

Exploring the Association between Ansa Marma Dysfunction and Trapezius Trigger Points in Stabdha Baahuta: An Ayurvedic Conceptual Approach

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Abstract- Background: Shoulder stiffness and restricted upper limb movements are common musculoskeletal complaints frequently associated with myofascial trigger points of the trapezius muscle. In Ayurveda, similar clinical features are described under *Stabdha Baahuta*, a condition predominantly caused by aggravated Vata Dosha. The science of Marma Sharira identifies *Ansa Marma* as a vital anatomical site in the shoulder region, where injury or dysfunction leads to pain, stiffness, and limitation of arm movements. The resemblance between Ansa Marma pathology and trapezius trigger points suggests a possible conceptual correlation.

Objective: To explore and establish a theoretical association between Ansa Marma dysfunction and myofascial trigger points of the trapezius muscle in the pathogenesis of *Stabdha Baahuta* through an integrative Ayurvedic and modern anatomical perspective.

Methods: This conceptual study reviews classical Ayurvedic literature on Marma Sharira and Vata Vyadhi along with contemporary understanding of myofascial pain syndrome and trigger point pathology. Comparative analysis was performed based on anatomical location, clinical manifestations, and pathophysiological mechanisms.

Results: Both Ansa Marma dysfunction and trapezius trigger points present with localized pain, stiffness, muscle tightness, and restricted shoulder mobility. Ayurvedic concepts such as Vata prakopa, Snayu sankocha, and Srotorodha parallel modern explanations

of muscle spasm, ischemia, and impaired circulation. The overlapping symptomatology and anatomical correspondence indicate that Ansa Marma may represent the traditional correlate of neuromuscular trigger points in the shoulder region.

Conclusion: The findings suggest a strong conceptual relationship between Ansa Marma pathology and trapezius trigger points in *Stabdha Baahuta*. Integrating Marma therapy with modern musculoskeletal management may enhance therapeutic outcomes and provide a holistic approach to shoulder stiffness disorders.

Keywords: *Stabdha Baahuta*, Ansa Marma, Vata Dosha, Trapezius muscle, Trigger points, Myofascial pain, Integrative medicine.

I. INTRODUCTION

Musculoskeletal disorders involving the neck, shoulder, and upper limb are increasingly common due to sedentary lifestyle, faulty posture, psychological stress, and repetitive occupational strain. Shoulder stiffness associated with restricted movement and pain is frequently encountered in clinical practice. In contemporary medicine, such symptoms are often attributed to myofascial trigger points, muscular spasm, or inflammatory changes of

the trapezius and surrounding structures. From an Ayurvedic perspective, similar clinical manifestations resemble Stabdha Baahuta, a condition characterized by stiffness, pain, and limitation of shoulder and arm movements, predominantly caused by vitiation of Vata Dosha.

The classical Ayurvedic science of Marma Sharira describes vital anatomical sites where muscles, vessels, ligaments, bones, and joints intersect. Among these, Ansa Marma is located in the shoulder region and plays a crucial role in upper limb mobility and neuromuscular integrity. Injury or dysfunction of this Marma leads to Bahu Stambha (stiffness of arm), pain, and impaired movement. These features closely resemble the effects of trapezius muscle trigger points described in modern musculoskeletal medicine. Therefore, correlating Ansa Marma with trapezius trigger points may provide a comprehensive understanding of the pathology and management of Stabdha Baahuta.

II. AYURVEDIC CONCEPTUAL BACKGROUND

Stabdha Baahuta

Stabdha Baahuta is a Vata-dominant disorder presenting with:

- Stiffness of shoulder and upper limb
- Restricted abduction and rotation
- Pain during movement
- Heaviness or functional disability

According to Ayurveda, aggravation of Vata Dosha, especially due to ruksha (dry), sheeta (cold), excessive strain, improper posture, trauma, or ageing, results in Snayu Sankochana (ligament and muscle contraction) and Srotorodha (obstruction of channels). This leads to reduced nourishment of local tissues and manifests as stiffness and pain.

