



MANAGEMENT OF CHRONIC LOW BACK PAIN AND REFLUX-RELATED SYMPTOMS WITH PSYCHOSOCIAL DISTRESS USING SIDDHA VARMAM THERAPY: A CASE REPORT

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ABSTRACT

Background: Lumbar spondylosis can cause chronic pain, functional limitation, sleep disturbance, and associated gastrointestinal and psychosocial symptoms. Siddha Varmam therapy is a traditional external therapeutic modality involving targeted stimulation of specific Varmam points. **Case Presentation:** A patient with chronic low back pain, multilevel lumbar degenerative changes, reflux-related symptoms, sleep disturbance, and psychosocial distress was managed using an integrative Siddha Varmam approach. MRI demonstrated multilevel degenerative disc changes, disc bulges/protrusions, bilateral foraminal narrowing, and mild secondary spinal stenosis. Endoscopy on **6 JULY 2025** documented an incompetent lower oesophageal sphincter and distal oesophagitis. Treatment comprised Varma Thadaval with Kayathirumeni Tailam and Ulunthu Tailam and targeted Varmam manipulation over 14 sessions. **Outcomes:** VAS decreased from **8/10 to 4/10**, PSQI from **16/21 to 7/21**, and GerdQ from **14/18 to 6/18**. The patient reported improved work capacity, unassisted sleep, and resolution of vomiting and acidity. No adverse events were reported. **Conclusion:** Integrative Varmam therapy was associated with improvement in pain, sleep, reflux-related symptoms, and functional status. However, causality cannot be established from a single uncontrolled case. Further controlled studies are warranted to evaluate its clinical effectiveness and safety.

KEYWORDS: Gastroesophageal reflux disease; Gunmam; Lumbar spondylosis; Siddha medicine; Varmam therapy; Varma Thadaval.

1. INTRODUCTION

Chronic low back pain is a common clinical condition associated with substantial limitations in physical functioning, occupational activity, and quality of life. Current approaches emphasize that the experience of persistent low back pain may be influenced by interacting biological, psychological, and social factors, supporting a biopsychosocial and person-centred approach to assessment and management.^[1,2]

Gastroesophageal reflux disease (GERD) is a common gastrointestinal disorder characterized by symptoms or complications resulting from the reflux of gastric

contents into the oesophagus. The clinical presentation may include heartburn and regurgitation, while patients with persistent or atypical symptoms may require appropriate diagnostic evaluation. Psychological and behavioural factors may influence the perception and severity of gastrointestinal symptoms however, these factors should not be taken as evidence that an individual patient has a primary psychosomatic disorder without appropriate clinical assessment.^[3,4]

Siddha medicine is a traditional system of medicine practiced in South India and includes Varma Maruthuvam, in which therapeutic procedures are

directed at specific anatomical and traditionally recognized Varma points. Varma Thadaval Murai involves manual therapeutic techniques, while targeted stimulation or manipulation of selected Varma points is described in the Siddha literature.^[5,6] Evidence regarding the clinical effectiveness and mechanisms of Varma therapy remains limited, and systematically documented clinical reports may therefore contribute to hypothesis generation and the design of future controlled studies.

The present case describes the clinical course of a patient with chronic low back pain associated with lumbar degenerative changes, reflux-related gastrointestinal symptoms, insomnia, and psychosocial distress who underwent a structured course of Varma Thadaval Murai and targeted Varma-point manipulation. The case is noteworthy because improvement was observed across pain, sleep, reflux-related symptoms, and self-reported functional outcomes during the treatment period. The case is presented as a hypothesis-generating clinical observation rather than as evidence of treatment efficacy or a specific physiological mechanism.

2. PATIENT INFORMATION

2.1 Patient Demographics and Clinical Setting

A 43-year-old married male, employed as a daily-wage mason, presented to the outpatient Department of PG Varma Maruthuvam, Government Siddha Medical College and Hospital (GSMCH), Palayamkottai, Tamil Nadu, India, on 16 August 2025.

The patient was engaged in physically demanding manual labour as part of his occupation. Relevant psychosocial factors reported during the clinical history included occupational stress, financial difficulties, and emotional distress associated with his persistent symptoms. No patient name, initials, hospital registration number, or other directly identifying information is included in this report.

2.2 Chief Complaints

The patient presented with a 1.5-year history of persistent dull-aching low back pain associated with lumbar stiffness. He also reported intermittent radiation of pain to the right lower limb, particularly following heavy physical activity.

