Int. J. Curr. Res. Med. Sci. (2026). 12(8): 34-37

International Journal of Current Research in Medical Sciences

ISSN: 3107-3743 (Print), ISSN: 2454-5716 (Online)
(A Peer Reviewed, Indexed and Open Access Journal)
www.ijcrims.com

Case Report

Volume 12, Issue 8 -2026

DOI: http://dx.doi.org/10.22192/ijcrms.2026.12.08.004

"A Single case study on effectiveness of Varma therapy in Erb's palsy"

Dr. K.A. Rajalakshmi MD (Siddha)
Assistant Siddha Medical Officer
Arignar Anna Government Hospital of Indian Medicine
Arumbakkam, Chennai, Tamil Nadu, India

Abstract

A 21/2 male boy presenting with complete paralysis of right upper limb with typical waiter's tip deformity, diagnosed as Erb's palsy was brought to Arignar Anna Government hospital of Indian medicine varmam department OPD. Patient was treated with Varma thaduvu muraigal with a aim of recovering the patient to lead near normal life. Therapy was given continuously for weekly 3 days for a period of 48 Days in three sessions.Marked results was seen in the form of reduction of disparity in length and mid-arm circumference of right upper limb and the muscle power was improved from zero to four and the range of motion was improved much. It was measured by MRC criteria.

Keywords: siddha medicine, varma thaduvu muraigal, Erbs palsy, Brachial plexus injury

Introduction

Erb's Palsy (or) Brachial palsy is paralysis of arm caused by injury to the upper group of arm's main nerves specifically upper trunk C5-C6 plexus. The most common case being dystocia Erb's palsy is a condition where the upper part of brachial plexus (C5, C6) that innervates the arm is severed resulting in adducted, internally rotated shoulder and pronated forearm, typically known as "waiter's tip" position. The most common cause being dystocia (associated with difficult breech and forceps deliveries), the nerve damage can vary from bruising to tearing and hence paralysis can be partial or complete. The treatment of Erb's palsy depends on the nature of damage, which is either nerve bruise or nerve tear. Nerve bruise usually resolve on its own over a period of months. However, in the latter case i.e. nerve tear, the following multiple approaches are advised physiotherapy for regaining muscle usage, surgical interference of nerve transplants, subscapularis releases, latissimus dorsi tendon transfers and rehabilitation therapy. The present case was considered as kaipuja poruthu varmam and varma manipulation techniques (thadavu muraigal) was done.

Case report

A 21/2 year male child was brought to Arignar Anna Govt Hospital Of Indian Medicine Varmam OPD by his mother with the complaints of inability to move his right upper limb and abnormal position, progressive since birth On examination

- Arm was internally rotated, adducted, elbow extended, forearm pronated and with a closed fist of right upper limb.
- All developmental milestones were normal, except for movements of right upper limb.
- Muscle power was assessed for all the muscle groups of right upper limb and were of grade 0.

Past history

According to patient's mother, doctors performed forceps assisted vaginal delivery. Both mother and baby were healthy following the delivery. Later, the parents noticed that the baby was not using his right upper limb completely, with gradual progressive deformity. It was diagnosed as Erb's palsy by a paediatrician and suggested for physiotherapy as an early measure of treatment, before electing surgical options

Various techniques applied for Varma related injuries:

- ✓ Marukalam
- ✓ Thirumal murai
- ✓ Adangal murai
- ✓ Thiravukol murai
- ✓ Thadaval murai
- ✓ Marunthu murai
- ✓ Vayu nilai amarthal
- ✓ Kattu murai

Stimulation of varma energy circulation:

Disturbance of blockage of Varma energy circulation can be healed by Adangal muraigal or manipulation technique (Varma illakumuraigal) or massage technique (Varma thadavu muraigal). This is explained in **Varma Beerangi** as

"Parappa adangal thannai sollalum
Parama guru vaianuthinamum panindhu potri
Parappa thada vumurai penni seythu
Puramirundhuellu murai penni seithu
Varappan arambella mizuthupinni
Vangiyae thadavi vittum unnum pinnum
Oorap pasevikku ttriyulooni yenthai
Ultharai pura thaarai thadavik kore"

Thadavaal muraigal:

Panchamudichu thadavaal:

Place middle three fingers on L5-S1 apply pressure clockwise rotation 3 times and anticlockwise rotation 3 times, move to T12-L1 clockwise rotation 3 times and anticlockwise 3 times, move to T8 clockwise rotation 3 times anticlockwise 3 times, move to C7 clockwise 3 times anticlockwise 3 times and come down in the same manner. This is done for 7 times.

Puratharai thadavaal

Place the thenar aspect of palm on Pidari Varmam apply pressure and move along the spine towards L5-S1and end with a upward pressure. This is done for 7 times.

Sippi thadavaal

Place thenar aspect of palm on inferior angle of scapula apply pressure move along border of scapula 2 times, move to Kakkattai Kalam with the same pressure end in Puyavarmam. This is done for 7 times.

