



A COMPARATIVE ANALYSIS OF MARMA AND ACUPRESSURE POINTS

Piyush Trivedi¹, Shruti Sharma², Ashok Kumar Sharma³

¹Ayurveda Medical Officer, Rajasthan Vidhansabha, Jaipur (Raj.)

²Post Graduate Scholar, Department of Kriya Sharir, Madan Mohan Malviya Government Ayurved College, Udaipur (Raj).

³Prof. and HOD, Department of Kriya Sharir, Madan Mohan Malviya Government Ayurved College, Udaipur (Raj).

Corresponding Author: shrutisharma.bams@gmail.com

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ABSTRACT

Marma holds a significant position within Ayurveda, as documented in the *Susruta Samhita*, which identifies 107 *Marma* points in the human body¹. These points are located at junctures where muscles, veins, ligaments, bones, and joints converge and are considered vital centres of life energy. In comparison, acupoints in Traditional Chinese Medicine (TCM) share a similar positional concept with *Marma* points and serve to regulate vital energy. Acupuncture techniques often involve stimulating relevant acupoints to alleviate pain and address ailments. Given their shared location and energy regulation characteristics, this study systematically compares their origins, general attributes, and clinical applications, drawing upon Ayurvedic and TCM literature.

The findings reveal a primary distinction in their origins, with *Marma* originating from the battlefield culture of ancient India, while acupoints stem from the medical experiences of ancient China. In terms of general attributes, they exhibit diverse characteristics rooted in their respective medical theories, employing distinct classification methods. Regarding clinical applications, acupoints have long been integrated into the broader scope of medical science, whereas *Marma* points gradually gained recognition for their therapeutic functions. Collectively, these body points emerge independently, reflecting varying perspectives on the human body cultivated by two distinct civilisations.

Through cross-regional comparison, this research enriches understanding of each traditional medicinal system and the cultural contexts that underpin them. Such insights facilitate collaboration and innovation within conventional medicine, fostering mutual exchange and appreciation of diverse cultural heritages.

Keywords: *Marma*, Acupoint, Ayurveda, Traditional Chinese medicine (TCM)

INTRODUCTION

Traditional medicine theories are shaped by ancient understandings of the universe and the human body and accumulated life experiences. Throughout history, the development of medical systems has often resulted in cultural connections or disparities among various regions and eras, sometimes leading to shared paths or distinct trajectories. Examining the traditional medicine of India and China individually reveals specific characteristics. Early writings on Ayurvedic medicine contained detailed descriptions of *Marma* points, which Chinese scholar Liao Yuqun referred to as the "acupoints of India" in his work on Ayurveda². Ayurvedic classical texts such as the *Susruta Samhita* and *Astanga Hridayam* delineate 107 *Marma* points in the human body, considering them as crucial anatomical sites where muscles, veins, ligaments, bones, and joints converge, representing vital centres of life force^{3,4}. Mastery of these 107 points was deemed essential to the science of surgery, and from this foundation emerged *Marma* therapy, gradually assuming therapeutic roles in treating diseases. Undoubtedly, similarities exist between *Marma* points and the acupoints of Traditional Chinese Medicine (TCM). From the perspective of TCM, acupoints possess specific morphological characteristics such as "gu kong" (bone hollow) and "mai dong" (stirred pulse), alongside an abstract definition as "locations where the spirit qi pass, where they exit and enter."⁵ Initially, acupoint therapy was closely associated with acupuncture, forming a fundamental aspect of external treatment in TCM. Given the parallels in medical descriptions and applications of *Marma* and acupoints, researchers have speculated about their shared medical origins, mainly as *Marma* therapy is considered a component of *Suchi Veda*, a tradition with a history comparable to TCM.^{6,7}

This paper synthesises medical descriptions from both traditions, drawing from important literature in Ayurveda and TCM and historical contexts to conduct a systematic comparative study. The goal is to clarify their origins and deepen understanding of the respective views of the body within different civilizations.

AIMS AND OBJECTIVES: To study the concept of *Marma* and acupressure points and their comparative analysis

MATERIAL AND METHODS:

The present conceptual review uses all Samhitas, Ayurved texts, research papers, PubMed, and other online sources as material.

