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Review Article

ANATOMICAL EXPLORATION OF STHAPANI MARMA: A REVIEW

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ABSTRACT

Marma are the vital points present in the human body explained in different Ayurveda classical texts. These are not only present as surface landmarks in the body but these are deeply seated physio-anatomical structures. Marma is defined as confluence of Mamsa, Sira, Snayu, Asthi and Sandhi at a particular point and it is the seat of Prana. According to Ayurveda, there are 107 Marma in the body. They are classified into various groups depending on the region, structure, prognosis, number and measurement etc., mainly by Acharya Sushurta and Vagbhatta. In Aghata (injury) of Vishlyaghna Marma, the person survives till the foreign body/weapon is at the wound place and will die as soon as the weapon is removed. A person can survive only if the foreign body has dropped by itself after Paaka (suppuration). Vishalyaghna Marma is Vayu dominant Marma points. Sthapani is one of the Vishalyghna Marma. It is present between the two eyebrows or the superciliary arches.

The word *Varmam* and *Marmam* holds the same meaning in Tamil language. Varmalogy is a therapeutic manipulation of *Varmam* points where the *Pranic* energy gets concentrated or blocked. When a particular *Varmam* point gets stimulated, this energy is released from there and brings relief to the affected area of a person by regulating the flow of this energy which is obstructed due to assault on specific points. According to *Siddha* science, *Tilartha Kalam* is present on the same location as of the *Sthapani Marma* (as per the Ayurveda science) i.e. Glabella region.

Through this article, we will try to explore the structures undercover the *Sthapani Marma* and also try to correlate the *Sthapani Marma* according to *Siddha* science along with the methods to stimulate the particular *Varmam* point.

KEYWORDS: Sthapani Marma, Marma, Varma, Vishlyaghna Marma.

INTRODUCTION

Historical Review of Marma

Marma are the vital points present in the human body explained in different Ayurveda classical texts. These are not only present as surface landmarks in the body but these are deeply seated physio-anatomical structures. Marma is defined as confluence of Mamsa, Sira, Snayu, Asthi and Sandhi at a particular point and it is the seat of Prana.

The *Marma* science is thoroughly explained or described in various ancient and classical Indian texts which include our *Veda*, *Upanishad*, *Purana*, *Samhita*, etc.

Likewise in *Rigveda*, warriors or kings use protective shield or covering in the battlefield which they termed as *Varma*. This *Varma* is used to protect their body or their *Marma* points from enemies or the trauma given by them. But the best form of *Varma* or shield for the protection of *Marma* is prayer and *Mantra* because of their spiritual strength. In *Ramayana*, *Meghnada* who was a son of *Raavana* had great knowledge regarding *Marma* point. So he tried

to kill lord *Rama* and *Lakshmana* by attacking on their *Marma* points and started making very loud voice to block other sounds.

Etymology of Marma

Amarkosha: in *Amarkosh*, it is explained that the word *Marma* is derived from Sanskrit word *Mrimanin* or *Mri-praanatyage* which means point which causes death or death like miseries.

Definition of Marma

According to *Acharya Sushruta, Marma* are the agglomeration of muscle, veins, ligaments, bones, joints and a place where the *prana* resides.^[1]

Classification of Marma

According to Ayurveda, there are 107 *Marma* in the body. They are classified into various groups depending on the region, structure, prognosis, number and measurement etc. mainly by *Acharya Sushurta* and *Vagbhatta*.

- Regional Classification (*Shadang Bhedena*)
- Structural Classification (*Rachana Bhedena*)

- Prognostic classification (Parinaama Bhedena)
- Numerical classification (Sankhya Bhedena)
- Dimensional Classification (*Parimaana Bhedena*)

Regional Classification (Shadang Bhedena)

Whole body is divided into 6 parts.

