

Lesson 17: [VIDEO] Marma Points on the Back & Trunk | Video Marma Massage Chest, Abdomen, Back

In **Kalari Uzhichil** (Kalari therapeutic massage), detailed knowledge of *marma* (vital points) is crucial. Marma points are anatomical loci where muscles, veins, ligaments, bones, and joints converge and **prāṇa** (life force) resides. Classical Ayurvedic texts like **Sushruta Samhita** enumerate 107 marma points, classifying them by location, structure, size, and the effects of injury. The back (**Prsthā** region) contains 14 vital marma in seven bilateral pairs, and the trunk (thorax/abdomen) contains 12. In this lesson we focus on key marma of the **back and torso**, including **Aṁsa**, **Aṁsaphalaka**, **Kaṭikataruṇa**, **Kukundara**, **Bṛhati**, **Phana**, and **Stanamūla**, with their locations, types, sizes (*aṅguli pramāṇa*), classical references, and therapeutic significance. We will also cover proper Kalari Uzhichil techniques to activate or soothe each marma with medicated oils, along with precautions to avoid harm.

Safety Note: Marma points are powerful and sensitive. Improper pressure can cause serious effects – from intense pain to disability or systemic shock – as documented in Ayurvedic classics. Always apply **gentle, mindful pressure** and avoid direct heavy impact on these points.

Overview of Back & Trunk Marma Points

The table below summarizes the key back and trunk marma points, their classical descriptions, and anatomical references:

Marma (Number)	Classical Location	Modern Anatomical Reference	Type (Structure)	Size (<i>aṅguli</i>)	Class (Injury Effect)
Aṁsa (2)	Junction of neck and shoulder (between <i>grīva</i> & <i>bāhu</i>)	Shoulder joint region (scapulo-humeral/AC joint)	<i>Snāyu</i> (ligament)	~1 <i>aṅguli</i> (≈1-2 cm)	Vaikalyakara – causes deformity (stiff shoulder) if injured.
Aṁsaphalaka (2)	Upper back, near shoulder blades (<i>trika</i> region) above spine of scapula	Scapular spine/ suprascapular area (brachial plexus runs beneath)	<i>Asthi</i> (bone)	~½-1 <i>aṅguli</i> (~1 cm)	Vaikalyakara – arm numbness & muscle wasting if injured.
Bṛhati (2)	Either side of spine at level of <i>stanamūla</i> (base of breast)	Mid-back, ~T7-T8 level, lateral to vertebrae (near inferior scapula angle)	<i>Sirā</i> (vessel)	~1 <i>aṅguli</i> (~1 cm)	Kalanthara Prāṇahara – heavy internal bleeding (liver/spleen vessels) leads to delayed death.
Pārśvasandhi (2)	Flank low back junction (<i>jaṅghā parśva madhya</i>) at iliac crest level	Lateral abdomen at lumbar 4-5 level (aortic bifurcation, near kidney region)	<i>Sirā</i> (vessel)	~½-1 <i>aṅguli</i> (~1 cm)	Kalanthara Prāṇahara – internal hemorrhage (renal/iliac arteries) causes blood pooling and gradual death.
Kaṭikataruṇa (2)	Either side of lower spine at <i>śronikaṇḍa</i> (iliac crest) (level of L4 vertebra)	Lumbosacral region near sacroiliac joint and iliac arteries (pelvic brim)	<i>Asthi</i> (bone)	~½ <i>aṅguli</i> (~0.5-1 cm)	Kalanthara Prāṇahara – blood loss (iliac vessels) leading to anemia, discolouration and death in ~2-4 weeks.
Nitamba (2)	Upper buttocks, above <i>śroni-kaṇḍa</i> (pelvic bone) at back waist flanks	Sacroiliac region (posterior iliac crest area, covering pelvic viscera)	<i>Sandhi</i> (joint)	~½ <i>aṅguli</i> (~1 cm)	Kalanthara Prāṇahara – progressive <i>ādho-kāya śoṣa</i> (lower limb wasting), weakness, then death if injured.
Kukundara (2)	Outer sacral area (<i>jaṅghā parśva</i> , lateral buttock over ischium)	Sciatic notch region (between ischial tuberosity & greater trochanter, deep to gluteus)	<i>Sandhi</i> (joint)	~½ <i>aṅguli</i> (~1 cm)	Vaikalyakara – <i>sparśa-hīnata</i> (loss of sensation) and paralysis of lower limb (sciatic nerve injury) if traumatized.

Marma (Number)	Classical Location	Modern Anatomical Reference	Type (Structure)	Size (aṅguli)	Class (Injury Effect)
Stanamūla (2)	Two finger-breadths below each nipple (root of breast)	Chest, 2 angula (~3-4 cm) below mid-nipple line (near 5th intercostal space)	<i>Sirā</i> (vessel)	2 aṅguli (~4 cm)	Kalanthara Prāṇahara - chest fills with <i>kapha</i> (fluids), causing cough, breathlessness and gradual respiratory collapse.
Phana (2)	Inside the nasal passages (bilaterally along nostril tracts)	Base of nostrils/olfactory region (nasal floor, near sinus openings)	<i>Sirā</i> (vessel)	½ aṅguli (~0.75 cm)	Vaikalyakara - loss of smell (<i>gandhājñāna</i> , anosmia) and nasal deformity if injured.

