

A Case Report on the Effectiveness of *Marma Chikitsa* in *Alleviating Snayugata Vikara* with special reference to Carpal Tunnel Syndrome

Anjali Sadani,^{1*} Rita Marwaha,² Yogesh Yadav,³

¹PG scholar, ²Professor and Head of the Department, Department of Rachna Sharir, Pt. Khushilal Sharma Govt. Auto. Ayurveda College & Institute, Bhopal Madhya Pradesh, India.

³ Assistant Professor, Department of Shalya Tantra, R.N. Kapoor Ayurvedic Medical College & Hospital, Indore Madhya Pradesh, India.

ABSTRACT:

Carpal Tunnel Syndrome (CTS) is a common condition caused by the compression of the median nerve as it passes through the carpal tunnel, leading to symptoms such as numbness, tingling, and pain in the hand. It affects 1-5% of the general population, with a higher prevalence in females. Conventional treatments include wrist splinting, corticosteroid injections, and surgery in severe cases. CTS shares similarities with *Snayugata Vata Vikara*, that involves compression of tendons, ligaments, or nerves. *Marma Chikitsa* stimulates specific *Marma Sthanas*, has been proposed as a potential alternative treatment for musculoskeletal conditions like CTS. This case report aims to assess the effectiveness of *Marma Chikitsa* for CTS, exploring its potential as a non-invasive alternative to conventional treatments. A 45-year-old female patient presented with complaints of numbness in the thumb and index finger of her right hand, accompanied by pain, tingling, paraesthesia, and difficulty holding objects with positive Tinel's percussion test and Phalen's manoeuvre test. Despite allopathy conservative treatments she didn't get complete relief. The patient was stopped previous treatment and was only given *Marma Chikitsa* at *Kshipra, Manibandh, Indrabasti, Kurpar, Ani, and Urvi Marma* were stimulated for 0.8 seconds, 15–18 times per session for 15-day regimen of *Marma Chikitsa*. The 15-day *Marma Chikitsa* regimen resulted in significant improvement in the patient's symptoms. The VAS score decreased from 8 to 2, and the BCTSQ score reduced from 40 to 10, indicating significant improvement in Pain, numbness, tingling sensation and hand functionality. *Marma Chikitsa* appears to be effective in managing CTS by pacifying *Vata Dosha* thus contribute to pain relief and functional improvement. *Marma Chikitsa* shows potential as an effective, non-invasive treatment for CTS but to verify its effectiveness and wider applicability more research is required. This non-invasive approach could serve as a valuable alternate to treatments like wrist splinting, corticosteroid injections, and surgery.

KEYWORDS: BCTSQ score, Carpal Tunnel Syndrome, *Marma Chikitsa*, *Marma Sthanas*, Pain management, VAS score

Received: 03.04.2025

Revised: 13.05.2025

Accepted: 29.05.2025

Published: 21.06.2025



Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License

© 2025 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



DOI: 10.70805/ija-care.v9i2.606

***Corresponding Author:**

Dr. Anjali Sadani

P.G. Scholar, Department of Rachna Sharir, Pt. Khushilal Sharma Govt. Auto. Ayurveda College & Institute, Bhopal Madhya Pradesh India

Email: anjalisadani00@gmail.com

INTRODUCTION:

Carpal tunnel syndrome (CTS) occurs when the median nerve is compressed as it passes through the carpal tunnel, formed by carpal bones and the flexor retinaculum. This tunnel houses extrinsic forearm tendons, preventing bowing during wrist flexion. The main cause of CTS is increased pressure within the carpal tunnel. Under normal circumstances, the pressure within the carpal tunnel ranges from 2 to 10 mmHg. However, in CTS the pressure may rise 8 to 10 times higher than usual.^[1] Early symptoms of typically include pain, numbness, and tingling in the first three fingers and the lateral part of the fourth finger. The symptoms can vary, with pain sometimes affecting the wrist, the entire hand, or even radiating up the forearm and possibly beyond the elbow. As the condition progresses, individuals may experience weakness in the hand, reduced fine motor skills, clumsiness, and eventually muscle wasting in the thenar region. Contemporary treatments for carpal tunnel syndrome involve injecting hydrocortisone into the flexor sheaths at the carpal tunnel, using a cock-up splint, and performing a longitudinal incision of the flexor retinaculum.

