



Efficacy Of Srdp Treatment In Post Viral Arthritis: Retrospective Study

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Abstract: Viral Arthritis is joint inflammation caused by viral infection. It can occur during or after various viral illnesses and usually presents as acute or subacute joint pain, swelling, and stiffness. According to allopathic medicine, viral arthritis is managed symptomatically using NSAIDs, analgesics and in some cases, antibiotics. However, in certain individuals, joint pain and swelling may persist even after the virus has been cleared from the body. This study highlights patients who experienced such persistent symptoms and were successfully treated using *Ayurvedic* medications and *Panchakarma* therapy.

In *Ayurveda* post viral arthritis can be compared with complication of *Aagantuj jwara*. *Aagantuj jwara* in ayurveda refers to fever caused by external factors like Microorganisms, Trauma or injury, Poison or toxins, Environmental exposures (extreme cold, heat, etc.), Emotional factors like fear, anger (especially in fever related to rakta-dhatu). The external factor enters the body and disturbs the *doshas* mostly *Vata* and *Pitta*. Disturbance to *Agni* leads to *Aama* formation. *Rakta dhatu dushti* is also seen. This causes a febrile response characterized by inflammation, body pain, and systemic symptoms. Ayurvedic treatment focuses on treating the root cause, Balancing *doshas* (especially *Vata* and *Pitta*), *Ama pachana* (digesting toxins) and *rakta dhatu shodhana*.

The SRDP treatment claims to offer a holistic approach targeting the root causes. It involves four stage process targeting detoxification, strengthening, root cause removal, and regeneration. By using SRDP treatment it showed good improvement in post viral arthritis. Hence the *ayurvedic* treatment can cure post viral arthritis. With SRDP treatment when post-assessment was done, patient showed significant improvement in the pain relief, showed improvement in range of motion of the joints, increase in the muscle strength and noticeable improvement in functional capacity.

Keywords: Post viral arthritis, SRDP treatment, *Aagantuj jwara*, *Panchkarma*

I. INTRODUCTION

INTRODUCTION

Post Viral arthritis causes inflammation and swelling in one or more joints. Viral arthritis is inflammation of the joints from a viral infection. Approximately 1% of all cases of acute arthritis are thought to have a viral etiology. Viral attacks are usually accompanied by joint pain and swelling (Arthralgia). As per allopathic science viral arthritis can be managed symptomatically with NSAID's, analgesic, and antibiotics, but sometimes even after eliminating the virus out of body some people will get joint pain and swollen joint.⁽¹⁾ The viruses which are freely circulating in the bloodstream are attacked by the immune system of the body which also attack the body's own cells. This causes stress and inflammation of tissues in the body causing joint pain and swelling⁽²⁾ It is believed that these symptoms are caused by the early escape of the virus located inside the monocytes, with a consequent replacement within the synovial macrophages. This fact is

documented by the observation of the persistence of the virus in muscle and joints⁽³⁾ Main symptoms in the polyarthritis caused after virus infection are multiple joint pain, swelling, decreased strength in the muscles⁽⁴⁾. Arthritis is mainly divided into two categories that are inflammatory conditions and non-inflammatory conditions. The presence of joint swelling, erythema, prolonged morning stiffness (more than one hour), and symmetric pain even at rest tells us that it is an inflammatory condition.⁽⁵⁾ Several viruses have been implicated in causing post-viral arthritis, including Parvovirus B19– Common in children and adults, often causes symmetric arthritis mimicking rheumatoid arthritis.⁽⁶⁾ Hepatitis B and C viruses – May present with arthritis, often polyarticular and non-erosive.⁽⁷⁾ Rubella and Rubella vaccine– Can trigger joint symptoms, especially in adult women⁽⁸⁾ Epstein-Barr virus (EBV)– Associated with transient arthralgia and arthritis⁽⁹⁾ Chikungunya virus– Can lead to chronic arthritis resembling rheumatoid arthritis, especially in endemic areas.⁽¹⁰⁾ HIV– May cause various arthropathies, including reactive arthritis and psoriatic arthritis.⁽¹¹⁾ Alphaviruses and Enteroviruses– May cause large joint arthritis.⁽¹²⁾

