

MARMA SHARIR: A COMPREHENSIVE REVIEW OF AYURVEDIC ANATOMICAL CONCEPTS AND THEIR CLINICAL SIGNIFICANCE

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ABSTRACT

Marma is an important concept of *Ayurvedic* anatomy and is described as a vital anatomical site where different structural and functional components of the body are closely related. Classical *Ayurvedic* texts describe *Marma* in relation to *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*, and emphasize their importance in sustaining life and maintaining normal bodily functions. Injury to a *Marma* may produce pain, functional impairment, deformity or, depending upon its severity and location, serious consequences. The present article reviews the classical concept of *Marma Sharir* and attempts to correlate it with anatomical structures described in modern science. The review focuses on the definition, classification, number, distribution, anatomical components, physiological importance, clinical significance and modern anatomical perspective of *Marma*. Classical *Ayurvedic* literature including *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya* forms the principal basis of the discussion. *Marma Sharir* represents an important area of study in *Rachana Sharir* because it integrates regional anatomy with functional and clinical considerations.

Keywords: Marma, Marma Sharir, Rachana Sharir, Sushruta Samhita, Vital Points, Ayurvedic Anatomy, Anatomical Correlation.

1. INTRODUCTION

Ayurveda describes the human body through a systematic understanding of its structural and functional components. *Rachana Sharir* deals with the anatomical organization of the body and provides the foundation for understanding physiological and pathological processes. Among the important concepts of *Ayurvedic* anatomy, *Marma Sharir* occupies a distinctive position because it combines anatomical location with functional and clinical significance.

The classical texts describe *Marma* as special sites of the body that are closely associated with important structures and vital functions. These sites are not merely considered isolated anatomical points; rather, their importance is understood through the relationship of *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*. *Sushruta* gives an elaborate description of *Marma*, including their number, location, classification and consequences of injury.

Understanding *Marma Sharir* is important for students and practitioners of *Ayurveda* because knowledge of these sites is relevant to diagnosis, surgical procedures, trauma assessment, therapeutic procedures and preventive care. Modern anatomy can further assist in understanding the structural basis of these regions by identifying muscles, vessels, nerves, bones, joints and other tissues located around the classical *Marma* sites.

2. AIM

To review the classical *Ayurvedic* concept of *Marma Sharir* and explore its anatomical and clinical significance from an *Ayurvedic* and modern anatomical perspective.

3. OBJECTIVES

1. To review the definition and concept of *Marma* according to classical *Ayurvedic* texts.
2. To study the classification, number and distribution of *Marma*.
3. To review the anatomical components associated with *Marma*.
4. To understand the clinical importance and consequences of *Marma* injury.
5. To explore the possible correlation of selected *Marma* with structures described in modern anatomy.

4. MATERIALS AND METHODS

The present work is a literary review based primarily on classical *Ayurvedic* texts and relevant standard anatomical literature. The principal *Ayurvedic* sources considered are *Sushruta Samhita*, *Charaka Samhita* and *Ashtanga Hridaya*. Modern anatomical concepts are used for conceptual comparison and correlation. The review is descriptive and conceptual in nature.

5. CONCEPT OF MARMA

The word *Marma* is derived from the *Sanskrit* root associated with a vital or sensitive site. In *Ayurvedic* literature, *Marma* is described as a special region in which important structural elements are concentrated. The classical description emphasizes that injury to such a site can have serious consequences.

Sushruta gives particular importance to *Marma Sharir* and describes *Marma* as sites related to *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*. This description indicates that a *Marma* may represent a region where several anatomical tissues converge rather than a single structure.

6. NUMBER AND DISTRIBUTION OF MARMA

According to *Sushruta*, there are 107 *Marma* in the human body. They are distributed throughout the upper limbs, lower limbs, trunk and head-and-neck regions. The classical distribution reflects the anatomical organization of the body and highlights the importance of selected regions containing vital structures.

Region	Number of Marma	General distribution
Upper limbs	22	Shoulder, arm, forearm and hand regions
Lower limbs	22	Hip, thigh, leg and foot regions
Trunk	12	Thoracic and abdominal regions
Back and pelvic region	12	Posterior trunk and pelvic areas
Head and neck	37	Head, face and cervical region
Total	107	Whole body

7. CLASSIFICATION OF MARMA

Marma may be classified according to anatomical structure, location and the consequences of injury. On the basis of structural predominance, the classical classification includes *Mamsa Marma*, *Sira Marma*, *Snayu Marma*, *Asthi Marma* and *Sandhi Marma*.

