

Case Report

Role of Siddha Varmam Therapy in Reducing Joint pain and Dependency on Medications in a RA patient - A single case study

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ABSTRACT

RA is an autoimmune disease characterized with symptoms related to inflammation in the joints resulting in pain, swelling, & deformity especially in the fingers, wrists, knees and ankles. In some cases, it may cause immobility in joint areas. Modern medicine suggests for expensive and long steroid dependency with less effect which has made many people to take up various alternative methods like Ayurveda, Homeopathy, Swedish massage which helps in reducing the symptoms in such cases. Alternative therapies like *Siddha vaidyam*; which is an ancient and old therapy has proved to be beneficial in managing the symptoms of RA. Yugi vaidhya Chindhamani mentioned *Vazhi azhal keel Vayu* and *Uthiravatha suronitham* as a vatha disease, the symptoms bear a core resemblance to RA. Varmam pressure therapy and massage (Thokanam) are introduced as a new modality within the existent Traditional and Complementary modalities to treat RA. It is one of the external therapies mentioned in Siddha literature helping in removal of toxins from body thus reducing pain and providing flexibility in joint areas. The purpose of this study was to assess the effects of various Varmam therapies on reducing joint pain and medication dependency based on American Rheumatism Association criteria: walking time, number of swollen and painful joints, joint count, grip strength, functions, ESR, and value of rheumatoid factor. A 45-year old female reported to the Chakrasiddh OPD with chief complaints of pain and swelling in both knee joints. She was given Siddha therapy for 1 month with 23 days in first phase and a week in second phase. Siddha therapy believes to instigate the Varma points where our energy is concentrated. The VAS used to determine the different variables showed a remarkable improvement in pain, stiffness and daily life activities. There was a reduced intake of steroids to once a week depending upon pain intensity. The ROM in the joint areas was seen more flexible and improved.

Keywords: Rheumatoid Arthritis, Osteoarthritis, Pain, *Vazhi Azhal Keel Vayu*, Siddha Therapy, Varmam Therapy

Rheumatoid arthritis is an autoimmune condition leading to pain, swelling and stiffness in joints. It is believed that our immune system responsible for self-defence starts attacking our own healthy tissues. The initial affect of RA is inflammation in joints and gradually affecting the functions of musculoskeletal joints [1]. In due course of time, the inflammation results in pain, swelling, immobility of joints and in severe cases, deformity is seen especially in fingers [2]. The condition attacks the lining of joints causing damage to joint tissue, especially in the upper and lower limbs. The damage can cause long-lasting or chronic pain, and deformity. Chronic Joint pain reduces flexibility in joints and requires medical attention [3].

With RA, patients may show flaring of symptoms and sometimes betterment in symptoms leading to remission [4]. RA is widely prevalent worldwide with 1.8% population affected by this and is increasing with population growth. Though, RA is found in both sex but studies show it is more predominant among females with more severity at age >35 yrs [5]. The prevalence of RA has shown a surge in last few years owing to present lifestyle, dietary habits, activeness, physical workouts and misaligned body postures. The hormonal imbalance and stress are also thought as causing changes in blood circulation level, hence producing more pain and discomfort of affected joint [6]. Modern science and treatment have no permanent cure for RA and aims on limiting joints damage, preventing loss of function and decreasing pain by use of NSAIDs & steroids [7]. Although pain is relieved by NSAIDs, the recovery from this condition is prolonged. Moreover, long usage causes side

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effects and it is not uncommon for patients to suffer a relapse while being under treatment [8]. Long medicine dependency with less effect has made many people to take up various alternative methods like ayurveda, Homeopathy, Swedish massage which helps in reducing the symptoms in such cases. Alternative therapies like Siddha vaidyam; which is an ancient and old therapy has proved to be beneficial in managing the symptoms of RA [9]. Siddha therapy works on core points to treat holistically. Its holistic approach, makes this treatment a safe and cost effective. RA symptoms are identifiable as Vazhi azhal keel Vayu and Uthiravatha suronitham in Siddha medicine. It is believed that increased Vatham in body induces the aamam which in turn increases the Pitham (immobilisation, swelling) [9]. Varmam Thokkanamin therapy is found to be effective in spinal disorders [7].

These therapies activates the body's internal healing mechanisms thus, resulting in cure, decrease in pain and an improved lifestyle [10]. Also, multi-dimensional treatment inclusive of Siddha therapy in conjunction with Physiotherapy, Diet monitoring and yoga, have a positive systemic effect in the management of the symptoms and progression of such autoimmune disorders [11]. The case described in this article proved that Siddha, can be utilized as a treatment modality for RA but it requires more of research and a larger data.

