



Received on 13 June 2026; received in revised form, 02 July 2026; accepted, 08 July 2026; published 01 November 2026

VARMAM THERAPY IN EMERGENCY MEDICINE: A COMPREHENSIVE REVIEW OF SIDDHA EMERGENCY INTERVENTIONS

V. Harini Priya

Department of Nanju Maruthuvam, National Institute of Siddh, Chennai - 600047, Tamil Nadu, India.

Keywords:

Varmam therapy, Siddha medicine, Emergency management, Vital points, Traditional medicine

Correspondence to Author:

V. Harini Priya

PG Scholar,
Department of Nanju Maruthuvam,
National Institute of Siddh, Chennai -
600047, Tamil Nadu, India.

E-mail: harinipriya2811@gmail.com

ABSTRACT: Varmam therapy is a unique therapeutic science in Siddha medicine that involves stimulating specific vital energy points distributed throughout the human body. Traditionally, Varmam has been extensively utilised in emergency conditions such as syncope, trauma, respiratory distress, convulsions, stroke-like conditions, poisoning, and loss of consciousness. This comprehensive literature review critically examines the role of Varmam therapy in emergency management, drawing on classical Siddha literature and contemporary scientific evidence. Literature sources were collected from Siddha texts, indexed journals, PubMed, Google Scholar, and peer-reviewed databases. The review highlights the physiological basis, therapeutic applications, mechanisms of action, and clinical significance of Varmam in acute emergencies. Evidence suggests that stimulation of specific Varmam points modulates neural pathways, improves circulation, regulates autonomic responses, and restores functional homeostasis. Several clinical studies and case reports have demonstrated beneficial outcomes of Varmam therapy in pain management, neurological emergencies, musculoskeletal trauma, respiratory conditions, and rehabilitation. Despite promising traditional and clinical evidence, large-scale randomized controlled trials remain limited. Integrating Varmam therapy with emergency care may provide a complementary, cost-effective, and non-invasive approach in acute care settings. Further scientific validation and standardization are essential to strengthen its evidence base and global acceptance.

INTRODUCTION: Emergency Medicine aims to provide rapid intervention for life-threatening and acute medical conditions. Traditional systems of medicine have long contributed to emergency care through non-invasive therapeutic techniques. In this review, *Siddha* refers to the traditional medical system originating in South India.

Varmam denotes the therapeutic manipulation of specific vital points located throughout the body. *Adangal* refers to specialized Varmam techniques used to restore disturbed physiological function, particularly in emergency conditions. *Uyir Sakthi* (vital life energy) represents the fundamental life force described in Siddha medicine.

Pranan denotes the vital force responsible for respiration and consciousness, while *Vatham*, *Pitham*, and *Kabam* are the three fundamental physiological humors that maintain normal body functions. These terms are used consistently throughout this review according to Siddha

<p>QUICK RESPONSE CODE</p>  <p>DOI link: https://doi.org/10.13040/IJPSR.0975-8232.17(11).3367-75</p>	<p>DOI: 10.13040/IJPSR.0975-8232.17(11).3367-75</p> <hr/> <p>This article can be accessed online on www.ijpsr.com</p>
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literature. Among these, Varmam therapy occupies a unique place within Siddha medicine. Varmam is an ancient South Indian martial art tradition that subsequently developed into a therapeutic practice. In combat, the deliberate striking of specific vital points is known as Varma Adi (Varmam assault). This unarmed combat system primarily targets strategic points on the nerves, blood vessels, joints, and vital organs ¹. Varmam refers to specific bioenergetic points where life force energy (“Uyir Sakthi”) is concentrated and regulated ². According to Siddha literature, improper injury to these points may lead to severe disability or death, whereas appropriate stimulation can restore physiological balance and revive vital functions.

The classical Siddha texts describe 108 major Varmam points and their therapeutic applications in numerous acute conditions. Siddhars, including Agathiyar, Bogar, and Theraiyar, documented various emergency Varmam techniques for reviving unconscious patients, treating trauma, relieving respiratory obstruction, and managing neurological disorders ². The Siddhars adopted a holistic approach that focused not only on treating the disease but also on addressing its root cause through the harmonization of the mind, body, and soul ³. Varma Kalai, a unique branch of the ancient Siddha system of medicine, involves stimulating and manipulating vital energy points in the body to promote healing and facilitate recovery from injuries ⁴.

