Traditional and Complementary Medicine Practice Guideline on Varmam Therapy
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Ministry of Health Malaysia

Traditional and Complementary Medicine Division
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

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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

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

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:

<table>
<thead>
<tr>
<th>Padu Varmam</th>
<th>Major points (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thodu Varmam</td>
<td>Minor points (96)</td>
</tr>
<tr>
<td>Thattu Varmam</td>
<td>Activating the Varmam point by tapping/slapping (8)</td>
</tr>
<tr>
<td>Pakka Varmam</td>
<td>Proximally located Varmam points</td>
</tr>
<tr>
<td>Inai Varmam</td>
<td>Paired Varmam points</td>
</tr>
<tr>
<td>Naal Varmam/ Natchathira Varmam</td>
<td>Varmam points related to 27 Stars</td>
</tr>
<tr>
<td>Ellidai Varmam</td>
<td>Points located in between the joints</td>
</tr>
</tbody>
</table>
METHODS OF STIMULATION OF VARMAM POINTS

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**

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.

<table>
<thead>
<tr>
<th>Term</th>
<th>Duration</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Uthamam</td>
<td>½ minute</td>
<td>The best effect is obtained with this duration of manipulation</td>
</tr>
<tr>
<td>Mathimam</td>
<td>1 minute</td>
<td>Less effective than Uthamam</td>
</tr>
<tr>
<td>Athamam</td>
<td>2 minutes</td>
<td>Less effective than Mathimam</td>
</tr>
<tr>
<td>Athamaathamam</td>
<td>3 minutes</td>
<td>Least effective</td>
</tr>
</tbody>
</table>

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**

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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Condition</th>
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<tbody>
<tr>
<td>Thandaga vatham</td>
<td>Lumbar Spondylosis</td>
</tr>
<tr>
<td>Cegana vatham</td>
<td>Cervical Spondylosis</td>
</tr>
<tr>
<td>Azhal keel vayu</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Kumba vatham</td>
<td>Adhesive Capsulitis</td>
</tr>
<tr>
<td>Pakka vatham</td>
<td>Stroke</td>
</tr>
<tr>
<td>Nadukku vatham</td>
<td>Parkinson's Disease</td>
</tr>
<tr>
<td>Malakkattu</td>
<td>Constipation</td>
</tr>
<tr>
<td>Valippu</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>Madhumegm</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Adhikuruthi azhutham</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Thalai nokkadu</td>
<td>Migraine headache</td>
</tr>
<tr>
<td>Peenisam</td>
<td>Sinusitis</td>
</tr>
</tbody>
</table>
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 (Amartthal) 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.
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:**
- i. 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
- ii. Follow the same technique in the opposite side
- iii. 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:**
- i. Fix the middle three fingers on the supraclavicular fossa from the posterior aspect of the patient
- ii. 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

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**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

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**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;
   i. Provide 3 Rounds Of External Rotation At The Sacral Groove
   ii. Glide Laterally To Reach Anterior Superior Iliac Spine
   iii. 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.
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:

i. 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

ii. Follow the same technique in the opposite side

iii. Manipulate in a clockwise and anticlockwise rotation 3 times each and then stretch downwards along the spine up to the T6
**KAKKATTAI**

**Location:**
Supra clavicular fossa on both sides

**Technique:**
1. Fix the middle three fingers on the supraclavicular fossa from the posterior aspect of the patient
2. Press and release

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**ENTHI KALAM**

**Location:**
Anterior axillary fold

**Technique:**
Fix the tip of the middle three fingers; press and release

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**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

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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

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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
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)

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### 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 VELAI 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.

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

*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)

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

* 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 ISSUES

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

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
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

START

RECEIVE REFERRAL

ESTABLISH DIAGNOSIS

REFER PATIENTS WITH CONFIRMED DIAGNOSIS TO REHABILITATION MEDICINE

WORK FLOW IN ORTHOPAEDIC DEPARTMENT

WORK FLOW IN REHABILITATION MEDICINE DEPARTMENT

RECEIVE REFERRAL

ASSESS PATIENT’S REFERRAL STATUS

REGISTER

NEW CASE

SCREENING BY REHABILITATION MEDICINE MEDICAL OFFICER BASED ON CHECK LIST

ASSESSMENT BY REHABILITATION MEDICINE TEAM

NOT SUITABLE

CASE REJECTED INFORM REFERING DOCTOR & PATIENT IS ASSESSED FOR OTHER REHAB. Tx

END

SUITABLE

DETERMINE TYPE OF VARMAM Tx BY PRACTITIONER

ASSESSMENT REPORT AFTER EVERY Tx

NEXT APPT DATE

RECORDING OF VITAL SIGNS

PROCEED WITH TREATMENT

END

FOLLOW UP
Appendix 2: Patients’ Reference

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

Possible adverse events and side effects of Varmam therapy

*Develops symptoms:

