



Case Series

CLINICAL EFFICACY OF CHAKRASIDDH NASAL ALIGNMENT & SINUS ENERGY THERAPY (CNASET) IN CHRONIC RHINOSINUSITIS (PEENISAM): AN OBSERVATIONAL STUDY

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ABSTRACT

Chronic rhinosinusitis (CRS) is a persistent inflammatory condition of the nasal and paranasal sinus mucosa lasting more than 12 weeks impairing quality of life. Traditional Siddha medicine describes a comparable clinical entity known as *Peenisam*, attributed primarily to derangement of *Vaatham* and *Iyam*. Chakrasiddh Nasal Alignment & Sinus Energy Therapy (CNASET) is a Siddha-based non-invasive therapeutic protocol comprising targeted *Varmam* (energy point) stimulation over cranial and cervical regions, steam inhalation, and yogic practices aimed at restoring physiological balance, sinus clearance, and neuromuscular regulation. **Objective:** To evaluate the clinical efficacy and safety of CNASET in patients with chronic rhinosinusitis. **Methods:** An observational clinical study was conducted on ten patients diagnosed with CRS who underwent four structured CNASET sessions along with ten cervical manual pressure therapy administered over a period of three weeks. The selected patients were in age bracket 10-20 years and reported to Chakrasiddh Centre between July 2025 and December 2025 with classical symptoms of sinusitis, including nasal obstruction, facial heaviness, headache, postnasal discharge, and associated neck pain. Clinical outcomes were assessed using the Sino-Nasal Outcome Test-22 (SNOT-22) and Visual Analog Scale (VAS) for symptom severity. **Results:** Significant improvement was observed in all patients, with a mean reduction in SNOT-22 score from 47.8±6.4 at baseline to 9.6±3.2 post-treatment. Symptom severity scores for nasal obstruction, facial pain, headache, and cervical discomfort showed marked improvement. No adverse events were reported. **Conclusion:** CNASET appears to be a safe and effective conservative Siddha intervention for chronic rhinosinusitis. Larger controlled trials are warranted to validate these findings.

INTRODUCTION

Chronic rhinosinusitis (CRS) is a multifactorial inflammatory disorder involving persistent inflammation of the nasal and paranasal sinus mucosa for a duration exceeding 12 weeks [1]. It represents a significant global health burden affecting approximately 5–12% of the world population and is associated with symptoms such as nasal obstruction, nasal discharge, facial pain or pressure, headache, and olfactory dysfunction [2,3]. Beyond localized symptoms, CRS significantly impacts sleep quality, cognitive

function, emotional well-being, and overall quality of life[4]. Although traditionally considered more prevalent in adults, recent trends have indicated increasing prevalence of sinusitis among adolescents and young adults between 10 and 20 years of age, where CRS often presents with overlapping cervical discomfort, postural strain, and recurrent upper respiratory infections, collectively resulting in impaired academic performance, sleep disturbances, and reduced quality of life [5,6]. Epidemiological studies have reported a slightly higher prevalence of CRS in females, although some studies indicate marginal male predominance [7].

CRS is broadly classified into CRS with nasal polyps (CRSwNP) and CRS without nasal polyps (CRSsNP), each demonstrating distinct inflammatory endotypes [8]. Structural abnormalities like deviated

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nasal septum have been reported in approximately 30–50% of patients with symptomatic CRS [9]. Allergic rhinitis is identified in nearly 40–50% of CRS patients, indicating a strong association between chronic mucosal inflammation and sinonasal pathology. Asthma coexists in approximately 10–20% of individuals with CRS, with higher prevalence among CRSwNP cases [10]. Cervical discomfort, including neck pain and stiffness, is frequently observed in patients with CRS and may coexist with self-reported sinus-related headaches, attributed to rhinosinusitis [11]. Environmental and infectious triggers also play contributory roles; recurrent viral upper respiratory infections and secondary bacterial colonization are implicated in nearly 20–30% of persistent cases. The growing resistance to antimicrobial agents despite advances in medical and surgical management, long-term disease control remains challenging in CRS cases [12]. Endoscopic sinus surgery, nasal corrective surgery although effective in improving sinus ventilation, is associated with postoperative complications, recurrence, and the need for prolonged pharmacotherapy [13]. Long-term use of intranasal corticosteroids and antibiotics may lead to mucosal irritation, systemic side effects, and reduced compliance, particularly in younger populations [14]. Consequently, there is growing interest in conservative, non-pharmacological, and integrative treatment modalities that address both local inflammation and associated musculoskeletal dysfunction. Traditional medical systems like Ayurveda and Chinese Medicine (TCM) offers alternative perspectives for chronic inflammatory conditions such as sinusitis; through systemic imbalances rather than isolated mucosal pathology [15].

