

**MANAGEMENT OF CERVICAL AND LUMBAR SPONDYLOSIS THROUGH SRDP
TREATMENT – A SINGLE CASE STUDY****Dr. Bhalchandra Rajaram Mahamuni^{1*}, Dr. Nayan Untawale²**¹The Gurukul Global Academy, Parasnath Speciality Clinics Pvt Ltd, Parasnath Spiritual Foundation.²Consulting Doctor, PARASNATH Speciality Clinics***Corresponding Author: Dr. Bhalchandra Rajaram Mahamuni**

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ABSTRACT

Cervical and lumbar spondylosis are degenerative spinal disorders associated with pain, stiffness, and functional disability. Conventional management often provides symptomatic relief without addressing the root cause. In this article an effort is made to evaluate the effectiveness of the Scientific Reversal Detox Process (SRDP), an integrative treatment model developed by Parasnath Speciality Clinic, in the management of cervical and lumbar spondylosis. A single case study of a 52-year-old female patient presenting with chronic cervical and lumbar pain was conducted. The patient was treated using SRDP, which includes four stages: detoxification, strengthening, root cause removal, and regeneration. Interventions included physiotherapy modalities, therapeutic exercises, and *Ayurvedic* medications. The patient showed significant improvement in pain, range of motion, and functional capacity. Complete relief from pain was observed during follow-up, with no recurrence.

KEYWORDS: Spondylosis, SRDP, Physiotherapy, *Katigraha*, *Greevagraha*, Integrative Medicine.**INTRODUCTION**

Spondylosis is a chronic degenerative condition affecting the cervical and lumbar spine, characterized by disc degeneration, osteophyte formation, and reduced intervertebral space.^{[1][2]} It leads to symptoms such as pain, stiffness, restricted mobility, and neurological deficits.^{[3][4]} Modern management primarily focuses on symptomatic relief using analgesics, physiotherapy, and lifestyle modifications. However, recurrence is common due to incomplete management of underlying pathology. In Ayurveda, this condition correlates with *Katigraha*^[5] (lumbar stiffness) and *Greevagraha* (cervical stiffness), which are classified under *Vata Vyadhi*. The pathogenesis involves *Vata* aggravation due to *Dhatu Kshaya* (degeneration). To address this gap, Parasnath Speciality Clinic developed the Scientific Reversal Detox Process (SRDP)—a structured integrative model for musculoskeletal disorders.

MATERIALS AND METHODS**Study Design**

Single case study

Integrative clinical approach**Patient Information**

Age: 50–52 years

Gender: Female

Condition: Chronic cervical and lumbar spondylosis

Duration: Long-standing

Occupation – Sitting job

Pt had surgical H/o – Hysterectomy in 2022 due to endometriosis, ACL Repair done in 2014, Operated for Piles in 2008 and 2024.

Clinical Findings

Moderate to severe pain since 1.5 years

Restricted spinal mobility

Muscle spasm

Pain aggravated by standing and movement

Diagnostic Assessment

Clinical examination

X-ray findings:

Reduced intervertebral space in C5 -C6 & C6 – C7

Spondylolisthesis in L4- L5 (8.6 mm)

Disc space reduction L4 – L5 & L5 – S1
 Degenerative changes

Clinical Examination

The patient was assessed using classical ayurvedic examination methods including *Asthavidha Parikshan* and *Dashavidha Pariksha* as shown in Table 1 and Table 2.

Table no. 1: Asthavidha Pariksha.

Parameter	Observation
<i>Nadi</i>	Vata-predominant
<i>Mutra</i>	Normal
<i>Mala</i>	Constipation tendency
<i>Jihva</i>	Slight coating
<i>Shabda</i>	Normal
<i>Sparsha</i>	Dry skin
<i>Drik</i>	Normal
<i>Akruti</i>	Madhyama

Table no. 2: Dashavidha Pariksha.

