

Review article

**A Critical Review on Special Marmas in Female Body(*Strivishishta Marma*)
and their Applied Aspect**

Varsha S. Deshmukh *

Professor, Department of Prasutitantra and Streerog
Shree Saptashruni Ayurveda Mahavidyalaya, Nashik, Maharashtra, India.

* **Corresponding Author:** Dr. Varsha S. Deshmukh, **E-mail:** varshadeshmukh15@gmail.com

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ABSTRACT:

The *Marmas* are vital points in the body. Any injury or trauma to these points leads to severe pain, disability or deformity, gradual death or instant death according to site and type of injury. *Marma shareera* is explained in Ayurvedic treatises. *Sushrut samhita* gave detailed and practical knowledge of these *Marmas* as it deals with surgery. In *Ashmarichikitsadhyay* of *Sushrut Samhita*, the reference of *Stree-vishishta Marma* is given. Total 8 *marmas* are included. Any injury to these *Marmas* may prove to be malicious. Every *marma* included in these female special *marmas* should be taken care of during gynaecologic and obstetrical surgery. One should follow some safeguards mentioned in *samhitas* as well as modern surgical ethics to protect the *marmas* from any type of anguish. We should be aware of their position, *viddha lakshana*, applied importance, preventive aids to get rid of injury, and if at all get injured; timely treatment is mandatory.

KEY WORDS: *marma*, *stree-vishishta marma*, anatomical resemblance, *viddha lakshana*, applied importance, prevention and treatment.

INTRODUCTION:

Marmas are Vital Points and delicate structures of body. In ancient Ayurveda, *Acharya Charaka*; *Vagbhata*; *Sushruta* enumerated *Marmas* in detail. Everyone should be aware of the impact of injury or insult to these *marmas* on one's health.

Acharya Sushruta, 'Father of Surgery' has practical approach towards surgery and retrospectively towards anatomy. The section of '*Shareer Sthana*' of *Sushrut Samhita* is the best reference book of Anatomy. One of the unique concepts of *Sushruta Samhita* is *Marma Science* or *Marma shareera* or science of vital points and delicate structure. *Sustrutacharya* identified 107 vital points in body and named as *Marmas*. Injury or Insult to these points will end up in 4 ways

- One or More Deformity / Disability (*Vishalyaghna*).
- Pain (*Vaikalyakar*)

- Gradual death (*Kalantar Pranhar Marma*) &
- Instant Death (*SadyaPranhar Marma*)

According to *Charakacharya*, *Marmas* are associated with *chetana*, the sensation of pain is more intense in these points in comparison with other body points. This confirms the vitality and sensitivity of the *marmas*.¹⁴

According to *Raj nighntu*, *Marmas* are important points, where life element exists. This confirms their vitality theoretically.

Acharya Sharangdhara, mentioned *Marmas* as *Jeev-Adhara* i.e. *Pran-Adhara* or Sites of *Prana* or Sites of Life Element.

All the above explanation make it clear, that injury, insult or damage to these points will harm the life and will have serious impact.

Classification of *Marmas* is according to Location – *Shakhagat, Madhya Shareergat, Shirogat.*

Classification according to Composition (Predominance of tissue present)-*Mamsa, Sira, Snayu, Asthi, Sandhi*

Classification according to Effect of Injury-*Sadyopranhar, Kalantar pranhar, Vaikalyakar, Rujakar.*

Reference: *Sushrut samhita chikitsa* sthan chapter 7th
Athato Ashmari chikitsit adhyaya.

Total 8 *marmas* are special in female body, as described by *Acharya Sushruta*. They are as follows

- 1) *Sevani* (Perineum).
- 2) *Shukraharani Srotas* (2 fallopian tubes)
- 3) *Phal* (2 ovaries)
- 4) *Gud* (Rectum and Anus)
- 5) *Mutrasek* (Urethra)
- 6) *Mutravaha* (2Ureters)
- 7) *Yoni* (Tryavarta Yoni i.e. Internal genital organs)
- 8) *Basti* (Urinary Bladder).

All above special *marmas* are included in *madhya shareer gat marmas* (located in abdomen).

MATERIAL AND METHODOLOGY:

Methodology of the study includes literature review of both ancient *samhitas* and modern texts.

Aim:

- To emphasize the importance of *Marma* (special female) given in ayurvedic anatomy.
- To know the relevance of these *Marmas* in Gynaecology and Obstetrics.

Objectives:

1. To study special female *Marmas* (Pelvic *marmas*) in detail From *Ayurvedic* classical literature.
2. To study anatomical position and relations of the special pelvic female *marmas*.
3. To study the *Viddha Lakshanas* of the above said *marma*.
4. To study the applied Importance with reference to Gynaecology and Obstetrics related surgical injury or complications.
5. To study the preventive aspect of these special *MARMAGHAT* (Injury to *Marma*).
6. To know about the treatment of *Marmaghata* or injury.