In Siddha medicine, CRS correlates with *Peenisam*, a condition described in classical texts such as *Yugi Vaidhya Chinthamani* and *Agasthiyar Gunavakadam* with clinical features described as nasal blockage, heaviness of the head, facial pain, headache, postnasal discharge, and cervical stiffness [16]. *Peenisam* is attributed primarily to derangement of *Vaatham* and *Iyam*, leading to obstruction of *Srotas* (channels), accumulation of humors, and impaired circulation of *Uyir Thathukkal* (vital life forces) [17]. Siddha literature emphasizes that cervical dysfunction and disruption of craniofacial energy points may contribute to impaired drainage and chronic inflammation [18].

Chakrasiddh Nasal Alignment & Sinus Energy Therapy (CNASET) is a structured Siddha-based protocol integrating *Varmam* stimulation, cervical myofascial release, steam inhalation, and therapeutic yoga. This approach aims to improve circulation, enhance lymphatic drainage, reduce mucosal

congestion, and restore neuromuscular coordination [19].

This observational study aims to evaluate the clinical efficacy of CNASET in adolescent patients with CRS, focusing on symptom resolution and functional improvement.

MATERIALS AND METHODS

This prospective observational clinical study was conducted at Chakrasiddh Center, Hyderabad, between July 2025 and December 2025, in accordance with standard observational research guidelines [20]. The study included ten patients diagnosed with chronic rhinosinusitis based on established clinical criteria.

Clinical outcomes were assessed using the Sino-Nasal Outcome Test-22 (SNOT-22), a validated tool for measuring disease-specific quality of life in CRS patients [21], and the Visual Analog Scale (VAS) for subjective assessment of symptom severity including nasal obstruction, facial pain, headache, and cervical discomfort [22].

Study Population

A total of ten patients with a confirmed diagnosis of chronic rhinosinusitis were enrolled during the study period. Participants were selected from outpatient consultations between July 2025 and December 2025, the description is mentioned below [Table-1].

Case 1

An 11-year-old male presented with a history of recurrent nasal blockage and frontal headache since early childhood (>5 years). Associated symptoms included nocturnal bruxism and recurrent throat infections. He had a documented deviated nasal septum (DNS) [Fig-1] and had undergone adenoidectomy with turbinate reduction two years prior. Despite surgical intervention, symptoms persisted along with intermittent migraine episodes, indicating chronic sinonasal dysfunction with structural predisposition.

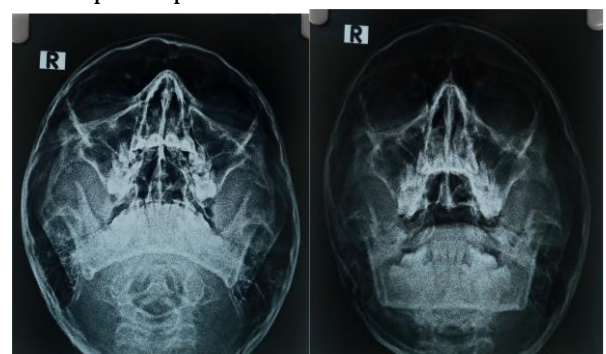


Fig-1: Pre and post x-ray (showing DNS and corrected nasal septum)

Case 2

A 14-year-old female reported a 2-years history of nasal obstruction, facial pressure, and post-nasal drip. Clinical examination revealed mild cervical stiffness. Radiological findings suggested mild DNS with nasal polyps. She had no surgical history but had a background of allergic rhinitis and recurrent headaches, suggesting inflammatory sinonasal involvement.

