

Review



EXPLORATION OF *INDRAVASTI MARMA* THROUGH HERMENEUTIC RESEARCH METHODOLOGY

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ABSTRACT:

Background: Ayurvedic treaties have explained 107 *marma* points in the human body. Exploration of the underlying anatomical structures gives insight in to the *marma* point, but it only adds up to a small portion the of total information and due to the same reason, many aspects of the *marma* shastra still remain as an enigma. **Aim and objectives:** to execute a exploratory hermeneutic research of the *Indravasti marma*. **Methodology:** *Indravasti Marma*, a vital point in Ayurvedic *marma* shastra, is explored through a hermeneutic study. It combines anatomical, physiological, and philologic analyses. **Results:** *Indravasti Marma*, classified as a *mamsa marma* (muscle-based *marma*), is located in the posterior aspect of the mid-foreleg and anterior aspect of forearm regions. Despite being a *mamsa marma*, injury to this *marma* leads to significant hemorrhage, suggesting the involvement of underlying vascular structures. Such as the posterior tibial and radial arteries. This apparent contradiction is addressed through various hermeneutic research methodologies, where the term "*Indravasti*" is broken down into "Indra" and "Vasti". Among others *indra* has a less popular meaning red as in the term '*indragopa*' (red-bug), and *vasti* means bladder. This clarifies the intention of the acharyas to give emphasis to both musculature and vasculature. This provides insight into caution advised by acharyas during *agnikarma*, and requirement of immobilization in injury. **Conclusion:** Hermeneutic study of the *indravasti marma* helps in understanding it beyond the literal meaning. The complimentary functions of the musculature and the vasculature are identified. This methodology can be utilized to integrate ancient Ayurvedic knowledge with modern wisdom.

KEYWORDS: *Indravasti, marma, Hermeneutics, mamsa marma, vital points.*

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1. INTRODUCTION:

Ayurvedic treatises like sushruta samhitha, charaka samhita and ashtanga hrudaya have mentioned 107 *marma* points in the human body. [1] The proper knowledge and comprehension of these *marma* points are contemplated as conquering half of *Shalyatantra*. [2] They are not mere anatomical landmarks but are considered as vital points in the human body. They were widely used in battlefields and ancient surgeries. Because injuries to these points can produce symptoms like pain, numbness or loss of function or disabilities. In some cases, it can even produce death. The *dhanurveda* teaches the warriors to injure the vital points in the battlefield during war and on the other hand, ayurveda teaches the surgeons to avoid injury to the *marma* points during surgical and para-surgical procedures. The knowledge of *marma* was utilized in the south Indian martial arts *kalaripayattu*, widely known as *kalari*. Kalari Chikitsa or kalari marma chikitsa refers to the traditional system of physical therapy and healing practices associated with the South Indian martial art Kalaripayattu. It is rooted in the principles of Ayurveda. It involves techniques such as uzhichil (therapeutic massage using medicated oils), application of herbal poultices, manipulation of the marma points, and controlled movements to promote musculoskeletal health. It enhances recovery from injuries, and maintains physical agility. Even at present, Kalari chikitsa centres in various parts of southern India, provide medical aid to patients with sports related or other injuries.

Even though *Marma* points are the confluence of *mamsa* (muscles), *sira* (blood vessels), *snayu* (ligaments /tendons), *asthi* (bones), and *sandhi* (joints), Acharyas have attributed each *marma* to specific structures based on their predominant structural composition. There are five classifications such as *mamsa marma*, *siramarma*, *snayu marma*, *asthi marma* and *sandhi marma*. [3] Apart from these structural categorizations, there are various classification of the *marma* points according to their location, size, prognosis after injury and so on. On the basis of location, they are classified into *marma* points on the limb, dorsum, thorax and abdomen, and head and neck. According to the size there are *marma* point having half *angula* (half the breadth of a finger), one, two, three *angula* and four *angula* or the size of a fist. *Marma* points are further classified on the basis of injury as that which cause immediate death, delayed death, death on removal of the foreign body, causing disability and that which causes pain. They are also classified on the basis of predominance of *maha bhutas*. A thorough understanding of the structural as well as functional anatomy of the *marma* points is necessary. This comprehension is essential for the judicial application of surgical and therapeutic interventions. Even though the exploration of the underlying anatomical structures gives insight in to the *marma* point, it only adds up to a small portion the of total information and due to the same reason, many aspects of the *marma* shastra still remain as an enigma. Thus, the aim of this study is to execute a hermeneutic study of the *Indravasti marma*.