LITERATURE REVIEW

Historical Review

The development of this science took place from *Saraswati* culture to the period of *Charaka*. *Sushruta*, *Ashtanga Sangraha*, *Ashtanga Hridaya*

In Veda

The first references to *Marma* in the Rig-Veda speak of using *Varma* or protective coverings to protect these, *Marmas*. It refers to prayer or *Mantra* (*Brahman*) as the best protection (*Varma*) for these *Marmas*, showing a spiritual view behind the use of *Marmas* from the very beginning.

Originally, *Marma* was part of the Vedic martial arts, or *Dhanur Veda*, one of the four *Upavedas*, or secondary *Vedas*.

The first time, the term *Marma* is described in *Atharvaveda*. During the Vedic period, kings and warriors knew about *marma*.

In Mahabharata

We find many references to *Marma* or *Varman*. Interestingly, there are references to the protective clothing of the *Marmas* of elephants and horses.

In Ramayana

The subject of Marma has been mentioned in epics, too, e.g., Ramayana. An incident of injury to the vital part of the Ravana by lord Rama is mentioned in Sri Goswami Tulshidasji and the syncope of Laxman in a war battle.

Arthashastra of Kautilya

It mentioned using arrowheads made of metal and some protective instruments against Marmas' injury. The instructions regarding Marma are available to Victorians. The kings of that time asked to protect their vital parts with 'Kavacha', a kind of protector.

Siddha System: It also refers to certain vital points and the effects of the moon's and other planets' phases on the human body.

Charaka Samhita

Acharya Charaka emphasised Marma Vigyan. A separate chapter is devoted to the Marma Vigyan. Acharya Charaka has given the concept of Tri Marma-Tripod of life.

Sushruta Samhita

Acharya Sushruta (400-600 B.C) describes 107 body Marma in a separate chapter.

Ashtanga Samhita

Acharya Vagbhatta in Ashtanga Sangraha mentioned that Marma points are where injury can lead to different kinds of pain and tremors.

1. THE ORIGIN

From an etymological perspective, the term "Marma" derives from the Sanskrit root "Mri" with the suffix "Manin," signifying a seat of life or a meeting place. English translations often describe it as a critical spot, vital point, or vulnerable point, alluding to its structural significance and apparent importance within the body.

The knowledge of Marma traces back to the Vedic era, a time marked by continuous warfare in ancient India. Insights into the original meaning of Marma can be gleaned from earlier classical Indian scriptures, including the Vedas. For instance, the Rigveda, which records Vedic hymns and sacrificial formulas, references the concept of Marma in verses like "for battle, with which he found the mortal spot of that

very Vrtra, as, gaining mastery, he thrust with the thrusting mace, while conferring who knows how much," and "your vulnerable places I cover with armour; let Soma the king clothe you with immortality."⁸ These verses suggest that soldiers discovered the efficacy of targeting their enemies' Marma points during combat, leading to incapacitation or even death. Consequently, soldiers were instructed to protect their Marma points with armour while aggressively targeting their adversaries. Additionally, prayers and hymns were considered protective measures, as evidenced in the hymns of the Atharvaveda, which earnestly implore, "O prana, to thy lightning, reverence, O prana, to thy rain! when prana calls aloud to the plants with his thunder, they are fecundated, conceive, and produce abundant plants." Here, "prana," meaning life or breath in Sanskrit, is closely associated with Marma, as damage to these points could result in a loss of vital life energy.

Despite sporadic descriptions of Marma locations in the Vedas, Upanishads, or Puranas, comprehensive knowledge of Marma was fully elucidated in the emergence of the Sushruta Samhita, one of the three Ayurvedic classics. This text dedicated a separate chapter to Marla, standardising the locations of the 107 Marma points in the human body and classifying them accordingly. Moreover, it meticulously detailed the anatomical features of these points, reflecting the contemporary understanding of the human body. Thus, the medical significance of Marma was firmly established and became a consensus in Ayurvedic texts after that.

The origin of acupoints traces back to the ancient practice of battlefield medicine, evolving from practical experiences gathered over time. In Chinese medicine, scholars generally assert that acupoints stem from the accumulated wisdom of generations honed through extensive medical practice⁹. In ancient times, individuals discovered that applying pressure or touch to specific body areas could alleviate pain. Over time, they progressed from using their hands to employing tools such as stone or metal needles in these areas, noting enhanced pain relief. As this practice continued, they began to recognise the signifi-

cance of these locations and interconnectedness. However, these observations remained instinctive and lacked empirical validation until the era of Huangdi's Internal Classic, a pivotal medical text. According to this ancient masterpiece, acupoints serve as conduits for the flow of qi and blood within the body.

