



EFFECTIVENESS OF VARMAM THERAPY FOR KAPALA VATHAM (POST TRAUMATIC TRIGEMINAL NEUROPATHY) -A CASE REPORT

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ABSTRACT : A 42 year old male presented with main complaints of severe, sharp, piercing intermittent electrical shock like pain on the left side of his face. The pain was triggered while speaking, washing his face, chewing and brushing since 10 yrs. He was diagnosed as *Kapala Vatham* (Post traumatic trigeminal neuropathy). One of the vatham mentioned in Siddha Classic Text *Vatha noi nithanam-800*. Which may be correlated with Post traumatic trigeminal neuropathy. He was treated with *Varmam* therapy. After 49 days of *Varmam* treatment patient had reduction in the pain and improved quality of life. The VAS score was before treatment is 5 after the treatment it reduced to zero.

Key words : *Varmam*, Post traumatic Trigeminal Neuropathy, *Kapala vatham*,

I. INTRODUCTION

Siddha system is unique system of medicine for maintaining health or treatment for diseases. The treatment in *siddha* medicine aimed at maintaining three humors and seven physical constituents in equilibrium. *Varmam* is a vital energy flow circuiting inside the body. Dwelling or resting places of life energy called *varmam* points. *Varmam* therapy is the therapeutic manipulation of *varmam* points in which the pranic energy remains concentrated. Manipulation of points with a specified pressure for the specified time will release the pranic energy and regulates the flow of pranic energy which is obstructed due to any assault on specific points (*varmam* points) or due to other diseases condition.

Kapala vatham is the clinical condition characterized by facial pain, sleeplessness, headache, hair fall, loss of complexion of the body, emaciation etc. *Kapala vatham*, is one among the 84 vatha disease mentioned in text *Vatha noi nithanam-800*. This condition may be correlated with Post traumatic trigeminal neuropathy (PTN).

Post traumatic trigeminal neuropathy (PTN) is a unilateral or bilateral facial or oral pain following and caused by trauma to the trigeminal nerve, with other symptoms and or clinical signs of trigeminal dysfunction. It is well-known complication in the oral and maxillofacial field. Many procedures may lead to iatrogenic lesions of the trigeminal nerve, and 45%-70% of PTN arises from the removal of third molars. Other procedures include local anesthetic injection, dental implant surgery, endodontic treatment and several other interventions. PTN can interfere with wide variety of social functions and daily activities such as eating, drinking, shaving, tooth brushing and applying make-up. 54% of patients suffered neuropathy after removal of 3rd molars. In addition, PTN can lead to a substantial psychosocial and affective burden, particularly in patients who experiences severe neuropathic pain. Patients with PTN have mixed responses to medications, which all have significant side effects. There are, the outcome of PTN treatment is largely disappointing, leaving both patient and doctor frustrated.

The incidence of developing post traumatic trigeminal neuropathic pain has been reported to range from 0.45% - 70%. Some authors report that the incidence of spontaneous recovery 6 months after casual lesion is very low, and that if axonal regeneration does not take place within 2 years, the chances for regeneration are lost and the damage becomes permanent.

The pharmacologic therapies for acute trigeminal injuries include the use of corticosteroids and non-steroidal anti-inflammatory medication. Late phase pharmacologic management includes topical anesthetics, anti-consultants for stimulus. Alternative pain management strategies are also proving effective for trigeminal neuropathic pain including TENS, Acupuncture and Low level laser therapies.

Varmam therapy in Siddha system of medicine is found to be effective for neurological disorders musculoskeletal and gynecological disorders. It helps to regulate energy channels and for fast recovery. Many Clinical research studies showed that *Varmam* as an effective and potential therapy to alleviate neurological and musculoskeletal disorders. Fear for side effects of the long term usage of oral medications. It is the main reasons for the patient to seek *Varmam* therapy. Here in report this case study of a patient diagnosed with *Kapala vatham* (Post traumatic trigeminal neuropathy) and successfully treated with *Varmam* therapy.