Parameter	Observation
<i>Prakriti</i>	Vata-Pitta
<i>Vikriti</i>	Vata aggravation
<i>Sara</i>	Madhyama
<i>Samhanana</i>	Madhyama
<i>Pramana</i>	Normal
<i>Satmya</i>	Madhyama
<i>Satva</i>	Madhyama
<i>Ahara Shakti</i>	Reduced
<i>Vyayama Shakti</i>	Reduced
<i>Vaya</i>	Middle age

SRDP Treatment Protocol

The Scientific Reversal Detox Process (SRDP) consists of four structured stages.

Stage 1: Detoxification (Shodhana Concept)

Objective

- Remove accumulated toxins (*Ama*)
- Reduce inflammation
- Prepare body for further treatment

Interventions

- Electrotherapy (IFT, TENS)
- Initial pain relief modalities
- *Ayurvedic* detoxifying formulations

Outcome

- Reduction in acute pain
- Improved circulation
- Decreased inflammation

Stage 2: Strengthening

Objective

- Improve muscular support
- Stabilize spine
- Prevent further degeneration

Interventions

- Core strengthening exercises
- Hamstring stretching
- Postural correction
- Functional rehabilitation

Outcome

- Improved muscle tone
- Better spinal stability
- Increased ROM

Stage 3: Root Cause Removal

Objective

- Address underlying pathology (*Vata* imbalance + biomechanical stress)

Interventions

- Traction therapy (disc decompression)
- *Ayurvedic* medicines
- Lifestyle correction

Outcome

- Reduced nerve compression
- Correction of biomechanical stress
- Long-term relief

Stage 4: Regeneration (Rasayana Phase)

Objective

- Tissue repair and rejuvenation
- Prevent recurrence

Interventions

- *Rasayana* drugs
- *Abhyanga* (oil therapy)
- *Swedana* (sudation)

Outcome

- Improved tissue nourishment
- Restoration of function
- Sustained recovery

Scientific Reversal Detox Process (SRDP) for Cervical & Lumbar Spondylosis

By Parasnath Speciality Clinic

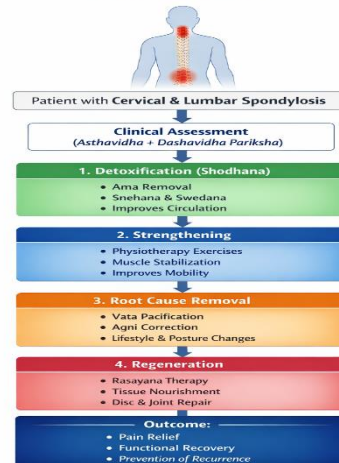


Fig no.1: SRDP Treatment Protocol.

Table no. 3: Abhyantar Chikitsa.

Month	Medicines
Month 1	Tab SRDP – 2 BD AF Tab Odeoflex – 2 BD AF Tab <i>Shulaghna</i> – 2 BD AF Tab <i>Trailokya Vijay Vati</i> – 2 BD AF Tab Coloflex – 2 BD BF
Month 2	Tab Spino – 2 BD AF Tab <i>Trailokya Vijay Vati</i> – 2 BD AF Tab Coloflex – 2 BD BF Tab <i>Rasnasaptak Kwath</i> – 2 BD AF Syp SRDP – 10 ml BD AF
Month 3	Tab Spino – 2 BD AF Tab <i>Shulaghna</i> – 2 BD AF Cap <i>Lumbajith</i> – 2 BD AF Syp <i>Rudramrut</i> – 10 ml BD BF Syp MKG – 10 ml BD AF
Month 4	Tab Spino – 2 BD AF Tab <i>Shulaghna</i> – 2 BD AF Tab Orthoflex – 2 BD AF Syp Retune – 10 ml BD AF Syp MKG – 10 ml BD AF
Month 5	Tab Spino – 2 BD AF Tab <i>Shulaghna</i> – 2 BD AF Tab Orthoflex – 2 BD AF Syp Retune – 10 ml BD AF Syp MKG – 10 ml BD AF
Month 6	Tab <i>Panchamrut Loha Guggul</i> – 1 BD AF Tab <i>Shulaghna</i> – 1 BD AF Cap <i>Cervijith</i> – 1 BD AF Tab Orthoflex – 2 BD AF

Table no. 4: Bahya Chikitsa.

