



Lesson 11: Upper Limb Focus – Anatomy & Basic Application

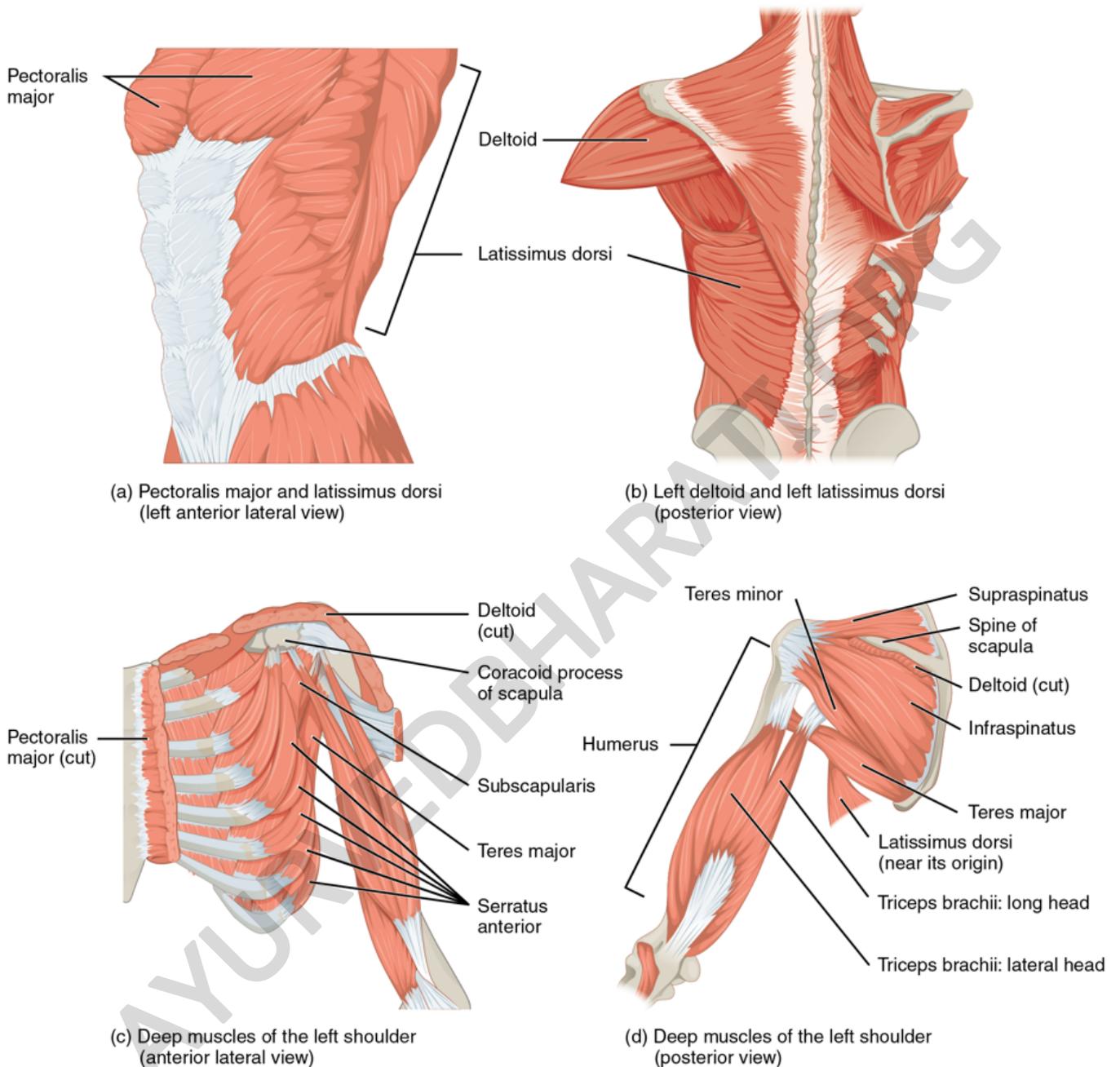
Kalari Uzhichil Day 11 centers on the upper limbs, integrating detailed anatomical knowledge with Ayurvedic principles and practical massage techniques. In this advanced lesson, we will cover the anatomy of the shoulder, arm, forearm, and hand using modern terminology (deltoid, biceps, triceps, forearm flexors/extensors, carpal tunnel, etc.), and correlate these structures with Ayurvedic dhatus (Mamsa – muscle, Asthi – bone, Snayu – ligaments/tendons, Sira – vessels/nerves). We will identify key marma points in the arms (e.g. Kurpara at the elbow, Manibandha at the wrist, Anguli marmas in the fingers) and discuss common upper limb conditions treatable by Kalari Uzhichil – including frozen shoulder, tennis elbow, carpal tunnel syndrome, and general muscle fatigue. A step-by-step guide for oil application and massage strokes (from shoulder to fingertips) is provided, along with guidance on Ayurvedic oils (like **Dhanwantharam Thailam** and **Mahanarayana Thailam**) suitable for these conditions. Visual diagrams will help illustrate muscle layers, joint structures, marma locations, and stroke directions. We also cover Kalari-specific considerations such as gentle joint mobilizations for the shoulder and wrist, safety precautions around sensitive neurovascular structures (brachial plexus, radial/ulnar nerves), and practical tips for therapists to deliver a focused 10-15 minute upper limb massage (including warm-up, main strokes, joint mobilization, and finishing techniques).

Upper Limb Anatomy and Ayurvedic Correlations

Understanding the upper limb's anatomy is crucial for effective Kalari Uzhichil application. In Ayurvedic terms, the upper limb is composed of various **dhatu**s (tissues): **Mamsa (muscles)** which generate movement, **Asthi (bones)** forming structural support, **Snayu (ligaments, tendons, and associated tissues)** providing joint stability and connections, and **Sira (vessels & nerves)** enabling circulation and neural control. These roughly correspond to the anatomical structures we address during massage. Notably, classical texts describe a *marma* (vital point) as a junction where multiple tissues converge – “*Marma is formed by the combination of mamsa, sira, snayu, asthi, and sandhi (joint)*”. The upper limb contains **11 major marmas per arm** (22 total in both arms), which align with anatomical landmarks like joints and extremities.

Let's break down the upper limb by regions (shoulder, upper arm, forearm, and hand), examining key structures and their Ayurvedic relevance:

- **Shoulder (Shoulder Girdle and Joint):** The shoulder region includes the **clavicle and scapula** (forming the pectoral girdle) and the **humerus** (upper arm bone) – these are Asthi (bones). The shoulder's main joint is the **glenohumeral joint**, a ball-and-socket connecting the humeral head with the scapula's glenoid fossa. It's stabilized by a capsule and several **ligaments (Snayu)**, as well as the **rotator cuff muscles (Mamsa)** – a group of four muscles (supraspinatus, infraspinatus, teres minor, subscapularis) that surround the joint. The large **deltoid muscle** (Mamsa) caps the shoulder and aids in lifting the arm. Other important muscles attaching around the shoulder include **pectoralis major** (chest) and **latissimus dorsi** (back), which help move the humerus. Numerous **Sira structures** traverse this area: the **axillary artery** (continuing into the brachial artery in the arm) and the **brachial plexus** (network of nerves supplying the arm) pass through the axilla (armpit). In Ayurvedic terms, the shoulder region is rich in *Mamsa* (muscles) and *Snayu* (fibrous tissues) for mobility, with *Asthi* providing the framework and vital *Sira* (blood flow and prana through nerves) concentrated in the axilla.

