



Importance Of Guda Marma In Anorectal Surgeries And Post Operative Care- Single Case Study.

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ABSTRACT:

Ayurvedic texts and practice of Shalya Tantra has given utmost care to diseases of anorectal origin because of its feasibility in all aspects like cost effective, less operative post complications, less hospital stay etc. while performing anorectal surgery utmost care has to be taken to avoid post operative complications Acharya Sushruta told care to be taken to secure Guda Marma (vital structures). Concept of Marma points plays a pivotal role. These Marma points are considered vital junction in the human body, where any trauma or injury could have grave consequences. This article explores the significance and care of Guda Marma in while doing surgery in anorectal region.

KEY WORDS: Guda, Marma, Vital points.

INTRODUCTION :

The word Guda is derived from "Gu malotsarge" to excrete the fecal matter

It has various synonyms like, payu, apanam, shakrut dwara, trivalikam.

"तत्र वातवोनिरसनं स्थूलान्तप्रतिबद्धं गुदं नाम मर्मा" (2)

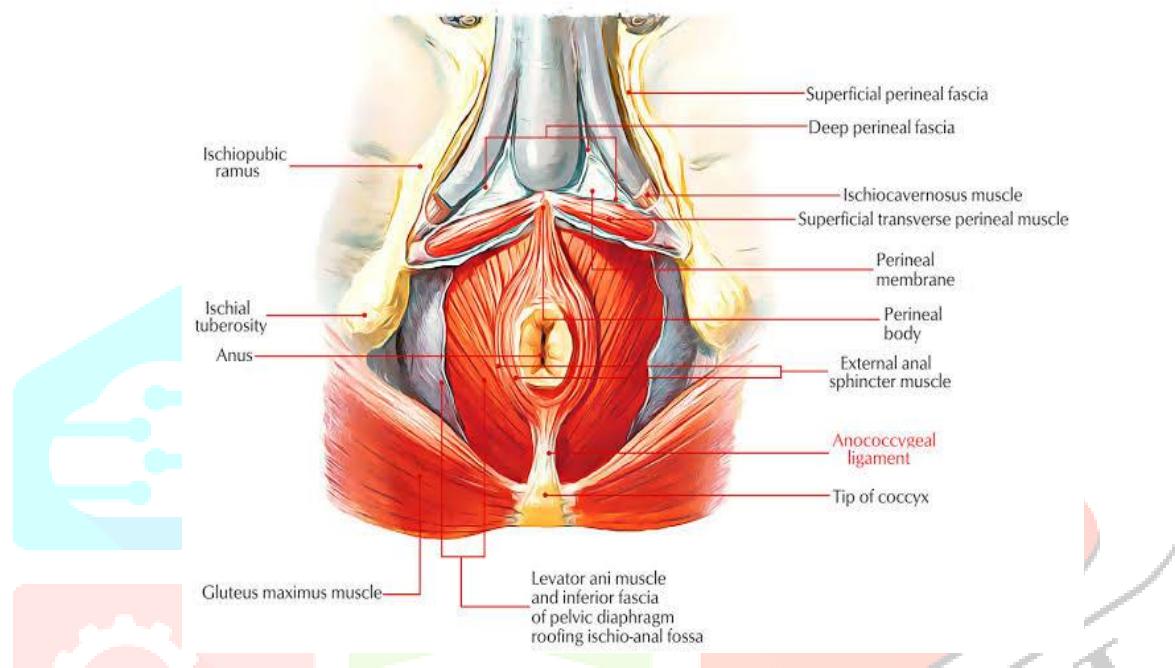
Guda marma is the place of Vata, excretes feces & flatus and it is attached to the large intestine. Guda is located in the Madhya Shareera, in the trunk region. It is in continuity with Sthula Antra (Large Intestine). Like the large intestine, Guda is also a site of Apana Vata.

