

A Review on Clinical Importance of Ashtamarma Rakshana in Mutrashmari

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ABSTRACT

Marma points have been accepted as vital points. Marma pertains to meeting point of vital structures like mamsa, sira, Snayu, Sandhi, and Ashthi. If these structures are injured then it may lead to severe pain, disability, loss of function, loss of sensation or death. Hence marma point should not be injured and care should be taken. In this regard while doing surgeries, Acharya sushruta in context of shalya karma of Mutraashmari mentioned that rakshana of Ashtamarmas such as Mutravaha, Sukravaha, Mutrapraseka, phalasrotas, sevani, yoni guda, and basti. The objective of this paper is to review a clinical importance of Ashta marmas in the surgical management of mutrashmari.

Keywords: Marma, Mutrashmari, Ashtamarmas

INTRODUCTION

Marma the word mru indicates the jeevasthan¹ means the essence in Sanskrit. Dalhana says that the part of body which on injury leads to death². And it is a meeting place of five elements of the body namely Mamsa, sira, Snayu, Sandhi and Ashthi. There are 107 marma told in our classics. Depend upon their Anatomy, their Site, their Injury, and their Size. If chedana, bhedana, abhighata, dahana, or darana on the site of marma leads to marmaaghata and resulting in, Giddiness, Irrelevant speech, Fall down on earth, Loss of sensation, Numbness and Unconsciousness³ etc. Marma plays an important role in surgery marmaghata diseases are difficult to cure, marma sthana should be avoided during surgery to prevent the complications. If injury near sadhyopranahara marma leads to death within 7 days, Injury near kalantara marma may cause disability and death within 15 to 30 days and Injury to vishalyghna marma resulting in disability, Injury near vaikalyakara marma causes Klesha and vedana and Injury near rujakara marma resulting in vedana sometimes person may die⁴.

Mutrashmari comes under the mutravaha srotovikaras. One of a krichrasadhya and daruna vyadhi⁵ considered as one among the ashtamahagada⁶. The prevalence rate of Urolithiasis approximately 3-5% across the world. The management of mutrashmari includes Ghrithapana, Paneeya kshara, Kashaya,

Ksheera and Uttarabasti and with oral medications at initial stage⁷. Once the ashmari becomes pravridha chedana karma is the line of management otherwise one has to remove the ashmari from its moola by shastrakarma⁸. In this context the chikitsa of mutrashmari acharya sushruta mentioned that while performing a shastrakarma one has to protect the Ashta marmas such as mutravaha, sukravaha, muskasrota, mutrapraseka, sevani, yoni, guda and basti.

TableNo. 1 List of Ashta marmas and their Abhighataja lakshana⁹

SI.No.	Marmas	Abhighatajalakshana
1.	Mutravaha	Mutrapurnabasti, Marana
2.	Shukravaha	Klaibyam, Marana
3.	Mushkasrota	Dhwajabhanga
4.	Mutrapraseka	Mutrapraksharana
5.	Sevani	Rujapradurbhava
6.	Yoni	Ruja pradurbhava
7.	Guda	Marana
8.	Basti	Marana

METHODOLOGY

1. Mutravaha

Mutravaha srotas are the urine carrying channels. Considered as Kidney, Ureter, and Urinary bladder. Katika tarunum marma (sacroiliac joint) and parshva sandhi marma these are the marmas situated in close approximation of mutravaha srotas. Injury to these marmas can cause dhatu kshaya, severe pain, and eventually death¹⁰. Urolithiasis is a major surgical condition while performing the surgery surgeon should know about the vital organs to avoid the further complications. During the surgical procedure like PCNL one should take care of renal cortex and pleural cavity which leads to profuse hemorrhage. In case of ESWL one has to avoid the injury to the Renal parenchyma otherwise can cause haematuria. In pyelolithotomy one has to care for renal pelvis while giving incision and neck of the calyx is protected if not it leads to serious hemorrhage. In case of nephrectomy while giving incision one should avoid injury to the anterior and posterior renal artery and neck of the calyx to prevent the haemorrhage¹¹. During Revising operation and in pyelolithotomy care must be taken not to injure the renal and segmental arteries.

In this context where the Major surgical procedure is advised one should take care of the vessels and arteries any injury may lead to torrential bleeding.

2. Sukravaha srotas

These are the channels carrying the sukra. Having one angula in pramana Vitapa marma¹² lie close proximity to sukravaha srotas. It is a vaikalyakara marma and one among Snayu marmas. Injury to this marma will lead to infertility, deformities in spermatogenesis and oogenesis. It includes Inguinal canal and spermatic cord (Ductus deference, Seminal vesicle, and ejaculatory duct). While performing surgery using instruments these structures should be protected from injury if not can cause infertility, oligospermia or azospermia¹³

3. Muska srotas

Muska srotas or vrushana refers to testicles in males and ovaries in females. As these structures have close proximity to the bladder, urethra, and the relation between their lymphatics networks.

