

**A REVIEW ARTICLE ON APPLIED ASPECT OF “UDAR GAT
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ABSTRACT

According to Ayurveda science there are some vital parts in our body which leads to death if injured. Acharyasushruta along with other acharyas has named these vital parts as “Marma”. These marmaare 107 in number and they are known to be “panchatamaka”. Panchatamaka meansmarma is composed of five elements like maansa, sira, snayu, asthi, sandhi. While classifying the marma, acharya shushruta has described them regionwise [shadhanganusaar], their injury effect wise [parinaamanusaar], structural component wise [rachanaanusaar] and their size wise [parinaamanusaar]. Udargatmarma has been described in the shading marma. Udar region contains marma which are clinically very important. They are “guda” “basti” and “nabhi” according to acharyashushruta.

KEYWORDS: Shadangmarma, udargatmarma, guda, basti, nabhi.

INTRODUCTION

Acharyashushruta has classified panchatamaka marma^[1] shadangshariranusaar^[2] parinaamanusaar^[3] rachna anusaar^[4] and parimaan anusaar.^[5] According to acharyashushruta, classification of marma according to shadangsharir is as follows.^[2]

Shakhagatmarma-44

Madhyasharirgatmarma-26

Urdhavajatrugatmarma-37

Acharyashushruta has described udargatmarma as follows^[6]

- 1 **Gudamarma**- this marma has role in excretion of mala and vata and is joined with large intestine. It leads to death if injured.
- 2 **Bastimarma**-it is located inside the “katipradesh” with “alpamaansa and shonit” and is the “aadhar of mootra”. If injured it leads to formation of “ashmarivrna” and immediate death.
- 3 **Nabhi**-it is situated in between “pakvashaya” and “amashaya’.From here there occurs origination of “siras”. If injured, immediately leads to death.

While describing udargatmarma, acharyavagbhata has also described these three marmas namely guda, baasti and nabhi.

- 1 **Gudamarma**-it is related to large intestine, and helps n excretion of “vidda” and “vata’. It is “sadyamarak” if injured.^[7]
- 2 **Bastimarma**-it is the base of urine and structurally it is bend like an arrow .It is “alpamaansashoniyukta” and located inside the “kati”region.If injured leads to “ashmarivrna” otherwise leads to death.^[7]
- 3 **Naabhimarma**-it is located between “amashaya” and “pakvashaya”.Itis referred as “sarvasiraashraya” and “sadyamarak”.^[8]

Applied aspect of guda [anal canal], basti [urinary bladder] and nabhi [umbilicus] marma-

1. **Gudamarma** [anal canal]^[9]

- a) Piles or hemorrhoids are the swellings in the anal canal due to dilatation of sub mucous internal plexus of veins.

Internal piles-the internal piles develop due to dilatation of internal venous plexus at the pectinate line. In portal hypertension, there is dilatation of portosystemic anastomosis. The venous plexus in right anterior, right posterior and left lateral position are particularly large

and, hence, are the frequent sites of primary internal piles. With reference to the clock, primary internal piles are located at the 3'o'clock, 7 'o' clock and 11'o'clock positions. The internal piles cause painless bleeding per rectum.

External piles– the dilatation of the internal venous plexus below the level of pectinate line gives rise to external piles. This part of the internal venous plexus is covered by sensitive mucosa and skin.

- b) **Anal fissure**-it is a tear in the mucosa at the anal valves with extension into the pecten. It is usually found on posterior wall in the midline.
- c) **Abcess**-Infection of the anal sinus due to impact of fecal particle may result in abcess in the wall of anal canal.
- d) **Anal fistula**-when the anal abcess finds its way into the ischiorectal fossa and hence to the perianal skin. It is called anal fistula.

2. Bastimarma [urinary bladder]^[10]

- a) Rupture of urinary bladder may occur in fracture of pubic bone causing intra peritoneal or extra peritoneal extravasation of urine.
- b) Retention of urine inn urinary bladder may be due to enlarged prostate or stricture of urethra. In slow and progressive obstruction of urine outflow, the musculature of bladder hypertrophies. gradual back pressure builds up, which effects the ureter and the entire collecting system of the kidney resulting in hydro ureter and hydro nephrosis.
- c) Cystitis-It means inflammation of urinary bladder. It give rise to frequency and urgency of urination with supra pubic discomfort.
- d) Transitional cell carcinoma of the urinary bladder is usually due to chemical cause. The incidence of bladder cancer is more common in workers in aniline dye factories.
- e) Supra pubic cystotomy is useful in removal of urine from distended bladder, removal of vesical calculi and removal of prostate.

3. Nabhi marma^[11]

- a) Congenital anomalies of umbilicus

Complete patency of vitellointestinal duct results in fecal fistula at the umbilicus.

Patent urachus results in the urinary fistula at the umbilicus.

Congenital umbilical hernia is due to weakness or deficiency of umbilicus, through which intestines protrude. such a swelling is covered with peritoneum.

b) Beevor's sign

This is used for clinical testing of the muscles of the abdominal wall. The patient is asked to lie down in the supine position and then let him lift his head and shoulder from the bed against light resistance. If the abdominal muscles contract normally, the umbilicus is stationary. If the infra umbilical abdominal muscles are paralyzed, the umbilicus will move straight upwards by active contraction of the supra umbilical muscles. This is called Beevor's sign and is positive in lesion of spinal cord.

c) T10 dermatome overlies the band of skin surrounding the umbilicus. This is the reason why visceral pain of appendicitis is referred to the umbilicus.

d) The umbilicus is the lymphatic watershed because the abdominal wall above it drains into the axillary nodes and below it into the superficial inguinal nodes.

e) The umbilicus is one of the important sites of portocaval anastomosis.

CONCLUSION

Gudamarma is present in the region of anal canal because anal canal is also the passage of excretory material of body just as gudamarma.

Bastimarma is present in the region of urinary bladder because it is a reservoir of urine.

Nabhimarma is present in the region of umbilicus because it is present in between stomach and intestine.

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