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Evaluating The Efficacy Of Srdp (Scientific Reversal Detox Process) Therapy In Preventing Surgical Intervention For Lower Back Pain.

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Abstract:

Background : Lumbar spine disorders such as **lumbar spondylosis, sciatica (*Gridhrasi*), intervertebral disc bulge, herniation,** with ligamentum hypertrophy, etc are common causes of chronic lower back pain and disability worldwide. In *Ayurveda*, these conditions are primarily understood through the lens of ***Vata dosha*** imbalance, particularly affecting ***Asthi dhatu*** (bone tissue) and ***Majja dhatu*** (nervous tissue). This article explores the *Ayurvedic* perspective on the pathogenesis, classification, and management of lumbar spine diseases.

Objective: This study evaluates the impact of the *Ayurveda*-based Scientific Reversal Detox Process (SRDP) in the patients of Lumbar spine pathologies in patients adviced spine surgeries and retrospective improvement with specific emphasis on the necessity of the SRDP prior to external therapies.

Result: Statistical analysis demonstrated a significant reduction in pain, stiffness, and disability scores (ODI), along with an improvement in Straight Leg Raise (SLR) values following SRDP treatment in lumbar disorders.After 60 days of therapy 55.5% of patients showed excellent improvement, 30.15% exhibited moderate improvement, 14.28% experienced mild symptomatic relief Thus, nearly 85% of patients experienced notable relief from lumbar symptoms with SRDP treatment.

Conclusion: The SRDP therapy, with its structured focus on detoxification followed by rejuvenation and functional restoration, led to significant relief in pain, stiffness, and improved mobility among patients with lumbar spine disorders. The initial phase of Shodhana (detox) may have enhanced the absorption and effectiveness of subsequent Ayurvedic therapies. This stepwise, integrative approach not only addresses symptomatic relief but also targets the underlying *Vata-Kaphaja* pathology.

Key Words: Spine disorders, SRDP therapy, Detoxification, *Katigata vata, katigraha*

I. INTRODUCTION

Modern lifestyle factors such as prolonged sitting, lack of physical activity, improper posture, and occupational stress contribute significantly to the incidence and chronicity of low back pain.[1] SRDP, with its holistic and *Ayurvedic* approach, offers a variety of treatment modalities which aims at balancing the *Doshas* and restoring normal function.

Low back pain (*Katishoola* or *Katigraha* in *Ayurveda*) is a frequently encountered clinical condition that significantly impacts the daily functioning and quality of life of individuals. In *Ayurvedic* classics, low back pain is described as a result of vitiated *Vata Dosha*, often localized in the *Kati Pradesha* (lumbar region), and is sometimes associated with the imbalance of other *Doshas* or *Dhatu kshaya* (tissue depletion). Conditions such as *Gridhrasi* (sciatica), *Vata vyadhi*[2] and *Sandhigata Vata* are often considered *Ayurvedic* correlates of low back pain syndromes.

Spine diseases, including low back pain, cervical spondylosis, and intervertebral disc disorders like disc bulge, disc herniation, are increasingly prevalent in India, affecting a significant portion of the population. Studies estimate that nearly **60–80% of people experience low back pain at some point in their lives**, with around **20% suffering from chronic back pain.** The global point prevalence of (LBP) is estimated to be 9.4%. It was higher in men compared to women. [3] Urbanization, sedentary lifestyles, poor posture, and occupational hazards contribute to the growing burden. Among the elderly**, degenerative spine disorders** are particularly common, while in younger adults, lifestyle-related and mechanical causes dominate. Spine-related ailments now represent one of the leading causes of disability and healthcare visits in India.

In modern medicine, the disease is in early stage, it is managed by medications such as analgesics and anti-inflammatory drugs, muscle relaxants, corticosteroids, epidural steroid injections etc but these drugs have lots of side effects and cannot be used for long time. Emerging treatment strategies focus on regenerative therapies, including platelet-rich plasma (PRP) injections, mesenchymal stem cells, and gene therapy, which are under investigation but are not yet widely available or affordable [4]

When symptoms are moderately severe or more, especially if it hampers the activity of patient and surgical intervention is advised. [5,6]