Table: Key Marma of Back & Trunk - Locations from classical sources with modern equivalents, marma type (predominant structure), size, and injury classification. *Vaikalyakara* points cause functional loss or deformity, while *Kalanthara Prāṇahara* cause death in days to weeks. Each marma is bilateral (left/right).

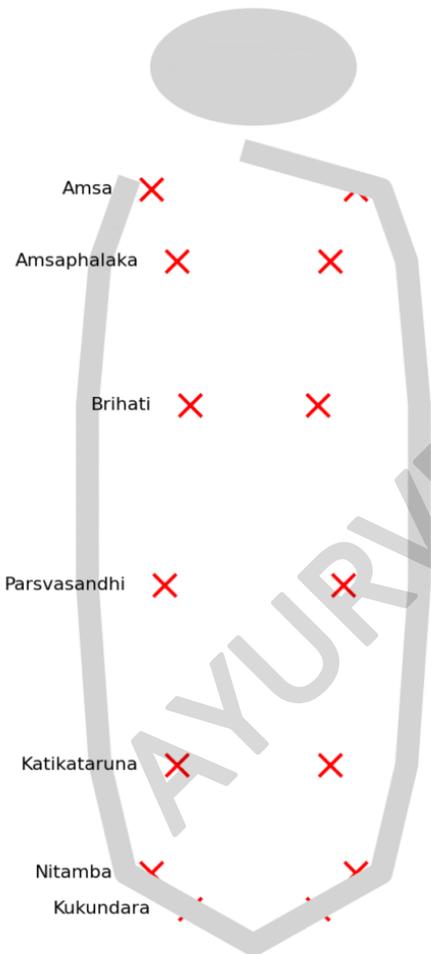


Diagram: Key marma points on the back (posterior view). Red "X" marks indicate approximate locations of *Aṃsa* (shoulder), *Aṃsaphalaka* (scapula region), *Bṛhati* (mid-back), *Pārśvasandhi* (flank), *Kaṭikataruṇa* (low back), *Nitamba* (upper buttock), and *Kukundara* (sciatic region).

Below, we detail each marma point with its classical context and practical therapeutic application.

Back Region Marma Points

Aṁsa Marma (Shoulder Junction)

- **Location:** Aṁsa marmas are located at the **upper end of the shoulder**, where the neck (*grīva*) meets the arm (*bāhu*), essentially the shoulder joint region. Classically it's described as the point "between the upper end of Bahu and Griva where the scapula is bound to the shoulder" – anatomically corresponding to the **glenohumeral joint** and surrounding ligaments (rotator cuff area).
- **Type & Size:** This marma is predominantly a *Snāyu (ligament) marma* according to Sushruta. It measures about *1 aṅguli* (~1–2 cm) in diameter.
- **Classical Reference:** Aṁsa is classified as **Vaikalyakara Marma** (injury causes deformity) – specifically, trauma causes *stabdha-bāhuta* (rigidity or stiffness of the shoulder/arm) and restricted motion. Vagbhata also lists it under Vaikalyakara due to impairment of the upper limb when injured.
- **Physiological Relevance:** This point corresponds to the **coracoacromial and acromioclavicular ligaments**, and the brachial plexus passes nearby. Proper function of Aṁsa marma is vital for arm mobility and nerve supply to the limb. Stimulating it can relieve shoulder tension, improve circulation to the shoulder joint, and even affect the lungs and heart by relaxing shoulder girdle muscles.
- **Therapeutic Massage:** In Kalari Uzhichil, **Aṁsa marma** is often tight in those with stress-related shoulder/neck pain. To **activate** it, a therapist uses the thumb or middle finger to apply gentle circular pressure at the top of the shoulder joint. Warm medicated oil (e.g. *Mahanarayan oil*) is massaged into the point with **moderate downward pressure** for about 1 minute, which releases tension in the trapezius and rotator cuff. This can relieve neck stiffness, frozen shoulder and improve *prāṇa* flow to the chest. To **soothe** an overactive or painful Aṁsa point, use lighter effleurage strokes from the neck out to the shoulder, avoiding deep pressure.
- **Cautions:** Avoid heavy pressure if there is an **AC joint separation, inflamed bursa, or cervical disc issue**. In Kalari tradition it is said improper force on Aṁsa can lead to long-term shoulder weakness. Always ensure the shoulder is in a neutral, relaxed position during treatment.

