

A CRITICAL STUDY OF GULPHA MARMA AND KURCHSHIRA MARMA IN LIGHT OF RACHANA SHARIR

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ABSTRACT

Ayurveda is not only a medical science but a way of life. It is truly one of the most Nobel ways of treatment having originated out a very long experience of thousands of years. The science of *Marma* therapy or *Arma Chikitsa* is an important method of Ayurvedic treatment for the entire spectrum of health complaints. On the other hand, these *Marma* are considered as healing points or energetic points. *Marma* is the science that deals with some specific vital points which involves *Mansa, Sira, Snayu, Asthi* and *Sandhi*. The *Gulpha Marma* and *Kurchshira Marma*, both are *Rujakara* and *Sakha Marma* that involves *Ruja, Sopha* and *Stabdhatta* when injured. The present paper highlights these *Marma* points anatomically as per *Rachana Sharir* and try to conclude as what they can be compared structurally in the modern terms.

Keyword: *Marma, Gulpha, Kurchshira, Rujakara Marma.*

INTRODUCTION

The term *Marma* is defined as “*Marayati iti Marma*” that spot which, when injured, kills the person. All such spots do not cause death, some cause deformities and severe pain. Sushruta had mentioned 107 vital points¹ in the human body which are classified according to *Rachana, Parinama, Pramana* and *Desha*. *Marma* are also an important aspect of the science of *Yoga*, with which *Ayurveda* is closely connected. *Yoga* not only has a sophisticated system of physical postures. It also recognizes the power of *Prana* or the life-force, which is reflected through the *Marma* points on the surface of the body. An understanding of *Marma* can add greater efficacy to any level or type of *Yoga* practice whether using the body, the breath or the mind. Just as acupuncture

points are used in both Chinese medicine and in Chinese martial arts, *Marma* points are also used in the martial arts of India, like the *Kalari* tradition of South India. Martial arts emphasize how to strike these vulnerable points with force and precision in order to counter attackers. The existence of such vital regions demonstrates that the body is not simply a physical mass but an intricate energy field with points of power through which we can control both physiological and psychological processes. *Marma* are part of a greater 'sacred physiology' that maps out the body according to subtle energy currents and power points². The *Gulpha Marma* and *Kurchshira Marma*, both are *Rujakara* and *Sakha Marma* that involves *Ruja, Sopha* and *Stabdhatta* when injured.

Now a day, in fast moving life, everyone is hurry so accidently minor and major injury is occurred. Force during dynamic and functional activity can results in injuries like various sprain (ligament injury) and dislocation of joint, this condition give rise to tremendous pain. Many of these problems need surgical treatment. During the surgical procedure, the vital part of this *Sandhi* is affected which may cause permanent disability. So this study is to access the vital part. (*Gulpha Marma & Kurchshira Marma*).

CONCEPT OF MARMA IN CLASSICAL TEXTS:

The term *Marma* means *Prana*, *Jiva* or life. *Marma* are involved basically and essentially five anatomical structures: - i.e. *Mansa*, *Sira*, *Snayu*, *Asthi*, *Sandhi*. All major Ayurvedic texts refer to the total number of primary *Marma* as 107, while the total number of primary *Marma* regions is 51. The difference between these two numbers is because several *Marma* exist on both sides of the body, and some *Marmas* contain more than one *Marma* point. However, many Ayurvedic teachers recognize more *Marmas* than these classical 107. In fact, every point on the body is potentially a *Marma* point because the entire skin or surface of the body is itself a *Marma* or sensitive region. One could say that the skin itself is the 108th *Marma*, linking all the other *Marmas* together. As *Vata* and *Prana* are held in the joints,

each joint can also be viewed as a potential *Marma* region. Our internal organs have additional *Marma* points, either directly connected to them or connected by reflex points that can affect them from a distance. On top of such universally shared *Marma* points, each person will have his or her own unique sensitive points depending upon weight, frame, posture, diet, behavior and age³. Therefore, we should not look at *Marmas* in a rigid way, though the classical 107 *Marmas* are a good foundation to start with. The same principles of *Marma* therapy can be applied to the extra *Marmas* as well.

