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An Open Clinical Trial for Cegana Vatham using Varmam Procedure

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Introduction

Most patients who present with neck pain have “non-specific (simple) neck pain,” where symptoms have a postural or mechanical basis. Aetiological factors are poorly understood [1] and are usually multifactorial, including poor posture, anxiety, depression, neck strain, and sporting or occupational activities.[2] Neck pain after whiplash injury also fits into this category, provided no bony injury or neurological deficit is present.[3] When mechanical factors are prominent, the condition is often referred to as “cervical spondylosis,” although the term is often applied to all non-specific neck pain. Mechanical and degenerative factors are more likely to be present in chronic neck pain.

In cervical spondylosis, degenerative changes start in the intervertebral discs with osteophyte formation and involvement of adjacent soft tissue structures. Many people over 30 show similar abnormalities on plain radiographs of the cervical spine, however, so the boundary between normal ageing and disease is difficult to define.[4] Even severe degenerative changes are often asymptomatic, but can lead to neck pain, stiffness, or neurological complications.

About two thirds of the population have neck pain at some time in their lives, [5,6] and prevalence is highest in middle age. After back pain, neck pain is the most frequent musculoskeletal cause of consultation in primary care worldwide.

Cervical spondylosis is usually diagnosed on clinical grounds alone. Symptoms are Cervical pain aggravated by movement, Referred pain (occiput, between the shoulder blades, upper limbs), Retro-orbital or temporal pain (from C1 to C2), Cervical stiffness-reversible or irreversible, Vague numbness, tingling, or weakness in upper limbs, Dizziness or vertigo, Poor balance, rarely, syncope, triggers migraine, “pseudo-angina” [15]. The Signs are Poorly localised tenderness, Limited range of movement (forward flexion, backward extension, lateral flexion, and rotation to both sides), Minor neurological changes like inverted supinator jerks (unless complicated by myelopathy or radiculopathy).

Although pain is predominantly in the cervical region, it can be referred to a wide area, and is characteristically exacerbated by neck movement. Neurological change should always be sought in the upper and lower limbs, but objective changes occur only when spondylosis is complicated by myelopathy or radiculopathy, or when unrelated causes like disc prolapse, thoracic outlet obstruction, brachial plexus disease, malignancy, or primary neurological disease are present.

Currently, a balanced view of the management of neck pain cannot be given by discussing evidence based treatments only. Stress management and postural advice on daily activities, work, and hobbies may be useful in some patients. Patients should be advised to use only one pillow at night. When pain is severe, analgesics and anti-inflammatory agents are widely used, despite the lack of evidence that they work. Low dose tricyclic antidepressants, like amitriptyline 10-30 mg per night, might be more effective. Yoga, pilates, and the Alexander technique all improve neck posture, but their value in treating neck pain is uncertain.

Acute neck pain not due to whiplash injury and found limited evidence of benefit for manipulation or mobilisation therapy.[3,4] No evidence exists for the efficacy of non-steroidal anti-inflammatory agents or analgesics. The evidence that muscle relaxants relieve pain more than placebo is weak, and the incidence of side effects like drowsiness is high. Studies of the early treatment of whiplash provide moderate evidence that early mobilisation physiotherapy[17-20] and advice to “act as usual”[21] are more effective than immobilisation and less active treatments in speeding up recovery and reducing chronic disability.

Less evidence exists for the benefit of home exercise regimens,[22] pulsed electromagnetic field therapy,[23] and multimodal therapy.

Randomised controlled trials identified by systematic reviews[5-8] provide moderate evidence that various exercise regimens-using proprioceptive, strengthening, endurance, or coordination exercises—are more effective than usual care (analgesics, non-steroidal anti-inflammatory drugs, or muscle relaxants)[9,25] or stress management.[10,11] although not all studies have found exercise beneficial.[12] One randomised controlled trial found exercise plus infrared heat no more effective than transcutaneous electrical nerve stimulation plus heat at relieving pain at six weeks and six months, although both were better than heat alone.[26]

Randomised controlled trials included in systematic...
reviews of manual treatments (mobilisation physiotherapy or manipulation)[1, 4, 5, 13-16] provide limited evidence that mobilisation physiotherapy[17 18] and manipulation[17] are more effective for chronic neck pain than less active treatments (drug treatment, education, counseling). However, manipulation has occasionally been associated with serious neurological complications (around 5-10 per 10 million manipulations).[27]

