

INTERNATIONAL JOURNAL OF AYURVEDA360



**AYURVEDA
360**

**PEER-REVIEWED
BIMONTHLY JOURNAL**



| www.ayurveda360.in/journal

ISSN

PRINT:

3048-7382

ONLINE:

3048-7390

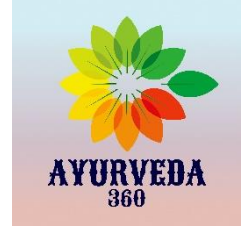
2025

VOLUME 1

ISSUE 6

MAY-

JUNE

DOI: [10.63247/3048-7390.vol.1.issue6.1](https://doi.org/10.63247/3048-7390.vol.1.issue6.1)

Exploring the Role of *Marma Avacharana* on *Phana Marma* in Restoring the Sense of Smell: A Review

Namboodiri K¹, Samhitha S², Hanamapure S³, Kottur SC⁴, Vashisth A⁵, Manohar SK⁶

1. **Dr. Krishnan Namboodiri**, Associate Professor, Sri Sri College of Ayurvedic Science and Research, Bangalore, <https://orcid.org/0000-0002-1139-5701>
2. **Dr. Samhitha S**, Final Year PG Scholar, Sri Sri College of Ayurvedic Science and Research, Bangalore, <https://orcid.org/0009-0006-0390-4728>
3. **Dr. Shrutishri Hanamapure**, Final Year PG Scholar, Sri Sri College of Ayurvedic Science and Research, Bangalore, <https://orcid.org/0009-0007-1810-9214>
4. **Dr. Shivani C. Kottur**, Final Year PG Scholar, Sri Sri College of Ayurvedic Science and Research, Bangalore, <https://orcid.org/0009-0009-3524-8675>
5. **Dr. Akshat Vashisth**, Final Year PG Scholar, Sri Sri College of Ayurvedic Science and Research, Bangalore, <https://orcid.org/0009-0005-0136-1320>
6. **Dr. Sharon K. Manohar**, Final Year PG Scholar, Sri Sri College of Ayurvedic Science and Research, Bangalore, <https://orcid.org/0009-0000-7933-1379>

ABSTRACT

Introduction : In Ayurveda, Marma refers to vital energy points in the body where Māṃsa (muscle), Sirā (vessel), Snāyu (tubular structures), Asthi (bone), and Sandhi (joint) meet. These points are centers of Prāṇa (life force) and play a crucial role in maintaining health. Phana Marma, a Vaikalyakara Marma, is significant, and injury to it can lead to loss of Gandha Jñāna (smell perception). This study explores the therapeutic potential of Marma Parisheka on Phana Marma, specifically its impact on anosmia caused by trauma.


Methods : The treatment protocol includes Ghritāpana (consumption of ghee), Parisheka (continuous pouring of liquids), Lepana (application of medicated pastes), Śodhana (purification), and Śamana (pacification) therapies, as explained by Acharya Sushruta in the Bhagna Chikitsa Adhyaya. The study investigates the effect of continuous pouring of medicated liquids onto Phana Marma. Therapeutic effectiveness is assessed based on pain relief, nerve function, and restoration of Gandha Jñāna, identifying the most suitable medicated liquids for Marma-ghāta (injury to Marma).

Results : The treatment's results will be measured by improvements in sensory perception, particularly the restoration of Gandha Jñāna. Changes in pain and nerve function will be documented, providing insights into Marma Parisheka's efficacy in treating anosmia and its broader impact on respiratory and cognitive health.


Discussion

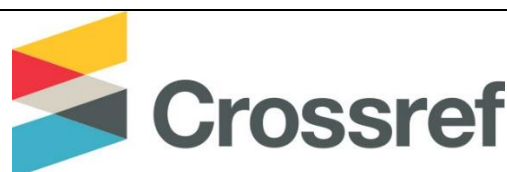
This study will enhance the understanding of Phana Marma's anatomical and physiological significance. The findings will contribute evidence-based recommendations for Marma Parisheka in Ayurvedic practice, refining Marma therapy in Marma-ghāta.