The three main *Marma* regions - head, heart and bladder or lower abdomen are the three main sensitive zones in the body. Although all organs and structures in the body can be related to all three *Doshas* to some degree, the lower abdomen with its connection to the urogenital and excretory organs relates more to *Vata*, the heart with its connection to the blood relates more with *Pitta*, and the head with its pool of nerve and brain tissue relates more to *Kapha*. As the *Doshas* are the three main forces responsible for creating the entire body, *Marmas* reflect their impact on our physiology in various ways. Also classified *Marma* in to five types depending upon the ultimate results (Prognosis) after the trauma inflicted upon these points in the following Table 1:

Table 1: *Marma* in to five types depending upon the ultimate results (Prognosis) after the trauma

Sr. No.	Types of <i>Marma</i> ⁴	Dominant <i>Mahabhuta</i> ⁵	Number of <i>Marma</i> ⁴	Ultimate results (Prognosis) after trauma ⁶
1.	<i>Sadhya Pranahara Marma</i>	<i>Agni</i>	19	Death occur within 7 days
2.	<i>Kalantara Pranahara Marma</i>	<i>Agni & Soma</i>	33	Death occur within 1 month
3.	<i>Vishlyaghna Marma</i>	<i>Vayu</i>	3	if the <i>Shalya</i> is pulled intentionally before suppuration and auto-healing process, there will be sudden exit of <i>Vayu</i> and death is the only outcome.
4.	<i>Vaiklyakara Marma</i>	<i>Soma</i>	44	Leads to disability and deformity of the affected parts
5.	<i>Rujakara Marma</i>	<i>Vayu & Agni</i>	8	Constant pain at the affected parts

RUJAKARA MARMA:

The concept of *Rujakara Marma* is based on the pathophysiology of the trauma. If there is any trauma or injury at certain points which causes high grade pain are said to be *Rujakara Marma*. In simple terms *Rujakara Marma* are such sites in the body where in slight injury lead to severe pain though there is no much disturbance in its structural anatomy. Pain is the first sign of morbidity of any tissue. The number of *Rujakara Marma* is eight; - Two *Gulpha*, two *Manibandha*, four *Kurchshira*⁷. In case of injury to these *Rujakara Marma* if not treated wisely and if they are managed by unskilled person then they will lead to one or the other form of deformity and end with morbidity. So these may turn into *Vaikalyakara* post traumatically in the passage of time. So it is very essential to know the anatomy of the *Rujakara Marmas* is successful line of management of traumas.

GULPHA MARMA

Gulpha Sandhi is one of the important *Sandhi* of the lower extremities. It is mainly associated with locomotion and is a weight bearing joint. Structurally it is classified under *Kora Sandhi* and functionally it is *Bahuchala Sandhi*. Sushruta has explained that *Gulpha Sandhi* is present between or at the union of *Paada* and *Jangha*. When we go through the classification of *Marma* it has been considered under the heading of *Sandhi Marma* and *Rujakara Marma*. The Joint between 'Paada'(foot) and 'Jangha'(Leg) said to be *Gulpha*⁸. The *Pramana* of *Gulpha Marma* is '2 Angul' and it is a 'Sandhi Marma'. When any injury on *Gulpha* there may be symptoms like: - *Ruja* (Pain), *Stabdha Paadata* (Restricted Movement), *Khanjata* (Functional Deformity). *Gulpha* is ankle joint includes tibiofibular and talocrural articulation⁸. According to *Amarkosha Gulpha* means *Padasaya Granthi*.

In modern literature the Ankle or talocrural region, is the region where the foot and the leg meet. The Ankle includes three joints: Ankle joints (Talocrural joint), Subtalar joint and Inferior tibiofibular joint. The movements produced at these joints are dorsi-

flexion and plantar flexion of the foot. In medical terminology 'Ankle' can refer to the region or specifically to the talocrural joint. The main bone of the ankle region is Talus, Tibia and Fibula. The talus is also called the ankle bone. The talocrural joint is a synovial hinge joint that connects the distal ends of the tibia and fibula in the lower limb with the proximal end of the talus. The articulation between the Tibia and the talus bears more weight than that between the smaller fibula and talus. After comparing the *Ayurvedic* and modern view & performing the dissection we concluded that the exact location of *Gulpha Marma* is nothing but the joint between tibia, fibula and talus and other structures related to lateral aspect of Ankle joint. Study of *Gulpha Marma* shows 5 compositions as is correlated as⁹: -

1. **MAMSA-** Peroneus longus, Peroneus brevis, Superior peroneal retinaculum.
2. **SIRA-** Perforating branch of fibular artery and fibular nerve.
3. **SNAYU-** Lateral ligament of the ankle which consists of three separate ligaments- Anterior talofibular ligament, calcaneofibular ligament, Posterior talofibular ligament.
4. **ASTHI-** Tibia, lateral malleolus of fibula and talus.
5. **SANDHI-** Joint between tibia, fibula and talus.

