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EFFICACY OF SCIENTIFIC REVERSAL DETOXIFICATION PROCESS IN RESTORING CANAL DIAMETER IN LUMBAR STENOSIS

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ABSTRACT

Background: Ayurveda intervention is gaining popularity for chronic and degenerative disorders. Lumbar stenosis is narrowing of spaces of lumbar spine cause morbidity in old age. The narrowing of spaces in the spine occurs along with pressure on the spinal cord & nerve roots. Condition is involving pain in lower limb. Lumber canal stenosis is associated with trauma, aging & arthritis of spine, etc. In Ayurveda the disease considered in Nanatmajak vatavyadhi and related with Katigraha. **Case presentation**: A 70-year-old female presented with chronic low back pain radiating to the left lower limb, accompanied by tingling sensations. Radiological investigations revealed lumbar spinal canal stenosis at the L4–L5 level. The patient was managed with a structured Ayurvedic intervention based on the Scientific Reversal Detoxification Process (SRDP). Clinical evaluation, including the ODI score, along with MRI imaging performed before and after treatment, demonstrated marked symptomatic improvement and objective radiological widening of the spinal canal. **Outcome Measures:** Clinical evaluation was performed using the ODI Score and MRI imaging pre- and post-treatment. **Results:** The ODI score improved from 25

(baseline) to 07 (post-treatment), indicating a 64% reduction in symptoms. MRI revealed an increase in canal diameter from 2 mm to 8 mm at L4–L5. The patient reported significant pain relief, improved walking capacity, and reduced tingling sensations. **Conclusion:** The SRDP protocol demonstrated measurable improvement in both clinical symptoms and radiological parameters of lumbar spinal stenosis, suggesting Ayurveda's potential as a conservative management approach**.**

KEYWORDS: lumbar canal stenosis, SRDP Treatment, MRI, non-surgical management, integrative management, ODI score.

INTRODUCTION

Lumbar spinal canal stenosis (LSCS) is a common cause of chronic low back pain and disability in elderly populations. The condition arises due to degenerative changes such as ligamentum flavum hypertrophy, facet joint arthropathy, and intervertebral disc protrusion, leading to compression of neural elements. Conservative management typically focuses on symptom relief, while surgical decompression is reserved for severe or progressive cases. However, surgery carries risks and is not always successful in long-term outcomes.

Ayurveda describes conditions resembling *Trika Graha*, *Katigraha*, and *Gridhrasi* with symptoms comparable to LSCS. Panchakarma procedures like *Abhyanga*, *Swedana*, *Basti*, and specific internal medications have been reported to provide functional recovery in spinal disorders.

This case report documents a patient with severe LSCS (lower spine canal stenosis) who achieved significant clinical and radiological improvement through integrative Ayurvedic management. These conditions involve Vatavyadhi and mentioned in Nanatmaja vatavyadhi. Lumber canal stenosis is degenerative condition and this disease localized to joints, flavum of vertebrae and ligaments, etc. Patient experience maximum pain in lower extremities along with other symptoms such as numbness, tingling sensation of lower limbs and burning sensation, etc.[1-4]

The **Scientific Reversal Detoxification Process (SRDP)**, an evidence-based structured protocol, aims at detoxification, *dosha shamana*, tissue rejuvenation, and reversal of pathological processes. This case study highlights the role of SRDP in the successful management of lumbar canal stenosis, documented with clinical and MRI findings.

CASE REPORT

Patient: female, 70 years.

Chief Complaints: Severe low back pain radiating to left lower limbs, numbness, tingling sensation, difficulty in walking >50 m, pain aggravation on standing and walking, relief on sitting. No urine and fecal incontinence.

History: Gradual onset over 2 years, worsening in last 6 months. No trauma.

MRI Findings (Baseline): Lumbar spinal canal stenosis at L4–L5, central canal diameter 2 mm, grade 1 degenrative anterolisthesis of L4 over L5, mild retrolisthesis L3 over L4.
No history of trauma, known case of HTN taking medicine for 1 years.

