Conceptual Study of Sadyapranahara Guda Marma and Its Relevance in Proctology

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\textbf{ABSTRACT}

\textit{Marma Sharira} is considered as half knowledge of surgery and one should give importance to this ancient traumatological anatomy, presented by the great \textit{Acharya Sushruta}. The \textit{Marmas} are said to be vital part of our body and any injury or trauma to these vital points leads to abrupt death, severe pain or enduring disability according to site and type of injury. \textit{Guda Marma} is one of the most crucial \textit{Marma} and is also considered as one of among the \textit{Dashapranayatas} (abodes of life, a place where vital life energy resides) in Ayurvedic texts. \textit{Guda Marma} is a base of proctology, described as \textit{Mulasthana} of \textit{Purishvaha Strotasa} and \textit{Muladhara Chakra}, which abides pelvic plexus. Any injury to this \textit{Marma} may prove to be malicious hence, it is called as \textit{Sadyapranahara}. Similarly; during surgery if Ano rectal region gets traumatized, it may lead to peritonitis, internal haemorrhage, septicaemia, toxaemia, shock or even death. It defines its impulsive disposition and importance while performing delicate procedures in proctological diseases. It is essential for the proctologist to consider the \textit{Sadyapranaharatva} of \textit{Guda Marma}, explained in Ayurveda and to follow some safeguards mentioned in \textit{Samhitas} to protect the \textit{Marma} from any type of anguish. Methodology includes literature study of both ancient \textit{Samhitas} and Modern texts to evaluate \textit{Sadyapranaharatva} of \textit{Guda Marma}, and its surgical importance.

\textbf{KEYWORDS}

\textit{Guda Marma, Sadyapranahara, Proctology}
INTRODUCTION

Sharirsthana is distinctive of Sushruta Samhita and Marma is the soul of Sharirsthana. As it has been said that Marma Sharir is the Shalyavishayardha\(^1\) i.e., half knowledge of surgery, one should give importance to this ancient traumatological anatomy, presented by the great Acharya Sushruta.

Acharya Sushruta has defined Marma\(^2\) as anatomical site where Mamsa, Sira, Snayu, Asthi and Sandhi meet together and Prana specially lives at these places. So Marma are also called as Jeevasthans or Pranayatan\(^3\). He has referred 107 vital points as Marmas. The Marmas are said to be vital part of our body and any injury or trauma to these vital points leads to instant death, severe pain or enduring disability according to site and type of injury.

Acharya Sushruta classified Marmas into categories like regional Marma, structural dominance wise Marma and the most important classification is Marma according to effects of injury e.g. Sadyopranhara, Kalantara Pranhara, Vishalyaghana, Vaikalyakar and Rujakara Marmas\(^4\). Out of these, Sadyopranhara Marmas are said to be very important and injury to these structure cause sudden death. Among the nineteen Sadyapranahara Marmas, Guda Marma\(^5\) is one of the most crucial Marma of abdominal locale to which a proctologist regularly deals with. It is the part which is attached to large intestine and serves as the passage for stool and flatus. It is conjointly made up of several structures and any harm to this Marma may prove to be pernicious or promptly fateful.

Guda Marma is the base of proctology as it is described as the Mulastana of Purishvaha Strotasa\(^6\) to which proctologists, doctor specializing in disease of rectum and anus come in contact with. As per Marma Ghata Lakshanas\(^7\) explained by Acharyas, any injury or trauma to this structure is immensely igneous in nature likewise in routine practice also while dealing with surgery if Ano rectal region get traumatized it may lead to peritonitis, internal haemorrhage, septicaemia, toxaemia, shock or even death\(^32-33\). It defines its impulsive disposition and its importance while performing delicate procedures in proctological diseases.

Methodology of this study includes literature review of both ancient Samhitas and modern texts and aim is to emphasize why Ayurveda has given prime importance to anatomical consideration of Guda Marma and its Sadyapranaharatva and also to put forth its relevance in Proctology.
AIMS:
1. To collect the references from different Ayurvedic texts regarding the concept of Guda Marma.
2. To study the Sadyapranahartva of Guda Marma with respect to Modern literature.
3. To put forth the relevance of Sadyapranaharatva of Guda Marma in Proctological Diseases.

