



Postural disorders – Wry Neck-Management through Medical Varmalogy

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Abstract

Aim: To study the effect of varmam therapy in the management of wry neck and to decrease the spasm, pain and abnormal position.

Materials and method: An open, single, non-comparative clinical trial was conducted in chronic cases of wry neck who attended TVR&TC, during 2018 were studied. The duration of illness were above one year. Clinical observation were made on the patient before and after varmam therapy using orthopedic test for wry neck.

Therapeutic schedule: The varmam points such as Naaga kaalam, Erel varmam, Kakattai kaalam, Thilartha kaalam, massage of Thilartham-Pidari were applied for the period of 3 months, twice a week and the treatment continued.

Result: There were no clinically significant adverse effects reported and observed during the entire study period. Patients were relieved from the wry neck from 2nd week onwards. No recurrent episodes of wry neck observed further after varmam therapy.

Discussion: Varmam therapy relates the wry neck condition with minimal loss of energy at Thilartha kaalam.

Conclusion: We have corrected this condition by restoring energy in the damaged Thilartha kaalam. Varmam therapy enabled the majority of victims to regain normalcy.

Keywords

Varmam, subtle energy, wry neck, thilartha-kakattai thadaval, torticollis, massage.

Introduction

Varmam is the vital air energy that helps in proper functioning of the body. When this flow or function of air in the body is hindered it reduces the varmam energy. Wry neck is not always preventable, but prompt varmam therapy can manage it from becoming worse. If the energy in the varmam point gets destroyed or decreased, it leads to various disease. Torticollis-wry neck is a clinical sign.

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Torticollis or wry neck is defined as fixed or dynamic tilt, rotation with flexion or extension of neck or head. It involves the sternocleidomastoid and trapezius muscles which leads to neck pain, tremors in head, restricted neck movement, unequal shoulder height. Varmam stimulation provides immunity to the body requirement. Thus, this article deals with neck- Wry Neck and its management through varmam therapy.

ACUTE WRY NECK-NORMAL RECOVERY DURATION:

Early intervention and prompt varmam therapy can help successful in treating chronic wry neck and prevent the condition from worsening.

With right treatment, wry neck will go away within a few days or weeks. A self-limiting spontaneously occurring form of torticollis with one or more painful neck muscles is by far the most common (stiff neck) and will pass spontaneously in 1-4 weeks.

Usually the sternocleidomastoid muscle or the trapezius muscle is involved. Sometimes draught, colds or unusual postures are implicated, however in many cases no clear cause is found. These episodes are commonly seen by physicians.

AETIOLOGICAL FACTORS: Injury to the neck or spine, causing the muscles to spasm, infection of the head or neck, where inflammation causes the muscles to contract, abscesses in the throat or upper airway, infections of other parts of the body such as ears, sinuses, jaw, teeth or scalp. Less common causes of wry neck are scar tissue, arthritis of the cervical spine, vascular abnormalities, drug misuse that causes a lack of muscle control, use of certain medication, tumors.

POSTURAL FACTORS:

The upright well balanced position of an individual person is termed as posture. Good posture keeps the bones and joints in correct alignment. Postural fault is a posture that deviates from normal alignment with or without structural limitations. The main factors contributing to the lifestyle disorders include bad food habits, physical inactivity, wrong body posture and disturbed biological clock. Working people suffer from depression, general anxiety disorder, insomnia, chronic back pain, spondylosis and other non-communicable disease.

Excessive or poor intake of food, indigestion, excess or poor sleep, trauma, faulty posture strenuous work, carrying heavy loads, improper body exercises, unfit dressings, crowded places are some of the reasons for reduction of energy in varmam points. To decrease the ailments caused by occupational postures, one should avoid long sitting hours and should take frequent breaks for stretching or for other works involving physical movements, regular spending of lot of time in front of computer and mobile phones lead to neck and back pain.

The neck and back muscles get weaker and stiff. This may lead to common problems like headache, fatigue and exhaustion. Bad public transportation and faulty posture also lead to pain. Ergonomic chair should be designed based on human contour to fit the uneven pressure on joints and muscles may be minimised.

CLASSIFICATION :

Congenital muscular torticollis (CMT) develops when a muscle on one side of the neck called the sternocleidomastoid muscle is too short. Other causes include, Trauma during birth, flat head syndrome, where the infant keeps the head in the same position whenever they sleep, inherited diseases that cause problems with the muscles and nervous system.