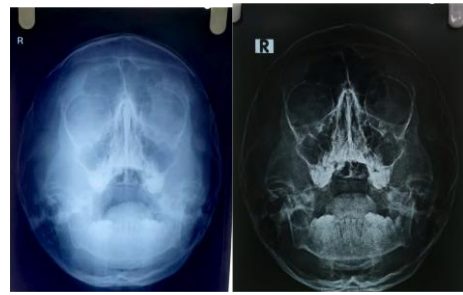


Fig-4: Pre and post x-ray (nasal congestion and mild DNS)

Case 3

A 16-year-old male presented with a 3-year history of maxillary pain and persistent nasal congestion [Fig-2]. He also reported cervical discomfort, particularly upper trapezius tightness. No DNS was noted. Past-history included frequent upper respiratory tract infections and migraine episodes.

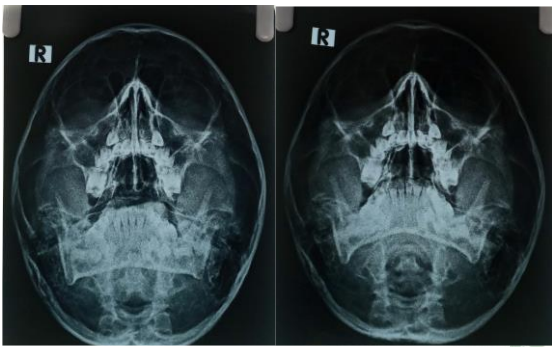


Fig-2: Pre and post x-ray (nasal congestion and clear sinus post therapy)

Case 4

A 12-year-old female presented with a 1.5-year history of intermittent headache, nasal blockage, and episodes of anosmia. Imaging showed mild DNS with minimal polypoidal changes [Fig-3]. She also complained of fatigue and had a known history of migraine.

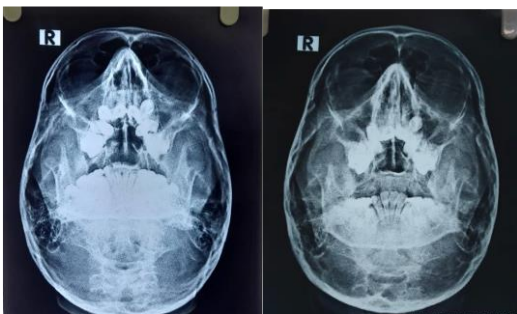


Fig-3: Pre and post x-ray (nasal congestion and mild DNS)

Case 5

An 11-year-old male reported persistent nasal congestion and post-nasal drip for four years. Associated symptoms included cervical and shoulder pain. He had undergone Functional Endoscopic Sinus Surgery (FESS) one year earlier but experienced recurrence of symptoms, indicating refractory CRS.

Case 6

A 15-year-old female presented with facial heaviness and nasal blockage for 2.5 years. She also experienced sleep disturbances. Mild DNS was noted, along with a history of recurrent headaches and allergic tendencies.

Case 7

A 19-year-old female presented with recurrent sinus pain and mucous discharge for five years. She had chronic neck stiffness and DNS. A history of polypectomy performed two years prior was noted. She also had an asthmatic tendency.

Case 8

A 13-year-old female reported intermittent nasal blockage and frontal headache for one year. She experienced cervical discomfort and had a history of recurrent tonsillitis. No DNS was detected.

Case 9

A 17-year-old male presented with post-nasal drip and facial pressure for three years. He reported reduced concentration secondary to recurrent headaches. Mild DNS was present along with cervical strain.

Case 10

A 20-year-old female presented with chronic nasal congestion and hyposmia for four years. She had associated cervical myofascial tightness and a family history of allergy. No DNS was identified.

Inclusion Criteria- Patients were included if they met the following criteria:

1. Age between 10 and 20 years.
2. Presence of symptoms consistent with chronic rhinosinusitis persisting for ≥ 12 weeks.
3. Clinical diagnosis established according to the EPOS criteria^[1] and presenting classical symptoms of sinusitis, including nasal obstruction, facial heaviness, headache, postnasal discharge, and associated neck pain.
4. Willingness to undergo Siddha-based therapy and provide written informed consent (or assent with guardian consent in the case of minors).

Exclusion Criteria- Patients were excluded if they had:

1. Acute rhinosinusitis at the time of presentation.
2. Nasal polyposis requiring immediate surgical intervention.
3. History of sinonasal surgery within the preceding six months.
4. Severe systemic illness or known immunodeficiency disorders.

Ethical Considerations

The study protocol adhered to the ethical principles outlined in the Declaration of Helsinki. Written informed consent was obtained from all participants prior to enrolment and those who agreed to share their pre and post x-rays only are produced in the study. For participants below 18 years of age, consent was obtained from parents or legal guardians. Confidentiality of patient data was strictly maintained throughout the study period.

