



# MARMA CHIKITSA: ANCIENT THERAPY IN FROZEN SHOULDER A CASE STUDY

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## ABSTRACT

*Adhesive capsulitis, or frozen shoulder, presents significant challenges in orthopedics due to its debilitating effects on joint mobility and function. While some cases resolve within 1-3 years, others experience long-term restrictions in range of motion (ROM) lasting up to a decade. Traditional treatments often entail prolonged interventions with varying degrees of success. However, the study introduces Marma therapy as a promising alternative.*

*Marma therapy involves applying digital pressure to specific energy points, known as Marma points, to stimulate healing and balance within the body. In this study, Marma therapy targeted key Marma points—Kshipra, kurpara, Kakshadhara, and Amsa—to address symptoms of Adhesive capsulitis. The method was administered twice daily, with each Marma stimulated rhythmically in accordance with respiration for 15 repetitions per session.*

*Results showed significant improvements across various parameters immediately following Marma therapy, with further enhancements observed at one-week and one-month follow-ups. Reductions in pain and joint stiffness were notable, alongside remarkable increases in ROM for flexion, extension, abduction, adduction, external rotation, and internal rotation.*

*The findings suggest that Marma therapy offers a rapid, cost-effective, and non-invasive approach to treating Adhesive capsulitis. Its efficacy in alleviating symptoms and improving ROM underscores its potential as a*

valuable adjunct or alternative to conventional treatments. Additionally, its accessibility and ease of use make it an attractive option for patients seeking relief from frozen shoulder.

However, while the results are promising, further research is warranted to validate the long-term effectiveness and compare Marma therapy with existing treatment modalities. Additionally, considerations should be made regarding the variability of individual responses and the need for personalized treatment protocols. Nonetheless, the study provides valuable insights into the potential benefits of Marma therapy in managing Adhesive capsulitis, offering hope for patients seeking alternative approaches to rehabilitation and pain management.

**Keywords:** Marma chikitsa, Avabahuka, Frozen shoulder, Adhesive capsulitis.

## INTRODUCTION

Ayurveda stands as India's ancient healing tradition, offering profound insights into mind-body medicine and natural living. Its Sanskrit name, "Ayurveda," translates to "the science of life," encapsulating its holistic approach to well-being. Today, Ayurveda is celebrated for its array of therapies encompassing diet, herbs, lifestyle adjustments, and yoga, all aimed at fostering longevity, happiness, wisdom, and harmony with the universe.

Within Ayurvedic teachings lies Avabahuka, a condition affecting the arm, derived from the Sanskrit words "Ava" (arm) and "Bahuka" (dysfunction). Avabahuka manifests as dysfunction within the shoulder joint, characterized by symptoms like pain (sandhi sula), stiffness (Sandhi graha), and restricted movement (Bahuprasapanda haratvam). Ayurvedic texts, notably in the Vatavyadhi chapter, detail the clinical features and management of Avabahuka, placing it within the broader context of Vata disorders.

This ancient wisdom recognizes Avabahuka as a disruption in the Ansa sandhi, or the junction of the shoulder joint, reflecting an intricate understanding of musculoskeletal health. Ayurvedic interventions for Avabahuka may include herbal remedies, therapeutic oils, specialized massages, dietary adjustments, and lifestyle modifications tailored to restore balance and function to the affected arm.

Ayurveda's holistic perspective acknowledges the interconnectedness of the body, mind, and spirit, viewing health as a harmonious integration of these elements. Avabahuka serves as a testament to Ayurveda's comprehensive approach to healing, addressing not just the physical symptoms but also considering the underlying imbalances in the body's energy systems.

In essence, Ayurveda's wisdom extends beyond mere treatment protocols, embodying a profound philosophy of life that emphasizes balance, harmony, and alignment with the natural rhythms of existence. Avabahuka, within this framework, represents an opportunity for restoration and transformation, inviting individuals to reclaim vitality and well-being through the timeless principles of Ayurveda.

## अंसदेशस्थितो वायुः शोषयित्वाऽसबन्धनम्। सिराश्चाकुञ्च्य तत्रस्थो जनयत्यवबाहुकम्॥ (SU.NI.1)

Vatavyadhi is one among Astamahagada is itself explanatory with regard to the consequence caused by Avabahuka<sup>i</sup>

In madhukosh teeka of madhava nidan it is mentioned that ansa shosh is produced by dhatu kshaya (vataj) and avabahuk is vata kapha janya.<sup>ii</sup> Avabahuka can be corelated with frozen shoulder (Adhesive capsulitis). In 1934, Codman coined the term Frozen shoulder, and in 1945, Neviasser gave the name adhesive capsulitis.

