



Integrated SRDP (Scientific Reversal Detox Process) Management And Radiological Assessment In A Case Of Osteoarthritis Of Knee (*Sandhigata Vata*): Case Report

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ABSTRACT

Background:

Osteoarthritis (OA) is a chronic degenerative joint disorder characterized by articular cartilage loss, osteophyte formation, and functional disability. It is one of the leading causes of pain and disability among the elderly. In Ayurveda, OA can be correlated with *Sandhigata Vata*, a condition caused by *Vata prakopa* leading to degeneration (*dhatu kshaya*) of *Asthi* and *Majja dhatu* within the *Sandhi* (joints).

Objective:

To evaluate the effect of integrated Ayurvedic management using SRDP (Scientific Reversal Detox Process) therapy and internal medicines in the management of chronic knee osteoarthritis, with clinical and radiological assessment over six months.

Case Presentation: A 60-year-old male patient (initials S.S.), weighing 73 kg, presented with right knee pain, swelling, stiffness, and difficulty in folding the leg for six years. Radiography revealed medial joint-space narrowing and osteophyte formation (Kellgren–Lawrence Grade III). The patient was treated with SRDP therapy and a combination of internal Ayurvedic medicines.

Results:

Significant reduction in pain (VAS 8→2), improved joint mobility, and visible radiological improvement (joint-space widening, reduced sclerosis) were observed after three months. The treatment halted degenerative progression and improved functional capacity.

Conclusion:

The integrated Ayurvedic regimen produced clinically and radiologically measurable improvement in osteoarthritis of the knee. This suggests that SRDP therapy combined with *Vata-shamaka*, *Rasayana*, and *Sandhi Poshaka Dravyas* can be an effective non-surgical intervention in *Sandhigata Vata*.

Keywords: Osteoarthritis, *Sandhigata Vata*, SRDP therapy, *Ayurveda*, *Rasayana*, *Vata-Shamaka*,

Introduction:

Osteoarthritis (OA) is a progressive degenerative disease of the synovial joints marked by cartilage destruction, subchondral bone remodeling, osteophyte formation, and chronic inflammation ⁽¹⁾. It predominantly affects weight-bearing joints such as knees and hips, leading to pain, stiffness, and functional impairment ⁽²⁾. Globally, OA is the most common joint disorder in people over 50 years of age ⁽³⁾.

In Ayurveda, the condition corresponds to *Sandhigata Vata* as described in *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*. *Vata dosha* vitiation, either due to aging (*Jara*), overuse, trauma, or *Vata-prakopaka ahara-vihara*, leads to dryness (*Rukshata*), degeneration (*Kshaya avastha*), and functional loss of *Sandhi* ⁽⁴⁻⁶⁾. The cardinal features include ***Sandhishula*** (joint pain), ***Sandhigraha*** (stiffness), ***Sandhishotha*** (swelling), and ***Atopa*** (crepitus) ⁽⁷⁾.

Modern management includes analgesics, NSAIDs, physiotherapy, and ultimately joint-replacement surgery ⁽⁸⁾. However, these approaches often fail to address the underlying degenerative pathology. *Ayurvedic* management, emphasizing ***Shamana***, ***Shodhana***, and ***Rasayana*** chikitsa, offers a holistic approach targeting both symptom relief and tissue rejuvenation ⁽⁹⁻¹¹⁾.

This case report presents a 2-month follow-up of OA knee (right) managed at Parasnath Speciality Clinic, Ahilyanagar, using SRDP therapy and internal Ayurvedic formulations, with both clinical and radiological outcomes

Case Presentation

Patient Initials: S.S.

Age/Sex: 60 years/Male

Weight: 73 kg

Date of first visit: 13 March 2025

Chief complaints:

- Pain in right knee joint for 6 years
- Swelling and stiffness around the knee
- Pain aggravated by walking or climbing stairs
- Difficulty in folding the knee completely
- Occasional crepitus during movement

History of present illness

Symptoms gradually increased over 6 years. But complaints increase since 6 months. The patient had been using occasional analgesics but with no long-term relief. No history of trauma. No morning stiffness lasting more than 30 minutes.

Past medical history

Known case of hypertension and type 2 diabetes mellitus (both under control). No other major illness.

Family history

No familial joint disorders reported.

Diet and lifestyle

Predominantly non-vegetarian diet with irregular food habits and limited exercise. Sedentary lifestyle with occasional prolonged standing at work.

