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AN ANATOMICAL REVIEW OF GUDA MARMA WITH SPECIAL REFERENCE TO SADYAPRAṆAHARATVA

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ABSTRACT

The Guda is classified as Sadyapranahara Marma by Sushruta. This term is generally considered to indicate a location where an injury would lead to instant death. However, such an interpretation cannot be applied to all clinical scenarios as minor injuries around the anal region and anorectal surgery procedures are seldom life-threatening. Also, within the same chapter of Sushruta Samhita, it is mentioned that the outcome of an injury to a Marma depends on the location of injury as well as the severity of the injury. This review examines the above-mentioned classical texts in combination with the anatomy of anorectal surgery and literature on serious rectal and anal traumas. Trauma to this area has the potential to cause pelvic vessel injury, rectal injury, sphincter injury and damage to the adjacent structures. It may cause life-threatening bleeding, shock, infection, peritonitis or sepsis. There havebeen several reports of fatal complications arising due to both immediate death due to massive hemorrhage as well as delayed death due to rectal perforation. The concept of perineum region is also emphasized by Siddha Varmam as well as Chinese acupuncture. However, they differ greatly from that of Guda Marma. It is suggested that the term Sadyapranaharatva be interpreted to mean high

potential for fatal outcomes in case of severe trauma to this Guda Marma region.

KEYWORDS: Guda Marma; Sadyapranahara; anorectal trauma; Marma injury; surgical anatomy; Varmam; acupuncture.

INTRODUCTION

Marma is an important aspect of Sushruta Samhita where its association with anatomical parts and the outcome of injury is mentioned. It is also responsible for identifying the critical points during surgery. Guda is one of the Sadyapranahara Marma. According to Sushruta Samhita, Sharirasthana 6/25, Guda is associated with Sthulantra which helps in the passage of Vata and Varcas. Sushruta Samhita, Sharirasthana 6/25 also mentions that damage to Guda causes instant death.[1]

This makes a point of discussion in contemporary scenario where there are several procedures carried out in the anal and rectal region. However, none of them cause any fatality and minor injuries in the region are also usually non-fatal. Thus, Sadyapranaharatva cannot be explained through the above mentioned verse alone. Other principles of Marma injury as explained by Sushruta must also be taken into account.

Some previous studies have already elucidated the association of Guda Marma with anal canal, rectum, sphincters, blood vessels and nerves of the region. Cadaveric studies have also been conducted in this area.[3,5] Thus, the main objective of this review is not to highlight the basic anatomical aspects. The main objective is to understand the reason behind the Sadyapranaharatva of Guda Marma and the variable outcomes of various injuries in the same region.

Classical Description of Guda Marma

Sushruta Samhita, Sharirasthana 6/25 discusses the site and function of Guda, followed by the effect caused due to injury to it. Guda is associated with Sthulantra and is involved in the flow of Vata and Varcas. Its injury results in 'sadyo marana'.[1] Hence, the description is not just about the visible anus but about a significant terminal segment of the intestine having some function.

Sushruta Samhita, Sharirasthana 6/29 provides a definite Pramana for Guda Marma. Sharirasthana 6/30 says that the surgeon should understand the measurement of each Marma and ensure its protection during surgical procedure.[1] This indicates the fact that Marma

occupies some area and not a mere small surface spot.

Charaka Samhita, Sutrasthana 30/3 gives the name of Guda among Pranayatana. Charaka Samhita, Vimanasthana 5/8 refers to Pakvashaya and Sthulaguda as the source of Purishavaha Srotas.[2] Though these are not descriptions of Guda Marma, they reflect the significance of Guda in normal body functioning. Reading them along with Sushruta would provide an insight into Guda as a functional region of anorectum.

Meaning of Sadyapranaharatva

Sadyapranahara is normally translated as instantly fatal. However, Sushruta allows for a wider range. As he writes in Sushruta Samhita, Sharirasthana 6/23, Sadyapranahara Marmas may kill in seven days. Kalantarapranahara Marmas may act in two weeks or a month.[1] So the term Sadyapranahara should not be limited to death instantly following the injury.

An interesting point is made in Sushruta Samhita, Sharirasthana 6/22. There it is stated that the injury of Sadyapranahara Marma at its Anta does not lead to instant death. The precise meaning of Anta has to be found in commentary, but it makes clear that the injury of every part of Marma leads to different results.

