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Synergistic Healing of Crohn's Disease with Siddha and Energy-Based Therapy: A Case Insight into Clinical Remission and Lifestyle Enhancement

Abstract:

A 23-year-old female patient experiencing multiple symptoms like severe abdominal discomfort, frequent diarrhea, vomiting, headache, and fatigue presented at Chakrasiddh OPD facility in Hyderabad, India. The patient was a known case of Crohn's disease for 5 years. The patient was administered with an individualized tailored Integrative Siddha program CSET (Chakrasiddh Spine Expert Therapy) for duration of 10 weeks with 12 sessions (one session every week) with follow-ups every 6-months for estimated 2-years period. The CSET program includes personalized Varmam (vital energy point stimulation), Thokkanam (therapeutic kneading/massage), Vayu Mugam Thokkanam (abdominal myofacial release), spinal alignment techniques, energy balancing protocols (2 energy healing sessions) and customized lifestyle and dietary guidance with an objective of a holistic approach.

Pre and post therapy semi-structured interview based on CDAI and VAS reported patient's satisfaction to therapy and improved overall quality of life. The results highlighted evidential reduction in her symptoms, activities and medication scores following the customized program. The colonoscopy result and diagnostic reports taken prior to therapy were compared to post therapy indicating evidence of mucosal healing and mild signs of inflammation and ulceration throughout colon. The presented case study underscores the outcome of integrative siddha practices and advocates its effect as a standalone therapy for Crohn's disease. The case also highlights the need for further studying siddha therapy particularly CSET as a possible primary intervention for such chronic cases.

Key Words: crohn's disease; cset; varmam therapy; thokkanam therapy; myofacial release; quality of life

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Introduction:

Crohn's disease (CD) a type of inflammatory bowel diseases (IBD) is a chronic, gastrointestinal disorders with relapsing-remitting course of action characterized by immune dysregulation in response to gut microbial antigens. These conditions are marked by persistent inflammation of the gastrointestinal tract, presenting a variety of symptoms, including diarrhea, constipation, bloating, and abdominal pain, and are associated with significant morbidity due to unpredictable disease flares

and remission phases **[15].** Continuous periods of relapse and remission significantly impact patient's physical, emotional, and psychological wellbeing **[3,12]**. Crohn's disease necessitates ongoing medical management to suppress the symptoms; however, despite the availability of various pharmacological therapies, including immunosuppressants and biologics, a considerable proportion of patients exhibit suboptimal or diminishing responses to long-term treatment, which adversely affects disease control and diminishes overall quality of life **[8].** The frequency of IBD, including CD, is increasing globally across both industrialized and developing nations, with an annual increase from 3 to 20 cases per 100,000 **[7].** In recent data, there is a rising incidence and preponderance of CD in India, topping the Southeast Asian (SEA) countries, mainly due to unhygienic conditions and its geographical location. Although Crohn's disease can affect individuals of any age or sex, epidemiological data indicate a higher prevalence among young females, with studies reporting a comparatively elevated mortality rate within this subgroup **[3].** This sex-based disparity may be influenced by hormonal, immunological, and psychosocial factors, necessitating tailored approaches for diagnosis, management, and long-term monitoring. The pathogenesis of IBD remains completely undetermined, but current evidence points to a multifactorial etiology involving genetic predisposition, environmental influences, mucosal barrier dysfunction, and alterations in the gut microbiota [18]. Numerous susceptibility genes have been identified, yet their interaction with lifestyle factors, dietary patterns, and immune mechanisms marks the complexity of disease onset and advancement **[14].**

