



Lesson 27: Marma Points around Neck & Head (Krikatika marma)

Overview: In this advanced Kalari Uzhichil (Kalari massage) lesson, we explore the vital marma points located around the neck and head - with special focus on **Krikatika Marma**. We will detail Krikatika's anatomical position, Ayurvedic classification, size, and classical effects, along with associated head/neck marmas like **Shankha**, **Amsa**, **Sthapani**, **Manya**, and **Simanta**. You will learn each point's location, function, clinical significance, modern anatomical correlations, manual stimulation techniques, therapeutic benefits, and precautions. An annotated diagram and reference to classical texts (e.g. *Sushruta Samhita* and *Ashtanga Hridaya*) are included for a comprehensive understanding.

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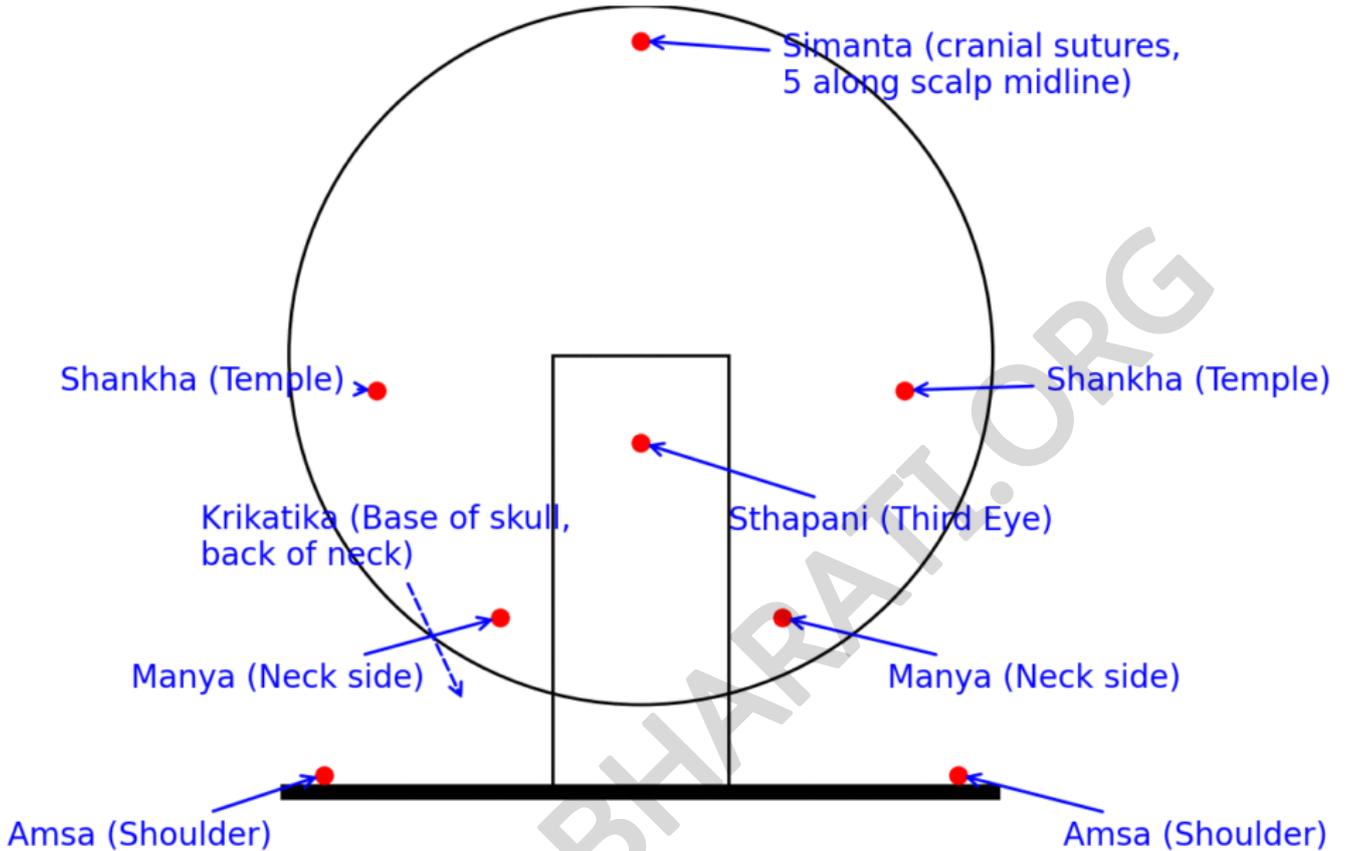


Diagram: Marma points around the head and neck (red dots). Key points include Krikatika (base of skull, behind neck), Shankha (temples), Sthapani (third-eye region), Manya (sides of neck), Amsa (shoulders), and Simanta (along skull sutures). Each marma's position is indicated in the illustration above.

