



Research Article

AN ANATOMICAL STUDY OF PHANA MARMA W.S.R TO DUSHTA PRATISHYAYA (CHRONIC RHINOSINUSITIS)

Vikas Mishra^{1*}, Shyam Sundar Gupta²

*1MD Scholar, ²Professor & Head, Dept. of Rachana Sharir, G.A.C.H, Patna, Bihar, India.

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ABSTRACT

Marmas are essential places throughout the body. The term *Marma* originates from the Sanskrit root "*Mru*" and refers to a critical area or point in the body, where injury can lead to severe repercussions. It also signifies the essential life essence. According to *Acharya Sushruta*, Ayurveda elucidates approximately 107 *Marmas*, specifically in *Jathruurdva*. *Marmas* are regarded as significant sites of *Prana*, and *Phanamarma*, classified under *Vaikalya-Karamarma*, is situated on either side of the nostrils, which serve as the conduit for *Phana marma*, emanating from the *Ghrana sangyavaha srotas*. Olfactory loss can be partial (hyposmia) or total (anosmia), and may be transient or enduring, contingent upon the underlying reason. The term *Phana* refers to the enlarged lateral aspect of the nose or the inflated hood of a serpent. The site of *Phana Marma* presents a divergence of view between *Acharya Sushruta* and *Vagbhata* (*Astanga Sangraha*); yet, both elucidate the analogous *Viddha lakshana*. Therefore, this study is conducted to resolve the ambiguity of its placement. Chronic rhinosinusitis is a common illness with significant physical and social consequences in daily life. Accessible diagnostic tools must be both cost-effective and reasonably predictive for all persons. X-ray PNS radiography employing the Water's view may aid in the diagnosis of sinusitis. This study aimed to evaluate the predictive effectiveness of X-ray PNS 450 (Water's view) in the initial diagnosis of chronic rhinosinusitis.

INTRODUCTION

The concept of *Marma* is a crucial aspect of Ayurveda, as it serves as a common intersection for various ideas concerning their prognostic significance. The rudimentary practice of surgery dates back to the inception of warfare. Consequently, war injuries partially facilitated the advancement of ancient surgery and traumatology; without an understanding of structural anatomy, proficiency in surgical practice cannot be achieved. In antiquity, the understanding of anatomy was primarily derived from the concept of *Marma*. *Marmas* are essential points in the body. There are 107 individuals. Injury to these *Marma sthana* can result in either death or disfigurement, contingent

upon their severity. The derivation of *Marma* signifies that it is *Jeevasthana* and *Sandhisthana*, respectively. All *Acharyas* identify *Marma* as the aggregation of *Mamsa*, *Sira*, *Snayu*, *Asthi*, and *Sandhi* in a one location, where *Prana* inherently lives. *Ashtanga Hridayakara* has incorporated *Dhamani* as a component alongside other structures.

The condition was associated with *Dustapratishyaya* due to the chronic nature of the disease and symptoms such as *Puyopamasrava* from the nose (watery nasal discharge), *Punaschapra-klinnanasa*, and *Punascha-parisushyathi* (alternating nasal moisture and dryness), along with *Gandhannavethi* (diminished olfactory perception).

Rhinitis and sinusitis are commonly linked clinical disorders. The terms rhinosinusitis and sinusitis should be utilized interchangeably. Chronic rhinosinusitis (CRS) is characterized by rhinosinusitis persisting for over 12 weeks without full resolution, accompanied by symptoms such as nasal obstruction, facial pain or pressure, nasal discharge, anosmia, and objective evidence of sinus disease through direct

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visualization or imaging studies. Chronic Rhinosinusitis (CRS) frequently has a profound impact on patients' overall quality of life, particularly with physical discomfort and social functioning, potentially surpassing the effects of other chronic illnesses. This issue affects approximately two percent of the global population. CRS incurs significant expenses related to direct healthcare and diminished production. Obstruction of the tiny airways inside the ostiomeatal complex is posited as a significant factor in the manifestation of symptoms and the pathophysiology of chronic rhinosinusitis. The obstruction of the natural ostia of sinuses can arise from numerous factors, with viral upper respiratory tract infections and allergic inflammation being the predominant causes. The primary causes of CRS are infections or mechanical blockages resulting from anatomical alterations.

