

13. Major marma points: Locations, names, and effects

Major Marma Points

Locations · Classical Names · Physiological / Therapeutic Effects

1. Head & Neck Band

The head houses the greatest concentration of marmas—thirty-seven in classical listings—because the brain and major sensory gateways converge here.

- **Ādhipati (Brahmarandhra).** Situated at the anatomical vertex where the sagittal and coronal sutures meet. Injury can cause instant loss of consciousness; gentle palm-rest finishing a massage induces deep parasympathetic calm.
- **Sthapanī.** Mid-point between the eyebrows. Sharp trauma yields vertigo and visual disturbance, whereas feather-light circles disperse tension headaches and soothe excess *Pitta*.
- **Śaṅkha (Temples, bilateral).** Overlie the superficial temporal artery and auriculotemporal nerve. Excessive pressure risks syncope; mild compression alleviates stress-induced bruxism and eye fatigue.
- **Mātrikā Row (8 points along carotid - jugular sheath).** Guard speech, swallowing, and vagal tone. Precise thumb tracking down this line releases cervical sympathetic overdrive, easing palpitations and hypertension spikes.

2. Thorax & Dorsal Axis

- **Hṛidaya.** Directly over the cardiac plexus at the left fifth intercostal space. A fatal marma in battlefield lore; in therapy only broad, synchronized palm sweeps are used to normalise erratic heart rhythm.
- **Apasthambha (Paraspinal Duo).** Flank the spinous processes between T4 and T9. Bruising here can paralyse intercostal muscles; rhythmic heel glides melt mid-back rigidity and deepen respiratory excursion.

3. Abdomen & Pelvis

- **Nābhi (Umbilical Hub).** Classical texts describe seventy-two-thousand *nāḍīs* radiating from the navel. Sharp penetration disturbs vascular tone; warm clockwise strokes kindle *agni*, relieve bloating, and anchor *Samāna Vāyu*.
- **Basti.** Two finger-breadths above the pubic symphysis, guarding bladder and fertility pathways. Direct blows cause urinary retention; gentle vertical kneading supports pelvic-floor recovery after strain.

4. Upper Limbs

- **Kūrpara.** At the olecranon-capitulum junction of the elbow. Trauma impairs grip and radiates pain down the forearm; deep cross-fibre thumb work restores extensor slide and improves sword-handling stamina.
- **Ani (Axilla).** Protects the brachial plexus. A strike paralyses the arm; measured spirals de-compress neurovascular congestion from prolonged desk postures.
- **Indrabasti.** Mid-forearm on the flexor side, aligned with the radial artery. Over-pressure provokes vascular spasm; moderate knuckle rolling revives tingling fingers.
- **Maṇibandha.** Center of the wrist crease. Crucial for sparring locks; controlled compression releases carpal-tunnel tightness.

5. Lower Limbs

- **Ūrvi.** On the anteromedial thigh midway between hip and knee, intersecting femoral-sciatic pathways. A kick here numbs the leg; longitudinal foot pressure resolves sciatic drag after running.
- **Jānu.** Encircling the patella. Frontal blow destabilises gait; circumferential oil-glides improve meniscal hydration and proprioception.
- **Gulpha.** Posterior and medial ankle recess. Sprain at this marma delays venous return; upward thumb scoops clear edema and lighten stance.
- **Talahridaya.** The sole's geometric centre, termination of the spinal *Suṣumṇā* line. Standing weapon drills stress

this point—focused heel presses re-energise fatigued lumbar muscles almost reflexively.

Summary Table — Core Marmas for Kalari Uzhichil Practice

Region	Classical Name	Surface Landmark	Effect of Trauma	Therapeutic Use / Stroke Style
Head	Ādhipati	Skull vertex	Instant blackout	Feather-touch crown hold to seal session
Head	Sthapanī	Between brows	Vertigo, blurred vision	Light circular strokes to calm mind & eyes
Thorax	Hṛidaya	Left 5th ICS	Cardiac arrest	Broad palm sweeps timed to exhale
Thorax	Apasthambha	T4-T9 paraspinals	Intercostal paralysis	Heel glides to free rib motion
Abdomen	Nābhi	Centre of navel	Vascular shock	Warm clockwise kneading for <i>agni</i> boost
Pelvis	Basti	2 fb above pubis	Urinary retention	Gentle vertical press for pelvic tone
Upper limb	Ani	Axillary hollow	Arm paralysis	Oblique thumb spirals to decompress plexus
Upper limb	Kūrpāra	Olecranon tip	Grip weakness	Deep transverse thumb work for extensor slide
Upper limb	Indrabasti	Mid-forearm flexor	Vascular spasm	Knuckle rolling → finger tingling subsides
Upper limb	Maṇibandha	Wrist crease centre	Carpal lock	Palm heel circles for tunnel release
Lower limb	Ūrvi	Mid-thigh medial	Sciatic numbness	Long heel sweep, fascial “unzipping”
Lower limb	Jānu	Patellar rim	Unstable gait	Circumferential oil glide, meniscal hydration
Lower limb	Gulpha	Ankle recess	Edema, cold feet	Upward thumb scoops, ankle mobilisations
Lower limb	Talahridaya	Mid-sole	Lumbar fatigue	Centre-sole heel press, spinal recharge

Key Study Notes

- Three-dimensionality** – imagine each marma as a volume roughly the size of its underlying joint or nerve plexus, not a pin-point.
- Dose of Pressure** – match depth to marma class: broad-firm on *Sthūla*, precise-moderate on *Sūkṣma*, feather-light near *Agni* sites.
- Sequence Matters** – open distal limb marmas first for venous-lymph flush, then address central nodes (Nābhi, Hṛidaya) to stabilise autonomics.
- Observe Quick Feedback** – warmth, pulse softening, or spontaneous sigh signals marma release; move on once achieved, rather than by the clock.

Master these landmark points and you acquire a reliable map for both **combat protection** and **healing precision**, anchoring every Kalari Uzhichil session in anatomical accuracy and energetic intelligence.