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SIRA IN THE CONTEXT OF MARMA-VASTU: A CRITICAL REVIEW BASED ON ASHTANGA HRIDAYA

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ABSTRACT

Ayurveda describes the human body as an integrated structural and functional entity governed by Dosha, Dhatu, and Mala. Among the anatomical structures, Sira play a vital role in the sustenance of life by facilitating circulation and nourishment of tissues. Marma are vital points of the body where multiple structures such as Mamsa, Sira, Snayu, Asthi, and Sandhi converge, making them critically important from both anatomical and clinical perspectives. Ashtanga Hridaya elaborately explains the intimate relationship between Sira and Marma, emphasizing that most Marma are Sira-ashrita, and injury to these sites leads to severe consequences. The present article aims to critically review the concept of Sira in relation to Marma-Vastu based on classical references from Ashtanga Hridaya, highlighting their anatomical significance, functional relevance, and clinical implications.

KEYWORDS: Sira, Marma-Vastu, Ashtanga Hridaya, Rachana Sharira.

INTRODUCTION

Rachana Sharira, the branch of Ayurveda dealing with anatomy, is deeply rooted in functional and clinical relevance rather than mere structural description. Unlike modern anatomy, which focuses on gross and microscopic structures, Ayurvedic anatomy integrates structure with physiological and pathological outcomes. Sira are described as vital channels responsible for

the circulation of Rakta and other nutritive components, while Marma are vital anatomical points whose injury results in pain, deformity, loss of function, or death.

Acharya Vagbhata, the author of Ashtanga Hridaya, presents a refined synthesis of the teachings of Charaka and Sushruta. In the context of Marma, he highlights that most Marma are Sira-ashrita, underscoring the critical role of vascular integrity in the maintenance of life. Understanding the relationship between Sira and Marma-Vastu is essential not only from an academic perspective but also for clinical practices such as Shalya Tantra, Panchakarma, Siravedha, and Marma Chikitsa. This review article attempts a detailed and critical analysis of Sira in the context of Marma-Vastu based on Ashtanga Hridaya.

MATERIALS AND METHODS

The literature related to Sira and Marma is collected from the classical text of Ayurveda and research articles**.**

Concept of Sira in Ashtanga Hridaya

Nirukti and Definition

The term *"Sira"* is derived from the Sanskrit root meaning "to flow or move continuously,"[1] signifying channels that facilitate circulation. Ashtanga Hridaya describes Sira as tubular structures originating from Hridaya and spreading throughout the body, similar to irrigation channels distributing water to fields.[2]

Acharya Vagbhata states that Sira are responsible for the transportation of Rakta and Prana, thereby sustaining the body and supporting all physiological functions.

Origin and Distribution of Sira

According to Ashtanga Hridaya Sira originate from Hridaya and branch out extensively to nourish the entire body. Their widespread distribution highlights their indispensability in maintaining tissue vitality.[2]

Classification of Sira

Acharya Vagbhat classifies Sira based on Dosha predominance into four types[3]

- Vatavaha Sira
- Pittavaha Sira
- Kaphavaha Sira
- Raktavaha Sira

Functions of Sira

The major functions of Sira include

- Circulation of Rakta and nutrients
- Maintenance of Prana
- Support of Dhatu Poshana
- Regulation of body temperature
- Removal of metabolic waste products

Concept of Marma-Vastu

Definition of Marma

Marma are defined as vital points of the body where Prana resides in a special manner. Ashtanga Hridaya describes Marma as sites where injury leads to severe pain, deformity, loss of function, or death, depending on the structure involved and extent of trauma.

Enumeration and Distribution

Acharya Vagbhata enumerates 107 Marma distributed throughout the body, similar to the description in Sushruta Samhita. These Marma are strategically located in areas vital for survival and functional integrity.

Structural Components of Marma

Marma are formed by the union of five structures:

- Mamsa (muscle)
- Sira (vascular channels)
- Snayu (ligaments and tendons)
- Asthi (bone)
- Sandhi (joints)

Based on the predominance of these structures, Marma are classified into Mamsa, Sira, Snayu, Asthi, and Sandhi Marma.

Classification of Marmas[4]

There are 107 Marma (vital spots), eleven in each limb, twenty-six in the trunk (three in the abdomen, nine in the thorax, fourteen in the back) and 37 in the head and neck region. These are classified into different groups based on their physical matrices as well as their unique

characteristics. Sushruta classifies them as five, but Vagabhata classifies them as six, with Dhamani Marma included.

Classification according to six regions

1. Shakhagata (upper & lower extremities) – 44 (11 in each limb)
2. Kosthagata (trunk) – 26 (back – 14, chest and abdomen – 12)
3. Udarvajatrugata – 37.

