

Documentation of the different approaches of *Varman* by *Varman* practitioners in Tamilnadu for *Azhalkeel Vaayu* (Knee Joint pain)

Research Article

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Abstract

Varmam is a unique therapeutic technique discovered by Siddhars. Immediate pain relief is possible by manipulating *Varmam* points. Various schools of thought exist among *Siddha* practitioners. This treatment methodology is taught by the Guru Disciple method (*Gurukulamkalvi*). Each guru had some uniqueness in their treatment methodology. There is no standard compilation and documentation available about these treatment methodologies. Many cases were treated with the complaint of knee joint pain in *Varmam* OPD, GSMC, Chennai. This study aims to find the differences and similarities between the treatment methodologies practiced by *Varmam* practitioners and to document the uniqueness of *Varmam* points for Knee joint pain. Methodology: The study was conducted in three zones of Tamil Nadu. The response rate for this study is 66.67%. Data were collected through face-to-face interviews using a semi-structured questionnaire. The questionnaire consists of 20 questions which took 20 minutes for the practitioner to fill and the written consent form was obtained from the Varmam practitioners. Result: This study indicates that each *Varmam* practitioner who trained under different guru-disciple methods had different approaches to treating knee joint pain. Overall 45 different *Varmam* names were collected from the practitioners. Some of these points share the same anatomical location. Some *Varmam* point names are more common among many practitioners but their anatomical location varies. Many controversies arise among the Varmam practitioners on locating the *Varmam* points. Compiling and documenting these points used by *Varmam* practitioners of different guru-disciple methods will pave way for future studies on standardizing the location of *Varmam* points.

Key Words: *Siddha*, *Varmam*, Knee joint pain, Osteoarthritis, Questionnaire survey.

Introduction

Varmam was once specifically used for emergency treatment by our *Siddhars* (1). Every country has their traditional system of medicine. AYUSH is one of the best complementary and alternative medicines in India. Siddha system of medicine is one among the AYUSH which has been followed for many decades in *Tamilnadu*(2).

It is India's most ancient system of healing (1,2). *Siddhars* approached in a holistic way that they not only cure the disease but also cure the root cause of it by correcting the mind, soul and body. *Varmakalai* is one of the unique treatment methodologies

of *Siddhars*, which exists for more than thousands of years. *Varmam* is an ancient martial art which is used by our ancestors for self-defence and during combat. *Varmam* is nothing but manipulation of specific points in which the energy is found concentrated(3).

The knee joint is a synovial joint of the condylar variety. The knee joint is the most frequently injured joint. Osteoarthritis is a degenerative condition primarily affecting the articular cartilage of the knee joint. The following injuries also occur in the knee joint: (i) condylar fractures of the femur; (ii) fracture of the plateau; (iii) tibial plateau fractures; (iv) injuries to the ligaments of the knee; (v) injuries to the menisci of the knee; (vi) miscellaneous knee injuries. As stated by Feagin (Feagin '88) the knee is a "joint of necessity". Therefore, the knee is injured more frequently than any other joint in the human body, because it is part of a weight-bearing limb, and secondly, does not have the stability procured by the joint congruity of the hip and the ankle (4).

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Varma means energy – which is the basis of the whole universe and whole existence. In humans, this energy is called *Vaasi* which is life energy. *Vaasi* is the foremost energy which is derived from the parents. It is entirely responsible for the whole intrauterine life of the foetus. In humans, life energy is constantly flowing in a particular pathway. When the flow is obstructed partially or completely, it leads to pathological changes. This life energy is concentrated in certain points they are called *Varma* points (5).

Varma Kalai should be practiced under the guidance of a guru (6). All the books that we have got can only serve as information sources. As it is a traditional art one can attain mastery in it only after a long practice and by the correct guidance. There are only a few *Aasans* left to practice *Varmam*. They are not willing to teach everyone. They teach to those who have all the qualities to be his *Seedan*. One should be trained for 12 years under the guidance of the guru to gain a brief knowledge about *Varmam*. (7).

To expose *Varmam* to this modern world, scientific validation of each *Varmam* point is mandatory. Every school of thoughts of *Varmam* should be considered a treasure and before it gets faded it should be collected and compiled. This study revolves around the documentation of *Varmam* points which will be beneficial for future studies. Every *Varmam* point is considered a treasure and the efficacy of each *Varmam* point should be scientifically validated and documented.