Acquired torticollis : Non congenital muscular torticollis may result from scarring or disease of cervical vertebrae, adenitis, tonsillitis, rheumatism, enlarged cervical glands, retropharyngeal abscess or cerebellar tumors. It may be spasmodic torticollis (clonic) or permanent torticollis (tonic).

Spasmodic torticollis: Spasmodic torticollis or cervical dystonia is a disorder where the muscles of the neck contract uncontrollably, making the head turn into various postures. It can be caused by a neurological disease or as a result of an accident. The exact cause is unknown, it may be a genetic link.

General treatment for spasmodic torticollis:

Sometimes spasmodic torticollis goes away for no particular reason without treatment. However, this is uncommon. Common treatment include medication or injections of botulinum toxin. Physical therapy can also be useful for symptoms.

Types of wry neck based on neck position Pre-	Muscles involved
Turn (torticollis)	Ipsilateral splenius/semispinalis ca-
Tilt(laterocollis)	Ipsilateral sternocleidomastoid Ipsilateral splenius/semispinalis capitus Ipsilateral scalene complex Ipsilateral levator scapulae
Shoulder elevation	Ipsilateral levator scapulae
Retrocollis (head tilted backwards)	Bilateral splenius/semispinalis captious Bilateral upper trapezius
Anterocollis(head tilted forwards)	Bilateral sternocleidomastoid Bilateral scalene complex

Laterocollis –the head is tipped toward the shoulder

Rotational torticollis-the head rotates along the longitudinal axis

Anterocollis- forward flexion of the head and neck

Retrocollis –hyper extension of head and neck backward

TEXTUAL DESCRIPTION - WRY NECK MANAGEMENT:

The cause of torticollis is still remain unknown. Varmam says that the main cause for the above condition as mental stress. Saint Vallalar says "ANTHAKARANAM SORVILLAMAL VELAI SEIYA VENDUM", one should work so as not to make the *anthakaranam* tired.

Varmam therapy deals with correction of lack of energy due to above conditions through various stimulation techniques. It balances the particular damaged varmam points by placing vaasi or energy. Varmam texts has various techniques of correcting the postural disorders like kyphosis, flat foot, knee deformities, neck deformity (wry neck), club foot, etc., sprain /stress in the ankle, back shoulder joint pain can be relieved using varmam physiotherapy method.

Anatomical location	Varmam channel -subtle energy flow path
C1-C4	Magnetic energy flows in it
C1-C7	Electrical energy flows in it

We relate the wry neck condition with minimal loss of energy at Thilartha kaalam. But while dealing with neck sprain varmam text gives more precaution. Immobilisation, stabilization and sprain relief procedure should be followed in proper manner.

MASSAGING TECHNIQUE IN VARMAM THERAPY :

Varmam text explain massage technique connecting the thilartha kaalam with head, neck and shoulder for restoring the energy of Suzhumunai naadi and thilartha kaalam.

THILARTHA-KAKATTAI THADAVAI

"Thilartham mudhal ucchi varai thadavi kondu

Theravey chennipori kutri engum

Seerana maathiraiyai thadavi chellu

Vedhamura pidariathil

Pinnivandhu vattamendra thattumurai thavaramal seithu

Sethamara kavizh thadavi kaarai poigai

Pathamaaga azhuthi vida theerum paarae"

Each and every varmam point has 3 basic elements vaatham, pittham, silethumam as configuration within them. we know that 3 Naadis Idakalai, Pingalai, Suzhumunai are connected with the vaatham, pittham, silethumam respectively. In which the 3 Dhasavaayus Abanan, Pranana, Samana travels through Idakalai, Pingalai, Suzhumunai naadis. Suzhumunai naadi present in spinal cord helps in balancing our mental health. In increased stress and depression, Suzhumunai naadi gets affected. It in turn leads to loss of energy in the varmam point THILARTHA KAALAM through which the 3 major naadis pass through. Thilartha kaalam is located in between the two eye brows where the nose meets and is not in the surface but one paddy grain depth.

Loss of energy at Thilartha kaalam leads to loss of memory, breathing difficulty, makes the mouth opened always and also loss of neck control. We can relate the wry neck condition with minimal loss of energy at Thilartha kaalam.

AIM

To study the effect of varmam therapy in the management of wry neck .

To decrease the spasm, pain and abnormal position .

MATERIALS AND METHOD:

Patients who attended TVR&TC, during 2018 were studied. Only varmam points were stimulated and the treatment continued.

STUDY DESIGN:

Type of study :Open ,single, non comparative clinical trial.