Krikatika Marma - Junction of Head and Neck

- **Location & Number:** Krikatika marmas are two symmetric points located at the junction of the head and neck, just lateral to the spine where the base of the skull (occiput) meets the first cervical vertebra (atlanto-occipital joint). In essence, they lie on either side of the upper cervical spine, at the hollow just below the skull's occipital bone. This corresponds to the suboccipital region (near where the trapezius and suboccipital muscles attach).
- **Ayurvedic Classification:** Krikatika is classified as a **Sandhi Marma** (predominantly a "joint" marma) by structure. It is primarily constituted by the bony joint and associated ligaments (snayu) of the neck-base. Other tissue elements (muscle, vessels, etc.) are present in lesser proportion. By effect, it is a **Vaikalyakara Marma**, meaning injury causes deformity or loss of function rather than immediate death. Classical texts describe it as *half-angula* in size (approximately the width of half a finger), indicating a small, precise point.
- **Classical Description:** *Sushruta Samhita* (Sharira Sthana 6) mentions "*śiro grīvayoḥ sandhāne kṛkāṭike, tatra chala mūrdhatā*", meaning "at the junction of head and neck is Krikatika; [if injured] it causes 'Chala Murdhata' (shaking instability of the head)". In other words, trauma to Krikatika leads to loss of control over head movements - the head trembles or cannot remain steady. **Acharya Vagbhata** (author of *Ashtanga Hridaya*) further notes that injury to any Sandhi Marma (like Krikatika) results in *bala-kshaya* and *cheshta-kshaya* - loss of strength and movement in the associated limbs. Thus, Krikatika is a critical point for structural stability of the neck and head.
- **Modern Correlation:** The Krikatika region anatomically corresponds to the atlanto-occipital joint complex, including the occipital condyles of the skull, the atlas (C1 vertebra), and surrounding ligaments (e.g. atlanto-occipital membrane). Important neurovascular structures traverse here: the **greater occipital nerves** emerge nearby, and vertebral arteries ascend into the skull. In fact, this area aligns closely with the acupressure point Fengfu (DU-16) and Fengchi (GB-20) at the skull base, known in other modalities for relieving neck and head pain. From a biomedical perspective, an injury here can damage the upper spinal cord or brainstem or disrupt blood flow, explaining the severe consequences (head instability, neurological deficits). Conversely, gentle stimulation can influence the suboccipital muscles and nerves, releasing tension and improving blood circulation between brain and body.
- **Therapeutic Stimulation Techniques:** In Kalari massage and marma therapy, **Krikatika marma** is carefully stimulated to relieve tension and support neck-head alignment. A common technique is to place the thumbs just below the occiput on either side and apply mild to moderate pressure while gently rotating or rolling the thumbs for 1-2 minutes. This press-and-release or circular kneading of Krikatika helps relax the suboccipital muscles and the upper cervical spine. Always use **gentle, controlled pressure** - about 6-8 pounds of force - avoiding any sudden or extreme manipulation. The stimulation should be soothing, not painful. Proper technique is crucial: keep nails trimmed and ensure you precisely locate the depression at the skull base. *Never apply heavy direct force on the cervical spine or if a serious neck injury is suspected.*
- **Therapeutic Benefits:** Activation of Krikatika marma has numerous benefits. It is renowned for relieving **neck stiffness and cervical pain**, including cervical spondylosis-related tension. By releasing stiffness at the head-neck junction, it can restore range of motion in the neck and even help with **frozen shoulder** issues (via the nerve connections of the cervicobrachial region). Krikatika stimulation also improves blood and lymph circulation to the head, which may alleviate certain types of **headaches and migraines**. Clients often report a soothing effect on the nervous system - easing stress, improving sleep, and reducing feelings of heavy-headedness. Thus, in marma chikitsa, Krikatika is a key point for balancing Vata in the head and supporting the "**uprightness**" of the head (both literally and metaphorically).
- **Precautions:** *Krikatika marma* lies near vital structures; hence caution is imperative. **Avoid strong pressure** or jarring motions, especially in individuals with cervical disc prolapse, atlantoaxial instability, or recent trauma to the neck. In cases of high blood pressure or vertigo, prolonged pressure here could induce dizziness - monitor the client's response. If the client has any craniovertebral injuries or conditions like vertebral artery insufficiency, **do not stimulate this point without medical clearance**. Always support the head during the massage. According to marma guidelines, never apply direct heavy pressure on soft, vulnerable areas - the upper neck is one such area where over-stimulation can cause lightheadedness. When in doubt, use lighter touch or simply hold the point gently to confer calming benefits without risk.

Table: Key Marma Points of Head & Neck (Summary) - Locations, classifications, and effects from Ayurvedic classics, plus therapeutic uses.

Marma (No.)	Location (Head/Neck Region)	Type (Structure - Effect)	Size	Injury Effect (Ayurveda)	Therapeutic Benefits (Massage/Stimulus)
Krikatika (2)	Base of skull, at head-neck junction (behind ears, near occipital condyles)	<i>Sandhi</i> (Joint) - <i>Vaikalyakara</i> (Deforming)	½ angula	Head instability (shaking of head) if injured	Relieves neck stiffness, cervical pain; eases headaches and shoulder tension.
Shankha (2)	Temples - between lateral forehead and ear (above outer end of eyebrow)	<i>Asthi</i> (Bone) - <i>Sadyopranahara</i> (Immediately fatal)	½ angula	Sudden death due to intracranial hemorrhage (if severely injured)	Alleviates migraines & temporal headaches; calms nervous tension; improves mental clarity.
Sthapani (1)	Forehead midpoint between the eyebrows (glabellar "third eye" region)	<i>Sira</i> (Vessel) - <i>Vishalyaghna</i> (Fatal if foreign object removed)	½ angula (approx.)	Fatal neurovascular shock if deeply pierced (object removal causes collapse)	Soothes stress, anxiety, and insomnia; relieves tension headaches & sinus congestion.
Manya (2)	Sides of the neck, adjacent to the trachea and carotid arteries (below jaw, above collarbone)	<i>Sira</i> (Vessel) - <i>Vaikalyakara</i> (Deforming)	1 hand (region)	Voice loss (muteness), altered speech and loss of taste when injured	Gently balancing the throat region; may improve vocal clarity and ease neck vascular tension (performed with extreme care).
Amsa (2)	Shoulder joint region - at junction of neck, shoulder, and arm (around the scapula-clavicle articulation)	<i>Snayu</i> (Ligament) - <i>Vaikalyakara</i> (Deforming)	½ angula	Stiffness of arm/shoulder (<i>stabdha bahu</i>) on injury	Releases shoulder and upper back tension; improves arm mobility (helpful in frozen shoulder, cervical spondylosis).
Simanta (5)	Scalp sutures on top of head - along skull's natural "seams" (e.g. sagittal, coronal & lambdoid sutures)	<i>Sandhi</i> (Joint) - <i>Kalantara Pranahara</i> (Delayed fatal)	1 angula each (approx.)	Gradual death (within days/weeks) if damaged; can cause mental disturbance or fearfulness	Gentle scalp massage along these lines calms the mind, relieves tension and may improve sleep (never apply hard pressure on the skull).

