

## Non-Surgical Management of Knee Meniscus Tear Using SRDP (Scientific Reversal Detox Process) *Ayurvedic* Treatment: A Case Report

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### ABSTRACT:

The menisci are vital fibrocartilaginous structures within the knee joint that play a key role in shock absorption, load distribution, and joint stability. Meniscal tears are among the most common orthopaedic injuries, particularly affecting athletes and the elderly, often resulting in pain, swelling, and reduced mobility. While conventional treatment typically includes surgery or physiotherapy, surgical interventions do not always restore previous levels of activity. This case study explores the management of a knee meniscus injury through *Ayurvedic* treatment, specifically using the Scientific Reversal Detox Treatment (SRDP) protocol—a holistic, non-invasive approach grounded in *dosha* balance. The treatment included internal herbal medications and external therapies such as *Lepa* (herbal paste application), *Jalaukavacharan* (~leech therapy), *Basti* (~medicated enema), and physiotherapy, targeting *Vata dosha* imbalance often associated with joint disorders. A 52-year-old female patient presented with pain and swelling in the right knee, with a history of trauma dating back to 2013 and worsening symptoms over the past 7–8 months. MRI findings confirmed a Grade 3 flap tear in the posterior horn and a Grade 1 signal tear in the lateral meniscus of right knee. Following a structured SRDP treatment protocol, follow-up MRI indicated an improvement in the meniscal condition, with the Grade 3 tear reduced to Grade 2. This outcome suggests that *Ayurvedic* SRDP treatment may play a beneficial role in reducing symptoms and promoting structural recovery in meniscal injuries. Further clinical studies are warranted to evaluate its broader therapeutic potential.

**KEY WORDS:** *Jalaukavacharana, Lepa, Meniscal Tear, Snayugata Vata, SRDP Treatment.*

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## INTRODUCTION:

A meniscal tear is a common knee injury involving the crescent-shaped cartilage that cushions and stabilizes the joint between the femur and tibia. Each knee has two menisci — medial and lateral — which aid in shock absorption, weight distribution, and joint stability.<sup>[1]</sup> Tears usually occur due to twisting motions during sports or from degeneration in older adults. They are classified by shape and location, including longitudinal, bucket-handle, radial, horizontal, flap, complex, oblique, and degenerative types.<sup>[2]</sup> Displaced meniscus flap tears are seen in about 6.4% of MRI-evaluated knee injuries<sup>[3]</sup>, and may shift into areas like the femoral notch or meniscotibial recess, often presenting with a "comma sign" on MRI.<sup>[4]</sup> These are typically treated with partial meniscectomy. Despite intervention, knee function can remain compromised, affecting daily activities.<sup>[5]</sup> In this case study, a patient with a meniscal tear was treated with SRDP Therapy, showing marked improvement in pain, swelling, and joint function, with a return to daily activities and enhanced knee stability.

**Case History:** A 52-year-old female housewife presented with right knee pain and difficulty walking. She had a history of a fall in 2013, after which knee pain and inflammation began. Initial medications provided temporary relief, but symptoms worsened over the past 7–8 months. Despite treatment from local and family doctors, including analgesics, there was no improvement. An orthopaedic consultation and MRI suggested surgery, which the patient declined. She then sought treatment at our facility for further management. Clinical Findings are mentioned in table 4. The patient was conscious, alert, and oriented. Cardiovascular and respiratory exams were normal; vitals and blood tests

were within normal limits. McMurray's and Apley's Grind tests were performed to assess knee function.<sup>[6][7]</sup> On examination: Prakruti – Vata-Kaphaja, weight – 68 kg, height – 5.3 ft, BP – 130/80 mmHg, pulse – 76/min. She had a history of hypertension (on amlodipine) and diabetes (on metformin), and had undergone uterine fibroid surgery two years ago. Mild tenderness, swelling, and crepitus were noted in the right knee, with no redness or increased temperature.

*Ashtavidha parikshana* : mentioned in table 1

**Timeline:** The timeline of the events of the case is provided in Table 4.

**Diagnostic assessment** (MRI Done in 2016)

MRI reports of right knee joint suggested Grade 3 flap tear in the posterior horn and a Grade 1 signal tear in the lateral meniscus.

### **Ayurvedic correlation:**

Meniscal tear condition closely resembles *Snayugata Vata* a type of *Vata Vyadhi* (~disease) where *Vata Dosha* localizes in the *Snayu* (~ligament/tendon) and *Sira* (~channels) are affected by aggravated *Vata*, causing rupture, pain, and instability. Meniscus being a connective tissue correlates with *Snayu* (~ligament/tendon) and *Asthi dhatu* (~bone), both of which are governed by *Vata Dosha*. Treatment focuses on *Vata* pacification, joint nourishment, pain relief, and tissue regeneration.

