



Effectiveness of physiotherapy and varmam therapy in a 50-year-old male with cervical spondylosis: A case report

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Abstract

This case report evaluates the effectiveness of physiotherapy and varmam points in a 50-year-old male patient with cervical spondylosis. The treatment incorporated Intermittent Cervical Traction (ICT), Interferential Therapy (IFT), and varmam points targeting neck and upper limb-related points over a period of 10 days. Significant improvement was observed, including a decrease in pain and an enhancement in the range of motion.

Keywords: Cervical spondylosis, physiotherapy, intermittent cervical traction, interferential therapy, varma therapy

Introduction

Cervical spondylosis, commonly known as cervical osteoarthritis, is a degenerative condition affecting the cervical spine. It arises from the wear and tear of the vertebral discs and joints, leading to a spectrum of symptoms ranging from mild discomfort to severe neurological impairment.

Cervical spondylosis is a prevalent condition, particularly among older adults. Epidemiological studies suggest that approximately 50% of individuals over the age of 40 exhibit some degree of cervical spondylosis, with prevalence increasing with age. The condition is less common in younger populations, but can still occur due to genetic factors or repetitive stress.

Patients with cervical spondylosis may experience a variety of symptoms, including neck pain, stiffness, and reduced range of motion. More severe cases can lead to radiculopathy or myelopathy, manifesting as pain, numbness, or weakness in the upper limbs, and in some cases, gait disturbances and balance issues. These symptoms result from compression of the spinal cord or nerve roots due to disc degeneration, osteophyte formation, or facet joint hypertrophy.

Varmam represents a traditional, non-invasive technique known for its affordability and its capacity to deliver prompt pain relief by targeting specific Varmam points. This method proves highly effective in treating cervical spondylosis and various other musculoskeletal ailments. As a result, there is a pressing need for a treatment strategy that compensates for existing limitations and optimizes the overall efficacy of this approach.

Case Presentation: A 50-year-old male presented with pain and stiffness in the cervical spine. After 10 days of physiotherapy and Varma therapy, significant improvement was noted.

Patient Profile:

- **Name:** Mr XXX
- **Age:** 50
- **Sex:** Male
- **Occupation:** Office worker (primarily desk-based job)
- **Medical History:** Generally healthy, no significant past medical history of chronic diseases.

Presenting complaint

Mr XXX presents with a 6-month history of progressive neck pain and stiffness. He reports the pain as constant, localized to the cervical region, and occasionally radiating into his upper back and shoulders. Recently, he has also experienced intermittent numbness and tingling in his right arm and hand, which has been worsening.

History of Present Illness

- **Onset:** The neck pain started gradually about 6 months ago, initially as mild discomfort which has progressively intensified.
- **Duration and Course:** The pain has been persistent, with episodes of exacerbation triggered by prolonged periods of sitting and computer use. The numbness and tingling in the right arm started approximately 3 months ago.
- **Associated Symptoms:** John reports occasional headaches and a reduced range of motion in his neck, particularly when turning his head to the right. He denies significant weakness or difficulty with daily activities.

Physical examination

- **General Examination:** No signs of systemic illness or significant weight loss.

Cervical Spine Examination

- **Inspection:** No visible deformities or asymmetries.
- **Palpation:** Tenderness over the cervical spine, particularly in the lower cervical region.
- **Range of Motion:** Reduced range of motion in all directions, particularly rotation and extension.
- **Neurological Examination:** Positive Foraminal Compression, Quadrant and Spurling’s test on the right. Sensory examination reveals decreased light touch and pinprick sensation in the right C6 dermatome. Motor strength is normal in the upper limbs but slightly reduced grip strength on the right.

Pain History

Based on Visual Analogue Scale (VAS) scale the patient is having score of 8 during pre-assessment on 08.07.2024.

Diagnostic Imaging

- **X-rays:** Show signs of cervical spondylosis with disc space narrowing, osteophyte formation, and mild facet joint arthritis.

- **MRI of the Cervical Spine:** Reveals disc degeneration at C5-C6 and C6-C7 levels with associated foraminal stenosis and mild spinal cord compression at C6-C7.

Based on clinical presentation and imaging findings, Mr XXX is diagnosed with cervical spondylosis with radiculopathy, primarily affecting the right C6 nerve root. Based on his clinical illness, he was referred to Physiotherapy treatment, and we planned the patient to undergo physiotherapy and Varma therapy for a period of 10 days continuously.

Materials and methodology

Physiotherapy treatment

It includes Intermittent Cervical traction, a non-invasive procedure used to alleviate symptomatic pain due to cervical pathology which will be given for 20 minutes of duration and Interferential therapy is a low frequency current which will be given for 15 mints for relieving pain and to promote tissue healing.

