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MARMA THERAPY FOR ALLEVIATING LOWER BACK PAIN AND SPASMS – A CASE STUDY

Ajayratna Anandrao Meshram[1]* and Sharadkumar Salunkhe[2]

[1]Final Year PG Scholar in Shalya Tantra Department, [2]Associate Professor, Shalyatantra Department, G.D Pol Foundation YMT Ayurvedic College and Hospital, Kharghar.

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***Corresponding Author**
Dr. Ajayratna Anandrao Meshram
Final year PG Scholar in Shalya Tantra Department, G.D Pol Foundation YMT Ayurvedic College and Hospital, Kharghar.

INTRODUCTION

- Marma Science is one of the extraordinary gems in the huge treasure of Ayurvedic knowledge. It represents the science of specific vital places in the body (Marmas), that are the 'seats of life' (Prana).[1]
- Prana is the vital life force that governs all the physical and subtle processes of a living being. As any injury to these parts may lead to severe pain, disability, loss of function, loss of sensation, or death,[2] therefore, they hold an important place in the science of surgery, wherein they are considered 'Shalya Vishayardha' (half of the entire science of surgery) (Sushruta Samhita Sharira Sthana 6/35).
- Acharya Sushruta states that Marma sthan, a very vital point, should not be injured and should be kept intact even while doing surgeries (Sushruta Samhita Sharira Sthana 6/21).[3]
- However, recent researches indicate that if any Marma point is inflamed or painful, then stimulating its nearby Marma points can help in alleviating this pain.[4]

This case study explores the effectiveness of Marma therapy, a traditional Ayurvedic healing technique, in treating lower back pain and spasms.

AIM AND OBJECTIVES

To study the role of Marma therapy in alleviating lower back Pain and Spasms.

MATERIALS AND METHODS

Conceptual study

Classification of methods of marma therapy

Themethods of Marma Therapy have been broadly classified into two categories, i.e. With Medicine (Pharmacological) and Without Medicine (Non-Pharmacological)as can be seen in Figure1.

Katika taruna marma – (Image 01 – yellow Dots)

Asthi marma, Kalantara pranahara, Extent – ½ angula. Site on both side of spinal cord in illiac part of pevic girdle. According to modern Science- Common iliac artery after bifurcation of abdominal aorta. Trauma of this Marma causes rigidity of back and lower limb due to compromise of its vascular supply, Haemorrhage, anemia and death.

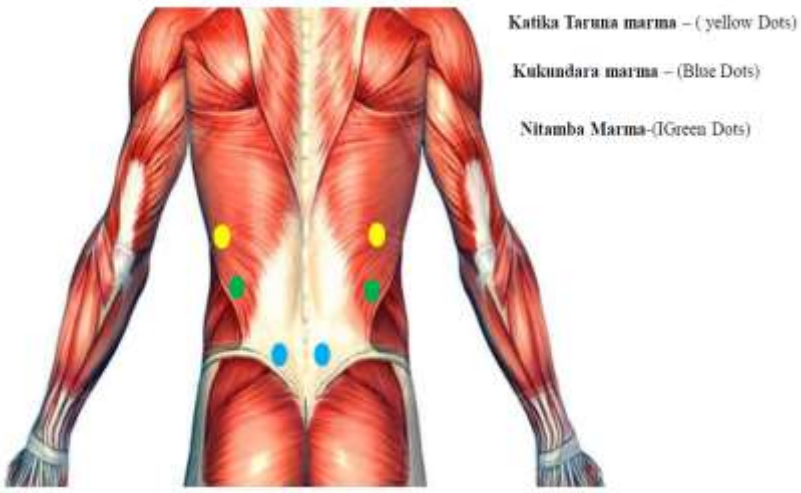
Kukundara marma – (Image 01 – Blue Dots)

Sandhi marma, extent -1/2 angula. Site - On both side of spinal cord below the sacroiliac joint. According to modern science the site may be Greater sciatic notch. The structures around it are periformis muscle, Superior gluteal vessel and nerve & Inferior gluteal vessel and nerve. It is Vaikalyakara marma and trauma on this marma will cause Sensory and motor function loss of lower half of body e.g. Paraplegia, foot drop, radiculopathy.

