

**CERVICAL SPONDYLOSIS TREATED WITH INDIVIDUALISED HOMOEOPATHY
AND SIDDHA VARMAM THERAPY- A CASE STUDY****Dr. Tushita Thakur*¹ and L. Janani²**¹Consultant Homoeopathic Physician, AYUSH Wellness Clinic, President's Estate, New Delhi-110004.²Consultant Siddha Physician, AYUSH Wellness Clinic, President's Estate, New Delhi-110004.***Corresponding Author: Dr. Tushita Thakur**

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Article Received on 20/10/2017

Article Revised on 10/11/2017

Article Accepted on 01/12/2017

ABSTRACT

Cervical spondylosis is natural ageing process involving cervical spine characterised by degeneration of the intervertebral discs, the protrusion and bony overgrowth of adjacent vertebral bodies causing narrowing of the vertebral canal and intervertebral foramina. It causes compression of the nerve roots and sometimes of the spinal cord. The condition is extremely common in middle-aged and older patients. It may present with non-specific neck pain or with symptoms of cervical radiculopathy/ myelopathy; and considerably affects the quality of life of the patient. There is limited evidence to support the use of conventional treatment for this condition. Homoeopathy is holistic system of medicine that treats 'individual' cases based on physical make-up of the patient as well as the intellectual and mental characteristics. Siddha is an ancient Indian System of medicine developed by Tamil saints known as Siddhars in which Varmam therapy is a unique therapeutic method used to treat multiple ailments, specially related to musculoskeletal and neurological problems. In Siddha System of medicine Cervical spondylosis is termed as Ceganavatham, one of the Vatha diseases mentioned in the Siddha text Yugi Vaithya Chinthamani. A small study in 10 patients with Cervical Spondylosis attending OPD of AYUSH wellness clinic is discussed here, who took Individualized homoeopathy (oral medicines) and underwent Varmam Therapy for 4 weeks. Patients reported significant improvement in all subjective and objective parameters. The results were significant ($P < 0.0001$) with respect to neck pain, neck stiffness, vertigo, referred symptoms of tingling/numbness and range of neck movement.

KEYWORDS: Cervical spondylosis, Homoeopathy, *Varmam* therapy, Siddha.**INTRODUCTION**

The cervical spine is made up of seven segments and performs important functions of providing structural support for the head, protecting the cervical spine cord and the exiting nerve roots enclosed within it.^[1] Cervical spondylosis is natural ageing process involving cervical spine. These osteoarthritic changes in the cervical spine are characterised by degeneration of the intervertebral discs, the protrusion and bony overgrowth of adjacent vertebral bodies causing narrowing of the vertebral canal and intervertebral foramina. It causes compression of the nerve roots and sometimes of the spinal cord. The changes are most prominent in the areas of maximum motion. In the order of frequency C5/6, C6/7 and C4/5 vertebral levels affect C6, C7 and C3 roots respectively.^[2,3]

The location and rate of degeneration as well as degree of symptoms and functional disturbance varies and is unique to the individual. The condition is extremely common in middle-aged and older patients.^[4,5] The condition has similar gender prevalence,

although the degree of severity is greater for males.^[6] Repeated occupational trauma may contribute to the development of cervical spondylosis in patients who lift heavy weights overhead⁷. In nearly 10% cases, cervical spondylosis may be due to congenital bony anomalies, blocked vertebrae and malformed laminae that place undue stress on adjacent intervertebral discs.^[8] About 10% of the affected patients develop chronic neck pain.^[9]

Cervical spondylosis may present with

1. Non-specific neck pain where the pain localised to the spinal column.
2. Cervical radiculopathy in which the patient complaint of pain, numbness or loss of function in a dermatomal or myotomal distribution often occurring in the arms.
3. Cervical myelopathy in which there is intrinsic damage to the spinal cord itself. The patient may complaint of numbness, coordination and gait issues, grip weakness and bowel and bladder complaints with associated physical findings.^[10]