1. Discomfort sensation
2. Weakness
3. Nausea/vomiting
4. Palpitations
5. Chest pain or discomfort
6. Worsening pain at the treated or affected area
7. Severe bruising
8. Loss of sensation *(new symptom)*
9. Giddiness or fainting

Received Varmam treatment

Develops anticipated/expected mild adverse side effects

Follow advice given by practitioner

Symptoms resolved

Follow the appointment date

Symptoms persist/worsen

Symptoms reappear/new symptoms develop

To go to the nearest healthcare clinic

Proceed to Emergency Department

Received Varmam treatment
Appendix 3: Practitioners’ Reference

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

Eligible patient receives Varmam treatment

Adverse effects arise during/after treatment

Quick assessment by practitioner & inform Rehabilitation Medicine team

Immediate notification to Medical Officer or Rehabilitation Specialist in charge

Life-threatening situation
eg. cardiorespiratory collapse

Non-life threatening situations
eg. potential side effects of Varmam therapy

* Call for help
* Activate blue code
* Provide basic life support/first aid
* Provide information accounting the events and procedures performed to the emergency team

Documentation

Incidence reporting to T&CM Division (written)

Continued observation and monitoring of patient

Symptoms resolved

Reassessment: next day or subsequent visit

Symptoms persist/worsen

Rehabilitation Medicine team to refer to emergency department

No Symptoms

*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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NRIC:</th>
<th>R/N:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Age:</td>
<td>Sex:</td>
</tr>
<tr>
<td>Patient’s Diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Complaints:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Past Medical History:  

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>Diabetes Mellitus</th>
<th>Heart Disease</th>
<th>Epilepsy</th>
<th>Asthma</th>
<th>Cancer</th>
<th>Others:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Past Surgical History:  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Investigations Results *if available:  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Medication History:  

<table>
<thead>
<tr>
<th>Allergies:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Referring Doctor:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Official Stamp:</th>
<th></th>
</tr>
</thead>
</table>
# Appendix 5: Clerking Form

## REHABILITATION MEDICINE DEPARTMENT
_____________ HOSPITAL

### CLERKING FORM

#### PART A: TO BE FILLED BY REHABILITATION MEDICINE DOCTOR/PHYSICIAN

<table>
<thead>
<tr>
<th>PATIENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>NRIC:</td>
</tr>
<tr>
<td>Registration No:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>Postcode:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Tel. No:</td>
</tr>
<tr>
<td>Race:</td>
</tr>
<tr>
<td>Referring Physician/Department:</td>
</tr>
<tr>
<td>Diagnosis by Referring Physician:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VITAL SIGNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (kg):</td>
</tr>
<tr>
<td>Blood Pressure (mm/Hg):</td>
</tr>
<tr>
<td>Temperature (°C):</td>
</tr>
<tr>
<td>Height (cm):</td>
</tr>
<tr>
<td>Pulse Rate (per minute):</td>
</tr>
<tr>
<td>Blood Glucose (mmol/L):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Complaint:</td>
</tr>
<tr>
<td>Other Symptoms:</td>
</tr>
<tr>
<td>Past Medical and Surgical History:</td>
</tr>
<tr>
<td>Treatment History:</td>
</tr>
<tr>
<td>Allergy:</td>
</tr>
</tbody>
</table>
### PATIENT ASSESSMENT

#### i) PHYSICAL EXAMINATION

#### ii) SYMPTOM ASSESSMENT AND CLINICAL EXAMINATION

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Bleeding tendencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Deep vein thrombosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Popliteal aneurysm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Neuropathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Symptomatic disc prolapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cognitive impairments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Symptoms suggestive of malignancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Peripheral arterial disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Assessment</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain on 10-point NRS*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oswestry disability index/Neck Disability Index†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range of motion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modified Barthel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOMAC score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Registration No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRIC:</td>
<td>Age: Gender:</td>
</tr>
</tbody>
</table>