Pathophysiology of Spine Diseases-

Obstructive spinal disorder In *Ayurveda*, obstructive spinal disorders such as lumbar canal stenosis, disc herniation, and ligamentum flavum hypertrophy are primarily understood as manifestations of *Vata Vikara*. These conditions typically involve either *Margavarodha* (obstruction in the pathway) or *Avaraṇa* (encapsulation or occlusion) of *Vata Dosha*. Since *Vata* governs movement, nerve conduction, and pain perception, any interruption or obstruction in its natural flow can lead to symptoms such as pain, stiffness, numbness, and radiating discomfort. The *Kapha* or *Meda Dhatu*, when aggravated, may obstruct the channels

(*Strotas*) through which *Vata* circulates, resulting in *Margavarodha*, further disturbing the normal function of *Vata*.

Samprapti (Pathogenesis):-

The development of obstructive spinal disorders begins with the aggravation of *Vata Dosha* due to factors such as *Ativyayam* (excessive physical exertion), *Abhighata* (trauma), Jara (aging), *Vegavidharana* (suppression of natural urges), consumption of *Rukṣa Ahara* (dry, light, Vata-aggravating food), and an overall *Vata-prakopaka* lifestyle. The vitiated *Vata*, which is responsible for the regulation of movement and nerve functions, becomes obstructed by accumulated *Kapha* or *Meda Dhatu*, leading to *Margavarodha* (pathological obstruction). This blockage results in stiffness (*Stambha*), heaviness (*Gaurava*), and restricted movement, primarily in the lumbar region. As the condition progresses, the disturbed Gati (flow) of *Vata* causes *Shoola* (pain), *Toda* (pricking or tingling sensation), and *Bheda* (splitting type pain), manifesting as neurological and musculoskeletal symptoms. The *Strotorodha* (obstruction of channels) occurs in *Mamsa*, *Asthi*, *Majja*, and *Snayu*, *Strotas*, impairing both structural and functional integrity of the spine and nerves. Depending on the site of involvement, there may be *Avaraṇa* of *Vyana Vata* (causing impaired circulation and nerve conduction) or *Apana Vata* (leading to pain radiating toward the lower limbs), resembling conditions such as sciatica or lumbar canal stenosis. [7]

Degenerative spinal disorders in Ayurveda are predominantly the result of *Vata Prakopa* triggered by causative factors such as aging (*Jara*), injury (*Abhighata*), excessive physical exertion (*Ativyayam*), improper diet and lifestyle, and the habitual intake of *Rukṣha* (dry), *Laghu* (light), and *Vata*-provoking *Ahara-Vihara*. These factors lead to an increase in *Vata Dosha*, which possesses *Rukṣa* (dry), *Khara* (rough), and *Laghu* (light) qualities. The aggravated *Vata* begins to vitiate and dry out the *Asthi* (bone) and *Majja* (marrow/nervous tissue) *Dhatus*, resulting in *Dhatukṣhaya* (tissue depletion). The depleted tissues lose their strength and capacity to nourish and support structural integrity, especially in the spine. This degeneration further increases *Vata* due to the loss of its opposing *Dhatus*, creating a vicious cycle of *Vata*-aggravation and ongoing degeneration, manifesting clinically as pain, stiffness, loss of mobility, and neurological symptoms. Obstruction and dysfunction in *Asthi-Majja Strotas* further accelerate the pathogenesis, leading to classic presentations such as *Katigata Vata*, *Asthigata Vata*, or *Majjagata Vata*. [8]

Scientific Reversal detox Process-

Scientific reversal detox process (SRDP) is a specialized treatment protocol developed by Parasnath speciality clinic which involves integrated diagnostic methods from modern and *Ayurveda* perspectives and standardized *Ayurvedic* treatment protocol which involves polyherbal tablets, oils, *lepa* as a take home medicines and modified *Panchakarma* treatments like *Abhyanga*, *steam*, *taila dhara*, letting therapy, *pottali sweda* as an inhouse procedure with modern physiotherapy treatments.

Entire SRDP treatment can be explained by dividing it in four stages which are as follows

Detoxification: In this phase major Focus is on parts of joint where pathology exists, where local oil massage with different Oils, *Pottali Swedana*, *Nadi Swedana*, *Lepa*, *Basti*, Leech or cupping, *Dhara* is given by which Swelling, Effusion and inflammation in joints is reduced, in this phase to detoxify body *Vardhman* SRDP powder which contains *Gud, Shunthi* and *Haritaki*. This helps to get *Doshas* vitiated from body. This treatment is for 10, 20, 30 sessions depending on disease and metabolism. These medicines help to detox, reduce pain and check digestion and metabolism. Depending on the pathology and prognosis of the disease various medicines are used.

