

Short communication

Comparison of different varmam approaches by varmam practitioners of various places in Tamil Nadu in the treatment of *thandaga vadham* (lumbar spondylosis)M. SriSakthi Logisha¹, G. Nivetha², M. Mohamed Mustafa³, T. R. Siddiq Ali⁴, N. J. Muthukumar⁵, V. Mahalakshmi⁶¹Sirappu Maruthuvam Department, ^{2,5}Varmam Maruthuvam Department, ⁶Siddhar Yoga Maruthuvam, National Institute of Siddha, Chennai, Tamil Nadu, India^{3,4}Department of Varmam Maruthuvam, Govt. Siddha Medical College, Chennai, Tamil Nadu, India

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ABSTRACT

Introduction and Aim: Varmam is a unique technique used by Siddhars and followed by Siddha physicians. The Varmam technique is a double-edged sword as it could be used both positively and negatively and is taught only through *Guru Kulakalvi* (*Guru- Seizhya* manner) by Varmam practitioners to only a few students having *Sivayogi* characters. This study aims to recover and establish different *Varmam* approaches used in the treatment of *Thandaga vadham* from various assan practicing in different places of Tamil Nadu.

Materials and Methods: In this study, 9 Varmam assan were selected from 3 different zonal areas of Tamil Nadu. The survey involved mentor name, disease diagnosing methods, terms, precautions, patient preparation, *Varmapulligal* –location, technical methods, contraindications, *Pathiyam-Abathiyam* advice, etc.,

Results: Among 9 assan, the survey questionnaires give salient information about varmam therapy in that same anatomical location with multiple local terminologies, different kinds of technique and methodology, duration of technique, the importance of medication and *Varma kanjikal* etc.,

Conclusion: This study would help in initiating the standardization of varmam points and techniques as well as help Siddha practitioners in selecting/choosing varmam techniques and methods in the treatment of *thandaga vadham*.

Keywords: Ayush; Siddha; varmam; *thandaga vadham*; lumbar spondylosis; assan/varmani.

INTRODUCTION

Lumbar spondylosis is a chronic, non-inflammatory disease caused by degeneration of the lumbar disc and/or facet joints (1). Varmam is the systematic study of vital energy (*VASI*) in the human body (2). Varmam originated around 5000 years ago in Lemuria (Kumari Kandam) (3). Varmam is a double edge sword. It is a unique therapeutic technique that can make miracles in a positive way (curing diseases) and negative way. The varmam is processed by pressuring particular points at particular pressure for particular timing (4).

Varmam practitioners are called varmanis (5). Each varmani has unique techniques in its varmam practice. Through various varmani and their methodology, the project tries to standardize the varmam points and techniques in the treatment of lumbar spondylosis. The symptoms of lumbar spondylosis may correlate with *thandaga vadham* (6). In India incidence of lumbar spondylosis is 27-37% (7). The cases reported in Aringar Anna Siddha Medical College for *thandaga vadham* in 2015, 2016, and 2017 are respectively 6123, 5463, and 5765. Varmam technique is a doubleedged sword. It is used in

positive and negative ways. So, the varma assan /varmani teaches only a few of their students who have *Sivayogi* characters, due to the above reasons the technique lacks in a few assans and areas (8). As the decade passes the technique is confined to particular areas. The study aims to assess the difference and similarities between the Varma points given for *thandaga vadham* by the varmani trained under different guru-disciple methods. To document the uniqueness of varmani trained under different guru-disciple methods.

MATERIALS AND METHODS

The author selected 10 practitioners from 3 kinds of zonal areas of varmam assans. Four of them are from Kanyakumari, five from Chennai and one from Coimbatore. The varmam practitioners who have responded from the selected areas like Kanyakumari, Coimbatore and Chennai possessed a well-versed knowledge about varmam. The author selected assans, who have more than 5 years' experience on varmam in traditional or intuitional practice. Data collection is processed by questionnaire and face-to-face interaction (Table 1).

Table 1: Requirements employed to conduct the survey.

Research Design	Cross sectional study (community based)
Sampling techniques	Convenient sample technique
Source of data	Physicians practicing varmam in Chennai, South district, and Coimbatore, Tamil Nadu
Sample size	10
Research tool	Questionnaire
Duration	60 days

RESULTS

The overviews of results obtained by the questionnaire survey were as follows: There were in total 10 varmam practitioners among which 5 were from Chennai, 3 from Kanyakumari, and 1 each from Coimbatore and Tirunelveli, Tamil Nadu. Among the practitioners 8 were male and 2 females with an average age of 50.5 years. Further, among the practitioners 30% of them were traditional and 70% institutional and traditional practitioners (Fig. 1; Table 2).