METHODOLOGY
1) This study is conceptual; all available references of Marmas and Guda have been collected from Ayurveda treaties and modern science.
2) Websites also have been searched for the same.
3) The information collected from literature was correlated with the consequences occurs while dealing with proctological disorders.
4) LITERATURE REVIEW

* Marmani
mamsasirasnayasthisandhisannipatah,
teshu swabhavat eva visheshena pranaastishthanti
tasmanmarmaswabhihatastanstan
bhavanapdyante  

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

IMPETURATIVE GUDA MARMA

Guda marma is made up of two words Guda + Marma. The word Guda means “Mala-dwara” the one which eliminates the waste material of the digestive tract basically the anal canal while Marmas are the vital points present in our body which invigorate self-healing, any harm to these points may leads to severe aching, malady or even death also. In Ayurveda Marmas are also expounded as the junction points of Vatta, Pitta and Kapha but anatomically they are the deep seated sites of muscles, blood vessels, ligaments, bones and joints.

* Tatra vatvarchonirsanam sthulantrapratibadham gudam naam marma, tatra sadyomaraman  

The Marma which help in the expulsion of the vitiated Vata dosha and excreta along with affixation of large intestines is called as the Guda Marma. Guda marma is one of the most crucial Marma among Marma’s of abdominal locale. It is made up of muscles with its approx mensuration of about
persons own fist and immensely igneous in nature. Any harm to this Marma may prove to be pernicious or promptly fateful.

**FRAMEWORK OF GUDA MARMA**

The points to be understood regarding *Guda Marma* were-

1. According to regional classification it is *Udargata Marma*\(^{10}\).
2. If we see structural classification according to *Acharya Sushruta* it comes under *Mamsa Marma*\(^{11}\) i.e., he declaims that muscles play salient role in the emergence of *Guda marma* but *Acharya Vagbhata* propound it as a *Dhamni Marma*\(^{12}\) i.e., vessels are the key elements for its eventuality.
3. *Guda Marma* is *Sadyapranahara Marma* as *Agni Mahabhuta*\(^{13}\) is dominant here, if injury occurs sudden death is expected according to *Viddha Lakshana*.
4. It is one in number.
5. Its approx mensuration is about persons own fist.
6. According to *Marma Viddha Lakshana*, if injury occurs to *Guda* it leads into death or critical illness\(^{14}\).
7. Embryologically *Guda* is derived from *Matruja Bhava*\(^{15}\) (maternal element). It is considered one among *Dashapranayatanas* by *Charaka, Vagbhata, Bhela, Kashyapa*.
8. It is one among 15 *Koshtangas*\(^{16}\).
9. *Guda* is one among nine *Bahirmukh Srotasa*\(^{17}\).
10. *Purishavaha Srotasa* have their root in *Guda*\(^{18}\).
11. *Guda* is the seat of *Apanavayu*.

**ANATOMICAL ASPECT**

- *Acharya Charaka* divides guda into two parts:
  a) *Uttar guda*  b) *Adhara guda*

The part of gastrointestinal tract which holds the fecal matter before its ejection is acknowledged as the *Uttar Guda* and the one which assists in defecation is avowed as the *Adhara Guda*, as per modern science both these parts resembles as rectum and anus respectively.\(^{19}\)

The father of surgery *Acharya Sushruta* recommended *Adhara Guda* as paramount *Guda*. According to him the part of gastrointestinal tract that is approximately 4½ angul in length and append with large intestine is known as the *Guda*. It (rectal part) comprises of 3 *Guda Vali* obliquely transverse folds (Houston's valves) at the distance of ½ angul each named as *Pravahini* (Middle Houston’s valve), *Visarjani* (Inferior Houston’s valve) and *Samvarni* (Dentate line) during contraction
these folds overlap each other and transmogrify into 4 angul\textsuperscript{20}. These transverse folds are just like convolutions of shell arranged on each other and their colour is quite similar to the elephant’s palatine. The terminal end of the anal canal i.e., anus is about at 1½ yava (barley) from lower hairline.\textsuperscript{21} The Guda is supported by sixty Snayus in pelvic region.

