



“The Conceptual Study of *Sadyopranharatav* of *Kalantarpranhara Kshipra Marma*”

Dr. Jeeshan Khan¹, Dr. Sachin Sharma² Dr. Ashish Nandal³

¹P.G. Scholar, Rachana Sharira Department, SKGAC, SKAU, Kurukshetra, Haryana, India

²Dr. Sachin Sharma, Associate Professor , P.G. Department of Rachna Sharir ,SKGAC, Kurukshetra , Haryana ,
India

³Dr. Ashish Nandal, Assistant Professor, P.G. Department of Rachna Sharir,SKGAC, Kurukshetra,Haryana , India

Abstract

Ayurveda is a science of life that emphasises individualised care and a holistic approach to health. One of the oldest medicinal systems has existed for almost 5000 years. This contrasts countless medical theories and concepts. Every idea has a distinct significance. It ought to be comprehended with the aid of references found in various *Samhitas*. In *ayurveda*, *marma* is one of the most important factors. *Kshipra marma* is one of *shakhagat marma*, located on both the upper and lower extremities. It is a *snayu marma* based on the dominating structural element. It is a *kalantarapranhara marma* when categorising on the basis of traumatic effect. Trauma to *kshipra marma* leads to *marana* due to *akshepaka*. After collecting information from various ancient texts and detailed dissection on cadaver, the structures present at the site of *kshipra marma* can be understood and concept of *sadyopranharatav*, its location and severity of *sadyopranharatav* of *kshipra marma* in upper and lower extremities.

Keywords:- *Marma* , *Kshipra* , *Sadyopranharatav* , *Kalantarpranhara marma* , *Snayu marma* , *Marana* , *Akshepaka*

Introduction:-

Marma Vigyana was created as a martial science. There are many references in the *Vedic* period regarding the attack of enemies on the *marma sthana* and their protection by wearing protective gear. Even in modern times, it is important to protect our *marma sthanas* because of the heavy traffic that leads to accidents that injure the *Marmas*. New military weapons created by the advancement of science make war wounds more severe. Description *Marma* is an *Ayurvedic* specialty. *Marma* is part of *Ayurvedic* science. Such a description is not found in the medical system. *Marmas* have

been known since the very early times of the *Vedas* (holy books). But its development began with the Indus Valley Civilization and continued through

Acharya Charaka, Sushruta and Vagbhata. *Acharya* mentioned the total number of *marma* is 107. *Marma* was divided by *Acharya Sushruta* into five categories: *Mamsa, Sira, Snayu, Asthi* and *Sandhi*. As *Dhamani marma Acharya Vagbhata* introduced one or more categories.

The fourth chapter of *Sharirasthan* from *Ashtang Hridaya's marma sharir* is described by *Acharya Vagbhata*. A *marma* is a place that has an unusual throbbing pain to the touch¹. Because they induce death, *marmas* (vital points) are

so named. They are also the meeting place of *mamsa* (muscles), *asthi* (bones), *snayu* (tendons), *dhamani* (arteries), *sira* (veins) and *sandhi* (joints)². They can be identified by the structure prevailing in them³. There are five different types: *Rujakara, Vishalyaghna, Vaikalyakara* and *Kalantara-pranahara*.

Shabdakalpadruma states that *Kshipra* is derived from the root word "*kship*" and has been assigned to the synonym *s "Sheeghra"* and "*Twarita*"⁴. In Monier William's *Sanskrit-English Dictionary* it is meant as throwing, casting, sending, etc.⁵. *Kshipra marma* is found in both *Urdhva* and *adhoshakha*⁶. It is described as *Snayu marma* (based on constitution) and *Kalantarapranahara* or *Sadyopranahara marma* (based on damage prediction)^{8,9} in all.

It is located between *Angushtha* (1st metacarpal bone) and *Anguli* (2nd metacarpal bone) in *urdhasakha* and is located in *adhoshakha* between *Angushtha* (big toe) and *Anguli* (2nd metacarpal bone). Injury to *Kshipra marma* leads to *marana* (death) due to *akshepaka* (convulsion)¹⁰. *Arunadatta* has detailed that the *Akshepaka* mentioned here is *Vatavyadhi*¹¹. It is described in detail that in *akshepaka roga*, aggravated *vata dosha* permeates all *dhamanis*, resulting in frequent and repeated convulsions and muscle spasms^{12,13}. Here the terminology *dhamani* has been elaborated as *nadi* by *Dalhana*, suggesting the involvement of the nervous system in it¹⁴. *Dalhana* also mentioned that the entire *akshepaka* of the body takes place here¹⁵. *Arunadatta* interpreted the word '*Aakshipati*' as '*Aakramati*' or attacking¹⁶. It has also been mentioned that when limbs are cut off, the blood vessels constrict to allow only a small amount of bleeding, and such persons, although severely disabled, do not die like a tree with a few branches cut off, they survive¹⁷. Efforts are made to work it out with the help of available literature and cadaveric study to understand the structures present at its site and the prognosis of its injury.

