

## Unit 2: Mapping & Palpation Techniques

# PAPER 6 – Therapeutic Applications of Marma Chikitsā

## Unit 2: Mapping & Palpation Techniques

(Landmarks and mapping • Palpation and feedback • Superficial vs. deep marmas • Contraindications • Oils, heat, and tools in practice)

### 1) Anatomical landmarks and mapping of the 107 key marmas

What “mapping” means in clinical practice. In the classical map there are **107 marmas** arranged by region—**limbs (44), trunk/chest-abdomen (12), back (14), head-neck (37)**—and by dominant tissue: **māmsa** (muscle), **sirā** (vessel/nerve), **snāyu** (tendon/ligament), **asthi** (bone), **sandhi** (joint). For safe clinical work, treat a marma as a **field with a radius** (measured traditionally in **aṅgula**/finger-breadths), not as a pin-point. You will “arrive” at the field using **hard bony edges, tendinous pits, vascular grooves, and joint clefts**—then refine by tissue texture, temperature, and client feedback.

#### Landmark-first workflow (repeatable):

1. **Fix the segment** (e.g., forearm supinated).
2. **Identify bony edges** (epicondyles, malleoli, sutures) and **joint lines**.
3. **Glide to soft-tissue crossings** (tendons, neurovascular corridors).
4. **Define the safe field** (aṅgula-based radius) before you palpate depth.
5. **Test the point** with graded pressure and breath pacing; adapt angle/force to the tissue class (see §3, §5).

Below is a **regional map with landmark cues** you can use at the table. Names follow the classical list; cues are phrased for palpation.

#### Lower limb (11 per limb)

- **Kṣipra** – web space between **great toe-second toe**; shallow neurovascular fan.
- **Talahridaya** – **center of sole**, aligned with second toe; mid-arch spring.
- **Kūrcha / Kūrcha-śiras** – **medial longitudinal arch**; tendinous chords of plantar aponeurosis (kūrcha) and their heads (śiras).
- **Gulpha** – **ankle mortise** line; joint cleft just above malleoli.
- **Indravasti** – posterolateral leg **muscle belly corridor** (peroneal compartment), mid-calf.
- **Jānu** – **knee joint line**; treat as a ring, not a dot.
- **Ani** – **distal thigh** on either side of patellar tendon; dense myofascial tunnels.
- **Ūrvi** – **medial thigh** midway between groin and knee (adductor-femoral neurovascular bed).
- **Lohitākṣa** – **posterior thigh**, deep hamstring gutter.
- **Vitapa** – **inguinal region**, lateral to pubic tubercle (ilioinguinal/iliohypogastric crossing).

#### Upper limb (11 per limb)

- **Kṣipra** – web space **thumb-index**; palmar neurovascular fan.
- **Talahridaya** – **center of palm**, along the line of the middle finger; superficial palmar arch field.
- **Kūrcha / Kūrcha-śiras** – **thenar-hypothenar bridges** (transverse palmar aponeurosis).
- **Mañibandha** – **wrist** crease/joint line (radial-ulnar artery corridors).
- **Indravasti** – **mid-forearm** flexor mass corridor.
- **Kūrpara** – **elbow joint line** (ulnohumeral cleft).



- **Ani** - distal arm above the elbow; fascial tunnel.
- **Ūrvi** - medial arm (brachial vessel-nerve bed).
- **Lohitākṣa** - posterior arm (triceps groove).
- **Kakṣādhara** - axillary fold (pectoral-latissimus crossing).

### Trunk (12)

- **Guda** (anus), **Basti** (bladder field; deep pelvic), **Nābhi** (umbilical hub), **Hṛdaya** (precordial), **Stana-mūla**, **Stana-rohita** (breast root and substance), **Apālapa**, **Apastambha** (parasternal neurovascular windows). These are **agni/viscera-adjacent** fields—handle **only with broad, oblique, breath-timed contact** (no vertical force, no heat stacking).

### Back (14)

- **Kaṭikā-tāruṇa** (sacroiliac fields), **Kukundara** (sciatic notch), **Nitamva** (hip crests), **Pārśva-sandhi** (costovertebral), **Vṛhati** (paraspinal thoracic), **Aṃsa-phalaka** (scapular plate), **Aṃsa** (acromial complex). Palpate via **bony rims** and **intermuscular clefts**; modulate angle to avoid nerve compression.

### Head-neck (37)

- **Dhamanī** (carotid corridors), **Mātrikā** (eight neurovascular branches around SCM), **Krikatikā** (occipital notch), **Vidhura** (mastoid-ear sulcus), **Phana** (alar grooves), **Apāṅga** (lateral canthus), **Āvarta** (supraorbital rims), **Utkshepa** (temporal line), **Saṅkha** (temple), **Sthāpanī** (glabella), **Simanta (5)** (cranial sutures), **Śṛṅgāṭaka (4)** (deep craniofacial plexus), **Ādhipati** (vertex). These are **sūkṣma (neurovascular)** or **agni-adjacent**; keep contact **feather-broad** and chiefly regulatory.

