

A Role of Siddha Medicine in the Management of *Vathasthambam*: A Case Report

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ABSTRACT: *Vathasthambam* is commonly affects middle age individual and characterized by aggravated *Vatham*, penetrating or boring pain, low back pain radiating to the posterior aspect of the thigh, swelling, numbness and bow like stiffness. Based on the similarities of its clinical manifestations *Vathasthambam* can be correlated with Sciatica. This case reported a 30-year-old male patient who has 10-days history of *Vathasthambam* like symptoms following trauma. The patient received Siddha internal and external therapies with an integrated Siddha treatment protocol for 15 days. The patient was treated with internal medicines namely, *pavalamalli ilai kudineer*, *Mudakku* and *Thripala chooranams* along with external therapies including *ennai seelai*, *Thokkanam* and *vedhu*. Clinical outcomes were assessed before and after treatment using pain intensity, tenderness, walking distance, Straight Leg Raise (SLR) test and other relevant clinical examinations and selected Siddha diagnostic parameters. These observations indicate improvement in symptoms and clinical findings during the treatment period. However, as an uncontrolled single case, spontaneous recovery, regression to the mean, and placebo effects cannot be excluded. Therefore, the findings should be interpreted as preliminary and hypothesis generating rather than evidence of treatment efficacy. Controlled clinical studies using standardized outcome measures and appropriate safety required. After 15 days of treatment, the recorded symptom score improved from 11 to 1, and the SLR and Slump tests became negative. This case suggests that Siddha therapeutic interventions may effective in the management of *Vathasthambam*, providing significant pain relief and functional improvement without any observed adverse effects. However further well-designed clinical studies with large sample sizes are required to establish efficacy and safety of this intervention. However, the report does not provide a structured adverse event monitoring method. The case therefore supports the feasibility of documenting an integrated Siddha treatment protocol in a patient with *Vathasthambam*, but it cannot establish efficacy of safety.

KEY WORDS: *Vathasthambam*, Siddha medicine, low back pain, radicular pain, sciatica-like symptoms, *Thokkanam*, *Vedhu*.

INTRODUCTION

The Siddha system of medicine describes numerous disease entities and provides diagnostic and therapeutic approaches based on its traditional principles. In Yugi Vaidhya Chinthamani, *Vathasthambam* is described as a *Vatha* disorder associated with penetrating or boring pain, low back pain, radiating pain, swelling, numbness and stiffness. *Valithambam* and *Peraasana narambu thabitham* are reported as related terms in the manuscript. These traditional descriptions provide the Siddha framework for the diagnosis and management of the condition. According to Siddha principles, *Vathasthambam* develops due to derangement of *Vatha* humour caused by improper dietary habits, excessive physical exertion, trauma, exposure to cold environments, suppression of natural urges, and irregular lifestyle practices. The aggravated *Vatham* affects the nerves, muscles, joints, and ligaments, resulting in pain, stiffness, numbness, and restricted movements. Therefore, treatment should focus not only on symptom relief but also on correcting the underlying humoral imbalance. It may compare with Sciatica in Allopathic system of medicine²³.

Low back pain with radiculopathy is one of the leading causes of disability worldwide and contributes significantly to reduced productivity, absenteeism from work, and diminished quality of life. Sciatica affects approximately 10 – 40% of individuals during their lifetime, with the highest incidence occurring among working-age adults. Sciatica is characterised by pain that radiates along the course of the sciatic nerve, from the lower back through the hips and buttocks and down each leg. Occupations involving prolonged sitting, repetitive bending, lifting heavy loads, and exposure to vibration are considered major risk factors for the development of sciatica. Sciatica most often occurs when a herniated disk or an overgrowth of bone puts pressure on part of the

nerve. This causes inflammation, pain and often some numbness in the affected leg^{6, 8}. In S1 root compression, pain radiates to the posterolateral calf and heel. In L5 root compression, pain radiates to anterolateral aspect of the leg and ankle⁸. Although the pain associated with sciatica can be severe, most cases clear up with treatment in a few weeks. People who have severe sciatica and serious leg weakness or bowel or bladder changes might need surgery⁶.