Varma therapy

Varma indicates the therapeutic stimulation of specific points where the *pranic* energy is concentrated. Varma therapy is a drugless, non-invasive, simple therapy used in pain management. The specific points in treating cervical spondylosis were as follows:

Table 1: Varmam points and its functional significance

Name of the varmam	Anatomical location	Technique	Pressure type	Time and frequency	Functional significance
<i>Mudichu Varmam</i>	Over the spinous process of C7	i. Middle three fingers pressed clockwise, 3 times and moved towards right shoulder joint ii. Middle three fingers pressed clockwise, 3 times and moved towards left shoulder joint iii. Middle three fingers pressed anti-clockwise, 3 times and moved down the dorsum with gentle pressure along the spine	¼ Mathirai	10 seconds and 3 times	Strengthens the head, neck and vertebrae
<i>Kaakattai Varmam</i>	Supraclavicular fossa	Press and release 3 times with middle three fingers in that location	¼ Mathirai	10 seconds and 3 times	Reduces pain in the neck and shoulder
<i>Savvu Varmam</i>	4 inches below the anterior axillary fold along the medial border of arm	Press and release using thumb	¼ Mathirai	10 seconds and 3 times	Reduces pain over the arm
<i>Manipanthaga Varmam</i>	Centre point of ventral aspect of wrist joint	Press and release three times with thumb	¼ Mathirai	10 seconds and 3 times	Strengthens upper limb and fingers
<i>Thoosumugam Varmam</i>	Located over the nipple on both sides	Press both thumbs in the anteroposterior direction	¼ Mathirai	10 seconds and 3 times	Improves movement of neck, circulation and reduces pain

Treatment duration

The treatment was given for about 10 days and pre and post assessment was evaluated.

Assessment tools

Visual Analogue Scale is used for assessing the pain and Goniometer is used for assessing the range of motion.

Results

The pre and post score for VAS scale for pain is 8 and 3 respectively. The pre and post score for range of motion of flexion is 30 and 45, extension is 12 and 25, Right lateral flexion is 30 and 40 and left lateral flexion is 32 to 40 respectively.

Table 2: Pre and post assessment of pain and ROM

S.no	Parameters	Pre assessment	Post assessment
1	Pain	8	3
2	Cervical Flexion	30	45
3	Cervical Extension	12	25
4	Rt. Lateral Flexion	30	40
5	Lt. Lateral Flexion	32	40

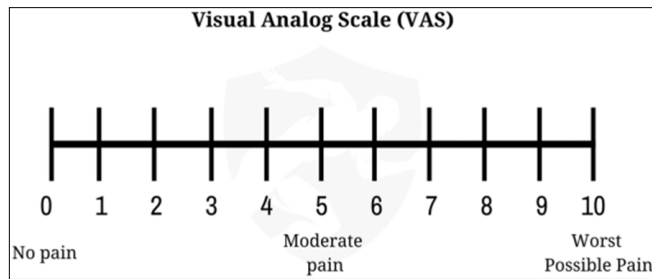


Fig 1: Visual analog scale

Data analysis

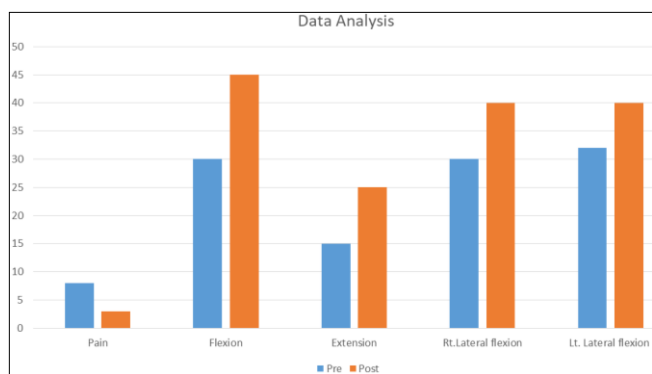


Fig 2: Graphical representation of pre and post assessment of pain and ROM

Discussion

Cervical region issues are commonly due to factors like heavy workloads, extensive computer use, poor posture, and structural disorders with the main symptom being pain, which affects daily functioning and can lead to sleep disturbances, emotional stress etc. Cervical spondylosis is a chronic condition, and many patients use complementary therapies alongside traditional treatments, though traditional methods are often preferred.

Non-invasive therapies, such as Varmam therapy, which involves stimulating specific points to balance energy, offer potential benefits. This approach focuses on maintaining energy balance and organ function, aiding in the management of musculoskeletal disorders and other conditions. Traction and IFT also played a significant role in reducing pain. Thus, non-pharmacological, minimally invasive treatments like Varmam therapy can be effective for chronic conditions like cervical spondylosis.

Prognosis

Mr XXX prognosis is favourable with adherence to the treatment plan. Most individuals with cervical spondylosis experience significant symptom relief with conservative management. However, ongoing monitoring is essential to address any progression of symptoms or complications.

Conclusion

This case highlights a typical presentation of cervical spondylosis in a middle-aged male with significant occupational strain. Effective management relies on a multidisciplinary approach, which will decrease the pain and improve quality of life.

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