Objectives

- 1) To check *Kshipra Marma*.
- 2) Know the location of *Kshipra Marma*.
- 3) In order to bring the Structure together, *Kshipra Marma* comes into place.
- 4) To understand the concept of *sadyaopranharatav Kshipra Marma*.
- 5) To understand the severity of *sadyaopranharatav kshipra marma* on upper and lower limbs.

Methodology

1. Literary Analysis of *Brihatrayes*, *Laghutrays* and other classical and contemporary literatures.
2. Method of Data Collection: After checking books, papers, internet materials, journals and other sources, relevant data will be collected and analyzed.

Study on *Kshipra marma*

Location - Located between the big toe and the second toe on the plantar side of the foot (in the hand between the thumb and finger), its injury can eventually lead to convulsions leading to death¹⁸.

Classification of *Kshipra Marma*

This *Marma* is classified as:-

- 1) According to *Shadanga – Shakhagata*
- 2) According to *Rachan – Snayu Marma*
- 3) According to *Parinama – KalantaraPranahara Marma*
- 4) According to *Panchamahabhot – Agni and Soumya*
- 5) According to *Praman – ½ Anguli*

A person may die within a month of the injury because this *marma* falls under the Category of *KalantaraPranahara Marma* as *Agni* and *Jala mahabhuta* are predominant in this situation where *Agni* quickly is more. After some time, this *marma* can cause *Akshepaka* (convulsions) which eventually leads to death.

Clinical significance of *kshipra marma*

According to *Sushruta Samhita*, *siravedha* includes up to half of the procedures used in *Shalyatantra*, as well as *basti* used in *Kayachikitsa*. *Siravedha* can control half of the health problems. For better coping with emergencies, *siravedha* is an essential therapeutic tool. *Siravedha* is one of the methods of *Raktamokshana*. *Acharya Sushruta* has given a detailed description of *Raktamokshana* in his *Samhita* as *Rakta* is the primary cause of disease manifestation. According to *Ayurveda*, *Shodhana Chikitsa* is currently the most effective treatment. There are 5 different varieties of this *shodhana chikitsa* and *raktamokshna (siravedha)* is one of them. In our *Samhita* we can find various diseases cured by *siravedha* in a short period of time in accordance with *shodhana* therapy where the *doshas* are removed from their immediate path. Such as diseases *Vatashonita* (Gout), *Padadha* (Burning feet), *Vatakantaka* (Sprained ankle), *Padaharsh* (Tingling in feet), *Chippa* (Whitlow), *Visarpa* (Erysipelas), *Vicharchika* (one type of skin disease) etc¹⁹.

Siravedha uses *VrihimukhaShastra* to cure diseases when it is only 02 angles (4 cm) above *KshipraMarma*. A greater number of diseases are now being treated using acupressure on *marma* points. The first and second metacarpals of the hands are *kshipra* pressure points. Press this button to relieve conditions including shoulder, anterior neck, thyroid, dysphonia and dysphagia as they take up a lot of space in your hand. Activate *kshipramarma* with feet to reduce libido even in patients with extreme eroticism.

Observations

Table -1

Observations obtained from literature study of *Kshipra marmas* in both limbs:-

Sr.No.	Features	<i>Sushruta</i>	<i>Vagabhata</i>
1.	Position	Located in between <i>Angushtha</i> (Thumb) and <i>Anguli</i> (Finger) and in lower limb <i>Angustha</i> (Great toe) and <i>Anguli</i> (2 nd metatarsal).	Located between <i>Angustha</i> and <i>Anguli</i> .
2.	Type	<i>Snayu marma</i> <i>Kalantarapranahara marma</i> / <i>Sadyopranahara marma</i>	<i>Snayu marma</i> <i>Kalantrapranahara marma</i>
3.	Number	04 (both limbs) 02 (01 in each upper limb) 02 (01 in each lower limb)	04 (both limbs) 02 (one in each limb) 02(one in each limb)
4.	<i>Pramana</i>	½ <i>Angula</i> (in each limb)	1/2 <i>Angula</i> (in each limb)
5.	<i>Viddha lakshana</i>	<i>Marana</i> due to <i>akshapaka</i>	<i>Marana</i> due to <i>akshapaka</i>

