

VALIDATION OF VARMAM THERAPY ON AZHALKEEL VAYU [OSTEOARTHRITIS] – CASE SERIES

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ABSTRACT

Osteoarthritis is chronic degenerative disorders mostly affect the elderly people in globally and its prevalence is nearly 40% in India. China and India were ranked the top two countries in the absolute number of people aged 65 and over. Siddha Medicine dealing with this disease and called as Azhal keel vayu (AKV). AKV is hardly treatable disorder and which corrected rehabilitations approach. *Varmam* is the existing significant therapeutic method even though it is defense and fighting art. This study evaluates the effectiveness of varmam therapy on AKV. The selected 10 patients with the AKV, 6 have the Knee injury and Osteoarthritis Outcome Score (KOOS) above 81% and 4 patients has below 80%. After the therapy 7 patients got significance relieve.

Objective:

To validate Varmam therapy on *Azhal keel vayu* (OA)

Material and Methods:

Patient 40 – 60 years old and both sex were treated with the Varma therapy for prescribed 30 days period at the hospital.

Study Population:

Ten patients with symptoms of AKV [OA] were treated at RVS Siddha Medical College and Hospital.

Results and observation: The study shows that after received the 30 day Varmam therapy, 4 patients got above 81% of relieve, 3 patients got between 61 to 80% of relieve and rest 3 got below 65% of relieve. Based on this result the study reveals that the *Varmam therapy* were effective in *Azhal keel vayu* (OA).

Key words: Azhal keel vayu, Osteoarthritis, Moottu Sarntha Varmam. , Knee injury and Osteoarthritis Outcome Score (KOOS)

BACKGROUND:

Osteoarthritis (OA) is a the most common type of arthritis affects in all joints of the body especially in weight bearing joints like hips ,knee and spine more prevalence in elder people. It is the second most common rheumatologic problem and is most frequent joint disease with prevalence of 22% to 39% in India. China and India were ranked the top two countries in the absolute number of people aged 65 and over.

Many pharmacological therapies like non-opioid analgesics, non-steroidal anti-inflammatory drugs (NSAIDs), topical analgesics , opioid analgesics, and intra-articular steroid and hyaluronate injections are used in OA which gives more side effect Still no curative therapies exist for osteoarthritis Current recommendations for the management of OA, including guidelines published by the American College of Rheumatology, focus on the relief of pain and stiffness and maintenance or improvement in functional status and quality of life as important goals of therapy.

Non pharmacological therapies includes Occupational therapy, Meditation, Yoga, Pranayamam, Acupressure are most wanted.

Varmam is the existing significant therapeutic method even though it is the defense and fighting art, and also it is mainly practiced in Tamil Nadu and Kerala. *Varmam* is classified further as *Padu Varmam*, *Thodu Varmam*, *Thattu Varmam*, *Nakku Varmam* and *Nokku Varmam*, etc...

MATERIALS AND METHODS

Patients with symptoms of AKV were treated in OPD and IPD, RVS Siddha Medical College and hospital for this study. Male and female patients with age of 40-60 years having symptoms of pain in either or both knee joint, swelling in knee, stiffness and restriction of movement were included. Patients with any cardiac diseases, any other serious illness were excluded.

METHODOLOGY:

Patients met the following inclusion criteria: age 40-60 years old, a diagnosis of osteoarthritis of the knee, radiographic evidence of at least 1 osteophyte at the tibio femoral joint (Kellgren–Lawrence grade ≥ 2), moderate or greater clinically significant knee pain on most days during the past month, and willingness to be randomly assigned.

Exclusion criteria were the presence of serious medical conditions that precluded participation in study, intra-articular corticosteroid or hyaluronate injections (as well as any knee surgeries).

Varmam

Advised the patients to lie in supine position, then start with the following *Varma* points stimulations, *Amai varmam*, *muttu varmam*, *santhi varmam*, *sirattai varmam*, *Mozhiporuthu varmam*, *Naththalai varmam*, *Karandai varmam*, *Poomi varmam*, *Ullangal vellai varmam*.

Varmam stimulated for about few seconds by touching the points, giving circulate movement, giving pressure, taping, twisting. Finally the procedure should be completed with stimulation of *Kondai Kolli Adangal Varmam*. This procedure had been done in twice a day (morning, evening) for prescribed period of 30 days.

Measures of treatment effect

We analyzed all outcomes using Knee injury and Osteoarthritis Outcome Score (KOOS)

It is self-administered and assesses five outcomes: Pain, symptoms, activities of daily living, sport and recreation function, and knee related quality of life with five categories (0 = none and 4 = extreme Difficulty) is measured in before and after treatment period.

OBSERVATION AND RESULTS:

The following patients are selective according to the assessment criteria described above. The details of the patients are shown in table.

TABLE

PATIENT NAME	AGE / SEX	TYPES OF ARTHRITIS
Mownica	45/F	OA
Sagunthala	50/F	OA
Ragunathan	40/M	OA
Agilan	47/M	OA
Keerthana	43/F	OA
Aakash	48/M	OA
Poovizhi	45/F	OA
Deepak	59/M	OA
Gandhimathi	46/F	OA
Sugumaran	48/M	OA

ASSESSMENT CRITERIA:

According the assessment criteria pain, swelling, stiffness, crepitus, tenderness are analyzed before and after treatment. The values are shown in table.