In *Ayurveda* post viral arthritis can be compared with complication of *Aagantuj jwara*. *Aagantuj jwara* in *ayurveda* refers to fever caused by external factor. *Aagantuja Jwara* is a fever of external origin, caused by trauma, poison, infection, psychological stress, or paranormal influences. While doshas are not primarily involved in the beginning, they can get affected as the disease progresses. Management focuses on removing the cause, detoxification, calming the mind, and restoring physiological balance.⁽¹³⁾

In modern medicine the line of management primarily focusses on symptom relief through NSAIDs and similar agents. However, these often result in side effects such as gastrointestinal erosion, digestive disturbances, headaches, and allergic reactions. In other side, *Ayurveda* aims to address the root cause of the condition through a holistic approach involving *Snehana*, *Swedana*, and *Shodhana* which collectively offer a more comprehensive and effective line of treatment.

SRDP (Scientific Reversal and Detox Process) was developed as a holistic treatment system integrating:

- Modern medical diagnostics and physiotherapy
- Ayurvedic detoxification (Panchakarma) and dosha management
- Medical spirituality through meditation and mantras
- Medical astrology for planet effects and stress relief.

This retrospective study assesses SRDP's efficacy in reversing post-viral arthritis in a clinical population.

MATERIAL AND METHOD

STUDY DESIGN:

Type: Retrospective observational study

Duration: 2 months

Patient selection: Parasnath Clinics, Pune (Sadashiv Peth, Kharadi, Chinchwad) irrespective of gender.

Inclusion Criteria

- Confirmed history of Post viral arthritis
- Clinical symptoms of arthritis persisting >2 weeks post-infection
- Patients aged 18–70 years
- Completion of full SRDP protocol

Exclusion Criteria

- Rheumatoid arthritis or autoimmune conditions
- Severe cardiac, renal disease, CA
- Incomplete treatment records

Group A (Acute phase): 100 patients with symptoms >4 weeks with no corticosteroid history.

Group B (Chronic phase): 100 patients with prolonged symptoms and corticosteroid dependence

TREATMENT PROTOCOL

SRDP treatment consists of four stages:

1. Detoxification (Stage 1): This stage aims to reduce inflammation and swelling. Preliminary evidence suggests that SRDP treatment may contribute to decreased pain severity and improved movement comfort.

2. Strengthening (Stage 2): The second stage

Focuses on enhancing muscle strength and walking ability. Some studies suggest that SRDP treatment can lead to increased muscle function and decreased knee pain.

3. Root Cause Removal (Stage 3): At this stage,

SRDP treatment claims to halt knee pain, allowing individuals to engage in activities such as climbing stairs and sitting comfortably. Clinical evidence is needed to validate these assertions.

4. Regeneration (Stage 4): The final stage involves the regeneration of synovial fluid and increasing the joint space.

In this study we have divided the patients in 2 groups one with acute condition and other with chronic condition.

Treatment Protocol for both the group was different.

Acute Phase (Group A)

Table no 1 treatment modalities for 15 days

Detoxification	Blood letting (60ml)	1 time
	Rhumo oil for massage	15 days
	Rhumo pottali swedan	15 days
	SRDP lepa	15 days
	Matra basti 60ml (Erand and til oil)	15 days

Table no 2 internal medication

Internal medication	Medicine	Dose	Duration
	SRDP tablet	2 BD	1 month
	Uriflex tablet	2BD	1 month
	Oedoflex syrup	2 tsp BD	1 month
	Laxoflex oil	2 tsp HS	1 month

Table no 3 physiotherapy and Strengthening medication

Physiotherapy	Dose	1 month
Ostoflex tablets	2 BD	1 month
Teroflex tablets	2 BD	1 month
Synoflex tablets	2 BD	1 month

In the acute phase, detoxification was carried out through bloodletting, with 60 ml of blood removed from the cubital vein. This was followed by a modified Panchakarma protocol, which included massage with Rhumo oil, application of Rhumo *pottali*, and SRDP *lepa* applied for 10 minutes. Additionally, *matra basti* was administered. This treatment regimen was continued for 15 days.

Alongside Panchakarma therapy, internal medications were prescribed for one month. Subsequently, physiotherapy and strengthening medications were continued for another month.

