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Indian Neurotherapy-Mediated Reduction of Hyper C-Reactive Protein (CRP) in a Patient with Arthritis: A Case Study

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ABSTRACT:

C-Reactive Protein (CRP) is a sensitive biomarker of systemic inflammation and is commonly elevated in patients with inflammatory arthritis. Joint discomfort, oedema, stiffness and decreased mobility are mostly linked to elevated CRP levels. This case study assesses the clinical and biochemical alterations seen in a patient with hyper-CRP-associated arthritis after lifestyle adjustment and Indian neurotherapy. After a baseline C-Reactive Protein evaluation in month of March 2025, the patient underwent 280 Indian Neurotherapy (INT) sessions at a Neurotherapy and Wellness Center in Yamunanagar, Haryana over the course of around 15 months (April 2025-July 2026). Treatment regimens included incremental formula adjustments, and stimulation of the pancreas, gall bladder, liver, and Parkhoo—points that regulate inflammation and metabolism. Throughout the follow-up, serial serum CRP levels and clinical symptoms were tracked. The Participants completed 280 Indian Neurotherapy (INT) sessions around 15 months. During follow-up, CRP showed a consistent downward trend, decreasing from 12.65 mg/L (baseline) to 12.39 mg/L (June 2025), 8.74 mg/L (October 2025), 6.44 mg/L (April 2026), and 5.68 mg/L (July 2026). This represented an overall reduction of approximately 55.1% from baseline. This single-participant case study demonstrates that Indian Neurotherapy, when combined with dietary changes and regular walking, was associated with an overall reduction in serum C-Reactive Protein and improvement in the patient's clinical symptoms.

Keywords: *Indian Neurotherapy, Hyper-CRP, C-Reactive Protein, Arthritis, Inflammation, Lajpat Rai Mehra Neurotherapy.*

1. INTRODUCTION

C-Reactive Protein is an acute-phase protein synthesized by the liver in response to inflammation. Elevated CRP levels are generally associated with infections, autoimmune disease, tissue injury, and inflammatory disorders such as arthritis. However, in response to cellular injury, tissue trauma, or pathogenic invasion, pro-inflammatory cytokines, chiefly interleukin-6, trigger a rapid up-regulation of hepatic transcription. This causes serum concentrations to surge exponentially, a clinical state known as hyper-CRP.

Arthritis is a long-term inflammatory condition characterized by joint pain, stiffness, swelling, tenderness and progressive limitation of movement. In patients with active inflammatory arthritis, serum CRP levels are often elevated and tend to decrease when inflammation is effectively controlled. Therefore, serial CRP measurements are valuable for monitoring disease progression and evaluating therapeutic outcomes.

Indian Neurotherapy, developed by Dr. Lajpat Rai Mehra, is a non-pharmacological, non-invasive therapeutic system that operates through the application of pressure-point stimulation at specific, anatomically defined body points to regulate the physiological functions of target organs and glandular systems. Rooted in an integrated understanding of neurology, reflexology, and traditional Indian healing frameworks, Neurotherapy treatment accordingly targets metabolic pathways involved in folic acid and B12 utilization and tissue repair.

A small but growing body of peer-reviewed literature has begun documenting INT outcomes across conditions including low back pain, PCOS, hypothyroidism, beta-thalassemia intermedia, and neurological disorders (Jyoti et al., 2021; Parihar et al., 2022; Dutta & Dev, 2022; Dutta & Dev, 2024; Dutta & Dev, 2025). This present paper aims to address this gap by presenting a longitudinal case study of a 50-year-old male patient with Hyper-CRP-associated arthritis, managed through Indian Neurotherapy along with lifestyle modifications.

2. CASE PRESENTATION

2.1 Patient Demographics and Presentation

The patient (Patient A), a 50-year-old male, presented to the Neurotherapy and Wellness Centre, Yamunanagar, in April 2025 with complaints of severe pain, marked swelling of the toes, difficulty in walking, and inability to stand comfortably for prolonged periods.