Shankha Marma - Temple Region

- **Location:** *Shankha* marmas are located at the **temples**, on either side of the head. Specifically, each *Shankha* is in the slight depression about a half-finger above the outer end of the eyebrow, between the ear and the forehead. This corresponds to the **pterion** region where skull bones meet (frontal, parietal, temporal, sphenoid) - one of the thinnest cranial areas. It is the spot you instinctively rub during a headache. There are 2 *Shankha* points (left and right temple).
- **Classification:** *Shankha* is predominantly an **Asthi Marma** (bone-structured point) - the temple is a bony intersection covered by thin muscle and skin. By effect, *Shankha* is categorized as a **Sadyah Pranahara Marma**, meaning "immediate life-threatening". This highlights the critical nature of the temple region: even a slight deep trauma can be rapidly fatal. Classical texts measure it as ~½ angula in dimension, a small but vital zone.
- **Classical References:** *Sushruta Samhita* says "*bhruvoh antayoh upari karṇa-lalāṭayoh madhye śankhau, tatra sadhyo maraṇam*" - "at the two temples (between the ear and forehead, above the eye-ends) are the *Shankha* marmas; injury there causes **instant death**". This is exemplified historically: the temple overlies the **middle meningeal artery**, rupture of which (e.g. by a blow) leads to epidural hemorrhage and sudden demise. Thus *Shankha* is one of the most delicate and protected marmas.
- **Modern Correlation:** Anatomically, the temple region contains the **superficial temporal artery** and branch of the **middle meningeal artery** internally, as well as the temporalis muscle and a thin segment of skull bone (the "pterion"). A strong impact here can cause arterial rupture or concussion. In acupuncture, a similar point "Taiyang" is noted at the temple for headache relief. Modern medicine recognizes temple trauma as extremely dangerous - aligning with *Shankha*'s *Sadyopranahara* status. *Clinically*, tenderness at *Shankha* can occur with **migraine or tension headaches**, and palpation may reveal a throbbing artery in hypertension or stress.
- **Stimulation Technique: Extreme care** is taken in stimulating *Shankha* marma. Use only gentle pressure with one or two fingers. A recommended technique for headaches: use the index and middle fingers to apply light, circular pressure on both temples simultaneously, intermittently pressing and releasing for 2-3 minutes (repeat up



to 5-10 times). Avoid digging in or sustained hard pressure (the area is bony and sensitive). Often, Shankha marma is stimulated in combination with nearby points like *Apanga* (outer eye corner) for synergy. Oil massage (with cooling oils like brahmi or sandalwood, especially if Pitta is high) can further soothe the temples. **Never use instruments or excessive force** on Shankha. If a client has very high blood pressure or temporal arteritis, avoid vigorous temple massage – use only a light touch, as their superficial arteries may be sensitive.

- **Therapeutic Benefits:** Proper stimulation of Shankha marma can dramatically **relieve headaches**, especially temporal migraines and one-sided headaches. It helps release tension in the temporalis muscle and improve blood flow around the skull. *Ayurvedically*, activating Shankha is said to **pacify aggravated Pitta** in the head, thereby reducing throbbing pain. Clients often experience calmness and clarity after a gentle temple massage. Marma texts also attribute Shankha stimulation to improvement in **mental clarity and vision** (likely due to easing tension around the eyes and improving circulation). Additionally, calming the Shankha points can help with **stress and insomnia**, as it relaxes the mind. *Summary:* Shankha marma is a powerful point for alleviating migraines, reducing high Vata/Pitta in the head, and inducing a state of mental tranquility – but it must be handled with respect and care due to its vulnerability.
- **Precautions:** Because Shankha is a Sadyah-pranahara marma, **never press too hard** or use percussive techniques here. In Kalari, strikes to Shankha are forbidden except in self-defense scenarios due to lethal risk. For therapy, ensure the client is in a relaxed position (sitting or lying) to avoid dizziness. Watch out for any sign of discomfort – the client should feel relief, not pain or pulsating pressure. If dizziness or visual changes occur, stop immediately. Also, avoid Shankha marma therapy if there is any local inflammation or injury (e.g. healing temporal fracture or temple artery inflammation). Always approach this marma with a calming intention, not deep stimulation.