Keywords: Phana Marma, Marma Parisheka, Gandha Jnana, Anosmia

CORRESPONDING AUTHOR	HOW TO CITE THIS ARTICLE?	TO BROWSE
Dr. Akshat Vashisth, Final Year PG Scholar, Sri Sri College of Ayurvedic Science and Research, Bangalore, Email: dr.akshat.0713@gmail.com	Namboodiri, K., Samhitha, S., Hanamapure, S., Kottur, S. C., Vashisth, A., & Manohar, S. K. (2025). <i>Exploring the role of Marma Avacharana on Phana Marma in restoring the sense of smell: A review. International Journal of Ayurveda360</i> , 1(6), 431-439. https://doi.org/10.63247/3048-7390.vol.1.issue6.1	

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Final Updated Received
10/04/2025	05/05/2025	14/05/2025	26/05/2025	06/06/2025
Accepted	Conflict of Interest	Funding	Ethical Approval	Plagiarism Checker
08/06/2025	NIL	NIL	Not Applicable	8%

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International Journal of Ayurveda360 2025; 1(6)

This journal is published under the tradename Ayurveda360, registered under UDYAM-KR-27-0044910.

Introduction

Marmas are made up of *Satva*, *Raja*, and *Tamas*, which are the *Manasika Gunas* (basic qualities of mind). *Marma-Badha Varjana* (avoiding trauma or diseases in *Marma* regions) is essential for protecting the *Prana*. [1] Trauma to *Marmas* can result in varying degrees of pain and disability, such as loss of function in sensory or motor pathways, with some cases leading to life-threatening complications. According to Acharya Susruta, *Vaikalyakara Marmas* are *Soumya Guna* predominant. As *Phana Marma* is one of the *Vaikalyakara Marmas*, it can be considered as *Kapha-Vata* predominant. [2]

Phana Marma

The name “*Phana*” is derived from the Sanskrit word for the hood of a snake, symbolizing its shape, which narrows posteriorly from a broader anterior part, resembling a snake’s hood. [3] This shape correlates with the Marma's anatomical positioning and its function in the sensory and respiratory systems.

The description of the location of *Phana Marma* comes from the Susruta Samhita, which states, “*Ghranamargam Ubhayata Strotomarga Pratibaddhe Abhyantaratah Phane.*” This indicates that *Phana Marma* is located inside the nostrils and is associated with the *Srotas* within the nose. Dalhana further clarifies

its location, noting its bilateral presence. [4] Acharya Vagbhata adds more detail by describing the connection of the *Marma* to the *Shrotrapatha* (auditory pathway). [5]

Based on the study conducted on the anatomical structure of *Phana Marma*, it is located near the nose, close to the posterior nasal aperture, measuring 2.5 cm vertically and 1.3 cm horizontally. It extends into the nasopharynx, with a maximum width of 3.5 cm, narrowing down to 1.5 cm at the pharyngo-esophageal junction. According to Acharya Vagbhata, this *Marma* is connected to the *Shrotrapatha* (auditory pathway), which can be seen on the lateral wall of the nasopharynx. This area also includes the opening of the eustachian tube, which connects to the middle ear. Therefore, the position of *Phana Marma* lies around the nasal cavity and extends to the nasopharynx. [6]

Phana Marma is categorized as a *Sira Marma*, meaning it has rich blood vessels. Due to its rich vascular supply, trauma to *Phana Marma* can lead to significant neurovascular complications affecting both olfactory and auditory functions. Some Acharyas even opine it is a *Snayu Marma*. Its size is about 1/2 Angula, which is roughly 0.93 cm or 3/8 inch. [7]

Phana Marmaghata

"*Phana Marma* trauma can result in *Gandha Ajnana*, observed in cases of nasal

trauma, chemical exposure, or post-surgical procedures. This can occur not only from mechanical trauma but also from iatrogenic injuries during procedures like *Chedana* (excision), *Bhedana* (incision and drainage), or chemical injuries caused by *Kshara* or *Agni Karma*. These types of traumas can damage the *Nasagata Siras*, particularly the *Vatavaha Siras*, which are linked to normal motor functions and special senses like vision and smell. [8]

