



Effectiveness of *Varmam* Therapy and *Kombarakku Ottradam* in the Management of *Thandagavatham* (*Lumbar Retrolisthesis*) - A Case Report

K. Kavitha^{1*}, B. Bhagyalakshmi², V. Ramya², P. Samundeswari¹, N. J. Muthukumar¹ and V. Mahalakshmi³

¹Department of Varma Maruthuvam, National Institute of Siddha, Chennai – 600047, Tamil Nadu, India; drkavivarma07@gmail.com

²Department of Pura Maruthuvam, National Institute of Siddha, Chennai – 600047, Tamil Nadu, India

³Department of Siddhar Yoga Maruthuvam, National Institute of Siddha, Chennai - 600047, Tamil Nadu, India

Abstract

The *Siddha* system of medicine is one of the classical Tamil systems of medicine. According to this system of medicine, *Thandagavatham* is one of the *Vaatha* diseases with the clinical features of pain in the lumbar region and para-spinal region. This condition may be correlated to lumbar retrolisthesis. A case report of *Thandagavatham* (lumbar retrolisthesis) was documented for publication. A male patient of 19 years had suffered pain in the lower back and right sacroiliac region radiating to the right thigh. He could not walk for long distances, sit for a prolonged time and lie on his right lateral position for more than 6 months. He came for *Siddha* treatment in *Varma Maruthuvam* OPD of Ayothidoss Pandithar Hospital (APH), National Institute of Siddha. He had a history of allopathic treatment for this condition. Modern medicine management available for lumbar retrolisthesis is physiotherapy and the severe cases need surgery. In this clinical study, the patient was managed with *Varmam* therapy and *Kombarakku Ottradam* at the *Varmam* Department of the National Institute of Siddha, Chennai. The patient was treated for 48 days and had decreased pain and a limited range of motion was evaluated clinically by using the Oswestry low back pain scale.

Keywords: *Kombarakku Ottradam*, Lumbar Retrolisthesis, *Siddha*, *Thandagavatham*, *Varmam* Therapy

1. Introduction

Lumbar retrolisthesis can be described as vertebrae slipping backwards on one another. This leads to pressure on the vertebra and various parts of the spine causing low back pain and numbness over the thigh. Bad posture and chronic back strain are the most common cause of this condition. It is an intense painful condition that affects the lower portion of the spine, initially worst during activity but later the backache persists almost all the time. Pain may radiate to the lower limb up to the calf muscle because of irritation of the nerve root¹. According to the *Siddha* System of Medicine, *Thandagavatham* is one of the *Vaatha* diseases mentioned by *Siddhar Yugi Munivar*². The signs and symptoms of *Thandagavatham* may be correlated to Lumbar retrolisthesis. The prevalence rates were

highest among females when compared to males and among elementary workers.

Varmam therapy and *Kombarakku Ottradam* are the treatment methods mentioned in the *Siddha* literature for the management of pain related to the spine. *Varmam* is the subtle energy that flows inside the body. *Varmam* points are the storing points of *pranan* (vital life energy) through which vital energy is transmitted to various parts of the body. These points are stimulated over bony prominence, superficial nerves, soft tissues, vessels or junctions. The *Varmam* treatment is very potent in orthopaedic disorders as it consumes only minimal time and effort⁴.

Ottradam (Fomentation) is one among the 32 external therapies mentioned in the *Siddha* literature and is meant to eliminate toxins through the skin and maintain the body's constituents (*Mukkutram*,

*Author for correspondence

*Thirithodam*⁵). This procedure implies topical application and fomentation in the form of compression. *Ottradam* is normally done with herbal or mineral materials heated to an appropriate temperature to eliminate the toxins and help to disperse the aggravated *thodam*. In this procedure, the raw drugs are powdered and made into bundles. These bundles are heated and applied over the affected area⁶. The current study deals with *Siddha Varmam* treatment and *Kombarakku Ottradam* for a *Thandagavatham* (Lumbar retrolisthesis) patient to reduce the clinical signs and symptoms.

2. Patient Information

A 19-year-old male patient visited the Out-Patient Department (OPD) of the Varma Maruthuvam, National Institute of Siddha, having severe pain in the lower back and right sacroiliac region radiating to the right lower limb, painful restricted movement of the lumbar joint. The patient was unable to walk for prolonged distances, unable to sit and lay on his right side due to pain. The patient had a history of trauma that happened for 6 months. He was non-hypertensive, non-diabetic, had no history of endocrinal disorders and had no other systemic diseases. The patient had a history of taking allopathic treatment for this condition and had no improvement in reducing clinical symptoms. Hence, he came for *Siddha* treatment in Varma Maruthuvam OPD of Ayothidoss Pandithar Hospital (APH), National Institute of Siddha. After the clinical examination, he was admitted to the inpatient ward of (APH-IPD) and treated for 48 days.