Kshipra marma



Kshipra marma

Figure no. 1 Showing the *kshipra marma* location of hand and foot

Table -2

According to modern the structures situated in *kshipramarma* are:-

IN UPPER LIMB ²¹	IN LOWER LIMB ²²
<ul style="list-style-type: none"> ➤ Radialisindicis artery, ➤ Princepspollicis artery (interval between the 1st dorsal interosseous & adductor muscle), ➤ Deep branch of radial artery that proceeds to form deep palmar arch, ➤ Recurrent branch of median nerve which supplies the thenar muscles. ➤ Three proper palmer digital nerves of the lateral branch of the median nerve which supply the skin of both sides of the thumb & radial side of index finger, ➤ First lumbrical, ➤ 1st palmar interossei, ➤ Transverse and oblique head of adductor pollicise, ➤ Radial bursa, ➤ Superficial terminal branch of radial nerve & its dorsal digital branches. 	<ul style="list-style-type: none"> ➤ It is situated in between big toe and second toe or index finger on the dorsum of the foot. <p>Following structures are considered:-</p> <ul style="list-style-type: none"> ➤ Deep peroneal nerve branch to great toe, ➤ Combined tendon of abductor hallucis and flexor hallucis brevis muscles, ➤ Bifurcation of first common digital nerve, ➤ DorsalPedis Artery, ➤ Lumbricalis muscles, ➤ Posterior tibial nerve, ➤ Deep peroneal nerve branches to big toe, ➤ Plantar arch and medial plantar artery, bifurcation of first dorsal metatarsal artery ➤ Meta tarso- phalangeal joint

Discussion

Marmas which consist of *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi* are the vital points of the body. *Marmas* are divided into many groups and are given distinctive names based on criteria. They are divided into five groups based on the prognosis of injury at the *Marma* site, namely *Sadyopranahara*, *Kalantarapranahara*, *Vishalyaghna*, *Vaikalyakara* and *Rujakara*. "*kshipramarma*" is said to be the *snayu marma* located between the thumb and forefinger (i.e. *angusta* and *anguli Madhya*) according to *Acharya Sushruta*. It is a *snayumarma* because our hands have 20 internal muscles and *Sushruta* probably categorized most of them as *snayu* due to their small size which led *Kshipra* to be classified as *snayu marma*.

His *kalantarapranhara* nature was also mentioned by *Acharya Sushruta*. Moreover, it is stated that *marma* can sometimes be *sadyopranahara*. *Akshepaka* and *maran* are the result of *abhighata* in *Kshipramarma*. *Acharya Sushruta* and *Vagbhata* mention *Akshepaka* as one of the *Vatavyadhis*. As a result of *Kshipramarma's* injury, there will be considerable loss of blood, causing *Vataprakopa*. Then, as the *vayu* enters *dhamani*, violent convulsions and convulsions occur.

Acharya Dalhana translated this *dhamani* as *nadi*, suggesting that *Vyadhi* may have involved the nervous system. Convulsions and convulsions caused by significant blood loss are very similar to the symptom of tetanus (locked jaw). *Akshepaka* is extremely similar to the "Opisthotonos" sign described in tetanus. According to this concept, tetanus is transmitted through *Clostridium tetani*. An individual injured in *Kalantarapranharamarma* dies between 15 and 30 days, impressively matching the incubation period of *Clostridium tetani*, which is said to be between 4 and 14 days.

Structurally, it is explained that *Sadyapranahara* includes all the structures – *mamsa*, *asthi*, *sira*, *snayu* and *sandhi*. All factors indicate the fatality of *sadopranahara marmas*. It must be inferred that sudden death occurs only when the injury is so fatal. The *Acharya* further explains that when a *sadopranahara marma* gets injured in its vicinity, it does not lead to sudden death, instead it behaves like a *kalantharapranahara*. *Dalhan* therefore explains that "*anthe vidham*" means close to the proximity of *marma*. A *marma* that is wounded in its center causes sudden death. Similarly, according to the mildness of the trauma, the 1st group acts according to the second, the second according to the third, and so on. In addition, the *Acharya* explained the symptoms when the *sadyapranahara marma* is injured. It produces symptoms such as loss of sensory perception, abnormalities of mind and intellect, and various types of severe pain. To understand the fact that it is not strange that *sadyapranahara* should always cause death. *Sadyapranahara* may be caused by heavy bleeding or injury to some vital structure. Here in case of *kshipra marma*, if death does not occur, there will definitely be some functional abnormalities like all the structures involved in *kshipra marma*. If we compare *sadyapranaharta Kshipra marma* on upper and lower limbs, *kshipra marma* of lower limb is more severe than upper limb because there is more blood loss from the lower limb if there is a traumatic injury to the limbs.

Conclusion

The following conclusions were drawn from the observations obtained during the conceptual and cadaveric study of *Kshipra marma*.