For approximately 4 months before presentation, he had experienced significant sleep disturbance and insomnia. He additionally reported frequent episodes of vomiting, occurring at least once daily and predominantly after dinner or at night, accompanied by acid regurgitation. According to the patient, these gastrointestinal symptoms were associated with marked physical exhaustion and reduced ability to perform his usual occupational activities.

The patient reported that the severity of his low back pain and gastrointestinal symptoms varied during periods of increased psychological and occupational stress.

2.3 History of Present Illness and Psychosocial History

The patient reported persistent dull-aching low back pain for approximately 1.5 years, associated with lumbar stiffness and intermittent radiation to the right lower limb, particularly following strenuous manual labour. The symptoms were reported to interfere with his occupational activities and routine physical functioning.

The patient also reported recurrent acid regurgitation and frequent vomiting, occurring predominantly after dinner or at night. According to the patient's history, these gastrointestinal symptoms were accompanied by sleep disturbance, physical exhaustion, and reduced work efficiency.

The patient perceived that both his low back pain and gastrointestinal symptoms became more troublesome during periods of increased psychological and occupational stress. He described anxiety, emotional irritability, financial difficulties, and workplace-related stress. These factors were reported by the patient as coinciding with periods of increased symptom severity however, a direct causal relationship between psychological stress and the gastrointestinal or musculoskeletal symptoms could not be established from this case.

Before presentation to the Varma Maruthuvam department, the patient reported having consulted conventional healthcare providers and having received short courses of non-steroidal anti-inflammatory drugs, proton pump inhibitors, and conventional physiotherapy. According to the patient, these interventions produced only transient symptomatic relief. The exact names, doses, duration of treatment, adherence, and dates of these previous interventions were not available in the supplied case record and should be added if documented.

No formal psychiatric diagnosis was reported in the available clinical history. Therefore, the psychological features described in this case are reported as psychosocial distress and patient-reported anxiety/stress rather than as a formally diagnosed psychosomatic disorder.

2.4 Patient Visit Timeline and Clinical Progress

The clinical course was documented from the initial consultation on 16 August 2025 through completion of treatment and post-treatment assessment on 17 October 2025. The major clinical events and therapeutic interventions are summarized chronologically below.

Date	Treatment phase	Clinical activity and intervention
16-08-2025	Initial consultation	Detailed clinical history, physical examination, review of previous investigations, baseline assessment, and recording of outcome measures.
20-08-2025 to 24-08-2025	Phase 1	Varma Thadaval Murai using Kayathirumeni Tailam with the initial Varma-point procedures.
31-08-2025	Follow-up	Clinical review of low back pain, gastrointestinal symptoms, sleep, and treatment tolerability.
01-09-2025	Phase 2	Continuation of targeted Varma-point manipulation according to the planned alternate-day protocol.
16-09-2025	Mid-treatment assessment	Clinical reassessment with reported improvement in vomiting frequency and sleep quality.
23-09-2025	Phase 2 continuation	Continued targeted Varma procedures for the reported lumbar and gastrointestinal symptoms.
11-10-2025 to 17-10-2025	Final phase	Completion of the treatment course followed by post-treatment clinical assessment and outcome scoring on 17 October 2025.

The complete treatment course was reported to comprise 14 Varma manipulation sessions. For full reproducibility, the final manuscript should provide the date of each of the 14 sessions, the duration of each session, the specific Varma procedures performed, and any modification or interruption of treatment.

2.5 Past Medical History

The patient reported no known history of diabetes mellitus, systemic hypertension, tuberculosis, malignancy, or previously diagnosed psychiatric illness. No other major chronic medical or surgical illness was documented in the available clinical record.

As part of the evaluation of his gastrointestinal symptoms, an upper gastrointestinal endoscopy (gastroscopy) was performed on 6 JULY 2025. The examination reportedly demonstrated an incompetent lower oesophageal sphincter (LES) with Grade II distal oesophagitis. These findings provided contemporaneous objective evidence of oesophageal disease during the 2025 clinical episode.

The patient had previously received proton pump inhibitor therapy for his gastrointestinal symptoms and analgesic medication for low back pain. According to the available history, these treatments provided only transient symptomatic relief. The exact names, doses, treatment duration, adherence, and dates of previous medications should be incorporated if documented in the patient's medical records.