**Tip for LMS learners:** build a “3-pass map.” Pass 1 = bones/joints; Pass 2 = soft corridors; Pass 3 = marma fields (size by aṅgula), then test with graded pressure and breath. Keep a personal atlas (sketches + notes on client variability).

## 2) Palpation methods: pressure sensitivity, pulse, and client feedback

### Graded pressure scale (keep it simple, reproducible):

- **Feather** (skin stretch only; nail bed unchanged): scan temperature, moisture, and “guarding.”
- **Light** ( $\leq$  one fingernail blanch; 1-2 aṅgula depth): suitable for **sirā/sūkṣma** marmas and all **agni** fields on trunk/head.
- **Moderate** (firm pad compression; no sharpness): for **māṃsa/snayu** marmas in robust tissue.
- **No deep vertical compression** at **sandhi** (joint) or **agni** marmas; use **traction/oblique** vectors instead.

### What to feel and record:

- **Tissue tone & turgor** (spasm, boggy, stringy bands).
- **Temperature & moisture** (heat → Pitta/active inflammation; cool/dry → Vāta; damp/heavy → Kapha/edema).
- **Provocation** (dull/aching vs. sharp/radiating; radiations suggest neurovascular involvement—stop and re-route).
- **Pulse & autonomic signs:** Establish a **baseline radial pulse** (at the Maṇibandha region) and respiration. During head-neck or precordial work, note **breath depth, rate, and pulse amplitude** before/after a short hold on safe regulatory marmas (e.g., **Talahridaya** in palm/sole, **Sthāpanī**).
- **Client feedback loop:** Use **yes/no words** (“more/less?”), **0-10 comfort scale**, and **two-breath re-tests**. Palpation quality is judged by **nervous-system settling** (longer exhale, softened eyes, warmer hands/feet), not by “tolerance of pressure.”



### 3) Differentiating superficial vs. deep marmas (and how that changes your touch)

Think **tissue-first**:

- **Māṃsa (muscle) & Sirā (neurovascular) marmas** are **superficial-to-mid**. They respond to **broad, slow, temperature-matched** contacts. Angle your vector to **glide with fibres** or **off-load** vessels; avoid pinching a vessel/nerve against bone.
- **Snāyu (tendon/ligament) marmas** are **deep corridors**. Use **oblique pressure**, slow sink, and **short holds**; never “saw” across a taut tendon.
- **Asthī (bony) & Sandhi (joint) marmas** are **deep/osseous**. Replace vertical force with **traction, decompression, and ring-work** around the joint line. Think “make space, then breath,” especially at **Jānu, Kūrpara, Gulpha, Mañibandha**.

**Field size matters.** Classical **pramāṇa (dimension)** assigns each marma a typical radius (e.g., ½, 1, 2, 3, or 4 aṅgula). Work **within the field**, not on a dot, and keep **safety buffers** around sadyapraṇahara and sūkṣma sites (see §4).

### 4) Contraindications and precautions during stimulation

**Absolute clinic stops (refer/avoid):**

- **Hot, acutely swollen joint** with fever; **suspected DVT/PE**; **new neurological deficit**; **acute abdomen**; **active bleeding**; **fresh trauma/fracture**; **uncontrolled cardiac/respiratory instability**.

**Marma-specific “never” rules:**

- **No vertical compression, no heat stacking** over **Hṛdaya, Nābhi, Basti, Ādhipati** and along **carotid (Dhamanī/Mātrikā)** corridors.
- **No pointed tools** at any marma. Hands only.
- **Avoid sustained compression** directly over obvious **arterial pulses/varicosities**. Work **around**, not **on** them.

**Pregnancy & vascular cautions (modify):**

- Prefer **side-lying** after mid-pregnancy; **avoid abdominal work** and **deep leg compression**; treat varicosities as **no-go zones**.
- For any history of **clotting risk, neuropathy, or uncontrolled hypertension**, keep sessions **short, cool-to-neutral**, and **feather-to-light**.

**Dose controls for everyone:**

- Limit **head-neck** and **precordial** marma holds to **1-2 gentle minutes**, always **breath-timed**.
- In the limbs, clear **proximal drains** (axilla/inguinal) **before** distal-proximal returns.
- Finish with a **midline sweep** and re-check vitals (breath, pulse, warmth) before standing.

### 5) Use of oils, heat, and tools in marma palpation

**Oils (for glide and neuromodulation):**

- Use just enough to **reduce friction** while keeping **tactile detail**.
- **Warm sesame-based oils** suit **cool, tight Vāta** tissues; **neutral/coconut-based** media suit **hot, irritable Pitta** tissues; **lighter textures** and **briefer oiling** suit **heavy Kapha** states.
- Over **sūkṣma** marmas (head-neck; parasternal), use **thin film only** so you can feel micro-changes.

