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A conceptual analysis of *Marma Chikitsa* in *Avabahuka*

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ABSTRACT

Acharya Sushruta has classified *Avabahuka*, a disease of the *Amsa Sandhi* (shoulder joint), under the eighty varieties of *Vata Vyadhi*. *Amsa Shosha* (wasting of the shoulder) can be considered as the preliminary stage of the disease, where loss or dryness of *Sleshaka Kapha* from *Amsa Sandhi* occurs. Its growing prevalence in today's world necessitates efficient management with quick and long-lasting effects. Therefore, in such cases, *Marma Chikitsa*, an alternate *Ayurvedic* therapy, can be recommended. Multiple sittings are required for better results. *Avabahuka* can be treated with improvements, regardless of its severity or duration. In this study, emphasis is laid upon eight specific *Marma Sthana* (or energy points) for the management of *Avabahuka* by considering the related literature. This conceptual study may prove beneficial from the clinical and surgical point of view.

Key words: *Avabahuka*, *Marma Chikitsa*, *Ayurveda*, *Amsa Sandhi*

INTRODUCTION

In *Sharir Sthan*, sixth chapter, *Acharya Sushrut* has asserted that *Marma* is a confluence of *Mansa*, *Sira*, *Snayu*, *Asthi*, and *Sandhi*. Naturally, *Pran* resides at these points. Therefore, injury to any *Marma* may lead to serious consequences.^[1] In the ninth chapter of *Siddhisthana - Trimarmiya Siddhi*, *Acharya Charak* has explained that *Marma* is the points of the body where an association of *Chetna Dhatu* is found. Due to the association of *Chetna Dhatu* when these points get injured, the sensation of pain is felt most as compared

to other parts of the body.^[2] The detailed description of the disease *Avabahuka* is mentioned in *Sushruta Samhita*^[3] along with the *Samprapti* and *Rupa* in *Nidana Sthana*. The word *Avabahuka* is formed by two components namely *Ava* and *Bahuka*^[4]

Ava means: *Viyoga*, *Vikratau* which means dysfunction or separation.

Bahu means: means arms

अंसदेशस्थितो वायुः शोषयित्वांसबन्धनम्। शिराश्चाकुञ्च्य
तत्रस्थो जनयत्यवबाहुकम् ॥ सु०नि०१/८२

The vitiated *Vata Dosha* localizing in *Amsa Pradesh* and causing *Shoshana* of *Amsa Bandhan* as well as *Sirasamkocha* and leads to *Avabahuka*.^[5]

Avabahuka can be categorized as a local disease rather than a systemic disease and its cardinal features are as follows:

- *Bahupraspandithara* (restricted range of motion)
- *Amsabandhana Shosha* (wasting of shoulder muscles)

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▪ *Shoola* (pain)

Acharya Sushruta has described one hundred-seven *Marma*. The detail of *Marma* points used in the management of *Avabahuka* (Frozen Shoulder) are *Urdhva Sakha Gata Marma* and *Prishtha Gata Marma-Kshipra, Kurpara, Ani, Urvi, Kakshadhara, Amsa, Amsaphalak, Brihati*.

Avabahuka has become one of the most common health problems in our day-to-day clinical practice. Though the disease is present in the hand, it disturbs the daily routine and overall life of the patient. It affects the physical, mental, and social life of the patients. Hence there is a need to find immediate relief from *Avabahuka* and to avoid repeated surgeries, a conceptual study of *Marma Chikitsa* has been analysed. *Marma Chikitsa* is thought to provide significant relief by its specific mode of action in *Avabahuka*. Hence the present study is being undertaken to find out the most effective method to treat the disease.

