Case Report

Management of chronic dysphagia with Siddha *Varma* therapy: A case report

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Abstract

Dysphagia is a medical condition characterized by difficulty swallowing, which can be painful and, in severe cases, may even make swallowing impossible. Occasional difficulty swallowing, for instance, when eating too quickly or not chewing food well enough, is usually not a cause for concern. However, persistent or progressive dysphagia can indicate a serious underlying medical condition that requires treatment. A 49-year-old male with a 2-year history of severe dysphagia, unable to tolerate solids or liquids, was referred for esophageal replacement surgery due to gross esophageal dysfunction detected during endoscopy. According to Siddha principles, the condition was diagnosed as *Sanguthiry Varmam*, attributed to trauma-induced disruption of swallowing reflexes. The patient underwent Siddha *Varma* therapy involving sequential stimulation of specific points, *Kuththy Varmam*, *Kondai Kolli Varmam*, *Kavala Varmam*, and *Konasanni Varmam*, using graded finger pressure (*Mathirai*). Remarkable improvement was reported by the second day of Varma therapy treatment, with further progress by the fourth day. By August 9, 2025, the patient experienced complete resolution of dysphagia, regaining normal swallowing function and thereby avoiding major surgery. This case report highlights the therapeutic potential of Siddha *Varma* therapy in restoring neuromuscular and *pranic* balance. From a biomedical perspective, surgical correction is generally the standard management for severe esophageal dysfunction, yet this case demonstrated that noninvasive *Varma* stimulation achieved comparable outcomes at a minimal cost, without hospitalization, anesthesia, or surgical risks. Siddha *Varma* therapy may, therefore, serve as an effective, safe, and affordable alternative to surgery for selected cases of dysphagia, warranting further clinical studies to substantiate these findings.

Keywords: Dysphagia, esophageal, *Sanguthiry Varmam*, Siddha *Varma* therapy

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INTRODUCTION

Dysphagia is a medical condition characterized by difficulty swallowing, which can be painful and, in severe cases, may even make swallowing impossible. Occasional difficulty swallowing, for instance, when eating too quickly or not chewing food well enough, is usually not a cause for concern. However, dysphagia can range from mild discomfort to severe impairment. While occasional swallowing issues may not be concerning, persistent or progressively worsening dysphagia can indicate a serious underlying medical problem that requires

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treatment.[1] Individuals with dysphagia may experience symptoms such as pain while swallowing, a sensation of food being stuck in the throat, chest, or behind the breastbone, drooling, hoarseness, regurgitation of food, frequent heartburn, food or stomach acid backing up into the throat, unexplained weight loss, and coughing or gagging when swallowing. Swallowing is a complex neuromuscular process, and any condition that weakens or damages the associated muscles and nerves, or causes narrowing of the throat or esophagus, can result in dysphagia.[2] When throat muscles are weakened, moving food from the mouth into the throat and esophagus becomes difficult, often causing choking, gagging, or coughing during swallowing. Some individuals may feel that food or liquid is going down the wrong way into the trachea or even up into the nose, whereas aspiration of food or liquid into the airway may lead to serious complications such as aspiration pneumonia. People with neurological or nervous system disorders such as stroke, Parkinson's disease, or multiple sclerosis are at higher risk of developing dysphagia.[3] The present study focuses on a patient with chronic dysphagia who had suffered from swallowing difficulties for the past 2 years. While modern medical management suggested esophageal replacement surgery as the treatment option, the patient sought alternative therapy. Through Siddha *Varma* therapy, significant improvement was observed, highlighting its potential as an effective and noninvasive treatment approach for dysphagia.

PATIENT INFORMATION

A 49-year-old male patient visited the Herbal Health Care Center, Kokuvil, Jaffna, Sri Lanka, as an outpatient with complaints of progressive dysphagia. Initially, he experienced difficulty swallowing solid food, which gradually worsened to include liquids as well. He reported an inability to consume an adequate amount of food or fluids comfortably. On July 22, 2025, he sought medical attention at the Gastroenterology Clinic in Colombo, where he underwent an endoscopy. The previous recommended treatment was esophageal replacement surgery, which was estimated to cost around LKR 4 million. However, due to the high cost, he decided to pursue Siddha treatment instead.

