

Management of anidra w.s r to insomnia using marma therapy - A case study

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ABSTRACT

According to Ayurveda, the three primary pillars of the body are Brahmacharya, Nidra, and Aahara. One of the thirteen urges that cannot be controlled is Anidra. Anidra, or lack of sleep, is classified under the Vatananatmaja Vikara in Ayurveda and is caused by an aggravation of the Vata Dosha. Transquillizers are prescribed by modern medicine to cure sleeplessness. These medications provide significant relief during the first few days of treatment, but prolonged and ongoing use leads to negative side effects. A 40-year-old woman arrived at the outpatient department complaining of having trouble falling and staying asleep for the past eight months. One of the 108 marmas listed in Tamil varmology, Urakkakala marma is situated on both sides of the inner side of the lower jaw. Stimulation of urakkakala marma was done and the patient's subjective parameters showed significant improvement. In Anidra (insomnia), marma therapy may be safe, efficient, easily accessible, reasonably priced, and free of adverse effects.

INTRODUCTION

According to Ayurveda, Nidra, or sleep, is the physiological state in which the body, mind, and sense organs, or Sharira and Indriya, are at rest.¹When the body and mind are exhausted, Kapha Dosha and Tamasa Guna will rise, causing the sense organs to malfunction. In the pursuit of holistic health and alternative therapeutic approaches, traditional Ayurvedic treatments such as Marma therapy have gained popularity. A traditional Indian healing technique called marma treatment involves manipulating "marma points," or vital energycentres, which are located throughout the body at certain anatomical sites.

According to Ayurveda, there are 107 major marma points that are associated with various organs, tissues, and physiological processes.²

These various marma points and how each one can be stimulated to cure various ailments are described in the Sidha system and Tamil varmology.³

By bringing the body's prana, or life force energy, flow back into balance, the therapy seeks to enhance overall wellbeing. Marma therapy may use gentle pressure, massage, or oil application to stimulate these regions and influence the physical, emotional, and spiritual aspects of wellness. According to Ayurveda, specific body portions are called Prana sthana, or "where life resides," and these essential spots are called Marma. Serious repercussions could arise from disturbances to these Marma locations. By balancing the tridosha and repairing the energy block, marma therapy aids in the treatment of numerous pathological illnesses. Marma therapy's main benefit is that it is a non-invasive, cost-

effective

treatment that, with patient training from a qualified physician, can be used as self-therapy.

Its foundation lies in the knowledge of Prana, especially in relation to Vata Dosha.

Marma mostly addresses Vata Dosha imbalances because of its strong relationship to Prana.⁴

CASE REPORT

A 40-year-old female, unmarried graduate by education working as an accountant in a private company approached the outpatient department of PNPS ayurveda medical college hospital with a chief complaint of difficulty in falling and maintaining sleep since 8 months, associated with tiredness during her working hours. It took her more than 50 minutes for falling asleep in last 6 months and she used to wake up 3 or more times at night in 4-5 days a week. She does not have any habit of smoking, alcohol or any drug abuse. No previous medical as well as surgical history was reported. She had taken allopathic medication for a month, and she was getting good sleep, but when she stopped the medication she was in the same situation of altered sleep. So she opted for ayurvedic treatment, and hence we started marma therapy. No significant family history was reported. Her menstrual history was also non-contributory. In order to exclude the possible pathologies she was advised to undergo laboratory and imaging investigations. No pathological changes were observed in biochemistry, blood count and MRI Brain.

