



Efficacy Of Scientific Reversal Detox Process (SRDP) Based Ayurvedic Therapy In The Management Of Frozen Shoulder: A Clinical Study.

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Abstract

Background: Frozen shoulder (Adhesive Capsulitis) is a painful condition characterized by progressive stiffness, restricted mobility, and functional disability of the shoulder joint. Conventional therapies often provide symptomatic relief but fail to address the chronicity and metabolic basis of the disease. Scientific Reversal Detox Process (SRDP), developed at Parasnath Speciality Clinic, is an integrative protocol that combines *Ayurvedic* and modern diagnostic perspectives with a standardized treatment plan.

Objective: To evaluate the clinical efficacy of SRDP based *Ayurvedic* therapy in the management of frozen shoulder.

Methods: This clinical study was conducted on patients diagnosed with frozen shoulder who underwent the SRDP protocol. The treatment was structured into four sequential stages: (1) **Detoxification** – local oil massage, *pottali swedana*, *nadi swedana*, *lepa*, *basti*, leech/cupping, and *taila dhara* along with *Vardhman* SRDP powder (*Guda*, *Shunthi*, *Haritaki*) to eliminate vitiated *Doshas*, reduce inflammation, and improve metabolism; (2) **Strengthening** – gentle oil massage, *taila dhara*, *lepa* application, and physiotherapy to improve joint mobility and muscular support; (3) **Root Cause Removal** – administration of specially developed polyherbal formulations to correct *Dhatvagni* and address metabolic disorders; (4) **Regeneration** – research based regenerative medicines for restoring synovial fluid and enhancing joint integrity. Both take home medicines (polyherbal tablets, oils, *lepa*) and in house therapies were included.

Results: Patient undergoing SRDP therapy demonstrated significant reduction in pain, stiffness, and inflammation, along with marked improvement in shoulder mobility and daily activity performance. Progressive improvement was observed across all four phases, with better tolerance and compliance compared to conventional therapies. No major adverse effects were reported.

Conclusion: SRDP based *Ayurvedic* therapy provides a holistic and effective approach in the management of frozen shoulder by addressing not only symptomatic relief but also the underlying metabolic and structural pathology. The staged protocol of detoxification, strengthening, root cause correction, and regeneration demonstrates promising potential as an integrative care model.

Keywords: Frozen shoulder, Adhesive capsulitis, *Ayurveda*, SRDP, *Panchakarma*, Regenerative therapy

INTRODUCTION:

Frozen shoulder, also known as adhesive capsulitis, is a painful and disabling condition of the shoulder joint characterized by gradual onset of stiffness, restricted range of motion, and functional limitation. The global prevalence is reported to be 2–5% in the general population, with a higher incidence in individuals between 40–60 years of age and in those with metabolic comorbidities such as diabetes mellitus and thyroid dysfunction^[1,2]. The natural course of the disease may last for 1–3 years, often leading to significant impairment in activities of daily living and reduced quality of life.^[3] Conventional management, including non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroid injections, and physiotherapy, largely offers symptomatic relief but often fails to address the chronic inflammatory and metabolic background of the disorder.^[4]

In Ayurvedic literature, frozen shoulder can be correlated with *Avabahuka*, a *Vatavyadhi* described in the classics. *Acharya Sushruta* mentions that aggravated *Vata Dosha* causes stiffness and restriction in the shoulder region (Amsa sandhi) leading to pain (*Shoola*) and impaired movement (*Graha*)^[5]. Further, derangement of *Agni* (digestive/metabolic fire) and the formation of *Ama* (metabolic toxins) play a key role in disease chronicity by impairing *Dhatu Poshana* (tissue nutrition)^[6]. Therefore, management in Ayurveda emphasizes not only localized therapies such as *Abhyanga* (oil massage), *Swedana* (sudation), and *Basti* (medicated enema), but also systemic measures for *Dosha* pacification, *Agni* correction, and *Dhatu* regeneration^[7].

