

***Marma Sharir* and Its Clinical Implications in Pulmonary Health: An Anatomical Perspective**

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Abstract:

The concept of *Marma Sharir*, as described in *Ayurvedic* classics, holds significant importance in understanding the structural and functional organization of the human body. Among the various *Marma* points, the *Urasgata Marma*—which comprises *Stanamoola*, *Sthanrohit*, *Apalapa*, and *Apasthambha*—plays a crucial role in maintaining thoracic and pulmonary function.

This review aims to correlate the classical anatomical descriptions of *Marma Sharir* with modern anatomical and physiological insights, emphasizing the potential clinical implications in pulmonary health. By integrating the concepts of *Rachana Sharir* with contemporary perspectives on neurovascular and musculoskeletal correlates, the study seeks to provide a scientific understanding of *Marma* stimulation and its therapeutic potential in respiratory disorders.

Keywords:

Marma Sharir, Urasgata Marma, Rachana Sharir, Pulmonary Health, Ayurveda, Sushruta Samhita

Introduction

Ayurveda describes *Marma* as vital anatomical and physiological seats where *Prana* (life energy) resides. *Sushruta* defines *Marma* as the meeting point of *Mamsa* (muscle), *Sira* (vessels), *Snayu* (ligaments), *Asthi* (bones), and *Sandhi* (joints). Injury to these vital points can result in severe functional impairment or even death.

In the context of *Rachana Sharir*, *Marma Sharir* represents a bridge between structural anatomy and functional vitality. Due to its direct relationship with the thoracic cavity, heart, lungs, and major vascular and neural structures that influence respiration and circulation, the *Urasgata Marma* holds special importance.

The concept is detailed in the classical texts, specifically in the *Sushruta Samhita*, *Sharira Sthana* 6/27–29.

“मांसहशरास्नाय्वस्थसंघातो ममसंज्ञकः । तेषु प्राणाः प्रहतहिता इहत तस्मात् तेषु प्रिरेण मरणम् ॥”

The meaning of this verse is: **The conjunction of muscle, vessels, ligaments, bones, and joints is termed Marma; vital life force resides within them; therefore, any injury to these points may lead to death.**

Concept of Marma Sharir

The concept of *Marma* has been extensively discussed in *Sushruta Samhita*, where 107 *Marmas* are classified based on location, structure, and the effect of injury. The *Urasgata Marma* specifically includes four *Marmas* located in the chest region—*Stanamoola*, *Sthanrohit*, *Apalapa*, and *Apasthambha*—with each contributing to the physiological functioning of the thoracic and pulmonary systems.

Materials and Methods

This review article is based on classical *Ayurvedic* texts, including *Sushruta Samhita*, *Charaka Samhita*, and *Ashtanga Sangraha*, along with modern anatomical and physiological literature. Electronic databases, such as *PubMed*, *Scopus*, and *AYUSH Research Portal*, were searched for recent studies (2015–2024) concerning *Marma* therapy, acupoint analogs, and their clinical relevance in respiratory health. The information gathered was critically analyzed to correlate traditional

anatomical insights with modern clinical observations.

Rachana Sharir of Urasgata Marma

According to *Sushruta*, *Urasgata Marma* are situated in the thoracic region and are responsible for maintaining the integrity of *Pranavaha Srotas*. The *Sushruta Samhita*, *Sharira Sthana* 6/29 lists these points:

“उरहस चत्वारर ममामहण — स्तनमूलं स्थानरोहितमपलापमपास्थमंभ च।”

The four key *Urasgata Marma* include *Stanamoola* (at the root of the breast), *Sthanrohit* (above the breast), *Apalapa* (near the clavicle), and *Apasthambha* (along the thoracic sides). Each *Marma* has a corresponding anatomical location correlated with vital neurovascular and musculoskeletal components of the chest.

