

Case Report



Siddha Varma Therapy in Acute Bell's Palsy: A Single Case Report

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ABSTRACT

Introduction: Bell's palsy is the clinical presentation of an acute, unilateral lower motor neuron paralysis of the face. Standard management includes the use of corticosteroids and antivirals; however, a subset of patients cannot tolerate one or both of these medications or simply prefer to avoid them. Siddha Varma Therapy is an ancient manual therapy that stimulates specific Varmam points with specific manipulations and topical Poonaga Thylam—a traditional Siddha formulation derived from processed Earthworms (Poonagam) to reinstate neuromuscular function.

Case Presentation: A 34-year-old male with right-sided facial weakness lasting for 3 days. House–Brackmann grade IV presentation; Sunnybrook score was 18 at baseline, FDI physical/social scores were 40/55. Patient refused steroids and antivirals and undertook a formal 4-week SVT protocol comprising craniofacial and distal Varmam points with Poonaga Thylam and daily exercises for the face.

Results: Evaluations revealed a quick functional recovery. The patient was in near-complete remission by Week 4 (HB Grade I, Sunnybrook score ≥ 80). Scores on the Facial Disability Index (FDI) increased to $\geq 90/100$. There were no negative incidents.

Conclusion: In this single case, SVT was associated with rapid functional recovery. Although spontaneous recovery cannot be excluded, the objectively documented gains warrant controlled studies of SVT in Bell's palsy.

Keywords: Bell's palsy; Mugavatham; Siddha Varma Therapy; facial nerve palsy; House–Brackmann; Sunnybrook; Facial Disability Index.

INTRODUCTION

Bell's palsy is the most common cause of acute unilateral peripheral facial paralysis in adults.¹ Recent consensus among clinicians is that it likely occurs because of viral reactivation or immune response leading to inflammation that compresses the nerve in the facial canal. Early oral corticosteroids with or without antivirals are indicated for treatment, but a subset of patients decline systemic therapy or have incomplete recovery.²⁻⁴

According to Siddha medicine, Bell's palsy correlates to *Mugavatham* (ICD-11 TM2 Code: SK20): a Vatha predominant disorder of the craniofacial Varmam points and *Uyir thathu*.⁵ SVT stimulates Varmam points in a graded fashion with medicated oil to normalize Vatham and thereby improve neuromuscular coordination.^{6,7} There is limited published evidence for SVT, and objective outcome reporting is scarce. We report one detailed case of an acute adult Bell's palsy patient who declined conventional therapy and present the SVT protocol and objective outcomes.

CASE REPORT

A 34-year-old male woke up with acute right-sided facial weakness after being exposed to cold air the night before. The patient presented with symptoms of drooling, epiphora, right-sided lagophthalmos, decreased sense of taste over the right anterior tongue, and inability to blow or

whistle. He initially also related some mild ear pain. He had no fever and viral prodrome.

He did not have any history of chronic ear disease, diabetes, hypertension, stroke, and head trauma. Neurological and ENT examination excluded otologic pathology and central causes. The baseline scores were: HB Grade IV, Sunnybrook 18, and FDI physical/social 40/55. He had opted for Siddha Varma therapy after counselling and had not taken any corticosteroids or antivirals.

Siddha Assessment and Diagnosis

The clinical presentation was diagnosed as *Mugavatham* (ICD-11 TM2 Code: SK20), attributed to *Vatha* derangement affecting the craniofacial nerve pathways. The patient's symptoms—including lagophthalmos, facial deviation, and drooling—corresponded to the dysfunction of specific Varmam points on the right side. Based on the anatomical distribution of weakness, eight primary points were identified for the intervention: *Poikai Varmam* (HA-4), *Chevi Kuththi Varmam* (HA-5), *Kuththi Varmam* (HA-6), *Alavaadi Varmam* (HA-7), *Natchathira Varmam* (HA-8), *Pin Vetti Varmam* (HA-9), *Chuzhumunai Varmam* (HA-11), and *Poochchanthi Varmam* (HA-12).

Intervention: Siddha Varma Therapy (SVT) Protocol

We exercised a standardized protocol of SVT thrice a week for four weeks, each session lasting approximately 20 to 25 minutes. Treatment was given in a sitting posture, with the physician standing beside the affected side for the proper application of force vectors.