Homeopathy is a holistic system of medicine that believes that body and mind are integrated. German physician Dr. Samuel Hahnemann, the founder of Homoeopathy; emphasised that no two persons are alike and each is different in his physical, mental and behavioural patterns in his momentous work "Organon of Medicine". Homoeopathy attempts to go to the root level of disease in each individual patient by studying the physical make-up of the patient as well as the intellectual and mental characteristics. This process is called 'individualization'. Homoeopathic literature gives detailed description of musculo-skeletal disorders including cervical spondylosis with their treatment. Homoeopathic medicines are regarded as effective and safe treatment for wide number of acute and chronic diseases.^[11,12]

Siddha System of Medicine has a vast repository of both internal and external medicine. *Varmam* is one of the mainstreams within Siddha medicine. The science and art of *Varmam* therapy have been in existence in the Indian subcontinent for thousands of year being practiced by ancient Tamils of Tamil Nadu, North east Srilanka and Kerala. The term *Varmam* also indicates the therapeutic manipulation of specific points in which the pranic energy is found concentrated.^[13] The manipulation over these points with a particular force for the specific time will release the pranic energy from these points and brings relief to the affected individual. Therapeutically the *varma* points are stimulated gently with the fingers. Pressure varies from ¼ units, ½ units, and ¾ units to 1 unit. Depending on the nature of the illness, weight and age of the patient, the application may be pressing, pacing, lifting, braiding, even and gentle clockwise or anticlockwise rotation, pinching, slipping pinch, tapping and gentle stroking.^[14,15]

There is limited evidence to support the use of NSAIDs, Opioid analgesics, Muscle relaxants and Corticosteroids in the treatment of cervical spondylosis.^[16] Therefore, oral intake of Individualized Homoeopathy and Siddha *Varmam* therapy can be explored for the treatment of cervical spondylosis.

OBJECTIVES

To find out the combined effect of individualised homoeopathy and Siddha *Varmam* therapy in the management of Cervical Spondylosis.

MATERIALS AND METHODS

10 patients who reported to the OPD with symptoms suggestive of cervical spondylosis and agreeing to be a part of this clinical study were recruited as per the inclusion criteria and exclusion criteria. Detailed case history along with physical examination of neck and radiological examination was carried out in all the patients to confirm the diagnosis as well as to exclude any other pathology.

Inclusion criteria

1. Age group: 30-65 yrs.
2. Diagnosed cases of cervical spondylosis.
3. X-ray of cervical spine showing relevant changes of cervical spondylosis.
4. Patients willing to take Homoeopathic medicines along with *Varmam* Therapy.

Exclusion criteria

1. Patients suffering from Fibrositis, Ankylosing spondylosis, Rheumatoid arthritis.
2. Patients suffering from systemic illness.
3. Pregnant females.

Treatment protocol

A single suitable homeopathic remedy was prescribed after case taking, individualizing each patient and consulting Material Medica/ Repertory. Medicine was prescribed in 30 potency repeated thrice a day or 200 potency repeated once daily. The frequency of repetition was decreased as the patient improved. *Varmam* therapy was given every day for four weeks. Each *varma* point mentioned below was stimulated with pressure mentioned in text and varying according to patient's *pirakuruthi* (body constitution):

1. *Saramudichu*
2. *Kakkatai kaalam*
3. *Seerunkolli*
4. *Ulmanibantha Varmam*
5. *Manjadi kaalam*
6. *Naaga kaalam*
7. *Kaichulluki Varmam*
8. *Dhoosumuga varmam*^[17]

The patients were also advised to maintain good posture while sitting and standing; and not to use pillow so as to disallow flexion of the neck during sleep.