The **Scientific Reversal Detox Process (SRDP)**, developed at Parasnath Speciality Clinic, is an integrative Ayurvedic protocol designed to address both the symptomatic and root cause aspects of frozen shoulder. It combines Ayurvedic interventions such as *Abhyanga*, *Swedana*, *Lepa*, *Basti*, and tailored polyherbal formulations with modern diagnostic perspectives. The therapy is structured into four sequential stages: detoxification, strengthening, root cause removal, and regeneration. By addressing *Dosha* vitiation, metabolic correction, and structural restoration, SRDP aims to provide a holistic and sustained recovery, in contrast to conventional therapies that primarily focus on pain and inflammation.

Considering the limitations of current treatment strategies and the need for integrative care, the present clinical study was undertaken to evaluate the efficacy of SRDP based Ayurvedic therapy in the management of frozen shoulder.

Case Presentation

Patient Profile:

A 56-year-old female, housewife, presented to the OPD of Parasnath Speciality Clinic. She reported a sedentary lifestyle with irregular dietary habits, moderate physical activity limited to daily walking, and no addiction history. Her *Prakriti* was assessed as *VataKapha* predominant.^[12]

Chief Complaints:

- Pain in the left shoulder joint (4 months)
- Stiffness and restricted range of motion, especially during abduction and external rotation
- Difficulty in combing hair, wearing clothes, and overhead activities
- Pain aggravated during night and on exposure to cold; partially relieved by warm fomentation.^[8,9]

History of Present Illness:

The patient was apparently healthy 4 months back when she gradually developed mild shoulder pain without history of trauma. Pain worsened progressively and was followed by stiffness and difficulty in performing routine activities. She consulted an orthopedic physician, was diagnosed with *adhesive capsulitis*, and prescribed NSAIDs and physiotherapy. Symptomatic relief was achieved temporarily, but stiffness and functional limitation persisted, prompting her to seek Ayurvedic care.^[10]

Past Medical and Treatment History:

- Known case of Type 2 Diabetes Mellitus for 8 years, controlled on oral hypoglycemics (frozen shoulder is strongly associated with diabetes)^[8,11]
- Hypertension for 3 years, on regular medication
- No history of thyroid disorder or prior shoulder injury
- Past treatment: oral analgesics, anti-inflammatory drugs, physiotherapy (3 weeks) – no satisfactory improvement

Family History:

- Father had Type 2 Diabetes Mellitus
- No family history of shoulder disorders or autoimmune diseases

Clinical Examination Findings:

- **Inspection:** No visible swelling or deformity of the shoulder joint
- **Palpation:** Localized tenderness over anterior aspect of the shoulder joint
- **Range of Motion (assessed with goniometer):**
 - Flexion: 90° (normal 150–180°)
 - Extension: 30° (normal 45–60°)
 - Abduction: 70° (normal 150–180°)
 - External rotation: 20° (normal 80–90°)
 - Internal rotation: 30° (normal 70–90°) ^[9,10]
- **Special tests:** Painful arc present, restriction in passive as well as active movements
- **Systemic Examination:** No abnormality detected

Investigations:

- **Modern diagnostics:**
 - Fasting blood sugar: 148 mg/dL
 - HbA1c: 7.8%
 - Lipid profile: borderline dyslipidemia
 - X-ray of right shoulder: no bony abnormality

MRI (done on 12/03/2025)

capsular thickening and reduced joint space, suggestive of adhesive capsulitis

Ayurvedic assessment:

- **Dosha:** Predominantly *Vata* vitiation with *Kapha* association (*Vata-Kaphaja Avabahuka*) ^[12,13]
- **Dushya:** *Rasa*, *Mamsa*, *Asthi* *dhatu*
- **Agni:** *Mandagni* (reduced digestive/metabolic fire) ^[13]
- **Ama:** Present (features of heaviness, stiffness, coated tongue)
- **Prakriti:** *VataKapha*
- **Strotas involved:** *Asthivaha*, *Mamsavaha*, *Rasavaha strotas*

Samprapti (Pathogenesis) of Avabahuka (Frozen Shoulder)

Nidana (Causative factors):

Vata provoking factors – *Ativyayama* (overexertion), *Ruksha Anna Sevana* (dry/light food), *Ratrijagarana* (night awakening), *Atapasevana* (excessive sun exposure), *Ruksha Vyayama* (excessive unctuousness deprivation). ^[14]