Analysis of the questionnaire

Diagnosing method

Among the survey, 30% of practitioners diagnosed disease by *nadi* (one among *envagaithervu* - Siddha diagnostic tools) and 70% of practitioners used diagnosis by both *nadi* and physical examination.

Posture

90% of practitioners use lying posture to do varmam therapy in *thandaga vadham*, and 10 % use sitting, standing, and lying posture.

Terminology

40% of varmam practitioners were diagnosed with *lumbar spondylosis*, 10% were termed

as *naieruppu vadham*, 10% of people termed as *eduppu vali*, and 40% termed as *thandaga vadham*.

Pre-procedure

Among 10 varmam practitioners, 40% of them did not do any pre-procedure in varmam therapy, 40% of them did relaxation and oil application before varmam therapy, and 20% of them did other therapies.

Contraindication

70% of practitioners agreed with contraindications.

Frequency of Varmam treatment

Varmam therapy to *thandaga vadham* is prescribed weekly once in 40% of physicians, three days once in 50% of physicians, and alternate days in 10% of physicians.

Varmam techniques

30% of practitioners used only varmam points, 70% of practitioners use *adagal*, *thadavalgal* and *varmam pulligal*.

Table 2: Varmam points used by aasan of various lineage for *thandaga vadham*

Varmam Pulligal (Points)	Thadavalgal	Adagalgal
Natal Varmam	Sara MudichuThadaval	EruppuAdagal 1
NaiEruppuVarmam	PanjaMudichuThadaval	NaiEruppuAdangal
Suzhi Adi Varmam	Pura ThariThadaval	EruppuAdangal 2
Sara MudichuVarmam	Jeeva Kai Adagal	Peru NarambuAdangal
PanjaMudichuVaram	Nangana PootuAdagal	Jeeva Kai Adagal
Nangana Pootu	Natal Thadaval	Nangana PootuAdagal
Poovadangal	Vaari Ell Thadaval	Poovadagal
Urulai Varmam	NavariThadaval	ManipooragaAdagal
Assan Kalam		
Kakkattai Kalam		
Kaya Varmam		
Mel AzhalVarmam		
ArasaVarmam(Natal)		
KezhiSuzhiyadiVarmam		
NarangalVarmam		
EruthuVarmam		
NaavariVarmam		
Ela KuruthuVarmam		
Natal Varmam		

Vayu Varmam
Dhasa Vayu Pinnal
ValaKumizhVarmam
Ammai Kalam
Thunddu Varmam
Ada Thodai Varmam
Pura Thodai Varmam
Komberi Kalam
KalKilappu Varmam
Kuthikal Varmam
KalKulasu Varmam
KalKannu Varmam
Viruthi Kalam
Batchini Varmam
SeviKutri Varmam
MoorthiKaalam
KannadiVarmam
MoodichuVarmam
SeepuVarmam
Mattran Kalam
MoonaraVarmam
NaiEruppu Kalam