Furthermore, it elucidates the Zangfu-meridian system, clarifying that acupoints are sites where the qi and blood of the internal organs and meridians manifest on the body's surface. Specific chapters within the text, such as 'The Measurements of the Bones' and 'Discourse on Bone Hollows', detail the precise locations of these acupoints, referring to them as *gu kong*, *xi gu*, and *mai dong* in Chinese, corresponding to bone hollows, muscle interspaces, and stirred pulses, respectively. Due to their pivotal role in regulating qi and blood, acupoints are also referred to as qi holes. The Miraculous Pivot, a section of Huangdi's Internal Classic, is a specialised treatise on acupoints and acupuncture, detailing their selection and therapeutic applications for external and internal ailments. In essence, acupoints, distinct from *Marma* points, emerged alongside standardised medical practices at the inception of ancient medicine.

While there are resemblances in the descriptions of morphology and function between *Marma* and acupoints, their origins differ significantly. *Marma* points originate from battlefield culture, where they were regarded as crucial sites requiring meticulous protection and blessings, with even the slightest injury strictly prohibited. Conversely, acupoints are directly linked to medical practices, promoting health maintenance through controlled stimulations to alleviate pain and restore balance. As Murthy, the translator and annotator of *S. Samhita*, aptly summarised, "Though the recognition of special spots on the body is common to both, the approach of each is diametrically opposite." Nonetheless, throughout their respective origins, the medicinal properties of these particular points have been unveiled, exerting a continuous influence on the evolution of medical practices.

2. GENERAL FEATURES

A. Location

The preceding section primarily discussed the locations of *Marma* points and acupoints, emphasising their commonality at the junctions of structural tissues. Upon comparison, the early descriptions of these points were somewhat vague, with significant overlaps. Take, for instance, the vital point *Talahrdaya*: when located in the leg, it lies at the centre of the sole and aligns with the middle toe; when situated in the hand, it resides at the centre of the palm and aligns with the middle finger. As documented in the Miraculous Pivot, "qi of the kidneys exits through the yong quan, located on the sole of the feet," and "the lao gong is located in the lower joint of the middle finger." These descriptions of yong quan (KI1) and lao gong (PC8) closely coincide with the *Talahrdaya Marma*.¹⁰ Over time, knowledge of acupoints was transmitted through medical literature due to their clinical significance, and their precise locations continued to evolve, becoming increasingly accurate and specific in later periods.

For example, the 'Great Compendium of Acupuncture and Moxibustion' from the Ming Dynasty documented patients' body postures to facilitate point location. It specified that KI1 is located at the white boundary just beneath the sole when the patient curls their toes while sitting on their heels, and PC8 is found by flexing the middle and ring fingers in the palm. With the advent of modern times, descriptions of *Marma* and acupoint locations have been influenced by topographic anatomy, leading to the development of more precise anatomical terminology.

In works such as the Ayurvedic book 'Marma Points of Ayurveda,' authors have incorporated modern anatomical knowledge to describe *Marma* locations and have detailed their corresponding acupoints. For instance, *Talahrdaya Marma* in the hand is connected with PC8, *Manibandha Marma* with da ling (PC7), and *Tarjani Marma* with shang yang (LI1). However, it's important to note that while these points tend to be more precise and standardised, their exact positioning may vary in clinical or practical settings. Ultimately, determining these particular points for indi-

viduals relies on experiencing the flow of life energy, adhering to the principle of personalised application.

B. Classification

There are several methods to classify these particular points. Regarding specific physical distribution, Marma in *S. Samhita* could be divided into five groups: upper limb, lower limb, trunk, back, head, and neck. Still, in *A-B Classic of Acupuncture and Moxibustion*, acupoints on the extremities are regarded as points of twelve meridians, the upper extremities being the three yin meridians and three yang meridians of hand, the lower extremities being the three yin meridians and three yang meridians of foot, while acupoints except extremities are divided into four groups-head and face region, neck, chest and abdomen, back region. Of element attributes, all 107 *Marma* points could be classified by quality of fire, qualities of water and fire mixed, quality of air, quality of water, and qualities of fire and air. In the acupoint system, only the five transport points adequately match the five elements, while the others need to be endowed with qualities of the five elements. Elemental attributes of these points are designed to further explain the reasons for diverse consequences after damage to these points, and by implications, there exists another classification, including rapid death, death after some time, death after removal of foreign bodies, malformation, and severe pain. Unlike its focus on injury, the five transport points' element attributes are developed to serve clinical practice better and establish treatment rules, such as the mother-supplementing child-draining method. Also, to be clear, the five elements of Ayurveda are not the same as the five elements of TCM.

