



## “PELVIC REGION MARMAS IN CLINICAL PRACTICE”

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### ABSTRACT

The concept of marma has been one of the most important subject of Ayurveda. In ancient days the knowledge of anatomy was mainly explained by the concept of marma. Acharya Sushruta was the first scholar provided detail knowledge of marma in the Shareera sthana under the pratyauka marma nirdesha shareera. In ancient days the knowledge of marma was considered as half the knowledge of surgery and surgeons were advised to be more careful about the extent of vulnerability of marma while performing an surgery over these areas leading to complication

**Key words** : Marma, Shareera sthan,Ayurveda

### INTRODUCTION

Acharyas have enumerated and broadly classified the 107 marmas based on the region such as extremities, abdomen, chest, back , head and neck. Marmas situated in head and neck are more fatal compared to other regional marmas. The marmas classified under the udara and prista are actually situated in the region of the pelvis. Nowadays due to road traffic accidents by automobiles causes disability and are fatal. By

seeing traumatological importance over the pelvic injuries, pelvic region holds paramount importance in obstetrics, locomotion ,excretory and reproductive functions. So as to protect from the injuries on these vital points the knowledge about marmas located in the pelvic region is essential.

As such there is no classification of marmas particularly concerned to pelvic region in our ancient samhitas. By seeing above importance of pelvic region the detail

study of marmas in this region is needed.

### Materials & Method

This is conceptual type of research, textual material are used for the study from which various references have been collected, Main ayurvedic texts used in this study are Charak Samhita, Sushruta Samhita, Astang-Sangrha, Ashatanghritya and laghutrayee available Commentaries on it, Literature survey of modern text are also used. Research article available on internet also studied.

### Review of Literature

#### Marmas of the pelvic region:

The individual marmas grouped under the pelvic region are guda(1/), Basti(1), Vitapa(2), katikataruna(2), Kukundara(2), Nitamba(2).

In addition astasrotogata marmas are situated in this region. Mutravaha , Sukravaha, Mushkasrota, Mutrapraseka, Sivani, Yoni, Guda and Basti.

#### GUDA MARMA

Guda marma is attached to the sthulantra(L.I) and serves as passage of the vata and mala. Any injury to this marma causes immediate death. According to dalhana it is a mamsa marma and sadhya pranahara and

covers four angula area<sup>1</sup>. But vagbhata considered this marma under the dhamani marma<sup>2</sup>.

#### BASTI MARMA

Basti marma is situated in kati and has less mamsa, rakta and performs the function of reservoir of urine. Any injury to this marma causes sadhya pranahara, except a wound formed during extraction of ashmari(calculus). A calculus wound is also fatal, if gets injured on both walls of the bladder, if the injury is on one side there are chances of flow of urine through the wound and require more care to heal the wound. According to dalhana it is a snayu marma measuring four angulas and sadhyapranahara marma<sup>3</sup>.

#### VITAPA MARMA

The vitapa marma is situated between vankshana and vrushana and injury to this leads to shandata or alpa shukrata or both. According to dalhana this marma is a snayu marma, one anguli pramana, injury causes functional disability and belongs to vaikalyakara marma<sup>4</sup>.

#### KATIKATARUNA MARMA

katikataruna marma situated on both sides of the prishta vamsa(vertebral column) In each

shroni kanda(hipbone). Injury to this marma gives rise to palour, discolouration, disfiguration of the body and ultimately leads to death. According to dalhana this marma is asthi marma, kalantara pranahara and half anguli pramana<sup>5</sup>.

**KUKUNDARA MARMA**

Kukundra marma situated on both sides of prishta, vamsa and the lateral sides of the outer part of jaghana asthi and an injury to this marma causes loss of sensation and movements in lower part of the body. According to dalhana it is a sandhi marma, vaikalyakara in consequences, half anguli pramana<sup>6</sup>.

**NITAMBA MARMA**

Nitamba marma is situated above the shronikanda(hip bone)

which covers the ashaya (viscera) and connects lateral part of the vertebral column. An injury to this marma leads to shosha(atrophy)in lower extremity and weakness which ultimately cause death. According to dalhana it is asthi marma, kalantara paranahara, half anguli pramana<sup>7</sup>.

**ASTOSROTOGATA MARMA**

The surgeon who is not well cognate of the nature and position of the marmas situated in it srotas(ducts) of the body such as raphae of the perineum, the spermatic cord, the cord of the testis and corresponding once in female yoni, the anal region, the ureter , the urine carrying ducts and urinary bladder and is not practiced in the act of surgery brings about the death of many innocent victims<sup>8</sup> .