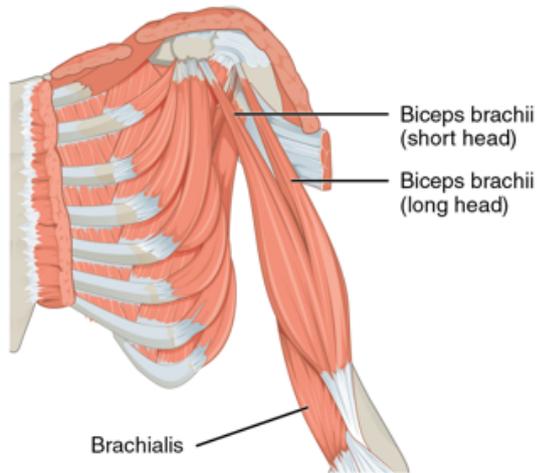


Muscles of the shoulder and upper arm (anterior and posterior views). The deltoid, pectoralis major, and latissimus dorsi (top) are large muscles moving the humerus. Underneath, the rotator cuff muscles (supraspinatus, infraspinatus, teres minor, subscapularis) stabilize the shoulder joint. These muscles (Mamsa) act on the humerus (Asthi), and are connected by tendons and ligaments (Snayu). Knowledge of these structures helps target massage strokes and understand marma around the shoulder.

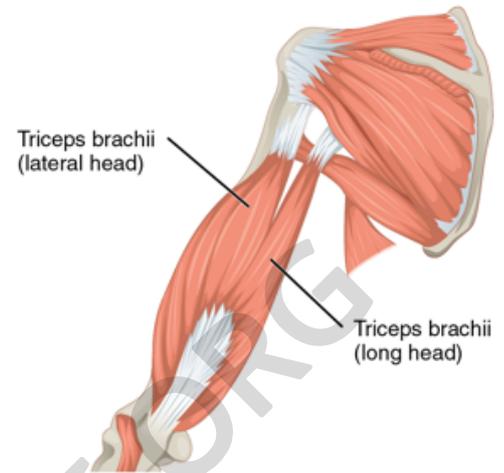
- **Upper Arm (Brachium):** This region spans from shoulder to elbow and centers on the **humerus bone** (Asthi).

The upper arm's notable muscles (Mamsa) are the **biceps brachii** at the front (a two-headed muscle that flexes the elbow and supinates the forearm) and the **triceps brachii** at the back (a three-headed muscle that extends the elbow). The biceps connects via a common tendon at the elbow, and the triceps inserts into the olecranon of the ulna - these tendons and the elbow ligaments are Snayu components. Deep to the biceps is the **brachialis** muscle, and attaching near the armpit is the **coracobrachialis**; these also flex the elbow or shoulder. The upper arm is innervated by major nerves (Sira) that run its length: the **median nerve** and **ulnar nerve** travel anteriorly (through the medial arm), while the **radial nerve** winds around the humerus posteriorly (in the spiral groove). The **brachial artery** (Sira) runs down the medial side, supplying blood. Ayurvedically, the upper arm is predominantly muscle (Mamsa) and bone (Asthi), with significant Snayu support at the elbow (the elbow joint is a *Sandhi* where multiple Snayu converge) and vital sira/nadi running through (which correspond to the blood vessels and nerves).

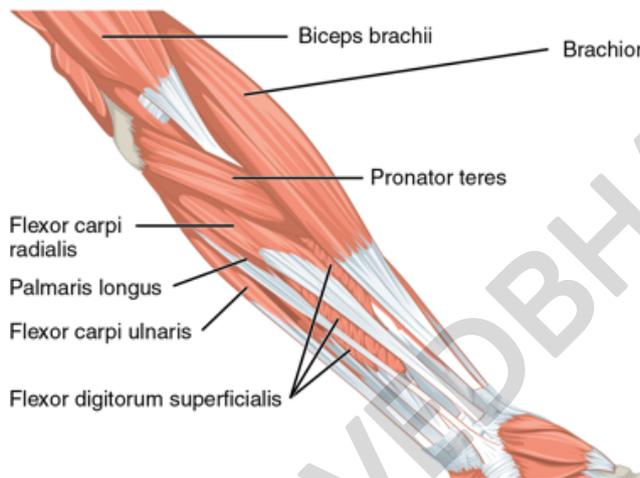
- **Elbow (Kurpara Sandhi):** The elbow joint is where the humerus meets the two forearm bones (ulna and radius). It's a hinge-type joint allowing flexion/extension, and includes the humero-ulnar and humero-radial articulations. This joint is reinforced by strong collateral ligaments (Snayu) on either side. The olecranon bursa and tendon insertions here can be points of inflammation (as in tennis elbow involving the lateral epicondyle region). The elbow region contains the *Kurpara Marma* (described later) and is a **Sandhi marma** - meaning the joint itself is the critical structure. From an Ayurvedic view, the elbow area is where *Asthi, Snayu, Mamsa, and Sira* intersect heavily - making it a sensitive and important point for therapy and also a point to be cautious with (injury here can affect the whole arm's function).
- **Forearm (Antebrachium):** The forearm extends from elbow to wrist and contains two long bones: the **ulna** (medially) and **radius** (laterally) - Asthi that form the radioulnar joints enabling forearm rotation (supination/pronation). The forearm is divided into two major muscular compartments (Mamsa): **flexors** on the anterior (palmar) side and **extensors** on the posterior (dorsal) side. The flexor group (arising mostly from the medial epicondyle of the humerus) includes muscles like **flexor carpi radialis, palmaris longus, flexor carpi ulnaris**, and the long **flexor digitorum** muscles that bend the wrist and fingers. These are covered by the **flexor retinaculum** at the wrist. The extensor group (arising from the lateral epicondyle) includes **extensor carpi radialis (longus and brevis), extensor digitorum, extensor carpi ulnaris**, etc., which extend the wrist and fingers. A key muscle on the lateral forearm is **brachioradialis** (flexes the elbow, despite being in the extensor compartment). Deep forearm muscles include pronators (teres and quadratus) and supinator, which rotate the forearm. All these muscles are connected via tendons (Snayu) to the wrist and hand. The forearm's blood supply comes from the **radial and ulnar arteries** (branches of the brachial artery) and it houses important nerves: the **median nerve** runs through the center (entering the carpal tunnel at the wrist), the **ulnar nerve** runs along the ulna (passing the cubital tunnel at the elbow and Guyon's canal at the wrist), and the **radial nerve** splits into superficial and deep branches around the elbow (supplying the extensor muscles). Ayurveda would consider the forearm rich in *Mamsa dhatu* (muscle bulk on both sides), with two bones (*Asthi*) and numerous *Snayu* (tendons and interosseous membrane) tying muscle to bone. The *Sira* in the forearm (arteries, veins, nerves) are crucial channels of circulation and energy, especially concentrated at the wrist marma.