In addition, *Marma* points focus on the physical structure of the human body, while acupoints are more integrated with medical theories to construct new classification methods. *S. Samhita* noted five varieties of names of *Marma* under different anatomical classes, including *Mamsa Marma*, *Sira Marma*, *Snayu Marma*, *Asthi Marma* and *Sandhi Marma*, which respectively means muscular spot, venous spot, ligament spot, bony spot and spot in joints. Later in *Astanga Hridaya*, *Dhamani Marma* repre-

senting arterial spot was added, but the total number was still 107 due to adjustment of the amount of each variety. Such detailed descriptions and distinctions of physical structure suggested that practitioners had a good command of anatomic knowledge at that time. Murthy reminded us that wars were frequent in ancient times in India. Hence, kings took surgeons to the battlefield to treat the wounded. The historical conditions provided a natural testing ground for improving knowledge of *Marma*, which was once regarded as half of the science of surgery in Ayurveda. In terms of acupoints, no structural classification has been made despite their different structural locations, just as "they are neither skin, flesh, sinews, or bones" documented in *Miraculous Pivot*, and the particularity lies in their intimate connection with meridians.

C. Other features

In several aspects, *Marma* points and acupoints exhibit distinct characteristics and similarities.

There exists a significant disparity in quantity between them. The count of *Marma* points has generally remained constant at 107 since their inception in the *Sushruta Samhita*, despite some opinions suggesting 108 *Marma* points, which are roughly equivalent. Conversely, the quantity of acupoints has evolved, starting from 277 in the Huangdi's Internal Classic, increasing to 649 in the *A-B Classic of Acupuncture and Moxibustion*, and ultimately reaching 718 in the modern national standard code (GB 12346-1990).

Like acupoints connected to meridians, *Marma* points are also associated with internal energy channels known as *Nadis*. *Marma* points and acupoints are conduits for average vital energy in the body's health. In a study exploring the history of acupuncture in India, researchers have compared Ayurvedic *Nadis* with Traditional Chinese Medicine (TCM) meridians, for instance, correlating *Kuhu Nadi* with the Lung meridian.¹¹

3. CLINICAL APPLICATION

Murthy suggests that researchers conduct a clinical assessment of these particular points in Ayurveda and TCM before comparing and correlating them. It's undeniable that both these body points have a rich history of clinical application.

The clinical application of *Marma* has evolved, characterised by two distinct phases. Originally rooted in battlefield practices, *Marma* was initially associated with believing that any manipulation or stimulation of these critical points should be avoided. Early clinical studies focused on understanding the pathological aspects of *Marma*. For instance, Chapter 6 of *Sharira Sthana* in *S. Samhita* delineated the risks and consequences of injuries to *Marma* points, highlighting the potential for severe and persistent symptoms such as dull pain, fatigue, emaciation, and dizziness. However, historical records indicate limited documentation of treatment modalities. In cases where *Marma* points sustained external injuries, historical texts suggested immediate amputation of the adjacent joint to constrict blood vessels and control bleeding.

Chapter 2 of *Chikitsa Sthana* details the recommended treatment for individuals impacted on critical *Marma* points, likening their condition to that of emaciated individuals. The text advises immersing such individuals in an oil-filled tub for several days while providing them with nourishing food and meat soup. These scattered treatments in ancient texts underscore the early stages of therapeutic understanding regarding *Marma*, primarily focusing on traumatic injuries like fractures and lacerations.

In the subsequent phase, *Marma* began to be recognised for its potential as a healing modality, leading to the emergence of specific treatments. *Marma* therapy, categorised as an Ayurvedic therapy, gained traction, particularly among Ayurvedic physicians and practitioners of indigenous martial arts in South India. This coincided with the flourishing of the martial art *Kalaripayattu*, which integrated the science of *Marma* points into its practices. Practitioners of *Kalaripayattu* incorporated knowledge of these body points for self-defence and health promotion. They adhered to a basic principle that while a decisive blow could cause injury, a gentle touch could facilitate healing.

