

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.074

Volume 8, Issue 1, 1700-1707.

Research Article

ISSN 2277-7105

ROLE OF VARMAM AND SIDDHA INTERNAL MEDICINE IN TREATMENT OF KUMBHAVATHAM (FROZEN SHOULDER) - A CASE SERIES

P. Mirunaleni¹*, K. Elavarasan², R. Manikavasagam³ and K. Kanagavalli⁴

¹Research Associate, SCRU, A & U Tibbia College Campus, Karol Bagh, New Delhi.

²Siddha Consultant, AYUSH Wellness Clinic (Under CCRS-Ministry of AYUSH),

President's Estate, Rashtrapati Bhavan, New Delhi.

³Incharge/Research Officer SCRU, A & U Tibbia College, Karol Bagh, New Delhi.

⁴Director General, Central Council for Research in Siddha, Chennai-106.

Article Received on 16 Nov. 2018,

Revised on 06 Dec. 2018, Accepted on 27 Dec. 2018

DOI: 10.20959/wjpr20191-14265

*Corresponding Author Dr. P. Mirunaleni

Research Associate, SCRU, A & U Tibbia college campus, Karol Bagh, New Delhi.

ABSTRACT

Frozen shoulder is an extremely painful and debilitating condition leading to stiffness and disability. It typically occurs in the fifth and sixth decades of life, thus affecting individuals of working age. The disability resulting from this condition has considerable economic impact on affected individuals and society. In *Siddha* it can be correlated with *Kumbavatham* which is one of the *vatha* diseases mentioned in the *siddha* literature *Yugi Vaithya Chinthamani*. *Varmam* is the basic vital energy flow in the body. This energy flow meets in some site which is called as *varmam* point. Since *Varmam* therapy is

highly efficacious it can be used along with internal medications and external applications as well. The patients with *Kumbavatham* underwent Siddha internal medication like *Amukara* combination *chooranam* internally 1 teaspoon twice a day, applied *Laghuvidamutti thilam* externally and *Varmam* therapy were given weekly 2 times for 2 months in Siddha OPD - Integrated AYUSH Clinic All India Institute of Ayurveda, New Delhi. The 10 patients were observed and results were presented. The effect of treatment was assessed using Shoulder pain and disability (SPADI) index. Despite the limitations of this case study, it demonstrates that the *varmam* therapy and internal medicine may be an effective option in the treatment of frozen shoulder.

KEYWORDS: Siddha Medicine, Kumbhavatham, Frozen Shoulder, Varmam.

INTRODUCTION

Frozen shoulder is an extremely painful and debilitating condition leading to stiffness and disability. It typically occurs in the fifth and sixth decades of life, thus affecting individuals of working age. The disability resulting from this condition has considerable economic impact on affected individuals and society. Frozen shoulder can be either primary (idiopathic) or secondary. Secondary frozen shoulder is defined as that associated with trauma; rotator cuff disease and impingement; cardiovascular disease; hemiparesis; or diabetes (although some classify this in diabetics as primary frozen shoulder). The incidence of frozen shoulder in people with diabetes is reported to be 10% to 36%, and these tend not to respond as well to treatment as in nondiabetics.^[1]

In this condition, pain and stiffness of the shoulder joint are the cardinal symptoms leading to inability or loss of function of the affected upper limb. This may be achieved in three phases.

- 1. Painful phase.
- 2. Stiffening phase.
- 3. Thawn / Resolving phase.

The patient gives a history of having noticed a slight painful catch in the region of the shoulder and upper arm for several months, gradually becoming aware of the inability to perform certain tasks, because of stiffness of the arm. [2] Night pain, often awakening him after he has fallen asleep, is a common complaint. Frequently it radiates down the arm to the hand without being localized to any nerve distribution. Stiffness of the shoulder increases until all movements are lost. Making the correct diagnosis is crucial, and will ensure an efficient and optimum treatment for the patient. [4] Features of importance are.

- History of diabetes, cardiovascular disease or other associations.
- Normal X-rays in two planes to rule out mechanical glenohumeral incongruity such as arthritis, avascular necrosis or dislocation of the shoulder, which produce a similar clinical picture.^[3]
- Acceptable scores include the Shoulder Pain and Disability Index (SPADI), Disability of Arm, Shoulder and Hand (DASH) and the Oxford Shoulder Score (OSS). The disability subscale of the SPADI has been used by several published reports for this condition.^[11]

Siddha system is a holistic system of medicine that believes that body and mind are integrated. Frozen shoulder may be correlated as *Kumbavatham*, one of the *vatha* disease mentioned in the text *Yugi Vaithya Chinthamani*. In *Siddha* text *Yugi vaithya chinthamani*, it

was mentioned as pain in the shoulder and upper limb, pricking pain in the cheek and jaw region along with inability in flexion and extension.^[10] Varmam is also called vital points. Pranic energy is found concentrated in these points, which upon manipulation produces curative effect. Depletion or stagnation of the flow of Pranan or vital energy in the varmam points leads to disorders/diseases. Through the right usage of varmam technique, physical and mental energy can be increased/decreased/redirected in appropriate manner.^[8-9]

Varma therapy along with *Siddha* internal medicine that is cost effective and easy to take may play a crucial role for the management of Frozen Shoulder.