1. External Application: All the sessions started with the warmed Poonaga Thylam (medicated earthworm oil) application to the affected side of the face. Earthworm extracts (Poonagam) find prominent importance in Siddha classically to treat Narambu Thalarvu or nerve atrophy.⁸ Application is done in view of increasing blood supply to ischemic nerves, a part of which forms the basis for modern research on fibrinolytic action of earthworm enzymes.

2. Graded Varmam Stimulation: Subsequent to the oil application, we did graded stimulation of the points indicated in Table 1.⁹ Technique (Thoondum Muraigal):

Stimulation was performed by using the pad of the thumb or index finger or middle finger. This technique employed slow rhythmic cycles of compression-release.

Pressure Dosage (Mathirai): As a safety precaution and also in order to prevent damage, pressure dosage was carefully regulated. A light pressure dosage, i.e., ¼ Mathirai, was applied to the craniofacial areas, whereas a slightly firmer pressure dosage of ½ Mathirai was applied specifically to the Pin Vetti Varmam pressure point HA-9 for relieving deep muscle stiffness.¹⁰

Table 1: Siddha Varma points used in the Bell's Palsy protocol

S. No.	Varma Point (Siddha Name; Code)	Approximate Anatomical Location	Rationale in Bell's Palsy Protocol
1	Poikai Varmam (HA-4)	Just above the tragus of the external ear, over the supratragal area.	Modulates neurovascular structures around the ear; traditionally used for ear and head complaints.
2	Chevi Kuththi Varmam (HA-5)	At the tragon, just anterior to the external auditory meatus.	Acts near facial nerve and auriculotemporal nerve; improves facial muscle tone.
3	Kuththi Varmam (HA-6)	In the infratragic notch, below the tragus.	Influences neurovascular plexus near facial nerve exit.
4	Alavaadi Varmam (HA-7)	Lower border of mandible near angle/body junction.	Improves lower lip control and corrects deviation.
5	Natchathira Varmam (HA-8)	Below the lateral canthus on the zygomatic area.	Enhances eye closure, blinking and protects cornea.
6	Pin Vetti Varmam (HA-9)	Below the zygomatic bone, lateral to nasolabial fold.	Improves smile symmetry and cheek elevation.
7	Chuzhumunai Varmam (HA-11)	Just below the nasal septum above the upper lip.	Helps upper lip movements and articulation.
8	Poochchanthi Varmam (HA-12)	At/near the supraorbital notch above eyebrow.	Improves forehead wrinkling and eyebrow elevation.
9	Paadha Chakkara Varmam (LL-24)	Mid-dorsum of the foot between ankle and toes.	Distal point for head/face disorders; balances Vatham.
10	Karandai Mozhi Poruththu Varmam (LL-25)	Anterior ankle joint between malleoli.	Supports systemic balancing and Vatham regulation.
11	Kaal Nerukku Varmam (LL-29)	Located in the 1st, 2nd, 3rd and 4th inter-metatarsal spaces.	Distal reflex points for head/neck disorders; pacifies Vatham.
12	Muzhankai Keezh Nadukku Varmam (UL-21 to UL-24)	Anterior, posterior, medial and lateral borders of the lower forearm.	Forearm Varma group reduces neuralgic tightness and supports systemic neuromodulation.
13	Kai Kavali Varmam (UL-36)	Dorsum of hand between 1st & 2nd metacarpals.	Distal hand point for head, eye and facial complaints.



(A)



(B)

Figure 1: (A) Baseline presentation (Day 0): At rest, the patient has asymmetrical facial features and the affected side's nasolabial fold tones are absent. (B) Post-treatment presentation (Week 4): The patient shows signs of full functional recovery, including a symmetrical smile and restored facial tone (House-Brackmann Grade I profile).

Table 2: Serial changes in facial function outcome measures

Timepoint	HB grade	Sunnybrook	FDI (P/S)
Baseline (Day 1)	IV	18	40/55
End Week 2	III	40–50	-
End Week 3	II	60–70	-
End Week 4	I (near normal)	≥80	≥90/≥90

Outcome Assessment

Facial function was serially measured by the House–Brackmann grade, the Sunnybrook composite score, and the Facial Disability Index. Baseline assessment on Day 1 demonstrated an HB grade of IV, a Sunnybrook score of 18, and FDI physical/ social scores of 40/55. The patient described progressive functional improvements from Week 1 forward.