- 1. Head (Shiras)
- 2. Trunk (Madhyam Sharir)
- 3. Two upper extremities (*Urdhwa Shakha*)
- 4. Two lower extremities (Adho Shakha)
- *Shakhagata Marma* 44, out of which 11 marmas are present in each shakha.
- Prishtagata Marma 14
- Urah and Udaragata Marma 12
- *Urdhwajatrugata Marma* 37

This classification has given by *Acharya Charaka* and *Acharaya Vagbhatta*. ^[2,3]

Structural Classification (Rachana Bhedena)

Name of Marma	As per Sushruta	As per Vagbhatta
Mamsa Marma	11	10
Sira Marma	41	37
Snayu Marma	27	23
Asthi Marma	08	08
Sandhi Marma	20	09
Dhamani Marma	-	09
Total	107	107

According to *Parinama* (prognosis of wound), *Marmas* are divided into 5 types namely.^[4]

- 1. Sadya Pranahara (19)
- 2. Kaalanatara Pranhara (33)
- 3. Vishalyghana (3)
- 4. Vaikalyakara (44)
- 5. Rujakara Marma (8)

In earlier era, the knowledge of *Marma* was limited to king or warrior and knowledge regarding *Marma* got developed from the ancient wars where weapons like sword or arrow were used and where these weapons cause injury like stab around, puncture wound as sometimes the weapons remained inserted at the wound place and would lead to death of the person if it is suddenly removed from that point. These points are known as *Vishlyaghna* points or *Vishlyaghna Marma*.

In *Aghata* (injury) of *Vishlyaghna Marma*, the person survives till the foreign body/weapon is at the wound place and will die as soon as the weapon is removed.^[5] In this context, *Acharya* tries to emphasize on the concept that removing the foreign body, a person can survive only if the foreign body

has dropped by itself after *Paaka* (suppuration). *Vishalyaghna Marma* is *Vayu* dominant *Marma* points.

Classification of Vishalyghna Marma[6]

Vishalyaghna Marma are 3 in number.

2 Utkshepa and 1 Sthapani

Literary Review of Varma

Varmam refers to the vital points present in all over the body where the *Pranic* (life) energy resides. When any type of forceful pressure is given on these points it produces severe injurious effects or changes in the body. But at the same time when pressure is given under control for specific time and duration it can cure several diseases as well.

The word *Varmam* and *Marmam* holds the same meaning in Tamil language it is called *Varmam* and in Malayam and Sanskrit it is pronounced as *Varmam*. The word *Varmam* is derived from the root word *Vanman*, according to *Ramayanam*. In Tamil, the meaning of *Marmam* is secret.

Varmam Therapy

It is a therapeutic manipulation of *Varmam* points where the *Pranic* energy gets concentrated or blocked. When a particular *Varmam* points gets stimulated this energy released from there and bring relief to the affected area of a person by regulating the flow of this energy which is obstructed due to assault on specific points.

As per *Siddha* System of Indian Medicine, this vital point is said to be *Varmam* and the study related to this *Varmam* points and its related energy is known as Varmalogy.

Classification of Varmam points [7]

A text titled "Varmam Vilvisa" mentions 8000 points, text titled "Kumbamuni Narambarai" mentions 251 points in human body. Majority of the texts limit the number of points to 108.

Types of Varmam

Padu Varmam - 12

Thodu Varmam-96

Padu Varmam are major points which are 12 in number and possesses abundant energy means when the application given on them is done it stimulate other Varmam points located nearby whereas *Thodu Varmam* are minor points which are 96 in number and possesses less energy and it gets stimulated by touch only.

This two main classification of *Varmam* points are well established and widely used in practice. Some other *Varmam* points can also be classified as *Thattu Varmam*, *Inai Varmam*, *Pakka Varmam*, *Naal Varmam* etc.

Methods of Stimulation[8]

Each *Varmam* points in the body have its own specific dimensions such as length, breadth and depth. The methods through which *Varmam* points are stimulated are *Kaibaagam* and *Seibaagam*.

Kaibaagam is a kind of technique in which particular fingers are chosen for stimulating points and the stimulation and or the application method is termed as *Seibaagam*. There are 12 methods of application based on the dimensions of *Varmam* points through which they can be stimulated.