AIMS AND OBJECTIVES

1. To study the effect of internal Siddha medine and varmam therapy in the treatment of kumbhayatham.

MATERIALS AND METHODS

Source of data: Patients of either sex diagnosed with *Kumbhavatham* from the OPD and IPD of the All India Institute of Ayurveda, Saritha vihar, referred to Integrated Ayush Clinic, Siddha department were selected for the study. Out of the 15 patients, five patients were dropped in the initial stages of the study and 10 patients completed the course of treatment.

Methodology: Patients with *kumbhavatham* who are willing to take *Siddha* medicine along with *Varma* therapy were selected and asked to visit the OPD for 2 months. Totally 10 Patients with different age group, gender, and socio-economic status were randomly selected, on the basis of following criteria.

Inclusion Criteria

- 1. Patients of both sexes between the age group 30 to 60yrs.
- 2. Pain and stiffness in the shoulder and upper limb.
- 3. Inability in abduction, flexion and extension in upper limb.
- 4. With or without diabetic.
- 5. Unilateral or bilateral involvement.

Exclusion Criteria

- 1. Patients below age 30yrs & above 60yrs of either sex.
- 2. Patients with a history of fracture of the affected hand.

- 3. Other type of systemic involvement like Gouty, Rheumatoid arthritis, SLE and Psoriatic arthritis.
- 4. Pregnancy and lactating women.
- 5. Patient with uncontrolled Diabetes.

Treatment protocol for Siddha Medicine

Table. 1.

Sl. No	Siddha medicine	Dose
1	Amukarachooranam+Silasathu	1teaspoon with honey twice a day
	parpam+ Arumugam Chendooram	
2	Laguvidamuti thilam	Warm it and apply externally

Varmam Points: Stimulation of following Varmam points for 2 months, twice a week. Each varmam points (table 2) will be stimulated with pressure mentioned in text and may vary according to patients *pirakuruthi* (body constitution). [5-6-7]

Table. 2.

Sl. No	Varmam points	Anatomical Location
1	Kakkatai Kaalam	mid way between the neck and head of arms, 4
		finger above from midline of clavicle
2	Kavuli kaalam	web space(dorsal side) the thumb and index finger
3	Chavvu Varmam	6 finger breadth above from midpoint of elbow
		joint(anterior)
4	Piratharai	near to armpit in posterior side
5	Kaiketti Varmam	2 finger breadth below from medial angle of
		scapula
6	Mozhi piralgai	midpoint of inter digital cleft between middle and
		ring finger
7	Enthi kaalam	1 finger breadth anterior to midpoint of axilla.

Outcome measures: Shoulder Pain and Disability Index (SPADI)^[11] was used to measure results in the patient.

Shoulder	[.] Pain	and	Disability	(Spadi)
----------	-------------------	-----	-------------------	---------

Name:	Date:	

Instructions: Please answer the following questions by writing a number from 0-10 in the blank provided. If you feel a questions does not pertain to you please put a NA (not applicable) in the space. We will ask you to repeat this index in order to help our facility keep track of our treatment outcomes.

Pain scale: On a scale of 0-10, How severe is your pain						
0 = "no pain at all"10 = "worst pain imaginable"						
1. At its worst?						
2. When lying on the involved side?						
3. Reaching for something on a high shelf?						
4. Touching the back of your neck?						
5. Pushing with the involved arm						
Disability scale: On a scale of 0-10, How much	Disability scale: On a scale of 0-10, How much difficulty do you have					
0 = "no difficulty"10 = "so difficult it required help"						
1. Washing your hair?						
2. Washing your back?						
3. Putting on an undershirt or pullover sweater?						
4. Putting on a shirt that buttons down the front?						
5. Putting on your pants?						
6. Placing on object on a high shelf?						
7. Carrying a heavy object of 10 pounds?						
8. Removing something form your back pocket?						

To be	completed	by of	fice staff:	Circle	one:	Initial /	Re-eval	/	Discharge	Diagnosi	s:
						To	tal # of tre	eatr	ments:		
Pain S	cale Score: _										
Disabi	lity Scale Sc	ore:									
Total S	Score:										

[Scoring: Summate the scores and divide by the highest score possible (130 if all questions answered). If an item is deemed not applicable, no score is calculated. Multiply the total score by 100.]. [11]

OBSERVATIONS AND RESULTS

The SPADI index of total 10 patients both before and after treatment i.e. Individualised *Siddha* medicine along with *Varma* therapy was listed table 1. And patients characteristicsis listed in table 2.

Table. 1: Overall effect on the assessment criteria.

S. No	Assessment Criteria's	Before Treatment (n=10) Mean ±S D	After Treatment (n=10) Mean ± S D	T value	P value
1	Pain scale score	73.8±10.432	27±6.616	-11.98	< 0.0001
2	Disability scale	67.12±13.466	27±7.643	-8.19	< 0.0001

Table. 2: Patient characteristics.

