

A Comprehensive Review of Marma Sharir: Concept, Classification, And Clinical Importance in Ayurveda

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Abstract—Marma Sharir is a unique and vital concept of Ayurvedic anatomy that deals with specific anatomical sites (Marma) where multiple structures such as Mamsa (muscle), Sira (vessels), Snayu (ligaments), Asthi (bones), and Sandhi (joints) intersect and where Prana resides. These sites are considered highly sensitive, and injury to them may result in pain, deformity, loss of function, or even death. Classical texts like Sushruta Samhita provide a detailed description of 107 Marma, their classification based on location, structural dominance, and prognostic outcomes of injury. The concept of Marma Sharir holds immense clinical importance in Shalya Tantra, Marma Chikitsa, Panchakarma, and trauma management. In contemporary times, Marma can be correlated with vital neurovascular bundles, joints, and organ systems described in modern anatomy. This review article aims to critically analyze the classical description of Marma Sharir, its types, clinical significance, and relevance in modern medical science, thereby highlighting its enduring anatomical and therapeutic value.

Index Terms—Marma Sharir; Marma; Prana; Sushruta Samhita; Vital points; Ayurvedic anatomy; Shalya Tantra; Marma Chikitsa; Trauma management

I. INTRODUCTION

Ayurveda, the ancient science of life, presents a comprehensive understanding of the human body through concepts such as Sharir Rachana, Sharir Kriya, Dosha, Dhatu, and Srotas. Among these, Marma Sharir occupies a distinctive and clinically significant position, as it deals with vital anatomical points where Prana (life force) is specially situated¹. The term Marma is derived from the Sanskrit root “mr̥”, meaning to cause death or serious injury, indicating the critical nature of these structures². The classical description of Marma Sharir is elaborately found in Sushruta Samhita, which is considered the principal text for Sharir Rachana and

Shalya Tantra. Acharya Sushruta has described 107 Marma distributed throughout the body and classified them based on anatomical location (Shadanga Sharir), structural predominance (Rachana), and the effect of injury (Parinama)³. These Marma are formed by the conglomeration of Mamsa (muscle), Sira (blood vessels), Snayu (ligaments), Asthi (bones), and Sandhi (joints), making them highly sensitive and functionally crucial⁴.

Injury to Marma is said to result in a spectrum of consequences ranging from severe pain (Ruja), loss of function (Vaikalyata), deformity, to instant or delayed death, depending upon the type of Marma involved⁵. Therefore, knowledge of Marma Sharir was considered essential for surgeons to avoid fatal complications during surgical procedures, bloodletting (Siravedha), and parasurgical interventions⁶.

Beyond surgical relevance, Marma Sharir also holds therapeutic importance in Marma Chikitsa, Panchakarma, and rehabilitation practices. In recent years, increasing efforts have been made to correlate Marma with vital neurovascular bundles, joints, and organ systems described in modern anatomy, highlighting the scientific foresight of ancient Ayurvedic scholars⁷. Thus, Marma Sharir serves as an important bridge between classical Ayurvedic anatomy and contemporary medical science.

II. AIMS

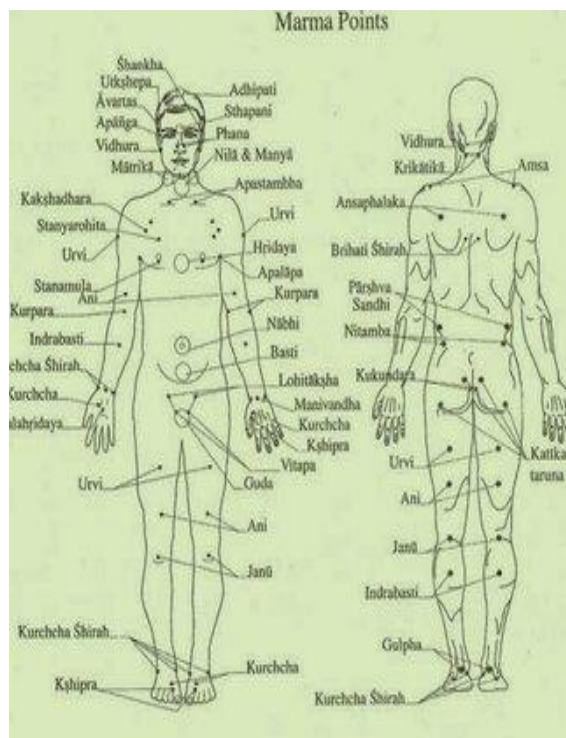
1. To review the classical concept of Marma Sharir as described in Ayurvedic texts.
2. To understand the classification and structural composition of Marma.
3. To highlight the clinical importance of Marma Sharir in surgical and therapeutic practices.

- To explore the relevance of Marma with reference to modern anatomical understanding.

III. METHODOLOGY

This review article is based on a systematic literary study of classical Ayurvedic texts including Sushruta Samhita, Charaka Samhita, and Ashtanga Hridaya along with their authoritative commentaries. Relevant modern textbooks, published research articles, and review papers related to Marma Sharir were also reviewed. Information was collected, analyzed, and interpreted to present a comprehensive and concise understanding of Marma Sharir and its clinical significance.