Baseline serum C-Reactive Protein (CRP), assessed on 6 March 2025 through a referring physician prior to the patient's presentation to the Neurotherapy and Wellness Centre, was elevated at 12.65 mg/L, indicating active systemic inflammation. The patient provided written testimony confirming the sequence of diagnosis, treatment initiation, and outcomes. The patient's written informed consent for documentation and academic use was obtained via the LMNTRTI Patient Consent Form, co-signed by the treating patient, the therapist, and the patient's wife as witness.

2.2 Baseline Clinical and Laboratory Assessment

The patient's baseline clinical assessment was performed at presentation to the Neurotherapy and Wellness Centre in April 2025; baseline laboratory investigation, obtained shortly before on 6 March 2025 via a referring physician, had revealed an elevated serum C-Reactive Protein (CRP) level of 12.65 mg/L, indicating active systemic inflammation. The patient, a 50-year-old male, presented with severe pain and marked swelling in the toes of both feet. Based on this clinical presentation and the elevated CRP, a working diagnosis of Hyper-CRP-associated arthritis was made; however, confirmatory investigations to differentiate from other causes of toe swelling and elevated inflammatory markers in this age group — such as serum uric acid, rheumatoid factor (RF), and radiographic imaging — were not performed, and gout or rheumatoid arthritis cannot be formally excluded on the available data (see Limitations, Section 5.4).

Table 1. Baseline and Follow-up Serum CRP Values

Date	CRP (mg/L)	% Change from Baseline	Follow-up Stage
06-03-2025	12.65	Baseline	Baseline assessment
02-06-2025	12.39	↓ 2.1%	1st follow-up (~70 sessions)
10-10-2025	8.74	↓ 30.9%	2nd follow-up (~140 sessions)
07-04-2026	6.44	↓ 49.1%	3rd follow-up (~210 sessions)
15-07-2026	5.68	↓ 55.1%	Final follow-up (280 sessions)

(Original laboratory reports attached as supplementary material.)

3. TREATMENT PROTOCOL

All treatments were delivered at the Neurotherapy and Wellness Centre, Yamunanagar. The physiological rationale and mechanism descriptions listed for each point reflect the internal theoretical framework of Indian Neurotherapy as described by its developer (Mehra, n.d.); they represent the system's traditional practice-based rationale and have not been independently validated in peer-reviewed physiological research. Abbreviations: INT = Indian Neurotherapy; LMNT = Lajpat Rai Mehra Neurotherapy; Pan = Pancreas; Gal = Gall Bladder; Liv = Liver; MU = Descending Colon Reflex Zone; Gas = Gastric Absorption Point; Parkhoo = Reproductive Metabolic Reflex Zone; Rt/Lt = Right/Left; ADR = Adrenal; TF = Toes/Fingers; KU = Kundali; ONS = Old Nabhi Set; NNS = New Nabhi Set; Ov = Ovaries; Ch. only = Chest only point.

