chronic weakness. An example is the Nitamba Marma located at the pelvic bone.

- **Snayu Marma (Ligament Marma):** There are 27 Snayu Marma points, where ligaments and tendons are the primary structures. Injury to these can cause severe pain, paralysis, or atrophy. Examples include the Kurpara Marma and Manibandha Marma.^[6]
- **Sandhi Marma (Joint Marma):** These 20 points are located at the joints, where bones, ligaments, and tendons converge. Injury to a Sandhi Marma can lead to severe joint deformity, loss of function, and chronic pain. The Jaanu Marma (knee joint) is a prime example.^[7]
- **Sira Marma (Vessel Marma):** These are 37 points located on major blood vessels (Sira and Dhamani). Injury to these points can lead to catastrophic bleeding, shock, and often death. The Nabhi Marma (navel) is a crucial Sira Marma.^[8]

2.2. Classification based on Effect of Injury (Parinam Bheda)

This classification, perhaps the most critical for a surgeon, categorizes Marma based on the outcome of a significant injury to the point. Sushruta identifies five such categories.^[9]

- **Sadyahpranahara Marma (Immediately Fatal Marma):** There are 19 such points where injury leads to death within a few moments. These include the Shankha Marma (temporal region) and the Adhipati Marma (crown of the head).
- **Kalanthara Pranahara Marma (Fatal in Due Course):** Injury to these 33 points results in death after a specific period, usually due to complications or disease processes that develop. The Nabhi Marma and Hridaya Marma (heart) are examples.
- **Vishalyaghna Marma (Fatal after Extraction of Foreign Body):** These are 3 points where the presence of a foreign object or weapon plug the wound, preventing bleeding. Death occurs when the foreign body is extracted. An example is the Urubasti Marma.
- **Vaikalyakara Marma (Deformity-causing Marma):** There are 44 such points where injury does not cause death but leads to permanent deformity, paralysis, or disability. The Lohitaaksha Marma in the axilla is an example.^[10]
- **Rujakara Marma (Pain-causing Marma):** Injury to these 8 points causes intense, localized pain but does not result in death or deformity. An example is the Katika Tarun Marma in the lower back.

2.3. Classification based on Location (Sthana Bheda)

This is the simplest classification, grouping Marma points by their anatomical regions

- **Marma of the Trunk (Madhyama Sharira):** 12 Marma points are located on the chest, abdomen, and back. The Hridaya Marma is a prime example.
- **Marma of the Head and Neck (Urdhvanga):** There are 37 Marma points in this region, including those on the face, scalp, and neck. The Adhipati Marma is one of the most critical.
- **Marma of the Extremities (Shakha):** The upper and lower limbs each have 22 Marma points, for a total of 44. The Kshipra Marma in the hands and feet is an important example.^[11]

3. LOCATION AND CLINICAL SIGNIFICANCE

The classical texts provide precise descriptions of Marma locations, often using a measurement system (**Angula Pramana**) related to finger-breadths.^[12]

- **Sadyahpranahara Marma:** The most critical group. The **Shankha Marma** (temporal region, 1/2 angula) is a Sira-Sandhi Marma where a blow can cause immediate death due to damage to the underlying blood vessels and brain structures.^[13] **Adhipati Marma** (on the vertex of the head, 1/2 angula) is a Sira-Sandhi-Mamsa Marma whose injury is fatal.
- **Hridaya Marma:** Located at the center of the chest (**Prana Sthana**), it is a Sira-Mamsa Marma. Trauma here can lead to death in due course. It is considered the seat of Sattva (mind) and Prana (life force).
- **Nabhi Marma:** Located at the umbilicus, it is a Sira Marma and the origin of 24 major vessels (Dhamanis) of the body. Injury here is fatal in due course due to severe internal bleeding and disruption of vital channels.^[14]
- **Guda Marma:** Located at the anus, this Mamsa-Snayu-Sandhi Marma is vital for the elimination of waste. Injury can cause paralysis and is fatal in due course.

Beyond trauma, the clinical significance of Marma extends into therapeutics. Acharya Vagbhata in the Ashtanga Hridaya and Ashtanga Sangraha discusses how stimulating these points through massage (**Mardana**), pressing (**Pidana**), or gentle tapping can restore the flow of Prana and promote healing.^[15] This is the foundation of Ayurvedic therapies like **Marma**

massage, which are used to treat various conditions, including pain, neurological disorders, and psychological imbalances.

4. CONCLUSION

The ancient science of Marma, as meticulously detailed in the Sushruta Samhita and other classical texts, is a profound system of applied anatomy and physiology. The classifications based on anatomical structures, the effect of injury, and location provide a comprehensive framework for understanding these vital points. The classical descriptions of Marma locations and their clinical significance in both surgical trauma and therapeutic applications remain relevant. A deeper understanding of these concepts not only provides insight into the advanced medical knowledge of ancient India but also offers a potential bridge for correlating these points with modern anatomical structures like nerve plexuses, major arteries, and endocrine glands. Further research is warranted to explore these correlations and validate the therapeutic potential of Marma points.

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