



Traditional and Complementary Medicine Practice Guideline on **Varmam** **Therapy**



TRADITIONAL AND COMPLEMENTARY MEDICINE DIVISION
MINISTRY OF HEALTH MALAYSIA

Traditional and Complementary Medicine Practice Guideline on Varmam Therapy



Ministry of Health Malaysia



Traditional and Complementary Medicine Division

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STATEMENT OF INTENT

This practice guideline (PG) is meant to be a guide for the specified practice, based on the consensus achieved from the expert panels involved in the development of this guideline, meeting the local needs, suitability of introducing a new practice in the country and the best available evidence at the time of development. Adherence to this guideline may not necessarily guarantee the best outcome in every case. Every healthcare provider is responsible for the management of his/her unique patient based on the clinical picture presented by the patient and the management options available locally. This guideline was published in 2016 and will be reviewed if new evidence becomes available.

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OBJECTIVES OF THE GUIDELINE DEVELOPMENT

This Practice Guidelines was developed by the Division of Traditional and Complementary Medicine (T&CM), Ministry of Health (MOH) Malaysia with active involvement of a multidisciplinary expert committee.

OBJECTIVE

This practice guideline is a consensus based guideline for the introduction of Varmam therapy as a form of traditional Indian (Siddha) medicine in the public hospitals in Malaysia. The aim of this practice guideline is to assist the practitioner in the public hospitals and clinicians in the MOH to ensure safe practice of Varmam Therapy.

METHODS

A multidisciplinary approach was taken in the development of this practice guideline. Information was compiled and considered by an expert panel consisting of experts from the Ministry of Health Malaysia namely the officers from the Traditional and Complementary Medicine Division, specialists and surgeons from Sungai Buloh Hospital (Department of Rehabilitation Medicine and Department of Orthopaedic & Traumatology); Ministry of AYUSH Government of India that is represented by the Central Council of Research in Siddha (CCRS), Siddha Central Research Institute and National Institute of Ayurveda; and local traditional Indian medicine practitioners.

The Varmam Practice Guideline (India) which was developed by Prof. Dr. R. S. Ramaswamy (Director General, CCRS); and co-developed by Medical Consultants (Siddha) Dr. S Natarajan, Dr. R Meena and Dr. S.D Muralidass has been used as a main source of reference for the development of this guideline.

Based on the information and knowledge gained from the practice of Varmam therapy in India, a discussion and analysis was made to identify the needs and requirements of introducing Varmam therapy in Malaysia. A multifaceted approach was taken to tailor Varmam therapy for the local healthcare setting in Malaysia such as indications for referrals to be considered for this therapy as well as determining the mode of delivery of Varmam therapy and treatment regime to ensure standardization and safety of the patient by avoiding unintended consequences of the treatment.

LIMITATIONS

The limitations of this guideline are:

- a) the guideline has been developed based on the consensus by expert panels.
- b) the source of literature and information gained from India has been validated and approved in India. It is mainly based on evidence derived from clinical reviews and case studies that were being done locally.

However, there is a value for consensus-based guidelines in the absence of evidence from either systematic reviews of randomized trials or randomized trials alone. In addition, high level of evidence without risk of biasness is not readily available on many aspects of traditional medicine systems. Thus, the present approach with expert consensus guidelines is acceptable.

CONCLUSION

These consensus guidelines are intended to assist clinicians in identifying the suitability of patients to be referred for Varmam therapy as well as standardization of treatment offered by the practitioner to the patient. The panel advocates for focused referral criteria at present and hope to widen the referral criteria in the near future if possible to provide effective treatment for patients grouped in the non-communicable disease category.

TARGET POPULATION

This document is intended to guide healthcare professionals and relevant stakeholders in providing treatment to patients with the following chronic disorders:

1. Cervical spondylosis
2. Lumbar spondylosis
3. Osteoarthritis (Knee)
4. Adhesive capsulitis (Frozen shoulder)

TARGET GROUP/USERS

This document is intended to guide healthcare professionals and relevant stakeholders in all the public healthcare settings offering this service, including:

1. Varmam/Siddha Practitioners
2. Health care providers
3. Allied health professionals
4. Healthcare trainees
5. Patients and carers

GUIDELINES DEVELOPMENT GROUP

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REVIEW COMMITTEE

The draft guidelines were reviewed by a panel of experts from public sector. They were asked to comment primarily on the comprehensiveness and accuracy of the interpretation of evidence supporting the recommendations in the guidelines.

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INTRODUCTION

TRADITIONAL MEDICINE

Traditional medicine has a long history. It is the sum of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.¹

TRADITIONAL INDIAN MEDICINE

Traditional Indian medicine is based on knowledge inherited from generation to generation among the Indian community.¹

1.1 INTRODUCTION TO SIDDHA MEDICINE ¹⁰

Siddha came from the word Siddhi, which means perfection or heavenly bliss. Siddha system is popular in South India especially in Tamil Nadu, Puducherry and Kerala. Siddha medicine is one of the traditional Indian systems of medicine. It is explained in Siddha that in normal equilibrium the three vital life factors that are, Vaadham, Pittham and Kabam are in the ratio of 4:2:1 respectively. Disturbance in this equilibrium results in diseases. In diseased conditions the three vital life factors are known as humours. The factors which affect this equilibrium are environment, climatic conditions, diet, physical activities and stress. According to the Siddha system, diet and lifestyle play a major role in maintaining the physical, mental and social health.

1.2 INTRODUCTION AND PHILOSOPHY OF VARMAM THERAPY ⁸

Varmam is one of the oldest South Indian Martial Arts which later evolved into a therapy. The pressure point struck or hit during combat is called Varma Adi (Varmam assault). It is an art of unarmed fighting system targeting nerves, veins, joints and organs.

Varmam refers to points all over the body where the pranic (life) energy remains concentrated. Many of such points when hit forcefully produces injurious effects or changes in our body. Such changes vary with the force of hitting, specific time or duration and the physical strength of the victim. At the same time, such points or many other points when manipulated therapeutically produces curative effects in many diseased conditions.

An expert in Varmam technique is called “Varmani”. He teaches this art to other persons only after analysing their character whether they have noble (sathuva) qualities or not. That is why Varmam is also called Marmam which means secret.

Varmam are energy points located along invisible energy channels in the body. Any injury or block in the flow of vital life energy leads to diseases. There are about 72,000 naadis (energy channels) in our body through which the life energy is circulated. The flow of life energy can

be equated to the flow of current. But the strength of life energy is of low voltage which can't be measured by ordinary electrical devices. Skin is the largest organ in the body and it produces resistance to the normal flow of life energy. Varmam points are considered to be the stations where the flow of energy is boosted. Reaching locations of Varmam points, techniques of approach and degrees of manipulation play vital roles in therapy.

1.3 SARAM (VITAL ENERGY) CIRCULATION ⁵

The term “Saram” indicates the places where vital energy or the life energy exists. It also indicates the directions of flow of vital energy. The vital energy or the life energy is also called “Vaasi”. The function of saram can be understood only through its circulation which is the basic of Varmam.

The vital energy called vaasi is derived from our act of breathing and it moves from one Varmam point to another through specific channels and forms a chain of circuits in the body cells and offers an environment for the body cells to function smoothly.