General examination and assessment through ayurvedic parameters

Pulse - 64/minutes, regular, blood pressure - 140/70mmHg, height -170 cm, weight - 69 kg, urine(Mutra) - usual, stool(Mala) - hard(Badhha), Jivha - moist, sound (Shabda)- Usual, Sparsa (Touch)- Tender on painful areas, eye(Netra) - usual, stature (Akriti)- Normal, skin (Tvak) - snigdha, nail (Nakha) - no abnormality seen.

Prakriti-Sharirik – Vatapaittik, Manshik-Rajashik, homologous (Satmya)-Madhyama, compactness (Samhanana) - Madhyama, digestion (Aharashakti)-Madhyama, exercise (Vyayama Shakti) - Avara, age(Vaya) - Vridhha, locality (Desha) - Anupa, period (Kala) - Chirakari, bowel(koshtha) - krura. Dosha - vata, dushya - asthi, majja, place of origin (Adhisthana) - kati and Trika Sandhi, Strotas - Asthivaha, Strotodushti – Sanga.

Local examination

There was no evidence of swelling, scar, or sinus over the lumbar region. The spine showed mild loss of normal lumbar lordosis with a flattened appearance. A scoliotic deformity was observed in the lumbar spine with convexity directed to the right side. Diffuse tenderness was elicited over the lower lumbar vertebrae. The range of motion of the lumbar spine was restricted and painful in all directions. Left leg straight leg raising test was positive. No distal motor or sensory neurological deficits were detected. The patient's gait was noted to be antalgic and painful.

Ashtavidh parikshana

Table No. 1: *Ashtavidha parikshan. (~eight-fold examination).*

Nadi(~pulse*) – Vatakaphaj*	*Mala pravruti (*~bowel habit*) - samyak*
Mutra pravruti (~urination*) -samyak*	*Jivha (*~tongue*) - Lipta (*~coated*).*
Shabda (~voice) - Prakrita,	*Sparsha - (*~touch*) - Koshna ushna (*~warm*)*
Drika (~vision*) - Prakrita,*	*Akriti(*~body *build) - Madhyama (*~medium*).*

Samprapti ghatak of katishool

Predominant *Dosha*: *Vata* (subtypes: Vyana and Apana) showing Vruddhi (aggravation)

Affected *Dushya (*tissues*): Asthi, Mamsa, Majja*

Upadhatu involved: *Snayu* (ligaments, tendons, connective tissues)

Site of origin (*Udbhavasthana*): *Pakwashaya* (large intestine)

Site of manifestation (*Vyaktasthana*): *Kaṭi* (lumbar region/low back)

Path of spread (*Sancharasthana*): Whole body

Involved *Strotas* (channels): *Asthivaha* Strotas (channels of bone tissue)

Diagnosis assessment (MRI done on 20/11/2024)

Severe Canal and fomoral stenosis noted between L3-L4 and L4-L5 level due to diffuse disc bulge.

Grade 1 anterolisthesis L4 over L5

L1-L2: 11.3 mm

L2-L3: 11.2 mm

L3-L4: 8.1 mm

L4-L5: 2.0 mm

L5-S1: 6.1 mm

Timeline: 30days therapy along with 2 months medicine (02/02/2025 to 05/04/2025)

Follow Up: After every 15 days (1st day, 15th day, 30th day, 45th day, 60th day)

Medicinal intervention

SRDP treatment for 30 days

SRDP Therapy for 15 days (02/02/2025 to 16/02/2025)	**SRDP Therapy for next 15 days** (17/02/2025 to 03/03/2025)
Abhyagam with rheumo oil	Abhyagam with paino oil
Rheumo pottali	Tero pottali
Nadiswedana	Nadiswedana

Dhanymla dhara	Oil dhara
Shulaghna Lepa	Shulaghna lepa
Colon therapy	Colon therapy
Dry Cupping	Dry cupping
Leech therapy 1st sitting	Leech therapy 2nd sitting

Colon therapy 30 days: alternate niruha and matra basti for 15 days after that continues with matra basti for next 15 days.

