WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.453
Volume 14, Issue 17, 1218-1225. Research Article ISSN 2277–7105

REVERSAL OF KNEE OSTEOARTHRITIS THROUGH SRDP (SCIENTIFIC REVERSAL DETOX PROCESS) TREATMENT: CLINICAL AND RADIOLOGICAL INSIGHTS

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Article Received on
15 July 2025,

Revised on 04 August 2025,
Accepted on 24 August 2025

DOI: 10.20959/wjpr202517-38182

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ABSTRACT

Osteoarthritis in knee is one of the common health issues we encounter in the modern-day clinic and many people find it difficult to manage their day-to-day activities when they suffer from this condition. Knee osteoarthritis (OA) also known as degenerative joint disease of knee is typically the result of wear and tear and progressive loss of articular cartilage. Common clinical symptoms include knee pain that is gradual in onset and worse with activity, knee stiffness and swelling, pain after prolonged sitting or resting, and pain that worsens over time. A 55-year-old female patient presented to Parasnath Speciality clinic on 04 May 2025 with pain on left knee joint, moderate swelling at left knee with a duration of two months. She was unable to flex the knee fully and was found difficulty in climbing the stairs. SRDP treatment was given to patient for 30 days which showed significant improvement as well as Xray improvement.

INTRODUCTION

In Vriddhavastha, all Dhatus undergo Kshaya, thus leading to Vataprakopa and making individual prone to many diseases.[1] OA can be correlated with Sandhivata in Ayurveda. Acharya Charaka had described this disease under Vataj Nanatmaj Vyadhi (different diseases of Vata).[2] Among them Sandhigata Vata stands top in the list. The incidence of osteoarthritis

in India is as high as 12%.[3] It is estimated that approximately four out of 100 people are affected by it. Osteoarthritis is the most common articular disorder begins asymptomatically in the 2nd & 3rd decades and is extremely common by age 60 to 70years. Osteoarthritis is typically a progressive disease that may eventually lead to disability. The intensity of the clinical symptoms may vary from each individual. However, they typically become more severe, more frequent, and more debilitating over time.[4]

Almost all persons by age 40 have some pathologic change in weight bearing joint, 25% females & 16% males have symptomatic osteoarthritis.[5] Allopathic treatment has its own limitation in managing this disease. The objective of the treatment is to decrease pain while attempting to maintain or increase the range of movements and to minimize disabilities in daily living activities. The conventional pharmacological management of OA includes the administration of analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs), their aim is to provide adequate pain relief.[6,7]

History of present illness

A 55 years old female patient was symptomless 1 year ago but gradually she had symptoms such as pain in both knees mainly at left knee joint and difficulty while walking, since 7-8 months, stiffness in both knee joints since 5 months, and mild swelling present at left knee joint since 2 months, which are briefly mentioned in Table 2. After intake of analgesic also, no relief was obtained, and symptoms were getting worsened day by day. Patient had history of hypertension and was on medication (TabTelma 40mg). She approached Parasnath Speciality Clinc at Thane on 04th May 2025. Examination of the patient including vitals examination, Ashtavidha Pariksha (eight systemic examination), and specific locomotor system examination is mentioned in Tables 3, 4, and 5, respectively, and after obtaining written inform consent, the treatment was started.

Table 1: Demographic Details.

Name	XYZ
Age	55
Sex	Female
Address	Shivaji Nagar, Thane
Occupation	Housewife
Maritial Status	Widow
Height	4.6 feet
Weight	51.40kg

Table 2: Chief complaints with duration.

Sr. No	Chief Complaints	Grade	Duration
1	Pain at left knee joint	4+	Since, 8 months
2	Difficulty and pain while walking	3+	Since, 6 months
3	Swelling at left knee joint	2+	Since, 2 months
4	Stiffness over calf muscles	2+	Since, 2 months
5	Indigestion with hyperacidity	-	Since, 15 days

Table 3: Vitals Examination.

Pulse	84/min
Blood pressure	110/70 mmHg
RR	20/min

Past History- Cholecystectomy done in 2015.

Personal History

Food habits: Mixed diet, excessive intake of medium spicy food and bakery products.

Sleep: Disturbed sleep due to pain

Family History- No significant family history was reported.

Examination for locomotor system (examinations specific to diagnosis)-

Inspections

- Difficulty and pain in both knee joints while walking for long duration
- Mild Swelling over right knee joint
- Knee flexion deformity on right knee
- Reflexes are intact
- No any scar
- No varicosities are seen
- No any structural deformity in left knee joint

Palpation

Crepitus present in both knee joints.

Affected flexion and extension of left knee joint.

Range of movement (ROM) Left knee.

Flexion at right knee joint, 70°– 80° extension of right knee joint, Rest of movements are normal.

Left knee joint - No occurrence of any deformity.

Investigation

Xray Left Knee AP Lateral (02/05/2025)- Oestophytes are seen at femur, tibia and patella. Early changes of Oestoarthritis.

