

Unit 3: Clinical Applications in Pain & Dysfunction

PAPER 6 — Therapeutic Applications of Marma Chikitsā

Unit 3: Clinical Applications in Pain & Dysfunction

(Head-neck-spine • Joints • Neuromuscular disorders • Digestive & respiratory applications • Emotional release & stress)

Orientation: how marma therapy is applied clinically

Marma chikitsā treats dysfunction by combining three levers: (1) **where** you touch (specific marma fields), (2) **how** you touch (angle, depth, tempo), and (3) **in what order** (sequence that respects srotas flow and doṣa state). In practice this means: clear proximal “gates” (axilla/inguinal) → warm and organise tissue with broad strokes → **brief, breath-timed, oblique contact** at key marmas → integrate with a midline sweep and simple movement/breath homework.

Scope & safety note. Red-flag symptoms (sudden neurological loss, chest pain, acute abdomen, fever with hot joint, suspected DVT/PE, trauma/fracture) require medical care, not manual work. Over agni marmas (Hṛdaya, Nābhi, Basti, Ādhipati) use **only broad, gentle, breath-timed** contact—never vertical compression or stacked heat.

1) Head, neck, and spine-related conditions

A. Headache & migraine

Ayurvedic lens. Vāta drives pain and autonomic reactivity; Pitta adds heat/throbbing, Kapha adds heaviness/congestion. Triggers often disturb mano-vaha srotas and cervical-cranial mechanics.

Targets & method.

- **Sthāpanī (glabella), Śaṅkha (temple), Āvarta (supraorbital rim), Utkshepa (temporal line), Simanta (cranial sutures):** feather-light, oblique, exhale-timed holds; cool or neutral oil for Pitta features.
- **Krikatikā (occipital notch), Vidhura (mastoid-ear sulcus):** gentle decompression to ease suboccipitals and venolymph outflow.
- **Talahridaya (palm/sole):** distal autonomic “reset” to complete a bout.
Sequence: neck map → face/cranial holds → distal seal (palm/sole) → quiet crown/heart hold. Avoid sustained compression over carotid corridors (Dhamanī/Mātrikā).

B. Cervical spondylosis & cervicogenic pain

Lens. Sandhigata Vāta with facet compression and myofascial guarding.

Targets. Krikatikā, Mātrikā row (oblique only), Aṃsa (acromial complex), Aṃsa-phalaka (scapular plane).

Method. Side-lying or seated; warm film; long parascapular glides; **traction and ring-work** around cervical joints (no vertical force); scapular centring (**Akam-style inward sweeps**); finish with Sthāpanī or crown hold.

C. Thoracic/lumbar pain & spondylosis

Lens. Vāta with local snāyu/sandhi involvement; sometimes Kapha adhesions.

Targets. Kaṭikā-tāruṇa (SI rims), Kukundara (sciatic notch—work around), Vṛhati (thoracic paraspinals), Pārśva-sandhi (costovertebral rings).

Method. Warm film; traction (not jab) at sacrum; forearm glides along erectors; oblique rib arcs; short, indirect holds near Kukundara; distal grounding via Talahridaya/Gulpha. Heat only if tissue is cool and non-inflamed.

2) Joint-related issues

A. Knee arthritis (Sandhigata Vāta)

Targets. Jānu (treat as a ring), Ūrvi (medial thigh bed), Ani (distal thigh), Indrabasti (calf corridor), Gulpha (ankle ring).

Method. Clear inguinal gate → ring-work at Jānu with warm oil → Ūrvi soft holds (avoid arterial pinch) → calf corridor flush → ankle traction → seated ankle/knee pumps. Heat is modest; avoid deep vertical pressure on the joint line.

B. Frozen shoulder (adhesive capsulitis)

Targets. Aṁsa (acromial complex), Aṁsa-phalaka (scapular plane), Kakṣādhara (axillary fold), Kūrpara (elbow line) as distal outflow.

Method. Side-lying; clear axilla (feather) → parascapular long glides → Akam inward centring toward glenoid → gentle scapular clocks → short holds at Aṁsa; finish with distal flush down the arm. Respect night-pain; keep tempo even for Pitta-hot phases.