According to the consequence of injury, *Marma* are traditionally described as *Sadyah Pranahara*, *Kalantara Pranahara*, *Vishalyaghna*, *Vaikalyakara* and *Rujakara*. This classification demonstrates that the clinical outcome of trauma varies according to the site and nature of injury.

Type	General clinical implication
<i>Sadyah Pranahara</i>	Injury may lead to immediate loss of life
<i>Kalantara Pranahara</i>	Serious consequences may develop after a period of time
<i>Vishalyaghna</i>	Removal of an embedded foreign body may produce serious consequences
<i>Vaikalyakara</i>	Injury may produce deformity or functional disability
<i>Rujakara</i>	Injury is predominantly associated with pain

8. ANATOMICAL COMPONENTS OF MARMA

The classical description of *Marma* identifies five major structural components: *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*. These may be broadly understood in relation to muscle and soft tissue, vessels and vascular structures, tendinous or ligamentous structures, bones, and joints. Such correlation should be regarded as conceptual rather than as a one-to-one equivalence because

Ayurvedic anatomical terminology and modern anatomical terminology arise from different conceptual systems.

9. MARMA AND PRANA

Marma are closely associated in *Ayurvedic* thought with *Prana*, the vital principle responsible for sustaining life and bodily functions. The serious consequences described after injury to particular *Marma* indicate the importance attributed to these sites. The concept of *Prana* provides a functional dimension to *Marma Sharir* beyond purely structural anatomy.

10. CLINICAL SIGNIFICANCE OF MARMA

Knowledge of *Marma* is clinically important in *Ayurveda*. Accurate identification of these sites may help in the assessment of trauma, planning of therapeutic procedures and avoiding unnecessary injury to vulnerable anatomical regions. *Marma* knowledge is also relevant to procedures and practices in which pressure, manipulation or stimulation is applied to specific body regions.

From a modern clinical perspective, many *Marma* regions are located near important nerves, blood vessels, joints, muscles and organs. Consequently, trauma to these regions may produce pain, bleeding, neurological deficits, restricted movement or other complications depending on the structures involved.

11. MODERN ANATOMICAL CORRELATION

Modern anatomy describes the body in terms of identifiable tissues and systems such as skeletal, muscular, nervous and vascular structures. Several classical *Marma* locations can be examined in relation to these structures. For example, *Marma* situated around joints may involve complex arrangements of bones, articular structures, ligaments, tendons, vessels and nerves. *Marma* located in the head and neck may correspond to regions containing major neurovascular structures.

However, it is inappropriate to equate every *Marma* directly with one modern anatomical structure. A *Marma* is better understood as a clinically significant anatomical region in which one or more important structures may be concentrated. Comparative study therefore requires careful consideration of location, tissue composition and functional significance.

12. IMPORTANCE IN RACHANA SHARIR

Marma Sharir has considerable importance in the teaching of *Rachana Sharir* because it encourages integrated understanding of regional anatomy. Instead of studying individual tissues in isolation, *Marma* provides a framework in which muscles, vessels, nerves, bones, joints and their functional relationships can be considered together.

The study of *Marma* also provides an important bridge between anatomical knowledge and clinical application. It helps students appreciate why knowledge of vulnerable anatomical regions is essential during therapeutic and surgical procedures.

13. DISCUSSION

The classical description of *Marma* demonstrates the advanced regional and applied anatomical perspective present in Ayurvedic literature. The enumeration of 107 *Marma* and their systematic classification reflects an attempt to organize clinically important body regions according to structure and consequence of injury.

The structural classification based on *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi* emphasizes that *Marma* are associated with different tissues. This is particularly relevant when viewed alongside modern anatomy, where clinically important regions often contain multiple structures in close proximity.

The classification according to consequences of injury further demonstrates the applied nature of *Marma Sharir*. The categories indicate variation in clinical outcome, ranging from pain and functional disability to severe or life-threatening consequences.

A modern anatomical correlation can improve conceptual understanding, but it should not be interpreted as a complete equivalence between the two systems. *Ayurvedic* concepts should be studied in their original textual and conceptual context while modern anatomy can be used as a complementary framework for structural interpretation.

14. CONCLUSION

Marma Sharir is a significant component of *Rachana Sharir* that integrates anatomical structure with functional and clinical importance. Classical *Ayurvedic* texts, particularly *Sushruta Samhita*, provide a systematic description of *Marma* with respect to their number, distribution, structural components, classification and consequences of injury.

The concept remains relevant to contemporary anatomical education because many *Marma* regions contain important muscles, vessels, nerves, bones, joints or other vital structures. A careful comparative approach can therefore enhance understanding of regional anatomy and its clinical significance. Further research using detailed anatomical, radiological and clinical studies may help explore the structural basis of individual *Marma* sites.

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