

**ROLE OF VARMAM THERAPY IN GERIATRIC CARE AND ITS MANAGEMENT IN
STRESS URINARY INCONTINENCE****Dr. D. S. Vaniswari BSMS, MD*¹ and Dr. N. Shunmugom Ph.D(Tamil)²**¹Assistant Medical Officer, TVR&TC, Arts Research Institute, Coimbatore-641030.²Varmam Subtle Science Researcher, Honorary Advisor, ARI Foundation, Coimbatore-641030.***Corresponding Author: Dr. D. S. Vaniswari**

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ABSTRACT

The divine art of varmam bestowed with abundant spiritual energy, thrived in the land of India. Medical professional from various systems of medicine have pursued this art and are rendering service to the humanity. Varmam therapy doesnot produce any side or adverse effects and is easy to administer in any part of the world and doesnot required any equipment. In varmam therapy, mild to moderate pressure is applied to the body. An open clinical trial was conducted in 50 patients. All the patients who were aged above 65 years were subjected to symptomatic analysis. Varmam therapy was given for the period of 3 months, twice a week. Varmam therapy played a vital role in alleviating the stress urinary incontinence in geriatrics and enabled the majority of the victims to regain normalcy. Thus, this paper highlights the therapeutic effect of varmam therapy in the management of stress urinary incontinence in geriatrics.

KEYWORDS: Varmam, siddha, geriatric, stress urinary incontinence.**INTRODUCTION**

Geriatrics refers to an old age people above 65 years, especially one who receiving special care. Urinary incontinence is an involuntary leakage of urine causing social stigma. In stress urinary incontinence, the urine leaks as the pressure is put on the bladder while sneezing, laughing, exercising, coughing or lifting heavy objects. Hence, appropriate management through varmam therapy is needed for geriatric care. Varmam therapy has the potential to reduce the number of geriatric persons with disabling stress urinary incontinence.

AETIOLOGICAL FACTORS

Chronic cough, sneezing, laughing, exercising or lifting heavy objects, delirium, infection, atrophic vaginitis, pharmaceuticals, psychological disorder especially depression, hyperglycemia, reduced mobility, stool impact, obesity, smoking are some of the causes for the urinary incontinence.

PATHOPHYSIOLOGY

Urine is produced by the kidneys and travels through the ureters to the bladder to be stored. The bladder is basically a muscular sac that holds urine until it is ready to void into the urethra, the tube that connects the bladder to the outside of the body. At the same time the bladder contracts, the urinary sphincter relaxes. The relaxed sphincter acts as an open door, which allow the urine to pass and exit the body. Stress incontinence

occurs when the pelvic floor muscles supporting the urinary bladder and the urinary sphincter (the muscles that regulate the release of urine) get weaken.

AIM

To study the effects of varmam therapy in the management of stress urinary incontinence.

MATERIALS AND METHOD

Fifty patients who attended TVR&TC were studied. Only varmam points were stimulated and the treatment continued.

STUDY DESIGN

Type of study: Open, single non comparative clinical trial

Level of study: OPD

Study center: Thirumoolar Varmam Research and Therapy Centre(Unit of Arts Research Institute), Coimbatore.

Total duration of the study: 3 months

INCLUSION CRITERIA

The patients selected above 65 years of age inclusive of both sexes who manifested stress urinary incontinence grade-II with features of urinary leakage which coincides with coughing, sneezing, exercising while in standing posture were included in the study. Patients with known past history of normal vaginal delivery in post menopausal women, pelvic floor atrophy in women,

post-prostatectomy men with urinary leakage while coughing, sneezing, exercising were included.

EXCLUSION CRITERIA

Other types of urinary incontinence, obesity, genetics, strokes, dementia, pharmaceuticals and the urinary bladder owing to injuries were excluded.

STUDY PROCEDURE

At the initial visit a detailed medical history with special emphasis on family history of urinary incontinence,

history for its duration, onset, anatomical distribution exaggerating and relieving factors, recurrence and seasonal exacerbation were taken.

Detailed systemic examination done. Local examination to rule out local causes were done.

Table 1: Number of patients in each group.

Distribution of patients with stress urinary incontinence Grade -II	Group I(age 65-67 years)	Group II(age 68-70 years)	Group III(age 71-73 years)
Post-prostatectomy men	5	4	1
Pelvic floor atrophy in women	2	6	0
Post-menopausal women who had past history of normal vaginal delivery	12	17	3
Total cases	19 cases	27 cases	4 cases

Table 2: The duration of illness were given below.

Duration of illness	No.of cases
Below 1 year	26
1 year-5 years	10
5 years -10 years	9
Above 10 years	5

The above table indicates the average duration of illness included in the study were below one year.

VARMAM THERAPY

The varmam points are capable of alleviating diseases pertaining to the body, life force and mind. In stress urinary incontinence, the varmam points such as pinkannadi kaalam, kumbaga mudichu, perel varmam were given.

FOLLOWUP AND ASSESSMENT

All the patient were advised to take varmam therapy, twice a week for a period of 3 months.

STATISTICAL ANALYSIS

SCORE IN VARMAM THERAPY: Pupil dilatation, sweating, shivering, drowsiness, sound or voice were used as varmam therapy scores in this study.

Along with varmam therapy scores, the modern scales were used.

