



Review Article

VARMAM THERAPY FOR COMMON SHOULDER JOINT PATHOLOGICAL CONDITIONS - A REVIEW

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ABSTRACT

Varmam- a discrete medical science and a great contribution of Siddhars to Tamil Nadu. It encompasses *Varma* martial arts, *Varma* therapy, internal and external medicines. *Varma* therapy and medicines effectively treat neuro musculoskeletal conditions which is admirable. Shoulder pain is most common orthopaedic condition. It is the third common cause of musculoskeletal consultations in primary care. Approximately 1% of adult develops new shoulder pain annually. Common pathological conditions of shoulder like rotator cuff disorders and adhesive capsulitis etc exhibits similar clinical features like pain and stiffness of shoulder joint and restricted movements. *Varma* therapy rearranges and regulates the “*Vaasi*” and consequently helps to maintain the equilibrium of trihumours (*Vatham, Pitham, Kapham*). This review article explicates the *Varma* points for the treatment of shoulder pathological conditions, the exact anatomical location of *Varma* points and the appropriate method of its manipulation, certainly a key to further research articles.

INTRODUCTION

Varmam – “A discrete Medical science and a great contribution of Siddhar’s to Tamil Nadu.” In the Siddha system, *Varmam* is predominantly used as a Therapy for a long time in southern parts of Tamilnadu, especially in Kanyakumari.

Varma points are vital spots that connect the physical and subtle body. These *Varma* points traverse the vital energy through particular channels and streams known as ‘*Saram*’ and ‘*Vaasi*’^[1]. Any derangement in these channels can cause diseases in the human body.

By proper method of stimulation, these *Varma* points regulate and rearrange the vital energy channel (*Vaasi suzharchi*) which helps to maintain the equilibrium of tri humours (*Vatham, Pitham* and *Kabham*) to treat diseases. Among many orthopaedic problems shoulder pain is the most common condition.

The rotator cuff and its adjacent structures are more prone to inflammatory and degenerative changes. *Varmam* treatment effectively reduces the symptoms and improves the quality of life in common shoulder pathological conditions.

**Pathological Conditions of the Shoulder Joint
The Three Pathological Conditions of the Shoulder Joint^[8]**

- Rotator cuff disorders
- Acromioclavicular joint diseases
- Glenohumeral disorders (adhesive capsulitis)

Rotator Cuff Disorders^[7]

It is a group of conditions related to supraspinatus tendon and rotator cuff. It includes supraspinatus tendinitis, supraspinatus calcification. Subdeltoid bursitis and rotator cuff tear.

Supraspinatus Tendinitis- Acute pain in the shoulder and inability to abduct the shoulder and tenderness just below the acromion laterally and anteriorly above the greater tuberosity.

The painful arc of abduction is diagnostic criteria of supraspinatus tendinitis.

Pain on abduction with thumb down and worse against resistance.

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Movement up to 60° is painless. The range between 60° to 120° is acutely painful. The range beyond 120° is painless.

Subdeltoid Bursitis- Inflammation of subdeltoid bursa as a result of excessive friction.

Rotator cuff Tear

With advancing age the supraspinatus tendon and musculotendinous cuff undergoes degenerative changes which leads to tendinitis and attrition. At this stage, any jerky violence may result rupture of the tendon it may be partial or complete.

The stage of rupture of rotator cuff tendon due to degeneration is classified by Neer as follows

Stage-1- Oedema and haemorrhage

Stage-2- Fibrosis and tendinitis

Stage-3 - Bone spur and tendon rupture

In partial tear the patient present with the complaints of painful arc. In complete ruptures there is inability to initiate the abduction. If the shoulder is passively abducted initially the further abduction is possible.

Acromioclavicular Disease^[7,8]

Secondary to trauma and osteoarthritis. Restriction of passive horizontal adduction of the shoulder with elbow extension. Subacromial impingement is also caused by acromioclavicular joint arthritis

Glenohumeral Disorder (Adhesive Capsulitis)^[9]

Adhesive capsulitis (AC), often referred to as frozen shoulder, is characterized by global restriction of movements in all planes. Initially, the pain is a dull insidious persistent pattern that later progressively restricts the active and passive range of motion of the glenohumeral joint. These restricted movements would spontaneously recover completely or nearly complete recovery over a period of time.

Painful stiffness of the shoulder can adversely affect activities of daily living and consequently impair quality of life. Simon-Emmanuel Duplay is widely recognized as the first physician to describe this pathology, which he called 'scapulohumeral peri-arthritis'. 'Peri-arthritis' describes a painful shoulder syndrome that is distinct from arthritis with general radiographic preservation of the joint.

The shoulder clinic census revealed the incidence rate of frozen shoulder, Range from 2-5%. Women aged between 40 and 60 years are the most commonly affected by frozen shoulders. However, in their long-term (averaging 7 and 4 years, respectively) follow-up studies, found that 40% to 50% of non-operatively managed frozen shoulder patients did not regain their baseline function and still had ongoing residual pain.

