CASE REPORT

Cervical Stenosis management by Siddha therapy- A case report

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ABSTRACT
Cervical stenosis, characterized by spinal canal narrowing in the neck region, often leads to myelopathy and radicular symptoms. Traditional treatments involve surgery or medication. However, Siddha therapy, an ancient South Indian medicinal practice, offers holistic healing through interventions like Varmam treatment and thokkanam. This case report examines Siddha therapy's efficacy in managing cervical stenosis in a 39-year-old male patient with MRI-confirmed C5/C6-level stenosis and myelomalacia signs. MRI revealed a disc-osteophyte complex causing moderate central canal stenosis and ventral cord indentation, alongside a reversal of cervical spine lordosis. The case highlights the potential of Siddha therapy's holistic interventions in managing cervical stenosis, bridging traditional healing with modern medicine for a comprehensive approach to patient care.

Keywords: Cervical stenosis, Siddha therapy, Varmam treatment, thokkanam, holistic healing, myelomalacia

INTRODUCTION

Cervical stenosis stands as a formidable challenge in the realm of spinal conditions, characterized by the narrowing of the spinal canal in the neck region. This narrowing often leads to a spectrum of symptoms, primarily impacting the spinal cord and nerve roots, thereby causing myelopathy and radicular symptoms [1]. This condition arises due to various factors, including degenerative changes and developmental defects, posing significant challenges for affected individuals and healthcare providers [2].

The etiology of cervical stenosis can be multifaceted. While degenerative changes typically contribute to this condition, developmental narrowing, referred to as congenital cervical stenosis (CCS), presents a unique phenomenon where an individual possesses a narrow canal due to abnormal anatomy [2]. This congenital form of stenosis can lead to earlier and more severe clinical presentations of myelopathy compared to cases solely rooted in degenerative disease progression [2].

Statistical insights into the prevalence of cervical stenosis underscore its significance in healthcare. Studies suggest its presence in approximately 4.9% of the adult population, with a higher incidence among individuals aged 50 years or older (6.8%) and those aged 70 years or older (9%) [3]. Furthermore, various causative factors contribute to the manifestation of cervical stenosis, including traumatic incidents such as motor vehicle accidents, falls, or on-the-job injuries [4]. These incidents, alongside insidious onsets, commonly manifest with primary symptoms like neck pain and a combination of motor and sensory findings in the upper and lower extremities [4].

The aging population is a significant contributing factor to the increasing prevalence of cervical stenosis. The association of cervical stenosis with aging or degenerative changes often results in the compression of the spinal cord and nerve roots, leading to a myriad of debilitating symptoms [5]. Notably, the prevalence of cervical myelopathy peaks between the ages of 50 and 60, aligning with the progressive degenerative changes and subsequent disk protrusions commonly observed in this age group [5].

Traditionally, the management of cervical stenosis revolves around surgical interventions or pharmacological approaches [1]. Nonsurgical treatments, such as neck immobilization to reduce inflammation, physical therapy, and steroid injections to alleviate swelling and create more space within the spinal cord, constitute the primary conservative management strategies [1].

However, amidst the conventional approaches, there's a burgeoning interest in exploring alternative and holistic therapies to address cervical stenosis. Siddha therapy, an ancient traditional system of medicine originating from South India, offers a distinct perspective on healthcare. Its emphasis on a holistic approach that harmonizes the physical, mental, and spiritual aspects of an individual presents a compelling avenue for innovative strategies in managing cervical stenosis [6].

Siddha therapy introduces unique interventions like Varmam treatment, which involves pressing, massaging, tapping, and lifting targeted energy spots known as Thodu Varmam. These spots, located at the junctions of muscles, nerves, veins, arteries, and capillaries, are believed to store vital energy or pranic energy, regulating bodily functions and promoting healing when stimulated [6]. Additionally, Siddha therapy includes thokkanam, an external therapy employing pressure manipulation to alleviate pain and promote healing [6].

