



COMPARITIVE STUDY OF TALAHRUDAY MARMA IN UPPER EXTREMITY WITH ACCUPRESSURE POINT

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ABSTRACT

Knowledge of sharir is very important to every physician. Acharya charak mentioned that the physician who knows the entire body in all aspects; know the science of life (Ayurved). Our acharya and their followers have located 107 vulnerable anatomical areas on the surface of the human body & have labelled them as marma-sthala. Acupressure can be used in both presence and absence of the western medicine. Many people even in the west are becoming more aware of the manifold and horrendous complications of drug therapy and are seeking alternative forms of therapy. Here by comparing talhrudya marma to acupressure point will give new pathway to the study in

different lines of treatments. Such type of study increases knowledge of medical persons & it gives good direction in treatment. Laogong (P 8) point of acupressure therapy can be compared with the Talahruday marma in upper extremity related to Ayurved.

KEYWORDS: Talahruday marma in upper extremity, Laogong (P 8), Acupressure point.

INTRODUCTION

The theory behind Ayurvedic medicine is taken from several sacred Indian sanskrit texts written between 1500 BC and 400 AD and it is thought to be one of the oldest from healing system. Marma is the vital area of the body. The word marma comes from sanskrit origin word 'mri' meaning death. The Sanskrit phrase, 'Visham spandanam yatra pidite ruk cha marma tat', also means death or serious damage to body or health after infliction to the point of their situation.^[1] Hence, these areas are called marma. Marma is defined as anatomical site where five structures i.e. mamsa, sira, snayu, asthi and sandhi meet together. There are 107 such vital points in our body. There are 11 marma present in each upper limb, Kshipra,

Talahrudaya, Kurch, Kurchshir, Manibandh, Indrabasti, Kurpar, Aani, Baahavi, Lohitaksha, Kakshadhar.^[2]

Acupressure is an ancient healing art using the fingers to gradually press key healing points, which stimulate the body's natural self-curative abilities. The 12 Meridians of traditional Chinese medicine are the body's healing energy pathways. Meridian massage therapy moves this life energy through the meridians to improve flow and balance. There are total 361 commonly used acupressure points out of which 64 acupressure points are located in each upper limb. Some points of marma and some acupressure points are located nearby in the body, so correlative study of basic concepts and anatomical structures related to marma and acupressure points gives us knowledge about any similarity between them.³

CONCEPTUAL REVIEW

Talahruday

Table 1:

Marma	Structural classification	Regional classification	Prognostic classification	Numerical classification	Dimensional classification
Talahruday	Mamsa marma	Shakhagat	Kalantara pranhar	4	½ anguli

Location: - Situated in the centre of the palm, facing the root of the middle finger related to upper extremity.

Symptoms if Injured:- Injury may cause loss of functions of flexion and extension of 2nd, 3rd and 4th finger and adduction of 2nd, 3rd and 4th metacarpals. Severe bleeding may lead to severe pain shock or gangrene of the fingers.

Speciality:- Controls pranvaha srotas (Respiratory tract), heart and lungs, respiration and avalambaka kapha.^[2]

Acupressure

The early development of traditional Chinese medicine are obscure. Acupressure Points have a high electrical conductivity at the surface of the skin, and thus conduct and channel healing energy most effectively. This is why the most potent healing energy work uses acupressure points. The Chinese call healing energy 'Qi' or 'Chi'. The 12 Meridians of traditional Chinese medicine are the body's healing energy pathways. Meridian massage therapy moves this life energy through the meridians to improve flow and balance. There is also internal

connection between the two channels to maintain the energy flow. The yin and yang channels of the same level on the arm or leg have this type of connection and are called coupled or paired channels.^[3]

MATERIAL AND METHODOLOGY

This study comprises of both conceptual study from literature and observational study by cadaveric dissection method.

1. For Literary Study

1. Available literature regarding marma and acupressure therapy from,
 - a) Ayurvedic texts.
 - b) Authentic Acupressure books.
 - c) Modern texts.

