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Clinical Case Study

Marma and *Mudra* Therapy in Mental Health: An Integrative *Ayurvedic* Perspective

Aishwary Srivastava*1, Sakshi Sharma 2, Vd Ruchi Gupta 3, Vd Shivani Mahajan 4

1* P.G. Scholar, Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand.

2 P.G. Scholar, Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand.

3 Professor, Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand.

4 Professor, Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand.

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ABSTRACT:

Background: Mental health disorders are a major health concern affecting cognitive, emotional, behavioural, and psychosocial functioning. *Ayurveda* describes mental disorders under the framework of *Manovaha Srotas Vikara*, involving disturbances of *Manas, Dosha, Dhatu*, and *Satva–Rajas–Tamas*. *Marma* and Mudra therapies provide non-pharmacological approaches that may have relevance in mental health care.

Aim: To explore the *Ayurvedic* basis, therapeutic rationale, proposed mechanisms, and clinical applications of *Marma* and *Mudra therapy* in mental health disorders through integration of classical *Ayurvedic* concepts and contemporary neurophysiological perspectives.

Methods: *Classical Ayurvedic* and Yoga literature related to *Marma, Manas, Prana Vata, Sadhaka* Pitta, *Tarpaka Kapha*, and Mudra therapy was reviewed along with available contemporary literature concerning their neurophysiological effects. Selected *Urdhvajatrugata Marma* points and commonly used *Mudras* were examined, and a proposed Marma–Mudra therapeutic protocol was formulated based on *Ayurvedic pathophysiology*, anatomical considerations, and reported physiological effects.

Results: Selected *Marma* stimulation is proposed to influence autonomic regulation, cerebral circulation, and neurophysiological activity, whereas Mudra practice may support relaxation, attention, emotional regulation, and pranic balance. Their combined application is proposed for conditions including post-stroke depression, *Unmada, Apasmara, Avasada,* anxiety, obsessive-compulsive symptoms, cognitive decline, and insomnia. A posterior-to-anterior-to-superior Marma sequence integrated with appropriate *Mudras* is proposed as a graded therapeutic approach.

Conclusion: *Marma* and *Mudra therapy* may provide a supportive non-pharmacological approach within integrative mental healthcare. The proposed framework offers a basis for clinical application and future research. Controlled clinical studies with standardized protocols and objective neurophysiological assessment are required to establish their therapeutic efficacy and safety.

Keywords: *Ayurveda; Marma therapy; Mudra therapy;* Mental health; *Manovaha Srotas; Urdhvajatrugata Marma; Prana;* Integrative medicine

INTRODUCTION:

Mental health disorders pose a significant global burden, affecting millions of individuals across age groups, socioeconomic strata, and cultures. The World Health Organization (WHO) estimates that depression alone affects over 280 million people worldwide, while anxiety disorders and neurocognitive disorders continue to rise with increasing life expectancy. Post-stroke depression, schizophrenia, bipolar disorders, obsessive-compulsive disorders, and insomnia are some of the most prevalent conditions impacting cognitive, emotional, and psychosocial functioning. Despite advancements in pharmacotherapy and psychotherapy, many patients experience partial relief, adverse effects, or limited access to treatment, creating a demand for integrative, non-pharmacological approaches.

Ayurveda offers a unique framework for understanding and managing mental health disorders under the domain of *Manovaha Srotas Vikara*[1][3][9]. The concept of Manas, the mind, is deeply embedded in *Ayurvedic* thought, interacting with the three *Doshas (Vata, Pitta, Kapha)*, the *dhatus (Medha, Majja, Ojas),* and *Satva, Rajas, Tamas* gunas[1][2][6]. Mental disorders arise when *Manas* is disturbed due to *Dosha* imbalance, *Dhatu* depletion, or *Avarana* (obstruction), leading to conditions such as *Unmada, Apasmara, Vishada, Avasada,* and Atattvabhinivesha[3][4][5]. Classical texts emphasize the role of *Sadhaka Pitta* (emotional regulation), *Tarpaka Kapha* (neural stability), and Prana *Vata* (cognitive function) in maintaining mental equilibrium[6][7]. For instance, *Charaka Samhita (Vimana Sthan*a 8/119)[3] highlights that disturbances in Majja and Ojas contribute to cognitive decline and mood disorders, while *Sushruta Samhita (Sharira Sthana* 6/22)[11] discusses the relevance of *Marmas* in influencing mental and neurological functions.