1.4 VARMAM THERAPY ⁵

Varmam therapy is the therapeutic manipulation of Varmam points in which the pranic energy remains concentrated. Manipulation over these points with a particular force for the specified time will release the pranic energy from these points and bring relief to the affected individual by regulating the flow of pranic energy which is obstructed due to assault on specific points (Varmam points) or due to other causes.

The basic principle is to normalize the flow of Varmam energy. The methods of Varmam treatment being practised today can be classified as follows:

1. Energy based treatment
2. Vital air based treatment
3. Nervous system based treatment
4. Bone based treatment
5. Muscle based treatment
6. Internal organ based treatment

The above said treatment procedures are appropriately chosen and carried out by well-trained and experienced Varmam experts by appropriate hand/digit usage.

CLASSIFICATIONS OF VARMAM ⁵

Varmam therapy is classified as follows.

- i) Noi Nilai Maruthuvam (Treatment in diseased conditions)
- ii) Kaaya Nilai Maruthuvam (Treatment in traumatic conditions)

In general, Varmam therapy includes:

- (i) The location of Varmam points
- (ii) Observation of the signs and symptoms of Varmam assault.
- (iii) Application of techniques for releasing affected Varmam (Ilakku Murai).
- (iv) Manipulation over the vital emergency Varmam points, (Adankal) if the patient is unconscious
- (v) Use of medications such as nasal drops (Naciyam) and ear drops
- (vi) Treatment with herbal medicines and dietary regimen.

The points where life energy resides and flows through, in the human body are known as Varmam. Varmam also means points where breathing energy resides in the body (Vaakata Nithanam: Verse 31). Varmam are scattered over various parts of body in nerves, nerve joints, bones, muscles, ligaments and inner organs.

2.1 CLASSIFICATION OF VARMAM POINTS ⁴

Two major classifications with respect to Varmam points mentioned in Siddha literature are:

- Padu Varmam-12
- Thodu Varmam- 96

which have been well established and are widely in use. However, it is observed that thousands of Varmam points are mentioned in several literatures

Varmam can also be classified as the following:

Padu Varmam	Major points (12)
Thodu Varmam	Minor points (96)
Thattu Varmam	Activating the Varmam point by tapping/slapping (8)
Pakka Varmam	Proximally located Varmam points
Inai Varmam	Paired Varmam points
Naal Varmam/ Natchathira Varmam	Varmam points related to 27 Stars
Ellidai Varmam	Points located in between the joints

METHODS OF STIMULATION OF VARMAM POINTS ⁹

In Varma Maruthuvam, there are 3 specific techniques which can stimulate the Varmam points and adangal points (points where the pranic energy remains in abundance).

1. **Massage (Thadaval)**

For stimulating the Varmam points massaging technique can be used. There are different types of massaging techniques. (E.g. clockwise, anticlockwise rotatory movements with fingers, stretching the fingers from one Varmam point to the other points or regions of the body. By using varma thadaval (massaging), we can alleviate the problems arising due to ¼ mathirai visai (pressure).

2. **Tapping (Thattal)**

In this technique, to stimulate Varmam points and adangal points, we can use both hands and feet. While using the hand, we can use palmar or dorsal sides of hands. In case of doing with foot, dorsal aspect is preferred. It is most often used in adangal techniques. Tapping can be done with mild, moderate and strong pressure. According to the need, tapping can be done 1, 3 or 5 times. By using Varma tapping we can alleviate the problems arising due to ½ mathirai visai.

3. **Pressing (Amarththal)**

It is the technique of giving a specific pressure. The pressure can be given with fingers (or small objects like tamarind seed) on Varmam points, for alleviating the problems which arise due to 1 mathirai visai.

DURATION OF PRESSURE ⁵

The time taken for giving pressure on a Varmam point is termed as “Kaala Kanakku” which differs from point to point and it is generally taken as ½, 1, 2, 3 minutes.

Term	Duration	Description
Uthamam	½ minute	The best effect is obtained with this duration of manipulation
Mathimam	1 minute	Less effective than Uthamam
Athamam	2 minutes	Less effective than Mathimam
Athamaathamam	3 minutes	Least effective

Pressure can be given continuously for a specific time or intermittently according to necessity. If given intermittently maintain a gap of 10 seconds in between two successive manipulations.

The praanan (life energy) resides abundantly in adangal points. So, the duration of pressure needed to stimulate the adangal points is less compared to the duration of pressure required to stimulate other Varmam points.

DISORDERS THAT ARE COMMONLY TREATED WITH VARMAM THERAPY ⁵

The following table shows the disorders that are commonly treated with Varmam therapy in India.

Thandaga vatham	Lumbar Spondylosis
Cegana vatham	Cervical Spondylosis
Azhal keel vayu	Osteoarthritis
Kumba vatham	Adhesive Capsulitis
Pakka vatham	Stroke
Nadukku vatham	Parkinson's Disease
Malakkattu	Constipation
Valippu	Epilepsy
Madhumegm	Diabetes
Adhikuruthi azhutham	Hypertension
Thalai nokkadu	Migraine headache
Peenisam	Sinusitis

VARMAM THERAPY IN MALAYSIA

As Varmam therapy is a new modality introduced in the public hospitals in Malaysia, a set of criteria was determined during the development of this guideline to standardise the indications of referral, method of stimulation of Varmam points, treatment criteria and regime of treatment. This standardisation is aimed to ensure the safety of service as well as patients and to assess efficacy of the treatment. The set of criteria could be considered for revision in the future depending on the effectiveness of the service.

TREATMENT CRITERIA

i. Method Of Stimulation Of Varmam Points

Only the technique by massaging (Thadaval) and pressing (Amarthal) is allowed as a method of stimulation of Varmam points within the public hospitals in Malaysia.

ii. Age Limit

For the time being, only adult patients of age 18 years and above, will be eligible to be referred for Varmam therapy.

5.1 GENERAL CONDITION OF PATIENTS REFERRED FOR VARMAM THERAPY

Patients referred for Varmam therapy should be:

1. Clinically stable (normal vital signs, no acute illness diagnosed at the time of referral or treatment)
2. Not chronically bed ridden
3. Able to understand and follow instructions

5.2 INDICATIONS FOR REFERRAL

As Varmam therapy is a new modality introduced within the existent Traditional and Complementary modalities in the public hospitals in Malaysia, the following chronic disorders have been carefully identified as suitable for the initial phase of this service.

- Cervical spondylosis
- Lumbar spondylosis
- Osteoarthritis (Knee)
- Adhesive capsulitis (Frozen shoulder)

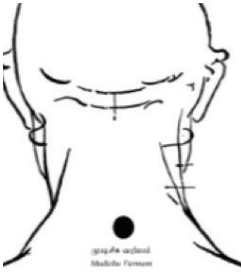
**Other indications of referral could be considered from case to case basis (determined by Orthopaedic and Rehabilitation Medicine Department) after obtaining written approval from the Traditional and Complementary Division, Ministry of Health Malaysia.*

TECHNIQUE AND METHOD OF STIMULATION OF VARMAM POINTS

6.1 CERVICAL SPONDYLOSIS

Cervical spondylosis is a disorder in which there is wearing on the cartilage (disks) and bones of the neck (cervical vertebrae). It is a common cause of chronic neck pain. The following 10 Varmam points are stimulated to achieve a therapeutic effect in the treatment of patients diagnosed with Cervical Spondylosis.