II. Chronic Phase (Group B)

Table no 4 detoxification procedure

Gradual dosing of SRDP Powder (1 tsp to 7 tsp/day)	7days
Virechan with lasoflex oil	On 8 th day

Table no 5 internal medication

Medicine	Dose	Duration
SRDP Tablets	(2-0-2)	1 Month
Uriflex Tablets	(2-0-2)	1 Month
Oedoflex Syrup	(2 tsp BID)	1 Month
Stressoflex tablet	(2tablets at night)	1 Month

Table no 6-physiotherapy treatment

Ultrasound and TENS therapy	1month
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Table no 7 Regeneration medication

Synoflex Capsules (2-0-2)	1 month
Teroflex Oil for massage and Dhara	1 month

Chronic conditions of post viral arthritis resulting from the continued use of corticosteroids, the *doshas* become *leena* (latent or suppressed). In such a case, the patient was administered SRDP powder in gradually increasing doses over 7 days, starting from 1 tablespoon and increasing up to 7 tablespoons. On the 8th day, *Virechana* (purgation therapy) was performed using Lasoflex oil. This was followed by one month of internal medication and physiotherapy. Subsequently, regeneration therapy was provided for another month, along with continuous *dhara* treatment using medicated oil.

Spiritual and Astrological Integration Spiritual Treatment

- Guided meditation with SRDP "Need App"
- Mantra chanting: "Om Namah Shivaya" 108 times daily
- Aromatherapy and sattvic diet plans for mental clarity

Medical Astrology

- Horoscope review for *doshic* influence periods
- Recommendations on therapeutic timing (e.g., avoiding therapy during Rahu Kaal)
- Crystal therapy and moon phase-based meditation suggestions

Dietary advice for both the group

Patients followed a strict anti-inflammatory diet:

Morning drink: Milk with Uriflex granules, turmeric, and dry ginger

Daylong intake: Boiled moong water

Evening meal: Moong-based preparation

Hydration: Warm water infused with cumin (jeera) and coriander (Dhaniya)

ASSESSMENT FOR BOTH THE GROUP

Pain by VAS Scale

Swelling over knee joint, elbow joint, ankle joint

Overall stiffness

Swelling

ROM knee joint

RESULT:

Within Group A

Parameters: Pain, Stiffness, Right Extension, Left Extension

The data type used for assessment of the parameters stated above is gradations that is nonparametric. The aim is to compare the scales of parameters stated above before treatment & after treatment within Group A. Hence the appropriate statistical test used for the purpose is Wilcoxon Signed Ranks Test. The results are as follows.

Calculation Table:8

Ranks & Test Statistics						
		N	Mean Rank	Sum of Ranks	Z Statistic	P value (2-tailed)
Pain (AT - BT)	Negative Ranks	100 ^a	50.50	5050.00	-8.732 ^b	.000
	Positive Ranks	0 ^b	0.00	0.00		
	Ties	0 ^c				
	Total	100				
Stifness (AT - BT)	Negative Ranks	90 ^d	45.50	4095.00	-8.687 ^b	.000
	Positive Ranks	0 ^e	0.00	0.00		
	Ties	10 ^f				
	Total	100				
Extension Right (AT - BT)	Negative Ranks	47 ^g	24.00	1128.00	-6.183 ^b	.000
	Positive Ranks	0 ^h	0.00	0.00		
	Ties	53 ⁱ				
	Total	100				
Extension Left (AT - BT)	Negative Ranks	60 ^j	30.50	1830.00	-7.097 ^b	.000
	Positive Ranks	0 ^k	0.00	0.00		
	Ties	40 ^l				
	Total	100				
a. Wilcoxon Signed Ranks Test						
b. Based on positive ranks.						
Group A						

Since p value for all parameters is less than 0.05, level of significance; the result is significant.

The negative rank values suggest that the scales are reducing after treatment significantly for all parameters Pain, Stiffness, Right Extension, Left Extension.

Parameters: Flexion – Right, Flexion – Left, Swelling Knee Joint – Right, Swelling Knee Joint – Left, Swelling Elbow Joint – Right, Swelling Elbow Joint – Left, Swelling Ankle Joint – Right, Swelling Ankle Joint - Left

The data type used for assessment of the parameters stated above is Continuous (Interval) that is parametric. The aim is to compare the values of parameters stated above before treatment & after treatment within Group A. Hence the appropriate statistical test used for the purpose is Paired t Test. The results are as follows.

