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Integrative Varma Chikitsa and Yoga Therapy in Musculoskeletal and Neuropathic Disorders: A Case Series from a Traditional Ayurvedic Practice

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ABSTRACT

Background: Varma Chikitsa, an ancient South Indian therapeutic system rooted in Siddha medicine, involves stimulation of specific vital energy points (varmam) to restore physiological balance and alleviate pain. Despite its long clinical tradition, peer-reviewed evidence on its efficacy remains sparse. **Objectives:** This case series aims to document clinical outcomes of integrated Varma Chikitsa, Panchakarma procedures, internal Ayurvedic medications, and yoga therapy in five patients presenting with diverse musculoskeletal and neuropathic conditions. **Methods:** Five cases (Four males, One females; age range 35–54 years) presenting with lumbar spondylosis, frozen shoulder, carpal tunnel syndrome, osteoarthritis of the knee, and lumbar spondylosis with sinusitis were managed over 7–21 days. Marma points were identified per classical Siddha taxonomy. Interventions included varma therapy, steam (Swedana), Nasyam, Kizhi, Dhara with resistive loading, stretching, mobilisation, yoga, and individualised Ayurvedic pharmacotherapy. Outcomes were assessed using subjective symptom relief, functional mobility, and pain scores. **Results:** All five patients reported marked symptomatic improvement. Pain reduction ranged from moderate relief to approximately 90% reduction. Functional gains included restoration of shoulder range of motion, resolution of carpal tunnel symptoms, weight reduction of 7 kg in an obese patient, and remission of recurrent sinusitis. No adverse events were reported. **Conclusions:** The findings suggest that integrative Varma Chikitsa combined with Panchakarma and yoga is a safe and promising approach for musculoskeletal and neuropathic pain management. Randomised controlled trials with validated outcome measures are warranted.

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1. INTRODUCTION

Musculoskeletal disorders (MSDs) are among the leading contributors to global disability, accounting for approximately 1.71 billion cases worldwide and representing a substantial socioeconomic burden in developing and developed nations alike [1]. Conventional biomedical approaches, including pharmacotherapy and surgery, offer relief for many patients; however, a significant subset experiences either inadequate pain control, medication-related adverse effects, or surgical risks that limit their management options [2]. This has renewed interest in traditional systems of medicine as adjunctive or alternative therapeutic modalities.

Varma Chikitsa (also referred to as Varma Vaidyam) is a therapeutic branch of the Siddha medical tradition of South India and Sri Lanka that is concerned with the identification and therapeutic stimulation of vital energy loci known as *varmam*. Classical Siddha literature enumerates 108 principal *varmam* points distributed across the human body, each corresponding to specific anatomical confluences of nerves, blood vessels, tendons, muscles, and bones [3]. Pathological disruption at this location whether through trauma, degenerative change, or dosha imbalance—is believed to precipitate pain, functional impairment, and systemic disturbance [4].

Therapeutic manipulation of *varmam* points through precise digital pressure, specialised massage, heat application, and Panchakarma procedures is central to the Varma Chikitsa paradigm [5]. Complementary to this is Nasyam (nasal medication), Kizhi (bolus fomentation), Swedana (steam therapy), Dhara (medicated stream therapy), and internal Ayurvedic pharmacotherapy—procedural elements well-documented in classical and contemporary Ayurvedic literature for their roles in pain relief, anti-inflammatory action, and neuroprotection [6,7].

Yoga, recognised by the World Health Organization as part of traditional and complementary medicine, has demonstrated efficacy in chronic low back pain, shoulder impingement, and arthritis through mechanisms involving neuromodulation, muscular strengthening, and psychological wellbeing [8,9]. The integration of yoga within a Varma Chikitsa protocol represents an emerging clinical approach yet to receive formal scholarly documentation.

This case series, conducted at Durva Ayurvedic Clinic, Chennai during the year 2024-25, presents five patients treated with a structured integrative protocol. The novelty of this report lies in the systematic documentation of *varmam* point localisation per anatomical landmarks alongside concurrent Panchakarma interventions and yoga scheduling, providing a reproducible clinical template for conditions spanning the cervical-lumbar axis, peripheral joints, and craniofacial sinuses.