The incidence of carpal tunnel syndrome (CTS) in the general population ranges between 1% and 5%. It is more common in women than men, with a female-to-male ratio of 3:1. CTS is rare in children and typically affects adults between the ages of 40 and 60^[2,3,4]

Snayugata Vata, as mentioned in *Vataja Nanatmaja Vyadhi*, affects *Manibandha Sandhi* and causes symptoms such as *Toda*, *Bheda*, *Manibandha Sandhi Shoola*, *Hasta Shoola Sthambha*, and *Supti*.^[5] *Marma Chikitsa* refers to the practice of stimulating or manipulating *Marma Sthanas* to treat

diseases. By stimulating these *Sthanas* the *Prana* (energy within the body) can be directed to clear blockages and enhance the flow of energy, leading to a healthy balance of body, mind, and spirit. Proper application of pressure on specific *Marma Sthanas* can restore the normal flow of *Prana* to affected areas, while improper manipulation may result in severe pain, disability, deformities, or even death.^[6]

In recent years, the practical application of *Marma Chikitsa* has gained significant attention and popularity. Ayurvedic practitioners are increasingly utilizing these *Marma Sthanas* to achieve therapeutic goals by controlling physical stimuli. Each *Marma Sthana* is stimulated in a unique way, typically using the hands. The underlying principle of *Marma Chikitsa* is based on the theory of *Panchamahabhuta* and *Triguna*, which are the fundamental elements that constitute all physical forms. It is believed that stimulating these *Marma Sthanas* has a holistic effect, as it directly influences *Prana*, which in turn impacts the *Doshas*, and *Nadis*, promoting balance and alleviating various ailments.

Ayurvedic management of CTS primarily focuses on pacifying *Vata Dosha* through internal medications, external therapies, and lifestyle changes. Key treatments include the use of *Vata-Shamaka* oils like *Narayana Taila*, *Bala Taila*, and *Mahanarayana Taila* for massage, along with warm water soaks and wrist support. Internally, formulations such as *Dashmool Kashayam*, *Yoga Raja Guggulu*, *Ashwagandharishta*, and *Ekangveer Ras* are used to reduce pain and inflammation. Anti-inflammatory herbs like *Chandana*, *Guduchi*, and *Ashoka* support nerve healing. Diet and lifestyle changes involve consuming warm, nourishing foods, avoiding cold and dry items, and reducing stimulants, while yoga

and mudras aid in improving circulation and relieving pressure on the median nerve.^[7]

Although above treatments are widely available there is growing interest in *Marma Chikitsa*. *Marma Chikitsa* has attracted attention for its potential to enhance circulation, reduce inflammation, and promote healing in soft tissues. This case report seeks to investigate the effectiveness of *Marma Chikitsa* for CTS aiming to offer a non-invasive alternative to surgical procedures.

CASE REPORT:

A 45-year-old female patient working in the Public Works Department came to OPD of Pt. Khushilal Sharma Govt. (Auto.) Ayurveda College and Institute, Bhopal (M.P.) with the complaints of numbness in the thumb and index finger, tingling sensation, and pain at her right hand, which had been ongoing for the past six months. The symptoms primarily affected her thumb, index, and middle fingers, and symptoms aggravates at night that significantly disturbed her sleep. Additionally, she reported weakness in the hand and difficulty holding or gripping objects.

History of Present Illness: The patient reported experiencing pain, tingling, and numbness in her right hand, which began around six months ago and progressively worsened. Initially, the symptoms were occasional, but they became more frequent and intense over time. The pain worsened with repetitive hand activities, such as typing and writing. She had previously undergone conservative treatment, including wrist splinting and non-steroidal anti-inflammatory drugs (NSAIDs), but did not experience complete relief.

History of Past Illness: The patient had no notable history of hypertension, type 2

diabetes, thyroid disorders, or peripheral vascular disease (PVD). Additionally, there were no any history of trauma or direct injury to the wrist.

Diagnostic criteria: Patient with pain range from 0 to 10 on VAS, with positive Phalen's manoeuvre and Tinel's test.