General examination	
Blood pressure	110/70 mm Hg
Heart rate	69 bpm
Body temperature	36.9°C
Respiratory rate	13 cycles/min
SpO_2	98% on room air
BMI	24.5

SpO_2: peripheral oxygen saturation, BMI: body mass index

Table 1: Timeline changes in the indexes after *Varma* manipulation

Parameter	Day 2	Day 4	Day 6	Day 8
Pain while swallowing	+++	++	+	–
Inability to swallow	+++	+	–	–
Regurgitation	++	+	–	–
Frequent heartburn, coughing, or gagging	+++	+	–	–
When swallowing	++	+	–	–

+++: severe, ++: moderate, +: mild, –: absence

TIMELINE

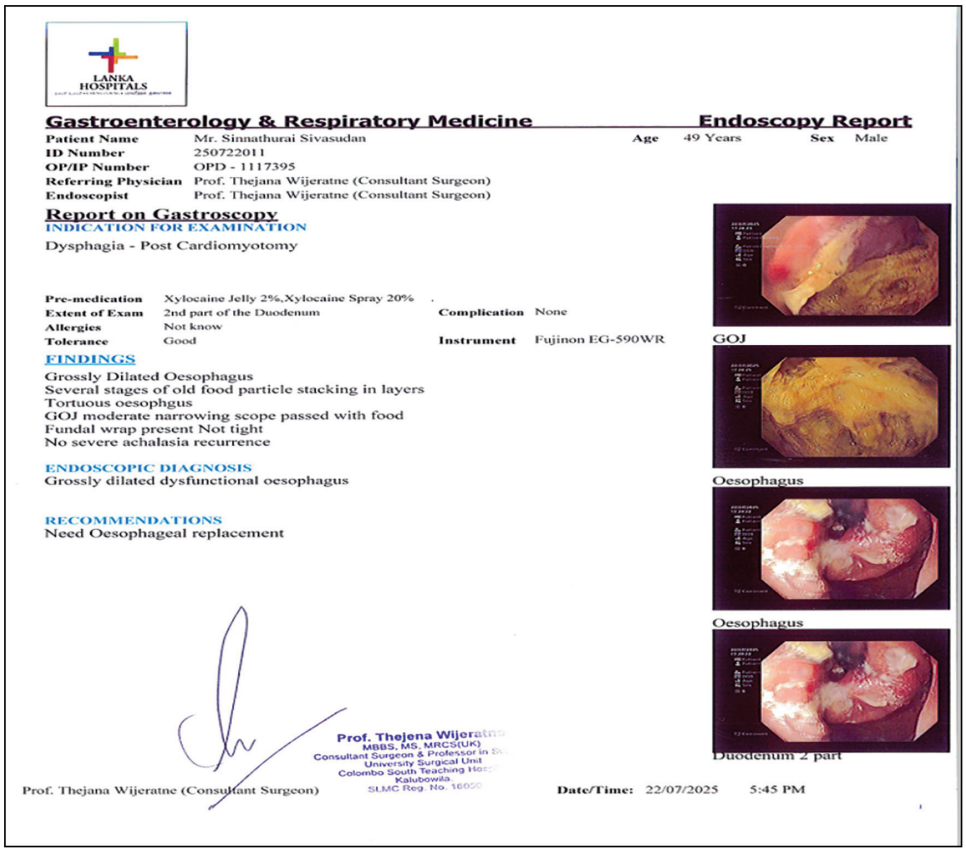
Varma therapy was initiated on August 1, 2025, for the patient who presented with pain during swallowing, inability to swallow, regurgitation, frequent heartburn, and coughing or gagging while swallowing. By the eighth day of treatment, a complete resolution of all symptoms was observed [Table 1].

CLINICAL FINDINGS

The endoscopic evaluation [Figure 1] showed severe dysfunction in his esophagus and grossly dilated esophagus, layers of old food particles, and a tortuous esophagus. The scope was able to pass into the stomach, and the fundal wrap appears not tight, with no severe achalasia recurrence. The final diagnosis states a grossly dilated, dysfunctional esophagus. The patient appeared thin but not emaciated. He was alert, oriented, and in no acute distress. No pallor, icterus, cyanosis, clubbing, or peripheral edema was noted. Oral cavity and oropharyngeal examination were unremarkable. There was no cervical lymphadenopathy or neck masses. Cardiovascular and respiratory examinations were normal. Abdominal examination revealed no organomegaly or ascites. Neurological examination was intact, with no cranial nerve deficits. Based on the clinical findings, chronic dysphagia was identified, and Siddha treatment was initiated.