Mobilisation, manipulation, and exercise seem to be equally effective.[19,20,28] A study comparing combined exercise and manipulation with either modality alone found the combination to be more effective at three months.[21] but no difference was seen compared with exercise alone at one and two years.[22] However, another pragmatic study found no advantage at six weeks or six months of adding manual therapy (63% of patients had mobilisation physiotherapy) or heat (shortwave diathermy) to exercise and advice.[23]

Systematic reviews of weak randomised controlled trials provided no conclusive evidence about the effectiveness of acupuncture[24] or traction[25] compared with a range of other treatments in patients with chronic neck pain. The addition of psychotherapy techniques like cognitive behavioural therapy also added little to physical or mechanical treatment alone.[26]

Cegana vatham is equated with Cervical Spondylosis in Siddha. The signs and symptoms of "Cegana Vatham" is described in the texts of "Yugi vaidhya sindhamani" and "Pararaja sekaram". In "Yugi vaidhya sindhamani" the disease is described with the following symptoms Pain below neck to lowback, Pain both upper limbs, Weight feeling over the body, Depression and giddiness, Burning in the both eyes, Constipation and Pain felt like scorpion bite over body. In "Para raja sekaram" the disease is described with the following symptoms Pain below neck to lowback, Severe pain felt in both arms and Numbness with tingling in the upper limbs

Siddha system of medicine emphasise different modalities of treatments among them drugless therapy is considered to be supreme. Varmam therapy is a non invasive procedure especially treating musculo skeletal disorders and neurological disorders.

Varma therapy refers to the treatment of injured energy centres of the body which could be located in muscles, bones, nerves, joints or veins. It belongs to varmakkalai which consists in two arts (kalai) opposed by essence: medical art (varmam) for curing injuries, and martial art. The treatment consists in locating injured point(s), pressing and massaging it (them) with an intensity which depends on injury and energy centres.

The failure of standard treatment for the cervical spondylosis in turns search for a good treatment modalities in traditional system of medicine. It is need of the hour to establish the non invasive Varmam procedure for the treatment of cervical spondylosis

**Trial Design**

An Open controlled clinical study.

**Sample size**

30 cases with Varmam application alone.

**Treatment**

**Stimulation of following Varmam Points**

In the neck (Kannan Rajaram, 2007)
1. Vilangu Varmam
2. Kakkatai varmam
3. Aga, Pura Tharai varmam
4. Kilimuga Varmam

In the hand (Kannan Rajaram, 2007)
1. Kochu varmam
2. Pura Tharai varmam
3. Gurunadi varmam
4. Thutikkai varmam
5. Vellai varmam
6. Peruviral kavuli varmam

**Duration of treatment:** 7 days.

**Criteria for inclusion**

**Corresponding to diagnostic standards of cervical spondylosis:**
- Patients with chief complaint of neck pain;
- One or more neck pain, neck stiffness attack on average per month for at least 3 months;
- VAS scores more than 3 points at entry;
- The result of antero-posterior and lateral radiograph corresponds to x-ray diagnostic standards of cervical spondylosis, or MR/CT scan shows the degeneration of cervical spine or cervical disc herniation.
- Age between 18- 60 years.

**Criteria for exclusion**

**Corresponding to the diagnostic standards of cervical spondylosis myelopathy:**
* Suffering from severe systemic diseases such as diabetes mellitus, cardio-cerebrovascular disease, tumors and diseases that researchers consider unsuitable for research.
* Having neck trauma/fracture/surgery history, neurologic impairment (such as myasthenia or abnormal spinal nerve reflex).
* Congenital spinal abnormality, systemic diseases of bones or joints.
* Pregnant or lactation period women.
* Receiving current treatments for cervical spondylitis (medicine or non-medicine).

**Criteria for withdrawal**

During the course of the trial there may be certain potential adverse threats and if any other side effects and other symptoms are observed then the trial drugs will be withdrawn and will be treated symptomatically.

**Methods of assessment**

Clinical assessment will be done (O) and every day till the completion of treatment. The Lab investigations (Biochemical markers) will be recorded before treatment. The X-ray will be done before and after the completion of the treatment.

**Success of treatment**

30% or more in mobilization without pain will be considered as significant improvement.

**References**

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