MUDICCHU VARMAM



Location:

Prominence corresponding to C7 vertebra

Technique:

- Place the middle three fingers over the prominence. Give pressure in a clockwise rotation for three times then stretch the fingers manipulate up to the right shoulder
- Follow the same technique in the opposite side
- Manipulate in a clockwise and anticlockwise rotation 3 times each and then stretch downwards along the spine up to the T6

KAKKATAI KAALAM



Location:

Supra clavicular fossa on both sides

Technique:

- Fix the middle three fingers on the supraclavicular fossa from the posterior aspect of the patient
- Press and release

KAICHULUKKI VARMAM



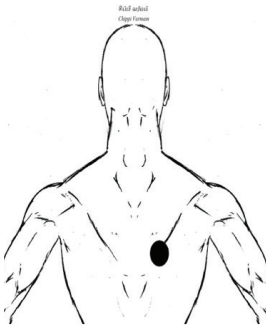
Location:

From mudicchu varmam point location, move four fingers downwards and three fingerbreadths laterally on both sides of the spinal column

Technique:

Fix the middle of the thumb on both sides; press and release

CHIPPI VARMAM



Location:

Two fingerbreadths downward from the kaichulukki varmam point

Technique:

Fix the tip of the three middle fingers; move fingers up and down whilst giving pressure

SAVVU VARMAM



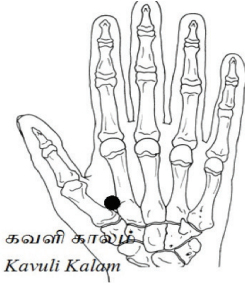
Location:

Four fingerbreadths distal from the shoulder joint on the medial side of the upper arm

Technique:

Fix the middle of the thumb (palmar aspect); press and release

KAVULI KALAM



Location:

Web area in between the thumb and the index fingers

Technique:

Fix the tip of the three fingers; press in a pumping motion 3 times or so

MANIBANDHA VARMAM



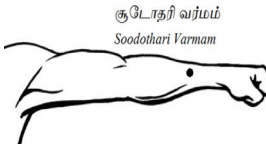
Location:

Middle of the wrist joint (ventral aspect)

Technique:

Fix the middle of the thumb (palmar aspect) and give moderate pressure 3 times (Simultaneously the patient is asked to move his/her neck laterally to the respective treatment side)

SOODOTHARI VARMAM



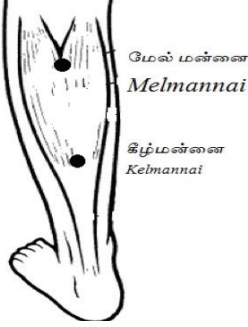
Location:

Four fingerbreadths above the manibandha varmam (radial aspect of the forearm)

Technique:

Fix the middle of the thumb (palmar aspect); press and release

MELMANNAI VARMAM



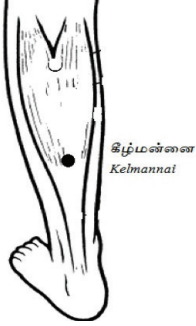
Location:

Upper end of the calf muscle (posterior aspect)

Technique:

Fix the middle finger at the point and press (Simultaneously the patient is asked to flex and extend the neck)

KEELH MANNAI VARMAM



Location:

Lower end of the calf muscle (posterior aspect)

Technique:

Fix the middle finger and then press (Simultaneously the patient is asked to flex and extend the neck)

6.2 LUMBAR SPONDYLOSIS

“Spondylosis of the lumbar spine” means degenerative changes such as osteoarthritis of the vertebral joints and degenerating intervertebral discs (degenerative disc disease) in the low back. The following 10 Varmam points are stimulated to achieve a therapeutic effect in the treatment of patients diagnosed with Lumbar Spondylosis.

MANIPOORAGA ADANGAL



Location:

Five fingerbreadths below the umbilicus

Technique:

Fix the tip of the middle three fingers transversely on the point; gently press and lift upwards

KOMBERI KALAM



Location:

Eight fingers above the medial malleolus

Technique:

Place the tips of the middle three fingers over the point. Press three times (in a pumping motion) towards medial border of tibia

KEELH MANNAI VARMAM



Location:

Lower end of the calf muscle (posterior aspect)

Technique:

Fix the middle finger and press

KUTHIKAL VARMAM



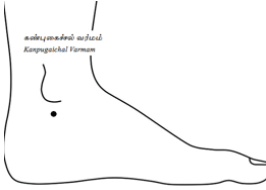
Location:

Seven fingerbreadths above the heel (posterior aspect)

Technique:

Place the tips of the middle three fingers over the point; press three times

KANPUGAICHAL VARMAM



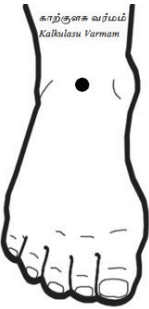
Location:

One fingerbreadth below the lateral malleolus

Technique:

Place the tips of the three fingers of hand above the malleolus and glide downwards around the malleolus pressing the exact point

KALKULASU VARMAM



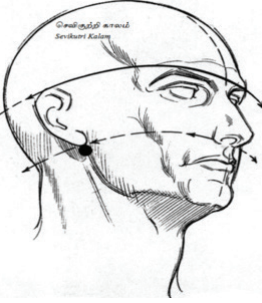
Location:

Anterior part of junction of foot and leg

Technique:

Place the central part of the thumb at the point described; press and release three times

SEVIKUTRI KALAM



Location:

Fossa behind the ear lobe

Technique:

Fix the central part of the middle finger; apply gentle upward pressure to the point (simultaneously on both sides)

NANGANAPOOTU



Location:

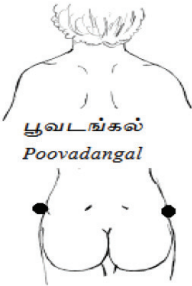
Sacral Groove, Three Fingerbreadths From The Lumbosacral Joint (Lateral Aspect)

Technique:

Place The Middle Part Of The Thumb At The Point Described;

- Provide 3 Rounds Of External Rotation At The Sacral Groove
- Glide Laterally To Reach Anterior Superior Iliac Spine
- Finally Give Clockwise Rotation Using 3 Fingers On Anterior Superior Iliac Spine

POOVADANGAL



Location:

Near the ischial tuberosity

Technique:

Press with the center portion of the thumb over the point on both sides. Sustain the pressure on the point for 10 seconds. Afterwards press thundu varmam, mel mannai, keel mannai and uppu kutri.

PULIMUTHADANGAL



Location:

Just above the nail of the big toe

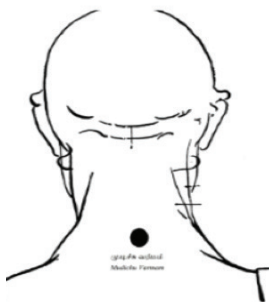
Technique:

Fix the central portion of the thumb and apply deep pressure

6.3 ADHESIVE CAPSULITIS (FROZEN SHOULDER)

Adhesive capsulitis is a musculoskeletal condition that has a disabling capability. It is diagnosed by numerous physical characteristics including a thickening of the synovial capsule, adhesions within the sub-acromial or sub-deltoid bursa, adhesions to the biceps tendon, and/or obliteration of the axillary fold secondary to adhesions. This condition remains an enigmatic shoulder disorder that causes pain and restricted ROM at the glenohumeral joint. The following 8 Varmam points are stimulated to achieve a therapeutic effect in the treatment of patients diagnosed with Adhesive Capsulitis or commonly referred to as Frozen Shoulder.