3. Clinical Findings

The patient was clinically examined and found no swelling in the affected area. During palpation tenderness over the right sacroiliac region was present. There was restricted movement during forward and backward bending. Schober's test distance increased by 3cm, and the Straight Leg Raising (SLR) test was found to be 40° on the right and 70° on the left leg. Lassegue sign, Femoral Nerve Stretch Test (FNST) and Faber's test in the right leg were positive and negative on the left side^{7,8}.

On examination based on *Siddha* principles, it was observed that *Vathapitha naadi* was predominant. Then

by the assessment of *Mukutram*, in *Vatham – Viyanan* and *Samanan*, in *Pitham – sathagam* and *Kabam – santhigam* were affected⁹.

4. Diagnostic Assessment

The laboratory investigation was done before and after treatment and that was found within normal limits. X-ray of the lumbar region showed reduced joint space in L4-L5 and L5-S1. MRI of the lumbar spine showed a disc bulge at L4-L5, Grade II retrolisthesis of L5 over S1, and right sacroiliac myofasciitis. Based on clinical examination, diagnostic tests and investigations the case was diagnosed as Lumbar retrolisthesis. The prognosis of the patient was assessed using the Oswestry Disability Index (ODI)¹⁰. It is regarded as the gold standard of low back functional outcome measures and is a vital tool for assessing a patient's functional impairment. The patient had a score level of 58% on the ODI scale before treatment indicating severe disability.

5. Materials and Methods

The patient was admitted to the IPD of *Varma Maruthuvam* and he was treated with *Varmam* therapy for the first 5 days, followed by *Kombarakku Ottradam* for 7 days in the lower back and lower limbs along with routine IPD medicines.

The internal and external medications given in IPD were.

- Tab *Amukkara choornam* – 2bd with milk
- Cap *Rasaganthi mezhugu* – 2bd with palm jaggery
- *Thylam* – *Lagu vishamusti thylam* (external)

5.1 Varmam therapy

After careful examination, the patient was treated with *Varmam* therapy. It is performed as per the Standard Operating Procedure mentioned in *Varmam* literature. The *Varmam* points stimulated are shown in Table 1.

5.1.1 Varmam Procedure

Position of the patient: Lying position

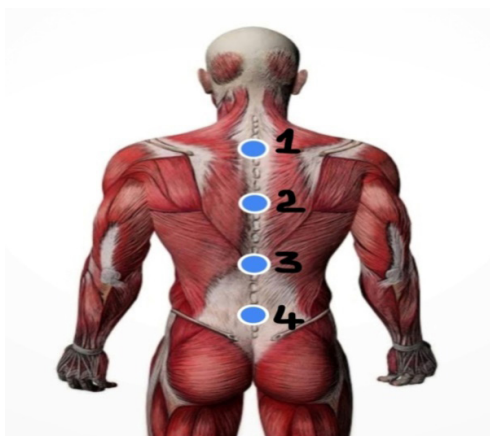
Position of Physician: Affected side of the patient (Right side)

