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Holistic and Non-Invasive Management for Multiple Sclerosis: A Case Report on the Role of Chakrasiddh Spine Expert Therapy (CSET)

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Abstract

Multiple sclerosis (MS) is a chronic demyelinating disease of the central nervous system, characterized by motor weakness, sensory disturbances, visual impairments, tremors, fatigue, and reduced quality of life. A 24-year-old male with a two-year history of MS presented to Chakrasiddh Holistic centre with impaired grip strength, severe fatigue, double vision, hand tremors, and progressive motor weakness. The patient underwent an individualized, integrative Chakrasiddh Spine Expert Therapy (CSET) based on principles of ancient siddha manuals, administered over a period of two months. The therapeutic protocol combined marma therapy, therapeutic massage techniques, spinal corrections, and energy-balancing protocols to clear blocks. Alongside manual interventions, the program emphasized personalized lifestyle regulation, yoga-based neuromuscular rehabilitation, and tailored dietary guidance, designed to restore systemic balance and optimize neurological control. Assessments were done after 6-weeks and followup sessions of 2-weeks at six months, using the Kurtzke Expanded Disability Status Scale which was 9 before treatment and decreased to two after follow-up. The Functional Assessment of MS was reduced from 158 to 102. The Visual Analog Scale which was 8 before treatment was decreased to 1 with increased quality of life according to the SF-36 Quality of Life Scale. All parameters showed notable improvements, with further gains sustained at six months. The presented case report aims to explore the application of CSET in the management of MS and by documenting clinical progress, symptom relief, and long-term functional outcomes following CSET sessions, this report highlights the potential role of Siddha-based integrative therapies as supportive strategies in the management of chronic neurological conditions such as multiple sclerosis.

Keywords: Multiple Sclerosis, Siddha Practices, Chakrasiddh Spine Expert Therapy, VAS, Fatigue, Tremor, Quality of Life.

Introduction

Multiple sclerosis (MS) is a chronic, progressive, immune-mediated neurological disorder that results from demyelination and axonal injury within the central nervous system (CNS) [1, 2]. MS is characterized by a wide range of clinical features including motor weakness, tremors, sensory disturbances, fatigue, visual impairment, spasticity, cognitive decline, and difficulties in coordination and balance [3]. Such disabling symptoms significantly reduce quality of life and functional independence in affected individuals. Despite decades of research, the exact etiology of MS remains elusive, with genetic predisposition, environmental triggers, and autoimmune dysregulation being widely implicated [4]. MS most commonly manifests in early adulthood, typically between 20 and 40 years of age, and shows a higher prevalence among females [5].

It is thought that this susceptibility might be due to an intricate interaction of hormonal, genetic, and epigenetic factors [6, 7]. However, when the disease occurs in males, it is frequently delayed diagnosed, characterized by a more severe course, faster progression, and poorer long-term prognosis [8]. Conventional pharmacological therapies for MS, such as immunomodulators and corticosteroids, aim primarily at reducing the frequency of relapses and controlling inflammation [9, 10]. However, these therapies do not offer complete symptom resolution and are often associated with adverse effects, high costs, and limited long-

term effectiveness. As a result, many patients explore complementary and alternative medicine (CAM) approaches to manage their symptoms more holistically [11]. Among CAM modalities, traditional systems of medicine such as Ayurveda, Siddha, Yoga, and Naturopathy have gained recognition for their integrative, non-invasive, and patient-centered approaches that works on deep-rooted issues and emphasizes on the restoration of systemic balance rather than merely suppressing disease symptoms [12-15].