Assessment Criteria

- **Pain:** VAS (Visual Analogue Scale)
- **Phalen's manoeuvre Test** - The patient flexes both wrists and presses the backs of their hands together for 30-60 seconds. A positive test reproduces symptoms like tingling, numbness, or pain in the median nerve distribution, indicating possible median nerve compression at the wrist.
- **Tinel's Test** - Tinel's test involves the examiner tapping over the volar carpal ligament, along the median nerve at the carpal tunnel for up to 60 seconds. A positive test result occurs if the patient reports tingling or electric shocks along the distribution of the median nerve.^[8]
- **BCTSQ (Boston Carpel Tunnel Syndrome Questionnaire):** It consists of two sections: the **Symptom Severity Scale (SSS)** and the **Functional Status Scale (FSS)**, measuring pain, numbness, and hand function.^[9]

Material and Methodology:

The patient received *Marma Chikitsa* once daily in morning, with stimulation at *Kshipra*, *Manibandh*, *Indrabasti*, *Kurpar*, *Ani*, and *Urvi Marma* points for 0.8 seconds, 15-18 times per session over a period of 15 days, as outlined in Table 1. *Marma* stimulation was done by consistent and direct pressure using thumb pulp with patient in sitting position.

OBSERVATION AND RESULTS:

The assessment of the patient's condition was conducted at baseline, Day 1, Day 7, and Day 15, using multiple evaluation parameters. The VAS (Visual Analog Scale) score, which initially recorded a pain intensity of 8, showed a gradual reduction to 7 on Day 1, 4 on Day 7, and further declined to 2 by Day 15, indicating significant pain relief. The Phalen's manoeuvre test, which was positive at baseline and Day 1, turned negative by Day 7 as shown in figure 4 suggesting improvement in nerve compression symptoms. Similarly, Tinel's test, which was

positive at baseline and Day 1, also became negative by Day 7. The Boston Carpal Tunnel Syndrome Questionnaire (BCTSQ) score, which initially measured 40, remained unchanged on Day 1, but showed a considerable reduction to 29 on Day 7 and further dropped to 10 by Day 15, demonstrating improved functional recovery and symptom relief without any complications while procedure as shown in table no.2 and Graph 1. The patient was advised rest the hand and avoid strain, overuse of wrist or cold exposure after *Marma Therapy*.

Table 1: Duration and frequency of *Marma* stimulation

<i>Marma Sthana</i>	Frequency	Duration
<i>Kshipra Marma</i>	0.8 sec	15-18 Times Once a day
<i>Manibandha Marma</i>	0.8 sec	15-18 Times Once a day
<i>Indrabasti Marma</i>	0.8 sec	15-18 Times Once a day
<i>Kurpar Marma</i>	0.8 sec	15-18 Times Once a day
<i>Ani Marma</i>	0.8 sec	15-18 Times Once a day
<i>Urvi Marma</i>	0.8 sec	15-18 Times Once a day

Table 2: Observation of the assessment criteria

Assessment	Baseline	Day 1	Day 7	Day 15
VAS Score	8	7	4	2
Phalen's manoeuvre test	+	+	-	-
Tinel's Test	+	+	-	-
BCTSQ (Boston Carpel Tunnel Syndrome Questionnaire)	40	40	29	10