Sushruta has described Guda as one of sadyopranahara marma (results instantaneous death) and predominantly a mamsa marmal, Vagbhata has mentioned Guda as Dhamani marma. In fact muscular components in the form of sphincters play an important role in the act of evacuation as well as continence. The blood supply is unique and rich; therefore, we can say that Guda is a vital organ and injury to this may lead to fatal outcome. Some safeguards are

mentioned in Samhitas to protect the Marma from any type of anguish. In rectum Kshar Karma or (use of alkalies), Agni Karma or (cauterizing), Shstravcharn or (use of sharp instruments) should be done very attentively.

Otherwise our ignorance may expedite into impotency, swelling, burning sensation, unconsciousness, flatulence, diarrhoea, dysentery or even the death of a person in Guda Marma, beneath structures are arterial, venous and nerve plexus - its injury leads to sudden death.

ANATANATOMICAL ASPECTS INVOLVE IN GUDA MARMA



Mamsa(Muscular structures)-Ischio rectal muscle,superficial transverse perineal muscle (Spinctures) Levator Ani, gluteus maximus Muscle.

Sira(Veins)- Superior, middle, inferior rectal veins

Snayu(Ligaments)- Ano coccygeal ligament

Sandhi(joints)-tip of coccyx,

Asthi (Bones)-Ischial tuberosity, ischio pubic Ramus

Dhamani(Arteries)-Superior and middle rectal artery

CASE STUDY: A 21 years old male patient came to OPD of Shalya Tantra TGAMC Ballari with complaints of non Healing wound of Fistulectomy associated with discharge, since last 6 months.

Patient gave H/O pus discharge since 1 year and he underwent fistulectomy operation. After that patient had Mild pain and blood mixed pus discharge for some time after that wound was not healed properly (delayed wound healing)

Table1:Symptom Analysis

SYMPTOMS	NORMAL	THIS PATIENT
Pain	Up to 1 week	Up to 2 week
Swelling	4-5 days	15-20 days
Discharge	Till 7-15 days	Still Present
Wound healing	6 weeks maximum	Not healed

ON EXAMINATION

Wound size 5*4 cms

Superficial external Spinctures were cut,3-4 fibers of internal sphincter remained

Minimal discharge present watery/serous discharge

Edges are grey colour.

No tenderness



3rd month of fistulectomy at the time when he came to TGAMC For Rx



After 1 month of Vranavat chikitsa

DISCUSSION:

The anal canal is the terminal part of the alimentary tract that Extends from the anorectal junction to the anal orifice, 3.8 cm Long. It presents two types of sphincters external (voluntary)& Internal (involuntary) anal sphincter. The external sphincter has Three parts -subcutaneous, superficial & deep. Interior of anal Canal subdivided into three parts by two lines (pectinate line & Hilton's line) - upper area, intermediate area & lower area.

LAXANAS OF INJURY TO MARMA ACCORDING TO CLASSICS

1. Sira marma marmaghata: profuse bleeding, vata aggravation
2. Snayu Marma marmaghata: shortening of body parts, debility of body parts, inability to perform, intense pain, non healing ulcer.
3. Sandhi marma maramaghata: swelling, severe pain, loss of strength of joint, splitting pain.
4. Asthi marma marmaghata: severe and constant pain, edema, weakness.
5. Mamsa marma marmaghata: loss of sensation of touch, yellowish white coloring of body,

The wounds of colon and anorectal origin were one of the serious group of injuries which troubles the surgeon.

CONCLUSION:

In this present Case, maximum injury to this superficial external spintures is seen. And Anococcygeal ligament injury is seen Hence connection between External sphincter and anococcygeal ligament is lost. This can be co related to Snayu and mamsa marma abhighata where there is non Healing of wound classical feature and yellowish-white colouring of wound, sloughing of the wound which can understood as mamsa marmabhighata. So Guda marma concept of sushruta hold good for all eras so marma rakshana practically implemented thing that every surgeon has to be careful regarding the marma sthana while operating

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