Chakrasiddh Spine Expert Therapy (CSET) represents a novel Siddha-based integrative approach that combines traditional healing principles with modern understanding of neuromuscular rehabilitation. Rooted in Siddha medicine, one of the oldest systems of Indian traditional healthcare, CSET focuses on spinal health as the central axis of physical, neurological, and energetic balance. The therapy integrates spinal realignment techniques, stimulation of vital varmam (energy) points, therapeutic pressure massage techniques (Thokkanam), and energy-balancing procedures [13]. Additionally, it incorporates lifestyle and dietary guidance aimed at reducing systemic inflammation and supporting body repair system. In the context of multiple sclerosis, the unique emphasis of CSET in treating the body as an interconnected system where spinal alignment and energy regulation directly influences neurological function, neuromuscular control, improves postural correction, and reactivates dormant neural pathways leading to overall well-being and enhanced quality of life [14]. Furthermore, fatigue, one of the most disabling features of MS, can potentially be alleviated through improved circulation, energy equilibrium, and tailored dietary modifications suggested in the CSET framework [15]. Unlike pharmacological interventions that primarily target immune modulation, CSET seeks to restore functional harmony at physical, neurological, and energetic levels, thereby offering a holistic complement to conventional care.

The present case aims to explore the application of CSET in the management of MS in a young male presenting with weakness in hand grip, tremors, fatigue, blurred and double vision, and overall functional decline. The gender-related disparity in disease expression underscores the clinical importance of this case and by documenting clinical progress, symptom relief, and long-term functional outcomes following CSET sessions, this report aims to highlight the potential role of Siddha-based integrative therapies as supportive strategies in the management of chronic neurological conditions such as multiple sclerosis.

Case Presentation

A 24-year-old male from Hyderabad, India, presented to the Chakrasiddh Holistic Healing Centre OPD with complaints of recurrent tremors and imbalance over the past four years. His major symptoms included tremors in both hands, impaired grip strength, severe fatigue after minimal physical activity, blurred and double vision, and episodes of weakness affecting daily activities8. Despite being on prescribed disease-modifying therapies (DMT's) [9], corticosteroids [10], and symptomatic medications, the patient experienced only relief in some tremors and sleep, the rest symptoms were same, however with less severity. Frustrated with the limited efficacy of pharmacologic options and concerned about their long-term side effects, the patient turned to Siddha-based interventions, seeking a non-invasive method to improve his quality of life.

Past Medical History

The patient remained clinically stable until 2019, when he developed mild tremors and imbalance that resolved spontaneously within a few days. He maintained normal health status until August 2020, when recurrent tremors reappeared, predominantly in the lower limbs compared to the upper extremities. Over time, these tremors progressively worsened, resulting in impaired grip strength and difficulty in handling objects. Although the patient did not report any falls, he experienced a noticeable decline in balance, with frequent tripping over uneven surfaces. Additional neurological symptoms developed, including dysphagia, micrographia, visual disturbances, and generalized bradykinesia. There was no documented family history of neurological disorders or autoimmune disorders, although the maternal grandfather had been diagnosed with Parkinson's disease later in life. The patient also reported non-motor symptoms such as disturbed sleep, low appetite, heightened anxiety, and intermittent involuntary muscle movements, particularly during stretching.

Magnetic Resonance Imaging (MRI) confirmed the diagnosis of Multiple Sclerosis (MS) and he was managed pharmacologically with dalfampridine, primidone (50 mg), baclofen (10 mg), vitamin D supplementation, and intermittent botulinum toxin (Botox) injections9,10. His medical documents also mentioned about him being treated with Natalizumab, an antibody for a short period due to his relapsing symptoms [16]. He also underwent periodic physical therapy (PT) and occupational therapy (OT) sessions focused on gait training and multiple falls [17, 18]. Over the subsequent two years, there was a partial clinical improvement, particularly in tremor control and ambulation, with the use of a rollator walker for support. OT further improved the gait and daily functional abilities, and there was noted improvement in sleep and fatigue. However, within the last ten months, the patient experienced symptom relapse, with worsening tremors and impaired gait. Even fatigue and pain intensity on prolonged standing, walking or change of posture while lying down have been noticed more along with frequent mood swings. Though, muscle spasms and concentration which were present earlier have reduced or are negligent after the PT/OT sessions.

Clinical Examination Findings (Siddha Assessments)

General Examination: The patient was conscious, oriented, and cooperative during evaluation, though reported visible discomfort and fatigue during tremor episodes [19].