Description of the *Marma* points being used for *Marma Chikitsa* of *Avabahuka* has been given below

Kshipra Marma

तत्र पादस्याङ्गुष्ठाङ्गुल्योर्मध्ये क्षिप्रं नाम मर्म, तत्र विद्वस्याक्षेपकेण मरणम्। (सु०शा० 6/24)

अङ्गुष्ठाङ्गुलिमध्ये क्षिप्रं तत्राक्षेपकेणमरणम्। (अ०सं०शा० 7/3)

Location	<i>Acharya Sushruta</i> ^[6] <i>Acharya Vriddha Vagbhatta</i> , and <i>Acharya Laghu Vagbhatta</i> stated that the location of <i>Kshipra Marma</i> is <i>Angushthaangulyomadhya</i> .
Number	Four, Two in upper limb and two in lower limb.
Measurement/Size	Width of half a finger. (About 1 cm)

Structural Anatomy	It is <i>Snayu Marma</i> in nature.
Prognostic Status	<i>Kalantar Pranahara Marma</i> .
Injury Results	An injury to this <i>Marma</i> leads to <i>Aksebaka</i> (clonic spasm or convulsions) and ultimately leads to death. Injury may cause quick loss of function of adduction and flexion of the thumb.
Anatomical Site /Surface Anatomy	Situated in between the thumb and index finger. This <i>Marma</i> is better felt on the dorsal part of the palm when the thumb and index finger are slightly abducted (separated) so that the space between them is widened.
Underlying important anatomical structures & their applied anatomy-	Dr. Ghanekar- <i>Kshipra Marma</i> is located in first intermetacarpal space and pointed that the first dorsal metacarpal artery is the main structure corresponding to this <i>Marma</i> . According to Dr. R.R. Pathak and Dr. V.S. Patil- 1. Tendon of adductor pollicis, 2. Tendon of deep portion of flexor pollicis brevis, 3. Branches of the radial artery in hand 4. Branches of deep volar/palmar arch 5. Arteria volaris radialis indicis,

	6. Digital branches of the median nerve,
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Kurpar Marma

Location	Acharya Sushruta ^[7] stated that <i>Kurpara Marma</i> is located in <i>Bahu</i> same as <i>Janu Marma</i> .
Number	Two, one in each upper limb
Measurement/Size	3 <i>Angula</i>
Structural Anatomy	It is <i>Sandhi Marma</i> in nature
Prognostic Status	<i>Vaiklyakar Marma</i> .
Injury Results	The injury to this <i>marma</i> causes <i>kunita</i> . The word <i>Kuni</i> means <i>Kubjitakara/ Sankucita Bahu Madhya/Bahu Pani Angula Kubjata/ Vikrtakara</i> . All this indicates towards the deformity of upperlimb leading to loss or restricted function.
Anatomical Site /Surface Anatomy	This <i>Marma</i> is situated at the junction of the forearm and arm. i.e at elbow joint. This <i>Marma</i> includes both elbow joint and superior radioulnar joint.
Underlying important anatomical structures & their applied anatomy-	All anatomists are of opinion that this <i>Marma</i> corresponds to both-elbow joint and superior radioulnar joint.

विशेषस्तु यानि सक्खि गुल्फजानुविटपानि, तानि बाहौ मणिबन्धकूर्पर कक्ष धराणि, यथा वङ्क्षणवृषणयोरत्तरे विटपमेवं वक्षः कक्षयोर्मध्ये कक्षघरं, तस्मिन् विद्वेत

एवोपद्रवाः, विशेषतस्तु मणिबन्धे कुण्ठता, कूर्पराख्ये कुणिः, कक्षधरे पक्षाघातः। (सुंशा० ६/२४)

Ani Marma

"जानुन ऊर्ध्वमुभयतरुयङ्घलम आणि नाम मर्म, तत्र शोफभिवृद्धिः स्तब्धता च।" (सुंशा० ६/२४)

"जानुनरुयङ्गुलादूर्ध्वमुभयतः आणि, तत्र शोफाभिवृद्धिस्तब्धसक्थिता च।" (अंसंशा० ७/३)