Measurement and Amount of Pressure Needed for Manipulations

For the treatment of disease, the knowledge of finger measurement and amount of pressure given to stimulate *Varmam* points is very much essential. And for this a unit of force called *Maathirai* is being used for *Varmam* stimulation. *Maathirai* means the unit of force needed for touching *Varmam* points

If the *Varmam* point is touched from lateral and medial side of the nail bed of the thumb or interphalangeal joint of thumb then it is considered as $1/4^{\text{th}}$ *Maathirai*. When the *Varmam* point is stimulated using pulp portion of the middle finger that is from tip of the middle finger to the first bone, then it is 1 *Maathirai*. Similarly, it is 3/4 measure when the *Varmam* point is being stimulated with 3/4 portion of this region, and when 1/2 of this portion is used, then it is 1/2 *Maathirai*. But it is necessary for the beginners to used 1/4 or 1/2 *Maathirai* pressure to cure the ailments because if one *Maathirai* pressure is given improperly it will lead to hazardous effects in the body.

DISCUSSION

using fingers.

Sthapani Marma^[9]

Anatomical Site: It is present between the two eyebrows or the superciliary arches.

Type of *Marma***:** Depending on the structural classification it is a *Sira Marma*.

Number and Measurement: It is one in number and *Ardha Angula* in *Pramana*.

Prognostic status: Tatra Sashalya Jeeveta, Paakaatapatitshlyova, Naudadhritashalya, it is a Vishalyghna Marma, so if any type of injury occurs at this region then person survives until the foreign body is inside and in course of time it will get fall down itself. If it is pulled out initially than it will lead to death of patient.

Anatomical Exploration of Sthapani Marma

Sthapani Marma is present in between the two eyebrows, so glabella region can be considered as the area of *Sthapani Marma*. (Fig. 1.1). It is a *Sira Marma* that is why structures present there are vasculature in nature. According to a Research study published by Manish Prakash Rao Zate et al. stated that muscles present at this point are frontalis and procerus. [10] (Fig 1.2) Anterior to this point there is a presence of supratrochlear artery nerve and vein. Supratrochlear artery is the branch of the ophthalmic artery, it anastomoses superiorly with supraorbital artery (Fig 1.3). When the injury is deep, profuse bleeding occur in the brain contents or subdural haemorrhage may be the cause of the death. If the foreign body or arrow as long as they remain in situ, the chance of death is not there due to the detention of haemorrhage process and on the contrary, if the foreign body is removed forcefully, then there is a maximum chance of infection to reach in the brain. Frontal air sinuses situated behind the glabella in the frontal bone and it opens in the middle meatus. (Fig 1.4) Sinus vulnerable to injury may bleed due to torn mucous membrane even though the skin of the forehead is intact. The infected clot may produce sinusitis or more serious complication such as extradural abscess. The fracture of the posterior wall of sinus leads to fatal complications, and infection and air may be allowed to reach the meningeal spaces. This is evident that frontal air sinus injury, which is situated behind the glabella, has chances to become dangerous and may involve duramater and even the sinus too, to cause bleeding and leading to the release of cerebrospinal fluid through nose. When scalp tears, this is considered as compound injury of frontal sinus. Ventricles of brain are seen full of air due to this type of injury. This is the very good example of external Vayu entering into the site of injury to the extent that filling up the ventricle to cause fatal end. External drainage is to be avoided at all costs in sinus surgery, as this will certainly lead to the formation of a persistent fistula. There are two walls present in sinus- Anterior and Posterior. In any kind of head injury, when weapon cross the posterior wall of sinus then there are maximum chance that it will definitely lacerate the superior sagital sinus which cause the venous drainage of the sinus and produce fatal condition. When thrombosis occurs venous blood gets drained into the cavernous sinus through superior ophthalmic vein. So the cause of the fatal condition is thrombosis or infection in any case. Hence this *Marma* can be considered as *Sira Marma*.