Strengthening: In this phase of treatment, the aim is to detoxify and strengthen the joint. In these external treatments like gentle massage with oil, *taila dhara*, *Pinda Sweda* and *lepa* application are done and physiotherapy advice are also given to the patients.

Root cause removal: For patients with spinal disorders, we follow a three-stage approach, as not every patient requires the root cause removal stage (metabolic correction).

Regeneration: The final stage of SRDP treatment focuses on regeneration. After detoxification, strengthening, and addressing the root causes, the body is in a prime state to regenerate and heal. This stage involves treatments to restore the body's natural healing mechanisms. For spine patients, this includes treatments that restore nerve function and spinal flexibility, leading to long-lasting relief from pain and discomfort.

Study design and duration: This is a retrospective clinical observation study conducted between Jan 2023 to Dec 2024 at Parasnath clinics of Thane, Dadar, Vashi and Borivali, Tilak Road Pune.

We classify spinal disorders into two groups:

Group A: Obstructive pathology

Group B: Degenerative pathology

The study consists of total 60 patients, 30 in each group.

Under **obstructive pathology (Group A)-**

Lumbar disc herniation: 7 patients

Intervertebral disc bulge: 9 patients

Disc protrusion: 3 patients

Lumbar canal stenosis: 7 patients

Ligamentum flavum hypertrophy: 2 patients

Facet joint hypertrophy: 2 patients

Under **degenerative pathology (Group B)**-

Intervertebral disc desiccation (drying of the disc): 9 patients

Annular tear: 6 patients

Lumbar spondylosis (wear and tear): 15 patients

Out of seven patients diagnosed with **lumbar disc herniation**, four patients were advised by orthopaedic doctor to undergo **microdiscectomy and discectomy**. This recommendation was based on persistent pain lasting over 6 weeks to 3 months, failure to respond to conservative treatments (such as physical therapy, NSAIDs, analgesics, and epidural steroid injections), and a significant negative impact on quality of life and daily functioning but patient denied for surgery and came for SRDP treatment.

Among nine patients with **lumbar intervertebral disc bulge**, three were advised by orthopaedic doctor to undergo **laminectomy**. This was due to significant nerve compression or persistent symptoms that interfered with daily life and were not alleviated by non-surgical treatments, patients denied for surgery and came for SRDP treatment.

Out of the seven patients diagnosed with **lumbar canal stenosis**, three were recommended for **decompressive laminectomy** advised by orthopaedic doctor. These patients exhibited severe symptoms of neurogenic claudication leg pain, numbness, or weakness while walking that improved with sitting or bending forward. The surgery, which involves removal of part of the vertebral bone (lamina) and surrounding ligaments, was deemed necessary after conservative measures failed, patients denied for surgery and came for SRDP treatment.

Out of three patients with **lumbar disc protrusion**, two were advised to undergo **microdiscectomy** by orthopaedic doctor. This minimally invasive procedure was recommended due to symptomatic protrusions compressing nerve roots, causing persistent pain and neurological deficits patients denied for surgery and came for SRDP treatment.

Among nine patients with **disc desiccation**, three were advised to undergo **discectomy** by orthopediac doctor, as in disc desiccation very rarely surgery adviced but this patients had experienced severe low back pain for over six months, which significantly impacted their daily activities and did not respond to conservative treatments such as physical therapy, medications, or epidural injections, also having severe neurological problem patients denied for surgery and came for SRDP treatment.

Out of six patients with **annular tears**, three were recommended for **microdiscectomy** by orthopaedic doctor. In these cases, the tear was associated with disc herniation and nerve root compression, leading to symptoms such as weakness, numbness, or sciatica that warranted surgical intervention patients denied for surgery and came for SRDP treatment.

