

Marma Chikitsa in the Management of Acute Traumatic Sports Injury w.s.r to Elbow joint– A Case Report

Dr. Sanket Kaman¹, Dr Vinodkumar Bhorale², Dr Naikar Ashok³

¹ 2nd year pg scholar, Department of Shalya Tantra, N.K.J. Ayurvedic Medical College & P.G. Centre, Bidar, Karnataka, India.

² Assistant Professor, Department of Shalya Tantra, N.K.J. Ayurvedic Medical College & P.G. Centre, Bidar, Karnataka, India.

³ HOD and Professor, Department of Shalya Tantra, N.K.J. Ayurvedic Medical College & P.G. Centre, Bidar, Karnataka, India.

Abstract— Introduction: Marma are vital anatomical sites described in Ayurvedic classics where Mamsa, Sira, Snayu, Asthi, and Sandhi converge. Therapeutic stimulation of these points is known as Marma Chikitsa. Acute traumatic conditions often lead to pain and significant restriction of movements.

Aim and Objective: To evaluate the efficacy of Marma Chikitsa in managing acute pain and difficulty in movements following trauma.

Materials and Methods: A 16-year-old male presented with a history of trauma following a fall during kabaddi, associated with severe pain and marked restriction of joint movements of right Elbow. After initial stabilization, controlled stimulation of selected upper limb Marma points was performed for three consecutive days.

Results: Visual Analog Scale (VAS) score reduced from 9/10 to 0/10 within four days without pharmacological analgesics. Significant improvement in range of motion and functional activity was observed.

Conclusion: Marma Chikitsa may serve as a safe, effective, non-invasive adjunct therapy in managing acute pain and movement restriction.

Index Terms— Marma, Marma Chikitsa, Difficulty in Movements, Vata Vyadhi, Pain Management

I. INTRODUCTION

Marma are vital anatomical sites described in Ayurvedic classics where Mamsa, Sira, Snayu, Asthi, and Sandhi intersect. A total of 107 Marma points is described in classical texts such as Sushruta Samhita and Ashtanga Hridaya. Injury to these vital points can lead to severe pain, deformity, or functional

impairment depending on their anatomical significance.

Difficulty in movements (Cheshta Sanga) is commonly observed following trauma due to aggravated Vata Dosha, leading to pain, stiffness, and impaired functional mobility. Marma Chikitsa, through controlled stimulation of specific points, helps in regulating Vata, improving circulation, and restoring normal function.

Modern understanding correlates such conditions with soft tissue injury, muscle spasm, and joint dysfunction leading to restricted mobility and pain.

II. CASE DESCRIPTION

A 16-year-old male patient presented with complaints of: Severe pain in the upper limb

Difficulty in performing active and passive movements

Functional limitation in daily activities

The condition developed following trauma during sports activity. On examination, there was:

Local tenderness

Restricted range of motion

Guarding due to pain

III. INTERVENTION

Selected upper limb Marma points were stimulated using gentle, controlled pressure techniques. The procedure was performed once daily for three consecutive days.

IV. SELECTED MARMA POINTS: KSHIPRA, KURCHA, KURCHASHIRA, INDRABASTI, AND ANI.³

Each Marma point was stimulated 20 times per session using thumb pressure. Pressure duration corresponded approximately to one cardiac cycle. Immobilisation advised. No analgesic drugs were administered.



