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Original Article

Effect Of Siddhar Varma Therapy On Sialorrhea Assessed By The Drooling Severity And Frequency Scale: A Case Report

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ABSTRACT

Introduction: Sialorrhea is characterized by excessive salivary secretion leading to functional and psychosocial impairment. Contemporary management options are often associated with adverse effects. Varma therapy, a vital component of Siddha medicine, is described in classical texts such as Theraiyar Varma Sūthiram and Agathiyar Varma Sāstra Nūl as a method to regulate physiological functions through stimulation of vital energy points (Varma points) governing neuro-secretory balance. Methodology: A patient diagnosed with sialorrhea was managed using stimulation of three Varma points—Ottu Varmam, Urakka Kalam, and Kavzha Varmam—which are classically indicated for oro-facial and cervical functional regulation as per Agathiyar 2000 and Varma Vaithiyam texts. These Varma points are anatomically located in close proximity to the sublingual, submandibular, and parotid salivary glands, suggesting a potential influence on salivary secretion through autonomic modulation, as supported by Siddha–anatomical correlation studies described in Siddha Maruthuvam (Sirappu). Treatment efficacy was evaluated using the Drooling Severity and Frequency Scale (DSFS) before and after Varma intervention.The intervention consisted of daily Varma therapy sessions, each lasting 5 minutes, conducted over a period of 15 days. Results: Post-treatment assessment demonstrated a significant reduction in drooling severity and frequency scores on the DSFS. The patient also reported subjective improvement in oral comfort, speech control, and social confidence. No adverse events were noted during the treatment period. Conclusion: Classical Siddha literature describes these Varma points as influencing Vaayu and Kabam dynamics, which are closely associated with secretory functions. Stimulation of these points may regulate salivary gland activity via neuro-vascular and autonomic pathways, aligning traditional Siddha concepts with modern

Keywords: sublingual, submandibular, and parotid salivary glands, Classical Siddha, Theraiyar Varma Sūthiram and Agathiyar Varma Sāstra Nūl.

INTRODUCTION

Sialorrhea, commonly referred to as excessive drooling, is a frequent and distressing complication in patients with neurological disorders such as stroke, cerebral palsy and traumatic brain injury. It results from impaired oro-facial motor control, reduced lip closure and altered swallowing reflex. Persistent drooling leads to physical discomfort, social embarrassment, speech difficulties and increased risk of aspiration, thereby significantly reducing quality of life.

In Siddha medicine, disorders of oro-facial motor control and abnormal secretions are understood as manifestations of deranged Vaatham and Kabam humors, affecting the normal functioning of Oral structures. Classical Varmam literatures by our Siddhars Agathiyar, Theraiyar & Thirumoolar describe specific Varma points that regulate neuromuscular coordination and secretory balance in the head and neck region.

Siddhar Varma Therapy is a non-invasive therapeutic modality that stimulates vital energy points to restore physiological harmony. Certain Varma points namely Ottu Varmam, Urakka Kalam, and Kavzha Varmam are anatomically located near the sublingual, submandibular and parotid salivary glands respectively. These points are traditionally indicated for oro-facial motor dysfunctions and disorders of speech & swallowing.

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

This case report evaluates the effect of Siddhar Varma Therapy on Sialorrhea in a post-stroke patient using the Drooling Severity and Frequency Scale (DSFS) as an objective outcome measure.

CASE PRESENTATION:

A 21-year-old female participant has been presented with persistent drooling of saliva following a history of trauma and subsequent ischemic stroke due to cerebral ischemia. The cerebro vascular trauma resulted in impaired oro-facial motor control and reduced oral muscle coordination leading to Sialorrhea, which significantly affected her daily activities, communication and social interaction.

The patient exhibited continuous anterior drooling, poor lip seal and difficulty in voluntary swallowing. There was no active infection or structural abnormality of the oral cavity. The condition was diagnosed as neurologically induced Sialorrhea secondary to cerebral ischemic stroke.