## THERAPEUTIC INTERVENTION

Based on the SRDP (Scientific Reversal Detox Process) treatment protocol, a structured four-stage approach was planned for the management of a meniscal tear patient as mentioned in table- 2 and table- 3.

1. **Detoxification (Stage 1):** Focused on reducing inflammation and

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swelling, aiming to relieve pain and improve ease of movement.

2. **Strengthening (Stage 2):** Targeted enhancement of muscle strength and walking ability, with potential reduction in knee pain.
3. **Root Cause Removal (Stage 3):** Aimed at correcting underlying metabolic imbalances to prevent progression to metabolic osteoarthritis.
4. **Regeneration (Stage 4):** Supported regeneration of synovial fluid and improved joint space, promoting long-term joint health.

The treatment protocol outlined follows the SRDP (Scientific reversal detox process) approach, which integrates *Ayurvedic*

medicines with classical *Panchakarma* (~Fivefold Detoxification Therapy) and external therapies to address chronic musculoskeletal conditions, particularly those involving *Vata* imbalance and inflammatory joint disorders

**Physiotherapy Intervention**

(Sessions on 25/12/2024, 31/12/2024, 5/1/2025, 10/1/2025)

Following a traumatic meniscal injury, the patient was advised right knee immobilization with an open patellar hinged brace for joint stability. After 10 days, she received four sessions of TENS (Transcutaneous Electrical Nerve Stimulation) for pain relief and was prescribed quadriceps activation exercises to support muscle strength and joint rehabilitation.

**Table- 1: Ashtavidha parikshan. (~eight-fold examination)**

<i>Nadi</i> (~pulse) – <i>Vatakaphaj</i>	<i>Mala pravrti</i> (~bowel habit) - <i>samyak</i>
<i>Mutra pravrti</i> (~urination) – <i>samyak</i>	<i>Jivha</i> (~tongue) - <i>Lipta</i> (~coated).
<i>Shabda</i> (~voice) - <i>Prakrita</i> ,	<i>Sparsba</i> - (~touch) - <i>Koshna ushna</i> (~warm)
<i>Drika</i> (~vision) - <i>Prakrita</i> ,	<i>Akriti</i> (~body build) - <i>Madhyama</i> (~medium).

**Table- 2: Treatment for First 10 days (15/12/2024 to 24/12/2024)**

Medicines	Dose	Timing	SRDP procedure
Syp SRDP	2-0-2	After food	<i>Snehan</i> with rhumo oil
Tb <i>Shulaghna</i>	2-0-2	After food	Rheumo <i>pottali</i>
Tb Uriflex	2-0-2	Before food	<i>Dhanyamla dhara</i>
SRDP granules	1 spoon at night	At night	<i>Jalaukavacharan</i>
<i>Trailokya Vijaya vati</i>	1-0-0	Before food	<i>Matra basti</i>
			Edoflex <i>lepa</i>

**Table- 3: Treatment for next 20 days (25/12/2024 to 13/1/2025)**

Medicines	Dose	Timing	SRDP procedure
Teroflex syrup	2-0-2	Before food	<i>Snehan</i> Teroflex oil
Tb Teroflex	3-0-3 spoon	Before food	Teroflex <i>pottali</i>
<i>Mabatiketa ghrta</i>	2 spoon with milk	Morning	<i>Dhara oil</i>
Uriflex granules	1 spoon with milk	Morning	Tero <i>lepa</i>
			<i>Jalaukavacharan</i> 2 <sup>nd</sup> sitting & 3 <sup>rd</sup> sitting

**Table-4: knee joint examination**

Assessment parameters	Before treatment 15/12/2024	Follow up 10 <sup>th</sup> day 24/12/2024	Follow up on 30 <sup>th</sup> day(13/1/2025)	Follow up After 1 month (13/2/2025)
McMurrays test	Positive	Negative	Negative	Negative
Apley's Grind test	Positive	Negative	Negative	Negative
Pain	9	4	2	Absent
Swelling	Moderate at infra patellar region lateral side	Reduced to mild swelling at lateral side	Absent	Absent
ROM	45 degrees	90 degrees	Normal movement	Normal movement
Tenderness	Mild	Absent	Absent	Absent
Walking	Pain on walking less distance (15–20 feet)	Able to walk for distances without any difficulty (150–200 m)	Pain occasionally on long walking	Pain occasionally on long walking
Climbing stairs	Painful	Moderate painful	Mild painful	occasionally painful
Sleeping at night	2	1	0	No pain
Resting	2	1	0	No pain
Standing	2	1	0	No pain

**RESULT:**

The patient underwent 10 days of Panchakarma therapy with oral medications, resulting in 40% pain relief and improved knee flexion. Radiating pain reduced significantly. Continued treatment for another 20 days focused on joint strengthening and regeneration, leading to 80% symptom relief, complete reduction in swelling, and improved ROM (Range of Motion), with pain only on prolonged walking. After 30 days, a month-long course of internal medication was advised for muscle strengthening and *Rasayana* effect. Follow-up MRI after one month showed marked improvement.

