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Clinical Trial

Efficacy of *Siddha* Medicines with *Varmam* Therapy in *Sirakamba Vatham* (Cerebral Palsy) in Children

*K. Elavarasan¹, K. Suresh², M. Meenakshi Sundaram³, R. Pattarayan⁴

1. PG Scholar,

2. Lecturer,

3. Associate Professor,

4. Professor, HOD and Guide

Department of *Kuzhandai Maruthuvam* (Paediatrics), National Institute of Siddha, Chennai.

* Corresponding Author

Mob.: +919952144747

Email : drelavarasanmd@gmail.com

Abstract:

Sirakamba vatham (Cerebral Palsy) is a non-progressive disorder of posture and movement often associated with abnormality of speech, intellect resulting from a defect or lesion of the developing brain. It is a major neurological cause for the crippling of limbs among children with an incidence of 7/1000 in India which leads to a permanent parental dependency of the child for their day-to-day activities. As the children are growing up, they become a burden not only to the parents but also to their entire family and society. Medical management of these children with oral drugs may be of little importance instead they really require physical stability of the limbs too. This can be achieved by various massage techniques like *Thokkanam*, *Varmam* therapy techniques – The Stimulation of the vital points of central nervous system, which are unique in Siddha system of medicine. Hence a holistic therepeutic approach of the spastic child is the need of the hour.

National Institute of Siddha (NIS) rendering medical service to these children with this holistic approach and many number of spastic children are being referred from various parts of Tamil Nadu. A study was carried out with the children admitted in NIS Hospital Inpatient Department during the period of November 2012 to August 2013. 63 affected children's medical records were analyzed in this study with factors of Age, Sex, Cause, Treatment, Rehabilitation measures etc. The Prognosis of these children with respect to Neck control, drooling of saliva, Postural stability and Social behavioural changes are analyzed and the results are dealt with.

Key words: *Sirakamba vatham*, Cerebral palsy, *Varmam*, *Thokkanam*, *Siddha* medicine

Introduction:

Sirakamba vatham is a disorder of disability in both upper & lowers limbs, due to aggravated *Vatham* in central nervous system characterized by impairment in hearing, mental retardation, drooling of saliva etc. - *Yugi Mun*

*Thambamaai uthirakanda narambir pukki
Thalaiyodu sareeramellaan thaakki
pukkam*

*Kambamaai kaathirandu mikavuam
kelaa...*

- *Yugi Vaithya chinthamani*

Cerebral palsy is an umbrella term used to describe a group of non-progressive, non-contagious motor functional disorder affecting the muscle tone, posture, movement, reflex, co-ordination which results in physical disability in children

Socially, the spastic child are considered as crippled because of serious problem are arising not only to the affected child but also for the entire family and the society. The affected children are dependable to their parents for routine day to day activities. As they grow, the degree of dependency is also increasing reciprocally. The children may have learning difficulties of the underlying brain damage which prevents the individual from expressing what cognitive abilities they do have.

The present day treatment modalities available for them may be very expensive and not quite sufficient to provide the expected improvement. As a result, the people have turned back to the traditional system of medicine for a better prognosis. Siddha system of medicine approaches the spastic children with regular oral nervine tonics, anti *vatha* drugs along with *Thokkanam* (Physical manipulation techniques – Massage therapy) and

Varmam (tactile stimulation of vital energy points in the body) therapy.

The holistic approach of Siddha system may be of very useful in improving the quality of life of these spastic children

In *Ayothidoss Pandithar* Hospital, National Institute of Siddha (NIS), the children with Cerebral palsy are treated with a number of Siddha formulations, *Thokkanam* and *Varmam* therapy.