Image 1: A- positive Phalen's Test and B- positive Tinel's Test

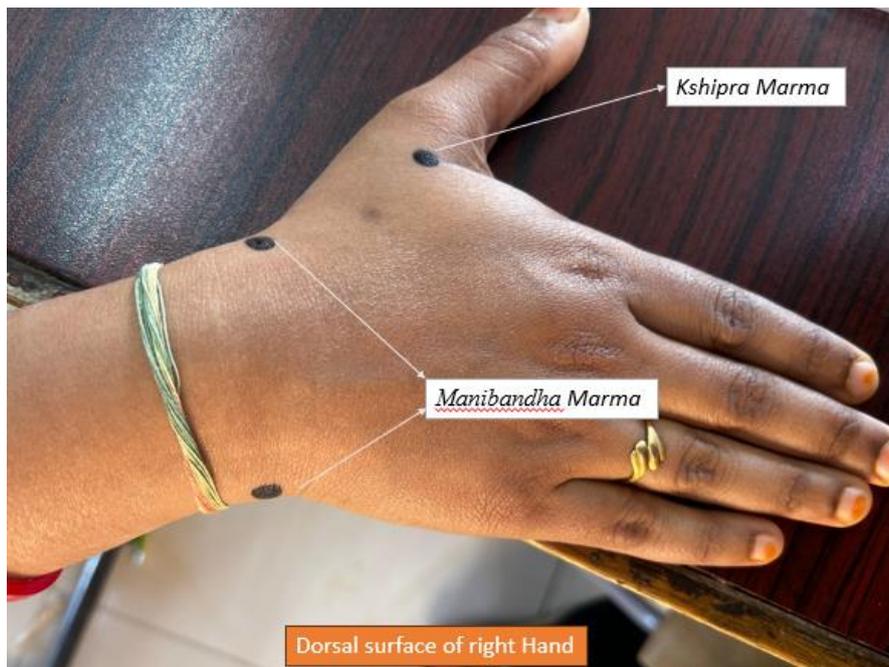


Image 2: location of *Kshipra* and *Manibandha Marma*

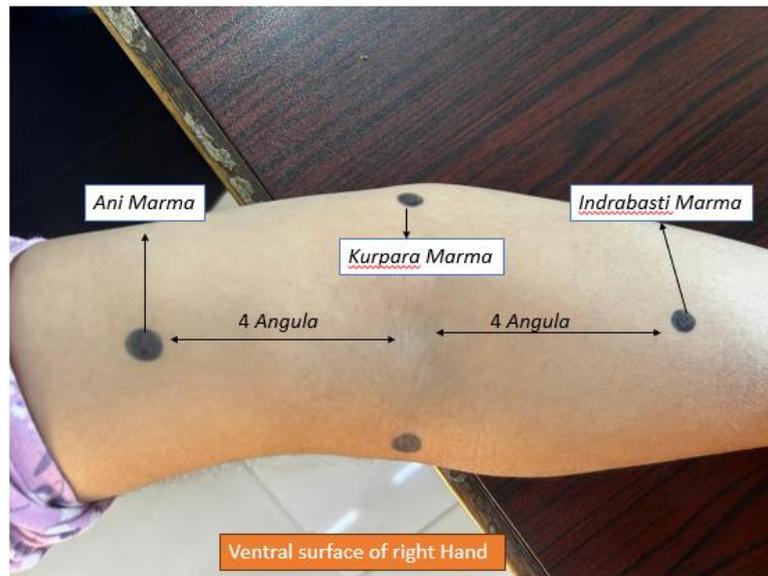
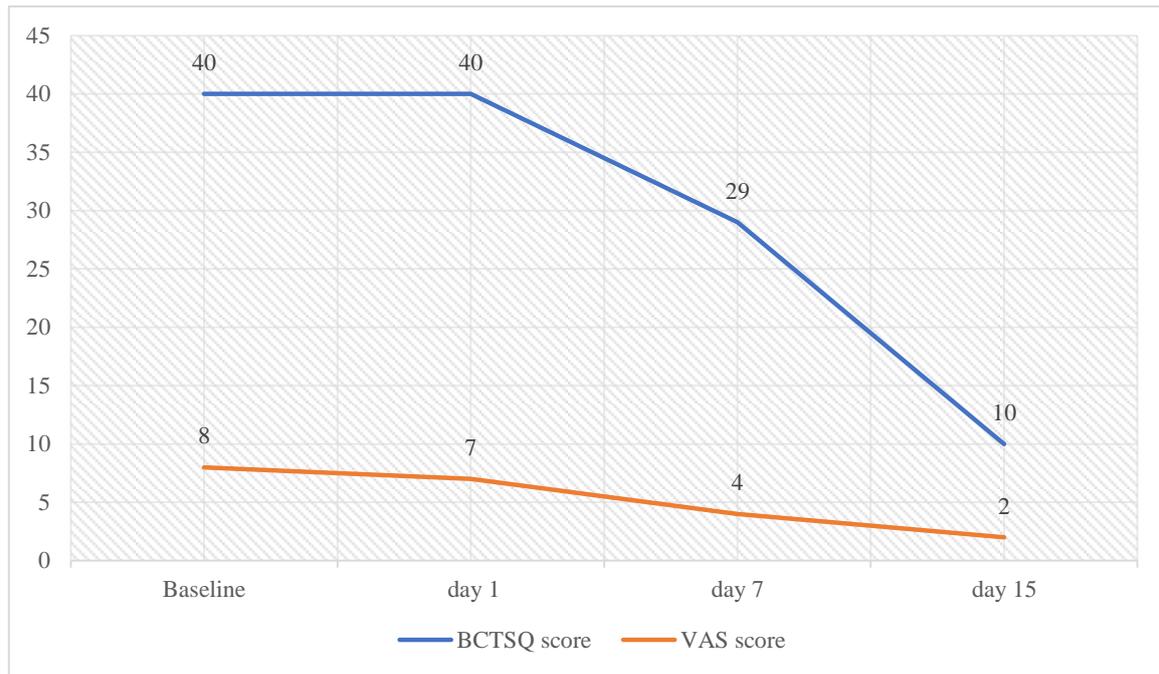


