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Management of Uthiravatha Suronitham (Rheumatoid Arthritis) By Varmam Therapy- A Case Report.

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ABSTRACT

Uthiravatha suronitham is one of the 80 types of vatha diseases described by sage Yugi. This can be correlated to Rheumatoid arthritis in modern science. This is a poly arthritis of autoimmune etiology. Varmam treatment is a special external manipulation technique in Siddha system. A 40 year old married female is treated with Amukkara chooranam, Pinda thylam and Varmam technique for 40 days. Clinical and laboratory were analyzed before and after treatment. The treatment package resulted in reduction of pain, swelling and stiffness of affected joints.

Keywords: Uthiravatha suronitham, rheumatoid arthritis, varmam therapy.

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INTRODUCTION

Sage yugi in the textbook Yugi Vaidhya Chindhamani has described 80 types of vatha diseases. *Uthiravatha suronitham* is one among them. *Uthiravatha suronitham* is a type of arthritis of rheumatic origin. It is characterized by pain and swelling in ankle joints, knee joints and all smaller joints of the hands, feeling of tiredness and loss of appetite[1]. The unique feature of this disease is described in Yugi Vaidhya Chindhamani and Para Rasa Sekaram. Vali Azhal Keel Vayu disease symptoms mentioned in the text book Sababahthi Kaiyedu can be equated to Rheumatoid Arthritis in modern science.

Rheumatoid arthritis is a chronic inflammatory, destructive and deforming symmetrical poly-arthritis associated with systemic involvement[2]. The exact etiology of this disease is unknown. The individuals with HLA D₄ and HLA DR₄ are more prone to rheumatoid arthritis. The female: male ratio is 3:1. The following are criteria for the diagnosis of rheumatoid arthritis: 1. Morning stiffness (more than one hour for more than six weeks), 2. Arthritis involving three or more joints, 3. Arthritis of hand joints (wrist, metacarpo- phalangeal, proximal inter-phalangeal joints more than 6 weeks), 4. Symmetrical arthritis, 5. Rheumatoid nodules, 6. Rheumatoid factor, 7. Radiographic changes. The "rheumatoid factor" is an antibody that can be found in the blood of 80% of people with rheumatoid arthritis. Rheumatoid factor is detected in a simple blood test.

Possible risk factors for developing rheumatoid arthritis include genetic background, smoking, silica inhalation, periodontal disease, and microbes in the bowels (gut bacteria).

There is no complete cure for rheumatoid arthritis. The treatment of rheumatoid arthritis involves a combination of medications (NSAID and steroids), patient education, rest and mild to moderate exercises etc., Of course we are aware of the side effects by NSAID intake for prolonged period. So, in the present global scenario, there is a need for cost - effective remedy without side effects. Siddha system of medicine has effective external therapies for pain management. Varmam is one such external manipulation technique which challenges the requirements.

Varmaniam is an ancient South Indian divine art. It was introduced by Siddhars, the ancient scientists. The varmaniam art includes the varmam points. Varmam is also called as "marmam", ie, secret. The human body have 108 varmam points. The Varma points are divided into two main divisions and two sub divisions: the main divisions are Padu Varmam (12 points) and Thodu Varmam (96 points); the sub divisions are Uzh Varmam (6 points) and Tattu Varmam (8points) (Kannan Rajaram and Mohanaraj, 2010). Varma points are points where the pranani, ie, vital energy of our body is concentrated (residing). They have a wide range of therapeutic applications. It encompasses different manipulation techniques. The basic objective of the varmam system of medicine is to stimulate these points to cure diseases. There are numerous vital points (Varmams) in the human body that are interconnected by channels in a definite way. The prana energy (life force) flows through these channels and gets concentrated boosted at the said vital points or varmams. This flow has many levels of governing capacities on various vital activities of human body and manipulating this flow can be used to destroy or cure diseases. The act of restoring or damaging the vital flow can be achieved by varying pressures of pressure directly on to the varmams.

Studies about each varmam's (pressure points) characteristics like location of the varmam, depth and width of varmam, the pressure with which the varmam has to be tuned to cure diseases constitutes the mainstream study in varma therapy. Varmam research in Siddha system is in its budding stage.

CASE DESCRIPTION

A 40 year old married female OP NO:A2673, who is a house wife presented to the Out Patient Department of Sirappu Maruthuvam of National Institute of Siddha with chief complaints of pain and swelling, morning stiffness in proximal inter phalangeal joints, wrist joint, knee joints, lower back since 4 months. She was diagnosed to have *Uthiravatha suronitham* (Rheumatoid arthritis) by clinical evaluation and lab investigations. The total duration of symptoms was 3 years with frequent remissions and exacerbations. The patient complained increased pain, swelling and morning stiffness since 4 months. The patient was apparently normal 3 years back. She first developed pain in inter phalangeal joints. She gradually developed swelling and morning stiffness. Later she also developed pain in major joints namely knee joint, shoulder joints and wrist joints.