Baseline assessment was performed using the Drooling Severity and Frequency Scale (DSFS). The pre-treatment scores were:

Severity: 4 (Profuse drooling; clothing, hands and objects become wet)

Frequency: 3 (Frequent drooling; part of every day)

Based on Siddha Varmam principles and anatomical correlation with salivary glands, Siddhar Varma Therapy was administered using three specific Varma points located near the major salivary glands, as depicted in the intervention image:

1. Ottu Varmam – Corresponding to the sublingual gland region

2. Urakka Kalam – Corresponding to the submandibular gland region

3. Kavzha Varmam – Corresponding to the parotid gland region

These points are traditionally described in Siddha Varma literature as regulating oro-facial motor functions and Vaatham–Kabam dynamics. Gentle, standardized manual pressure was applied over each Varma point in a therapeutic sequence, following Siddhar Varma methodology. The intervention was carried out over a defined treatment period under controlled clinical conditions.

METHODOLOGY:

Study Design:

Case Report clinical observational study.

Study Period:

15 days

Study Place:

Government Siddha Medical College & Hospital, Palayamkottai,Tirunelveli

Inclusion Criteria:

- Patient with neurological history
- Presence of persistent drooling (sialorrhea)
- Willingness to participate and give informed consent

Exclusion Criteria:

- Active oral infection
- Structural abnormality of oral cavity
- Acute systemic illness

Assessment Tool:

Drooling Severity and Frequency Scale (DSFS)

The Drooling Severity and Frequency Scale (DSFS) has been employed for clinical assessment.

Severity Scale:

1 – Dry

2 – Mild (wet lips only)

3 – Moderate (wet on lips and chin)

4 – Severe (clothing becomes wet)

5 – Profuse (clothing, hands, objects wet)

Frequency Scale:

1 – Never

2 – Occasionally

3 – Frequently

4 – Constantly

Intervention:

Therapy Type:

Siddhar Varma Therapy

PROCEDURE:

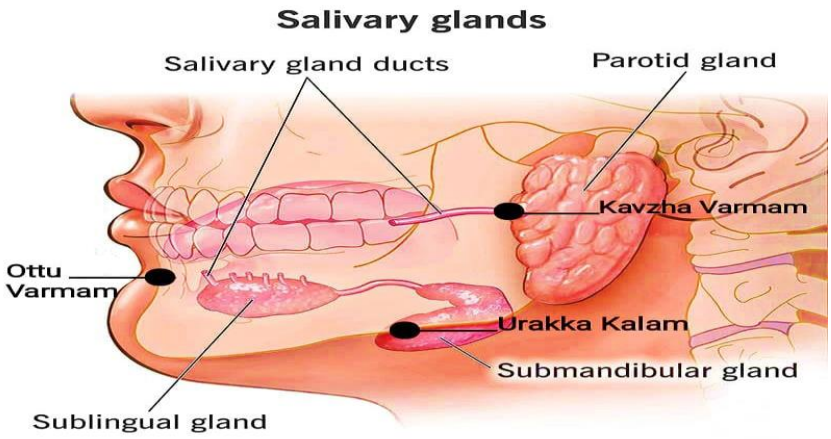

Figure 1 : Anatomical Representation of Salivary Glands with Corresponding Varma Points

Varma Point	Anatomical Correlation
Kavzha Varmam	Parotid gland region
Urakka Kalam	Submandibular gland region
Ottu Varmam	Sublingual gland region

Table 1: The intervention targeted three Varma points anatomically correlated with the major salivary glands

Gentle, standardized manual pressure was applied to each Varma point in a therapeutic sequence as per Siddhar Varma methodology. The therapy was administered under controlled clinical conditions over a defined treatment period. The pressure applied was non-invasive and within tolerable limits.

DSFS scoring was performed before initiation of therapy and after completion of the intervention period.

Preparation & Safety

Before beginning, ensure the patient is in a relaxed, upright position. This prevents choking and allows for better access to the neck and jawline.