TABLE

PATIENT NAME	PAIN	SWELLING	STIFFNESS	CREPTIUS	TENDERNESS
	BT-AT	BT-AT	BT-AT	BT-AT	BT-AT
Mownica	2 - 0	2 - 1	2 - 0	2 - 1	3 - 0
Sagunthala	3 - 1	3 - 1	3 - 1	2 - 1	3 - 1
Ragunathan	2 - 0	2 - 0	2 - 1	2 - 0	2 - 1
Agilan	3 - 0	2 - 1	2 - 0	2 - 1	2 - 0

Keerthana	2 – 1	3 – 1	1 - 0	2 – 0	2 - 1
Aakash	3 – 0	2 – 0	2 - 1	2 – 1	2 - 0
Poovizhi	3 – 1	3 – 1	2 - 0	2 – 1	2 - 1
Deepak	4 – 1	3 – 0	3 - 1	2 – 0	3 - 1
Gandhimathi	2 – 0	2 – 1	2 - 0	2 – 0	2 - 0
Sugumaran	3 – 1	2 – 0	3 - 1	2 – 1	2 - 0
MEAN AVERAGE	2.7 - 0.5	2.4 – 0.6	2.2-0.5	2.0-0.6	2.3-0.5

EFFICIENCY OUTCOME IN 10 PATIENTS;

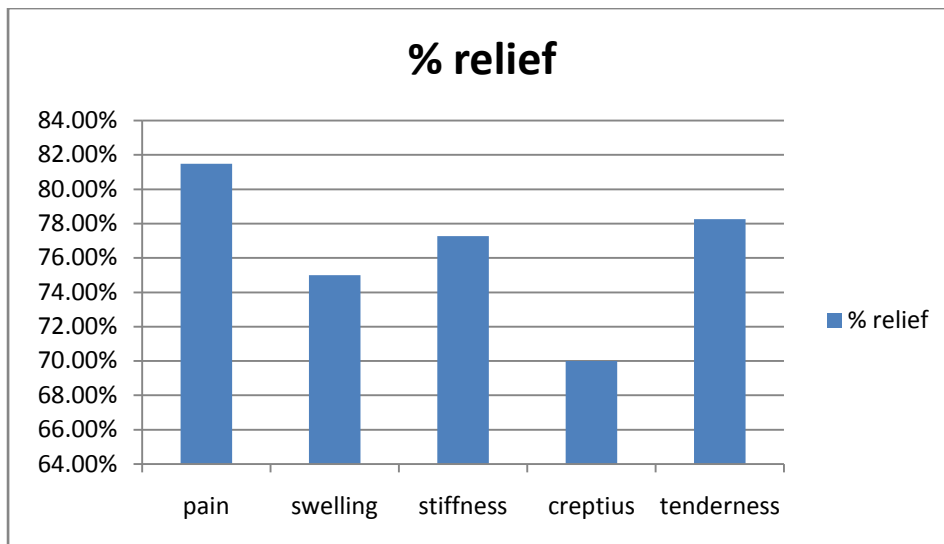
Grade score system was designed for assessing the improvement on subjective criteria in patients of osteoarthritis. This data was analyzed by means of MEAN SCORE, MEAN DIFFERENCE, PERCENTAGE RELIEF. There was highly significant improvement in the criteria of joint pain, swelling, stiffness, crepitus, and tenderness.

ASSESSMENT OF EFFECT OF VARMA THERAPY ON SUBJECTIVE CRITERIA

	Mean score	Mean score	Mean difference	% relief
	BT	AT		
Pain	2.7	0.5	2.2	81.48%
Swelling	2.4	0.6	1.8	75%
Stiffness	2.2	0.5	1.7	77.27%
Crepitus	2	0.6	1.4	70%
Tenderness	2.3	0.5	1.8	78.26%

OVERALL EFFECT OF THERAPY

The overall effect of therapy on osteoarthritis suggest that 80% showed excellent improvement 30% showed moderate, which are show in a table.



Pain assessed by 7 questionnaires' included in KOOS Score. KOOS pain score assessed before and after treatment. Symptom, Activity of daily living, Sports and recreation function and Knee related quality of life were assessed in questionnaires' correspondingly.

Discussion:

In this systemic review, we found varmam administered to elders who suffer with Osteoarthritis to be associated with a significant reduction in pain intensity, improved functional mobility and enhanced health related quality of life.

In study analyses suggest that varmam is most effective for reducing osteoarthritis pain when administered for more than 3 weeks.

During the stimulation or pressure in varmam point may vary in level $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, 1 Mathirai (Pressure in varmam points) and vary in different finger in different Varmam points. According to three types of body, the kabam bodies have more pressure for stimulation and Vatha bodies were low pressure. It could be observed that the vatha body persons get quick recovery compare with kaba body. While the duration of our varmam therapy may seem long, we used 30 days of focused treatment followed by a tapered schedule for maintenance purposes.

The absence of any observed treatment side effects attributable to varmam stimulation contrasts to current pharmacological therapies for osteoarthritis that have side effects that may rival in severity the arthritis symptoms themselves.

Suggestion:

Further investigations are needed to establish a relevant of pressure, method of stimulation, duration of stimulation in defense purpose and therapeutic effect.

Future research should define an optimal varmam therapy, measure quality of life and assess varmam combined with other modalities.

CONCLUSIONS:

This study provided the knowledge of varmam stimulation and it's associated with significant reductions in pain intensity, improvement in functional mobility and quality of life. Thus, Varmam may have an important role in adjunctive therapy as part of a multidisciplinary integrative approach to treating symptoms related to knee Osteoarthritis.

[AZHAL KEEL VAYU]

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