

BABY'S FIRST CRY: A PROGNOSTIC STUDY BY VARMAM THERAPY

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ABSTRACT

This Paper presents the efficacy and importance of *Varmam* application and treatment applied on new born to prevent **Birth Asphyxia**. In this study *Varmam* technique was tried to prevent birth asphyxia by bringing about the first cry in a baby. This is one of the main causes for Infant mortality. It is much more in developing countries. In India out of 25 million infants born every year, 3 – 5 % experience birth asphyxia, which amounts to almost 7,50,000 infants. Infant mortality rate is 57 out of every 1000 live births in India, which is comparatively higher than developed countries. One of the main causes is birth asphyxia.

Keyword: *Varmam* Application to Prevent Birth Asphyxia

INTRODUCTION

Varmam is energy based medical system, practiced in India for ages. It is a vital and subtle energy in our body. *Varmam* energy is known as *Vasi*, *Puravi*, *Saram*, *Kaalam*, *Suvasam*, *Kalai*, *Yogam*, *Param* and *Sivam* by *Varmam* medical Practitioners of various schools of thought which means and denotes the same. The uniqueness of *varmam* is “It ideals with subtle energy which in turn activates the physical body”. It has been developed and practiced by Maharishi's and Sages. Our ancestors used it extensively for long periods all over India.

Varmam technique is broadly used for children and adults, and is well documented. It is interesting to know that *varmam* can be applied to new born's from

the time of birth. The objective of this study is to put across the observations and findings with respect to the use of *Varmam* procedure in infants to prevent birth asphyxia.

Aim: To Study the effect of *Varmam* for prevention of BIRTH ASPHYXIA at birth, by using *varmam* therapy and techniques to bring out the so awaited first cry without allopathic intervention.

Materials & Methods: This is a prognostic study done in a private multi specialty hospital in Kerala from the year 2010 March to 2012 February. The methods used were by applying *Varmam* points. The

main criterion used was no cry at birth within the first five minutes, keeping in mind the *APGAR* score only. Birth asphyxia is characterized by Progressive Hypoxia, Hyper Capnia, Hypo Perfusion, Acidosis leading to

multi organ dysfunction including HIE resulting in long term Neuro motor sequelae.

APGAR score:

Table 1: Indicates Apgar score to assess the cardiopulmonary status of the New born.

• SIGN	• 0	• 1	• 2
Heart rate	Absent	Slow (<100beats/ minute)	Normal (>100beats/ minute)
Respiration	Absent	Weak cry	strong cry
Muscle tone	Limp	Some flexion	Active movement
Reflex	No Response	Grimace	Cough or sneeze
Color	Blue or pale	Body pink Extremities blue	Completely pink

Indications:

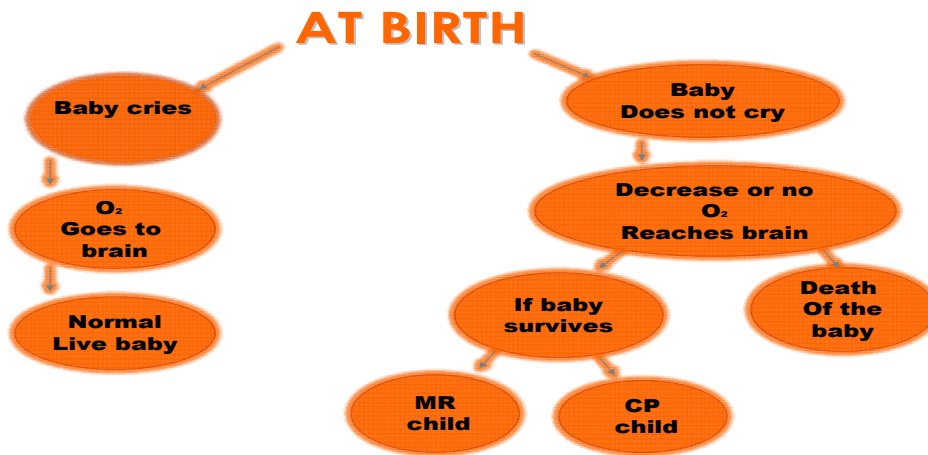
- It is a score of 10 points.
- Assessed at 1 and 5 minute, then every 5 minutes up to 20 minutes.
- A score of 0 – 3 at 5 minutes indicates a high risk of CP.