The Siddha system emphasizes a holistic approach that combines internal medicines, external therapies, dietary regulations, and lifestyle modifications. Such an integrated approach may help improve functional recovery while minimizing adverse effects commonly associated with long-term pharmacological interventions. Siddha formulations not only treat this disease but also strengthen the nerve without any undesirable side effects. According to this basis siddha literature "*Pavalamalli illai kudineer*" as a single herbal formulation for the treatment of *Muthukuvali*. Poly herbal formulations of *Mudakku chooranam* that have the property of cure pain in *Vatha rogam* and *Thripala chooranam* expel out the excessive *Vatham* in the body that leads to diseases. These internal medicines have been practicing in Siddha hospitals long decades based on Siddha literatures. External therapeutic procedures play significant role in the management of *Vatha* disorders. *Ennai seelai*, *Thokkanam* and *Vedhu* have been extensively described in the Siddha literature and are recognized as effective treatment modalities for VS^{15, 16, 17, 18}. These case study revealed to evaluate the effectiveness of Siddha internal and external therapies in the management of *Vathasthambam* (Sciatica) and to assess their impact of pain, stiffness, neurological symptoms and functional disability in a patient presenting with clinical features of Sciatica.

Patient Information

A 30 years old unmarried male from Kathiraveli, employed as a three-wheel driver, presented with right sided lower back pain radiate to right lower limb for 10 days. The symptoms began after he fell from the three-wheeler, while driving slowly. When he stood up after the incident, he heard sound in lower back. He subsequently experienced severe pain and difficulty in performing routine activities, including sit to stand transfer, getting in and out of vehicles, turning in bed, climbing stairs, bending pick up objects and walking for more than 1-2 minutes. Prior to the onset of his symptoms, he reported being independent in daily activities and physically active. He had been taking paracetamol to reduce his pain-related symptoms however, he reported no significant improvement. At rest, his pain level was a 9/10 on the Visual Analogue Scale (VAS) and 10/10 when the pain was at its worst. Everything made his pain worse, and could not think of anything that could relieve his symptoms, other than the pain medication slightly reduce that he had recently started. He had radiating symptoms of pain & numbness posterior aspect of right lower limb. The patient reported no previous significant orthopaedic problems and no history of hypertension, diabetes, anxiety, and depression. He did not regularly consume alcohol and had never smoked. No previous surgical procedure was reported.

METHODOLOGY

This was a single patient case report conducted at Siddha Ayurvedic Base Hospital, Kappalthurai. A 30-years old male patient presenting with clinical features of *Vathasthambam*, as per the Siddha diagnostic framework was selected for treatment. A detailed clinical history, physical examination, Siddha and modern diagnostic assessments, and neurological examinations were performed prior to initiating treatment. The patient had a history of trauma followed by severe pain and neurological symptoms, which were documented during the initial clinical assessment.

The treatment protocol consisted of an initial *Virechanam* (purgation therapy) using *Virechanapoobathi maathirai* administered with *Notchi* juice at early morning followed by a day of rest. The prescribed internal medicines included *Pavalamalli ilia kudineer* (60 ml twice daily), *Mudakku chooranam* (2 g twice daily) and *Thripala Chooranam* (2 g twice daily). External therapies included *Ennai selai* during the first three days by applied with *Melugu Thailam* followed by *Thokkanam* and *Vedhu* using *Melugu Thailam* and *Katpoorathi thailam* for the remainder of the treatment period. The total reported treatment duration was 15 days. The patient was advised to follow the hospital diet along with *Vatha* pacifying foods, and activities throughout the treatment period.

Clinical outcomes were assessed before and after treatment using predefined assessment criteria including radiating low back pain, lumbar stiffness, pricking sensation, difficult in walking and sitting. Siddha parameters *Envagai thervu* and *Manikadai nool* were also evaluated to determine changes in the patient's humoral status. Overall response was graded according to the percentage improvement in the predefined symptom score and neurological special test. The effectiveness of the treatment was assessed by comparing pre-treatment and post-treatment findings.

Observation and Assessments.

At rest, the patient reported severe pain, with a pain intensity of 9/10 on the Visual Analogue Scale (VAS). At the time of clinical evaluation, the pain intensity remained 9/10, with a maximum reported intensity of 10/10. Postural assessment in the sitting position revealed pelvic tilt. In standing position, increased lumbar lordosis, and a slight forward head posture were observed. During gait assessment, the patient demonstrated a moderate reduction in cadence with markedly reduced hip movement. Facial grimacing was observed every few steps, indicating considerable pain during ambulation.

On palpation, increased muscle tightness was noted bilaterally in the lumbar paraspinals, gluteal, and latissimus dorsi. Moderate tenderness was elicited over the L1-S1 lumbar region, bilateral lumbar paraspinal muscles, right posterior-superior iliac spines (PSISs), right gluteal, and latissimus dorsi regions. Tenderness was also noted along the course the right sciatic nerve. Neurological examination revealed reduced right ankle reflex and weakness in right ankle plantar flexion. The Straight Leg Raise (SLR) test was positive at 35° on the right side, reproducing the patient's characteristic radiating pain. The Slump test was positive with reproduction of the patient symptoms. The Femoral nerve stretch test was negative bilaterally. MRI of the lumbosacral spine revealed a mild disc herniation at the L5-S1 level.