Objective

- To document the uniqueness, difference and similarities between the *Varma* points given for knee joint pain by the *Varmani's* trained under different guru-disciple methods.
- To find out if there are any associated medications given for knee joint pain by the *Varmani's*.

Methodology

Source of data

The data required for this study was collected from the *Varmam* practitioners belonging to the localities of *Chennai*, *Coimbatore* and *Kanyakumari*.

Study design

The Study design used for this study was an observational study.

Sample size and Sampling methods

To conduct this study 15 samples were selected. Convenience and snowball sampling were used to approach the *Varmam* practitioners and adhere to the project deadlines. Both traditional and institutionally trained practitioners were targeted. The traditional practitioners are recognized with the help of the referral of previously visited practitioners. The 15 practitioners who were selected for this study was visited personally by the authors and face-to-face interview were done. Among the 15 practitioners, 10 practitioners responded to the interview. The interview was done in *Kanyakumari* ($n = 7$), *Chennai* ($n = 6$) and *Coimbatore* ($n = 2$).

Questionnaire design

The questionnaire was designed by the authors with the help of the guide and other research scholars with a Siddha background. Since the questionnaire was asked by the authors directly it was designed in the English language. The questionnaires included both open and closed questions. In this questionnaire, 20 questions were available which includes personal details, demographic details, training periods, diagnostic methods, diagnostic terminology, *Varmam* techniques used, pre-procedure, contraindication and *Varmam* medicines. The questionnaire was filled out on paper by the authors while every personal visit of the practitioners.

Duration

The time duration to conduct this study was 60 days.

Statistics

The data were manually entered in the Microsoft Excel software and analysed.

Inclusion criteria

The inclusion criteria for the selection of the sample are the years of experience of the practitioners should exceed 5 years, traditional practitioners who have registered in government recognised boards and institutionally trained practitioners were selected.

Exclusion Criteria

The medical trainees and budding *Varmam* practitioners who have experienced less than 5 years were excluded from this study.

Result

Among 15 practitioners 10 practitioners responded (**response rate: 66.67**). The *Varmam* practitioners who have responded from the selected area like *Kanyakumari*, *Coimbatore* and *Chennai* possess a well-versed knowledge about *Varmam* therapy for knee joint pain.

Table 1. Basic details of Varman practitioners

	Respondents (n = 10)
Distribution	
<i>Kanyakumari</i>	4
<i>Chennai</i>	4
<i>Coimbatore</i>	2
Qualification	
Institutional	5
Traditional	1
Both	5
Experience	
Minimum	10
Maximum	40
Training Period	
Minimum	2
Maximum	40

