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Case Study

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# SINGLE VARMAM APPLICATION FOR MANAGEMENT OF URINARY INCONTINENCE – A CASE SERIES

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## ABSTRACT

Urinary incontinence is defined as the involuntary loss of urine, sufficiently severe to cause a social or hygiene problem. It occurs in all the age groups but becomes more prevalent in old age. While, age dependent changes in the lower urinary tract predispose older people to incontinence. It affects 15% of women and 10% of men aged over 65 years. 'Varmam' is the branch of Siddha system of medicine which involves a special kind of therapy based on vital points called varma points present in the body. Varmam points are bio energetic sites through which subtle energy flows and aid physiological functions of the body. Basthi varmam which has the indication for urinary incontinence. Hence, the aim of this study to evaluate the efficacy of single varmam therapy in the management of urinary incontinence. A total of 20 patients were included this treatment. Varmam therapy shown good prognosis in the treatment of urinary incontinence.

**KEYWORDS:** Urinary incontinence, chottu neer, basthi varmam, Siddha, varmam.

## INTRODUCTION

Urinary incontinence is defined as the involuntary loss of urine, sufficiently severe to cause a social or hygiene problem. It occurs in all the age groups but becomes more prevalent in old age. While age-dependent changes in the lower urinary tract predispose older people to incontinence.[1] It affects 15% of women and 10% of men aged over 65 years. Incontinence in women is typically related to dysfunction of the bladder or pelvic floor muscles, with such dysfunction often arising during pregnancy or childbirth, or at the time of menopause. Causes of urinary incontinence are Cerebral or spinal cord lesion, dementia, bladder disease, parkinsonism, idiopathic causes and myelopathy. Risk factors include smoking, chronic cough, obesity, oestrogen depletion and constipation.[2]

Apart from sanitation problems and interference in daily life, severe cases of urinary incontinence can have important social repercussions. Urinary incontinence can be divided into four types. such as, stress urinary incontinence is the complaint of urine leakage in association with coughing, sneezing or physical exertion, whereas urgency incontinence is the involuntary loss of urine occurring for no apparent reason while suddenly feeling the need or urge to urinate. Overflow incontinence due to either poor bladder contraction or blockage of the urethra. Functional incontinence occurs when a person recognises the need to urinate but can't make it to the bathroom due to confusion, dementia, depression.[3-4]

It is a well-known fact that Traditional Systems of medicines always played an important role in meeting global health care needs. The system of medicines which are considered to be Indian in origin or the systems of medicine which have come to India from outside and got assimilated into Indian culture are known as Indian Systems of Medicine. Siddha system of medicine is practised in some parts of South India especially in the state of Tamilnadu.[5] In Siddha system of medicine, Urinary incontinence is mentioned as chottu neer. 'Varmam' is the branch of Siddha system of medicine which involves a special kind of therapy based on vital points called varma points present in the body.[6] Varmam points are bioenergetic sites through which subtle energy flows and aid physiological functions of the body. These points are located in the junctions of nerves, naadis, muscles and bones.[7] Knowledge of varmakalai (the art of varmam) is passed through generation after generation. People who have mastered the art are called aasan (masters).[8] Aasan Thiru. Palpandian is one of the varmam aasan who has lived in Thiruvannamalai teaching about the varmam to Siddha doctors. As per his teaching, I have learned about the Basthi varmam which has the indication for urinary

incontinence. Hence, the aim of this study to evaluate the efficacy of single varmam therapy in the management of urinary incontinence.

## CASE REPORT

A total of 20 patients with the complaints of urinary incontinence were undergone the varmam treatment in the age group of 40 – 80 years. These patients were treated in OPD of National Institute of Siddha, Tambaram Sanatorium, Chennai – 47, Tamilnadu, India. Patients have not undergone any internal medicine for urinary incontinence. Depending upon the condition, Varmam treatment was ranged from 1 - 2 times per week for 2 months of period. Then the patients were followed up to 4 months without any therapy. Before treatment, Varmam procedure was properly explained to the patient and informed consent was obtained from the patients. Then finally the prognosis was assessed by Revised Urinary Incontinence Scale (RUIS).[9]

## VARMAM LOCATION

**Basthi varmam**

- Location - Upper portion of Suprapubic zone of the lower abdomen (6 fingerbreadths below the umbilicus)

## VARMAM PROCEDURE

- It has three types of application methods.
- First method – 3 times straight inward pressure with both thumbs at the location of varmam point.
- The second method – Giving deep pressure with Naga mudra at the varmam point and stroke in upward direction.
- The third method – Gently place the medial side of both palms of the hands at 2 fingerbreadths lateral to the umbilicus and stroke it inwards.

## FUNCTIONS OF THE BASTHI VARMAM:

- Increase the strength of bladder muscle and urethral sphincter.
- Controls the muscular, urinary and reproductive systems.