Sthapani Marma - Third-Eye Spot (Forehead)

- **Location:** *Sthapani* marma lies at the center of the forehead, between the eyebrows – essentially the “third eye” region or glabella. It is a single point (only one *Sthapani*) located just above the bridge of the nose at the forehead’s midline. This corresponds to the area of the frontal bone between the eyebrows (the spot of the ajna chakra in yoga). If you locate the slight indentation between the brow ridges, you’ve found *Sthapani*.
- **Classification:** *Sthapani* is primarily a **Sira Marma** (dominated by vascular structures). The area is rich in blood vessels (the frontal vein and sinus veins) and is adjacent to the frontal sinus cavity. Uniquely, *Sthapani* is classified under the **Vishalyaghna Marma** category – meaning “removal of a foreign object (*shalya*) from here is fatal.” This implies that an injury where, say, an arrow or sharp object is lodged in the forehead between the brows could be survivable initially, but pulling it out might cause sudden death (perhaps by hemorrhage or air embolism in the sinus). This rare classification underscores that *Sthapani*, while not typically lethal in minor injuries, can be gravely dangerous if deeply pierced. It is considered an *Alpa Marma* (small marma) by size – around half to one angula in area.
- **Classical References:** The verse for *Sthapani* in *Sushruta* (Sharir 6) states that piercing this point can lead to fatal outcomes *upon removal of the weapon*. Commentators interpret this as due to the location’s proximity to the brain and vital vessels. While not expressly described as causing a specific deformity, the emphasis is on its *Vishalyaghna* nature – a caution from ancient battlefield medicine. Despite its lethal potential in trauma, *Sthapani* is also revered in Ayurveda and yoga for its *consciousness* significance (often identified with *Ajna Chakra*). **Ashtanga Hridaya** and other texts include *Sthapani* in the list of head marmas but focus more on its placement than a list of injury effects (since it’s seldom injured in everyday life).
- **Modern Correlation:** Anatomically, the *Sthapani* region sits over the **frontal bone** (glabella) and frontal sinuses, and beneath it lies the frontal lobe of the brain (prefrontal cortex). There is a dense innervation by the supratrochlear and supraorbital nerves (branches of the trigeminal nerve) and rich blood supply via the angular and ophthalmic arteries. This is essentially the area targeted in practices like **bindi or tilak** in Indic culture – indicating its importance for focus and intuition. Western science acknowledges that gentle pressure here can stimulate the **trigeminal nerve**, which has calming parasympathetic effects (sometimes used to relieve anxiety or induce sleep). It’s also the focal point in many relaxation techniques (like yoga nidra) to quiet the mind. In acupressure, this corresponds to point Yintang, known for relieving stress and sinus issues. Thus, *Sthapani* is at the crossroads of neurological and endocrine influence (the pituitary gland lies just behind, inside the brain).
- **Stimulation Technique:** *Sthapani marma* is usually stimulated with very gentle, mindful touch. A simple method: use the pad of your thumb or middle finger to apply light pressure between the eyebrows. You can press inward for a few seconds, then release, repeating in slow intervals. Alternatively, make tiny slow circles with the fingertip



while focusing on inducing relaxation. **Duration:** 2-3 minutes of gentle stimulation is sufficient to have an effect. In an Ayurvedic head massage, often warm oil (such as brahmi or sesame oil) is applied to this point (this is the essence of **Shirodhara**, where a stream of oil is poured on Sthapani marma). That continuous oil flow technique deeply calms the central nervous system. For self-care, one can also lightly tap or gently stroke downward from Sthapani toward the nose to clear sinus pressure. **Important:** never aggressively rub or press this area - it should not cause pain. The goal is to **activate the "third eye" marma in a soothing manner**, inviting the energy to stabilize and ground.

- **Therapeutic Benefits:** Stimulating Sthapani marma has profound **nervous system and mind** benefits. It is one of the best points for **stress relief and mental tranquility** - often used to reduce anxiety, overthinking, and restlessness. Many clients report that gentle pressure here immediately induces a sense of calm and sometimes even makes them feel like closing their eyes. Sthapani is also beneficial for **tension headaches**, especially those that manifest in the forehead or behind the eyes. By improving circulation in the frontal sinuses and relieving muscle tension of the forehead, it can help clear **sinus congestion** and eye strain. Furthermore, this marma is linked with regulation of **sleep** - massaging it can promote better sleep and help with insomnia (owing to its calming effect on the hypothalamus-pituitary axis). Ayurvedic lore suggests it "brings order to mind, body and consciousness," aligning with its Ajna chakra association. On a therapeutic level, use Sthapani marma activation at the end of a massage session to ground the client and balance the prana in the head.
- **Precautions:** Sthapani is generally very safe to stimulate lightly. However, avoid pressure if the person has a frontal sinus infection that's very tender, or if there's any recent trauma/surgery to the area. Because of the underlying sinuses, a person might feel a bit of pressure change - so start softly. If a client reports dizziness or emotional overwhelm (sometimes deep emotional release can be triggered at the "third eye"), pause and let them rest. Those with **severe hypertension** should have only gentle, brief stimulation here (as part of an overall calming treatment) - avoid any prolonged pressure that might transiently increase intracranial pressure. Also, never attempt to *puncture* or press extremely hard (the classical warning is about lodged objects; while that's unlikely in massage, it reminds us not to do anything invasive at this marma). Keep the experience pleasant and nurturing.

