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AN ANATOMICAL ASPECT OF VITAPA MARMA W.S.R. TO SHARIR RACHNA

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ABSTRACT: -

In Ayurveda, the term Marma is a delegate of weak regions in the body. Injury to these designs either by injury or by sickness condition might cause a changed situation going from Ruja to even passing. The information on Marma traces all the way back to Vedic period. The references of 107 Marma, its order, area, aspect, effect of injury and so forth are accessible in the writing of Ayurveda. They are grouped based on structure, locale, forecast, aspect and number. Vitapa is Adhoshakagata Vaikalyakara Marma of 1 Anguli Pramana. Sushruta assessment Vitapa as Snayu Marma while Vagbhata notice it as Sira Marma. Its area, Pramana, primary part and Viddha Lakshana are referenced in gross. The physical designs connected with VitapaMarma are not referenced regarding its Pramana and Viddha Lakshana. There is a need to comprehend physical part of VitapaMarma based on clear data accessible from old style texts. To satisfy the previously mentioned needs the calculated examination in regards to Vitapa Marma is required. Generally, depiction has been found in Sushruta Samhita in regards to counteraction perspective while carrying out Procedure or making a cut. Vitapa Marma is portrayed as a Snayu Marma by Acharya Sushruta and Sira Marma by Vagbhata. What's more, both have thought about it under Vaikalyakara Marma. According to Ayurveda works of art, Vitapa Marma is arranged among Vankshan and Vrushana and its Viddha Lakshan is impotency. Structure present as of now is the inguinal trench. Numerous significant designs go through the inguinal trench. Principal clinical significance of Inguinal Channel connects with inguinal Hernia. Injury at this Specific point during a medical procedure or any injury by implication influences the conceptive framework and may cause sterility which is like Viddha Lakshana of Vitapa Marma.

KEYWORDS: - Marma, Snayu, Vagbhata, Viddha, Injury.

INTRODUCTION: -

The term Marma is gotten from the root 'Mrung Pranatyage' meaning, what cause Pranatyaga or demise. Marma is supposed to be the destinations where there is the aggregation of Mansa, Sira, Snayu, Asthi, and Sandhi and at these spots, Prana lives particularly naturally. Acharyas have recognized and grouped 107 Marma in the human body. Aacharas had arranged Marma as indicated by Rachana (Underlying grouping), Aaghatataj Parinama (prognostic characterization), Parimana (Layered order), Sadanga (Territorial grouping). Acharya Ghanekar said that Vitapa Marma is the inguinal waterway. The idea of Marma has been depicted in the text of Ayurveda since quite a while in the past. The Marma point has been considered as significant point and thus Acharya has made sense of it in a different part. The significance of the Marma was seen in fighting where the

champion used to devitalize the particular highlight obliterate the adversaries. Rig Veda was the principal writing where Marma is made sense of. Heroes were instructed to safeguard their crucial parts with respect to the body prior to going to fighting. In the old days the Marma focuses were utilized to annihilate the foe yet in the current period these direct necessities toward be investigated for their underlying element to have great careful practice, as well as to accomplish the great consequence of up developing Marma treatment. Acharya Sushruta has characterized Marma is the site where there is mixture of Mamsa, Sira, Snayu, Asthi and Sandhi. Particularly Prana stays at these locales. As per Astanga Sangraha, any piece of the body where the lopsided throbs/reflex are evoked and strain over that part causes torment, is known as a Marma. There is 107 Marma. Marma is characterized in various gatherings based on different angles, for example, based on dominating underlying elements, in view of effect of injury, premise of area on body, and in light of estimation. Vitapa Marma is a Snayu Marma. Vagbhata has referenced Vitapa Marma as Sira Marma. Vitapa Marma is one among the 107 Marma and is viewed as one of the Adha-Shakhagata Marma. Vagbhata referenced its area in the middle among Muska and Vamkshana. Sushruta makes reference to that its area in the middle among Vamkshana and Vrishana. It is considered as Vaikalyakara Marma based on visualization or effect of injury. While making sense of the Viddha Lakshana of Vitapa Marma, Sushruta has referenced Alpa Shukrata and Shandya. Vaikalyakara Marma has Soma Guna transcendence, by the ideals of soundness and cold characteristics of the Soma (Jala) Guna it upholds the Prana. Thus, injury to these Marma causes distortion however seldom egregious injury might cause demise. Legitimate treatment by a proficient Vaidya might restrict the gamble to disfigurement. According to Sushruta and Vagbhata Pramana of Vitapa Marma is 1 Angula.