Classification according to tissue

1. Mamsa - 11
2. Sira - 41
3. Snayu - 27
4. Asthi - 8
5. Sandhi – 20

Classification according to effect

1. Sadya Pranahar Marma (cause death within 7 days if injured) – 19
2. Kalantar Pranhara Marma (cause death within 15 days to month if injured) – 33
3. Vishalyaghana Marma (cause death if foreign body is extracted) - 3
4. Vaikalyakara Marma (cause deformity) – 44
5. Rujakara Marma (cause excessive pain) - 8

Pramana of Marma

1. 1 Angula – Urvi, Kurchashira, Vitapa, Kakshadhara, Stanamoola
2. 2 Angula – Manibandha, Gulpa
3. 3 Angula – Janu, Kurpara
4. Swapanitala- Hridya, Basti, Nabhi, Guda, Kurcha, Shringataka, Simant, Matrika, Neela, Manya
5. Ardha Angula- rest all other Marma.

Sira as a Dominant Component of Marma-Vastu[5]

Ashtanga Hridaya repeatedly emphasizes that many Marma are Sira-ashrita, indicating vascular dominance at vital points. Injury to Sira at Marma sites results in immediate and profuse Rakta Srava, leading to rapid deterioration of the patient.

चतुर्द्धाताः सिरास्तु याः॥ तर्पयन्ति वपुः कृत्स्नं ता मर्माण्याश्रितास्ततः। तत्क्षतात्क्षतजात्यैर्थं प्रवृत्तेर्धातुसङ्घये॥ वृद्धश्चलो रुजस्तीवाः प्रतनोति समीरयन्। तेजस्तदुद्धृतं धत्ते तृष्णाशोषमदभ्रमान् ॥ स्विन्नस्त्रस्तक्षथतनुं हरत्येनं ततोऽन्तकः । अ.हृ अरूणदत्त टिका4/63,64,65

Marma are particularly dangerous due to the involvement of major vascular channels. Trauma to these Marma results in

- Excessive haemorrhage (Rakta Srava)
- Dhatu Kshaya
- Vata Prakopa
- Loss of consciousness
- Death if untreated

Acharya Vagbhata explains that Rakta is the carrier of Prana, and its sudden loss severely disturbs Vata, leading to fatal outcomes.

Pathophysiology of Sira Injury at Marma Sites

Injury to Sira-ashrita Marma initiates a cascade of events

1. Rakta Srava causing Dhatu Kshaya
2. Aggravation of Vata due to loss of Snigdha and Ushna qualities
3. Obstruction of Prana Vayu
4. Collapse of vital function.

DISCUSSION

Classical Ayurvedic texts describe Sira as an essential structural and functional component of Marma Vastu. According to Ashtanga Hridaya, the Sira that nourish the entire body are situated within Marma regions, establishing a close anatomical and functional relationship between Sira and Marma. This explanation helps to understand why injury to Marma produces severe and often fatal results.

Sira are responsible for nourishment and maintenance of the Dhatus. Their presence within Marma indicates that these sites are not only structural junctions but also important centers of circulation and support of life. Therefore, injury to Marma directly affects the underlying Sira, leading to excessive loss of Rakta. This loss of Rakta causes depletion of Dhatus, which disturbs the normal balance of the body.

Ashtanga Hridaya clearly explains that aggravation of Vata in Marma injury occurs as a secondary event. The primary pathological change is Rakta loss and Dhatu kshaya. Due to depletion of nourishing tissues, Vata becomes aggravated and further impairs vital functions. This explanation is important because it clarifies that Vata is not the initial cause of death in Marma injury but a result of tissue depletion and circulatory failure.

The dominance of Sira within Marma Vastu also explains the fatal nature of Pranahara and Kalantara-pranahara Marmas. Injury to these Marmas causes severe damage to major Sira, resulting in rapid or progressive deterioration depending on the extent of Rakta loss. This observation reflects a practical understanding of trauma and its outcomes.

When viewed from a contemporary perspective, this description corresponds to the effects of severe bleeding seen in vascular injuries. Excessive blood loss leads to reduced nourishment of tissues and failure of vital functions. Thus, the classical explanation given in Ashtanga Hridaya is based on a rational understanding of structure, function, and pathology.

Clinically, this concept highlights the importance of protecting Sira during surgical procedures, Panchakarma therapies, and interventions near Marma regions. It also emphasizes the need for early control of bleeding in Marma injury to prevent further deterioration caused by aggravated Vata and loss of Prana.

In conclusion, Ashtanga Hridaya presents a clear and logical explanation of Marma injury based on the dominance of Sira. The serious consequences of Marma trauma are mainly due to damage to Sira, excessive blood loss, dhatu depletion, and secondary aggravation of Vata.

CONCLUSION

Ashtanga Hridaya clearly identifies Sira as the main structural and functional component of Marma Vastu. Injury to Marma primarily damages the underlying Sira, leading to excessive blood loss, dhatu depletion, and secondary aggravation of Vata. This explains the severe and often fatal effects of Marma injury and highlights the importance of protecting Sira in clinical practice

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