Conventional treatments have played an effective role in suppressing symptoms and acute flare-ups but often causes reliance. In some cases, significant side effects were observed in patients not showing sustained remission. This has provided a way to adopt alternative approaches for CD not only in North American and European patients but also in South Eastern countries and has seen a 30 to 60% jump **[5].** Among these alternative practices, Siddha, an ancient Indian system of healing, emphasizes holistic well-being through personalized treatments incorporating customized therapy programs, dietary guidelines, and lifestyle modifications. Siddha therapy has shown effectiveness not only in managing various ailments, but also in preserving overall health by promoting balance in physical, mental, and emotional well-being **[26].** Ancient Siddhars were believed to possess a deep intuitive ability to sense imbalances in the body's energy systems. They believe that specific points in the body are meeting spots where physical, emotional, and spiritual energies come together. The siddhars emphasized the mind-body connection and observed negative thoughts, suppressed emotions, or unresolved trauma as a cause of disrupting energy flow and contributing to physical ailments, eventually affecting one's health and causing several disorders and autoimmune diseases such as Crohn's disease. They also recognized that past actions (karma) and spiritual imbalances may manifest as chronic diseases that require holistic correction **[9].** Through therapeutic touch and precise pressure techniques, the siddhars activate the natural healing processes of the body. This stimulation supports pain relief, enhances blood flow, reduces stress, encourages relaxation, and contributes to a holistic sense of well-being. Energy healing practices incorporated by Siddha practitioners emphasize the importance of conscious awareness and mindfulness in recognizing incidents or trauma, and the names of individuals in dissolving these energy blockages **[24,28].** This approach reflects the deep-rooted belief of the system in the self-healing abilities of the body by restoring internal balance and harmony.

At Chakrasiddh, holistic healing center, integrative approaches have shown promising outcomes in chronic inflammatory diseases, particularly when therapies, such as CSET are incorporated. CSET, a therapeutic protocol designed by Chakrasiddh Center, utilizes a combination of Varmam (vital energy point stimulation), Thokkanam (therapeutic kneading/massage), Vayu Mugam Thokkanam (abdominal myofacial release), spinal alignment techniques, energy balancing protocols, and customized lifestyle and dietary guidance with yoga sessions customized to each individual **[25].** This approach is based on the principle that spinal and neuromuscular alignment play a key role in the regulation of autonomic functions, including gut motility, inflammation, and immune response. The study aims to evaluate the effectiveness of an integrative approach using CSET in the management of Crohn's disease, through the analysis of clinical and laboratory parameters, balancing remission, enhance weight, and reduce the intensity of symptoms while minimizing dependence on drugs and associated adverse effects, thereby improving the patient's overall quality of life **[31].**

Given the limited number of documented studies on the application of Siddha medicine in the management of Crohn's disease, this case report serves as a foundational contribution to the existing body of knowledge and a valid explanation of CD. While the findings are based on a single patient, it highlights the potential of Siddha-based integrative therapies in addressing the clinical and symptomatic complexities of autoimmune gastrointestinal conditions and may pave the way for future clinical research and systematic evaluation **[26]** In particular, CSET warrants further systematic research and controlled clinical studies to evaluate the efficacy and potential of Siddha therapy as a primary or complementary intervention in inflammatory bowel diseases.

Patient Information:

A 23-year-old female patient, previously diagnosed with Crohn's disease five years prior to presentation, sought care at our research center with a constellation of symptoms indicative of active disease state. The patient reported experiencing frequent abdominal pain, characterized as cramping and localized primarily in the lower right quadrant, accompanied by intermittent episodes of diarrhoea, often containing mucus. She also noted experiencing fatigue, vomiting, diminished appetite, and unintentional weight loss of approximately 15 kgs over the preceding nine months. The patient also reported intermittent episodes of severe muscle cramping, arthralgia, and exertional dyspnoea, particularly following prolonged physical activity. She experiences marked fatigue and reduced exercise tolerance, with an inability to ambulate or remain standing for extended periods. Recently, she developed morning muscle stiffness accompanied by pronounced nausea, generalized lethargy, and a

persistent need for rest throughout the day. Additionally, she observed progressive brittleness of hair and nails over the past year, along with the presence of a white-coated tongue, which may be indicative of nutritional deficiencies and systemic inflammation commonly associated with inflammatory bowel disease, particularly Crohn's disease **[31]**