DISCUSSION:

Detail explanation of every *Marma* with special reference to *Prasutitantra* and *strirog*.

Name of *Marma*-

1] *Sevani*¹

Anatomical name: Perineum(anatomical; obstetric).

Viddha lakshana:

SEVANICHEDAT RUJAPRADURBHAHAHA.²

Applied importance in gynaecology-

- Dyspareunia
- Secondary infertility
- Incontinence of flatus
- Incontinence of faeces
- Perineal tear.

Applied importance in obstetrics ⁶

1. It helps to support the levator ani
2. It supports post vaginal wall and indirectly anterior vaginal wall, bladder and the uterus.
3. It is vulnerable to injury during vaginal delivery i.e. Perineal Tear.
Minor perineal injuries are quite common specially in primi patients.

Gross Perineal Injuries Are Invariably A Result Of Mismanaged 2nd Stage Of Labour.

Perineal tear (1st, 2nd, 3rd degree)-one should always keep the risk factors for perineal tear in mind while dealing with this *marma* while conducting labour. Perineal tear can happened due to over stretching or rapid stretching of perineum or due to Inelastic i.e. rigid perineum. Factors causing perineal tear are as follows:

- Primigravida
- Big Baby (>3kg)
- Face to pubis
- Midline episiotomy
- Forceps Delivery or Instrumental Delivery
- Outlet contractions with narrow pubic arch.
- Shoulder Dystocia
- recipitated Labour
- revious scar in the perineum
- Prolonged 2nd stage of labour.

Prevention of Marmaghat:

Follow proper ayurvedic *garbhini-paricharya* (proper and scientific attention which is provided to the pregnant woman.)

Oil tampon therapy (*Yoni pichu* of Oil)

Anuwasan Basti

Timely Episiotomy.

Treatment:

Perinioplasty

Name of Marma

2] *Shukraharini Srotas*¹ (*Srotas* which carries *Shukra*; *Shukra* in males resembles *Artav* in Females).

Anatomical Name: Fallopian Tube

Viddh Lakshan:

Artavavahe Dwe, Tayormulam Garbhashaya Artav-Vahinyashch Dhamanya

*Tatra Viddhayyaha Vadhyatwam, Maithunasahishnutwam, Artav-Nashshch.*²

Applied Importance In Gynecology⁷

Tubectomy Complications:

- Chronic Pelvic Pain
- Congestive Dysmenorrhoea
- Menstrual abnormalities in the form of Menorrhagia, Hypomenorrhoea, or irregular periods.
- Pelvic pain, menorrhagia along with cystic ovaries constitute a post ligation syndrome. It may be of vascular in origin.
- Alteration in Libido.

Actually tubes are very sensitive to handling.

Other complications are -Peritonitis, Incisional Hernia, Haemorrhage, Broad ligament Haematoma, Injury to Bowel or Rectum and adhesion may occur.

Applied Importance in Obstertrics:

Infertility.

Prevention:

Identification of fallopian tubes should be perfect.

Skilled surgeon, proper method of surgery is required.

Incidence of Gynaecological complications can be minimized, if the blood vessels adjacent to the mesosalpinx are not unduly disturbed.

Treatment:

Pre and post operative care with -

Analgesics

Anaesthesia and

Antibiotics

In time treatment of complications.

Name of Marmas:

3] *Phal*¹

Anatomical Name:

Ovaries (2 In no.)

Viddha Lakshana -

Severe Pain (ovaries are sensitive to manual squeezing)

Applied Importance In Gynaecology:

- Torsion of the pedicle (axial rotation)
- Intracystic haemorrhage(In case of ovarian cyst i.e. Haemorrhagic Cyst)
- Infection
- Rupture
- Pseudomyxoma peritonei
- Malignancy
- OHSS(Ovarian Hyper Stimulation Syndrome)

Applied Importance in Obstetrics:

Infertility

Prevention:

- To avoid complications related to ovarian cyst
- avoid heavy weight lifting, traveling, jerky movement, try to take rest.
- avoid action which will increase intra-abdominal pressure.
- To rule out malignancy investigate CA 120 as a screening test.

Treatment: ⁸

In Young Patients

1. Ovarian Cystectomy leaving behind healthy ovarian tissue.

2. Ovariectomy (Salpingo-Oophorectomy)

Is reserved for a big tumour destroying almost all the ovarian tissues or gangrenous cyst in axial rotation of the pedicle.

In Parous Women Around 40 Years-

Total hysterectomy with bilateral salpingo-oophorectomy.