Calculation Table:9

Paired Samples Statistics & Test							
		Mean	Std. Deviation	Std. Error Mean	t	df	P value (2-tailed)
Flexon - Right	BT	100.40	47.03	4.70	-5.764	99	.000
	AT	108.25	41.82	4.18			
Flexon - Left	BT	101.15	43.45	4.35	-9.412	99	.000
	AT	115.35	35.44	3.54			
Swelling Knee Joint - Right	BT	40.23	3.51	0.35	9.200	99	.000
	AT	39.89	3.57	0.36			
Swelling Knee Joint - Left	BT	40.19	3.51	0.35	9.942	99	.000
	AT	39.93	3.56	0.36			
Swelling Elbow Joint - Right	BT	28.17	2.87	0.29	51.141	99	.000
	AT	27.97	2.86	0.29			
Swelling Elbow Joint - Left	BT	28.17	2.87	0.29	49.314	99	.000
	AT	27.98	2.87	0.29			
Swelling Ankle Joint - Right	BT	23.06	1.77	0.18	4.498	99	.000
	AT	22.78	1.79	0.18			
Swelling Ankle Joint - Left	BT	23.06	1.77	0.18	4.515	99	.000
	AT	22.78	1.79	0.18			
Group A							

Since p value for all parameters is less than 0.05, level of significance; the result is significant.

The mean values suggest that the values are increasing after treatment significantly for all parameters Flexon – Right, Flexon – Left.

The mean values suggest that the values are decreasing after treatment significantly for all parameters Swelling Knee Joint – Right, Swelling Knee Joint – Left, Swelling Elbow Joint – Right, Swelling Elbow Joint – Left, Swelling Ankle Joint – Right, Swelling Ankle Joint - Left.

Within Group B

Parameters: Pain, Stiffness, Right Extension, Left Extension

The data type used for assessment of the parameters stated above is gradations that is nonparametric. The aim is to compare the scales of parameters stated above before treatment & after treatment within Group B. Hence the appropriate statistical test used for the purpose is Wilcoxon Signed Ranks Test. The results are as follows.

Calculation Table:10

Ranks & Test Statistics						
		N	Mean Rank	Sum of Ranks	Z Statistic	P value (2-tailed)
Pain (AT - BT)	Negative Ranks	98 ^a	51.50	5047.00	-8.746 ^b	.000
	Positive Ranks	2 ^b	1.50	3.00		
	Ties	0 ^c				
	Total	100				
	Negative Ranks	88 ^d	44.50	3916.00	-9.330 ^b	.000
	Positive Ranks	0 ^e	0.00	0.00		

Stifness (AT - BT)	Ties	12 ^f				
	Total	100				
Extension Right (AT - BT)	Negative Ranks	48 ^g	24.50	1176.00	-6.268 ^b	.000
	Positive Ranks	0 ^h	0.00	0.00		
	Ties	52 ⁱ				
	Total	100				
Extension Left (AT - BT)	Negative Ranks	59 ^j	30.00	1770.00	-7.010 ^b	.000
	Positive Ranks	0 ^k	0.00	0.00		
	Ties	41 ^l				
	Total	100				
a. Wilcoxon Signed Ranks Test						
b. Based on positive ranks.						
Group B						

Since p value for all parameters is less than 0.05, level of significance; the result is significant.

The negative rank values suggest that the scales are reducing after treatment significantly for all parameters Pain, Stiffness, Right Extension, Left Extension.

