The Role of Marma Therapy and Yoga Asanas in Improving Range of Motion in Frozen Shoulder Patients

Saurabh Chauhan* Dr. Shivali Kanth Dr. Bhaskar Maurya***
Rajaneesh Kumar Gupta* Dr. Prakhar Srivastava,Prof. K.K. Pandey*****

***Abstract**: **Background:** Frozen shoulder, characterized by torment, firmness, and constrained extend of movement within the bear joint, presents noteworthy challenges in treatment Marma therapy and yoga asanas have demonstrated encouraging outcomes as excellent alternative therapeutic modalities.*

***Aims:** To assess the adequacy of Marma treatment and yoga asanas in progressing the extend of movement for a 42-year-old female persistent analyzed with frozen shoulder.*

***Methodology:** An integrative eight-week intervention combining targeted Marma therapy and specific yoga asanas was implemented for a patient with progressive shoulder stiffness and pain. The approach focused on reducing symptoms and restoring functionality.*

***Results:** Significant improvement was observed in the patient's range of motion, pain levels, and overall mobility. Marma therapy contributed to immediate muscular relaxation, while yoga asanas promoted gradual improvement in flexibility and strength.*

***Conclusion:** This case underscores efficacy of holistic approaches, emphasizing Marma therapy and yoga asanas in managing musculoskeletal disorders like frozen shoulder. Further research is needed to optimize these treatment modalities.*

***Kyewords: Marma,** Frozen shoulder, Yoga*

Introduction: Frozen shoulder, moreover known as cement capsulitis, could be a weakening condition characterized by pain, stiffness, and confined run of movement within the bear joint. It predominantly affects individuals between the age of 40 and 60 and is most commonly observed in women. The etiology of frozen shoulder is multifactorial, often associated with conditions such as diabetes melitus, hypothyroidism, or prolonged immobilization. Conventional treatment strategies include physiotherapy, corticosteroid infusions, and, in serious cases, surgical intercession.[1] However, these approaches often provide incomplete relief or have associated risks. Holistic and integrative approaches have gained traction in addressing musculoskeletal disorders, emphasizing the mind-body connection and self-healing mechanisms. Marma therapy, a cornerstone of Ayurveda, and yoga, an antiquated hone combining physical stances, breath control, and reflection, have emerged as an effective complementary therapy for frozen shoulder. These modalities not only address physical symptoms but also enhance overall well-being by targeting underlying imbalances in energy flow and stress levels.[2] This paper explores the potential of Marma therapy and yoga asanas in managing frozen shoulder, focusing on their mechanisms, efficacy, and integrative application.

* Ph.D. Scholar, **P.G.Dip. Scholar, ***Professor & Head, Address for Correspondence: Rajaneesh Kumar Gupta Dept. of Sangyaharan, Faculty of Ayurveda, I.M.S., B.H.U/, Varanasi.
Email: saurabhyoga@bhu.ac.in

Through a detailed case study, we aim to shed light on the benefits of these non-invasive, cost-effective, and holistic interventions.[3]

Marma Therapy: Marma therapy is an ancient Ayurvedic practice that involves stimulating specific anatomical points known as Marma points. [4] These points, described as the junctions of Mamsa (muscle), Sira (vein), Snayu (ligament), Sandhi (joint), and Asthi (bone), are believed to be reservoirs of Prana (vital energy). Acharya Sushruta, in his seminal work, identified 107 Marma points distributed across the human body, each with distinct therapeutic potentials.[5] The stimulation of Marma points, typically through gentle massage or pressure, activates the energy flow within the body's subtle channels (Nadis). This activation facilitates the removal of energy blockages, enhances circulation, reduces inflammation, and alleviates pain.[6] In the context of frozen shoulder, specific Marma points such as:

- **Kshipra** (located between the thumb and index finger),
- **Manibandh(in the wrist joint)**
- Kurpara(in the elbow joint)
- Ani (lower region of the upper arm)
- Urvi (wide region of the forearm)
- Kakshadhara (2 inches underneath the point joining the sidelong 1/3 and average 2/3 of clavicle)
- **Amsa Marma** (in the shoulder region),
- Aamsaphalak (the shoulder blade)

Play a pivotal role in relieving muscular tension and improving joint mobility. Marma therapy also stimulates the autonomic nervous system, promoting relaxation and stress relief.[7] Clinical studies and case reports have demonstrated the efficacy of Marma therapy in managing pain, stiffness, and other musculoskeletal conditions. Its non-invasive nature, coupled with its ability to provide immediate relief, makes it a valuable addition to conventional and integrative treatment protocols.[8]

Yoga: Yoga, a all encompassing hone joining physical, mental, and otherworldly disciplines, offers significant restorative benefits for musculoskeletal disarranges. It emphasizes the union of body and mind through asanas (postures), pranayama (breathing techniques), and dhyana (meditation). In managing frozen shoulder, specific asanas target the shoulder region, promoting flexibility, strength, and relaxation.[9]