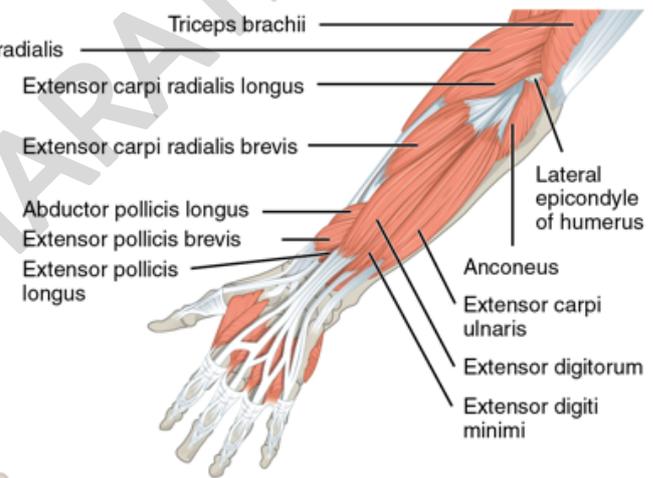
Left upper arm muscles (anterior lateral view)



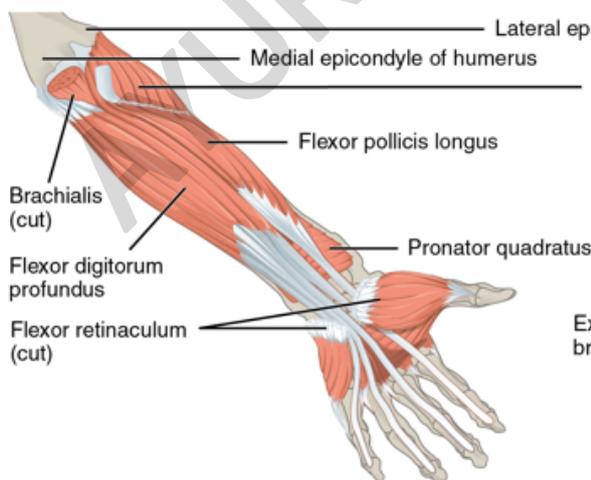
Left upper arm muscles (posterior view)



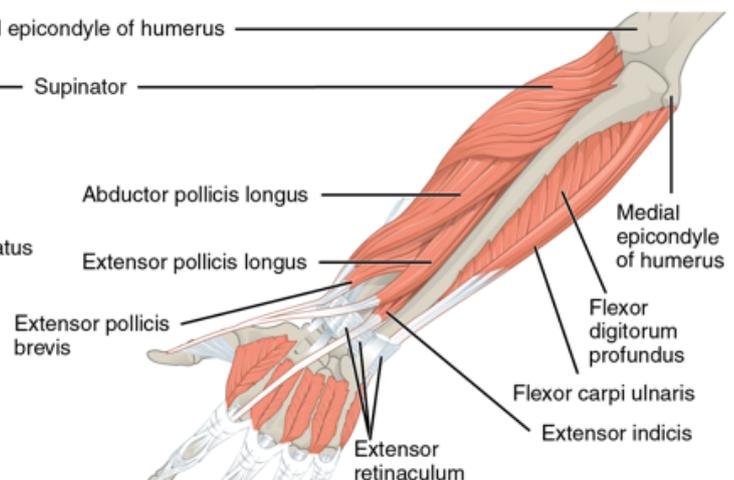
Left forearm superficial muscles (palmar view)



Left forearm superficial muscles (dorsal view)



Left forearm deep muscles (palmar view)



Left forearm deep muscles (dorsal view)



*Muscles of the upper arm and forearm. **Top:** Anterior view of the upper arm – the biceps brachii (short and long heads) and brachialis flex the elbow, while the posterior triceps brachii (lateral and long heads) extends it. **Bottom:** Superficial muscles of the forearm (palmar view on left, dorsal view on right) including flexor group on the palm side (flexor carpi radialis/ulnaris, palmaris longus, flexor digitorum) and extensor group on the back of the hand (extensor carpi radialis longus/brevis, extensor digitorum, etc.). Deep forearm muscles (not all labeled here) include flexor digitorum profundus and pronator quadratus on the palmar side, and supinator and extensors of the thumb (extensor pollicis longus/brevis, abductor pollicis longus) on the dorsal side. Knowledge of these muscle groups (Mamsa) helps in applying appropriate massage strokes along the forearm, and understanding where tendons (Snayu) and nerves (Sira) may be prone to compression (e.g. median nerve in carpal tunnel).*

- **Wrist and Hand:** The wrist (**Manibandha Sandhi**) comprises the complex joint between the forearm bones and the **carpal bones** (8 small bones of the wrist). It allows flexion, extension, and slight rotation/ulnar-radial deviation. The carpal bones form an arch creating the **carpal tunnel** on the palmar side, through which the median nerve and flexor tendons pass – this is a site of **carpal tunnel syndrome** when swollen tissues compress the nerve. The wrist joint and intercarpal joints are stabilized by numerous ligaments (Snayu), and it is the location of the **Manibandha marma** (wrist vital point), which is classified as a Sandhi Marma (predominantly a joint structure). The hand itself consists of **metacarpal bones** and **phalanges** (finger bones), moved by both the long forearm tendons and intrinsic hand muscles (small muscles for fine movements). The hand hosts several smaller marmas; for instance, the center of the palm is sometimes referred to as *Talahridaya marma* (palm “heart”), and the finger bases/tips are collectively called **Anguli marmas** (vital points of the fingers). Each finger is controlled by tendons (Snayu) and receives blood flow and nerve supply (Sira) from digital arteries and nerves. In Ayurvedic thought, the hands are richly supplied with *prana* via the *siras* (many nerve endings) and thus massage of the hands and fingers can have systemic calming effects. The **Anguli (finger) marmas** are considered where the *Asthi* (phalange bones), *Snayu* (tendons/ligaments), *Mamsa* (small muscles/flesh of fingers), and *Sira* (digital nerves/vessels) intersect in miniature – making them sensitive points that can impact not just finger function but reflexively influence other parts of the body.

Vital Marma Points of the Arms and Hands

The upper limbs contain a number of **marma points** – vital energy points used in Kalari and Ayurveda for therapeutic effect. Marma points correspond to anatomical locations where nerves, vessels, muscles, bones, and joints meet. Stimulating these points during massage can promote healing, but heavy pressure on them can also cause pain or injury, so precise knowledge is important. Key marmas in the arms and hands include:

- **Kurpara Marma (Elbow):** Located at the elbow joint, exactly at the junction of the upper arm (bahu) and forearm (prabahu). This corresponds anatomically to the elbow region (olecranon area and joint space). **Kurpara** is classified as a **Sandhi Marma** (joint marma) – its primary structure is the elbow joint itself. Other tissues at this site (muscles, vessels, nerves) are secondary but present. Injury to Kurpara marma can be serious: Ayurvedic texts say trauma here may cause deformity of the elbow, swelling, and stiffness of the arm, leading to impaired function of the entire upper limb. In treatment, gentle stimulation of Kurpara marma can help relieve elbow pain or radiating forearm pain, but **avoid heavy pressure** – it is categorized as **Vaikalyakara Marma**, meaning injury can cause deformity.
- **Ani Marma (Mid-Arm):** Though not as commonly known as Kurpara, **Ani marma** is located about **3 anguli** (finger-breadths) above the elbow crease on the arm (on the medial side of the arm, near where the biceps muscle and brachial artery lie). It’s considered a **Snayu Marma** (dominated by ligaments/tendons/nerves). Anatomically this corresponds to the distal arm region containing the brachial artery and median nerve just above the elbow. Injury here is said to cause inflammation and stiffness of the arm. Therapists occasionally apply mild pressure or herbal paste at this point to help conditions like **Volkman’s contracture** or poor circulation in the forearm, but again with caution due to the artery and nerve presence.
- **Kakshadhara Marma (Axilla/Shoulder):** This marma is located in the axillary region (the armpit, where the arm connects to the chest) and is thought of as the upper limb equivalent of the groin marma (Vitapa). It’s essentially the area of the brachial plexus and axillary artery – a hub of nerves and vessels under the shoulder joint. Kakshadhara is a **Snayu/Sira Marma** due to the concentration of nerves and vessels. In practice, it’s not directly massaged with pressure (as doing so can cause numbness or injury), but warming and gently cupping the axilla during massage can improve lymphatic drainage and blood flow to the arm. We include it here as a point of awareness – avoid strong pressure in the axilla to protect the **brachial plexus**.