Parameters: Flexon – Right, Flexon – Left, Swelling Knee Joint – Right, Swelling Knee Joint – Left, Swelling Elbow Joint – Right, Swelling Elbow Joint – Left, Swelling Ankle Joint – Right, Swelling Ankle Joint - Left

The data type used for assessment of the parameters stated above is Continuous (Interval) that is parametric. The aim is to compare the values of parameters stated above before treatment & after treatment within Group B. Hence the appropriate statistical test used for the purpose is Paired t Test. The results are as follows

Calculation Table:11

Paired Samples Statistics & Test							
		Mean	Std. Deviation	Std. Error Mean	t	df	P value (2-tailed)
Flexon - Right	BT	99.90	46.87	4.69	-8.256	99	.000
	AT	111.50	39.08	3.91			
Flexon - Left	BT	100.85	43.08	4.31	-10.079	99	.000
	AT	115.65	35.90	3.59			
Swelling Knee Joint - Right	BT	36.93	3.36	0.34	35.636	99	.000
	AT	36.72	3.36	0.34			
Swelling Knee Joint - Left	BT	36.93	3.36	0.34	28.911	99	.000
	AT	36.71	3.36	0.34			
Swelling Elbow Joint - Right	BT	27.78	3.88	0.39	15.937	99	.000
	AT	27.59	3.87	0.39			
Swelling Elbow Joint - Left	BT	27.78	3.87	0.39	10.470	99	.000
	AT	27.61	3.90	0.39			
swelling ankle joint - Right	BT	22.65	2.02	0.20	20.791	99	.000
	AT	22.44	2.02	0.20			
swelling ankle joint - Left	BT	22.61	2.02	0.20	3.396	99	.001
	AT	22.51	2.04	0.20			
Group B							

Since p value for all parameters is less than 0.05, level of significance; the result is significant.

The mean values suggest that the values are increasing after treatment significantly for all parameters Flexion – Right, Flexion – Left.

The mean values suggest that the values are decreasing after treatment significantly for all parameters Swelling Knee Joint – Right, Swelling Knee Joint – Left, Swelling Elbow Joint – Right, Swelling Elbow Joint – Left, Swelling Ankle Joint – Right, Swelling Ankle Joint - Left.

DISCUSSION

The SRDP approach shows that combining Ayurveda, modern physiotherapy, lifestyle modifications, and spiritual health practices can reverse post-viral arthritis. In post-viral arthritis, there is often an aggravation of *Pitta*, *Vata*, and *Rakta doshas*, leading to *Shotha* (inflammation), *Ruja* (pain), and *Stambha* (stiffness). Bloodletting removes vitiated blood (*dushta rakta*), which is often responsible for inflammatory responses in the joints. Primarily *Pitta* and *Vata*, which are the main culprits in joint inflammation post-infection. Bloodletting helps remove *Aavarana* (obstruction) of *Vata* by morbid *Pitta/Rakta*, thereby restoring proper movement and function in joints. decreases local inflammation by reducing the pathological pressure and congestion in affected tissues. By reducing local venous congestion, bloodletting in chronic cases improves oxygen delivery and waste removal, accelerating tissue repair. reduced reliance on long-term corticosteroids or NSAIDs improved range of motion and quality of life.

post-viral types, often involve aggravated *Vata* and *Kapha* doshas. Rheumo oil contains the *kottamchukadi* oil which has anti-inflammatory, *kapha vatahar* action due to hot potency of herbs use in it, so that it helps in reducing swelling and stiffness of joints. oil pacifies *Vata* which is responsible for pain, dryness, stiffness and *Kapha* which is responsible for heaviness, swelling. Due to hot potency of oil improving circulation around the joint. Also Facilitates the removal of accumulated toxins (*ama*) and metabolic waste. And helps in nourishing *mansa*(muscle), *asthi*(bones) *dhatu* and Lubricates joints and improving overall function.

Rhumoflex pottali contains *rasna*, *sahachar*, *erand*, *punarnava*, *suntha*, *saindhav* in which *rasna* have *tikta* & *katu rasa* Helps in clearing *ama* (toxins), reducing inflammation and managing joint disorders, *Ushna Virya* Hot potency helps in improving circulation, reducing stiffness, and balancing *Vata*. *Katu Vipaka* Supports digestive fire (*Agni*) and prevents *ama* accumulation. *Vata-Kapha Shamak* Ideal for *Vata* dominant conditions like arthritis, where pain and stiffness are main symptoms(14). *Sahachar*(15), *Punarnava*(16), *suntha*(17) *erand*(18), *saindhav*(19) having almost same properties like *ushna virya*, *kaphavatahar*, *katu tikta Kashaya rasa* hence helps in reducing pain swelling and stiffness acts as anti-inflammatory action.