3. CLINICAL FINDINGS & DIAGNOSTIC ASSESSMENTS

3.1 Physical and Neurological Examination

On examination, the patient was conscious, oriented, and cooperative. Lumbar examination revealed paraspinal tenderness with restriction of lumbar movements. Straight-leg-raising and Bowstring tests were negative bilaterally, while the right femoral nerve stretch test was positive. Motor power, sensory examination, and deep tendon reflexes were preserved, with no documented motor or sensory deficit in the lower limbs.

3.2 Diagnostic Investigations

Magnetic Resonance Imaging (MRI) – Lumbosacral Spine

Reference: Aarthi Scans, September 2024

MRI demonstrated minimal osteophyte formation involving multiple dorsal and lumbar vertebrae with degenerative endplate fatty marrow changes. Degenerative disc desiccation with mild reduction in disc height was noted at **L4–L5 and L5–S1**. A mild annular disc bulge at **L3–L4** was seen indenting the thecal sac. Diffuse disc bulges with posterior protrusions at **L4–L5 and L5–S1** were noted to indent the thecal sac, abut the bilateral nerve roots, and cause bilateral neural foraminal narrowing with mild secondary spinal stenosis. Mild bilateral facet arthropathy and ligamentum flavum hypertrophy were also noted at **L4–L5**.

Laboratory investigations performed at the GSMCH laboratory in September 2025 showed a total leukocyte count of **7,030 cells/cu mm**, with a differential count of **50% polymorphs, 39% lymphocytes, and 11% eosinophils**. The erythrocyte sedimentation rate (ESR) was **18 mm/hr**, and haemoglobin was **12.3 g/dL**. Random blood sugar was **95 mg/dL**, blood urea **18 mg/dL**, serum creatinine **0.85 mg/dL**, and total cholesterol **183 mg/dL**. Serological investigations showed **negative rheumatoid factor (RA) and negative ASO titre**. Urinalysis revealed **nil albumin, nil sugar, and 1–3 pus cells per high-power field (HPF)**.

An upper gastrointestinal endoscopy (gastroscopy) was performed on **6 JULY 2025** as part of the evaluation of the patient's gastrointestinal symptoms. The examination demonstrated an **incompetent lower oesophageal sphincter (LES) with Grade II distal oesophagitis**. These findings provided objective endoscopic evidence of oesophageal disease during the 2025 clinical episode and supported the clinical assessment of reflux-related gastrointestinal symptoms.

Based on the clinical findings and MRI, the patient was assessed as having chronic low back pain associated with multilevel lumbar degenerative changes, including disc protrusions, bilateral neural foraminal narrowing, and

mild secondary spinal stenosis at L4–L5 and L5–S1. The gastrointestinal symptoms, together with the endoscopic finding of an incompetent lower oesophageal sphincter and Grade II distal oesophagitis on 6 JULY 2025, supported the diagnosis of GERD.

4. THERAPEUTIC INTERVENTIONS

The patient received non-pharmacological external Siddha Varma procedures during the treatment period from August to October 2025. No synthetic analgesics, muscle relaxants, or oral psychiatric/sedative medications were administered during the intervention period.

4.1 Treatment Overview

Varma Thadaval Murai: Therapeutic external manual massage using **Kayathirumeni Tailam**, administered for **5 consecutive days** concurrently with Varma Manipulation.

Varma Manipulation: Targeted pressure application and stimulation of selected Varma points, administered over **14 sessions** across the scheduled visit dates.

4.2 Specialized Varma Thadaval Protocols

1. Panjamudichi Thadaval: Sequential downward manual glides were performed from five vertebral nodal junctions (Mudichi) towards Kuzhipootu Thalellu Varmam:

- Karunaathi Mudichi (atlanto-occipital joint) → Kuzhipootu Thalellu Varmam
- Saramudichi (C7–T1 junction) → Kuzhipootu Thalellu Varmam
- Thunnaal Mudichi (T8–T9 junction) → Kuzhipootu Thalellu Varmam
- Pathi-Pasu-Pasam Mudichi (lumbosacral joint) → Kuzhipootu Thalellu Varmam
- Kumbaga Mudichi (sacrococcygeal joint) → Kuzhipootu Thalellu Varmam

2. Puratharai Thadaval: With the patient seated upright, pressure was initiated at Ner Varmam using the physician's left palm, followed by downward manual glides along Valaimudintha Varmam, Natellu Varmam, Ilangkuruthu Varmam, and Kuzhipootu Thalellu Varmam.

