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ROLE OF VARMAM IN FEMALE INFERTILITY-PEN MALADU

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ABSTRACT

Infertility is not being able to get pregnant after at least one year of trying or six months if the woman is over age 35. If a woman keeps having miscarriages, it is also considered as infertility. It can result from age, hormonal disorders, lifestyle, physical problems, environmental factors, etc. Infertility results from female factor about 1/3 of the time and male about 1/3; cause is either unknown in remaining cases. Varmam an indigenous Indian system of medicine developed by Siddhars deals with subtle energy science. It speaks clearly about the reproductive system, embryogenesis, pathogenesis and method of improving the quality of reproductive cells. This article deals with the female fertility improvement based on the Varmam literary evidence with case studies.

KEYWORDS: Female infertility, healthy egg, varmam, varmam uterus massage, endometrium thickness.

INTRODUCTION

Infertility is not being able to get pregnant after at least one year of trying or six months if the woman is over age 35. If a woman keeps having miscarriages, it is also considered as infertility. It can result from age, hormonal disorders, lifestyle, physical problems, environmental factors, etc. infertility results from female factor about 1/3 of the time and male about 1/3; cause is either unknown in remaining cases. Proper maturation of egg, fallopian tube ability to pick up the egg, ability of sperms to swim up in the cervix in order to reach ovum, travelling of fertilized egg to the uterus, implantation and growth of embryo inside the uterus are the important steps of reproduction process. Factors disrupt the any one of above steps lead to infertility. Those factors are

- Ovulation disorders due to hypothalamic dysfunction, ovarian insufficiency, polycystic ovarian disorders, pituitary and reproductive hormones disorders
- Tubal infertility due to pelvic inflammatory disorder, previous surgery in pelvic and abdomen, ectopic pregnancy
- Endometriosis affect the lining of uterus distrupts the implantation and damage the egg or sperm
- Uterine and Cervical causes: fibroids, myomas, uterine abnormalities-congenital, genetic disorders, birth defects such as abnormal shaped uterus, cervical stenosis, cervical incompetence, mucus that do not allow sperm to enter uterus, presence of anti -sperm-antibodies.
- Unexplained infertility: cause never found in modern medical system. Varmam theory explains this unexplained cause as body subtle energy disturbance.

Modern technologies like artificial insemination and assisted reproductive techniques are a boon to the infertile couples. But they are very invasive procedures.

Assisted reproductive technology includes IVF, Intra cytoplasmic-sperm injection, cryopreservation of gametes or embryos. It bypasses the process of intercourse and fertilization of oocytes occur in labs. It also includes fertility hormones medication to develop the follicles. But this procedure fails because of poor embryo and egg quality. Varmam therapy helps in rectifying the above said problems.

MATERIAL AND METHODS

Case study

Case 1: A female patient aged 34 a known case of 12 years of primary infertility. her partner had normal sperm count with 60% active motile sperms. She had regular menstrual cycle. Her LH, FSH, Prolactin, TSH were normal but AMH was 3.7ng/ml which is quite high on Feb 2016. Her hysterosalphingogram was normal. But the problem was with the immature ovum. She took hormonal treatment at an inferility centre at Coimbatore run by an eminent obstetrician. She underwent allopathy treatment ART for conception but the doctor cannot retrieve a single mature ovum. Most of infertility treatment failure happens because of egg quality. Her gynaecologist referred her to our therapy centre at Coimbatore for improving the quantity and quality of ovum.

Varmam points Kondaikolli, Chunnambu, Yoni thattu thadaval were stimulated on her thrice a month after her menstrual phase for 2 months. Follicular study showed 10 mature follicles and healthy ovum. Then they tried for IVF on June 2017. Again to strengthen the uterus keeping her age on mind she was advised to continue varmam therapy. So post conception uterine massage was given on 4th week. Her pregnancy period had no complication. She delivered a full term healthy female baby on march '18 in LSCS procedure.

Case 2: A female patient of age 32 with 10years of secondary infertility has come for complaint of irregular periods since 6 months. She had previously two spontaneous abortions at 80 and 85 days of conception before 4 and 2 years respectively. She had no relavant family history, genetic disorders, etc. She had suspected to have first trimester high risk for Trisomy 21 on genetic screening. She also had history of ATT for adenoid tuberculosis 14 years before. She started her varmam therapy for strengthening reproductive organs at TVRTC, Coimbatore on April'18. Varmam points kondaikolli, chunnambu, yoni thattu thadaval were stimulated for 2 months. Her periods regularised next cycle. She conceived naturally on June 2018. Genetic screening revealed normal; amniotic fluid cells showed normal karyotype. She had been observed 2 months once by traditional varmam pulse reading for detecting abnormalities. She had Gestational hypertension at 3rd trimester and so she had LSCS at 9th month and delivered a healthy female baby with 2.6kg birth weight.