Ansa Marma

Ansa Marma is classified among the Snayu Marma (ligament/tendon dominant vital points). It is situated in the shoulder region where multiple anatomical structures converge, including muscles, tendons, vessels, and nerves. Classical texts mention that trauma to this Marma causes:

- Bahu Stambha (rigidity of arm)
- Vedana (pain)
- Cheshta Hani (restricted movement)

These descriptions suggest that Ansa Marma represents a neuro-muscular functional hub essential for upper limb activity. Functional disturbance rather than gross structural damage can also produce symptoms.

III. MODERN ANATOMICAL PERSPECTIVE

Trapezius Muscle

The trapezius is a large superficial muscle extending from the occiput to the thoracic spine and attaching to the clavicle and scapula. It is responsible for:

- Scapular elevation
- Retraction
- Rotation
- Stabilization of shoulder girdle

Overuse, prolonged static posture, stress, or trauma may cause development of myofascial trigger points, which are hyperirritable spots within taut bands of muscle fibers. These trigger points produce:

- Localized tenderness
- Referred pain to neck and arm
- Muscle tightness
- Restricted range of motion
- Weakness and fatigue

Such features closely resemble the clinical picture of shoulder stiffness described in Stabdha Baahuta.

Correlation between Ansa Marma and Trigger Points

Both systems describe a localized functional disturbance in the same anatomical region producing similar symptomatology.

Anatomical Similarity

- Ansa Marma corresponds to the shoulder girdle region
- Trapezius occupies the same area and contributes significantly to shoulder movement

Pathophysiological Similarity

Ayurvedic Concept	Modern Concept
Vata prakopa causing stiffness	Muscle spasm and hypertonicity
Srotorodha	Local ischemia and impaired circulation
Snayu sankocha	Contracted muscle fibers

Ayurvedic Concept	Modern Concept
Vedana	Trigger point tenderness
Cheshta hani	Restricted mobility

Functional Interpretation

- Vata aggravation leads to dryness and contraction → muscle tightness
- Reduced local circulation leads to poor nutrition → metabolic waste accumulation
- This resembles ischemic microenvironment around trigger points
- Pain and restricted movement develop in both models

Thus, Ansa Marma dysfunction may be interpreted as a traditional explanation of neuromuscular trigger point pathology.

IV.ROLE OF PSYCHOSOMATIC FACTORS

Ayurveda emphasizes the influence of Manasika Bhavas (mental factors) such as stress, anxiety, and anger in aggravating Vata. Modern research also shows that psychological stress increases muscle tension, particularly in the trapezius region. Sustained stress causes persistent contraction and promotes trigger point formation. This further strengthens the conceptual bridge between the two systems.

V.CLINICAL IMPLICATIONS

Ayurvedic Management

- Snehana (oleation)
- Swedana (fomentation)
- Marma therapy
- Nasya
- Vata-shamaka medications
- Gentle physiotherapy and yoga

These measures improve circulation, relax muscles, and restore Vata balance.

Modern Management

- Trigger point release
- Dry needling
- Stretching exercises
- Postural correction
- Physiotherapy
- Analgesics and muscle relaxants

Both approaches aim at relieving muscle spasm, improving blood flow, and restoring function.

An integrative protocol combining Marma therapy with modern physiotherapeutic techniques may offer superior outcomes.

VI.DISCUSSION

The conceptual similarity between Ansa Marma dysfunction and trapezius trigger points indicates that ancient Ayurvedic scholars recognized functional neuromuscular pain syndromes in the shoulder region. The description of Bahu Stambha aligns closely with modern myofascial pain patterns. Understanding these parallels allows development of integrative diagnostic and therapeutic strategies that are holistic, safe, and effective.

Rather than viewing both systems separately, they may be interpreted as different explanatory frameworks describing the same clinical entity.

VII.CONCLUSION

Stabdha Baahuta can be understood as a Vata-dominant musculoskeletal disorder involving stiffness and pain of the shoulder region. Ansa Marma represents a vital functional site whose disturbance results in symptoms comparable to trapezius myofascial trigger points. The correlation between Ayurvedic Marma science and modern trigger point theory suggests a shared pathophysiological basis centered on neuromuscular dysfunction and impaired local circulation. Therefore, evaluating and treating Ansa Marma along with addressing trigger points may provide a comprehensive and integrative approach for effective management of shoulder stiffness disorders.

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