Vital Parameters: Blood pressure, pulse rate, and systemic examination findings were within normal limits.

Eyes: Mild visual blurring reported

Neurological: Cranial nerves intact. Motor examination revealed tremors more prominent in the lower limbs compared to upper limbs, with reduced grip strength and difficulty maintaining balance. Gait analysis demonstrated instability with frequent tripping on uneven surfaces. Tone mildly increased in lower extremities.

Other Findings: No facial asymmetry, ptosis, or sensory loss at the time of evaluation.

Diagnosis (Siddha evaluation system)

According to Siddha literature, Pakkavatham represent same signs and symptoms resembling MS symptoms such as sudden numbness or weakness, tremors, difficulty speaking or understanding, vision problems, dizziness, and imbalanced walking, fatigue. The conditions come under the broad category of Vatha diseases, particularly those involving derangements of the nervous system. Derangement of Vatham and Azhal were noted to be predominant in this case. The pain was recorded as dull in character, and showed climatic and diurnal variation, with worsening during cold weather and at nighttime. The patient did not report classical morning stiffness [20].

Investigation

MRI Brain, Cervical, and Thoracic Spine (w/wo Contrast): Revealed diffuse T2 FLAIR hyperintense signal changes, consistent with widespread demyelination throughout the brain, cervical, and thoracic spinal cord. Patchy T2 hyperintense lesions were seen involving C2–C5 cord segments, with focal cord thinning. Lab Reports: Reports mentioned mildly raised ESR and CRP values, suggestive of inflammation. Vit D and B deficiency was seen. ANA (Antinuclear Antibody) was negative but CSF Oligoclonal Bands value was positive supporting diagnosis of MS

Assessment Measures

The assessment was analysed based on pre and post therapy scores of different baseline values gathered from in-house symptom tracking questionnaires and standard clinical tools built on following scales-Kurtzke Expanded Disability Status Scale (KEDSS) [23]: 9 (high disability, ambulatory with limitations) Functional Assessment of Multiple Sclerosis (FAMS) [24]: 158 (reflecting substantial limitations in physical, emotional, and social functioning)

Visual Analog Scale (VAS) for tremor severity: 8/10Quality of Life (SF-36) [25]: 42/100 (physical functioning, role limitations due to health, emotional well-being, and vitality).

Treatment Protocol

CSET (Chakrasiddh Spine Expert Therapy) and Energy sessions CSET, designed by Chakrasiddh was employed for 6-weeks and follow-up sessions of 2-weeks at six months (total 2 months). CSET is an amalgamation of siddha varmam (energy) therapy along with Thokkanam therapy. Stimulation of energy points clears all blockages and are performed using gentle, sustained pressure and controlled manipulation techniques and motivates self-healing [28]. Each point was activated for approximately three minutes, and the total intervention time per session was about twenty minutes. Two special energy-based therapy sessions were performed under the guidance of the chief siddha practitioner. Thokkanam (massages) therapy employs a natural, manual approach to pain management by utilizing targeted pressure techniques such as rhythmic tapping/punching, compressing/gripping, grasping/holding, and precise twisting at points for two minutes for good results. These bio-mechanical manipulations aid in spinal realignment, optimizing musculoskeletal balance and overall strengthening of spine and associated muscles. Key varmam points [29] for MS which were therapeutically stimulated are mentioned in Table 1.

