JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

"Maha Ayurved Research and Medical Association (MARMA) collaborated with JETIR Publication"

RELATION BETWEEN GULPHA MARMA AND ACCUPRESSURE POINTS: A REVIEW

[1]Dr. Swarupa Shyam Mane; [2]Dr. Nilesh Phule

[1]Associate Professor, [2]Professor

[1]Yashwant Ayurvedic Medical College, PGT & RC, Kodoli; [2]SSAM, Hadapsar, Pune

Abstract : The term "Marma" refers to vital points in the human body where muscles, veins, ligaments, bones, and joints intersect, and they are considered centers of vital energy (Prana). Marma points are sensitive areas on the body that can influence health and consciousness when stimulated, protected, or harmed. The body has 107 Marma points. Gulpha Marma is one of the vital marmas (energy points) in Ayurveda, located at the ankle region. The word "Gulpha" refers to the area of the ankle joint, which is a critical junction in the body for movement and structural stability. The Gulpha Marma and acupressure points in share similarities, as both systems recognize the ankle region as a significant energetic and functional junction in the body. Both systems focus on the flow of vital energy. Gulpha Marma governs prana (life force) in the lower limbs, ensuring mobility and balance. ankle acupressure points regulate qi (energy) flow through major meridians like the Kidney, Bladder, Gallbladder, and Spleen channels, influencing systemic health. Both practices use stimulation of these points/marmas for pain relief, enhancing blood and lymphatic flow in the lower limbs, restoring strength and flexibility in the ankle joint and supporting organs like the kidneys, spleen, and bladder, and improving energy levels.

Keywords: Gulpha Marma, Marma, Accupressure, Vital Energy, Ayurveda

I. INTRODUCTION

Ayurveda is a living science that believes in treating the mind, body, and spirit to achieve total health, and this ancient wisdom is mirrored in the unique idea and composition of Marma as well. Marma is not just anatomical markers, but also locations where the Tridosha, in its subtle forms Prana, Ojusa (soma), and Tejas, may be found (Agni). They also have three Gunas: Sattva, Raja, and Tamas (Manas contents) as well as the soul or life force (Bhutatma). The Prana (vital energy) present in Marmas may be directed to eliminate blockages (even in distant locations) and promote energy flow, resulting in a state of healthy body, mind, and spirit, through various ways of Marma stimulation.

From the perspective of etymology, the word marma is derived from the root mri with suffix manin, meaning seat of life or meeting place in Sanskrit. English translators regard it as a kind of fatal spot, vital point and vulnerable point, which all implies the structural characteristics of marma and its apparent importance over other parts in the body. Knowledge of marma dated back to the Vedic era, when there happened continuous wars in ancient India. From earlier classical Indian scriptures including the Vedas, we could generally understand the original meaning of marma.

As Rigveda, the book recording Vedic hymns or sacrificial formulas, once stated, “for battle, with which he found the mortal spot of that very Vrtra, as, gaining mastery, he thrust with the thrusting mace, while conferring who knows how much” [1], and the verse like “your vulnerable places I cover with armor; let Soma the king clothe you with immortality” [1], it is obviously during the war that the soldiers

found, if they attacked the enemies' marma points, the enemies would be more likely to fall down, lose ability of movement or even die. In view of this, the soldiers were required to both put on armors to defend their own marma points and vigorously attack the enemies". Besides the armor, prayers and hymns can also be served as protection.

By the above discussion, it can be said that knowledge of Marma is actually an extension of medical knowledge from battlefield culture.

MARMA

Marma is an anatomical location that connects muscles, veins, ligaments, bones, and joints [2]**.** There are 107 Marmas (vital spots) in total, with eleven in each limb, twenty-six in the trunk (three in the belly, nine in the thorax, fourteen in the back), and thirty- seven in the head and neck area [3]. They are divided into 12 Padumarma (points that are directly or indirectly connected to the nerves of the brain and help in the relief of brain-related diseases) and 96 Thodu Marma.

They are also the places where not just Tridosha, but also their subtle forms Prana, Ojus, and Tejas, as well as Sattva, Raja, and Tama, may be found [4] . Marma, according to Vagbhata, is the meeting point of Mamsa, Asthi, Sira, Snayu, Damni, and Sandhi, as well as the location of Prana. However, it is also believed that Marma can be made up of any or all of the aforementioned [5].

Marma, according to Sushruta, is the site of convergence of all the Dhatus [6]. Marma spots, according to Siddhar, are the locations in the body where the subtle Marma energy may be detected [7].

Marma is the location on the body where an energy obstruction is perceived. It is the nexus of physiology and awareness, and touching it modifies the biochemistry of the body, allowing profound and alchemical changes to occur in one's makeup [8].

Marma Chikitsa is the art of manipulating or stimulating Marma points for the treatment of ailments, and it is the human body's natural ability to cure itself through these points. The Prana (vital energy) present in Marma may be directed to eliminate blockages (even in distant locations) and boost energy flow, resulting in a state of healthy body, mind, and spirit, by many ways and procedures [9]. Properly applied pressure on suitable Marma can restore normal Prana functioning (in sick body parts), but inappropriate manipulation can result in extreme discomfort, incapacity, deformity, and even death.

