

Scientific Study of Kshipra Marma

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ABSTRACT-

In the vast sea of the knowledge of Ayurveda, Marma is one of the extremely important topics. Marma points have been unanimously accepted as the 'seats of life' (Prana-the vital lifeforce). If these locations are injured, then it may lead to severe pain, disability, loss of function, loss of sensation, or death. Therefore, the ancient scriptures have strictly directed that these vital location should not be injured and due care should be taken in this regard even while doing surgeries. 'Human body when exposed to trauma shows various sign and symptoms depending on severity and types of trauma. Acharya Sushruta mention 107 deep or superficial points on body surface when get traumatized produce various sign & symptoms not only on the basis of type of injury but on the basis of its constituents.our physic comprises vessels, muscles, bones, joints, nerves, ligaments etc. everywhere in more or less proportion. Agni, Soma, Vayu are also basic is Saumyagneya, i.e. having qualities of both fire and water, therefore, although due to their fire like nature, an injury to these marma kills the affected person quickly, but because of the cold and stable nature of soma (water), the occurrence of death is delayed For Kalantar Pranahara mama, the fatal time period is from fifteen days to one month. components of marma. Depending on this composition, traumatic effects develop. To study the marma sharir accurately, marma classified as sadhya-pranahar, kalantar pranahar, vishalyaghna vaikalyakara marma and rujakar.² kshipra marma is a kalantar pranahar marma.The nature of Kalantar Pranahara marma is saumyagneya,i.e.having qualities of both fire and water,therefore, although due to fire like

nature,an injuryto these marma kills the affected person quickly,but because of the cold and stable nature of soma(water),the occurrence of death is delayed.For kalantar Pranahara marma,the fatal time period is from fifteen days to one month. These are thirty three in number.If an injury occurs at the border or nearby area of the location of Kalantar Pranahara marma, it causes deformity, i.e. the effect is similar to that of vaikalyar marma³.I Want to specify in my study about ksipra marma is a kalantar pranaharmarma.due to injury in kalantar pranaharmarma death occurs in one month or fifteen days where as injury in ksipramarma may lead to early death.

KEYWORDS-

Marma,Shalyavishayardha,kshipramarma

MATERIAL AND METHOD-

Relevant literatures is referred in sushurut samhitas, ghanekar tika,k.k.pandey and some of articles and literatures along with reliable ayurvedic journals and internet.

I. INTRODUCTION-

SHALYA VISHYARDHA-

Marmas are important anatomical landmarks having surgical importance.Marma Sharir half of ShalyaTantra (Knowledge of Marma is said to be half of all the knowledge of SurgicalScience). Even these persons who escape death from injury to the Marmas definitely suffer from one or the other kind of deformity. Thus it is clear that the injury to a marma is bound to leave a bad impact either in the form of death, functional failure, damage to tissue or organ or deformity or severe pain. In spite of the severe damage leading

to breaking into pieces of the bones of the koshta (thorax and abdomen) and shira (skull) following injury or strike from weapons or amputation of the extremities, there will be good chance of the person to survive provided the Marma's are not injured or damaged. This knowledge is essential for the surgeons because they need to protect these spots while putting the instruments over them. Thus the knowledge of Marmas can be considered as the first and comprehensive explanation of the applied aspects of surgery i.e. applied surgery, applied anatomy and surgical anatomy.⁴marma plays an important role in surgery. Hence it is rightly called as shalya vishayardha. Vaidya Sushruta described 'the locations of the Marma points.'⁵ The four types of veins which are present in the body enter in the ghostly places and the muscle, bone and tendons follow the body nurturing them. In case of injury to the marma the irritating air covers the veins from all four sides in this way, the illuminating air produces ghostly pains, after ruja the body becomes numb. After that the body consciousness ends. Therefore those who wish to undergo surgery should protect the marma effortly.⁶

MARMA-

Definition:-

According to sushrut Marma (fatal spots) are confluence of muscles, vein, ligaments, bones and joints; in these place Prana (life) resides specially by nature; hence when fatal spots are injured, they produce their respective effects.