IV. REVIEW OF MARMA SHARIR



V. CONCEPT OF MARMA SHARIR

Marma Sharir is a distinctive branch of Ayurvedic anatomy that deals with vital points of the body where Prana (life force) is specially situated. The word Marma denotes a structure whose injury leads to serious consequences such as intense pain, loss of function, deformity, or death. According to Sushruta Samhita, Marma are the seats of Prana and hence

demand utmost protection during surgical, parasurgical, and therapeutic procedures. The knowledge of Marma Sharir reflects the advanced anatomical and clinical understanding of ancient Ayurvedic scholars.

VI. STRUCTURAL COMPOSITION (RACHANA) OF MARMA

Each Marma is formed by the conglomeration of five basic anatomical structures:

- Mamsa (muscle)
- Sira (blood vessels)
- Snayu (ligaments, tendons, nerves)
- Asthi (bones)
- Sandhi (joints)

Among these, one structure predominates and determines the nature, sensitivity, and prognosis of injury to that Marma. Due to this complex anatomical composition, Marma corresponds closely to vital neurovascular bundles and functional units described in modern anatomy.

VII. TOTAL NUMBER AND DISTRIBUTION OF MARMA

Acharya Sushruta has described 107 Marma in the human body. These are distributed according to Shadanga Sharir as follows:

- Shakha (upper and lower limbs) – 44
- Madhya Sharir (trunk) – 26
- Urdhva Jatru (head and neck) – 37

This systematic distribution highlights the importance of Marma in locomotion, visceral protection, and sensory–neurological functions.

Classification of Marma

1. Classification Based on Anatomical Location

- Shakha Marma
- Madhya Sharir Marma
- Urdhva Jatru Marma

This classification was primarily useful for surgeons to avoid injury during operative procedures.

2. Classification Based on Structural Dominance

- Mamsa Marma
- Sira Marma
- Snayu Marma

- Asthi Marma
- Sandhi Marma

This classification explains the nature of symptoms produced after injury, such as hemorrhage in Sira Marma injury or deformity in Asthi and Sandhi Marma injury.

3. Classification Based on Prognosis (Parinama)

This is the most clinically important classification:

- Sadyapranahara Marma – causes instant death
- Kalantarapranahara Marma – causes delayed death
- Vishalyaghna Marma – death occurs after removal of the foreign body
- Vaikalyakara Marma – causes permanent deformity
- Rujakara Marma – causes severe pain

This prognostic approach demonstrates the medico-surgical foresight of Ayurveda.

VIII. CLINICAL IMPORTANCE OF MARMA SHARIR

In Shalya Tantra

Knowledge of Marma Sharir is essential to prevent fatal outcomes during surgical interventions, trauma management, and bloodletting (Siravedha). Accidental injury to Marma is considered a major cause of surgical complications.

In Marma Chikitsa

Gentle stimulation of selected Marma points is used therapeutically to relieve pain, improve circulation,

and balance Dosha. This is comparable to acupressure and reflexology in modern complementary medicine. In Panchakarma

Accurate knowledge of Marma helps in safe administration of procedures like Abhyanga, Swedana, Basti, and Nasya, especially in debilitated and pediatric patients.

IX. CORRELATION WITH MODERN ANATOMY

Modern anatomical and clinical studies suggest that Marma correspond to:

- Major nerve plexuses
- Important joints
- Vital organs
- Neurovascular bundles

For example, Hridaya Marma can be correlated with the heart and cardiac plexus, while Talahridaya Marma corresponds to palmar and plantar neurovascular complexes. Such correlations validate the scientific relevance of Marma Sharir even today.

X. APPLIED AND PREVENTIVE ASPECTS

Marma Sharir not only guides therapeutic interventions but also emphasizes preventive care. Protection of Marma during daily activities, exercise, sports, and trauma prevention reflects Ayurveda's holistic approach to health and longevity.

Table 1: Structural Composition of Marma

Structural Component	Ayurvedic Term	Description
Muscle	Mamsa	Provides bulk, strength, and movement
Blood vessels	Sira	Carries blood and Prana
Ligaments / Tendons / Nerves	Snayu	Maintains stability and conduction
Bone	Asthi	Provides structural support
Joint	Sandhi	Enables movement and articulation

Marma is formed by the conglomeration of these five structures, with dominance of one component.