Aṁsaphalaka Marma (Scapula or Shoulder-Blade)

- **Location:** Aṁsaphalaka marmas lie **on either side of the upper spine**, specifically at the upper scapular region (*trika*). Classical texts place them "near the articulating place of the shoulders and neck on the back" – essentially above the spine of the scapula, close to where the scapula meets the upper back. Anatomically, this corresponds to the **suprascapular fossa** (just above the scapular spine, about the level of T1).
- **Type & Size:** Aṁsaphalaka is an *Asthī (bone) marma* – its main structural component is bone (the scapula). Each is about $\frac{1}{2}$ *aṅguli* (~1 cm) in size, a small point on the superior scapula.
- **Classical Reference:** Sushruta describes Aṁsaphalaka as **Vaikalyakara**; an injury here causes **numbness of the arm (Bāhu Śōpha)** and wasting of the upper limb muscles. It can even limit the range of motion of the arms if severely damaged. This aligns with involvement of the **suprascapular nerve** which innervates some shoulder muscles.
- **Physiological Relevance:** This point sits over the **brachial plexus** as it emerges from the neck, and near the attachment of trapezius and supraspinatus muscles. Activation of Aṁsaphalaka influences **upper limb neural supply**, shoulder stability, and can help alleviate upper back pain between the shoulder blades. It also has reflex connections to the heart and lungs via the upper thoracic nerves.
- **Therapeutic Massage:** For **Aṁsaphalaka marma**, Kalari massage uses the heel of the palm or fingertips to apply firm but gentle pressure in a downward and inward direction (toward the spine) on the superior angle of the scapula. **Circular kneading** for 30–40 seconds on each side helps release knots in the rhomboids and trapezius, relieving upper back tightness. Oils like *Karpasasthyadi thailam* (for musculo-neural issues) may be used warm. This marma is often "activated" to **improve arm strength and circulation**, and *soothed* with lighter strokes if the person has anxiety or hypertonicity in the upper back.
- **Cautions:** The area can be tender; **avoid direct pressure on the scapular spine or acromion process**. If the client has a history of brachial plexus injury or shoulder dislocation, use only mild pressure. Improper heavy handling of Aṁsaphalaka could aggravate nerve compression, leading to tingling or weakness in the arms (as classical texts warn).

Bṛhati Marma (Mid-Back, “Large” Flank Point)

- **Location:** The two Bṛhati marmas sit on either side of the spine approximately at the level of the **breast base (stana-mūla)**. This corresponds to about the **7th-8th thoracic vertebrae** region, slightly lateral to the spinal column. Classical description says “at the level of Stanamūla on both sides of the spine”. On the body, one can locate Bṛhati roughly 2-3 finger-widths lateral to the mid-spine at the level of the inferior border of the scapula.
- **Type & Size:** Bṛhati is a *Sirā Marma*, predominantly involving blood vessels. Its size is about *1 aṅguli* (~1-1.5 cm) in diameter.
- **Classical Reference:** It is categorized as **Kalanthara Prāṇahara** – an injury causes severe **internal bleeding (śoṇita ati-pravṛtti)** that can be fatal over time. Sushruta notes that trauma here leads to complications from hemorrhage, eventually death. The reference to liver (Yakṛit) and spleen (Plīhā) being *mūla* of blood channels suggests the proximity of these organs.
- **Physiological Relevance:** Anatomically, Bṛhati corresponds to the area over the **liver (right) and spleen (left)**. Underneath run critical vessels: the right side overlies branches of the hepatic artery and portal vein, and the left side the splenic artery/vein. Thus, stimulating Bṛhati can influence blood circulation to these organs. Therapeutically, working on Bṛhati marma may help with mid-back muscle tension, aid **digestion and blood detoxification** (via liver reflex) and relieve diaphragmatic tightness.
- **Therapeutic Massage:** To activate Bṛhati, the practitioner can use the **thumb or knuckles** to apply gentle pressure inward (toward the spine) and slightly upward under the ribcage from the back. Mild **pulsing pressure** for ~1 minute on each side can stimulate blood flow in intercostal vessels and energize the associated organs (liver/spleen). For a calming effect (e.g. in anxiety or hypertension), use soft circular rubbing instead, combined with slow deep breaths from the client to release tension in the diaphragm. *Abhyanga* with warm oil on the mid-back focusing on Bṛhati points is said to support **digestion and relieve mid-thoracic pain**.
- **Cautions: Never press too hard** here – the ribs and organs beneath are sensitive. Avoid strong pressure if the person has rib fractures, liver/spleen enlargement, or fullness in that area (after a large meal). In martial applications, Bṛhati is considered a lethal spot; in therapy, we respect it by using only moderate, controlled pressure. Any sharp pain or discomfort radiating from this point is a sign to ease off immediately.

Pārśvasandhi Marma (Side of Waist Joint)

