A COMPREHENSIVE REVIEW ON RUJAKARA MARMA

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ABSTRACT

Our science of life “Ayurveda” has withstood the test of time in a glorious manner. In those times a vaidya had to deal with more exigencies during the time of war where people were injured on their marma sthana and it might have been the reason why marma was given utmost importance in our samhitas. Marma are the vital points which when afflicted can cause death like miseries or death and need utmost care while performing surgical procedures on such points. In samhitas, totally 107 marma are explained and classified them under three groups as, Marmavastu anusara bheda, Shadanga anusara bheda, Vikalpa anusara bheda. Rujakara marma is one among Vikalpa anusara bheda and are eight in number. Among them four are present in Bahu i.e manibandha and kurchashira and four in Sakthi i.e gulpha and kurchashira. Vayu and Agni tatwa are predominant in these marma and any injury to them leads to Ruja. In this paper, an effort is made to access the structures involved in these marma pradesh and explain their viddha laxanas.

Keywords: Marma, Vikalpaanusara bheda, Rujakara marma.

INTRODUCTION

Ayurveda is the ancient science which has been proved for more than 5000 years. Even though the modern science is changing from time to time it has maintained its special place till date.

Ayurveda has its own principles or concepts which stand in modern era also. The concept of Marma is one such Imperative and Unique principle.

Marma is a vital site where Mamsa, Sira, Snayu, Asthi and Sandhi confluence take place and Prana resides at these sites.

In classics, 107 marmas are explained and are classified under three groups i.e on the basis of location in the body (Shaakagatamarma, Udaraurogatamarma, Prustagatamarma and Urdhwaajatrugatamarma), on the basis of predominant marmavastu (Mamsamarma, Siramarma, Snayumarma, Asthimarma and Sandhimarma) and on the basis of effect of injury (Sadhyopranahara, Kaalantharapranahara, Vaikalyakara, Visalyaghna and Rujakara marma).
**Rujakara marma** is one such category based on effect of injury. Totally eight **Rujakara marma** are mentioned, among them four are present in **Bahu** i.e **manibandha** and **kurchashira** and four in **Sakthi** i.e **gulpha** and **kurchashira**.

**OBJECTIVES**

The objective of this study is to access the structures involved in **Rujakara marma pradesha** and explain their **viddha laxanas**.

**ETYMOLOGY AND DEFINITION OF MARMA**

According to **Shabdhakalpadruma**, word **marma** is derived from **mru dhatu** which means **sandhisthanam** or **jeevasthanam**. [1]

Acharya Susruta has defined marma as the anatomical site where **Mamsa, Sira, Snayu, Sandhi** and **Asthi** meet together and **Prana** is present in **marmapradesha** by its **swabhava** (generally) as well as **visheshata** (specifically) and any injury to it leads to **prananasha** (death). [2]

**NUMBER OF MARMA**

Total number of **marma** is mentioned as 107 by Acharya Susruta. [3] The same opinion is given by Charaka and Vagbhata. [4, 5]

**CLASSIFICATION OF MARMA**

All the 107 **Marmas** are classified into three different groups as follows:
1. **Marmavastuanusara bheda** [6]
2. **Shadangaanusara bheda** [7]
3. **Vikalpaanusara bheda** [8]

**RUJAKARA MARMA**

Rujakara marma are one among Vikalpa anusa-ra bheda.

Totally eight **Rujakara marma** are mentioned [9], among them four are present in **Bahu** i.e **MANIBANDHA** and **KURCHASIRA** and four in **Sakthi** i.e **GULPHA** and **KURCHASHIRA**.

**Manibandha** is a **sandhimarma** [10] 2 angula in pramana, [11] and injury to it leads to **kuntatha**. [12]

**Gulpha** is a **sandhimarma**, [13] 2 angula in pramana, [14] and injury to it leads to **Ruja, Sthabdapaada** and **Kanjata**. [15]

**Kurchashira** is a **snayu marma**, [16] 1 angula in pramana, [17] and injury to it leads to **Ruja** and **Shopha**. [18]

Agni and Vayu tatwa are predominant in **Rujakara marma** and injury to this **marma** will lead to severe pain. According to other Acharyas, Rujakara marma is composed of all the five mahabutas. [19]

Various type of pain will be felt when **Rujakara marma abhighata** occurs and if it is treated by **kuvaidehya** then it will lead to **vikalata**. [20]

**DISCUSSION**

Rujakara marma are Vayu and Agni tatwa predominant, and Vayu is responsible for ruja. The role of Agni may be understood by its karma i.e. it maintains **Bala** and **Swastha**. So in marma **viddha** we may predict **balahani** in that particular region.

A. **MANIBANDHA MARMA**

**LOCATION**

Manibandha marma is located between **Prakosta** and **Hasta**.

**CATEGORISATION**

a) **Shakagata marma**
b) **Dwayaangula pramana marma**
c) **Dwi-sankhya marma**
d) Sandhi marma
e) Rujakara marma

MARMAVASTU
1. Mamsa marma vasthu: Long flexor and extensor muscles.
2. Sira marma vasthu: Radial and Ulnar artery.
3. Snayu marma vasthu: Radial and ulnar collateral ligaments, median nerve, radial nerve, superficial branch of ulnar nerve.
4. Asthi marma vasthu: Radius, ulna and carpal bones.