The diagnosis of chronic sinusitis necessitates a comprehensive medical history and objective confirmation of sinus pathology through direct visualization, endoscopy, or imaging investigations. Plain radiographs offer minimal or negligible utility in assessing sinusitis in affluent nations. Advanced techniques, including thorough nasal endoscopic evaluation and sinus CT imaging, are expensive and unavailable to rural populations. A viable diagnostic technique for basic health care institutions in developing and undeveloped countries may be the X-Ray PNS 45°, as it is an economical and accessible equipment. Radiographs can be obtained in areas lacking electrical power by utilizing transportable equipment powered by rechargeable batteries.

Radiographic findings indicative of sinusitis may encompass mucosal thickness, air-fluid levels, and total opacification of the affected sinuses. Mucosal thickening occurs in around 90% of patients and is a nonspecific sign. Air fluid levels and opacification are more accurately noted in approximately 60% of individuals. The interpretation of X-rays is crucial and relies on the proficiency of the medical practitioner. In our context, where most individuals reside in rural regions with only primary care facilities, patients suffering from sinusitis who cannot afford MRI or CT scans primarily rely on plain radiographs as the sole diagnostic method for sinusitis. Therefore, the application of PNS 45° X-ray in these patients is highly recommended. Such situations require assessing the predictive usefulness of PNS 45° X-ray in our sinusitis patients and establishing the necessity of its continuous use.

Ayurveda and Phana Marma Sushruta Samhitha

Acharya Sushruta described the surface area of *Phana Marma* i.e., स्त्रोतोमार्गप्रतिबद्धे it means this *Marma*

is lying with in *Srothomarga* with its surface location i.e. घ्राणमार्गमुभयतः and *Vidhalaxanaiegandha Agnana*, it is a *Vaikalya Kara* and *Sira Marma*.

Ashtanga Sangraha

Phana is located on either side of the nostrils adjoining the opening of the ears, inside, are the two *Phana Marma* also it is a *Vaikalyakarals*) and *Sira Marma*.

Ashtanga Hridayam

Acharya Vagbhata described that on either side of the nostrils, adjoining the opening of the ears, inside the throat, are the two *Phana Marma* situated and it is also a *Vaikalyakaral*) and *Siramarma*.

Acharya Bhavamishra

Acharya Bhavamishra has mentioned that both side into the nostril *Phana marma* is situated. It measures *Ardha Angula*, the *Phana Marma* is one of the *Vaikalyakara Marma* and its *Viddha Laxana is Gandha Agyana*.

Anatomy

Olfactory Receptors: The olfactory receptors are embedded in a specialized patch of yellow-tinted mucous membrane in the roof of the nasal cavity.

These receptors are bipolar neurons covered with modified, non-motile cilia. Axons from the olfactory receptors enter small nerve bundles (collectively termed the 1st cranial nerve) which pass through the perforations in the cribiform plate of the ethmoid bone and promptly enter the olfactory bulb. These nerve bundles can be severed as a result of skull fractures or other pathology in this region with a resulting partial or complete anosmia (loss of sense of smell).

Olfactory Bulb: The olfactory bulbs lie on the ventral aspect of the frontal lobes. The olfactory bulbs and all other parts of the olfactory pathways are telencephalic derivatives. Within the olfactory bulbs the olfactory nerves synapse on mitral cells whose axons project directly to the olfactory cortex.

Olfactory Tract: The olfactory tract connects the olfactory bulb with the cerebral hemispheres. Axons of mitral cells pass directly back to the olfactory cortex on the ipsilateralside.