Ayurvedokta Gandha Jnana Prakriya

According to Ayurveda sensation of smell is generated through the *Sannikarsha* (contact) between the *Indriya* (sense organ), the *Mana* (mind), and the *Aatma* (soul). When *Indriya- artha* interacts with the *Ghranendriya*, it leads to the generation of the *Ghranabuddhi* (sense of smell) at the level of the nose. This information is then transferred and interpreted by the mind. *Prana Vayu*, with its moving quality (*Chala Guna*), is the primary mediator in this process. Any disruption in this sequence, particularly affecting *Prana Vayu*, can impair the sense of smell and may also affect other senses. [9] This aligns with the contemporary understanding of sensory processing, where the brain interprets sensory input, mediated by the olfactory nerve.

Pathway of Olfaction

The first step in the perception of smell occurs at the olfactory epithelium in the nose. However, the actual perception of smell takes place in the thalamus and hypothalamus, forming what is known as the olfactory pathway. [10]

Anosmia [11]

Anosmia is the complete loss of the sense of smell, which can be temporary or permanent. It can be classified into conductive anosmia and sensorineural anosmia based on the underlying cause. Conductive anosmia occurs when airflow carrying odour molecules is obstructed from reaching the olfactory receptors, often due to conditions like trauma, nasal congestion, polyps, or sinus infections.

Sensorineural anosmia- results from damage to the olfactory nerve, olfactory bulb, or central nervous system, caused by head trauma, viral infections, neurodegenerative diseases (e.g., Parkinson's, Alzheimer's), or toxins.

Anosmia can significantly affect taste perception and quality of life. If anosmia is neglected and not treated at the right time, it may even lead to complications like an increased risk of inhaling natural gas or harmful chemicals, and also food poisoning, as the person cannot distinguish between fresh and stale food.

Treatment depends on the cause, with options like decongestants,

corticosteroids, surgery (for obstructions), and olfactory training (for nerve-related damage). Long-standing usage of these medications may result in rebound congestion, nasal irritation, dryness, and systemic side effects.

Marma Chikitsa [12]

The general line of treatment includes *Ghritapana*, *Parisheka*, *Lepana*, *Shodhana*, and *Shamana Chikitsa*.

Parisheka [13]

Parisheka is effective for treating *Vata* and *Vata-Kapha* imbalances. *Parisheka*, a type of *Drava Sweda*, involves the steady pouring of medicated liquids such as oil, milk, *Takra*, *Ghrita*, or *Kwatha* over the affected area or the entire body. For optimal results, *Parisheka* should be performed with *Ama Taila*, especially in cases of *Nasarogas* like *Pratishyaya*, where it helps clear blockages and soothe inflammation. This treatment offers a deeply relaxing and rejuvenating experience, promoting balance and healing.

This study focuses on *Marma Parisheka*, an important treatment outlined in Ayurveda classics, which plays a key role in managing *Marmaghata* (trauma to *Marma* points). By evaluating the action of *Parisheka*, we seek to understand its potential in restoring the sense of smell and its therapeutic impact

on *Phana Marma*, ultimately contributing to improved sensory and overall health.

Materials And Methods – Procedure of Marmaseka

Purva Karma

1. The patient is made to lie down comfortably with the head slightly tilted backward.
2. A mild steam inhalation may be given to open the nasal passages.
3. The medicated liquid is warmed to a suitable temperature (not too hot or too cold).

Pradhana Karma

1. The medicated liquid is poured gently over the nasal region from a height of 4 angula (around the nasal region) using a spouted vessel, cotton swab, or a sterile dropper.
2. The process lasts 10–15 minutes, allowing absorption of the medicinal properties.
3. The pictorial reference has been provided in the Figure no 1 and Figure no 2.

Figure 1 Showing the procedure



Figure 2 Showing the procedure



Post-Treatment Care

1. The patient is advised to rest in a warm environment.
2. Avoid exposure to cold air, dust, and strong smells.
3. Nasal passages may be gently wiped, and steam may be given for better results.

These are the common post treatment care as noted in several studies.