Table 1: Clinical Profile of Patients with Chronic Rhinosinusitis (Age 10–20 Years)

Case No.	Age/Gender	Duration of symptoms	Symptoms	Associated findings	Structural factors	Past surgical history	Any other history
1	11/M	Since childhood (>5 yrs)	Recurrent nasal blockage, frontal headache	Nocturnal bruxism	DNS	Adenoidectomy + Turbinate reduction (2 yrs back)	Recurrent throat infections, migraine
2	14/F	2 years	Nasal obstruction, facial pressure, post-nasal drip	Mild cervical stiffness	Mild DNS, polyps present	Nil	Allergic rhinitis, headache
3	16/M	3 years	Maxillary pain, nasal congestion	Cervical pain (upper trapezius tightness)	No DNS	Nil	Frequent URTI, migraine
4	12/F	1.5 years	Headache, blocked nose, anosmia (intermittent)	Fatigue	DNS, few polyps	Nil	Migraine
5	11/M	4 years	Persistent nasal congestion, post-nasal drip	Cervical and shoulder pain	No DNS	Functional Endoscopic Sinus Surgery (1 yr back)	Recurrence after surgery
6	15/F	2.5 years	Facial heaviness, nasal blockage	Sleep disturbance	Mild DNS	Nil	Headaches, allergy
7	19/F	5 years	Recurrent sinus pain, mucous discharge	Chronic neck stiffness	DNS	Polypectomy (2 yrs back)	Asthmatic tendency
8	13/F	1 year	Intermittent nasal blockage, frontal headache	Cervical discomfort	No DNS	Nil	Recurrent tonsillitis
9	17/M	3 years	Post-nasal drip, facial pressure	Reduced concentration due to headache	Mild DNS	Nil	Headaches, cervical strain
10	20/F	4 years	Chronic congestion, hyposmia	Cervical myofascial tightness	No DNS	Nil	F/H of allergy

Intervention Protocol

All ten patients were administered with four structured CNASET sessions along with ten cervical manual pressure therapy administered over a period of three weeks. Each session lasted approximately 40–45 minutes and followed a standardized protocol integrating Siddha *Varmam* therapy and cervical myofascial release process along with some neck exercises. The patient was suggested for a steam inhalation twice a day at home, and practice yogic exercises in morning. The intervention was designed to restore *Kabam* balance, relieve obstruction of the cranio-cervical channels, and normalize the flow of *Uyir Thathukkal* involved in respiration and immune

regulation. Also, a specific dietary framework was designed for each patient according to their body state.

1. Marma/Varmam Therapy (Vital Energy points) [23]

Manual stimulation of selected *Varmam* points associated with cranial, nasal, and cervical function was performed using pressures tailored to patient tolerance. Graded pressure was applied for 30–90 seconds per point depending on sensitivity, ensuring patient comfort and safety. The aim was to regulate neuromuscular signaling, improve microcirculation, enhance sinus drainage, and correct functional cervical imbalance contributing to sinonasal congestion [Table-2] [Fig-5].

Table 2: Key Varmam (energy) Points Used in CNASET

Varmam Points	Location	Functional relevance in Sinusitis	Therapeutic Objective
<i>Kakattai Kalam</i>	Lateral aspect of the nasal bridge nr medial canthus	For frontal and ethmoidal sinus drainage	Reduces nasal blockage & frontal heaviness
<i>Pidari Varmam</i>	Occipital region at the base of skull	Regulates cranio-cervical energy flow and venous return	Relieves occipital headache & increases sinus outflow
<i>Thilartha Kalam</i>	Central forehead region (between eyebrows)	Associated with frontal sinus and autonomic modulation	Reduces frontal sinus pressure and facial pain
<i>Adangal Varmam</i>	Lateral neck region along sternocleidomastoid	Modulates cervical sympathetic supply	Improves nasal patency and reduces congestion
Cervical Varmam Points	Paraspinal cervical region	Influences lymphatic and venous drainage of head and neck	Enhances sinus drainage and reduces inflammation
Shoulder–Arm Varmam Points	Upper trapezius and supraclavicular region	Facilitates thoracic outlet circulation	Improves upper airway circulation and reduces stagnation