Following the end of the four-week SVT protocol, near-normal facial movements were reestablished. By Week 4, the HB grade improved to near I, the Sunnybrook score was ≥ 80 , and FDI physical/social scores were $\geq 90/\geq 90$. Eye closure, nasolabial fold symmetry, and oral competence were restored. There were no adverse events reported throughout the intervention period. The serial changes in the key outcome measures are summarized below (Table 2).

Patient Perspective

"When I first discovered that my face was paralyzed, I was concerned about the possibility of long-term damage. Steroids and other strong allopathic medicine were out of the question, and I naturally favored the more traditional approach. Varma was intense but reassuring. By the second week, when I was able to see my eye closing properly, the confidence came back. I am deeply grateful to have recovered my smile completely without needing chemical drugs."

DISCUSSION

This case represents the quick recovery of moderate-severity HB IV acute Bell's palsy using a structured SVT protocol in a patient who refused steroids. Many individuals with idiopathic Bell's palsy will recover without treatment, but this natural course cannot be predicted. Where complete functional recovery can often take months; the prognosis has generally been guarded for those patients presenting initially with severe weakness (HB IV or higher). Our subject demonstrates an unprecedented advancement from baseline HB IV to near-normal HB (\approx I) at Week 4. The close temporal association and objective gains as documented with validated scales (HB, Sunnybrook, FDI) tend to raise the possibility that SVT may be beneficial, accelerating this process of recovery beyond what could have been expected from spontaneous resolution alone. Manual stimulation at specific craniofacial and distal Varmam points may improve local circulation, modulate neuromuscular excitability and invoke reflex pathways that promote motor relearning. The specific choice of *Poonaga Thylam* over standard herbal oils was driven by the ischemic

pathology of Bell's palsy. The facial nerve is uniquely vulnerable to compression and ischemia within the narrow facial canal.

The conceptual basis of SVT parallels that of other manual therapies, including acupuncture, where clinical trials in Bell's palsy have traditionally shown inconsistent results.^{11,12} We postulate that mechanically stimulating these specific Varmam points targets facial nerve function in two discrete ways. Points such as *Chevi Kuththi* (HA-5) are anatomically located directly over the stylomastoid foramen region through which the facial nerve exits, suggesting that mechanical stimulation at this site might reduce edema within the facial canal via enhancement of lymphatic drainage. In addition, activation of segmental and suprasedgmental reflex circuits may help to normalize neuromuscular excitability. These proposed mechanisms, though from a purely hypothetical biomedical point of view, do constitute a possible explanatory framework within which SVT may synergistically augment the natural reparative processes of the facial nerve.

We recognize several limitations of this case report. First, as a single case, these observations cannot be immediately generalized to the larger population without further validation. Second, since the patient did not present with "red flag" symptoms, neuroimaging was not obtained, precluding radiological confirmation of nerve inflammation. Lastly, the lack of follow-up leads to an inability to check symptoms such as synkinesis.

CONCLUSION

In this case, facial nerve function recovered quickly and substantially over four weeks, objectively documented using multiple validated scales. Considering that the patient chose not to receive traditional corticosteroid treatment, this patient's recovery is truly amazing. Although we cannot entirely rule out the possibility of spontaneous recovery in this specific case, the continuous improvements associated with therapy sessions suggest that Siddha Varma Therapy offers a unique therapeutic benefit that surpasses simple placebo effects. These results underline the significance of carrying out larger, controlled trials to elucidate SVT's role in modern multidisciplinary management and support SVT as a potential candidate for integrative care.

Patient Consent

Written informed consent was obtained from the patient for publication of clinical details and photographs. A copy is available on request.



Ethical Issues

This single case used only routine Siddha therapy and did not include any experimental drugs. Formal ethics committee approval was thus not sought per institutional practice in the case of single case descriptions. The report follows CARE guidelines.

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Conflict of Interest: The authors have no conflict of interest to declare.

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