KSHIPRA



KURCHA



KURCHASHIRA



INDRABASTI



ANI

Table: Detailed Description of Selected Marma Points^{4,5}

S. No.	Marma Name	Classical Location	Type	Anatomical Correlation	Therapeutic Significance
1	Kshipra	Between thumb and index finger	Snayu Marma	First dorsal interosseous muscle, radial nerve branches	Peripheral pain modulation, neurosensory regulation
2	Kurcha	Base of thumb region	Snayu Marma	Thenar muscles, median nerve	Relieves stiffness, improves forearm muscle relaxation
3	Kurchashira	Between Kurcha and wrist joint	Snayu Marma	Flexor retinaculum and tendon sheaths	Reduces neural irritation and enhances circulation
4	Indrabasti	Mid-forearm lateral aspect	Mamsa Marma	Radial artery and forearm muscular compartments	Improves blood flow and reduces post-traumatic edema
5	Ani	Two anguli above medial epicondyle	Snayu Marma	Region near ulnar nerve and ligament attachments	Modulates elbow joint innervation and movement

V. ASSESSMENT CRITERIA

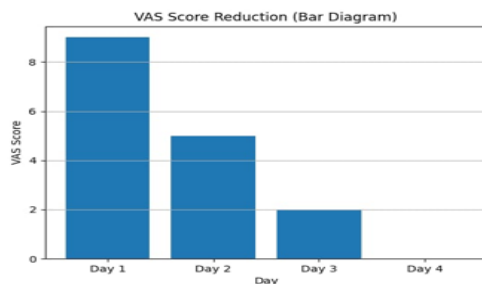
Pain: Visual Analog Scale (VAS)

Movement: Range of motion and functional ability

Overall Improvement: Clinical observation

VI. RESULTS

VAS score reduced from 9/10 to 0/10 with four days



S.No	Elbow Joint	Before	After
1	Pain	Present	Absent
2	Tenderness	Present	Absent
3	Temperature	Present	Absent
4	Flexion	30°	Complete
5	Extension	120°	180°

Significant improvement in range of motion

Restoration of functional activities without discomfort

No adverse effects observed



PATIENT HAD SEVERE PAIN AND DIFFICULTY IN MOVEMENTS



X-RAY DONE TO RULE OUT ANY FRACTURE



AFTER MARMA MANIPULATION

VII. DISCUSSION

Trauma leads to aggravation of Vata Dosha, which manifests as pain (Shoola) and restriction of movements (Cheshta Sanga). The sudden impact causes disturbance in Snayu (ligaments), Sandhi (joints), and Mamsa (muscles), resulting in impaired functional mobility. According to Ayurvedic principles, Vata is responsible for all movements (Cheshta), and its vitiation directly leads to stiffness, pain, and limited range of motion.

Marma Chikitsa acts by:

- Regulating Vata Dosha at the site of injury
- Enhancing local blood circulation (Rakta Pravartana)
- Reducing muscle spasm and stiffness
- Relieving pain through neuromodulation
- Promoting neuromuscular coordination and functional recovery
- Stimulation of Marma points may activate vital energy pathways (Prana Vaha Srotas), thereby restoring the balance of physiological functions. It also helps in removing localized obstruction (Srotorodha) and facilitates tissue healing.
- From a modern perspective, stimulation of specific Marma points may influence peripheral nerve endings,

improve microcirculation, and modulate pain pathways via central and peripheral mechanisms. This can be correlated with gate control theory of pain and release of endogenous opioids, leading to rapid analgesic effects.

Additionally, early restoration of movement prevents complications such as joint stiffness, muscle wasting, and chronic pain syndromes. The absence of pharmacological intervention in this case highlights the potential of Marma Chikitsa as a safe and cost-effective therapy.

VIII. CONCLUSION

Marma Chikitsa proves to be an effective, non-invasive, and drug-free therapeutic modality in the management of acute traumatic conditions presenting with pain and difficulty in movements. It provides rapid pain relief, improves range of motion, and restores functional ability without adverse effects.

The therapy not only addresses symptomatic relief but also corrects the underlying Vata Dushti, thereby promoting holistic recovery. Its simplicity, safety, and cost-effectiveness make it highly suitable for both acute and rehabilitative care settings.

However, further studies with larger sample sizes and controlled clinical trials are required to validate its efficacy and establish standardized treatment protocols. Integration of Marma Chikitsa with modern rehabilitation approaches may offer enhanced outcomes in musculoskeletal disorders.

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