MATERIALS AND METHODS: -

LITERARY REVIEW: -

Vitapa Marma is arranged among Vankshan and Vrushana. Vitapa implies what secures and where legs are associated with the storage compartment. Vankshan is a Sandhi arranged at the foundation of Uru (thigh) or the intersection of Udara and Uru. Dalhana said that the case pocket of Anda called Mushka means Andakosha. Arundatta said equivalent to the pocket of Vrushana is called Andakosha. In this way, the term signifies Scrotum. Thus, region among Vankshan and Vrushana is Vitapa and we can think of it as Inguinal Waterway. Vitapa Marma is portrayed under Sira Marma by Vagbhata and Snayu Marma by Susruta with a component of one Angula. Injury on Vitapa Marma prompts Vaikalya that is Sandhata (sterility) or Alpasukrata.

INGUINAL CANAL: -

This is a diagonal entry in the lower some portion of the front stomach wall, arranged simply over the average portion of the inguinal tendon. It stretches out from profound inguinal ring to shallow inguinal ring. Structures going through inguinal waterway: - 1) Spermatic line in guys and round tendon of the uterus in females 2) ilioinguinal nerve the constituent of the spermatic rope: - 1) Ductus deferens 2) Testicular and cremasteric conduits and corridor of ductus deferens 3) Genital part of genitofemoral nerve Covering of spermatic string: - inward spermatic belt, cremasteric sash, outside spermatic belt. Clinical significance of inguinal trench: - It is a possible shortcoming in the stomach wall, and hence a typical site of herniation. Projection of the circle of digestive tract through the inguinal waterway is called inguinal hernia. Physically inguinal hernia is partitioned into two kinds: direct inguinal hernia and aberrant inguinal hernia. At the point when the bulge happens through the powerless back mass of inguinal trench (through Hesselbach's triangle) is a direct inguinal hernia. At the point when the projection happens through the profound inguinal ring, inguinal channel, shallow inguinal ring into the scrotum is called roundabout inguinal hernia. Treatment of an inguinal hernia: - Just medical procedure is a therapy for an inguinal hernia. Different methodology, for example, herniorrhaphy, hernioplasty, herniotomy are utilized for fixing of inguinal hernia.

LOCATION OF VITAPA MARMA: -

Vitapa Marma is in the middle among Vrishana and Vamkshana. Mushka and Vrishana is the scrotal sac encasing the male testicle for example testis. In the event of female, the homologous organ for the scrotum is labia majors. According to contemporary science the surface checking and area of specific organ are based on a superficial level land marks in the body that might be hard design or/and solid limits regarding the skin surface. The scrotum is connected to base of penis. which is at the level of the sub-par part of pubic symphysis. At the base of penis,

a point which shows the start of middle raphe of the scrotum can be taken for the land sign of Vrikshana, in the event of female this point will be the midpoint between upper pieces of two labia majora close to the clitoris. Vamkshana is Adhoshakagata Sandhi. It is Chala sort of Ulukhala Sandhi. This is the hip joint in contemporary science. The milestone given for the hip joint is the mid inguinal point. Right now, the throb of the femoral corridor can be felt against head of femur. Head of femur articulate with the hip bone socket of the hip unresolved issue hip joint. Head of femur lies at the degree of midinguinal point which gives the possibility of hip joint. The area of the Vitapa Marma might be halfway between the mid inguinal point and lower part of pubic symphysis in the crotch locale. It is found one inch sidelong to the symphysis pubis in the shallow ring through which the spermatic string passes. The elaborate physical designs are outer angled, inside diagonal, rectus abdominis muscle, femoral nerve, spermatic string in male and round tendon in female.

