

**THERAPEUTIC EFFICACY OF MARMA CHIKITSA IN THE  
MANAGEMENT OF INSOMNIA: A CASE STUDY****Dr. Saloni Chauhan<sup>\*1</sup>, Dr. Rita Marwaha<sup>2</sup>, Dr. Pankaj Gupta<sup>3</sup>, Dr. Nisha Bhalerao<sup>4</sup>**<sup>1</sup>Post Graduate Scholar, <sup>2</sup>Prof. and HOD, <sup>3</sup>Associate Prof., <sup>4</sup>Associate Prof.<sup>1</sup>PG Dept. of Rachna Sharir, Pt. KLS Govt. Ayurveda College, Bhopal,  
Madhya Pradesh, India.<sup>2</sup>PG Dept. of Rachna Sharir, Pt. KLS Govt. Ayurveda College, Bhopal,  
Madhya Pradesh, India.<sup>3</sup>PG Dept. of Rachna Sharir, Pt. KLS Govt. Ayurveda College, Bhopal,  
Madhya Pradesh, India.<sup>4</sup>PG Dept. of Rachna Sharir, Pt. KLS Govt. Ayurveda College, Bhopal,  
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Rachna Sharir, Pt. KLS Govt.  
Ayurveda College, Bhopal,  
Madhya Pradesh, India.**How to cite this Article** Dr. Saloni Chauhan<sup>\*1</sup>, Dr. Rita Marwaha<sup>2</sup>, Dr. Pankaj Gupta<sup>3</sup>, Dr. Nisha Bhalerao<sup>4</sup>. (2026). Pg Dept. of Rachna Sharir, Pt. kls govt. Ayurveda College, Bhopal, Madhya Pradesh, India. World Journal of Pharmaceutical Research, 15(2), 686-693.

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**ABSTRACT**

**Background:** Insomnia is a common clinical condition characterized by difficulty in falling asleep, difficulty in staying asleep, problem waking up too early and not be able to get back to sleep accompanied by symptoms such as irritability or fatigue during wakefulness. The prevalence of insomnia is 25.7% in India. Marma chikitsa is known for their natural, non-invasive, instant and permanent method of healing. The proper stimulation of Marma points can be used to enhance blood circulation, calms the mind and helps to flow positive Prana (energy) through the various channels, and this Prana manage to treat diseases. **Material and methods:** A 44 year old female patient came to the opd of Pt. Khushilal Sharma Ayurveda College & Hospital Bhopal(MP) with complaints such as sleeplessness, irritability and fatigue since 2 years. She was on and off Ayurvedic medications above mentioned problems for past year but did not get any significant relief. And Insomnia

severe index(ISI) score is 16 (indicates moderate severity). The patient was treated with Marma chikita for 14 days. **Result:** After treatment she got significant relief in her ISI Parameter. **Conclusion:** The study suggested that Marma chikitsa is used for relieving symptoms of Insomnia.

**KEYWORDS:** Insomnia, Nidranasha, Anidra, Ayurveda Marma chikitsa, Sleep disorders.

## INTRODUCTION

Insomnia, often described as a difficulty in initiating or maintaining sleep, is one of the most prevalent sleep disorders affecting modern populations. Individuals experiencing insomnia commonly report challenges such as delayed sleep onset, frequent night-time awakenings, or non-refreshing sleep, all of which interfere with normal day-to-day activities. Psychological factors including stress, fear, anger, persistent worry, and anxiety play a prominent role in the development and continuation of insomnia. Over time, disturbed sleep contributes to impaired cognitive performance, reduced emotional stability, and may increase the risk of several physical and mental health disorders. Recent research indicates that about 25.7 % of the Indian adult population experience insomnia symptoms, based on a 2025 systematic review of Indian sleep studies.<sup>[1]</sup>

In Ayurveda classics, insomnia is described as Nidranasha or Anidra, a condition resulting from disturbance of normal sleep physiology. Nidra is considered one of the *Traya Upastambha* and is essential for maintenance of physical strength, mental equilibrium, and longevity. Classical texts state that aggravation of Vata dosha, along with involvement of Rajas and Tamas, plays a major role in the pathogenesis of Nidranasha. Excessive mental stress, fear, anger, worry, grief, irregular dietary habits, night awakening, overexertion, fasting, and suppression of natural urges are described as causative factors leading to instability of mind and nervous system hyperactivity.<sup>[2]</sup> Ashtanga Hridaya explains that depletion of Kapha and dominance of Vata result in loss of grounding and relaxation required for sleep.<sup>[3]</sup>

Marma Chikitsa, an important Ayurvedic therapeutic modality, acts by stimulating vital marma sthanas that serve as seats of Prana. Gentle stimulation of these points helps pacify Vata, calm the mind, regulate pranic flow, and promote relaxation, thereby supporting restoration of normal sleep patterns and improving sleep quality.