MUDICHCHU



Location:

Prominence corresponding to C7 vertebra

Technique:

- Place the middle three fingers over the prominence. Give pressure in a clockwise rotation for three times then stretch the fingers up to the right shoulder
- Follow the same technique in the opposite side
- Manipulate in a clockwise and anticlockwise rotation 3 times each and then stretch downwards along the spine up to the T6

KAACKATTAI



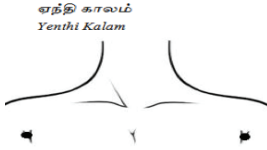
Location:

Supra clavicular fossa on both sides

Technique:

- Fix the middle three fingers on the supraclavicular fossa from the posterior aspect of the patient
- Press and release

ENTHI KALAM



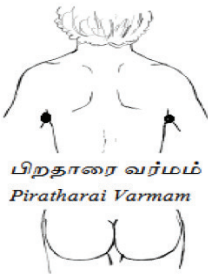
Location:

Anterior axillary fold

Technique:

Fix the tip of the middle three fingers; press and release

PIRATHARAI



Location:

Posterior axillary fold

Technique:

Place the tip of the middle three fingers; press and release

KAIKOOTTU



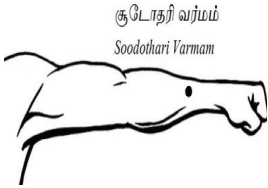
Location:

Center of the axilla

Technique:

Place the tip of the middle finger; press and release

SOODOTHARI



Location:

Four fingerbreadths above the manibandha varmam (radial aspect of the forearm)

Technique:

Fix the middle of the thumb (palmar aspect); press and release

MANJADI



Location:

Near the junction of the index finger and thumb; along the upper part (base) of index finger (just below kavuli)

Technique:

Place the central portion of the thumb; press upwards

MANIBANDHA VARMAM



Location:

Middle of the wrist joint (ventral aspect)

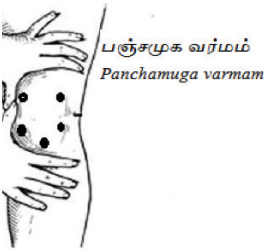
Technique:

Fix the middle of the thumb (palmar aspect) and give moderate pressure 3 times (Simultaneously the patient is asked to move his/her neck laterally, on the respective treatment side)

6.4 OSTEOARTHRITIS (KNEE)

Osteoarthritis (OA) is a progressive joint disease due to failure in repair of joint damage. This may arise as a result of biomechanical, biochemical and/or genetic factors. The process may involve one or multiple joints. The following 5 Varmam points are stimulated to achieve a therapeutic effect in the treatment of patients diagnosed with Osteoarthritis of the knee.

PANCHAMUGA VARMAM



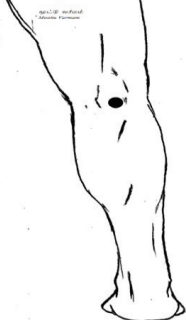
Location:

Around the patella

Technique:

Place the tips of the thumbs along the upper border of the patella and glide over the borders and end at lower border

MOOTTU VARMAM



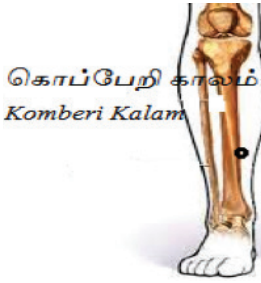
Location:

Centre of popliteal fossa

Technique:

Place the tips of the middle three fingers over the point;
press three times (in pumping motion)

KOMBERI KALAM



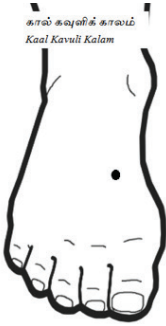
Location:

Eight fingerbreadths above the medial malleolus

Technique:

Place the tips of the middle three fingers over the point;
press three times (in a pumping motion) towards
medial border of tibia

KAAL SANNI ADANGAL



Location:

At the junction of big and second toe

Technique:

Place the tip of the index finger; press and release

ULLANKAAL VELLAI VARMAM



Location:

At the junction of big and second toe in plantar region

Technique:

Place the tip of the thumb; press and release.

STANDARD OPERATING PROCEDURE

7.1 TREATMENT REGIME

Patients should be given adequate information to enable them to make an informed decision about the type, duration and frequency of the care that they will receive. The therapist must always examine and treat the patient, whether female or male, with a chaperon being physically present in the consultation room, with visual and aural contact throughout the treatment session.

The following table describes the treatment regime for each condition or disorder. As Varmam therapy is tailored based on the individual patient's response to treatment, the following treatment regimes were adopted for standardization of treatment sessions based on the common practices of Varmam therapy in India.

Medical Disorder	No of sessions	Frequency of treatment	Duration of treatment session	Assessment (*Mid & end assessment)	Maximum sessions
Osteoarthritis of the knee	21	Once in 3 days	15 min	10th session	36 sessions
Lumbar spondylosis	16	Once in 2 days	20 min	8th session	24 sessions
Cervical spondylosis	12	Once in 2 days	15 min	6th session	18 sessions
Adhesive capsulitis	12	Once in 2 days	15 min	6th session	18 sessions

**The above recommended regime may be reduced or increased based on the practitioners' assessment of the patient to the prescribed treatment or up to the point that the patients' symptoms are relieved, whichever is earlier.*

7.2 MONITORING AND FOLLOW UP

The patient's response to care should be monitored at each follow-up visit and through periodic reassessments. For the purpose of assessing the efficacy of treatment, every patient should be given a 2 weeks' appointment upon the completion of treatment and reassessment of treatment response is recommended at the following interval of 6 weeks, 3 months and 6 months after completion of treatment.

The frequency of reassessment depends on the patient's response. For instance, a patient who is responding as expected could be reassessed less frequent than someone who is responding slowly. Re-injury, exacerbation of symptoms, or new symptoms (especially neurologic) may necessitate immediate reassessment.

Outcome measuring tools to be used during reassessment clinic sessions.

(To be filled by the Rehabilitation Medicine Clinician)

Outcome Measures	Pre-Treatment Assessment	Post-Treatment Assessment	Remarks
Pain on 10-point NRS*			
Oswestry disability index/			
Neck disability index†			
Range of motion			
(Goniometer)			
Modified Barthel Index			
(To be used for all pathological conditions)			
WOMAC			
(To be used for all knee osteoarthritis cases)			
Others:			

* Numeric Rating Scale, which ranges from 0 (no pain) to 10 (worst possible pain)

† Oswestry Disability Index for low-back and Neck Disability Index for neck condition

SAFETY ISSUES⁹

8.1 PRECAUTIONS

Practitioners should exercise caution when treating certain groups of patients – especially those with the following conditions;

1. Neurologic symptoms
2. Recent infection or surgery
3. Any conditions listed as contraindications, as stated below

8.2 CONTRAINDICATIONS

With thorough assessment, multiple caution-indicating risk factors in a patient may be considered as contraindication to the desired treatment modality. Thus, the decision to administer treatment or not should be made after careful consideration of the risk factor(s) present.