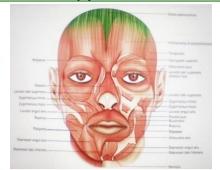


Fig 1.1(Fig showing position of Glabella)

Fig 1.2 (frontalis and procerus)



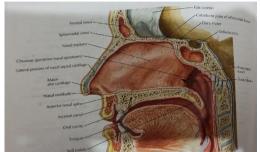


Fig 1.3 (figure showing route of supratrochlear artery) Fig 1.4 (figure showing sinuses)

Correlation of Sthapani Marma According To Siddha Science

According to *Siddha* science, *Tilartha Kalam* is present on the same location as of the *Sthapani Marma* (as per the Ayurveda science) i.e. Glabella region.

Tilartha Kaalam

Location: It is located between the two eyebrows and above the roof of the nose and it is a *Padu Varmam*. (Fig. 1.5)

How to place fingers: Place the pulp part of the fingers on the *Varmam* point in downward position. (Fig. 1.6) **How to stimulate the** *Varmam* **point:** Press and lift the *Varmam* point in upward direction using ¼ *Maathirai* pressure. (Fig. 1.7)

Therapeutic uses: As it connects all the sensory organs with the brain hence it is very much effective for the improvement of memory.







Fig. 1.5 Fig 1.6 Fig 1.7 (figure showing location of *Varma*) (figure showing positioning of fingers) (figure showing process of stimulation of *Varma*)

Correlation of *Sthapani Marma* According To Yogic Science

According to yogic science, *Agnya Chakra* is present at this point. *Agnya Chakra* (6th prime position explained in Vedic text) makes control over eyesight, smell and hearing. It also represents the pituitary gland in brain it is master gland to control all important function of body.

CONCLUSION

After reviewing all the facts of *Sthapani Marma*, it is concluded that *Sthapani* can be taken as the region of glabella and having vascular structure

present at the site. *Sthapani Marma* is present in between the two eyebrows.

When any foreign body impacted on the skin or any part of the body, it tears the vessels or enter into them. Such things when removed forcibly cause vessels to rupture or open and start bleed and the perfusion of blood from the vessels ultimately leads to anoxic conditions.

In other words, *Prana* is going out from the body. So tissue granulation start to occur and closes the mouth of the vessels if the foreign body stays at

the location in turn low chances of profuse bleeding and saves life of the patient.

REFRENCES

- 1. Acharya, Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha, (1998), Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana 6/16; pg no. 69
- 2. Acharya, Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha, (1998), Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana 6/5; pg no 67
- 3. Paradkar HS, editor. Astanga Hridaya of Vagbhatta with Sarvangasundra commentary of Arunadatta & Ayurveda rasayana of Hemadri, 6th ed., Varansi, Chaukhambha Surbharati Prakashan; 2014; Sharir Sthana 4/1-2; pg no.
- 4. Acharya, Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha, (1998), Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana 6/8; pg no 68
- 5. Acharya, Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha, (1998), Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta

- Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana 6/17; pg no 70
- 6. Acharya, Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha, (1998), Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana 6/11; pg no 69
- 7. Dr. N. Shunmugom; Basic Concepts of Vethasatthi Medical Varmalogy; 2nd Edition; Shivakasi; Priyadarshini Printograph; January 2019; pg no 51
- 8. Dr. N. Shunmugom; Basic Concepts of Vethasatthi Medical Varmalogy; 2nd Edition; Shivakasi; Priyadarshini Printograph; January 2019; pg no 72
- 9. Acharya, Yadavji Trikamji & Acharya, Narayana Ram Kavyatirtha, (1998), Nibandha sangraha commentary of Dalhana and Nyayachandrika Commentary by Sri Gayadasacharya on Sushruta Samhita of Sushruta, reprint 2014, Varanasi, Chaukhambha Sanskrit Samsthan; Sharir Sthana; 6/28; pg no 75
- 10. Manish Prakashrao Zate, Milind Ahilaji Sadgir, Pallavi Bharat Khandare; A Review On Anatomical Structures Present At Sthapani Marma With Special Reference To Ayurvedic & Modern View Point; International Journal of Research in Ayurveda and Pharmacy; DOP: 20/10/17; volume 8; issue 6; pg no. 48-50; DOI: 10.7897/2277-4343.086290

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