The MRI findings, together with the patient history, clinical presentation, and neurological findings, supported the diagnosis of right sided sciatica.

Informed concerned

Written informed consent was obtained from the patient. The patient has given his concern for his images and other clinical information to be published in the journal. The patient understand that name and initials will not be published and guaranteed.

Assessment Criteria

The total predefined symptom score was 11 at baseline and 1 after treatment. The SLR test was positive at 35° and the Slump test was positive at baseline; both were negative after treatment. Based on the predefined scoring system, the reported change corresponds to approximately 90.9% reduction in symptom score.

Table 1. Assessment of sign and symptoms of patient.

1. Low back pain radiating towards thigh, calf and down to foot.	
Pain in lumber region not radiated towards anywhere	G0
Pain in lumber region radiates towards thigh	G1
Pain in lumber region radiates towards calf	G2
Pain in lumber region radiates towards foot	G3
2. Stiffness in Lumbar Region	
No stiffness	G0
Mild stiffness	G1
Moderate stiffness	G2
Severe stiffness	G3
3. Pricking sensation	
No pricking sensation	G0
Mild pricking sensation	G1
Moderate pricking sensation	G2
Severe pricking sensation	G3
4. Difficulty and pain while walking and sitting	
No pain	G0
Mild pain +No difficulty in walking and sitting	G1
Slight difficulty in walking and sitting	G2
Much difficulty in walking and sitting	G3

Table 2. Overall assessment criteria:

Complete remission	100% relief
Marked improvement	< 100% to $\geq$ 75% relief
Moderate improvement	< 100% to $\geq$ 50% relief
Mild improvement	< 100% to $\geq$ 25% relief
No improvement	< 25% relief

Table 3. Internal medicines

Drug	Duration
Pavalamalli Ilai Kudineer	60 ml twice daily, before meals, orally; 14 days
Thripala Chooranam	2 g twice daily, after meals, orally; 14 days
Mudakku Chooranam	2 g twice daily, after meals, orally; 14 days

Table 4. External therapies

Procedure	Drug	Duration
Ennai Seelai	Melugu Thailam	Days 1–3 (3 days)
Head bath		Day 4
Thokkanam and Vedhu	Melugu Thailam; Katpoorathi Thailam	Days 5–9 (5 days)
Head bath		Day 12
Thokkanam and Vedhu	Melugu Thailam; Katpoorathi Thailam	Days 13–15 (3 days)

Table 5. Assessment between before and after treatment

Assessment criteria	Before treatment	After treatment
Lower back pain radiating towards thigh calf and down to foot	G3	G0
Stiffness in lumbar region	G3	G0
Pricking sensation	G2	G1
Difficulty and pain while walking and sitting	G3	G0
Straight leg raises (SLR) test	Positive at 35°	Negative
Slump test	Positive	Negative

Table 6. Siddha assessment: *Envagai thervu* before and after treatment.

<i>Envagai thervu</i>	Findings - Day 1	Findings Day - 15
<i>Naadi</i>	<i>Vathapitham</i> – <i>maathirai</i> increased	<i>Vathapitham</i> – normal <i>maathirai</i>
<i>Sparisam</i>	Tenderness with warmth	No tenderness with normal temperature
<i>Naa</i> (Tongue)	Coated	Normal
<i>Niram</i> (Colour of the body)	Brown	Brown
<i>Mozhi</i> (Speech)	Low pitched	Normal pitched
<i>Vizhi</i> (Eye)	Normal, No discolouration	Normal, No discolouration
<i>Malam</i> (Stool)	Constipation	Yellow colour, semi solid
<i>Neerkuri</i> (urine examination)	Normal -Straw colour	Normal- Straw colour
<i>Neikuri</i> (Oil in urine)	Oil spreads in the form of <i>aravena</i> <i>neendathu</i> (snake pattern) – fast spread	Steady spread snake pattern

DISCUSSION

Vathasthambam is described in Siddha literature as a *Vatha* disorder characterized by low back pain, radiating pain, stiffness, numbness and restricted movement. Some of its clinical features may resemble sciatica; however, Vathasthambam and sciatica should not be considered synonymous without appropriate clinical and, where indicated, radiological evaluation. The present case documents improvement in pain-related symptoms, mobility and selected neurological/special-test findings during 15-days period of integrated Siddha treatment. The clinical presentation included radiating lower-limb pain, a positive SLR test, a positive Slump test, and reduced ankle reflex and plantar-flexion weakness. These findings are compatible with lumbosacral radicular involvement.