As a result, the perception of *Marma* points shifted gradually from being strictly prohibited from stimulation during wartime to being recognised as therapeutic targets. With the emphasis on gentle touch, physi-

cians developed various treatments, including massage, application of herbal pastes, medicinal oils, and other non-invasive techniques¹².

Under its influence, *Marma* therapy gained recognition as a natural, non-invasive, and enduring method. Clinical evidence supporting its efficacy revealed positive outcomes, including normalisation of blood pressure and rehabilitation after strokes¹³. Researchers conducted reviews of *Marma* therapy, concluding that it was beneficial for diseases affecting single organs, systemic conditions involving multiple organs, and as a response to various ailments prevalent in modern society.

In 2021, the authoritative book "*Marma Chikitsa-Basic Tenets in Ayurveda and Therapeutic Approaches*" was published, presenting this time-honoured and effective treatment practically and understandably. Additionally, *Marma* therapy integrates with the yogic system, where postures affect the energy flow in *Marma* points across limbs, joints, and the spine. During deep meditation, *Marma* points are considered energy centres within the practice. Through focused breathing, practitioners become more attuned to the flow of life energy and can manipulate *Marma* points to energise or clear them. This integration suggests that yoga exercises involving interaction with *Marma* points can contribute to achieving a state of health. Consequently, combining medical applications with yoga practices centred on *Marma* points may open up new avenues for healthcare.

In contrast to the gradual development of *Marma* points, acupoints have been perceived as a more straightforward concept. Acupoint therapies, primarily acupuncture, have held a prominent position throughout history as the understanding of acupoints evolved. Acupuncture techniques have been widely recognised as the primary means of accessing acupoint knowledge. From ancient stone needles to the introduction of the nine classical needles and the prevalent use of disposable acupuncture needles, acupuncture has always been closely intertwined with acupoints. Over time, acupuncturists have observed sensations upon needling akin to the phenomenon of

meridian sensation transmission. They have posited that the full healing potential is realised only when the patient experiences sensations such as soreness, numbness, heaviness, or distention, indicative of acquiring "qi" during the needling process.

Another notable discovery was the diverse array of needling methods in acupuncture, including scattered needling, point-pricking, piercing, and encircling needling. Each technique was developed to elicit different therapeutic effects, as improper selection could exacerbate conditions. Furthermore, through clinical experience and documented research, practitioners identified specific relationships between two or more acupoints, such as the correlation between upper body ailments and lower body or he-mu point combinations.

Beyond acupuncture techniques, acupoints have played a pivotal role in diagnosing, preventing, and prognosis diseases. Various therapeutic modalities have been developed to address acupoints, including massage, acupressure, moxibustion, and topical ointments¹⁴. In recent years, many clinical studies have been conducted, some of which have garnered global attention.

In summary, acupoints have been intricately woven into medical practices from diagnosis to treatment, and their clinical application has been more extensive and longstanding than that of *Marma* points.

DISCUSSION

Ayurveda and Traditional Chinese Medicine (TCM) are invaluable legacies within traditional medicine, offering enduring contributions to human health. Despite the advent of modern medical practices, Ayurveda and TCM remain among the most widely utilised complementary and alternative drugs worldwide. As our planet grapples with many diseases and mounting global health challenges, there's a resurgence of interest in traditional medicine. People seek insights into health restoration, sustenance, and overall life enhancement.

This discourse delves into the distinctions between *Marma* points and acupoints. Undeniably, both belong to the domain of human physicality, embodying

the shared concept of "describing what people actually see and imagine together." While energy and qi remain invisible entities, they form integral components of the philosophical frameworks established by ancient medical traditions. Linked intricately with the objective structure of the human body, these concepts of energy and qi give rise to functional theories, thus fostering an inherent fusion of structure and function. Ultimately, the maintenance of health hinges upon the harmonious operation of these bodily structures and functions across the entirety of one's being.