Severity of the injury may also play an important role. As it is stated in Sushruta Samhita, Sharirasthana 6/23, even Vishalyaghna and Vaikalyakara Marmas may lead to instant death if they suffer from a severe injury.[1] Therefore the prognosis of a Marma cannot be made just by its name. The part and the degree of tissue damage are also essential.

All of the above allows better understanding of Guda Marma. A small perianal wound, an intentionally done incision and an impalement are all very different injuries. They have different depth, direction, force and structures they injure. Sadyapranaharatva may therefore be seen as the possibility of early death after a severe injury to an important part of Guda Marma.

Anatomical and Surgical Basis

Many important anatomical structures are in the anorectal area. An important factor for continence is internal anal sphincter, external anal sphincter, puborectalis and the pelvic floor muscles.[6,7] The injury of these structures leads to continence disorders and lifelong disability. Such injury can be quite serious even without being fatal.

The rectum and anal canal have abundant blood supply. Superior, middle and inferior rectal

arteries form anastomoses in this area. A deep injury may reach large pelvic arteries. Bleeding may be external or accumulated in the pelvic cavity. In case of extensive bleeding, the patient may suffer from shock and die quickly.[6,8,9]

The perforation of the rectum and anal canal gives another kind of risk. The feces and bacteria may penetrate the surrounding tissues and peritoneal cavity. This leads to infections of the pelvic cavity such as pelvic abscess, peritonitis and sepsis.[8,9] The development of such complications takes some time. Therefore the same anorectal route can give early death from bleeding or late death from infection.

Evidence from Reported Anorectal Trauma

Clinical examples provide valuable evidence for this discussion. Orr et al. described four cases of fatal anorectal injuries. The causes of such fatal conditions were sexual trauma and rectal impalement.[10] It is seen from the article that the occurrence of fatal anorectal injury is quite rare but possible if the depth and the extent of the injury are high.

Famà et al. presented the case of fatal anal impalement in a 63-year-old male. The metal rod injured the anal region of the patient resulting in hemorrhagic shock and death.[11] This example shows how deep injury via the anal route affects deep internal structures apart from the superficial anal canal.

Waraich et al. described fatal rectal perforation following the rectal trauma. The development of faecal peritonitis led to the death of the patient.[12] This case presents a different picture as the death was not caused by severe bleeding, rather, it followed the perforation and contamination.

All these cases present a definite spectrum: from minor injuries causing pain and bleeding to deep injuries causing fatal outcome due to bleeding. Injury of the sphincters results in disability while rectal perforation in sepsis. It becomes clear that these cases fit the general principle from Sushruta Samhita, Sharirasthana 6/22-23 about variability of the result of Marma injury depending on the place and degree of the injury.[1]

Table 1. Spectrum of anorectal injury useful for understanding Guda Marma

Type of injury	Main damage	Possible result
Superficial anal or perianal injury	Local soft-tissue damage	Pain and local bleeding
Sphincter or pelvic-	Loss of continence mechanism	Functional disability

floor injury		
Rectal perforation	Pelvic or peritoneal contamination	Delayed sepsis or peritonitis; may be fatal
Deep penetrating pelvic injury	Major vascular or visceral damage	Shock and early death

A discussion on historical colorectal trauma is also important as a background to this topic. Mortality rates were extremely high in wars of the past and were significantly reduced by blood transfusions, antibiotics, surgery, and improved intensive care techniques.[13] The numbers above account for various cases of colon and rectal trauma and thus should not be used as mortality rates from anal trauma alone.

Comparison with Other Traditional Systems

The Siddha Varmam also places significance on the vital points of the body. There are controlled techniques for touching, pressing, and stimulation of these vital points in the varmam literature. The quantity and nature of the pressure applied are very significant in this practice.[14] Varmam points are also present in the pelvic and perineal areas. However, no Siddha definition of Sadyapranahara which is similar to that of Guda is mentioned in the literature sources for this study. The useful comparison is the fact that the result from the action on the vital area depends on the nature of its influence.

There are also acupuncture points of Chinese medicine in the same broad area. As per the WHO Standard, the points GV1 (Changqiang) and CV1 (Huiyin) are located between the coccyx and the anus and the perineum respectively.[15] The points listed above are therapeutic in nature. The WHO standard does not provide a category of fatal injuries similar to Sadyapranahara. Therefore, the two systems cannot be considered as equivalent. The comparison just reveals that the perineal area is considered important in more than one traditional medical system.