Modern scientific investigations suggest that Varmam stimulation may influence neurovascular structures, autonomic nervous system responses, neurotransmitter release, and pain modulation pathways. Contemporary studies indicate significant therapeutic effects in musculoskeletal pain, stroke rehabilitation, neurological recovery, and respiratory disorders. Stimulation of specific Varmam points is believed to activate the stored vital energy at those locations, thereby restoring the disrupted energy flow and providing therapeutic relief to the affected region of the body ⁵. This review comprehensively evaluates the traditional concepts and modern evidence regarding the role of Varmam therapy in emergency management.

MATERIALS AND METHODS: A comprehensive literature search was conducted to

identify published evidence on the role of Varmam therapy in emergency medicine. Electronic databases, including PubMed, Scopus, Google Scholar, ScienceDirect, Crossref, and Semantic Scholar, were systematically searched for relevant studies. In addition, Siddha-specific journals, institutional repositories, and conference proceedings were manually searched to identify relevant publications.

To understand the traditional concepts and therapeutic principles of Varmam, classical Siddha literature, including Agathiyar Varmam Soothiram, Varma Maruthuvam–Pothu, Varma Oli Nool, Varmam Vaithiyam, and other authenticated Siddha references, were also reviewed.

Eligibility Criteria:

Inclusion Criteria:

The review included:

- Original research articles, case reports, case series, observational studies, clinical trials, review articles, and systematic reviews related to Varmam therapy.
- Studies evaluating the application of Varmam therapy in emergency conditions, neurological disorders, respiratory disorders, trauma, musculoskeletal disorders, pain management, and rehabilitation.
- Articles published in English.
- Classical Siddha texts describing Varmam principles and emergency interventions.

Exclusion Criteria:

The following were excluded:

- Editorials, letters to the editor, conference abstracts without full text, and duplicate publications.
- Studies unrelated to Varmam therapy or emergency management.
- Articles lacking sufficient methodological details or outcome information.

- Publications in languages other than English, except authenticated Siddha classical literature.

Study Selection and Data Extraction: The initial search identified 126 records. After removal of duplicate publications (n = 18), 108 articles were screened based on title and abstract. Following eligibility assessment, 42 full-text articles were reviewed in detail. Finally, 15 published studies, together with five classical Siddha references, fulfilled the eligibility criteria and were included in this review.

Concept of Varmam in Siddha Medicine:

According to Siddha philosophy, the human body contains energy channels through which “Pranan” or vital life force, circulates. Varmam points are nodal junctions where muscles, nerves, blood vessels, bones, and tendons intersect. Injury to these points disrupts the flow of vital energy and causes disease manifestations². In the Siddha system of medicine, there are 108 Varmampoints⁵.

The Siddha system classifies Varmam into:

1. Padu Varmam – highly dangerous points
2. Thodu Varmam – therapeutic touch points
3. Thattu Varmam – tapping points
4. Nooku Varmam – activation through focused intention

Padu Varmam comprises vital points that are highly vulnerable to severe trauma. Injury to these points may result in life-threatening complications, permanent disability, loss of consciousness, organ dysfunction, or death if not managed promptly. Classical Siddha texts describe these points as requiring immediate therapeutic intervention by experienced Varmam practitioners because inappropriate manipulation may further aggravate the patient's condition².

Thodu Varmam refers to therapeutic Varmam points that are activated by gentle digital pressure using the fingers or thumb. These points are the most commonly employed in clinical practice for the management of pain, neurological disorders, musculoskeletal conditions, respiratory complaints, and supportive emergency care. Owing to their relatively safe mode of stimulation, Thodu

Varmam techniques are widely practiced by trained Siddha physicians².

Thattu Varmam involves rhythmic tapping or percussive stimulation of selected Varmam points to restore physiological function and improve neuromuscular activity. This technique is traditionally applied in conditions requiring rapid activation of specific neural pathways, such as syncope, trauma, and motor dysfunction. The force, direction, and duration of tapping should be carefully controlled to avoid tissue injury and adverse effects².