Warmth: Ensure your hands are warm to avoid muscle guarding.

Pressure: Varma points are sensitive. So gentle pressure should be given to the tissue, never sharp or painful.

3-Step Regulation Procedure

Step 1: Kavzha Varmam (Targeting the Parotid Glands)

The parotid glands are the largest salivary glands, located just in front of and below each ear.

- Hand Position: Use your thumb on one side of the face and the middle finger on the other.
- Action: Apply simultaneous inward pressure.
- Timing: Hold for 5–10 seconds, then release slowly.
- Frequency: Repeat 3 times.

Step 2: Urakka Kalam (Targeting the Submandibular Glands)

These glands are located beneath the floor of the mouth, along the inner side of the lower jawbone.

- Hand Position: Use your index, middle and ring fingers.
- Action: Apply a gentle downward stroke along lower jaw.
- Sequence: Treat one side at a time to ensure precision.
- Frequency: 3 repetitions per side.

Step 3: Ottu Varmam (Targeting the Sublingual Glands)

The sublingual glands sit directly under the tongue, beneath the chin area.

- Hand Position: Thumb goes above the chin (just below the lower lip) and the other three fingers cradle the area below the chin.
- Action: Apply a gentle inward "pinching" or stabilizing pressure toward the center point.
- Timing: Hold for 5–10 seconds.
- Frequency: Repeat 3 times.

Note: If the patient experiences any dizziness or discomfort during the stimulation of Urakka Kalam (Step 2), stop immediately, as this area is close to major blood vessels in the neck.

Duration:

5 Minutes per session

Frequency:

Once daily

Outcome Measurement:

- Post-treatment DSFS recorded
- Comparison of pre- and post-intervention scores

Ethical Consideration:

- Written informed consent obtained
- Patient identity kept confidential
- No invasive procedures performed

This is a single-patient clinical case study conducted in accordance with Siddha clinical practice principles. Written informed consent was obtained from the participant.

RESULTS:

A significant reduction in both severity and frequency of drooling was observed following Siddhar Varma Therapy.

Parameter	Before Treatment	After Treatment
Drooling Severity Score	4	2
Drooling Frequency Score	3	1

Table 2 : DSFS Scores Before and After Intervention

Clinically, the patient exhibited:

- Improved lip seal
- Better voluntary swallowing control
- Reduced anterior drooling
- Enhanced comfort during daily activities
- No adverse effects were reported during or after the intervention.

