



Effectiveness of *Ayurvedic* Scientific Reversal Detox Process (SRDP) in the Management of spinal canal stenosis— case report

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Abstract:

Background:

Lumbar spinal stenosis (LSS) is a degenerative condition characterized by the narrowing of the spinal canal, leading to compression of the spinal nerves and vasculature. It predominantly affects the elderly and manifests as lower back pain, numbness, tingling, and weakness in the legs particularly aggravated by walking or prolonged standing. The prevalence of LSS ranges from 6.2% in the general population to as high as 92% in high-risk occupational groups such as construction workers. Common etiologies include age-related disc degeneration, ligament thickening, and osteophyte formation.

Case Presentation:

This case report discusses a 70-year-old male patient with chronic lumbar pain radiating to both legs, tingling, and paresthesia in the toes since 2012. Radiological evaluation confirmed lumbar spinal canal stenosis at the L4–L5 level. The patient underwent a structured *Ayurvedic Scientific Reversal Detoxification Process (SRDP)*. Post-treatment follow-up, Clinical assessment was done before, and after treatment based on womac scale questionnaire also including MRI imaging, demonstrated notable structural improvement in canal stenosis and significant symptomatic relief.

Observation and Results:

Before treatment womac scale questionnaire was 55 and after the complete treatment patient reported relief in symptoms of *Ruk* (pain), *Stambha* (stiffness), *Muhuspandan* (cramping), distribution of pain significantly reduced, and score was 17.

Conclusion:

This case highlights the potential of the SRDP-based *Ayurvedic* treatment in alleviating symptoms and reversing structural abnormalities associated with lumbar spinal stenosis. The findings suggest a promising alternative approach for managing Lumbar Spine Stenosis, particularly in elderly patients where surgical intervention may not be preferred. However, larger clinical studies are needed to validate these outcomes and establish standardized protocols.

IndexTerms - Lumbar spinal stenosis, *Ayurvedic* treatment, SRDP, canal narrowing, MRI, case report, non-surgical management.

I.INTRODUCTION

Lumbar Canal Stenosis is a condition that predominantly results from the vitiation of *Vata Dosha*,

In *Ayurveda*, the clinical presentation of spinal disorders such as lumbar canal stenosis bears close resemblance to conditions like *Katigraha* and *Gridhrasi*, both of which are classified under *Nanatmaja Vatavyadhi* in classical texts. *Katigraha* primarily reflects restricted mobility of the pelvic girdle, attributed to the vitiation of *Vata dosha* at its primary site the *Kati pradesha* (lumbar region). *Gridhrasi*, corresponding to sciatica, is characterized by radiating pain of lumbosacral origin, often extending from the buttocks to the knee or even the foot, depending on the specific nerve root affected. This condition is observed in approximately 5–10% of patients presenting with low back pain. The key clinical features of *Gridhrasi* include *Ruk* (pain), *Toda* (pricking or pins-and-needles sensation), *Stambha* (stiffness), and *Muhuspandana* (intermittent twitching or cramping), affecting regions such as the *Sphik* (buttocks), *Kati* (waist), *Uru* (thigh), *Janu* (knee), *Jangha* (calves), and *Pada* (foot).⁽¹⁻³⁾

The etiological factors include *Vata Prakopaka Ahara* (dietary causes), *Vihara* (improper lifestyle practices) such as excessive standing or lifting, *Jaravyadhi* (age-related degeneration), and *Abhigata* (trauma). The narrowing of the spinal canal can be understood as an obstruction involvement. in the pathway of *Vata*, leading to pain and neurological symptoms due to *Sandhi Gatatvata* and *Snayu-Granthi-Mamsa involvement*.⁽⁴⁾ Prevalence increases and peaks between the ages of 35 and 55. As the world population ages, low back pain will increase substantially due to the deterioration of the intervertebral discs in older people.^[5] Many treatment regimens are described classically to treat patients suffering from *Katishoola*. SRDP (Scientific Reversal Detoxification

Process) treatment is a structured protocol for Lumbar Back Pain (*Kati Shoola* / Lumbar Canal Stenosis) based on *Ayurvedic* principles and clinical application. This treatment plan is structured in a stepwise manner, encompassing four key therapeutic phases: Detoxification, Strengthening, Root Cause Removal, and Regeneration each with a distinct aim and therapeutic objective.

Detoxification Phase: The primary goal of this phase is to eliminate accumulated toxins (*Ama*) from the body, reduce systemic inflammation, and restore the function of digestive fire (*Jatharagni*). This sets the foundation for effective healing by clearing obstructions and preparing the body for deeper therapeutic interventions.