Procedure	Duration / Sitting
<i>Sthanik Snehan</i>	20 Days
<i>Sthanik Swedan</i>	20 Days
<i>Choorna Pottali Swedan</i>	20 Days
<i>Siravedhan</i>	1 Sitting
<i>Janu Dhara</i>	14 Days
<i>Lepa</i>	20 Days

RESULTS

The patient demonstrated a progressive and clinically significant improvement over the course of the integrative treatment protocol. At baseline, the patient presented with moderate to severe pain in the lumbar and cervical regions, stiffness, restricted range of motion, and difficulty in performing daily activities. Pain was aggravated by prolonged standing and movement, indicating both mechanical and inflammatory components. Following the initiation of physiotherapy modalities and Ayurvedic interventions, a gradual reduction in pain intensity was observed. Electrotherapeutic modalities such as Interferential Therapy (IFT) and Transcutaneous Electrical Nerve Stimulation (TENS) provided early symptomatic relief, enabling the patient to participate more effectively in exercise therapy. Over successive sessions, muscle spasm reduced, and soft tissue flexibility improved,

which contributed to an increase in spinal mobility. The introduction of structured exercise therapy, including stretching and strengthening protocols, further enhanced functional outcomes by improving muscular support and spinal stability. Simultaneously, *Ayurvedic* management contributed to systemic and local improvements. Internal medications helped in reducing inflammation and addressing underlying *Vata* imbalance, while external therapies such as oil application and sudation alleviated stiffness and improved circulation. As the treatment progressed, the patient reported improved tolerance to physical activity and a noticeable reduction in fatigue and discomfort. By the end of the treatment period, the patient achieved complete symptomatic relief, with the notable clinical finding of “no pain even during exercise.”. Range of motion was restored to near-normal levels, muscle tenderness was absent, and the patient regained the ability to perform daily activities without limitation. Post treatment x ray of lumbar spine showed significant changes in the form of reduction of spondylolisthesis from 8.6mm to 8mm. Muscular spasm was also reduced. No adverse effects were reported during the treatment, and no recurrence of symptoms was observed during the follow-up period, indicating both efficacy and sustainability of the integrative approach.



DISCUSSION

The present case study highlights the effectiveness of an integrative therapeutic approach combining physiotherapy and *Ayurvedic* management in treating degenerative spinal conditions such as lumbar and cervical spondylosis. The clinical improvement observed

in this patient can be attributed to the complementary mechanisms of action offered by both systems of medicine. From a physiotherapeutic perspective, pain reduction was primarily achieved through neurophysiological modulation. Modalities such as IFT and TENS operate on the principles of the gate control theory of pain and endogenous opioid release, thereby reducing nociceptive transmission and improving patient comfort.^[6] This early reduction in pain is crucial, as it facilitates patient compliance and enables active participation in rehabilitative exercises. Additionally, ultrasound therapy contributed to deep tissue heating, enhancing collagen extensibility and reducing soft tissue stiffness.^[7] Mechanical correction played a significant role in alleviating symptoms associated with nerve root compression.^[8] Spinal traction helped in reducing intradiscal pressure and improving intervertebral space, thereby decreasing neural irritation.^[10] Exercise therapy, particularly stretching and strengthening exercises, addressed muscular imbalances and improved spinal biomechanics.^[9] Strengthening of core and paraspinal muscles enhanced spinal stability, while posture correction minimized abnormal mechanical stress, thereby reducing the risk of recurrence.

