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Clinical Importance of Vitapa Marma

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Abstract

Marmas are those areas of living body where Pranas are concentrated at one level. These points are considered as vital points and serious effect occur if traumatized. It is very clear that effect of marmaghat are due to the fact that the particular site is the conglomeration of many important structures like arteries, nerves, ligaments etc. These are very important structures in physiological and pathological aspect. Understanding the marma type and its exact location is very important in clinical practice. Hence marma is very important for diagnostic, prognostic, therapeutic and surgical purpose.

Trauma to the vitapamarma leads to serious problem and disability.

Keywords-marma, prana, vitapamarma

Introduction-

Sushrutsamhita is one of the three brihatttrayi. The concept of marma has been one of the most important subject of Ayurveda. Acharyasushrut was the first scholar provided detailed knowledge of marma in the sharirsthana under the pratyekamarmanirdesha shirra adhyaya. Marma are the vital spot in the body. Union of the mansa, sira, snayu, asthi, sandhi is called marma and the prana resides in that marma.

Acharya have broadly classified the 107 marmas based on the region such as extremities, abdomen, chest, back, head, neck. Vitapa is categorized under the marma and sira aspect. Vitapa is mentioned under adhoshakhagatamarma and in urdhwashakhagata same is replaced by kakshadharamarma. Vitapa is located in between the vrishana and vakshana. Nowadays due to road traffic accidents by automobiles causes disability and fatal, by seeing traumatological importance in obstetric, locomotion, excretory and reproductive functions. So as to protect from the injuries on these vital points. The knowledge about pelvic region is essential among these region here detailed description of vitapa is discussed in the 7th adhya of sharirsthana. Acharyasushruta given detailed information regarding sira of human body, in same chapter acharya has named some vedhyasiras which should not be punctured the vitapasira is one of them.

Discussion

Concept of vitapamarma

Vitapamarma is present in between vankshana (Hip joint region) and vrishanpradesh (Testicular region). It is snayu, vaikalyakara and 1 anguli in praman. Injury to this marma leads to shandata and alpashukrata. So situation of this marma can be compared to the area of inguinal canal in which the main content is spermatic cord.

Inguinal canal

This is an oblique passage in the lower part of the anterior abdominal wall, situated just above the medial half of the inguinal ligament. It is about 4 cm long and is directed downwards, forwards and medially. The inguinal canal extends from the deep inguinal ring to superficial inguinal ring. The deep inguinal ring is an oval opening in the fascia transversalis, situated 1.2 cm above the mid inguinal point, and immediately lateral to the stem of the inferior epigastric artery.

The superficial inguinal ring is a triangular gap in the external oblique aponeurosis . It is shaped like an obtuse angled triangle. The base of the triangle is formed by the pubic crest. The two sides of the triangle from the lateral or lower , medial or upper margins of the opening. The main structures passing through inguinal canal is ilioinguinal nerve and in males spermatic cord and in the females round ligament of the uterus .

Main constituents of the spermatic cord -

- 1 The ductus deferens
- 2 The testicular and cremasteric arteries and arteries of the ductus deferens
- 3 The pampiniform plexus of veins
- 4 Lymph vessels from the testis
- 5 The genital branch of the genitofemoral nerve.

so the site of vitapamarma is inguinal region and the main underlying structure is spermatic cord with its constituents in case of males.

Because of damage to the both spermatic cord (Ductus deferens is the main structure in this case) , the seminal fluid will not go to its final destination . So this will produce the infertility or sterility . In case of injury to one of the spermatic cord, will leads to functioning of only one ductus deferens. So this will produce less quantity of semen. Thus it justifies the laxanas given by acharya Sushruti, Shandata and Alpashukrata as per modern anatomy and vitapasira can be considered as testicular arteries and artery of the ductus deferens along with pampiniform plexus of veins (formed by the veins emerging from the testis) , these are the probable comparative anatomical structures for the vitapasira. The vein draining the testis and the epididymis form a bulky plexus called the pampiniform plexus. The veins become fewer as they traverse the inguinal canal and at near the inguinal ring. They join to form one or two testicular veins which pass upwards behind the peritonium. The left testicular vein empties in to the left renal vein , the right into the inferior vena cava below the right renal vein. The testicular veins may have valves near their terminations but these are often absent. There is an alternative (collateral) venous return from the testis through the cremasteric veins which drain into the inferior epigastric. Most varicoceles are noticed in adolescence or early adulthood. The left side is affected in 95 % .

Obstruction of the left testicular vein by a renal tumour or after nephrectomy is an occasional cause of varicocele in middle life and after. So considering all above points , it is feasible to correlate vitapasira with pampiniform plexus of veins.

Conclusion

By considering the above said facts and reason it can be said that vitapamarma is vaikalyakarmarma and its injury leads to shandata and alpashukrata and the underlying structure for this marma can be correlate with the inguinal canal and vitapasira can be considered as testicular vein which forms the pampiniform plexus of veins.

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