*Clinical Examination**Table 1 showing parameter for knee examination*

Parameter	Observation
<i>Inspection</i>	<i>Mild swelling on medial aspect of right knee, no redness</i>
<i>Palpation</i>	<i>Medial joint line tenderness, mild crepitus on movement</i>
<i>Range of Motion</i>	<i>Flexion limited to 80°, extension full</i>
<i>Gait</i>	<i>Antalgic, difficulty in climbing stairs</i>
<i>Temperature</i>	<i>Normal, no local warmth</i>
<i>Systemic Examination</i>	<i>Within normal limits</i>

Radiological Findings

X-Ray 1 (26 Dec 2024) – Before Treatment

- Narrowing of medial joint space (right > left)
- Marginal osteophyte formation
- Subchondral sclerosis
- No deformity
- **Impression:** Osteoarthritis (Kellgren–Lawrence Grade III)

Diagnosis:

- **Modern Diagnosis:** Primary Osteoarthritis of Right Knee.
- **Ayurvedic Diagnosis:** *Sandhigata Vata* (*Janu Sandh*).

Therapeutic Intervention

The management aimed at Vata-shamana, Sandhi poshana, Shothahara, and Rasayana effects.

Table 2 showing Treatment Timeline

Visit	Date	Medication / Therapy	Outcome
1st Visit	13 Mar 2025	<i>Shulaghna Vati 2 BID, SRDP Liniment local application TID, Tab SRDP 1 BID, Syrup SRDP 10 ml BID, Kashay SRDP 30 ml BID</i>	Pain and stiffness reduced by 30 % in 15 days
2nd Follow-up	14 Apr 2025	<i>Tab Osteoflex 1 BID, Tab SRDP 1 BID, Mahakalyanaka Ghrita 5 ml HS, Trailokya Vijaya Vati 1 HS</i>	Marked pain reduction, swelling subsided
3rd Follow-up	14 May 2025	<i>Tab Teroflex 1 BID, Mahakalyanaka Ghrita 5 ml HS</i>	Flexion improved to 110°, walking improved
4th Follow-up	14 Jun 2025	<i>Tab Osteoflex 1 BID, Tab Spino 1 BID, Mahakalyanaka Ghrita 5 ml HS</i>	Stable improvement, VAS 2/10, X-ray improvement

SRDP therapy:**Table 3 showing srdp therapy for 30 days**

SRDP therapy for 10 days	SRDP therapy for next 20 day
SRDP oil massage	Tero oil massage
Nadiswedana	Nadiswedana
Rheumo pottali	Tero pottali
Dhanyamla dhara	Oil dhara
Shulaghna lepa	Shulaghna lepa
Leech therapy 1 sitting done	Colon therapy

SRDP Therapy:

Scientific reversal detox process (SRDP) is a specialized treatment protocol developed by [Parasnath speciality clinic](#) which involves integrated diagnostic methods from modern and *Ayurved* 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 treatment the aim is to detoxify and strengthen the joint. In these external treatments like gentle massage with oil, *taila dhara* and *lepa* application are done and physiotherapy advice are also given to the patients.

Root cause removal: In this phase metabolic corrections are done. By this patient who suffers from metabolic disorders can be prevented from developing metabolic osteoarthritis. Medicines which improve metabolism and lifestyle disorders are used in this phase. We at [Parasnath](#) Developed Special medicines to correct metabolism or *dhatwagni*

Regeneration: In this stage regeneration of synovial fluid in joints and increasing inter articular space in case of knee osteoarthritis patients with the help of our research based regenerative Medicines,

*Results***Clinical assessment****Table 4 showing parameter before after treatment**

Parameter	Before Treatment	After 6 Months
Pain (VAS Score)	8	2
Swelling	Present (medial)	Absent
Flexion Range	80°	125°
Walking Capacity	5 minutes	30 minutes
Stiffness (Morning)	Moderate	Mild
Crepitus	Marked	Mild
Functional Index (WOMAC)	65	20

Overall Improvement: ~75 % in functional ability.

X-ray 2(14 june 2025) – After Treatment

- Improved joint-space visibility in both knees
- Reduced subchondral sclerosis
- Marginal osteophytes appear stable (no progression)
- **Impression:** Degenerative process arrested