2. PATIENT INFORMATION :

A 42 year old male presented with main complaint of severe , sharp, piercing intermittent electrical like shock pain on the left side of his face. The pain was triggered by talking, washing his face, chewing and brushing . Pain was aggravated while winter season, difficulty in shaving in winter season. There was no sensory loss and interictal numbness in the face for 10 years. He was visited on 16/ 09/2021 OPD of Varmam department in the Ayothidoss pandithar hospital National Institute of Siddha. He is non-vegetarian. He had disturbed sleep. Bowel and bladder habit normal. He belongs to middle socio economic category. He had known history of hypertension for 5yrs and under allopathic medications. History revealed electric shock like pain in left angle of mouth, cheek ,chin , difficulty in brushing, chewing and speaking for 10 years. 10 years back he had underwent wisdom tooth extraction in left side after that he had developed above complaints. The MRI of brain was taken 8 years back in which reveals meningioma in Right parietal region, measuring 1.2*1.6*1.3 cm. MRI showed that both the trigeminal nerves are normal. As per the advice of physician again MRI was repeated after 3 year, there is no progression of the lesion. So the physician was advised to withdraw the medication for meningioma .He had taken allopathic medication for above complaints for past 10 years (T.Carbamazepine- 500 mg/day).But the symptoms were persist. Due to unsatisfactory result with above treatment, the patient reported to the Department of Varma Maruthuvam OPD of Ayothidoss Pandithar Hospital, National Institute of Siddha.

3. CLINICAL FINDINGS

The patient had complaints of electric shock like pain in the left side of angle of mouth , cheek ,chin. Difficulty in brushing,, chewing, speaking and shaving .Pain aggravated winter season . The pain had worsen while brushing the teeth in morning time. He had underwent wisdom tooth extraction which may injury to trigeminal nerve. The clinical findings like VAS score was 5.Siddha assessment of *Envagai thervu* – Nadi(pulse), Sparasam(palpation), Naa (Tongue),Niram ,(colour of the body), Mozhi (Speech) ,Vizhi (Eye examinations) , Malam (Stool examination) , Moothiram (Urine examinations) before and after treatment were recorded . The vital signs were normal.

4. DIAGNOSTIC ASSESSMENTS

According to Text *Vatha noinithanam-800* , *Kapala vatham* is the clinical condition characterized by facial pain, sleeplessness, headache, hair fall, loss of complexion of the body, emaciation etc.

In *Envagai thervu*, Before treatment

- ❖ *Nadi* (Pulsation) : Pitha vatham, (There is pricking pain, giddiness, leaning of body)
- ❖ *Sparisam* (Palpation) : *Mitha veppam*
- ❖ *Na* (Tongue) : Yellow discoloration of tongue
Taste perception is normal
- ❖ *Niram*(color) : Face becoming red and pale
- ❖ *Mozhi* (Speech) : feeble voice and painful
- ❖ *Vizhi* (Eyes) : Mild redness of eyes
- ❖ *Malam* (Faeces) : Yellow colored with semi solid consistency
- ❖ *Neer* (Urine) : Normal, yellow colored urine
- ❖ *Neikuri* : “*Aravena neendinathae vatham*” Oil drop extend like a Snake, it indicates *Vatham*

Diagnostic criteria for Post traumatic Trigeminal neuropathy (PTN)

- a. Facial and or oral pain distribution of one or both trigeminal nerve and fulfilling Criterion C.
- b. History of an identifiable traumatic event⁽¹⁾ to trigeminal nerve , With clinically evident positive(Hyper alagesia, allodynia) and or negative (Hypaesthesia, hypalgesia) signs of trigeminal nerve dysfunction.
- c. Evidence of causation demonstrated by both of the following ,
 1. Pain is localized distributions of trigeminal nerve affected by traumatic event
 2. Pain has developed <6 months after the traumatic event.

The patient had the following symptoms like electric shock like pain in the left side of face, difficulty in chewing, brushing after the wisdom tooth extraction. With above criteria he was diagnosed to be Post traumatic trigeminal neuropathy (PTN). Pain was assessed by Visual Analogue Scale. VAS Score was 5 at the time of initial assessment. All the clinical assessment was recorded. Clinical examination revealed there is no sensory loss in the face, no weakness of facial muscles. No dental carries. The *Naadi* was found to be *Pitha vatham*. Based on the above signs and symptoms it was diagnosed *Kapala Vatham* (Post traumatic trigeminal neuralgia).