Past Medical History:

A comprehensive medical history revealed that the patient had experienced multiple hospital admissions over the past 15 years for recurrent gastrointestinal symptoms. In 2009, she presented with severe abdominal cramping and was provisionally diagnosed with acute pancreatitis secondary to amoebiasis. She responded well to symptomatic management and over the subsequent eight years, the patient remained relatively stable, experiencing intermittent abdominal discomfort, which was managed with oral supplements and antispasmodic agents under the supervision of her general practitioner. Between 2017-2022, the patient experienced recurrences of abdominal pain with associated vomiting and mucoid loose stools. She was been managed with conventional therapies, including 5-aminosalicylates and intermittent courses of corticosteroids during flare-ups, but had not achieved sustained remission. There was reported loss of appetite and progressive unintentional weight loss of approximately 15 kilograms in last three years with fluctuations in her blood pressure. Despite multiple consultations with gastroenterologists and adherence to prescribed medications, her symptoms remained inadequately controlled that affected her daily activities and overall quality of life. Given the limitations of conventional treatments and the patient's desire for a more holistic approach, a decision was made to integrate Siddha principles, personalized dietary modifications, and lifestyle recommendations into her treatment plan.

Diagnostic Evaluation:

Laboratory investigations and contrast-enhanced CT of the abdomen suggested features indicative of IBD. To further evaluate the aetiology particularly for Crohn's disease a diagnostic evaluation, including colonoscopy, ileoscopy, anti-Saccharomyces cerevisiae antibodies (ASCA), and perinuclear anti-neutrophil cytoplasmic antibodies (P-ANCA), was recommended **[31].** Colonoscopy report revealed discontinuous areas of inflammation, ulceration, and stricturing, predominantly affecting the terminal ileum and ascending colon with left perianal swelling with purulent discharge. Histopathological examination of biopsy specimens confirmed the presence of non-caseating granulomas, a hallmark of Crohn's disease, along with transmural inflammation and lymphoid aggregates.

Siddha Diagnosis and Treatment:

In accordance with Siddha diagnostic principles, a comprehensive assessment of the patient was conducted, inclusive of her physical constitution, emotional state, and lifestyle factors. Siddha medicine posits that an imbalance in the three fundamental energies, known as Vatham, Pitham, and Kapham, contributes to the manifestation of disease **[1,20]** Based on the patient's clinical presentation and Siddha examination, an assessment was made that there was an aggravation of Vatham and Pitham, contributing to the pathogenesis of Crohn's disease in this particular individual. Based on the need to investigate the effects of CSET in the treatment of Crohn's Disease, the patient was assessed on semi-structured questionnaire based on CDAI (Crohn's Disease Activity Index) and VAS (Visual Analogue Scale) to identify differences in their values before and after therapy for analyzing betterment.**[32]**

The treatment plan was tailored to address the identified imbalances and promote healing of the affected tissues and rejuvenate new cell formation. Chakrasiddh designed CSET, a comprehensive therapeutic protocol with a combination of siddha therapies, energy balancing techniques, lifestyle modifications, dietary guidance with yoga sessions, customized with an objective of reducing symptoms, remission and ceasing the progression of disease in stated crohn's case.

Therapeutic Interventions:

The patient underwent a structured therapeutic regimen comprising CSET, which integrates Thokkanam (Siddha Manual pressure) therapy, Siddha Marma (Varmam) therapy with 2 customized energy sessions, and customized dietary protocols over a period of 10 weeks with 12 sessions (one session every week), followed by a clinical follow-up every 6-month for next 2-years.