Manya Marma - Lateral Neck Points

- **Location:** *Manya marmas* are two points located on either side of the neck, roughly corresponding to the **carotid artery region**. They lie just lateral to the windpipe (*kanta naadi*), at the level between the angle of the jaw and the collarbone. If you gently press your fingertips into the soft groove beside your throat (between the trachea and the sternocleidomastoid muscle), you are over the Manya region - this is where you can feel the carotid pulse. There are actually two pairs of marmas in this vicinity: *Neela* and *Manya*, which are collectively referred to as the **Neela Manya Marmas** in Ayurveda. For our purposes, we focus on Manya, which are essentially the points overlying the carotid sinus and associated nerves. (Neela are another pair slightly higher or more medial, but classical texts often group them.) In total, **4 points** (2 Neela + 2 Manya) exist, flanking the throat on both sides.
- **Classification:** Manya is considered a **Sira Marma**, dominated by major blood vessels (the term "*dhamani*" is used, meaning arteries). Indeed, the carotid arteries and internal jugular veins run through this area, along with the vagus and other nerves. The marma is relatively large - described as covering a *hasta pramana* (the size of one's palm) region on each side, which makes sense given the length of the neck vessels. By effect, Manya is a **Vaikalyakara Marma**. Injury here does not typically kill instantly, but it can cause serious *deformity* or disability - particularly neurological deficits like loss of speech or sensation. In Sushruta's list, the neck vessel marmas (Neela and Manya) are highlighted for their role in vital functions like speech and taste.
- **Classical References:** The combined reference for Neela and Manya states that injury to these neck marmas leads to "*mūkata, swara-vaikritam, arasa-grahita*". Translated: **muteness (loss of speech), distortion of voice, and loss of taste perception** occur when these points are damaged. Essentially, a person could lose their voice or ability to speak normally and cannot perceive taste (due to cranial nerve involvement) if these vital spots are harmed. These symptoms align with trauma to the **laryngeal nerves (affecting speech)** and **glossopharyngeal or chorda tympani nerves (affecting taste)** - remarkably prescient observations by the ancient acharyas. The texts clearly caution surgeons and warriors to avoid these marmas; they are part of the eight vital *Kanta Sira* (neck vessels) to be protected. Manya means "neck" itself, underscoring its importance in the *urdhva-jatru* (*above-clavicle*) marma category.
- **Modern Correlation:** The Manya marma corresponds to the **carotid sinus** and **carotid sheath** area housing the common carotid artery (which bifurcates here into internal and external carotids), the internal jugular vein, and

vagus nerve. Pressing this area stimulates the carotid sinus baroreceptors, which can reflexively slow the heart rate and drop blood pressure (this is actually done medically in certain cases, but can also cause fainting). The glossopharyngeal (IX) and hypoglossal (XII) nerves, as well as the sympathetic chain, are also in proximity. Thus, this region is a critical neurovascular crossroads – explaining why Ayurveda linked it to voice (laryngeal nerves), speech, and taste (nerve IX for taste to posterior tongue). In acupressure, points like ST-9 (Stomach 9, “Man’s Welcome”) lie in a similar location and are *forbidden points* due to risk, yet known to influence blood pressure and throat issues. Modern anatomy would caution that vigorous massage here might dislodge arterial plaque or excessively stimulate the vagus nerve. However, gentle manipulation can improve blood flow to the head and release tension in the sternocleidomastoid (SCM) muscle, which often tightens with stress.

- **Stimulation Technique:** **Great caution** is advised with Manya marma. It is generally *not vigorously massaged* in routine therapy because of the aforementioned risks. However, subtle techniques can be employed: for example, a skilled therapist might do a very light bilateral stroking of the SCM muscle (from just below the ear down toward the collarbone) to relax it – indirectly affecting Manya. Another approach is gentle **pranic healing or Reiki** at the neck sides, rather than mechanical pressure. If doing manual stimulation, limit to feather-light touch or a mild circular motion with the flats of fingers, for no more than 30 seconds at a time. Always avoid pressing directly on the carotid pulse. Instead, work slightly lateral to it, on the muscle belly, and **never press both sides simultaneously** (to not compromise blood flow). In Kalari Uzhichil, therapists often focus on the back of the neck (Krikatika, Manyapradesha) more than the direct sides. If the client has a weak voice or neck tension, you can attempt a mild rub at Manya while the patient is **lying supine**, head slightly extended – but keep communication open and stop if any discomfort or dizziness. Because of these complexities, Manya marma therapy is often left to advanced practitioners or done indirectly via other connected marmas.
- **Therapeutic Benefits:** When carefully and correctly balanced, the Manya marma region can contribute to **improved voice and throat function**. For instance, singers or speakers sometimes gently massage the sides of their neck to relax the vocal cords and improve projection. Stimulating Manya can help reduce a sensation of a “lump in the throat” that comes with anxiety, by easing tension in the throat muscles and modulating vagal tone. Light neck side massage also enhances **cerebral circulation**, potentially helping with lightheadedness or uneven blood pressure (in fact, very light carotid sinus self-massage is known to calm racing heart in anxiety). Some sources suggest it can alleviate **thyroid region tension** and help energy flow between heart and head. However, due to safety concerns, Manya marma’s therapeutic usage is more about gentle relaxation of neck muscles and energetic balancing, rather than deep stimulation. The point is more often *protected* than actively manipulated.
- **Precautions:** Manya is one of the most **precaution-heavy marmas**. **DO NOT** apply deep or prolonged pressure on the carotid area – doing so can cause bradycardia (slow heart) or syncope (fainting) by overstimulating baroreceptors. In elderly or atherosclerotic clients, there’s a risk of dislodging plaque in the artery, potentially causing stroke – hence avoid any strong massage in the carotid triangle for such individuals. If a client has carotid sinus hypersensitivity (common in older males), even turning the head could drop their blood pressure; be extremely gentle. Never work on this area if the client has carotid artery disease, known vascular issues, or a history of transient ischemic attacks. It’s also contraindicated in **hyperthyroidism** (massaging a hyperactive thyroid gland could release excess hormone). Always monitor the client – ask if they feel light-headed or nauseated when you touch the neck sides. If so, stop immediately and let them rest. According to Ayurvedic guidelines: “Direct pressure should not be applied on soft areas” – and the soft carotid region is exactly that. Use alternative approaches (like working on the back of neck, or gently on shoulders) to achieve similar effects more safely. In summary, handle Manya marma with kid gloves, and when in doubt, don’t press – simply understanding its location and being mindful is often enough.