- i. Pregnancy**
- ii. Mental/Psychological disorders**
- iii. Chronic bed ridden**
- iv. Unconscious with severe head injuries**
- v. Loss of protective sensation**
- vi. Bleeding disorders**
 - **Suspected bleeding disorder or clotting abnormalities (e.g. thrombocytopenia, hemophilia or any bleeding tendencies)**
 - **On anticoagulant pharmacotherapy**
- vii. Confirmation or presence of any clinical evidence to suggest active infection e.g.:**
 - Pyrexia
 - Sepsis
 - Meningitis
- viii. Confirmation or presence of any clinical evidence to suggest potentially serious pathological condition e.g.:**
 - Periosteal or intramuscular haematoma or abscess
 - Fracture & dislocation
 - Popliteal Aneurysm
 - Baker's Cyst
 - Deep vein thrombosis
 - Peripheral arterial disease
 - Disc prolapse/prolapsed intervertebral disc/disc herniation
 - Local infections (such as suppurative arthritis, septic arthritis, osteomyelitis, bony tuberculosis)
 - Open wounds, skin derangement, recent surgery;

ix. Confirmation or presence of any clinical evidence to suggest potentially serious systemic condition e.g.:

- Severe Osteoporosis
- Compromised bone or joint stability especially in metastatic disease
- Aneurysm involving a major blood vessel.
- Acute cauda equina syndrome
- Connective tissue diseases

8.3 ADVERSE EVENTS ¹⁰

Varmam therapy is regarded as a relatively safe procedure. However, the following side effects have been observed.

Mild, transient adverse events

- Local discomfort
- Lethargy
- Nausea
- Pins and needles

Unpleasant reactions

There are some hazardous points which carry high risk particularly with unskilled and inexperienced practitioners

Fainting (Vasovagal Syncope)

Fainting is a serious adverse event that may occur during Varmam Therapy. Hence, educating the patient about the Varmam Therapy and its procedures before initiating Varmam Therapy is of utmost importance. It is advisable to perform Varmam Therapy in a lying position with care and gentleness for the first-time patients and utmost care should be given while performing Varmam Therapy in the neck region.

Fainting episode is often associated with the feeling of discomfort, weakness, and vertigo. Patients may also complain of palpitations, nausea and rarely chest discomfort.

Forceful manipulation in Varmam therapy may cause chillness over extremities, dip in blood pressure, and unconsciousness. If alarming symptoms appear, keep the patient in lying position in the table with head down and leg upside. Usually symptoms disappear. In severe cases, assess whether the patient is stable or unstable and then first aid should be given.

If the patient is stable the following Varmam points may be stimulated

- i. Kavuli kalam Located in the web area in between the thumb and the index finger
- ii. Pulimuthadangal Located just above the nail of the big toe

Pain

Usually pain will not be felt in the Varmam points manipulated during Varmam therapy. Forceful stimulation of Varmam points may induce pain at those particular point and its associated areas. Appropriate application of technique and giving optimal pressure to the Varmam points will not produce pain.

Internal Organ Injuries

Normally Varmam therapy will not harm any organ. However wrong and forceful manipulation may injure any organ.

SERIOUS ADVERSE EVENTS ⁹

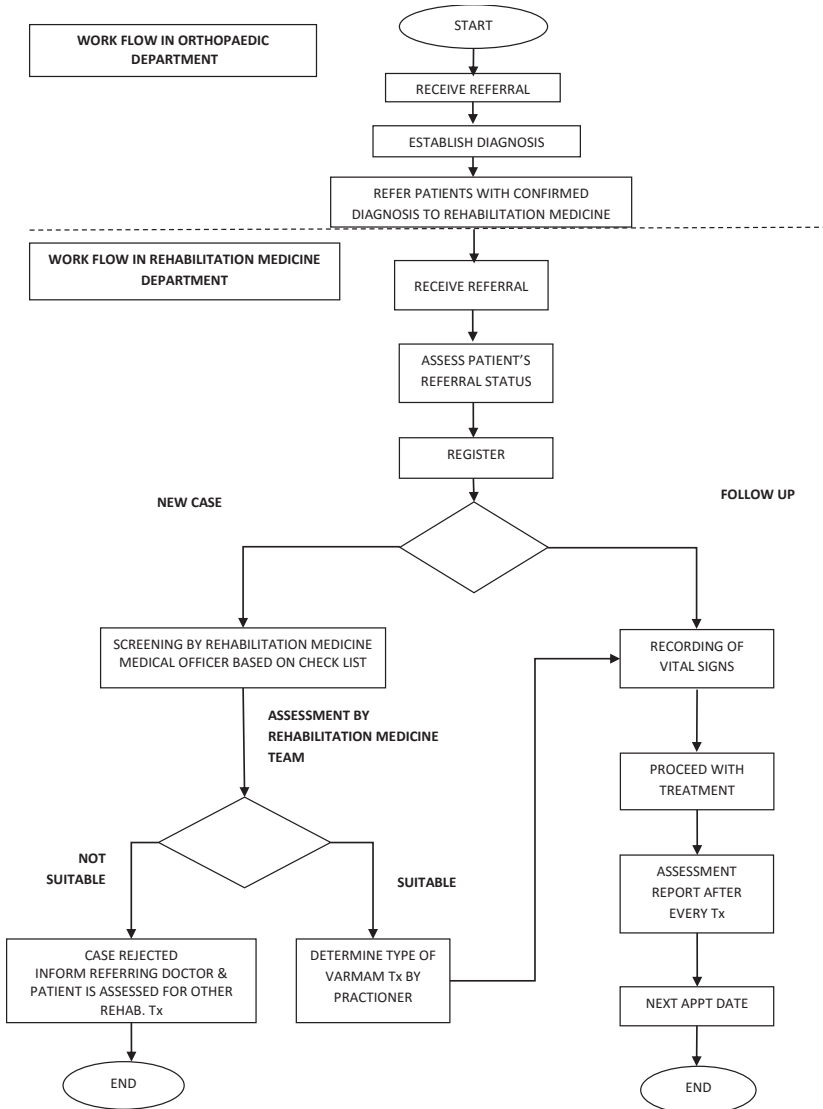
Serious complications are very rare, and it would seem unlikely that the adverse occurrences have been solely attributable to the therapeutic intervention. Unpleasant conditions or accidents that result from manipulative therapy can be presented by careful appraisal of the patient's history and examination findings.

Information must be sought about coexisting diseases and the use of any medication, including long-term use of steroids and anticoagulant therapy. A detailed and meticulous examination must be carried out. The use of appropriate techniques is essential, and the practitioner must avoid techniques known to be potentially hazardous.