Medicine intervention first follows up (02/02/2025 to 16/02/2025)

Medicine	**Dose**	**time**
Tab shulaghna	2-0-2	After food
Tab Spino	2-0-2	Before food
Cap cervajith	2-0-2	After food
Kashay SRDP	2-0-2 spoon	After food

Pacify aggravated Vata, the root dosha in spinal canal narrowing. Reduce shotha (inflammation) and vedana (pain), improving daily activities. Nourish asthi and majja dhatus, slowing degeneration and enhancing neural function. Improve mobility, gait, and posture, reducing symptoms of claudication, numbness, and stiffness.

Second follow up (17/02/2025 to 03/03/2025)

Medicine	**Dose**	**time**
Tab shulaghna	2-0-2	After food
Tab Trailokya Vijaya vati	2-0-2	Before food
Kashay srdp	2-0-2 spoon	After food
Tab stressoflex	3 tab	At night
Tb lumbojith	2-0-2	After food
Mahakalyanak ghrita + uriflex granules	1 spoon + 3 spoon	At morning

Relieves pain, reduces stiffness and neurogenic claudication, improves comfort in mobility. Controls chronic neuropathic pain, reduces anxiety or stress associated with chronic stenosis, improves sleep. Reduces inflammation and edema around the spinal canal, relieves stiffness, improves gait and flexibility. Reduces stress-induced Vata aggravation, supports nervous system function, stabilizes mental health in chronic pain conditions. Strengthens vertebral column, improves disc and joint health, prevents further degeneration, reduces low back pain. Provides deep dhātu nourishment (majja, asthi), reduces Vata dushti, supports neural conduction, improves overall vitality in stenosis patient.

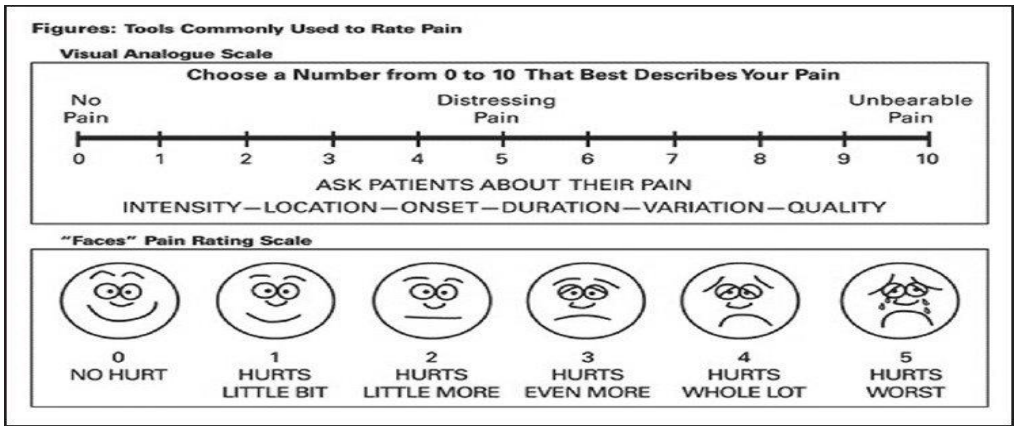
Third follow up (04/03/2025 to 05/04/2025)

Medicine	Dose	time
Tab shulaghna	2-0-2	After food
Tab Trailokya Vijaya vati	2-0-2	Before food
Srdp Kashay	2-0-2 spoon	After food
Tab stressoflex	3 tabs	At night
Tb lumbojith	2-0-2	After food
Mahakalyanak ghrita with milk + tab neuroflex	1 spoon + 1 tab	At morning

Physiotherapy: 10 sessions of physiotherapy given which include tens, ultrasound, exercises.

