AYURVEDIC PERSPECTIVE OF SATURDAY NIGHT PALSY AND ITS ANATOMICAL EXPLORATION

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ABSTRACT
For a developing nation like India, it is very important to confluents its ancient techniques of treatment along with the modern one. Prosperity of any nation could be estimated by its Healthy citizen number. Today when throughout world is much aware about the Health and Health relating problems, once again every eye is looking forwards towards the ancient procedures of treatments and the ancient life style is carefully observed with the keen eye. Marmas are important diagnostic as well as therapeutic points. The pulse itself is one of the prime 'vessel' (shira) marmas in the body, where the patient's energy can be read and understood. Ayurvedic practitioners routinely palpate various marma points for diagnostic purposes during patient visits. Marma points are important regions for gauging the doshas, their level of accumulation and their possible disorders, particularly relative to vata dosha, which governs pain and trauma. Any painful point on the body becomes a kind of marma as long as the pain exists. Saturday night palsy can be caused by any unnatural positioning or use of equipment that compresses the radial nerve and can be defined as a neuropathy of the radial nerve due to prolonged pressure to the upper medial arm by an object or a surface.

KEYWORDS: Marma(vital points in the body), Kurpar-(Elbow), Sthan(site or chapter), Vatik disorder(Ayurvedic term responsible for pain), Shakha(extremity) kuni (the deformity after injury) doshas(Three humors namely vatta, pitta and kapha responsible for person’s health or vitiated state), Rachana(Anatomy) and kriya (Physiology) Sthan Sanshray(area most prone to disorder because of accumulation of Humors) (Brihatrayi & Laghutrayi) Ayurveda text books.
INTRODUCTION

The knowledge of *Marmas* has been appreciated as half of knowledge of surgery. This implies the vital importance of *marma* in the body, which when injured results in death sooner or later or a painful meaningless survival. (su.sh.ch-6/35)

Thus, *marmas* could be considered as vital sites in the body. Although each and every part of human body is important still extremities possess most importance all body activities depend on limbs as without limbs existence of human body is hard to imagine and these limbs are more prone to injury. Thus, to works on the *Marmas* of *shakha* and that to of *kurpar Marma* the site of important clinical condition Saturday night palsy is relevant on priority basis. Knowledge of *Marma* sharer could be helpful in management of traumas & Prevention of fatal injuries and thus protection of life during medical practices also. Likewise, it is recognized as Saturday night palsy can be caused by any unnatural positioning or use of equipment that compresses the radial nerve and can be defined as a neuropathy of the radial nerve. It is need of hour to explain all aspects of Ayurveda scientifically, as modern procedures have for its base anatomy and physiology, while Ayurveda has its roots in sharer where *Rachana* and *kriya* are considered together.

GRAVITY OF THE TOPIC

The work will show light on Indian system of treatment, its untrodden folds with the special features of fundamental principles. The basic concept is to explore the facts, and to deduct the confusions & controversies relating various clinical conditions like Saturday night palsy and to explore the actual anatomical view behind it Many of the *Marma* *sthana*(sites) are similarly located on the body as the painful clinical conditions prevails which could be prevented, so this approach correlates various relative points of *marma* & and the anatomical approach behind it. Such innovations in the field of medical science can be considered as invitation of Ayurveda for putting Ayurvedic concepts according to present era and to make them highly comprehensive in preventing such painful clinical conditions.

MATERIALS AND METHODS

The work is based on the Ayurveda text books like *Brihatrayi* & *Laghutrayi* along with the observational cadaveric studies with formalin embalmed cadavers used during 1st year B.A.M. S dissection classes particularly the relation and branching of radial nerve and cubital...
fossa was taken into consideration. Magazines, journals, periodicals, internet maternal & research papers relating to the subject are also reviewed for support & enrichment of work.

**DISCUSSION**

**KURPAR MARMA and kuni the deformity after injury** Anatomy the knowledge of the structure of body is taught universally in medical profession. The ancient text of Ayurveda had coded this truth thousand years ago and added independent section of sharer and even the scientific way of dissection, and dissection-based knowledge of body structure i.e., real anatomy.