As mentioned above, ancient Indians stimulated *Marma* points to defeat enemies in wars, while ancient Chinese used acupoints to heal patients. A few exceptions to this rule should also be noted. In the system of *Marma*, *S. Samhita* once devoted a chapter named "phlebotomy", which contained some descriptions of bleeding-letting on these vital points. For instance, *ksipra Marma*, a point between the big toe and the next toe, can be cut for bleeding in foot diseases such as gout and sprained ankle. There was a notable chapter named "Acupuncture Taboo" in A-B Classic of Acupuncture and Moxibusti about acupoints. It pointed out that some acupoints can't be stabbed at all, such as *ru zhong* (ST17) and *jiu wei* (RN15), and also some points are forbidden from deep insertion, such as *shang guan* (GB3) and *ren ying* (ST9).

The issue of the origins of *Marma* therapy and acupuncture warrants further discussion. Some investigations have drawn comparisons between the two based on particular degrees of similarity, suggesting that modern acupuncture finds its roots in *Marma* therapy. For instance, it's been suggested that practitioners of *Kalaripayattu*, an ancient Indian martial art, utilised bamboo sticks on specific body points for therapeutic purposes, thereby linking *Marma* therapy to the origins of acupuncture. However, this assertion requires clarification.

In China, acupuncture techniques have been meticulously passed down through generations, with the development of acupuncture theory and practice dating back to ancient times. The sophisticated nature of acupuncture theory and practice at the onset of

acupoint formation underscores that modern acupuncture is deeply rooted in ancient traditions. Additionally, while it's been mentioned that Ayurveda had a needle-pricking treatment called *Suchi Veda*, this practice needed to gain prominence compared to herbal medicinal therapies. It remained largely undocumented throughout the Christian era and Middle Ages. This lack of historical documentation might be attributed to apprehensions regarding injuries to *Marma* points, which could have deterred the widespread adoption of *Suchi Veda*.

Furthermore, while Buddhism from ancient India did make its way to China during the first century AD, and cultural exchanges between the two regions undoubtedly occurred, the origins of acupuncture predate these exchanges significantly. Therefore, while there may have been mutual references to particular body points between the two traditions, the foundation of acupuncture remains rooted in China's ancient traditions. Indeed, it is imperative to underscore the significant effects and benefits of both *Marma* points and acupoints and to encourage their utilisation in promoting human health. These vital points have made remarkable contributions to the well-being of humanity since ancient times.

By exploring *Marma* and acupoints, we gain a deeper understanding of their profound significance. We realise that Ayurveda and Traditional Chinese Medicine (TCM) are not merely medical systems but embodiments of a holistic lifestyle that emphasises the interconnectedness of body and mind.

By embracing the principles of Ayurveda and TCM, individuals are encouraged to cultivate greater awareness of their bodies and minds. This holistic approach to health underscores the importance of balanced living, mindful practices, and preventive care. It prompts us to adopt healthier habits, nourish our bodies with proper nutrition, engage in regular physical activity, and prioritise mental well-being. In essence, the exploration of *Marma* and acupoints serves as a reminder of the profound wisdom embedded within ancient healing traditions. It encourages us to embrace these time-honoured practices as integral

components of a holistic approach to health and well-being.

In our perspective, *Marma* and acupoints represent the products of two distinct cultural backgrounds, each embodying the early and independent views of the human body within their respective civilisations. They can be seen as two variations of similar discoveries concerning particular human body parts. Examining their origins, general features, and clinical applications reveals that these points exhibit distinct cultural characteristics. Therefore, evaluating their advantages and disadvantages would be imprudent without considering their cultural roots.

However, the comparison and juxtaposition of *Marma* and acupoints highlight a fundamental interconnectedness between the two medical systems. Both systems adhere to a holistic viewpoint, drawing insights and understanding from the universe and nature to unravel the mysteries of life. From a holistic, integrative medicine standpoint, such a comparative study lays the groundwork for integrating traditional medical theories and experiences. By adapting and refining these principles to suit the realities of society, environment, and psychology, we may anticipate the emergence of a new medical paradigm better suited to advancing human health.

Cross-regional comparisons between traditional medicine systems facilitate cooperation and innovation. Moreover, it's essential to recognise that traditional medicine cannot be adequately explored solely through technological advancements. These medical systems encapsulate not only the healthcare needs of different eras and regions but also reflect societal cognitive levels and attitudes toward the nature of the universe. Therefore, a comprehensive understanding of traditional medicine requires a multifaceted approach encompassing cultural, historical, and philosophical dimensions.

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