Lastly, among 15 patients diagnosed with **lumbar spondylosis**, ten were advised to undergo **spinal fusion** procedures, such as PLIF (Posterior Lumbar Interbody Fusion), TLIF (Transforaminal Lumbar Interbody Fusion), or posterolateral fusion by orthopaedic doctor. These patients presented with vertebral instability or nerve compression, radiating leg pain (radiculopathy), numbness, weakness, or persistent low back pain that had not responded to non-surgical treatment patients denied for surgery and came for SRDP treatment.

One such patient had been advised by a radiologist to undergo surgery but was unwilling to proceed. Instead, the patient visited our clinic and received **SRDP** treatment **(scientific reversal detox process)**. This non-surgical intervention yielded positive outcomes, demonstrating significant improvement in symptoms without the need for invasive procedures.

Eligibility:

Inclusion Criteria-

1. Patient with either gender at age between 30 to 60 years.
2. Patients diagnosed with intervertebral disc degeneration, dessication, annular tear, disc bulge, herniation, protrusion, facet joint arthropathy and ligamentum flavum hypertrophy by MRI findings.
3. Symptoms from 2 to 3 years of evolution.

Exclusion Criteria-

1. Lumbar fracture, signs of Calcification
2. Patient with having history of Potts disease (spinal tuberculosis) and any benign or malignant tumour.
3. Patient who has undergone spinal surgery.
4. Patients with severe Cardiovascular disease, CNS, Epilepsy, Coagulopathy and Immunological diseases eg- Hepatitis, HIV, Syphilis and CA.
5. Patients with Alcoholism or any other addiction.
6. Women who are pregnant or lactating.

Study Procedure-

Sample size- 60 patients

Subjective Criteria-

1) Known cases of Spine with above mentioned criteria with score by Oswestry Disability Index (ODI) scale, patients were given internal detoxification medication for 30 days and then SRDP external therapies for 30 days. After therapy patients were given internal medications for 30 days with follow up every 15th day till 60th day of treatment.

2) Pain-

Table 1: showing pain score

Score	pain level
0	no pain
1-3	mild pain
4-6	moderate pain
7-9	severe pain
10	worst possible pain

3) Stiffness-

Table 2: showing stiffness score

Score	Stiffness Description	Duration
0	No Stiffness	None
1	Mild stiffness in the morning	< 15 minutes
2	Moderate stiffness, occasional during day	15–30 minutes
3	Moderate to severe stiffness, frequent episodes	30–60 minutes
4	Severe stiffness, persistent	>60 minutes or continuous

4) SLR Test-

Positive/Negative with degree-

Objective Criteria-

1) For objective criteria MRI Lumbosacral Spine before and after treatment was taken in consideration.

Study Intervention-

Scientific Reversal Detox Process (SRDP) involves various internal and external medication and therapies at different stages of the entire treatment process. In 1st phase of detoxification Tab SRDP 2 tablets BD, SRDP granules 2tsp at night and Syp SRDP 2 tsf BD were given to the patients each patient undergone external therapies daily which includes Abhyanga with oil for 5min, *pottali therapy* for 20min to 30 min followed by steam therapy for 10min and application of *lepa* for 5min and lastly colon therapy with 40ml SRDP *pottali* Oil which is a kind of *Basti* was given. The Specialized Kit on therapy Rhumo Kit Was Used in this initial phase to Reduce stiffness. During this treatment application of leech was also carried out. Also 15 session of physiotherapy given. This entire external therapy was carried out for 30 days. When Patient gets relieved from stiffness, the therapy Kit was shifted From Rhumo kit to Paino kit that aims to pacify vata to reduce pain and increase range of motion of lumbar region. After this for strengthening process Tero kit was used to patient that helps in strengthening the muscles and ligaments also with this dhara of Tero oil was administered. Tens and Ultrasound physiotherapies were given to patients along with Strengthening exercises. After symptoms

improvement, metabolic correction was done using *Dhatwangi Vardhak* medicines, along with weight loss, which further supported the recovery. In regeneration phase medicines used were Tab Teroflex 2 tablets BD, Tablet Spino 2 tablets BD, Lumbojith Soft gel capsules, Syrup Teroflex 20ml BD, *Mahakalyanak ghruta* in *Vardhaman matra* was given and Teroflex *lepa* once a day was adviced to all the patients for 30 days.

In this study *Trailokya vijaya vati* was used for symptomatic pain management in earlier phases which was ceased after pain relief. Follow up of each patient was taken on every 15th day during entire SRDP therapy of 60 days.

