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Case Study

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# MOOTU KANNISAIVU PISAGAL - KNEE JOINT ACL AND MCL TEAR REPAIR THROUGH VARMAM – A SINGLE CASE STUDY

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# **INTRODUCTION**

Ligaments are bands of tough, elastic connective tissue that surround a joint to give support and limit the joint movement. The knee joint is stabilised by a pair of cruciate ligaments, collateral ligaments and two meniscus of cartilage. When the ligaments are damaged the knee joint become unstable. Most collateral ligaments tear can be corrected without surgery. However when the cruciate ligament is stretched beyond its limits or completely torn, the only option is reconstructive knee surgery / tendon graft in the modern system of medicine.

The above condition is described as Mootu Kannisaivu Pisagal or Sirattai Chavvu Murivu in varmam medicine, an ancient indigenous

Indian system of medicine. Varmam science is an ancient Tamil system of medicine discovered by Siddhars. It deals with the subtle energy flow in the body. Varmam points are the site where vital energy resides. This system has its own anatomy and physiology, both physical and subtle. According to this system, any injuries or damage can be corrected by the stimulation of specific varmam points to regain the lost energy.

It is hereby reported that such a patient with ACL, PCL and meniscal tear, correction was done successfully with varmam therapy alone.

# MATERIAL AND METHODS

A female patient of aged 40 had visited our Thirumoolar Varmam Research and Therapy Centre (Unit of Arts Research Institute), Coimbatore on 1<sup>st</sup> June of 2016 with a history of fall from two wheeler 20 days before and followed by severe pain with swelling in the left knee joint and restricted left leg movement. She had difficulty in walking, climbing stairs and felt crepitus in left knee joint.

She had earlier consulted an orthosurgeon after the fall. The MRI scan dated 18.5.16 of her knee joint revealed

- Trabecular fracture with marrow oedema in postero-tibial plateau.
- Complete midsubstance tear of anteriorcruciate ligament with anterior tibial translation of 15mm.
- Grade III Tear of medial collateral ligament at tibial attachment.
- No patellar subluxation and dislocation.

On examination, she had swelling in left knee, stiffness in the joint, difficulty in flexion of left knee and Lachman test positive.

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Patient Name Age/Sex 3	9/F'517			Order No 11 Report Date 18	56701 -05-2016 00
Patient ID : 1 Referred By : D	6050557 r. Prof.S.Rajasekaran M	S,D.Orth.,DNB,FRCS(Ed),M	.Ch.Liv),Ph.D	Page : 1	20.40 / 10
	DEF	ARTMENT OF RAD	DIOLOGY		
-		MRI - LEFT KN	EE		
FINDING	38 :				
<ul> <li> <i>T</i>rabecular fracture with marrow edema in posterolateral tibial plateau.     </li> <li>         Grade II signal of degeneration in body and posterior horn of medial         menicus and body of lateral menicus     </li> </ul>					
•	Complete midsubsta tibial translation of 1 noted.	nce tear of anterior cru 5mm. Mild buckling of	rciate ligamen f posterior cr	nt with anterior ruciate ligament	
•	Grade III tear of me	dial collateral ligament	at tibial attac	hment.	
	Lateral collateral liga	ment and patellar retin	aculi are nor	mal.	
<ul> <li>Quadriceps and patellar tendous are intact.</li> </ul>					
	<ul> <li>Articular cartilage of tibia, femur and patella appear normal.</li> </ul>				
	Muscles around knew	e joint appear normai.			
	while joint enusion s	cen.			
IMDDESS	ON				
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•	Trabecular fractur	e with marrow ede	ema in po	sterolateral til	bial
•	Complete midsubs anterior tibial trans	tance tear of anter lation of 15mm	rior crucia	te ligament w	/ith
-	Grade III tear of m	edial collateral ligamo	ent at tibial	attachment.	
•	No patellar subluxa	tion / dislocation.			
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	Dr. N. V. ANUPAMA DNB., Consultant Radiologist	RCR	Dr. V. PRAI	KASH., DNB t Radiologist	
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		www.gangahospitals.cor	n Juniard	ion authant	

# **Before Treatment-Mri Left Knee Joint**

# Varmam Therapy

The following varmam points were stimulated

- 1. Nanganapootu
- 2. Ulsoothiram
- 3. Ulthodai Varmam
- 4. Vilangu Varmam

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These varmam points were stimulated properly according to varmam literary evidences. Treatment was given thrice a week for 2 months as OPD service at our Thirumoolar Varmam Research and Therapy Centre (Unit of Arts Research Institute), Coimbatore, Tamilnadu.

