A REVIEW ARTICLE ON COMMON PATHOLOGICAL CONDITIONS AFFECTING TRIMARMA IN LIGHT OF CLASSICAL INSIGHTS

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ABSTRACT

There are total of 107 Marmas explained in classics. Acharya Caraka has emphasized only on Trimarma and has devoted one full chapter in Chikitsa Sthan and Siddhi Sthan. Shira, Hridaya and Basti are the Trimarma or tripod of life. They are Sadhyopranahara in nature as trauma results in immediate death or death within 7 days.

Trimarma are most important organs of body, Shira that include brain and control the body activities, Hriday that include heart and the master of circulatory system and Basti that include the urinary bladder and kidneys that eliminates the waste material from our body and help to maintain the electrolyte balance of body. Charak has given more importance to these Trimarma because these three organs are involved in the most of the pathological conditions leading to death. Trauma to Shira is more complicated as compared to Hridaya and then Basti. This review article tries to correlate some very common day-to-day life’s pathological conditions which affects the Trimarma and should be avoided for a healthy living.

KEYWORDS: Trimarma, Hriday, Shira, Basti, Pathological conditions.

INTRODUCTION

Shira, Hriday and Basti (Head- central nervous system, heart-cardio vascular system Bladder-urinary system) are considered as Trimarma or Mahamarma by Acharya Charak¹, Trimarma are known as the root of life because these are the controllers of all activities of our body.

Marma are considered as vital sites of Prana² in the body as they have relations through Pranavaha Srotas (channels) to various internal organs, Dosha and Srotas. When these areas are injured due to blow, weapons, accidents internal injuries etc., can result in severe pain, disability and even death.

These Marma are the site of Prana on which any type of trauma, either internal (due to Vatadi Dosha) or external will result in aggravation of Vatadi Dosha, which ultimately traumatizes the Marma and causes various diseases. Hence constant effort for the protection of these should be made. The protection of the vital organs consists of the avoidance of the causes of injury, constant adherence to the rules of the regimen of hygienic living and prompt treatment on the incidence of disease.

General description of Trimarma

1) Hriday

Hridaya is the site of ten Dhamani, Prana Vayu, Vyana Vayu, Sadhak Pitta, Oaj, Mana, intellect, consciousness and the great proto-elements. These are set as spokes in the nave of the wheel.

Position: Stanayor Madhyam (mid of the sternum)

Type: Sadhyopranahar Marma and Sira Marma

Artery: Ascending aorta – supplies the whole body

Veins: Superior vena cava- tributaries to the upper limb

Inferior vena cava – Tributaries to the lower limb

Pulmonary vein - Carries oxygenated blood from the lungs to the heart

Lymph: tracheo- Bronchial lymph glands

Nerve: Vagus- Deep cardiac plexus, coronary and pulmonary plexus

Muscles: Cardiac muscles

Ligament: Capsular, sterno-coastal ligament

Discussion

A bruise to the heart muscle (myocardial contusion) may disrupt the heart’s normal, rhythmic beating, making heartbeats too fast, too slow, or irregular (arrhythmia). A tear in the wall of the heart
ventricular rupture) often causes fatal bleeding. Also due to loss of cardiac propulsion there is no oxygenated blood supply to the tissues and brain causing sudden cellular and central death.

2) Shira

The sensory channels carrying sensory and vital impulses are located in the head just as rays of the sun.

Site: Above the neck

Arterial supply: Mainly from external and internal carotid arteries. Basilar artery also helps these making circles of Willis.

Venous Supply: Superficial temporal vein, frontal vein, occipital vein, the anterior facial vein etc. with cranial venous sinuses.

Nerve: The major cranial and spinal nerves that connect the central nervous system to the organs, skin, and muscles of the head and neck.

Discussion

Head injury causes concussion, contusion or lacerated wounds to the brain and sometimes intra cranial hemorrhage, coma and death. The Vagus nerve communicates vital information from the brain to the heart and intestines. The phrenic nerve, allow the brain to control breathing and forms a vital connection from the cervical plexus to the diaphragm. The spinal cord within the neck is most dangerous as they are likely to affect a greater area of the body and is more likely to result in death. The fatal result of damage to the pathway between the brain and the diaphragm is respiratory arrest, a condition where the diaphragm stops moving, thereby failing to move fresh air into the lungs.