2. For Cadaveric Dissection Study

1. Cadaver: 1male cadaver, 50 years of age, which is available in the department of Rachana Sharir at Dr. J. J. Magdum Ayurved Medical College, Jaysingpur, Maharashtra, India.
2. Dissection kit.

Methodology

• Literature study

All the literature material mentioned above is thoroughly as well as critically reviewed, concentrating on the references regarding the marma and acupressure points of upper limb.

• Cadaveric Dissection Study

While studying the dissected cadavers, photo images are taken with the help of digital camera.

1. A vertical incision was made continue through the palm to the centre of the middle finger.
2. Skin and fascia of the palm was cleaned.
3. The Palmar aponeurosis was identified.
4. The relative and comparative structures of Talahruday marma and P8 point were identified.
5. Close point on the root of the middle finger on the third metacarpal bone in upper extremity was located and marked with the circle.

6. Talahruday marma in Ayurved and P8 point in acupressure were structurally compared and observations drawn.

Pericardium Channel or Meridian (P)

Points related to upper limb talahruday

Laogong (P 8) - On the palmar surface between the tip of the middle and the ring fingers when they touch the central region of the palm on lightly clenching the fist.⁴

OBSERVATIONS

Observations from the literature study-

Table 2: Talahruday Marma.^[1,2]

	Sushruta	Vagbhata
Number	4 (1 in each limb)	4 (1 in each limb)
Type	Mamsa marma kalantarpranhar	Mamsa marma Kalantarpranhar
Position	At the centre of the palm	At the centre of the palm
Dimension	½ anguli	½ anguli
Viddha Lakshana	Severe pain, sometimes death may occur.	Severe pain, sometimes death may occur.

Points related to talahruday marma in upper limb

Laogong (P 8) - On the palmar surface between the tip of the middle and the ring fingers when they touch the central region of the palm on lightly clenching the fist.⁴

Cadaveric Study reveals of following findings

Anatomical structures seen at the site of Talahruday Marma

Table 3:

Marma	Observed structures
Talahruday	Skin, subcutaneous tissue, palmar aponeurosis, synovial sheath of hand. Palmar (cutaneous) branches of Median nerve. Palmar (superficial) veins joining to Cephalic vein. Superficial venous palmar arch, deep venous palmar arch. Superficial palmar arch, deep palmar arch. Deep branch of Ulnar nerve. Tendons of Flexor digitorum superficialis and Flexor digitorum profundus. Muscles- Adductor pollicis, Palmaris brevis, 2 nd and 3 rd palmar interossi. 3 rd metacarpal bone

Anatomical structures seen at the site of Acupressure point:-

Table 4:

Laogong (P 8)	Skin, subcutaneous tissue, superficial fascia. Palmar aponeurosis. Tributaries of Median vein of forearm. Cutaneous branches of Median nerve. Common palmar digital nerve (Branch of Median nerve) Superficial palmar arch, Superficial venous palmar arch. 4 th Lumbrical muscle.
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The Marma and Acupressure point which is placed at same anatomical position

Table 5:

Name of Marma	Name of Acupressure point	Anatomical position
Talahruday	Laogong (P 8)	At centre of the palm