KSHIPRA MARMA-

Meaning- Quick action, spontaneously result giving point.

Number-

Kshipra Marmas are **4** in number, **2 in the hands** (1 in each hand) and **2 in the foot** (1 in each foot)⁷

1 each in the right and left hand = **2**

1 each in the right and left foot = **2**

Location-

Site of Kshipra Marma is given in Sushruta samhita as-

“Tatra paadsyaangusthaamanguliyormadhye Kshipram Marma”⁸

Kshipra marma Situated in between the root of the great toe and finger, it better felt when the finger is expanded having the size of Approx.01cm.Kshipra marma is located both in upper and lower limbs.

Exact location of Kshipra Marma in the limbs-⁹

Upper Limb	Lower limb
Kshipra Marma is located exactly between the thumb and the fingers, i.e. in between the thumb and index finger, on both hands.	Kshipra Marma is located exactly between the big toe and fingers, i.e. in between the big toe and first toe of both the feet.

CLASSIFICATION OF KSHIPRA MARMA-

This Marma is classified-

- 1) According to Rachana- SnayuMarma
- 2) According to Parinama – KalantaraPranaharaMarma
- 3) According to Pramana - ½ Anguli
- 4) According to Panchamahabhota - Agni and Soumya
- 5) According to Shadanga-Shakhagat

EFFECT OF INJURY¹⁰-

Injury to the Kshipra Marma leads to Aakshepana (convulsions) leading to marana (death) .

MODERN PERSPECTIVE¹¹

According to k.k.Pandey Kshipra Marma is situated in First inter-metacarpal space. The composition found here is in the following way-

Upper Limb	Lower Limb
Tendons of Adductor pollicis	Adductor hallucis
First dorsal introsseous	First dorsal metatarsal artery
First palmar introsseous	Extensor hallucis brevis
Flexor pollicis longus	Flexor hallucis brevis
Digital branches of median nerve	First dorsal interosseous
First dorsal metacarpal artery	Median plantar nerve and artery

II. DISCUSSION-

In the upper limbs Flexor pollicis longus muscles receives blood supply from anterior interosseous artery which is the branch of the common interosseous artery that arises from the ulnar artery. The first palmar interosseous muscle receives blood supply from the first palmar metacarpal artery and first dorsal interosseous muscles receives blood supply from the first dorsal metacarpal artery. first palmar and dorsal metacarpal artery is the branch of Radial artery. Radial artery and ulnar artery is the branch of brachial artery. Brachial artery is the continuation of Axillary artery. Axillary artery is the continuation of the left subclavian artery which is the branch of arch of Aorta which carries oxygenated blood from arch of aorta. Right subclavian artery in contrast arises from the brachiocephalic trunk. In the Lower limbs Extensor hallucis brevis muscles receives blood supply from first dorsalis pedis artery which is the continuation of anterior tibial artery. Flexor hallucis brevis muscles receives blood supply from first metatarsal artery which is the continuation of medial plantar artery. Medial plantar artery is the branches of posterior tibial artery. Anterior and posterior tibial artery is the continuation of popliteal artery which is a deeply placed continuation of the femoral artery. Femoral artery is the branch of external iliac artery which is the largest branch of the common iliac artery, and it transporting oxygenated blood in to the lower extremities..

III. CONCLUSION-

According to acharya sushrut Injury to the Kshipra Marma leads to Aakshepana (convulsions) leading to marana (death) . Excessive blood loss happens if there an injury occurs to the first dorsal metacarpal artery and median plantar artery. There is a lack of oxygen due to excessive blood loss. To compensate for which the patient moves the body with restlessness and breathes rapidly with great force and dies from convulsions at last. From word Akshepaka, convulsions and tetanus both can be taken because both of these occurs due to excessive blood loss and injury. When there is convulsions due to blood loss, there will be immediate death and there is a infection of tetanus bacteria ,then there will be death later.¹²

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