Image 3: location of *Ani Marma*, *Kurpara Marma* and *Indrabasti Marma*



Image 4: Phalen's Test Negative on day 7



Graph 1: Graphical representation of BCTSQ and VAS scale

DISCUSSION:

The present study highlights the effectiveness of *Marma Chikitsa* in managing CTS by addressing underlying pathophysiological mechanisms and providing symptomatic relief. The stimulation of *Marma Sthanas* such as *Kshipra*, *Manibandh*, *Indrabasti*, *Kurpar*, *Ani*, and *Urvi* played a crucial role in regulating *Prana* flow and pacifying *Vata Dosha*, which is primarily responsible for *Snayugata Vikara*.

^[10] Ancient texts describe bioelectric power in *Marma* points, with '*Harya Vaha*' residing in the head and torso and '*Karya Vaha*' in the limbs, and stimulating these points restores balance, leading to healing benefits. ^[11] Additionally, it influences mental state, relieves stress, and enhances emotional well-being ^[12] By stimulating *Marma* points, detoxification occurs through the *Srotas*, enhancing *Ojas* and boosting strength.

The results of the study demonstrate significant improvement in clinical symptoms. The VAS score, which measures pain intensity, decreased from 8 to 2 over 15

days, indicating substantial pain relief. The Boston Carpal Tunnel Syndrome Questionnaire (BCTSQ) score also showed a marked reduction from 40 to 10, reflecting improved hand functionality and decreased symptom severity. Additionally, Phalen's manoeuvre and Tinel's test, which were positive at baseline, turned negative by Day 7 suggesting reduced median nerve compression and irritation.

CTS is caused by compression of the median nerve in the wrist, leading to symptoms such as numbness, tingling, and weakness in the hand. In modern science, this condition is often linked to repetitive movements, poor ergonomics, injuries, or underlying medical conditions like diabetes or arthritis. The compression of the median nerve is typically aggravated by these factors, which impede normal nerve function. From an *Ayurvedic* perspective, CTS is seen as a *Vata Vyadhi*, where aggravated *Vata Dosha* causes obstruction in the nerves, ligaments, and joints of the wrist. This imbalance leads

to symptoms like pain, stiffness, and restricted movement.^[13]

The probable mode of action of *Marma* therapy in relieving pain in Carpal Tunnel Syndrome can be explained through the descending analgesic pathway and gate control theory. *Marma* stimulation may activate mechanoreceptors and sensory afferents, which send signals to the spinal cord and brainstem, initiating the release of endogenous opioids such as endorphins and enkephalins via descending pathways. This modulates pain perception by inhibiting nociceptive signals at the spinal level. Additionally, according to the gate control theory, stimulation of *Marma* points can "close the gate" in the dorsal horn of the spinal cord, preventing pain signals from reaching the brain. Together, these mechanisms help reduce inflammation, relax muscles, and alleviate pressure on the median nerve, contributing to symptomatic relief in CTS.^[14,15]

Marma Chikitsa, by stimulating specific points, may enhance nerve conduction, reduce local inflammation, and improve muscle function. This aligns with Ayurvedic principles, where stimulating *Marma Sthanas* is believed to clear energy blockages, optimize the flow of Prana, and restore homeostasis. Unlike conventional treatments such as wrist splinting, corticosteroid injections, or surgical interventions, *Marma* Therapy offers a non-invasive, cost-effective, and holistic approach with minimal side effects.