Hermeneutics is a qualitative research methodology which emphasizes on the interpretation and analysis of text, practices and theories. [4] The framework developed by thinkers like Schleiermacher, Heidegger, and Gadamer, has been utilized in understanding complex human expressions across theology, law, philosophy and literary works. In modern scientific research, it is utilized for interpreting complex data, models and interdisciplinary meanings, especially where human judgment, narrative framework or logical interpretations are involved. In this study, the hermeneutic methodology of research is applied to interpret the knowledge of *indravasti marma* available in classical text.

2. METHODOLOGY

To uncover the multilayered information passed on by our acharyas through the *samhitas*, hermeneutic research methodology developed by aforementioned scholars like Heidegger, and Gadamer is utilized. The knowledge of the *Indravasti marma* available in *sushruta samhita* and *ashtanga hrudaya* are assessed and cross analyzed with the help of hermeneutic research methodologies such as philological analysis, historical critical method, comparative analysis, structural analysis, hermeneutic circle and contextual analysis. [5]

Philological analysis involves a detailed examination of the language, grammar, and terminology used in the classical texts. The terms related to *Indravasti marma* including its anatomical identification and description, any synonyms, features on injury and other associated data are analyzed in depth to identify the original

Sanskrit form and understand the exact meaning intended by the authors. Variations in the terms used, if any, between the different *samhita* are also examined.

Historical critical method is used to assess the historical context in which the texts were created. It brings into consideration the development of *Ayurvedic* knowledge, its social and cultural influences and there by arriving at the possible intentions of the authors. Also, the differences and similarities in the textbook written during different era, sheds light in to relevance of the content according to the period of composition and how the interpretations might have evolved over the time.

Comparative analysis is a systematic comparison of the description of a term or content explained in two textbooks, or two different contexts of the same textbook. For example, the comparison of description of *prakriti* between *charaka samhita* and *sushruta samhita* reveals some basic nuances. *Sushruta samhita* emphasizes structural features like bone, muscle and skin whereas *Caraka samhita* focuses on functional attributes such as metabolism, digestion and mental features. Analysis of description of the *Indravasti marma* in both texts to identify similarities, differences and a retrospective progression of thoughts are done. Details such as anatomical position, clinical features and categorizations under each type are juxtaposed to derive a more holistic understating of the data.

In structural analysis the internal structure and organization of the text are examined. For example, the analysis of the context of *srotas* reveals the rationale behind the chronology. *Pranavaha*, *udakavaha* and *annavaha* srotas are *brumhana*(nutritive) the next

seven represents the *dhatu* (sustains), and *purishavaha*, *mutravaha* and *swedavaha* srotas are mala carrying(excretory). [6] The structural analysis of the hierarchy reveals that it is arranged in the order of *srishti* (creation), *sthiti* (sustenance) and *samhara* (destruction). [7] The categorical arrangement of *marma*, such as division based on size, prognosis, structure involved of the *marma* are analyzed for the systematic thought behind its placement and description.