Nooku Varmam is regarded as one of the most advanced forms of Varmam practice. Classical Siddha literature describes this technique as influencing vital energy through focused intention, visual concentration, and subtle therapeutic methods rather than direct physical manipulation. Because of its specialized nature and limited scientific validation, Nooku Varmam is rarely practiced and remains largely confined to experienced traditional practitioners².

Classical siddha literature states that manipulation of Varmam points restores deranged Vatham, Pitham, and Kabam humors, thereby promoting recovery in emergency conditions.

Physiological Basis of Varmam Therapy:

Modern interpretations propose that Varmam points correspond anatomically to Peripheral nerve plexuses, the neuromuscular junctions, Trigger points, vascular junctions, and Fascial intersections. Stimulation of these points may produce therapeutic effects through Activation of mechanoreceptors, Endorphin release, Modulation of the autonomic nervous system, improved cerebral circulation, Regulation of inflammatory mediators, and neuromuscular relaxation.

Venkatraman M *et al.* reported that Varmam stimulation significantly reduced pain and improved neuromuscular coordination among musculoskeletal patients⁶.

Furthermore, stimulation of Varmam points may induce neuromuscular relaxation by reducing muscle spasm, improving proprioceptive feedback, and restoring coordinated muscle activation. These mechanisms are consistent with the reported

improvements in joint mobility, cervical spondylosis, peri-arthritis, lumbar spondylosis, and rehabilitation following neurological disorders described in the reviewed studies^{6, 12, 13}.

Similarly, studies evaluating biofield therapies suggest that manual stimulation techniques can influence parasympathetic activity and improve physiological resilience during acute stress conditions.

Role of Varmam Therapy In Emergency Conditions:

Syncope / Fainting: Syncope is characterized by a transient loss of consciousness due to reduced cerebral perfusion. Fainting can be relieved by activating the Suzhumunai Varma located between the middle of the nose and the lips. The body gets energy and vitality when the Siruviralinagakann Varmam is activated⁷. Clinical observations indicate that stimulation near the trigeminal and facial nerve distributions may enhance the reticular activating system activity and autonomic recovery.

Trauma and Musculoskeletal Emergencies: Trauma-related pain, dislocations, sprains, and fractures are traditionally managed using Varmam manipulation combined with Siddha external therapies.

If you are hit on the body, you should immediately shake the kurtivarma in your ear and perform marukaalam. Generally, if you are hit on the upper part of the body, the komperi kalam on the leg is given, and if you are hit on the lower part of the body, i.e., below the waist, in the arms and legs, to prevent Varma from occurring, after shaking the kurti, you should give the porchai located on both sides of the pitarivarma⁷.

Varmam therapy may reduce muscle spasm, improve local circulation, and accelerate tissue repair through neurovascular modulation. Ancient Varmam literature describes various therapeutic techniques for managing sports-related injuries, including sprains, dislocations, and unconsciousness. The injured individual was instructed to place the affected foot on a thick cylindrical wooden roller and roll it repeatedly, eighteen times. This traditional practice resembles physiotherapeutic techniques used to restore ankle joint mobility and functional movement⁸.

Respiratory Emergencies: Varmam therapy has traditionally been used in acute asthma, breathlessness, choking sensation, and respiratory distress.

Adangal points such as Adappa Adangal, Vilangu Varmam, Ner Varmam, and Thilartha Varmam have been traditionally employed in the emergency management of bronchial asthma. Stimulation of these points is believed to regulate respiratory function through neuromodulatory mechanisms and pain pathway activation. The therapy demonstrates potential as a rapid, non-invasive supportive approach in acute respiratory emergencies⁹. Agatharai and puratharai will greatly help with this condition. Repeat these three to six times as needed to relieve shortness of breath and reduce asthma⁷.

Convulsions / Seizures: Convulsive disorders and acute neurological conditions are considered major emergency indications for Varmam intervention in Siddha medicine.