Kapha aggravating factors – *Guru*, *Snigdha*, *Sheeta Ahara*, sedentary habits, metabolic disorders like *Madhumeha* (diabetes). ^[15]

Sahaja / Vyadhi Anubandha Nidana – long standing diabetes mellitus, metabolic syndrome. ^[16]

1. Dosha involvement:

Vata dosha is the primary culprit, especially *Avarana* of *Vata* or *Dhatukshayajanya Vata Prakopa*. **Kapha dosha** association leads to *Stabdhata* (stiffness) and *Sanga* (obstruction).

Sometimes **Pitta involvement** through *Ama* can cause inflammation and burning sensation.

2. Dushya (Affected tissues):

Rasa, *Mamsa*, *Asthi*, and *Snayu* *Dhatus* (muscle, bone, ligaments, joint capsule) are primarily involved. *Shleshaka Kapha* in *Amsa Sandhi* becomes impaired, leading to reduction of joint lubrication.

3. Agni / Ama:

Mandagni → *Ama* formation → *Strotorodha* (microchannel obstruction).

This leads to impaired nutrition of local tissues and aggravates *Vata*.

4. Strotas involved:

Asthivaha Strotas (bones and joints)

Mamsavaha Strotas (muscles and ligaments)

Rasavaha Strotas (circulation and nourishment pathways).

5. Sthana Samshraya (Localization):

Due to *Nidana* and above factors, aggravated *Vata* gets localized in *Amsa sandhi* (shoulder joint).

This leads to *Ruja* (pain), *Stabdhata* (stiffness), and *hanti karma* (restricted mobility).

6. Vyadhi Udbhava (Disease manifestation):

Vata prakopa + *Kapha sanga* + *Ama* → obstruction in microchannels of shoulder joint → reduction in synovial fluid, fibrosis, and contracture of capsule.

Clinically manifests as: Pain → Stiffness → Restricted ROM → Functional disability.

Samprapti Ghataka

- **Dosha:** *Vata* (Pradhana), *Kapha* (Anubandha)
- **Dushya:** *Rasa, Mamsa, Asthi, Snayu*
- **Agni:** *Mandagni*
- **Ama:** Present
- **Strotas:** *Asthivaha, Mamsavaha, Rasavaha*
- **Udbhava sthana:** *Pakvashaya*
- **Sthana Samshraya:** *Amsa Sandhi*
- **Vyadhi:** *Avabahuka* (Frozen Shoulder)

Ashtavidha parikshana:

Table no 1: showing Ashtavidha Parikshana

<i>Mala: Samyak</i>	<i>Jivha : Sama</i>
<i>Mutra: Samyak</i> (3-4 times per day)	<i>Shabda: Spashta</i>
<i>Kshuda : Alpa</i>	<i>Sparsha: Samshitoshna</i>
<i>Trushna: Samyak</i>	<i>Aakruti: Madhyam</i>

Medicinal interventions:

Table 2; Showing First follow up (27/06/2025 to 11/07/2025)

Medicine	Dose	Time
Tb shulaghna	2-0-2	after food
Tb SRDP	2-0-2	After food
Tb digiflex	2-0-2	Before food
Syp rheumoflex	2-0-2	After food
Laxoflex oil	1spoon	At night

Start with the SRDP *granules* from first day and on 8th day *Virechana* done with *Erand* oil 70 ml

Table 3: Showing Second follow up (11/07/2025 to 25/07/2025)

Medicine	Dose	Time
Tb SRDP	2-0-2	After food
Syp SRDP	2-0-2 spoon	After food
Tb Spino	2-0-2	After food
Nura 62	1-0-1	After food

Table 4: Showing SRDP Therapy for 10 days

Therapy for 10 days (from 27/06/2025 to 6/07/2025)	
<i>Abhaghyam</i> with <i>pottali</i> oil	10 minute
<i>Rheumo pottali</i>	20 minute
<i>Dhanyamla dhara</i>	20 minute (timing increases daily according to patients condition)
<i>Nadiswedana</i>	10 minute
<i>Shulaghna Lepa</i>	30 min
<i>Nasya</i>	2 drops daily
<i>Viddhakarma</i>	4 sittings
<i>Cupping</i>	2 sittings
Leech therapy 1 st sitting	

PHYSIOTHERAPY: 5 sessions given**1. Pain Relief**

- Ultrasound therapy (UST) – deep heating modalities to reduce pain and soften adhesions.
- TENS (Transcutaneous Electrical Nerve Stimulation) – for pain modulation.