Diagnosis by Referring Physician:

### PATIENT ASSESSMENT

Physical Examination:

Siddha Diagnosis:

### TREATMENT PLAN

Treatment regime:

Duration of Treatment:

### PRACTITIONER’S DETAILS

Signature:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>
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 prana (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.
- Ketidakselesaian
- Lesu
- Sakit di bahagian yang dirawat
- Pening
- Jantung berdebar
- Rasa loya
- Rasa kebas
- Ketidakselesaian 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 sekeriannya anda: Sila tanda (✔) pada kotak yang berkaitan

<table>
<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 kult (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>

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 sukarelanya 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 sekeriannya atau diarahkan oleh wakil saya, atau diri saya sendiri, atau sebarang cara lain yang dibenarkan atau atas arahan mahkamah.

PESAKIT/PENJAGA/AHLI KELUARGA

Tandatangan: .............................................................
Nama Penuh: .............................................................
No. Kad Pengenal: .............................................................
Hubungan dengan Pesakit: .............................................................

SAKSI*

Tandatangan Saksi: .............................................................
Nama Saksi: .............................................................
No. Kad Pengenal: .............................................................

PENGAMAL PERUBATAN/PENGAMAL PT&K

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>
<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>
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</tbody>
</table>

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.

PATIENT/LEGAL GUARDIAN/FAMILY MEMBER

Signature: ……………………………………………

Full Name: ……………………………………………

Identity Card Number: …………………………….

Relationship with Patient: ……………………….

WITNESS*

Signature: ……………………………………………

Witness: ……………………………………………

Identity Card Number: …………………………….

MEDICAL PRACTITIONER/T&CM PRACTITIONER

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)**

1a. Apply a palmful of the product in a cupped hand and cover all surfaces.

1b. Rub hands palm to palm

2. Rub backs of fingers to opposing palms with fingers interlocked

3. Right palm over left dorsum with interlaced fingers and vice versa

4. Palm to palm with fingers interlaced

**How to handwash? (WITH SOAP AND WATER)**

0. Wet hands with water

1. Apply enough soap to cover all hand surfaces.

2. Rub hands palm to palm

3. Right palm over left dorsum with interlaced fingers and vice versa

4. Palm to palm with fingers interlaced

5. Rotational rubbing of left thumb clasped in right palm and vice versa

6. Rotational rubbing; backwards and forwards with clasped fingers of right hand in left palm and vice versa

7. Rinse hands with water

8. Dry thoroughly with a single use towel

9. Use towel to turn off faucet

10. ...and your hands are safe.

11. ...once dry, your hands are safe.

