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# Exploring *Basti* as *Sadhyopranahara Marma* through the Lens of Contemporary Anatomy

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## ABSTRACT

The concept of *Marma* in *Ayurveda* holds profound significance, representing vital points on the body where life force resides. Among these, *Sadhyopranahara Marma* is particularly critical, capable of causing immediate death if injured. *Basti*, one of the 19 *Sadhyopranahara Marma*, is highlighted for its unique properties and significance. This study aims to explore why *Basti* is classified as a *Sadhyopranahara Marma*, integrating classical *Ayurvedic* principles with contemporary anatomical understanding. The study examines the anatomical structure and functional significance of *Basti*. It elucidates *Basti* as the seat of *Prana*, composed of *Alpa Mamsa Shonitha* and surrounded by multiple *Sira* and *Snayu*. Injury to *Basti* can lead to severe bleeding and hemodynamic instability, ultimately resulting in death. Comparing *Ayurvedic* insights with modern anatomical knowledge of the urinary bladder, the study finds parallels in the understanding of injury mechanisms and fatal outcomes. Bladder trauma can lead to hemorrhage, peritonitis, organ dysfunction, and electrolyte imbalance, highlighting the critical nature of this region in both traditional and contemporary medical contexts. In conclusion, the study underscores the timeless relevance of *Marma Shastra* in understanding human anatomy and physiology. By elucidating the unique attributes of *Basti* as a *Sadhyopranahara Marma*, this enriches our understanding of *Ayurvedic* principles and their integration with modern medical practice. As we bridge the gap between tradition and innovation, the study emphasizes the holistic vision of healthcare that transcends temporal boundaries.

**Key words:** *Basti*, *Sadhyopranahara Marma*, *Urinary Bladder*

## INTRODUCTION

*Marma* is a structural entity where *Prana* resides<sup>[1]</sup>, making it one of the *Pranayatana*, hence guarding them against damage is essential. As a *Shalyatantra Pradhana Shastra*, the *Sushruta Samhitha* provides in-depth explanations for each of the 107 *Marma* points.<sup>[2]</sup> They are considered as the areas that should be avoided during surgeries by *Sushruta Samhitha*.

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*Marma* are vulnerable points on the human body where any form of injury might result in death or severe disability.<sup>[3]</sup> It is an area of the body that contains the five anatomical structures *Mamsa* (muscles), *Snayu* (ligaments), *Asthi* (bone) and *Sandhi* (Joints)<sup>[4]</sup> which are considered to be made up of three elements *Marutha*, *Teja* and *Soma*, they also include *Triguna*.<sup>[5]</sup> Depending on the effect of injury and its prognosis *Marma* points are classified into following types<sup>[6]</sup>

1. *Sadhyo-Pranahara* - Symptoms varies from instant death to death within 7 days.<sup>[7]</sup>
2. *Kalantara Pranahara* - Symptoms varies from death within 15 days to 30 days.<sup>[8]</sup>
3. *Vishalyaghna* - Death occurs immediately if the *Shalya* is withdrawn from marma location.<sup>[9]</sup>
4. *Vaikalyakara* - Injury will lead to deformity and pain.<sup>[10]</sup>
5. *Rujakara* - Injury to this *Marma* will lead to severe pain.<sup>[11]</sup>

Here, emphasis will be placed on *Sadhyopranahara Marma* as it is necessary to pay greater attention to *Marma* that result in instant death. *Basti* is one among the 19 *Sadhyo-Pranahara Marma*<sup>[12]</sup> and *Acharya Charaka* also explained *Basti* as one among *Trimarma*.<sup>[13]</sup> Hence here an effort is made to understand why *Basti* is regarded as one of the *Sadhyo Pranahara Marma*.

## OBJECTIVES

1. To comprehend what constitutes a *Sadhyopranahara Marma*
2. To determine what defines *Basti* as *Sadhyopranahara Marma*

## MATERIALS AND METHODS

For the conceptual study of *Basti* as *Sadhyopranahara Marma* following materials were utilized:

1. *Sushruta Samhitha*
2. *Charaka Samhitha*
3. Textbooks of Modern Anatomy
4. Various Medical Journals

## REVIEW OF LITERATURE

### Anatomy of Basti Marma as Per Classics

*Basti Marma* is also called as *Mutrashaya* as it functions as the reservoir for urine and also this *marma* is considered to be the *Uttama Sthana* for *Prana* to reside. This *Marma* is made up of *Alpa Mamsa Shonitha*<sup>[14]</sup> and is completely covered by multiple *Sira* and *Snayu*.<sup>[15]</sup>