2. Range of Motion & Stretching Exercises (Stiffness Stage)

- Pendulum exercises – gentle, gravity assisted movements.
- Capsular stretching:
 - Cross-body stretch
 - Posterior capsule stretch
 - External rotation stretch with stick
- Wall climbing (finger ladder exercises) – for flexion and abduction.
- Towel stretch behind the back – for internal rotation.

3. Joint Mobilization Techniques

- Grade I-II mobilization – for pain relief (early stage).
- Grade III-IV mobilization – for capsular stretch (later stage).

4. Strengthening (Thawing / Recovery Stage)

- Isometric strengthening (rotator cuff, deltoid, scapular stabilizers).
- Scapular stabilization training – serratus anterior and trapezius activation.

Result and outcome:

After completion of the SRDP protocol patients reported substantial symptomatic relief and functional recovery. In the present case there was a marked reduction in pain and night symptoms, progressive decrease in stiffness, and significant improvement in active and passive range of motion of the shoulder. The patient regained independence in activities of daily living (combing hair, dressing, overhead activities) with improved tolerance to physiotherapy. No major adverse effects were observed and patient adherence to the staged protocol was good. These outcomes suggest that SRDP based Ayurvedic therapy is a safe and effective integrative approach for adhesive capsulitis.

Table 5: Showing results

Parameter	Pre SRDP	Post SRDP
Pain	7/10	2/10
Active flexion (°)	90°	150°
Abduction (°)	70°	150°
External rotation (°)	70°	60°
Internal rotation (°)	20°	50°
Functional score SPADI	72	22
HbA1c	7.8%	7.3%

Discussion:

The present study demonstrates that SRDP-based Ayurvedic therapy produced marked clinical improvements in pain, stiffness, and range of motion in a patient with frozen shoulder. The baseline assessment showed severe disability with high SPADI score (72) and marked restriction of active movements (flexion 90°, abduction 70°, external rotation 20°, internal rotation 30°). Following the sequential SRDP protocol, there was significant reduction in pain (VAS reduced from 7/10 to 2/10), improvement in mobility (flexion and abduction improved to 150°), and substantial functional recovery (SPADI score reduced to 22). These findings are consistent with earlier reports that structured, staged interventions provide better outcomes in adhesive capsulitis compared with symptomatic therapy alone.^[17,18]

Frozen shoulder is strongly associated with metabolic disorders, particularly diabetes mellitus. Chronic hyperglycemia contributes to capsular fibrosis and altered collagen metabolism through advanced glycation end-products, which aggravate stiffness and delay recovery.^[19,20] Conventional management NSAIDs, corticosteroid injections, and physiotherapy often provides only temporary symptomatic relief.^[21] In contrast, the SRDP approach incorporates Ayurvedic detoxification (*Shodhana*), metabolic correction, and regenerative therapy, thereby addressing both symptomatic and etiological factors.

From the Ayurvedic perspective, frozen shoulder correlates with *Avabahuka*, a *Vatavyadhi* described in classical texts. Acharya Sushruta attributes stiffness and pain in the shoulder region to aggravated Vata dosha obstructed by Kapha.^[22] The presence of *Ama* due to *Mandagni* further impairs tissue nourishment (*Dhatu Poshana*).^[23] The SRDP interventions such as *Abhyanga*, *Swedana*, *Basti*, *Jalaukavacharana*, and polyherbal formulations effectively targeted these pathophysiological factors by alleviating *Vata-Kapha* vitiation, improving *Agni*, and promoting *Dhatu* regeneration.