**Heat (swedana) as a primer—not a hammer:**

- **Dry/warm primers** help **Kapha-heavy** boggy; **unctuous warmth** helps **Vāta-dry** stiffness.
- **Never** add heat over **agni** marmas or where inflammation is evident. Treat heat as a **drug**: dose low, monitor, stop if redness/irritability rises.

**Tools:**

- **Primary tool is your hand**—thumb pad, finger pads, broad palm/thenar.
- For **assessment only**, a **soft bolus (kizhi)** or **gentle steam** may be used to unmask texture before palpation—**never** as direct pressure **on** a marma.
- **No rigid implements** for marma stimulation; they defeat the safety and feedback loop inherent to marma-touch.

## Summary tables

### A) Landmark map — at a glance

Region	Names (selected)	Practical landmark
<b>Foot/leg</b>	Kṣipra, Talahridaya, Kūrcha/Śiras, Gulpha, Indravasti, Jānu, Ani, Ūrvi, Lohitākṣa, Vitapa	Toe web; sole center; arch chords; ankle line; mid-calf corridor; knee ring; distal thigh; medial thigh; hamstring groove; inguinal window
<b>Hand/arm</b>	Kṣipra, Talahridaya, Kūrcha/Śiras, Mañibandha, Indravasti, Kūrpara, Ani, Ūrvi, Lohitākṣa, Kakṣādhara	Thumb-index web; palm center; transverse palmar band; wrist joint; mid-forearm; elbow line; distal arm; medial arm; triceps groove; axillary fold
<b>Trunk</b>	Guda, Basti, Nābhi, Hṛdaya, Stana-mūla, Stana-rohita, Apālapa, Apastambha	Anal ring; deep pelvic; umbilicus; precordium; breast root/body; parasternal windows
<b>Back</b>	Kaṭikā-tāruṇa, Kukundara, Nitamva, Pārśva-sandhi, Vṛhati, Aṃsa-phalaka, Aṃsa	SI rims; sciatic notch; iliac crests; costovertebral lines; thoracic paraspinals; scapular plane; acromial complex
<b>Head-neck</b>	Dhamanī, Mātrikā, Krikatikā, Vidhura, Phana, Apāṅga, Āvarta, Utkshepa, Śaṅkha, Sthāpanī, Simanta(5), Śṛṅgāṭaka(4), Ādhipati	Carotid sheath; SCM borders; occipital notch; mastoid-ear sulcus; alar grooves; lateral canthus; supraorbital rim; temporal crest; temple; glabella; cranial sutures; craniofacial plexus; vertex

### B) Palpation grade & tissue match

Grade	Depth/feel	Use for	Avoid at
Feather	Skin stretch only	Sūkṣma/sirā; head-neck; precordium	—
Light	1-2 aṅgula sink	Most māṃsa; testing any new marma	Agni marmas (no vertical)
Moderate	Firm pad, no sharpness	Snāyu corridors in robust tissue	Sandhi joints; neurovascular pits

### C) Safety—quick rules you can remember

Rule	Rationale	Example
No vertical force on <b>agni</b> marmas	Visceral/neuro risk	Hṛdaya, Nābhi, Basti, Ādhipati
Work <b>around</b> vessels/varicosities	Thrombo-embolism risk, pain	Dhamanī/Mātrikā corridors
Heat is a <b>drug</b>	Inflammation & syncope risk	Skip heat over hot joints or chest
Side-lying in later pregnancy	Aortocaval compression & comfort	Avoid abdominal/leg-deep work

### D) Oils, heat, and tools

Medium	When to choose	How to dose
Warm sesame-based oil	Vāta-dry, cool, taut tissue	Thin film → slow holds; traction over joints
Neutral/coconut-based	Pitta-hot, irritable states	Even tempo; avoid friction heat
Lighter oils or brief oiling	Kapha-boggy, puffy tissue	Brisk-light strokes; seated finish
Dry/steam primers	Kapha congestion	Short, monitored; never on agni marmas



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Medium	When to choose	How to dose
Tools	Almost never	Hands only; soft bolus only to warm <b>around</b> fields

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## Mini-protocols (practice scenarios)

- **Cold, stiff ankle (Gulpha) after sprain (sub-acute):** Warm film → ring-work around joint line; **traction** (no vertical force) → short **Indravasti** corridor glides → finish with distal-proximal returns and seated ankle pumps.
  - **Palmar overuse pain with autonomic arousal:** Thin film → **Talahridaya** feather hold (30-60 s) → forearm **Indravasti** light glides → **Sthāpani** breath-timed hold → check pulse and breath; end with midline sweep.
  - **Medial knee stiffness (Jānu/Ūrvi):** Proximal inguinal “gate” → ring-work at Jānu → **Ūrvi** soft holds (avoid femoral pulse) → gentle heat only if tissue is cool, never if warm/irritable.
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