SRDP Lepa: This *lepa* contains *Punarnava*, *chitrak*⁽²⁰⁾, *vacha*⁽²¹⁾, *haldi*⁽²²⁾ which all are *vatakapsha shamak* and due to its *ushna virya* this active herbal compounds penetrate through the skin layers absorption is facilitated by heat and oil used in the *lepa*. Local action reduces inflammation and pain. Vascular effect of Warm *lepas* improve local blood circulation, aiding in removal of inflammatory waste product and delivery of nutrients for tissue repair.

Matra basti: medicated oil is used which pacifies aggravated *Vata dosha*, which is the primary *dosha* involved in arthritis and joint stiffness. *Basti* provide internal lubrication to the channels (*strotas*) and joints, helping reduce dryness, stiffness, and pain. oils used which help control post infection joint inflammation. *Basti* improves local blood flow and metabolic processes in pelvic and lower limb regions, promoting healing of affected joints. Helps relieve muscle spasms, nerve pain, and enhances neuromuscular coordination, aiding recovery from post-viral joint weakness. Facilitates the elimination of toxins (*ama*) from the body through colon cleansing and strengthens digestive fire (*Agni*).

Internal medicine which are SRDP tablet, uriflex tablet, oedoflex syrup, stressflex tablet.

SRDP tablet: it is the combination of *yograj guggul*, *simhnad guggul*, *kaishor guggulu* and *gokshuradi guggul* action of this tablet is *Saamdosh pachan* and *nirharna* through *mutra marg*. *Yograj guggulu* including *guggulu* (*Commiphora wightii*), *pippali* (*Piper longum*), *rasna* (*Pluchea lanceolata*), *gokshura* (*Tribulus terrestris*), and *chitrak* (*Plumbago zeylanica*), among others. Which have Anti-inflammatory and Analgesic Effects *Vata Dosha* Balancing, Detoxification and Circulation Stimulation help in elimination of accumulated toxins (*ama*), which can contribute to joint discomfort. *Kaishor Guggulu* contains *Guggulu* (*Commiphora mukul*) and *Triphala*, which have proven anti-inflammatory effects. These ingredients help reduce joint swelling, warmth, and redness of post-viral arthritic conditions. ingredients like *Triphala* and *Guduchi* cleanse the blood of toxins (*ama*) that may linger after a viral infection and contribute to persistent joint inflammation. Also boosts immunity and helping to remove residual viral effect. In post viral arthritis *ama* can lodge in joints and cause chronic pain and stiffness this *Ama* (undigested metabolic waste) often accumulates in the body after viral illnesses. *Simhnad Guggulu* facilitates *ama pachana* (digestion of toxins) and *shodhana* (elimination) through its *deepana* (digestive stimulant) and *anulomana* (bowel cleansing) actions

Uriflex tablet: This tablet is combination of *phalatrikadi guggulu*, *raktapachak*, *Punarnava* which useful in *sam avastha*, *tridoshghna*, *raktadushtipradhan* condition. *Phalatrikadi guggul* contains *triphala*, *trikatu*, *guggul*, *chitrak*, *nimba* helps in systemic purification, *ama pachan*, detoxification also provide hepatoprotective and metabolic Support. And hence reduces joint pain, swelling, eases stiffness, heaviness, enhances systemic recovery.

Oedoflex syrup contains *punarnavashtak kadha* which is *mutravirechaka* (diuretic), *amapachaka*(detoxifying), and *shotha-hara* (anti-inflammatory), *vata kapha shamak*. lowers joint inflammation, stiffness, and systemic edema. *Raktashodhak* action Purifies blood, reducing inflammatory mediators.

Stressflex tablet: In post-viral arthritis, patients often suffer not only from joint pain and inflammation, but also from disturbed sleep (*anidra*), mental fatigue, low energy, and anxiety or depressive mood especially following viral infections like chikungunya, dengue, or COVID-19. Ayurvedic concepts of *nidrajanan* (sleep-promoting) and *manobalvardhan* (mental strength-enhancing) medicines become important supportive therapies in these cases. This tablet contains *jatamansi*, *brahmi*, *swarnamakshik bhasma*, *ashwagandha* which is having *nidrajanan*, *manobalvardhan* action. enhancing restorative sleep, supporting mental clarity and calmness, reducing stress-induced worsening of pain and fatigue, supporting dhatu (tissue) recovery, especially *majja* (nervous tissue) and *ojas* (immunity/vitality).