**Definition:** It is defined as a clinical syndrome characterized by painful restriction of both active and passive shoulder movements due to cause within the shoulder joint or remote.

**Pathology:** Repeated abduction and overhead activities place strain on the long head of the biceps and rotator cuff muscles, leading to inflammation and fibrosis of the shoulder capsule. This process causes thickening of the capsule, resulting in restricted movement of the shoulder joint. If the movement persists despite the fibrosis, the tissue gradually breaks down, allowing some movement to return. However, the shoulder's range of motion never fully returns to normal due to the residual effects of the fibrosis. This highlights the importance of addressing shoulder issues promptly and modifying activities to prevent further damage. Physical therapy, anti-inflammatory medications, and lifestyle adjustments can help manage symptoms and prevent worsening of the condition.

### Clinical stages:

#### Stage 1(stage of pain):

patient complain of acute pain, decreased movements, external rotation greatest involved followed by abduction and then forward flexion. Internal rotation least affected. this stage lasts for 10-36 weeks.

#### Stage 2 (stage of stiffness):

In this stage, pain gradually decreases and the patient complains of stiff shoulder. This last for 4-12 months.

#### Stage 3 (stage of recovery):

patient will have no pain and movement would have recovered but will never be regained to the normal. It last for 6 months to 2 years.<sup>iii</sup>

Marma therapy is indeed an ancient system of healing rooted in Ayurveda, the traditional medicine of India. The term "Marma" originates from the Sanskrit word "mru," meaning "to kill" or "to die," emphasizing the vital

significance of these points in the body. Marma points are considered vital energy centers associated with organs, nerves, and other physiological functions.

Marma therapy holds similarities to acupuncture and acupressure in other traditional healing systems, as they all focus on manipulating specific points on the body to restore balance and promote health. In Ayurveda, the practice involves identifying and treating 107 Marma points, each with its unique therapeutic significance.

The therapeutic effects of Marma therapy extend beyond physical touch, influencing the body's biochemistry and triggering profound changes in one's overall well-being. Re-channelizing the flow of Prana, or vital life force, through these Marma points is believed to promote healing and restore harmony to the body, mind, and spirit.

However, it's crucial to approach Marma therapy with caution and respect, as injury to these vital points can have serious consequences. Proper training and guidance from experienced practitioners are essential to ensure safe and effective treatment.

Overall, Marma therapy stands as a testament to the profound wisdom and holistic approach of Ayurveda, offering a unique and powerful method for promoting health, healing, and vitality.

### **CASE REPORT**

The case presents a 50-year-old male with complaints of severe left shoulder pain, stiffness, and restricted range of movement persisting for a year. There's no history of trauma, and pain decreases with hot fermentation, yet stiffness and range of movement remain unaffected. The patient has a history of diabetes mellitus (DM) for two years, managed with Tab. Gylcomet GP-1. No tobacco/smoking use reported, and family medical history is non-contributory. Recently, the pain worsens at night, severely impacting daily activities despite consulting allopathic and orthopedic doctors and using NSAIDs without relief.

Given the chronicity and complexity of symptoms, the case requires a comprehensive assessment. In Ayurveda, such symptoms may correlate with Avabahuka (frozen shoulder), characterized by pain, stiffness, and restricted movement. Management could involve Ayurvedic therapies like Marma therapy, herbal medications targeting inflammation and pain, and lifestyle modifications to manage diabetes and enhance joint mobility. Additionally, addressing any underlying doshic imbalances and optimizing the patient's overall health may support long-term recovery. Collaboration between Ayurvedic and allopathic practitioners can ensure a holistic approach to treatment, addressing both the symptoms and underlying factors contributing to the patient's condition. Regular follow-up and monitoring are essential to track progress and adjust treatment as needed.

On examination Range of movement found restricted.

**Radiological examination: Shoulder AP View**

- No Any abnormality was found.
- No e/o fracture or dislocation. Joint space appears normal.
- No e/o lytic/ sclerotic lesion.
- No soft tissue swelling. Bony mineralization is normal.

**Examination of the shoulder joint:**

- Muscle tone – normal.
  - Deformity- Not found.
  - Swelling-Absent.
  - Temp – increased.
  - Crepitus – Not found.
- No any Scar, Sinus, Hyper laxity of joints.


