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An Analytical Review of the Concept of Guda Marma in Surgical procedures for Anorectal Disorders w.s.r. to Haemorrhoids

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ABSTRACT

Globally Haemorrhoid is one of the most prevalent anorectal disorders. It often requiring surgical intervention when conservative management fails. In Ayurveda, the *Guda Marma* is identified as a vital anatomical structure whose injury can cause severe and potentially fatal outcomes. The present analytical review examines classical Ayurvedic descriptions of *Guda Marma* and correlates them with modern surgical anatomy of the anorectal region. Main Emphasis is placed over understanding the relevance of marma knowledge in preventing complications during *haemorrhoid* surgeries. The review also helps to evaluates the overlap between Ayurvedic surgical principles and modern operative techniques including open *haemorrhoidectomy*, stapled *haemorrhoidopexy*, and minimally invasive procedures. This finding highlights that Ayurvedic insights into *Guda Marma* accurately reflect critical neurovascular and muscular structures recognized by contemporary science. This supports the integration of marma awareness to enhance surgical safety and improve postoperative outcomes in *haemorrhoid* management.

Keywords: Guda Marma, Haemorrhoids, Marma Sharira, Anorectal Anatomy, Arsha

INTRODUCTION

Haemorrhoids (*Arsha* in Ayurveda) are dilated vascular cushions in the anal canal, frequently resulting from chronic constipation, prolonged straining, pregnancy, and sedentary lifestyle. Modern surgical approaches aim to remove or shrink these haemorrhoidal masses while preserving anorectal continuity and function. Despite technical advancements complications such as sphincter injury, anal stenosis, severe postoperative pain, and bleeding remain challenges for colorectal surgeons.

Ayurveda provides a profound anatomical and functional understanding of the anorectal region through the concept of *Guda Marma*. It is Classified as a *Sadyo-pranahara Marma*, *Guda* is considered a life-threatening point when injured ⁽¹⁾. This classification aligns remarkably with present-day surgical experiences, where injury to the anal sphincter complex, neurovascular bundles or rectal mucosa can lead to catastrophic consequences including incontinence and hemorrhage. This review seeks to deepen the surgical relevance of *Guda Marma* by systematically analyzing classical Ayurvedic descriptions and comparing them with contemporary evidence. A deeper understanding of this correlation may support integrative approaches to improving surgical outcomes and minimizing postoperative complications in haemorrhoid management.

MATERIALS AND METHODS

This analytical review was conducted by examining classical Ayurvedic literature alongside modern surgical texts and peer-reviewed articles.

- A) Ayurvedic Sources - Primary Ayurvedic sources included *Sushruta Samhita*, *Ashtanga Hridaya*, *Charaka Samhita*, *Bhavaprakasha*, and *Sharangadhara Samhita*. Established commentaries by Dalhana, Chakrapani, Arundatta, and Hemadri, were critically studied to understand the description, location, classification and clinical importance of *Guda Marma*. ⁽²⁾
- B) Modern Surgical Sources - Modern literature was reviewed from standard textbooks including Bailey & Love's Short Practice of Surgery ⁽⁷⁾, Sabiston Textbook of Surgery, Goligher's Surgery of the Anus ⁽⁹⁾, Rectum and Colon and ASCRS (American Society of Colon and Rectal Surgeons) ⁽¹⁰⁾ Guidelines.

Additionally, recent studies on Ksharasutra therapy, laser hemorrhoidoplasty, Doppler-guided hemorrhoidal artery ligation (DG-HAL), and stapled hemorrhoidopexy were analyzed to assess their relation to marma protection.

Methodological Approach

The review followed a comparative analytical method:

1. Ayurvedic anatomical descriptions of *Guda Marma* were reviewed and interpreted.
2. These descriptions were compared with modern anorectal anatomy, focussing on sphincter muscles, neurovascular bundles, mucosal layers, and connective tissues.
3. Surgical techniques from Ayurveda and modern science were evaluated for their potential impact on *Guda Marma*.
4. Findings were synthesized to establish a conceptual alignment and propose integrative recommendations.