- **Location:** *Pārśvasandhi* means “side joint.” These points are located at the **lower flank on each side**, roughly where the pelvis meets the flank. Texts say “at the lower end of the flank (*pārśva*), facing obliquely above the pelvis”. Anatomically, this is near the **lumbosacral junction laterally**, at about the level of the **iliac crest but slightly anterior**, near the kidney area. A rough landmark is a few finger-widths behind the midpoint of the iliac crest on the back.
- **Type & Size:** Pārśvasandhi is classified as a *Sirā Marma* (dominant structure: blood vessels). Its size is about *1 aṅguli* (~1 cm) across.
- **Classical Reference:** This marma is **Kalanthara Prāṇahara**. Sushruta warns that injury causes “*Ihita koṣṭha*” – the abdominal cavity filling with blood – leading to collapse. Essentially, it causes internal hemorrhage (often from renal or iliac vessels) and death due to shock if the foreign object (like a weapon) is removed. The description aligns with damage to the abdominal aorta or common iliac arteries at that level.
- **Physiological Relevance:** Pārśvasandhi corresponds to the **aortic bifurcation area** (around L4-L5) and vicinity of the **kidneys and adrenal glands**. It is a crucial zone for blood flow to the lower body. Therapeutically, gentle work here can improve circulation to the pelvic organs, relieve side stitches or muscle spasm in the quadratus lumborum, and even affect kidney energy (in Ayurveda, supporting *Apāna Vata* and adrenal function).
- **Therapeutic Massage:** In Kalari massage, direct deep pressure on Pārśvasandhi is usually **avoided** due to its sensitivity. Instead, one might use broad palm compression or thumb rotation on the **soft tissue of the flank**, a few centimeters above the iliac crest, to gently stimulate the area. This can be done during abdominal massage with the client prone or side-lying. Duration is short (20-30 seconds each side) with light pressure to **unwind tension in the flank muscles** and improve blood flow. It’s particularly useful for those with side-back pain or sluggish digestion.
- **Cautions: Never use percussive or very deep manipulation on Pārśvasandhi.** The kidneys are just beneath – heavy pressure can risk kidney injury or adrenal stress. Avoid this area entirely if the person has kidney stones, pyelonephritis, or a known aneurysm. Even in healthy individuals, keep communication – if they feel any sharp internal pain, stop immediately.

Kaṭikataruṇa Marma (Pelvic Spinal Junction)

- **Location:** *Kaṭi* = waist, *taruṇa* = young or tender (in this context, perhaps “soft part of waist”). Kaṭikataruṇa points are found **on either side of the lower lumbar spine** near the top of the pelvic bones. Sushruta describes them at the level of the **fourth lumbar vertebra** adjacent to the pelvic bone (*śroṇi*). Practically, one can locate this marma just inward and down from the posterior superior iliac spine (the back “dimples” area).
- **Type & Size:** It is an *Asthi Marma* (bone-dominant), specifically associated with the ilium/hip bone and sacroiliac joint. Size is *half aṅguli* (~0.5-1 cm) according to classical measure.
- **Classical Reference:** Kaṭikataruṇa is listed as **Kalanthara Prāṇahara**. Injury causes **excessive bleeding (śoṇita-kṣaya)** leading to *pāṇḍu* (anemia), *vivarṇa* (pallor) and *hīnarūpa* (deformity) before death within days/weeks. One commentary notes that the iliac crest is rich in red bone marrow (hence often a marrow extraction site) – damage can severely disrupt blood cell production.
- **Physiological Relevance:** Located at the **sacroiliac region**, this marma is where major blood vessels (common iliac arteries/veins) bifurcate and where the sciatic nerve roots exit the pelvis. It influences the **lower limb circulation and nerve supply**. Therapeutically, stimulating Kaṭikataruṇa can help relieve low back ache, sacroiliac stiffness, sciatica (since the sciatic nerve passes nearby), and even improve pelvic organ function by enhancing blood flow.
- **Therapeutic Massage:** The **heel of the palm** or fist is often used in Kalari massage to press the sacroiliac region. For Kaṭikataruṇa, one technique is to place the palm on the client’s low back (over the dimple of Venus area) and lean gently to create an oscillating pressure for 20 seconds. Another method: use the thumb to apply slow, deep pressure inward and slightly upward at a 45° angle toward the spine at the L4 level. This helps **activate the marma**, easing sacral tension and radiating warmth down the legs. Oils with *vāta*-calming herbs (like *Dhanwantharam thailam*) are beneficial here. Avoid overstimulation: to **soothe**, follow with broad circular rubbing around the hips and lower back.
- **Cautions:** Kaṭikataruṇa overlies critical vascular and nerve structures. **Do not use abrupt or jarring force** (no sudden thumps or hard thumbs). In cases of herniated lumbar discs or sciatica, too much pressure could aggravate nerve pain – instead focus on gentle, sustained pressure. Pregnant women should not receive deep work at this point due to its proximity to uterine nerve supply. Always ensure the client feels relief, not pain, when this marma is pressed.

Nitamba Marma (Hip Region)