**Location** - Inside *Kati Pradesha*<sup>[16]</sup> *Basti Marma* measures upto 4 *Angula*.<sup>[17]</sup>

Anatomical relation of *Basti Marma* as per *Sushruta Samhitha*, it is surrounded by *Nabhi*, *Prushta*, *Kati*, *Mushkha*, *Sthula Gudha*, *Vankshana* and *Shepha*.<sup>[18]</sup>

### Effect of Injury

Any kind of injury that causes the *Basti* to break on both/multiple sides of the *Basti*, will lead to *Sadhyomaranam*, except to those injuries that are

caused by *Ashmari* and also when injury is only on one side.<sup>[19]</sup>

### Modern Anatomy of Urinary Bladder

The urinary bladder is a muscular reservoir of urine, which lies in the anterior part of the pelvic cavity. The bladder varies in its size, shape and position according to the amount of urine it contains. When empty, it lies entirely within the pelvis; but as it fills it expands and extends upwards into the abdominal cavity, reaching up to the umbilicus or even higher.<sup>[20]</sup>

The urinary bladder receives its blood supply from branches of the internal iliac artery. Here is a detailed overview of the blood supply of the urinary bladder:

#### Arterial Supply:

- The superior vesical arteries: These arise from the anterior division of the internal iliac artery and supply the upper part of the bladder.<sup>[21]</sup>
- The middle vesical arteries: These also arise from the anterior division of the internal iliac artery and supply the middle part of the bladder.<sup>[22]</sup>
- The inferior vesical arteries: In males, these arise from the anterior division of the internal iliac artery and supply the base of the bladder and the seminal vesicles. In females, the equivalent arteries are the vaginal arteries, which supply the base of the bladder and the vagina.<sup>[23]</sup>
- The obturator artery: This artery may contribute small branches to supply the inferolateral aspects of the bladder.<sup>[24]</sup>

#### Venous Drainage:

- The veins accompanying the arterial supply form a vesical venous plexus, which drains into the internal iliac veins.<sup>[25]</sup>

## DISCUSSION

The words *Sadhyo* and *Pranahara* make up the phrase *Sadyopranahara*; *Sadyo* means immediately, and *Pranahara* implies taking away *Prana*. *Marma* are regarded as *Pranaadhithana*, as previously mentioned in the introduction. So, we must understand exactly

what *Prana* is; only then can we comprehend what influences *Pranaharana*.

The five sense organs, *Vayu*, *Pitta*, *Shleshma*, *Satva*, *Raja*, *Thama* and *Bhoothatma* are together referred to as *Prana*.<sup>[26]</sup> Now the question arises what causes a *Marma* to lose its *Prana* instantly. We learn that the *Sadyopranahara marma* are the *Marma* points with *Agni Guna* predominance and that they bring death through the *Ashu* (rapid) *Ksheenatha* of *Agni Guna*<sup>[27]</sup>, which is one among the 12- *Prana* mentioned prior. *Agni Guna* is shown to be nothing beyond the *Ushma* of *Pancha-Pitta*<sup>[28]</sup>, *Pancha-Bhootha*<sup>[29]</sup> and *Sarva-Dhathu*<sup>[30]</sup>, and we are also informed that *Arthava* and *Shonitha* both has *Agneyatva*<sup>[31]</sup> within them. Compiling these two pieces of information in the context of *Shonitha* being *Ashraya* for *Pitta* reveals that *Shonitha* is the most important aspect that must be considered. The assertion that *Chaturvidha Sira* are nourishing/sustaining *Snayu*, *Asthi*, *Mamsa* and *Sandhi* provides evidence to this.<sup>[32]</sup>

Consequently, all *Sadhyopranahara Marma* such as *Shrungataka*, *Adhipathi*, *Shankha*, *Ashtamatrika*, *Guda*, *Hridaya*, *Basti* and *Nabhi* are ideally *Agni Guna* (*Shonitha*) *Pradhana*; yet, how can *Basti* being *Alpa Mamsa Shonitha*, become *Sadhyopranahara*?

*Basti* is a structure that resembles *Alaabu*<sup>[33]</sup> and is encircled by *Sira*, and *Snayu* serves as the seat of *Prana*. This reference on the anatomy of *Basti* clears this query of whether *Basti* being a *Snayu Marma* has *Agneya Guna* as *Pradhana*. Since *Basti* is wrapped by multiple *Sira* and *Snayu* damage to this *Marma* can lead to damage of those *Sira* which could further lead to excess bleeding and then causing death of an individual. This also gives us the insight that *Marma* told in *Sushruta Samhitha* are not merely the organs it could also be the surface landmarks for the *Marma* points.