KURCHSHIRA MARMA:

It is present below the *Gulpha Sandhi* in both lower limbs. Injury to this point causes '*Ruja*' and '*Sopha*'.⁸ The *Pramana* of *Kurchshira Marma* is '1 Angul'¹⁰ and it is '*Snayu Marma*'. *Kurch* means a bunch of anything or brush like structure. It can be a bundle of nerves, vessels, tendon, ligament etc. But it should have a common base, where these structures are close together and held together. Then they should be spreading as they move distally.

In modern, the structure, which may be considered as *Kurchshira* at dorsal aspect of foot are tendon of extensor digitorum longus along with peroneus tertius tendon surrounded by a common synovial sheath as they pass beneath the extensor retinacula. As the *Kurchshira* is situated below the *Gulpha*

Sandhi (ankle joint) only the inferior retinaculum covers the above two tendons, tendon of extensor hallucis longus, extensor digitorum brevis along with dorsal metatarsal ligament and cruciate ligaments along with dorsalis pedis artery. In the flexor and plantar region of the foot, the structures resembling *Kurchshira Marma* should include tendons of flexor digitorum longus, flexor hallucis longus, flexor digitorum brevis bounded by flexor retinaculum, which extends from medial malleolus downwards and backward to be attached to the medial surface of the calcaneum.¹¹

INTERVENTION OF MARMA CHIKITSA IN PAIN RELETED TO GULPHA MARMA & KURCHSHIRA MARMA:

Every *Marma* when compared with modern science, it definitely coincides with the structure mention at that area causing fatal effect described by Acharya's.

As these are vital points, knowledge is of great importance during surgical procedures. *Marma Gyana* is considered to be half knowledge of surgery. *Marma Chikitsa* provide *Tridosha-Trigunasamnya* (equilibrium) as these points are seat of *Prana*. Another form of therapy related to body surface points are Acupressure, Acupuncture, *Yoga*, blood-letting, *Agni-karma* and *Kshara-karma* etc. These therapies are various meridian points to cure and prevent several diseases or pain. The *lakshanas* of *Sandhi kshata* as increased swelling, severe pain, slitting type of pain in the small joints, loss of strength, edema, loss of function of joints.¹² Shortening and debility of the body part, pain and delayed wound healing are the consequences of injury to the *Snayu*¹². Acharya have mentioned the *Gulpha Marmakshatha Lakshanas* according to the Table 2:

Table 2: *Gulpha Marmakshatha Lakshanas*

Sushruta	Astanga Samgraha ¹³	Astanga Hridaya ¹⁴
<i>Ruk</i>	<i>Ruk</i>	<i>Ruk</i>
<i>Stambha</i>	<i>Stabda Sakthi</i>	<i>Stambha</i>
<i>Khanjata</i>	<i>Shandhata</i>	<i>Andhyakrita</i>

Indu, the famous commentator of *Astanga Samgraha* describes that *Shandhata* means *Ayoshidhyogyatwam* (Sexual Inability).

The injury related to these *Marmas* can be studied under tendons, ligaments, vessels and bones. The injuries are sprain, fracture like (Potts fracture, avulsion fracture, Maisonneuve fracture), Achilles tendon rupture, flexor hallucis longus tendinopathy, peroneal tendonitis, peroneal tendon dislocation, sinus tarsi syndrome, tarsal tunnel syndrome, inferior tibiofibular injury etc. According to Sushruta all the diseases are treated as *Siravedhya* and *Vatavyadhi*.¹⁵ When *Vata* is found affecting ligaments, joints and bone then therapies such as – *Snehana* (Oleation), *Agnikarma* (Branding thermal cautery), *Bandhana- Anuvellit bandh* (Spiral bandaging), *Unmardana-* (Hard massaging, squeezing or tram-

pling of the body part), *Upanaha* (Warm poultice)¹⁶ are used to cure the diseases and relieves pain.

CONCLUSION

Specific points on the body surface used for treatmental purpose, *Marma Chikitsa* are one of the emerging applied aspect of *Marma*. The *Gulpha Marma* and *Kurchshira Marma*, both are *Rujakara* and *Sakha Marma* that involves *Ruja*, *Sopha* and *Stabdhata* when injured. The injury related to these *Marmas* can be studied under tendons, ligaments, vessels and bones. The injuries are sprain, fracture like (Potts fracture, avulsion fracture, Maisonneuve fracture), Achilles tendon rupture, flexor hallucis longus tendinopathy, peroneal tendon dislocation, sinus tarsi syndrome, tarsal tunnel syndrome etc. Based on above study we can conclude the exact location of *Gulpha Marma* and *Kurchshira Marma*.

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