Ayurvedic psychology classifies mental qualities into *Satva* (clarity, stability), *Rajas* (activity, restlessness), and *Tamas* (inertia, dullness)[3][4]. Disorders often arise due to the predominance of *Rajas-Tamas* or depletion of *Satva,* manifesting as anxiety, depression, hallucinations, or cognitive dysfunction[13][16]. Integrating this classical understanding with modern neuroscience reveals parallels: neurochemical imbalance (serotonin, dopamine), structural brain changes, and autonomic dysregulation mirror *Dosha* vitiation and *Srotodusht*i described in Ayurveda[14][15].

Non-pharmacological therapies such as *Marma* and *Mudra* interventions offer an integrative approach to restore *Pranic* flow, correct *Dosha* imbalances, and enhance neural modulation[17][18][16]. *Marma therapy*, based on the manipulation of vital points where muscles, vessels, ligaments, bones, and joints intersect, has demonstrated effects on autonomic function, cerebral blood flow, and neurotransmission[16][18]. *Mudras*, or symbolic hand gestures, influence Prana distribution, stimulate specific neural circuits, and support emotional regulation[17][18]. Combined, these therapies provide a holistic,

patient-centered approach to mental health, addressing both psychological and physiological dimensions[16][17].

Given the increasing prevalence of mental disorders, limitations of conventional therapies, and the growing interest in complementary interventions, exploring *Marma* and *Mudra therapy* in the context of *Manovaha Srotas Vikara* is both timely and clinically relevant[13][16][17]. This article aims to elucidate the concept, mechanisms, therapeutic protocols, and clinical applications of *Marma* and *Mudra* interventions, integrating classical *Ayurvedic* insights with modern scientific perspectives[13][16][17][18].

Methods

1. Concept of *Marma Therapy*

Definition and Origin:

Marma points, described in classical *Ayurvedic* texts, are vital anatomical loci where muscles *(Mamsa),* vessels *(Sira),* ligaments *(Snayu)*, bones *(Asthi)*, and joints intersect, forming junctions of physiological and energetic significance[6][11]. *Sushruta Samhita* defines Marma as "a site in the body that is susceptible to injury yet serves as a seat of vital energy, influencing both physical and mental health" *(Sharira Sthana* 6/22)[11]. Traditionally, there are 107 *Marma* points, categorized by location, function, and severity of injury when traumatized. Among them, *Urdhva-Jatrugata Marmas* (head and neck region) are especially significant in mental and cognitive function[6][11].

Table 1: Types of Urdhva -Jatrugata *Marmas*

Name of *Marma*	Number	Location	Anatomical Classification	Classification Based on Effect of Injury	*Pramāṇa* (Measurement)	*Viddha* (Trauma) Symptom / Effect
Dhamani (*Nila* & *Manya*)	2 + 2	Each bilateral to Kanth Nadi in neck	*Sira*	*Vaikalyakara*	Measure of self-palmar region	*Mūkata* (aphasia), *Swaravaikritam* (altered speech/voice), *Ārūpagrahita* (inability to perceive light)
Matrika	8	Four on each side of the neck	*Sira*	*Sadyapranahara*	Measure of self-palmar region	*Sadyomaraṇa* (immediate fatality)
Krikatika	2	Junction of head and neck	*Sandhi*	*Vaikalyakara*	½ Aṅgula	*Chalmurdhatā* (instability of head)
Vidhura	2	Posterior and inferior to ears on each side	Snāyu	*Vaikalyakara*	½ Aṅgula	*Bādhirya* (deafness)
Phana	2	Both sides of nasal passage	*Sira*	*Vaikalyakara*	½ Aṅgula	*Gandhāgyāna* (anosmia)
Apanga	2	Below and lateral to tail of both eyebrows	*Sira*	*Vaikalyakara*	½ Aṅgula	*Andhya* (blindness), *DṚṢṬi Upaghāta* (visual disturbance)
Avarta	2	Above both eyebrows	*Sandhi*	*Vaikalyakara*	½ Aṅgula	*Andhya* (blindness), *DṚṢṬi Upaghāta* (visual disturbance)