Principle of Treatment-

बाह्याभ्यन्तरतः स्नेहैरस्थिमज्जगतं जयेत् (C.Chi.28/93) (9)

Acharya Charaka explained Asthi majja gata vata in Vatavyadhi chikitsa adhyaya as bahya and abhyantara Sneha (external nd internal oleation therapy).

गृध्रस्याङ्गानुकारित्वात् गृध्रसीत्यभिधीयते।स्नेहस्वेदनबस्तीनां प्रधानं वाते विधीयते॥

तत्र बस्तिस्तु श्रेष्ठोऽयं वाते वै सर्वरोगनुत्।गृध्रस्योपमगामिन्या रुज्या गृध्रसी स्मृता॥

शूलार्तं पृष्ठवन्शाद्यं पादान्तं यावतः क्रमात्।निरुहः सर्पिषा श्रेष्ठः कल्कसिद्धैः पलाशकैः॥

Treatment follows the classical *Vatavyadhi* line of management with *Sneha* (oleation), *Swedana* (sudation/fomentation), *Basti* (medicated enema), *Niruha Basti* (decoction enema), medicated ghee

Result:

1) FOR GROUP A PAIN, STIFFNESS

Since observations are on ordinal scale, we have used Wilcoxon Signed Rank Test to test efficacy in Pain and Stiffness parameters. From above table, we can observe that P-Value for all parameters is less than 0.005. Hence, we can conclude that effect observed in Pain and Stiffness parameters is significant in Group A.

Table 3: Showing the mean value of pain, stiffness for group A

Group A		Mean	SD	SE	P-Value	% Effect
PAIN	BT	8.56	1.18	0.22	0.001	98.48
	AT	0.13	0.34	0.06		
STIFFNESS	BT	1.66	0.66	0.12	0.001	93.77
	AT	0.10	0.31	0.06		

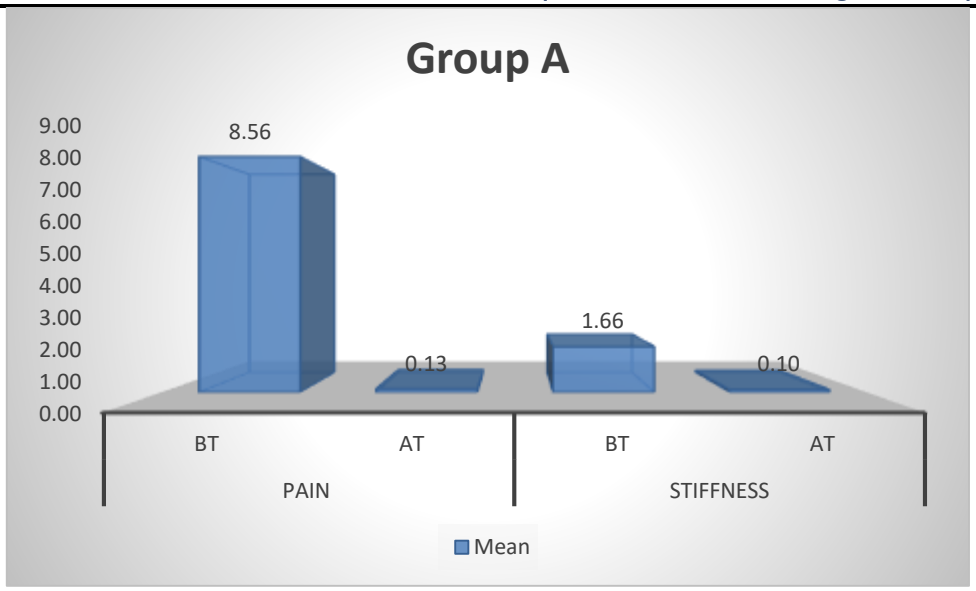

Fig1: Graph showing the mean distribution for group A

2) FOR GROUP B PAIN, STIFFNESS

Since observations are on ordinal scale, we have used Wilcoxon Signed Rank Test to test efficacy in Pain and Stiffness parameters. From above table, we can observe that P-Value for all parameters is less than 0.005. Hence, we can conclude that effect observed in Pain and Stiffness parameters is significant in Group B.