Amsa Marma - Shoulder Junction

- **Location:** Amsa marmas are at the **shoulder joints**, one on each side, where the arm meets the torso. Specifically, Amsa is located at the meeting point of the clavicle (collarbone), scapula (shoulder blade), and humerus (upper arm bone). In anatomical terms, this is around the **acromio-clavicular joint** and the top of the shoulder. You can locate Amsa by finding the bony tip of your shoulder (acromion) and the hollow just behind it – pressing there (where many tendons attach) would approximate the Amsa marma. It lies at the upper back, at the center of convergence of the neck, shoulder, and arm (hence sometimes described as “between the arm, head, and neck”). There are 2 Amsa points (right and left). This marma is part of the **Prishta (back) gata marmas** since it’s slightly posterior on the shoulder region.
- **Classification:** Amsa is classified as a **Snayu Marma**, predominantly composed of ligaments, tendons and



connective tissue. This makes sense because the shoulder is stabilized by numerous ligaments (coracoclavicular, acromioclavicular, etc.) and the rotator cuff tendons – all of which form the structural core of this marma. Other tissues (bone, muscle, vessel) are present but secondary. Functionally, Amsa is a **Vaikalyakara Marma**. Injuring it leads to deformity or impairment, specifically affecting the shoulder and arm function, but is not typically fatal. Its size is about ½ angula in the classical measure – essentially a point the size of a fingertip at the shoulder junction.

- **Classical References:** In *Sushruta Sharir 6*, Amsa (shoulder girdle marma) is described: “*bāhu mūrddha grīvā madhye aṁsa pīṭha skandha nibandhau aṁsau nāma, tatra stabdha bāhuta*”. This translates to: “at the joining of the arm, head and neck, at the shoulder attachment (Amsa), injury causes **stiffness of the arm.**” The term *Stabdha Bāhuta* means a rigid or immobile arm – essentially paralysis or frozen shoulder can result from severe trauma here. This indicates the importance of the shoulder marma in arm movement. Ayurveda counts Amsa among the 44 Vaikalyakara marmas, whose injury leads to loss of function. Also, it’s noteworthy that the shoulder region is the site where many important nadis and muscles converge, which is why both Sushruta and Vagbhata emphasized protecting this joint in battle (a severed or dislocated shoulder could incapacitate a warrior without killing him – a classic Vaikalyakara outcome).
- **Modern Correlation:** The Amsa marma corresponds to the **glenohumeral joint** and surrounding structures: the rotator cuff tendons (supraspinatus, infraspinatus, etc.), the subacromial bursa, the acromio-clavicular joint, and the brachial plexus passing underneath. It also overlaps with the acupuncture point GB-21 (shoulder well), known for relieving neck and shoulder tension. From a medical perspective, an injury here (like a shoulder dislocation or nerve injury) can indeed render the arm useless (brachial plexus injuries cause paralysis or “stiff arm”). The marma’s composition of ligaments aligns with the **acromioclavicular and coracoclavicular ligaments** that hold the shoulder girdle. These are often strained in shoulder separations. Thus, Amsa represents the structural integrity of the shoulder. It’s also near important neurovascular passage (the axillary nerve and artery run in front), making it a sensitive spot to trauma. In daily life, many carry stress in their upper trapezius (right at Amsa); think of tight shoulders from desk work – that’s Amsa marma being strained.
- **Stimulation Technique:** The shoulder marma is more robust than the head/neck points, so moderate pressure can be applied. A classic Kalari massage move for Amsa: use the heel of your palm or thumb to press into the shoulder hollow (just behind the clavicle) while the client is either sitting or prone. Apply downward pressure and small rotations, kneading out tight spots. You can also use squeezing techniques: grasp the client’s shoulder (trapezius muscle) between your thumb and fingers and knead it. Typically, a continuous pressure for 15-30 seconds on Amsa, followed by a release and massage strokes down the arm, works well. Another method is gentle tapping or percussion on the top of the shoulder to stimulate blood flow. If the client has very stiff shoulders, warm oil (like Mahanarayan oil) can be applied and deep friction given around the shoulder joint. Range-of-motion stretches (carefully rotating the arm) also help activate the Amsa region. **Note:** While firmer pressure is tolerated here, it should still be within the client’s comfort – avoid causing sharp pain (which could indicate impinging a nerve).
- **Therapeutic Benefits:** Amsa marma therapy is excellent for **relieving shoulder and neck tension**. Many people accumulate stress in the trapezius muscles – massaging Amsa releases that, often easing co-existing **neck stiffness and headaches**. Stimulating this marma improves **shoulder joint mobility** – beneficial in frozen shoulder (adhesive capsulitis) or general restricted range of motion. It also addresses **upper back pain** and a “heavy shoulders” sensation. In Ayurvedic terms, Amsa is where **Udana Vayu** (the upward-moving energy governing arms and neck) operates; balancing it can improve functions like raising the arms, breathing (since accessory respiratory muscles attach here), and even mood (Udana vayu has a role in enthusiasm). Therapists find that working on Amsa can help with conditions like **cervical spondylosis**, as cited in marma chikitsa case studies. Additionally, pressing Amsa can sometimes alleviate radiating arm pain by freeing impinged nerves. Psychologically, people often feel a “burden lifted off their shoulders” after this marma is massaged – reflecting the stress-relief aspect.
- **Precautions:** The shoulder area is generally forgiving, but a few cautions: If there’s an **acute shoulder injury** (recent dislocation, fracture, tendon tear), avoid deep work – use gentle support instead. Be mindful of the **brachial plexus** – excessive pressure too far toward the neck (just above Amsa) can compress those nerves, causing tingling down the arm. If a client reports numbness or shooting pain during Amsa work, ease off immediately. Those with **osteoporosis** or very thin builds may have less cushioning; adjust pressure to avoid bruising the shoulder tip. Also, avoid heavy pressure directly on the collarbone (clavicle) – it’s a slender bone that can be tender. Instead, target the soft tissues just behind it. **Contraindication:** some sources suggest not to overstimulate Amsa in pregnant women (as a general caution with shoulder acupressure like GB-21 which is thought to potentially trigger labor if done aggressively – though light normal massage is fine). Finally, remember



