

4 Marma Points for Common Pain Complaints

A Quick Reference for Bodywork & Allied Health Professionals

Ayurvedic *marma* point work maps naturally onto the anatomy you already know. The points below are drawn from clinical sequences used for common pain conditions — adapted here for practitioners working with tools like Kinesio tape, cupping, and manual grasping techniques, rather than oil-based massage. Each point can be palpated and worked through clothing.

What is a *marma* point? In Ayurveda, *marma* points are vital energy junctures on the body — sites where two or more types of tissue meet, such as muscles, nerves, blood vessels, bones, or joints. Often called “windows to the soul,” they're both a therapeutic and diagnostic tool: stimulating a *marma* point through touch, pressure, essential oils, vibration and sound therapy, or mantra sends a message to the internal organs, supporting healing and restoring the flow of life force energy (*prana*).



Headache & Migraine

Marma Point: Krikatika (Suboccipital Points)

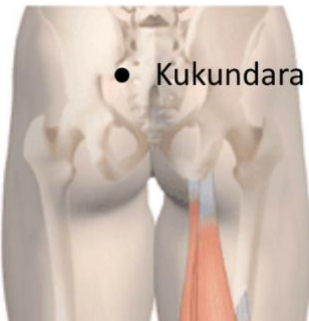
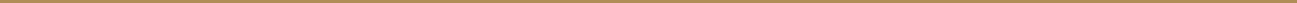
Location	Bottom of the occiput, inferior to the occipital protuberance — two points, one on each side of the neck at the base of the skull
Anatomy Involved	Suboccipital triangle, rectus capitis and obliquus capitis muscle group, upper cervical spine
Therapeutic Value	Governs body posture, lubrication of the brain, and the subconscious mind — an especially accessible entry point for practitioners newer to Marma work, since the correlation between suboccipital tension and headache is already familiar from a Western anatomical lens

Technique

Krikatika sits directly on the path of the Superficial Back Line (SBL) — the same line that runs continuously from the sole of the foot up through the spine, over the skull, and ends at the brow ridge. Tension anywhere along the SBL, especially in the calves, hamstrings, or upper back, can concentrate right at this suboccipital junction. With your client supine, hook your fingertips gently under the base of the skull at both suboccipital points simultaneously. Maintain steady static pressure while passively flexing and extending your client's head (a slow, small nod motion) through a comfortable range. Continue for 30–60 seconds, letting the tissue soften with each pass — working this point locally, alongside a broader check of SBL tension, often yields more lasting relief than isolated neck work alone.

Ancillary Tools

Kinesio tape applied across the suboccipital region can extend release between sessions.



Low Back Pain & Sciatica

Marma Point: Kukundara (PSIS)

Location	Along the posterior superior iliac spine (PSIS) and SI ligaments
Anatomy Involved	Gluteus maximus, sciatic nerve, sacroiliac joint region
Therapeutic Value	Supports Raktavaha srotas (the blood-carrying channel); a key access point for releasing the deep hip and low-back holding pattern common in chronic LBP and sciatica

Technique

Kukundara sits at a key junction where the Superficial Back Line (SBL) and Superficial Front Line (SFL) counterbalance each other — the SBL running from the sole of the foot up through the hamstrings, sacrum, and spine, and the SFL running from the top of the foot up through the quadriceps to the torso. When one line is short or overtight relative to the other, it pulls the spine's natural curve out of alignment, often centering right at this point. With your client prone, use deep, small circular friction directly over the PSIS landmark. Follow with passive hip mobilization — gently flex the knee toward the chest (frog-leg position) and rotate the hip through a comfortable range while maintaining light pressure on the point. Releasing Kukundara helps restore front-back balance rather than treating the low back in isolation.

Ancillary Tools

Cupping placed just lateral to this point can help release superficial fascial restriction before deeper myofascial work; a percussion or vibration tool can also be used briefly beforehand to downregulate guarding.



Thoracic Outlet Syndrome & Carpal Tunnel Syndrome

Marma Point: Kakshadhara

Location	Approximately 2 inches below the point where the lateral third and medial two-thirds of the clavicle meet — near the path of the median nerve
Anatomy Involved	Pectoralis major and minor, intercostal muscles, axillary lymph drainage
Therapeutic Value	Supports Mamsavaha srotas (the muscle-tissue channel); directly relevant to nerve entrapment patterns shared by both TOS and CTS, since both conditions involve compression along the median nerve's path

Technique

With your client supine, use sustained, moderate static pressure at this point, directing your pressure toward the axillary fossa. Combine with passive shoulder flexion to gently open the thoracic outlet space, then move distally along the arm toward the wrist to address downstream nerve compression. This point sits along [Myers' Deep Front Arm Line](#). Median nerve flossing — gently gliding the nerve through its full range via wrist and elbow extension/flexion — can be introduced as a complementary home-care technique once acute tenderness has eased.

Ancillary Tools

Kinesio-tape applied along the anterior shoulder and forearm can extend decompression between sessions.



Plantar Fasciitis

Marma Point: Kurcha Shira

Location	Calcaneus bone at peroneous muscle attachments
Anatomy Involved	Peroneous brevis and longus muscles
Therapeutic Value	Supports downward regulation; elimination; sleep (Apana Vata)

Technique

With your client prone or side-lying, apply firm, sustained pressure directly on the calcaneus where the peroneus longus and brevis tendons attach, along the lateral aspect of the heel. This point sits along Myers' Lateral Line. Follow with slow, deep friction across the tendon attachments, then passively invert and evert the ankle through a comfortable range to help release tension along the peroneal pathway. Continue until you feel the tissue soften and the tendon attachments become more distinctly palpable under your fingers.

Ancillary Tools

Stainless steel Graston Technique tools can help address fascial adhesion around the peroneal tendon attachments — apply with the warmth and circulation-supportive philosophy central to this work (heat and blood flow support the therapeutic process, rather than icing it down). Shearing forces over [Tune Up Fitness balls](#) between sessions can help clients maintain release at home. Kinesio taping along the peroneal tendon pathway can also help maintain release between sessions.

This is a preview.

Beyond the Massage Table goes deeper — full sequences, more conditions, and hands-on practice.

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www.rasa-yana.com | Kris Quinones, LMT, AHC, EYT500