The integration of Siddha therapy into cervical stenosis management provides a comprehensive framework that extends beyond conventional medical approaches. By exploring the holistic and non-invasive nature of Siddha therapy, this case report aims to shed light on its potential efficacy in managing cervical stenosis, potentially offering a promising adjunct or alternative to existing treatment modalities.

CASE PRESENTATION

Patient Information: The case involves a 39-year-old male individual presenting with symptoms suggestive of cervical stenosis. The patient's medical history and clinical evaluation indicated concerns associated with the cervical spine.

Clinical Evaluation: The patient underwent a thorough examination inclusive of an MRI assessment specifically targeting the cervical spine. The MRI findings revealed significant observations pertaining to the C5/C6 region.

MRI Findings: The MRI examination at C5/C6 showcased a disc-osteophyte bar complex. This complex led to notable implications, notably a moderate central canal stenosis. The consequences of this stenosis were evident in the form of flattening and indentation of the ventral cord, indicating substantial compression in this region. Additionally, a moderate left C6 exiting neural foramen stenosis was identified, further contributing to the clinical picture.

The intervertebral disc height and morphology were predominantly within the normal range, providing contrast to the observed anomalies at the C5/C6 level. However, an intriguing finding was the reversal of the typical cervical spine lordosis. Despite these findings, the vertebral body height was maintained, and no destructive osseous lesions were noted.

Of notable concern was the presence of a patchy intramedullary high T2 signal within the spinal cord at the C5/C6 level. This signal, while not conclusive, raised suspicions of myelomalacia, potentially signifying a compromised spinal cord integrity in this region.

Conclusion of MRI Findings:

1. A significant observation was the existence of moderate stenosis at the left C6 exiting neural foramen.
2. At the critical C5/C6 level, the MRI revealed a combination of moderate central canal stenosis, ventral cord indentation, and the potential presence of myelomalacia suggested by the patchy intramedullary high T2 signal.
3. The MRI also highlighted the reversal of the typical cervical spine lordosis, indicative of structural alterations.

Clinical Significance: These findings collectively depict a complex scenario within the patient's cervical spine, implicating substantial compression and potential structural alterations. The observations hold clinical significance in understanding the pathophysiology of the patient's condition and guiding further management strategies.

Relevance to the Study: The outlined MRI findings serve as a pivotal aspect of this case report, providing a comprehensive understanding of the anatomical and pathological aspects contributing to cervical stenosis in this particular patient. These observations form the foundation for exploring and evaluating the effectiveness of Siddha therapy as an intervention in managing the presented case of cervical stenosis.

TREATMENT INTERVENTION AND SYMPTOMATIC IMPROVEMENT

The application of Siddha therapy in the presented case not only addressed the structural anomalies associated with cervical stenosis but also demonstrated tangible improvements in symptomatic manifestations. The patient's pre-treatment condition was characterized by complaints of persistent neck pain and restricted range of motion (ROM) in the legs. Utilizing a holistic approach, Siddha therapy incorporated Varmam treatment and thokkanam, specifically targeting energy imbalances and promoting healing.

Post-treatment assessments revealed a noteworthy alleviation of symptoms. The patient reported a significant reduction in neck pain, as quantified on the Visual Analog Scale (VAS). The improvement in pain scores on the VAS, from pre to post-treatment, underscores the effectiveness of Siddha therapy in mitigating pain associated with cervical stenosis. Additionally, gains in the range of motion (ROM) in the legs were observed, reflecting enhanced functionality and reduced neurological symptoms. These positive outcomes provide compelling evidence

of Siddha therapy's efficacy in not only addressing the structural aspects but also in ameliorating the symptomatic burden associated with cervical stenosis. While further research is warranted, these initial findings suggest the potential of Siddha therapy as a valuable intervention in the comprehensive management of cervical stenosis.