Laxoflex oil: It is a combination of *erand oil*, *shunthi*, *bilwa*. *Erand oil* has *Vatahara* (Vata-pacifying). It alleviates joint pain and stiffness, which are predominantly Vata symptoms. *Ama Pachana* (Detoxifying) Post-viral arthritis often involves the accumulation of *Ama* (toxins) *eranda oil* helps digest and expel *Ama* due to its deep-penetrating and cleansing nature. *Bhedana* (Purgative action) Internally administered castor oil works as a mild laxative. This helps clear the bowels, reducing systemic *Ama* and thus reducing inflammation in joints. Anti-inflammatory & Analgesic chemical composition of *erand oil* show that castor oil has *ricinoleic acid*, which has anti-inflammatory and analgesic properties helpful in reducing swelling and joint pain.

Physiotherapy modalities use is ultrasound therapy promotes deep tissue healing and reduces inflammation. Transcutaneous Electrical Nerve Stimulation (TENS) reduces pain by modulating nerve signals. Passive and active ROM exercises are advice to prevent joint stiffness and contractures. Maintain normal joint kinematics. Helps in lubricating joints and improving synovial fluid circulation. In this way physiotherapy treatment has shown marked improvement and helped the patient mainly in the reduction of the pain, increase in muscle strength, increase in the range of motion, reduction of edema and improvement of the functional capacity.

Ostoflex tablet: contains *ashwagandha*, *asthimajjapachak* (*guduchi amalaki*, *musta*), *padmakshita*. *Asthimajjapachak* Clears *ama* from *asthi* and *majja* dhatus. Restores proper tissue function and immunity. Promotes nourishment and rebuilding of bone and marrow post-inflammation. May help reverse post-viral damage in deeper dhatus. *Guduchi* (*Tinospora cordifolia*) is *Rasayana*, *ama-pachak* and also strengthens bones. *Ashwagandha* (*withania somnifera*) having *Majja dhatu* nourishing, anti-inflammatory action.

Teroflex tablet contains *lakshadi guggul*, *tapyadi loha*.

Guggulu and *Ashwagandha* possess anti-inflammatory properties that help reduce joint inflammation, while *Laksha* and *Arjuna* support bone regeneration and healing. Together, they aid in cartilage protection potentially beneficial in chronic post-viral synovitis while also promoting calcium metabolism and enhancing joint stability.

Tapyadi Loha is a classical Ayurvedic herbo-mineral formulation primarily indicated for *Rakta* (blood), *Pitta*, and *Dhatu kshaya*(tissue depletion) conditions. It contains *Loha Bhasma* (iron ash) as its base and is used for *Raktavardhaka*, *Rasayana*, and *Vata-Pitta* balancing purposes.

SRDP Granules, used in the *Virechana* procedure, contain *Haritaki*, *Sunthi* (dry ginger), and *Gud* (jaggery). This formulation is particularly beneficial for patients with *Leena Dosha* (a condition marked by sluggish or obstructed channels) and is effective for inducing *Rūkṣa Virechana* (dry purgation). *Haritaki* plays a central role by stimulating *Agni* (digestive fire), enhancing metabolism, and aiding the digestion of *Ama* (toxins), thereby preventing its accumulation in joints and tissues. This detoxification process reduces systemic inflammation and alleviates joint-related symptoms. Additionally, *Haritaki* possesses potent anti-inflammatory and antioxidant compounds, such as gallic acid and chebulinic acid, which help reduce joint swelling, stiffness, and pain. It also helps regulate immune responses, which are often imbalanced following viral infections.