5. THERAPEUTIC INTERVENTIONS

With the consent of the patient *Varmam* therapy along with OPD medication were started. Blood investigation were found to be normal.

STANDARD OPERATIVE PROCEDURE

Pre-treatment procedure:

- Information will be given about the *Varmam* therapy.
- Obtained informed consent
- Ask the patient to satisfy natural urges
- Vital signs will be recorded

Treatment procedure :

Varmam manipulation

Duration of treatment session : 10 min .

Position of patient: sitting position

After monitoring vitals, *Nadi* (Pulse reading) was *Pitha Vatham*. Then *Varmam* therapy was given to the patient. The details of the *Varmam* points are shown in **Table. No.1**. After the *Varmam* manipulation instant reduction of pain was observed



Post treatment procedure:



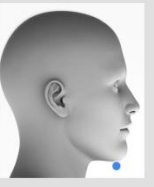

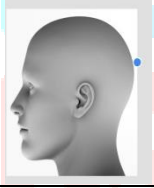


- Check vitals before and after treatments.
- Ask , the patient to walk on bare foot for 5 minutes.
- Condition of the patient will be observed 5 minutes after procedure
- The patient may take their food after an hour of these treatment methods.
- During treatment the patient should avoid day time sleep.

Number of sitting – 7 sittings (49 days)

Table no.1

***Varmam* points manipulated for *Kapala Vatham* (Post traumatic trigeminal neuropathy)**

Name of <i>Varmam</i> points	Anatomical Location	Patient position	<i>Varmam</i> manipulation technique	Duration
<i>Thilartha varmam</i> 	Over the nasion, in between frontal bone and nasal bone	Sitting position	Give continuous or intermittent pressure applied using pulp of middle finger	1-3 s
<i>Natchithira varmam</i> 	One finger breadth below the outer canthus of the eye	Sitting position	Give pressure to this area using thumb finger and ends with external rotation .	30-60 s
<i>Poykai varmam</i>	Situated 2 fb above the tragus	Sitting position	To give pressure clockwise and anti – clockwise direction to this area ends with upward pressure	30-60s

				
<i>Urakka varmam</i> 	Lower mandibular region	Sitting position	To give pressure to this area using index finger and ends with external rotation	30 s
<i>Ottu varmam</i> 	Below the mental protuberance	Sitting position	Give upward pressure to this area using pulp thumb finger	Few seconds
<i>Kondaikolli varmam</i> 	Over the bregma of the skull	Sitting position	Give continuous or intermittent pressure applied using pulp of middle finger	Few seconds
<i>Seerukolli varmam</i> 	Over the lambda of the skull	Sitting position	Give continuous or intermittent pressure applied using pulp of middle finger	1-3 s
<i>Pidari varmam</i> 	Over the nape of neck , in the depression directly below the occipital protuberance	Sitting position	Give continuous or intermittent pressure applied using pulp of Thumb finger	1-3 s
<i>Sevikuttri varmam</i> 	In the depression between the tragus and the mandibular joint when mouth is slightly open	Sitting position	Give continuous or intermittent pressure applied using pulp of middle finger	1-3 s

6. CONCOMINANT MEDICATION

Patient advised to take medicines , To normalize *Pitham Vatham* sweet and bitter taste with hot potency formulation were choosed. Amukura choornam- 2g bd with hot water, Seenthil choornam -2g bd with hotwater. Advised to oil bath with Arakku thylam weekly twice . The patient was followed above treatment upto 49 days

7. PATHIYAM

The patient was advised to avoid salt, sour, pungent taste foods .Also tubers, food with cold and hot potency , hardly digested foods , spicy foods , high sugar food, caffeinated drinks are avoided .

8. FOLLOW UP AND OUTCOMES

The patient was asked to visit department of Varma Maruthuvam OPD of NIS weekly once for 49 days. After first sitting of *Varmam* therapy, intensity of pain was reduced partially. On second visit intensity of pain were same as that first no changes observed. Then 3rd visit, number of episodes of attack were reduced. On the 4th visit reduction of pain and episodes of attacks reduced and improved the quality of life. Difficulty in brushing, speaking and chewing was reduced. Then subsequently pain was subsided. After 6th visit there were no episodes of attack and pain. Clinical assessment of patient during each visit mentioned in **Table no.2** The patient was followed and observed for 1 month and he had no aggravation of symptoms. There were no adverse reactions/ events observed during the course of treatment. He was instructed to follow advised dietary regimen.