RESULTS AND DISCUSSION

Ayurvedic Perspective of *Guda Marma* - Ayurvedic literature describes *Guda* as a key marma located at the terminal portion of the gastrointestinal tract. It is composed of *mamsa*, *sira*, *snayu*, and *sandhi* indicating the involvement of muscle fibers, blood vessels, ligaments, and junctional tissues. Its classification as a *Sadyo-pranahara Marma* reflects the potentially fatal outcomes associated with severe trauma to this region. The Classical texts also denote symptoms such as excessive bleeding (*rakta srava*), severe pain, inability to pass stool or gas and derangement of *Vata* function when *Guda Marma* is injured. These descriptions closely relate to complications observed following anorectal surgical trauma, such as sphincter injury, anal stenosis, fecal incontinence, and neurovascular damage.

Correlation With Modern Anorectal Anatomy

Modern anatomical studies highlight the anal canal as a complex structure consisting of Internal and external anal sphincters, Anal cushions containing arteriovenous plexuses, Inferior rectal arteries and nerves, Pudendal nerve branches and Longitudinal muscle fibers and connective tissue support. These structures reflect the components described in Ayurveda under *mamsa*, *sira*, and *snayu*. Injury to any of these can result in significant morbidity. Damage to the internal sphincter may cause constant leakage. Trauma to the external sphincter or inferior rectal nerve may cause loss of voluntary control. Laceration of hemorrhoidal vessels can lead to profuse bleeding. Thus, the Ayurvedic literature regarding *Guda Marma* injury finds strong support in modern surgical outcomes.

Relevance of *Guda Marma* in Surgical Management of Haemorrhoids

In Ayurvedic management, especially for *Arsha*, emphasizes minimal trauma around the marma zone. Ksharasutra therapy successfully used in internal haemorrhoids. Its cutting and healing properties ensure controlled cauterization without damaging

deeper tissues maintaining the integrity of *Guda Marma*. Agni Karma, involving localized therapeutic cauterization, helps in shrinking haemorrhoidal tissue with minimal damage to underlying structures. Its superficial action aligns with the principle of preserving marma structures. In modern surgical procedures may pose risks if not performed with precise anatomical knowledge.

- 1) Open hemorrhoidectomy carries a higher risk of damaging sphincter muscles if dissection extends too deep. Postoperative pain is often intense due to the rich nerve supply, correlating with the Ayurvedic principle that injury to *Guda Marma* causes severe distress.
- 2) Stapled hemorrhoidopexy has been known to cause serious complications if the stapler is placed too close to the dentate line or too deep in the rectal wall, potentially injuring marma-equivalent structures.
- 3) Minimally invasive techniques such as laser hemorrhoidoplasty, RFA, and DG-HAL have gained attention for their ability to precisely target haemorrhoidal tissue without deep tissue disruption. Their safety aligns well with Ayurvedic guidelines for marma preservation.

This comparative analysis confirms a strong correlation between marma concepts and crucial modern anorectal structures. Ayurveda's profound understanding of surgical anatomy continues to hold relevance in guiding safe surgical practices. Recognizing *Guda Marma* as a zone requiring utmost caution may help surgeons reduce complications and enhance outcomes.

CONCLUSION

The analytical review establishes that the Ayurvedic concept of *Guda Marma* closely corresponds to vital anorectal structures identified in modern science. The classical emphasis on safeguarding this marma parallels the modern requirement to protect the anal sphincters, neurovascular bundles, and mucosal layers during haemorrhoid surgeries. Ayurvedic treatments such as *Ksharasutra* and *Agni Karma* demonstrate a natural respect for marma integrity, offering safer alternatives or adjuncts to conventional procedures. Integrating marma-based anatomical wisdom with contemporary surgical knowledge may significantly reduce surgical complications like incontinence, excessive bleeding, and neural damage. This interdisciplinary understanding can contribute to improved surgical outcomes and provide a holistic approach in the management of haemorrhoids.

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