CASE REPORT

Participant Information

A 45-year female clerk visited Chakrasiddh in September, 2021. She was a k/c/o RA from last ten years. Though, she was on steroids from last 3 years but her condition seems to have not improved. She presented herself with bilateral swelling in knees and inability to bend them. Unbearable pain and complete body stiffness especially in morning hours were her other concerns. Due to obesity and pain in knees, her walking style has changed and lower back was bending causing a kind of spine postural disorder. She could feel popping sounds from knees while sitting and walking. From past few months, she noticed constant flare-up of symptoms with dull, achy pain in all joints especially in her right knee. The pain is continuous and gradually increases till evening with an intensity severe (9) on VAS. Due to tenderness and inflammation, she could feel her knees warm and swollen. Her lifestyle was getting affected as she was not able to walk and climb stairs without help of stick. Due to complete rest state, stiffness is felt while sitting and standing.

The patient is non-diabetic and non-hypertensive but her mother had arthritis from last 35-40 years. Her initial RA value was noted at 156, since she is on steroids, the present value was 65. Her Blood reports were showing high ESR value and positive CRP. She was also on special diet for RA but due to office timings, patient was irregular in her diet patterns.

On physical examination, there was involvement of multiple joints with swelling, tenderness, and warmth but both knees were erythematous and painful on touching. There was a joint effusion in both knees with right knee more affected with it. Siddha assessment envagai thervu-Naadi (pulse), Sparisam (palpation), Naa(tongue examination), Niram (colour of the body), Mozhi(speech), Vizhi (eye examination), Malam (stool examination), Moothiram (urine examination) were recorded. On the basis of sign and symptoms she was confirmed for Vazhi azhal keel Vayu and Uthiravatha suronitham- RA (8/10 classification criteria of RA, ACR, 2010) (Table 1) [12].

Table 1: Criterion of diagnosis of Rheumatoid Arthritis

Parameters	Score	Patient's Score (pre-treatment)
Joints affected	1 large joint	0
	2-10 large joints	1
	1-3 small joints	0
	4-10 small joints	5
Serology	Negative RF and ACPA	0
	Low positive RF or ACPA	2
	High positive RF or ACPA	3
Acute Phase Reactants	Normal CRP and ESR	0
	Abnormal CRP and ESR	1
Duration of symptoms	< 6 weeks	0
	> 6 weeks	1

Patients with a score ≥ 6 are considered to have definite RA.

ACPA = anti-citrullinated peptide antibodies; CRP = C-Reactive protein;

ESR = erythrocyte sedimentation rate; RF = rheumatoid factor
Score is >6 so patient is definite RA (+ve)

The purpose of this study was to assess the effects of various Varmam therapies on reducing joint pain and medication dependency based on American Rheumatism Association criteria: walking time, number of swollen and painful joints, joint count, grip strength, functions, ESR, and value of rheumatoid factor [12].

Treatment Protocol

The treatment was started in Sept, 2021; it was planned for 30 days with 23 days in initial phase and a week after gap of 2 months. The treatment included all major joints with B/L knee joints to be attended daily and all other joints to be done alternate days. The patient was kept on strict RA diet. Arthritis

medications taken for long-term may cause nutritional problems so diet rich in fresh fruits and veggies to balance is proposed to the patient. Few foods like cold and sour foods, potato, sugar are avoided as they are believed to increase the inflammation in joints [11]. Daily physio exercise and walking for 1/2 hr was initiated.

In initial week, patient had lots of pain as she had capped her steroids but could see difference in her stiffness. A marked improvement was visible in walking style and time, dependency on stick was not there and joint stiffness had reduced. This affected patient's capability to do exercises and was climbing 3-4 stairs easily. The chief healer did several Varma Points including *Panchamuga Varmam* (around patella), *Motto Varmam* (center point of base of patella), *Keelmanai Varmam* (lower end of calf muscle) & *Komberi kalam Varmam* (apex of patella) (**Figure 1**).