Saturday night palsy (Radial neuropathy) is a condition caused by compression of the radial nerve on the posterior aspect of the humerus, where it spirals around. The compression usually is caused when an person falls asleep with the posterior arm being compressed by the edge of a desk, bar, chair, or bench. Although the injury occurs at the posterior humerus, symptoms are identified in the forearm. Symptoms include the inability to extend the wrist and fingers (wrist drop) and loss of sensation to the posterior portion of the hand. In contrast, radial neuropathy occurring in the axillary region due to the improper use of crutches will result in weakness in the triceps muscles. The radial nerve which originates from the brachial plexus, carrying fibres from the C5-T1 ventral nerve roots and innervates the medial and lateral heads of the triceps brachii muscle, as well as all twelve muscles in the posterior osteo fascial compartments of the forearm. It provides motor innervation to the dorsal arm muscles and extrinsic extensors of the wrist and hand, as well as sensory innervation to most of the back of the hand (except the back of the 5th digit and adjacent half of 4th digit). Saturday night palsy is also known as lover’s palsy, honeymoon palsy, park bench palsy and crutch palsy as according to the position of arm mostly responsible for it. Acharya *Charaka* has clearly indicated in *shareer sthan* (Chapter 5) that there is direct relation between individual and environment which states that individual is the complete presentation of universe and both are complementary to each other moreover both are directly influencing each other and has also given similar factors between two.

**Clinical Similarity**

Both the points are located very close to each other and are related in their clinical affects also. In *kurpar marma* it is indicated that injury to this marma produces disability in hand and impairment of function of joint similarly In Saturday night palsy site of pain is indicated along disorders like swelling pain of upper arm, synovitis, and arthritis of elbow joint. So, it
is clear that both the points are acting on same disorders and also similar in anatomical structures under them.

The two points are located very close but show similarity in, In kurpar marma kuni, is indicated one symptom that is deformity a broad term including pain, inflammation and working inability of the joint, while in Saturday night palsy also, this site is showing the pain of arm and forearm along with numbness, Which clearly indicates the marma points and clinical condition of Saturday night palsy are showing relation to the same clinical effects.

**ANATOMICAL EXPLORATION**

*Kurpar Marma* is situated at the junction of fore arm and arm the structures lie under these points are similar as both the points are very close to each other, and the structures are: -
1. Elbow joint and articular cartilage
2. Radial collateral ligament.
3. Ulnar Collateral ligament
4. Annular ligament.
5. Ulnar nerve
6. Radial nerve
8. Median Cubital Vein

**Saturday night palsy** is mainly a clinical diagnosis and may help evaluate differential diagnoses like Electromyography, nerve conduction, Ultrasound to identify areas of damage. MRI can assist in having the details and The X-ray to evaluate fractures and dislocations that may be causing the nerve compressions although none of these measures are necessary for diagnosing The radial nerve (C5 to T1) which is mostly effected in Saturday night palsy originates from the posterior cord of the brachial plexus in the axilla. The radial nerve is the sole motor nerve to the muscles in the posterior compartments of the arm and forearm.

**Axillary Branches** Muscular branches supply the long and medial heads of the triceps. The posterior cutaneous nerve of the arm supplies the skin of the back of the arm. The radial nerve descends out of the axilla and immediately enters the posterior compartment of the arm where it winds around the back of the arm in the radial groove of the humerus between the heads of the triceps, here it lies directly in contact with the shaft of the humerus. The profunda brachii vessels accompany the nerve in the radial groove. The nerve then pierces the
lateral intermuscular septum above the lateral epicondyle of the humerus, enters the anterior compartment of the arm between the brachialis and brachioradialis muscles, and continues into the cubital fossa.