Pressure: ¼ *Maathirai*

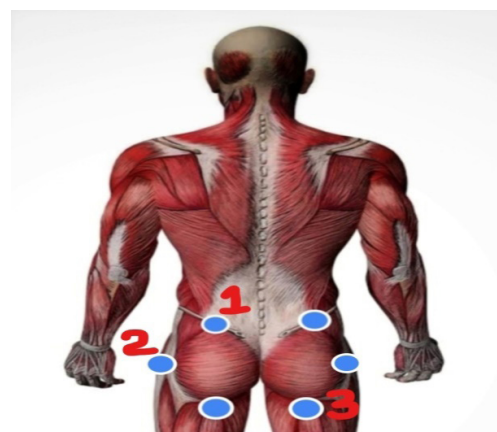
Duration: 10 minutes

Table 1. Location of *Varmam* points and its manipulation technique^{11,12}

Sl. No.	Varmam Name	Location	Manipulation Technique	Duration
1	<i>Saramudichi</i> (Figure 1)	Junction of C ₇ – T ₁ Vertebrae	Use the middle 3 fingers to press and rotate in clockwise and anticlockwise direction 3 times.	20 seconds
2	<i>Thunnal mudichi</i> (Figure 1)	Junction of T ₈ – T ₉ vertebrae	Use the middle 3 fingers to press and rotate in clockwise and anticlockwise direction 3 times.	20 seconds
3	<i>Pasa mudichi</i> (Figure 1)	Junction of T ₁₂ – L ₁ vertebrae	Use the middle 3 fingers to press and rotate in clockwise and anticlockwise direction 3 times.	20 seconds
4	<i>Kumbaga mudichi</i> (Figure 1)	Lumbosacral joint	Use the middle 3 fingers to press and rotate in clockwise and anticlockwise direction 3 times.	20 seconds
5	<i>Nanganar pootu</i> (Figure 2)	Sacroiliac joint, 2-finger width lateral to the gluteal cleft.	Use hypothenar muscle to press and rotate clockwise direction 3 times.	30 seconds
6	<i>Poovadangal</i> (Figure 2)	The deep gluteal region over Ischial tuberosity.	Press with thumb finger 3 times.	10 seconds
7	<i>Ull suthiram</i> (Figure 2)	Head of greater trochanter	Press with the hypothenar muscle 3 times.	10 seconds
8	<i>Mannai adangal</i> (Figure 3)	Four fingers below the popliteal fossa.	Press with the thumb 3 times	20 seconds
9	<i>Komberi kalam</i> (Figure 3)	8 fingers above the medial malleolus along the medial border of the tibia.	Place the distal end of the middle three fingers, press and release 3 times.	30 seconds
10	<i>Kuthikaal varmam</i> (Figure 3)	Situated over the Achilles tendon	Hold the part with your thumb and index finger then press 3 times.	20 seconds
11	<i>Kaal kulachu varmam</i> (Figure 3)	Centre of anterior ankle crease.	Hold the part with both thumb fingers and press 3 times.	20 seconds
12	<i>Viruthi kalam</i> (Figure 4)	The web area between the great toe and second toe.	Place the thumb and give deep pressure.	30 seconds
13	<i>Ullankaal vellai</i> (Figure 5)	Centre of the sole.	Place the distal end of the middle three fingers and press 3 times.	20 seconds
14	<i>Vilangu varmam</i> (Figure 6)	Supra clavicular fossa.	Place the middle 3 fingers and rotate in a clockwise direction 3 times.	30 seconds



1. *Saramudichi*
2. *Thunnal mudichi*
3. *Pasa mudichi*
4. *Kumbaga mudichi*

Figure 1. *Varmam* points.

1. *Nanganar pootu*
2. *Ull suthiram*
3. *Poovadangal*

Figure 2. *Varmam* points.



1. Mannai adangal
2. Komberi kalam
3. Kuthikaal varmam
4. Kaal kulachu varmam

Figure 3. Varmam points.



Figure 4. Viruthi kalam.



Figure 5. Ullankaal vella.

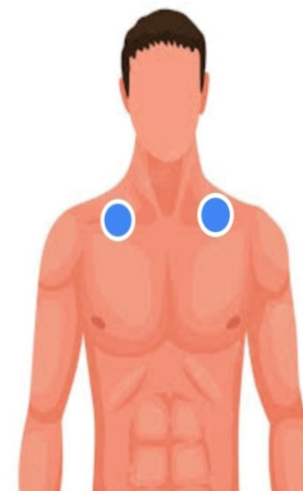


Figure 6. Vilangu varmam.

5.2 Kombarakku Ottradam

As per Siddha literature, *Kombarakku ottradam* is indicated for stiffness, pricking pain, muscle spasms and sprain. The formulation of *Kombarakku Ottradam* (Figure 7) is mentioned in the classic *Varmam text* “*Varma Odivu Murivu Sara Choothiram-1102/1200*”. The ingredients include *Kombarakku (Cateria lacca)*, *Sadamanjil (Nardostachys jatamansi)*, *Chukku (Zingiber officinale)*, *Vaalmilagu (Piper cubeba)* and

Pasu nei (cow ghee)¹³. The above ingredients were crushed into powder and made into bundles (*Kizhi*). This *Kizhi* (therapeutic bundle) is used for fomentation (*ottradam*) along with ghee. The fomentation is applied gently over the lower back region and lower limbs for 15 minutes. This procedure is repeated consecutively for seven days. This *Kombarakku ottradam* relieves pain by the stimulation of specific *Varmam* points located in the affected area.