**Investigation:**

INVESTIGATION	Value of INVESTIGATION
Haemoglobin	12.2 g/dl
Total wbc count	7700/ cmm
platelet count:	194000/cmm
Bleeding Time	1 min 50 sec,
Clotting Time	3 min 26 sec
RBS	130 mg/dl
HIV/ HBsAg/VDRL	Non-reactive

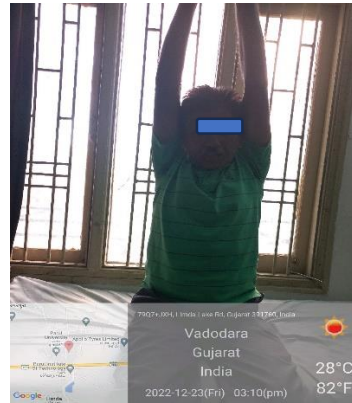
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**HEMOGRAM**

Test Name	Result	Units	Biological Reference Interval
Hemoglobin :	12.2	g/dl	[13.0-18.0]
Total RBC Count :	5.62	mill/cmm	[4.7-6.0]
<b>Blood Indices</b>			
P.C.V. :	37.8	%	[42-52]
M.C.V. :	67.28	femtolitre	[78-102]
M.C.H. :	23.24	pg	[27-31]
M.C.H.C. :	32.3	g/dl	[32-36]
R.D.W. :	17.7	%	[11.5-14.0]
Total WBC Count :	7700	/cmm	[4000-10000]
<b>Differential WBC Count</b>			
Polymorphs :	59	%	[50 - 70]
Lymphocytes :	32	%	[20 - 40]
Eosinophils :	05	%	[1 - 4]
Monocytes :	04	%	[2 - 6]
Basophils :	00	%	[0 - 1]
Platelet Count :	194000	/cmm	150000-450000
<b>Coagulation Test</b>			
<b>Test Name</b>			
Bleeding Time (BT) :	1 min 50	sec	[ Up to 5 min]
Clotting Time (CT) :	3 min 26	sec	[ Up to 9 min]



**BEFORE MARMA CHIKITSA      DURING TREATMENT      IN FOLLOW UP/ AFTER TREATMENT**



**Criteria of Assessment:**

- Ansha Shula (Shoulder pain)
- Ansha grah (Shoulder stiffness)
- Bahupraspanda Haratvam (Restricted range of movement) of Shoulder joint

**PAIN:** It is assessed by medical research council grading of pain by (Shoulder pain and its disability index (SPADI)<sup>14</sup> 12 Shoulder Pain and Disability Index (SPADI).

Circle the number that best describes your pain where: 0 = no pain and 10 = the worst pain imaginable<sup>iv</sup>

**Table No:01 SPADI PAIN SCORE**

At its worst?	0	1	2	3	4	5	6	7	8	9	10
When lying on the involved side?	0	1	2	3	4	5	6	7	8	9	10
Reaching for something on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Touching the back of your neck?	0	1	2	3	4	5	6	7	8	9	10
Pushing with the involved arm?	0	1	2	3	4	5	6	7	8	9	10

**Disability scale<sup>v</sup>**

How much difficulty do you have?

Circle the number that best describes your experience where: 0 = no difficulty and 10 = so difficult it requires help.

**Table No:02 SPADI DISABILITY SCORE**

Washing your hair?	0	1	2	3	4	5	6	7	8	9	10
Washing your back?	0	1	2	3	4	5	6	7	8	9	10
Putting on an undershirt or jumper?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down the front?	0	1	2	3	4	5	6	7	8	9	10
Putting on your pants?	0	1	2	3	4	5	6	7	8	9	10

Placing an object on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Carrying a heavy object of 10 pounds (4.5 kilograms)	0	1	2	3	4	5	6	7	8	9	10
Removing something from your back pocket?	0	1	2	3	4	5	6	7	8	9	10

**Table No: 03 STIFFNESS**

<b>STIFFNESS</b>	
No stiffness	0
Stiffness; no medication	1
Stiffness, relieved by external application	2
Stiffness, relieved by oral medication	3
Stiffness, not responded by medicine	4

**Objective criteria:<sup>vi</sup>**

<b>MUSCLE POWER</b>	
No movement	0
Just visible movement but no movement at the joint (Flickering)	1
Movement possible with elimination of gravity	2
Movement possible against gravity	3
Movement possible against gravity & Moderate resistance	4
Movement possible against gravity & Full resistance	5

The ranges of movements (ROM), muscle power, muscle wasting, sensory examinations.

- The ROM namely flexion, extension, abduction, adduction, internal rotation & external rotations were recorded according to the actual values of goniometric readings.