- Five bones from the Shroni (pelvic cavity), of these four are found about the Guda (anus), Bhaga (pubis) and the Nitamba (hips) and the fifth one is Trika (Sacrum)\textsuperscript{22}.
- Samudga\textsuperscript{23} (Synovial) type of sandhi is situated in Guda (Anus), Bhaga (Pubis) and Nitamba (Hips).
- Gudastha Vivara- Bladder, Prostate, Scrotum, and Anus are inter-related, found in pelvic cavity.
- From Tantra Shareera point of view, it can be stated that Muladhara Chakara where Kundalini force resides is situated between genitalia and anus, which is correlated with pelvic plexus of Autonomic nervous system. Whole of the Kundalini power in annular form hibernates within the Mooladhara Chakra that is situated 2 angul above the termination of anus.

**PHYSIOLOGICAL ASPECTS:**

- **Guda** is one of the Five Karmendriya\textsuperscript{24} and its function is to excrete flatus and faeces.
- **Acharya Charaka** has described that, Guda is subdivided into Uttara Guda and Adhara Guda. Chakrapani has commented as the part which holds pureesha is Uttara Guda and that which evacuates is Adhara Guda\textsuperscript{25}.
- Also, the action of Guda Valis\textsuperscript{26}- Pravahani propels, Visarjani eliminates the faeces and flatus and the Samvarani is that which closes (sphincter).
- Guda is related to Purishadhara Kala (5\textsuperscript{th} Kala) where saara kitta vibhajana takes place.

**IMPORTANCE OF FATAL SPOTS (MARMA):**

* Chaturvidha yaastu siraah sharire…………marmani yatnen parikshya karshet\textsuperscript{27}

The four kinds of Siras present in the body are found situated generally in the Marma (fatal spots), these sustain the body by nourishing the Snayu, Asthi, Mamsa and Sandhis. So, when the fatal spots are injured, Vata getting aggravated covers the Siras (causes abnormalities) and produces severe pain in the body; thus affected by severe pain, the person suffers greatly and loses consciousness also. Hence physician who
desire to pull out the foreign body should carefully examine the fatal spot, understands its nature first and only after that he should pull out (the foreign body).

**RELEVANCE OF GUDA MARMA IN PROCTOLOGY**

**Effect of Trauma (Viddha) On Sadyapranhara Marma:**

- *Indriyaartheshvasampaaptabmanobud dhiviparyayah* \(^{36}\)

*Vividhastivra bhavantyasuhare hate* \(^{28}\)

2. *Indriyartheshwasampaaptir mano- buddhi viparyaya* – shock or death

**Dhamni Marma Viddha Lakshan:**

- *Raktam sashabdefoshma dhamanisthe vichetasa* \(^{29}\)

1) *Raktam Sashabdefoshnam* – Haemorrhage
2) *Vichetasa – Shock or Death*

Some safeguards are mentioned in Samhitas to protect the *Marma* from any type of anguish. The *shloka* below explicates this point as follows:

- *Param cha yatamaasthaya gude ksharagni shastranyavcharyet*

*Tadvi bharamadhi shandyasahofa daaha madmurchatopanahatisara pravahanani bhavanti maranam va* \(^{30}\)

In rectum *Kshar Karma* (use of alkalies), *Agni karma* (cauterizing), *Shstravcharn* (use of sharp instruments) should be done very attentively otherwise our ignorance may expedites into:

1. *Shandya* – impotency
2. *Shoph* – swelling
3. *Daha* - burning sensation
4. *Murcha* - unconsciousness
5. *Aatop* - borborygmus
6. *Aanah* - flatulence
7. *Atisaar* - diarrhoea or incontinence
8. *Pravahan* - dysentery

- *Mutravaha shukravaha mushka stroto mutraprasaka sevani yoni gudavastishto pariharset* \(^{31}\)

*Agni karma* is also prohibited for urinary channels, course for conveying semen, genital organs, urethra, vagina or uterus, anus, union parts of the body like scrotal raphe are considered as the 8 imperative points that should be protected from surgical procedures.