APPENDICES

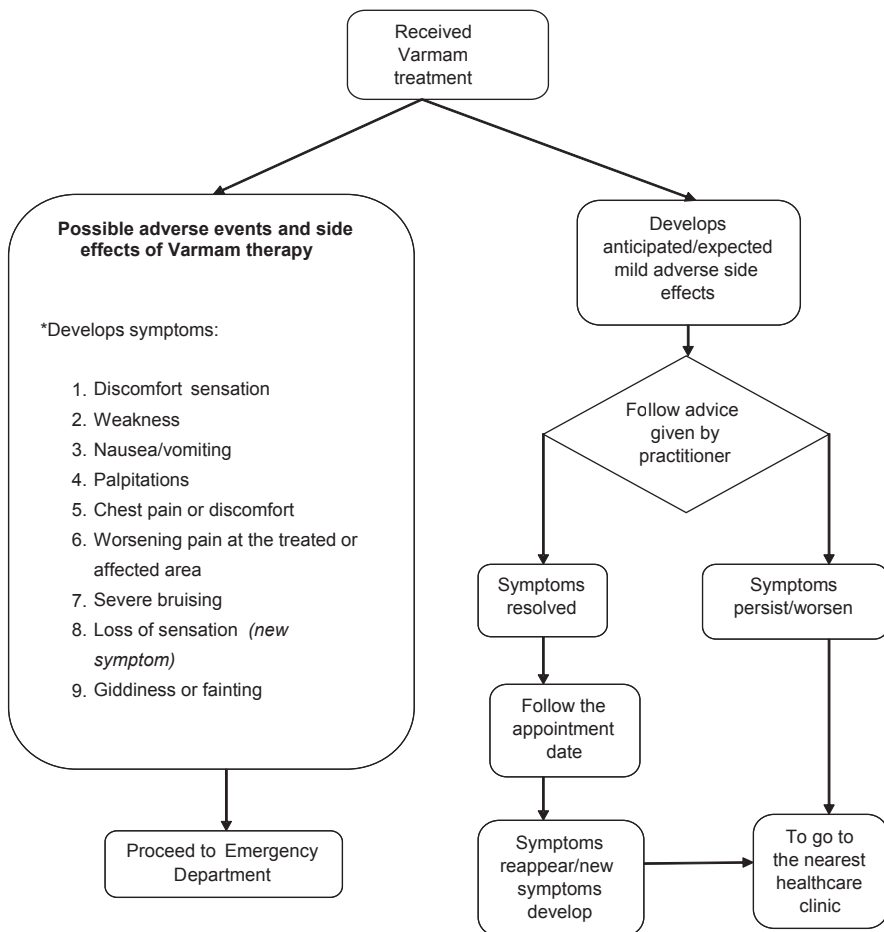
Appendix 1: Referral Flow

Flow Chart to Refer Patients for Varmam Therapy



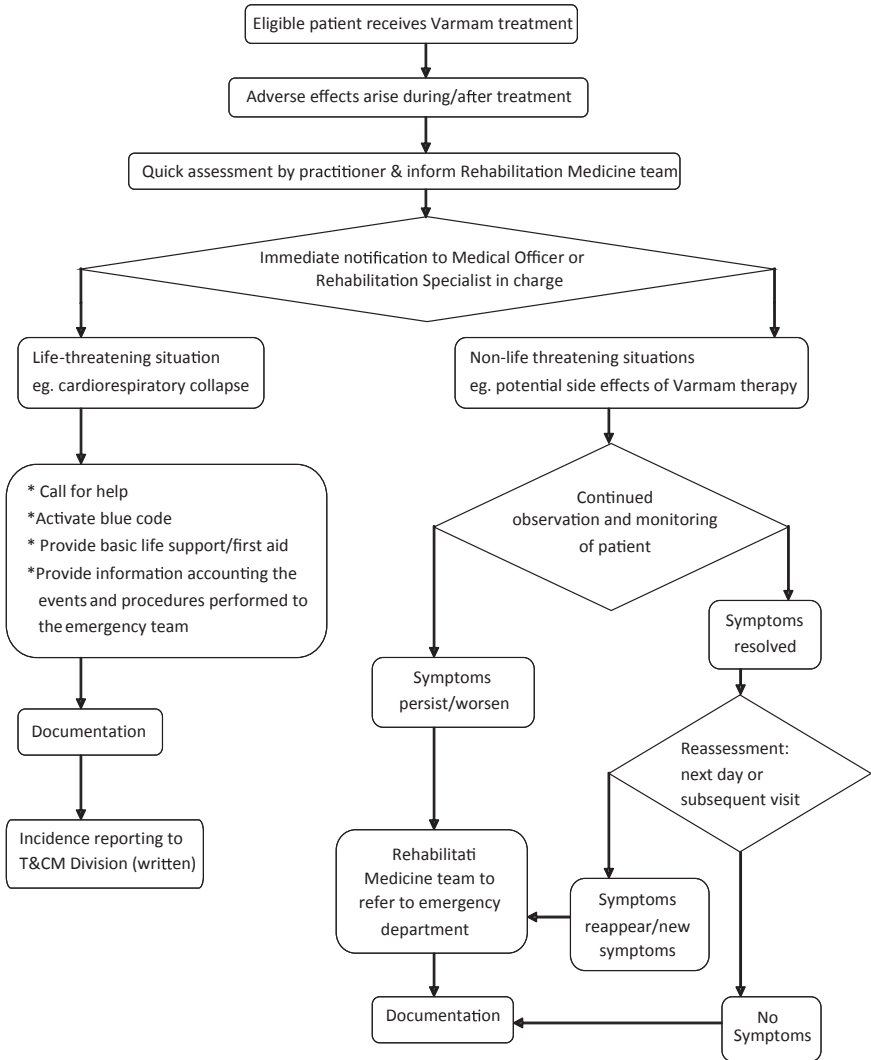
Appendix 2: Patients' Reference

Flow Chart for Monitoring of Adverse Events/In Case of Emergency



Appendix 3: Practitioners' Reference

Flow Chart for Monitoring of Adverse Events/In Case of Emergency



**If any adverse reactions, immediate notification to the Rehabilitation Medicine medical officers/ specialist on-site is mandatory for decision of ED referral or if needed activation of code blue. All events must be adequately documented and incidence reporting sent to T&CM Division*

Appendix 4: Assessment Form

ORTHOPAEDIC AND TRAUMATOLOGY DEPARTMENT

..... HOSPITAL

ASSESSMENT FORM

Name:		NRIC:	R/N:																
Address:		Age:	Sex:																
Patient's Diagnosis:																			
Chief Complaints:																			
Past Medical History:		Past Surgical History:																	
<table border="1"> <tr> <td>Hypertension</td> <td></td> </tr> <tr> <td>Diabetes Mellitus</td> <td></td> </tr> <tr> <td>Heart Disease</td> <td></td> </tr> <tr> <td>Epilepsy</td> <td></td> </tr> <tr> <td>Asthma</td> <td></td> </tr> <tr> <td>Cancer</td> <td></td> </tr> <tr> <td>Others:</td> <td></td> </tr> <tr> <td colspan="2">.....</td> </tr> </table>		Hypertension		Diabetes Mellitus		Heart Disease		Epilepsy		Asthma		Cancer		Others:					
Hypertension																			
Diabetes Mellitus																			
Heart Disease																			
Epilepsy																			
Asthma																			
Cancer																			
Others:																			
.....																			
Investigations Results <i>*if available:</i>		Medication History:																	
		Allergies:																	
Signature:		Date:																	
Referring Doctor:																			
Official Stamp:																			