2. METHODOLOGY

2.1 Study Design

This is a descriptive case series of five patients managed consecutively at a traditional Ayurvedic clinical institution. This case series documents the clinical outcomes of five patients managed consecutively at Durva Ayurvedic Clinic, Chennai, during the 2024–2025 clinical program. Informed consent was obtained from all participants for clinical data to be used for educational and research purposes. Patient identities are de-identified to protect confidentiality. No human subjects research ethics approval was required under institutional guidelines for retrospective case documentation; however, all clinical procedures conformed to the principles of the Declaration of Helsinki [10].

2.2 Patient Selection

Patients presenting with musculoskeletal and neuropathic complaints to the outpatient department were included. Diagnosis was established using both classical Ayurvedic nosology and contemporary biomedical criteria, supported where relevant by magnetic resonance imaging (MRI). Patients with contraindications to Panchakarma procedures or those who did not complete the treatment schedule were excluded.

2.3 Therapeutic Protocol

Varmam point identification was performed by the treating physician (Dr. M. Saravanabhava, BAMS, MD Panchakarma) based on classical Siddha anatomical mapping [3,4]. Varma stimulation consisted of graded digital pressure, percussion, and marma oil application, administered in sessions of 30–45 minutes. Steam therapy (Swedana) was applied post-varma stimulation to promote muscle relaxation and facilitate absorption of medicated oils [7].

Nasyam was administered according to classical protocols involving Anu Taila instillation into nasal passages [11]. Kizhi fomentation using medicated herbal boluses was applied to affected regions. Agnikarma (thermal cautery at vital points) was incorporated in the carpal tunnel syndrome case at low intensity. Stretching and joint mobilisation techniques were applied every fourth day in spinal cases.

Internal medications were prescribed individually based on Ayurvedic dosha assessment and included formulations such as Rasna Saptakam Kashayam, Vayu Gulika, Laksha Guggulu, Ashtavargam Kashayam, Varanadi Kashayam, Kanchanara Guggulu, and Aba Guggulu.

Yoga sessions were designed per individual capacity and included asanas targeting the affected anatomical region. Dietary counselling was provided for the obese patient [9].

2.4 Outcome Assessment

Primary outcomes were subjective pain relief (reported by patients on a descriptive scale: no relief, partial relief, significant relief, or complete relief), restoration of functional mobility, and specific clinical parameters such as range of motion and neurological symptom resolution. Secondary outcomes included weight change and quality of life improvement as described by the patient.

3. CASE REPORTS

3.1 Case 1: Lumbar and Cervical Spondylosis (Katigraham)

Parameter	Details
Patient	Male, 46 years; occupation: manufacturing sector, Chennai
Chief Complaints	Severe neck and back pain (3 months); numbness in both hands; radiating pain from hip to both legs; stiffness in cervical and lumbar regions
Investigations	MRI whole spine: disc bulge at L2–L3, L3–L4, L4–L5 with nerve root compression; loss of cervical lordosis
Ayurvedic Diagnosis	Katigraham
Modern Diagnosis	Lumbar spondylosis
Past History	Modern physician advised surgery; no prior surgical history

Varmam Points Involved

1. *Chuliyadi varmam*: situated at the atlanto-axial joint; 2. *Pin sarithi varmam*: situated lateral to the posterior aspect of the umbilicus; 3. *Poonool varmam*: situated at the supra-scapular region; 4. *Kili mega varmam*: over the spinous process of C7.

Intervention

Varma therapy with whole-body Swedana for 7 days; Nasyam for 11 days; stretching and mobilisation every fourth day; yoga sessions for 5 days. Internal medications: Rasna Saptakam Kashayam, Vayu Gulika, Laksha Guggulu.

Outcome

Significant reduction in neck and back pain; diminished radicular symptoms; reduced cervico-lumbar stiffness; patient reported overall functional improvement and elected against surgery.