Table 2. Treatment Formulas Applied During the INT Protocol

LMNT Treatment Name	Session Duration & Frequency	Physiological Focus	Application Details	Targeted Effects / Rationale
Inflammation Treatment Formula	Daily; 3–5 mins/session throughout all sessions	Proposed (per INT theory) to act on prostaglandins via the adrenal gland to help regulate cortisol output	(30) Medulla; (6) ADR × 3 (Outer)	Per INT theory, proposed to stimulate the adrenal cortex, intended within the system to help offset medication side-effects and support inflammation reduction (Mehra, n.d.); not independently validated
Neutral Treatment Formula	Daily; 5–8 mins/session throughout all sets	Bile secretion and nutrient absorption	(1) Pt-Gal; (1) Pt-Liv; (1) Pt-MU × 6	Balances the whole system and neutralises chemicals; helps in treating medicine side-effects
A-Heparin Type Formula (PAN/Liv/Ch. only/Acid/ADR)	Thrice weekly; 5–7 mins/session	Within INT theory, proposed to check further clot formation and support resolution of existing clots (not independently validated)	(8) PAN; (7) Liv; (8) Ch. only; (3) Acid; (4) Ch. only; (6) ADR	Provides immediate relief from pain at the MU point; reduces acidosis and dissolves clots (Mehra, n.d.)
Liver (Liv) – P.T. Treatment	Daily; 3–5 mins/session throughout all sets	Hepatic detoxification and metabolic support	P.T. Liv × 6 treatment	Enhances hepatic detoxification and protein metabolism for tissue repair; supports anabolic and detoxification functions (Mehra, n.d.)
Large Folic Black Treatment Formula (Mild)	Thrice weekly; 8–10 mins/session	Folic acid and vitamin B12 metabolism	(1) Gas only-6Pt; (1) Gas I-6Pt; (2) Rt-ov; (8) Rt-Parkhoo; (1) Gal; (4) Liv; (8) Left Parkhoo	Stimulates Parkhoo point absorption of folate; left-Parkhoo metabolic activation to help remove melanin from the body (Mehra, n.d.; Dutta & Dev)
New Star Modified	Daily; 5–7 mins/session	Activation of the pineal gland (KU)	(3) ONS; (6) TF; (3) NNS; (6) Gal; (6) WD; 1½ KU	Within INT theory, proposed to influence pineal gland activity and

Treatment Formula	throughout all sets		(40 sec); (20) round arrow	body chemistry, intended to benefit arthritis patients through pain reduction (Mehra, n.d.); mechanism not independently validated
Normal (N) Treatment – Full Abdominal Protocol	Daily; 8–10 mins/session, continuous throughout all sessions	Digestive–metabolic axis optimisation and whole-system balance	PAN (Pancreas) + GAL (Gall Bladder) + Liv (Liver) + MU (lower colon)	Serves as the foundational protocol in all INT interventions; stimulates all major digestive organs and improves bowel function (Mehra, n.d.)

4. RESULTS AND CLINICAL TRAJECTORY

4.1 Progressive Reduction in Serum CRP and Clinical Recovery

The patient's progressive clinical trajectory can be characterized by parallel improvement across both laboratory findings and clinical/functional status over serial follow-up assessments (March 2025 – July 2026).

Phase 1 (Baseline Assessment – March 2025) - At presentation, the patient, a 50-year-old male, complained of severe pain and swelling of the toes. Before, the serum CRP level was 12.65 mg/L, indicating active systemic inflammation associated with arthritis.

Phase 2 (Early Clinical Response - June to October 2025) - During the 1st follow-up visit (2 June 2025), the CRP level had decreased slightly to 12.39 mg/L. Continued INT and lifestyle modification resulted in further clinical recovery. At the 2nd follow-up (10 October 2025), the CRP level had declined to 8.74 mg/L, representing an approximately 30.9% reduction from baseline.

Phase 3 (Sustained Recovery - April to July 2026) - At the 3rd follow-up (7 April 2026), the serum CRP level had decreased further to 6.44 mg/L, a 49.1% reduction compared with baseline. At the final follow-up (15 July 2026), after 280 sessions, the CRP level had declined to 5.68 mg/L - an overall reduction of approximately 55.1% from baseline. Clinically, swelling of the toes had markedly subsided, pain was minimal, and the patient was able to walk independently and stand comfortably for longer durations.

4.2 Functional Improvement and Quality of Life

Throughout the course of treatment, the patient's serum CRP levels decreased and their functional improvement continued. Pain and swelling progressively made it simpler to carry out daily activities that had previously been limited. During follow-up, the combination of INT, dietary changes and regular walking was linked to progressive clinical improvement and improved overall quality of life (QOL).