Thokkanam (Therapeutic Manual Pressure):

This traditional Siddha therapeutic massage approach utilizes manual pressure techniques, such as rhythmic tapping (adi thokkanam), compressing (pidithal), gripping (irukkuthal), and twisting (suzhuthal) at specific musculoskeletal points and abdominal myofascial regions for a duration of 10 minutes at each session **[16].** The goal is to enhance visceral mobility, alleviate abdominal wall tension, stimulate enteric nerve supply, and promote spinal-pelvic alignment. Vayu Mugam Thokkanam (abdominal myofascial release) targets abdominal points involved in digestive regulation and intestinal motility, including: Kizhner marma (lower abdominal wall region), Mela marma (upper gastric region), Neerkal marma (hypogastric and renal zone influencing peristalsis). These biomechanical manipulations improve microcirculation, gut–brain axis regulation, and reduce visceral hypersensitivity associated with Crohn's flare-ups.

Siddha Marma/Varmam (Energy-Based Stimulation):

Specific marma/varmam points (Table-1) associated with gastrointestinal health and immune modulation were stimulated to

enhance autonomic balance, reduce inflammatory signaling, and support mucosal regeneration. Each varmam point was stimulated for 3 minutes, with a total session lasting 20 minutes, complemented by four personalized energy-healing sessions administered by the siddha practitioner to regulate the biofield and subtle energies involved in gut homeostasis **[21].** The following Table-1 represents the marma/varmam points stimulated throughout the treatment process:

S. No	Varmam points	Location	Function
1	Ilakkal Varmam	Near navel	To regulate intestinal motility
2	Pittam Varmam	in right quadrant region nr diaphragm	Influencing liver and gut detox
3	Kundalini Varmam	Posterior sacral region	Parasympathetic activation
4	Kizhner marma	Lower abdominal wall region	Digestive regulation and motility
5	Mela marma	Upper gastric region	Digestive regulation and motility
6	Neerkal marma	Hypogastric area	Hypogastric and renal zone peristalsis

Table 1: ***Marma/varmam points for Crohn's disease***

Lifestyle Alterations:

Lifestyle modifications in form of dietary changes and introduction of mild exercises and specific yoga mudras were added to her daily regimen, in anticipation for digestion enhancement, reduce inflammation, improve gut motility, and reduce stress without putting pressures on the already sensitive gastrointestinal system **[23,32].** A tailored list of food components based on siddha & integrative nutrition specific to anti-inflammatory and gut-restorative, exercises and yoga mudras/asanas that are generally safe and beneficial for Crohn's patients (especially during remission or mild flare-ups) are mentioned in Table-2

Dietary inclusions			
Components	**Nutrients**	**Food Inclusions**	**Function**
Anti-inflammatory agents		turmeric (curcumin), ginger, and holy basil	to support mucosal healing and improve systemic immunity
Essential fatty acids		flax seeds, chia seeds, walnuts	managing inflammation and maintaining gut health
Nerve-supportive	Vitamin B6/B12	Dairy products, bananas, chickpeas, eggs	Enhances immunity, Reduce acid-reflux, gut health
	Magnesium	leafy greens (spinach, kale), almonds, sunflower seeds	Stress, mood disturbance
Mucosal repair enhancers		Aloevera-juice (under supervision), amla (Indian gooseberry), licorice root	Reduction in mucosal inflammation
Probiotic-rich foods		buttermilk, rice kanji (gruel)	Promotes healthy gut microbiota
Antioxidants		berries, pomegranate, amaranth, quinoa, brown rice	Strengthen gut health, immunity boosting
Exercises, Yoga Mudras/Asanas			
Lifestyle modifications	Walking	20-30 mins	Improves circulation and boosts mood, helps with bowel motility
	Food items	Avoid dairy in flare-ups, gluten/oily food, processed sugars; light & easily	to promote digestion, reduce Ama (toxins), and maintain gut flora