Aim and Objectives

- To ensure the efficacy of the Siddha medical treatment with *Thokkanam* and *Varmam* therapy in *Sirakamba vatham* (Cerebral palsy) child
- To analyze the causes involved in *Sirakamba vatham* affected children
- To analyze the minimum duration of hospitalization needed for the children in Siddha hospitals for noticeable improvement
- To analyze the nature or mode of delivery of the affected children

Material and Methods

The *Sirakamba vatham* patients who visited the NIS hospital for treatment diagnosed and were admitted in the Inpatient ward of *Kuzhantha maruthuvam* Department. All the *Sirakamba vatham* patients who were admitted during the period between November 2012 and August 2013 were included in this study. About 63 children were admitted for the treatment at NIS hospital. All the children were treated with;

- *Brahmi Nei* 2-5 ml BD
- *Amukkara Mathirai* ½ -1 BD
- *Balasanjeevi Mathirai* ½ - 1 SOS
- *Nilavembu Kudineer* 10-20 ml BD

- *Thiripala Mathirai* 1 Brushing /gargling
- *Anda thylam*: Applied over the tongue to stimulate and regulate speech disorders.
- *Ulundhu thylam* and *Vitamutithylam* are the medicated oils used for *Thokkanam* (Massage therapy).

All the children were given the following *Varmam* points namely (Figure 1)

- *Kondaikolli*
- *Pinkannady kalam*
- *Thilartha kalam*
- *Pidarikalam*
- *Mudichu naalu*
- *Adappa kalam*
- *Ullangai chakkaram*
- *Ullangal chakkaram*

If the child is having previous history of seizures *Porchai kalam* was applied.

If a child had speech disturbances, then the following *Varma* points were applied

- *Annakalam*,
- *Pidarikalam*
- *Ottu varmam*

The details of treatment given to these children were documented with their medical records. Internal medicines to these children are administered twice daily with stimulation of the *Varma* points and *Thokkanam* therapy once daily. The symptoms of the children were recorded accordingly in their medical records on the first day of admission, and then they were periodically examined with the above plan of treatment procedures. The progresses of the children were recorded by every day ward rounds.

The improvement of the children with respect to Neck control, Drooling of saliva, Speech difficulty, Sitting and standing postural instability, Frequency of Seizures, Gait and Social behavioural changes were analysed from the documented medical records. The facts like age prevalence, birth history, length of hospital stay and causes for *Sirakamba vatham* were also observed from this study.

Results and Observations

The incidence of *Sirakamba vatham* in children reported in NIS hospital showed male predominance of about 66.66% over the female child. The age of the children at the time of reporting at NIS is found to be more in age group between 1 to 3 years (36.5%). Age and Sex distribution of *Sirakamba vatham* children is shown in Figure 2.

On analysing the cause for *Sirakamba vatham*, it is found that birth asphyxia, pre term/low birth weight, seizure, consanguinity, neo-natal jaundice are more common. Out of these, birth asphyxia (41.3%), pre term/low birth weights (17.5%) are found to be the most common cause for *Sirakamba vatham* in children. (Figure 3)

The period of stay of the *Sirakamba vatham* children in NIS hospital for treatment purpose varies from 15 days to 60 days. Most of the children showed good response within 30 days of treatment. (Table 1)

About 61.5 % (16 children out of 26) of children developed good control over the neck & the drooling of saliva is reduced or stopped in 64 % (16 children out of 25) of the children. About 53.5% (23 out of 43) of children showed better improvement in

uttering monosyllable words or speech. About 46.4% (26 children out of 56) of children developed postural stability while sitting and standing. Their gait improved better in 24.5 % (13 children out of 53) of children. The frequency of seizures is reduced in 54.2 % (13 children out of 24) of children. Most of the children (about 60% - 12 children out of 20) responded well to their parents and others socially.

The clinical improvement of the *Sirakamba vatham* children with respect to the following symptoms are shown in Table 2.