Table: 1 DASHAVIDHA PARIKSHA

PRAKRITI	VATHA PITHA
SARA	MADHYAMA
SAMHANANA	MADHYAMA
SATWA	MADHYAMA
SATHMYA	PRAVARA
AHARASAKTHI	MADHYAMA
VYAYAMASAKTI	MADHYAMA
DESHA	SADHARANA
VAYA	MADHYAMA
KALA	VASANTHA RITU

VITAL SIGNS

Blood pressure 120/86 mmhg
Heart rate 78b/minute
Respiratory rate 18 breath/minute
Temperature Afebrile
Height 160 CM
Weight 55 kg

Systemic examination - Normal

Table : 2 RELEVANT BLOOD INVESTIGATION REPORTS

INVESTIGATION	RESULTS
Haemoglobin	11.4gm%
E S R	12/hr
VIT D	28ng/mL
Hba1c	5%
Total cholesterol	200 mg/dl
Calcium	1.72mmol/L
Urine microscopic	Normal limit
Urine routine	Normal

MARMA THERAPY PROCEDURE

Place the pulp of the middle three fingers at the starting point of lower jaw as shown in figure 2. Drag the fingers through urakkakalam and end at Ottuvama (centre of area below chin). Repeat for three times. On the third time end with clockwise and anticlockwise rotation at ottuvama. This marma is located on both sides, its enough to stimulate on one side.⁵Marma

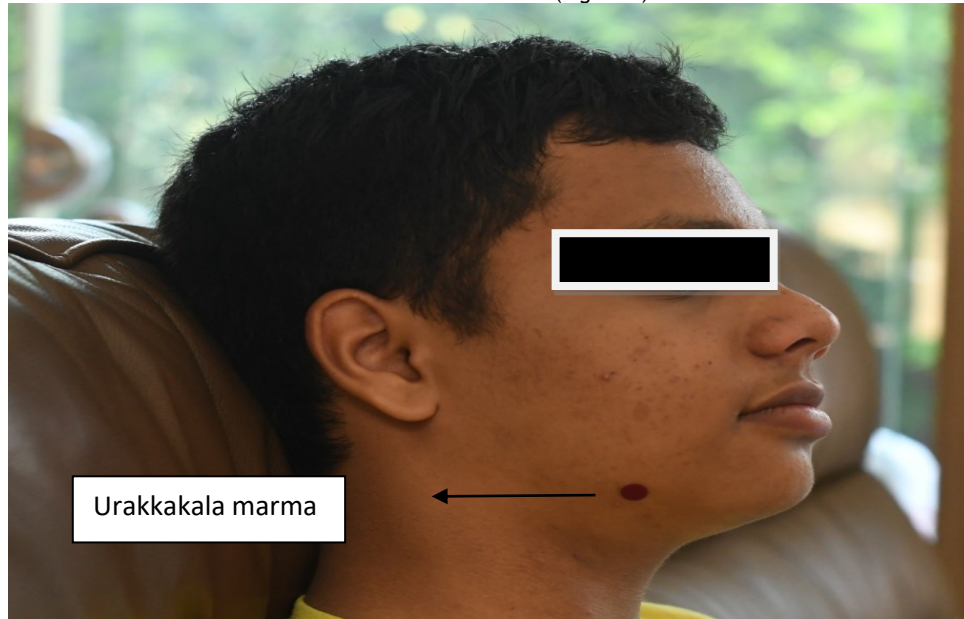
therapy technique was trained to the patient (self marma therapy)⁶ advised to practice for 3 to 5 minutes as she go for sleep. She came for regular follow up in every 7 days for 28 days; and the results were documented.

Table: 4 ASSESSMENT OF PITTSBURG SLEEP QUALITY INDEX QUESTIONNAIRE

SL NO	PSQI	BASELINE	7 th DAY	14 th DAY	28 th DAY
1	What time e you usually gone to bed at night?	9.30 pm	9.30pm	9.30 pm	9.30 pm
2	How long (in minutes) has it usually taken you to fall asleep each night?	40- 60minutes	<30 MINUTES	10-15 MIN	10-15 MIN
3	When have you usually gotten up in the morning?	6AM-7 AM	5AM	5.30 AM	5AM
4	How many hrs of actual sleep did you get at night	5 HRS	7 Hrs 15min	7 hrs	7 hrs
5	During the past month, how often have you, had trouble sleeping because you				
	a. Cannot get to sleep within 30 minutes	3	2	2	2
	b. Wake up in the middle of the night or early morning	2	2	1	1
	c. Have to get up to use the bathroom	2	1	0	1
	d. Cannot breathe comfortably	0	0	0	0
	e. Cough or snore loudly	0	0	0	0
	f. Feel too cold	0	0	0	0
	h. Have bad dreams	1	0	0	0
	i. Have pain	0	0	0	0
	j. Other reason(s), please describe, including how often you have had trouble sleeping because of this reason(s)	0	0	0	0
6	During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep	2	0	0	0
7	During the past month, how often have you had trouble staying awake while driving, eating meals, or	1	0	1	0