DIAGNOSTIC ASSESSMENT

Condition identified as *Sanguthiry Varmam* based on Siddha principles. In Siddha medicine, injury to specific *Varma points* is believed to disturb the flow of life energy (*Pranan*), leading to functional impairment. Specific Varmam points are stimulated by applying gentle pressure to areas such as the ear, skull, and jaw for a short duration. According to Kannan,[4] techniques such as *Kuththy Varmam*, *Kondai Kolli Varmam*, *Kavala Varmam*, *Konasanni Varmam*, and *Maathriga Varmam* involve pressing specific anatomical points with 2 *Mathirai* of pressure for 5 s. Table 2 lists important *Varmam* points where controlled pressure is


LANKA HOSPITALS

Gastroenterology & Respiratory Medicine — **Endoscopy Report**

Patient Name Mr. Sinnathurai Sivasudan — **Age** 49 Years — **Sex** Male
ID Number 250722011
OP/IP Number OPD - 1117395
Referring Physician Prof. Thejana Wijeratne (Consultant Surgeon)
Endoscopist Prof. Thejana Wijeratne (Consultant Surgeon)

Report on Gastroscopy

INDICATION FOR EXAMINATION
Dysphagia - Post Cardiomyotomy

Pre-medication Xylocaine Jelly 2%,Xylocaine Spray 20%
Extent of Exam 2nd part of the Duodenum — **Complication** None
Allergies Not know
Tolerance Good — **Instrument** Fujinon EG-590WR

FINDINGS
Grossly Dilated Oesophagus
Several stages of old food particle stacking in layers
Tortuous oesophgus
GOJ moderate narrowing scope passed with food
Fundal wrap present Not tight
No severe achalasia recurrence

ENDOSCOPIC DIAGNOSIS
Grossly dilated dysfunctional oesophagus

RECOMMENDATIONS
Need Oesophageal replacement

GOJ

Oesophagus

Oesophagus

Duodenum 2 part

Prof. Thejana Wijeratne (Consultant Surgeon)

Date/Time: 22/07/2025 5:45 PM

Figure 1: Endoscopy report (before treatment)

Table 2: The *Varma* points details

SN	Name of the *Varmam*	Location of the point	Pressure	Duration (s)	Reference
1	*Kuththy Varmam*	Anterior aspect of the ear	2 *Mathirai*	5	Kannan[4]
2	*Kondai Kolli Varmam*	Bregma of the skull	2 *Mathirai*	5	Kannan[4]
3	*Kavala Varmam*	Alveolar part of the mandible	2 *Mathirai*	5	Kannan[4]
4	*Konasanni Varmam*		2 *Mathirai*	5	Kannan[4]
5	*Maathriga Varmam*	Middle of the mandibular ramus	2 *Mathirai*	5	Kannan[4]

applied to locations like the bregma, mandibular regions, and ear. Each Varmam point described here requires a brief, precise application of pressure to stimulate the targeted area. These Varmam points follow a uniform method: applying mild pressure for 5 s on selected regions of the head and jaw. This case report highlights chronic dysphagia following trauma to the *Sanguthiry Varma* point [Figure 2].[5] The point marked as No. 28 represents the *Sanguthiry Varmam*. Injury or derangement of this *Varma* point may affect the neuromuscular coordination of the throat region, which can lead to *dysphagia* [Figure 3].[6,7]

All relevant *Varma* points were stimulated sequentially during each session. The intervention was carried out twice daily for four consecutive days.[5,6]

FOLLOW-UP AND RESULT

The patient tolerated the therapy well. By the third and fourth days, marked symptom relief was observed, with improved ease in swallowing liquids and reduced discomfort during food intake. Continued improvement was noted over the following days, and by August 8, 2025, and August 9, 2025, complete resolution of chronic dysphagia was reported, as shown in Table 1. The patient showed improvement in symptoms such as swallowing solid food and consuming sufficient food and fluids. He was able to resume his daily activities without experiencing pain while swallowing or chewing. There were no signs of neuromuscular pain, and the patient can now eat a variety of foods without any restrictions. He can easily drink large amounts of liquid and eat solid food without any issues.