Table 1: Varmam/marma Points for Multiple Sclerosis

Varmam Points	Location	Purpose/effect
Ayul Kaalapinnal	Situated at the junction between the back of the head and upper cervical spine, near the occipital protuberance.	Regulates life energy (Pranan), useful in balance and gait problems.
Saramudichi	At the base of the skull, in the occipital region, near the depres-sion just above the nape of the neck.	helps in tremors, spasticity, and speech/swallowing difficulties in MS.
Utchipathappa Kaalam	Crown of the head (vertex region), corresponding to Sahasrara chak-ra.	Improves higher brain functions, memory, focus, and cognitive abilities affected in MS.
Ullangalvellai Varmam	Found in the sole of the foot, at the central hollow just anterior to the heel.	Vital for motor control, reflexes, and stability while walking. Stimulating this point helps reduce spasticity and balance issues.
Thavalai Kaalam	Mid-thoracic region of the spine, around T6–T8 vertebral levels.	Supports autonomic function and strengthens spinal energy flow, essen-tial in MS where demyelination occurs along the spinal cord.
Kaikavuli Varmam	Inner wrist crease, near the base of the palm.	Controls hand grip, coordination, and tremors. Very useful for patients with difficulty in holding objects due to MS.
Kakkattai Kaalam	Near the knee joint, along the me-dial aspect just below the patella.	Regulates lower limb strength and mobility, helps relieve stiffness, im-proves gait in MS patients.
Puja Varmam	Between the eyebrows (Ajna chakra area).	Enhances mental clarity, reduces anxi-ety, stabilizes mood, and supports overall nervous system balance.

Siddha Dietary Modulation

A strict diet plan was designed by in-house dietician to reduce inflammatory episodes and improves energy (Table-2).

Table 2: Dietary practices for Multiple Sclerosis (as per siddha principles)

Category	Foods / Practices	Rationale (Siddha principle)	Expected Benefit
Avoid (Aggra-vating Vatha & Pitha)	Sour & fermented foods (tama-rind, vinegar, pickles, curd, alco-hol)	Aggravates inflam-mation	Reduces relapses & inflamma-tory epi-sodes
	Excess bitter/astringent items (horse gram, raw greens in excess)	Increases dryness, stiffness	Prevents worsening of rigidity & spasms
	Cold & refrigerated foods (ice creams, cold drinks)	Increases cold Vali quality	Prevents nerve stiffness, im-proves mobility
	Dry, stale, processed food (fast food, refined sugar, packaged snacks)	Weakens digestive fire (Agni), causes Ama (toxins)	Improves energy & digestion
	Excess spicy/pungent foods (chili, garlic in excess)	Irritates Azhal (Pi-tha)	Prevents heat-induced flares, fa-tigue
Prefer (Balanc-ing Vatha–Pitha)	Warm, freshly cooked foods (soft rice, wheat porridge, millet gruels)	Stabilizes Vali	Improves energy, digestion
	Unctuous foods (ghee, sesame oil, gingelly oil)	Lubricates nerves & joints	Supports myelin sheath health
	Root vegetables (yam, sweet pota-to, carrot, beetroot)	Grounding, nourish-ing for Vali	Reduces weakness & insta-bility
	Milk & milk products (boiled cow's milk with turmeric/dry gin-ger)	Builds Ojas (vital energy)	Strengthens im-munity & nerves
	Nuts & seeds (soaked almonds, wal-nuts, flax seeds)	Rich in oils & nour-ishment	Enhances cogni-tion, nerve insula-tion
	Mild sweet foods (dates, raisins, jag-gery in moderation)	Pacifies Vali	Provides energy & mental calmness
	Greens & vegetables (drumstick leaves, spinach, amaranthus – cooked with ghee/oil)	Corrects Vali-Azhal imbalance	Improves strength & vitality
Dietary Prac-tices	Regular meal timings	Stabilizes Vali	Improves digestion & energy balance
	Warm water	Clears toxins (Ama)	Enhances metabo-lism

Yoga for MS

The patient was made to take yoga sessions for restoring balance and strength. Along with routine physio exercise, some yoga poses were added to focus on gentle movements and balance. Restorative Poses like Savasana (Corpse Pose) and Supta Baddha Konasana (Reclined Bound Angle Pose) help in releasing tension and promoting relaxation. Strengthening Poses like Tadasana (Mountain Pose) and Virabhadrasana (Warrior Pose) gently strengthen muscles and improve posture. Poses such as Vrksasana (Tree Pose) can enhance balance and coordination while calming the mind. Pranayama (Breathing Exercises) like Anulom Vilom (Alternate Nostril Breathing) and Bhramari (Bee Breath) help calm the nervous system and reduce stress.