Location	According to Acharya Sushruta ^[8] the location of <i>Ani Marma</i> is three <i>Angula</i> above <i>Ani Marma</i> . This view is followed by <i>Ashtang Sangraha</i>
Number	Four, one in each limb
Measurement/Size	Half <i>Angula</i>
Structural Anatomy	It is <i>Snayu Marma</i> in nature.
Prognostic Status	<i>Vaiklyakar Marma</i> .
Injury Results	Injury to this <i>Marma</i> causes inflammation and numbness of the limb leading to loss of the function of the limb.
Anatomical Site /Surface Anatomy	This <i>Marma</i> is present three <i>Angula</i> above the <i>Kurpara Marma</i> .
Underlying important anatomical structures & their applied anatomy	Dr. Patil is of the opinion that the tendinous insertion of triceps is the structure corresponding to <i>Ani Marma</i> , while Dr. Pathak considered following structures in this <i>Marma-Profunda brachii</i> artery, Median nerve, Ulnar nerve, Radial nerve, Bicep, Triceps, Coracobrachialis

	Dr.Ghanekar considered biceps as the structure corresponding to the <i>Ani Marma</i> .
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Urvi Marma

ऊरुमध्ये ऊर्वी नाम, तत्र शोणितक्षयात्सक्थिशोषः।" (सु०शा० ६/२०१)

"सिरामर्मेदमेकाङ्गुल वैकल्यकरं च।" (डलहण, सु०शा० ६/२४)

Location	According to <i>Acharya Sushruta</i> ^[9] , <i>Acharya Vriddha Vagbhatta</i> , and <i>Acharya Laghu Vagbhatta</i> the location of <i>Urvi Marma</i> is <i>Bahumadhya</i> (same as <i>Urviuromadhya</i> in <i>Sakthi</i>)
Number	Four, one in each limb
Measurement/Size	one <i>Angula</i>
Structural Anatomy	It is <i>Sira Marma</i> in nature.
Prognosotic Status	<i>Vaiklyakar Marma</i> .
Injury Results	Trauma over this <i>Marma</i> causes blood loss and atrophy of the limb.
Anatomical Site /Surface Anatomy	This <i>Marma</i> is located in the middle of the arm above the <i>Ani Marma</i> . The whole length of the arm is sixteen <i>Angula</i> , so this <i>Marma</i> should be present at eight <i>Angula</i> from the <i>Kurpara Sandhi</i> .
Underlying important anatomical	Dr. Pathak is of opinion that the Brachial artery, Brachial vein, Median, and Ulnar nerve are present in close

structures & their applied anatomy	proximity on the upper part of the arm, this area should be accounted as <i>Urvi Marma</i> of the upper limb. Dr. Patil and Dr. Ghanekar is also of the same view of Dr. Pathak.
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Kakshadhara Marma

वक्षकक्षयोर्मध्ये कक्षधरं नाम, तत्र पक्षाघातः। (सु.शा.६)

वितपवच्च कक्षाक्षमध्ये कक्षधरः तत्र कुणित्वम्। (अ०सं०शा० 7/4)

Location	<i>Maharshi Sushruta</i> ^[10] <i>Acharya Vagbhatta</i> , (<i>Ashtang Sangraha</i> , <i>Ashtang Hridaya</i>) told the location in <i>Kakshamadhya</i> .
Number	Two, one in each limb
Measurement/Size	one <i>Angula</i>
Structural Anatomy	It is <i>Snayu Marma</i> in nature.
Prognosotic Status	<i>Vaiklyakar Marma</i> .
Injury Results	Trauma to this <i>Marma</i> causes paralysis of the whole upper limb.
Anatomical Site /Surface Anatomy	This <i>Marma</i> is situated at the junction of the thorax and shoulder joint. This is an area of two inches below the point joining the lateral 1/3rd and medial 2/3rd of the clavicle.
Underlying important anatomical structures & their applied anatomy-	Most of anatomists are of the opinion that this <i>Marma</i> corresponds to the region of the brachial plexus with axillary vessels. i.e. area of

	two inches below the point joining the lateral 1/3rd and medial 2/3rd of the clavicle. This region corresponds to the first part of the axillary artery i.e. between the outer border of the first rib to the proximal part of pectoralis minor.
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Amsa Marma