ACCUPOINTS

But when talking about the system of acupoints in Chinese medicine, academic community generally believed that acupoints originated from ancients' long-term living experience which contained progressive discovery and accumulation in medical practice [10,11]. In old times, people found that pressing or touching some certain body regions by hands can relieve the pain of the body. Slowly, they attempted to apply tools like stone needles, medal needles instead of hands on these regions for better pain-relieving effects. As time went by, people realized the particularity of these positions and the connection between them. However, this instinctive behavior had not risen to rational behaviors, unable to prove the discovery of acupoints, and it was only after a long period of medical experience that the concept of acupoints was eventually formed in the period of Huangdi's Internal Classic. According to this medical masterpiece, acupoints are the pores or channels for the infusion of qi and blood into the human body. To be more accurately, the book also expounded the theory of Zangfu- meridian system, further explained that acupoints are the parts where qi and blood of the viscera and meridians are infused to the body surface. Some chapters like 'The Measurements of the Bones' and Discourse on Bone Hollows have described their concrete locations just as bone hollow, muscle interspace and stirred pulse, respectively named as gu kong, xi gu, mai dong in Chinese. Acupoints are also called qi holes due to

their powerful function of regulating qi and blood. Miraculous Pivot, the second part of Huangdi's Internal

Classic, is to some extent a treatise specializing in acupoint and acupuncture. It elaborated acupoint selection and acupuncture therapy for exogenous diseases and internal injuries. From this point of view, acupoint being quite different from marma, appeared along with its standard medical methods in the beginning.

Although there are similar descriptions of morphology and function between marma and acupoint, their origins are quite discrepant. The former is derived from a battlefield culture, which consequently defined marma as an existence that needs careful protection and blessing as well as absolutely prohibition of injuries even the slightest one. Yet the latter is directly related to medical activities, encouraging people through moderate stimulations to avoid pain feelings and achieve a balanced state of maintaining health.

GULPHA MARMA

Derivation of word Gulpha is from the root word „Gal" and „Fuk"pratyaya [12]. Etymologically the word „Gulpha"has been derived from the Sanskrit root „Gal" meaning Ankle. It is located between Paadaand Janghawith 2 Angulain length [13]. It is classified under RujakaraMarmaas the consequences of its injury are Ruja, Sthabdathaand Khanjatha [14]. Gulpha Marmais anatomically located at Gulpha sandhi. Gulphais structurally a Kora Sandhi [15]. It is located in both lower extremities. Main functions are weight bearing and locomotion. Functionally it is a BahuchalaSandhiand is correlated to ankle joint between stable leg and mobile foot, which is a modified hinge joint.

Any injury to ankle joint eventually results in Gulpha Marma Abhighatha showing the features of pain, restricted movements and limping gait.

Composition of Gulpha Marma

It can be correlated with that of ankle joint as:

Mamsa-Peroneus longus, Peroneous brevis, superior fibular retinaculum.

Sira-Perforating branch of Fibular Artery, Fibular nerve

Snayu-Lateral ligament of the ankle which consists of three separate ligaments

1. Anterior talofibular ligament, a flat weak band
2. Calcaneo fibular ligament
3. Posteriortalo fibular ligament.

Asthi –Tibia, Lateral malleolus of Fibula and Talus.

Sandhi -Joint between Tibia, Fibula and Talus

Angula Pramana of Gulpha Marma is 2 Angula which means that area where there is maximum chance of injury to the Gulpha Marma. And in ankle region maximum chances of injury is at the lateral side because of weaker lateral collateral ligament

ACCUPRESSURE

Acupressure is a therapy for the relief of pain symptoms that places physical pressure on different points on the surface of the body through greater balance and circulation of energies in the body.

Acupressure was originated in ancient China [16]. It showed superior therapeutic potential against numerous disease conditions. Acupressure is a type of acupuncture. Both acupressure and acupuncture are based on same fundamental principle of acupoints activation across the meridians. In acupressure, muscular tension is released by applying pressure with hand at specific acupoints or pressure of the thumbs on specific points or the application of pressure to acupoints is used to balance the flow of the physiological energy [17].

TYPES OF ACCUPRESSURE

Acupressure techniques have been classified in various types depending upon its origin, method and combination with other techniques

1. *Shiatsu (Japanese acupressure)*

In Japan, acupressure is well known as „shiatsu". In shiatsu, pressure is applied using thumb, elbow or knee perpendicularly to the skin at acupoints along with passive stretching and joints-rotation

2. *Jin Shin Do's (Body-mind acupressure)*

Jin Shin Do's is amalgamation of western psychology with Japanese acupressure, Chinese acupuncture theory and Taoist philosophy technique. Body-Mind acupressure provides platform for the pain-management with unique mental health consoling.

3. *Auricular acupressure (AA)*

AA is non-invasive therapy performed on outer ear to treat numerous ailments. World Health Organization (WHO) considers AA therapy as a form of micro-acupuncture that can affect the whole body. AA practice is based on the theory that specific points on the auricles correspond to major organs of the body and thus, therapeutic effects on the corresponding target organ can be achieved by manipulating the auricular acupoints.