DISCUSSION:

Here, we are trying to explore the possibilities of *Marma Seka* for *Gandha Ajnana* occurring due to *Phana Marma Vedhana* as *Marma Avacharana* or *Parisheka* over *Marma* has been mentioned in *Bhagna Chikitsa*, *Pratishaya*, *Nasa Sandhana*, and *Nasa Paka* by various formulations like *Ghrita*, *Taila*, *Kashaya* in the form of *Sheeta* or *Ushna Parisheka*. Furthermore, understanding the *Karma* (actions) of *Vata* can provide insight into how *Marma Seka* may enhance the movement of olfactory cilia within the olfactory mucosal

layer, ultimately leading to improved odor detection and perception.

Acharya Susrutha and Acharya Vagbhata have recognized *Phana Marma* as a *Vaikalyakara Marma* and *Sira Marma*. It is located deep within the nasal passages and is structurally connected to the nose as part of the *Bahir Srotas* (external channels). Based on available references for the probable location of the *Phana Marma*, any *Marma Upaghata* taking place around that location might lead to obstruction of nasal passages, damage to the olfactory nerve, or neurodegenerative disorders.

Taila Seka - Considering *Vata Kapha* as main doshas and nerve involvement in anosmia due to *Phana Marmaghata*, *Taila* would be more suitable as *Seka Dravya*.

Ksheerapaka / Kashaya - Appropriate *Kashaya* or *Ksheerapaka* may be useful in anosmia with *Pitta* involvement, or if we consider *Phana Marma* as a *Sira Marma*.

Parisheka might help stimulate the nerve fibers and the blood vessels. Also, in cases of acute conditions of *Marma Upaghata*, *Parisheka* will help provide relief in various conditions like *Bhagna*, *Nasavarodha*, *Raga*, and *Sotha*. It also has limitations due to no exact known position of *Phana Marma*, which will result in us exploring all the probable locations for

Parisheka and assessing the therapeutic action in the case of *Marma Upaghata*.

According to Acharya Susrutha, it is said that its location is in *Ghrana Bhaga Ubhayataha*, but the exact location of this *Srotomarga* and knowledge regarding its extent are difficult to assess. Since the exact location is unknown hence it becomes difficult to fix a point for *Seka*. In order to overcome this, a *Dhara* poured all over the nose might fix this.

In contemporary science, the physiology and anatomy of olfaction includes the olfactory neuroepithelium, which is located above the level of the superior turbinate and corresponding part of the nasal septum and is about 100 to 400 mm² on either side. The lamina propria contains the branched tubuloalveolar glands of Bowman, which produce a thin fluid covering the olfactory surface. This fluid contains odorant binding proteins. To sense the smell, a substance has to be soluble in both water and lipids. The olfactory mucus is possibly pulled by the traction of nearby respiratory cilia. [14]

These physiological functions can be correlated to the *Karma* of *Vata*–*Kapha*. Hypothetically, we can postulate that the *Chala Guna* of *Udana Vata*, which is located in the *Nasa*, helps in the movement of the respiratory cilia. *Bodhaka Kapha* aids in *Sthiratha*, similar

to how odorant binding proteins stabilize and transport scent molecules.

The causes of olfactory disorders include obstructive nasal and sinus disease (NSD), post-upper respiratory tract infection, head injury and trauma, aging, psychiatric conditions, and it can also be physiological.

To overcome this pathophysiology, an effective method like *Marma Seka* can be adopted.

Conclusion

Marma Avacharana on *Phana Marma* using *Parisheka* therapy has demonstrated significant potential in managing *Marmaghata*, particularly in restoring *Gandha Jnana* (sense of smell) and alleviating associated symptoms. *Phana Marma*, being a *Vaikalyakara Marma*, plays a crucial role in olfactory and respiratory functions. The therapeutic action of *Parisheka*, through its continuous and controlled application of medicated liquids, aids in pacifying *Vata* and *Kapha doshas*, reducing inflammation, and enhancing sensory perception.

Marma Seka, when used alongside other treatments, can be beneficial in cases of Anosmia or *Marma Upaghata*-induced loss of smell (*Gandha Ajnana*).

Conflict of Interest: There is no conflict of interest.

Declaration Of Patient Consent: The patient has given his consent for his images to be reported in the journal. The patient understands that his name and initials will

not be published and that due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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