- **Manibandha Marma (Wrist):** Located at the wrist joint, at the junction of forearm and hand. It corresponds anatomically to the complex of the radiocarpal joint and surrounding ligaments. Manibandha is also a **Sandhi Marma**, primarily constituted by the bony joint and its capsule. Other components like the radial/ulnar arteries (Sira), carpal bones (Asthi), tendons (Snayu), and wrist muscles (Mamsa) are secondary. This marma is **Rujakara** (pain-causing) if injured – for example, a hard impact can cause severe pain or even deformity (similar to a bad sprain or fracture at the wrist). During massage, Manibandha marma can be stimulated by encircling the wrist with the thumb and fingers and applying gentle pressure in a circular manner to release tension. This is believed to help issues like **wrist pain, carpal tunnel syndrome, or even headaches** (via reflex effect). Caution: too much pressure on the anterior wrist (where the median nerve runs) can aggravate nerve compression, so pressure should be moderate and mainly on the joint spaces.
- **Anguli Marmas (Finger Points):** *Anguli* means finger; these marmas refer to points located in the fingers. According to some sources, each hand has several minor marmas at the fingers – possibly at the base of each finger or the fingertip pads. In classical lists, individual finger marmas are sometimes not enumerated separately, but collectively they are considered **11 marmas of the upper limb** (with some interpretations counting each finger's base as one). In practice, Kalari massage gives attention to **each finger**: massaging and pulling the fingers not only loosens the joints but also stimulates the nerve endpoints (Sira). Notably, the web between the thumb and index finger is a marma point known as **Kshipra Marma**. **Kshipra** (between thumb and index web on the hand, and similarly between big toe and second toe on the foot) is a powerful point; stimulating it can relieve stress and has systemic effects. In fact, pressing the Kshipra marma of the hand is said to alleviate ailments of the neck and shoulder region. This illustrates how Anguli marmas can have reflexive benefits: massaging the fingers and webspaces can help not just local finger stiffness but also remote issues like headache, shoulder pain, or even improve focus (according to Ayurvedic acupressure principles). During the upper limb massage, each finger is gently tractioned and rotated; the therapist might apply a pinch-like pressure at the fingertip (nail bed) which is thought to stimulate the marma and nerve endings there. These points correspond to *Marma* in that they are junctions of bone (phalange), tendon (extensor/flexor tendon insertions), vessel and nerve (digital arteries and nerves) – essentially very sensitive points. **Therapeutic note:** Carefully massaging Anguli marmas can help conditions like **trigger finger** (by freeing adhesions in tendons) and relieve tension from prolonged fine motor activity (typing, instrument use).

Clinical Tip: When stimulating marma points in the upper limb, **always use moderate, attentive pressure**. Marma points like Kurpara or Manibandha can be tender; a good rule is to apply pressure until the patient feels a “good pain” or pressure sensation, but *never a sharp or electric pain* (which could indicate nerve irritation). In Kalari Uzhichil, marma activation is meant to enhance energy flow and healing, not to cause trauma. So, spend a few seconds gently pressing and rotating on each point, then release. This can greatly enhance the effectiveness of the massage.

Common Upper Limb Conditions Treated by Kalari Uzhichil

Kalari Uzhichil (Kalari therapeutic oil massage) is traditionally used to keep warriors and athletes in top condition, and it's renowned for addressing musculoskeletal ailments. The upper limb, being critical for daily function and martial arts (swordsmanship, weapon handling in Kalaripayattu), often needs therapy for various injuries or degenerative conditions. Below are some **common upper limb conditions** that can be managed or alleviated with Kalari Uzhichil techniques, along with a brief description and how massage helps each:

- **Frozen Shoulder (Adhesive Capsulitis / Apabahuka):** A condition characterized by severe stiffness and pain in the shoulder joint, often due to inflammation and adhesions of the joint capsule. It leads to a reduced range of motion (the shoulder becomes “frozen”). In Ayurveda, frozen shoulder is compared to **Apabahuka**, primarily a Vata-aggravated disorder with involvement of Kapha causing stiffness. Causes can include injury, prolonged immobility, or systemic conditions like diabetes. Kalari Uzhichil is highly beneficial here – the combination of heat, medicated oils, and deep tissue work helps reduce pain and dissolve adhesions. Therapists focus on freeing the shoulder gradually: massaging the rotator cuff and shoulder girdle muscles, and gently mobilizing the joint. Traditional Ayurvedic protocols for frozen shoulder include **Pizhichil** (continuous pouring of warm oil on the shoulder), **herbal poultice (Kizhi)** to reduce inflammation, and **Uzhichil (massage)** to improve circulation. These treatments “*relieve pain and stiffness of joints and rejuvenate the degenerated connective tissue*” in the shoulder. Over time, regular Kalari massage can greatly improve shoulder mobility and reduce pain, complementing exercises and Ayurvedic internal medicines. (Patients often regain overhead arm movement and find daily activities easier after a series of such treatments.)