Table 2 -List of names of Varmam points and its locationfor Knee joint pain

S.NO	VARMAM POINTS	LOCATION	Percentage
I - FRONT OF THE KNEE			
1	MootuVarmam	Practitioner 1 and 5 - superior border of the patella. Practitioner 2,8 and 10 - 2 fingers above and below from the centre point of the patella (i.e.: superior and inferior border of the patella).	38.23%
2	Aga MootuVarmam	Medial aspect of the tibiofemoral joint	
3	PuraMootuVarmam	Lateral aspect of the tibiofemoral joint	
4	SillidaiVarmam	Midpoint of the superior border of the patella	
5	AarumugaAdangal	Around the patella	
6	SirattaiVarmam	Around the patella	
7	MaelMootuVarmam	A depression above the patella	
8	Keel MootuVarmam	A depression below the patella	
9	YettuVarmam	Around the patella	
10	PuraAga NarambuMootuVarmam	Medial and lateral aspect of the tibiofemoral joint.	
11	SuliPoigai	A depression on medial and lateral aspect located above and below the knee joint	
12	ChandhiraAdangal	Around the patella	
13	Aga MootuKannu	Medialaspect of the tibiofemoral joint.	
14	PuraMootuKannu	Lateral aspect of the tibiofemoral joint.	
II - BACK OF THE KNEE			
15	MootuVarmam	Practitioner 3 and 4 - centre portion of the popliteal fossa. Practitioner 7 - centre point of the patella.	19.11%
16	KulachuVarmam	Medial and the lateral border of the popliteal fossa	
17	KaalKuliVarmam	Centre portion of the popliteal fossa	
18	SathuraAdangal	Around the popliteal fossa	
19	PathappuKalam	Centre point of the medial and lateral aspect of the popliteal fossa	
20	MootuMozhiPoruthuVar mam	Located in the centre point of the popliteal fossa	
21	MootuPathappuVarmam	Located on the medial and the lateral aspect of the popliteal fossa	
22	Peru MootuMozhiThadaval	Located in the centre point of the popliteal fossa	
23	Peru MootuPathappuThadaval	Located on the medial and the lateral aspect of the popliteal fossa	
24	Peru NarambuVaatham	Centre point of the popliteal fossa.	
III - THIGH TO KNEE JOINT			
25	Veeradangal	4 fingers above the centre of the popliteal fossa	5.88%
26	AamaiVarmam	Anterior aspect of the centre of the thigh region	
IV - KNEE JOINT TO FOOT			
27	NaaiThalaiVarmam		14.70%
28	NariThalaiVarmam	1 inch below the inferior border of the patella on it medial aspect	
29	KuthiraiMugaVarmam	Mid-point of the anterior border of the tibial shaft.	
30	MannaiAdangal	Centre of the calf muscle	
31	KuttriAdangal	Centre point of the Achilles tendon	
32	KuthikaalVarmam	7 fingers above from heel, over the Achilles tendons.	
33	ThavalaiVarmam	4 fingers below from the medial aspect of the tibiofemoral joint.	
34	MaelMannai	Upper edge of the calf muscle	
35	Keel Mannai	Lower edge of the calf muscle	
V - FOOT			
36	KaalPeruviraladiVarma m	Plantar aspect of the phalangeal bone of the great toe.	10.29%
37	KaalVellaiVarmam	Mid-point of the plantar fascia	
38	KathirNarambuVarmam	Web area in between the great toe and second toe.	
39	ViruthiKalam	Web area in between the great toe and second toe.	
VI - OTHERS			
40	KannadiKalam	In between the forehead and the junction of the nose	
41	NaagaKalam	Medial border of the scapula	
42	VilanguVarmam	Located below the lateral aspect of the clavicle	

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43	<i>AdappaKalam</i>	Located in 8 th intercostal space in the mid axillary line	11.76%
44	<i>Ida MoorthiKalam</i>	Left naso-labial fold	
45	<i>Ida KumilVarmam</i>	Located the point over the right side of the abdomen that is one-third of the distance from the anterior superior iliac spine to the umbilicus	

Table 2 shows the total number of points collected from the *Varmam* practitioners for knee joint pain is 45. Some of the points share the same anatomical locations. The total number of *Varmam* points used by the practitioners in front of the knee joint is 26. The total number of *Varmam* points used by the practitioners in the posterior aspect of the knee joint is 13. The total number of *Varmam* points used by the practitioners in between the thigh to the knee joint is 4. The total number of *Varmam* points used by the practitioners between knees to foot is 10. The total number of *Varmam* points used by the practitioners in the foot is 7. The total number of *Varmam* points used by the practitioner other than lower extremities is 8. The majority of the points are located in front of the knee joint (38%), back of the knee joint (19%), thigh (6%), knee joint to foot (15%), foot (10%) and other than leg (12%).

Table 3: The Varmam points commonly used by the practitioners

S.No	<i>Varma</i> points	Percentage
1	<i>MootuVarmam</i>	80%
2	<i>Aga mootukannuVarmam</i>	30%
3	<i>PuramootukannuVarmam</i>	30%
4	<i>Veeradangal</i>	40%
5	<i>Mannaiadangal</i>	40%
6	<i>NaaithalaiVarmam</i>	20%
7	<i>MootupathappuVarmam</i>	40%
8	<i>SirattaiVarmam</i>	30%
9	<i>Kannadikalam</i>	20%

Table 3 shows the *Varmam* points which are commonly used by the practitioners.

Mootuvarmam was most commonly used by 80% of the practitioners. *Veeradangal*, *Mannaiadangal*, *Mootupathappuvarmam* were used by 40% of the practitioners. *Aga mootukannuvarmam*, *Puramootukannuvarmam* were used by 30% of the practitioners. *Naaithalaivarmam* was used by 20% of the practitioners.