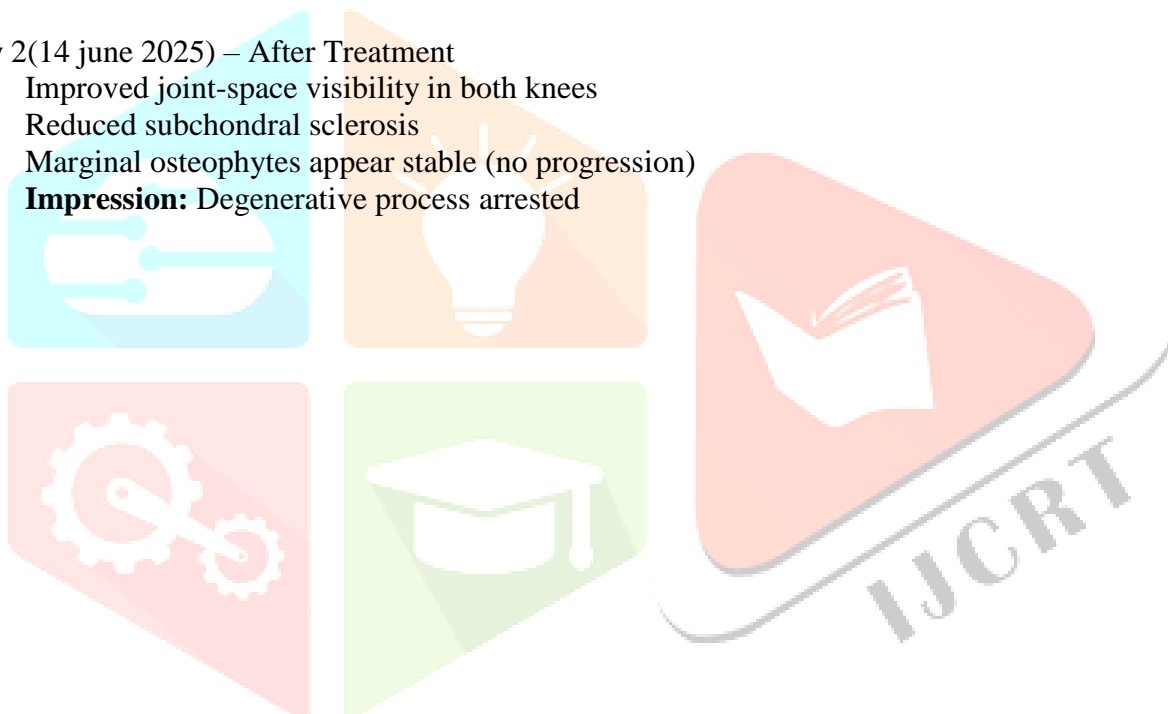




Fig 1 showing before after Xray

Radiological Assessment Summary:

Table 5 showing before after radiological improvement

Parameter	Before Treatment	After Treatment	Interpretation
Joint space	Severe narrowing	Improved width, clearer line	Suggests reduced inflammation and cartilage regeneration
Osteophytes	Prominent	Stable	Degeneration halted
Subchondral bone	Dense sclerosis	Reduced	Indicates vascular remodeling
Alignment	Normal	Maintained	No progression of deformity

Discussion:

OA is a disorder involving mechanical, cellular, and biochemical processes leading to cartilage degradation and subchondral bone changes (12). Pro-inflammatory cytokines (IL-1 β , TNF- α) and oxidative stress drive cartilage catabolism (13). Chronic mechanical loading reduces chondrocyte viability, promoting sclerosis and osteophyte formation (14).

Conventional therapy focuses on symptom suppression rather than structural repair. Long-term NSAID use carries gastrointestinal and renal risks. Therefore, integrative approaches are warranted.

In Ayurveda, *Sandhigata Vata* arises when aggravated *Vata dosha* localizes in joints with depleted *Kapha* and *Sneha guna*. The pathogenesis (*Samprapti*) involves *Dhatukshaya janya Vata prakopa*, leading to dryness and loss of *Sandhi snigdhatva* (lubrication).

Sandhigata Vata, a *Vatavyadhi* described in the Ayurvedic classics, is characterized by ***Sandhishhula* (joint pain), *Sandhigraha* (stiffness), and *Sandhishotha* (swelling)** resulting from aggravation of *Vata* and depletion of *Asthi-Majja Dhatu*. The pathogenesis involves *Dhatu Kṣaya* and *Avarana*, which lead to progressive degeneration of cartilage and impaired joint lubrication. Modern correlates include osteoarthritis of the knee, involving loss of articular cartilage, synovial inflammation, and reduction in joint space.

In the present case, the clinical features of knee pain, crepitus, morning stiffness, and functional limitation corresponded to *Sandhigata Vata* and were managed with a combination of internal medications and SRDP Therapy. This multidimensional *Ayurvedic* approach targeted ***VataShamana, Shothahara, Rasayana, and Asthi-Majja Dhatu Poshana***.