Hermeneutic circle is an interpretative method that emphasizes understanding the whole text through its parts and the parts through the whole. Understanding *dinacharya* practices like *abhyanga* (oil massage) and its specific indicated locations and jumping to the broader framework of doshas provides a holistic perception. Oil application is indicated daily and is especially advised on head, ears and leg. Head requires constant *tarpana* (nourishment) to prevent the afflictions of *vata*. Similarly, ears and skin constitute the sense organs of *vayu* and *akasha*, and lower limb is the dwelling of *vata* itself. Thus, daily oil application is rationally advised over these areas to maintain the harmony of the *dosh*s. Insights about *Indravasti marma* are interpreted in relation to the bigger framework of the *marma* theory, and vice versa. The continuous moving between specific

references and the general Ayurved context, can provide a nuanced and more integrated understanding. Contextual analysis focuses on understanding *Indravasti marma* in relation to other contexts of anatomy, therapy and surgical interventions. It encompasses the examination of the practical application of knowledge of *marma* in the surgical and para-surgical practice. Advice of caution to be taken to avoid injury to the *Indravasti marma* in the context of *agnikarma* in *shleepada* displays its importance.

These methodologies altogether form a comprehensive frame work that allows deeper and more authentic understanding of the *Indravasti marma*, beyond its literal translation. From the arrived hermeneutic frame work, conclusion is drawn by using yet another hermeneutic method called reflective equilibrium. this method involves an iterative process of balancing the textual references with the general theoretical principles to achieve a coherent understanding. The arrived inferences of *Indravasti marma* are evaluated not only on the basis of direct textual citations but also in association with other contexts of ayurveda as well as the available modern literature. Apparent inconsistencies in the content were cross analyzed. Derivation of the final inferences which rationally aligned with the historical, cultural, ayurvedic and modern medical knowledge is done.

Table 1: Five - fold classification of *Indravasti marma*[8]

Parameter	Details
1. Maana bheda (Dimensional classification)	Half finger
2. Sankhya bheda (Numerical classification)	One in each limb (Total 4)
3. Nivesa bheda (Structural classification)	Maamsa- <i>marma</i> (Substrate – muscle)

4. Vyapath (Morbidity)	Death due to loss of blood
5. Aashraya bheda (Location)	Shakha (extremities) in the middle of shank

3. RESULTS AND DISCUSSION

Hermeneutic analysis of Anatomical structure of *Indravasti marma*

Indravasti marma is situated over the posterior aspect of the mid foreleg region in the lower limb and similarly in the anterior aspect of the mid forearm in the upper limb. Acharyas have classified it as a *mamsa marma*, and it is evident on structural analysis of underlying anatomy that the point is a confluence of muscle. [8] In the lower limb there are the medial and lateral heads of gastrocnemius, soleus and deeper muscles like tibialis posterior, flexor hallucis longus and flexor digitorum longus. In the upper limb the area falls over Brachioradialis muscle, flexor group of muscle of the forearm like flexor carpi radialis, pronator teres, flexor digitorum longus, flexor pollicis longus and flexor digitorum profundus. [9] (figure 1 and figure 2) Even though *Indravasti* is a *mamsa marma*, the *viddha lakshana* or injury to the *marma* point leads to hemorrhage followed by death indicating vascular involvement. The size of *Indravasti marma* is only half *angula* dimension which indicates to the fact that only a sharp precise injury to the *marma* point can lead to the aforementioned sequelae of events. On deeper anatomical exploration, between these muscles there are vascular structures. In the lower limb, the posterior tibial artery and short saphenous vein traverse between the muscles and radial artery between the muscles of the upper limb. Various studies, reviews and books have

concluded in the same way and attributed *Indravasti marma* as a vascular structure. [10] But this contradicts with the fact that the acharyas have placed *Indravasti* originally under the classification of *mamsa marma* instead of *sira marma*.