- *Kshipra marma sthana* (location) found between *Angushtha* (thumb) and *Anguli* (index finger), or great toe and second toe in lower limb according to *Sushruta samhita*.
- Based on the structural classification, it is a *Snaya marma*.
- Injuring *Kshipra marma* results in *Marana* due to *Akshepak*.
- *Kshipra marma* is $\frac{1}{2}$ *Angula* in size.
- Severity of *sadopranharatav kshipra marma* in lower limbs is more than upper limbs.

References

1. K. R. Srikantha Murthy, Ashtang Hridayam (Sharirasthana), Chapter 4, Citation no. 37, Reprint 2003, Chowkhamba Press, Page no. 427
2. K. R. Srikantha Murthy, Ashtang Hridayam (Sharirasthana), Chapter 4, Citation no. 38, Reprint 2003, Chowkhamba Press, Page no. 427
3. K. R. Srikantha Murthy, Ashtang Hridayam (Sharirasthana), Chapter 4, Citation no. 39, Reprint 2003, Chowkhamba Press, Page no. 427
4. Radakant Dev Varada Prasad, editor, Shabdakalpadruma, Volume 2, Reprint 1987, Naga Publishers, Page no. 234
5. Monier Williams Sanskrit – English Dictionary, Reprint 2005, Motilal Bawarisdass, Page no. 1294
6. Susruta Yadavji Trikamji Acharya, Susruta Sanhita with Nibandha Sangraha of Dalhanacharya, Reprint 2008, 8 th edition, Chaukhambha Orientalia, Page no. 372.
7. Susruta Yadavji Trikamji Acharya, Susruta Sanhita with Nibandha Sangraha of Dalhanacharya, Reprint 2008, 8th edition, Chaukhambha Orientalia, Page no. 372.
8. Susruta Yadavji Trikamji Acharya, Susruta Sanhita with Nibandha Sangraha of Dalhanacharya, Reprint 2008, 8th edition, Chaukhambha Orientalia, Page no. 372.
9. Susruta Yadavji Trikamji Acharya, Susruta Sanhita with Nibandha Sangraha of Dalhanacharya, Reprint 2008, 8th edition, Chaukhambha Orientalia, Page no. 372.
10. Susruta Yadavji Trikamji Acharya, Susruta Sanhita with Nibandha Sangraha of Dalhanacharya, Reprint 2008, 8th edition, Chaukhambha Orientalia, Page no. 372.
11. Harisadasivasastri Paradakara Bhisagacarya, Ashtanga Hrudayam with Sarvangasundara of Arunadatta & Ayurvedarasayana of Hemadri, Reprint 2005, Chaukhambha Orientalia, Page no. 531
12. Harisadasivasastri Paradakara Bhisagacarya, Ashtanga Hrudayam with Sarvangasundara of Arunadatta & Ayurvedarasayana of Hemadri, Reprint 2005, Chaukhambha Orientalia, Page no. 409
13. Susruta Yadavji Trikamji Acharya, Susruta Sanhita with Nibandha Sangraha of Dalhanacharya, Reprint 2008, 8th edition, Chaukhambha Orientalia, Page no. 264
14. Harisadasivasastri Paradakara Bhisagacarya, Ashtanga Hrudayam with Sarvangasundara of Arunadatta & Ayurvedarasayana of Hemadri, Reprint 2005, Chaukhambha Orientalia, Page no. 531.
15. Susruta Yadavji Trikamji Acharya, Susruta Sanhita with Nibandha Sangraha of Dalhanacharya, Reprint 2008, 8th edition, Chaukhambha Orientalia, Page no. 264.
16. Harisadasivasastri Paradakara Bhisagacarya, Ashtanga Hrudayam with Sarvangasundara of Arunadatta & Ayurvedarasayana of Hemadri, Reprint 2005, Chaukhambha Orientalia, Page no. 532.
17. Susruta Yadavji Trikamji Acharya, Susruta Sanhita with Nibandha Sangraha of Dalhanacharya, Reprint 2008, 8th edition, Chaukhambha Orientalia, Page no. 375

18. ShusrutsamhitaSharirsthana, Sanskrit text with Ayurvedrahasyadeepikahindi commentary, by B.G.Ghanekar, meharchand publication, 2007; 190.
19. SushrutSamhitaSharirsthana, Sanskrit text with Ayurvedrahasyadeepikahindi commentary, by B.G.Ghanekar, meharchand publication, 2007; 190.
20. www.remote control of kshipramarma, by Dr. Sunil kumarjoshi (MS).
21. Grays Anatomy, by StandaringSusan, 39th Edition, Barry Berkowitz (Chief Editor), London, UK, Elsevier Churchill Livingstone, British Library, 2005; 881-883.
22. B. D. Chaurasia, Human Anatomy, Vol. 1 & 2, eighth edition, CBC Publication, Delhi