DISCUSSION

Therapeutically, *Varmam* may be applied by manual stimulation of specific point**s**, using the fingers, palm, or external blunt objects such as neem seeds or tamarind seeds. The intensity of finger pressure is measured in *Mathirai*, the standard unit of *Varma* therapy. The pressure may vary as *¼ Mathirai, ½ Mathirai, ¾ Mathirai*, and *1 Mathirai* (*Mathirai*—the unit of force applied in *Varmam* therapy).[6] *Sanguthiri Varmam* is a superficial *Varma* point located in the anterior midline of the throat, positioned between the thyroid cartilage (Adam's apple) and the suprasternal notch. It plays a crucial role in regulating the pharyngeal and laryngeal neuromuscular mechanisms, particularly influencing the functions of the glossopharyngeal (CN IX) and vagus (CN X) nerves, which coordinate swallowing and voice production. Classical Siddha *Varma* literature highlights that disturbance or injury to this *Varma* point may impair the swallowing reflex and lead to dysphagia, throat tightness, hoarseness, or mild respiratory difficulty. Therapeutic stimulation of *Sanguthiri Varmam* must, therefore, be gentle, typically using *1–2 maathirai* pressure for 5 s, repeated twice with intervals, to restore the normal flow of *uyir sakthi* and neuromuscular balance of the throat region. Excess pressure is contraindicated due to its proximity to vital airway structures.[8] To correct the affected *Sanguthiri Varma*

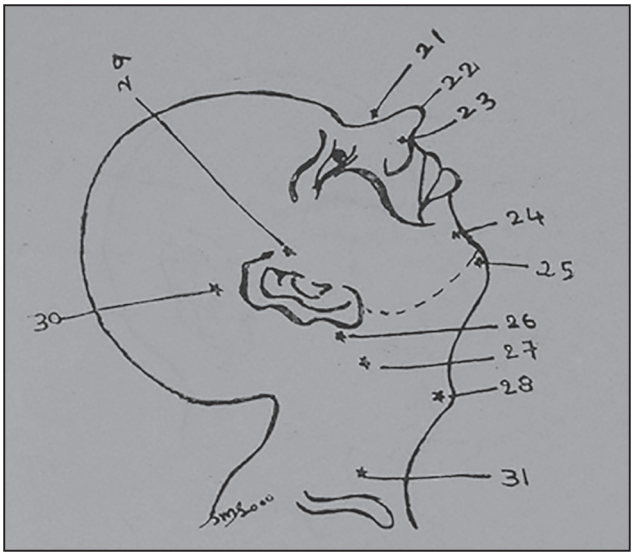


Figure 2: *Sanguthiry Varma* point. (*Source*. Rasamani,[6] p. 12)