### Case

A 44-year-old Female presented to the OPD of Pt. Khushilal Sharma Ayurveda College & Hospital, Bhopal (M.P.) with complaints of sleeplessness, irritability, and fatigue persisting for last Two years. She reported experiencing significant stress related to personal and family responsibilities during this period. She has no significant past Medical history of diabetes mellitus, hypertension and bronchial asthma.

### General examination of patient

Weight – 56kg

Height – 5 feet 1 inch

Heart Rate -73/min

R/R -19/min

B.P.- 110/70 mm Hg.

### Personal history

Appetite- Normal

Bowel – Irregular

Sleep- Disturbed

Micturation- Normal.

### Treatment protocol<sup>[4]</sup>

The treatment involved the administration of *Marma Chikitsa*. The following Marma points were stimulated: *Sthapani*, *Shankha*, *Seemanta*, *Shrangataka*, *Vidhur*, and *Adhipati Marma* these *Marma* was stimulated 15-18 times on average in a single sitting. The details of the administration are as follows.

**Duration of study:** 14 days

**Follow up-** 7 day

Sr. No.	Marma Sthana	Stimulation time	Frequency	Duration
1.	Sthapni Marma	0.8 sec	15-18 times	Once a day
2.	Shankha Marma	0.8 sec	15-18 times	Once a day
3.	Seemanta Marma	0.8 sec	15-18 times	Once a day
4.	Shrangataka Marma	0.8 sec	15-18 times	Once a day
5.	Vidhur Marma	0.8 sec	15-18 times	Once a day
6.	Adhipati Marma	0.8 sec	15-18 times	Once a day

A steady and moderate pressure was applied slowly and gently pressure was increased gradually depending upon patient strength.



**Stimulation of Head Marma**

**Criteria for assessment-** Based on improvement in sign & symptoms reported by the patient. Scoring adopted for insomnia is Insomnia severity index scale Where a total score ranging from 0-7 indicates no clinically significant insomnia, 8-14 is considered subthreshold insomnia, 15-21 signifies clinical insomnia (moderate severity), 22-28 represents clinical insomnia (severe).<sup>[5]</sup>

**Table No. 1: Difficulty in falling asleep.**

Sr. no.	Difficulty in falling asleep	GRADE
1	None	0
2	Mild	1
3	Moderate	2
4	Severe	3
5	Very severe	4

## 2. Difficulty in staying asleep (Last 2 weeks)

Sr. no.	Difficulty in staying asleep	GRADE
1	None	0
2	Mild	1
3	Moderate	2
4	Severe	3
5	Very severe	4

**3. Problem waking up too early (last 2 weeks)**

Sr. no.	Problem waking up too early (last 2 weeks)	GRADE
1	None	0
2	Mild	1
3	Moderate	2
4	Severe	3
5	Very severe	4

**4. Satisfaction\Dissatisfaction**

Sr. no.	How satisfied are you with your current sleep pattern?	GRADE
1	Very Satisfied	0
2	Satisfied	1
3	Neutral	2
4	Dissatisfied	3
5	Very Dissatisfied	4

**5. Daily functioning interference**

Sr. no.	does your sleep problem interfere with daily functioning?	GRADE
1	A little	0
2	Somewhat	1
3	Much	2
4	Very Much interfering	3
5	Not at all interfering	4

**6. Noticeability**

Sr. no.	How noticeable is your sleep problem to others?	GRADE
1	Not at all noticeable	0
2	Barely	1
3	Somewhat	2
4	Much	3
5	Very Much noticeable	4

**7. Worried/Distressed**

Sr. no.	How worried/distressed are you about your sleep problem?	GRADE
1	Not at all	0
2	A little	1
3	Somewhat	2
4	Much	3
5	Very Much	4

Guidelines for Scoring Interpretation: Add scores for all seven items (1+2+3+ 4+5+6+7)

Total score ranges from 0-28

0-7= No clinically significant insomnia

8-14= Subthreshold insomnia

15-21= Clinical insomnia (moderate severity).

22-28= Clinical insomnia (severe).

## RESULT

Insomnia Severity Index reduced to a range of 0-7 from range of 15-21, which shows significant relief in the signs and symptoms of clinical insomnia (moderate severity) to no clinically significant insomnia.