- **Location:** Nitamba marmas are situated at the **upper outer quadrants of the buttocks**, essentially the back of the hips. Texts say “above both *śroṇikanda* (pelvic bone), covering the buttocks (*āśayas*)”. They lie between the sacrum and the top of the hipbone. A practitioner can find Nitamba roughly at the upper buttock, a few inches lateral to the sacral midline (near the upper gluteal region where the waistline of pants would be).
- **Type & Size:** They are *Sandhi Marmas* (joint/union type) involving the sacroiliac joint and associated ligaments. Like most back marmas, about $\frac{1}{2}$ -1 *aṅguli* in size (~1 cm).
- **Classical Reference:** Nitamba is a **Kalanthara Prāṇahara Marma**. Injury causes “**Adhahakāya Śoṣha**” – wasting of lower body muscles – and gradual loss of strength in the legs (*daurbalya*), eventually leading to death. Essentially, it cripples the lower limbs over time, reflecting damage to nerves/marrow in that region.
- **Physiological Relevance:** Anatomically, Nitamba corresponds to the **sacroiliac region**, including the gluteal attachments and lumbosacral plexus. It encloses the lower abdomen’s *āśayas* (perhaps referring to large intestines/urogenital organs). By massaging Nitamba, one may improve lumbosacral alignment, alleviate gluteal muscle tightness, and even support lower digestive functions (as tension here can affect pelvic floor and colon).
- **Therapeutic Massage:** Kalari practitioners often address Nitamba during full-body massage by using **forearm or elbow pressure** gliding down the lateral sacrum into the buttock. To specifically target Nitamba marma, one can use a supported thumb or elbow to press the upper outer buttock with a circular motion. **Deep gliding strokes** from the SI joint out towards the hips for 30 seconds each side help loosen the gluteus maximus and piriformis. This can relieve low back ache and sciatica referred pain. Additionally, **pinda sveda** (bolus fomentation) with warm herbs is sometimes applied to Nitamba to further relax the area and draw out toxins.
- **Cautions:** The gluteal region can handle more pressure due to thick muscles, but be cautious of the **sciatic nerve** (which runs below – more central/gluteal, see Kukundara). Keep pressure broad and avoid sharp pain. If the client has an SI joint injury or lumbar instability, use mild static pressure rather than deep strokes. Also ensure modesty and comfort, as this area is sensitive for some; obtain consent and drape appropriately in a class or treatment setting.

Kukundara Marma (Sacral Notch/Sciatic Point)

- **Location:** Kukundara marmas are on either side of the **lower sacrum** and buttock. Classical sources describe them at the “outer part of the *jaṅghā parśva* (hip flank), representing the ischial bone”, roughly between the ischial tuberosity and greater trochanter. In practice, this is near the **sciatic notch area** of the pelvis – you can locate it by finding the dimple where the sciatic nerve exits (about a hand’s width below the buttock crest, slightly lateral).
- **Type & Size:** Kukundara is a *Sandhi Marma*, mainly a junction point (sacro-sciatic region). It is about ½ *aṅguli* in size (~1 cm).
- **Classical Reference:** It is categorized as **Vaikalyakara Marma** – injury leads to “**sparśa adhyānam**” (loss of tactile sensation) and “**ceṣṭā-upaghāta**” (loss of function/movement) in the lower limb. Essentially, damaging Kukundara causes numbness and paralysis of the leg (which aligns with sciatic nerve injury).
- **Physiological Relevance:** This point corresponds to where the **sciatic nerve** (from L4–S3 plexus) exits the pelvis under the piriformis. It also involves inferior gluteal vessels in that area. Stimulating Kukundara can directly influence sciatic nerve function, relieve piriformis syndrome, and improve leg circulation. In Ayurvedic terms, it regulates *Apāna vāta* in the legs and helps ground excess vata that can cause sciatica.
- **Therapeutic Massage:** **Kukundara marma** is a key point in treating **sciatic pain**. The therapist often uses the elbow or fist to apply sustained pressure on this marma, which lies deep in the gluteal musculature. A common technique: client prone, the practitioner presses the elbow into the fleshy spot midway between the sacral hiatus and the hip joint (this usually elicits “good pain” in those with sciatica). Maintain pressure ~30 seconds, then slowly release. This can release the piriformis muscle spasm and free the nerve. Oils like *Narayana taila* warmed and applied help lubricate and reduce inflammation around the nerve. To **soothe** Kukundara after activation, gentle stroking down the back of the thigh is done, guiding energy flow downwards.
- **Cautions:** The sciatic nerve is robust but **highly sensitive** – if a client feels sharp or electric pain shooting down the leg, you are pressing too hard or directly on the nerve. Adjust slightly medially or laterally and use less force. Avoid aggressive pressure in those with severe disc herniations (where nerve is already compressed). Because Kukundara is Vaikalyakara, Kalari masters caution that a strong blow here can cripple – so in healing work, treat it with respect and controlled technique.

Front Torso Marma Points

Stanamūla Marma (Breast Base)

- **Location:** *Stanamūla* means “root of the breast.” These two marma points lie on the chest, **two finger-widths directly below each nipple**. In men, this is roughly at the 5th intercostal space along the mid-clavicular line; in women, just under the breast fold. Classical definition: “below the breasts, two *aṅgula* on both sides”.
- **Type & Size:** Stanamūla is primarily a *Sirā Marma*, composed of blood vessels (like branches of the internal mammary artery and veins). It is relatively large, measuring **2 aṅguli** (approx 3–4 cm) across – one of the bigger marma points.
- **Classical Reference:** It is a **Kalanthara Prāṇahara Marma**. Sushruta states if Stanamūla is injured, the thoracic cavity fills with *kapha* (fluids/mucus) and the person develops cough (*kāsa*) and difficulty breathing (*śvāsa*), leading to **gradual respiratory failure and death**. This sounds like traumatic pneumothorax or pleural effusion in modern terms.
- **Physiological Relevance:** Stanamūla corresponds to the region over the **lungs and pleura** (near lung apex in men, mammary glands in women). It is also near the heart (esp. the left side). Thus, it is a crucial point for **respiratory and cardiac function**. Therapeutically, working on Stanamūla can help relieve chest congestion, regulate heart rhythm (through reflex stimulation of the cardiac plexus), and release emotional grief often “held” in the chest.
- **Therapeutic Massage:** Direct deep pressure on Stanamūla is contraindicated (especially in females, to avoid breast tissue injury). Instead, **gentle circular massage** around the base of the breast is performed. In Kalari Uzhichil, therapists might use the flats of three fingers to press inward/upward under the breast with warm herbal oil, in a motion synchronized with the client’s breathing. For example, on inhalation, apply slight pressure; on exhalation, circle and release – repeated for ~1 minute each side. This helps **open the chest, clear phlegm**, and can alleviate asthma or tightness. It also has a calming effect on the heart chakra, relieving anxiety and sadness.
- **Cautions:** In women, always get consent and use proper draping – this area is sensitive. Avoid if there are breast lumps, infection, or cardiac conditions. Do not press directly on the nipple or breast tissue – focus just below.