AIMS AND OBJECTIVE

1. To explore the Anatomy of *Phana Marma* as per description available in *Ayurvedic Samhitas*.
2. To interpret the anatomical structure mentioned in Ayurveda with *Phana Marma* and *Dushta Pratishtyay* (chronic rhinosinusitis) in the light of modern Anatomy.

MATERIALS AND METHODS

This study on *Phana Marma* will be derived from the *Brihathrayi*, *Laghuthrayi*, and other classical sources, including dictionaries, journals, presented papers, and prior dissertations, and will be correlated and examined in conjunction with contemporary scientific understanding on the issue.

Sample size of 31 cases was taking predictive value of x-ray PNS 45° (water view).

Patients presenting for the first time with symptoms of rhinorrhea, nasal blockage, headache, and face pain, unresponsive to medicine, and exhibiting haziness, opacification, or air-fluid levels in the sinuses on 45° PNS x-ray, were included in the study. Patients exhibiting tumors, polyps, or allergic mucosal thickening in the middle meatus during clinical examination, as well as those with a history of prior nasal surgery, were excluded. Patients less than 3 years, older than 55 years, those with a history of lignocaine allergy, and individuals with ischemic heart disease were eliminated.

Patients meeting the inclusion and exclusion criteria were evaluated in the outpatient department. An X-ray of the paranasal sinuses was performed. Patient exhibits results on PNS X-ray. Their socio-demographic data was documented. Previous medical histories were recorded.

Data were collected utilizing a pre-tested, organized proforma designed for this purpose, and analysis was conducted using SPSS version. Age was reported as the mean value. Gender and the positive predictive value of x-ray PNS findings were expressed as percentages and frequencies.

RESULTS

A total of 31 patients were seen over the study period. Out of 31, 15 (48%) were male and 16 (52%) female patients with while the duration of symptoms ranged from few months to 5 years (Fig. 1). Highest age incidence was in the third decade i.e., 17-30 age groups. Least commonly affected were adolescents and elderly (Fig. 2).

Fig 1: Distribution of participants by gender

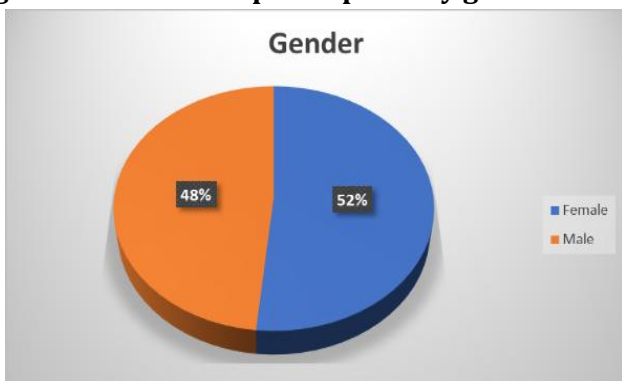
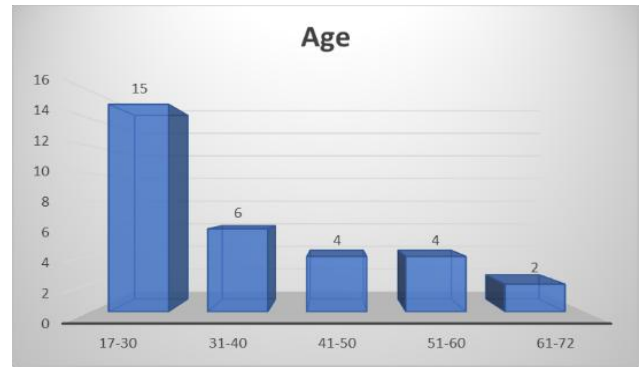
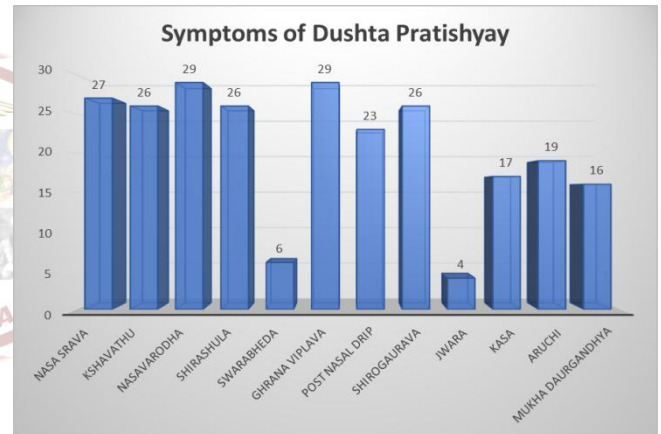