Varma Maruthuvam plays a significant role in the supportive management of seizure episodes through simple and rapid physical therapeutic interventions. Traditional Siddha literature describes Adangal techniques such as Pininarambu Adangal, Paenkuzhi Adangal, Unthi Adangal, Sakthikuri Adangal, and Valapinkalai Adangal for stabilizing disturbed vital energy flow during convulsive episodes. These techniques are considered easy to learn, practice, and apply during emergencies, thereby offering immediate supportive care and reducing the risk of secondary injuries associated with seizures¹⁰. Studies on Siddha Varmam therapy have reported notable improvement in children affected by seizure disorders through the stimulation of specific Varmam points such as Porchai Kaalam, Kavuli Kaalam, and Komberi Kaalam. These points are traditionally believed to restore altered nerve functions, normalize brain activity, and aid in regaining consciousness during seizure episodes¹¹.

Stroke: Stroke rehabilitation remains one of the most researched areas in Varmam therapy. To relieve a stroke, massage all the Nagakannvarmam in the fingernails and toenails three times, three times in a row, and stimulate the sunnambu Kaalam once every 10 to 20 minutes, with three or five

lateral movements. Give this Sunnambuvarmam for a full day from the moment of the stroke, and then once every half hour as needed. To make the nadis function well, Nattel Varmam-Nervarmam should be lifted upwards with four fingers of both hands at the same time. Then, Kondai Kolli, Annakalam, Adappakalam, Annankalam, Kallidaikalam (6 fingers below the navel), Mookukomberi, Sunnambukalam, and Sevikutrikkalam, along with Ettuvarmam T1 to T8⁷. Kondaikollivarmam, Mudichuvarmam, Kaakattaivarmam, Chippi Varmam, Manjadivarmam, Pidarivarmam, and Ottuvarmam are used in Hemiplegia^[12].

Pain Management: Acute pain conditions, including headache, neck pain, low back pain, and joint pain, are effectively addressed through Varmam therapy.

In osteoarthritis, points such as Kaalmootu Varmam, Panchamuga Varmam, Komberi Kaalam,

Kaalsanni Adangal, Ullangal Vellai Varmam, and Kutri Varmam are commonly employed to relieve pain and improve joint mobility¹². A case series study demonstrated that Varmam therapy was effective in the management of Ceganavatham (cervical spondylosis), particularly in reducing pain and improving restricted cervical movements⁶. Conditions like periarthritis and lumbar spondylosis are managed using multiple therapeutic points, including Mozhipiralgai, Kavuli Kaalam, Savvu Varmam, Manipooraga Adangal, Mooladhara Varmam, and Sevikutri Kaalam¹². A case study on rheumatoid arthritis reported the therapeutic application of specific Varmam points, including Panchamuga Varmam, Motto Varmam, Keelmanai Varmam, and Komberi Kaalam Varmam. Stimulation of these points was associated with a reduction in joint pain, improvement in mobility, and functional recovery¹³.

TABLE 1: VARMAM POINTS FOR THE MANAGEMENT OF EMERGENCY CONDITIONS

Emergency Condition /Disorder	Varmam / Adangal Points Used	Anatomical Location	Reported Therapeutic Role
Syncope / Fainting	Suzhumunai Varma, Siruviral Nagakann Varmam	Suzhumunai Varma: Philtrum (between the nose and upper lip); Siruviral Nagakann Varmam: Nail bed of the little finger	Restoration of consciousness, stimulation of vital energy, and autonomic recovery
Trauma and Musculoskeletal Emergencies	Kurti Varma, Komberi Kaalam, Porchai, PitariVarmam	Kurti Varma: Ear; Komberi Kaalam: Apex of the patella; Porchai: Posterior neck (adjacent to Pitari Varmam); Pitari Varmam: Nape/posterior aspect of the neck	Prevention of Varma injury progression, pain relief, tissue recovery, and improvement of circulation
Sports Injuries / Ankle Mobility Restriction	Roller-based ankle manipulation technique	Ankle joint	Restoration of ankle mobility and functional movement resembling physiotherapy
Bronchial Asthma / Respiratory Distress	Adappa Adangal, Vilangu Varmam, Ner Varmam, Thilartha Varmam, Agatharai, Puratharai	Thoracic region, upper back, neck, and head (traditional Siddha anatomical locations)	Relief of breathlessness, regulation of respiratory function, and supportive emergency respiratory management
Convulsions / Seizures	Pininarambu Adangal, Paenkuzhi Adangal, Unthi Adangal, Sakthikuri Adangal, Valapinkalai Adangal	Head, neck, abdomen, and lower limb (traditional Siddha anatomical locations)	Stabilization of disturbed vital energy, supportive seizure management, and reduction of secondary injury risk
Pediatric Seizure Disorders	Porchai Kaalam, Kavuli Kaalam, Komberi Kaalam	Porchai Kaalam: Posterior neck; Kavuli Kaalam: First web space between the thumb and index finger; Komberi Kaalam: Apex of the patella	Restoration of consciousness, normalization of brain activity, and neurological support
Stroke /	Nagakann Varmam, Sunnambu Kaalam,	Fingernails and toenails, scalp,	Improvement of neural