VIDDHALAXANA
Injury to Manibandha marma will lead to kuntatha i.e restricted movement of hand and these laxanas may be due to following reasons.
- Injury to radial and ulnar collateral ligaments may lead to severe pain and restricted movement (kuntatha).
- Fractures of the wrist joint involving the lower end of the radius (Colle’s fracture and Smith’s fracture) are very common. Fracture of the Scaphoid is also very common.

A. GULPHA MARMA
LOCATION
Gulpha marma is located between Paada and Jangha.
CATEGORISATION
a) Shakagata marma
b) Dwayaangula pramana marma
c) Dwi-sankhya marma
d) Sandhi marma
e) Rujakara marma

MARMAVASTU
1. Mamsamarmavasthu: Tibialis anterior, Tibialis posterior, Extensor digitorum brevis, Peroneus longus and Brevis, Extensor digitorum longus, Extensor hallucis longus, Flexor digitorum longus, Flexor hallucis longus, Peroneus tertius.
2. Siramarmavasthu: Small saphenous vein, Great saphenous vein, Anterior tibial artery, Posterior tibial artery, Peroneal artery, Dorsalis pedis artery, medial and lateral malleolar network.

VIDDHALAXANA
Injury to Gulpha marma will lead to ruja, stabdhapaada and kanjata and these laxanas may be due to the following reasons:
- Ankle sprain usually occurs when foot is plantar-flexed. During plantar flexion, the trochlea tali moves antero-inferiorly and the grip of the malleoli on trochlea becomes loose. Hence leads to ligament tear causing severe pain and restricted movement (stadhapaada)
- Pott’s fracture occurs when one foot is caught in a hole in the ground, causing torsional spiral fracture of the lateral malleolus. Forceful eversion pulls on the extremely strong deltoid ligament and causes its evulsion. This may lead to pain(ruja), restricted movement (stadhapaada) and limping (kanjata)
- Involvement of nerves and ligaments can cause restriction in the movement of the ankle joint which is similar to Stabdha as mentioned in Gulpha marma viddha laxanas.
B. DESCRIPTION OF KURCHASHIRA MARMA:

CATHERGISATION

a) Shaka-gata marma
b) Eka-angulapramana marma
c) Chatur-sankhya marma
d) Snayu marma
e) Rujakara marma

KURCHASHIRA MARMA (IN BAHU)
LOCATION
Kurchashira marma is located below manibandha sandhi on both the sides.

MARMAVASTU
1. Mamsamarmavasthu: Long flexor and extensor muscles.
2. Siramarmavasthu: Radial and Ulnar artery.
4. Asthimarmavasthu: Radius, ulna and carpal bones.

VIDDHALAXANA
Injury to Kurchashira marma will lead to ruja and shopha and these laxanas may be due to the following reasons:

➢ Dislocation of the Lunate bone may occur by a fall on acutely dorsi-flexed hand with forearm flexed. This displaces the lunate anteriorly, causing carpal tunnel syndrome. And compression of median nerve leads to severe pain and swelling.
➢ Inflammation involving the palmar side of palmar aponeurosis causes thickening and contraction of aponeurosis. As a result the proximal phalanx become flexed and cannot be straightened.
➢ Ulnar bursitis which results in hour-glass swelling (so called because one swelling is seen in palm and another in distal part of forearm) can be considered here.

KURCHASHIRA MARMA (IN SAKTHI)
LOCATION
Kurchashiramarma is located below gulpha sandhi on both the sides.

MARMAVASTU
1. Mamsamarmavasthu: Flexor digitorum brevis, flexor digitorum accessorius, Tibialis anterior, Tibialis posterior, Extensor digitorum brevis, Peroneus longus and Brevis, Extensor digitorum longus, Extensor hallucis longus, Flexor digitorum longus, Flexor hallucis longus, Peroneus tertius.
2. Siramarmavasthu: Dorsal pedis artery, medial and lateral plantar arteries.
4. Asthimarmavasthu: Talus, Plantar surface of calcaneus
5. Sandhimarmavasthu: Talocalcaneonavicular joint.

VIDDHALAXANA
Injury to this Kurchashiramarma leads to ruja and sopha. These laxanas may be due to the following reasons:

➢ When the tip of plantar aponeurosis gets infected it will cause severe pain and tenderness in heel region and whole foot.
During hard fall with the heel touching ground forcefully, calcaneal fracture occurs because it disrupts the subtalar joint, where the talus articulates with the calcaneus and thus produces swelling and pain.

The compression of tibial nerve will produce pain and numbness in heel.

Calcaneal bursitis (retroachilles bursitis) results from inflammation of the deep bursa of the calcaneal tendon located between the calcaneal tendon and the superior part of the posterior surface of the calcaneus. It causes pain posterior to the heel and occurs quite commonly during long-distance running, basketball, and tennis. It is caused by excessive friction on the bursa as the tendon continuously slides over it.

Fractures of the talar neck may occur during severe dorsi-flexion of the ankle. In some cases, the body of the talus dislocates posterior. In these cases it can injure the tendons of tibialis anterior, flexor hallucis longus and can produce pain and swelling in that region. Since Ruja (pain) is the main laxana of injury in all above four marma, they are grouped under the category of Rujakara marma.

CONCLUSION

Marmas are the vital points of our body, where the confluence of Mamsa, Sira, Snayu, Asthi and Sandhi are seen. Agni and Vayu tatwa are predominant in Rujakara marma and injury to this marma will lead to severe pain. Regional anatomy in rujakara marmapradesha is being explained. Based on the structures involved in these marmapradesha one can plan for better treatment.

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