Nitamba marma- (Image 01 – Green Dots)

Asthi marma, Kalantara Pranahara marma, extent 1/2 angula. Underlying structures around it – Superior gluteal artery and nerve, Inferior gluteal artery and Nerve, & Sciatic Nerve. Trauma to this marma causes pain, stiffness, restriction of movements and muscle wasting of lower part of body and ultimately weakness weakness and death due to vascular

insufficiency, neuropathy, muscle wasting etc.



Gulpha Marma: Ankle joint Marma Point (Image 02)

Gulpha marma is situated on both sides of the ankle joint. It is located 2 fingers below the bony prominence of the ankle, in a semi- circular, arch shape. The Gulpha Marma, specifically, is said to affect the lower back by improving circulation, reducing inflammation, and easing pain. Treatment at this Marma may aid in alleviating back pain by encouraging the body's natural healing abilities and restoring physical harmony.

Methods

Inclusion criteria

- Patient who suffering from lower pain or Spasm
- Age Group 20-50 years
- Patient of all Gender
- Willing to give Consent for marma therapy

Exclusion criteria

- Patient who suffering from major illness that required treatment
- Lower back pain may be due to issues with the spine, vertebrae, nerves, and vessels that require surgical or medical management.
- Pregnant women and patient with illness will be excluded

Sample size

- 05 Patients

Investigation

- Lower back X-ray (To rule out bony or spinal problems and assess risk)
- If necessary, other required investigations will be performed as needed.

Duration

Pull and release, 20-25 times, 2-3 times a day for 2 weeks

Follow up

0^{th} day, 7^{th} day, Day 15^{th}

Treatment protocol

Marma stimulated and manipulated5 in Katishoola are **Nitamba, kukundara, & katikataruna**. Each marma is stimulated 20 times in the same rhythm starting from Nitamba then kukundara, then a katikataruna consecutively by press and release by same digital pressure and follow this manner twice a day for two weeks. Marma treatment will stimulate the vital points of body which will help in improvement of motions, influence healing process, stable the ligament, stimulate nerves and strengthen the muscle. In this process we apply a steady pressure on vital point or certain targeted points. This helps in the relieving the muscle spasm and decreasing the pain.

Gulpha Marma Inner aspect self-stimulation: (Image 04)

The person should be sitting on a chair in a relaxed state.Refere Image 02

- To stimulate the inner aspect of Right leg, you will need to use your left hand.
- To stimulate the outer aspect of Right leg, you will need to use your right hand.
- To stimulate the inner aspect of left leg, you will need to use your right hand.
- To stimulate the outer aspect of left leg, you will need to use your left hand

Gulpha Marma Outer aspect self-stimulation: (Image 05)

Sit comfotably on the chair with leg flexed and knee close to chest, stightly bend forward and use the sameside hand for same side leg to stimulate the Gulpha marma.

Make a hook shape with your hand, by bending the index finger and thumb and folding down the remaining three fingers into a fist. (Image 03) To stimulate the Gulpha marma, we mainly need to use the side of the index while the thumb is resting on the body bump of the ankle joint. Thumb supports the movement of the index finger, that needs to be pulled like a guitar string across the marma point from downwards to upward direction. When you are at the correct locaiton of marma point, you will feel that the finger is lifting on a rope like structure underneath the skin. Try not to rub on the same surface, as it may cause pain. You should be pulling the index finger in upwards direction and lifting your finger once reached closed to thumb and start again from bottom and pull upwards.