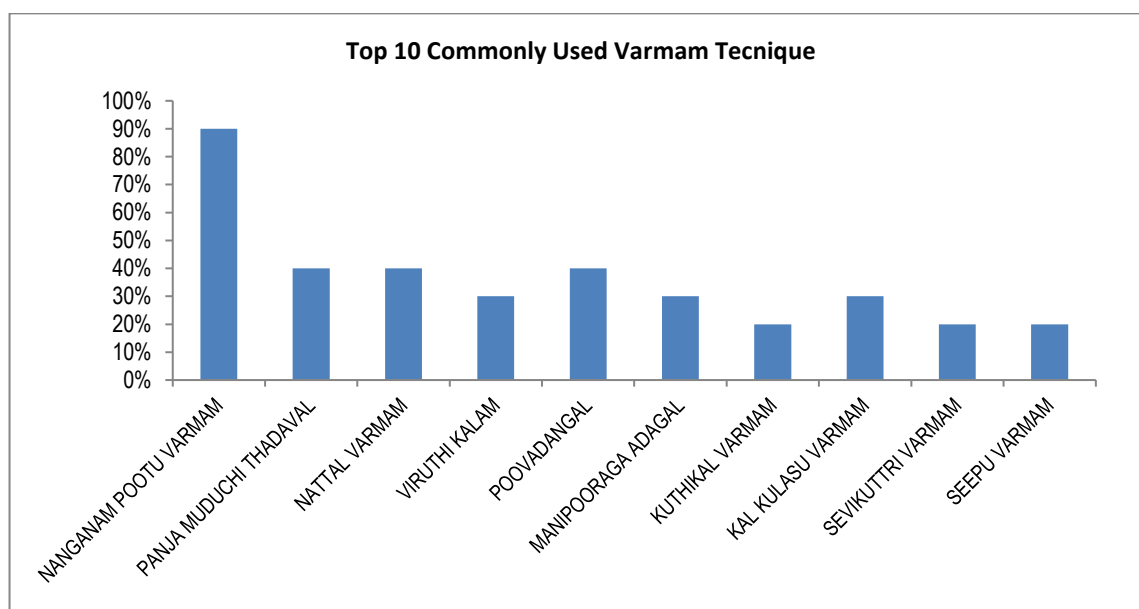


Fig. 1: Top most used varmam technique in the treatment of *thandaga vadham*

The different names given to points which share the same anatomical location are followed by

- Nanganampootu, KezhSuzhiadi Varmam, NaiErupu Varmam.
- Peru NarambuVarmam, SeepuVarmam, Pinnal varmam
- ArasaVarmam, Natal Varmam, Mattran Kalam

The 10 commonly used varmam points by the practitioners were Nanganampootu varmam, PanjaMooduchuThadaval, Natal Varmam, Poovadagal, Viruthi Kalam, ManipooragaAdagal, Kuthikal Varmam, KalKulasuVarmam, SeviKutri Varmam, Seepu Varmam.

The varmam points are manipulated by various techniques and methods and the influencing factors found were finger selection, technique selection,

duration of therapy, using pressure frequency of varmam therapy. 50% of varmani practitioners used internal medication along with varmam therapy.

DISCUSSION

These techniques are trained by assans through a guru-disciple method and involve the manipulation of vital points in the body to achieve therapeutic effects (9). Varmam techniques are used not only for physical healing but also for spiritual and mental well-being. The knowledge of varmam is considered sacred and is passed down through generations of Siddha practitioners. This study aimed at identifying, collecting and compiling the various techniques of the assans from various lineages. The results obtained from this study suggest that the duration of therapy, pressure used, and frequency of varmam therapy may

vary depending on the lineage and techniques used by the varmam Assan. Additionally, it was found that 50% of varmanis are using internal medication in conjunction with varmam therapy, indicating a potential combination approach to treatment.

While documenting, it was noticed that most of the assan used the same anatomical location for manipulation but with different names and most of the points used for treating *thandaga vadham* are similar. The interesting fact is that each assan has unique manipulative techniques for the same ailment that vary in notions like finger selection, duration, pressure and frequency. Some assan suggested that the pressure used for manipulation should be strong in order to get the best result, but some suggested that giving pressure could damage the vital energy points. Another study also conducted in the same institute collected data on Varmam points used for osteoarthritis (10). The findings of that study also more or less suggest the importance of understanding the individual differences in assans' manipulative techniques for the effective treatment of ailments and the need for further research in this area.

This research sheds light on the diversity of techniques used by varmam assans and highlights the need for further exploration of the potential benefits of combining varmam therapy with internal medication. The consistent use of similar anatomical locations for manipulation across different lineages suggests a shared understanding of the human body's energy system among Varmam practitioners. Overall, these studies demonstrate the potential of Varmam therapy as a complementary treatment for various ailments. However, more research is needed to fully understand its mechanisms and effectiveness, as well as to standardise its techniques and training. In addition, the incorporation of Varmam therapy into mainstream healthcare practices requires the development of guidelines and regulations to ensure its safe and effective use. With further research and integration, Varmam therapy has the potential to offer a holistic approach to healthcare that addresses both physical and energetic imbalances in the body.

CONCLUSION

From this study, it is obvious that varmam assan from different lineages is practising different Varmam point usage and various techniques of manipulation. These points and techniques that are used for *thandaga vadham* should be documented and validated by conducting trials. Since it is learnt through the guru-disciple method, it should be documented before the knowledge is lost or modified due to a lack of standardisation. This will not only preserve the ancient practice but also help establish it as a recognised form of therapy. I hope this compilation and documentation may be used as a repertoire of points that can offer wholesome relief for pain

management in *thandaga vadham*. Also, the documentation will be the preliminary level of study and will open the gate for further research leading to standardising all these points. In addition, documenting these points and techniques will also help in spreading awareness about *thandaga vadham* and its benefits to a wider audience. It will enable practitioners to understand the nuances of this therapy and perform it with precision, thereby enhancing its effectiveness.

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CONFLICT OF INTEREST

Authors declare no conflicts of interest.

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