

## 4. Contraindications and precautions

### Contraindications and Precautions

(When to treat, when to modify, and when to refer—so every session is safe)

### 1) Why this matters - the “safety first” lens

**Manual therapy changes circulation, nerve tone, heat, and fluid movement.** In Kalari Uzhichil we also touch **marma** (vital junctions), use **heat** (kizhi/steam), and apply **medicated oils**. Each can help—or harm—depending on the client's state. A clear rule set prevents adverse events and protects both client and therapist.

#### Simple decision rule -

- **Treat** when findings are stable and low-risk.
- **Modify** when risk is local, mild, or controllable.
- **Defer/Refer** when red flags suggest medical evaluation first.

### 2) Absolute contraindications - do not treat now; refer

These conditions raise risk beyond safe manual practice.

**Systemic/medical** - high fever; suspected **DVT/PE** (hot, swollen calf with pitting edema, breathlessness); **unstable cardiac** symptoms (chest pain, new palpitations, syncope); **recent stroke/TIA** signs; **acute abdomen** (severe, unexplained abdominal pain); **uncontrolled hypertension**; severe shortness of breath; **major trauma**, suspected fracture/dislocation; **intoxication**.

**Infectious/dermatologic** - **cellulitis**, widespread contagious skin disease, **active shingles** over the region, sepsis signs.

**Local sites** - fresh surgical incision, open wound or ulcer, deep burn, active thrombophlebitis, active bleeding.

**Session rule** - if you suspect any absolute condition, **stop and refer**—do not “work around it.”

### 3) Relative contraindications - treat with modification

Proceed only with adjustments and clear consent.

#### Circulatory/vascular -

- **Varicose veins** - no deep or cross-fibre pressure directly over veins; use light distal→proximal glides around them; consider limb elevation.
- **Controlled hypertension or stable heart disease** - calm pacing, avoid strong chest/neck pressure; monitor comfort.

#### Neurological/metabolic -

- **Diabetes (esp. neuropathy)** - avoid hot kizhi/steam on areas with reduced sensation; check skin before/after; avoid heavy friction at insulin sites.

- **Migraine/epilepsy** – avoid flashing lights, strong scents; work in quiet, predictable rhythm.
- **Radicular pain** (nerve root) without red flags – gentle nerve-glide strokes only; no hard end-range loading.

#### **Musculoskeletal –**

- **Osteoporosis/long-term steroids** – avoid Chavitti or deep elbow work on ribs/spine; prefer palm/forearm glides.
- **Acute sprain/strain (0-72 h)** – no deep pressure or heat; use cooling oil, distal lymph flush, support/bandhana.
- **Post-surgical (healed) or scars** – respect maturation; start with feather-light work and graded depth.

#### **Lymph/oncology –**

- **Diagnosed lymphedema** – only if trained in MLD; light skin-stretch, compression and exercise sequence per protocol.
- **Active cancer** under care – follow oncology team guidance; avoid deep local pressure over tumours or ports.

#### **Other –**

- **Pregnancy** (see below), **hernia, gastro-reflux** (work with head elevated), **anticoagulant therapy** (no aggressive friction; expect easy bruising), **allergies/asthma** (patch-test oils; avoid strong aromas).

## **4) Pregnancy precautions – by trimester**

**General** – obtain consent; keep sessions shorter, cooler, and side-lying after mid-pregnancy. Avoid deep abdominal/pelvic marma work throughout.

Trimester	Avoid	Safer choices
1st	Abdominal/kizhi heat; strong steam; deep sacral pressure	Gentle full-body glides; light lymph support
2nd	Prolonged supine (vena cava compression)	Side-lying with cushions; calm chest/leg work
3rd	Deep calf/popliteal pressure; overheating	Light distal→proximal leg glides; ankle pumps; brief cool rests

## **5) Modality-specific precautions**

#### **Marma work –**

- **Agni marmas (Hṛidayā, Nābhi, Bastī, Ādhipati)** – **no vertical hard pressure**; use broad, breath-timed holds.
- **Sūkṣma marmas (neurovascular)** – Ani, Indrabasti, Mātrikā—use **oblique, graded** contact; avoid sustained compression on arteries or nerves.

#### **Heat therapies (kizhi/steam) –**

- Avoid on **acute inflammation (<48-72 h)**, neuropathy-insensate skin, active varicosities, uncontrolled hypertension, high Pitta/fever, and during pregnancy abdomen/pelvis.
- Keep oil/bolus at therapeutic—not scalding—temperatures; test on therapist's forearm each cycle.