Appendix 5: Clerking Form

REHABILITATION MEDICINE DEPARTMENT _____ HOSPITAL CLERKING FORM		
PART A: TO BE FILLED BY REHABILITATION MEDICINE DOCTOR/PHYSICIAN		
PATIENT INFORMATION		
Name:	NRIC:	Registration No:
Address:	Age:	Gender:
Postcode: State:	Tel. No:	Race:
Referring Physician/Department:		
Diagnosis by Referring Physician:		
VITAL SIGNS		
Weight (kg):	Blood Pressure (mm/Hg):	Temperature (°C):
Height (cm):	Pulse Rate (per minute):	Blood Glucose (mmol/L) :
HISTORY		
Chief Complaint:	Other Symptoms:	
Past Medical and Surgical History:	Treatment History:	
	Allergy:	

PATIENT ASSESSMENT

i) PHYSICAL EXAMINATION

ii) SYMPTOM ASSESSMENT AND CLINICAL EXAMINATION

Assessment	Yes	No
1. Fever		
2. Pregnancy		
3. Bleeding tendencies		
4. Deep vein thrombosis		
5. Popliteal aneurysm		
6. Neuropathy		
7. Symptomatic disc prolapse		
8. Cognitive impairments		
9. Symptoms suggestive of malignancy		
10. Peripheral arterial disease		
11. Presence of confirmed or suspected potentially serious pathological condition at the affected area: - Recent injury - Presence of an open wound or inflammation - Tumour - Periosteal/intramuscular haematoma/abscess - Local infections		
12. Others (Please specify) _____ _____		

iii) PHYSICAL ASSESSMENT

Outcome Measures	Assessment	Remarks
Pain on 10-point NRS*		
Oswestry disability index/Neck Disability Index†		
Range of motion		
Modified Barthel		
WOMAC score		
Others:		

* Numeric Rating Scale, which ranges from 0 (no pain) to 10 (worst possible pain)

† Oswestry Disability Index for low-back and Neck Disability Index for neck conditions

RECOMMENDATION

☐ Suitable for *Varmam Therapy*

☐ Not suitable for *Varmam Therapy*

Recommendation of treatment plan if patient is not suitable for Varmam Therapy:

Remarks:

ASSESSING DOCTOR/PHYSICIAN

Signature : _____

Name : _____

Date : _____

Official Stamp :

PART B: TO BE FILLED BY VARMAM THERAPY PRACTITIONER		
PATIENT INFORMATION		
Name:		Registration No:
NRIC:	Age:	Gender:
Diagnosis by Referring Physician:		
PATIENT ASSESSMENT		
Physical Examination:		
Siddha Diagnosis:		
TREATMENT PLAN		
Treatment regime:		
Duration of Treatment:		
PRACTITIONER'S DETAILS		
Signature:		
Name:		Date:

Appendix 6: Consent Form (Bahasa Melayu)

BORANG KEIZINAN TERAPI VARMAM

Sila baca maklumat ini dengan teliti. Rujuk kepada pengamal anda jika terdapat perkara yang tidak anda fahami.

Apakah itu Terapi Varmam? Terapi Varmam adalah manipulasi terapeutik titik Varmam di mana <i>prana</i> (tenaga hidup) didapati tertinggi di dalam badan. Manipulasi ke atas titik ini dengan tekanan tertentu untuk masa yang dinyatakan akan melepaskan tenaga prana yang terhalang dari titik yang terlibat dan memberi pertolongan kepada individu dengan mengawal aliran tenaga prana yang terhalang. Adakah ianya selamat? Secara amnya, terapi Varmam merupakan satu prosedur yang selamat. Adakah ianya mempunyai kesan sampingan? Anda perlulah mengetahui bahawa: • Pening atau gayat selepas rawatan dilakukan boleh terjadi kepada sebilangan kecil pesakit. Sekiranya ia berlaku, anda dinasihatkan supaya berehat seketika sebelum meninggalkan klinik atau memandu. • Ketidakselesaan • Lesu • Sakit di bahagian yang dirawat • Pening • Jantung berdebar	• Rasa loya • Rasa kebas • Ketidakselesaan dada • Pengsan Adakah terdapat maklumat-maklumat lain yang perlu dimaklumkan kepada pengamal/Doktor? Selain daripada maklumat perubatan yang biasa, adalah amat penting bagi anda memberitahu pengamal sekiranya anda: Sila tanda (✓) pada kotak yang berkaitan <table border="1"> <thead> <tr> <th>Keadaan</th> <th>Ya</th> <th>Tidak</th> </tr> </thead> <tbody> <tr><td>Demam</td><td></td><td></td></tr> <tr><td>Mengandung</td><td></td><td></td></tr> <tr><td>Muntah-muntah/Loya</td><td></td><td></td></tr> <tr><td>Sakit kepala</td><td></td><td></td></tr> <tr><td>Mudah lebam</td><td></td><td></td></tr> <tr><td>Mengambil ubat pencair darah</td><td></td><td></td></tr> <tr><td>Tulang patah/Retak (pada bahagian badan yang akan dirawat)</td><td></td><td></td></tr> <tr><td>Neuropati - Kurang deria rasa/Kebas</td><td></td><td></td></tr> <tr><td>Kecederaan pada affected area</td><td></td><td></td></tr> <tr><td>Masalah kulit (pada bahagian badan yang akan dirawat)</td><td></td><td></td></tr> <tr><td>Atau mengalami apa-apa tanda penyakit selainnya pada pengetahuan anda</td><td></td><td></td></tr> </tbody> </table>	Keadaan	Ya	Tidak	Demam			Mengandung			Muntah-muntah/Loya			Sakit kepala			Mudah lebam			Mengambil ubat pencair darah			Tulang patah/Retak (pada bahagian badan yang akan dirawat)			Neuropati - Kurang deria rasa/Kebas			Kecederaan pada affected area			Masalah kulit (pada bahagian badan yang akan dirawat)			Atau mengalami apa-apa tanda penyakit selainnya pada pengetahuan anda		
Keadaan	Ya	Tidak																																			
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Atau mengalami apa-apa tanda penyakit selainnya pada pengetahuan anda																																					
PERAKUAN KEIZINAN Saya faham bahawa saya boleh bertanya sebarang soalan berkenaan rawatan saya sebelum menandatangani borang ini. Saya juga boleh menarik balik keizinan yang saya berikan daripada meneruskan rawatan ini pada bila-bila masa sahaja. Prosedur ini dan risiko-risiko yang mungkin berlaku telah dijelaskan kepada saya, dan saya faham penjelasan yang diberikan. Dengan ini, saya secara sukarela bersetuju untuk menjalani prosedur di atas. Saya juga memahami bahawa satu rekod perkhidmatan kesihatan saya akan disimpan. Rekod ini adalah sulit dan tidak akan didedahkan kepada sesiapa melainkan sekiranya ia diarahkan oleh wakil saya, atau diri saya sendiri, atau sebarang cara lain yang dibenarkan atau atas arahan mahkamah.																																					
<u>PESAKIT/PENJAGA/AHLI KELUARGA</u> Tandatangan: Nama Penuh: No. Kad Pengenalan: Hubungan dengan Pesakit:	<u>SAKSI*</u> Tandatangan Saksi: Nama Saksi: No. Kad Pengenalan:																																				
<u>PENGAMAL PERUBATAN/PENGAMAL PT&K</u> Nama Penuh: Tandatangan:																																					
Tarikh:																																					

*Saksi mestilah di kalangan anggota daripada Jabatan Perubatan Rehabilitasi (Gred U29 dan keatas)

Appendix 7: Consent Form (English)

CONSENT FORM FOR VARMAM THERAPY

Please read the following information carefully. Kindly refer to your practitioner if there is enquiry to be clarified.