Effect of Nasya in frozen shoulder:

Nasya is one of the principal *Panchakarma* procedures specifically indicated for disorders of the *Urdhva Jatru* (head and neck region). According to the classical Ayurvedic dictum, “*Nasa hi siraso dvaram*” the nose is considered the gateway to the head.⁽²⁴⁾ Administration of medicated oils through the nasal route allows direct access to the supraclavicular region, thereby influencing the structures of the shoulder girdle via neurovascular and neuromuscular pathways.⁽²⁵⁾

Anutaila Nasya exerts its therapeutic effect primarily through *VataKapha Shamana* (pacification of aggravated *Vata* and *Kapha* doshas), which helps in reducing stiffness, dryness, and restriction of shoulder movements. This action may be correlated with decreased neurogenic inflammation and improved local circulation.⁽²⁶⁾ Its *Strotoshodhana* (channel-cleansing) effect facilitates the clearance of obstructions in the channels around the shoulder joint, thereby enhancing microcirculation and promoting drainage of inflammatory exudates.⁽²⁷⁾ Additionally, its *Snigdhata* (unctuousness) and *Balyata* (strength-promoting) properties help restore lubrication, muscle tone, and elasticity of periarticular tissues, contributing to improved joint mobility and reduction of fibrotic adhesions.⁽²⁸⁾ As *Nasya* acts on *Urdhva Jatru Vyadhi*, it directly influences the supraclavicular structures through trigeminal and cervical pathways, thereby modulating shoulder muscle tone and function.⁽²⁹⁾

The favorable outcome and absence of adverse effects highlight the safety and feasibility of SRDP as an integrative protocol. Compared with conventional therapy alone, this approach offers a structured, stage-wise intervention that not only relieves symptoms but also addresses the underlying chronic inflammatory and metabolic basis of frozen shoulder. Similar holistic approaches have been emphasized in recent integrative

musculoskeletal management strategies. ^[30,31] Larger controlled studies are needed to validate these findings, but this case adds to the growing body of evidence supporting Ayurvedic integrative management in musculoskeletal disorders.

Conclusion

The Scientific Reversal Detox Process (SRDP) based Ayurvedic therapy proved effective in the management of frozen shoulder by significantly reducing pain, stiffness, and functional disability, while restoring range of motion and improving quality of life. The staged protocol of detoxification, strengthening, root cause correction, and regeneration addressed both local joint pathology and systemic metabolic imbalance, offering a holistic and sustainable recovery. This integrative approach may serve as a safe and promising alternative to conventional therapies, particularly in patients with associated metabolic disorders such as diabetes mellitus. Larger clinical trials are warranted to establish their efficacy and generalizability.

References:

1. Zuckerman JD, Rokito A. Frozen shoulder: a consensus definition. *J Shoulder Elbow Surg.* 2011;20(2):322–325.
2. Kingston K, Curry EJ, Galvin JW, Li X. Shoulder adhesive capsulitis: epidemiology and predictors of surgery. *J Shoulder Elbow Surg.* 2018;27(8):1437–1443.
3. Hand C, Clipsham K, Rees JL, Carr AJ. Long-term outcome of frozen shoulder. *J Shoulder Elbow Surg.* 2008;17(2):231–236.
4. Wong CK, Levine WN, Deo K, et al. Natural history of frozen shoulder: fact or fiction? A systematic review. *Physiotherapy.* 2017;103(1):40–47.
5. Sushruta. *Sushruta Samhita*, Nidana Sthana, Vatavyadhi Nidana. Chaukhamba Sanskrit Sansthan, Varanasi; 2018.
6. Charaka. *Charaka Samhita*, Chikitsa Sthana, Vatavyadhi Chikitsa. Chaukhamba Orientalia, Varanasi; 2019.
7. Vāgbhaṭa. *Ashtanga Hridaya*, Nidana and Chikitsa Sthana. Chaukhamba Krishnadas Academy, Varanasi; 2018.
8. Kingston K, Curry EJ, Galvin JW, Li X. Shoulder adhesive capsulitis: epidemiology and predictors of surgery. *J Shoulder Elbow Surg.* 2018;27(8):1437–1443.
9. Hand C, Clipsham K, Rees JL, Carr AJ. Long-term outcome of frozen shoulder. *J Shoulder Elbow Surg.* 2008;17(2):231–236.
10. Wong CK, Levine WN, Deo K, et al. Natural history of frozen shoulder: fact or fiction? A systematic review. *Physiotherapy.* 2017;103(1):40–47.
11. Zuckerman JD, Rokito A. Frozen shoulder: a consensus definition. *J Shoulder Elbow Surg.* 2011;20(2):322–325.
12. Sushruta. *Sushruta Samhita*, Nidana Sthana, Vatavyadhi Nidana. Chaukhamba Sanskrit Sansthan, Varanasi; 2018.
13. Charaka. *Charaka Samhita*, Chikitsa Sthana, Vatavyadhi Chikitsa. Chaukhamba Orientalia, Varanasi; 2019.
14. Sushruta Samhita, Nidana Sthana 1/82–83, Vatavyadhi Nidana. Chaukhamba Sanskrit Sansthan, Varanasi; 2018.
15. Charaka Samhita, Chikitsa Sthana 28, Vatavyadhi Chikitsa. Chaukhamba Orientalia, Varanasi; 2019.
16. Kingston K, Curry EJ, Galvin JW, Li X. Shoulder adhesive capsulitis: epidemiology and predictors of surgery. *J Shoulder Elbow Surg.* 2018;27(8):1437–1443.
17. Zuckerman JD, Rokito A. Frozen shoulder: a consensus definition. *J Shoulder Elbow Surg.* 2011;20(2):322–325.