5. DISCUSSION

5.1 Spontaneous vs. Therapy-Associated Improvement

A critical question in interpreting this case is whether the observed reduction in C-Reactive Protein and improvement in arthritis related symptoms occurred spontaneously or in association with the Neurotherapy Intervention. The patient had persistent inflammatory symptoms, including severe pain, swelling of the toes, and difficulty in walking, before the initiation of treatment, these symptoms had continued until Neurotherapy was started. It should be noted, however, that dietary changes and regular walking were introduced concurrently with INT rather than sequentially. Both of these lifestyle factors are independently associated with reductions in CRP and inflammatory symptoms and their contribution cannot be separated from that of Neurotherapy within the design of a single, uncontrolled case study. The improvement described here should therefore be understood as associated with the combined intervention as a whole, not attributable to Indian Neurotherapy in isolation.

Over 280 sessions of regular Indian Neurotherapy treatment (INT) combined with dietary modification, the patient's CRP level decreased from 12.65 mg/L to 5.68 mg/L, representing an approximately 55.1% reduction. Pain, oedema, mobility, and general functional capacity all showed clinically significant improvements at the same time.

5.2 Theoretical Foundation: Neurotherapy and Possible Inflammatory Reduction Mechanisms

The foundation of Indian neurotherapy is the idea that stimulation of particular body sites may aid in improving circulation, restoring physiological balance, and promoting the regular operation of the neurological and endocrine systems. The reduction in serum CRP from 12.65 mg/L to 5.68 mg/L, together with improvement in pain, swelling, walking ability, and overall functional status, is consistent with this proposed anti-inflammatory mechanism. It should be emphasized that the specific point-to-organ correlations described in the INT treatment protocol (Section 3), such as effects attributed to individual points on adrenal or pineal gland activity, reflect the internal theoretical rationale of the INT system as described by its developer (Mehra, n.d.) and have not been independently validated through peer-reviewed physiological or biochemical research. These mechanistic descriptions should therefore be read as a traditional practice-based rationale rather than an established scientific explanation for the clinical and laboratory changes observed.

5.3 Comparison with Published INT Case Reports

A growing case-series literature supports the capacity of INT to achieve clinically meaningful outcomes in conditions considered refractory. Dutta and Dev (2025) documented haemoglobin improvement and transfusion independence in a case of beta-thalassemia intermedia following INT — a condition similarly characterized by a chronic pathological tissue state requiring ongoing cellular repair. Dutta and Dev (2024) reported normalization of thyroid function in subclinical hypothyroidism. Dev and Dutta (2022) documented hormonal and menstrual-cycle normalization in PCOS. These reports collectively suggest that INT may exert systemic metabolic and endocrine effects that extend beyond local reflex-point action.

5.4 Limitations

Although this case study demonstrated a clinically significant reduction in CRP levels and marked improvement in the patient's symptoms following approximately 15 months of Indian Neurotherapy, certain limitations should be acknowledged. This report is based on a single patient, and no control or comparator arm was available. The working diagnosis of Hyper-CRP-associated arthritis was based on clinical presentation and CRP elevation alone; confirmatory investigations such as serum uric acid, rheumatoid factor, and radiographic imaging were not performed, so gout and rheumatoid arthritis cannot be formally excluded as contributing or alternative diagnoses. Because dietary modification and regular walking were introduced concurrently with INT, the independent contribution of Indian Neurotherapy to the observed reduction in CRP and symptom improvement cannot be isolated from this case alone, and the findings should be interpreted as an association rather than a demonstrated causal effect. The intensity of the protocol - 280 sessions over approximately 15 months, requiring frequent clinic attendance - also represents a substantial time and logistical commitment that may limit feasibility and generalizability for many patients in routine practice. The treatment records, while detailed, represent practitioner-recorded clinical notes rather than prospectively collected, standardized research data.