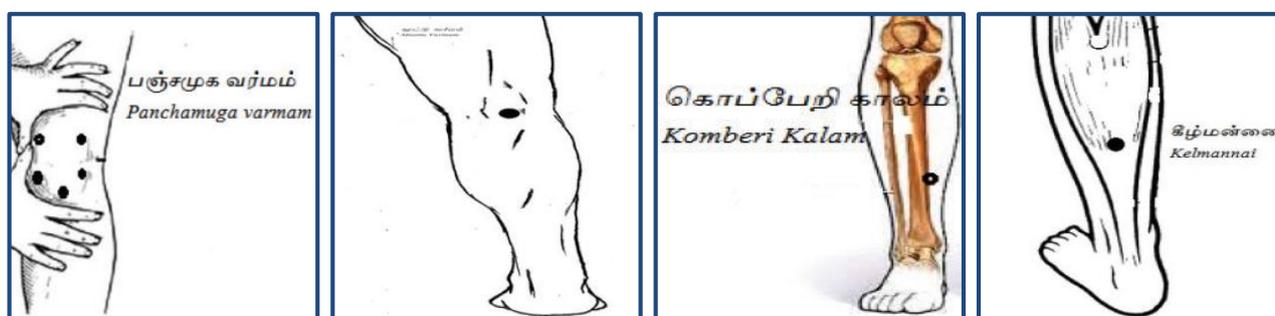


Figure 1: Various Varmam points for knee

RESULT

After 30 days, on 1st follow-up, there was moderate relief in fatigue and anorexia. The pain, tenderness and joint stiffness intensity reduced to mild from severe from start of treatment. The post treatment involved only 2 of her major joints as compared to 6 pre-treatment. On 2nd follow-up after 2 months of break, the variables were determined on VAS to have further reduced to:

Pain: 4; Tenderness: 3; Swelling: 5; Stiffness: 4

Table 2: Pre and post Biomarkers and Clinical Parameters

Parameters	Pre treatment	Post treatment
RA Factor	65	25
ESR	118mm/hr	34mm/hr
CRP	Positive	Negative
BP	100/70 mm of Hg	118/72 mm of Hg
Respiratory Rate	22/min	20/min
Pulse	80 bpm	76 bpm
Pain	Severe (9/10)	Bearable (4/10)
Morning stiffness	Upto 5-6 hours	30-40 mins
Swelling	Present (9)	Present but severity reduced (5)
Tenderness	8	3
Medications	twice daily	Taking only if pain is more

In 4th week, patient was overall 50% so it was decided to give her a break for 2 months. Since, there is a known connection of Arthritis and Diet, the patient was monitored for a special diet during break period. This included Alfa-alfa seeds, Cod liver oil and epsom salt bath. She was advised for physiotherapy session's atleast twice weekly for joint stiffness. Wrist and elbow joints were subjected to mild pressure therapy for 4 sessions in her follow-up visit. There was stiffness in her back while sleeping so her sleep was disturbed but in knees there was vast improvement with moderate intensity pain 5/10 on VAS while on any activity. The patient reduced the intake of her steroids from twice daily to just once or twice week that too only on pain occurrence which was a very good improvement. The treatment was given to her for 8 days in 2nd phase. She was called after 2 months again with her reports. Finally, the points were closed in Feb, 2022.

Steroid Medicine intake reduced from daily twice to only when pain is coming (weekly once or twice).

Clinical Parameters (**Table 2**) showed RA value decrease with all her blood reports improved. Clinically, pre and post x-rays also verified the success of treatment (**Figure 2**). Post treatment, the patient showed vast improvement in stiffness of lower back which was determined as mild and her posture while standing was seemingly straight. She was able to stand for 1/2 hr and could walk for 30-40 mins in slow speed with bearable mild pain.



Figure 2: Pre and post treatment X-rays of B/L Knees

DISCUSSION

Rheumatoid Arthritis has no permanent cure in modern medicine. Chances of relapse even after continuous use of NSAIDs is very common in RA patients [7]. Due to the expensive treatment and many side effects the patients are marching towards traditional medicine. In this study, the patient was treated on the line of management of vatha diseases as mentioned in Siddha literature. It was evident from the naadi (pulse) and neikkuri (oil on urine sign) of the patient that the vatha humour was aggravated. To pacify the vatha and pitham, patient was advised for water intake of 4 lts to remove toxins from body and consequently the Varmam and Thokkanam therapy was started [13].

Siddha being an old traditional therapy, treats on core points and works on alignment of full body and mind [8]. In present case, patient's lifestyle including her food habits, physical inactivity (office job), and wrong body posture, disturbed biological clock seems to have lead to the manifestation of this autoimmune disease [4]. Moreover, patient's increase in stress levels and hormonal imbalance due to menopausal phase, can be a cause of malfunctioning of the circulatory system, producing symptomatic pain, discomfort and deformity of affected joints [2,7]. Pain and joint flexibility can be managed well by the Varmam therapy [14]. The basic principle of stimulation of Varmam points is performed with the fingers & hands with pressure at stiff areas to provide flexibility. Studies have shown the effect of Varmam treatment in osteoarthritis and periartthritis disorders [16]. The exact mechanism of action is still unknown but it is thought that the pressure on varmam points (energy points), stimulates them by complex neuro-hormonal responses [15]. The nerve stimulation activates the counteraction between hypothalamic-pituitary-adrenocortical axis causing the overproduction of cortisol leading to a relaxation response [9].