Strengthening Phase: This stage focuses on nourishing the vital body tissues (*Dhatus*) especially *Asthi Dhātu* (bones) and *Snayu* (ligaments and nerves) to restore structural integrity and support musculoskeletal function, particularly in the lumbar region affected by degeneration or compression.

Root Cause Removal Phase: The aim here is to identify and eliminate the underlying causative factors, including improper diet, faulty lifestyle habits, and occupational stressors. This phase is essential for preventing recurrence and promoting long-term health by correcting the internal and external environment responsible for disease manifestation.

Regeneration Phase: The final stage aims to regenerate degenerated tissues, rehydrate intervertebral discs, restore joint space, and enhance vitality (*Ojas*). Through *Rasayana* therapies and regenerative interventions, this phase promotes tissue healing, functional recovery, and overall rejuvenation.

Case report

A 70-year-old man presented to our clinic with complaints of chronic lower back pain radiating to both legs, accompanied by tingling sensations. He reported being able to walk for approximately 20 minutes before experiencing discomfort. The symptoms had been present since 2012, with intermittent aggravation following routine daily activities. The patient had a history of trauma to the lumbar region in 2008, after which his symptoms progressively worsened over time. On physical examination, tenderness was noted in the lumbar region, and movements of the lower back were painful. The Straight Leg Raising (SLR) test was positive at 60 degrees. Motor and sensory functions in both lower limbs were found to be normal, and both deep and superficial reflexes were intact.

He had a medical history of type 2 diabetes mellitus (DM) and hypertension (HTN), for which He was on regular treatment. A detailed assessment was performed, including present illness, past medical history, treatment history, dietary patterns, lifestyle habits, and any addictions. Relevant clinical examinations were conducted, and MRI imaging of the lumbosacral spine was performed and documented.

Pain was assessed using the Visual Analogue Scale (VAS), and the Western Ontario and McMaster Universities Arthritis Index (WOMAC) was used to evaluate pain, stiffness, and physical function. The patient was advised to follow a normal diet without any specific restrictions and was cautioned against lifting heavy weights.

He underwent treatment based on the Scientific Reversal Detoxification Process (SRDP) for a duration of 30 days.

Ashtavidha Pariksha (~eight-fold examination)

Nadi (~pulse) was 86 beats/min, *Mala* (~stool) was *Asamyak* (~constipated, 1 time a day, unsatisfactory bowel habit), *Mutra* (~urine) was *samyak*, *Jeevaha* (~tongue) was *Sam*(~coated), *Shabda*(~speech) was *Spashta* (~clear), *Sparsha* (touch) was *anushnasheeta*(~normal), *Druka* (~eyes) was *Prakruta* (~no pallor and no Icterus), *Akruti* (~body structure) was *madhyam*.

General examination

General built was Normal, Blood pressure was 120/90 mmHg, Respiratory rate 18-20 /Min, BMI 34kg/ m2. RS – Normal, CVS – S1 S2 Normal, P/A Inspection: No abnormality seen Palpation: Soft abdomen, Abdominothoracic movement is Normal, No bulging during expiration, No splenomegaly/hepatomegaly

Table 1: showing general examination

Pain	Low back pain Pain radiates to bilateral legs Heaviness in leg
Stiffness	Movement restricted
numbness/Paresthesia	Numbness and tingling sensation
SLR TEST	60 degrees
Gait	Normal
Weakness	Normal
Reflexes	Knee, Hamstring, Ankle Reflexes - Normal
ROM – Flexion Extension	60 degrees 35 degrees

Samprapti Ghatakas of *Katishoola*

Dosha – *Vata* (*Vyana*, *Apana*) (*Vrudhi*)

Dushya - *Dhatu Asthi*, *Mamsa*, *Majja*

Upadhatu - *Snayu*

Udbhavasthana - *Pakwashaya*

Vyaktasthana - *Kati*

Sancharasthana - *Sharira*

Strotas – *Asthivaha*

Radiological report (27 July 2023)

MRI Reports shows that degenerative changes in lumbar spine with degenerative discs, lumbar canal stenosis at L4-L5 level which is 6.8mm,

TIMELINE: 30 days therapy 1-month medicine
(28/04/25 to 26/8/2025)

MEDICINAL INTERVENTIONTable 2: showing 1st Follow up (28/04/2025 to 12/05/2025)