Analysis of nomenclature of *Indravasti marma*

From the philological analysis and historical critical method, it is evident in the context of *marma* that many *marma* points like *janu*, *koorpara*, *hridaya*, *nabhi* etc. are named so, as those terms already existed in the Sanskrit lexicon. Even though there exists the term '*jangha*' to denote the foreleg and calf, and '*pindika*' is the term specifically used for the calf muscle. *Pindika* is also enlisted as one among the 56 *pratyanga* in *sushruta samhita*. In spite of these pre-existing terms, acharya has chosen to label the vital point with a new term - *Indravasti*. This clarifies the intention of Acharyas, to keep a distinction between the *marma* point and the group of muscles. On the other hand, if the *marma* point was named as *pindika*, it would have given emphasis to musculature and completely ignored the vascular involvement.

Hermeneutic analysis of Etymology of *Indravasti marma*

Indravasti comprises two parts, *indra* and *vasti*. In the ancient Indian literature, *Indra* is a term having a plethora of meanings. In the Vedic literature *indra* is considered as *atma* itself. In the *itihasa* and *puranas*, *Indra* is the king of gods and the god of thunder. In

indriya sthana of Caraka Samhita, the term *indra* means *prana*. But *indra* has another meaning even though less popular. While acharya sushruta explains the features of blood, the colour of the *shuddha raktha* is compared to the colour of *indragopa*, the red bug. Thus, *indra* also means red. [11]

On the other hand, *vasti* generally indicates the pelvis region or the urinary bladder. *Vasti* is also a procedure in ayurveda as well as in yoga practice since the bladder of animals are utilized for this procedure.

The calf muscles are considered as the peripheral heart of the human body as the skeletal muscle contractions pump the blood up. Under normal physiological conditions it pumps the blood towards the heart. But after a precise injury to the *Indravasti marma* and thereby the vascular structures underneath, the same group of muscles will act as a pump to spurt out the blood. Just like a *vasti* or a bladder. Thus, the vascular structures as well as the musculature works together to form a red bladder or *indra-vasti*. (figure 2) Every contraction of the muscle group keeps on pushing out the blood leading to the *viddha lakshana*, ie, death due to loss of blood.

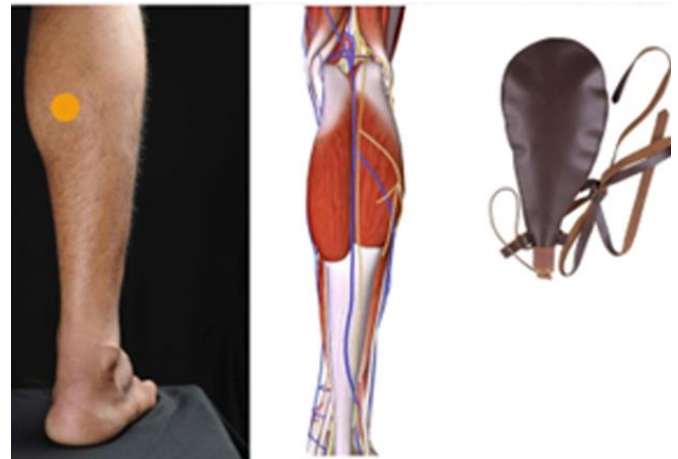


Figure 2: anatomical position of indravasti marma (lower limb) and the underlying anatomical structures. similarities with bladder.

Hermeneutic analysis of *Indravasti marma* in the upper limb

This explanation is ideal for the *marma* point of the lower limb. But we might have to use the framework of hermeneutic cycle to uncover its probable basis in the upper limb. In the context of *marma*, acharya sushruta have only primarily enlisted *marma* points on the lower limb as *sakthi* (extremities) *marma*. The term 'Urvi' *marma* is derived from its position in the middle of Uru (thigh). But calling the corresponding *marma* point in the middle of bahu (arm) as *urvi* is unfitting. Thus, some authors have addressed it with the term '*bahvi*'. Further, *marma* present on areas like wrist, elbow etc. which already had preexisting terms such as *manibandha*, *koorpara* etc, is enlisted separately on the upper limb as *manibandha marma*, *koorpara marma* etc. Thus, it could be assumed that Acharyas might have intended to keep the term for upper limb also. Even though, the role of being the peripheral heart in the human body is attributed only to the muscles of the lower limb, the contractions of the muscle group in the forearm may



Figure 1: anatomical position of indravasti marma (upper limb) and the underlying anatomical structures

also contribute to the same function. But, the effort to pump blood back from the upper limb to the heart could be minimal when compared to the effort of pumping blood through a longer distance straight against gravity from the lower limb. Nevertheless, injury to the *Indravasti marma* point of the hand could lead to the same sequence of events.