Kaithadavaal

Rotation movements are given with the palmar aspect of hand from downwards to upwards, upwards to downwards, medial to lateral, lateral to medial. This is done for 7 times.

Panchabootha thadavaal:

Step 1:

Apply pressure on Ullangai Kai Vellai Varmam press and release for three times.

Step 2:

On dorsum of hand apply pressure on Manibandaga Varmam move along the interosseous space to each metacarpophalangeal joint. This is done for 7 times.

Step 3:

Rotation movements are given for each finger from metacarpophalangeal joints to tips of each finger.

Step 4:

Lock the patient wrist with one hand and join fingers of patient with therapist and do clockwise rotation 3 times and anticlockwise rotation 3 times and pull the wrist once toward therapist. This is done for 7 times.

As in text

- Little finger is referred as Pritivi Kooru
- Ring finger is referred as Appu Kooru
- Middle finger is referred as Theyu Kooru
- Index finger is referred as Vayu Kooru
- Thumb finger is referred as Agaya Kooru

So, it is called Panchabootha Thoondal

By following MRC Criteria for Grading of Muscle Power, patient's prognosis was noted
MRC Criteria (Out of 5)

0 = complete paralysis
1 = flicker of contraction
2 = movement if gravity excluded
3 = movement against gravity
4 = moderate power against resistance
5 = normal power

Observation and study:

Session	Duration	Therapy	Prognosis
1 St Session-48 days	3 Times/Week	Varma thadaaval	Able to lift the Rt arm with the support of other arm 40 degree Muscle power -grade 2
Gap for 12 days			
2nd session-48 days	3 Times/Week	Varma thadaaval	Able to lift the Rt arm with support of other hand by 90, degree, active lifting of arm by 45 degree, fingers extended passively able to grasp objects Mscle power-grade 3
Gap for 12 days			
3rd session-48 days	3 times/week	Varma thadaaval	Able to lift the Rt arm with support of other hand 180-degree, active lifting of rt arm by 90 degrees, fingers fully extended actively able to hold objects Muscle power -grade 4

Discussion

In literature of varma maruthuvam various manipulation techniques have been explained. The author has chosen varma thadavu muraigal for treating the disease.

Ulunthuthylum is used for varma thadaval, The oil soothes the sensory nerve endings, produce a hyperaemic effect causing the arterioles dilate in musculature, and reduce stiffness, The child was not able to grab things ,hold things in right arm at the initial stage, Later on after the therapy as the muscle power has improved he is able to hold objects ,swing the arm, lift the arm to full extent .The recovery was faster was observed in with significant improvement in muscle power in affected muscle group .The improvement persisted at further follow up after 1-2 months.

Conclusion

Finally, it can be concluded that varmam Thadaval Muraigal therapeutic techniques has a definitive action as well as clinically efficacy on Erb's palsy child. It is concluded that the treatment for Erb's Palsy with Siddha Varmam thadavu muraigaal is good in improving the quality of life of the children.

References

1. Ghai OP. Essential Paediatrics. Ch. 5, 4th revised reprint. Delhi: Publishers; 1985 p. 55, 423. Interprint
2. Sandmire HF, De Mott RK. Erb's palsy. Concepts of causation. Green J Obstet Gynaecol 2000; 95:941-942.
3. Low J, Reed A. Electrical stimulation of nerve and muscle. Electrotherapy Explained Principles and Practice. 2nd ed. Linacre House, Jordan Hill, Oxford: Butterworth-Heinemann Ltd; 1994. p. 41-111, pp. 393. OX2 8DP.
4. Venkatramani H, Bhardwaj P, Faruquee SR, Sabapathy SR. Functional outcome of nerve transfer for restoration of shoulder and elbow function in upper brachial plexus injury. J Brachial Plex Peripher Nerve Inj 2008; 3:15.
5. Dr. N. Shanmugam Ph.D (Tamil) VETHSATTH, 2012 International Conference on Medical Varmalogy
6. Bhardwaj P, Bhardwaj N. Motor grading of elbow flexion: Is medical research council grading good enough? J Brachial Plex Peripher Nerve Inj 2009;4:3
7. Varma maruthuvam -by Dr Kannan Rajaram
8. Srilakshmi D, Chaganti S. A holistic approach to the management of Erb's palsy. J Ayurveda Integr Med 2013; 4:237-40.

Access this Article in Online	
	Website: www.ijcrims.com
Quick Response Code	Subject: Siddha Medicine
DOI: 10.22192/ijcrms.2026.12.08.004	

How to cite this article:
K.A. Rajalakshmi. (2026). "A Single case study on effectiveness of Varma therapy in Erb's palsy". Int. J. Curr. Res. Med. Sci. 12(8): 34-37.
DOI: http://dx.doi.org/10.22192/ijcrms.2026.12.08.004