		digestible food to be consumed	
Light exercises (for 30 mins)	Pelvic Tilts	5-10 mins	Strengthens abdominal and pelvic muscles, Alleviates lower abdominal tension
	Gentle Spine Twists (Seated or Supine)	5 mins	Promotes intestinal mobility, Relieves gas and bloating
	Cat-Cow-Stretch (Marjaryasana–Bitilasana)	5 mins	Improves spinal flexibility, Stimulates abdominal organs and digestion
	Deep Belly Breathing (Diaphragmatic breathing)	2 mins	Helps regulate parasympathetic nervous system, Reduces anxiety and stress-related gut symptoms
Yoga Asanas (Mild Poses for Gut Healing)	Supta Baddha Konasana (Reclining Bound Angle Pose)	5 times	Opens hips and supports abdominal relaxation
	Pawanmuktasana (Wind-Relieving Pose)	3-5 mins	Aids in releasing gas and stimulating peristalsis
	Setu Bandhasana (Bridge Pose)	4-5 times	Gently strengthens the core and improves digestion
	Balasana (Child's Pose)	4-5 times	Deeply calming; soothes inflammation
	Viparita Karani (Legs-up-the-wall pose)	2 mins	Reduces fatigue, improves blood flow to abdominal region
Yoga Mudras (for digestive health 5-15 mins on an empty stomach)	Apana Mudra Vayu Mudra Prana Mudra Surya Mudra	3 mins 2 mins 3 mins 4 mins	Detoxification & bowel regulation Gas and bloating relief Strengthens immunity,energy balance Boosts metabolism & reduces inflammation

Table 2: ***Dietary and Exercises, Yoga asanas/mudras for Crohn's patient***

Assessment and Outcomes:

The patient's progress was closely monitored through regular follow-up appointments, during which her symptoms, clinical signs, and overall well-being were assessed. Subjective improvements reported by the patient included a significant reduction in abdominal pain, decreased frequency of diarrhea, improved appetite, and increased energy levels. Over the course of therapy and on first follow-up after six months, the patient experienced a gradual but sustained improvement in her condition. The patient's quality of life also improved significantly, enabling her to engage in daily activities with greater ease and comfort. She gained 8 kgs in initial six months and total 15 kilograms in last two years, was able to attend her college and participated in extra-co-curricular activities which she had avoided from last many years (Figure-1).

A. *Picture of patient before start of therapy 39 kgs (petite and thin stature);*
B. *Picture of patient after 2 years of therapy 54 kgs (healthy and happy)*

Figure 1: ***Pre and Post therapy (taken after 2 year) picture of patient***

The patient was assessed by CDAI (Crohn's Disease Activity Index) and VAS (Visual Analogue Scale) questionnaire to identify differences in their values before and after CSET therapy (Table-3).

Assessment of Scales (Objective Parameters)			
Parameters	**Pre-therapy**	**Post-therapy (after 12 sessions)**	**Follow-up (at 6 months)**
Weight	39 kgs	42 kgs	47.4 kgs
Pulse	86 bpm	72 bpm	70 bpm
BP	87/58mm/Hg	110/65 mm/Hg	120/78mm/Hg
Bowel movement/day	8-10 times (watery stools)	5-6 times (watery stools)	3-4 times(normal)
Fatigue level	High- patient bedridden half day	Moderate to low- started some activities	Normal (resumed daily activities)
Quality of life	Poor	Mild improvement	Moderate improvement
VAS	9/10 (severe pain)	6/10 (moderate pain)	3-4/10 (mild)
CDAI	282 (moderate to severe disease)	140 (clinical remission)	92
Medications score	5/5	2/5	No medications

Table 3 : ***Pre and Post assessment of scales and other objective parameters***

On taking out biopsy after every 6 months, the evaluation showed some flare up with diagnosis of infective enteritis or acute on chronic colitis with increased time period in between indicating remission. Exceptional differences were also seen in her laboratory and colonoscopy findings taken pre and post therapy (Table-4). Post-therapy reductions in all indicates decreased inflammation, improved gut function, and better quality of life after CSET intervention.