From an Ayurvedic standpoint, the condition aligns with Vata Vyadhi, specifically *Katigraha* and *Greevagraha*, where aggravated *Vata Dosha* leads to degeneration and functional impairment. Oedoflex tablet is mainly *Kapha-Vata shamak*, acting predominantly on *Rasa dhatu* and *Mutravaha mala* in *Saam avastha* with *shotha* (inflammation). It helps in *Aam pachan*, *shothahara* and fluid reduction, making it useful in swelling conditions like RA. Key ingredients include *Gokshuradi Guggul*, *Punarnavastak churna*, *Yavkshar*, *Mandur bhasma* and *Dashmool*. *Shulaghna Vati* is a *Vataghna* formulation acting on *Majja dhatu* in both *Saam* and *Niram avastha*. It provides effective *vedanasthapana* (pain relief) in joint and spine disorders. It contains *Mahayograj Guggulu*, *Dashmool*, *Sunthi*, *Ropya bhasma* and *Suranjan*, which help reduce pain and inflammation. *Trailokya Vijay Vati* is a potent *Vataghna* and *vedanasthapak* drug, acting mainly on *Majja dhatu* in both *Saam* and *Niram* conditions. It is widely used for symptomatic relief of severe joint and nerve pain. Key ingredients include Cannabis *satva* extract and *Vanshlochan*, contributing to analgesic and calming effects. Coloflex acts mainly as a *Kapha-Vata shamak*, targeting *Rasa dhatu* and *Purishavaha srotas* in *Saam avastha*. It helps in *Aam pachan*, *anuloman* and relieving constipation-associated pain. Ingredients generally include *deepan-pachan* and *virechak yogs* like *churna* combinations. Spino tablet is a *Vataghna* drug acting on *Mamsa*, *Meda*, *Asthi* and *Majja dhatu* in *Niram avastha*. It has *bruhan* and *vatashamak* action, making it ideal for chronic spine disorders and degeneration. Key ingredients include *Trayodashang guggul*, *Mahayograj guggul*, *Ekangveer ras* and *Mahavatvidhwans ras*. *Rasnasaptak* is *Vata-Kapha shamak*, acting on *Mamsa*, *Asthi* and *Majja dhatu* in both *Saam* and *Niram avastha*. It helps in *Aam pachan* and

Vata shaman, especially in *sciatica* and *Aamvata*. Main ingredients include *Rasna*, *Guduchi*, *Devdaru*, *Gokshura*, *Eranda* and *Punarnava*. SRDP syrup is *Tridoshaghna*, working on all seven *dhatu*s in *Saam* and *Niram avastha*. It performs *Aam pachan*, *vatashaman* and *vedanashaman*, useful in RA and spine disorders. It contains *Sahacharadi kashay*, *Rasnasaptak kashay* and *Sukumar kashay*. *Lumbajith* capsule is *Vataghna*, acting on *Majja*, *Asthi* and *Mamsa dhatu* in *Niram avastha*. It provides *bruhan*, *snehan* and *vatashaman*, especially beneficial in lumbar spine disorders. Key ingredients include *Bala*, *Vidari*, *Mashparni*, *Shaliparni*, *Amruta* and *Manjistha*. *Rudramrut* syrup is *Tridoshaghna*, acting on *Saptadhatu* in both *Saam* and *Niram avastha*. It enhances *dhatvagni* and acts as *rasayana*, useful in fever, RA and metabolic disorders. Ingredients include *Guduchi*, *Bhumyamalaki*, *Tulsi*, *Haridra*, *Gokshur*, *Shatavari* and *Ashwagandha*. MKG syrup likely acts as *Kapha-Vata* balancing, working on *Rasa* and *Mamsa dhatu*. It supports metabolic correction, *Aam pachan* and strength building. Typically contains *deepan-pachan* and *rasayan* herbs. Retune syrup is *Kapha shamak*, acting on *Meda* and *Mamsa dhatu* in both *Saam* and *Niram avastha*. It has *medohar*, *mehaghna* and *mutral* action, useful in diabetes, obesity and cystic conditions. Ingredients include *Gudmar*, *Karela*, *Jamun*, *Methika*, *Neem* and *Vijaysar*. *Cervijith* capsule is *Vataghna*, acting on *Majja*, *Mamsa*, *Asthi* and *Shukra dhatu* in *Niram avastha*. It provides *snehan*, *bruhan* and *vatashaman*, useful in cervical spine disorders. Ingredients include *Nirgundi*, *Prasarini*, *Ashwagandha*, *Yashtimadhu* and *Pippali*. Orthoflex is a *Vataghna* formulation acting on *Mamsa* and *Asthi dhatu* in *Niram avastha*. It promotes cartilage regeneration and joint support, mainly used in knee osteoarthritis. Key ingredients include Curcumin and *Shallaki*. The *Panchakarma* interventions administered in this case played a crucial role in addressing the underlying *Vata*-dominant pathology associated with cervical and lumbar spondylosis. The patient was treated with *Snehana* (oleation therapy) and *Swedana* (sudation therapy), which are classically indicated for *Vata* disorders and help in alleviating stiffness, improving circulation, and facilitating the removal of accumulated *Ama*. Localized therapies such as *Janu Dhara* and *Choorna Pottali Swedana* provided targeted therapeutic effects by reducing inflammation, relieving pain, and enhancing joint mobility through sustained heat and medicated application.