**Arm Branches** Muscular branches in the spiral groove supply the lateral and medial heads of the triceps and the Anconeus. The lower lateral cutaneous nerve of the arm supplies the skin over the lateral and anterior aspects of the lower part of the arm. The posterior cutaneous nerve of the forearm runs down the middle of the back of the forearm as far as the wrist. Articular branches supply the elbow joint. The radial nerve passes downward in the cubital fossa in front of the lateral epicondyle of the humerus, lying between the brachialis muscle on the medial side and the brachioradialis and extensor carpi radialis longus muscles on the lateral side. The nerve divides into superficial and deep branches at the level of the lateral epicondyle.

![Image of the radial nerve and its branches](image)

**Cubital Fossa Branches**

Articular branches supply the elbow joint. Superficial branch of the radial nerve Deep branch of the radial nerve winds around the neck of the radius, within the supinator muscle, and enters the posterior compartment of the forearm.

**Superficial Branch of Radial Nerve** The superficial branch of the radial nerve is a cutaneous nerve to the wrist and hand. It is the direct continuation of the radial nerve after its main stem has given off its deep branch in front of the lateral epicondyle of the humerus. It runs down under cover of the brachioradialis muscle on the lateral side of the radial artery. The nerve leaves the artery in the distal part of the forearm, winds around the radius deep to the brachioradialis tendon, descends superficial to the extensor retinaculum, and divides into several dorsal digital nerves. These terminal branches supply the lateral two thirds of the dorsum of the hand and the posterior surface over the proximal phalanges of the lateral three and a half fingers. The sensory nerve supply to the skin on the dorsum of the hand is derived from the superficial branch of the radial nerve and the posterior cutaneous branch of the ulnar nerve.
Deep Branch of Radial Nerve  The deep branch arises from the radial nerve in front of the lateral epicondyle of the humerus in the cubital fossa. It pierces the supinator muscle and winds around the lateral aspect of the neck of the radius in the substance of the muscle to reach the posterior compartment of the forearm. When the nerve emerges from the supinator muscle in the posterior compartment, it is commonly referred to as the posterior interosseous nerve. The nerve descends in the interval between the superficial and deep groups of muscles and eventually reaches the posterior surface of the wrist joint. Branches Muscular branches supply the extensor carpi radialis brevis, supinator, extensor digitorum, extensor digiti minimi, extensor carpi ulnaris, abductor pollicis longus, extensor pollicis brevis, extensor pollicis longus, and extensor indicis muscles. Articular branches supply the wrist and carpal joints.

CONCLUSIONS
Clinical Relevance
Saturday night palsy and Kurpar marma aghat or injury presents similar complains like pain and numbness in the forearm region and presents with the symptoms like pain, profound drop in the wrist and some paraesthesia to the dorsal of the forearm, with history of prolonged sitting on chair with the arm over the edge of the chair and presents weakness, numbness, tingling and pain in the arm along with a characteristic complaint of inability to extend the wrist and fingers to the metacarpophalangeal joint level. Saturday night palsy, it may be worthwhile to consider them for individual patients and to evaluate and treat them symptomatically Kurpar marma aghat or injury presents similar complains like pain and
numbness in the forearm region and history of person falls asleep with the posterior arm being compressed by the edge of a desk, bar, chair, or bench according to ayurveda is considered under the root cause of vitiated vata and both charak and sushruta emphasizing on nourishment and vata anuloman approach which seems quite effective in this case and further To prevent further damage of the nerve, it is important to counsel the patient to avoid repeating the same mechanism that can cause further damage or compression. Ayurveda considers such ailments under vataj vikaar and and treatment used is straight under the symptomatic management of vitiated vataj vikaar and taken sthan sanshray at the affected site that is elbow and forearm. Treatment of Saturday night palsy is mainly through local abyang (massage) with medicated oil and physical therapy including a dynamic splint that holds the arm in extension and allows for full passive range of motion during use. This can be complemented with the help of supportive care, including medicines to be taken internally. During this task one thing which I always realize is the gravity of marma and clear instructions in Ayurveda to save these energy points is quite relevant and important so to decide or to know the actual picture of marma and their clinical correlations, we should have exposure of Trauma management clinics and hospitals so as to evaluate the concepts.

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