Table 4: Showing the mean value of pain, stiffness for group B

Group B		Mean	SD	SE	P-Value	% Effect
PAIN	BT	8.54	9.00	0.21	0.001	97.49
	AT	0.21	0.00	0.08		
STIFFNESS	BT	1.64	2.00	0.10	0.001	86.96
	AT	0.21	0.00	0.09		

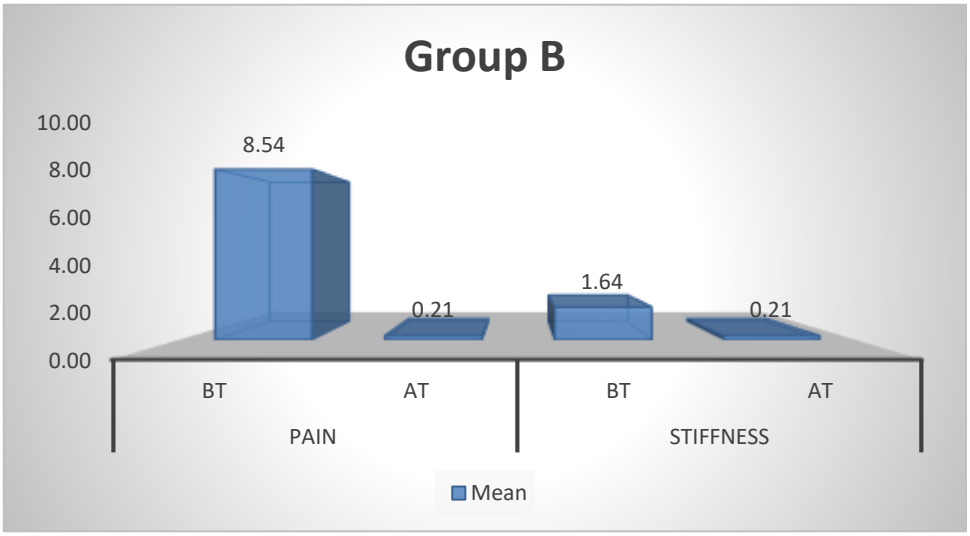

Fig 2: Graph showing the mean distribution for group B

3) FOR GROUP A SLR AND ODI SCORE

Since observations are quantitative, paired t-test is carried out to test significance in Group A. From above table, we can observe that P-Value for Group A is less than 0.05. Hence, we can conclude that there is significant change observed in Group A.

Table 5: Showing mean value of SLR, ODI score for group A

Group A		Mean	N	SD	P-Value	% Change
SLR Right	BT	45.33	30	10.82	0.001	88.62
	AT	85.50	30	5.77		
SLR Left	BT	56.16	30	9.26	0.001	21.97
	AT	68.50	30	8.42		
ODI SCORE	BT	40.66	30	4.08	0.001	65.42
	AT	14.06	30	3.63		