Fig.2: Distribution of cases according to age

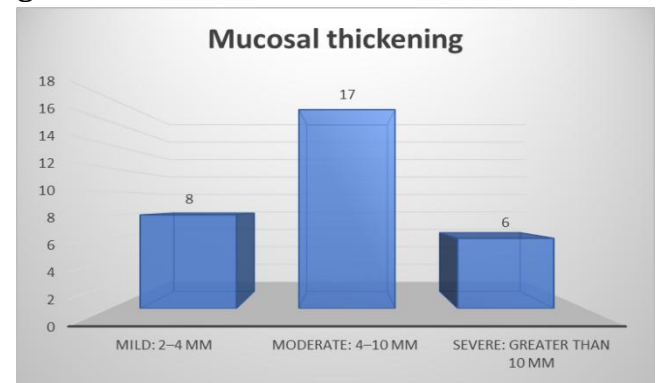


Most prominent symptoms were, maximum patients (94%) *Nasavarodha* and *Ghrana Viplava* were present respectively. In 87% patients *Nasa Srava*, in 84% patients *Kshavathu*, *Shirashula* and *Shirogaurava* were present respectively. In 74% patients post nasal drip, in 61% patients *Aruchi*, in 55% patients *Kasa*, in 52% *Mukha Daurgandhya*, in 19% patients *Swarabheda* and in 13% patients *Jwara* was present. (Table 1).

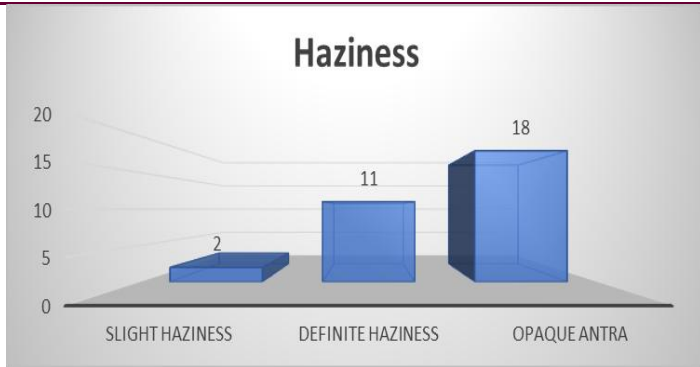
Clinical features of the patients gone through history & physical examination (n=31)