Summary

The study reveals that the *Sirakamba vatham* is more common among the male children the children in the age group of 1-3 years (36.5%) who have turned up to the Siddha medical treatment in NIS hospital. The most common complaints that made the parents to seek Siddha management are Postural instability (88.9%), Spastic gait (84.1%), Difficulty in speech (68.2%), Poor neck control (41.2%), Drooling of saliva (39.7%), Seizures (38.1%). The Siddha medical treatment with *Varmam* and *Thokkanam* therapy is effective in gaining the neck control of the children (61.5%), reducing drooling of saliva (64%). Also the children can able to develop their skill in speech (53.5%). They can also able to maintain their postures during sitting and standing (46.4%). The walking gaits (24.5%) of the children are also improved. The children well responded socially (60%). The frequency of seizures is reduced in those children (54.2%).

Conclusion:

From this study it is concluded that the Siddha medical treatment with *Thokkanam*

and *Varmam* therapy shows improvement in the quality of life of *Sirakamba vatham* (Cerebral palsy) affected children, particularly in maintaining the Neck control, Postural stability, Gait and reducing drooling of saliva. The frequencies of seizures are also reduced. It is finally evident that as recommended by Spastic Society of Tamil Nadu that, early detection and intervention of *Sirakamba vatham* (1-3 years 36.5%) with Siddha medical treatment with *Thokkanam* and *Varmam* therapy will improve the quality of life of the children.

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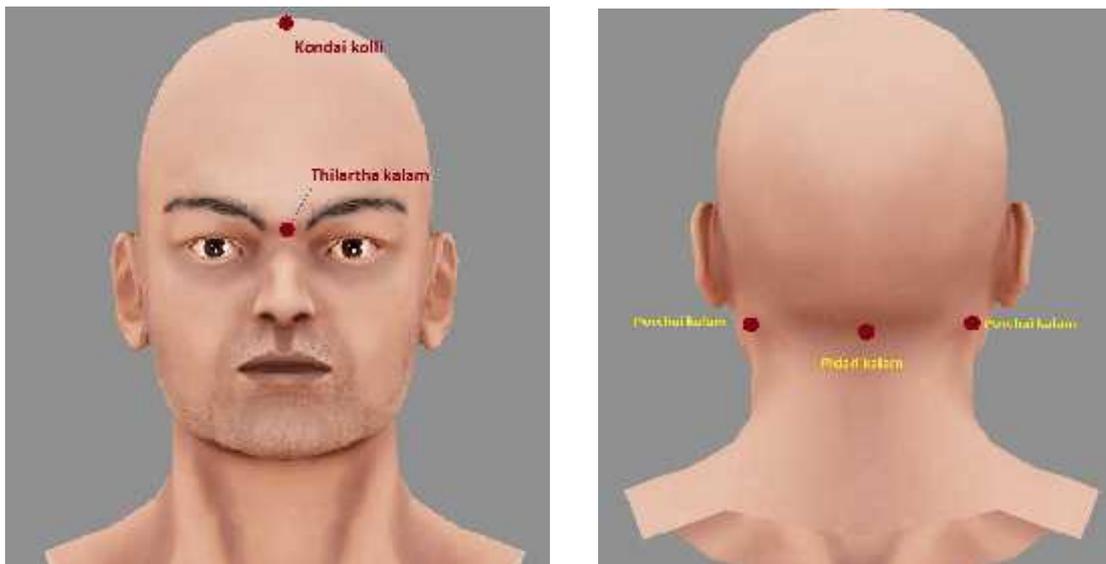


Figure – 1 Varmam points (Anterior & Posterior)