Results

At baseline, patient major symptoms included tremors in both hands, impaired grip strength, severe fatigue after minimal physical activity, blurred and double vision, and episodes of weakness that severely hindered daily activities. Post-therapy, tremors were markedly reduced (VAS for tremor improved to 4/10), allowing smoother hand coordination. Grip strength improved substantially to 15 kg in the right hand and 12 kg in the left which was initially only 5 and 3 kgs respectively, enhancing his ability to perform tasks like writing, holding utensils, and buttoning clothes. Severe fatigue, previously limiting even basic mobility, was reduced to minimal levels (VAS fatigue 1/10), enabling the patient to walk and sit for longer durations without distress. Visual disturbances, including blurring and diplopia, was absent, contributing to better spatial orientation and confidence in movement. Episodes of generalized weakness were less frequent and milder, with notable progress in muscle tone and endurance. Additionally, improvements were noted in balance, gait stability, fine motor skills, and sleep quality, which were earlier compromised. Cognitive clarity and emotional stability were also reported by the patient, reducing anxiety and enhancing overall quality of life. Following 8-weeks of intensive Chakrasiddh Spine Expert Therapy (CSET) including post-therapy and follow-up period, the patient showed significant clinical recovery in both neurological and functional domains, also confirmed by MRI (at 6 months) and lab reports (Table-3).

Table 4: Comparative Investigations: Pre- and Post CSET

Findings	Region	Pre-therapy MRI Findings	Post-therapy MRI Findings (6-month follow-up)
MRI Findings	Brain	Multiple hyperintense T2/FLAIR lesions in periventricular, juxtacorti-cal & infratentorial areas	Significant reduction in lesion activity, no new lesions, stable non-enhancing plaques

	Cervical Spine	Patchy T2 hyperintense lesions in C2–C5 cord with focal thinning	Lesions appear less conspicu-ous, no progression, cord thinning stable
	Thoracic Spine	Diffuse hyperintense signal alter-ations in mid-thoracic cord	Reduced intensity of previous lesions, no fresh activity
	Contrast En-hancement	No enhancing lesions at base-line (chronic inactive stage)	No enhancing lesions, stable disease
Laboratory Parameters	Parameter	Pre-therapy	Post-therapy (Follow-up)
	Hemoglobin (Hb)	12.6 g/dL	13.2 g/dL
	ESR	28 mm/hr	12 mm/hr
	CRP	10 mg/L	4 mg/L
	Vitamin D	18 ng/mL (deficient)	32 ng/mL (normalized)
	ANA	Negative	Negative
	CSF Oligoclonal Bands	Positive	Positive (but reduced intensi-ty)
	Thyroid Profile	Normal	Normal

Scale-based assessments further validated these improvements during follow-up at 6th month: KEDSS improved from 9 to 2, reflecting restored ambulation and independence; FAMS score improved from 158 to 102, indicating better daily functional status; VAS for pain/fatigue reduced from 8/10 to 1/10; and the SF-36 Quality of Life Scale showed significant enhancement across physical and psychological domains (Table-5). Collectively, these findings highlight that CSET not only alleviated hallmark MS symptoms but also restored functional independence and improved the patient's holistic well-being.

Table 5: Clinical outcome measures Post Therapy

Assessment tool	Pre-therapy score	Post-therapy score	Score after 6 months
Kurtzke Expanded Disability Status Scale (KEDSS)	9	4	2
Functional Assessment of Multiple Sclerosis (FAMS)	158	121	102
Visual Analog Scale (VAS) – Pain/Fatigue	8	3	1
SF-36 Quality of Life Scale	Markedly re-duced	Significantly better	Improved in all pa-rameters