There was no history of diabetic mellitus, hypertension, pulmonary tuberculosis, bronchial asthma, trauma etc. The family history was not significant with the patient's disease. The patient was on Non- Steroidal Anti-inflammatory drugs 3 months back. General examination: Her weight was 53kg, height: 164 cms, body temperature 98.6° F, Blood pressure:130/70 mmHg. Here vital signs - pulse rate (72/minute), heart rate, respiratory rate were normal. She was pallor, not jaundiced. She had no clubbing, cyanosis. She had no pedal oedema. There was no significant lymphadenopathy. The other systems (cardiovascular, respiratory, central nervous system, abdomen, genito-urinary system) examination was also normal.

Clinical examination: On inspection, the attitude of the patient was normal. There were no muscle wasting, swelling of proximal inter-phalangeal joints, knee joints was noted. There were no nodules and deformities. Skin over the joint appears normal. On palpation, there was swelling noted in proximal inter-phalangeal joints, tenderness, joint stiffness. There was no heat over the swelling. Regarding movements, there was restricted movements of minor joints of hands, both shoulders and knee joints. The movement resulted in pain. The nature of pain was severe (grade 8). Grade 0: No Pain, Grade 1 -3: Mild pain, Grade 4-6: Moderate pain, Grade 7-10: Severe pain

The universal pain measurement scale was used. The patient feels relief from pain on rest.

Siddha system of examination: The patients hailed from *Neithalthinai* (Chennai). She presented with complaints during *kaar kaalam*. She was *Raso gunam* predominant, the *naadi* (pulse) before and after treatment was *Vatha pitha naadi*. *Neerkuri*: The urine was straw coloured. Serpentine pattern was observed in oil on urine sign (*Neikkuri*). *Abanavayu*, *Samana vayu* and *Viyana vayu* was affected. *Anala pitham*, *ranjaka pitham* and *Sathaga pitham* was affected. *Avalambagam* and *Santhigm* was affected. In *kanmendhriyanga* 5, *kai*, *kaal*, *eruvai* was affected. Among the 7 *udalthathukkal*, *saram*, *senneer*, *enbu*, *kozhuppu*, *moolai* was affected. The functional ability was assessed with grading. Grade 1: fit for all activities, Grade 2: moderate restriction, Grade 3: marked restriction, Grade 4: confined to chair or bed ridden³. The patient was in grade 3 before treatment.

The laboratory investigations on day 1: TWBC:8000 cells/cumm, P:53,L:41,E:6,M:0, TRBC:3.2million cells/cu mm, blood sugar fasting:84mg%, postprandial:115mg%, serum cholesterol:151mg/dl, blood urea: 20mg, serum creatinine:0.7mg,SGOT:33 IU,SGPT:26 IU, ESR ½hr:14mm, ESR 1hr:27 mm, Hb: 9.4 gms, ASO titre – negative. Alkaline phosphatase: 90 IU, Albumin: 3.5, globulin: 2.5. The urine analysis was normal. C-Reactive protein and Rheumatoid factor was positive. Duration of treatment: 40 days.OPD medicine *Amukkara chooranam*–2gm is given twice a day,i.e, morning and at bed time after food with milk. Application of *Pinda Thylam* was advised twice a day. Apart from this the patient received *varmam* treatment on alternate days for the entire study period. The patient was on follow up for the next two months (visit to OPD weekly once). Informed consent was obtained from the patient.

The varmam points applied:

Upper limb:

Kavuli varmam, Savvu varmam
Kai kootu varmam, Endhi varmam, Piratharai varmam,
Kai mootu varmam, Manibandhagam, Mozhi piralgai varmam, Ullankai velliai varmam.

Lower limbs:

Nangana pootu, Poovadangaal, Kaal mootu varmam, Sirattai varmam, Mel mannai varmam, Keel mannai varmam, Komberi kaalam, Viruthi kaalam, Ullankaal vellai varmam, Nagakan varmangaal.
Mudichu varmam, Kutri varmam.
Maathirai alavu ie, pressure intensity: half mathirai.
Method of stimulation of varmam points: Pressing (Amarthal) technique.

The patient was followed for two months asking to come once in a week. The patient started to develop mild pain over the minor joints after 55 days of this treatment package (ie, *Amukkara chooranam* + *Pinda thylam* + *Varmam* treatment).

RESULTS

Table 1: Pain score and restricted movements score before and after treatment:

Visit number	Pain score	ROM
Visit 1	5	3
Visit 2	4	3
Visit 3	4	3
Visit 4	4	3
Visit 5	4	3
Visit 6	3	3
Visit 7	3	3
Visit 8	2	2
Visit 9	2	2
Visit 10	2	2
Visit 11	2	2
Visit 12	2	2
Visit 13	2	2
Visit 14	2	2
Visit 15	2	2
Visit 16	2	1
Visit 17	2	1
Visit 18	1	1
Visit 19	1	1
Visit 20	1	1

The results regarding pain reduction and improvement in range of movements were really encouraging. The pain score has come down to 1 from 5. The range of movements of the affected joint was also improved. There is no marked difference in laboratory investigations after 40 days. The swelling has reduced by 80%.

CONCLUSION

This treatment regime has been effective in pain management in *Uthiravatha Suronitham*. Treatment with Varmam application alone can be tried in near future to substantiate the effect of varmam on pain management.

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