Level of study: OPD

Study center: Thirumoolar Varmam Research and Therapy Centre (Unit of Arts Research Institute), Coimbatore.

Total duration of the study: 3 months

INCLUSION CRITERIA:

The patients selected above 30 years of age inclusive of both sexes who manifested with recurrent but transient idiopathic contraction of the sternocleidomastoid, trapezius muscles of the neck were included in this study.

EXCLUSION CRITERIA:

Fracture, post operative cervical rib, tumors of the skull base, infection in the posterior pharynx, ear infection, surgical removal of adenoids (Grisel's syndrome), use of medications like antipsychotics, antiemetics -neuroleptic class- phenothiazines, fibrodysplasia ossificans progressive (FOP)-the hallmark of which is malformed great toes, trochlear torticollis, congenital defect were excluded.

STUDY PROCEDURE:

At the initial visit a detailed medical history with special emphasis on family history of wry neck, history for its duration, onset, anatomical distribution, exaggerating and relieving factors, recurrence and seasonal exacerbation were taken.

Detailed systemic examination done. Local examination to rule out local causes were done.

Clinical observation were made on the patient before and after varmam therapy using Orthopedic/special test for torticollis.

We have dealt with typical cases of wry neck in our Thirumoolar Varmam research and Therapy Centre, Coimbatore. Among them 2 patients are IT Professionals and others are Educational Professionals. They had strenuous work and high mental stress which leads to above condition. Their neck muscles got weaken and stiff which made their head to involuntarily turn towards the stiffened side facing the shoulder and some of them were unable to stay upright. They involuntarily put the head downwards and unable to hold it straight.

Table-1 Distribution of patients were grouped below

S.no	Gender	Age	Duration of illness	Occupation	Patients with wry neck
1	Female	42	2 years	Teacher	Turn(torticollis) +Tilt (laterocollis)
2	Male	60	1 year	Retired professor	Turn(torticollis) +Tilt (laterocollis)
3	Male	40	4 years	Information Technology professional	Turn(torticollis) +Tilt (laterocollis)
4	Male	33	10 years	Information Technology professional	Turn(torticollis) +Anterocollis(head tilted forwards)
5	Male	50	3 years	Catering service	Turn(torticollis) +Anterocollis(head tilted forwards)
6	Female	40	10 years	Home maker	Turn(torticollis) +Tilt (laterocollis)

VARMAM THERAPY

The varmam points such as Naaga kaalam, Erel varmam, Kakattai kaalam, Thilartha kaalam, Massage of Thilartham- Pidari were applied .

Varmam points	Location
Naaga kaalam	3 fingers below C7
Erel varmam	C1-C2
Kakattai kaalam	Supra clavicular fossa
Thilartha kaalam	Meeting point of eyebrow on
Massage of Thilartha kaalam-Pidari	

These points and massage (thadaval) techniques are learnt at Gurukulam of Dr.N. Shunmugom at TVR&TC, Coimbatore, Tamilnadu, India.

FOLLOWUP AND ASSESSMENT: All the patient were advised to take varmam therapy ,twice a week for a period of 3 months.

RESULTS

Based on the clinical observation on the patient, results were considered as good, moderate, poor and no improvement. Before and after varmam therapy, AF and PR ROM on the neck, thorax, shoulder observed. In AR strength testing, the spasm examined. Compression and cervical distraction tests used to differentiate cervical nerve root compression which may underlie an acute acquired torticollis. Spurlings test done before and after the varmam therapy to access in cases of facet joint irritation.

Results obtained from the varmam therapy in the study were highly encouraging ,safe and free from adverse effects. All the patients showed good improvement.

DISCUSSION

We have corrected this condition by restoring energy in the damaged Thilartha kaalam.Suzhumunai Naadi otherwise known as Kathir nambu that passes through Kathir Elumbu ie. Spine holds the forehead along with help of Idakalai and Pingalai naadi. It helps in the head and neck movements.

If any damage to Suzhumunai Naadi or Thilartha kaalam located in forehead happened leads to weakness of cervical spine. For those patients who could not afford and those who do not want to undergo surgical methods ,varmam therapy is a boon.

CONCLUSION

This varmam massage technique should be learnt only from the masters directly inspite of learning through books.These patients have recovered better by this method within short period of time. Patients were relieved from the wry neck from 2nd week onwards. Varmam has many passive and active physical therapy exercises used for various postural disorders at all eras along with any medical system at low cost in an efficient and effective manner.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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Nil

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