Medicine	Dose	Time
Tb Acidose	2-0-2	Before food
Tb Shulaghna vati	2-0-2	After food
Tb Spino	2-0-2	After food
Tb Lumbojith	2-0-2	After food
Syp SRDP kashay	2-0- 2 tb spoon	After food

Table 3: showing 2nd Follow up after 15 days (13/05/2025 to 27/05/2025)

Medicine	Dose	Time
Tb Shulagna vati	2-0-2	After food
Tb Spino	2-0-2	After food
Mahakalyanak ghrita	2 spoons	Early morning
Tb Rasnasapta kashaya	2-0-2	After food
Syp SRDP kashay	2-0-2 spoon	After food
Tb Neuroflex	2-0-2	After food

Table 4: 3rd Follow up (28/06/2025 to 26/07/2025)

Medicine	Dose	Time
Tb Shulaghna	2-0-2	After food
Tb Rasnasaptak	2-0-2	After food
Tb Neuroflex	2-0-2	After food
Tb Lumbojith	2-0-2	After food
Mahakalyanak ghrit	2 spoons	Early morning

Table 5: showing the SRDP procedure for 30 days

SRDP Procedure first 15 days (28/04/2025 to 12/05/2025)	SRDP Procedure next 15 days (13/05/2025 to 27/05/2025)
Rhumo oil for <i>Abhagyam</i>	Paino oil for <i>Abhyagam</i>
Rhumo <i>pottali</i>	Rhumo <i>pottali</i>
<i>Nadi swedana</i>	<i>Nadi swedana</i>
Shulaghna <i>lepa</i>	Shulaghna <i>lepa</i>
Leech therapy on 4 th day	<i>Mash pinda</i>

Colon therapy

Niruha basti and *matra basti* for 15 days after that *matra basti* continues for next 15 days.

Table 6: showing sequence of basti administred

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Types of basti For first 15 days	A	A	N	A	A	N	A	A	N	A	A	N	A	A	A

(A: Anuvasan basti, N: Niruha basti)

Physiotherapy:

Ultrasound, tens 10 session given and exercises advised

Physiotherapy for lumbar spinal canal stenosis primarily focuses on a combination of targeted exercises and therapeutic techniques to relieve symptoms and improve function. Flexion-based exercises, such as knee-to-chest stretches, pelvic tilts, and cycling, promote spinal flexion, which helps reduce pressure on compressed nerve roots. Stretching and strengthening exercises are essential to build core stability by targeting abdominal and gluteal muscles while improving flexibility in the hip flexors, hamstrings, and calf muscles thus correcting postural imbalances. Manual therapy, including mobilization of the lumbar spine and hips along with soft tissue manipulation, effectively reduces muscle tension and enhances mobility. Transcutaneous Electrical Nerve Stimulation (TENS) are employed to provide symptomatic relief and reduce pain perception.

Assessment Criteria:

1)Pain in VAS scale

Table 7: showing VAS Scale Grading

Range of Pain	Vas score	Grade
No pain	0	0
Mild pain	1-3	1
Moderate pain	4-6	2
Severe pain	7-9	3
Worst pain	10	4

2) WOMAC Scale Grading

Table 8: showing WOMAC Scale Grading

WOMAC question	WOMAC score	Grade
None	0	0
Mild	1 to 24	1
Moderate	25 to 48	2
Severe	49 to 72	3
extreme	73 to 96	4

3) Stiffness:

Table 9: showing stiffness Grading

Stiffness	0 = None, 1 = Slight, 2 = Moderate, 3 = Very, 4 = Extremely
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Observation and result:

1)Pain:

Table 10: showing Visual Analogue Scale to assess severity of pain Before and After Treatment

	Before treatment	After treatment
Pain	7	0

2)WOMAC Scale measurement

Table 11: showing WOMAC Scale (Western Ontario and Mc Master Universities) shows improvement