It helps to confirm stress urinary incontinence.

cough stress test	Result
No leakage with cough stress test	Negative
Instantaneous leakage with cough stress test	Positive
Leakage in spurts on cough stress test	Positive(mixed)
Delayed leakage with flow	Dextrusor overactivity

The "Revised Urinary incontinence Scale" (RUIS) were also used for assessing urinary incontinence symptoms and to monitor outcomes in varmam therapy. Using the standard questions, we gathered information on the severity of a patient's incontinence and its impact on the quality of life. A good improvement is one in which the leakage of urine never occurs and in the moderate improvement where the leakage of urine occurred less than one week. Poor improvement is one in which the urine leakage occurred more than one week. No improvement implied where the urinary leakage occurred daily.

Diagnostic tests

Standing full bladder stress test: For the patients with symptoms of urinary leakage, the test was done. The patients were asked to relax perineum and cough once, immediate loss of urine suggests stress urinary incontinence, several seconds delayed urination suggests detrusor overactivity.

Grading of stress urinary incontinence according to the clinical stress or coughing test conducted on a full bladder (about 300 mL).

Severity	Definition
Stress urinary incontinence grade 0	No urine loss found
Stress urinary incontinence grade I	Urine loss in droplets while standing
Stress urinary incontinence grade II	Urine loss in a stream while standing
Stress urinary incontinence grade III	Urine loss in a stream while lying down

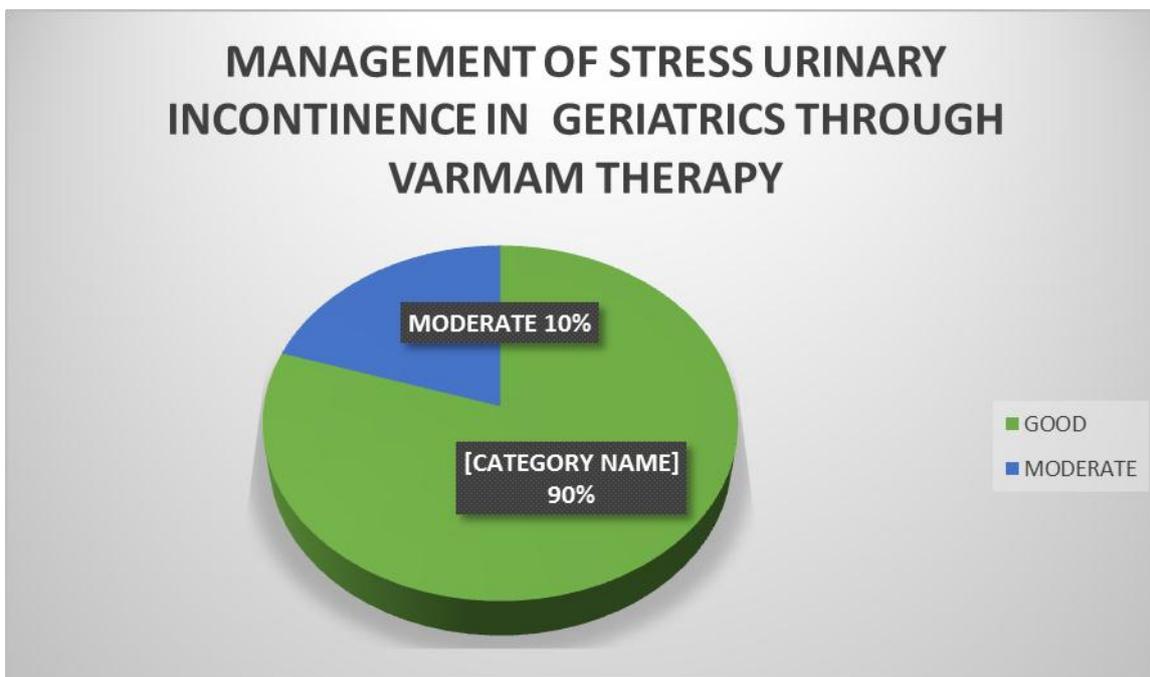
RESULTS

Based on the varmam therapy scoring scale in stress urinary incontinence, the results were considered as good, moderate, poor and no improvement.

Stress urinary incontinence grade-II	Good improvement	Moderate improvement	Poor Improvement	No Improvement
Group I(age 65-67 years)	9 cases	7 cases		
Group II(age 68-70 years)	24 cases	0		
Group III(age 71-73 years)	7 cases	3 cases		

There were no clinically significant adverse effects reported and observed during the entire study period. According to age wise evaluation of patients, Group II(age 68-70 years) showed maximum response in the management of geriatric stress urinary incontinence especially for the post-menopausal women who had past history of normal vaginal delivery. Average duration of

illness in the study were below 1 year which implies that the stress urinary incontinence can be managed effectively through varmam therapy. In the subjective evaluation of varmam therapy, 90%(40 cases) found it good, 20%(10 cases) found it moderate and no one shown poor response.



DISCUSSION

From the results it was observed that the varmam therapy is effective in the management of stress urinary incontinence. Varmam therapy has literary evidence for treating the genitourinary tract disorders since from ancient times. The varmam textual evidence for urinary incontinence is present in “Narambarai-108” verse 26, Narambarai-32” verse 23 and “Varma Choodamani” verse 628. In Varmam therapy, varmam points used in

the study were based on the varmam literary textual evidence.

CONCLUSION

Varmam therapy was found to be useful in correcting the geriatric stress- urinary incontinence. The response to varmam therapy in the 50 patients were dependent on the age of the patient and onset of duration of illness. In this study, the patients with known diagnosis of post-menopausal women who had past history of normal

vaginal delivery, pelvic floor atrophy in women, post-prostatectomy men (with instant urinary leakage while coughing, sneezing, exercising) were well responded to varmam therapy. Thus, varmam therapy is the better treatment option for the ailments related to stress-urinary incontinence in geriatric care.

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