#### **Chavitti (foot pressure) –**

- Contraindicated with osteoporosis, frail elders, pregnancy, uncontrolled BP, and recent fractures. Use palm/forearm alternatives.

#### **Medicated oils & pastes –**

- **Allergy screen/patch-test** for sesame/coconut or herbal contents; avoid camphor-rich oils near infants,

pregnancy, or asthma triggers.

- Do not microwave oils; discard rancid batches; keep room ventilated for scent-sensitive clients.

## 6) Practical intake and on-table safeguards

**Before session** - brief health update; check for new meds (anticoagulants, steroids), recent illness, and skin changes. Ask last meal time (avoid heavy post-prandial work).

**Vitals cues (non-diagnostic but helpful)** - resting HR > 120, marked dizziness, or visible distress → **defer**. If a home BP reading is **very high** and symptomatic (headache, chest tightness), advise medical check instead of therapy.

**During session** - use a **pain ceiling  $\leq 5/10$** ; watch for breath-holding, pallor, cold sweat, nausea, radiating “electric” pain—**these are stop signs**. Reduce depth, switch to broad contact, or end the session.

**After session** - assist to sitting slowly; offer water; caution against intense heat, alcohol, or hard exercise for a few hours, especially after heavy oil/heat work.

## 7) When to stop immediately

- New chest pain, severe shortness of breath, sudden neurological signs (weakness, slurred speech), suspected DVT signs, syncope, or allergic reaction (hives, wheeze). **Activate emergency care** and document.

## 8) Documentation, consent, and scope

Obtain **informed consent**, especially for work near sensitive regions (abdomen, chest, inner thigh). Document findings, client feedback, techniques used, and any adverse responses. Work **within training**; collaborate with physicians/physios when conditions are complex.

## Summary Tables

### A) Absolute vs Relative Contraindications

Category	Examples	Action
<b>Absolute</b>	DVT/PE signs, high fever/infection, unstable cardiac/neurologic events, acute abdomen, major trauma, open wounds	<b>Defer &amp; refer</b>
<b>Relative</b>	Varicose veins, controlled HTN, diabetes/neuropathy, osteoporosis, pregnancy, anticoagulants	<b>Modify</b> depth/heat/position; obtain consent

### B) Modality-Specific “Do / Don’t”

Modality	Do	Don't
Marma (Agni)	Broad breath-timed contact	Hard vertical pressure
Marma (Sūkṣma)	Oblique, short holds	Long artery/nerve compression
Kizhi/Steam	Check temp each pass	Use on acute inflammation/neuropathy
Chavitti	Use on robust tissues	Apply on osteoporosis/pregnancy
Oils/Pastes	Patch-test; fresh warm oil	Use known allergens/overheat oils



### C) Pregnancy Quick Guide

Trimester	Positions	Heat	Key Avoidances
1st	Any comfort	Minimal	Abdomen/pelvis depth, strong steam
2nd	Side-lying	Mild	Long supine, deep sacral work
3rd	Side-lying/seated	Mild/brief	Deep calf/popliteal, overheating

### D) “STOP” Signs During Session

Sign	Likely meaning	Action
Electric/radiating pain	Nerve irritation	Broaden contact; reduce depth; reassess
Dizziness, cold sweat	Autonomic drop	Lay supine, legs slightly elevated; monitor
Sudden redness/heat flare	Inflammatory spike	Cool compress; end heat; lighten work
Chest pain/neurologic signs	Medical emergency	Stop and call emergency services

### E) Safety Checklist (pre-session)

Item	✓ / X
Health update, meds, allergies reviewed	
Skin check over planned areas	
Informed consent confirmed (incl. sensitive regions)	
Oil selected & patch-tested if needed	
Emergency contacts accessible; first-aid kit ready	

### Key take-aways

1. **Know your red flags**—when in doubt, **defer and refer**.
2. **Modify, don't force**—adjust depth, heat, tempo, and position to match the client's state.
3. **Marma demands restraint**—broad, breath-timed contact near vital nodes; oblique, graded touch near neurovascular points.
4. **Clear consent and documentation** are part of safe therapy, not bureaucracy.
5. **Your calm attention is preventive medicine**—it catches risk early and keeps every session safely effective.