Shankha	2	At tail end of eyebrows between ears and forehead on both sides	*Asthi*	*Sadyapranahara*	½ AṄgula	*SadyomaraṆa* (immediate fatality)
UtkṢ epa	2	Above *Shankha* and near scalp hairline	Snāyu	*Vishalyaghna*	½ AṄgula	Survival possible if foreign body remains lodged, but death occurs upon removal
Sthapani	1	Between both eyebrows (center of forehead)	*Sira*	*Vishalyaghna*	½ AṄgula	Survival possible if foreign body remains lodged, but death occurs upon removal
Simanta	5	Cranial sutures (junctions of skull bones)	*Sandhi*	Kalantara PrāṆahara	Measure of self-palmar region	*Unmāda* (mental derangement), *Bhaya* (phobia), *Chittanāśa* (loss of consciousness), *MaraṆa* (death)
Shringataka	4	At the confluence of siras of nose, ear, eyes, and tongue	*Sira*	*Sadyapranahara*	Measure of self-palmar region	*SadyomaraṆa* (immediate fatality)
Adhipati	1	Upper head where hair forms circular whorl	*Sandhi*	*Sadyapranahara*	½ AṄgula	*SadyomaraṆa* (immediate fatality)

Mechanism of Mental Effect:

Stimulation of *Marmas* modulates the nervous system, influencing autonomic balance and cerebral circulation. From an *Ayurvedic* perspective, *Marmas* regulate Prana *Vata,* harmonizing the flow of vital energy within *Srotas* (channels) of the brain. Modern neurophysiological studies suggest *Marma* therapy affects *vagal* tone, cortical excitability, and neurotransmitter release, explaining improvements in mood, anxiety, and cognitive functions[16][18]. Endocrine modulation via hypothalamic-pituitary-adrenal axis regulation may further enhance emotional resilience.

Therapeutic Application:

Specific *Marmas* of the head and upper body, such as *Adhipati Marma, Shringataka Marma*, and *Brahmarandhra*, are prioritized in mental health interventions. Techniques include gentle pressure, circular massage, and rhythmic tapping, often combined with guided breathing to optimize Prana flow[16].

2. Concept of Mudra Therapy

Classical Basis:

Mudras, or symbolic hand gestures, are described in texts such as *Gherand Samhita (Mudra Prakaran* 1–25) and *Kriya Yoga Sutras (Govindham,* pp. 185–209)[7][8]. Common ***Mudras*** **used for mental health include:**

- ***Gyana Mudra*** **–** promotes mental clarity, concentration, and calmness
- ***Chin Mudra*** **–** enhances awareness and energy balance
- ***Hridaya Mudra*** **–** regulates emotional

states, alleviates anxiety and depression

- ***Prana Mudra*** **–** activates vitality and cognitive function
- ***Surya Mudra-***promotes weight loss, improves appetite and vision
- ***Vayu Mudra-*** helps in balancing air element of the body, alleviates pain
- ***Varun Mudra-*** promotes health and wellness of the body
- ***Anjali Mudra-*** maintain balance and peace
- ***Khechari Mudra-*** improves progress in spiritual path of realization of Supreme Consciousness

Mechanism of Action:

Mudras influence *Pranic* flow along energy channels *(Nadis)* and stimulate specific neurophysiological pathways. Studies indicate that *Mudras* can:

- Modulate **cortical excitability**
- Influence **autonomic nervous system balance**, reducing sympathetic overactivity
- Enhance **neurotransmission,** particularly serotonin and gamma-aminobutyric acid (GABA) pathways, promoting relaxation[16].

Mudras are often integrated with *Pranayama*, meditation, or *Marma* stimulation to maximize mental health benefits[17]. Neuroimaging evidence suggests Mudra practice can activate prefrontal regions involved in executive function and emotional regulation.

Therapeutic Application:

Mudra sessions typically last 10–30 minutes, performed daily or multiple times a day. They can be applied individually or synergistically with Marma therapy. Contraindications are minimal, though patients with severe tremors or musculoskeletal restrictions may require modifications.

3. Integration of *Marma* and *Mudra Therapy*

Classical texts do not explicitly describe the combined protocol, but contemporary practice emphasizes synergistic application:

- *Marma* stimulation primes the nervous system and *Pranic* flow
- *Mudras* consolidate mental clarity, emotional balance, and energy integration

For example, stimulating *Adhipati Marma* followed by *Jnana Mudra* can enhance cognitive function, while *Shringataka Marma* with *Hridaya Mudra* may improve emotional regulation and reduce anxiety[16][17][18]. The rationale integrates classical Ayurvedic theory with modern understanding of neural plasticity, vagal modulation, and autonomic regulation.

Results

Integration of Mudra with *Marma Therapy*

Conceptual Rationale

Mudras complement *Marma therapy* by channeling *Pranic* energy and enhancing neurophysiological effects. While *Marma therapy* directly stimulates critical junctions (muscle, ligament, vessel, bone, joint) to influence *Prana, Udana,* and *Vyana Vata, Mudras* reinforce *Satva* stabilization, balance *Rajas–Tamas*, and modulate the limbic–cortical circuits responsible for emotion, cognition, and autonomic tone[16][17].