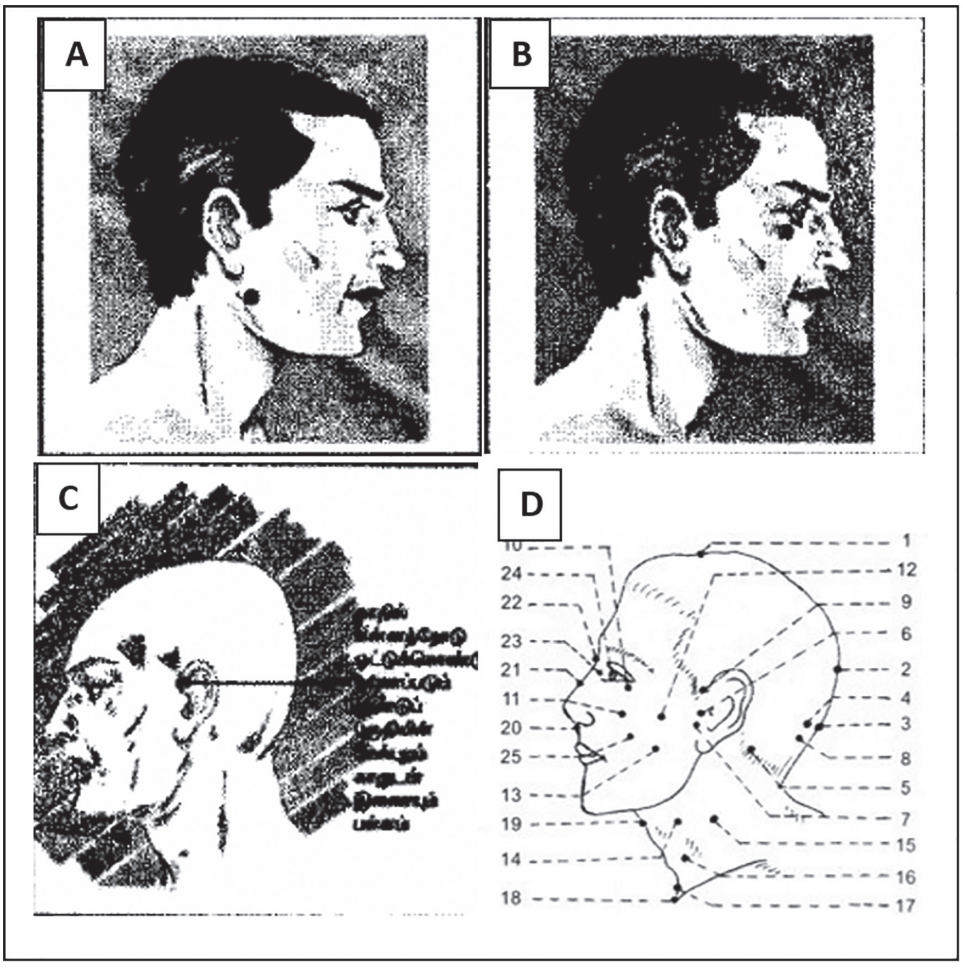


Figure 3: Stimulated *Varma* points. (A). *Kona Sanni Varma* point; (B). *Maathirika Varma* point. (C). *Sevikuthi Varma's* point. (D1). *Kondai Kozhi Varma* point. (D13). *Kavazha Varma* point. *Source*. (A–C) Maniyan,[7] pp. 20, 115, 117. (D) Kannan,[4] p. 45

point, the currently relevant *varma* points were stimulated according to the *Adankal* method, which is indicated for the *Sanguthiri Varma* at the *Elumbal* stage.

According to Siddha physiology (*Udal Thathuvam*), *Naadis* are tubular channels in the body through which *Pranan* (vital life force) flows. They are considered analogous to the neural pathways that regulate physiological and functional activities. Manipulation of *Varma* points helps relieve blocks in the flow of *Pranan* through these *Naadis*, thereby restoring balance and normal function.[5] Classical Siddha literatures describe 72,000 *Naadis*, of which three are of prime importance: *Suzhumunai*, considered the central *Naadi*, often correlated with the spinal cord. *Idakalai*—located on the left side of *Suzumunai*, associated with parasympathetic regulation and cooling functions. *Pingalai*—located on the right side of *Suzumunai*, associated with sympathetic activity and stimulating functions.[6,8] In Siddha interpretation, *Idakalai* and *Pingalai* may correspond to the sympathetic ganglia of the spinal cord, regulating autonomic functions. Thus, the nervous system, *Naadis*, and *Varma* points are intricately related. Injury or dysfunction at a *Varma* point can disturb neural pathways and block *Pranan* flow. Therapeutic manipulation of *Varma* points helps normalize the function of the nervous system and restore balance between *Idakalai*, *Pingalai*, and *Suzumunai* channels.[4]

Trauma-induced dysphagia is rare but debilitating. In this case, injury to the *Sanguthiry Varma point* disrupted the swallowing reflex. Siddha *Varma* therapy, by stimulating vital points, appears to facilitate restoration of neuromuscular function and *Pranic* balance. From a modern medical perspective, dysfunction or compression of a nerve root often requires surgical correction, including advanced procedures such as decompression surgery or even organ transplantation in severe cases. For example, an esophageal transplantation in Sri Lanka may cost nearly 4 million rupees (40 lakhs), in addition to the risks of anesthesia, prolonged hospitalization, and possible postoperative complications. In contrast, Siddha medicine and *Varma* therapy provide a noninvasive, cost-effective alternative for managing such conditions. According to Siddha interpretation, *Idakalai* and *Pingalai* correspond to the autonomic nervous system, particularly the sympathetic and parasympathetic ganglia of the spinal cord. The nervous system, *Naadis*, and *Varmam* points are considered to be intricately interconnected. Siddha tradition recognizes 108 vital *Varmam* points in the human body. When these are stimulated skillfully, they activate nerve function, improve blood circulation, and restore physiological balance, without the need for surgical intervention. Thus, *Varma* therapy represents an effective nonsurgical management strategy. *Varma*-based treatment can be affordable, making it affordable, safe, and anesthesia-free. This highlights Siddha medicine's strength as a holistic, patient-friendly approach to managing neuromuscular dysfunctions.