DISCUSSION

The basic fallacy occurs with the assumption that the Guda is merely the external anus. However, the classical definition is broader. According to Sushruta Samhita, Sharirasthana 6/25 Guda Marma includes Sthulantra, passage of Vata and Varcas. Sharirasthana 6/29 defines the Marma Pramana of Guda and 6/30 asks the surgeon to know about the Marma area and its protection during surgical procedures. 1 In addition, Charaka Samhita, Sutrasthana 30/3 describes the Guda Marma among the Pranayatana, while Vimanasthana 5/8

includes Sthulaguda as part of Purishavaha Srotomula. 2 Although not all these references define the Guda Marma, they indicate that Guda was thought of as a significant functional region and not just a small opening.

Sushruta also offers a graded view of Marma injury. Sushruta Samhita, Sharirasthana 6/22 mentions the possibility of death following injury at the anta of a Sadyapranahara Marma. 1 It clearly indicates that not each part of the Marma is equally important. Similarly, an injury in the Guda can mean a superficial perianal wound, injury to the sphincter and a deep wound reaching the rectum or pelvis and cannot be expected to have the same result. Moreover, Sushruta Samhita, Sharirasthana 6/23 describes up to seven nights following injury to a Sadyapranahara Marma and adds that a serious injury can turn some other Marma into a Sadyapranahara one. 1 Both the specific location and the gravity of the injury are important factors.

Analogous modern cases of anorectal trauma provide relevant examples. A superficial injury causes pain and bleeding. The sphincter and pelvic injuries lead to the loss of continence and disability.

Rectal perforation permits faecal matter to penetrate the pelvic tissues or even peritoneal cavity and causes peritonitis and sepsis. 8,9,12 A deep penetrating injury reaches pelvic vessels and adjacent organs and causes severe bleeding and shock. Fatal cases have been reported in both ways. Some patients died due to major bleeding, while others died due to perforation and infections. 10-12 Though these reports do not prove the classical statement, they demonstrate that injury via the Guda region can lead to death through different mechanisms.

This explains why planned anorectal surgery does not contradict the Sadyapranahara description. During surgery, the exact location, depth and direction of cutting are known. Bleeding is recognized and controlled. Important structures are saved and infection is treated. During violent impalement or penetrating trauma there is no such control. The object penetrates several layers and may penetrate into the pelvis through a small external wound. For this reason, the size of the wound on the external surface does not reflect the exact severity of the Guda Marma injury. Thus, it favors a regional rather than a point-like view on the Marma.

The historical experience also provides additional evidence for this argument. Penetrating

colorectal injuries had extremely high mortality rate until blood transfusion, antibiotics, early surgical intervention and intensive care appeared. 13 The present-day survival after anorectal surgery or trauma therefore cannot by itself reject an old prognostic statement. Siddha Varmam is another example of consideration of the specific site and technique of pressure on vital regions, while Chinese acupuncture recognizes near perineal and coccygeal points such as CV1 and GV1. 14,15 These approaches are not similar to Guda Marma, however, they show that the perineal region was considered to be functionally important in more than one traditional system.

Combining these arguments, the Sadyapranaharatva of Guda Marma can be interpreted as the potential for early fatal outcome of serious injury to the anorectal-pelvic region. The exact outcome will depend on the specific location, depth, direction and severity of the trauma and the damaged structures. Minor injury can lead only to pain. Injury to the continence mechanism can lead to disability. Rectal perforation leads to delayed serious complications. Deep injury involving the major pelvic structures can lead to early death. It is an interpretation based on the application of the classical classification rules to anatomy and trauma and not a new definition of Sushruta.

CONCLUSION

Guda Marma has been categorized as a Sadyapranahara Marma. However, it does not imply that all minor injuries in the anal region are fatal in nature. As per Sushruta Samhita, Sharirasthana 6/22-23, the outcome of the injury of Marma varies with the site of injury and intensity of injury.1 The modern cases of anorectal trauma too exhibit the same practical spectrum. Minor injuries cause only pain and disability. Perforations lead to sepsis. Severe damage to the pelvis leads to massive haemorrhage and early fatality.

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