ADIOLOGY DEPARTMENT			4(4b) SSS SHANTHI A Registered Public Charitable Trust		
,	Name				
	Reg no Age/Sex Date /time Ref Physician	: 363461 : 40 Year(s)/Female : 09-NOV-2016 : DR.K.M.AMALA B.S.M	.S.,		
	STUDY	: MR LEFT KNEE			
	INDICATION	ACL & MCL tear			
	TECHNIQUE	MRI of the Knee was do density sequences in mu of contrast.	ne using T1W,T2W,Fluid inversion ,fat suppressed proton ultiple planes on a 1.5 T MRI scanner without administration		
	FINDINGS	Effusion	Mild affusion is seen in know inint. No Bakar's cust		
		Cruciate ligaments:	Anterior cruciate linement: Low orade partial tear of		
		and a second sec	Anterior cruciate linament is seen		
			Posterior cruciate linament: Normal		
		Menisci:	Medial meniscus: Mild mynid deceneration of hody and		
			posterior hom of Medial meniscus is noted		
			Lateral meniscus: Grade 2 oblique tear is seen involving		
			the body of Lateral meniscus extending into the posterior horn		
		Collateral ligaments	Medial collateral ligament: Grade 1 sprain of Medial collateral		
			ligament is seen		
			Lateral collateral ligament: Normal		
		Articular cartilage	Medial femoral and tibial condyle cartilage: Normal		
			Lateral femoral and tibial condyle cartilage: Normal		
		Posterolateral corner	Popliteus tendon: Normal		
			Popliteomeniscal fascicle:Normal		
			Proximal tibiofibular joint : Normal		
		Anterior compartmen	nt Quadriceps tendon: Normal		
			Patellar tendon : Normal		
			Retinacula: Normal .		
			Patellar cartilage: Normal		
			Trochlea: Normal		
			Hoffa Pad of fat: Normal		
		Bones:	Normal marrow signal.		
		Visualized muscles:	Normal.		
100		Visualized vessels:	Normal		

After Treatment Mri Knee Left

## RESULT

After one month of treatment, swelling and pain in left knee were completely reduced. But pricking sense and crepitation were present in the left knee while walking for long distance and climbing stairs. The treatment protocol has been continued for further 1 month. After the completion of treatment for 2 months, the patient was able to walk; crepitation, pricking sense and slippery feel while walking were relieved completely. She was asked to withdraw

treatment. She had been observed monthly once for next 3 months and reported with nil complaints. She repeated MRI scan for her left knee joint with her own interest. The repeated

MRI dated 2016 November revealed the following:

- Low grade partial tear of ACL.
- Grade I sprain of MCL.

Name						
Regino						
Age/Sex	: 40 Vaar(a)/Famala					
Date /time	: 40 Tear(S)/Female					
Ref Physician	DR K MAMALA D C M C					
	. DR.R.M.AMALA D.S.M.S.,					
STUDY	: MR LEFT KNEE					
IMPRESSION						
	Low grade partial tear of Anterior	cruciate liname	ant			
	Grade 2 oblique tear involving the	hadu af lai				
	Posterior born	e body of Latera	Il meniscus extending into the			
	Mild myxoid doggeneration of h					
	wind myxold degeneration of body a	nd posterior horn	of Medial meniscus			
	Grade 1 sprain of Medial collatera	Il ligament				
•	Minimal joint effusion					
	End of r	report				
	Dr Arockia Painasitan No		- ARA			
	Stratoona Najasekhar MD	1	Dr T V Prasad MD DNB			
Report typed by S. Ja	Consultant Radiologist & Head		Consultant Radiologist			
	Service to Human	ity is Service	to God			
-91 422 220	05500 Email: petrolbunk@shanthisocialservices.org	Blood Bank	10 000			
-91 422 220	25500 Email: info@shanthisocialservices.org	Radiology Department	t +91 848 99 33 120 Email : bloodbank@shanthisoc			
-91 422 22	05300 Email: medicalcentre@shanthisocialservices.org	Diagnostic Centre	:+91 848 99 33 133 Email: lab@chanthisocia			
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#### DISCUSSION