Discussion

Multiple sclerosis (MS) is an auto-immune-mediated neurological disorder that results from demyelination and axonal injury within the central nervous system (CNS) [2]. MS is characterized by a wide range of clinical features including motor weakness, tremors, sensory disturbances, fatigue, visual impairment, spasticity, cognitive decline, and difficulties in coordination and balance [1, 3]. The present case of 24-year-old male presented typical characters of a chronic disorder representing MS characterized by progressive neurological impairment, and relapsing-remitting episodes, which had a significant impact on his quality of life. Though, MS commonly is found in females; this gender-related disparity in disease expression underscores the clinical importance of documenting the present male case, thereby contributing to a less commonly reported but clinically significant subgroup of MS presentations. Despite taking conventional corticosteroid therapy [9, 10] for almost four years by this patient, there was episodes of relapse [16] and no complete symptom resolution and control of the severity in the patient. Furthermore, these treatments are often accompanied by adverse effects such as flu-like symptoms, immunosuppression, and, in some cases, increased risk of infections which was clearly indicated in this patient too [16]. These limitations have fuelled interest in integrative and alternative therapies among patients of MS, particularly those focusing on long-term neurorehabilitation, immune regulation, and holistic well-being.

This case report underscores the potential role of Siddha therapy, especially CSET, when combined with dietary modifications, gentle yoga, and some exercises, in managing MS. Unlike other treatment modalities, CSET directly targets energy imbalances and neuromuscular blockages by stimulating specific Varmam points distributed across the cranial, spinal, and peripheral nervous system regions [27]. The incorporation of a personalized energy-healing approach, tailored to the patient's specific imbalances, appears to have contributed significantly to the favorable clinical outcomes like reduced tremors, spasticity, and fatigue, while improving balance, cognition, and mobility in Multiple Sclerosis [28]. This unique mechanism aligns with Siddha's fundamental principle of restoring Vali, Azhal, and Iyyam balance while modern neuroscience can interpret this as modulation of neural plasticity, autonomic regulation, and functional connectivity across demyelinated pathways [4]. Although, only a limited number of Multiple Sclerosis cases documented have shown encouraging results with alternative therapies [12], in this case the integrative Siddha approach through CSET achieved its primary objectives of reducing tremors, improving grip strength, alleviating fatigue, and enhancing functional mobility while minimizing dependence on medications and their associated adverse effects, thereby improving the patient's overall quality of life.

Growing evidence indicates that Siddha-based interventions

hold therapeutic potential in managing chronic degenerative and autoimmune conditions, including osteoarthritis and other musculoskeletal disorders. For instance, an RCT at the Government Siddha Hospital in Chennai reported that Siddha therapy significantly improved pain, functional mobility, and overall quality of life in patients with osteoarthritis compared to standard care [32]. Similarly, other studies highlighted the benefits of Siddha Varmam and energy-based interventions in rheumatoid arthritis33 and fibromyalgia [34], with patients showing meaningful improvements in pain relief, mobility, while enhancing overall health outcomes. A randomized controlled study performed on [40] patients with lumbar spondylosis demonstrated that Siddha therapy combined with exercises was superior to exercises alone in reducing pain, fatigue, and sleep disturbances [35]. A case study conducted by the same authors also demonstrated notable clinical improvement in a male patient with Cervical Dystonia following Siddha therapy, with reduced tremors, symptom severity, fewer relapses, with better quality of life through energy-based interventions and lifestyle modifications.

Additionally, in a documented case of Duchenne muscular dystrophy (DMD), the integration of Siddha therapy with physiotherapy exercises resulted in marked enhancements in mobility, muscle strength, and the ability to perform daily activities [37]. Further reviews of Siddha therapies such as thokkanam (therapeutic massage) also support its efficacy in musculoskeletal pain management and in joint pains at shoulders [38]. These collective findings parallel the outcomes observed in our MS case, where CSET (Chakrasiddh Spine Expert Therapy) and Siddha energy-based approaches contributed to reduced symptom severity, improved physical function, and enhanced quality of life, reinforcing Siddha's role as a safe, non-pharmacological, and holistic modality for chronic neurological conditions like Multiple Sclerosis.

