

**EFFECT OF VARMAM THERAPY IN FALLOPIAN TUBE  
OCCLUSION & HYPOTHYROIDISM – A SINGLE CASE STUDY**

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**INTRODUCTION**

Varmam is energy based medical system which is part of siddha medicine. It is vital and subtle energy in our body. It is also called vaasi, puravi, saram, kaalam, swasam, kalai, yogam, param and sivam.

“பாரப்பா தேகத்தில் நரம்பின் சுருளுகளும்  
குச்சம் தானும் பொய்கைகளில்  
பிரிந்த இடம் வர்மமென்று பேரும் ஆச்சே” (நரம்புச் சூத்திரம்-35, பா. 25)

(The Foot Prints of  
Medical Varmalogy)

The above poem mentions the location of varmam points, explaining that the varmam points are located on nerves, muscles, bone junctions and tips.

“வற்றம் வற்றம் என்றால் வாதம் காற்றுதானே  
இன்னும் அதிலேதான் பித்தம் கூடி நிற்கும்  
சிலேற்பனமும் தொட்டு நிற்கும்  
இவர் மூன்று பேரையும் கணக்கறிந்து  
கசடற எண்ணிப் பார்த்து கைபடங்கள் செய்க” (வ.வா.சூ. திறவுகோல்)

(The Foot Prints of Medical Varmalogy)

The poem mentioned each varmam point has vata, pitta and silethuma units. Varmam contains pancha bhoota, vayus, nadis, vaasi and kundalini energy.

“Prevention is better than cure”

This proverb is excerpting the varmam theory.

Varmam application on the right place with correct pressure points heals various disorders (wjpr201716-10192).

Varmam has an efficacy in treating female infertility conditions like pelvic inflammatory diseases, poly cystic ovarian syndrome, tubal dysfunction, endometriosis and hormonal imbalance etc.

In varmam literature, the fallopian tube (Ft) is called *Manikudal, Manuarathirunarambu*.

### **Fallopian Tube occlusion**

Fallopian tubes are female reproductive organs that connect the ovaries and the uterus. Every month during ovulation, which occurs roughly in the middle of a menstrual cycle, the Ft carries an egg from an ovary to the uterus. Conception also happens in the fallopian tube (Ft). If an egg is fertilized by sperm, it moves through the tube to the uterus for implantation.

If a ft is blocked, the passage for sperm to get to the eggs, as well as the path back to the uterus for the fertilized egg is blocked.

Common reasons for blocked ft include

- A history of pelvic infection
- A previous burst appendix
- Sexual transmitted diseases
- Endometriosis
- A history of abdominal surgery
- Past ectopic pregnancy
- Hormonal anomalies etc.

### **CASE STUDY**

31 years female patient came with complaint of irregular periods from menarche. She got her periods only once in every 2 - 3 months, that too after induced by medicine.

M/H Menarche 14<sup>th</sup> year of age

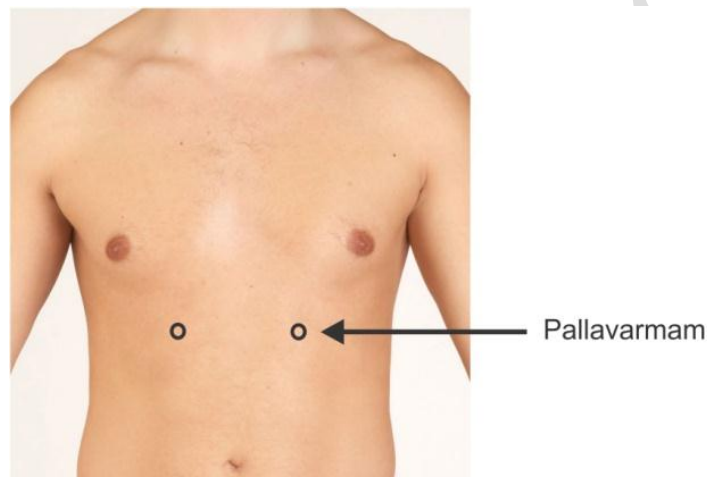
Menstrual cycle 45-90 days once

Bleeding phase 4 days

Normal flow

Patient has the past history of having one baby through IVF due to tubal block. After varmam treatment without any medication, she got periods on the 45<sup>th</sup> day.

Varmam points applied are palla varmam, kudukkai varmam and petti kaalam. Then her menstrual cycle became regularized within 3 months. (Ref: Basic Concepts of Medical Varmalogy, The Five Approaches of Medical Varmalogy).



At the same time to treat occlusion of ft, the varmam points are kondai kolli (vertex region), naga kaalam (on the spine), and suronitha varmam (surface of ovary). (Ref: Basic Concepts of Medical Varmalogy, The Five Approaches of Medical Varmalogy). In between she had the symptoms related to hypothyroidism and so she has been advised to analyse her thyroid profile.

Her reports show the following results before treatment.