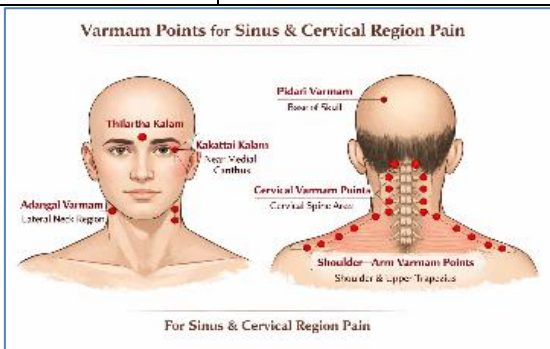


Fig- 5: Key Varmam points for sinus in Siddha Medicine

Cervical and Myofascial Release [24,25]

The participants were given targeted myofascial release for 15-20 minutes for ten days over the sternocleidomastoid, upper trapezius, scalene, suboccipital group, and intraoral pterygoid muscles. The following 10 *Varmam* points are stimulated to

achieve a therapeutic effect in the cervical region: *Mudicchu Varmam* (prominence corresponding to C7 vertebra), *Kakkatai kaalam* (supra clavicular fossa on both sides), *Kaichulukki Varmam* (on both sides of the spinal column), *Chippi varmam* (near shoulder blade), *Savvu Varmam* (on the medial side of the upper arm), *Kavuli kalam* (web area in between the thumb and the index fingers), *Manibandha varmam* (middle of the wrist joint), *Soodothari varmam* (radial aspect of the forearm), *Melmannai varmam* (upper end of the calf muscle) *Keelh mannai varmam* (lower end of the calf muscle)

Steam Inhalation [17,26]

Steam inhalation was administered following the manual therapy once to show the patient how to perform it daily at home after the therapy. The warm vapor facilitated liquefaction of retained secretions, improved mucociliary clearance, reduction in mucosal

edema and temporary relief of nasal obstruction once the therapy was done.

Yogic Practices [27]

Patients were instructed in supportive home-based practices for 30-minutes daily including pranayama techniques (controlled nasal breathing) like *Anulom Vilom*, *Bhramari*, *Kapalbhati* and deep diaphragmatic breathing slowly.

Cervical mobility exercises (10 times)– Cervical flexion, cervical extension, lateral flexion, cervical rotation, chin tucks and cervical isometric strengthening exercises.

Few sinus drainage postures (30 seconds each) were included like forward lean, modified child's pose, lateral head tilt and supine neck extension with pillow support

Dietary Regulations [19,28]

Patients were guided to intake anti-inflammatory and warm food items. Tea with dry ginger, black pepper, turmeric, and tulsi was suggested once a day, warm vegetable soups (ginger, pepper, garlic, cumin infused), clear lentil soups (moong dal preferred), steamed vegetables (carrot, beans, ridge gourd, bottle gourd) and lightly spiced rasam was added to their daily routine food. Cold drinks and fridge items were avoided and were advised to keep themselves hydrated with warm water.

Outcome Measures

Assessments were conducted at baseline and after completion of therapy.

Primary Outcome

Sino-Nasal Outcome Test-22 (SNOT-22)- The Sino-Nasal Outcome Test-22 (SNOT-22) is a validated, disease-specific, patient-reported outcome questionnaire widely used to assess symptom severity and health-related quality of life in chronic rhinosinusitis [21]. It reflects changes in inflammation, drainage, sleep quality, and overall patient well-being following therapy. SNOT-22 consists of 22 items; each scored on a 6-point Likert scale with scoring 0 (no problem) to 5 (severe problem). The questionnaire evaluates nasal symptoms (8 parameters), facial/ear symptoms (6 parameters), sleep (3 parameters) and psychological functions (5 parameters). Total score ranges between 0-110 with a higher score indicating worse symptom score.

Secondary Outcomes

The Visual Analog Scale (VAS) is a simple, validated tool used to quantify subjective symptom intensity in CNS for parameters like nasal obstruction,

facial pain, headache, and cervical discomfort [22]. Patients mark the point between 0 (no symptom)-10 (worst imaginable symptom) corresponding to their symptom severity.

RESULTS

A total of 10 pediatric patients diagnosed with Chronic Nasal Sinusitis (CNS) were included in the study. The study included six females and four males, indicating nearly equal gender distribution with a mean age of 15.4 ± 3.1 years ranging from 10 to 20 years. The mean duration of symptoms prior to intervention was 3.9 ± 1.6 years, reflecting chronicity of the condition in the pediatric population.