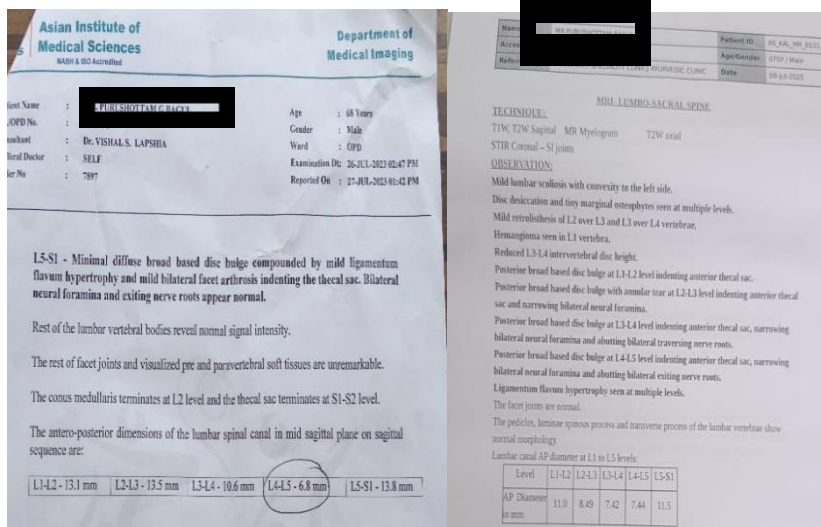
Sr no	Symptoms	Activity	BT	AT
1	Pain	Walking	3	1
		Stair Climbing	2	2
		Sleeping at night	4	1
		Resting	3	1
		standing	2	2
2	stiffness	Morning stiffness	3	0
		Evening	1	0
3	Physical function	Descending Stairs	2	1
		Ascending Stairs	2	1
		Rising from sitting	3	1
		Standing	3	1
		Bending to floor	3	1
		Walking on flat surface	2	0
		Getting in or out of car		
		Going shopping	2	1
		Putting on socks		
		Rising from bed Taking	3	0
		of socks	3	1
		Lying in bed	3	0
		Getting in/out of bath	2	0
		Sitting	1	0
		Getting in/out of Toilet	1	0
		Heavy domestic duties		
		Light domestic duties	3	1
			1	2
			2	0
			1	0
	Total score	Out of 96	55	17

Table 12: Overall effect of the SRDP therapy in lumbar canal stenosis

Sr no	lakshanas	BT	A T
1	Pain in vas scale	3	0
2	Morning stiffness	2	0
3	Womac scale	3	1

Before treatment

After treatment



DISCUSSION:

Lumbar spinal stenosis is a narrowing of the spinal canal in the lower part of your back. Stenosis, which means narrowing, can cause pressure on your spinal cord or the nerves that go from your spinal cord to your muscles. Spinal stenosis can happen in any part of your spine but is most common in the lower back. Spinal stenosis and subsequent compression of the spinal cord and nerves often lead to debilitating pain, numbness, and weakness. While conventional treatments focus on symptom management, *Ayurveda* offers a holistic approach that aims to address the underlying causes of the condition and promote overall well-being. *Ayurveda* literature suggests that *Grudhrasi*, or *Katigata Vata*, shares symptoms with spinal stenosis, a condition caused by an imbalance in the *Vata dosha*, which affects movement and nervous system functions. This imbalance can be triggered by factors like aging, degenerative changes, poor posture, and a sedentary lifestyle.⁽⁶⁾ The patient experiences maximum pain in one direction, aggravated by prolonged standing or lumbar extension. SRDP treatment aim to restore functions, strengthen the spine, and alleviate symptoms through natural remedies, therapies, and lifestyle modifications

Tab. Acidose is a *Ayurvedic* formulation primarily used to neutralize excess *Ama* and manage acidity in the body. It supports *Ama pachana* (digestion of metabolic toxins), helps balance *Pitta* and *Vata doshas*, and reduces inflammatory pain, bloating, and stiffness. By enhancing digestion and reducing systemic inflammation, it plays a supportive role in managing musculoskeletal disorders, including lower back issues.

Tab. Shulaghna Vati is a *Vatahara* and *Vedanashamaka* (pain-relieving) preparation that acts as a natural analgesic. It effectively relieves *Shoola* (pain) and stiffness, reduces muscular spasms, and alleviates nerve-related pain in the lumbar region. It helps pacify aggravated *Vata dosha*, especially in the spine and nerve pathways, making it beneficial in conditions like *Katigata Vata*.

Tab. Spino is a proprietary polyherbal formulation designed to support overall spinal health. It strengthens the vertebral column and intervertebral discs, promotes the rejuvenation of nerve tissues, reduces inflammation in spinal joints, and improves spinal flexibility. It is particularly useful in managing conditions associated with radiating pain and degenerative spinal changes.

Tab. Lumbojith is specifically formulated for managing lumbar spine disorders such as lumbar canal stenosis, sciatica, and low back pain. It provides relief from *Katishoola*, reduces nerve compression symptoms like tingling and numbness, and supports intervertebral disc health and nerve conduction. It also strengthens both the musculoskeletal and nervous systems, contributing to long-term spinal stability.

