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A Study on Janu Marma and Application of Marma Therapy

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ABSTRACT

Marma are the vital points present in our body. They are classified on the basis of dominant structures that contribute to that Marma. According to Acharya Sushruta Janu Marma is a kind of Sandhi Marma and is located between leg and thigh. According to modern knowledge it can be correlated with Knee Joint. According to prognostic results, it is assumed to be located at the point of insertion of Medial Collateral Ligament. Marma Therapy is a very effective therapy to treat the disorders of Janu Marma. There are two ways to apply Marma Therapy over Janu Marma. These are Thumbs-Up Technique and Thumbs-Down Technique. This technique is very effective in reducing Pain of Knee Joint. Marma Therapy can be presented as a super healing science or spiritual healing technique. Regular practice of Marma therapy makes a great contribution in the effort to attain supreme consciousness.

KEYWORDS

Marma, Sandhi, Janu, Therapy, Pain



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INTRODUCTION

According to *Acharya Sushruta*, the *Marmas* are juncture place of *Sira* (Veins), *Snayu* (Ligaments), *Sandhi* (Joints), *Mansa* (Muscles) and *Asthi* (Bones). The *Prana* are specifically situated in these '*Marmas*' by the virtue of their nature. Trauma to any one of these *Marmas* invariably causes physical disturbance in accordance with their particular types¹. If we go through the chapter on *Marma Sharira* of *Sushruta Samhita*, there are 107 *Marmas* described all over the body. *Marma* are divided into 5 types based on the structural composition of them (Table no.1). These are *Mansa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*.

Table 1 Classification of *Marma* according to *Rachana Prakara*

S.No.	Name of Marma	Sushruta ²
1	Mansa	11
2	Sira	41
3	Snayu	27
4	Asthi	08
5	Sandhi	20

- Janu Marma-

Janu Marma is one of the types of Sandhi Marma. It lies at the junction of Jangha (leg) and Uru (thigh) and injury to it results in limping or lameness³. It is Sandhi Marma in nature, Vaikalyakara in consequences and measures three Angula Pramanas⁴.

According to Dr. R.R. Pathak and Dr. V.S. Patil, the anatomical structures corresponding to this *Marma* are articular capsule, fibular collateral ligament, anterior cruciate ligament, posterior cruciate

ligament, medial meniscus, lateral meniscus, transverse ligament, coronary ligament and arcuate popliteal ligament. They are likely to get affected at the time of trauma or injury.

On the basis of the available ancient description and the corresponding anatomical structures, the *Janu Marma* can be taken as a knee joint. There is articulation in between femur and tibia and an injury to it is likely to cause swelling and rigidity of the lower limb due to involvement of patellar ligament.

The injuries causing rupture of the ligaments of the knee joint may result in painful swelling, restricted movements and sometime haemoarthrosis. Rupture of the ligament may also cause defective weight bearing leading to permanent limping. The rupture of medial meniscus is very common, if once torn it fails to heal and thus leads to permanent deformity⁵.

Marmas are called as half part of Shalyatantra (Surgery)⁶. It is because while doing any surgical course of action, a surgeon must have the basic understanding of the structures which are present at the operational site. For this, the knowledge of Marma is indispensable. Janu Marma (Knee joint) is one of the chief joint in the human body for various movements of the lower extremity. So, it is crucial to see the five basic structures present in it with the



help of modern anatomy by using cadaveric dissection technique (Table No.2). The highest point of tenderness is generally observed in the medial surface of the knee joint which corresponds to the insertion of

Medial Collateral Ligament. As per the observation of *Sushruta*, *Khanjata* or limping is the feature of *Janu* getting injured.

Table 2 Ayurvedic view and Modern Correlation of structures involved in Janu Marma⁷

Sr. No.	Ayurvedic view	Modern Correlation	
1	Mansa	Medial and lateral head of gastrocnemius and Plantaris muscles.	
2	Sira	Popliteal artery with its branches and popliteal vein with its tributaries	
3	Snayu	Capsular ligament, Ligamentum patellae, Cruciate ligaments, Lateral and Medial menisci	
4	Asthi	Femur and Tibia, Patella	
5	Sandhi	Knee joint	

The most common cause of *Khanjata* or limping occurs due to injury of the medial collateral ligament which can be in the form of partial or complete tear. After going through all these facts the *Janu Marma* is supposed to be present in the medial surface of the knee Joint where Medial Collateral Ligament is inserted⁸.

Marma Therapy

Marma therapy is a very effective and rapid acting way of treatment. For effective Marma therapy, diagnosis of disease and proper technique of applying Marma Therapy is needed. It gives prompt results in different kinds of muscular, ligament, joint and nerve pains, tingling sensation, inflammation and heaviness. Marma therapy gives response in many other diseases in very less time. However, being a rapid-acting technique, it should be performed very carefully. If not, there may

be some complications and results may be variable⁹.

Procedure to Stimulate *Janu Marma* ¹⁰Thumbs Up technique-

This technique is to be done by the therapist or the patient's attendant. Firstly, to stimulate *Janu Marma* we keep the *Janu* or Knee Joint in a semi-flexed condition. Then put the palm over the sides of patella so that the thumbs point upwards. The fingers of our hands will be on the infero medial and infero lateral boundary of popliteal fossa. The *Marma* has to be stimulated for 15-18 times and every stimulus should be of 0.8 seconds. This process has to be repeated for 3-4 times per day depending upon the severity of the disease.

Thumbs down Technique-

This technique is used by the patient itself. Firstly, to stimulate *Janu Marma* we keep the *Janu* or Knee Joint in a semi-flexed



condition. Then patient is asked to place his/her palm over the sides of patella so that the thumbs point downwards. The fingers of patient will be on the infero medial and infero lateral boundary of popliteal fossa. The *Marma* has to be stimulated for 15-18 times and every stimulus should be of 0.8 seconds. This process has to be repeated for 3-4 times per day depending upon the severity of the disease.

Avoid- It should be informed to patient to avoid stimulating in the region of popliteal fossa as excessive stimulation may cause the Bakers cyst.

CONCLUSION

On the basis of the available ancient description and the corresponding anatomical structures, the Janu Marma can be taken as a knee joint. There is articulation in between femur and tibia and an injury to it is likely to cause swelling and rigidity of the lower limb due to involvement of patellar ligament. It was found in this study that application of Marma Therapy by Thumbs Up (Therapist) and Thumbs down (Self) Technique has more effect in relieving Pain of Knee joint while there was little relief in other symptoms. It is presumed that touching body's Marma point changes the

biochemistry and can result into radical and biochemical changes in one's make up.



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