3. Nangoora Thadaval: Systematic glides originated at Valaimudintha Varmam and extended downward before sweeping upward to the terminal points:

- Valaimudintha Varmam → Nenju Nadukku Maru Varmam → Sippi Asaivu Varmam
- Valaimudintha Varmam → Natellu Varmam → Sippi Varmam
- Valaimudintha Varmam → Vayu Varmam → Sippi Thoongu Sathai Varmam
- Valaimudintha Varmam → Ilangkuruthu Varmam → Ellu Soolntha Varmam
- Valaimudintha Varmam → Kuzhipootu Thalellu Varmam → bilateral Putti Varmam.

4.3 Targeted Varma Points

The following Varma points were treated using **1/4 Mathirai** at each specified point:

- **Thilartha Varmam:** (mid-eyebrow junction) - anxiety, depression, insomnia.
- **Uchi Varmam:** Bregma (vertex of scalp) - severe insomnia, anxiety.
- **Poochandi Varmam:** Supraorbital notch - depression, sleep disturbance.
- **Pidari Varmam:** Nape of neck (suboccipital region) - insomnia, stress reduction.
- **Kakkattai Varmam:** Mid-shoulder (trapezius) - depression, upper spinal tension.
- **Sippi Varmam:** Medial mid-scapular point - insomnia, low back pain.
- **Sippi Thoongu Varmam:** Posterolateral lumbar region - sciatica, low back pain, nausea.
- **Kaal Nerukku Varmam:** Dorsal inter-metatarsal space - traditionally described in relation to sleep-related symptoms
- **Peruviral Manjal Varmam:** Lateral aspect of the big-toe nail bed - insomnia, nervous relaxation.
- **Ganapathy Muga Varmam:** Anterior upper mid-leg region – vomiting

5. OUTCOMES AND FOLLOW-UP

Treatment outcomes were assessed at baseline (**16-08-2025**) and after completion of the treatment protocol (**17-10-2025**) using standardized patient-reported outcome measures for pain, sleep quality, and GERD-related symptoms.

5.1 Pre- and Post-Treatment Outcome Measures

Assessment Parameter	Standardized Tool	Pre-treatment (16-08-2025)	Post-treatment (17-10-2025)	Change / Interpretation
Pain intensity	Visual Analog Scale (VAS)	8/10	4/10	4-point (50%) reduction in reported pain intensity
Sleep quality	Pittsburgh Sleep Quality Index (PSQI)	16/21	7/21	9-point reduction 56.3% improvement post-treatment score remained >5
GERD-related symptoms	GERD Questionnaire (GerdQ)	14/18	6/18	8-point reduction 57.1% reduction post-treatment score below the commonly used ≥ 8 threshold
Psychosomatic symptoms ^[7]	PSQ-39	134/195	72/195	62-point (46.3%) reduction in reported psychosomatic symptoms

5.2 Patient-Reported Functional Recovery

Before Varma therapy, the patient reported difficulty sustaining manual masonry work, restrictions in travel due to spinal discomfort, and use of analgesic and hypnotic medications. Following treatment, he reported improved ability to perform sustained manual work without acute lumbar pain exacerbations, improved unassisted sleep, resolution of daily and nocturnal vomiting and acidity, and resumption of social, family, and long-distance travel activities.

5.3 Overall Clinical Outcome

Following completion of the Varma treatment protocol, improvement was observed across the reported pain, sleep, and GERD-related symptom measures. VAS decreased from **8/10 to 4/10**, PSQI from **16/21 to 7/21**, and GerdQ from **14/18 to 6/18**. The patient also reported improved occupational functioning, sleep without hypnotic medication, and resolution of daily and nocturnal vomiting and acidity. These findings represent **improvement during the observed treatment period** however, as this is a single case without a comparator, the clinical improvement cannot establish a causal effect of Varma therapy.

5.4 Follow-up and Adverse Events

The available case record documents assessment at the end of the treatment period on **17-10-2025**. No adverse events related to the Varma procedures were reported during the documented treatment period. Longer-term follow-up should be reported if available.

6. DISCUSSION

The present case describes an integrative Siddha Varmam intervention in a patient with lumbar spondylotic changes accompanied by reflux-related gastrointestinal symptoms, sleep disturbance, and psychosocial distress. The intervention consisted of Varma Thadaval using Kayathirumeni Tailam with targeted Varmam manipulation. Improvement was observed in pain, sleep quality, reflux-related symptoms, and functional status during the treatment period.