<b>SENSORY EXAMINATION</b>	
Symptoms - Soft touch, Pain sensation, Temperature	
No sensory loss	0
Mild to moderate sensory loss	1
Severe sensory loss	2

**Table No: 04 MUSCLE POWER**

**Table No: 05 WASTING OF SHOULDER MUSCLES**

<b>WASTING OF SHOULDER MUSCLES (Gout Allier classification)</b>	
Normal muscle	0
Some fatty streaks	1
Less than 50% fatty muscle	2
50% fatty muscle atrophy	3
Greater than 50% fatty muscle atrophy	4

**Table No: 06 RANGE OF MOTION:**

<b>Flexion</b>	<b>Extension</b>	<b>Abduction</b>	<b>Adduction</b>	<b>Internal rotation</b>	<b>External rotation</b>
G0: >161°<180°	G0: >41°<60°	G0: >161°<180°	G0: >161°<180°	G0: >81°<90°	G0: >81°<90°
G1: 121°-160°	G1: 31°-40°	G1: 121°-160°	G1: 121°-160°	G1: 61°-80°	G1: 61°-80°
G2: 81°-120°	G2: 21°-30°	G2: 81°-120°	G2: 81°-120°	G2: 41°-60°	G2: 41°-60°
G3: 41°-80°	G3: 11°-20°	G3: 41°-80°	G3: 41°-80°	G3: 21°-40°	G3: 21°-40°
G4: 0°-40°	G4: 0°-10°	G4: 0°-40°	G4: 0°-40°	G4: 0°-20°	G4: 0°-20°

**Method of Marma chikitsa:****Purva karma:**

- Detailed written informed consent was taken.
- Sitting position was given to the patient.

**Pradhan karma:**

- Marma therapy done with the adequate digital pressure of thumb or finger, (as per the indication) – on Ksipra marma, Ani marma, Kakshadhara, Ansa marma. Average 10 time on each marma.
- Similarly repeated for next 3 days twice a day.

**Paschat karma:**

Patient observed for 20 minutes and advised strictly to follow Pathya as per Samhita.

**Dietary regimen:**

- Munnaka with Godugdha suggested to take.



**Observation and Results:**

During the whole study it has been observed that pain and stiffness decreases immediately after marma chikitsa.

No radiological changes found after study.

**Table No:07 Observation and Results:**

<b>SYMPTOMS</b>	<b>BEFORE MARMA THERAPY</b>	<b>JUST AFTER MARMA THERAPY</b>	<b>AFTER 1 WEEK OF MARMA THERAPY</b>	<b>AFTER 4 WEEKS</b>	<b>AFTER ONE MONTH (Follow up)</b>
<b>TOTAL SPADI SCORE</b>	<b>99.38%</b>	<b>10.92%</b>	<b>2.31%</b>	<b>0.00%</b>	<b>0.00%</b>
<b>STIFFNESS</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>WASTING OF SHOULDER MUSCLES</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>MUSCLE POWER</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>SENSORY EXAMINATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ABDUCTION</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>ADDUCTION</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FLEXION</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>EXTENSION</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>INTERNAL ROTATION</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>EXTERNAL ROTATION</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

**DISCUSSION:**

Marma therapy in Avbahuka found highly effective in most of the parameters of assessment. 1.Reduction in SPADI score i.e., 99.38% to 0.00% pain.

2.Increase in ROM vis a vis; Abduction G4 to G0, Adduction G4 to G0, flexionG3 to G0, ExtensionG3 to G0, Internal rotation G3 to G0, External rotationG4 to G0.

3. Reduction in joint stiffness. Stiffness not responded by medicine to no stiffness.

4.No sensory loss was found before and after marma chikitsa.

5. In other parameter also found significant relief.

Complications and side effects were insignificant

**CONCLUSION**

The effectiveness of Marma therapy in treating Avabahuka is evident, with significant alleviation of symptoms across all parameters. Anshasula (pain), ansagraha (stiffness), and Bahupraspanda Haratvam (restricted

range of motion) of the shoulder joint showed notable relief following Marma chikitsa. Importantly, Marma therapy offers a unique advantage over pharmaceutical substances, providing long-lasting effects without invasive procedures or side effects. Its rapid action, affordability, and ease of use make it a preferred alternative for Avabahuka treatment.

Furthermore, Marma therapy shows promise in treating primary adhesive capsulitis, a condition characterized by similar symptoms of pain, stiffness, and restricted movement in the shoulder joint. By addressing underlying imbalances and promoting healing at the energetic level, Marma therapy offers a holistic approach to managing musculoskeletal disorders.

Overall, Marma therapy emerges as a valuable therapeutic modality for Avabahuka and related conditions, offering patients a non-invasive, effective, and accessible option for relief from pain and restoration of shoulder function. Further research and clinical studies may help elucidate the full potential of Marma therapy in musculoskeletal health and expand its application in clinical practice.

**Conflict of Interest** – There is no conflict of interest

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