The patient presented with classical clinical features of right sided sciatica, including radiating pain from the lower back to the posterior thigh and calf, aggravation of pain on sitting and forward flexion, a positive Straight Leg Raise (SLR) test at 35°, diminished ankle reflex, and weakness in plantar flexion. These findings were correlated with *Vathasthambam* (sciatica) as described in the Siddha system of medicine. According to Siddha principles, *Vathasthambam* arises due pathogenesis of the condition is attributed to the aggravation of *Vatha humor*, resulting in pain, stiffness, restricted movements, and neurological disturbances.¹⁸⁻²⁰ In this patient, the predominance of *Vatha* derangement was evidence through Siddha diagnostic parameters including *Naadi* (pulse) examination, *Neikkuri* (oil drops test in urine) and *Manikadai nool*. The treatment strategy was therefore aimed at pacifying the vitiated *Vatha* and restoring humoral balance.^{8, 16, 22}

As an initial measure, purgation therapy (*Virechanam*) was administered using *Virechanapoobathi* with *notchi* juice, with the intention of eliminating aggravated *Vatha* and detoxifying the systems of the body. Siddha texts emphasize purgation as an important purification procedure for eliminating accumulated morbid humours, particularly aggravated *Vatham*, thereby facilitating the action of subsequent therapeutic interventions. Detoxification and bowel cleansing are believed to improve systemic homeostasis and enhance the therapeutic efficacy of internal medicines.^{8, 6, 22.}

Pavalamalli ilia kudineer was prescribed because of its traditional indicated for *Vatha* disorders and musculoskeletal conditions. The ingredient, *Nyctanthes arbor-tristis* (*Pavalamalli*) has been extensively investigated for its anti-inflammatory and analgesic properties. Experimental studies have demonstrated that extracts of *Nyctanthes arbor-tritis* possess significant anti-inflammatory and anti-nociceptive activities through inhibition of inflammatory mediators and reduction of oxidative stress.^{11,14,15} Previous pharmacological studies have also reported anti-inflammatory, analgesic, immunomodulatory, antioxidant activity and anti-arthritis properties of the *Nyctanthes arbor-tristis* (*Pavalamalli*) plant, which may contributed to the reduction in pain, inflammation and functional disability observed in the present case.⁸⁻¹⁰ Furthermore, ethnopharmacological reviews have documented the traditional use of *Nyctanthes arbor-tristis* in the management of arthritis, rheumatism, and chronic sciatica like conditions. Experimental animal studies have confirmed its efficacy in reducing inflammatory pain and improving locomotor function, supporting its use in *Vathasthambam*.^{11,14,15}

Mudakku chooranam contains herbal ingredients traditionally used to indicate for *Vatha* related disorders and is believed to improve joint mobility, reduce inflammation, alleviate stiffness, and support neuromuscular function. The synergistic action of its phytoconstituent may have contributed to symptom relief and restoration of movement.^{8, 16, 22} Similarly, *Thripala chooranam* is traditionally indicated for diseases associated with deranged *Vatham*. According to Siddha literature, it helps normalize *Vatha* derangement, improve digestion, promote the elimination of metabolic wastes, and support the restoration of normal physiological functions.^{10, 12} These therapeutic effects may be attributed to its rich content of polyphenols, tannins, flavonoids, and other bioactive phytoconstituents, which have demonstrated antioxidant, and anti-inflammatory activities through free radical scavenging and modulation of inflammatory mediators.^{2, 10, 12} Collectively, these pharmacological properties may reduce oxidative stress, promoting tissue healing, and contribute to symptom relief and functional recovery in patients with *Vathasthambam*.^{22,23}

Melugu Thailam was utilized as an external therapeutic agent. In Siddha perspective, its ingredients possess *Vatha*-pacifying properties and are indicated in painful musculoskeletal and neurological conditions. Many herbal constituents used in medicated oils are reported to exhibit analgesic, anti-inflammatory, and circulation enhancing activities, which may assist in reducing local inflammation, muscular spasm and nerve irritation.^{8,16,22} The external therapies employed in this case may have enhanced the therapeutic outcomes. *Katpoorathi thailam* is an external application for conditions such as blisters and painful inflammatory lesions, supporting its traditional use as an analgesic and anti-inflammatory preparations.^{20,21} Recent reviews have further

heightened that camphor possesses antimicrobial, anti-inflammatory, antioxidant, and counter irritant properties which contribute to wound healing and pain relief.