Because Stanamūla injury can affect breathing, a client feeling any breathlessness or chest pain during stimulation is a sign to stop. Gentle approach is key.

Phana Marma (Nasal Vital Point)

- **Location:** Although not on the trunk surface, *Phana* marmas are vital for trunk function (breathing). They are located **inside the nose**, one on each side along the nasal passage near the nostril opening. Essentially, if you insert your little fingertip about 1–2 cm into each nostril (toward the outer wall), you're touching the *Phana* marma region.
- **Type & Size:** *Phana* is a *Sirā Marma*, dominated by blood vessels and richly vascular mucosa of the nose. It is a small marma of about **half āṅguli** (~0.75 cm) each.
- **Classical Reference:** Sushruta includes *Phana* in the head/neck marmas (Urdhvajatru region). It is a **Vaikalyakara Marma** – an injury leads to loss of a special sense. Specifically, **loss of the sense of smell (*gandha ajñānam*, anosmia)** and nasal deformity occur if *Phana* is damaged. This shows its link to the olfactory nerves.
- **Physiological Relevance:** *Phana* marma governs the **nasal air flow, sinuses, and olfaction**. It also indirectly affects **Prāṇa vāyu** (the vital energy of respiration) – a clear nasal passage is crucial for proper breathing and oxygenation of the whole body. By treating *Phana*, we can alleviate issues like sinus congestion, allergies, headaches, and even stress (since nasal breathing influences the nervous system).
- **Therapeutic Stimulation:** In Kalari and Ayurveda, *Phana* marma is often stimulated during **Nāsa abhyanga** (nose massage) or **marma therapy for sinuses**. A simple technique: after applying a bit of ghee or oil to the little finger, gently insert the fingertip into the nostril (directionally upward and outward) and **press on the lateral nasal wall**. **Slowly rotate** the finger or give a mild pulsating pressure for ~20 seconds each side. This can immediately open the sinuses and improve breathing. According to Ayurvedic texts, stimulating *Phana* can help conditions like allergic rhinitis, sinusitis, and even stop snoring. The pressure should be very gentle – think of it as an internal acupressure.
- **Cautions:** The inside of the nose is delicate – **no nails, no harsh movements**. Ensure the patient is relaxed and not startled. Avoid if there are active nosebleeds or nasal polyps. If any sharp pain or bleeding occurs, stop at once. Always use a clean, lubricated finger to prevent mucosal irritation. Done correctly, this is a subtle but powerful marma therapy connecting the “nose to the lungs” energetically, thereby benefiting the entire trunk by improving *prāṇa* flow.

Kalari Uzhichil Techniques and Considerations

Kalari Uzhichil employs specialized **massage techniques to activate or pacify marma points** for healing. Since *marma are seats of prāṇa*, manipulating them with oil massage can produce profound changes in the body's biochemistry, nervous system, and organ functions. Below are general guidelines and techniques used for back and trunk marmas:

- **Lubrication and Warmth:** Always warm the medicated **oil** (such as *Murivenna* for injuries or *Dhanvantaram* tailam for rejuvenation) and apply generously. Warm oil **softens tissues and conduits prāṇa** into the marma. For points like *Aṁsa* or *Kaṭikataruṇa* prone to Vata imbalance, heated oils with vata-pacifying herbs are ideal.
- **Pressure Type:** Use the appropriate part of the hand – thumb for precision (e.g. *Phana*, *Aṁsa*), palm heel or fist for broad pressure (e.g. *Nitamba*, *Kaṭikataruṇa*), elbow for deep gluteal points (*Kukundara*). **Steady, sustained pressure** is generally used to activate a marma (hold ~30 seconds or until a “release” is felt). **Light fluttering or circular strokes** are used to soothe or sedate an overactive marma. Avoid abrupt poking or jabbing motions on any marma.
- **Direction of Massage:** In general, massage **toward the heart/upwards** to invigorate and **away from the heart/downwards** to relax. For example, on *Bṛhati* (mid-back) one might press inward and slightly upward to energize blood flow, whereas on the same point gentle strokes downward (toward the sides of torso) help calm. Circular motions clockwise can stimulate, while counter-clockwise can pacify (though this can vary individually). Always observe the client's reaction and adjust.
- **Duration and Rhythm:** Do not over-stimulate a marma – typically ~1 minute of focused work per point is sufficient in one session. Very sensitive points (*Phana*, *Stanamūla*) get only ~20–30 seconds. The pressure can be applied in pulses (e.g. press-release cycles of 5–10 seconds) or held continuously. A slow **rhythmic pacing** tuned to the person's breath often enhances effectiveness (e.g. pressing deeper on exhale when the body is relaxed).
- **Awareness & Communication:** The practitioner maintains a meditative focus on the marma, sometimes



mentally chanting or directing healing intent. Meanwhile, the client should breathe deeply and remain aware of sensations. **Check in** frequently: proper marma work might reproduce referred sensations (e.g. tingling down the leg for Kukundara, or emotional release like sadness when pressing Stanamūla). These are often signs of energy shifting. Pain beyond a “good hurt” is a red flag to reduce pressure.