## ANATOMICAL STRUCTURES NEAR TO VARMAM POINT

Hypogastric artery, abdominal wall, external iliac and internal iliac arteries and veins. Drainage to medial sacraI lac end internal and external iliac lymph glands. Pe|vic splanchnic nerve which supplies spleen, pancreas and hypogastric plexus. Rectus abdominus and oblique externus muscles. Pubic ligaments, median umbilical fold, superior and inferior. Symphysis pubis.\

## RESULTS

A total of 20 patients (4 male & 16 female patients) were included in this report. It was mentioned in Table 1. These patients were affected by different causes of urinary incontinence shown in Table 2. Patients affected with stress urinary incontinence were 11, urge urinary incontinence 7, overflow urinary incontinence 2. There were no patients in the category of functional urinary incontinence. Prognosis of the treatment was assessed by Revised Urinary Incontinence Scale (RUIS). Response to varmam treatment was shown in Table 3. In stress UI, good improvement in 8 patients, moderate improvement in 2 patients and mild improvement in 1 patient. In urge UI, 6 patients showed good improvement, 1 patient showed moderate improvement. In overflow incontinence, good improvement in 1 patient and moderate improvement in 1 patient.

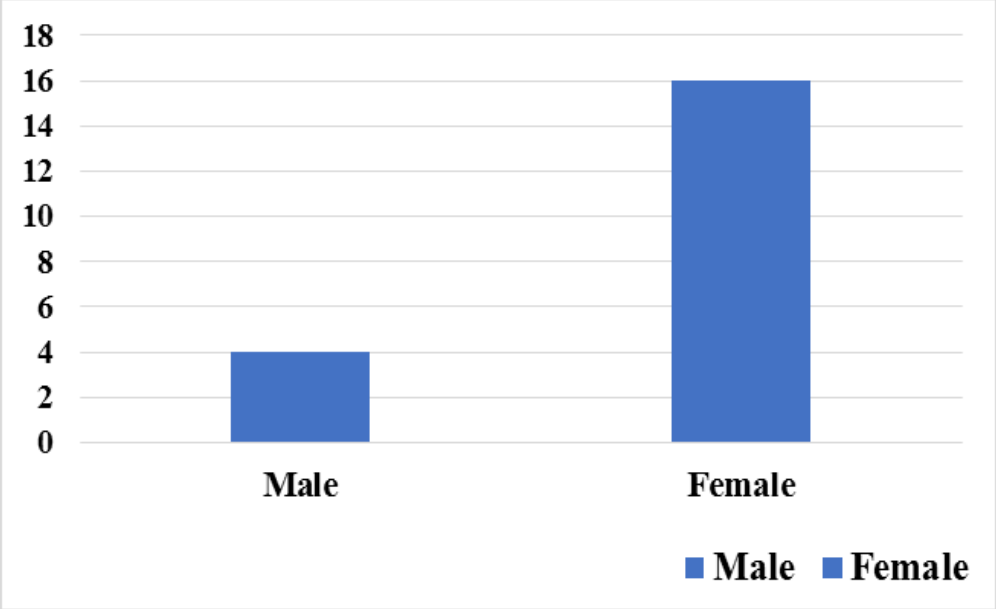


**Chart 1: Gender of the patients.**

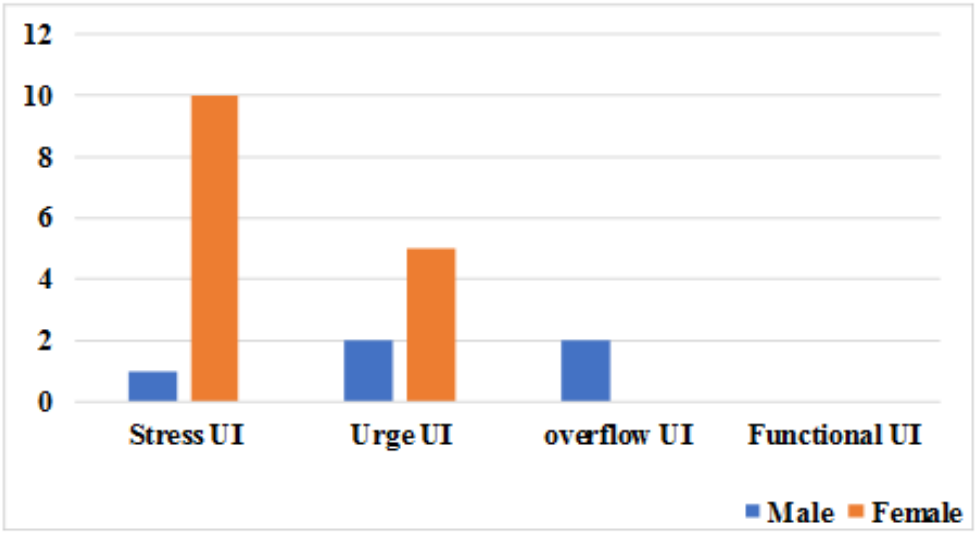


**Chart 2: Types of Urinary incontinence.**

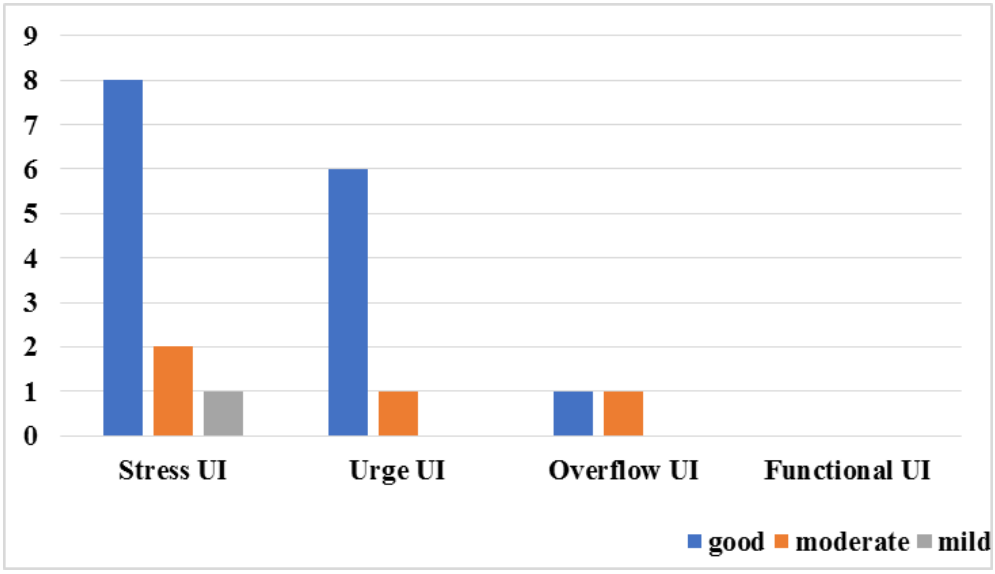


**Chart 3: Response to varmam treatment.**

## DISCUSSION

Urinary incontinence is the involuntary leakage of urine; it affects millions of people worldwide, causing significant detrimental effects on their quality of life. According to literatures, Urinary incontinence is common in women than man.[9] Likewise, in this study, female patients predominantly affected with urinary incontinence which was shown in Table 1. There are four types of urinary incontinence. In this types stress urinary incontinence is the most common which occurs due to sphincter dysfunction. It causes voiding of urine while coughing and sneezing. This common in women due to the Weakness of the urinary sphincter can result from trauma, repeated urogynaecology surgeries, neurological disease, ageing or diseases leading to systemic muscular atrophy.[10] Similarly, stress urinary incontinence is predominant in this study compared with other types of urinary incontinence. Stress urinary incontinence responded well to the Varmam therapy. After the treatment, patient can be surviving without napkins. But symptoms recovered in few patients after 6 months of the treatment. Varmam therapy shows also good prognosis in other types of urinary incontinence.