CONCLUSION

This case demonstrates the potential effectiveness of Siddha *varmam* stimulation in treating severe esophageal dysfunction, offering a cost-effective, noninvasive alternative to surgery. Furthermore, studies with larger patient populations are recommended to validate these findings. This case report demonstrates the therapeutic benefits of Varma therapy as a noninvasive and cost-effective alternative to surgery for certain patients. Nerve root dysfunction typically necessitates surgical intervention, such as decompression surgery or organ transplantation. For instance, an esophageal transplant in Sri Lanka can cost around 4 million rupees (40 lakhs) and carries risks like anesthesia, extended hospital stays, and postoperative complications.

Declaration of patient consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

Acknowledgements

The authors sincerely thank the patient for his cooperation throughout the treatment process. Special gratitude is also extended to the Herbal Health Care workers for their valuable support and assistance during the therapy sessions.

Data availability statement

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Financial support and sponsorship

Not applicable.

Conflicts of interest

There are no conflicts of interest.

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हिंदी सारांश

सिद्ध वर्मा चिकित्सा द्वारा जीर्ण निगलने की कठिनाई का प्रबंधन: एक केस रिपोर्ट

डिस्फेजिया एक चिकित्सीय स्थिति है जिसमें निगलने में कठिनाई होती है, जो दर्दनाक हो सकती है और गंभीर मामलों में, निगलना असंभव भी हो सकता है। उदाहरण के लिए, कभी-कभार निगलने में कठिनाई होना, जैसे कि जल्दी-जल्दी खाना खाना या भोजन को ठीक से न चबाना, आमतौर पर चिंता का कारण नहीं होता है। हालांकि, लगातार या धीरे-धीरे बढ़ने वाली निगलने में कठिनाई किसी गंभीर अंतर्निहित चिकित्सीय स्थिति का संकेत हो सकती है जिसके लिए उपचार आवश्यक है। दो साल से गंभीर निगलने में असमर्थता (डिस्फेजिया) से ग्रस्त 49 वर्षीय पुरुष को एंडोस्कोपी के दौरान पाई गई गंभीर अन्नप्रणाली की खराबी के कारण अन्नप्रणाली प्रतिस्थापन सर्जरी के लिए भेजा गया था। सिद्ध सिद्धांतों के अनुसार, इस स्थिति का निदान संगुथिरी वर्मम के रूप में किया गया, जिसका कारण आघात के कारण निगलने की क्रियाविधि में व्यवधान होना है। रोगी को सिद्ध वर्मा थेरेपी से गुजरना पड़ा, जिसमें ग्रेडेड फिंगर प्रेशर (मथिराई) का उपयोग करके विशिष्ट बिंदुओं, कुथी वर्मम, कोंडई कोल्ली वर्मम, कवला वर्मम और कोनसन्नी वर्मम की क्रमिक उत्तेजना शामिल थी। वर्मा चिकित्सा उपचार के दूसरे दिन से ही उल्लेखनीय सुधार देखा गया, और चौथे दिन तक स्थिति में और भी सुधार हुआ। 9 अगस्त, 2025 तक रोगी की निगलने की समस्या पूरी तरह से ठीक हो गई, जिससे उसकी निगलने की क्षमता सामान्य हो गई और इस प्रकार बड़ी सर्जरी से बचा जा सका। यह मामला तंत्रिका-मांसपेशी और प्राणिक संतुलन को बहाल करने में सिद्ध वर्मा चिकित्सा की चिकित्सीय क्षमता को उजागर करता है। जैव-चिकित्सा की दृष्टि से, गंभीर ग्रासनली संबंधी विकार के लिए शल्य चिकित्सा आमतौर पर मानक उपचार है, लेकिन इस मामले ने प्रदर्शित किया कि गैर-आक्रामक वर्मा उत्तेजना ने न्यूनतम लागत पर, बिना अस्पताल में भर्ती हुए, बेहोशी की दवा दिए या शल्य चिकित्सा के जोखिमों के बिना, तुलनीय परिणाम प्राप्त किए। इसलिए, सिद्ध वर्मा चिकित्सा निगलने में कठिनाई के कुछ चुनिंदा मामलों में सर्जरी के एक प्रभावी, सुरक्षित और किफायती विकल्प के रूप में काम कर सकती है, जिसके लिए इन निष्कर्षों को प्रमाणित करने के लिए आगे के नैदानिक अध्ययनों की आवश्यकता है।