Allopathic Procedure: Clinically we resuscitate the child with oxygen, bag & mask, intubations, medica-

tion and finally we put the child on ventilator thus creating an artificial form of respiration.

These babies who do not cry immediately “i.e. within 5 minutes of birth” will develop various complications such as Cerebral Palsy, Hypoxic ischemic encephalopathy, Cerebral Hemorrhage, Mental Retardation, etc.,

Figure 1: Indicates the Baby’s cry at birth.



Varmam Procedure:

Stimulation of Mundal Sirunarambu: The “MUNDAL SIRUNARAMBU” is stimulated by holding and applying pressure with the thumb and centre finger at a straight line below the nipple four fingers

medial to the mid line at the lower border of the 10th rib. This stimulates the lower Intercostal nerves.

In *Varmam* we stimulate the lower Intercostal nerves which arises from the spinal nerves (*MUNDAL SIRUNARAMBU*), T4, T5, T6 a branch of spinal cord

ie: continuation of medulla oblongata where the centre for respiratory system is situated. From there the signal reaches back to intercostals nerves which supplies to intercostals muscles that helps in inspiration and expiration and brings out the cry in the baby.

By doing this the oxygen reaches the brain.

Stimulation of Garuda Varmam: The Garuda Varmam is stimulated by applying pressure three fingers medial to the Xiphisternal notch on the lower surface of the tenth rib.

This stimulates the Vagus nerve which has its origin at the Medulla Oblongata. The Vagus nerve branches out as the recurrent Laryngeal nerve that supplies the larynx which helps in air entry into the trachea thus inducing respiration and phonation. This helps in bringing out the cry in a baby.

Siguvai Naadi: It Originates from *moolatharam* transverses at the base of lungs / heart nearer at *Garuda varmam*, reaches the mandible and terminates in the vocal card.

The above two *Naadi's* or *Narambu's* are responsible for the production of sound

Pressor Reflex: At the time of birth the amount of carbon dioxide in the blood exceeds a certain limit thus causing a reflex reaction in the respiratory centre of the brain – The Medulla Oblongata – thus forcing the baby to start breathing until carbon dioxide level returns to normal.

Circulation: In the fetal circulation the oxygenation to the child is through the placenta via the umbilical vessels. The Lungs are filled with fluid and the pulmonary vessels are vasoconstricted.

In the Neo-Natal circulation pulmonary vasodilatation takes place resulting in decrease in pulmonary vascular resistance. This increases the blood flow in the pulmonary circuit.

Observations:

Case Studies: The study was done in 18 patients between the periods 2010 March to 2012 February i.e. for new born babies with no cry. The one and only criteria was an Apgar score of 1-3 after 5 minutes of birth.

Table 2: 15 babies recovered after doing the *Varmam* procedure with no medical interventions. Three babies died as the Apgar score was zero. The success rate was 84%

SL NO	BABY OF	TYPE OF DELIVERY	DATE OF BIRTH	SEX	BIRTH WEIGHT	BLOOD GROUP	APGAR	FOLLOW UP
1.	Raheena	Vaginal Delivery	11/6/2010	Male	3Kg	O+	1 After <i>Varmam</i> Increased to 3, then 6 & then 8	17 th Day – 3.25Kg 4½ month -6Kg 6 month -7 Kg 1 year - 8½ Kg
2.	Shailaja	LSCS Precious Baby Elderly mother	14/8/2010	Male	2.2Kg	B +	2 After <i>Varmam</i> Increased to 4 & then 7	Regular follow up for Vaccination and baby gained weight in the first 20 Days.
3.	Asmi	LSCS Fetal Distress – Delayed in giving Consent	13/9/2010	Male	3.2Kg	NA	0 Baby Died	
4.	Kavitha	Vaginal Delivery H/O Consanguinity	10/10/2010	Female	2.4Kg	O +	2 After <i>Varmam</i> Increased to	11 th day -2.5Kg 6 month – 5Kg One year – 7 Kg