- **Rotator Cuff Tendinitis and Shoulder Injuries:** Related to frozen shoulder, many clients (especially martial artists or sports players) experience rotator cuff tendinitis or impingement (painful arc in shoulder motion). Kalari Uzhichil addresses these by ironing out muscle knots in the supraspinatus, infraspinatus, etc., and by improving blood flow to the tendons. Special care is taken not to aggressively stretch a torn tendon; rather, gentle massage around the scapula and along the arm can facilitate healing. This category also includes **acute and chronic shoulder injuries** like **rotator cuff tears, bursitis, or shoulder strain**, which Kalari practitioners treat with a tailored combination of Uzhichil and Marma therapy. For example, **acute injuries** might receive lighter massage with cooling oils initially, whereas **chronic stiffness** gets deeper massage with warming oils.
- **Tennis Elbow (Lateral Epicondylitis):** A repetitive strain injury causing pain at the lateral elbow (origin of the extensor muscles of the forearm). It's common in athletes (tennis players) and workers with repetitive arm use. Symptoms include pain when gripping or lifting, and tenderness over the outer elbow. Ayurveda would classify this under Vata-vitiated musculoskeletal disorders (with possible Rakta (inflammatory) involvement). Kalari Uzhichil provides significant relief by massaging the forearm extensors and flexors to reduce tension on the tendon. The therapist will often apply deep friction around the lateral epicondyle (without directly aggravating the bone) and follow the muscle bellies down the forearm. This massage **“enhances circulation, reduces muscle stiffness, and promotes relaxation,” helping alleviate pain and improve mobility in the affected elbow.** Sometimes, herbal anti-inflammatory oils or pastes are focused on the elbow region to speed healing. Kalari massage can both treat an active tennis elbow and also prevent its recurrence by improving the flexibility and strength of the forearm muscles. (A related condition is **Golfer's Elbow** - medial epicondylitis - which is treated similarly, focusing on the forearm's flexor group.)
- **Carpal Tunnel Syndrome:** Compression of the median nerve under the transverse carpal ligament at the wrist, leading to wrist pain, numbness, and tingling in the thumb, index, and middle fingers. This often results from repetitive hand use (typing, etc.) or inflammation (tenosynovitis). Kalari Uzhichil for carpal tunnel involves thoroughly massaging the forearm (to relieve tight flexor muscles that may contribute to tension at the wrist) and the hand. Specific attention is given to **Manibandha marma (wrist)** - gentle circular massage around the wrist can reduce swelling in the carpal tunnel region. The therapist may traction the wrist and stretch the fingers to relieve pressure. Oils with anti-numbness herbs (e.g., oils containing dashamoola or prasarini) might be used. By improving blood flow in the carpal region and reducing fibrosis, massage can lessen median nerve compression symptoms. Additionally, working on **neck and shoulder regions** (since the median nerve originates from the brachial plexus) is often integrated, providing holistic relief.
- **Muscle Strains and General Muscle Fatigue:** Overuse of the arm muscles - whether from intense exercise, carrying loads, or weapons training - can cause micro-tears, soreness, and fatigue in the muscles. Common examples are a **strained biceps, triceps soreness after weightlifting, or forearm fatigue** from long hours of work. Kalari Uzhichil is excellent for recovery in these cases. The deep tissue massage flushes out metabolic waste (like lactic acid) and brings fresh blood to muscles, speeding up recovery. It also helps in aligning muscle fibers and releasing spasms. For instance, after a strenuous training session, a 15-minute Kalari arm massage can prevent stiffness the next day. Ayurveda offers oils like **Mahanarayana Thailam** specifically for such purposes - it *“penetrates deeply... nourishes and soothes exhausted muscles instantly, and gives long-lasting results”*, providing *“relief from aching muscles”* and improving joint flexibility. In fact, using Mahanarayana oil for a post-workout massage is recommended to **enhance flexibility and promote faster muscle recovery.** Common muscle fatigue issues addressed include **upper trapezius tightness** (from desk work), **forearm cramps**, and general arm heaviness. After Kalari Uzhichil, clients report feeling lighter, with muscles re-energized and nerves calmed.
- **Joint Sprains and Minor Dislocations:** The upper limb joints (shoulder, elbow, wrist, fingers) are prone to sprains (ligament injuries) or subluxations. For example, a mild **wrist sprain** or a **pulled elbow** (nursemaid's elbow) in children. While serious dislocations require medical reduction, minor cases benefit from Kalari treatment once acute pain subsides. Gentle massage around the joint with stabilizing strokes can help realign and strengthen the area. Kalari practitioners often treat **wrist sprains, trigger finger, and even shoulder subluxations** as part of their repertoire, using specific bandaging (if needed) combined with daily Uzhichil to promote healing.
- **Nerve Compression Syndromes:** Beyond carpal tunnel, issues like **thoracic outlet syndrome** (compression of brachial plexus at the shoulder), **radial nerve palsy** (e.g., Saturday night palsy), or **ulnar nerve entrapment** at the elbow can be helped by Kalari massage. By loosening the surrounding muscles and fascia, pressure on the nerves can be relieved. Marma therapy is often utilized - e.g., gentle work at Kakshadhara (axilla) for brachial plexus, or at Kurpara (elbow) for ulnar nerve groove - to stimulate nerve function. Oils such as Dhanwantharam tailam (a reputed nerve oil) are applied to nourish the nerves. Indeed, **Dhanwantharam Thailam** is indicated for *“neuro-muscular conditions”* and Vata disorders, making it ideal for nerve-related pains or weakness in the



upper limb. Regular Kalari massage can improve sensation and reduce numbness in these conditions.

In summary, Kalari Uzhichil's approach to upper limb ailments is holistic: it reduces pain and inflammation, increases circulation, restores mobility, and balances the doshas involved (primarily Vata in degenerative or nerve issues, and pitta/kapha in inflammatory or stiffness issues). It is common in Kalari clinics to treat patients with a combination of massage, internal herbal medicines, and **marma therapy**, aiming not only to cure the symptom (e.g. elbow pain) but also the underlying imbalance and to strengthen the limb to prevent future injury.

Oils and Lubricants for Upper Limb Massage

Ayurvedic oil (*thailam*) is a cornerstone of Kalari Uzhichil. The medicated oils chosen are essential for lubricating the tissues, delivering herbal medicine transdermally, and balancing the doshas in the affected area. For upper limb focus, therapists select oils based on the condition:

- **Dhanwantharam Thailam:** A classic Ayurvedic oil renowned for treating **Vata disorders**, especially neuro-muscular and joint issues. It contains dozens of herbs (including Bala, Dashamoola, etc.) in a sesame oil base. **Dhanwantharam thailam is used for rheumatoid arthritis, osteoarthritis, spondylosis, and various neuralgic conditions.** In upper limbs, this oil is excellent for frozen shoulder (Vata-Kapha condition), nerve pains (like a shooting pain down the arm), or any weakness (e.g., post-stroke arm rehab). It strengthens muscles, nourishes nerves, and reduces stiffness. Therapists often warm this oil and apply generously from shoulder to hand. For example, in a **frozen shoulder** case, Dhanwantharam oil massage over the shoulder and scapula can help pacify vitiated Vata and improve mobility. It's also used for general preventive massage for athletes to keep joints pliable.
- **Mahanarayana Thailam:** Another classical formulation, Mahanarayana oil is famous for relieving musculoskeletal pain and improving flexibility. It contains herbs like Aswagandha, Shatavari, and Sida, processed in an oil base, giving it rejuvenating properties. **Mahanarayana Thailam is indicated for arthritic pain, tendon injuries, muscle aches, and even nerve pains.** It "*relieves muscle soreness and stiffness*" and provides a deep soothing action to joints. For upper limbs, it's often chosen for **tennis elbow, tendonitis, or after intense workouts**. For instance, after a day of sword training (leading to sore forearms and shoulders), a massage with warm Mahanarayana oil can swiftly remove fatigue and prevent stiffness by "*nourishing tissues and providing long-lasting lubrication for enhanced flexibility*". It's also a good all-purpose oil for **elderly patients** with chronic shoulder or wrist pain due to osteoarthritis.
- **Karpooradi Thailam:** An oil infused with camphor, useful for its counterirritant and analgesic properties. It's often used for quick relief in case of muscle cramps or sprains in the arm. The cooling nature of camphor can ease hot inflamed tennis elbow or a sprained wrist. However, it's usually combined with other oils (not used alone for full massage because it can be quite cooling and irritant on sensitive skin).
- **Murivenna:** This is a herbal oil from Kerala famous for wound-healing and treating injuries (*Muriv* = wound, *Enna* = oil). It contains herbs like betel leaf, turmeric, drumstick leaves, etc. Murivenna is a go-to for **acute injuries** like a sharp strain, ligament tear, or even fractures (applied around cast or after cast removal). For upper limb, if someone has a **muscle tear in biceps or a ligament sprain in shoulder**, Murivenna oil massage (very gentle) helps reduce inflammation and speed healing. It's also non-irritant, so good for open wounds or surgical scars on the arm (once initial healing has happened).
- **Ksheerabala Thailam (Bala-Ashwagandha oil):** An oil that contains Bala (*Sida cordifolia*) and is processed with milk, excellent for nerve injuries and spasticity. If a patient has **nerve weakness** in the arm (say after a brachial plexus injury or stroke causing semi-paralysis), Ksheerabala oil is massaged to strengthen and restore function. It's very gentle and nourishing.
- **Sesame Oil (Tila Taila) or Herbal Sesame Oil base:** In some cases, a plain warm sesame oil (which is Vata-pacifying) is used for a basic massage if no major injury is present. Kalari masters often have their own secret blends (sometimes called "**Kuru Muṣṭi**" oils) which could be a mix of sesame oil with a few herbs. The key is to always warm the oil to a comfortable temperature - warm oil penetrates better and relaxes muscles faster.

