RELATION BETWEEN APASTAMBH MARMA AND BRONCHOGENIC CARCINOMA - A REVIEW ARTICLE

1Bhaorao Borkar, 2*Sushrut Ketkar and 3D. V. Shukla

1Associate Professor, Department of Rachana Sharir, R A Podar Ayurved College, Worli, Mumbai.
2*PG Scholar, Department of Rachana Sharir, R A Podar Ayurved College, Worli, Mumbai.
3Professor and HOD, Department of Rachana Sharir, R A Podar Ayurved College, Worli, Mumbai.

ABSTRACT

Marma Vigyan is a unique feature of Ayurved Samhitas. Concept of marma is important in clinical and surgical point of view. These are the vital points in the body where all important structures confluence like Mansa, Sira, Snayu, Asthi, Sandhi And Prana. All acharyas mentioned marma sankhya as 107. Out of these 107 marma Apastambh Marma is described as urogata marma. The site of Bronchogenic Carcinoma and Apastambh Marma is same as given in samhitas that is Urogata Vatavahi Nadi. This article is an attempt to state relation between Apastambh Marma and Bronchogenic Carcinoma.

KEYWORDS: Apastambh Marma, Urogata Vatanadi, Bronchogenic Carcinoma, Shalyatantra, Rog Marga.

INTRODUCTION

Knowledge of marma is described as half of shalyatantra.\(^1\) Samhitas mentioned that injury to marma sight will produce severe pain, deformities and even death.\(^2\) Samhitas also mentioned marmas as rogamarga that is localize disorder sight. Vikrit doshas can produce diseases in marmasthisandhi rogamarga.\(^3\) So deep study of all marmas is important for diagnostic purpose.

Apastambh marma is urogata marma. This is the marma in urasthana where two vatanadi are situated. The location of Apastambh marma is mentioned as on the two sides of anterior...
of chest. This is the region around two principle bronchi. Samhitas also mentioned two Apastambh marmas. Pramana diameter of this marma is ardhangul. Sushrut said that it is sira marma though vagbhat included this in dhamanimarma.[4][5]

If we are going to treat diseases in which sthanasanshyay is Apastambh marma we should consider all anatomical structures around the marma. According to sthana of Apastambh marma the bronchogenic carcinoma can seriously affect the anatomical structures around apastambh marma.

DISCUSSION
Bronchogenic carcinoma is malignant neoplasm of the lung arising from epithelium of bronchus or bronchiole. Carcinoma begins as a small focus of atypical epithelial cells within bronchial mucosa. As the lesion progresses atypia becomes frankly malignant and neoplasm grows in size. May grows into lumen along the mucosa or into bronchial wall and adjacent lung parenchyma. Eventually neoplasm spreads to regional lymph nodes. Most bronchogenic carcinomas form mass in or near hilus.[6]

Intramural mass which may partially or completely obstruct the bronchus. Neoplasm also may compress or invade local structures such as aorta, oesophagus, svc.

As the site of bronchogenic cancer and Apastambh marma is same that is two principle bronchi the anatomical structures related to this are

- **Muscular structures** – Smooth muscles of bronchi, Bronchioles, Muscles of thoracic cage, Pectoral muscles.
- **Vascular structures** – Two pulmonary arteries, Four pulmonary veins, Aorta, SVC, IVC, Bronchial vein, Lymph nodes.
- **Neuroconnective Tissues structures** – Elastic connective tissue helping in recoiling of lungs, Pleura, Endo thoracic Fascia, Vagus nerve, Phrenic nerve, Pulmonary plexus.
- **Bony structures** – Ribs, Costal cartilages, Cartilaginous plates of bronchial tree.
- **Articular Structures** – Region of carina, Sternocostal joints.[7]

As neoplasm invades these structures and produce symptoms like cough, dyspnoea, Hemoptysis, chest pain, difficulty in swallowing, pneumonia, weight loss. The survival of patient is at least 5 years after diagnosis. These symptoms are similar to the symptoms of marmaghat lakshanas of Apastambh marma. This marma also described as kalantarpranahar
marma in samhitas means death occurs later on. Sushrut mentioned it as sira marma and Vagbhat mentioned it as dhamani marma. Both sira and dhamani around the marma are included in pathology of bronchogenic carcinoma. Bronchogenic carcinoma shows SVC and aortic obstruction and also puts pressure on oesophagus which produce symptoms like difficulty in swallowing. This is the relationship between apastambh marma and bronchogenic carcinoma.

CONCLUSION
After reviewing literature of Apastambh marma and bronchogenic carcinoma, we are concluding that Apastambh marma has surgical and medicinal importance. Because of all vital anatomical structures around this marma any disease or marmaghat can produce life threatening effects. Samhitas also mentioned marmasthisandhi rogamarga. Nija doshas also cause diseases like bronchogenic carcinoma in marmasthana. So marmas also have importance in terms of kayachikitsa. Thorough study of marmas and anatomical structures around them has equal importance for treatment purpose. There is a vast scope for research in field of marma sharir.

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