Stages of Adhesive Capsulitis

Freezing: Painful and Inflammatory Stage

This stage lasts between 3 and 9 months and is characterized by acute synovitis of the glenohumeral joint. The pain worsens and affects both active and passive range of motion.

Frozen: Transitional Stage

Because of pain at the end of the range of motion, arm movement may be limited, causing muscular disuse can last between 4 to 12 months. Owing to deposition of advanced glycogen end product in capsules and glenoidal labrum. Primarily it affects the external rotation of shoulder followed by flexion and internal rotation eventually compromise with reduced ROM.

Thawing Stage: It lasts from 1 year to 3 years when the stiffness, pain, inflammation, restrictions were spontaneously downfall and the ROM started to getting better.

The prevalence of adhesive capsulitis frequently seen in patients with diabetes mellitus, hypothyroidism, Trauma, Parkinson's disease, stroke, shoulder dislocation, humerus fracture, malunion etc.

Varma Therapy for the Treatment Of Shoulder Pathological Conditions

Varma literatures denotes 108 main *Varma* points situated in human body, through this points the life energy (*Vaasi*) cumulates and circulates in a specific manner (*Saram*).

These 108 *Varma* points classified into two types:

Thoduvarmam- 96

Padu varmam- 12

Padu Varmam - *Padu varma* spots are 12 in numbers is situated deeply inside the internal organs, bones and muscles. To make any damage to these *Varma* points the potency of a dint must be strong. Each *Padu varmam* is connected with a *Naadi*. Each *Padu Varma* points are connected with 8 *Thodu varmas*. If one *Varma* point gets affected, it will affect the 8 *Thodu varma* points. The forceful trauma to this *Paduvarma* sites are more dangerous and it can lead to death.

Thodu varmam: *Thodu varma* spots are 96 in numbers. Situated superficial to the muscles and bones and in between the junctions of muscles, nerves and bones. *Thodu varma* spots can stimulated by fingers.

Mathirai- A Unit.

The amount of pressure applied during the stimulation of *Varma* point is called "*Mathirai*".^[1,6]

If exceeds the *Varma* points will get affected and exhibits adverse effects like chills, fever, unconsciousness etc.

Avathi: If a *Varma* points get affected due to any trauma and shows adverse effects one can normalize it within a period of time known as *Avathi*.

Each *Varma* points are having specific period of time to get revive. By this time one should stimulate *Varma* points in specific therapeutic manipulation techniques called *Ilakku muraigal*. This shows the diverse action and significance of traumatic and therapeutic aspect a *Varma* point.

According to *Varma* science when a *Varma* point is affected it will consequently derange the circulation of life energy (*Vaasi*)^[1], which leads to pathological conditions due to derangement of homeostasis between *Vatham*, *Pitham* and *Kabam*.

In therapeutic aspect each *Varma* points can be stimulated in 12 different ways - *Anukkal*, *Asaiththal*, *Thattal*, *Thadaval*, *Yenthal Oondral*, *Pidithal Nazhukkal*,

Amarthal, *Pathukkal*, *Karakkal*, *Pinnal*^[5]. With proper therapeutic manipulation techniques of *Varma* points one can treat diseases. According to modern science the exact mechanism of action is still unexplored. It can be related to touch therapy.

According to GATE control theory by Melzark and Wall^[8] pressure given at a certain points transmits pleasurable impulses to the brain and blocks the pain impulse conducted by afferent sensory fiber that is alpha, delta and c fiber to reach the brain. Thus the *Varma* points situated around the shoulder joint reduces the pain and restricted movement of shoulder joint and diminish the recurrence of diseases.

Table 1: *Varma* Points - Location - Method of Manipulation

S.No	<i>Varma</i> points	Anatomical Locations	Method of Manipulation
1.	<i>Kaakattai kaalam</i>	Shoulder pole <i>Varma</i> point Situating at the center of the descending point of the trapezius muscle	Press and hold with the middle three fingers ^[2]
2.	<i>Netti varmam</i>	4 finger breadth lateral to Spinous process of C7 vertebrae	Press by thumb finger, this <i>Varma</i> point stimulated in <i>Kazhuthu thadaval murai</i> . ^[2,3,4]
3.	<i>Puja varmam</i>	Situating at acromioclavicular joint	Press with thumb finger intermittently 3-5 times. ^[3]
4.	<i>Kai kuzhi varmam</i>	Situating at the posterior axillary fold	Press with thumb finger and hold upward. ^[3]
5.	<i>Kai puja poruthu varmam</i>	Situating at the anterior axillary fold	Press by thumb finger and hold upward
6.	<i>Aththi kanthari varmam</i>	2.5 finger breadth superolateral to nipple	Clockwise rotation by middle 3 fingers
7.	<i>Agaththu varmam</i>	Situating at the center of armpit	Press with the ring finger and hold it upwards
8.	<i>Nenju nadukku maru varmam</i>	Situating 6 finger breadth below the spinous process	Clockwise rotation middle 3 fingers
9.	<i>Sippi varmam</i>	Situating at the center of medial border of the scapula	Upward and downward pressure by thumb finger
10.	<i>Sippi thongu thasai varmam</i>	Situating at the muscle below the inferior angle of the scapula	Upward and downward pressure by thumb finger
11.	<i>Mun puya nadukku varmam</i>	Situating anteriorly at the center of arm	Press with thumb finger intermittently
12.	<i>Mulangai mun nadukku varmam</i>	Situating anteriorly at the center point of forearm	Press with thumb finger intermittently
13.	<i>Kai kavali varmam</i>	Web surface between thumb and index finger	Press with thumb and index finger and hold for 3-5 counts. 2, 3, 5