Hemiplegia	Nattel Varmam, Nervarmam, Kondai Kolli, Anna Kalam, Adappa Kalam, Annankalam, Kallidaikalam, Mooku Komberi, Sevikutri Kaalam, Ettuvarmam (T1–T8)	neck, nose, abdomen, ear region, and thoracic spine (T1–T8)	function, circulation enhancement, and supportive stroke rehabilitation
Hemiplegia	Kondaikolli Varmam, Mudichu Varmam, Kaakattai Varmam, Chippu Varmam, Manjadi Varmam, Pidari Varmam, Ottu Varmam	Head, neck, shoulder, upper limb, and lower limb (traditional Siddha anatomical locations)	Motor recovery, functional rehabilitation, neuromuscular stimulation
Osteoarthritis	Kaalmootu Varmam, Panchamuga Varmam, Komberi Kaalam, Kaalsanni Adangal, Ullangal Vellai Varmam, KutriVarmam	Knee joint, leg, and sole of the foot	Pain reduction, improvement of joint mobility, and function
Cervical Spondylosis (Ceganavatham)	Disease-specific Varmam manipulation techniques	Cervical (neck) region	Reduction of pain and improvement of cervical movements
Periarthritis	Mozhipiralgai, Kavuli Kaalam, Savvu Varmam, Enthi Kalam	Shoulder, hand, and upper limb	Pain relief and restoration of shoulder mobility
Lumbar Spondylosis	Manipooraga Adangal, Komberi Kaalam, Kuthikaal Varmam, Kannpugaichal Varmam, Kaalkulachu Varmam, Viruthi Kaalam, Patchini Varmam, Sevikutri Kaalam, Mudichu Varmam, Poovadangal, Seepu Varmam, MooladharaVarmam	Lumbar region, heel, lower limb, ear, and sacral region	Reduction of low back pain, improvement of movement, and neuromuscular balance
Rheumatoid Arthritis	Panchamuga Varmam, Motto Varmam, Keelmanai Varmam, Komberi Kaalam Varmam, Kavuli Varmam, Savvu Varmam, Kai Mootu Varmam, Piratharai Varmam, Manibandhagam, Ullangai Vellai Varmam, Nangana Pootu, Poovadangal, Sirattai Varmam, Viruthi Kaalam	Knee, wrist, hand, shoulder, ankle, and lower limb joints	Reduction of inflammation and joint pain, enhancement of mobility, and functional recovery

RESULTS: The reviewed literature demonstrated the therapeutic application of Varmam therapy in various emergency and acute clinical conditions, including syncope, trauma, respiratory distress, seizures, stroke, and pain disorders. Multiple classical Siddha texts and contemporary studies reported that stimulation of specific Varmam and Adangal points produced rapid symptomatic relief, improved consciousness, reduced pain, enhanced mobility, and supported neurological recovery.

DISCUSSION: The present review highlights the potential role of Varmam therapy as an important complementary therapeutic modality in emergency and rehabilitative care within the Siddha system of medicine. Classical Siddha literature describes Varmam as a vital point-based therapeutic science capable of regulating disrupted life energy and restoring physiological balance during acute pathological conditions. One of the major observations from the reviewed literature is the significant neurological relevance of Varmam

therapy. Syncope, seizure disorders, stroke, and hemiplegia are among the most frequently documented neurological emergencies managed through Varmam interventions. Traditional stimulation of Suzhumunai Varma and Siruviral Nagakann Varmam has been described for restoring consciousness during fainting episodes⁷.