## OBSERVATIONS

Diagnostic criteria	Before treatment	After treatment
Difficulty falling asleep	Grade 2	Grade 0
Difficulty staying asleep	Grade 2	Grade 1
Early awakening	Grade 2	Grade 1
Dissatisfaction	Grade 2	Grade 1
Noticeability	Grade 2	Grade 0
Functional impairment	Grade 3	Grade 1
Distress	Grade 3	Grade 1
<b>Sum Total</b>	<b>Grade 16</b>	<b>Grade 5</b>

## DISCUSSION

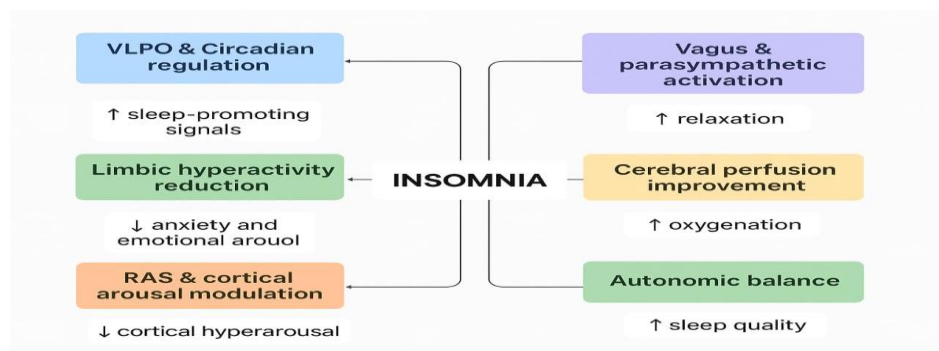
The case demonstrates how Marma Chikitsa can be used therapeutically to treat insomnia. The benefits that have been reported could be explained by the following mechanisms.

1. Neuro-modulation: By promoting parasympathetic dominance, which promotes sleep, stimulating these regions may balance the autonomic nervous system.
2. Decrease of Vata Dosha: According to Ayurveda, insomnia is frequently caused by a vata imbalance. Warm, luscious oils are applied during Marma stimulation to assist soothe the nervous system and appease Vata.
3. Mindbody relaxation: By lowering cerebral overactivity and encouraging deeper restorative states, the process naturally incorporates awareness.
4. Holistic integration: By combining breath control, focused awareness, physical contact, and aromatic oils, a multisensory therapeutic experience is provided that strengthens the regulation of the circadian cycle.

### Neuroanatomical perspectives and Mechanisms of Marma chikitsa in the management of insomnia<sup>[5]</sup>

Marma	Neuroanatomical Correlation	Mechanism in Insomnia Relief
Sthapani (Glabellar Region)	Frontal cortex (prefrontal area), VLPO (Ventrolateral preoptic nucleus), hypothalamus	Modulates VLPO activity, enhances sleep-promoting pathways, regulates circadian rhythm via hypothalamus-pineal axis
Shankha (Temporal region)	Temporal lobe, amygdala, hippocampus	Reduces limbic system hyperactivity, decreases anxiety and emotional arousal, facilitating sleep onset
Simanta (Cranial sutures)	Dura mater, cerebral cortex, meningeal vessels	Influences Reticular activating system (RAS), reduces cortical hyper-arousal, promotes relaxation
Shrungataka (Convergence of sense organs)	Cavernous sinus, cranial nerves (III, IV, V1, V2, VI), parasympathetic fibers	Enhances parasympathetic activity via cranial nerves pathways, regulates autonomic balance, supports initiations of sleep
Adhipati (Crown of head)	Parietal cortex, superior sagittal sinus	Improves cerebral circulation, reduces cortical hyperactivity, promotes smooth transition to deeper sleep states
Vidhura (Behind the ear)	Mastoid process, auricular branch of vagus nerve, facial nerve	Increases parasympathetic tone, decreases sympathetic overactivity, promotes deep relaxation and restful sleep

This integrative framework is based on emerging theoretical models and recent literature correlating Ayurvedic Marma points with neuroanatomical structures.





## CONCLUSION

Marma Chikitsa showed significant effectiveness in the management of insomnia, as evidenced by the reduction in Insomnia Severity Index scores from moderate clinical insomnia (15–21) to no clinically significant insomnia (0–7). This indicates substantial relief in the signs and symptoms of insomnia and supports the therapeutic potential of Marma Chikitsa as a safe, non-pharmacological intervention.

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