The mechanism of action of Thokkanam (massage technique) initiates in increasing Tryptophan, an amino acid which in turn increases the production of neurotransmitter serotonin. Thokkanam helps to dilute the toxins and expels

them via lymphatic drainage [8]. In Siddha, the diet plays a very important role in curing. Ingredients like alfa-alfa seeds, cod-liver oil have anti vatha properties to alleviate pain. Also, raw turmeric possess analgesic, anti-inflammatory properties [11].

CONCLUSION

Auto-immune diseases like RA have effects on many aspects of life like work and social activities but now availability of many low-cost strategies have proven to improve quality of life. *Siddha Vaidya*, approach can offer relief from rheumatoid arthritis symptoms and increase the quality of life. The combination therapy of Varmam and Thokkanam has provided the reduction in pain and improvement in restricted movements. It reduced the dependency of medications so chances of side effects were minimized. The treatment is effective as there are minimal chances for adverse reactions. This single case study proved that by following Siddha principles of aligning body energies and activating the body's internal healing mechanisms results in ease of pain and improvement in all lab investigation results. It has given strong hope for management of Uthiravatha-suronitham through non-pharmacological therapies. However, clinical trials with large sample size are required to prove the effectiveness of siddha therapy in such auto-immune diseases.

Abbreviations: Rheumatoid Arthritis (RA), Visual Analogue Scale (VAS), Erythrocyte Sedimentation Rate (ESR)

REFERENCES

1. Aletaha D, Neogi T, Silman AJ, et al. rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis & Rheumatology*. 2010; 62(9):2569–2581.
2. Ritchie DM, Boyle JA, McInnes JM, et al. Clinical studies with an articular index for the assessment of joint tenderness in patients with rheumatoid arthritis. *Q J Med*. 1968; 37(147):393–406.

3. Humby F, Manzo A, Kirkham B, et al. The synovial membrane as a prognostic tool in rheumatoid arthritis. *Autoimmunity reviews*. 2007; 6(4):248–252.
4. Devaraj NK. The difficult rheumatology diagnosis. *Ethiopian J Health Sci*. 2018; 28(1):101–102.
5. Ropes M, Bennett GA, Cobb S, et al. 1958 Revision of diagnostic criteria for rheumatoid arthritis. *Bull Rheum Dis*. 1958; 9:175–6.
6. A L Parke, G R Hughes. Rheumatoid arthritis and food: A case study; *Br Med J*. 1981; 282(6281):2027–2029
7. Navin Kumar Devara. The Atypical Presentation of Rheumatoid Arthritis in an Elderly Woman: A Case Report; *Ethiop J Health Sci*. 2019; 29(1):957–958
8. Andreas Michalsen. The Role of Complementary and Alternative Medicine (CAM) in Rheumatology: It's Time for Integr Med J Rheumatology. 2013; 40(5):547-549
9. Chelvi KSM, Kumar R, Kumar AR. Effectiveness of varmam therapy in kumbavatham periartthritis shoulder with special reference to restriction of Movements. *Int J Pharma Bio Sci*. 2016; 7:150e3.
10. Ramaswamy RS. Guidelines for practice of Siddha Varmam therapy. Central Council for Res in Siddha; 2017; 62e71.
11. Skoldstam L, Hagfors L, Johansson G. An experimental study of a Mediterranean diet intervention for patients with rheumatoid arthritis. *Ann Rheum Dis*. 2003; 62:208–14.
12. Arnett FC, Edworthy SM, Bloch DA, et al. The American Rheumatism Association 1987 revised criteria for the classification of rheumatoid arthritis. *Arthritis & Rheumatism-Arthritis Care & Res*. 1988; 31(3):315-324.
13. Das Banamali, Ganesh Ravi M, Mishra PK, et al. A study on Apabahuka (frozen shoulder) and its management by Laghumasha taila nasya. *AYU* 2010; 31:488.
14. Sivaranjani K. Varma therapy for musculoskeletal disorders. *Eur J Pharm Med Res*. 2016; 3(10):131e5.
15. Ramaswamy RS. Guidelines for practice of Siddha Varmam therapy. Central Council for Research in Siddha. 2017; p62e71.
16. Chelvi KSM, Kumar R, Kumar AR. Effectiveness of varmam therapy in kumbavatham periartthritis shoulder with special reference to restriction of Movements. *Int J Pharma Bio Sci*. 2016; 7:150e3.

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