Role of teroflex tablet includes *Lakṣhadi Guggulu, Tapyadi Loha, and Asthisamharaka Lakṣhadi Guggulu*, containing *Laxa, Guggulu*, and other bone-healers, acts as a classical *Asthi-sandhana kara* compound that accelerates micro-fracture healing and supports cartilage integrity. Its *Snigdha* and *Vata-hara* qualities help reduce joint dryness and friction. ***Tapyadi Loha*** supports *Agnidipana*, enhances microcirculation, and helps rectify *Dhatvagnimandya*, thereby promoting better mineral absorption essential for bone health. TeroFlex formulation ***Sariva and Manjistha*** purify *Rakta Dhatu* and reduce inflammatory toxins, ***Lakshadi Guggulu, Tapyadi Loha, and Asthisamharak*** promote structural stability. Together, they enhance cartilage repair, improve joint strength, and reduce oxidative damage.

Asthisamharaka (Hadjod / Cissus quadrangularis) shows proven osteogenic properties and reduces osteoclastic activity, aligning with its classical description as *Asthi-samharaka*—an agent that prevents bone loss and enhances matrix regeneration.

Main ingredient of shulaghna vati is *mahayograj guggulu*

Shulaghna Vati provides rapid *Vedanasthapana* (analgesic) and *Vata-hara* effect, essential for immediate symptomatic relief in *Sandhishhula*.

Mahayogaraja Guggulu exerts strong *Amapachana, Dipana*, and anti-inflammatory actions. It reduces inflammatory mediators and improves joint mobility by removing *Ama*-induced obstruction in the *Strotas*.

Trailokya Vijaya Vati exhibits **analgesic, anti-inflammatory, anxiolytic**, and mild sedative properties. In chronic degenerative pain conditions, it provides symptomatic relief, improves sleep quality, and helps break the pain-distress cycle, thereby improving overall functional outcomes.

Mahakalyanaka Ghrita is classically described as a potent *Rasayana* and *Vatahara* formulation. Its benefits in *Sandhigata Vata* arise from ***Snigdha Guṇa*** that lubricates joints and reduces friction, ***Majja and Asthi Dhatu Poshana*** that aids cartilage nourishment, **Anti-inflammatory activity** that reduces synovial irritation, ***Balya and Ojovardhaka*** effects that rejuvenate musculoskeletal tissues.

Ostoflex tablet main content is *Ashwagandha Ghan* again plays role as a neuro-muscular adaptogen. ***Hadjod*** (*Cissus quadrangularis*) enhances osteoblastic activity. ***Padmakastha*** and ***Asthimajjapachaka*** normalize bone metabolism and support *Dhatvagni*. ***Shallaki (Boswellia serrata)*** provides documented anti-inflammatory action by inhibiting 5-LOX pathways and reducing cartilage degradation.

The continuous, rhythmic flow of warm oil has a parasympathetic activating effect, leading to: Relaxation of peri-articular muscles Reduced muscle guarding Decreased nerve irritation around osteoarthritic joints Dhara enhances local blood flow Improves tissue nutrition Reduces metabolic waste accumulation in the joint Supports natural healing and slows degeneration

Overall Mechanism of Improvement

Vata Shamana through *Snigdha*, *Ushna*, and *Balya* drugs **Asthi Majja Dhatu Poshana** promoting cartilage and subchondral bone healing, **Rasayana effects** improving tissue regeneration and slowing degeneration, **Shothahara action** reducing synovial inflammation and stiffness, **Amapachana and Strotoshodhana** improving intra articular nutrient delivery, **Analgesic and neuromodulatory actions** enhancing overall functional capacity.

Radiological Discussion:

Pre-treatment X-ray displayed advanced degenerative changes joint-space narrowing, sclerosis, and osteophytes. Post-treatment film shows improved radiolucency of joint space and decreased subchondral density. Such findings suggest better vascular supply, reduced inflammation, and possible cartilage repair. Ayurvedic **Rasayana** therapy likely promoted regeneration via *Dhatuposhana* and *Sandhi snigdhathva* restoration

Follow up and Prognosis:

Follow ups were conducted every 15 days for three months. The patient maintained lifestyle modifications (*Vata-hara ahara vihara*) lukewarm water intake, avoidance of cold and dry food, and daily mild yoga asana (*Tadasana, Vrikshasana*). the patient resumed routine activities and reported sustained improvement without recurrence of pain.

Conclusion:

The integrated Ayurvedic approach using **SRDP therapy and internal medications** demonstrated notable symptomatic and radiological improvement in a chronic osteoarthritis patient. The findings suggest a **potential regenerative and stabilizing effect on degenerative knee joints**, warranting further controlled studies.

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