Application Notes: Always **warm the oil** before application - either by placing the oil bottle in hot water or using an oil warmer. For upper limb massages, you might need only 50-100 ml of oil, but have more on hand if needed (especially in dry conditions, the skin may absorb more). The oil should be applied **liberally** so that hands glide smoothly. Begin by spreading oil over the entire shoulder, arm, forearm, and hand. Reapply small amounts as needed to keep the skin slick - dry friction is to be avoided (except in specific therapy like dry massage, which is not part of Uzhichil). Different oils can be



used in combination: for example, you could first do a deep massage with Dhanwantharam tailam, then finish with a lighter coating of Karpooradi tailam for a cooling effect if there's residual inflammation.

After the massage, it's beneficial if the patient can **leave the oil on for at least 30 minutes** (or even overnight if possible) before washing, to allow continued absorption. In cold weather, keep the arm warm (cover with a cloth) as oil is absorbed. The therapist should also wipe off any excess oil from between fingers and such to prevent slipping or stains.

Kalari Uzhichil Techniques: Upper Limb Massage Step-by-Step

In this section, we detail a **step-by-step guide** for a focused upper limb Kalari massage, approximately 10-15 minutes per arm. The massage flows from the shoulder down to the fingertips, following the principle of treating the limb from its root (shoulder) to its extremity. This directional flow also aligns with the Kalari principle of "*minimizing pressure on the heart*" by channeling circulation outward and downward. (In a full-body Kalari Uzhichil, practitioners massage from the center of the body outwards - i.e., from waist to feet for lower limbs and waist up to neck for upper body - to avoid congesting blood towards the heart. For the arm specifically, this translates to strokes moving away from the heart, i.e., shoulder to hand, in many techniques.)

Before you begin, ensure the recipient is comfortably seated or lying down supine. The arm can be stretched out on a massage table or supported on the therapist's knee. The therapist maintains a steady stance to control pressure. **Always communicate** with the patient - ask if pressure is OK, and watch nonverbal cues for discomfort.

1. Warm-Up and Oil Application (1-2 minutes):

Start by dipping your fingers in warm medicated oil (e.g., Dhanwantharam or Mahanarayana Thailam). **Apply oil generously** over the entire shoulder, arm, forearm, and hand. Use broad palmar strokes to spread the oil: begin at the shoulder and glide down to the hand, then return lightly back to shoulder. Repeat several times to ensure full coverage. This initial effleurage warms up the tissues and prepares the muscles for deeper work. Pressure is light at first, focusing on relaxing the patient. Cover all surfaces: stroke down the outer arm (deltoid to back of hand), then the inner arm (axilla area to palm). Include the trapezius area at the base of the neck as well, since those fibers connect into the shoulder. The warm oil and gentle rubbing increase superficial circulation and start soothing the Marmas. *Mental focus:* at this stage, set an intention of healing and relaxation, as traditionally done.

2. Shoulder and Upper Arm Focus (3-4 minutes):

Move to the **shoulder region**. Using your fingers and thumb, perform circular kneading on the shoulder muscles: target the **deltoid** (on top of shoulder) with small circles, the **upper trapezius** (between neck and shoulder) with squeezing motions, and the **rotator cuff area** (around the scapula) with your fingertips. You can use one hand to support the arm and the other to dig into the scapular muscles (infraspinatus, etc.) in the back. Apply moderate pressure - enough to affect muscle knots but not cause sharp pain.

Next, **joint mobilization at the shoulder**: Gently hold the client's arm (one hand on the elbow, another at the wrist) and lift the arm slightly. Slowly guide the shoulder through its range: **circumduction** (small gentle circles forward and backward), **abduction/adduction** (raising arm to the side and lowering it), and **rotation** (bending elbow and rotating forearm to move shoulder internal/external rotation). Do not force any movement; if the shoulder is stiff (frozen shoulder), respect the limit and just do pendulum-like small swings. This mobilization, combined with oil lubrication, helps loosen the joint capsule. Between movements, continue massaging: e.g., when the arm is raised a bit, you can access the underarm - apply gentle thumb pressure in the **axilla** (to stimulate lymph nodes and Kakshadhara marma, but *avoid deep digging*). When lowering the arm, run your palm from shoulder down to elbow in one long stroke, almost like squeezing out tension.

Now focus on the **upper arm (biceps and triceps)**. With the arm relaxed at the patient's side, use both hands to encircle the arm. Perform a "**milking**" stroke: starting at the elbow, pull your hands upward along the arm towards the shoulder, squeezing the muscle bulk between your hands. This pushes blood towards the shoulder region (and ultimately back to heart) and helps drain metabolic waste. Then glide back lightly to the elbow and repeat. Do this on all sides of the upper arm. You can alternate this with **petrissage (kneading)**: grasp the biceps and triceps muscles and knead them with a bread-dough like motion, using thumbs to press in and fingers to roll the muscle. Pay special attention to any tight bands or trigger points - common in the upper arm is a point in the middle of the biceps or at the triceps attachment. If



you find a knot, apply direct pressure for a few seconds, then release (trigger point release technique).

Spend a bit of time around the **elbow (Kurpara)**: Using your thumb, make small circles around the lateral epicondyle (outer elbow) and medial epicondyle (inner elbow). If the person has tennis elbow, this spot may be tender – adjust pressure accordingly, possibly using more of a gentle friction with oil to avoid pain. Gently **flex and extend the elbow** a couple of times while massaging the tendons in the crook of the elbow (cubital fossa) – this can be soothing and prevent adhesion of tissues there. *Note*: Do not press hard directly on the **ulnar nerve** groove (the funny bone area between olecranon and medial epicondyle); hitting that can send a shock down the forearm – a clear sign to avoid. Instead, if the patient has ulnar nerve issues, just massage the surrounding muscles (forearm flexors) and keep the elbow slightly bent to relax the nerve.

3. Forearm Focus (3-4 minutes):

Now move to the **forearm**, from elbow to wrist. Use one hand to support the client's wrist, slightly stretching the arm, and the other hand to massage. Apply **long, stripping strokes** along the forearm muscles. For the **extensor group (top of forearm)**: turn the forearm so the back of the hand is up, and glide your thumb or knuckles from the elbow (lateral side) down to the wrist. You can use fairly firm pressure here, as these muscles are often tight in those with repetitive strain. Work in strips: middle (between ulna and radius), then slightly radial side, then ulnar side. For each strip, go down with pressure, then return lightly. Next, for the **flexor group (inner forearm)**: turn the forearm palm-up, and similarly stroke from inner elbow (medial epicondyle region) down to the palm. The flexors often have ropey tension in people with gripping tasks – you might feel taut bands. Use the heel of your hand or your thumb to press and slide along those bands (this is a deep tissue technique; ensure the patient is comfortable).

After warming the forearm with effleurage, do some **kneading**: use both thumbs on opposite sides of the forearm and make circular pressures, inching down along the forearm. This cross-fiber massage can break down adhesions. Particularly, if someone has **tennis elbow**, focus on the extensor wad just below the elbow; if **golfer's elbow**, focus on flexor wad. You can even use a wringing motion: hold the forearm with both hands and twist in opposite directions gently (like wringing a towel) – this mobilizes the interosseous membrane and muscle compartments.

Midway down the forearm, you will be near the **Indrabasti marma** (a term used for a marma point in the forearm on some traditional lists) – roughly the center of the forearm. While not commonly referenced in popular texts, you can consider it as a general area to be mindful of – perhaps analogous to a trigger point area. Just ensure even coverage; consistency is key.

Wrist mobilization: As you reach the wrist (Manibandha), use one hand to grasp the client's hand and gently **rotate the wrist joint** through its range (do small circles, 3 times each direction). You might also do gentle **traction**: holding the hand, pull it outward in line with the arm to slightly decompress the wrist joint. With your other hand's thumb, massage the crease of the wrist (both palmar and dorsal) in small circles. If the client types a lot or has carpal tunnel issues, you can spend a little extra time here: extend the wrist (bend it back carefully) and use your thumb to press along the **carpal tunnel** area (base of palm) – this stretches the flexor retinaculum; then flex the wrist (bend it down) and rub the back of the wrist. Always keep movements slow and gentle at the joint.