Anatomically, these points are closely associated with craniofacial neural distributions, suggesting possible activation of autonomic reflex pathways and cerebral arousal mechanisms. Similarly, Adangal techniques such as Pininarambu Adangal, Paenkuzhi Adangal, Unthi Adangal, Sakthikuri Adangal, and Valapinkalai Adangal have been traditionally utilized during seizure episodes to stabilize disturbed neurological activity and prevent secondary injuries¹⁰. The simplicity and rapid applicability of these procedures indicate their potential value in first-aid supportive management. The neurological applications of Varmam therapy are further supported by studies involving pediatric

seizure disorders and stroke rehabilitation. Sowmya *et al.* reported that stimulation of Porchai Kaalam, Kavuli Kaalam, and Komberi Kaalam produced notable improvement among children affected with seizure disorders, suggesting restoration of altered nerve function and normalization of brain activity^[11]. Unlike conventional antiepileptic medications, which primarily suppress recurrent seizure activity, Siddha Varmam therapy aims to restore functional neural balance through re-energizing affected pathways¹¹. Traditional Siddha protocols involving Nagakann Varmam, Sunnambu Kaalam, Nattelvarmam, Nervarmam, Kondaikolli Varmam, and Sevikutri Kaalam similarly emphasize restoration of neural communication and circulation following cerebrovascular insults⁷. Such findings indicate possible neuroplastic and neuromodulatory effects associated with repetitive sensory stimulation of Varmam points.

The reviewed literature also demonstrates the relevance of Varmam therapy in respiratory emergencies, particularly bronchial asthma and acute breathlessness. Adappa Adangal, Vilangu Varmam, Ner Varmam, and Thilartha Varmam were traditionally employed for relieving respiratory obstruction and regulating breathing patterns⁹. Siddha practitioners additionally utilized Agatharai and Puratharai stimulation to reduce dyspnea and improve respiratory function⁷. Modern interpretations suggest that manual stimulation of these points may influence autonomic regulation, respiratory muscle relaxation, and neurogenic inflammatory pathways. The rapid non-invasive nature of these interventions may therefore provide supportive benefits in acute respiratory distress situations.

Trauma and musculoskeletal emergencies constitute another major area where Varmam therapy demonstrates therapeutic significance. Ancient Siddha literature describes the management of sports injuries, sprains, dislocations, fractures, and soft tissue trauma through immediate Varmam manipulation techniques⁸. Therapeutic stimulation of Kurti Varma, Komberi Kaalam, Porchai, and Pitari Varmam was believed to prevent the progression of injury and restore physiological balance following trauma⁷. Interestingly, descriptions involving repeated rolling of the affected foot over a

cylindrical wooden structure closely resemble modern physiotherapeutic mobilization techniques intended to restore ankle mobility and functional recovery⁸. Such observations highlight the advanced rehabilitative understanding present within ancient Siddha practices.

Pain management and rehabilitation remain among the most evidence-supported applications of Varmam therapy. Multiple studies have documented symptomatic improvement in osteoarthritis, rheumatoid arthritis, periarthritis, cervical spondylosis, and lumbar spondylosis following stimulation of disease-specific Varmam points. Rohini Priya *et al.* systematically reviewed the application of Siddha Varma therapy across various musculoskeletal disorders and reported beneficial effects on pain reduction and mobility improvement¹². In osteoarthritis, stimulation of Kaalmootu Varmam, Panchamuga Varmam, Komberi Kaalam, Kaalsanni Adangal, Ullangal Vellai Varmam, and Kutri Varmam was associated with improvement in joint function and reduction in pain severity¹². Similarly, a case series on Ceganavatham demonstrated that Varmam therapy effectively reduced pain and improved restricted cervical movements among patients with cervical spondylosis⁶. A case study on rheumatoid arthritis involving Panchamuga Varmam, Motto Varmam, Keelmanai Varmam, and Komberi Kaalam Varmam also reported enhanced mobility and functional recovery following treatment¹³. Integrative Varma therapy combined with traditional therapies and rehabilitative approaches has demonstrated clinically meaningful improvement in various musculoskeletal *et al*¹⁴ and neuropathic conditions¹⁵. These therapeutic outcomes may be mediated through modulation of nociceptive pathways, muscle relaxation, improved blood circulation, and reduction of inflammatory responses.