Table 2: Total Number and Regional Distribution of Marma

Region (Sharira Bhaga)	Number of Marma
Shakha (Upper & Lower limbs)	44

Madhya Sharir (Thorax & Abdomen)	26
Urdhva Jatru (Head & Neck)	37
Total	107

Table 3: Classification of Marma Based on Structural Dominance (Rachana)

Type of Marma	Dominant Structure	Number
Mamsa Marma	Muscle	11
Sira Marma	Blood vessels	41

Snayu Marma	Ligaments / nerves	27
Asthi Marma	Bone	8
Sandhi Marma	Joint	20
Total	—	107

Table 4: Classification of Marma Based on Prognosis (Parinama)

Type of Marma	Effect of Injury	Number
Sadyapranahara	Instant death	19
Kalantarapranahara	Delayed death	33
Vishalyaghna	Death after removal of foreign body	3
Vaikalyakara	Permanent deformity	44
Rujakara	Severe pain	8
Total	—	107

Table 5: Classification of Marma Based on Anatomical Location

Location	Type of Marma
Limbs	Shakha Marma
Thorax & Abdomen	Madhya Sharir Marma
Head & Neck	Urdhva Jatru Marma

Table 6: Clinical Significance of Marma Injury

Affected Structure	Clinical Manifestation
Sira Marma	Profuse bleeding, shock
Snayu Marma	Loss of movement, stiffness
Asthi Marma	Deformity, fracture complications
Sandhi Marma	Joint instability, disability
Mamsa Marma	Pain, swelling, functional loss

Table 7: Correlation of Marma with Modern Anatomy

Ayurvedic Concept	Modern Correlation
Marma	Vital anatomical points
Prana Sthana	Life-supporting systems
Sira Marma	Major blood vessels
Snayu Marma	Nerves, ligaments
Hridaya Marma	Heart and cardiac plexus
Shira Marma	Brain and cranial nerves

XI. DISCUSSION

Marma Sharir is an important and practical concept of Ayurveda that explains the vital points of the human body. Marma are specific areas where muscles, blood vessels, nerves or ligaments, bones, and joints come

together. These points are closely related to life energy (prana). Because of this, injury to Marma can lead to severe pain, bleeding, deformity, loss of function, or even death.

The classical text Sushruta Samhita gives the most detailed description of Marma. It mentions a total of 107 Marma points distributed all over the body. These Marma are classified according to their structure, location, and the effect of injury. Some Marma causes immediate death, some cause delayed death, some lead to permanent deformity, and others mainly cause pain. This classification shows that ancient Ayurvedic scholars had a clear understanding of the severity and prognosis of injuries involving vital body points.

The main aim of describing Marma was to ensure safety during surgical and para-surgical procedures. Sushruta clearly advised surgeons to avoid Marma during operations, incisions, cauterization, and bloodletting procedures. This reflects the advanced surgical knowledge and importance of anatomical precision in Ayurveda. The concept of avoiding vital structures during surgery is also followed in modern surgical practice.

Functionally, Marma are closely connected with life and consciousness. Injury to important Marma such as those related to the heart, navel, urinary bladder, and head often results in fatal outcomes. When these descriptions are compared with modern anatomy, they correspond to vital organs, major blood vessels, nerve plexuses, and control centers of the body. This similarity supports the scientific and observational basis of the Marma concept.

Other Ayurvedic texts like Charaka Samhita and Ashtanga Hridaya also mention Marma, mainly in relation to disease manifestation and prognosis. However, detailed surgical and anatomical explanations are mainly found in Sushruta Samhita, highlighting its importance in the field of surgery.

In present times, knowledge of Marma is also applied in Marma therapy, massage therapy, Panchakarma procedures, physiotherapy, and pain management. Gentle stimulation of specific Marma points helps in reducing pain, improving circulation, and restoring balance in the body. This approach is comparable to modern practices like acupuncture and reflexology.

Overall, Marma Sharir is a well-developed and clinically relevant concept that connects anatomy, physiology, and surgical practice. Understanding Marma is essential for safe surgical procedures, effective treatment planning, and holistic patient care. Further correlation of Marma points with modern anatomical structures can enhance their acceptance and application in contemporary medical practice.

XII. CONCLUSION

Marma Sharir is a unique and scientific concept of Ayurveda that highlights the presence of vital points in the human body. These points represent areas of structural and functional importance where injury can lead to serious consequences such as pain, deformity, loss of function, or death. The detailed description of Marma in Sushruta Samhita reflects the advanced anatomical knowledge and clinical wisdom of ancient Ayurvedic scholars.

The classification of Marma based on structure, location, and effect of injury provides clear guidance regarding prognosis and severity of trauma. This knowledge was primarily developed to ensure safety during surgical and para-surgical procedures, emphasizing the importance of protecting vital structures of the body. The principles of avoiding Marma during interventions demonstrate an early understanding of surgical risk management.

Correlation of Marma with modern anatomy reveals close similarities with vital organs, major blood vessels, nerves, and neurovascular bundles, supporting the practical and observational basis of the concept. In addition to its surgical importance, Marma knowledge has therapeutic value in pain management, rehabilitation, and holistic healing practices.

In conclusion, Marma Sharir serves as an important bridge between ancient Ayurvedic anatomy and modern medical science. Proper understanding and application of Marma principles enhance surgical safety, improve therapeutic outcomes, and contribute to comprehensive patient care. Further scientific exploration and anatomical correlation can strengthen its relevance and integration into contemporary healthcare systems.

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