

EFFECTIVENESS OF VARMAM THERAPY IN PATCHAVATHAM (HEMIPLEGIA) – A CASE REPORT

S. Karthik Nagarajan*¹, S. Uthrapathi¹, N. J. Muthukumar², V. Mahalakshmi³ and
V. Banumathi⁴

¹PG Scholar, Dept. of Sirappu Maruthuvam, National Institute of Siddha, Chennai-47.

²PG Guide/HOD (i/c), Dept. of Sirappu Maruthuvam, National Institute of Siddha, Chennai-

³Lecturers, Dept. of Sirappu Maruthuvam, National Institute of Siddha, Chennai-47.

⁴The Director, National Institute of Siddha, Chennai-47.

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*Corresponding Author

Dr. S. Karthik Nagarajan

PG Scholar, Dept. of Sirappu
Maruthuvam, National
Institute of Siddha, Chennai-
47.

ABSTRACT

In this study a maiden attempt is made to organize and analyse the efficacy of varma therapy for the Management Hemiplegia (Pakkavatham) in siddha system of medicine. The patient were treated of daily with *kai-kal kavali varmam*, *Vilangu varmam*, *Kaikuli varmam*, *Kaimadukku varm*, *Manibantha varmam*, *Kai-kal vellai varmam*, *Pathaippu varmam*, *Karandaivarmam*, *Thilarthakalam*, *Kondaikolli*, *Mudichuvarmam*, *Akathaarai*, *Purathaarai*, *Chevi kutri kalam* for a period of 30 days. Twenty patient of both sex in age group of 20 to 60 years was selected randomly on the basis of inclusion and exclusion criteria statistical analysis of changes in various parameters

from baseline values evaluated. the results the study indicated that the varmam therapy shows significant improvement of power, Tone, Reflexes in paralysed limbs and the adverse events reported as observed during the entire period.

KEYWORDS: Varmam, Siddha Medicine, Patchavatham, Hemiplegia, Stroke, CVA.

INTRODUCTION

Varmam is a siddha science that aims to fulfill the cultural, spiritual and medical needs of humanity. Life energy circulates human body in three forms like vatham, pitham, kabam. The dwelling or resting places of life energy are called varmam points. When we stimulate the varmam points with appropriate pressure, it produces a clear therapeutic efficacy. Varmam treatment is an external therapy in Siddha System of Medicine. It's purely anatomical and is

introduced by Siddhars for the human's wellbeing. Specific anatomical complex parts of the body are stimulated in Varmam treatment. These points are manipulated over superficial nerves, vessels, bony prominence, soft tissues, or their junctions. These energy points when hit by any external forces will cause severe illness. In fact Siddhars used these energy points for curing the illness. These points are stimulated either by giving pressures in circular manner or in pointing way constantly. Here Pulling certain muscles and tendons, blows, punch over certain areas of the body are executed. Treatments like corticosteroids, Acromioplasty, Arthroscopic subacromial decompression techniques, intralesional injections into the subacromial space are available¹, but permanent cure is a difficult one or at least consumes considerable time period. The Varmam treatment is much effective in orthopedic disorders like lumbar disc problems, cervical disc problems, Shoulder Impingement Syndrome, etc. Also, Varmam therapy consumes only a minimal time and efforts. In fact Siddha Varmam treatment requires no special instruments. Due to the lack of discipline schedule in everyday life and also increasing physical stress, the prevalence of Hemiplegia nowadays increased. It is a 3rd leading cause of death after coronary heart diseases and cancer of all types. Hemiplegia is a disabling neurological disorder which arises from multiple etiologies like systemic hypertension, Injuries, Tumors, Embolism and other vascular occlusion of the brain. The degree and extent of neurological deficit depends upon the location and extension of damage to the brain cells. In certain cases along with motor deficit, disturbance of speech (aphasia or dysarthria) and loss of higher functions are also observed. It is well explained in Siddha as *patchavatham* one of the 80 types of vatha diseases in *Yugivaithiya Chinathamani*. Hemiplegia *patchavatham* however today currently challenges the clinicians warranting a comprehensive and effective medicine. This can be overcome by varma therapy without any adverse effect. Varmam is one of the branches of Siddha Medicine.