Specific anatomical correlations are as follows:

- ***Stanamoola Marma***: This point is located beneath the breast line in the intercostal spaces. It is typically found in the 4th–5th intercostal spaces, correlating with the intercostal nerves and vessels, and the intercostal muscles. Anatomically, it corresponds to the pectoralis major origin and underlying intercostal vessels, influencing the anterior thoracic wall and mammary region.
- ***Sthanrohit Marma***: Located on the lateral or superior aspect of the breast. It is mainly composed of muscular, vascular, and

ligamentous elements. Situated above the breast, it possibly correlates with the intercostal nerve plexuses and internal thoracic artery branches.

- **Apalapa Marma:** Located in the *Supraclavicular* region above the *clavicle* (bilateral). It is situated near the *clavicle* and correlates with the *Supraclavicular fossa*, *subclavian vessels*, and parts of

the *brachial plexus*. It impacts respiratory musculature.

- **Apasthambha Marma:** Located near the *clavicle* and first rib region. It is situated along the lateral thoracic wall, corresponding to the intercostal nerves and the *serratus anterior* region. Anatomically, it correlates with *Phrenic nerve roots*, the *pleural dome*, and *subclavian artery* branches.

Table 1: Marma Classical Location, Modern Anatomical Correlation, and Function

MARMA	CLASSICAL LOCATION	MODERN ANATOMICAL CORRELATION	PROBABLE FUNCTION
<i>STANROHIT</i>	Lateral or superior aspect of breast	Mainly muscular, vascular and ligamentous elements	Influences chest mobility, intercostal nerve stimulation and local stimulation
<i>APALAPA MARMA</i>	<i>Supraclavicular</i> region above <i>clavicle</i> (bilateral)	<i>Supraclavicular fossa</i> , <i>subclavian vessels</i> , parts of <i>brachial plexus</i>	Support to airway inlet, influence on upper thoracic expansion
<i>APASTAMBHA MARMA</i>	Near <i>clavicle</i> and first rib region	<i>Phrenic nerve roots</i> , <i>pleural dome</i> , <i>subclavian artery</i> branches	Modulation of diaphragmatic movement and respiratory rate
<i>STANAMULA MARMA</i>	Beneath breast line in intercostal spaces	4th–5th intercostal spaces, intercostal nerves & vessels, intercostal muscles	Enhances chest expansion and lung ventilation

Structural and Functional Correlation

Collectively, the *Urasgata Marmas* regulate thoracic expansion, respiration, and the protection of vital organs. Modern anatomy confirms that the thoracic region contains key elements such as the lungs, *pleura*, heart, major

arteries, and *autonomic plexuses*. It is believed that *Marma* stimulation in this region influences the *parasympathetic* and *sympathetic* pathways, thereby affecting pulmonary ventilation, heart rate variability, and oxygenation.

Clinical Implications in Pulmonary Health

From a clinical perspective, stimulating *Urasgata Marma* points can aid in improving pulmonary efficiency, reducing bronchial spasms, and enhancing respiratory muscle coordination. Studies concerning *Marma* therapy and its acupressure analogs indicate that activating thoracic *Marma* points can lead to improved lung capacity and reduced stress levels. Furthermore, *Marma Chikitsa*, when combined with *Pranayama* and *Abhyanga*, shows significant benefits in the management of conditions such as asthma, COPD, and postural breathing dysfunction.

Discussion

The anatomical interpretation of *Urasgata Marma* serves to bridge classical *Ayurvedic* concepts with modern scientific understanding. The interrelationship between *Marma* points and neurovascular structures provides insight into their therapeutic potential. Within *Rachana Sharir*, these points are understood not just as structural entities, but as dynamic centers regulating physiological functions. Modern clinical research supports the idea that *Marma* stimulation may influence *autonomic regulation*, leading to enhanced respiratory efficiency and stress modulation. Integrating *Marma*-based interventions into pulmonary rehabilitation programs could serve as a valuable adjunct in holistic healthcare.

Conclusion

Marma Sharir represents a profound synthesis of anatomical and physiological principles within *Ayurveda*. The *Urasgata Marma*, specifically, underscores the vital connection between structure and function necessary for maintaining pulmonary health. Correlating these classical concepts with modern anatomy and physiology enriches our understanding of *integrative medicine* and paves the way for further clinical exploration in *Marma* therapy.

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