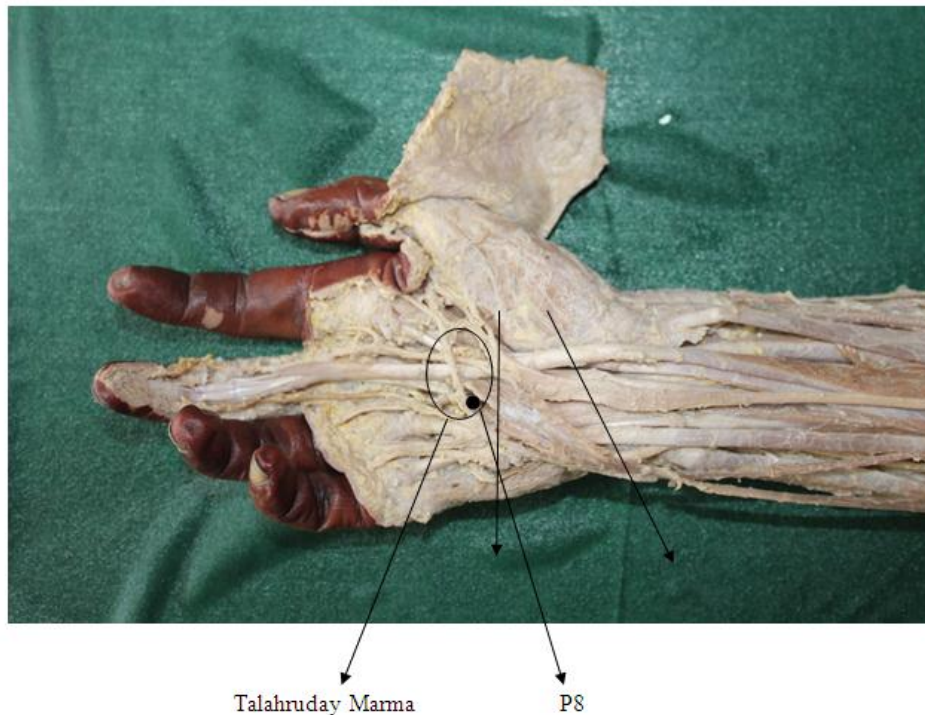


Photo 1: Location of Talahruday marma and P8 point.

DISCUSSION

In case of Talahruday marma the structures that were seen during dissection are Mamsa (Muscles) - Adductor pollicis, 2nd and 3rd palmar interossi, Palmaris brevis. Sira (Vessels & Nerves) - Palmar branch of Median nerve, Deep branch of Ulnar nerve, Superficial palmar arch, Deep palmar arch, Superficial venous palmar arch, Deep venous palmar arch. Snayu

(Ligaments & Tendons)- Palmar aponeurosis, Tendon of Flexor digitorum profundus, Tendon of Flexor digitorum superficialis. Asthi (Bones)-3rd metacarpal bone.

As per textual reference Talahruday marma is Mamsa marma, Kalantarpranhar (death within 14 days) with half anguli dimension injury at this site causes severe pain. As it is Mamsa marma injury to Adductor pollicis muscle, fracture of 3rd metacarpal bone along with rupture of branches of superficial and deep palmar arch leads to severe bleeding and cellulitis due to infection at that place leads to death after some days. Injury to Median nerve causes severe pain.

From the above consideration it can be said that the dominant structure at site of marma is Adductor pollicis muscle, the palmar aponeurosis (Mamsa) along with (Sira, Snayu, Asthi) recessive structures. But death of the person occurs when there is deep injury which causes rupture of all above said structures.

Comparison of Talahruday Marma and Acupressure Points (P8)

As per the observation the location of Talahruday marma and Laogong (P 8) is same but the depth of both points is different. The depth of P8 is 0.5 cm (nearly 8 to 10 mm) here the structures get pressure is skin, subcutaneous tissue, palmar aponeurosis, superficial venous palmar arch, cutaneous branches of median nerve etc. but if acupressure at this doesn't lead to any harm. But in case of Talahruday marma the harmful effects are observed only after injury of important structures (superficial and deep palmar arch, median nerve etc.) and which is possible only after deep injury.^[5,6]

CONCLUSION

Following conclusions has been drawn from the observations obtained during the conceptual and cadaveric study. The location of Talhrudaya marma and Laogong (P 8) is same but the depth of both points is different.

Acupressure point P8 and talhrudya marma are located in same anatomical position but the deep structures are different. The harmful effects which are explained in marma sharir are observed when the deeply situated structures get rupture or damage. The pressure points of acupressure are superficially placed; maximum depth of puncture is 1 cun (3.33cm).

So one can say that, the acupressure meridians and their points which are situated superficially are not related to the deeply sited marma.

The basic concepts of both the sciences are different but both sciences are correct in their places.

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