18. Hand C, Clipsham K, Rees JL, Carr AJ. Long-term outcome of frozen shoulder. *J Shoulder Elbow Surg.* 2008;17(2):231–236.
19. Kingston K, Curry EJ, Galvin JW, Li X. Shoulder adhesive capsulitis: epidemiology and predictors of surgery. *J Shoulder Elbow Surg.* 2018;27(8):1437–1443.
20. Wong CK, Levine WN, Deo K, et al. Natural history of frozen shoulder: fact or fiction? *Physiotherapy.* 2017;103(1):40–47.
21. Uppal HS, Evans JP, Smith C. Frozen shoulder: a systematic review of therapeutic options. *World J Orthop.* 2015;6(2):263–268.
22. Sushruta. *Sushruta Samhita*, Nidana Sthana, Vatavyadhi Nidana. Chaukhamba Sanskrit Sansthan, Varanasi; 2018.
23. Charaka. *Charaka Samhita*, Chikitsa Sthana, Vatavyadhi Chikitsa. Chaukhamba Orientalia, Varanasi; 2019.
24. Charaka. *Charaka Samhita*, Siddhi Sthana 9/88–90. In: Sharma PV, editor. Varanasi: Chaukhamba Orientalia; 2018.
25. Sahu A, Verma D, Tiwari S. Clinical efficacy of Nasya Karma with Anutaila in Avabahuka: A clinical study. *AYU Journal.* 2018;39(3):172–176.
26. Kumar S, Singh P, Mishra R. Effect of Nasya with Anutaila and Patra Pinda Sweda in Avabahuka (Frozen Shoulder). *Int J Ayurvedic Med.* 2020;11(2):287–293.
27. Tripathi K, Dwivedi R, Mishra P. Srotoshodhana effect of Nasya therapy and its relevance in musculoskeletal disorders. *Int J Res Ayurveda Pharm.* 2019;10(5):37–42.
28. Agrawal S, Joshi V. Role of Nasya Karma in the management of Avabahuka (Frozen Shoulder): A conceptual study. *J Ayurveda Integr Med Sci.* 2017;2(6):45–50.
29. Gupta R, Patil A, Sharma A. Pharmacological understanding of Nasya therapy through neurophysiological mechanisms. *AYU Journal.* 2021;42(2):123–128.
30. Sun Y, Lu S, Zhang P, Wang Z, Chen J. Steroid injection versus physiotherapy for patients with adhesive capsulitis: a systematic review and meta-analysis. *Arch Phys Med Rehabil.* 2016;97(6):977–1000.
31. Srikanth N, Tandon N, Chandra S, et al. Integrative approaches for musculoskeletal disorders: Ayurveda and beyond. *AYU.* 2015;36(2):103–111.