Assessment criteria

Pain during rest

- Grade 01 – No pain
- Grade 02 – Mild Pain
- Grade 03 – Moderate pain
- Grade 04 – Severe pain

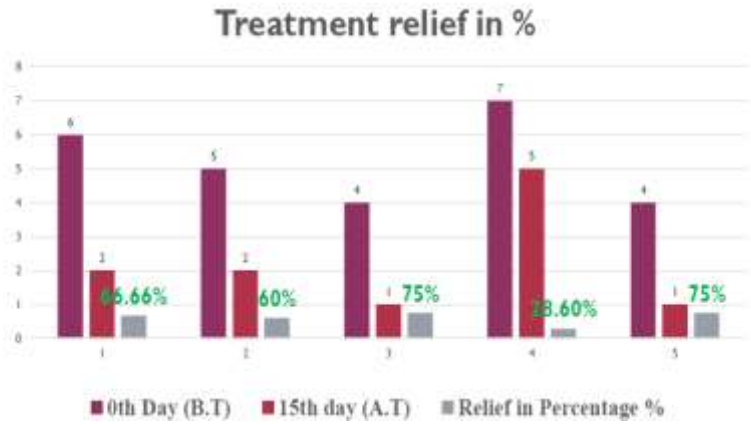
Pain during lumbar movement

- Grade 01 – walk without pain
- Grade 02 – Can walk with mild Pain
- Grade 03 – walk with moderate pain
- Grade 04 – Unable to walk due to pain

Master chart

Sr No	Assessment score			Difference	Relief in Percentage %
	0^{th} Day (B.T)	7^{th} Day	15^{th} day (A.T)	(B.T –A.T)	
1	06	05	02	04	66.66 %
2	05	03	02	03	60 %
3	04	01	1	03	75 %
4	07	06	05	02	28.60 %
5	04	02	1	03	75 %

OBSERVATION AND RESULTS



1. Patient 1 started with a score of 6 (Indicating the severity of pain or dysfunction) on the 0th day. By the 15th day, their score reduced to 2, showing a substantial improvement. The difference in scores is 4, which translates to a 66.66% relief in symptoms.
2. Patient 2 had an initial score of 5. This score decreased to 2 by the 15th day. The difference here is 3, with the treatment providing a 60% relief in symptoms.
3. Patient 3 began with a score of 4, which decreased to 1 by the 15th day, a difference of 3. This patient experienced a 75% relief in symptoms, which signifies a considerable response to the treatment.
4. Patient 4 had a starting score of 7, the highest among the group, indicating more severe symptoms. By the 15th day, the score reduced to 5, with a smaller difference of 2 compared to others. This resulted in a 28.60% relief, suggesting a less significant response to the treatment.
5. Patient 5 had an initial score of 4, which improved to 1 by the end of the treatment period. The difference of 3 points also leads to a 75% relief in symptoms, marking significant improvement.

Overall, patients 1, 2, 3, and 5 show substantial improvement, as indicated by the high percentage of relief. Patient 4 shows some improvement but to a lesser extent than the others.

DISCUSSION

Recent studies, including clinical case analyses, suggest that Marma therapy alone can be effectivein reducing lumbar pain and improving patients' quality of life. Patients often report decreased pain intensity and improved functional status following a series of treatments. This

is particularly significant in chronic cases where conventional treatments have had limited success or resulted in undesirable side effects.

However, while Marma therapy has demonstrated potential as a standalone treatment, it is important to recognize that a multimodal approach to lumbar pain is often more beneficial. Integrating Marma therapy with other therapeutic interventions—such as physical therapy exercises, pharmacological management, and lifestyle modifications—may enhance outcomes. The synergistic effect of combining Marma therapy with conventional medical treatments can lead to a more comprehensive management of lumbar pain, potentially reducing the need for invasive procedures and long-term medication use.

CONCLUSION

In conclusion, while Marma therapy has shown effectiveness in managing lumbar pain, its integration with other treatment modalities can lead to a more robust and effective management strategy. Further research, through randomized controlled trials and long-term follow-up studies, is essential to establish the most effective protocols for combining Marma therapy with other treatments and to understand its role within the broader healthcare system.