Historical Evidences of Varmam

We can get reference of Varmam from '*Thol kappiam*'. This is an ancient text which is the base for grammar in Tamil language and literature period of (5000 BC- *Thol kappiam*) use the term '*Vali Aatral*'. There are nearly 120 books in various titles available in the name of varmam. Around 30,000 verses speak about varmam and its units. Most of them are available in palm leaf name scripts. All these texts have names from the heritage of Siddhars—*Agasthiars, Bogar, Ramadevar, Thirumoolar, Theraiyar*.

MATERIAL AND METHOD

A Case study to evaluate the efficacy of varmam Therapy in Hemiplegia (*Patchavatham*) was carried out at Department of Sirappu Maruthuvam, National Institute of Siddha & Ayothidass Pandithar Hospital. Tambaram Sanatorium, Chennai-47 Tamil Nadu India. In-patient ward and outpatient ward.

Inclusion Criteria	Exclusion Criteria
Age :20-60Yrs Sex : Both male and female Patients having symptoms of inability/ difficulty to use one half of the body. Patients who are willing for admission and study in IPD or to attend the OPD. Deviation of the mouth on the un affected side Difficulty to close the eyelids Difficulty to speak	Cardiac disease Diabetes mellitus Renal failure Malignancy

Study Procedure of Varmam Therapy

S. No	Varmam Point Name	Location
1	Kaikuli Varmam	Situated at superior and anterior aspect of axilla
2	Kai-kavli Varmam	Situated between thumb and index finger in its dorsal aspect
3	Aka thaarai	Anterior Axillary Fold
4	Pura thaarai	Posterior Axillary Fold
5	Thilartha kaalam	Situated at the junction between the eyebrows (Glabella) and the nose.
6	Vilangu Varmam	Situated at supra clavicular Fossa
7	Manibantha Varmam	Situated at wrist joint in its dorsal aspect
8	Kondaikolli Varmam	This point located on the vertex of the head
9	Chevikutri Kaalam	Situated at Tragus
10	Mudichi Varmam	At The Junction Of C7 & T1
11	Pathaippu Varmam	Situated 6 finger breadth lateral to the patella on both sides
12	Kalkavali varmam	Situated between big toe and adjacent the in its dorsal aspect

Tests and Assessments

- Examination of cranial nerves
- Examination of spino motor system
- Nutrition
- Tone

Power: Grade5: normal

Grade4: movements against resistance

Grade3: movements against gravity

Grade2: gravity eliminated movement

Grade1: there is a visible/ palpable flicker of contraction

Grade0: complete paralysis

Coordination

Involuntary movements

Gait

Reflexes

Extensor plantar response

Superficial reflexes

Deep tendon reflexes

Grade 0: absent reflexes

Grade 1: present

Grade 2: brisk

Grade 4: clonus

RESULTS AND OBSERVATION

The incidence of Hemiplegia reported in National Institute of Siddha & Ayothidass Pandithar hospital showed male predominance of about 90% over the female 10%. On analysis, out of the causes for Hemiplegia, Hypertension is the most common cause. Out of twenty patient 11 patient who were treated with varmam and internal medicine good relief was seen 6 patients, they were marked with normal blood pressure, improvement in their Muscle power and improvement in using the affected side. Moderated relief was seen in 2 patients they were marked with normal blood pressure and reduced difficulty in using the affected limb. Mild relief was seen in 1 patient. In patient who were treated with internal medicine alone. Good relief was seen in 4 patients, Moderate relief was seen in 3 patients. Mild relief was seen in 3 patients with Internal Medicine and Varma therapy.

CONCLUSION

From this study it is concluded that the siddha medical treatment with varmam therapy show improvement in the quality of life Hemiplegia particularly in using the affected limb, postural

stability and gait. It is finally evident that as recommended by spastic society of Tamilnadu that, early medical treatment with varmam therapy will improve the quality of life.

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