- **When to Avoid Pressure:** Marma massage should be **avoided or highly modified in certain cases:**
 - **Acute Injury or Inflammation:** If the area around a marma is inflamed (e.g. sprained shoulder at Aṁsa, or infected sinus at Phana), do not press the marma; first calm the inflammation via rest or cooling therapies.
 - **Structural Damage:** If there’s a fracture (rib near Bṛhati, scapula near Aṁsaphalaka) or dislocation, **avoid marma manipulation** until it heals, as pressure could worsen it.
 - **Pregnancy:** Avoid strong stimulation of lower back and abdominal marmas (Kaṭikataruṇa, Pārśvasandhi, Stanamūla) in pregnant women – these could inadvertently affect the uterus or blood pressure.
 - **Debilitated or Sensitive Individuals:** For very elderly or weak persons, use extremely gentle touch on vital marmas (or just do surrounding massage without direct marma activation). Likewise, children get only light touch at marma points.
 - **After heavy meals:** Particularly for abdominal/chest points like Stanamūla or Pārśvasandhi, wait at least 1-2 hours after eating. Stimulating these on a full stomach can cause discomfort or nausea.
 - **Emotional Overload:** Sometimes pressing a marma can release buried emotions (it’s not uncommon for someone to cry when a heart or belly marma is pressed). If a client is not ready for emotional release, either avoid those points or approach very gently, ensuring they feel safe.

By adhering to these guidelines, Kalari massage practitioners **unlock the healing potential of marma points while keeping the client safe and comfortable**. Remember, marma therapy is as much an art as a science – intuition, experience, and respect for these vital points are paramount.

Applications for Common Conditions

Through proper marma uzhichil techniques, one can address various ailments. Here are some examples of applying back/trunk marma knowledge to common conditions:

- **Chronic Back Pain:** Focus on **Kaṭikataruṇa** and **Bṛhati** marmas. Warm oil compresses followed by circular thumb pressure on Kaṭikataruṇa relieve deep low-back ache and sacroiliac strain. Bṛhati marma massage eases mid-back tension and can improve spinal flexibility. Also, gentle strokes along Pārśvasandhi (flanks) can reduce muscle guarding. Many clients report reduced pain and better posture after regular marma massage to these points.
- **Sciatica:** The key marmas are **Kukundara** and **Nitamba**. A protocol might include deep yet careful pressure on Kukundara to release the piriformis and free the sciatic nerve (often immediately reducing radiating leg pain), combined with kneading of Nitamba marma to strengthen lower limb energy. Kaṭikataruṇa may also be activated to improve nerve root circulation. Avoid heavy work if a disc is acutely herniated; instead, use mild vibration on these points initially. Over a few sessions, this marma therapy can alleviate sciatica without aggressive adjustments.
- **Muscle Knots and Tension:** Stubborn **knots in the back** (e.g. between shoulder blades or along the erectors) often correspond to marma regions. **Aṁsaphalaka** marmas are notorious for harboring “stress knots.” By applying pressure there, we not only mechanically release the knot but also signal the nervous system to relax that region. Similarly, tension at the base of the neck often involves Aṁsa marma – massaging it can relieve cervico-thoracic muscle spasms and even tension headaches. Using marma points as “buttons” to reset muscle fibers is a hallmark of Kalari uzhichil.
- **Digestive Issues and Abdominal Tension:** Though on the back, **Pārśvasandhi** and **Nitamba** marmas influence abdominal organs. Gentle work on Pārśvasandhi can improve blood flow to intestines and kidneys, aiding conditions like constipation or menstrual cramps. **Stanamūla** on the front directly affects the stomach and diaphragm – massaging below the breastbone helps relieve acid reflux, bloating, and the feeling of a “knot” in the solar plexus. By releasing the diaphragm via Stanamūla, we also enhance downward movement of apana, improving digestion and elimination.
- **Emotional Stress (Stored in the Back):** Emotions such as anxiety and grief often manifest as tightness in the back (ever notice hunched shoulders or a stiff mid-back in stressed individuals?). **Aṁsa** and **Aṁsaphalaka** are key points for emotional release – when massaged, clients often feel a weight off their shoulders, sometimes even experiencing an emotional catharsis (tears or laughter) as tension melts. **Bṛhati** marma, being near the heart/lungs, can release sadness (“heartache”) when gently held. A skilled marma therapist might simply place a



warm palm on Bṛhati or Stanamūla as the client breathes, providing a profound calming reassurance. In summary, integrating marma work helps process the “issues in the tissues” – mental stress trapped in physical form – restoring a sense of lightness and openness in the back and chest.