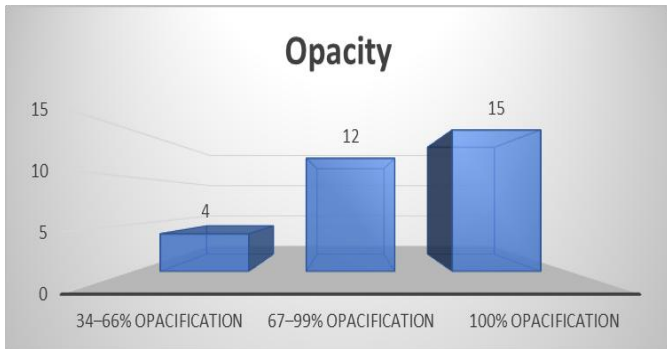
Digital Examination



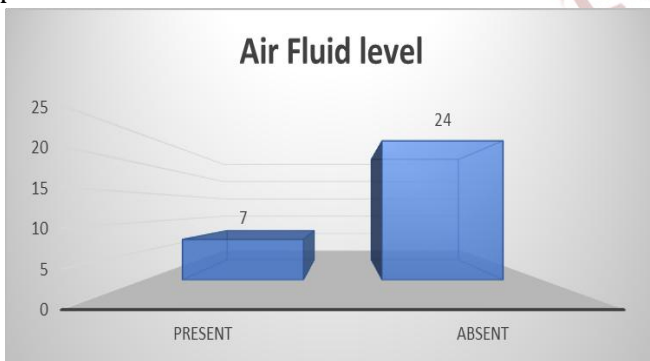
Interpretation: Above table and figure reveals that, in all (100%) patients mucosal thickening is altered, it is not normal. In maximum patients (55%) mucosal thickening is moderate (4-10mm). In 29% patients it is mild (2-4mm) and in 19% patient mucosal thickening is moderate (>10mm).



Interpretation: Above table and figure reveals that, in all (100%) haziness is altered. In maximum patients (58%) haziness is opaque antra. In 36% patients it is definite and in 6% patient shows slight haziness.



Interpretation: Above table and figure reveals that, in all (100%) opacity is altered. In maximum patients (48%) 100% opacification observed. In 39% patients 67-99% opacification and in 13% patient 34-66% opacification observed.



Interpretation: Above table and figure reveals that, in 23% patients air fluid level is present and 77% patients it is absent.

DISCUSSION

Phana Marma, a subset of *Marma*, embodies substantial esoteric knowledge and is categorized as both a *Vaikalyakara Marma* (related to deformities) and a *Sira Marma* (connected to blood vessels). It is situated deep within the nasal cavities, bilaterally, and is connected to the olfactory nerve and olfactory bulb. Injury to the *Phana Marma* may lead to a disorder termed "*Gandha agyan*" (anosmia), which is defined by the absence of the sense of smell. *Phana Marma* is anatomically linked to the cribriform plate, olfactory nerve, and olfactory bulb. The olfactory nerve originates from the nasal cavity's mucous membrane, passes via small openings in the cribriform plate, and concludes in the olfactory bulb. Trauma to the nasal area can negatively influence the cribriform plate, potentially compromising the olfactory bulb or olfactory nerve fibers, resulting in anosmia. Our work possesses significant clinical implications. A prevalent method for patients suspected of chronic rhinosinusitis is to recommend a 45° X-ray of the paranasal sinuses, in conjunction with the patient's medical history and clinical observations.

In this study, sample size is 31. On each sample sign symptoms of *Phana Marma* and digital examination of chronic rhinosinusitis were assessed. To check is there any relation between presence of total symptoms of *Dushta Pratishyay with Phana Marma* and digital examination of chronic rhinosinusitis - Chi square test of association is applied in SPSS. The results are as follows:

Association between number of symptoms of *Dushta Pratishyay with Phana Marma* and Mucosal Thickening: The result of chi square test is as follows:

Number of symptoms of <i>Dushta Pratishyay with Phana Marma</i>	Mucosal Thickening			Test Statistic	P value
	Mild	Moderate	Severe		
6	7	0	0	35.014	<0.001
7	1	4	0		
8	0	4	2		
9	0	7	1		
10	0	2	2		
11	0	0	1		

Interpretation: Above table and figure reveals that, as 'Number of symptoms of *Dushta Pratishyaya* with *Phana Marma*' increases, grades of 'Mucosal Thickening' changes from mild to severe. And as p value < 0.05, there is significant association between 'Number of symptoms of *Dushta Pratishyaya* with *Phana Marma*' and 'Mucosal Thickening'.

Association between number of symptoms of *Dushta Pratishyaya* with *Phana Marma* and Haziness: The result of chi square test is as follows

Number of symptoms of <i>Dushta Pratishyaya</i> with <i>Phana Marma</i>	Haziness			Test Statistic	P value
	Slight haziness	Definite haziness	Opaque antra		
6	0	2	5	5.792	0.832
7	0	1	4		
8	1	2	3		
9	1	3	4		
10	0	2	2		
11	0	1	0		

Interpretation: Above table and figure reveals that, as 'Number of symptoms of *Dushta Pratishyaya* with *Phana Marma*' increases, grades of haziness doesn't change accordingly. And as p value > 0.05, there is no significant association between number of symptoms of *Dushta Pratishyaya* with *Phana Marma* and haziness.