20-30 sec

40-60 sec
## GLOSSARY

<table>
<thead>
<tr>
<th>No</th>
<th>Terminology</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adankal/adangal</td>
<td>Points where the pranic energy remains in abundance</td>
</tr>
<tr>
<td>2</td>
<td>Adhikuruthi azhutham</td>
<td>Hypertension</td>
</tr>
<tr>
<td>3</td>
<td>Amarthhal</td>
<td>Pressing</td>
</tr>
<tr>
<td>4</td>
<td>Athamaathamam</td>
<td>Least effective</td>
</tr>
<tr>
<td>5</td>
<td>Athamam</td>
<td>Less effective than mathimam</td>
</tr>
<tr>
<td>6</td>
<td>Azhal keel vayu</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>7</td>
<td>Cegana vatham</td>
<td>Cervical spondylosis</td>
</tr>
<tr>
<td>8</td>
<td>Ellidai Varmam</td>
<td>Points located in between the joints</td>
</tr>
<tr>
<td>9</td>
<td>Ilakku Murai</td>
<td>Manipulation techniques of releasing from Varmam impact</td>
</tr>
<tr>
<td>10</td>
<td>Inai Varmam</td>
<td>Paired Varmam points</td>
</tr>
<tr>
<td>11</td>
<td>Kaala Kanakku</td>
<td>The time taken for giving pressure to a Varmam point</td>
</tr>
<tr>
<td>12</td>
<td>Kaaya Nilai Maruthuvam</td>
<td>Treatment in traumatic conditions</td>
</tr>
<tr>
<td>13</td>
<td>Kabam</td>
<td>Phlegm</td>
</tr>
<tr>
<td>14</td>
<td>Kumba vatham</td>
<td>Adhesive capsulitis</td>
</tr>
<tr>
<td>15</td>
<td>Madhumegam</td>
<td>Diabetes</td>
</tr>
<tr>
<td>16</td>
<td>Malakkattu</td>
<td>Constipation</td>
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<td>17</td>
<td>Marmam</td>
<td>Secret</td>
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<tr>
<td>18</td>
<td>Mathimam</td>
<td>Less effective than uthamam</td>
</tr>
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<td>19</td>
<td>Mathirai visai</td>
<td>Pressure</td>
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<tr>
<td>20</td>
<td>Naadis</td>
<td>Energy channels</td>
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<tr>
<td>21</td>
<td>Naal Varmam/Natchathira Varmam</td>
<td>Varmam points related to 27 stars</td>
</tr>
<tr>
<td>22</td>
<td>Naciym</td>
<td>Nasal drops</td>
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<tr>
<td>23</td>
<td>Nadukku vatham</td>
<td>Parkinson's disease</td>
</tr>
<tr>
<td>24</td>
<td>Noi Nilai Maruthuvam</td>
<td>Treatment in diseased conditions</td>
</tr>
<tr>
<td>25</td>
<td>Nokku Varmam</td>
<td>Activation of Varmam by merely staring at the patients (without touching the patient)</td>
</tr>
<tr>
<td>26</td>
<td>Oothu Varmam</td>
<td>Stimulation of points by blowing (air)</td>
</tr>
<tr>
<td>27</td>
<td>Padu Varmam</td>
<td>Major points (12)</td>
</tr>
<tr>
<td>No</td>
<td>Terminology</td>
<td>Translation</td>
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<td>-----</td>
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<tr>
<td>28.</td>
<td>Pakka Varmam</td>
<td>Proximally located Varmam points</td>
</tr>
<tr>
<td>29.</td>
<td>Pakka vatham</td>
<td>Stroke</td>
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<tr>
<td>30.</td>
<td>Peenisam</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>31.</td>
<td>Pittham</td>
<td>Bile</td>
</tr>
<tr>
<td>32.</td>
<td>Pranic</td>
<td>Life</td>
</tr>
<tr>
<td>33.</td>
<td>Saram</td>
<td>Indicates the vital energy of life</td>
</tr>
<tr>
<td>34.</td>
<td>Sathuva gunam</td>
<td>Noble qualities</td>
</tr>
<tr>
<td>35.</td>
<td>Thadaval</td>
<td>Massage</td>
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<td>36.</td>
<td>Thalai nokkadu</td>
<td>Migraines headache</td>
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<td>37.</td>
<td>Thandaga vatham</td>
<td>Lumbar spondylolysis</td>
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<tr>
<td>38.</td>
<td>Thattal</td>
<td>Tapping</td>
</tr>
<tr>
<td>39.</td>
<td>Thattu Varmam</td>
<td>Activating the Varmam point by tapping/slapping</td>
</tr>
<tr>
<td>40.</td>
<td>Thodu Varmam</td>
<td>Minor points (96)</td>
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<td>41.</td>
<td>Uthamam</td>
<td>The best effect is obtained with this duration of manipulation</td>
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<tr>
<td>42.</td>
<td>Vaadham</td>
<td>Wind</td>
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<td>43.</td>
<td>Vaakata Nithanam</td>
<td>Breathing energy</td>
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<tr>
<td>44.</td>
<td>Vaasi</td>
<td>The vital energy or the life energy is called</td>
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<tr>
<td>45.</td>
<td>Valippu</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>46.</td>
<td>Varma Adi</td>
<td>Varmam assault</td>
</tr>
<tr>
<td>47.</td>
<td>Varma Maruthuvam</td>
<td>Varmam as a form of medicine</td>
</tr>
<tr>
<td>48.</td>
<td>Varmani</td>
<td>An expert in Varmam technique is called</td>
</tr>
</tbody>
</table>
REFERENCES

1. Description and Concept of Traditional & Complementary Medicine Practice, Traditional and Complementary Medicine, 2015

2. Varmam Practice Guideline (India) developed by: Prof. Dr. R. S. Ramaswamy; Co-developed by Dr. S Natarajan, Dr. R Meena, Dr.S.D Muralidass


8. Kannan Rajaram, T., Varma Maruthuvam (General), A.T.S.V.S., Kanyakumari 2008