- Marma stimulation prepares the nervous system, promotes cerebral perfusion, and reduces autonomic hyperarousal.
- Mudra practice (e.g., Jnana Mudra,

Chin Mudra, Hridaya Mudra) sustains the calming effect, enhances focus, and supports neurotransmitter balance.

The combination is particularly useful for disorders where *Dosha* imbalance, *Pranic* stagnation, and emotional dysregulation coexist, such as post-stroke depression, *Unmada, Apasmara*, anxiety disorders, OCD, and insomnia.

Table 2 : Proposed Protocol: *Marma* + *Mudra* Synergy

Disorder	***Urdhvajatrugata Marma* Sequence**	***Mudra* Regime**	**Expected Outcome**
Post-Stroke Depression	*Krikatika → Manya → Vidhura → Shankha → Avarta → Sthapani → Adhipati*	*Jnana Mudra* (10 min) during and post *Marma* stimulation	Enhances *Vyana* circulation, stabilizes neurotransmission, improves mood
Unmada / Psychosis	*Krikatika → Manya → Matruka → Shankha → Avarta → Sthapani → Simanta → Adhipati*	*Hridaya Mudra + Chin Mudra*	Modulates limbic and cortical activity, reduces hyperactivity, calms *Rajas-Tamas*
Apasmara / Epilepsy	*Krikatika → Manya → Nila → Shankha → Avarta → Sthapani → Adhipati*	*Prana Mudra* (enhances vitality)	Reduces seizure threshold, improves *Pranic* stability
Chittodvega / Anxiety	*Krikatika → Manya → Vidhura → Avarta → Sthapani → Simanta*	*Hridaya Mudra*	Balances *Prana* and Sadhaka systems, calms amygdala-hypothalamic overdrive
Avasada / Major Depression	*Manya → Matruka → Shankha → Avarta → Sthapani → Adhipati*	*Jnana Mudra*	Rejuvenates *Sadhaka Pitta* and *Ojas*, supports serotonin-mimicking pathways
Atattvabhinivesha / OCD	*Manya → Matruka → Shankha → Avarta → Sthapani*	*Chin Mudra*	Enhances cognitive control, harmonizes *Prana–Vyana*–Sadhaka circuits
Smriti Nasha / Dementia	*Krikatika → Manya → Matruka → Avarta → Sthapani → Adhipati → Simanta*	*Jnana + Prana Mudra*	Stimulates cortical neuroplasticity, enhances *Medha Dhatu* , supports memory
Nidranasha / Insomnia	*Krikatika → Manya → Shankha → Avarta → Sthapani*	*Hridaya Mudra*	Promotes Tarpaka *Kapha*, induces calmness, improves sleep quality

Implementation Guidelines

1. ***Marma* Stimulation:** 15–20 minutes per session, gentle circular or rhythmic pressure, posterior-to-anterior-to-superior sequence.
2. ***Mudra* Practice:** 10–15 minutes during or immediately after *Marma therapy*. Encourage slow diaphragmatic breathing.
3. **Frequency:** 3–5 sessions/week for mild disorders; daily for severe cases (e.g., post-stroke depression or major depression).
4. **Monitoring:** Observe emotional state, cognitive alertness, sleep quality, and autonomic signs.
5. **Contraindications:** Severe cranial injury, acute neurological conditions, uncontrolled hypertension, or extreme agitation.

Rationale for *Marma* Sequence in Mental Disorders

The sequence of *Marma* stimulation in *Urdhvajatrugata* (head and neck) regions is derived from classical texts, anatomical and *Pranic* considerations, and modern physiological reasoning:

1. Posterior-to-Anterior Initiation:

- *Marmas* such as *Krikatika* and *Manya* are located in the posterior cranial and upper cervical region, which are closely linked with brainstem nuclei, vagal pathways, and cerebrospinal fluid dynamics. Stimulating these points first prepares the autonomic nervous system and optimizes Prana flow before addressing frontal and cognitive centers.
- Classical texts *(Sushruta Samhita Sharira Sthana* 6/22–33; *Astanga Hrdaya Sharirasthana* 4) describe these points as gateways to Udana and *Vyana Vata*, which regulate consciousness, speech, and mental clarity[11].

2. Midline and Frontal Marmas:

- Points such as *Vidhura, Shankha, Avarta,* and *Sthapani* are along the forehead and temporal regions, corresponding to limbic and prefrontal cortical areas. Stimulation of these *Marmas* modulates *Sadhaka Pitta*, balances *Rajas-Tamas*, and stabilizes emotions.
- From a *Pranic* perspective, the flow of energy from posterior to anterior ensures gradual activation and harmonization of mental faculties without overstimulation.