Figure 7. *Kombarakku Ottradam.*

6. Results and Discussions

Lumbar retrolisthesis is a condition caused by soft tissue injuries in discs, bone and blood infection, stress fracture, trauma and nutritional deficiencies. In this present case report, A Lumbar retrolisthesis patient reported to Ayothidoss Pandithar Hospital of the National Institute of Siddha with an aetiology of trauma caused due to falling from a bike. The patient developed pain in the lower back and right sacroiliac region radiating to the right thigh. He also had painful restricted movements of the lumbar joint and difficulty in walking long distances. The patient was managed with *Varmam* therapy and *Kombarakku Ottradam* along with IPD *siddha* medications for 48 days.

In modern medicine, treatment for retrolisthesis includes physical therapy, micro-current therapy, targeted strength training and painkillers. This patient underwent modern medical management and there was minimal level of prognosis felt by the patient. Hence the patient came to the Department of Varma Maruthuvam, Ayothidoss Pandithar Hospital, National Institute of Siddha for *Siddha* treatment. He had no other comorbid conditions during admission.

The patient was treated with *Varmam* therapy followed by *Kombarakku Ottradam* (Fomentation). After 5 sittings of *Varmam* therapy, the patient got 25% relief with a mild reduction in pain in lying position but the pain aggravated with prolonged sitting and walking. But after *Kombarakku Ottradam* for 7 sittings, the symptoms were greatly reduced by up to 60% -with no

pain in lying position, able to sit and walk long without pain. Pain aggravated only on forward bending and lying on the right side. The ingredients of *Kombarakku Ottradam* possess stimulant, antispasmodic, anti-inflammatory and analgesic activities. The *Ottradam* therapy has a very good therapeutic effect in degenerative disease, musculoskeletal disorders and pain management¹⁴.

After *Varmam* therapy for 7 days, the patient had a significant improvement in walking and sitting for a prolonged period without pain. He performed his daily routine comfortably. After treatment, SLR was found to be 70° in the right and 80° in the left leg, with negative results in the Lassegue sign, FNST and Faber's test in the right leg. The patient had a score level of 10 on the ODI scale after treatment indicating mild disability (Table 2).

6.1 Interpretation of Oswestry Index Results

- 0% to 20% - Minimal disability
- 21% to 40% - Moderate disability
- 41% to 60% - Severe disability
- 61% to 80% - very serious disability
- 81% to 100% - Exaggerated symptoms

In the *Siddha* system of medicine, *Varmam* therapy is widely indicated for musculoskeletal and neurological disorders. In this present study, *Varmam* therapy along with *Kombarakku ottradam* plays a significant role in reducing pain in the *Thandaga Vatham* (Lumbar

Table 2. Before and after treatment of the ODI scale

ODI scale	1 st day	15 th day	30 th day	48 th day
Pain Intensity	4	2	1	0
Personal Care	2	1	1	0
Lifting Weights	4	3	2	1
Walking	3	2	1	1
Sitting	3	2	2	0
Standing	4	2	2	1
Sleeping	2	1	0	0
Sex Life	0	0	0	0
Social Life	3	3	2	1
Travel	4	3	2	1
Interpretation	58%	38%	13%	10%

retrolisthesis) condition by balancing the *Vaatham* in the lumbar region. The Life energy circulates in *Varmam* points as *Vaatham*, *Pitham* and *Kabam*. These points are stimulated by pressure manipulation that reduces symptoms like *Thandaga Vatham* (Lumbar retrolisthesis).

7. Conclusion

The *Varmam* therapy and *Kombrakku Ottradam* have provided a decrease in pain and restricted movements in Lumbar retrolisthesis (*Thandaga vatham*), which are measured using the Oswestry Low Back Disability Scale. A reduction in scores on the ODI scale was observed. No adverse reactions were noted during the treatment period. The outcomes obtained in this single case study have given strong hope for the management of *Thandagavatham* (Lumbar retrolisthesis) through *Varmam* therapy along with the *Kombarakku Ottradam* procedure found to be effective. The combined therapy is a simple and safe treatment method for relieving pain and other associated symptoms of patients having Lumbar retrolisthesis. Further evaluation should be conducted on a large scale to reveal the effectiveness of *Siddha* treatment for Lumbar retrolisthesis.

8. Patient Perspective

The patient self-reported that he was highly pleased with the treatment as he had a considerable reduction in pain. His quality of life had improved. He was very much influenced by the *Varmam* and *ottradam* treatment he received and does not have frequent pain.

9. Informed Consent

Written informed consent was secured from the patient before starting the trial.

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