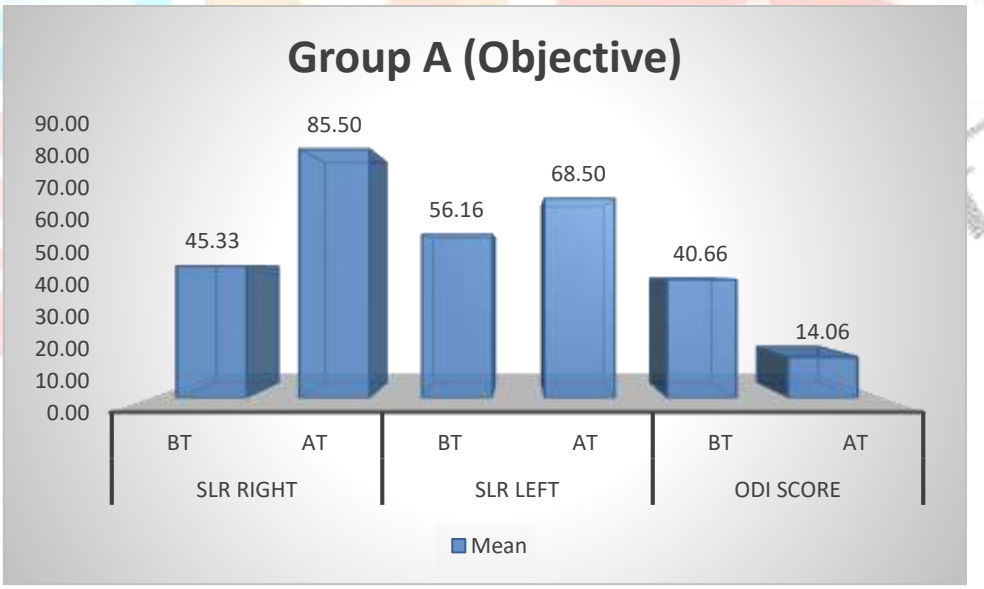

Fig 3: Graph showing the mean distribution

4) FOR GROUP B SLR AND ODI SCORE

Since observations are quantitative, paired t-test is carried out to test significance in Group B. From above table, we can observe that P-Value for Group B is less than 0.05. Hence, we can conclude that there is significant change observed in Group B.

Table 6: Showing mean value of SLR, ODI score for group B

Group B		Mean	N	SD	P-Value	% Change
SLR Right	BT	45.83	30	11.15	0.001	88.73
	AT	86.50	30	5.11		
SLR Left	BT	57.83	30	12.78	0.001	30.55
	AT	75.50	30	8.55		
ODI SCORE	BT	41.17	30	3.64	0.001	67.77
	AT	13.27	30	5.34		

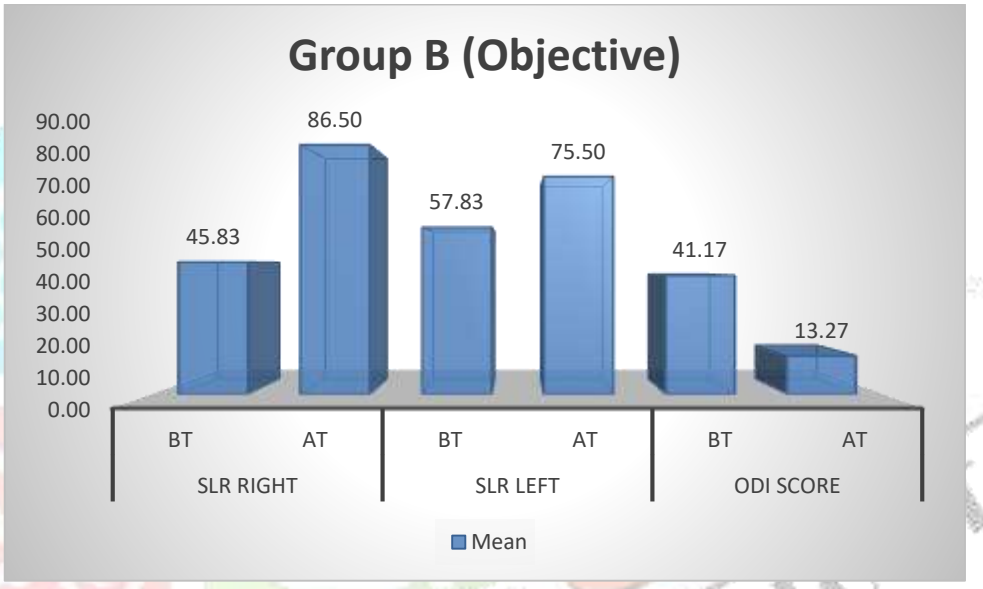

Fig 4: Graph showing the mean distrubution

Discussion:

Spinal disorders, including degenerative disc disease, lumbar spondylosis, and spinal canal stenosis, are increasingly prevalent due to sedentary lifestyle, poor posture, and aging. These conditions often lead to chronic pain, stiffness, radiculopathy, and functional impairment, significantly affecting the quality of life. In *Ayurveda*, such conditions are broadly classified under *Katigraha*, *Gridhrasi*, and *Asthi-Majjagata Vata*, predominantly caused by *Vata Dosha* vitiation due to factors like *Jara* (aging), *Ativyayama* (overexertion), and *Rukṣa Ahara* (dry and unctuous diet).