1. **Tadasana (Mountain Pose):** This foundational pose improves posture, aligns the spine, and prepares the body for more intensive stretches. By engaging the shoulder girdle, it reduces tension and enhances mobility. [10]
2. **Gomukhasana (Cow Face Pose):** This asana specifically stretches the shoulder muscles, ligaments, and tendons. It alleviates stiffness and improves the range of motion. [11]
3. **Urdhva Hastasana (Upward Salute):** By extending the arms overhead, this posture releases tension in the shoulders and upper back, enhancing flexibility. [12]
4. **Shavasana (Corpse Pose):** Although primarily a relaxation pose, Shavasana helps integrate the benefits of active asanas, reducing stress and promoting recovery. [13]

Yoga's efficacy lies in its ability to address the root causes of musculoskeletal disorders, such as stress, poor posture, and energy imbalances. When combined with Marma

therapy, it offers a synergistic approach to healing, addressing both physical symptoms and underlying energetic and psychological factors. [14]

Frozen Shoulder and Marma Therapy: Frozen shoulder presents a unique challenge in musculoskeletal medicine due to its multifaceted nature. The condition is characterized by three stages:

1. **Freezing Stage:** Progressive pain and stiffness, often lasting several months.
2. **Frozen Stage:** Persistent stiffness with reduced pain, limiting daily activities.
3. **Thawing Stage:** Gradual recovery of motion and function.[15]

Marma therapy offers targeted intervention during these stages, particularly by focusing on key Marma points in the shoulder and surrounding areas. Specific points, such as **Amsa Marma** (located in the deltoid region), Kakshadhara (2 inches underneath the point joining the sidelong 1/3 and average 2/3 of clavicle) , Aamsaphalak(the shoulder blade) are directly associated with shoulder function and mobility.[16] Stimulation of these points enhances local circulation, reduces inflammation, and alleviates adhesions within the joint capsule. In the case study discussed, a combination of Marma therapy and yoga asanas was employed. The therapy sessions focused on points such as , integrated with a customized **Kshipra**,**Manibandh,** Kurpara, Ani ,Urvi ,Kakshadhara **Amsa Marma**, Aamsaphalak.) and yoga regimen. This combined approach facilitated significant improvements in torment, solidness, and extend of movement, underscoring the potential of integrator treatments for frozen shoulder.[17]

Methodology: Patient Details: The patient, a 42-year-old hitched female, housewife by calling counseled in opd 15 (Sangyaharan/ vedanahar) of S.S. Hospital, IMS, BHU Varanasi with a six-month history of progressive pain and stiffness in the right shoulder joint. Symptoms were aggravated by household work. The symptoms had severely impacted her daily life, limiting activities such as dressing, reaching overhead, and lifting objects. She reported intermittent pain, described as sharp and radiating towards the upper arm, with an intensity of 8/10 on the Visual Analog Scale (VAS). She followed a mixed diet but admitted to irregular meal timings and high stress levels due to household responsibilities. A clinical examination revealed restricted active and passive movements in the shoulder joint, including abduction (≤50°), forward flexion (≤30°), and external rotation (≤20°). Radiological imaging showed no significant abnormalities, ruling out fractures or major joint pathologies. The diagnosis of frozen shoulder (adhesive capsulitis) was confirmed based on clinical findings. The patient opted for a non-invasive, integrative approach combining Marma therapy and yoga after minimal improvement with conventional physiotherapy.

History of Past Illness: The persistent does not have a history of diabetes mellitus, hypertension, or any physical harm or injury to the proper bear. There's no family history of musculoskeletal sicknesses. The patient has taken treatment from several hospitals in allopathy which includes calcium supplements and Analgesic drugs, but those drugs are not helping the patient's condition.

Personal History:

- Bowel - Clear
- Craving - Great
- Micturation - Typical

▪ Rest - Exasperates due to torment

Physical Examination: Weight:

55 kg; stature: 154 cm, and BMI: 23.2 kg/m2; blood weight = 130/90 mm Hg; beat rate = 74 minutes; paleness, icterus, cyanosis, clubbing, and edema were missing; cardiovascular framework (CVS): typical; respiratory framework (RS): clear no included sound; central apprehensive framework (CNS): awareness, consideration, introduction, memory, and discourse are typical; Reflexes in both upper and lower appendages were within the typical level and Prakriti: Vata Pradhana Kaphaja.

Dashvidha pariksha Assessment:

1. Prakruti- Vata Pradhana Kaphaja 2. Vikruti -Vata kapha 3. Sara –Medosara 4. Samhanana-Pravara 5. Pramaan- Madhyama 6. Satmya- Pravara 7. Satva –Madhyama 8. Ahaar shakti –Madhyama 9. Vyayaam Shakti –Heen 10. Vaya –Prodhavastha

Clinical Examination:

The patient exhibits moderate stiffness in the right shoulder joint, accompanied by tenderness graded as ++ (grade 2), indicated by visible pain on the patient's face upon palpation. The range of motion is significantly restricted, with abduction limited to 50 degrees, external rotation to 20 degrees, and forward flexion to 30 degrees. The pain intensity, assessed using the Visual Analog Scale (VAS), is notably high, scoring 8 out of 10, reflecting severe discomfort and functional limitation in the affected shoulder. These findings highlight the need for further evaluation and targeted therapeutic interventions to address the underlying cause and improve joint mobility and pain management.