Association between number of symptoms of *Phana Marma* and Opacity: The result of chi square test is as follows

Number of symptoms of <i>Dushta Pratishyaya</i> with <i>Phana Marma</i>	Opacity			Test Statistic	P value
	34-66% opacification	67-99% opacification	100% opacification		
6	1	2	4	12.758	0.238
7	0	4	1		
8	0	3	3		
9	2	0	6		
10	1	2	1		
11	0	1	0		

Interpretation: Above table and figure reveals that, as 'Number of symptoms of *Dushta Pratishyaya* with *Phana Marma*' increases, grades of opacity doesn't change accordingly. And as p value > 0.05, there is no significant association between 'Number of symptoms of *Dushta Pratishyaya* with *Phana Marma*' and opacity.

Association between number of symptoms of *Dushta Pratishyaya* with *Phana Marma* and Air fluid level: The result of chi square test is as follows

Number of symptoms of <i>Dushta Pratishyaya</i> with <i>Phana Marma</i>	Air fluid level		Test Statistic	P value
	Present	Absent		
6	1	2	5.647	0.342
7	0	4		
8	0	3		
9	2	0		
10	1	2		
11	0	1		

Interpretation: Above table and figure reveals that, as 'Number of symptoms of *Dushta Pratishyaya* with *Phana Marma*' increases, presence of 'Air fluid level' doesn't

change accordingly. And as p value > 0.05, there is no significant association between 'Number of symptoms

of *Dushta Pratishyay* with *Phana Marma*' and 'Air fluid level'.

CONCLUSION

Phana Marma is classified among the *Urdhwajathrugatha Vaikalyakara Marmas*, specifically *Ardhaanguli Pramana* and *Siramarma*, of which there are two. Injury to this *Marma* might result in *Gandhaaganana* or anosmia, warranting particular significance due to its connection with all sensory organs. Based on available references and during cadaveric dissection, it was found that the *Phana Marma* may correlate with the olfactory bulb, olfactory nerve fibers, and the upper portion of the nasal mucous membrane. Trauma to the *Phana Marma* results in a fracture of the cribriform plate of the ethmoid bone, leading to the rupture of the ethmoidal artery, which supplies the mucous membrane of the nasal cavity, ultimately culminating in anosmia. *Phana* refers to the hood of a serpent, and the olfactory bulb resembles this hood; both entities are characterized by the number two.

Dushta pratishyaya can be connected with chronic rhinosinusitis based on the similarities in signs, symptoms, complications, prognosis, and chronicity.

This study demonstrates that the radiological finding of an air-fluid level in the sinus is the most reliable sign of sinus infection, followed by opacity, while hazy antra and mucosal thickness on X-ray are inadequate indicators of sinus infection. Therefore, we ascertain that Water's perspective unequivocally provides significant insights on sinus pathophysiology. Despite their strong predictive values, sophisticated diagnostic methods are impracticable and costly in the impoverished and rural regions of Patna. Consequently, X-ray PNS 45° is a valuable diagnostic tool for sinusitis; nevertheless, it should not be regarded as a definitive diagnosis but rather evaluated in conjunction with the patient's history and clinical symptoms.

The aforementioned explanation delineates the position of *Phana Marma* as the olfactory epithelium located in the upper third of the nasal cavity, with olfactory axons traversing the nasal roof and linking olfactory receptors to the olfactory bulb. Injury to any of these structures or any damage to the integrity of the nasal mucosa is linked to olfactory dysfunction, which may be either transient or permanent.

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***Address for correspondence**

Dr. Vikas Mishra

MD Scholar,

Dept. of Rachana Sharir

G.A.C.H, Patna, Bihar.

Email:

drvikasmishra94@gmail.com

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