6. FIGURES

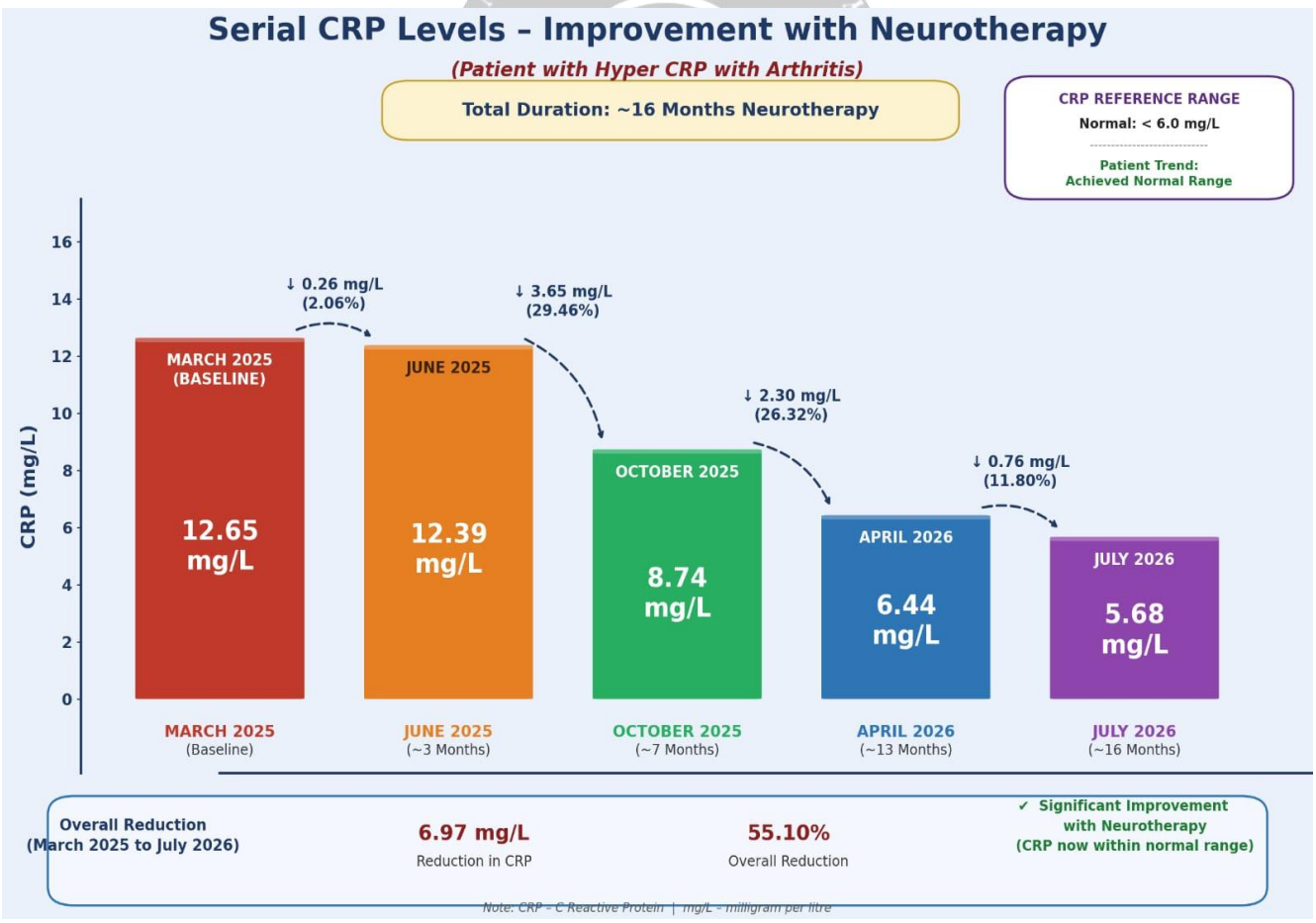


Figure 1*. Serial CRP levels showing a consistent downward trend across five assessments (14 March 2025 to 15 July 2026), from a baseline of 12.65 mg/L to 5.68 mg/L, representing an overall reduction of 6.97 mg/L (55.09%) over approximately 15 months of Indian Neurotherapy treatment (280 sessions), following a baseline CRP assessment in March 2025.*