Name of Marma:

4] Gud¹

Anatomical Name:

Anus/ Rectum

Viddha Lakshana:

Sadya-Pranhar marma

Applied Importance in Gynaecology: ¹¹

The close anatomical relationship between the lower bowel and genital tract brings certain anal and rectal conditions within the purview of the gynaecologist. e.g. Prolapse of rectum, Incontinence of faeces and flatus, congenital malformation, frequent and loose stools, difficult evacuation etc. Rectal and Anal pain is also found due to fissure and haemorrhoids.

Applied Importance in Obstetrics:

Rectal injury along with complete perineal tear is rare in obstetrics. The middle third of rectum is protected by sacral hollow curve. The upper third of rectum is protected by the perineal lining.

Prolonged compression of rectum is by head of baby in middle pelvis with flat sacrum predisposes to ischemic necrosis of the anterior rectal wall. This will cause recto-vaginal fistula.

Median Episiotomy may involve the anus and rectum.

in case of undiagnosed occipito-posterior delivery, even with small medio-lateral episiotomy, incision may extend to the rectum.

In case of forceps delivery, extension of episiotomy may involve rectum.

Prevention:

- Seasonal Basti treatment,
- Proper perineal support,

- Sitz bath(Awagah Swed), Pichu dharan,
- Varti(gud varti).

Treatment:

In cases of Recto-Vaginal fistula(post partum), the repair should be postponed at least 3 months.

Name Of Marma:

5] Mutrasek¹

Anatomical Name

Urethra

Viddha Lakshanas

*Mutraprasek Kshananat Mutrapraksharanam.*³

Applied Importance in Gynaecology:

- Female urethra extends from the neck of the bladder to the external urethral meatus. It measures about 4cm. and has a diameter of about 6mm.
- Because of the shortness and it's close proximity to the vagina and anus, the infection is likely which commonly spreads upwards to involve the bladder.
- The para-urethral glands are the sites of infection and occasional development of benign adenoma or malignant changes.
- Urethro-Vaginal Fistula
 - Part or whole of the urethra is involved along with bladder
 - Injury inflicted during anterior colporrhaphy, urethroplasty, suspension or sling operation for stress incontinence.

Applied Importance of Obstetrics:

- Because of close proximity of the anterior vaginal wall, the urethra may be injured during the process of child birth.
- Urethral injury may be during instrumental delivery due to trauma or during pubotomy.

Prevention:

- Knowledge of known complications of particular surgery is important.
- Early detection.
- Proper monitoring and handling of Labour by skilled doctor with proper perineal support at right time with timely Episiotomy.

Treatment:

Surgical repair in two layers followed by continuous bladder drainage.

In case of complete destruction of the urethra, reconstruction of Urethra is to be performed.

Name of Marma:

6] Mutravaha¹

Anatomical Name:

Ureters (Pelvic Ureters 2 in no.)

Viddha Lakshanas:

Tatra Mutravah Chedat Maranam Mutrapoorna Bastehe ⁴.

Applied Importance of Gynaecology: ¹⁰

- The ureters are likely to be damaged during pelvic surgery.
- Important anatomical locations common for ureteric injury
- At the level of Infundibulo Pelvic ligament
- Below the level of ischial spine.
- At the level of Internal cervical os.
- Over the anterior vaginal fornix.
- Intravesical part.
- Any congenital malformation(duplex ureter).
- Because of close anatomical association between ureter and genital organs, ureteric injury is common. Overall incidence is 0.5-1% of all pelvic operation.

Applied Importance of Obstetrics: ¹²

Ureters become atonic due to high progesterone level. Dilatation of ureter above the pelvic brim with stasis marked on the right side specially in primigravidae due to dextrorotation of uterus. Stasis of urine is marked during 20-024 weeks is found due to pressure on right ureter by the gravid uterus. There is elongation, kinking and outward displacement of the ureters in pregnancy. SO some physiological changes in function of urinary tract are seen.

Prevention:

- Thorough and precise knowledge of pelvic anatomy.
- In suspected cases –pre-operative intravenous urography. e.g. Pelvic Tumors, Congenital abnormality.

- Pre or Intra-operative placement of Ureteral catheters.
- Direct visualization and or palpation of ureters throughout it's pelvic course.
- Adequate exposure of pelvic organs.
- Meticulous care during dissection.

Treatment:

1. If ureteral sheath is denuded for a short segment –no treatment required.
2. Pliable, Silastic ureteral catheter insertion for a long segment involvement.
3. Kinking of ureters due to close sutures then it should be removed immediately.
4. Implantation of ureter into bladder, if injury is close to bladder.
5. Uretero-ureterostomy etc.

Name of Marma:

7] Yoni(Tryavarta yoni) ¹

Anatomical Name:

Internal Genital Organ: (vagina, cervix and uterus)

Viddha Lakshana:

Artav Vahe Dwe Tayormulam Garbhashayaha

Artavvahinyashchh Dhamanyaha,

Tatra Viddhaya Vandhyatwam, Maithunasa-hishuntwam Artavnashchh.