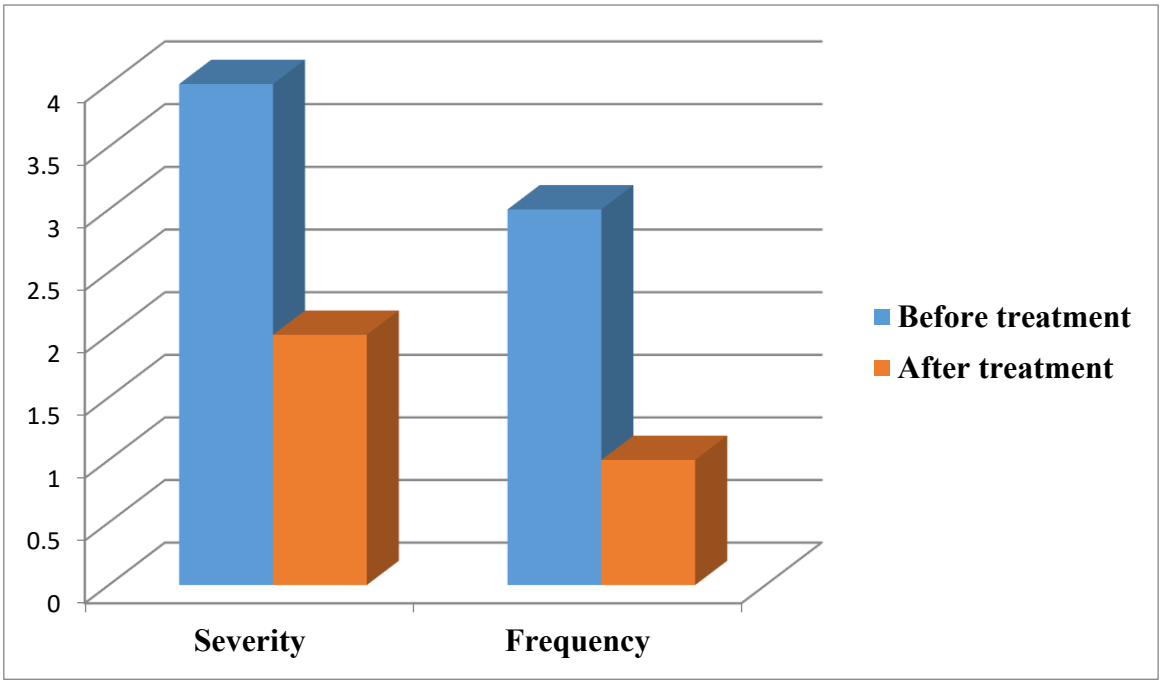

Chart 1: DSFS Scores Before and After Intervention

Post-intervention evaluation using the DSFS demonstrated marked improvement:

Severity: Reduced from 4 to 2

Frequency: Reduced from 3 to 1

Clinically, the patient showed improved lip closure, better voluntary swallowing control, and a significant reduction in involuntary saliva spillage. The participant reported enhanced comfort and confidence in daily activities. No adverse effects were observed during or after the Varma therapy sessions.

This case demonstrates the potential role of Siddhar Varma Therapy targeting salivary gland–related Varma points in reducing drooling severity and frequency in post-stroke Sialorrhea.

CONCLUSION

This case report highlights the potential role of Varma therapy targeting salivary gland-related Varma points as a safe and effective complementary approach in the management of Sialorrhea. Further clinical studies are recommended to substantiate these findings.

DISCUSSION:

Sialorrhea in post-stroke patients primarily results from impaired neuromuscular coordination of the oral and pharyngeal muscles.

In Siddha medicine, dysfunction of oro-facial motor control is attributed to derangement of Vaatham and Kabam, which govern movement and secretion. Siddhar Varma Therapy aims to restore the equilibrium of these humors by stimulating vital energy points.

The Varma points selected in this study - Ottu Varmam, Urakka Kalam and Kavzha Varmam are traditionally associated with oro-facial regulation and are anatomically positioned near the sublingual, submandibular and parotid glands. Stimulation of these points may influence autonomic neural pathways supplying the salivary glands, thereby

modulating salivary output and improving oro-motor coordination.

The observed reduction in DSFS scores (Severity: 4→2; Frequency: 3→1) suggests that Siddhar Varma Therapy can effectively reduce both the intensity and occurrence of drooling. This aligns Siddha concepts of Uyir Thathukkal regulation with modern neurophysiological understanding of salivary control.

Although limited to a single case, this report provides preliminary evidence supporting Siddhar Varma Therapy as a safe, non-invasive complementary approach for managing sialorrhea in neurological conditions. Larger controlled studies are warranted to validate these findings and establish standardized treatment protocols.

Data Availability: All relevant data are included in this article.

Funding: This research received no external funding.

Conflict of Interest: The authors declare no conflict of interest.

Ethics Approval: Ethical approval was not required for this single case report as per institutional policy.

Patient Consent: Written informed consent was obtained from the patient(attached)

Permission to Reproduce: Not applicable.

REFERENCES

1. Agathiyar Varma Sāstra Nūl - 1st edition;1998
2. Varma Vaithiyam – Dr. P. Thiyagarajan; 2nd edition; 2012
3. Siddha Maruthuvam (Sirappu) – 1st edition; 2016
4. Agathiyar 2000- 1st edition;
5. Subramanian S. et al., “Anatomical Correlation of Varma Points with Neurovascular Structures”

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