Table no.2
Clinical assessment of patient during each visit

<i>Varmam</i> sittings	Clinical features
1 st	Pain reduced partially
2 nd	No changes, Pain persist
3 rd	Number of episodes of attack reduced
4 th	Pain and episodes of attack reduced, improved quality of life.
5 th	Very mild pain present, episodes of attack reduced
6 th	No episodes of attack and pain
7 th	No episodes of attack and pain

After treatment *Envagai thervu*,

- ❖ *Nadi* (Pulsation) : *Vatha Pitham*
- ❖ *Sparisam* (Palpation) : *Mitha veppam*
- ❖ *Na* (Tongue) : Yellow discoloration of tongue
Taste perception is normal
- ❖ *Niram*(color) : No redness in the face, whitish discoloration
- ❖ *Mozhi* (Speech) : Medium pitched voice, no pain
- ❖ *Vizhi* (Eyes) : No redness of eyes, no palloriness
- ❖ *Malam* (Faeces) : Yellow colored with semi solid consistency
- ❖ *Neer* (Urine) : Normal, yellow colored urine
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9. OUTCOME

Outcome assessed by VAS Score mentioned in **Table no. 3**

Table no : 3

Outcome Assessment for each visit for *Kapala Vatham*((Post traumatic trigeminal neuropathy)

<i>Varmam</i> sittings	1st	2 nd	3 rd	4 th	5 th	6 th	7 th
VAS Score	5	4	4	2	1	0	0

10. DISCUSSION:

This is a case of very rare condition. It is chronic in nature he was suffering symptoms from for the past 10 yr. In some cases that the incidence of spontaneous recovery 6 months after casual lesion is very low, and that if axonal regeneration does not take place within 2 years, the chances for regeneration are lost and the damage becomes permanent. During the course of *Varmam* treatment, sudden paroxysmal attack is reduced. pain during brushing, chewing, speaking reduced gradually. Also he follow strict dietary restrictions during the treatment time.

Many Clinical research studies (Reference 8 , Reference from 11-17) showed that *Varmam* as an effective and potential therapy to alleviate musculoskeletal disorders and Neurological disorders. The exact mechanisms of action is still unexplored. Uninterrupted impulses release, shut the neural GATES and slower messages of pain and obstruct them from reaching brain. This improved or strengthen the pain perception thresholds of our body. The pressure therapy is explained by complex neuro-hormonal responses on stimulating the points. It encompasses the counter action between hypothalamic-pituitary-adrenocortical axis that leads to overproduction of cortisol and cause a relaxation response. The physiological responses is modulated by increasing endorphin and serotonin transmittance to the brain and specific organs through nerves and meridians. (Ref.11)

In this condition energy may be blocked in the *Padu Varmam* and *Athara varmam*. *Athara* related with head is *Aakinai Atharam*. Then *Aakinai Atharam* and its near-by *Padu Varmam* are stimulated for regulating the energy flow. It may be normalized flow of energy. It may be correlated with neuro-hormonal responses. It encompasses the counter action between hypothalamic-pituitary-adrenocortical axis that leads to overproduction of cortisol and cause a relaxation response

11. Conclusion:

- *Varmam* therapy is very effective for *Kapala Vatham* (Post traumatic trigeminal neuropathy).
- The findings in this single case study have given strong hope for the management of *Kapala Vatham* (Post traumatic trigeminal neuropathy) through drugless therapies.
- So it may be explored in larger sample size also.
- There is no adverse reaction during treatment .
- *Varmam* therapy May be effective in the other neurological disorders .

12. Patient Perspectives

The patient self -reported that he was highly satisfied with the treatment as he had considerable reduction in pain. His quality of life was improved. He was very much impressed about the *Siddha Varmam* Therapy.

13. Informed Consent :

Written informed consent was obtained from the patient

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Conflict of interest

None

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