Amsa's connection: if the neck (Krikatika) is injured or unstable, support that first before applying pressure to shoulders, as the two regions are structurally linked. Always communicate – the client should feel a “good ache” release, not sharp pain.

Simanta Marmas - Cranial Suture Points

- **Location:** *Simanta* marmas are five points located on the **top of the head** along the cranial sutures (the fibrous joints between skull bones). The term *Simanta* literally means “parting of the hair” – which is an apt description, as these points lie roughly where one would partition hair on the scalp. According to classical enumeration, there are five Simantas corresponding to the major skull sutures or junctions: one at the **midline (sagittal suture)**, two at the **crown toward the front** (perhaps at the left and right ends of the coronal suture near the temples), and two toward the **back of the crown** (left and right ends of the lambdoid suture). To simplify, you can think of one Simanta at the very top center of the head (approximately the fontanelle area in infants, known as **Bregma**), and two pairs slightly anterior and posterior along the curvature of the skull. In practice, Ayurvedic texts often describe them as located “over the scalp in the form of suture joints”. If you run your finger along the middle of your head from front hairline to back, the Simanta marmas would be along that path. (Some interpretations place them at specific named sutures: e.g. *Nastika*, *Seemantaka*, etc., but that detail is beyond our scope – we treat them collectively as the scalp suture marmas.)
- **Classification:** Simanta is a **Sandhi Marma**, as it is literally at bony joints (sutures are joints of skull bones). Structurally it is all about bone junctions with a bit of fibrous tissue. Muscles are minimal on the scalp, and blood vessels are present but not the defining feature. In terms of effect category, Simanta marmas are **Kalantara Pranahara Marmas**. *Kalantara* means death occurs after some time – not instantly, but within a period (days to a month) if these points are grievously injured. This aligns with something like a skull fracture or internal injury that isn't immediately fatal but can lead to complications (e.g. slow brain hemorrhage or infection). Their size is generally considered one angula or less, but since they cover suture lines, one could imagine each spanning a couple of centimeters of the suture line.
- **Classical References:** The classic description lists “five Simantas on the head” and notes that injury to them can cause dire consequences including **delayed death**. Sushruta does not elaborate much on each Simanta's specific symptom, but later texts/commentaries suggest that trauma to the skull sutures can lead to disturbance in the mind and senses. One verse states that injury to Simanta can produce “*bhrama*” (giddiness or delusion) and intense fear, eventually leading to death. Specifically: “injury leads to **psychological abnormality, fear complex, and death**”. This is insightful – possibly referring to concussion symptoms (confusion, fear/panic, etc.) following a head injury. It shows ancient physicians recognized that even if one survives the initial head trauma, they might suffer mental disturbances and later succumb. Also, in Ayurveda, “Simanta” is sometimes associated with prenatal rites (*Simantonayana*) protecting the fetus's head – indicating the cultural understanding of head sutures as sensitive, life-affecting areas.
- **Modern Correlation:** The five Simanta points correspond to the **cranial sutures**:
 - The sagittal suture running front-to-back (midline of skull) – one marma along it (center top).
 - The coronal sutures (running ear-to-ear across the top front) – likely two marmas where these sutures meet the sagittal or near the corners.
 - The lambdoid sutures (running across the back of skull) – likely two where they meet the sagittal or near the skull's posterior corners.These points roughly match the neonatal **fontanelles** (soft spots) which harden later. Modern anatomy knows that fractures along sutures can “diastase” (separate) and often lead to **epidural or subdural hematomas**. Also, the superior sagittal sinus (a major venous channel) runs along the midline (sagittal suture) – injury there can cause intracranial bleeding. No wonder severe blows to these areas can kill, but sometimes not instantly (e.g. an epidural bleed can have a lucid interval before deterioration). Additionally, cranial sutures are key to certain therapies: *Craniosacral therapy* works on gentle movement of these sutures to affect cerebrospinal fluid dynamics and calm the nervous system. This is analogous to marma therapy's understanding that these points influence the **mind and prana in the head**. The noted “fear and psychological abnormality” from Simanta injury corresponds to concussion/trauma-induced psychiatric symptoms or perhaps injury to areas of the brain governing emotion (the top of head covers parietal lobes and midline structures). Modern neurology also notes that a blow to the top of the head can impact the limbic system connectivity, potentially causing emotional changes – which interestingly parallels the Ayurvedic description.



