



Case Study

THE COMBINATION OF SIDDHA EXTERNAL THERAPIES IN THE TREATMENT OF SUBACROMIAL IMPINGEMENT SYNDROME – SUBACROMIAL BURSITIS: A CASE REPORT

Archana.K^{1*}, Deepa.R², Ezhil selvan.P.T³, Mahalakshmi.V⁴, Mahadevan.M.V⁴, Muthukumar.N.J⁵

¹PG Scholar,⁴Lecturer, ⁵Associate Professor & HOD, Department of Sirappu Maruthuvam, National Institute of Siddha, Chennai, Tamil Nadu, India.

²PG Scholar, Department of Pura Maruthuvam, National Institute of Siddha, Chennai, Tamil Nadu, India.

³RMO, National Institute of Siddha, Chennai, Tamil Nadu, India.

KEYWORDS: SAIS, Kumbavatham, Thokkanam, Varmam, Ottradam, Siddha external therapy.

ABSTRACT

Siddha system of medicine has its unique way like any other medical systems in this world. Subacromial impingement syndrome (SAIS) is the most common disorder of shoulder. SAIS encompasses a spectrum of subacromial space pathologies including partial thickness rotator cuff tears, rotator cuff tendinosis, calcific tendinitis, and subacromial bursitis. The main consequences of SAIS are functional loss and disability. SAIS is correlated with “Kumbavatham” which is one of the *Vatha* diseases mentioned in the Siddha system of medicine. **Material and Methods:** A 42 year old married female patient who is a home maker was admitted in the IPD of *Sirappu Maruthuvam* Department at National Institute of Siddha for 45 days with complaints of pain present in the left shoulder joint, difficulty to combing and wearing of her dress and buttons, difficulty to raise her left upper limb and pain aggravated during night time for the past 2 years. Special *Varmamthadaval* procedure was applied over the passage of *Varmam* points in the affected limb and was undergone for 10 days on alternative days basis. **Result:** After treatment the pain in the left shoulder was considerably reduced, she was able to wear her dress, buttoning was easy and was able to fully raise her left upper limb. **Conclusion:** Special *Varmamthadaval* therapy with fomentation treatment is a very effective external therapy in Siddha. It is found to be more effective especially in musculo skeletal disorders. In SAIS, Shoulder Impingement Syndrome was relieved and also pain was relieved considerably by Siddha external therapy.

*Address for correspondence

Dr Archana.K

PG Scholar,

Department of Sirappu

Maruthuvam, National

Institute of Siddha, Chennai,

Tamil Nadu, India.

Email: licaachu@gmail.com

INTRODUCTION

Siddha system of medicine has its unique way like any other medical systems in the world. It has been believed by Siddha practitioners that not only the universe, but also our human body is made up of five elements such as earth, water, fire, air, and space and they always diagnose and treat patients according to three *Doshams* (humours) which are *Vatham* - air, *Pitham*- fire, *Kapam* – water. Subacromial impingement syndrome (SAIS) is the most common disorder of shoulder, accounting for 44–65% of all complaints of shoulder pain during a physician's office visit.¹ SAIS encompasses a

spectrum of subacromial space pathologies including partial thickness rotator cuff tears, rotator cuff tendinosis, calcific tendinitis, and subacromial bursitis. The main consequences of SAIS are functional loss and disability.²

Subacromial bursitis is a condition caused by inflammation of the bursa that separates the superior surface of the supraspinatus tendon, from the overlying coraco-acromial ligament, acromion, and coracoid and from the deep surface of the deltoid muscle. Subacromial bursitis often presents with a constellation of symptoms called

subacromial impingement syndrome. Pain along the front and side of the shoulder is the most common symptom and may cause weakness and stiffness. The onset of pain may sudden or gradual and may or may not be related to trauma. Night time pain especially sleeping on the affected shoulder is often reported. Localized redness or swelling are less common and suggest an infected subacromial bursa.³

SAIS is correlated with “*Kumbavatham*” which is one of the *Vatha* diseases mentioned in the Siddha system of medicine. Symptoms of *kumbavatham* is pain in shoulder and difficulty to raise and restricted movement of the affected limb.⁴ Pain, weakness and loss of movement of the affected shoulder, reduced range of motion at the shoulder may be limited by pain.⁵

Thokkanam, *Ottradam* and *Varmam* treatments are external therapies in the Siddha system of medicine. *Thokkanam* (Massage Manipulation) is one of the ancient therapies followed since ancient times as household folk practices and kings for getting relief from body pain and neuromuscular diseases. It is also called as *Marthanamby Siddhar Therayar*. It has nine types that is *Thattal* (tapotement), *Irukkal* (vibration), *Pidithal* (picking up), *Murukkal* (wringing), *Kattal* (immobilization), *Azhuththal* (kneading), *Izhuththal* (traction), *Mallaththal* (slump long sitting), *Assaiththal* (Shaking). It is an excellent therapy to treat *Vatha* humour aggravating diseases as explained by *Therayar* in his book *Tharu*. It is placed in seventh place in the 32 types external therapies. Manipulation is a hands-on therapy used to restore normal health of muscle, joints and nerves. It simply stretches soft tissues by moving the joints and their related structures. It increases the effectiveness and regulates the motor and sensory actions of the arms, legs and shoulders and relieves pain and improves blood circulation, enhances immunity and removes waste tissues.⁶