**DISCUSSION:**

Meniscal tears are common orthopaedic conditions, often treated surgically through arthroscopic partial meniscectomy, meniscal repair, or reconstruction. In *Ayurveda*, such joint conditions are understood as *Sandbigat Vata*, caused by aggravated *Vata Dosha*, often due to trauma (~*Abhigata*), aging, or improper lifestyle. This leads to the vitiation of *Rasa* and *Rakta Dhatus*, resulting in improper nourishment of *Asthi*, *Snayu*, and *Kandara*, and symptoms such as pain, swelling, stiffness, and crepitus. <sup>(8)(9)</sup>  
In this case, SRDP Protocol was adopted as a structured *Ayurvedic* approach for meniscal injury. The first 10 days focused on

Detoxification Therapy to eliminate *Ama* and balance *Vata Dosha*, using:

- *Snehana* with *Rhumo oil*, containing *Vata*-pacifying and anti-inflammatory herbs like, *Kottam* (*Saussuria Clarke*), *Chukku* (*Zingiber officinale*), *Devadaru* (*Cedrus deodara*), *Rasna* (*Pluchea lanceolata*), *Garlic* (*Allium sativum*), and *Shigru* (*Moringa oleifera*).<sup>[10-11]</sup>
- *Swedana* via *Pottali Sweda* using herbs like *Ambehaldi*, *Chitrak*, *Sunthi*, *Punarnava*, etc, effective in *Samavata* by liquefying and clearing toxins.<sup>[12]</sup>
- *Dhanyamla Dhara*, a fermented sour decoction, helps break down local *Ama*, improve circulation, and calm *Vata*.<sup>[12]</sup>
- *Edoflex Lepa*, applied externally, reduces swelling, inflammation, and pain through herbs like *Punarnava*, *Chitrak*, *Vekhand*, and *Trikatu*.
- *Jalaukavacharana* (~leech therapy) provided relief from inflammation and pain via bioactive compounds in leech saliva like hirudin and bdellins, and improved tissue oxygenation and drainage.<sup>[13-14]</sup>

Following detoxification, *Brubana Chikitsa* was given for 20 days to nourish and regenerate joint tissues:

*Snehan* and *Swedan* with *Teroflex* oil is a combination of *Bala* (*Sida cordifolia*) *Ashwagandha* (*Withania somnifera*), *Laksha* (*Laccifera lacca*), *Rasna* (*Pluchea lanceolata*), *Chandan* (*Santalum album*) and many more other drugs which helps in healing and strengthening of ligaments and *Teroflex Pottali*, containing *Bala*, *Ashwagandha*, *Yashtimadhu*, *Laksha*, and other herbs to promote joint healing, strength, and circulation.<sup>[15]</sup> Oil Dhara with *Murivenna oil*, rich in *Karanja*, *Kumari*, and *Tambula*, helped

pacify *Vata*, reduce stiffness, and improve mobility.<sup>[16]</sup>

Internal Medications:

First 10 days: Detoxification and for pain relief using *Trailokya Vijaya Vati*.<sup>[17]</sup>

Next 20 days: Tissue repair and *Rasayana* effect with:

*Syrup Teroflex* – anti-inflammatory, blood purifying<sup>[18]</sup>

*Tablet Teroflex* – contains *Lakshadi Guggulu*, *Tapyadi Loba*, *Ashwagandha* for *Vata*-pacification and ligament repair<sup>[18-19]</sup>

*Mahatikta Ghrta* – internal oleation to nourish *Asthi* and *Majja dhatus* and pacify *Vata-Pitta*<sup>[20]</sup>

*Uriflex granules* – containing *Sariva*, *Manjistha*, *Guduchi*, for blood purification, anti-inflammation, and tissue rejuvenation<sup>[21]</sup>

## CONCLUSION:

The SRDP Protocol demonstrated effective conservative management of a meniscal tear through Ayurvedic therapies. By balancing *Vata-Pitta*, detoxifying toxins, and promoting tissue regeneration with *Brubana* and *Rasayana*, the patient achieved functional recovery without surgery. This holistic approach offers a safe and sustainable alternative for managing meniscal injuries when surgery is not preferred

## Patient consent:

Authors certify that they have obtained a patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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