बहुमूर्धगीवामध्ये ऽसपीठस्कन्धनिबंधनावंसौ नाम, तत्र स्तव्यबाहुता ।(सु०शा००६/२६)

Location	According to <i>Sthana Maharshi Sushruta</i> ^[11] stated that <i>Amsa Marma</i> is situated between the <i>Bahumurdhagreeva Madhya</i> .
Number	Two
Measurement/Size	Half <i>Angula</i>
Structural Anatomy	It is <i>Snayu Marma</i> in nature.
Prognostic Status	<i>Vaiklyakar Marma</i> .
Injury Results	Loss of function of the arms.
Anatomical Site /Surface Anatomy	According to <i>Sushruta</i> , it is situated in between the arms, head, and neck which bind the shoulder blade and shoulder.
Underlying important anatomical structures & their applied anatomy	Dr. Ghanekar considered the ligaments of the shoulder joint and trapezius muscle. Dr. Ramraksha Pathak: He considered the Following structure are related to ' <i>Amsa marma</i> '

	Coraco clavicular ligaments Conoid ligament Trapezoid ligament Superior acromio-clovicolar ligament Coraco-acromial ligaments Dr. Patil suggested all ligaments of the shoulder joint in this <i>Marma</i> . He also accounted the acromioclavicular, coracoclavicular and coraco-acromian ligament in this <i>Marma</i> .
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Amsaphalaka Marma

पृष्ठोपरि पृष्ठवंशमुभयतस्त्रिकसंबद्धे अंसफलके नाम, तत्र बाहोः स्वापशोषौ । (सु०शा० ६/२६)

Location	<i>Maharshi Sushruta</i> ^[12] stated that <i>Amsaphalaka Marma</i> is situated on both side of <i>Pristhavansa</i> and is related to <i>Trika</i> .
Number	Two
Measurement/Size	Half <i>Angula</i>
Structural Anatomy	It is <i>Asthi Marma</i> in nature.
Prognostic Status	<i>Vaiklyakar Marma</i> .
Injury Results	Loss of tactile sensation and wasting of arms.
Anatomical Site /Surface Anatomy	According to <i>Sushruta</i> , it is situated at the upper part of the back on the two sides of the vertebral column and nearer to the <i>Trika</i> (meeting

	place of neck and shoulder, upper back.)
Underlying important anatomical structures & their applied anatomy	<p>Dr. Ghanekar has considered the part of the scapula above the spine of the scapula which includes the suprascapular nerve and the attachment to the muscle governing the movement of the shoulder joint.</p> <p>Dr. Ramraksha Pathak: According to him, this <i>Marma</i> is formed by the scapula, related <i>Marma</i>, and vessels.</p> <p>Dr. Patil considered the whole scapula under the heading of this <i>Marma</i>. He also considers the nerve of the bell supplying the serratus anterior as part of this <i>marma</i>.</p>

Brihati Marma

स्तनमूलाजुभयतः पृष्ठवंशस्यबृहती। (सु०शा० ६/२६)

Location	Acharya Sushruta ^[13] Brihati Marma is situated at the point on the level of Stanamoola on both side of Prushthavansha.
Number	Two
Measurement/Size	Half Angula
Structural Anatomy	It is <i>Sira Marma</i> in nature.
Prognostic Status	<i>Kalantar Pranhara Marma</i> .
Injury Results	Death from complication due to profound hemorrhage.