							4 & then 7	
5.	SABIRA	LSCS foetal distress	8/3/ 2011	MALE	2.7Kg	O +	2 After <i>Varmam</i> Increased to 4 & then 7	9 th DAY -2.5Kg Vaccination – 3.2Kg 7/2/2012 -6.9Kg
6.	Shahida	Emergency LSCS – Fetal Distress	11/5/2011	Male	2.45Kg	AB +	1 After <i>Varmam</i> Increased to 3, then 6 & then 8	23/5/2011 - 2.750Kg 1/6/2011 vacci - 3.7Kg 28/7/2011 – 4.75Kg 30/8/2011 – 6Kg
7.	Shabna	Vaginal Deliv- ery	9/7/ 2011	Female	2.250Kg	A +	3 After <i>Varmam</i> Increased to 6 & then 8	Vaccination on 9/8/2011 – 3Kg 3/9/2011 – 4.5Kg
8.	Rubeena	Vaginal Deliv- ery	30/8/2011	Male	2.750Kg	O +	3 After <i>Varmam</i> Increased to 6 & then 8	Vaccination – 2.750Kg 17/9/2011 -3.1Kg 29/11/2011 – 5Kg
9.	Shahina	LSCS - PIH	7/10/2011	Male	3.8Kg	O +	4 After <i>Varmam</i> Increased to 7 & then 8	Vaccination – 4Kg 28/12/2011 -4.7Kg 6/2/2012 -6Kg
10	Asma	CPD with failure to Descend	11/10/2011	Male	2.750Kg	B +	3 After <i>Varmam</i> Increased to 5 & then 7	22/10/2011 -2.8Kg 24/11/2011 4Kg 17/12/2011 vac- cination -4.750Kg
11	Nisha	LSCS Foetal Distress	13/11/2011	Female	1.2Kg	NA	0 Baby Died	
12	Jeesha	Vaginal Deliv- ery	12/12/2011	Female	2.65Kg	O +	3 After <i>Varmam</i> Increased to 5 & then 7	Regular follow up for immunizations and baby gained weight
13	Nisha	Vaginal Deliv- ery	26/12 2011	Male	2.85Kg	B +	3 After <i>Varmam</i> Increased to 5 & then 7	28/12/2011 -2.8Kg 24/1/2012 4Kg 7/2/2012 vaccina- tion -4.5Kg
14	Narmatha	NORMAL – Unbooked case / Young mother	3/1/2012	Female	2.85Kg	NA	0 Baby Died	

15	Alka	LSCS	5/1/2012	Female	2.65Kg	O +	3 After <i>Varmam</i> Increased to 5 & then 7	15/1/2012 -2.8Kg 24/2/2012 -3.25Kg
17	Haseena	Vaginal Deliv- ery	12/2/2012	Male	2.75Kg	B +	2 After <i>Varmam</i> Increased to 4 & then 7	19/2/2012 -2.8Kg Baby was doing well
18	Fathima	LSCS	16/2/2012	Male	3.2Kg	A +	2 After <i>Varmam</i> Increased to 3 then 5 & then 7	20/2/2012 - 3Kg 29/2/2012 -3.4Kg

Limitations:

The study was conducted in a private hospital. So the number of babies with Birth Asphyxia is limited. The study should be carried out in multiple hospitals to get more concrete results.

Results of the Study:

From this study it shows that, *Varmam* could play an important role in reducing the risk of Birth Asphyxia by bringing out the first cry in the new born.

CONCLUSION

As demonstrated in the above case studies, the efficacy of *varmam* treatment in the new born has been proved to prevent BIRTHASPHYXIA. As the research has demonstrated we should do more research to help, learn and improve the *Varmam* techniques. *Varmam* could do a lot of wonders in the medical field for developing countries like India which will help the people to a great extent being cost effective and without any costly equipment's, investigations, medications, etc.,.

So, we conclude by saying like all of us in this storm between birth and death, we can wreak no great changes on the world, only small changes for the betterment of humanity. By using medical varmology in these children we hope in creating the difference for the betterment of these children.

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