- **Stimulation Technique:** Direct stimulation of Simanta marmas is subtle – you do **not** press hard on the skull bones (it's both ineffective and potentially harmful). Instead, marma chikitsa for Simanta is akin to **scalp massage and energy work**. One technique is to gently massage the scalp along the midline with the flats of your fingers, moving from the forehead hairline over the crown to the back of the head. Apply mild pressure in circular motions, almost as if shampooing the hair but slower and more intentional. You can also do gentle tapping or drumming with fingertips along these suture lines to stimulate blood flow (some Ayurvedic practitioners use the term “*Simanta Marma Abhyanga*” for massaging the cranial sutures in babies to promote healthy brain development). In Kalari massage, after working on the face and neck, the therapist often uses the fingertips to trace lines on the scalp – these correspond to Simanta pathways. Another approach: simply place one hand on the forehead and one on the back of the head (covering the area of Simantas) and hold, providing Reiki-like energy, which can be very calming. **Duration:** A few minutes of scalp work is usually enough. You might notice the client sigh or breathe deeper – a sign of parasympathetic activation. Using cool oil on the scalp (e.g. bringraj or coconut oil) is traditional for pitta-related issues or insomnia – applying it along the skull partings at night is a home remedy for better sleep.
- **Therapeutic Benefits:** Gentle stimulation of Simanta points primarily has a **psychological and neurological calming effect**. By massaging the scalp sutures, we improve blood circulation to the brain's cortex and help relax the cranial connective tissues – this can relieve **tension headaches** that often manifest from tight scalp aponeurosis (galea aponeurotica). It is also known to be grounding for the **nervous system**, helping in conditions of anxiety, overthinking, or “head in the clouds” feelings. Patients with **insomnia** often benefit from a slow head massage focusing on Simanta marmas, as it soothes the mind and fosters sound sleep. In Ayurvedic pediatrics, very soft massage over the fontanelle (anterior Simanta) is done to support an infant's neurological growth and to energetically “protect” the opening. For adults, similarly, balancing Simanta marmas can potentially help with **mental clarity and focus** – when prana is balanced in the head, thoughts become clearer. Some practitioners also claim benefits in chronic issues like sinusitis or vertigo by working on the cranial sutures, likely through the effect on intracranial pressure dynamics. *Important:* these benefits are subtle and come from gentle work – Simanta marma therapy is not a direct cure for serious brain conditions, but a supportive measure to relax and optimize head energy flow.
- **Precautions:** The skull is hard, but the structures beneath are delicate. **Never strike or strongly press a Simanta point** in therapy – remember, these are potentially fatal if injured. Avoid any percussion if the person has had recent head injury or surgery (craniotomy, etc.), or if they have conditions like epilepsy (unless you're very gentle, as overstimulation might possibly trigger something). In small children, the fontanelles must not be pressed – only caressed lightly. If a client has an unknown bump or swelling on the skull, do not massage over it (could be a cyst or something needing medical review). People with **migraine** might find scalp pressure too intense during an attack – use oil and light touch in those cases, or wait until pain subsides. Also, be cautious with individuals who have very sensitive scalp or certain dermatological conditions (psoriasis, etc.) – ensure your oils and touch don't irritate. Finally, since working on Simanta marmas can sometimes release deep emotions (the top of the head is linked to Sahasrara chakra – spiritual and emotional integration point), be prepared for the client to possibly feel emotional or quiet after. Create a safe, soothing environment for this work. Generally, Simanta marma balancing is one of the most *tranquil* parts of a session when done right.

Conclusion and Classical References

In this lesson, we examined the major **head and neck marma points – Krikatika, Shankha, Sthapani, Manya, Amsa, and Simanta** – through the dual lens of Ayurvedic wisdom and modern anatomy. These points constitute a powerful network in the *urdhvaanga* (upper body) where vital structures congregate. Table summaries and diagrams have been provided to clarify their locations and inter-relationships.

Classical Ayurvedic texts like the *Sushruta Samhita* (Sharira Sthana, Chapter 6) and *Ashtanga Hridaya* detail these marmas. Sushruta lists 37 marmas in the head-neck region, explicitly naming and describing the ones we covered (for example, Krikatika is listed as a Sandhi marma causing head tremors when injured, Shankha as an Asthi marma that is instantly fatal, etc.). We cited these classical descriptions (in translation) for each marma in the text above, preserving the ancient insights. Ashtanga Hridaya similarly emphasizes the prognostic importance of these points – Vagbhata warns that injuring a Sandhi marma like Krikatika leads to loss of strength and movement, reinforcing Sushruta's accounts. These references validate the continuity of knowledge from antiquity to present practice. For further reading, one can refer directly to *Sushruta Samhita Sharira Sthana 6* verses 27-32, where these marmas are enumerated, and the commentary of Acharya Vagbhata in *Ashtanga Hridaya Nidana Sthana 4/50* for marma injury outcomes.



In therapeutic application, we learned **specific massage techniques** for each marma: from the gentle thumb rolling on Krikatika, to pressing the temples for Shankha, to the light touch at Sthapani and careful handling of Manya, and deep kneading at Amsa. Each technique is rooted in safety and efficacy – an embodiment of the Ayurvedic principle “do no harm while healing.” We also incorporated modern understanding (e.g. avoiding carotid pressure, being cautious of intracranial pressure in head massage) to ensure this ancient practice fits into contemporary safety standards.

Therapeutic recap: Proper stimulation of these marmas offers a host of benefits – relief from headaches (temporal, frontal, occipital), better sleep and reduced anxiety (via Sthapani and Simanta calming the mind), improved neck-shoulder mobility (via Krikatika and Amsa work), and even improvements in voice and circulation (through gentle Manya influence). They collectively govern many vital functions: **Prana (life force) flow to the head, sense organ vitality, and musculoskeletal support of the head and arms.**

As advanced practitioners, always integrate **clear communication, precise knowledge of anatomy, and respect for the marma's power.** The head and neck marmas in Kalari Uzhichil are not just physical points but gateways to systemic balance – affecting body, mind, and spirit. By mastering Lesson 27, you are equipped to deliver safe, effective marma therapy focused on the neck and head, enhancing your clients' wellbeing while honouring the ancient traditions and texts that guide us.

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