Diagnosis- Sandhigata vata, Osteoarthritis

Nidan Panchak - (The Procedure of Etiopathogenesis of Sandhigatavata as per Ayurveda)

Hetu (etiology or causative factors):

Ahara- Katu Rasa (spicy food items), Ruksha (dry or shrunken food items) eg- bread, biscuits, khari, toast. Pulses like chana, vatana, rajma.

Vihara- Atijagarana (excessive awakening at night), Chinta (worry).

Purvarupa (prodromal symptoms): Stiffness and pain in both knee joints, mild discomfort during walking.

Roopa (manifestation): Pain in bilateral knee joint and difficulty, crepitus present in both knee joints, and pain in left knee mainly while walking from 6 months, stiffness in both knee joints from 5 months, and mild swelling over left knee joint for past 2 months.

Samprapti (pathophysiology of the disease): Due to above causative factors lead to Rasadushti (improper formation of blood plasma) and Vataprokopa (Vitiation of Vata), which spreads Vatadosha in all body channels, which creates obstruction of various channels and invaded over joints. Owing to obstruction, degenerative changes occur joints, which produces Sandhigatavata.[8]

Investigations: X-ray left knee Anteroposterior and lateral view had showed space reduction in knee joint, osteophytes seen at femur, tibia and patella. Early changes of Osteoarthritis Noted.

TREATMENT GIVEN

SHAMAN CHIKITSA

1^{ST} FOLLOWUP 0^{TH} DAY	2^{ND} FOLLOWUP 15^{TH} DAY
Tab Shulghna 2-0-2 After food	Tab Shulghna 2-0-2 After food
Tab Trailokya Vijaya vati 1-0-1 before food	Tab Osteoflex 2-0-2 After food
Tab Uriflex 2-0-2 before food	Tab Acidos 2-0-2 before food
SYP Oedoflex 2tsp-0-2tsp after food	Syp Teroflex 2tsp-0-2tsp after food.
SRDP liniment for Local application	SRDP liniment for Local application

Scientific Reversal detox Process[9]

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, Swedan (steam), taila dhara, letting therapy (Jaluaka charan), 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 is used 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.

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 knee 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.

Physiotherapy

Physiotherapy plays a vital role in the management of Knee Osteoarthritis by improving joint mobility, reducing stiffness, and strengthening peri articular muscles. Specific exercises such as quadriceps strengthening, range of motion exercises, and low-impact aerobic activities help restore functional ability and reduce pain. Regular physiotherapy also enhances balance, prevents deformities, and supports long-term joint health when combined with lifestyle modifications and medical care.[10]

SHODHAN CHIKITSA

1^{ST}- 7^{TH} DAY	8^{th} -15^{TH} DAY	16^{TH} – 30^{TH} DAY
Rhumo Kit was used	Paino Kit was used	Tero Kit was used
Snehan	Snehan	Snehan
Swedan	Swedan	Swedan
Rhumo potalli	Tero potalli	Tero potalli
Dhanyamla Dhara	Taila dhara	Taila dhara
Oedoflex lepa application	Shulaghna lepa	Shulaghna lepa
Basti- Anuvasan and Niruha alternately given.	Basti- Anuvasan and Niruha alternately given.	Basti- Anuvasan and Niruha alternately given.
Leech therapy on day 7^{th}	-	-
Physiotherapy was given on alternate days.	Physiotherapy was given on alternate days.	Physiotherapy was given on alternate days.

OBSERVATION AND RESULT

Assessment of the patient was performed in terms of clinical features[6] and radiological findings. After completion of therapy, the patient got significant relief in pain while walking, stiffness, and swelling of knee joint, also it helped in maintaining joint space, now there was no overlapping of lateral epicondyle of femur and tibia and no osteoporotic changes as shown in below X-ray. No undue effect was found after this treatment.

Before Treatment

After Treatment

Subjective Improvement

Sr. no	Chief Complaints	Grade Before treatment	Grade After treatment
1	Pain at left knee joint	4+	1
2	Difficulty and pain while walking	3+	1
3	Swelling at left knee joint	2+	0
4	Stiffness over calf muscles	2+	0
5	Indigestion with hyperacidity	0	0

DISCUSSION

By taking into consideration all factors, which were involved in the pathogenesis of Sandhigatavata in this patient, SRDP treatment protocol was followed here. After 1 month, the patient got significant relief clinically, and a significant improvement was observed in the radiological findings, especially in terms of maintenance of good joint space and absence of overlapping as shown in above Xray.

CONCLUSION

The SRDP treatment demonstrates a comprehensive and integrative approach in managing Knee Osteoarthritis. Significant improvement was observed not only in clinical symptoms such as knee pain, swelling, stiffness, and difficulty while walking but also in radiological findings. This boosts the outcomes of this treatment. SRDP holds promise in reversing early degenerative changes and improving quality of life in knee disorders.

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