3) Neuromuscular disorders

A. Sciatica (vyāna/apāna Vāta disturbance)

Targets. Kukundara (sciatic notch—no direct jab), Kaṭikā-tāruṇa (SI), Lohitākṣa (hamstring groove), Indrabasti (calf), Gulpha (ankle).

Method. Warm film; sacral decompression; glides along posterior chain; nerve-glide pairing (hip hinge + ankle dorsiflexion) while maintaining broad contact; finish with distal→proximal returns and Talahridaya hold. Pain should remain ≤ 4-5/10; any “electric” zing = broaden and back off.

B. Carpal tunnel & forearm tendinopathies

Targets. Maṇibandha (wrist ring—decompression), Kṣipra (thumb-index web), Talahridaya (palm), Indrabasti (forearm flexor corridor), Kūrpara (elbow ring), plus cervical Krikatikā if proximal tension persists.

Method. Minimal oil at wrist; oblique, short holds to soften retinacular tension; distal→proximal flush; avoid sustained compression over radial/ulnar pulses; finish with palm centre hold and neck decompression if indicated.

4) Digestive and respiratory applications via marma points

A. Digestive complaints (gastric irritability, bloating, sluggish bowels)

Lens. Annavaḥa srotas dysregulation with doṣa overlays: Vāta (irregularity/dryness), Pitta (heat/reflux), Kapha (heaviness/slowness).

Targets. Nābhi (umbilical hub—broad contact only), Apālapa/Apastambha (parasternal windows), Stana-mūla (breast root—caution, broad only), Gulpha/Talahridaya (grounding).

Method. Clockwise abdominal sweeps; narrowing, feather spirals toward Nābhi on exhale; rib-diaphragm arcs to free breath; distal seal. For Vāta: warmer oil and slower holds; for Pitta: neutral/cool media, avoid friction; for Kapha: brisker light strokes before belly work.

B. Respiratory patterns (stress breath, chest tightness, Kapha congestion)

Targets. **Hṛdaya** (precordial—broad only), **Apālapa/Apastambha** (parasternal), **Phana** (alar grooves), **Vidhura** (mastoid) for ear-sinus pressure, **Sthāpanī** for autonomic quieting.

Method. Cupped-palm rib waves on exhalation; lateral→medial chest sweeps that meet softly over sternum; feather holds at alar grooves to cue nasal airflow; finish with crown or palm-centre seal. Avoid percussion in hypertension, acute rib pain, or post-surgical chest.

5) Marmas for emotional release & stress-related imbalance

Rationale. Mano-vaha srotas and autonomic set-points shift quickly when safe touch meets breath and attention. Aim for **Sattva**: clarity and steadiness without over-arousal.

Core set. **Sthāpanī** (quiet mind), **Śaṅkha/Āvarta** (release brow/temple tension), **Ādhipati** (crown—light), **Hṛdaya** (heart—broad), **Nābhi** (gut-brain loop—broad), **Talahridaya** (palm/sole grounding).

Method. Sequence from distal (palm/sole) → midline (nābhi/heart) → head (glabella/temple/crown); holds time with exhalation; very few points (4-6) with long silent gaps. Signs of release: deeper exhale, warmth in hands/feet, spontaneous sigh/yawn/tears. Maintain consent, boundaries, and slow closure (sacrum→crown sweep, then seated finish).