CONCLUSION:

Marma Chikitsa shows promising potential as an effective, non-invasive treatment option for Carpal Tunnel Syndrome. This case highlights its ability to improve symptoms and provide relief, offering a complementary approach to conventional therapies. While

the findings indicate positive outcomes, further research with larger sample sizes and longer follow-up periods is necessary to establish *Marma Chikitsa* as a standard therapeutic intervention for CTS. Integrating Marma Therapy with modern rehabilitation techniques could further enhance patient recovery and functional improvement.

Limitation of Study:

The study is limited by a small sample size and lack of long-term follow-up.

Acknowledgement:

The authors sincerely acknowledge Pt. Khushilal Sharma Govt. (Auto.) Ayurveda College and Institute, Bhopal, for their support. Special thanks to the patient for their participation in the study.

Consent of patient:

The written consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Anjali Sadani, Rita Marwaha, Yogesh Yadav. A Case Report on the Effectiveness of *Marma Chikitsa* in *Alleviating Snayugata Vikara* with special reference to Carpal Tunnel Syndrome. Int. J. AYUSH CaRe. 2025;9(2): 301-309.

DOI: <https://doi.org/10.70805/ija-care.v9i2.606>

REFERENCE:

1. Genova A, Dix O, Saefan A, Thakur M, Hassan A. Carpal Tunnel Syndrome: A Review of Literature. *Cureus*. 2020;12(3):7333.
2. Atroshi I, Gummesson C, Johnsson R, Ornstein E, Ranstam J, Rosén I. Prevalence of carpal tunnel syndrome in a general population. *JAMA*. 1999;282(2):153-8.
3. Shiri R, Pourmemari MH, Falah-Hassani K, Viikari-Juntura E. The effect of excess body mass on the risk of carpal tunnel syndrome: a meta-analysis of 58 studies. *Obes Rev*. 2015;16(12):1094-104.
4. Jackson R, Beckman J, Frederick M, Musolin K, Harrison R. Rates of Carpal Tunnel Syndrome in a State Workers' Compensation Information System, by Industry and Occupation - California, 2007-2014. *MMWR Morb Mortal Wkly Rep*. 2018;67(39):1094-1097.
5. Shastri A D Sushruta, *Susruta samhita* edited with *Ayurveda Tattva Sandipika*, *Sharir Sthana Chapter 5/42: Chaukambha Sanskrit Sanstha, Varanasi*, reprint, 2011; 62.
6. Kumari NV, Susheela P, Anju V, Om S, SK S. Marma and Marma therapy: a review. *World Journal of Pharmaceutical Research*. 2018;7(15):258-71.
7. Sood T. Carpal Tunnel Syndrome (CTS): Work-Related Musculo-Skeletal Disorder and its Intervention in Ayurveda. *International Journal of Ayurveda and Pharma Research*. 2021; 18:60-5.
8. Tinel's SI. Tinel's sign and Phalen's maneuver: physical signs of carpal tunnel syndrome. *Hosp Physician*. 2000;39.
9. Mehta SP, Weinstock-Zlotnick G, Akland KL, Hanna MM, Workman KJ. Using Carpal Tunnel Questionnaire in clinical practice: a systematic review of its measurement properties. *Journal of Hand Therapy*. 2020;33(4):493-506.
10. National Health Portal. Marma therapy. National Health Portal, Centre for Health Informatics, National Institute of Health and Family Welfare (NIHFW), Ministry of Health and Family Welfare, Government of India. [cited 2020 February 29]. Available from: https://www.nhp.gov.in/marma-therapy_mtl
11. Sharma S. *Gayatri mahavigyan - sanyukta sanskaran (Hindi)*. revised ed. Mathura, Uttar Pradesh, India: Yug Nirman Yojana Vistar Trust, Gayatri Tapobhumi; 2010. http://literature.awgp.org/book/Super_Science_of_Gayatri/v2
12. Frawley D, Ranade S, Lele A. *Ayurveda and marma therapy*. Delhi, India: Chaukhamba Sanskrit Pratishthan; 2015.
13. Viera AJ. Management of carpal tunnel syndrome. *American family physician*. 2003;68(2):265-72.
14. Sufka KJ, Price DD. Gate control theory reconsidered. *Brain and Mind*. 2002; 3:277-90.
15. Lau BK, Vaughan CW. Descending modulation of pain: the GABA disinhibition hypothesis of analgesia. *Current opinion in neurobiology*. 2014; 29:159-64.