Another important observation from the reviewed evidence is the holistic and integrative nature of Varmam therapy. Siddha philosophy emphasizes the correction of disturbed energy flow and the restoration of equilibrium between body, mind, and vital force. Unlike purely symptomatic management, Varmam interventions are traditionally aimed at restoring functional homeostasis and promoting natural healing

mechanisms. Furthermore, its ease of administration, low incidence of adverse effects when properly performed, and integrative potential with conventional medicine make it particularly valuable in resource-limited settings.

Despite promising traditional evidence and emerging clinical observations, the scientific validation of Varmam therapy remains limited. In addition, placebo-controlled randomized clinical trials evaluating the efficacy of Varmam therapy in emergency conditions are scarce. Therefore, future research should focus on multicentric clinical trials, neuroimaging studies, electrophysiological analysis, and evidence-based standardization of therapeutic techniques.

Overall, the reviewed literature suggests that Varmam therapy possesses considerable potential as a rapid, non-invasive, cost-effective supportive modality in emergency and rehabilitative medicine. Integration of traditional Siddha Varmam practices with modern emergency care systems may enhance patient-centered management, particularly in neurological, respiratory, traumatic, and musculoskeletal emergencies. Further scientific validation is essential to facilitate wider clinical acceptance and incorporation into evidence-based integrative healthcare practice. Certain clinical conditions may also represent contraindications or require particular caution during Varmam therapy.

Strength of Current Evidence: The evidence supporting the application of Varmam therapy in emergency medicine is heterogeneous and should be interpreted according to the strength of the available literature. Classical Siddha texts provide the traditional theoretical basis for the use of specific Varmam and Adangal points in emergency conditions such as syncope, trauma, respiratory distress, seizures, and stroke⁷. However, these descriptions primarily represent traditional medical knowledge and are not equivalent to contemporary clinical evidence. Most of the modern publications identified in this review consist of case reports, case series, observational studies, and narrative reviews describing favorable clinical outcomes following Varmam therapy^{6, 10-13}. Although these studies suggest potential therapeutic benefits, their findings are limited by small sample sizes, lack of control groups, and methodological heterogeneity,

thereby restricting the generalizability of the results.

Controlled clinical studies evaluating the efficacy of Varmam therapy remain scarce. Consequently, the current evidence should be regarded as preliminary rather than definitive. While the available literature supports the potential role of Varmam therapy as a complementary intervention in emergency and rehabilitative care, robust randomized controlled trials, standardized treatment protocols, and multicenter clinical studies are required before definitive conclusions regarding its clinical effectiveness can be established.

CONCLUSION: Varmam therapy plays a significant role in Siddha emergency and rehabilitative care through the stimulation of specific vital points. The reviewed literature suggests its beneficial application in syncope, respiratory distress, seizures, stroke, trauma, and pain management. Its non-invasive, rapid, and cost-effective nature makes it a promising complementary therapeutic approach. Although classical Siddha literature and emerging clinical evidence describe the application of Varmam therapy in conditions such as syncope, seizures, stroke, trauma, respiratory distress, and acute musculoskeletal injuries, the available evidence primarily supports its role as a supportive or complementary intervention rather than a substitute for standard emergency management.

However, further scientific validation and large-scale randomized clinical studies are necessary to establish standardized treatment protocols and strengthen their evidence-based integration into modern healthcare.

ACKNOWLEDGEMENTS: Nil

CONFLICTS OF INTEREST: Nil

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How to cite this article:

Priya VH: Varmam therapy in emergency medicine: a comprehensive review of siddha emergency interventions. *Int J Pharm Sci & Res* 2026; 17(11):3367-75. doi: 10.13040/IJPSR.0975-8232.17(11).3367-75.

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