Assessment parameters adopted

The subjective and objective parameters were assessed before and after treatment. The subjective parameters assessed included clinical symptoms of cervical pain, cervical stiffness, referred pain between shoulder blades and upper limbs including tingling, vertigo and headache that were graded as per:

Cervical Pain

Absent: 0
Mild intermittent pain: 1
Moderate bearable pain: 2
Severe unbearable pain: 3

Cervical Stiffness

Absent: 0
Mild stiffness: 1
Moderate stiffness with partial reduction of movement: 2
Severe stiffness with restriction of movement: 3

Referred Pain between shoulder blades and upper limbs

Absent: 0
 Mild intermittent: 1
 Moderate with occasional tingling: 2
 Severe referred pain with tingling sensation: 3

Vertigo

No vertigo: 0
 Occasional vertigo: 1
 Vertigo 1-3 times a week: 2
 Vertigo > 3 times a week: 3

Headache

No headache: 0
 Headache once in a week: 1
 Headache more 2- 5 times in a week: 2
 Daily headache: 3

The objective parameters were range of movement of the neck that will be measured with the help of Goniometry as before, after & at follow up. These included:

Table 2: Normal cervical movement (in degree).

Cervical movement	Normal movement in degree
Flexion	50
Extension	60
Right and Left flexion	45
Right and Left Rotation	80

a) Flexion

Normal i.e. 50 degree (able to touch chin & chest): 0
 45 to 59 degree of total neck movement: 1
 30 to 44 degree of total neck movement: 2
 15 to 29 degree of total movement: 3
 No extension of neck: 4

b) Extension

Normal i.e. 60 degree extension of head up to back: 0
 45 to 59 degree of total neck movement: 1
 30 to 44 degree of total neck movement: 2
 15 to 29 degree of total movement: 3
 No extension of neck: 4

c) Lateral flexion (Right and Left)

Normal i.e. 45 degree ear touch to shoulder tip: 0
 34 to 44 degree of total neck movement: 1
 23 to 33 degree of total neck movement: 2
 12 to 22 degree of total neck movement: 3
 No flexion of neck: 4

d) Rotation of neck (Right and Left)

Normal i.e. 80 degree, able to make complete rotation: 0
 60 to 79 degree of total neck movement: 1
 40 to 59 degree of total neck movement: 2
 20 to 39 degree of total neck movement: 3
 No rotation of neck: 4

Statistical Analysis

The information collected on the basis of above observations was subjected to statistical analysis in terms of mean (X), standard deviation (S.D.) and standard error (S.E.) Paired 't' test was carried out at $P > 0.05$, $P < 0.01$ and $P < 0.001$ levels. The obtained results were interpreted as: - Insignificant $P > 0.05$ Significant $P < 0.05$ highly significant $P < 0.01$, $P < 0.001$.

RESULTS

The mean age (\pm SD) of the patients was 41.50 ± 12.11 years and the mean duration of complaints (\pm SD) was 80.70 ± 85.20 days. Patient characteristics are described in Table 2. The results were significant ($P \leq 0.0001$) with respect to the assessment criteria (table 3).

Table 2: Patient characteristics.

Characteristics	N=10 (%)
Mean age \pm SD (range)	41.50 ± 12.11
Male (%)	6 (60%)
Female (%)	4 (40%)
Duration of complaints <3 weeks	2 (20%)
Duration of complaints 3 weeks to 3months	3 (30%)
Duration of complaints >3 months	5 (50%)
Mean duration of pain (days \pm SD) (range)	80.70 ± 85.20
Previous history of Joint pains	3 (30%)
Previous history of neck injury	-

Table 3: Assessment before and 4 weeks after treatment.

Assessment Criteria	Grading BT Mean \pm SD	Grading AT Mean \pm SD	T value	P value
Neck Pain	3.5 ± 0.527	0.4 ± 0.489	13.63	<0.0001
Neck Stiffness	3 ± 0.816	0.4 ± 0.516	8.5	<0.0001
Referred pain/tingling	2.3 ± 0.483	0.5 ± 0.527	7.96	<0.0001
Vertigo	1.7 ± 0.483	0.4 ± 0.489	5.98	<0.0001
Numbness	1.6 ± 0.699	0.9 ± 0.538	2.5	0.0219
Flexion	2.4 ± 0.488	0.7 ± 0.674	6.46	<0.0001
Extension	2.5 ± 0.527	0.4 ± 0.516	9.04	<0.0001
Left Lateral Flexion	1.7 ± 0.483	0.5 ± 0.527	5.30	<0.0001
Right Lateral Flexion	1.6 ± 0.516	0.4 ± 0.516	5.2	0.0001
Left Rotation	1.8 ± 0.788	0.7 ± 0.674	5.2	0.0001
Right Rotation	1.8 ± 0.603	0.6 ± 0.489	4.8	0.0001