Table 4: The distribution of Varmam points other than Legs

S.no	<i>Varma</i> points
1	<i>Kannadikalam</i>
2	<i>Ida moorthiVarmam</i>
3	<i>Naaagakalam</i>
4	<i>VilanguVarmam</i>
5	<i>Adappakalam</i>
6	<i>Anna kalam</i>
7	<i>Ida kumizhVarmam</i>

Table 4 shows the distribution of *Varmam* points other than the legs. The points chosen by the

practitioners that are not related to knee joints are *Kannadikalam*, *Ida moorthivarmam*, *Naagakalam*, *Vilanguvarmam*, *Adappakalam*, *Anna kalam* and *Ida kumizhvarmam*. *Kannadikalam* and *Ida moorthikalam* are located in the face, *Anna kalam* and *IdakumizhVarmam* are located in the abdomen region, *VilanguVarmam* and *Adappakalam* are located in the chest region whereas *naagakalam* are located in the back of the trunk.

Table 5:

S.No	Application method of Varmam by practitioner	Respondent (n = 10)
1	<i>Thadavalmurai</i> <i>Adangalmurai</i> Therapeutic method	3 2 5
2	Pre-therapeutic procedure Yes No	4 6
3	Frequency of Varmam Daily Two days once One week	2 4 4
4	Duration of Varmam therapy 15 days 1 Mandalam Till pain relieves Others	1 1 5 3
5	Contraindication Yes No	3 7

The approaches of the *Varmam* practitioners vary from person to person depending on their guru (*Aasan*). From this survey we have collected 45 *Varmam* points for knee joint pain and some of them share the same anatomical location.

The point *Mootu Varmam* was used by 80% of the practitioners but the anatomical locations vary. Practitioner 1 and 5 says that *Mootu Varmam* was located on the superior border of the patella. According to practitioners 2, 8 and 10, it is located 2 fingers above and below the centre point of the patella (i.e: superior and inferior border of the patella). Practitioner 3 and 4 answer was completely different from the other two.

According to them, it is located in the centre portion of the popliteal fossa. On the other hand, Practitioner 7 says that *Mootu Varmam* is located in the centre point of the patella. (Image 1).

The *Varmam* point *Aga MootuKannu* and *PuraMootuKannu Varmam* were used by 30% of the practitioners. All of them share the same anatomical location that it is located in the medial and lateral aspect of the tibiofemoral joint (Image 2).

No 1: *Veeraadangal point* is located 4 fingers above the midpoint of the popliteal fossa and some say it is located in between the *Thundu Varmam* and *Kaal Kuli Varmam*.

No 2: Practitioner no 2, 3 and 10 claims that *MootuPathapu Varmam* was located 2 fingers lateral and medial aspect of the midpoint of the popliteal fossa. But the controversial answer was given by Practitioner no 8 that it is located at the midpoint of the popliteal fossa. (Image 3).

No 1: *Sillidai Varmam*, *SuliPoigai Varmam*, *MaelMootu Varmam* are located in the depression that is located at the midpoint of the superior border of the patella.

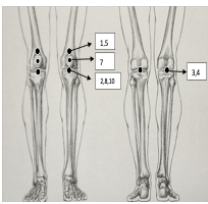

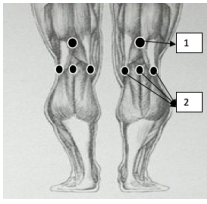
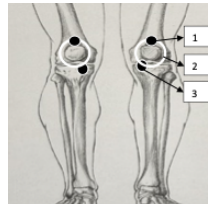
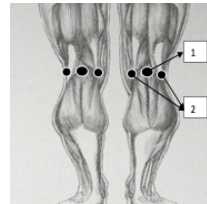

No 2: *AarumugaAdangal*, *Yettu Varmam* and *ChandhiraAdangal* are located around the patella.

No 3: *NariThalai Varmam* is located 1 inch below the inferior border of the patella on its medial aspect said by Practitioner no 7 but according to Practitioner no 1 it is located in the small depression in the medial aspect of the tibiofemoral joint. (Image 4).

No 1: *Peru narambuvadham*, *Mootuvarmam*, *Mulangaalmootumozhiporuthuvaram*, *Kaalkuzhivarmam* and *Pathappukaalam* located at the centre point of the popliteal fossa.