Syp. SRDP *Kashaya* is a key element of the Scientific Reversal Detox Protocol (SRDP), functioning as a deep detoxifying herbal decoction. It promotes systemic detoxification, enhances *Agni* (digestive/metabolic fire), reduces *Ama*, and balances *Vata* and *Pitta doshas*. By clearing cellular-level toxins, it prepares the body for tissue rejuvenation and supports the reversal of chronic inflammation. The combination of *Mahakalyanak Ghrita*, Tab. Neuroflex, and Tab. *Rasnasaptak* offers a comprehensive therapeutic strategy in managing *Katigata Vata*, a *Vata*-dominant neurological disorder associated with lower back pain. *Mahakalyanak Ghrita* serves as a potent *Rasayana*, rejuvenating the nervous system while balancing aggravated *Vata dosha*. Its unctuous (Snigdha) properties help in lubricating and nourishing degenerated spinal discs and nerves, thereby improving *Majja Dhātu* and enhancing spinal integrity. Tab. *Neuroflex* acts as a neuroprotective agent, aiding in conditions such as radiculopathy and nerve inflammation. It mitigates nerve compression, reduces pain and stiffness, and supports circulation, ultimately calming *Vata*. Tab. *Rasnasaptak*, composed of herbs like *Rasna*, *Eranda*, *Devadaru*, *Guggulu*, and *Guduchi*, provides potent *Shothahara* (anti-inflammatory) and *Vedanasthapana* (analgesic) actions. It also aids in *Ama pachana*, detoxifying the body while promoting *Rasayana* effects. Together, these formulations alleviate inflammation, reduce stiffness, and restore functional mobility in the lumbar spine and sacroiliac region.

External therapies:

Panchakarma therapies used in SRDP treatment, emphasizing detoxification and rejuvenation, offer significant benefits in the management of spinal stenosis. Procedures such as *Abhyanga* (therapeutic oil massage), *Bashpa Swedana* (herbal steam therapy), and *Basti* (medicated enema) help alleviate pain, enhance spinal flexibility, and strengthen the musculoskeletal and nervous systems. Additionally, these treatments aid in the elimination of toxins (*Ama*), thereby supporting holistic healing and restoring systemic balance.

Mashpinda Sweda exerts its therapeutic effect in lumbar canal stenosis primarily through its ability to pacify aggravated Vata dosha. The warmth and Snigdha (unctuous) qualities of the *Mashpinda* bolus, made from *Masha* (black gram), help calm the localized Vata in the lumbar region. The heat applied during the procedure enhances local blood circulation, thereby reducing inflammation, relieving stiffness, and improving oxygenation in ischemic nerve tissues compressed within the spinal canal. This also leads to muscle relaxation, helping to reduce paraspinal muscle spasms and alleviating deep-seated lower back pain. Additionally, the nourishing (*Brimhana*) properties of *Masha* contribute to the lubrication and strengthening of musculoskeletal structures around the spine, supporting tissue repair and regeneration. With regular application, Mashpinda Sweda significantly reduces rigidity, enhances spinal flexibility, and improves the range of motion (ROM) of the lumbar spine, contributing to better mobility and functional recovery in patients with lumbar canal stenosis. ⁽⁷⁾

Bloodletting therapy plays a significant role in the management of lumbar canal stenosis by targeting both the inflammatory and neurovascular components of the condition. It helps in Rakta Dushti Shamana, where the removal of vitiated blood reduces local toxins, inflammation, and pain. Leech saliva contains biologically active compounds such as bdellins, eglins, hirudin, and vasodilators, which possess anti-inflammatory, analgesic, and anticoagulant properties. These substances collectively contribute to the pacification of aggravated Vata and Pitta doshas. The therapy also facilitates decompression of tissues by reducing local congestion and edema, thereby alleviating nerve root pressure. It enhances microcirculation, improving the oxygenation and nutrient supply to the affected region, which promotes nerve regeneration and healing. Patients experience immediate pain relief also improve neuropathic symptoms such as tingling and numbness. ⁽⁸⁾

CONCLUSION:

The implementation of the Scientific Reversal Detox Protocol (SRDP) in patients with lower back pain, particularly those presenting with features of *Katigata Vata* and lumbar canal stenosis, showed significant clinical improvement. The intervention resulted in notable reductions in pain, stiffness, and radiating symptoms, including tingling and numbness in the lower limbs. Objective assessment using the WOMAC scale reflected substantial enhancement in pain relief and functional status. These findings indicate that SRDP offers a holistic and evidence-based *Ayurvedic* approach, effectively addressing the underlying *Vata* pathology and promoting functional recovery without reliance on invasive procedures.

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Conflict of Interest: None declared

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