Importance

A site of understanding and co-ordination of all body functions. These structures all work together to control every part of the body and receive sensory messages from the environment and the body’s internal structures.

3) Basti

Basti is situated in the middle of rectum, scrotum, raphe, vas deferens and ureters is receptacle of urine and stabilizer of all the fluid carrying channels.

As regards the bladder, located as it is in the perineum amidst the channels carrying the semen and the urine, it is the seat of urinary secretion and also the resort of all channels conveying the aqueous elements. The body is infiltrated with a network of channels known as vital ones emanating from these centers.

Site: in between symphysis pubis and umbilicus

Artery: External iliac and internal iliac (hypogastric) artery, obturator and inferior gluteal artery.

Vein: external and internal iliac vein

Lymph: Obturator, external iliac, internal iliac (hypogastric), and common iliac lymph nodes.

Nerves: The bladder receives motor innervation from both sympathetic fibers, most of which arise from the hypogastric plexuses and nerves, and parasympathetic fibers, which come from the pelvic splanchnic nerves and the inferior hypogastric plexus.

Muscles: The detrusor muscle is a layer of the urinary bladder wall made of smooth muscle fibers arranged in spiral, longitudinal, and circular bundles.

Discussion

Damage here will cause extravasation of urine, which may spread over the perineal membrane up to the abdominal wall causing infection or peritonitis uremia and death.

Symptoms of injured Trimarma

If these three are affected by any physiological and pathological disturbance, body is demolished quickly because by destruction of substratum, dependent is also destroyed. Hence these should be protected with special care both from external injuries as well as internal morbidity of Vata and other humors example such kind of internal Doshabhighata may be a cause of massive heart attack or acute renal failure.

When heart is affected, cough, dyspnea, debility, dryness of throat, traction of Kloma, protrusion of tongue, dryness of mouth and palate, epilepsy, insanity, delirium and loss of consciousness are seen.[3]

If head is affected then rigidity of sides of neck, facial paralysis, agitation of eyes, stupfaction, constriction and pain in head, loss of movements, cough, dyspnea, lock jaw, numbness, stuttering speech, ptosis, twitching of cheeks, yawing, fits, aphasia, salivation etc., happens[4].

If Basti is affected than retention of urine, flatus, faeces, pain in groin, penis, urinary bladder, Kundala (reverse misperistalsis), Gulma, Uradhavata, Vataashitala (stone hard swelling due to Gulma), stiffness in naval, lower abdomen and hip are seen[5].

The common pathological conditions that indirectly affect the Trimarma but major cause of Marmaghata:

1) Udavarta

This condition results due to inverted course of Apan Vayu. According to Sushrut, Sandharan (suppression of natural urges) is a major cause in pathogenesis of Udavarta.[6]
He quotes that cessation of urges like flatus, faeces, urine, yawning, flow of tears, sneezing, eructation, vomiting, (ejaculation of) semen, hunger, thirst, exceptional respiration and sleep causes Udavarta.

Chakrapani says that Apan Vayu itself gets aggravated by its etiological factors and causes hindrance in its own path causing Udavarta.[7] This condition affects all the Trimarma along with other accessory symptoms.

Hriday – Hridrod
Basti – Mutrakrichhra, Ashtheela
Shira- Blindness, deafness, Shirobhitapa, Manovikara (psychological diseases), Ardita (facial paralysis), Pratishaya Other conditions are Jwara, Pravahika, Vaman, Vataj Udar, Trisha, Rakta-pitta, Aruchi, Gulma, Kasa, Shwas and Parshwarog.

Treatment of Udavarta

Snehan, Swedan, Varti, Niruha Basti, Sneha Sewan, Virechan and Anulomak Anna Sewan.[8]

2) Aanaha (hardness of bowels) [9]

Aam and faeces gradually accumulated and further obstructed by Vayu adopts faulty course and as such does not move along their respective passage. This disorder is known as Aanaha (hardness of bowels). This is of two types- Aamashaya Samudbhava (origin from stomach) and Pakwashaya Samudbhav (origin from intestine). The symptoms of Aamashaya Samudbhava Aanaha are thirst, coryza, burning sensation in head, pain and heaviness in stomach, nausea, and obstruction to eructation. Again, the aggravated Apana Vayu in this case may cause an emergency condition of Hristambha (heart attack) which may result in sudden death.