At baseline, patients demonstrated moderate to severe disease severity, with a mean SNOT-22 score of 48.6 ± 6.2 , indicating substantial impairment in sinonasal function and quality of life [Table-3]. Following completion of four sessions of Chakrasiddh Nasal Alignment & Sinus Energy Therapy (CNASET), a significant reduction in symptom burden was observed, with the mean post-treatment SNOT-22 score decreasing to 9.4 ± 3.1 , representing a mean improvement of 39.2 points (64.6% improvement). This change exceeded the minimal clinically important difference (MCID) for SNOT-22, indicating a clinically meaningful therapeutic effect. VAS scores demonstrated marked symptomatic relief indicating severity reducing to mild across all domains [Table-4]. Mean nasal blockage scores reduced from 7.8 ± 0.9 to 2.9 ± 0.8 , facial pain/pressure from 7.2 ± 1.2 to 2.6 ± 1.3 , headache from 7.8 ± 1.0 to 3.1 ± 1.6 , and cervical discomfort from 8.4 ± 1.2 to 3.3 ± 1.9 at the end of therapy. Improvement in nasal airflow, sleep quality, and overall well-being was reported by all patients.

By the end of complete ten days cervical and four CNASET session, nine patients (90%) demonstrated near-complete resolution of symptoms, while one patient (10%) showed moderate improvement, as reflected by residual mild nasal congestion and intermittent headache. No adverse effects or complications were reported during or after the treatment period, and the therapy was well tolerated by all participants. Based on predefined clinical improvement criteria, the overall clinical efficacy of Chakrasiddh Nasal Alignment & Sinus Energy Therapy was 90%. These findings suggest that CNASET is a safe, effective, and well-tolerated conservative Siddha-based intervention for the management of chronic sinusitis (*Peenisam*), with significant improvement in both symptom severity and disease-specific quality of life.

Table-3: Pre- and Post-Therapy SNOT-22 Scoring

Parameter	Pre-Therapy Mean ± SD	Post-Therapy Mean ± SD	Mean Difference	% Improvement
Total SNOT-22 Score	48.6 ± 6.2	9.4 ± 3.1	39.2	64.6%
Nasal Symptom sub score	21.8 ± 2.9	7.6 ± 2.1	14.2	65.1%
Facial Pain/Pressure	8.6 ± 1.8	2.9 ± 1.2	5.7	66.3%
Sleep Dysfunction	14.4 ± 3.1	5.8 ± 1.7	8.6	59.7%
Psychological Domain	16.6 ± 3.5	5.4 ± 1.9	11.2	67.4%

Table (n = 10)

All participants demonstrated more than the clinically meaningful reduction threshold ($\geq 8-9$ points).

Table 4: Symptom Grading Scale Comparison (VAS-Based)

Symptom	Pre-Therapy Mean	Severity Grade	Post-Therapy Mean	Severity Grade	% Reduction
Nasal Obstruction	7.8 ± 6.2	Severe	2.9 ± 0.8	Mild	64%
Facial Pain	7.2 ± 1.2	Severe	2.6 ± 1.3	Mild	65%
Headache	7.8 ± 1.0	Severe	3.1 ± 1.6	Mild	60%
Cervical Discomfort	8.0 ± 1.4	Severe	3.3 ± 1.9	Mild	58%

VAS Interpretation: 0-3 = Mild; 4-6 = Moderate; 7-10 = Severe

DISCUSSION

Chronic rhinosinusitis (CRS) is increasingly recognized as a significant health concern in the adolescent and young adult population [3]. Although traditionally considered more prevalent in adults, recent clinical observations indicate a rising trend among individuals between 10 and 20 years of age, particularly in those with structural and inflammatory predispositions causing a harm on quality of life of children at such tender age [5]. In our observational study, most cases clustered within the 14-20-year age bracket, accounting for approximately 60% of presentations, suggesting higher symptom persistence and reporting in mid-to-late adolescence compared to early teenage years. Gender distribution demonstrated a mild female predominance (60%) in our study which is in accordance with the 2010 National Health Interview Survey accounting to 63% of sinusitis shown by females as compared to 23% males [7]. This observation may be attributable to higher exposure to environmental triggers, asthma, work-related cervical strain, and migraines or sinus headaches, although hormonal and immunological factors may also contribute to gender variability in inflammatory airway disorders. [10]