Summary Tables

A) Condition → marma set → technique highlights

Condition	Primary marmas	Key technique choices	Avoid
Migraine/headache	Sthāpanī, Śaṅkha, Āvarta, Krikatikā, Talahridaya	Feather, cool/neutral oil, exhale-timed holds; suboccipital decompression	Carotid compression; heat stacking
Cervical spondylosis	Krikatikā, Mātrikā (oblique), Aṁsa, Aṁsa-phalaka	Side-lying, traction, scapular centring, long parascapular glides	Vertical force on neck joints
Lumbar spondylosis	Kaṭikā-tāruṇa, Vṛhati, Pārśva-sandhi, (around) Kukundara	Sacral decompression, forearm glides, rib arcs, distal grounding	Direct sciatic notch pressure
Knee OA	Jānu (ring), Ūrvi, Ani, Indrabasti, Gulpha	Warm oil, joint ring-work, calf corridor flush, ankle traction	Deep vertical on joint line
Frozen shoulder	Aṁsa, Aṁsa-phalaka, Kakṣādhara, Kūrpara	Axilla clear, parascapular glides, inward centring, scapular clocks	Aggressive end-range forcing
Sciatica	Kaṭikā-tāruṇa, (around) Kukundara, Lohitākṣa, Indrabasti, Gulpha	Posterior-chain glides, nerve-glide pairing, distal→proximal returns	Sharp, radiating provocation
Carpal tunnel	Maṇibandha, Kṣipra, Talahridaya, Indrabasti (forearm)	Oblique decompression, minimal oil, distal→proximal flush	Sustained artery compression
Digestive	Nābhi, Apālapa/Apastambha, Stana-mūla (broad), Talahridaya	Clockwise belly work; rib arcs; exhale-timed narrows to Nābhi	Vertical force on abdomen
Respiratory	Hṛdaya (broad), Apālapa/Apastambha, Phana, Sthāpanī	Cupped rib waves; gentle chest sweeps; alar holds	Percussion in HTN/post-surgery
Stress/emotion	Sthāpanī, Śaṅkha, Ādhipati, Hṛdaya, Nābhi, Talahridaya	4-6 points max; long silent holds; distal→midline→head	Fast chatter; too many points

B) Doṣa-guided dosing (modify any protocol)

Doṣa tilt	Oil & temperature	Pace/pressure	Extras
Vāta↑ (cold, erratic)	Warm sesame-based	Slow, steady; longer holds; traction > compression	Distal grounding (Talahridaya, Gulpha)

Doṣa tilt	Oil & temperature	Pace/pressure	Extras
Pitta↑ (hot, irritable)	Neutral/cooler media	Even tempo; avoid friction/heat	Cool cloth; shorter head work
Kapha↑ (heavy, puffy)	Light textures; brief dry/steam primer	Brisk-light strokes; seated finish	Wave sweeps; avoid long prone

C) Contraindications & precautions (always apply)

Area	Do not...	Do instead...
Agni marmas (Hṛdaya, Nābhi, Basti, Ādhipati)	apply vertical pressure or stacked heat	broad, breath-timed rests; very light contact
Neurovascular corridors (Dhamanī/Mātrikā)	sustain compression	oblique, feather contact; brief only
Hot, swollen joints; acute inflammation	heat, deep friction	cooling/neutral media; drainage at distance
Pregnancy (mid-late)	deep abdomen; deep leg compression	side-lying; light lymph; distal calming
Vascular anomalies (varicosities, suspected DVT)	local pressure	work around; elevate; refer on red flags

D) Session skeleton (repeatable in all conditions)

Screen red flags → Read doṣa/āma → Clear proximal gates →
Warm film & long glides → 4–6 marmas (oblique, breath-timed) →
Midline sweep → Seated finish → 1 movement + 1 breath homework

Practice vignettes (for self-study)

- Heat-throb temples after screens (Pitta migraine):** Neutral oil; Sthāpanī → Śaṅkha → Āvarta (each 2-3 slow exhales) → Krikatikā decompression → Talahridaya palm hold; dim light; finish seated.
- Morning-stiff knee with crepitus (Vāta-Kapha):** Brisk calf flush → warm Jānu ring-work → Ūrvi holds → ankle traction → knee pumps; avoid deep joint compression; short podi-kizhi only if non-inflamed.
- Cold-shooting buttock/leg (Vāta sciatica):** Sacral decompression → posterior chain forearm glides → hamstring groove (Lohitākṣa) holds → calf corridor → ankle nerve-glide with dorsiflexion → sole seal; no direct sciatic notch pressure.

Key take-aways

1. Choose **fewer, better** marmas; quality of contact trumps quantity.
2. Respect **tissue class** (māṃsa/sirā/snāyu/asthi/sandhi) and let it dictate angle and depth.
3. Keep **doṣa-appropriate dosing**: warm-slow for Vāta, cool-even for Pitta, brisk-light for Kapha.
4. End with a **midline sweep and a seated finish** to stabilise autonomics—and give one simple breath + movement anchor so gains last beyond the table.