3. Superior/Vertex *Marmas (Adhipati / Brahmarandhra):*

- The final stimulation at the vertex addresses higher cognitive integration, awareness, and emotional balance. This aligns with higher cortical processing, enabling consolidation of the effects from previous *Marma* points.
- Textual sources like *Dalhana's Nibandha Sangraha* and Joshi & Joshi's A*yurveda Mahakosha* emphasize the cumulative *Pranic* effect achieved by ending at *Brahmarandhra,* which governs mental equilibrium and *Sattva* enhancement[6][11].

4. *Mudra* Integration with *Marma* Sequence:

- *Mudras* are chosen based on the mental and energetic effect of each *Marma* point. For instance:
  - Jnana Mudra with *Adhipati* enhances cognition and focus.
  - *Hridaya Mudra* with Shankha/Avarta calms the limbic system and mitigates anxiety.

- *Chin Mudra* with *Manya/Matruka* supports emotional regulation and Pranic flow.

- This synergistic approach ensures that *Marma* stimulation primes the neurovascular and *Pranic* pathways, while *Mudras* consolidate emotional and cognitive stabilization, producing a holistic therapeutic effect.

5. Directional Flow Principle:

- Classical texts and modern practice manuals advocate a posterior-to-anterior-to-superior flow because it mirrors the natural craniospinal-*Pranic* circulation, preventing overstimulation, reducing the risk of vertigo or agitation, and allowing graded activation of mental faculties.

Discussion

The integration of *Marma* and *Mudra* therapy for mental disorders represents a non-pharmacological, patient-centered approach aligning with classical *Ayurvedic* principles and modern neurophysiology. *Urdhvajatrugata Marmas* are strategically located along neurovascular, musculoskeletal, and *Pranic* junctions that correspond with cortical, limbic, and autonomic centers. Their posterior-to-anterior-to-superior stimulation sequence facilitates gradual activation of *Vyana* and *Udana Vāta,* harmonizes *Sadhaka Pitta*, and balances *Satva,* thus modulating emotional, cognitive, and autonomic functions[6][11][16]. *Mudras* complement this stimulation by sustaining *Pranic* flow, regulating neurotransmission, and stabilizing mental states. For example, Jnana Mudra with *Adhipati Marma* enhances attention and cognitive clarity, while *Hridaya Mudra* with *Shankha* or *Avarta* supports emotional equilibrium and anxiety reduction. The synergistic application targets disorders such as post-stroke depression, *Unmada, Apasmara,* anxiety, OCD, dementia, and insomnia, addressing both *Ayurvedic* pathophysiology *(Dosha, Srotas, Dhatu,* and *Sattva* imbalance) and modern neurobiological dysfunction (limbic–cortical dysregulation, neurotransmitter imbalance, autonomic hyperactivity)[16][17][18].

Clinical relevance is substantial. Pilot studies and observational evidence indicate improvements in mood, sleep, cognition, and overall quality of life following combined *Marma–Mudra therapy*. This approach provides a low-cost, low-risk adjunct to conventional management of mental disorders, especially for patients with contraindications to pharmacotherapy or those seeking integrative care.

Limitations and research directions: Despite promising observations, systematic clinical trials remain limited. Standardization of pressure, duration, frequency, and Mudra selection is needed. Neuroimaging and neurophysiological studies could validate *Marma–Mudra* effects on brain regions, vagal tone, and neurotransmitter pathways. Future research may also explore personalized sequences based on *Dosha, prakriti,* and specific disorder profiles, establishing an evidence-based framework for integrative mental healthcare.

Conclusion

The combined use of *Marma* and *Mudra* practices offers a traditional framework for

exploring supportive, non-pharmacological care in mental health. Classical *Ayurvedic* concepts place these practices within a broader account of mental and physiological regulation, and contemporary models provide possible points of comparison involving sensory input, autonomic function, stress responses, attention, and emotional regulation. These parallels should be interpreted as hypotheses rather than direct equivalences or proof of clinical effect. The available literature presented in this manuscript is insufficient to establish the efficacy of combined *Marma–Mudra therapy* for specific psychiatric or neurological disorders. Future studies should use clearly described and reproducible protocols, appropriate comparison groups, validated clinical outcomes, and objective physiological measures. Until stronger evidence is available, these practices should be considered investigational adjuncts and should not replace established psychiatric, neurological, or rehabilitative care.

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Corresponding author: ***9027721303asri@gmail.com***

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