Laboratory Results			
Name of test (normal range)	**Pre-therapy**	**Post-therapy (after 12 sessions)**	**Follow-up (at 6 months)**
Hemoglobin (Hb)	9.8 g/dL (anemic)	10.2 g/dL	12.4 g/dL (improved erythropoiesis)
C-Reactive Protein (CRP)normal <5 mg/L	28 mg/L (elevated)	18.6 mg/L	5.3 mg/L (near normal range)
ESR	54 mm/hr (elevated)	29 mm/hr	14 mm/hr (marked reduction)
Albumin	3.1 g/dL (low, indicating malabsorption/inflammation)	3.5 g/dL (improved nutritional status)	4.2 g/dL (normalized, improved nutritional status)
Fecal Calprotectin	2271 µg/g (strongly indicative of active IBD)	1120 µg/g (evidential drop)	430 µg/g (significant drop, indicating remission)
Colonoscopy Findings	Deep Mucosal ulcerations in the ascending colon and terminal ileum, with nodularity	Traces of mucosal healing Reduced ulcerations and nodules	Mucosal healing in previously affected areas, Resolution of ulcerations
	Patchy erythema, edema, and cobblestone appearance	Mild decrease in erythema and mucosal edema	Decrease in erythema and mucosal edema
	Left perianal abscess with purulent discharge	some discharge from perianal region	No active discharge from perianal region
Biopsy	Granulomatous, transmural inflammation	Mild reduction in inflammatory infiltrates	Moderate reduction, acute on chronic colitis

Table 4: ***Pre and Post Laboratory and Colonoscopy, Biopsy evaluation reports***

Discussion:

Siddha therapy, one of the oldest systems of medicine, has been traditionally used in South India for centuries. While its historical and cultural significance is well established, scientific validation of its clinical efficacy has only recently begun to gain traction. Contemporary studies have started to explore Siddha's integrative potential in the management of chronic and autoimmune disorders, particularly those involving pain, inflammation, and psychological distress, such as Crohn's disease. Siddha medicine offers a holistic approach that considers an individual's unique constitution and aims to restore balance within the body **[6,9].** This case report highlights the potential benefits of integrating Siddha therapy, particularly CSET, with dietary modifications, mild yoga, and exercises in the management of CD. A personalized energy healing approach, to address the specific imbalances identified in the patient, may have contributed to the positive outcomes observed **[17].** Although very few cases of Crohn's have shown good results with alternative therapies but in mentioned case, the integrative Siddha approach was able to achieve its primary objective of inducing and maintaining remission, weight enhancement, and reduced intensity of symptoms while minimizing dependence on drugs and associated adverse effects, thereby improving the patient's overall quality of life. Another case study conducted by the same authors demonstrated significant clinical improvement in a patient with Crohn's disease following Siddha therapy. The intervention resulted in weight enrichment, reduced frequency of flare-ups, alleviation of symptoms, and enhanced quality of life, on performing energy sessions and lifestyle adjustments showing similar results like this case **[22].** Both cases present the potential outcome of integrative siddha practices and advocates its role as a safe modality for CD.

Emerging evidence suggests that Siddha interventions may play a pivotal role in managing conditions, such as osteoarthritis and autoimmune diseases. An RCT conducted at the Government Siddha Hospital in Chennai evaluated the efficacy of Siddha therapy in OA patients. The results demonstrated significant improvements in pain scores, functional mobility, and overall quality of life in the intervention group compared to standard care controls **[16].** Another randomized controlled trial conducted in 40 patients with lumbar spondylosis, where Siddha therapy with exercises was compared with exercises alone, appeared to yield greater improvements in decreasing pain, fatigue, and sleep issues, along with increasing health status and quality of life in patients with lower backache **[21].** The findings of a study conducted in Hyderabad at a holistic center represented the Siddha Varmam and Energy sessions, showing promising results in treating chronic musculoskeletal conditions and autoimmune

diseases such as Rheumatoid Arthritis and fibromyalgia, making it an effective and safe alternative treatment for osteoarthritis, as it can significantly reduce pain, improve joint mobility, and enhance quality of life in patients **[24].** Additionally, Siddha-based pressure therapies, often involving Varmam or Marma point stimulation, have shown promise in the treatment of musculoskeletal disorders. A systematic review and meta-analysis conducted across Siddha wellness centers in Tamil Nadu assessed the role of thokkanam (Siddha massage therapy) in musculoskeletal pain. These findings correlate with our case, in which the patient revealed substantial reductions in pain intensity and physical disability, supporting its use as a non-pharmacological pain management strategy **[12].**