Role of Physiotherapy and exercises in Strenghtening stage-

Physiotherapy plays a crucial role in strengthening the spine in cases of spinal pathologies such as herniated discs, disc bulge, spinal stenosis, or degenerative disc disease. Rhythmic stabilisation is superior to traditional physiotherapy in terms of reducing pain and minimising disability. Core stability exercises outperform a

variety of modalities, including kinesio taping, heat massage therapy, postural control exercises, sensory-motor training and lumbar stabilization. PNF has been demonstrated to enhance balance, pain, postural control and disability. TENS and UST provide excellent pain relief results. Treatment outcomes are greatly improved by a combined strategy that includes both standard conventional therapies and advanced treatments. Strengthening the muscles supporting the spine reduces stress on spinal structures, enhances alignment, and prevents further injury, promoting long-term spinal health and functional independence. (10)

Action of *Jalaukacharan* (Leech Therapy) in spine Pathology-

Leech therapy (*Jalaukavacharaṇa*), a classical form of *Raktamokṣaṇa* (bloodletting) in *Ayurveda*, has shown significant promise in the management of various spinal disorders, especially those associated with inflammation, nerve compression, and chronic pain. The therapeutic efficacy of this treatment is attributed to the bioactive substances present in leech saliva, such as hirudin (an anticoagulant), bdellins and eglins (protease inhibitors with potent anti-inflammatory properties), and destabilase (a thrombolytic enzyme). These compounds collectively help reduce local inflammation, edema, and tissue stiffness, which are commonly observed in conditions like lumbar canal stenosis, intervertebral disc herniation, and spinal spondylosis.

Moreover, leech saliva contains anesthetic and analgesic components that offer immediate pain relief, making it particularly beneficial in cases of radiculopathy, sciatica (*Gridhrasi*), and chronic lower back pain (*Katigraha*). By improving local blood circulation and relieving venous congestion, leech therapy enhances oxygen delivery to compressed nerves and degenerated discs, thereby promoting nerve regeneration and reducing symptoms such as numbness and tingling. Additionally, the improved microcirculation and anti-inflammatory action help alleviate muscle spasms and stiffness, leading to enhanced range of motion (ROM) and better functional mobility. (11)

Mode of action of *Vardhaman Snehapana*-

Vardhamana Snehapana, a key preparatory procedure that, plays a significant role in the management of spinal pathologies. By administering *Mhakalyanak ghruta* in gradually increasing doses, it promotes deep tissue oleation, particularly nourishing *Asthi* (bone) and *Majja* (marrow) *Dhatus*, which are often affected in degenerative spinal conditions. This process helps to mobilize aggravated doshas, reduces stiffness. Clinically, it contributes to pain relief, improved spinal mobility, and slows down the degenerative process, thus enhancing therapeutic outcomes in spine disorders.

Subjective improvement:

SRDP protocol showed a strong effect in pain and stiffness reduction, with statistically significant improvement in all subjective parameters. Subjective improvements were rapid, suggesting good patient acceptance and clinical feasibility. The uniform use of local therapies in a systematic plan appears to synergize well for subjective patient comfort.

Objective improvement:

MRI evaluations were conducted pre and post treatment in 15 patients with lumbar disorders such as disc bulge, herniation, spondylosis, or stenosis. Out of those 10 patients showed visible improvement in MRI findings:

Decompression of thecal sac and nerve root, Improved hydration signal in intervertebral discs, suggesting reversal of disc desiccation in early degenerative changes, Decreased ligamentum flavum hypertrophy and epidural fat congestion seen in spondylotic cases, Improved alignment of vertebral bodies and spinal curvature in cases with mechanical imbalance, These objective improvements corresponded with enhanced Straight Leg Raise (SLR) range, reduced ODI score, and subjective relief from radiating pain, numbness, and stiffness.

CONCLUSION

The SRDP treatment demonstrates a comprehensive and integrative approach in managing chronic lumbar spine disorders, particularly in patients advised surgical interventions such as spinal decompression or discectomy. Significant improvement was observed not only in clinical symptoms such as radiating pain, stiffness, and limited mobility but also in radiological findings, including reduction in disc bulge, nerve root compression, and restoration of disc hydration. These outcomes suggest that SRDP therapy offers a viable non-surgical alternative for patients with lumbar disc pathologies and spondylotic changes. With its multi-modal approach involving detoxification, strengthening, regeneration, SRDP holds promise in reversing early degenerative changes and improving quality of life in spinal disorders.

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CONFLICT OF INTEREST – None

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