Ennai seelai facilitates prolonged contact of medicated oil with affected tissues, there by promoting transdermal absorption, improving local circulation and reducing muscular spasm. *Thokkanam*, a specialized Siddha therapeutic procedure, has been described under nine different techniques, and is selected according to disease pathology in Siddha system of medicine. Proper techniques are applied according to disease condition. It is believed to improve blood circulation, relief muscle tension, enhance flexibility, and restore neuromuscular function.^{6,22} Modern research on massage therapy suggests that mechanical stimulation of soft tissues may increase local blood flow, reduce pain perception, improve lymphatic drainage, and promote relaxation through neuroendocrine mechanism.^{3,24} Some studies have also proposed that massage may influence serotonin and endorphin levels, thereby contributing to pain modulation and psychological well-being.^{3,24} Hypothetically after *Thokkanam*, the level of amino acid tryptophan increases which in turn may increase level of serotonin. Serotonin, as a neurotransmitter, may help support physiological processes that facilitate the clearance of metabolic waste products through lymphatic drainage.

Vedhu (fomentation therapy) was administered to provides therapeutic heat to the affected region. Heat therapy has been shown to improve local blood circulation, reduce muscle spasm, increase connective tissue extensibility, and modulate pain perception through neural gating mechanism.^{4,9} Clinical studies have demonstrated that superficial heat therapy can significantly reduce pain intensity and improve mobility in patients with low back pain and related musculoskeletal disorders.^{4,9} These effects may explain the reduction in stiffness and enhancement of mobility observed following treatment. *Vedhu* (fomentation therapy) provides therapeutic heat that may reduce pain perceptions, improve tissue extensibility and facilitate healing.

The positive changes observed in the patients *Envagai Thervu* parameters further support the Siddha concept that restoration of humoral equilibrium contributes to clinical recovery. Improvement in *Naadi*, *Sparisam*, *Mozhi*, *Malam*, and *Neikuri* findings indicated normalization of aggravated *Vatham* and restoration of physiological functions. The correlation between symptomatic improvement and changes in Siddha diagnostic parameters highlights the importance of traditional assessment methods in monitoring therapeutic responses.^{8,16,22}

At the completion of the 15 days treatment course, the patient experienced significant relief from symptoms. Pain intensity was markedly reduced, gait improved, and both the Straight Leg Raise test and Slump test became negative. These outcomes indicate successful management of *Vathasthambam* through Siddha interventions and suggest the potential role of Siddha medicine in treating Sciatica and related neuropathic pain disorders. Similar findings have been reported in studies evaluating Siddha *Varmam* therapy and other external treatments modalities in chronic low back pain and radiating lower limb disorders.^{13,18}

However, the findings of this report should be interpreted with caution, as they are based on a signal clinical case. Factors such as age, disease duration, patient compliance, placebo effects, and the possibility of natural recovery cannot be completely excluded. Therefore, further randomized controlled clinical trial with larger sample sizes, standardized outcome measures, objective radiological assessments, and long-term follow up are warranted to establish the efficacy, safety, and underlying mechanisms of Siddha interventions in the managements of *Vathasthambam*.

Dietary regulation also formed an integral component of the treatment protocol. The patient was advised to consume the prescribed hospital diet along with *Vatha*- pacifying foods. Tubers, excessively sour foods, refrigerated items, and other dietary factors known to aggravate *Vatham* were avoided. Siddha literature emphasizes that adherence to appropriate dietary regiments enhances therapeutic efficacy, facilitates restoration of humoral balance, and prevents disease recurrence.^{8,16,22}

Patient perspective

The patient self-reported that he as highly satisfied with the treatment. His quality of life was improved due to reduction of symptoms. He was very much impressed about the internal and external therapy. He doesn't nave recurrence of pain up to follow-up for three months.

CONCLUSION

This case report describes improvement in pain, functional symptoms and selected clinical findings following an integrated Siddha

treatment protocol in a patient diagnosed within the Siddha framework as having *Vathasthambam* with Sciatica like features. The observations are preliminary and cannot establish treatment efficacy or safety because of uncontrolled single case design and short follow up. Well-designed clinical studies with standardized outcome measures, appropriate diagnostic evaluation, safety monitoring and longer follow up are needed to investigate the potential role of Siddha interventions in *Vathasthambam* and related radicular pain conditions.

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