Siddha's holistic approach, including nutrition, exercise, and lifestyle modifications, has the potential to significantly impact patients with chronic conditions and is beneficial in reducing pain, increasing muscle strength, and improving generalized weakness **[6].** Another case report involving an autoimmune patient with ankylosing spondylitis demonstrated significant improvement in spinal stiffness, flexibility, and pain levels following treatment with Siddha Varmam therapy, and dietary support **[22].** Ayurvedic interventions have also demonstrated effectiveness in managing diabetes mellitus by diet control, showcasing the potential of traditional medicine in addressing complex health issues retributive to Siddha **[6,28].**

Siddha therapy focuses on balancing life forces and doshas among individuals **[20].** Studies suggest disturbed doshas leads to emotional trauma and stress; influencing immune responses, potentially exacerbating conditions like Crohn's disease. This case reflects the therapeutic mechanism observed in energy healing sessions similar to research work by others, wherein the patient is guided to recall past emotional events or unresolved psychological stressors that may have contributed to the onset of disease **[4].** In presented study, the patient was guided into a relaxed state where the siddha expert mentioned some significant emotional memories, and past traumas occurred with her father that coincide with the onset or exacerbation of her condition. Once she consciously acknowledged, she reported a sense of emotional release, which was visualized with reduced symptom severity and improved energy flow thereby restoring the natural flow of vital energy within the body. This approach aligns with psychoneuroimmunological perspectives, suggesting a link between emotional trauma, energy dysregulation, and physical manifestations of chronic illness. **[10,19,29]**

Furthermore, Siddha practices extend beyond physical healing to include psychosomatic and neuroemotional modulation. A study on Siddha yoga and meditative practices showed a significant reduction in stress levels, suggesting their role in psycho-neuro-immunological balance **[26].** Another RCT examined the effectiveness of Siddha therapy in individuals with mild to moderate anxiety and depression and reported meaningful reductions in symptom severity compared with placebo, indicating Siddha's holistic impact on mental health **[25].** In patients with CD, dietary modifications play a crucial role in reducing inflammation, promoting digestion, and nourishing the body, complementing the therapeutic effects of Siddha medications **[18].** Overall treatment and the mind-body approach through yogic practices may have regulated the brain-gut axis and may have helped the participant improve the digestive system, reduce stress levels, and maintain a better quality of life.

Collectively, these findings underscore the growing body of evidence supporting Siddha as a viable adjunctive system in integrative healthcare, especially for chronic multifactorial conditions. While these initial findings are promising, further large-scale, multicenter trials are essential to establish standardized protocols and determine long-term outcomes.

Conclusion:

The present case underscores the therapeutic potential of Chakrasiddh Spine Expert Therapy (CSET), a Siddha-based integrative approach, in the holistic management of Crohn's disease (CD). The case provides evidence supporting the potential effectiveness of Siddha therapy and dietary modifications in achieving remission in Crohn's disease. Without the use of pharmacologic or surgical interventions, the patient experienced significant clinical improvements, including enhanced quality of life, reduced symptom frequency, and better gastrointestinal function. The therapy's efficacy may be attributed to the application of CSET, which aim to remove energetic blockages and restore physiological homeostasis. These interventions likely support the activation of intrinsic healing pathways, contributing to the resolution of inflammatory responses and mucosal lesions observed in CD. Alongside structured dietary recommendations and lifestyle guidance, this non-invasive, drug-free regimen promoted sustained remission and functional recovery in the patient. These findings encourage further exploration of Siddha-based multimodal interventions for managing chronic, immune-mediated conditions like Crohn's disease. Larger, controlled studies are warranted to validate these outcomes and elucidate the mechanisms involved.

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