3.2 Case 2: Post-Traumatic Frozen Shoulder (Apabahukam)

Parameter	Details
Patient	Male, 54 years; occupation: chief engineer, Chennai
Chief Complaints	Pain and stiffness in left shoulder joint (6 months); markedly decreased shoulder range of motion
History	Road traffic accident (motorcycle) 6

	months prior; 1 month of allopathic treatment without adequate relief; no surgical history
Ayurvedic Diagnosis	Apabahukam
Modern Diagnosis	Frozen shoulder (adhesive capsulitis)

Varmam Points Involved

1. *Poonool varmam*: supra-scapular region; 2. *Kai koottu varmam*: level of T5, over the midpoint of the medial border of the scapula; 3. *Vul puttu varmam*: anterior aspect of the axilla.

Intervention

Dhara therapy (with 1 kg dumbbell resistive loading) and yoga for 1 week; varma therapy with Swedana for 11 days. Internal medications: Rasna Saptakam Kashayam, Aba Guggulu, Rasna Guggulu.

Outcome

Complete resolution of pain and stiffness; restoration of full shoulder range of motion without pain or functional limitation.

3.3 Case 3: Carpal Tunnel Syndrome (Manibandha Vata)

Parameter	Details
Patient	Male, 44 years; occupation: IT professional, Chennai
Chief Complaints	Severe wrist, elbow, and shoulder pain (8 months); continuous numbness in palm and fingers; inability to perform activities of daily living
Clinical Findings	Intermittent numbness of thumb, index finger, and radial half of ring finger; positive Phalen's sign
Past History	Modern physician recommended surgical intervention
Ayurvedic Diagnosis	Manibandha Vata
Modern Diagnosis	Carpal tunnel syndrome

Varmam Points Involved

1. *Kai vellai varmam*: base of the palm at the thenar-hypothenar junction; 2. *Visha bandha varmam*: midpoint of the dorsal forearm; 3. *Mudakku varmam*: midpoint of the palmar aspect of the elbow joint; 4. *Mundaga varmam*: midpoint of the anterior upper arm; 5. *Kak kattai varmam*: superior trapezius, midway between the C7 spinous process and the acromion tip; 6. *Puya varmam*: anterior aspect of the glenohumeral joint.

Intervention

Varma therapy with Swedana for 9 days; Kizhi for 6 days with mild Agnikarma on vital points each session; Nasyam for 9 days. Stretching and finger-wrist exercises prescribed post-treatment.

Outcome

Approximately 90% pain reduction; significant resolution of hand and finger numbness; return to activities of daily living without surgical intervention.

3.4 Case 4: Knee Osteoarthritis with Obesity (Janusoolam)

Parameter	Details
Patient	Female, 35 years; occupation: homemaker
Chief Complaints	Bilateral knee joint pain and low back pain (6 months); difficulty sitting on the floor
Clinical Findings	Obesity; crepitus in knee joint; marked tenderness (++) bilaterally
Past History	Nil
Ayurvedic Diagnosis	Janusoolam
Modern Diagnosis	Osteoarthritis of the knee

Varmam Points Involved

1. *Pin sarithi varmam*: lateral to the posterior umbilicus region; 2. *Kaal muttu varmam*: upper and lower borders of the patella.

Intervention

Varma therapy with Swedana for 21 days. Internal medications: Varanadi Kashayam, Kanchanara Guggulu, Vayu Gulika. Stretching exercises, yoga asanas, and individualised dietary counselling.

Outcome

Significant pain relief; improved knee mobility; patient lost 7 kg body weight during the treatment course, contributing to mechanical unloading of the knee joints.

3.5 Case 5: Lumbar Spondylosis with Chronic Sinusitis (Katigraham with Dushta Pratishyayam)

Parameter	Details
Patient	Male, 39 years; occupation: finance manager, banking sector, Chennai
Chief Complaints	Severe low back pain (6 months); inability to sit for prolonged periods; recurrent cold and headache every 45 days
Clinical Findings	Persistent pain and stiffness in the lumbar region; sharp pain; recurrent rhinosinusitis
Past History	Nil
Ayurvedic Diagnosis	Katigraham with Dushta Pratishyayam
Modern Diagnosis	Lumbar spondylosis with sinusitis

Varmam Points Involved

Cranial points: *Kondai kolli varmam* (bregma of skull); *Suruthi varmam* (posterior parietal bone, lateral to the lambda); *Pidari varmam* (nape of neck, below the occipital protuberance); *Porchai varmam* (posterior parietal bone, inferolateral to the lambda); *Kaampoori varmam* (zygomatic bone near the zygomaticomaxillary suture); *Manthira varmam* (midpoint of the infraorbital margin, directly below the pupil).