Su.Sha.9-12.

Applied Importance In Gynaecology:¹³

The non pregnant as well as pregnant uterus can be ruptured by extension of a cervical tear during dilatation of cervix. It causes severe abdominal pain followed by collapse due to peritoneal bleeding. If the rupture is incomplete, it results into broad ligament haematoma.

Uterus may perforate during insertion of IUCD (Intra Uterine Contraceptive Device) especially when there is difficulty in negotiating the cervical canal in stenosed cervix as well as in retroflexed uterus.

Applied Importance In Obstetrics:

A) Forceps Delivery: Forceps Delivery may cause extension of episiotomy to involve vault of vagina. It can cause laceration to vagina or cervical tear when applied in un-indicated patients or pre-requisites for forceps application are not fulfilled. e.g. incomplete

incomplete dilatation of cervix.

Remote complications of Forceps Delivery: Chronic low backache due to tension imposed on softened ligaments.

B) Dilatation And Evacuation (D&E) or D&C or MTP:

Immediate dangers of D&E operation – Cervical laceration of varying degree which may lead to formation of broad ligament haematoma.

UTERUS:

- Uterine perforation.
- Late Dangers of D&E – PID
- Infertility
- Cervical Incompetence
- Uterine Synechia

Prevention:

- To avoid complications of forceps delivery - fulfill the criteria for forceps delivery, prior to forceps applications in absolute indicated patients.
- To avoid complications of D&E
 - Use of a plastic canula
 - Skillful & gentle handling of instruments by skilled doctor
 - Procedure in absolute indicated patients.

Treatment:

- The management depends on the
 - Location
 - Size &
 - Nature of Instrument causing the perforation.

*Perforation by Small Instruments e.g. Uterine Dilators or Uterine Sound

Treatment -

- Observation,
- w/f TPR, BP, AG, RR, PV Bleeding.
- Proper Antibiotics.

* Perforation by Bigger size dilator or ovum or suction canula.

Treatment –

- Diagnostic laparoscopy
- SOS Laprotomy.
- Mandatory to inspect Intestinal and Omental injury.

* Lateral cervical tear-Treatment – Conservative surgery or Hysterectomy.

Name of Marma:

8] **Basti:**

Anatomical Name

Urinary Bladder

Viddha Lakshana

*Strinam Tu Basti Parshwgato Garbhashayaha
Sannikrushtaha. Tasmata Tasam Utsangvat
Shashraam Patyet Ato Anyatha Khalwasam
Mutrasravi Vrano Bhavet.⁵*

Applied importance in gynaecology:

Operative Injury e.g. Anterior colporrhaphy, Abdominal Hysterectomy, Removal of Gartner's cyst.

Traumatic –Following fall on pointed object.

- Fracture of pelvic bones
- Due to retained or forgotten pessary.

Applied Importance in Obstetrics -

Ischemic

Prolonged compression effect on the bladder base between the head and symphysis pubis in obstructed labour-----Ischemic Necrosis-----Sloughing-----Fistula (It takes 3 to 5 days to produce vesico-vaginal fistula)

Traumatic

- Instrumental - Vaginal Delivery: Such as destructive operations or Forceps Delivery.
- Abdominal surgery e.g. Hysterectomy for rupture of uterus or LSCS (Repeat LSCS).
- By a stick used in criminal abortion.

Prevention

- Adequate antenatal care –screenout 'at risk' mothers likely to develop obstructed labor.eg. CPD, Malpresentation, H/O Previous difficult labor, Hydrocephalus etc.
- Anticipation, early detection & ideal approach in the method of delivery in relieving the obstruction.
- Continuous bladder drainage for a variable period of about 5-7 days after long standing obstructed delivery either vaginally or abdominal i.e. L.S.C.S.

Care to be taken to avoid bladder injury during pelvic surgery (obstetrics or gynaecological) by proper identification of bladder and retracting it with Doyens Retractor.

The Bladder must be emptied prior to application of Obstetric Forceps.

Treatment -

- For traumatic fistula—If GC is good, local tissue is healthy, equipped centre with competent surgeon is available. Treat immediately with Local Repair.
- In Unfavourable condition treatment will be as follows-Self Retaining Catheterisation for 10-14 days.
 - Urinary antiseptics
 - Daily Bladder Wash.
- In favourable condition – Spontaneous closure
 - if it fails-repare after 3 months.

CONCLUSION:

One who is dealing with Gynaecology and Obstetrics, should always be aware of these Marmas, their resemblance, about the anatomical course and relation with other organs; possibilities of injury; complications related to gynae and obstetrics surgery.

We should keep it in mind the complications. Try to avoid them. If at all complications happened. One should diagnose it as early as possible. Take immediate action to treat these complications, so the quality of life of the sufferer can be maintained.

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