By tailoring the marma techniques to the individual’s condition, a practitioner addresses root causes rather than symptoms. For instance, sciatica isn’t just nerve compression – it’s addressed through marma by improving blood flow, nerve conduction, and pranic balance in the entire lower body. This holistic efficacy is why **marma therapy is a revered component of advanced Kalari treatment**, blending anatomical precision with energetic healing.

Practical Drill: Identifying & Stimulating Back Marmas

Objective: To build hands-on familiarity, students will now practice locating and gently stimulating **three key back marma points** on a partner (or mannequin). This drill enhances palpation skills and confidence in using marma in therapy.

- Aṁsa Marma (Shoulder Point):** Have your partner sit or lie face-down. Locate the hollow just behind the tip of the shoulder (between neck and arm). Using your thumb, feel for a tender spot in that junction – that is Aṁsa. **Gently apply pressure** with the thumb pad, using small circles. Note the tension and ask feedback (“Do you feel this in your shoulder or neck?”). Maintain light pressure ~30 seconds while the partner breathes deeply. You may feel a softening of the tight muscle under your thumb – that indicates the marma is responding. Release slowly. *Outcome:* Partner should feel a release of shoulder tightness or a radiating warmth down the arm.
- Kukundara Marma (Sciatic Notch):** With your partner prone, find the midpoint between the sacral bone and the hip’s outer bump (greater trochanter) – roughly where the back pocket of pants would end. That tender spot deep in the buttock is Kukundara (repeat on both sides). Use your elbow (with forearm flat) or knuckles to **apply gentle pressure downward**. Do not jab – lean your body weight gradually. The partner might feel a “good ache” or sensation down the leg; communicate to ensure it’s not sharp. Hold ~20 seconds and then slowly ease off. *Outcome:* Partner often experiences reduction in any gluteal tightness or sciatic pinch – sometimes the leg feels lighter or more free.
- Bṛhati Marma (Mid-Back lateral to Spine):** Have your partner lie face-down. Starting from the spine at mid-back (around where the bra strap lies in women, or just below shoulder blade in men), move ~2-3 finger-widths laterally. Palpate for a slight dip between muscle bands – this is Bṛhati. Mark the spot (you have one on each side of spine). Using your thumb or two fingertips, **press inward and slightly upward** (toward the spine and head). Use moderate pressure – the partner should feel pressure but no sharp pain. Hold 20-30 seconds. You might sense the tissue pulsating under your finger (in time with heartbeat) – that’s the vascular nature of Bṛhati. Release and optionally do a few gentle circles to finish. *Outcome:* Partner may report easier breathing or release of tension in mid-back. It can also sometimes relieve referred discomfort around the ribcage.

After identifying these 3 marmas, **have the roles swap** so each student experiences the feeling of marma stimulation. Discuss as a group: How did each point feel? Could you sense the pulse at Bṛhati or the nerve referral at Kukundara? This reflective practice deepens your understanding of marma responses.

Note: In a real treatment, you would integrate these into a flowing massage. For this drill, we isolate them to hone accuracy. Always remember to be gentle and attentive to your partner’s reactions – you are learning to *listen with your fingers*. The more you practice, the more you develop an intuitive touch for where prāṇa resides and how it responds. This is the essence of **Kalari marma therapy** – a union of ancient wisdom and compassionate, skillful touch.

Conclusion

In this advanced lesson, we explored the rich tapestry of marma points on the back and trunk – merging classical Ayurvedic knowledge with practical Kalari Uzhichil techniques. We saw that points like Aṁsa, Aṁsaphalaka, Kaṭikataruṇa, Kukundara, Bṛhati, Stanamūla, and even Phana (though not on the trunk surface) each have distinct locations, anatomical structures, and vital functions. By referencing the Ayurvedic texts, we appreciate how **injury to these marmas can cause severe outcomes** – a reminder of their power – yet when skillfully handled, these same points can unlock profound healing.

For a Kalari massage therapist, understanding marma is a game-changer: it elevates a routine massage into a targeted



therapeutic ritual. You learned how to activate each marma with specific pressure, direction, and duration, and equally when to refrain (for safety). From relieving a warrior's back pain or sciatica to calming the emotional burdens carried in one's shoulders, marma therapy offers a versatile toolset.

As you continue your training, keep reviewing the **classical references** (like Sushruta's marma list) alongside hands-on practice. In Kalari, the saying goes *"One who knows marmas is one who knows life."* By integrating this knowledge, you carry forward an ancient legacy of healing.

Assignment: Over the next week, practice incorporating at least **two back marma techniques** into your regular massage sessions. Note the effects on your clients. Write a short reflection on any differences observed (in muscle release, pain relief, emotional state, etc.). We will discuss your experiences in the next class, solidifying your understanding of how **Marma Vidya** (marma science) enhances Kalari Uzhichil.

Feel proud - you are delving into some of the deepest secrets of Kalari Ayurveda, and with respectful practice, you will become adept at using these "secret points" to heal, protect, and empower others on their wellness journey.

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