In chronic cases of post-viral arthritis, the accumulation of *Ama* toxic by-products resulting from improper digestion is common. These toxins often lodge in the joints and tissues, exacerbating inflammation. *Virechana*, a therapeutic purgation procedure in *Ayurveda*, aids in expelling *Ama* through the lower

gastrointestinal tract, thereby reducing systemic toxicity. It specifically targets the *Pitta dosha* and *Rakta dhatu* (blood), which are frequently aggravated in post-viral arthritis and contribute to joint redness, heat, and swelling. By purging excess *Pitta*, *Virechana* alleviates inflammation and supports detoxification. Post-viral infections often disturb gut flora and weaken *Agni* (digestive fire); *Virechana* helps restore digestive balance and enhances *Agni*, leading to improved immunity and joint function. By addressing both systemic and local inflammation, *Virechana* effectively reduces joint stiffness, pain, and swelling. Many patients report improved mobility and decreased fatigue following the procedure.

Overall, the SRDP treatment effectively counteracts the toxic effects of *Aagantuj Jwara*. By integrating Ayurveda, modern physiotherapy, lifestyle modifications, and spiritual health practices, the SRDP approach shows promising results in reversing post-viral arthritis. Bloodletting during acute phases provides immediate relief, while chronic conditions benefit from *Leena Dosha*-focused detoxification, reducing complications related to steroid residues. Also, physiotherapy plays a critical role in recovery by helping patients regain function, reduce pain, and prevent long-term joint damage. The inclusion of personalized spiritual practices and medical astrology further enhances the mind-body healing synergy.

CONCLUSION

The SRDP protocol provides a safe, effective, and holistic alternative for the treatment of post viral arthritis. SRDP treatment found to be effective in management of signs and symptoms of post viral arthritis.

REFERENCES

1. Ralston SH, Penman ID, Strachan MW, Hobson R, editors. Davidson's Principles and Practice of Medicine E-Book. Elsevier Health Sciences.2018:1095.
2. Thiagarajan S. Post viral arthralgia-an insight to the physiotherapist. J Nov Physiother 2016;6:100.
3. Oliveira AD, Silva JG. Effect of a physiotherapy program in patient with persistent polyarthralgia after chikungunya fever. Case report. Revista Dor 2017;18:370-3.
4. Marks M, Marks JL. Viral arthritis. Clin Med (Lond) 2016;16:129-34.
5. Pujalte GG, Albano-Aluquin SA. Differential diagnosis of polyarticular arthritis. Am Fam Physician 2015;92:35-41
6. Kerr, J. R. (2000). Pathogenesis of human parvovirus B19 in rheumatic disease. *Annals of the Rheumatic Diseases*, **59**(9), 672–683.
7. Palazzi, C., et al. (2005). Hepatitis C virus-related arthritis. *Autoimmunity Reviews*, **4**(8), 585–590. <https://doi.org/10.1016/j.autrev.2005.03.012>
8. Tingle, A. J., et al. (1986). Postrubella vaccine arthritis. *Clinics in Rheumatic Diseases*, **12**(1), 123–137. [PMID: 3512236]
9. oussirot, É., & Roudier, J. (2007). Epstein-Barr virus in autoimmune diseases. *Best Practice & Research Clinical Rheumatology*, **21**(4), 683–697. <https://doi.org/10.1016/j.berh.2007.05.006>
10. Miner, J. J., & Diamond, M. S. (2017). Understanding how chikungunya virus causes arthritic disease. *The Journal of Immunology*, **199**(1), 11–18. <https://doi.org/10.4049/jimmunol.1700286>
11. Berman, A. (1988). Arthropathy associated with human immunodeficiency virus infection. *Rheumatic Disease Clinics of North America*, **14**(2), 433–447. [PMID: 3047890]
12. Suhrbier, A., et al. (2012). Arthritogenic alphaviruses – an overview. *Nature Reviews Rheumatology*, **8**(7), 420–429. <https://doi.org/10.1038/nrrheum.2012.64>
13. Shree atridevji gupta, charak samhita, pratham khanda, bharghav pustakalaya, gaighat, banaras, nidansthan page no 417.
14. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, haritakyadivarga, page no 76
15. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, pushpadivarga 40-42

16. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, guduchyadivarga 198-200
17. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, haritakyadi 41-45.
18. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, guduchyadivarga 52-58.
19. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, haritakyadi 210
20. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, haritakyadi 64
21. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, haritakyadi 91-92
22. Acharya bhavamishra, bhavprakash Nighantu, edited by Dr. K.C. chunekar, Dr. G.S. pandey, chaukhambha bharti academy, Varanasi, haritakyadi 161-172.