Intervention

Varma therapy with Swedana for 10 days; Nasyam for 14 days. Stretching and yoga asanas prescribed throughout and post-treatment.

Outcome

Substantial reduction in lumbar pain; improved sitting tolerance; complete remission of recurrent rhinosinusitis with no relapse reported at follow-up.

4. DISCUSSION

This case series demonstrates the clinical utility of an integrative Varma Chikitsa protocol across a spectrum of musculoskeletal and neuropathic conditions encountered in an ambulatory traditional medicine setting. All five patients experienced meaningful symptomatic improvement without adverse events, including three individuals for whom conventional practitioners had

recommended surgery. These findings carry translational significance, particularly as healthcare systems globally explore cost-effective, patient-acceptable alternatives for pain management [2].

The neuroanatomical basis of *varmam* points has attracted increasing scholarly attention. Kuppurajan et al. and Jayarajan et al. have proposed that *varmam* loci correspond to peripheral nerve junctions, neurovascular bundles, and periosteal trigger zones—a characterisation consistent with the acupoint model in Traditional Chinese Medicine and with current understanding of myofascial trigger points [3,5]. Stimulation of these points may activate endogenous analgesic pathways including opioidergic and serotonergic systems, as has been postulated for acupuncture [12].

The incorporation of Nasyam in Cases 1, 3, and 5 aligns with classical Ayurvedic prescriptions for cervical spine pathology and cranial disorders. Nasya therapy is theorised to act via the olfactory-trigeminal-nasal pathway, delivering medicinal compounds to the central nervous system while simultaneously reducing cranial inflammation and nasal mucosal congestion [11]. The complete remission of recurrent sinusitis in Case 5 following Nasyam corroborates earlier case-based and experimental findings [13]. Most notably, three individuals (Cases 1, 3, and 5) had been previously advised to undergo surgery by conventional practitioners; however, through the application of Ayurveda and yogic practices, their pain was significantly reduced and functional outcomes were restored without surgical intervention. These findings carry translational significance as healthcare systems globally explore cost-effective, patient-acceptable alternatives for pain management.

Dhara therapy applied with resistive loading (1 kg dumbbell) in Case 2 constitutes a novel adaptation merging hydrotherapy principles with progressive loading. This approach may facilitate adhesion breakdown in the glenohumeral capsule while the medicated stream and heat reduce inflammation and spasm—an approach that warrants systematic evaluation [6]. The positive outcome in a post-traumatic frozen shoulder case further supports the use of Varma Chikitsa as a physiotherapy adjunct.

In Case 3 (carpal tunnel syndrome), the strategic selection of six *varmam* points spanning the wrist, forearm, elbow, and shoulder reflects the classical Siddha understanding that peripheral neuropathy is a chain dysfunction requiring multi-level intervention. This contrasts with the local single-site focus of conventional decompression surgery and aligns with evidence demonstrating that upstream neural tension contributes to median nerve compression [14].

The 7 kg weight loss observed in Case 4 (knee osteoarthritis) is notable. Obesity is a primary modifiable risk factor for osteoarthritis; each kilogram of weight reduction offloads approximately 4 kg of force from the knee joint during gait [15]. The dietary counselling embedded within the Ayurvedic framework thus produced a mechanically meaningful outcome independent of direct joint intervention. The integration of yoga with pharmacotherapy in this case is consistent with current international clinical guidelines for osteoarthritis management [8].

4.1 Novelty of This Report

This case series makes several original contributions to the literature. First, it provides the most comprehensive anatomical characterisation of *varmam* points—with modern anatomical correlates—in a multi-condition clinical context to date. Second, it presents the first documented application of resistive Dhara in post-traumatic frozen shoulder. Third, it systematically reports combined Varma-Panchakarma-yoga protocols across five distinct diagnostic entities within a single institutional series,

providing a reproducible framework. Fourth, all diagnoses employ dual nosology (Ayurvedic and biomedical), enabling cross-system clinical communication and future comparative research.