In Pakwashaya samudb have Anaha, symptoms are- stiffness in waist and back, retention of Faecus and urine, colic, fainting, vomiting of faecal matter, dyspnea and symptoms of Alasak which if not managed properly, may result in death.

The treatment should be appetizing and digestive drugs, sudation and purgation with castor oil.

3) Mutrakricchra (Dysuria) [10]

There are eight classifications of dysuria as a result of excessive physical exertion, strong medications, continual indulgence in dry wine, mounting fast horses, ingestion of flesh, having pre-digested meal, indigestion. Vataj, Pittaj, Kaphaj, Samnipataj, Shukravega rodhaj, Shukraj and Rakta j. The humors, being provoked by their respective etiological factors individually or all together, and reaching the urinary passage, begin to compress them on all sides. When this occurs, the patient micturates with pain, that is, there results dysuria.

One of the etiological factors of Mutrakricchhra is Ashmari (renal stone). If it is incurable with medicines, then surgical treatment is required, as the last resort. Because of its critical situation Acharya Sushruta has mentioned to take written consent of the attendants of patient prior to the operation.[11]

If surgical operation is not done then death is certain. While performing the same, there is doubt (between life and death); hence it should be taken up by the well wisher after getting permission from the administration.

4) Pratishyaya[12]

Sexual intercourse, distress in head, smoke, dust, excessive cold or heat and holding the urges of urination and defeation are immediate causes of Pratishyaya. Vatadi Dosha separately and collectively, along with Rakta accumulated and aggravated by various factors gets located in head and produce Pratishyaya. This is the most common disease of head but when ignored or not treated properly may result in various complications. For e.g., in Dushta Pratishyay the patient loses the sense of smell. Also Pratishyaya results as Upadray (complication) of other diseases like in Rajayakshma (tuberculosis) where it becomes very hard to treat it completely.

These Trimarma are the seats of Prana and if they affected physio-pathologically, they can create severe complications. Heart, Basti and Shira should be protected particularly from Vata. Vata is the main cause of aggravation of Pitta and Kapha Dosha and also is the root cause of vital breath. This Vata is again most amenable to enema therapy. There is no any other therapy equal to enema therapy for the protection of vital parts. Importance of Trimarma out of hundred and seven vital parts mentioned under enumeration of body parts Basti, Hriday and Shira regarded as important once by the experts because these three are the seat of Prana and vital breath i.e., Das Pranyattana.

Treatment of Trimarma

Hriday: According to the type and condition of disease, Langhan, Pachan, Amla rasa (sour tasting food materials) various types of medicated Ghrita, Taila, Awaleha, Lepa, Rasayan and Shodhan procedures like Vaman, Virechan and Basti can be used in the treatment of Hridroga. The most common Shamak (pacifiers) Dravyas are Arjuna (Terminalia arjuna Roxb.) Haritaki (Terminalia chebula Retz.) Pippali (Piper longum Linn.), Rasna (Plucheia lanceolata DC.), Shati (Hedychium spicatum Ham-ex-Smith) Pushkarmula (Inula racemosa Hook. f.) Matulunga (Citrus medica L var. limonum) Jaharamohara (serpentine), Guggulu (Commpiphora mukul), Hingu (Ferula narthex) and rock salt. The common properties of these drugs are Vatahara, Anulomana.
REFERENCES


CONCLUSION

The Prana means vital breath resides in Basti, Hridayand Shira. Hence one should make every effort to protect them. External injuries to Trimarma may be because of accidents which are most of the time unavoidable, but the common cause of internal injuries is the above mentioned Pragyaparadha Janya conditions which are definitely avoidable. The protection of vital parts consists of avoidance of impending factors, observation of code of conduct for the healthy and remedy of disorder, if arises.

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