Anatomical Site /Surface Anatomy	According to <i>Susruta</i> , it is present in the same straight line from the fatal spot <i>Stanamula</i> on both sides of the vertebral column.
Underlying important anatomical structures & their applied anatomy	<p>Dr. Ghanekar considered subscapular and transverse cervical arteries in this <i>Marma</i>.</p> <p>Dr. Ramraksha Pathak: He considered the following structures as '<i>Brihati Marma</i>- The vessels at the hilum of liver</p> <p>The vessels at the hilum of the spleen</p> <p>Dr. Patil considered the base of the lungs and diaphragm and the bare area at the inferior angle of the scapula with subscapular artery/intercostal vessels behind the pleura in the intercostal space as the <i>Marma</i>.</p>

Probable mode of action of Marma Chikitsa

Marma Chikitsa is the precise art of touching an individual in exactly the right place at a critical moment of time^[14] It is an important tool of pranic healing. *Prana* in turn is connected with *Vata dosha*, which relates to deep-seated, chronic, and degenerative diseases like *Avabahuka*. It is one of the safest, non-invasive, and cheapest therapy of all. Also, this therapy has no side effects and no preparation is required before therapy. It even satisfies *Sushruta's* concept of *Hastamaeva Pradhantamam Yantram*. By the use of appropriate pressure over these *Marma* points, these vital and powerful points can be stimulated leading to biochemical changes in the brain as well as in the body, resulting in suppression of symptoms like pain,

stiffness, numbness, etc. The result is supposed to be immediate and long-lasting

Technique of Marma Chikitsa^[15]

Dr. Sunil Kumar Joshi has been working on Marma stimulation with a very simple method of giving pressure on these points; the rate of applying pressure is in accordance with the heart beat and respiratory rate.

This technique depends upon three basic things

1. Identification of Marma Sthana
2. Stimulating Marma Sthana in specific manner with the help of thumb and fingers
3. Relaxation of Marma Sthana

Five Marma points can be used bilaterally Kshipra, Kurpar, Ani, Urvi, Kakshadhar selected from upper limb (Urdhavahakhagata Marma) whereas Amsa, Amsaphalak, Brihati selected from back (Prusthagata Marma)

Treatment Protocol

The treatment involved the administration of Marma Chikitsa. The present study includes stimulation of 8 Marma points that is Kshipra, Kurpar, Ani, Urvi, Kakshadhara, Amsa, Amsaphalaka, and Brihati Marma & these will be stimulated 15-18 times on average in a single sitting.^[16] The details of the administration are as follows.

Duration of study: 10 days

Follow-up: 7th day

Table 1: Treatment Protocol

SN	Marma name	Stimulation Time	Frequency	Duration
1.	Kshipra	0.8 sec	15-18 Times	Twice a day
2.	Kurpar	0.8 sec	15-18 Times	Twice a day
3.	Ani	0.8 sec	15-18 Times	Twice a day
4.	Urvi	0.8 sec	15-18 Times	Twice a day
5.	Kakshadhara	0.8 sec	15-18 Times	Twice a day

6.	Amsa	0.8 sec	15-18 Times	Twice a day
7.	Amsaphalaka	0.8 sec	15-18 Times	Twice a day
8.	Brihati	0.8 sec	15-18 Times	Twice a day

- Steady and moderate pressure will be applied slowly and gently.
- Pressure will be increased gradually depending upon pressure strength.

CONCLUSION

The study concludes that *Marmas* mentioned in *Ayurveda* are of great importance from clinical and surgical perspectives. Further analysis is required on the neurological parameters related to different *Marmas*, as per the study. We must always consider these points during our treatment, and never ignore them. These energy points must be brought to our concern while practicing. In context of *Avabahuka* retrospective study of *Marma Chikitsa* need further research. Direct stimulation takes place through direct pressure of *Marma* (energy) points hence gives immediate results. This *Chikitsa* is quite palliative, easy and cost effective for the patient. A certain degree of tolerable pain is however felt by the patient during the Therapy. This pain is temporary and vanishes as soon as the therapy is withdrawn.

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