No 2: *Mootupathappuvarmam*, *kulachuvarmam*, *perumootupathapputhadavalpura* and *aganarambumootuvarmam* and *sathuraadangal*. All these points are located at the medial and the lateral border of the popliteal fossa. (Image 5).

ViruthiKalam and *KathirNarambu Varmam* are located in the web area between the greater toe and second toe. (Image 6).

Image 1 shows <i>Mootu Varmam</i>	Image 2 shows <i>Aga MootuKannu</i> and <i>Pura Mootu Kannu Varmam</i>	Image 3 shows <i>Veeraadangal & Mootu Pathapu Varmam</i>	Image 4 shows <i>Sillidai Varmam</i> , <i>AarumugaAdangal</i> and <i>NariThalai Varmam</i>	Image 5 shows <i>Peru narambu Vadham</i> , <i>Mootupathappuv armam</i>	Image 6 shows <i>ViruthiKalam</i>
					

Discussion

The data's collected from this study shows that there are many controversies among *Varmam* practitioners. The way of approaching, naming and manipulating techniques of *Varmam* may vary but author have noticed that most of the *Varmani's* use the points which share the same anatomical location but in different terms.

Dr S. Natarajan in his case study done in Chennai discussed some *Varmam* points which are present in this study (8). In his case study, he mentioned that *MootuPathaipu Varmam* is located on the dimple on either side of the centre of the popliteal fossa. In the study, we discussed Practitioners no 2, 3 and 10 claims that *MootuPathapu Varmam* was located 2 fingers lateral and medial aspect of the midpoint of the popliteal fossa which exactly shares the same anatomical location as it said in that case study. But the controversial answer was given by Practitioner no 8 that it is located at the midpoint of the popliteal fossa. Since the majority of the practitioners share the same anatomical point the answer given by the Practitioner 8 may be invalid. Hence in future, studies should be conducted for each *Varmam* point to find out its exact location and efficacy.

There are many similar traditional treatments available in different systems of traditional like *Marmam* in Ayurveda, Acupressure, Acupuncture, Cupping and Moxibustion in traditional Chinese

medicine, Thai massage etc., they all deal with the stimulation of points. In *Siddhar Varmam* this energy is called '*Vaasi*'^{7,1}, in *Ayurveda*, it is known as '*Pranic energy*' (9) and in the Traditional Chinese system of medicine (TCM) it is called '*Qi*' energy (10).

A study conducted by Dr Brian. M. Berman in New York reveals the effectiveness of certain acupuncture points by conducting an RCT (11). In this study, the author shared some of the acupuncture points that do wonders in osteoarthritis which also shares the same anatomical location as some of the *Varmam* points that had been discussed in this study. Since the mechanism of both systems was similar, from this we can also conclude that those points that share the same anatomical location may also have positive results in knee joint pain. Hence, the documentation is a preliminary level of study it should be further carried to the clinical trials.

Many similar studies have been done earlier in the TCM. The study conducted by *Robinson N* on the topic of Exploring practice characteristics and research priorities of practitioners of traditional acupuncture in China and the EU-A survey was merely equivalent to this study (12). But this survey was done on a large sample. They conclude that the way of approaching, diagnosis and line of treatment are diverged based on their historical, cultural and socio-political differences. From this article, we also perceive that there are many similarities in the treatment methodology of TCM and

SSM. The approach of the practitioners in the diagnosis of disease was similar. SSM and TCM are both likely to use both western and traditional diagnostic methods and they both concurrently use herbs along with the energy point stimulation.

Conclusion

The approach of each *Varmam* practitioner for knee joint pain varies based on their guru. This study shows that a single *Varmam* point has many names and many controversial locations arise to locate a single point anatomically. From this study, it is obvious that *Varma Aasans* from different lineages are practising different *Varmam* point's usage and various techniques of manipulation. I hope that this compilation and documentation may be used as a repertoire of points which can offer wholesome relief for pain management in knee problems. Moreover, the points can be numbered depending on their frequency of usage by practitioners. Further studies with larger samples are needed. This will help us to create a user guide for the new learners. Also, the documentation will be the preliminary level study and will open the gate for further research leading to standardizing all these points.

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