DISCUSSION

Cervical spondylosis is increasingly common these days in younger population than before due to bad posture, long sitting hours, poor dietary habits and other factors contributing to the early degeneration of the bone. The patients suffer from reduced quality of life with neck pain and other associated symptoms affecting their routine life. Although non-steroidal anti-inflammatory drugs, muscle relaxants, physiotherapy, analgesics are available for its treatment; there is little evidence to support their efficacy. The long term use of anti-inflammatory and analgesic drugs may lead to hepato toxicity, nephrotoxicity and adverse drug reactions affecting gastrointestinal tract, central nervous system etc.^[18] So, there need for an effective treatment regimen for cervical spondylosis that has no adverse effects.

Varmalogy is the special branch of Siddha system of Medicine. The Varma energy pathway can be correlated scientifically with the physiological analgesic pathway (Brain opiate system). Normally these are the points where two bones join or a muscle inserted into a bone or the blood vessels, nerves are prominent. These points are called "Varmam points" can also be considered as reflex anatomical points directly related to organs lying within. Stimulation of these Varma points is non invasive, simple and effective but can be done only by trained physicians. This treatment methodology is employed in the clinical practice, especially for musculo-skeletal disorders and neurological disorders for long lasting results.^[19]

Published case studies have reported that Varmam therapy had shown significant improvement with symptomatic management in cervical spondylosis.^[20,21]

Homoeopathy is increasingly becoming the treatment of choice among patients for musculoskeletal diseases. Published literature including case reports and case studies in peer reviewed journals indicate the efficacy of Homoeopathy in cervical spondylosis.^[22,23] In the present study, Homoeopathic medicines were prescribed in 30/200 potency after detailed case taking, case analysis and repertorization along with Varmam therapy for four weeks. A total of 6 homeopathic remedies were prescribed for cervical spondylosis after individualising the case. The most prescribed remedies were *Cimicifuga racemosa* (4) and *Bryonia Alba* (2). *Causticum*, *Conium maculatum*, *Kalmia latifolia* and *Rhus toxicodendron* were prescribed to one patient each. Patients reported significant improvement in all subjective and objective parameters. The results were highly significant ($P \leq 0.0001$) with respect to all subjective and objective parameters including neck pain, neck stiffness, vertigo, referred symptoms of tingling/numbness and range of movement for neck.

SCOPE AND LIMITATIONS OF THE STUDY

While the results of this study are promising, this is essentially a preliminary study due to small sample size. Clinical study with larger sample size may be undertaken to further validate the results of this study.

CONCLUSION

Cervical spondylosis is common disease condition that considerably affects the quality of life of suffering individuals. As highlighted by the results of this study the integrated approach to cervical spondylosis using Homoeopathy and Siddha system of medicine have promising results and warrant further studies with more stringent criteria.

ACKNOWLEDGEMENT

We gratefully acknowledge Mrs. Anjali BM Bakshi, Joint Director, Rashtrapati Bhavan for her constant encouragement and support to carry out this work. We offer our sincere thanks to Dr. V K Shahi, A.D. (Ay), CCRAS, Ministry of AYUSH & Co-ordinating officer, AWC, Rashtrapati Bhavan for his guidance. We also thank Anand Shah, Siddha therapist, Anita Chhatriya, Siddha therapist and Tarun Kumar, Homoeopathic pharmacist for their contribution in this work.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