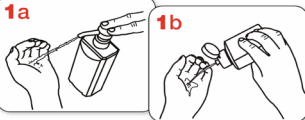
What is Varmam Therapy? Varmam therapy is the therapeutic manipulation of Varmam points in which the pranic (life) energy remains concentrated. Manipulation over these points with a particular force for the specified time will release the pranic energy from these points and bring relief to the affected individual by regulating the flow of pranic energy which is obstructed. Is it safe? Varmam Therapy is regarded as a relatively safe procedure of Siddha System of Medicine. Does it have any adverse effects? Listed below are the adverse events that can arise from this therapy: • Light-headedness and vertigo. If this happens, you should rest for a while before leaving the clinic or driving. • Local discomfort • Lethargy • Pain • Dizziness • Palpitations	• Nausea • Pins and needles/numbness • Chest discomfort • Fainting What should I inform my practitioner prior to the therapy? You should let your practitioner know if you are suffering from any medical conditions such as listed below: Please tick (✓) at the relevant box <table border="1"> <thead> <tr> <th>Conditions</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Fever</td><td></td><td></td></tr> <tr><td>Pregnancy</td><td></td><td></td></tr> <tr><td>Nausea or vomiting</td><td></td><td></td></tr> <tr><td>Headache</td><td></td><td></td></tr> <tr><td>Easy bruising</td><td></td><td></td></tr> <tr><td>On blood thinners</td><td></td><td></td></tr> <tr><td>Fracture/Dislocation (over affected area)</td><td></td><td></td></tr> <tr><td>Neuropathy - Loss of sensation/numbness</td><td></td><td></td></tr> <tr><td>Recent injury over affected area</td><td></td><td></td></tr> <tr><td>Skin problem over affected area</td><td></td><td></td></tr> <tr><td>Any other symptoms known to you</td><td></td><td></td></tr> </tbody> </table>	Conditions	Yes	No	Fever			Pregnancy			Nausea or vomiting			Headache			Easy bruising			On blood thinners			Fracture/Dislocation (over affected area)			Neuropathy - Loss of sensation/numbness			Recent injury over affected area			Skin problem over affected area			Any other symptoms known to you		
Conditions	Yes	No																																			
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Recent injury over affected area																																					
Skin problem over affected area																																					
Any other symptoms known to you																																					
CONSENT FOR TREATMENT I understand that I can ask any questions pertaining to the therapy before signing this form. I could, if the need arises, withdraw my consent to stop the therapy at any time throughout the procedure. The procedure, its risks and benefits have been explained to me, and I understand the explanation given. I hereby agree for the therapy to be carried out on me. I also understand that a record of the therapy given shall be kept. This record is confidential and will not be disclosed to an outside party, unless it has been authorised by me, or my representative, or as ordered by the court of law to do so.																																					
<u>PATIENT/LEGAL GUARDIAN/FAMILY MEMBER</u> Signature: Full Name: Identity Card Number: Relationship with Patient:	<u>WITNESS*</u> Signature: Witness: Identity Card Number:																																				
<u>MEDICAL PRACTITIONER/T&CM PRACTITIONER</u> Full Name: Signature:																																					
Date:																																					

*Witness must be a staff from the Rehabilitation Medicine Department (Grade U29 and above)

Appendix 8: Hand Washing Techniques

How to handrub? WITH ALCOHOL-BASED FORMULATION

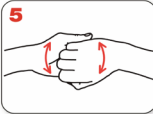
WITH ALCOHOL-BASED FORMULATION



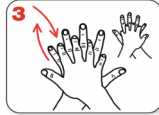
Apply a palmful of the product in a cupped hand and cover all surfaces.



Rub hands palm to palm



backs of fingers to opposing palms with fingers interlocked



right palm over left dorsum with interlaced fingers and vice versa



rotational rubbing of left thumb clasped in right palm and vice versa



palm to palm with fingers interlaced



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



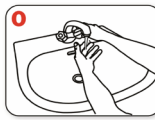
20-30 sec



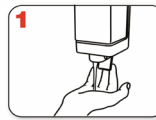
...once dry, your hands are safe.

How to handwash? WITH SOAP AND WATER

WITH SOAP AND WATER



Wet hands with water



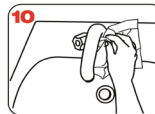
apply enough soap to cover all hand surfaces.



rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



40-60 sec



...and your hands are safe.

GLOSSARY

No	Terminology	Translation
1.	Adankal/adangal	Points where the pranic energy remains in abundance
2.	Adhikuruthi azhutham	Hypertension
3.	Amarthal	Pressing
4.	Athamaathamam	Least effective
5.	Athamam	Less effective than mathimam
6.	Azhal keel vayu	Osteoarthritis
7.	Cegana vatham	Cervical spondylosis
8.	Ellidai Varmam	Points located in between the joints
9.	Ilakku Murai	Manipulation techniques of releasing from Varmam impact
10.	Inai Varmam	Paired Varmam points
11.	Kaala Kanakku	The time taken for giving pressure to a Varmam point
12.	Kaaya Nilai Maruthuvam	Treatment in traumatic conditions
13.	Kabam	Phlegm
14.	Kumba vatham	Adhesive capsulitis
15.	Madhumegam	Diabetes
16.	Malakkattu	Constipation
17.	Marmam	Secret
18.	Mathimam	Less effective than uthamam
19.	Mathirai visai	Pressure
20.	Naadis	Energy channels
21.	Naal Varmam/Natchathira Varmam	Varmam points related to 27 stars
22.	Naciyam	Nasal drops
23.	Nadukku vatham	Parkinson's disease
24.	Noi Nilai Maruthuvam	Treatment in diseased conditions
25.	Nokku Varmam	Activation of Varmam by merely staring at the patients (without touching the patient)
26.	Oothu Varmam	Stimulation of points by blowing (air)
27.	Padu Varmam	Major points (12)

No	Terminology	Translation
28.	Pakka Varmam	Proximally located Varmam points
29.	Pakka vatham	Stroke
30.	Peenisam	Sinusitis
31.	Pittham	Bile
32.	Pranic	Life
33.	Saram	Indicates the vital energy of life
34.	Sathuva gunam	Noble qualities
35.	Thadaval	Massage
36.	Thalai nokkadu	Migraines headache
37.	Thandaga vatham	Lumbar spondylolysis
38.	Thattal	Tapping
39.	Thattu Varmam	Activating the Varmam point by tapping/slapping
40.	Thodu Varmam	Minor points (96)
41.	Uthamam	The best effect is obtained with this duration of manipulation
42.	Vaadham	Wind
43.	Vaakata Nithanam	Breathing energy
44.	Vaasi	The vital energy or the life energy is called
45.	Valippu	Epilepsy
46.	Varma Adi	Varmam assault
47.	Varma Maruthuvam	Varmam as a form of medicine
48.	Varmani	An expert in Varmam technique is called

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