

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