The musculoskeletal findings are consistent with emerging clinical reports of Varmam therapy in spinal disorders. Shenbagaraj *et al.* reported improvement in pain and disability in a patient with lumbar spondylosis (Thandaga Vaatham) following Varmam therapy.^[8] A case series involving cervical spondylosis similarly reported improvement in pain and disability following Varmam intervention.^[9] These reports provide preliminary clinical support for the use of Varmam in musculoskeletal conditions, although their case-based designs and small sample sizes do not establish treatment efficacy.

In the present case, pain intensity decreased from **8/10 to 4/10**, representing a 50% reduction in reported pain. Sleep quality also improved, with the PSQI score decreasing from **16/21 to 7/21**. A previous Varmam case

report involving insomnia reported improvement in PSQI following treatment.^[10] However, the post-treatment PSQI score in the present case remained above the conventional threshold for poor sleep, indicating improvement rather than complete normalization.

The gastrointestinal findings require cautious interpretation. Within the Siddha framework, **Gunmam** encompasses gastrointestinal disorders, and Siddha treatment guidelines include Varmam among the therapeutic approaches described for Gunmam.^[11] A published case report of Eri Gunmam/acid dyspepsia also reported improvement following Siddha treatment.^[12,13] however, that intervention included internal medicines and therefore cannot be considered evidence for Varmam alone. Consequently, published clinical evidence specifically evaluating Varmam as a standalone treatment for GERD remains limited.

The patient's GerdQ score decreased from **14/18 to 6/18**, indicating substantial improvement in reported reflux-related symptoms. The patient also reported resolution of vomiting and acidity. However, reduction in GerdQ cannot demonstrate healing of oesophagitis or restoration of lower oesophageal sphincter function. The endoscopic findings should therefore remain an objective diagnostic finding rather than being interpreted as objectively reversed by the intervention.

The improvement across several clinical domains occurred during the documented period in which no synthetic analgesics, muscle relaxants, or oral psychiatric/sedative medications were administered. This temporal association supports a **possible therapeutic contribution of the intervention**. Nevertheless, causality cannot be established because this was a single uncontrolled case and the intervention included both Varma Thadaval and Varmam manipulation. Natural symptom variation, therapeutic interaction, lifestyle changes, dietary factors, expectation, and other contextual influences may also have contributed.

The present case therefore provides **preliminary, hypothesis-generating evidence** regarding an integrative Varmam approach for coexisting lumbar degenerative pain, reflux-related symptoms, sleep disturbance, and psychosocial distress. Its main strengths are the documented MRI findings, endoscopic evaluation, standardized outcome measures, detailed description of the Varmam procedures, and assessment of functional recovery. Limitations include the single-case design, absence of a comparator, inability to isolate individual treatment components, limited follow-up, and reliance on patient-reported outcomes. Further prospective controlled studies using standardized Varmam protocols, validated outcome measures, objective gastrointestinal assessments, and longer follow-up are required to determine efficacy and possible mechanisms.

7. CONCLUSION

This case describes the clinical application of an integrative Siddha Varmam approach comprising **Varma Thadaval and targeted Varmam manipulation** in a patient with lumbar spondylotic changes, reflux-related gastrointestinal symptoms, sleep disturbance, and psychosocial distress. Following the treatment period, the patient demonstrated improvement in pain intensity (VAS 8/10 to 4/10), sleep quality (PSQI 16/21 to 7/21), and GERD-related symptoms (GerdQ 14/18 to 6/18), along with reported improvement in occupational functioning, sleep without hypnotic medication, and gastrointestinal symptoms.

The findings suggest a **possible therapeutic benefit of the integrative Varmam intervention** and support further investigation of Varmam as a complementary approach for patients with coexisting musculoskeletal and functional complaints. However, as this is a single uncontrolled case, **causality cannot be established**, and the findings should be considered preliminary and hypothesis-generating. Larger controlled clinical studies with standardized Varmam protocols, validated outcome measures, objective gastrointestinal assessment, and longer follow-up are warranted to determine its clinical effectiveness and safety.

INFORMED CONSENT

Written informed consent was obtained from the patient for treatment and publication of anonymized clinical information and relevant diagnostic findings.

ETHICAL CONSIDERATIONS

Patient confidentiality was maintained, and all identifying information was removed. The case was managed in accordance with applicable ethical principles and the Declaration of Helsinki.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest related to the publication of this case report.

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