The whole spermatic cord taken in consideration as it contains blood vessels and nerves which are responsible for proper function traumatic condition like ruptured blood vessels or tearing of testicles leads to infertility and injury to the fallopian tube and any blockage may lead to infertility¹⁴.

4. Mutrapraseka

Mutrapraseka refers to a ureter and urethra. While performing the open surgery for the extraction of urinary calculi can cause rupture of any internal and external urethral sphincter lead to incontinence of urine and also even subcutaneous extravasation of urine and urethral stricture. In case of ESWL a urethral stent are used to dilate the ureter during this period injury may cause Urinary urgency or frequency, Haematuria, Incontinence, Bladder pain and Renal colic. To avoid these complications one has to take care during the procedure¹⁵.

5. Sevani

Sevani refer to a perineal raphe. Sevani is a ridged union of continuous biological tissues¹⁶It appears like a stitch which joins the two ends of the cloth. There are 7 in number. In this context shephasevani and twaksevani involvement is noticed that is skin and muscular tissue. In this context While giving an incision on raphe of perineum care must be taken injury can results in delayed wound healing, chronically infected cavities or fistulae and sinuses¹⁷.

6. Yoni

Yoni considered as female reproductive system.it includes Uterus Vagina and Ovaries and fallopian tube. In women's the garbhasaya (uterus) is adjacent to the urinary bladder. hence the stone should be removed by making an oblique and upward incision. Otherwise a urine exuding (mutrasravi) wound might result from the deep incision in that locality. Accidental wound due to the incision made on both sides it may be incurable¹⁸.

7. Guda

Guda considered as the part of rectum and anal canal. It is one among the Sadhyoparanhara marma with the agnimahabhoota predominance. Injury to this marma leads to severe pain and eventually death. Rectum is a muscular and vascular structure which mainly acts on defecation mechanism and injury may cause severe pain, incontinence and profuse bleeding. And the Anal canal is supplied by the sympathetic nerves injury may leads to severe pain and sphincter spasm.

As it is a sadyapranahara marma injury can cause death within 7days¹⁹.

8. Basti

Basti is considered as the urinary bladder which is ashraya for the mutra. It is one among the Sadhyoparanhara marma and trimarmas.. Injury to this marma will lead to severe pain and eventually death. While performing a Cystoscopic laser lithotripsy and stone extraction (Cystolitholapaxy) surgeon passes a cystoscope through the urethra and into the urinary bladder injury due to this can results Infection, Bleeding, Urinary retention, and Bladder perforation²⁰.

DISCUSSION

Ayurveda Acharyas have given many unique concepts among them marma is one. The knowledge of marma constitutes the half of shalya tantra as it is known that the person injured at the site of marma definitely suffer from a kind of deformity. Acharya sushruta clearly mentioned that chedana bhedana abhigata and dahana are the major causes for the injury to the marma. There are 107 marmas. Acharyas mentioned about 8 marmas in the context of mutrashmari chikitsa among those 2 are from 107 marmas and other six are excluded.

Mutrashmari is a major surgical condition. It has prevalence rate approximately 3-5% across the world. If mutrashmari is not treated in the poorvaroopā avastha and initial stage then we have to remove the ashmari by its moola followed by shastra chikitsa. Acharya sushruta and vagbhat mentioned that while performing the shastrakarma in one has to protect the ashta marmas like sevani, shukraharani, phalashrotas, yoni, guda, mutraseka, mutravaha and basti. Because they have close in approximation.

Conclusion

Minor injury to the marma can also become fatal because these are the vital structure and it's a site where prana resides. Hence these structures play an important role in surgery. Acharya sushruta and vagbhata mentioned about ashtamarma rakshana during the surgical procedure in Mutrashmari because these structures lie in close approximation. The surgeon who is not skilled in the art of surgery and the surgeon who is not aware of these locations such as mutravaha, sukravaha, mutrapraseka, muska srotas, sevani, yoni, guda, and basti brings about the death of many patients. Siras distributed in marma region they give nourishment to other structures related to marma. Hence injury to marma leads to haemorrhage, vata kshaya, and sever pain which end with unconsciousness. Injury to marma whether it is sever or light is sure to bring deformity or death¹⁸. Because of this reason at the time of surgery surgeon should protect these points carefully. In the same way these ashta marma lie in close approximation to surgical site of mutrashmari one has to protect these vital parts while performing the procedure.

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