Finally, encircle the wrist with your thumb and index finger (as much as possible) and do a few **ringing motions** – basically small circular movements around the wrist joint, which stimulate the Manibandha marma. You can feel the joint space between radius/ulna and carpals as you do this; it can be quite relaxing. If any grinding is felt (crepitus), lighten pressure but continue motion to help lubricate the joint with synovial fluid.

4. Hand and Fingers (2-3 minutes):

The hand holds many tension points and also many marma points (Anguli, Talahridaya). Start with the **palm (Talahridaya)**: use your thumbs to make deep circles in the center of the palm. Many people hold stress here (especially if they do manual work or even emotional stress – the palm center is said to correlate with the heart). Pressing the palm center can induce a full-body relaxation response. After circular kneading, stroke outward with your thumbs from the center of the palm to each finger base, like sun rays. This opens up the palmar fascia.

Next, address each **finger (Anguli)** individually. For each finger: hold it between your thumb and index/middle finger and **twist it gently** (like turning a doorknob, back-and-forth a couple of times) – this releases the joints. Then apply a **milking**



stroke: starting at the base of the finger, pull toward the tip, squeezing gently as you go. When you reach the fingertip, give a gentle **tug** (traction) and even a slight **pop** if the joints cavitate (some therapists trained in Kalari or related traditions may gently crack the knuckles; this should only be done if the patient is comfortable and it's within the scope – otherwise, just a gentle pull). Do this for all fingers and the thumb. Pay special attention to the **webs between the fingers (Kshipra marma between thumb and index, and analogous webs between other fingers)** – pinch and press these web areas. The thumb-index web (Kshipra) especially is often tender; sustained gentle pressure here can relieve shoulder tension and headaches, so you might hold it for ~10 seconds.

Flip the hand to a **dorsal (back) side up** position and massage the back of the hand. Use your thumbs to stroke from the wrist knuckles (where extensor tendons are visible) towards the spaces between metacarpals (between the bones of the hand). Some people have tight interosseous muscles (between the metacarpals) – if so, press in those grooves. Finish by squeezing the entire hand in your palms (like clapping the patient's hand between your hands gently) to signal completion of this segment.

5. Finishing Strokes and Re-check (1 minute):

Complete the sequence with a few integrating strokes: Starting at the shoulder, glide down the arm to the fingertips in one continuous motion. Do this 3-5 times, each time a bit lighter, as if sealing in the work. This helps calm any excited nerves and gives the client a final sense of length and openness in the arm.

Finally, gently shake the arm a bit (holding at wrist) to loosen any remaining tension – a floppy gentle shake. Reassess the shoulder rotation or elbow flex – often the range of motion has improved visibly after the massage. You can passively lift the arm or ask the client to move it and see the difference.

Wipe off any excess oil from the hand so the client can safely get up without slipping. If it's the end of the session, advise the client to rest and enjoy some warm water or herbal tea, as the massage will continue its effects.

Therapist posture: Throughout these steps, the therapist can perform many of them in a lunge stance or sitting on a low stool next to the client, to ensure ergonomics are maintained. Kalari masters sometimes use their feet for certain strokes (especially in full-body massages for larger muscle groups), but for upper limb focus it's typically all hand techniques (Kai Uzhichil), given the precision needed.

Breath and rhythm: It's encouraged that the therapist synchronizes strokes with breathing – e.g., pressing in on an exhalation – and maintains a continuous flow. The patient should also be reminded to breathe deeply, as sometimes pain points can cause them to hold breath. A calm rhythm enhances the experience.

By following this sequence, a practitioner can effectively deliver a comprehensive upper limb massage that covers all major areas from shoulder to fingertips, addresses marma points, and uses proper stroke directions. The total time can be adjusted as needed (for instance, spending more time on a problematic area and less on others).

Special Kalari Considerations for Upper Limb Massage

Kalari Uzhichil is not just a massage but part of a broader system of martial arts therapy. Thus, there are a few unique considerations and techniques that a Kalari practitioner might incorporate:

- **Integration of Stretches:** In Kalari massage, the therapist might incorporate **passive stretches** of the arm to complement the massage. For example, gently extending the arm overhead to stretch the shoulder joint or doing a **soft arm pull behind the back** to stretch chest and shoulder anterior muscles. These stretches are done gently and within comfort limits, often after muscles are warmed up. They help maintain the fighter's flexibility. For instance, a mild stretch of the **pectoralis major** (by pulling the arm back) opens the chest and shoulder, which is useful for someone who has a rounded shoulder posture.
- **Marma Chikitsa (Marma Therapy):** As highlighted, Kalari experts will often do targeted marma activation. Beyond the ones we listed, they might check *Ayurvedic pulse or specific marma points on the neck* that influence the arm. A classic point is **Akshaka marma**, near the lateral end of the clavicle (some consider it in shoulder region), which might be pressed to relieve arm numbness. Kalari therapists treat marma with great respect, sometimes uttering traditional chants or mantras while holding a marma point to facilitate energy flow (this of course depends on the practitioner's lineage).



- **Use of Feet vs. Hands:** Traditional **Chavutti Uzhichil** (massage with feet) is typically for the back and legs, not so much for arms because arms are smaller and more delicate. However, in some vigorous Kalari massages for extremely robust individuals, a therapist might use the heel or edge of foot briefly on the arm (for example, rolling the calf over a well-muscled arm). This is rare and not used in therapeutic context, more in training conditioning. In a therapeutic setting like Day 11 lesson, we stick to hand techniques (**Kai Uzhichil**) for upper limbs, as they allow more precision and control.
- **Pressure Modulation over Nerves:** Kalari therapists are trained to know the courses of nerves. For example, when massaging near the **brachial plexus (in the neck/shoulder)** or the **radial nerve (spiral groove)**, they modulate pressure to avoid causing neurapraxia (temporary nerve compression). One specific caution: never apply sustained direct pressure with the thumb in the axilla (armpit) where the brachial plexus cords run – this can cause numbness down the arm (a sign of nerve compression). Instead, pressure in axilla should be more diffuse (using the flat palm) and primarily to milk lymph nodes, not to press nerves. Similarly, at the mid-humerus (where radial nerve is), avoid deep sustained pressure from, say, an elbow – use gliding pressure instead.
- **Awareness of Blood Flow:** The arm massage should enhance circulation without obstructing it. Avoid techniques that might occlude blood flow too long (like very prolonged, heavy static pressure on the brachial artery). Short, rhythmic compressions are fine (they actually pump blood), but always let the blood flow resume. If doing any **tie-and-release techniques** (sometimes used in Kalari, akin to short ischemic compressions), be very cautious on arms as they have smaller vessels than thighs.
- **Sequence in Full-Body Massage:** In a full Kalari session, typically the therapist will massage one side of the body from leg to arm in one continuous flow. For teaching purposes (Day 11 focusing on upper limb), we isolated the arm, but one should note that the **upper limb doesn't exist in isolation:** it's influenced by the neck and upper back. Kalari practitioners might massage the upper back, shoulder blade region, and neck in conjunction with the arm to fully relieve an arm problem (for example, treating a “frozen shoulder” will inevitably involve loosening the scapula on the back and trapezius). Therefore, consider integrating some neck stretches or back massage if time permits, as part of a holistic approach.
- **Therapist's Stability and Leverage:** Kalari massage often uses body weight effectively. While working on an arm, the therapist might brace the client's hand against their body or the table to get better leverage for deep strokes. Always ensure the client's limb is supported – a dangling arm will cause the person to tense up. Use a pillow or your body to support under the elbow when needed.
- **Communication:** In martial arts, pain tolerance can be high, but therapists should still communicate. A Kalari guru might know a student's thresholds well, but when treating general clients, always ask if the pressure is comfortable. There is a fine line between a productive discomfort (the “good pain” of a knot releasing) and harmful pain.