Though influence of *Agni Guna*, *Soma Guna* and *Vayu Guna* will be present in all types of *Marma*, the specific mentioning of particular *Guna* to particular type of *Marma* suggests the *Pradhanyatha* in the loss / hampering of those specific *Guna* in a *Marma*. As an example, we can consider that while *Sadhyopranahara*

*Marma* and *Kalanthara Pranahara* both have the involvement of *Agni Guna* in them, the death gets delayed in *Kalanthara Pranahara Marma* as the *Pradhanyatha* was given to the loss *soma Guna* than *Agni Guna* suggesting gradual blood loss thus *Agni Guna* loss occurs followed by loss of *soma Guna* from the body.

### Contemporary View of Urinary Bladder as Fatal Location

Immediate Death from Urinary Bladder Injury Can Occur Due to Several Reasons, Including:

1. Hemorrhage: Damage to the blood vessels supplying the bladder, such as the vesical arteries, can lead to rapid and severe bleeding, causing hypovolemic shock and death.<sup>[34]</sup>
2. Peritonitis: If the bladder rupture leads to the spilling of urine into the peritoneal cavity, it can cause peritonitis, a severe inflammation of the abdominal lining. Peritonitis can further lead to septic shock and death.<sup>[35]</sup>
3. Infection: Urine is normally sterile, but if it spills into the abdominal cavity due to a bladder injury, it can lead to a severe infection that spreads rapidly and can be life-threatening.<sup>[36]</sup>
4. Organ Dysfunction: Severe trauma to the bladder can also lead to dysfunction or damage to surrounding organs, such as the ureters, and major blood vessels, which can result in rapid deterioration and death.<sup>[37]</sup>
5. Electrolyte Imbalance: The release of urine into the abdominal cavity can disrupt the body's electrolyte balance, leading to cardiac arrhythmias and other life-threatening complications.<sup>[38]</sup>

Surgical procedure called Suprapubic Cystostomy<sup>[39]</sup> is carried out when there is obstruction to the normal urinary flow, in this, a connection is surgically created between skin and urinary bladder. In this operation, the bladder is distended with about 300ml of fluid; as a result the anterior aspect of the bladder comes in direct contact with the anterior abdominal wall & can be approached without entering peritoneal cavity.

Here bladder is approached from one side and only one incision was made. This is same as mentioned earlier that any kind of injury that causes the *Basti* to break on both/multiple sides of the *Basti*, will lead to *Sadhyomaranam*, except to those injuries that are caused by *Ashmari* and also when injury is only on one side<sup>[19]</sup> All the above-mentioned explanations indicate that even in contemporary science blood or blood circulation is a factor, either directly or indirectly involved in deaths due to bladder injury which supports the conceptual hypothesis that *Basti Marma Abhigathata* is not merely an injury to the tissues (*Snayu*) of urinary bladder but it is the injury to Hemodynamics over the bladder which is used as the surface marking by our *Acharya*.

## CONCLUSION

Based on the comprehensive exploration of *Basti* as *Sadhyopranahara Marma* through the integration of classical *Ayurvedic* principles and contemporary anatomical understanding, it becomes evident that *Basti* holds profound significance in both traditional and modern medical contexts. Through the lens of *Ayurveda*, the *Basti Marma* emerges as a vital locus of life force, intimately linked to the sustenance and manifestation of *Prana*. Its classification as a *Sadhyopranahara Marma* underscores its critical nature, as any injury to this site can result in immediate loss of life. Moreover, a comparative analysis with modern anatomical knowledge of the urinary bladder elucidates the physiological complexities underlying injuries to this region. From hemorrhage to peritonitis and organ dysfunction, the potential consequences of bladder trauma mirror the ancient understanding of *Basti* as a site vulnerable to life-threatening outcomes. In essence, the convergence of ancient wisdom and contemporary science reaffirms the timeless relevance of *Marma Shastra* in understanding the intricate dynamics of human anatomy and physiology. By elucidating the unique attributes of *Basti* as a *Sadhyopranahara Marma*, this study not only enriches our knowledge of *Ayurvedic* principles but also highlights the enduring relevance of traditional concepts in informing modern medical practice. As we

continue to bridge the gap between tradition and innovation, the exploration of *Marma Shastra* serves as a testament to the holistic vision of healthcare that transcends temporal boundaries.

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