## DISCHARGE SUMMARY

Patient Name : Mrs. D. [redacted] Age: [redacted] yrs MRD NO: [redacted]  
 Huband Name : Mr. [redacted] Age: [redacted] yrs  
 D.O.A : [redacted] D.O.S : [redacted] D.O.D : [redacted]

Nature of Surgery : Under GA, Diagnostic Laparoscopy With Hysteroscopy Done

Complaints & Clinical Features : Married since 12month + primary infertility +B/L PCO.

Operative Notes : Under GA In Lithotomy Position , Abdomen Parts are Painted & Draped

## Hysteroscopy Findings :

Cervix : OS severely Patulous; canal straight

Cavity : Normal

Endometrium : Normal.

Ostia (RT) : Seen.

(LT) : Seen.

## Laparoscopy Findings :

Uterus	: Normal	Uterosacrals	: Normal
RT.Ovary	: PCO-drilling	cul-de-sac	: Normal.
RT.Tube	: Normal.	Endometriosis	: Nil.
LT.Ovary	: PCO-Drilling	Tuberculosis	: Nil
LT.Tube	: Moderate Hydrosalpinx	PID	: Nil
Spill (RT)	: NO spill	POD	: Normal.
(LT)	: Very Delayed Spill		

B/L Ovary : PCO-Drilling done

B/T Tubes : Right tubal block; Left tube Mod.hydrosalpinx ;delayed spill

## TREATMENT GIVEN

- \* Antibiotics
- \* Iron & Vitamin Supplements Given.
- \* Course Of Hospital Stay : Uneventful

## ADVICE ON DISCHARGE:

- \* Review After 1 Week for Suture Removal & Madam Appointment, Check up
- \* The Laparoscopy Report have been Explained to me in the Language I Understood & I Received The Report.

Patient Signature :

Chief Infertility Consultant Laparoscopic Surgeon

After Treatment

DEPARTMENT OF RADIOLOGY AND IMAGING

Patient Name: \_\_\_\_\_ Ward / Room: 07

Reg No: \_\_\_\_\_ Reported On: 10/06/2019

Request No: 11060730 Radiologist: D. \_\_\_\_\_

Ref. By: \_\_\_\_\_

Cl. Diagnosis: \_\_\_\_\_

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**H.S.G.**

Water soluble contrast medium was instilled into the uterine cavity through an uterine cannula.

The study shows normal sized uterus.

There are no filling defects seen.

Both the fallopian tubes are seen till the fimbrial end and show free peritoneal spill. There is mild dilatation of the distal end of left fallopian tube, however free peritoneal spill is noted.

**IMPRESSION:**

- Bilateral free peritoneal spill noted.
- Mild dilatation of distal portion of left fallopian tube, however free peritoneal spill is demonstrated.

Patient has newly detected hypothyroidism, and hence varmam treatment is applied for that condition also. The varmam points are kondai kolli and sumai varmam, which induced naagan vaayu and it also stimulates the pituitary gland.

**Before Treatment**

**Thyrocare**  
Think Thyroid. Think Thyrocare

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022 - 3090 0000 / 4125 2525 wellness@thyrocare.com www.thyrocare.com

**REPORT**

NAME: \_\_\_\_\_ SAMPLE COLLECTED AT: \_\_\_\_\_

REF. BY: \_\_\_\_\_

TEST ASKED: \_\_\_\_\_

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
<b>RENAL</b>				
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	6.7	mg/dl	7.9-20
CREATININE - SERUM	PHOTOMETRY	0.55	mg/dl	0.5-0.8
BUN / SR. CREATININE RATIO	CALCULATED	12.18	Ratio	9:1-23:1
<b>THYROID</b>				
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	99	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7.5	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	6.78	µIU/ml	0.3-5.5

-- End of report --

## After Treatment

INSTITUTE OF LABORATORY MEDICINE		
Request No : _____	Reg No : _____	
Name : Mrs. _____	Req. Date : _____	
Age / Gender : _____ Years / Female	Received Date/Time : _____	
Ward / Bed No : _____	Dept Receive : _____	
Ref. By Dr : Dr. _____	Reporting Date : _____	
Specimen : Blood,		
	Patient Value	Biological Reference Range
<b>BIOCHEMISTRY</b>		
FOLLICLE STIMULATING HORMONE(FSH)	4.54	1.5 to 21.5 MIU/mL
LUTEINIZING HORMONE(LH)	6.67	1 to 95.6 MIU/mL
TSH	3.03	0.27 to 4.2 µU/mL

We gave varmam treatment for the above two clinical conditions for the period of 6 months. And then she went for investigation of thyroid profile and hysterosalpingogram. Her reports enclosed.

### DISCUSSION

The patient had no history of appendicitis, STD, PID and no other infective conditions. So the fallopian tube block, may be due to hormonal imbalance. When planning a pregnancy, it can be a good idea for a person to think about their medical history.

### CONCLUSION

With varmam therapy, the patient got good results without incurring more cost for treatment and in less time, without any side effects. Now she is under the treatment for normal conception of her 2<sup>nd</sup> baby. So, public can benefit enormously by creating awareness and bringing back varmam therapy, which is part of our traditional system of siddha medicine, to its own glory.

### ACKNOWLEDGEMENT

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