PRAMANA OF VITAPA MARMA: -

The Vitapa Marma is 1 Anguli. One Anguli is around 2 cm. The length of the inguinal channel is 4cm. The estimation of the shallow inguinal ring is 2.5cm from peak to base and 1.25 cm at base. The length of the spermatic string is around 7.5 cm and all out length of the spermatic line from shallow ring to the pinnacle of testis is 3.5cm. Length of round tendon is 10 to 12cm long. The Anguli Pramana of Vitapa Marma and aspect of shallow inguinal ring is around equivalent to one another in this way, primary substance of shallow inguinal ring and the designs arising out careful it tends to be considered as Vitapa Marma.

STRUCTURAL ENTITY OF VITAPA MARMA: -

Sushruta has referenced the Vitapa Marma as snayu. Snayu are the limiting designs. Pratanavati Snayu is available in the Shaka and Sarva Sandhi. The boat worked with wooden boards set one next to the other, when secured firmly by ropes become fit for conveying weight in water, controlled by a mariner, comparably the different construction of body is kept intact by Snayu. Vagbhata has referenced Vitapa Marma as the Sira Marma. The design that permits the Dravyas to course through it is known as Sira. The inguinal waterway contains spermatic rope in male and round tendon in female and ilioinguinal nerve in both. The covering of the spermatic line from outside to inside are; external outer spermatic belt which is shaped as stretching of the outside sideways abdominis aponeurosis which likewise go on in covering testis, center layer of cremasteric sash framed by the aponeurosis of the interior angled and cross over abdominis muscles, it additionally keeps on encasing the testis. Inward layer of inside spermatic belt shaped by the augmentation of the sash transversalis and it additionally stretch out up to scrotum. These three sash cover are constant with the relating layer of scrotum. The items in the spermatic rope are ductus deferens and supply route to ductus deferens, testicular conduit, cremasteric corridor, pampiniform plexus of veins, lymphatics, genital part of genitofemoral nerve, and remainders of processus vaginalis. Because of presence of the limiting design in the spermatic rope that shapes the three fascial coats (outside spermatic, cremasteric and inside spermatic belt) alongside presence of the ilioinguinal nerve and genital part of genitofemoral nerve in male and round tendon in the event of female, Sushruta assessment it as the Snayu Marma. Here, neuro-connective tissues are given significance with respect to Vitapa Marma. Because of presence of the channels conveying blood - supply routes of ductus deferens, testicular course, cremasteric conduit and pampiniform plexus of vein, channels conveying male gamete - ductus deferens, channels conveying lymph - lymphatics. Vagbhata thinks it as Sira Marma. Here, vascular part is given significance with respect to Vitapa Marma.

VIDDHA LAKSHANA OF VITAPA MARMA: -

Acharya Sushruta and Vagbhata referenced it as Vaikalyakara Marma and Viddha Lakshana of Vitapa Marma lead to Alpa Shukrata and Shandya. The ductus deferens in the spermatic string is answerable for shipping the sperm. Assuming it is hindered or harmed the sperm stream is discouraged that lead to diminish sperm count or nonattendance of the sperm in semen during discharge that influence propagation. The testicular supply route and conduit for ductus deferens and different corridors and vein are liable for keeping up with the tissue perfusion with sustenance and oxygen. The effect of injury in these specific vessels bring about the ischemic state of the testis, ductus deferens, even the designs of spermatic rope and so on followed by localized necrosis and gangrene arrangement which at last prompted barrenness. The round tendon of the uterus is the one of the fundamental mechanical and essential help of the uterus. The typical place of the uterus is anteversion and anteflexion. Long hub of vagina and long hub of the cervix of uterus structures 90 degree called anteversion.