Ottradam is prepared and administered as follows. The required plant parts, grains and others are put in a container, fried or boiled or heated and then tied in a cloth bag. Then, the bag is kept on the affected areas and then gently compressed and released in a rhythmic manner for few minutes or till the heat subside. This procedure involves the local healing, anti-inflammatory and analgesic action of the topical application. *Ottradam* removes our wastes as toxins through the skin and balances *Mukkuttram*. It also dilates all body channels and cleanse them.⁶

Varmam means “uyir” or “vasi” that is a specific energy point. *Varmam* treatment stimulates the energy points in specific anatomical parts of the body. These points are manipulated over superficial nerves, vessels, bony prominence, soft tissues, or their junctions. *Varmam* science deals with the ailments such as trauma, injury to occupational hazards, degenerative musculoskeletal disorders and various physiological, pathological disorders.⁶

Materials and Methods

Case presentation

A 42 years old married female patient who is a home maker was admitted in the IPD of Sirappu Maruthuvam Department at National Institute of Siddha for 45 days (IP No:0692-18). She has the present complaints of pain present in the left shoulder joint, difficulty in combing hair and wearing of her dress and buttons, difficulty to raise of left upper limb and pain aggravated during night time for past 2 years. There is no relevant family history and No H/o Trauma, SHT, MI, DM, TB, Seizure, Thyroidal disorder.

On physical examination

In Siddha diagnosis method of *Envagaithervu*

- *Nadi: Vatha Kabam*
- *Sparisam* : Normal
- *Naa* : Affected (presence of oral ulceration)
- *Niram*: Normal
- *Sparisam* : Normal
- *Mozhi* : Normal
- *Vizhi* : Normal
- *Malam* : Normal
- *Moothiram* : Normal

In Modern system approach

Affected Site: Left Shoulder

Inspection:

Skin: No Rashes, Inflammation,

Postural observation: No abnormalities

Functional movement analysis: Pain while reaching overhead and back of the trunk, while wearing her dress.

Palpation

Presence of tenderness and mild localized heat in left shoulder joint.

Range of Movement in abduction: Affected (90°)

Flexion : 90°

Extension : 90°

Abduction : 90°

Internal rotation : 60°

External rotation :60°

Special Test

Neer's test	: Positive
Job's test	: Positive
Drop arm test	: Positive
Painful arc syndrome test	: Positive
Hawkins Kennedy's Test	: Positive
Universal Pain Assessment Scale ⁹	:9

Diagnosis

Based on above patient's symptoms and examinations, they are correlated with SAIS (Kumbavatham) which comes under *Vatham* disease.

Siddha Treatment and Outcome**Healing Treatment**

Symptomatic treatment is provided with Siddha anti-inflammatory drugs of Tab. *Amukkara chooranam* and Tab. *Silasathuparpam-2* thrice a day.

External Therapy

Treatment in which medicated oil is used for massage and fomentation that was *Kayathirumenithylam* and *Vasavuennai* and leaves for fomentation bundle with *Notchi* (*vitex negundo*), *Erukku* (*Calotropis gigantea*), *Mudakkatruthan* (*Cardispermam halicabum*), *Amanakku* (*Ricinus communis*).

**Procedure of Varmam Thadaval in affected hand⁷**

Following method of *Varmamthadaval* applied over the passage of *Varmam* points in affected hand, with the above-mentioned medicated oil for 20 minutes.

Give a stroke from *Manibandham* towards *Puyam* through medial border of hand then gave a stroke from *Puyam* to *Manibandham* through lateral border of hand. This procedure is done on the other side too. Repeat this for 7 times.

1. Give a stroke from arm pit to wrist with ventral aspect of anterior and posterior side of hand. Repeat this for 7 times.

2. Should hold patient's wrist with one palm then gave stroke by physician's other palm from *Mundelvarmam* (below ribs in side of trunk) towards finger tips. Repeat this for 7 times.
3. Raise the patient's left hand then hold the patient's left wrist by physician's right palm.
4. Gave a stroke from *Mundelvarmam* to *Manibandham* and drag downwards to *Mundelvarmam* using physician's left palm. Repeat this for 7 times.
- a. At the 7th time, hold patient's wrist with left palm and gave stroke by using physician's right palm from *Mundelvarmam* to *Manibandham* and gave stroke downwards to arm pit.
- b. Push the prominence inside the armpit with physician's right thumb and gave traction to patient's hand by using physician's left hand. Then rotate patient's hand medially towards chest and lift patient's elbow diagonally upwards. Gave clockwise rotation to shoulder. Then push the patient's hand downwards, so that her elbows got adducted to chest.