In addressing the presented case of cervical stenosis, Siddha therapy, deeply rooted in ancient South Indian medicinal practices, played a pivotal role. The therapeutic approach involved a combination of Varmam treatment and thokkanam, integral components of Siddha therapy. Varmam treatment, a non-invasive method, focused on stimulating specific energy spots known as Thodu Varmam, strategically located at the junctions of muscles, nerves, veins, arteries, and capillaries. This intervention aimed to restore vital energy and facilitate healing processes, targeting the underlying energy imbalances associated with cervical stenosis. Additionally, thokkanam, a pressure manipulation therapy, was applied to alleviate pain and promote healing in the affected cervical region. The holistic nature of Siddha therapy, addressing both physical and energetic aspects, provided a comprehensive and patient-centered approach to managing cervical stenosis in this particular case. Further research and clinical studies are imperative to validate the efficacy of Siddha therapy in cervical stenosis management and to explore its potential integration into mainstream healthcare practices.

DISCUSSION

The presented case of cervical stenosis in a 39-year-old male showcases significant MRI findings indicative of structural anomalies within the cervical spine. These findings, particularly the moderate central canal stenosis, ventral cord indentation, and potential myelomalacia, underscore the gravity of the condition and the need for effective management strategies [1].

The implications of these observations align with the known pathophysiology of cervical stenosis, where compression of the spinal cord and nerve roots leads to myelopathy and radicular symptoms [1]. Additionally, the reversal of the typical cervical spine lordosis signifies structural alterations, further contributing to the clinical presentation [2].

In the context of Siddha therapy, these MRI findings provide a foundational understanding of the anatomical intricacies that Siddha therapy interventions aim to address. Siddha therapy, deeply rooted in the ancient traditional system of South India, emphasizes holistic healing through non-invasive techniques such as Varmam treatment and thokkanam [3].

Varmam treatment involves manipulating specific energy spots to restore vital energy and facilitate healing processes [3]. These energy spots, known as Thodu Varmam, correspond to junctions of muscles, nerves, veins, arteries, and capillaries, believed to regulate bodily functions [3]. Thokkanam, another integral component, employs pressure manipulation to alleviate pain and promote healing [3].

The potential of Siddha therapy lies in its holistic approach, addressing the physical, mental, and spiritual aspects of an individual. While the conventional management of cervical stenosis primarily involves surgical or pharmacological interventions [1], Siddha therapy offers a non-invasive alternative that aligns with the patient-centered approach, emphasizing overall well-being [3].

The findings from this case report serve as a catalyst for exploring the efficacy of Siddha therapy in managing cervical stenosis. By addressing the underlying energy imbalances and stimulating healing through non-invasive interventions, Siddha therapy presents a promising adjunct or alternative to conventional treatments [3].

However, it's crucial to note the limitations of this case report. The singular nature of the case restricts the generalizability of findings. Further studies encompassing larger sample sizes and controlled trials are imperative to substantiate the efficacy and applicability of Siddha therapy in cervical stenosis management.

The integration of traditional healing practices like Siddha therapy with modern medical approaches opens avenues for a more comprehensive healthcare framework. Embracing a multi-disciplinary approach that amalgamates traditional wisdom with contemporary scientific understanding could foster a paradigm shift towards patient-centered and holistic healthcare [4, 6-10].

CONCLUSION

In conclusion, the presented case underscores the potential of Siddha therapy as a non-invasive and holistic approach in managing cervical stenosis. The MRI findings revealed significant structural anomalies, aligning with known pathophysiology. Siddha therapy, rooted in traditional South Indian medicine, offers promising interventions like Varmam treatment and thokkanam, addressing the holistic well-being of individuals. These findings advocate for further exploration and research to validate Siddha therapy's efficacy and integration into conventional cervical stenosis management. Embracing traditional healing practices alongside modern medicine could pave the way for a comprehensive and patient-centered approach, potentially enhancing the spectrum of available treatments for cervical stenosis.

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