## CONCLUSION

Varmam therapy was found to be effective in treating the urinary incontinence. The response to varmam therapy in the 20 patients was dependent on the age of the patient and the onset of the duration of illness. As on date to our knowledge, there is no permanent cure for this condition in other medical treatment methods. From the results it could arrive at that varmam therapy is an effective method for the management of all types of urinary incontinence. Further, the treatment method is simple, non - invasive and less time consuming without any side effects.

## ACKNOWLEDGMENT

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**REFERENCE**


1. Davidson's Essentials of medicine, 2nd edition, pub by Elsevier, 2016; 161.
2. API Textbook of medicine, ninth edition, Volume 2, Association of physicians, India, 2040.
3. Haylen BT, de Ridder D, Freeman RM, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. Neurourol Urodyn, 2010; 29(1): 4–20.
4. Hunskaar S, Burgio K, Diokno AC, et al. Epidemiology and natural history of urinary incontinence. In: Abrams PC, Khoury S, Wein A, editors. Incontinence: 2nd International Consultation on Incontinence. Plymouth, U.K.: Health Publications Ltd, 2002; 165–201.
5. Patil SB, Patil MS, Chittam KP, Wagh RD. A review on ayurveda and siddha: Indian systems of medicine. Pharma Sci Monit, 2014; 5: 40-9.
6. National health portal of India – Introduction available at http://nhp.gov.in/introduction_varmam_mtl.
7. Selvaraj K, Srinivasan M, Duraisamy V, Ramaswamy G, Venugopal V, Chinnakali P. Morbidity profile of elderly outpatients attending selected sub-district Siddha health facilities in Tamil Nadu, India. Ancient Sci Life, 2016; 35: 212-6.
8. Thirumoolar varmology Institute – articles http://www.varmam.org/articles/LearningAndTeachingVarmam.php
9. Nitti VW. The prevalence of urinary incontinence. *Rev Urol*, 2001; 3 Suppl 1(Suppl 1): S2-S6.
10. Aoki, Yoshitaka et al. "Urinary incontinence in women." *Nature reviews. Disease primers* vol. 3 17042. 6 Jul. 2017, doi:10.1038/nrdp.2017.42