Case 3: A female patient aged 30 married since 4 years had history of recurrent infant death (2 times). The reason of infant death was due to cardiomyopathy (at the month of 10). The couple were depressed and came for the stress management treatment on march 2015. She also had history of sinusitis and polyarthritis. Her echo, genetic screening, pelvic scan, hormone levels were normal. Here varmam treatment included both stress management and fertility treatment for 1 year and asked to discontinue the treatment. She conceived normally on august 2016. Her conception period and labour were normal. She delivered a female healthy child on april 2017 in a normal delivery. The child was also observed for 1 ½ years and her condition is normal till date.

Case 4: Under treatment: A 31 year old lady with unicornuate uterus had history of 2 episodes of threatened abortions. Married since 8 years. She conceived naturally for the first time in 2010 and had a missed abortion at 9th week due to reduced foetal heart rate. She underwent IVF after 6 years and conceived with di amniotic twins on 2017. This time also threatened abortion happened at 8th week. She again tried IVF on march'18 but implantation

was failed due to the reduced endometrial thickness (5mm). Hormonal therapy doesn't worked in her case. Varmam massage Yoni thattu thadaval was given on august'18 for 3 days. She tried for IVF on october'18. This time implantation of embryo was good ;endometrial thickness improved than previous(9mm). But the foetal heart rate reduced at 8th week and D&C was done on november'18. She was advised to continue the varmam treatment for further improvement.

Case 5: Under treatment: A 31 year old lady with marital history of 6years came to our centre for the complaints of fallopian tube block(complete block on right side and partial block on left) and hypothyroid. She has 3year old boy conceived with the help of IVF. She also had bilateral PCOD. She is anxious to have second child in natural way. Yoni thattu thadaval was given for 4 months. She took hysterosalphingogram that revealed bilateral free peritoneal spill and block free fallopian tubes. Seeing the miraculous improvement her gynaecologist suggested to continue the varmam treatment for conception.

Case 6: A female patient of aged 37 married 12 years, had history of recurrent abortion. First time she had Ist trimester spontaneous abortion due to reduced foetal heart rate and second time she had IInd trimester abortion due to Cervical incompetence. Her husband's sperm count was normal. She had no history of infections, trauma, family history of birth defects, medications. She had fibroids in uterus and small para ovarian cyst on both sides. Varmam points to strengthen pelvic organs was stimulated on march'14. After 1month of treatment she conceived normally with no previous kind of complications throughout the pregnancy. She delivered a female child in LSCS on December'14.

DISCUSSION

Varmam Treatment: Varmam text explains the anatomy and physiology of female reproductive organs and methods of improving the energy in those organs such as uterus ovary fallopian tube. It mainly helps in energizing the pituitary and hypothalamus thereby improving the hormones involved in the reproductive function.

Varmam applied in these cases are

- 1. Kondaikolli
- 2. Chunnambu Kalam
- 3. Specific female reproductive organ massage-Yoni thattu thadaval

- **1. Kondaikolli** lies in the vertex of the head. It energise the hypothalamus and pituitary organ and thus stimulating the endocrine hormones to function normally.
- **2. Chunnambu Kalam** lies on both sides of the head, three fingers above the external East on head in straight line. It reduces the stress levels which is one of the major problem among the infertile people.
- **3. Yoni thattu thadaval** It is a unique Varmam massage that strengthens the uterus, ovaries, fallopian tube and pelvis (Karpasayam). Varmam explains about the narambu and naadis related to the reproductive organs, causes of its damage. It includes the following steps and methods of correcting the damage.
- 1. Pulinarambu thadaval.
- 2. Nervarmam thadaval.
- 3. Yoninarambu thadaval.
- 4. Pathakkalai thadaval.
- 5. Keelthaarai thadaval.

The primary vayus abana and udana protects foetus and keeps the cervix closed.

4. So stimulation of varmam points controlling abana and udana vayu was done in the 6th case alone to treat cervical incompetence.

These massage (thadaval) techniques are learnt at Gurukulam of Dr.N.Shunmugom at TVR&TC, Coimbatore.

These points and massage were given monthly thrice for three months at Coimbatore centre.

CONCLUSION

Varmam treatment helps in

- Strengthening the entire female reproductive organs
- Improving the egg quality
- Helps in implantation by improving the endometrium
- Normalises the hormonal levels
- Correcting the subtle energy level in unexplained infertility causes
- Cost effective, non-invasive methodology
- Cope with modern technologies

• Helps in improvising the modern treatment procedures.

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REFERENCES

- 1. Basic concepts of Medical Varmalogy Kaibagam seibagam- Dr. N. Shunmugom.Ph.D, April 2017, Published by Thirumoolar Varmalogy Institute, Coimbatore.
- 2. Varma Odimurivu Sarasoothiram 1500, Dr.T.K.James, 2010, Sekar publication.
- 3. Varma odivumurivu sara soothiram 1200-Paper Manuscript.
- 4. Narambu Vaagada Soothiram-Paper Manuscript.