Clinical application of *Indravasti marma*

As mentioned in the contextual analysis, *agnikarma* is indicated in the near vicinity of *indravasti marma* for patients with *shleepada*. At the same time acharya have advised for at most caution not to injure the *marma* point. Injury to the *marma* point and the underlying vascular structure will lead to profuse bleeding as mentioned in the *viddha lakshana*. This in turn leads to hypovolemic shock and death. The four hemostatic measures such as *sandhanam*, *skandanam*, *pachanam* and *dahana*, mentioned by acharya Susruta might not be sufficient to attain hemostasis in bleeding due to the injury of *Indravasti marma*. The involvement of the musculature in pumping out the blood can only be neutralized by advising complete immobilization of the patient. This knowledge of *Indravasti marma* can be detrimental in saving the life of a patient.

In varicose veins of the lower limb and venous stasis disorders, *indravasti marma* is very relevant. Injury to the *marma* point can impair the muscle pump function and lead to chronic venous insufficiency, edema and further varicose veins. On the other hand, stimulation of the *marma* point with oil massages, *lepa*(medicinal paste) application, and controlled pressure stimulation

techniques could increase the venous return and provide relief of the signs and symptoms.

The posterior tibial veins lying beneath *indravasti marma* is a known site for thrombus formation. Trauma to this *marma* point could potentially increase the risk of Deep vein thrombosis or even thrombophlebitis. The intricate relationship between the *marma* point and the vascular structures suggests that its stimulation could be beneficial in improving the arterial flow in peripheral arterial diseases. *Indravasti* lies over the posterior tibial artery and the treatment over the *marma* point can in turn increase the perfusion to the foot. Increasing the perfusion of arterial blood as well as reducing the venous insufficiency with a non-invasive treatment like *marma* stimulation, can be highly beneficial in the management of arterial and venous ulcers. Further controlled clinical trials are necessary for the establishment of these and bring them to mainstream clinical practice.

This *marma* point suggests some iatrogenic implications also. In the upper limb, for arterial line insertion the radial artery is commonly cannulated. The proximity of the *indravasti marma* to this vessel may explain the complications like hematoma formation and arterial spasm on puncturing. Further orthopedic surgeries involving midshaft of tibia or radius risk injuries to the vascular bundles at this *marma* point. The Ayurvedic wisdom of *marma* points can serve as a caution to prevent these iatrogenic complications. Further research into these *marma* points could be beneficial in the development of *marma*-aware surgical practice.

4. CONCLUSION

The hermeneutic study of the *indravasti marma* clarifies the in depth dimensions beyond its literal translations. Even though the *marma* is classified as *mamsa marma*, the *vidhha lakshana* indicates vascular involvement. Anatomical exploration also points to the vascular structure underneath. Hermeneutic analysis of the nomenclature revealed the intentions of acharyas to provide a novel term instead of the existing word *Pindika*. The analysis of the etymology revealed the meaning of the term *indra-vasti* as 'red-bladder'. Only through the various hermeneutic methods, the intricate functioning of the muscles and the blood vessels were evident. Through this the clinical relevance of the *marma* point during *agnikarma*, and necessity of immobilization in the management of hemorrhage due to injury is realized. Literal translations and anatomical explorations will provide a partial information. But for arriving at a holistic comprehension, research methodologies such as hermeneutics might have to be employed. It has the potential to decode the enigma of *marma shastra* and bridge the ancient ayurveda wisdom with contemporary anatomical and physiological insights.

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