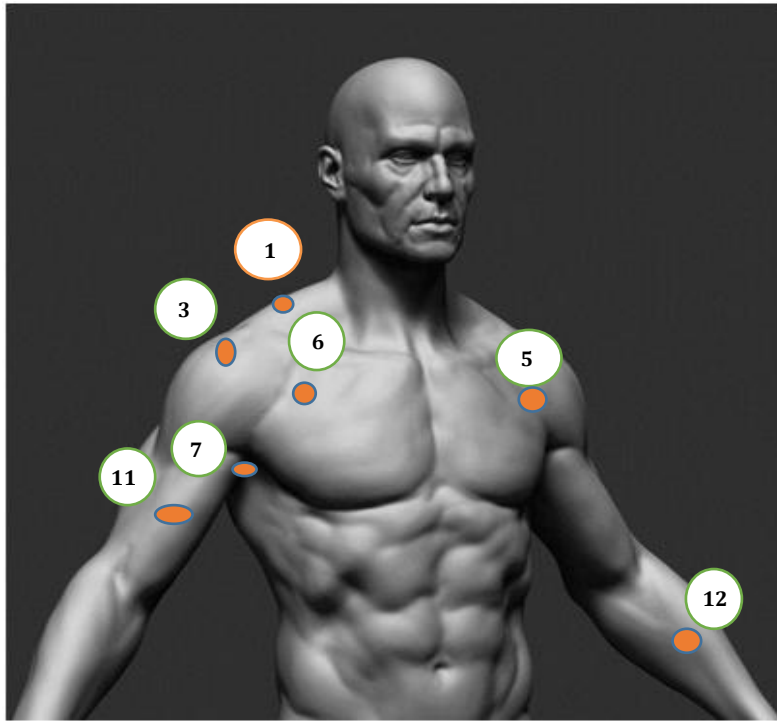


Figure 1

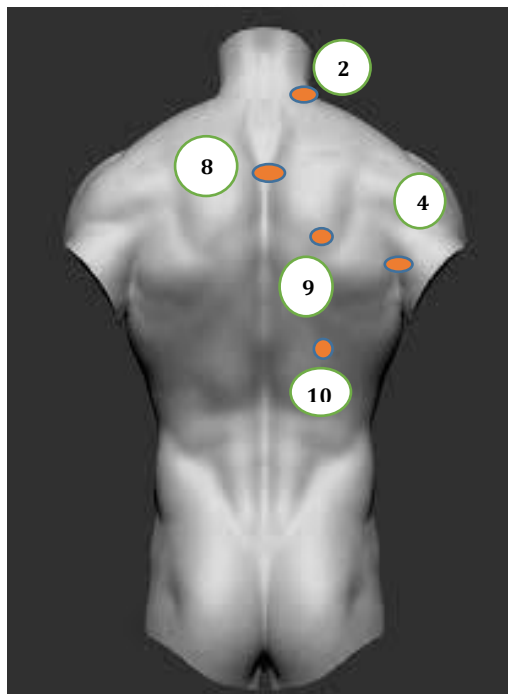


Figure 2

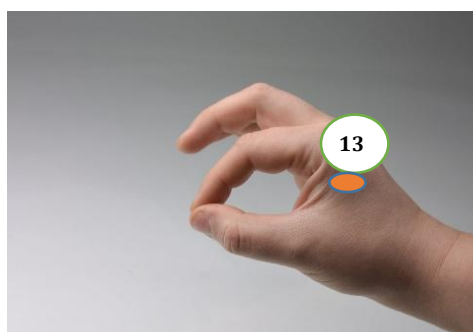


Figure 3

CONCLUSION

Varmam treatment is drugless non- invasive pain management therapy, show admirable effect in the treatment of musculoskeletal conditions. This review article illustrates the common pathological conditions of the shoulder joint and the *Varma* points for effective treatment. The anatomical locations of *Varma* points are also the manipulating methods. This will definitely upgrade the insight into *Varmam* therapy and initiative for further research.

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