Safety Precautions

Safety is paramount, both to avoid injury and to maximize therapeutic benefit. When performing upper limb Uzhichil, keep in mind these precautions:

- **Avoid Nerve Compression:** As mentioned, **brachial plexus** and major nerve pathways must be handled with care. Do not apply strong pressure in the **supraclavicular area or scalenes** (above the collarbone) where brachial plexus roots emerge – this can cause tingling in the arm. In the **axilla (armpit)**, avoid poking; instead, use broad gentle pressure if at all. Along the **humerus mid-shaft (spiral groove)**, the radial nerve is relatively superficial – heavy pressure here (like lying on a hard surface or using an elbow to massage) can lead to temporary nerve palsy (wrist drop). Always ensure your pressure is distributed and move continuously rather than holding too long over a nerve. If a patient reports “electric shock” pain or numbness during massage, immediately reduce pressure and adjust technique.
- **Caution at Joints:** Joints like the elbow and wrist have many delicate structures. Never force a joint movement beyond its comfortable range – for instance, do not aggressively rotate a stiff shoulder or hyperextend a person's elbow. With **frozen shoulder**, progress in range is slow and incremental over sessions, not all at once. For the **wrist**, avoid excessive compression on the carpal tunnel (pressing too hard can irritate the median nerve). At the **elbow**, be careful of the ulnar nerve at the funny bone; also avoid direct hard pressure on the elbow tip (olecranon) as it can inflame the bursa.
- **Bony Prominences:** Adjust pressure when massaging over bony areas like the **clavicle, acromion, epicondyles, wrist bones, finger joints**. These areas have less muscle padding, so use lighter pressure or more



oil to glide. For example, when massaging the back of the hand, be mindful of the knuckles – press in the soft spaces between them, not on bone. Over the **spine of the scapula** or **olecranon**, use cushioning (like a towel) if needed.

- **Existing Injuries:** Always inquire about any injuries. If the person has a **fracture (current or healed)** in the arm, modify accordingly. Avoid strong massage directly over a recent fracture site (usually contraindicated until at least the bone is knitted). With **tendon tears** (e.g. rotator cuff tear), do not stretch that tendon forcefully; focus on surrounding muscle support. If there's **inflammation** (tendonitis bursitis), heavy pressure could worsen it – instead use gentle effleurage and perhaps cooler oils initially. Never massage an acutely inflamed joint vigorously.
- **Heart Conditions and Blood Pressure:** Arms are closer to the heart than legs, so massage here can significantly affect circulation. In individuals with **high blood pressure or heart conditions**, avoid raising the arm above the head for long (as it might stress circulation slightly) and use moderate speeds. While generally arm massage is safe, remember that any vigorous massage can transiently increase circulation and heart workload. The classical approach of directing strokes away from the heart in upper body (i.e. outward towards hands) is partly to avoid sudden blood return overload. Keep the patient well-hydrated and watch for any dizziness (which is rare for just arm work, but if doing a full-body including arms, it's relevant).
- **Dermatological issues:** Check the skin of the arm for any cuts, infections, or rash. Do not apply oil over open wounds or active skin infections (e.g., cellulitis) – that area should be avoided or treated separately (with medical care). If there's an IV line or cannula in the arm (in a hospital setting), obviously skip that arm or work around it gently.
- **Allergies to Oils:** Though rare with traditional oils, some people might have sensitivity (for example, to certain herbs or to sesame oil). If the patient reports itching or sees redness developing, stop using that oil and wipe it off. Use a hypoallergenic base oil if needed (like coconut or olive for interim).
- **Therapist's hand care:** The therapist should remove rings or sharp jewelry and keep nails trimmed to avoid scratching the client. Also, maintain proper body mechanics to prevent straining your own back/arms.
- **Temperature and Environment:** Ensure the room is warm enough, since the patient's arm will be exposed and oiled (which can cause cooling by evaporation). A slightly cooler room is okay if doing vigorous massage (generates heat), but for a gentle session, keep the client warm. After finishing, wipe off excess oil and cover the arm.
- **Marma Sensitivity:** Some marma points, when pressed, can cause unexpected reactions (like dizziness or emotional release). For instance, too long pressure on the **armpit region** can sometimes cause a vasovagal response. Watch the client's face; if they suddenly look pale or discomfited, ease up and let them rest. Marma therapy in Kalari is powerful, and practitioners respect it by not overdoing it. Each vital point should be approached with the mindset of helping, not overpowering.

By observing these precautions, the massage remains a safe and healing experience. Kalari Uzhichil, when done correctly, is extremely safe – in fact, it was used historically to rehabilitate warriors from severe injuries. The key is the therapist's knowledge of anatomy and sensitivity to the patient's condition.

Conclusion & Practice Guidance

Day 11's focus on the upper limb in the Kalari Uzhichil course provides trainees with a comprehensive understanding of arm anatomy, Ayurvedic theory, and practical massage skills. Mastery of this lesson means one can confidently address common complaints like shoulder stiffness, arm fatigue, and wrist pain with an effective combination of deep tissue massage, marma therapy, and joint mobilization.

Practice for Therapists: It's recommended to practice this routine on partners of different body types – for example, a muscular person vs. a slender person – to feel the differences in anatomy (muscle bulk vs. bony landmarks) under your hands. Spend time locating key structures on yourself first: find your own deltoid, elbow epicondyles, pulse of radial artery at wrist, etc., then feel them on a practice partner. This builds palpation skills. When practicing the step-by-step sequence, initially speak out each step to yourself (or a supervisor) to ensure you aren't forgetting any region. With repetition, it will flow as a seamless massage.

In a full-body Kalari massage context, the upper limb techniques will integrate with the rest (you might do them after the leg on that side, then move to the back, etc.). But even as a standalone, this 10-15 minute arm routine can be a powerful therapy. Clients such as office workers (with carpal tunnel or neck-arm tension) or athletes (with arm injuries) will greatly benefit.



Always remember the holistic nature: **structure (anatomy) and energy (marma/prana) go hand in hand** in Ayurveda. By treating both – massaging the physical tissues and activating the subtle points – Kalari Uzhichil offers not just mechanical relief but also revitalization of the limb’s vitality. After an upper limb massage, many clients report not only less pain but a sensation of lightness and improved function (e.g., a stronger grip, easier shoulder rotation) and even mental relaxation due to the nerve stimulation.

As a therapist, observe these outcomes and note feedback. Over the days, this will refine your understanding – perhaps you’ll notice that pressing a certain marma relieves a client’s particular complaint very effectively, which reinforces the classical knowledge with your own experience.

Documenting Progress: In a training or clinical setting, it could be helpful to document the patient’s arm range of motion or pain level before and after a series of treatments. This not only validates the efficacy of Kalari Uzhichil but also helps in tailoring the protocol (maybe you’ll focus more on one technique if you see it gave improvement).

With this detailed lesson, you are now equipped to deliver an advanced upper limb massage that is anatomically informed, ayurvedically grounded, and practically effective. The arms that receive your Kalari Uzhichil will be stronger, freer, and healthier – ready to swing a sword, type at a keyboard, or simply embrace life’s daily tasks with renewed ease.

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