Structural abnormalities were frequently observed as contributing factors in various previous studies. Deviated nasal septum (DNS) was present in approximately 50% of cases, reinforcing its role in mechanical obstruction of the ostiomeatal complex and impaired sinus drainage [9]. Additionally, cervical musculoskeletal dysfunction including neck stiffness and myofascial tightness was noted in nearly 50-60%

of patients, suggesting a possible cranio-cervical contribution to venous and lymphatic stasis affecting sinonasal clearance [11]. In present study also 5 out of 10 participants had DNS present contributing to severe rhinosinusitis. Majority of them had a history of severe or moderate migraine and recurrent upper respiratory infections or allergic predisposition. Cervical pain or stiffness was observed in six cases, suggesting cranio-cervical involvement. Studies from North America and England have reported that men have a higher prevalence of CRS with nasal polyposis (CRSwNP), whereas women have higher rates of CRS without nasal polyposis and 72% have taken surgery as their first choice [1,6]. Three cases of this study also had previous surgical interventions (FESS, polypectomy, adenoidectomy, turbinate reduction) within the past 1-2 years but there was a relapse of symptoms. In the past 20 years, there has been an explosive increase in the use of complementary and alternative medicine (CAM) in the general population for managing CRS like Herbal medicines, Ayurveda, acupressure and Chinese Medicine [15].

In the Siddha system of medicine, *Peenisam* is considered the clinical correlate of chronic rhinosinusitis (CRS). It is understood to arise primarily from derangement of *Vaatham* and *Iyam*, resulting in mucosal congestion, impaired sinus drainage, heaviness of the head, and associated pain. The involvement of disturbed *Vaatham* further contributes to stagnation, pressure sensation, and functional obstruction within the sinonasal pathways. Similar conceptual parallels exist across other traditional medical systems. In Ayurveda, CRS is often compared to *Dushta Pratishyaya* or *Peenasa*, which develops due

to vitiation of *Kapha* and *Vata doshas* leading to obstruction of the *Pranavaha Srotas* (nasal channels) [29]. In Traditional Chinese Medicine (TCM), sinusitis is attributed to dysfunction of meridian pathways and stagnation of *Qi*, resulting in impaired circulation and chronic inflammatory accumulation [30]. Studies have interpreted the deeper essence of these traditional systems where chronic inflammatory disorders are considered not solely as localized mucosal pathology but as manifestations of deeper systemic imbalance influenced by prior experiences, persistent stress, and unresolved emotional factors [31]. Such disturbances are understood to alter neuro-physiological regulation and immune responses, thereby contributing to disease chronicity. Accordingly, the therapeutic emphasis is directed toward restoring overall physiological and psycho-emotional harmony rather than merely suppressing symptoms [32].

Within this framework, the Siddha-based therapeutic protocol CNASET represents a structured, non-invasive intervention aimed at addressing both structural and energetic contributors to sinus pathology. The protocol integrates targeted *Marma/sVarmam* stimulation [23], craniocervical energy modulation [33], and sinus drainage facilitation techniques to enhance regional circulation and lymphatic clearance. According to Siddha physiology, obstruction or hypersensitivity at specific *Varmam* points disrupts the flow of *Uyir Thathukkal*, leading to symptoms such as nasal congestion, facial heaviness, headache, and cognitive dullness. Gentle manual activation of these points supports the clearance of retained secretions, improves microcirculation, and reduces inflammatory stagnation. For instance, stimulation of *Kakattai Kalam* assists in relieving nasal blockage and frontal pressure; *Pidari Varmam* is associated with reduction of occipital headache and *Thilartha Kalam* helps alleviate facial pain which was clear from the pre and post VAS scores as nasal blockage scores reduced from 7.8 ± 0.9 to 2.9 ± 0.8 ; headache score reduced from 7.8 ± 1.0 to 3.1 ± 1.6 and facial pain/pressure from 7.2 ± 1.2 to 2.6 ± 1.3 consistent with this approach aiming to reduce inflammatory burden and facilitate physiological airflow through the nasal passages. The SNOT-22 score of 48.6 reducing to 9.4 ± 3 demonstrating improved quality of life especially in sleep and psychological domain both of which progressed from 14.4 ± 3.1 and 16.6 ± 3.5 to 5.8 ± 1.7 to 5.4 ± 1.9 simultaneously. In 2 participants, pre and post x-rays determined, improvements in nasal alignment by manual corrective techniques [Fig 1,3].