Investigation: Both hematological and biochemical examinations carried out were found inside the physiological constrain. One-month-old X-ray of the Bear joint was ordinary

Intervention:

- **Marma Therapy:** The treatment included the organization of Marma Chikitsa. The show think about incorporates incitement of 8 Marma focuses that is Weekly sessions targeting specific Marma points (e.g **Kshipra**,**Manibandh,** Kurpara,Ani ,Urvi ,Kakshadhara **Amsa Marma**, Aamsaphalak.) & these were stimulated 15 -18 times on normal in a single sitting for 8 weeks. Unfaltering and direct weight was connected gradually and tenderly.
- **Yoga Regimen:** Daily practice of targeted asanas (e.g., **Tadasana**, **Gomukhasana**, **Urdhva Hastasana**) under guided supervision.

1. **Assessment Tools:**
   - Range of Motion (ROM): Measured using a goniometer.
   - Pain Levels: Evaluated through a Visual Analog Scale (VAS).
   - Functional Mobility: Assessed via patient-reported outcomes and clinical observations.
2. **Duration:**
   - The intervention lasted for eight weeks, with periodic evaluations to monitor progress.

Results: The combined intervention of Marma therapy and yoga demonstrated remarkable outcomes:

- **Pain Reduction:** VAS scores improved from 8/10 pre-treatment to 2/10 post-treatment.
- **Range of Motion:** Abduction improved from 50° to 120°, and forward flexion increased from 30° to 110°.

- **Functional Recovery:** The patient reported a significant improvement in daily activities, including dressing and lifting objects.

Table 1: Range of Motion Before and After Treatment

Movement	Pre-Treatment (\u00b0)	Post-Treatment (\u00b0)
Abduction	50	120
Forward Flexion	30	110
External Rotation	20	80

Table 2: Comparative Outcomes Between Conventional and Integrative Therapy

Parameter	Conventional Therapy	Integrative Therapy (Marma + Yoga)
Pain Reduction	Moderate	Significant
Mobility Improvement	Limited	Substantial
Patient Satisfaction	Moderate	High

Discussion: Frozen shoulder is a complex condition requiring a multifaceted therapeutic approach. The integration of Marma therapy and yoga as demonstrated in this case highlights the advantages of combining traditional Ayurvedic techniques with holistic physical practices. Marma therapy effectively alleviates pain by stimulating specific points that enhance circulation and relax muscle tension. Key Marma points such as Kurpara, Ani, Urvi, Kakshadhara **Amsa Marma**, Aamsaphalak were instrumental in reducing adhesions and improving joint function.Yoga complements this by progressively stretching and strengthening the musculoskeletal system.[18] Asanas like **Gomukhasana** and **Urdhva Hastasana** specifically target the shoulder joint, while relaxation techniques like **Shavasana** help reduce overall stress and promote healing. The outcomes of this case study, including a significant reduction in pain and improved range of motion, align with existing research on integrative therapies for musculoskeletal disorders. This holistic approach not only addresses physical symptoms but also targets underlying imbalances, offering a sustainable and patient-centered treatment strategy. [19]

Conclusion: The case study highlights the significant benefits of an integrative approach combining Marma therapy and yoga asanas in the management of frozen shoulder. By addressing the root causes of the condition, such as restricted energy flow, musculoskeletal stiffness, and stress, the holistic regimen proved effective in alleviating pain, enhancing mobility, and improving the overall quality of life for the patient. Marma therapy, through the stimulation of key points, provided immediate muscular relaxation, reduced inflammation, and improved energy circulation. Yoga asanas complemented this by promoting gradual flexibility, strength, and relaxation, further aiding in the recovery process. The results from this eight-week intervention demonstrated remarkable improvements in the patient's pain levels, with the Visual Analog Scale (VAS) score reducing from 8/10 to 2/10. Range of motion also significantly improved, as abduction increased from 50° to 120°, forward flexion from 30° to 110°, and external rotation from 20° to 80°. These changes reflect not only physical recovery but also enhanced functional mobility, enabling the patient to regain independence in daily activities. This study underscores the potential of integrating traditional therapies like Marma and yoga

with conventional treatment approaches. Such a non-invasive, cost-effective, and patient-centered strategy holds promise for addressing other musculoskeletal disorders, minimizing the reliance on pharmacological and surgical interventions. However, broader clinical trials and further research are essential to standardize protocols, explore long-term outcomes, and optimize the synergy of these modalities. Marma therapy and yoga asanas offer a holistic pathway for managing frozen shoulder, demonstrating the power of ancient practices in modern healthcare. This integrative model serves as an exemplary framework for advancing personalized and sustainable therapeutic solutions in musculoskeletal medicine.

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