Majority of varmam texts describe the injuries and treatment. It explains clearly the anatomy of joints, its surrounding muscles, tendons, ligaments, blood supply and its nerve supply. The varmam energy gets damaged due to trauma, excessive physical exercises, improper food habits, etc. This kind of accidental injury can be related to varmam baathippu based on the varmam texts. The methodology used here was to revitalize the injured part with varmam

energy using specific varmam points. The varmam points supplying energy to the knee joints were stimulated.

## **Function of Varmam Points**

"minnentra shakthi nilayangal thannil sevvane thozhil arinthu iyakkuvaye"

(Varma Kaandam, verse 557 – Reference 1)

Our body consists of vital energy regions that regulate our body function. We can use that energy points to correct the damage.

## **Knee Joint and Varmam**

"Matruvai kaal thanile sirattaimari kannisaivu pisagi vethanamaagil Satruvom peruviral ner agankaalukkul Madakindrankinna ellul kundu nirkum......" (Varma Kaandam, verse 448 – Reference 1)

The verse mentioned above explains the anatomy of knee joint, its injury and energy supply to the knee joint and technique for correcting the injury.

#### Nanganapootu

".....Moolathil nindru pushtam endraNangana porutthu sutri....."(Kumbamuni Narambarai 108, verse 10 – Reference 1)

This point is situated in the sacroiliac joint /dimple just above gluteal region. This point is also known as pinsuzhi. This point supplies energy to the lower limbs and mobility of knee joints.

## Ulsoothiram

It lies in the hip joint (ball of femoral head and socket of acetabulum) on both sides. Varmam literatures name this joint as Kinna Elumbu / Aamai Kazhutthu Elumbu (Tortoise neck bone). From this varmam point, the ligaments and tendons of knee get their energy and stability.

## Ulthodai Varmam

It lies in the middle part of the thigh on the inner aspect. Its energy connects both the hip and knee joints. It also strengthens the thigh muscle thereby stabilizing the knee joint.

### Vilangu Varmam

"Thiramana kazhutthadiyil karaikulle naiyappa vilangu varmam."

(Varma Suthiram 100, verse 72 – Reference 1)

It lies inside the inferior clavicular fossa /meeting point of lateral end of clavicle and shoulder joint. According to the varmam text, this varmam point has enormous air energy that gets distributed to all major and minor joints the body.

## CONCLUSION

Based on evidence from varmam literary, the treatment method has been used to treat the knee joint ligament tear. Even without touching the damaged part directly and without using any medication, we can energise the particular joint by using the vital energy points i.e. varmam energy from other related points.

Patient has regained the mobility of knee joint without surgery. Thus varmam therapy is a cost effective, non invasive and better treatment for ligament injuries. Modern gadgets, such as MRI scanning equipments, can also be used to access the efficacy of varmam therapy. Varmam therapy is not only for pain management. It acts at energy level and brings anatomical corrections. Similar case studies in large number of patients in future will throw more light on varmam therapy and can reduce the number of surgeries.

### ACKNOWLEGEMENTS

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- Thirumoolar Varmam Research and Therapy Centre, Unit of Arts Research Institute, Coimbatore, Tamil Nadu, India.

#### REFERENCES

- 1. The Foot Prints of Medical Varmalogy International Conference on Medical Varmalogy, Dr. N.Shunmugom, Ph.D., published by Arts Research Institute, May 2012.
- Varma Odivu Murivu Sara Soothiram 1200, Dr. T. Mohanraj, published by ATSVS Siddha Medical College and Hospital, 2009.
- 3. Human Anatomy, B. D. Chaurasia, published by CBS Publishers, Volume 2 Fifth Edition.
- 4. Wikipedia.