**TABLE SHOWING THE MARMAS OF PELVIC REGION:**

NAME OF MARMA	No.	STRUCTURAL CLASSIFICATION	REGIONAL CLASSIFICATION	PARINAMANUSAR A CLASSIFICATION	PRAMAN A
Guda	1	Mamsa dhamani	Udaragata	Sadhya pranahara	4 anguli
Basti	1	Snayu	Udaragata	Sadhya pranahara	4 anguli
Vitapa	2	Snayu	Adha shakagata	Vaikalyakara	1 anguli
Katikataru na	2	Asthi	Prustagata	Kalantara	½ anguli
Kukundara	2	Sandhi	Prustagata	Vaikalyakara	½ anguli
Nitamba	2	Asthi marma	Prustagata	Kalantara Pranahara	½ anguli

## DISCUSSION

The marmas situated in pelvic region are guda, Basti, Vitapa, katikataruna, Kukundara and Nitamba. Apart from these astasrotogata marma are also located in this region. In reference to surgical management of ashmari and advised to be cautious about these marmas. They are mootrava, Sukravaha, Mushkasrota, Mutrapraseka, Sivani, Yoni, Guda and Basti.

### GUDA MARMA

The anal canal along with anal sphincter within the vicinity of the panitala pramana is identified as marma. The sudden stretch reflex leading to shock. During the intervention of basti netra, per rectal examination the physician must take more care of this marma because sudden stretch reflex leads irreversible shock and cause death.

### BASTI MARMA

The bladder and its appendages are confirmed as basti marma. A trauma on full bladder leads to rupture of the bladder that may cause extravasation of the urine and leads to sepsis and even death.

### VITAPA

Based on anatomical location and symptomatology the superficial inguinal ring in the anterior abdominal wall through which spermatic cord passes may results in failure of transmission of semen produce sterility or alpa sukrata. Anterior pelvic injury of the pelvic bone may cause rupture of bladder along with uro-genital structures like seminal vesicles, ejaculatory ducts, or membranous part of the urethra resulting into sexual dysfunction or sterility.

Most of the pelvic injury over the pelvic region the bladder along with its membranous part of the urethra is injured or ruptured causing extravasation of the urine either extraperitoneal or intraperitoneal depending on the site of injury. Intraperitoneal rupture is more serious and even life threatening which needs immediate surgical intervention otherwise it may lead to death.

### KATEEKA TARUNA

It is the asthi marma situated on the back of the pelvic region on both sides of lower spine. Trauma produces haemorrhage leads to anemia and distortion of the pelvis shape and lead to life threatening. The

fracture dislocation or subluxation of sacroiliac joint avulsion of intra pelvic internal iliac vessels and nerves resulting intra pelvic haemorrhage and distortion of normal contour of pelvis and ultimately lead to death due to sepsis and shock.

### **KUKUNDARA**

It is situated at posterior pelvic bones on both sides of lower spines, produces loss of motor and sensory functions of lower extremities, injury to posterior pelvis at lumbo-sacral region many cause anterior dislocation or displacement of spine causing spondylithiasis and may produce prolapse of disc resulting into radiating pain and loss of motor functions of the lower extremities.

### **NITAMBA MARMA**

It is the asthi marma situated on lateral wall of pelvis in the iliac bones and an injury may produce atrophy of lower limbs, weakness and may lead to death in course of time. Injury to lateral wall of pelvis involving the iliac bones may cause disruption of pelvic nerves and vessels leading to disability to stand or walk results to disused atrophy of muscles of lower limbs and inability to bear weight.

### **ASTOSROTOGATA MARMA**

These are referred in ashmari chikitsa through perineal approach may cause injury to perineum and perineal muscles levator ani. The perineal laceration during child birth by unattended spontaneous delivery resulting zigzag tear of the posterior wall of the vagina and perineal body. A forceful blow on the perineum gives rise to injuries to all srotogata marmas.

### **CONCLUSION**

The functional and traumatological importance of pelvis in weight bearing locomotion, excretory and reproductive functions of the marmas of pelvic regions are important in clinical practice of surgery and medicine.

The fracture of pelvis usually occurs across a weak part of the pelvis and may cause injury to pelvic soft tissues, blood vessels and even some time organs.

The weak areas of the pelvis are the pubic ramie anteriorly, ala of the ileum and acetabulum laterally, sacrum or sacro-iliac joint posteriorly. Injuries to the posterior pelvis are more important from the locomotion point of view and are more

disabling due to associated injuries to pelvic nerves, vessels resulting into haemorrhage and shock.

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