Physiotherapy plays a crucial role in the conservative management of lumbar canal stenosis, especially in patients with mild to moderate symptoms. In the present case, the patient was administered 10 physiotherapy sessions which included Transcutaneous Electrical Nerve Stimulation (TENS), ultrasound therapy, and exercise-based rehabilitation. TENS is effective in reducing neuropathic pain by modulating nociceptive transmission at the spinal level, thereby providing symptomatic relief. Ultrasound therapy aids in improving local blood circulation, reducing soft tissue inflammation, and promoting tissue healing. Exercise therapy, particularly core stabilization, stretching, and flexion-based regimens, enhances spinal flexibility, improves posture, and strengthens paraspinal and abdominal musculature, thereby reducing the mechanical load on the lumbar spine. These combined modalities not only alleviate pain and neurogenic claudication but also improve functional mobility, walking tolerance, and quality of life. Evidence suggests that structured physiotherapy can delay or even reduce the need for surgical intervention in many cases of lumbar canal stenosis, highlighting its importance as a first-line, non-invasive management strategy.

ASESSMENT CRITERIA



1-3 = mild pain; minimal impact on ADL's

4-6 = moderate pain; moderate impact on ADL's

7-10 = severe pain; major impact on ADL's

Follow up outcome

Table showing general examination

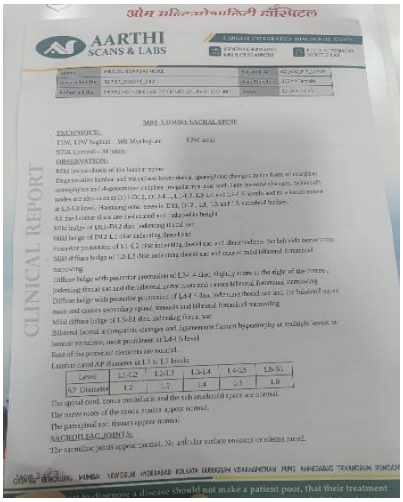
Parameter	Before treatment (1st day)	After treatment (60th day)
Pain (on vas scale)	8	3
Stiffness	Morning stiffness present	Absent
SLR	Right: negative Left: 30 degrees	Right: negative Left: 90 degrees negative
Numbness and tingling sensation	Present	Absent
Gait	Antalgic gait present	Gait improved
Reflexes	Babinski reflex normal	normal
Range of motion	Flexion: 45 degree Extension: 10 degree	Flexion:60 degree Extension:25 degree

Assessment using (ODI) Oswestry Low Back Pain Disability Questionnaire score

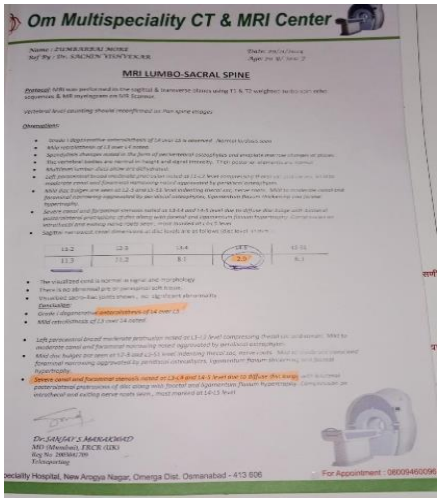
Parameter	**Before treatment (1st day)**	**After treatment (60th day)**
Pain intensity	3	1
Personal care	3	0
Lifting	1	1
Walking	3	0
Sitting	3	1
Standing	2	1
Sleeping	2	1
Social activity	3	1
Travelling	5	1
Total score	25/45	7/45

Radiological report after treatment:(On 13 aug 2025)

L1-L2: 12mm, L2-L3: 15mm, L3-L4: 14mm, L4-L5: 8mm, L5-S1:10mm



Before treatment



After treatment

DISCUSSION

The present case highlights the successful conservative management of lumbar canal stenosis (LCS) through the Scientific Reversal Detoxification Process (SRDP), an integrative Ayurvedic protocol, supported by physiotherapy interventions. LCS is a progressive degenerative disorder often associated with aging, where conventional management is largely symptomatic, and surgical decompression remains the mainstay for advanced cases. However, surgical outcomes are not always satisfactory, particularly in elderly patients with comorbidities, and carry the risk of recurrence or complications. Hence, exploring safe and effective non-surgical options is of great clinical relevance.