Furthermore, *Siravedhana* (therapeutic bloodletting) was performed as a single sitting, which contributed to the rapid alleviation of pain and local congestion by eliminating vitiated blood (*Dushta Rakta*) and reducing pressure in the affected region. Collectively, these interventions act through both *Shodhana* (purificatory) and *Shamana* (pacifying) mechanisms, thereby correcting the vitiated *Vata*, improving tissue nourishment, and restoring functional integrity of the musculoskeletal system. The integration of these *Panchakarma* procedures with the SRDP protocol

enhanced therapeutic outcomes by not only providing symptomatic relief but also targeting the root cause and preventing disease recurrence. The integrative synergy between physiotherapy and Ayurveda is particularly noteworthy. While physiotherapy provided rapid symptomatic relief and functional restoration, Ayurveda addressed the underlying pathophysiological imbalance and supported long-term tissue healing. This combination not only accelerated recovery but also minimized the likelihood of recurrence, as evidenced by the sustained improvement observed in the patient.

CONCLUSION

The Scientific Reversal Detox Process (SRDP) is an effective and structured integrative treatment model for cervical and lumbar spondylosis. By addressing detoxification, strengthening, root cause removal, and regeneration, it provides comprehensive management of the condition. This case demonstrates that SRDP not only alleviates symptoms but also promotes long-term recovery and prevents recurrence. The model has significant potential for broader application in musculoskeletal disorders and warrants further clinical studies.

Patient Consent

Written informed consent was obtained from the patient for publication of this case study.

Conflict of Interest

The author declares no conflict of interest.

REFERENCES

1. Binder AI. Cervical spondylosis and neck pain. *BMJ*, 2007; 334(7592): 527–531.
2. Airaksinen O, Brox JI, Cedraschi C, et al. European guidelines for chronic low back pain. *Eur Spine J*, 2006; 15(Suppl 2): S192–S300.
3. Hoy D, Bain C, Williams G, et al. Global burden of low back pain. *Ann Rheum Dis*, 2012; 71(6): 822–828.
4. Foster NE, Anema JR, Cherkin D, et al. Prevention and treatment of low back pain. *Lancet*, 2018; 391(10137): 2368–2383.
5. Tripathi Indradeva, Gadanigraha of Vaidya Sodhala with The Vidyotini Hindi commentary, vol-2, Kayachikitsa Khanda 19/160, 1st ed Reprint, Chaukhambha Sanskrit Sansthan, Varanasi, 2011; 508.
6. Hartvigsen J, Hancock MJ, Kongsted A, et al. Low back pain series. *Lancet*, 2018; 391(10137): 2356–2367.
7. Johnson MI, Walsh DM. TENS effectiveness in pain relief. *Nat Rev Rheumatol*, 2010; 6(6): 314–316.
8. Cameron MH. *Physical Agents in Rehabilitation*. 4th ed. Elsevier; 2013.
9. Kisner C, Colby LA. *Therapeutic Exercise: Foundations and Techniques*. 6th ed. F.A. Davis; 2012.
10. Goel A, Shah A. Cervical traction in spondylosis. *J Craniovertebr Junction Spine*, 2011; 2(2): 71–74.
11. Garg, N. K. (2024). Effect of Trailokya Vijya Vati in Various Disease – A Review *International Research Journal of Ayurveda and Yoga*, 7(9): 39-41. <https://doi.org/10.48165/IRJAY.2024.70909>