4.2 Limitations

This case series is limited by the absence of validated quantitative outcome measures (e.g., Visual Analogue Scale for pain, goniometric range of motion measurements, nerve conduction studies), the absence of control conditions, and a short follow-up period. The influence of placebo, therapeutic attention, and spontaneous natural history cannot be excluded. Prospective studies with standardised instruments, longer follow-up, and control groups are essential to establish the efficacy and mechanism of the observed interventions.

5. CONCLUSION

The five cases presented herein illustrate that integrative Varma Chikitsa—delivered in conjunction with Panchakarma procedures, Ayurvedic internal medicines, and structured yoga therapy—produced clinically meaningful improvement across heterogeneous musculoskeletal and neuropathic conditions. Conditions for which surgical intervention had been advised were managed conservatively with patient-reported satisfaction. The systematic documentation of *varmam* anatomy and multi-modal treatment protocols in this series lays groundwork for future prospective trials. Collaboration between Siddha, Ayurvedic, and conventional medicine practitioners supported by rigorous outcomes research is recommended to evaluate this promising integrative model.

DECLARATIONS

Ethical Approval

This case series involves retrospective clinical documentation with anonymised patient data. Informed consent was obtained from all participants for educational and research use. The study adhered to the principles of the Declaration of Helsinki.

Competing Interests

The author declares no competing interests.

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Author Contributions

Dr. M. Saravanabhava: clinical management, data collection, case documentation, manuscript preparation.

REFERENCES

[1] Vos T, Lim SS, Abbafati C, Abbas KM, Abbasi M, Abbasifard M, et al. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2020;396(10258):1204–22.

[2] Hoy DG, Smith E, Cross M, Sanchez-Riera L, Blyth FM, Buchbinder R, et al. The global burden of musculoskeletal conditions for 2010: an overview of methods. Ann Rheum Dis. 2014;73(6):982–9.
[3] Kuppurajan K, Seshadri C, Janaki K. Varmam: identification of vital points in the human body. J Res Ayurveda Siddha. 1997;18(1–2):1–18.
[4] Murugesan G. Varma Vaidhiyam: an ancient system of medicine. Int J Ayurveda Res. 2010;1(4):250–4.
[5] Jayarajan MJ, Madhavan R, Krishnamoorthy R. Neuroanatomical correlates of varmam points in Siddha medicine: a critical review. Anc Sci Life. 2013;32(3):140–8.
[6] Lad V. Panchakarma: the Ayurvedic art and science of rejuvenation. 2nd ed. Albuquerque: The Ayurvedic Press; 2002.
[7] Pole S. Ayurvedic medicine: the principles of traditional practice. Edinburgh: Churchill Livingstone; 2006.
[8] Cramer H, Ward L, Steel A, Lauche R, Dobos G, Zhang Y. Yoga for low back pain: a systematic review and meta-analysis. Clin J Pain. 2017;33(5):450–60.
[9] Kan L, Zhang J, Yang Y, Wang P. The effects of yoga on pain, mobility, and quality of life in patients with knee osteoarthritis: a systematic review. Evid Based Complement Alternat Med. 2016;2016:6016532.
[10] World Medical Association. WMA Declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA. 2013;310(20):2191–4.
[11] Dhiman KS. Nasya karma: a critical review. J Ayurveda Integr Med. 2012;3(2):60–5.
[12] Han JS. Acupuncture analgesia: areas of consensus and controversy. Pain. 2011;152(3 Suppl):S41–8.
[13] Verma S, Kumar R, Singh P. Ayurvedic management of chronic rhinosinusitis: a case report and review. J Evid Based Complement Altern Med. 2016;21(4):NP89–93.
[14] Coppieters MW, Alshami AM. Longitudinal excursion and strain in the median nerve during novel nerve gliding exercises for carpal tunnel syndrome. J Orthop Res. 2007;25(7):972–80.
[15] Messier SP, Gutekunst DJ, Davis C, DeVita P. Weight loss reduces knee-joint loads in overweight and obese older adults with knee osteoarthritis. Arthritis Rheum. 2005;52(7):2026–32.