In this case, the patient demonstrated both **symptomatic and radiological improvement**, with the ODI score showing a 64% reduction in disability and MRI confirming widening of the spinal canal from 2 mm to 8 mm. These objective outcomes strengthen the evidence for SRDP as a potential modality for spinal health restoration.

From the Ayurvedic perspective, the condition aligns with *Nanatmaja Vatavyadhi* such as *Katigraha* and *Trikagraha*, where aggravated Vata leads to degeneration of *Asthi* and *Majja dhatus*, along with involvement of *Snayu* (ligaments). Therapies used in SRDP, including Abhyanga, Swedana, Basti, and leech therapy, are well-documented for their Vata-pacifying, detoxifying, and rejuvenating effects. The use of internal formulations such as *Shulaghna vati*, *Trailokya Vijaya vati*, *Mahakalyanaka ghrita*, and targeted Kashaya supported systemic correction and tissue nourishment. This aligns with the Ayurvedic principle of *Shamana* (pacification) and *Rasayana* (rejuvenation), which aim not only at symptom control but also functional recovery.

Mahakalyanaka Ghṛita undergoes assimilation in a sequential manner through the process of dhatu poṣhaṇa. At the level of **rasa dhatu**, the ghṛita molecules are absorbed via the lymphatic system while the medhya herbs are assimilated into systemic circulation, thereby improving rasa quality and facilitating nutrient transport.[5] In **rakta dhatu**, similar absorption mechanisms support rakta prasadana and oxygen delivery, ensuring proper perfusion of deeper tissues.[6] At the **maṃsa dhatu** stage, balya and brimhana dravyas such as Bala, Gokshura, and Shalaparni strengthen muscular tissues and enhance neuromuscular support.[7] Moving into **meda dhatu**, ghṛita being inherently Sneha sara regulates lipid metabolism, while Triphala, Musta, and Guduchi prevent medadushti and promote balanced energy reserves.[8,9] At the level of **asthi dhatu**, drugs like Arjuna, Gokshura, and Rasna

maintain the integrity of bone tissue and support its metabolic functions.[10,11] Finally, upon reaching **majja dhatu**, the sukṣma and sneha guṇas of ghṛita allow penetration into marrow and nervous tissues, where medhya drugs such as Vacha, Shankhapushpi, Jatamamsi, and Yashtimadhu act on neurons and myelin,[12-16] thereby nourishing majja dhatu and optimizing cognitive and neuro-hormonal functions. Physiotherapy complemented the Ayurvedic regimen by improving spinal flexibility, neuromuscular strength, and functional mobility. This integrative approach addressed both the structural pathology and functional impairment, resulting in comprehensive recovery.

Previous studies have shown the role of Panchakarma in musculoskeletal and degenerative spinal disorders, but very few case reports have documented objective radiological reversal, as seen here. The increase in canal diameter observed in MRI indicates that SRDP may play a role beyond symptomatic relief, possibly influencing structural remodeling and reducing inflammatory changes around the spine. While this is an encouraging finding, it should be interpreted cautiously, as spontaneous fluctuations in imaging findings are also possible in LCS.

The limitation of this case study is its single patient design, which restricts generalizability. Larger clinical trials with standardized protocols and long-term follow-up are essential to validate the reproducibility of these results. Furthermore, integration of advanced biomarkers and imaging studies would help elucidate the exact mechanisms underlying such structural improvements.

Overall, this case suggests that SRDP, in conjunction with physiotherapy, can offer a safe, non-invasive, and effective alternative to surgery in elderly patients with lumbar canal stenosis, improving both quality of life and radiological outcomes.

CONCLUSION

The present case demonstrates that the Scientific Reversal Detoxification Process (SRDP), when combined with supportive physiotherapy, can provide significant symptomatic relief and objective radiological improvement in lumbar canal stenosis. The patient showed marked reduction in pain, disability, and neurological symptoms, along with widening of the spinal canal diameter on MRI. This integrative, non-surgical approach offers a promising alternative for elderly patients who are often unfit or unwilling to undergo surgical intervention. Although encouraging, these findings warrant further validation through larger clinical

studies to establish the reproducibility and long-term efficacy of SRDP in degenerative spinal disorders.

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