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Aani Marma and its Relationship with Saturday Night Palsy: An Anatomical and Clinical Correlation

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Abstract: ***Marma are vital anatomical locations described in Ayurveda, where injury leads to functional disturbance or deformity. Aani marma is a limb marma situated three angula above the elbow and knee joints and is snayu predominant in nature. Damage to this marma produces stiffness, pain, swelling, and impaired limb movements. Saturday night palsy is a compressive neuropathy of the radial nerve caused by prolonged external pressure, classically presenting with wrist drop. This review explores the anatomical and clinical relationship between Aani marma and Saturday night palsy. Literary analysis of Ayurvedic texts and modern neuroanatomy reveals a close correlation between the Aani marma region and the course of the radial nerve.***

Keywords: Aani marma, radial nerve palsy, Saturday night palsy, wrist drop

1. Introduction

Ayurveda identifies 107 marma as critical anatomical points formed by the convergence of muscles, ligaments, vessels, bones, and joints[1]. Among limb marmas, Aani marma plays a crucial role in maintaining motor function[2]. Modern medicine recognizes Saturday night palsy as a radial nerve compression neuropathy causing loss of wrist and finger extension[3].

Aim and Objectives

- To study Aani marma and correlate its injury effects with Saturday night palsy.
- To analyze anatomical and functional similarities between marma injury and radial nerve palsy.

2. Materials and Methods

This is a conceptual and literary review based on classical Ayurvedic texts including Susruta Samhita and Ashtanga Hridaya, along with standard anatomy and neurology textbooks[4–6].

Aani Marma

Aani marma is located three angula above the elbow joint in the upper limb. It is classified as a sakhagata, snayu-dominant and vaikalyakara marma[1]. Injury causes pain, stiffness, swelling, and restricted movement.

Saturday Night Palsy

Saturday night palsy occurs due to prolonged compression of the radial nerve, usually during deep sleep following alcohol intake[3]. Clinical features include wrist drop, weakness of finger extensors, and sensory loss on the dorsum of the hand.

Correlation

The anatomical region of Aani marma corresponds to the distal humerus and radial nerve branching zone near the elbow[5]. Compression or trauma in this area can affect radial nerve function, producing symptoms similar to those described in Aani marma injury.

3. Discussion

Ancient Ayurvedic scholars recognized vital functional zones through clinical observation. The symptomatology of Aani marma injury strongly suggests neural involvement. Saturday night palsy represents a modern clinical equivalent of trauma or compression affecting this marma region.

4. Conclusion

Aani marma injury and Saturday night palsy show strong anatomical and clinical correlation. Understanding this relationship enhances integrative medical knowledge and promotes safer therapeutic practices.

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