4. *Tapas acupressure technique (TAT)*

TAT is well-known as „Power therapy". In TAT, mind and body interventions are achieved via tapping or holding specific acupoints with specific mental imagery for treatment of wide range of medical and psychological maladies.

CONCLUSION

Acupressure alleviates wide range of disease conditions ranging from immune ailments to emotional disorders. It is a complementary treatment which effectively relieves diverse pains while managing multiple symptoms in a variety of patient population. Both, acupuncture and acupressure are effective, safe, simple and economical therapies but acupressure is more people-compliant due to its non-invasive and needle free nature. Acupressure is more compatible to pharmacotherapy due to ease of self-administration. It plays a vital role in pain restoration, promotion of psychological well-being as well as patients' quality of life.

Marma and acupoint have quite different origins, while having similar descriptions of shape and function. The former comes from a culture that was developed on the battlefield, which is why it defined marma as an existence that requires careful blessing and protection as well as a strict ban on any kind of injury. However, the latter has a direct connection to medical activities, encouraging people to avoid experiencing discomfort and to maintain a balanced state of health through moderate stimulation.

REFERENCES

1. Translated by Jamison SW and Brereton JP. 3 vols. South Asia Research Series. Oxford University Press; New York: 2014. The Rigveda: the earliest Religious Poetry of India; p.
180. [Google Scholar]

2. Sharma SP. Shareera Sthana chapter 7 verse 24 Astanga Sangraha with Sashilekha Sanskrit commentary of Indu. 2nd ed. Varanasi (India): Chaukambha Orientalia; 2008; p.326.

3. Sushruta Samhita Dalhana Acharya Virachita Nibhandhasangraha vyakhya, Vaidya Yadavaji Trikamaji Acharya, Choukhambha Surabharati Prakashana, Varanasi, reprint 2010. Page no: 369.

4. Acharya YT. Shareera Sthana chapter 6 verse 26 Sushruta Samhita with Nibhandhasangraha commentary of Dalhanacharya. Reprint ed. Varanasi (India): Chaukambha Sankrit Sansthan; 2010.;p.55.

5. Bhaskar Govind Ghanekar, Sushruta Samhita, Ayurveda sandipika, Hindi, vyakhya, 3rd edition 1997, Meherechandre Lakashamendas (Sanskrit) 6/44.

6. Bhaskar Govind Ghanekar, Sushruta Samhita, Ayurveda sandipika, Hindi, vyakhya,3rd edition 1997, Meherechandre Lakashamendas (Sanskrit) 6/14.

7. Bhaskar Govind Ghamekar, Sushruta Samhita, Ayurveda sandipika, Hindi, vyakhya,3rd edition 1997, Meherechandre Lakashamendas (Sanskrit) 6/24.

8. Sushruta Samhita with Hindi commentary by Kaviraj Ambikadutta Shastri, Part-1, page no. 67,Sharir Sathan 6/4, by Chaukhambha Sanskrit Sansthan, 2011

9. Sushruta Samhita with Hindi commentary by Kaviraj Ambikadutta Shastri, Part-1, page no. 67, Sharir Sathan 6/8, by Chaukhambha Sanskrit Sansthan, 2011

10. Zhu B. On the acupoint and its specificity. Zhong Guo Zhen Jiu. 2021;41(9):943–950. doi: 10.13703/j.0255-2930.20210701-k0002. [DOI] [PubMed] [Google Scholar]

11. Yu R.M. The origin and development of Chinese acupuncture and moxibustion. Ancient Sci Life. 1985;4(4):224–228. [PMC free article] [PubMed] [Google Scholar]

12. Dev Raadhaakantha, Prasad Varada, Shabdhakalpadruma,vol 5,ed.Delhi:1987 pp.792,641

13. Sushruta. Yadavji Trikamji Accharya, editor. Sushrutha Samhitha with Nibandha Sangraha of Dalhanacharya. 8th ed. Varanasi: Choukambha Orientalia; 2008. Pp-824, p-370

14. .Acharya Y T. Sushruta Samhita with Nibhandhasangraha commentary of Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya on Nidanasthana. 7th Reprinted ed. Varanasi (India): Chaukambha Orientalia; 2010. p.370.

15. Acharya Y T. Sushruta Samhita with Nibhandhasangraha commentary of Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya on Nidanasthana. 7th Reprinted ed. Varanasi (India): Chaukambha Orientalia; 2010. p.367

16. Luo D., Wang X., He J. A comparison between acute pressure block of the sciatic nerve and acupressure: methodology, analgesia, and mechanism involved. J Pain Res. 2013;6:589–
593. doi: 10.2147/JPR.S47693. [DOI] [PMC free article] [PubMed] [Google Scholar]

17. Tournaire M., Theau-Yonneau A. Complementary and alternative approaches to pain relief during labor. Evid Based Complement Altern Med. 2007;4:409–417. doi: 10.1093/ecam/nem012. [DOI] [PMC free article] [PubMed] [Google Scholar]