CSET shares many conceptual and therapeutic parallels with other alternative modalities particularly in the context of managing Multiple Sclerosis. Much like Ayurveda, CSET interprets MS as a manifestation of disturbed energy balance comparable to Vatham derangement with aggravated Kapha elements manifesting as neurological degeneration, stiffness, and fatigue requiring correction through non-invasive and holistic methods. Panchakarma therapies, including Basti (medicated enemas), Nasya (nasal therapies), and Shirodhara (oil dripping on the forehead), are employed to pacify deranged doshas and provide symptomatic relief. Also, both systems emphasize lifestyle regulation and dietary modifications to reduce inflammation, restore vitality, and promote long-term well-being like in present case, the patient was subjected to yoga and strict diet to gain flexibility and strength [30, 33]. Yoga has been widely investigated as a supportive therapy for MS, with randomized controlled trials reporting benefits in anxiety, fatigue reduction, improved mood, and enhanced quality of life compared to controls [31]. Practices such as Asanas, Pranayama, and Meditation proved helpful in reducing stress-related exacerbations and promote neuroplasticity through mind-body coordination [40]. However, yoga's impact on neurological symptoms such as tremors, spasticity, and balance remains modest and often depends on patient adherence and physical capacity. In a siddha study done on 40 patients with fibromyalgia, combining CSET with yoga and meditation yielded synergistic outcomes by addressing both energy imbalances and psychosocial dimensions.

Furthermore, studies supported dietary approaches complement CSET by supporting gut health, metabolic stability, and energy conservation, all of which are crucial in modulating autoimmune responses in MS [28, 30]. Acupuncture, rooted in TCM, shares conceptual parallels with Siddha Varmam therapy, as both systems emphasize energy flow (Qi in TCM, Pranan in Siddha) through specific points in the body. Several studies have demonstrated acupuncture's efficacy in alleviating pain, spasticity, and fatigue in MS [14]. Similarly, chiropractic care [12] and physiotherapy [18], which focuses on spinal alignment and improving nervous system function, resonates with CSET's spine-centered manipulations aimed at enhancing mobility, gait, neuromuscular coordination, and balance. However, these therapies primarily address biomechanical dysfunction rather than underlying neurological imbalances which is the core highlight of CSET that simultaneously addresses both structural and energetic dimensions of the spine.

One plausible explanation for positive results in our case lies in CSET's capacity to modulate neuroimmune interactions of different varmam points [29]. By stimulating Varmam points such as Utchipathappa Kaalam (crown chakra) and Puja Varmam (third eye), there may be enhanced parasympathetic activation, reduced neuroinflammation, and improved cortical connectivity. The manipulation of Thavalai Kaalam (thoracic varmam point) and Saramudichi (occipital base) not only relieves musculoskeletal stiffness but also reactivates impaired neural circuits, as reflected by improvements in tremors in our patient [36]. Concurrent stimulation of lower extremity points such as Kakkattai Kaalam (knee region) and Ullangalvellai Varmam (sole) likely contributed to better gait and balance, aligning with the observed clinical improvements [26]. The clinical improvements observed in this case were objectively reflected in standardized scales: the Kurtzke Expanded Disability Status Scale (KEDSS) reduced from 9 to 223, Functional Assessment [24] of MS score improved from 158 to 102, and VAS pain score reduced from 8 to 1. Additionally, the SF-36 Quality of Life Scale indicated significant enhancement in both physical and mental well-being. These changes highlight the multi-dimensional efficacy of CSET, targeting not only physical symptoms but also emotional and psychological resilience, which are critical in chronic neurological disorders underscoring the role of CSET as a complementary therapy that integrates seamlessly with broader holistic approaches to MS management.

Conclusion

This case contributes to the growing body of evidence that Siddha-based interventions, particularly CSET, may represent a promising complementary approach in the management of multiple sclerosis in multi-dimensional symptom relief, and restoration of functional independence. The observed clinical outcomes underscore the therapeutic potential of aligning traditional Siddha wisdom with modern neurological rehabilitation strategies, paving the way for integrative management of MS. However, it must be acknowledged that evidence for CSET in MS remains at the case-report and preliminary observational level. Large-scale, randomized controlled trials are necessary to validate these findings and establish standardized treatment protocols. Integration with existing conventional therapies should

also be explored to maximize patient outcomes in a multidisciplinary framework.

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