EFFICACY OF VARMAM IN CASE OF TRAUMATIC MYDRIASIS
(DILATED PUPIL) - A SINGLE CASE STUDY

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INTRODUCTION

Varmam is a part of Siddha medicine. It is used in traumatic (dislocation or displacement of bone joints, ectopic pregnancy bleeding, PPH etc) and Non traumatic conditions such as HTN, DM, BA which has varmam therapy with or without medications. Varmam is a science of harmony between mind, soul and body. Varmam is very handy in Medical emergencies. Varmam application on the right place with correct pressure points, heals various disorders of Nervous system and musculoskeletal system. Varmam energy spreads throughout the body performing various functions.

Most of the varmam texts deal with Traumatic management and some rare texts deal with Non traumatic conditions also. Varmam texts also deal about many therapeutic managements.

Varmam Linked to Eye

Traumatic injury to the head or orbit can cause damage to the Iris Sphincter which is responsible for regulating and controlling the pupil. This type is known as Mydriasis.

Mydriasis means ‘’prolonged abnormal dilatation of the pupil’’.
Mydriasis is caused due to - physiological and Non-physiological reasons. In traumatic mydriasis condition patient feels, discomfort, headache, blurring or decreased vision, dilated pupils, dilated fundus, dyschromatopsia (decreased colour vision).

These criteria can be diagnosed on examination and ophthalmologist concern. CT and MRI can also be used for diagnostic purpose. Surgical correction (pupiloplasty - for traumatic mydriasis) is the main line of treatment for traumatic conditions.

This article is a single case study of traumatic mydriasis due to traumatic optic neuropathy. Many of the varmam texts reveals with certain eye diseases. The varmam points which are used in the treatment supplies energy to optic nerves, orbit etc. we can also stimulate the Varmam points located other than the eyes to energies the eye. In this case study Nervarmam was the main source of treatment. The text which deals with “NER VARMAM” is seen in Varma kaandam.

Ner Varmam is located in the xiphisternum gives energy to eyes and ears. Anagatha is mainly used for the treatment purpose. Among the chackkra it named ANAGATHA, in VARMAM it named NER VARMAM.

Anagatham – Agnibootha Thathuvam
Many siddhars suggests the location of this varmam as
Thirumoolar - 12 fingers below the nose
Bogar - from Manipooraga 8 fingers upwards
Yugimuni – from Manipooraga 12 fingers upwards
The other siddhars also says, it is located in xiphisternum. Six vaayus such as pranan, uthanan, vianan, koorman, devathathan and dhananjayan are functioning in ner varmam. (Varma Kaandam)

Functioning of uthanan, samanan vaayus, will stimulate the AGNIBOOTHA organ – Eye, the koorman vaayu is activated by uthanan and samanan to enhance the vision in the eye.

CASE STUDY
A male patient aged 33yrs, with complaints of tenderness around the left eye, pupil completely dilated, complete loss of vision in left eye.
O/E Ecchymosis – Haemorrhagic conditions around the left eye due to road traffic accident (RTA) on 3rd August 2015 at Tirupur. No other relevant history of trauma.

Varmam treatment was started on 26th August 2015 with the advice of Varma Aasan Dr. N. Shunmugom. The varmam point given to this patient was Nervarmam.

For 5 days regularly (thrice a day).

RESULT

Before Treatment

Investigation

CT brain plain

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DISCUSSION

Varmam points should be activated by knowing the energy sources, its dimension and functions.

Varmam points are basically aimed to regulate the vital air (dhasa vaayus), naadi flow, vessels and so on. When the Ner varmam is applied, it stimulates the 6 vaayus one of them is koorman which is located in and around eyes, helps in vision.

**Ner Varmam – Oothal, Urinchal, Pirithal**

This varmam receives the energy flow and function on its own and supplies to various parts of the body. In this patient due to traumatic condition the VAASI in and around the eyes got normalized.

After 5 days treatment Pupil normalized.

**MRI SCAN OF BRAIN AND ORBIT (LIMITED STUDY)**

Technique: FLAIR Axial, IR Coronal, T2 axial, T1 coronal, SWI.

Altered signal intensity with thickening of nerve noted in posterior third of intraorbital and intracanalicular portion of left optic nerve i/o contusion. No fluid signal noted to suggest transaction. Mild proptosis of left orbit noted.

Right orbit and its contents are normal.

Soft tissue edema noted in left peri orbital and premaxillary regions.

Haemorrhagic contusion noted in left anterior temporal lobe.

Rest of the neuro parenchyma is normal.

CT correlation shows displaced fractures in lateral and medial wall of left orbit. Minimally displaced fractures noted in posterolateral and posteromedial wall of left orbit adjacent to optic canal. Minimally displaced fracture noted in inferior wall of left orbit. No fat/muscle herniation noted. Commuted displaced fractures noted in anterior and lateral wall of left maxillary sinus and left zygomatic arch.

**IMPRESSION:**

- Contusion in posterior third of intraorbital and intracanalicular portion of left optic nerve
- Haemorrhagic contusion in left anterior temporal lobe.
- Fractures as described.

Clinical profile: traumatic left optic neuropathy.
damaged and hence he came with redness, tenderness, dilated pupil (mydriasis), contusion and haemorrhage.

The energy loss around the eyes were corrected by pinkalai naadi by the application of Ner varmam, where Koorman vaayu is also regulated.

Result of varmam treatment after 5 days -Contusion was completely reduced. No tenderness and redness in the injured part. Dilated pupil was normalised. But no significant improvement in the vision. Still the patient is under treatment.

CONCLUSION
According to investigations the mydriasis is due to traumatic optic neuropathy. After the Varmam treatment the mydriasis condition has completely cured. Further study should be done on this case.

Varmam therapy replaced the surgical procedure (pupiloplasty) correction of traumatic mydriasis in this case.

REFERENCES