REFERENCES

1. Boek R. Putz, R. Pabst. Sobotta, Atlas of Human Anatomy Volume 1: Head, Neck, Upper Limb. Elsevier, 2006.
2. Walker BR, Colledge NR. Davidson's Principles and practice of medicine. Elsevier Health Sciences, 2013; 1218-19.
3. API Textbook of Medicine 7th Edition Revised Reprint, 2006; 885-887.
4. Ferrara LA. The biomechanics of cervical spondylosis. *Advances in orthopaedics*, 2012 Feb 1; 2012.
5. Singh S, Kumar D, Kumar S. Risk factors in cervical spondylosis. *Journal of clinical orthopaedics and trauma*, 2014 Dec 31; 5(4): 221-6.
6. Kelly JC, Groarke PJ, Butler JS, Poynton AR, O'Byrne JM. The natural history and clinical syndromes of degenerative cervical spondylosis. *Advances in orthopaedics*, 2011 Nov 28; 2012.
7. Moon MS, Yoon MG, Park BK, Park MS. Age-Related Incidence of Cervical Spondylosis in Residents of Jeju Island. *Asian spine journal*, 2016 Oct 1; 10(5): 857-68.
8. McCormack BM, Weinstein PR. Cervical spondylosis: An update. *West J Med*, Jul-Aug 1996; 165(1-2): 43-51.

9. Aker PD, Gross AR, Goldsmith CH, Conservative management of mechanical neckpain; Systematic review & Meta analysis. *BMJ*, 1996; 313: 1291-6.
10. Kelly JC, Groarke PJ, Butler JS, Poynton AR, O'Byrne JM. The natural history and clinical syndromes of degenerative cervical spondylosis. *Advances in orthopaedics*, 2011 Nov 28; 2012.
11. National Health Portal. Hahnemann and Homoeopathy. Available at https://www.nhp.gov.in/homeopathy-hahnemann-and-homeopathy_mtl. Accessed on 09/11/17.
12. Hahnemann S, *Organon of Medicine*, 5th & 6th edition, New Delhi: B Jain Publishers (P.) Ltd, Reprint edition, 2000.
13. Kannan Rajaram. Varma Pullikalini irupitam, A.T.S.V.S Siddha Medical College, Kanyakumari, 2007: 5-12.
14. Mohanaraj T., Varma Odivu murivu sara suthiram 1200 & Sathuramani Suthiram 600, A.T.S.V.S Siddha Medical College, Kanyakumari, 2009: 64-69.
15. Manimaran G, Renuka K, Sugan M. Pothuvana pathu noigalai neekum Varma maruthuva anubavamuraigal. Published in *The Fingerprints of Varmam*. Chennai: Central council for Research in Siddha, 2015.
16. Hirpara KM, Butler JS, Dolan RT, O'Byrne JM, Poynton AR. Nonoperative modalities to treat symptomatic cervical spondylosis. *Advances in orthopaedics*, 2011 Aug 1; 2012.
17. Thiyagarajan R. *Siddha maruthuvam Sirappu*. 1st edition. Chennai: Commissionerate of Indian Medicine and Homoeopathy, 2013.
18. Padmaja Udhayakumar, *Medical Pharmacology*, 4th edition, CBS publishers & distributors Pvt Ltd, 25.
19. Shunmugom N, Renuka M, *Medical Varmalogy Theories and concepts*, *The Foot Prints of Medical Varmalogy*, May 2012, Arts Research Institute, 16.
20. Natarajan S, Nagarajan T, Sathiyarajeswaran P, Kannan M. The Role Of Varma Therapy In Cakana Vatam. *WebmedCentral Indian Medicine*, 2012; 3(9): WMC002906.
21. Sugunthan S., Shailaja R., Mohamed M. A comparative clinical study on villaiver kudineer and varmam therapy in the treatment of cervical spondylosis. *European Journal Of Pharmaceutical and Medical Research*, 2017; 4(01): 392-398.
22. Tiwari NL. Spondylitis, Dyspepsia & Tension Headache. *National Journal of Homoeopathy*, Jan-Feb 2004; 6(1): Available at <https://www.njhonline.com/CaseStudyView.jsp?id=454>, accessed on 20/11/17.
23. Mohan GR, Jayalakshmi C, Meena Devi AL. Cervical spondylosis—a clinical study. *British Homoeopathic Journal*, Elsevier, 1996, July 1996; 85: 131-133.