Similar to previously documented by Yugi Vaidhya Chinthamani, the Siddha interventions addressing sinus and head disorders, stimulation of

these cervical and accessory *Varmam* points supports improved sinus drainage while alleviating associated neck pain and stiffness [25,27]. CNASET protocol reflects the Siddha understanding that cervical alignment and neuromuscular balance significantly influence craniofacial circulation and sinus drainage. Points such as *Mudicchu Varmam*, *Kakkatai Kalam Kaichulukki Varmam*, and *Chippi Varmam* help relieve cervical stiffness, normalize posture, and reduce neuromuscular tension affecting sinus outflow pathways [34]. Distal regulatory points including *Savvu Varmam*, *Kavuli Kalam*, *Manibandha Varmam*, and *Soodothari Varmam* enhance circulatory and lymphatic flow between the neck and head [16,17]. Additionally, *Melmannai* and *Keelmannai Varmam* support systemic energy balance. Collectively, activation of these points reduced cervical strain & discomfort measured on VAS from 8.4 ± 1.2 to 3.3 ± 1.9 at the end of therapy.

The integration of steam inhalation (*Vedhu*) mirrors classical Siddha recommendations for *Iyam* alleviation, steam inhalation is incorporated as a form of external *Swedana* (*Suda Swedam*), which plays a vital role in pacifying aggravated *Vaatham* and *Kapha*. The application of warmth counters the *Sheetha* and *Sthambha* qualities responsible for mucus stagnation and sinus blockage [29]. In present study, inhalation helped all participants in enhancing liquefying thick secretions, and facilitates their expulsion. Almost all reported that through steam inhalation following *Varmam* therapy, helped reducing mucosal edema and face swelling, suggesting a synergistic action between manual and thermal therapies. Corrective yogic practices and specific yogic postures with controlled breathing techniques are employed to enhance thoracic expansion, improve cervical alignment, and regulate autonomic balance. From a Siddha viewpoint, these practices stabilize *Vaatham*, reduce stress-induced neuromuscular hyperactivity, and support sustained sinus ventilation [27]. Gentle neck mobility exercises, forward and lateral spinal movements, and breathing techniques assist in maintaining the therapeutic benefits achieved through *Varmam* therapy and *Swedana*, while preventing recurrence.

In Siddha medicine, diet (*Pathiyam*) plays a vital role in both the causation and management of sinusitis (*Peenisam*) and migraine, as improper food habits are believed to aggravate *Iyam* and *Vaatham*, leading to mucosal congestion, impaired drainage, and upward movement of vitiated energies manifesting as headache [28,35]. Accordingly, patients were advised to follow a warm, light, and anti-inflammatory dietary regimen to support internal balance and facilitate sinus clearance. Daily intake included herbal tea prepared with dry ginger, black pepper, turmeric, and tulsii to enhance digestive fire (*Agni*) and reduce

phlegmatic accumulation. Warm vegetable soups infused with ginger, pepper, garlic, and cumin were recommended to improve circulation and reduce inflammatory load. Lightly spiced rasam was incorporated to promote respiratory comfort and digestion. Patients were advised to avoid cold beverages and refrigerated foods and were encouraged to maintain hydration with warm water, thereby supporting mucosal health and reducing the likelihood of sinus-related migraine triggers

The present observational study demonstrates that CNASET produced significant clinical improvement in patients with chronic rhinosinusitis. The marked reduction in SNOT-22 scores indicates substantial improvement in sinonasal symptoms and quality of life. Compared to pharmacological therapy, CNASET offers a non-invasive approach with minimal risk and holistic benefits thereby promoting integrative therapeutic approaches that address both anatomical and functional dimensions of the disorder. Limitations include small sample size and lack of a control group. However, as an observational study, these findings provide preliminary evidence supporting CNASET's therapeutic potential in CRS management.

CONCLUSION

Chakrasiddh Nasal Alignment and Sinus Energy Therapy is a safe, effective Siddha-based conservative intervention for chronic rhinosinusitis. Significant improvement in symptom severity and quality of life was observed across all cases. Further randomized controlled trials with larger sample sizes are recommended to establish its role in integrative CRS management.

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