	engaging in social activity?				
8	During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	2	1	0	0
9	During the past month, how would you rate your sleep quality overall?	2	1	1	1
10	Do you have bed partner	NO	No	no	no
Total score		15	7	5	5

Location of urakkakala marma (Figure:1)



Procedure of Marma therapy (Figure -2)



Table: 3DURATION OF MARMA STIMULATION PERFORMED AND ASSESEMENT OF 7 DAYS SLEEP PATERN

DAY	TIME duration of marma stimulation	Sleep initiation	Awakening during sleep hours	Time of awakening in the morning
Day 1	9.30-9.35PM	10 pm	1.30 am	7am
Day 2	9.30-9.35	9.5 5pm	Nil	6.30 am
Day 3	9.30-9.35	10 pm	4am	6am
Day 4	9.30-9.35	9.50 pm	Nil	6.15 am
Day 5	9.30-9.35	9.45pm	Nil	6 am
Day 6	9.30 -9.35	9.45 pm	Nil	5am
Day 7	9.30-9.35	9.45 pm	Nil	5 am

DISCUSSION

In India, the prevalence of insomnia varies from 13.8% to 33%. Nidra is necessary to achieve Sukha and Arogya, just as Ahara is necessary to maintain health.

According to Acharya Charaka, people get into a condition of sleep⁷ when their minds, senses, and motor organs become exhausted and separate from their things. The need for sleep fluctuates and is not always present. Adults typically need seven to nine hours of sleep.

Since patients were well aware of the negative effects of using various tranquilizers for insomnia on a regular and long-term basis, she came to us for ayurvedic treatment. We tried Marma therapy, and she was quite pleased because it is noninvasive, safe, and has no side effects. She can continue using it once she has received medical training on every day basis. Marma stimulation will not cause any pain to the patient, medium pressure massage is done considering the age and body condition of the patients. As an inpatient we did urakkakala marma stimulation 3-5 minutes for 7 days. During discharge the procedure was well trained under the expert guidance of doctors and was asked to continue for 3 more weeks. At her bed time 3-5 minutes marma stimulation was done for next 21 days, she took an average of 15 to 20 minutes to fall asleep. Before treatment it took her around 40-50 minutes to fall asleep. After 28 days follow up she was very much satisfied with her quality and quantity of sleep. She could maintain the same sleep pattern after 3rd month of follow up also. The Pittsburgh Sleep Quality Index (PSQI) is an effective instrument used to measure the quality and patterns of sleep in the adult. It differentiates "poor" from "good" sleep by measuring seven domains: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances etc over the last month score for each question range from 0-3, with higher score indicating more acute sleep disturbance.⁸ Here the PSQI Score of patient is taken which was 15 at the time of admission which is very high which got reduced to 5 after 28 days treatment mentioned in table no 4.

RESULTS

Through stimulation of urakkakala marma the patients' sleep quality and quantity got very much improved. It is highly evident from the PSQI Score of patient which was 15 at the time of admission and got reduced up to 5 after 28 days of marma treatment.

CONCLUSION

Nidra has a significant effect on our mental, emotional, and physical wellbeing.

Nidra is regarded as bhootha dhatri in ayurvedic literature because it supports prana (life) and protects the individual as a mother. It is clear from this study that urakkakala marma stimulation is very beneficial for enhancing a person's quality of sleep. Although the integrated method has potential benefits, problems still exist. For broader acceptability in the medical community, standardisation of procedures, training approaches, and the establishment of proof through scientific research are still essential. Resolving these issues will open the door to a more methodical Marma Therapy integration.

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