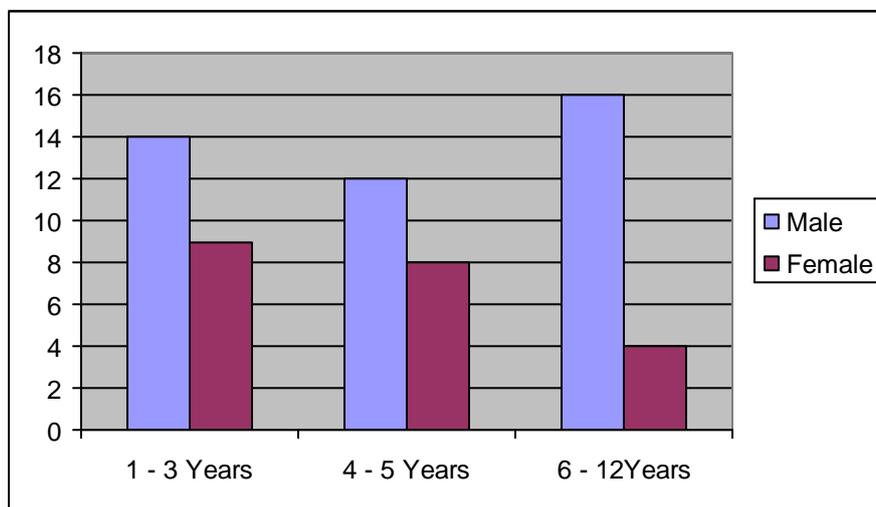


Figure 2: Age and Sex distribution of Sirakamba vatham children

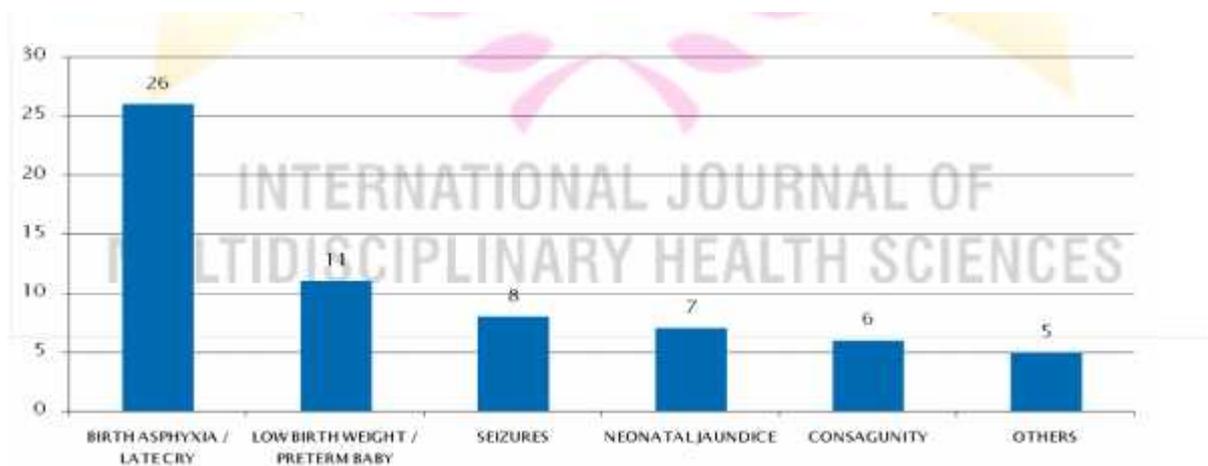


Figure 3: Causes for the incidence of Sirakamba vatham

Duration of stay in hospital	No of patients
Up to 15 days	26
16 – 30 days	22
31 – 45 days	6
46 – 60 days	9

Table 1: Number of days stayed in hospital

SL. No.	Clinical Features	Before treatment (out of 63 Children)	Prognosis after treatment		
			Good	Moderate	Poor
1	Loss of Neck Control	26 (41.2%)	16 (61.5%)	4 (15.4%)	6 (23.1%)
2	Angular Salivation	25 (39.7%)	16 (64%)	4 (16%)	5 (20%)
3	Speech Disorder	43 (68.2%)	23 (53.5%)	12 (27.9%)	8 (18.6%)
4	Difficult in sitting & standing	56 (88.9%)	26 (46.4%)	20 (35.7%)	10 (17.9%)
5	Spastic gait & stiffness	53 (84.1%)	13 (24.5%)	20 (37.75%)	20 (37.7%)
6	Seizures	24 (38.1%)	13 (54.2%)	6 (25.5%)	5 (20.8%)
7	Social Behaviours	20 (31.7%)	12 (60%)	6 (30%)	2 (10%)

Table 2: Result and observations