Anteflexion direction of uterus where the long hub of the group of uterus makes point 125 degree with the pivot of the cervical channel for example forward bowing of the uterus on itself. The tendon pulls the fundus advances and keeps up with the anteversion and anteflexion of the uterus. The effect of injury to the round tendon might prompt malposition of uterus, prolapse of the uterus, which at last influences the sperm spread, origination, implantation prompting barrenness.

DISCUSSION: -

According to Ayurveda Text, Marma are the fundamental focuses which when get harmed either by injury or by infection condition cause serious agony, disfigurement or even passing. Acharya Sushruta said that Vitapa Marma is arranged among Vankshan and Vrushana. It very well might be the area of the Inguinal Channel. Injury in this district might create obstructive pathology or vascular harm and may cause backhanded impact bringing about fruitlessness. Since it is Snayu the substance of this Marma might be taken as spermatic string. Ductus deferens is a conduit which moves sperm from epididymis to ejaculatory channel. Testicular veins are parts of the stomach aorta, supplies blood to the testis. The cremasteric vein is a part of the second-rate epigastric corridor, supplies blood to cremasteric muscle and covering of spermatic rope. Pampiniform plexus is venous return from testis to deplete testicular vein, help to direct the temperature of testis which is fundamental for sperm arrangement. The genitofemoral nerve is a part of lumbar plexus, supply sensation to upper front thigh as well as the skin of foremost scrotum in the male. Ilioinguinal and genitofemoral nerve present in the shallow ring on injury might make impotency due the pulverize of the nerves. Normally spermatic rope injury brought about by careful injury, unplanned injury, twist prompted injury. Vas deferens injury during herniorrhaphy prompts impediment and hence sterility. The strain applied by varicocele eventually answerable for sterility. Fiery pathogenesis of rope additionally causes sperm stream obstacle. Twist or turning of line prompts sterility by blocking pathway of sperm stream. The contribution of ductus deferens and whole line in above pathogenesis or careful difficulties might prompt sperm stream decrease. In this way, it might cause Alpasukrata for example oligospermia and Sandhata for example sterility. Marma are crucial marks of the body which cause agony, distortion or even passing when get harmed. To safeguard the Marma and for legitimate administration of injury, it is important to distinguish the designs connected with them. Vitapa Marma might be deciphered for the inguinal trench. As Acharya Sushruta think about it as Snayu Marma, so we can take spermatic rope in male, a round tendon in the female, ilioinguinal nerve, genitofemoral nerve which are the items in trench. Acharya Vagbhata considers it as a Sira Marma, we can take testicular veins, cremasteric courses which are likewise a piece of inguinal Waterway. Hernia is principal pathology in inguinal Trench. During Hernia medical procedure, injury in this area might create obstructive pathology in vas deferens. Any immediate injury on ilioinguinal nerve, genitofemoral nerve, testicular supply route, cremasteric conduit might cause an aberrant impact on regenerative framework and may cause impotency. In this way, the information on Vitapa Marma is fundamental for a specialist to direct hernia medical procedure. In this manner, complete information on Marma assists the specialist with leading a medical procedure cautiously without harming the Marma focuses.

CONCLUSION: -

Based on applied study, area of Vitapa Marma was found to lie on the halfway between the mid inguinal point and the lower part of pubic symphysis. The Arhangula Pramana of Vitapa Marma can be taken as the estimation of the shallow inguinal ring for example 2.5 cm, which is roughly equivalent to the Anguli Pramana of Vitapa Marma. Acharyas' idea of Alpa Shukrata and Shandya is because of obliteration of the underlying element of the shallow ring and the construction going through it, for example, ductus deferens, testicular supply route, pampiniform venous plexus, conduit to ductus deferens, ilioinguinal nerve, genital part of genitofemoral nerve in the event of male and round tendon of the uterus, genital part of genitofemoral nerve and ilioinguinal nerve in female. Injury to these designs prompts obstructive sperm transmission in male and mal-position or prolapse of uterus in female which eventually lead to barrenness. Primary substance of Vitapa Marma ought to be safeguarded during careful practice and Marma treatment without modifying the ordinary physiology.

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