Fomentation with above leaves for 10 minutes. This procedure has undergone 10 days on alternative days.

Dietary Modification⁸**Pathiyam (DO'S)**

Food type of sweet, sour, salt taste, oiliness, softness, hot potency are equilibrium of *Vatham* humor.

Food list for equilibrium of Vatham humor

- ✓ Seera samba rice
- ✓ Wheat (*Gothumai*)
- ✓ Foxtail millet (*Thinai*)
- ✓ Split pigeon pea (*Thuvarai*)
- ✓ Urad dal (*Ulundhu*)
- ✓ Horse gram (*Kollu*)
- ✓ Turkey berry (*Sundai kai*)
- ✓ *Alternanthera sessilis* Linn (*Ponnanganni keerai*)
- ✓ *Oxalis corniculata* Linn (*Puliyaraikeerai*)
- ✓ Ridge gourd (*Peer kangai*)
- ✓ Radish (*Mulangi*)
- ✓ *Phyllanthus emblica* Linn (*Nellikani*)
- ✓ Fig (*Aththi*)
- ✓ Cat fish (*Kezhuthi*)

Apathiyam (Do not's)

Dryness, cold, subtle, rough, unstable quality of food are increase own qualities of *Vatham* humor result in vitiated *Vatham* humour.

Food list for disturbance of Vatham humor

- ✗ Raw rice (*Pachcharisi*)
- ✗ Ragi (*Kaezhvaragu*)

- * Split green gram (*Paasiparuppu*)
- * Split Bengal gram (*Kadalaiparuppu*)
- * Cow pea (*Kaaramani*)
- * Field beans (*Mocha kottai*)
- * Ash gourd (*Poosani*)
- * Brinjal (*Kathari*)
- * Plantain (*Vazhaikai*)
- * Pumpkin (*Parangi kai*)
- * Banana (*Vazhaipalam*)
- * Tapioca (*Kizhangu*)
- * Prawn (*Iraal*)

RESULT

After treatment she felt pain reduced in left shoulder, she was able to wear her dress, buttons and also fully raise of her left limb and the following results were obtained before and after the treatment.

Name of the test	Before treatment	After treatment
Neer's test	Positive	Negative
Job's test	Positive	Negative
Drop arm test	Positive	Negative
Hawkins Kennedy's Test	Positive	Negative
Painful arc syndrome test	Positive	Negative
Range of Movement in abduction	90°	180°
Universal Pain Assessment Scale	09	01

CONCLUSION

Varmamthadaval therapy with fomentation treatment is a more effective external therapy in Siddha. It is found to be more effective especially in musculo skeletal disorders. SAIS, Shoulder

Impingement Syndrome is relieved and pain was considerably reduced by Siddha external therapy.

REFERENCES

1. Van der Windt DA, Koes BW, de Jong BA, Bouter LM, Shoulder disorders in general practice: incidence, patient characteristics, and management., *Ann Rheum Dis.* 1995 Dec; 54 (12): 959-64.
2. Koester MC, George MS, Kuhn JE, Review: Shoulder impingement syndrome. *Am J Med.* 2005 May; 118(5):452-5.
3. Subacromialbursitis, 25.march.2019, Available from:https://en.m.wikipedia.org/wiki/subacromial_bursitis
4. Dr..K.N.Kuppusamymudhaliyar H.P.I.M, Siddha Maruthuvam (Medicine), 1st Edition -1936, Dept. of Indian medicine and homeopathy, Chennai, Reprint-2012. pp.583
5. John ebnezar, Rakesh john, Text book of Orthopedics, JAYPEE, 5th edition. pp.359-372
6. G.Senthilvel, J.Jeyavenkatesh, A Complete Manual on Siddha External Therapies: Shanlax Publications, 1st edition 2017, Pg No: 152-163.
7. Dr.S.Arjunan, Varmaniam pothuthada valadangalmurai, Varmaniam foundation, Feb 2018. pp.155-157
8. Archana K., Muthukumar N.J., Mahalakshmi V., Mahadevan M.V., Banumathi V. Life Style Modifications for Prevention of Occupational Postural Disorders through Siddha way. *World Journal of Pharmacy and Pharmaceutical Sciences.* Vol 7, Issue 9, 2018. 639- 652.
9. Drtzchen-greater St Louis, pain management, universal pain assessment tool, <http://www.drtzchen.com/author/drtzchen>, may 4,2013.

Cite this article as:

Archana.K, Deepa.R, Ezhil selvan.P.T, Mahalakshmi.V, Mahadevan.M.V, Muthukumar.N.J. The Combination of Siddha External Therapies in the Treatment of Subacromial Impingement Syndrome – Subacromial Bursitis: A Case Report. *AYUSHDHARA*, 2019;6(1):2011-2014.

Source of support: Nil, Conflict of interest: None Declared

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