Characteristics	N=10
Mean age + SD (range)	49.1 + 9.960
Male (%)	3(30%)
Female (%)	7(70%)
Duration of complaints in months + SD (range)	2.2 + 0.788
History of Diabetes mellitus	5(50%)

DISCUSSION

Published literature has indicated limitation of allopathic treatment of frozen shoulder. Nearly all patients suffering from frozen shoulder recover, but full range of movement may never return. [2] Varmam is a specialized field of Siddha pertained to cure neurological weakness, neuromuscular problems, migraine headaches, convulsions, arthritis, spinal problems, muscle wasting and to wail away intense pain. By enhancing the bio-energetic flow, varmam therapy retails a feeling of wellness. Varmam therapy along with individualised Siddha medicine plays a vital role for the management of frozen shoulder. As Kumbhavatham comes under Vatha Noi, which in general is difficult to cure, when it is devoid of complications it can be managed very well. Since it comes under Vata Noi but symptoms like heaviness, coldness are features of kapham it should be treated as vatha kapam disorder and the line of treatment internally the combination chooranam of Amukara chooranam, Silasathu parpam and Arumugam chendooram was given, Laguvidamuti thilam was given to apply externally and Varmam therapy was given weekly 2 times to regulate energy channels and for fast recovery. Warm Laghuvidamuti thilam was advised to apply for good absorption in skin. Internal Medicine Amukara combination chooranam posses anti-inflammatory and analgesic action and Laguvidamuti thilam may have nourished joints of shoulder region, which pacified the dosham and helps to relive from pain and stiffness in shoulder. Patient was strictly advised to follow healthy dietary and lifestyle regimen. Thus the internal medicines and healthy dietary and lifestyle regimen used helped in management of Kumbhavatham. After 2 months patients reported significant improvement in all subjective and objective parameters. The results of Pain scale score, Disability score, before and after treatment were highly significant which is evident from the P value = <0.0001. The results of this study gives hope to take this study to higher level.

CONCLUSION

Combined treatment with *Siddha* and *Varmam* therapy has definite results in frozen shoulder. The following conclusions can be drawn from the observations of the present study.

- Strenuous physical work and direct injury are the predisposing factors in the manifestation of the *kumbha vatham*.
- Laghuvidamuti thilam acts as an anti-inflammatory nutritive and provides nourishment to the nerves, when used externally brought out a moderate significant result in pain and a mild significant relief in stiffness.
- We need for a large sample size and the potentially long follow-up duration to further validate the results.

ACKNOWLEDGEMENT

We gratefully acknowledge Dr Rajaram Mahto, for his constant encouragement and support to carry out this work. We offer our sincere thanks to Dr.Akila for her guidance. We also thank, our pharmacist for their contribution in this work.

REFERENCES

- 1. Dias Ricard, Cutts Steven, Massoud Samir. Frozen Shoulder. British Medical Journal. 2005 December 17; 331(7530): 1453-1456.
- 2. Dawson J, Shepperd S, Carr A. An overview of factors relevant to undertaking research and reviews on the effectiveness of treatment for frozen shoulder. Shoulder Elbow, 2010; 2: 232-7.
- 3. Schellingerhout JM, Verhagen AP, Thomas S, Koes BW. Lack of uniformity in diagnostic labeling of shoulder pain: time for a different approach. Man Therap, 2008; 13: 478-83.
- 4. De Jong BA. The painful stiff shoulder. PhD thesis. Amsterdam: University of Amsterdam, 1991.
- 5. Kannan Rajaram, Varmam pulligalin Iruppidam, Ist ed. Pudukkadai, India: A.T.SV.S.siddha maruthuva kallori, 2008; 188,321,357-388. 25.
- 6. Kannan Rajaram, Varmammaruthuvam Sirappu, Ist ed. Pudukkadai, India: A. T. SV. S. siddha maruthuva kallori, 2008; 335-338,351,371. 26.
- 7. Varmam sootcham, verses 134,969,970, Foot prints of medical varmamlogy, India: Arts research institute, Coimbatore, 2012; 27.
- 8. Varmam Nithanam 500, verses-310. Foot prints of Medical Varmamlogy, India:, Arts research institute, Coimbatore, 2012; 28.
- 9. Vedhasathi ennum varmamkalai, India: Thirumoolar Varmam Therapy & Research Institute, Coimbatore, 2012; 12-13.

- 10. Shanmugavelu 2003, *Noi Naadal Noi Mudal Naadal Thirattu* / Part II 2nd Edition. Department of Indian Medicine & Homoeopathy, Chennai.
- 11. Roach KE, Budiman-Mak E, Songsirdej N, Lertratanakul Y. Development of a shoulder pain and disability index. Arthritis Care Res., 1991; 4: 143-9. Source: Adapted from: Lewis C, Wilk, Wright R. The Orthopedic Outcomes Tool Box. Virginia: Learn Publications.