- Similarly in routine practice also surgeons experienced various complications from ano-rectal surgeries like- Bleeding, infection, stenosis and incontinence. \(^{32}\)
- Vigorous Manipulation or Per rectal digital examination in severely neutropenic patients and patients with prostatic abscesses or prostatitis or acute fissure may cause vasovagal syncope. \(^{33}\)
• To rule out the fistulous tract probing is done, during this procedure due to painful stimuli the patient may land up into vasovagal shock or death also.
• Traumatic disruption of the anal sphincters may result from wide variety of iatrogenic and accidental mechanisms and often associated with life-threatening concomitant injuries, diversion of the fecal stream in case of rectal lacerations.
• During Kshar karma Chikitsa on Arsha (Haemorrhoids) atidagdha lakshan mentioned in Samhita includes Gudavdarana (tear), Daha (pain), Murcha (Syncope), Shonitatipravrutti (haemorrhage) and Maran (Death). In Radiation therapy for anal cancer, some long term side effects may occur as damage to anal tissue or anal sphincter lead to problem having bowel movements, damage to blood vessels that nourish the lining of the rectum lead to chronic radiation proctitis. This can cause rectal bleeding and pain.
• Incontinence to flatus and fecal soiling are distressing complications of Sphincterotomy which is done in patients of chronic fissure in ano, persistant minor fecal incontinence has been reported in 1.2% to 3.5% of patients.

**DISCUSSION:**
• Sira (vessels like arteries and veins), Snayu (ligaments), Mamsa (muscles), Asthi (bones), and Sandhi (joints) are placed conjointly at one place in Guda Marma hence any harm to this Marma may prove to be pernicious or promptly fateful. In routine practice also surgeons experienced various complications from ano-rectal surgeries like- Bleeding, infection, urinary retention, pelvic sepsis as acute complications whereas stenosis, fecal incontinence, chronic pelvic pain as long term complications, which may result in dramatic morbidity and even mortality.
• Guda is derived from Matruja Bhava (maternal element) and Matruja Avayavas are Jaliya (more predominant of water factor) hence highly vascular and any trauma or injury may cause severe haemorrhage.
• Three Valis described by Acharya Sushruta are both functional and structural entities of Guda. These can be correlated with Houston’s valve, column of Morgagni and Anal sphincters. According to Sushruta Arsha disease originates from these Valis. Autonomic pelvic nervous plexus are also related to this. Hence, trauma to this result into severe pain which may lead to Vasovagal Shock or Sphincter trauma may
result into impaired bowel movements or incontinence.

- In practical approach we observed, if ano-rectal region get traumatised may lead to peritonitis, internal haemorrhage, septicaemia, toxaemia, shock or even death also. This proved its Sadyapranaharatva explained in Ancient text.

- Acharya Charaka include Guda in Dasha Pranayatana (important seats of Prana)-this also reveals its fatal nature if get traumatised.

CONCLUSION

Guda Marma is one of the most crucial Marma. Various structures like Sira, Snayu, Mamsa, Asthi, Sandhi are conjointly placed in it which reveals its complexity and immensely igneous nature. Acharya Charaka included it in Dashpranayatana whereas Acharya Sushruta and Vaghbhata included it in Sadyapranahara Marma. Due to its pernicious and fateful nature some safeguards are mentioned in Samhitas to protect the Marma from any type of anguish. Similarly, even today also while dealing with the proctological diseases and its procedures any injury to this Marma (Guda) shows life threatening and certainly fateful results. Hence, to avoid these consequences, a clear anatomy of Guda Marma is a prerequisite for understanding disease pathology and further treatment. As the prevalence rate of proctological diseases is on increasing verge due to sedentary lifestyle we are adopting, we tried to put forth this subject in order to highlight, the Sadyapranahartva of Guda Marma mentioned in Ayurveda which is still relevant as well as imperative. Hence while dealing with ano rectal diseases, it is necessary for the proctologist to give prime importance to Sadyapranahara Guda Marma.
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