Table 1: Serial Laboratory Findings at Follow-up Assessments

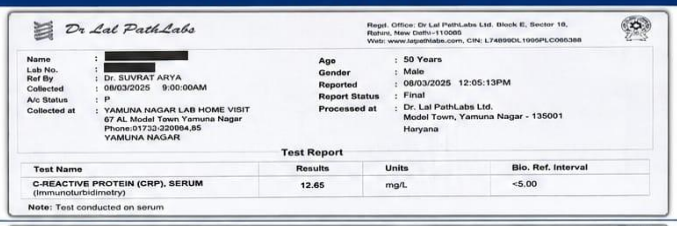
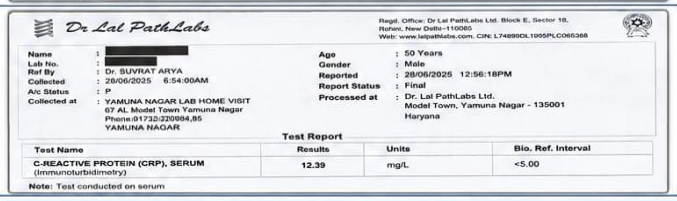
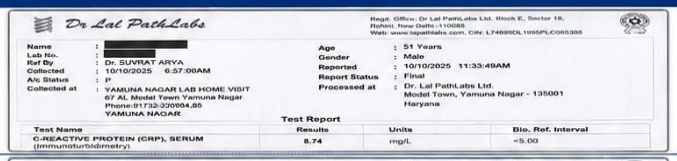
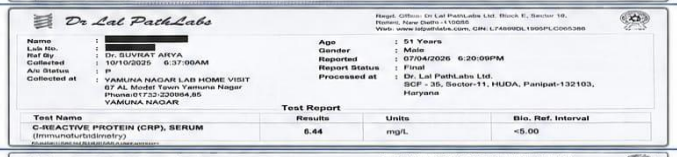
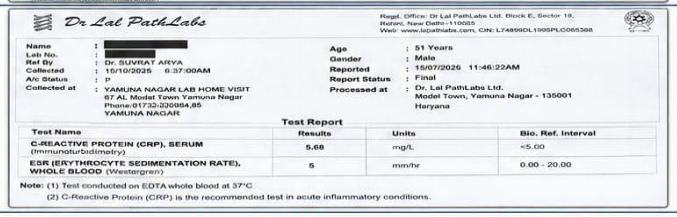
Echo No./ Date / Sessions	Laboratory Findings	Detailed Clinical Assessment	Original Laboratory Report (Masked)
1st (Baseline) 08 March 2025 0 Sessions	CRP: 12.65 mg/L (High)	**Detailed Findings:** • Elevated serum CRP indicating active systemic inflammation. • Arthritis with severe joint pain, swelling and morning stiffness. • Difficulty in walking and daily activities. **Impression:** Baseline active inflammatory arthritis before Neurotherapy.	
2nd Follow-up 28 June 2025 ≈70 Sessions	CRP: 12.39 mg/L	**Detailed Findings:** • Slight reduction in CRP level. • Mild reduction in pain and stiffness. • Initial improvement in mobility. **Impression:** Early favourable response to Neurotherapy.	
Echo No./ Date / Sessions	**Laboratory Findings**	**Detailed Clinical Assessment**	**Original Laboratory Report (Masked)**
3rd Follow-up 10 October 2025 ≈140 Sessions	CRP: 8.74 mg/L	**Detailed Findings:** • Marked reduction in inflammatory activity. • Reduced joint swelling and tenderness. • Improved walking ability and physical function. **Impression:** Significant clinical improvement.	
4th Follow-up 07 April 2026 ≈210 Sessions	CRP: 6.44 mg/L	**Detailed Findings:** • Continued decline in CRP level. • Considerable reduction in pain and morning stiffness. • Better functional mobility. **Impression:** Sustained therapeutic improvement.	
5th (Final) 15 July 2026 280 Sessions	CRP: 5.68 mg/L (Improving) ESR: 5 mm/hr (Normal)	**Detailed Findings:** • CRP reduced close to normal range. • ESR within normal range. • Minined pain and swelling. • Independent walking and improved quality of life. **Impression:** Excellent clinical outcome with sustained reduction in inflammatory markers after 280 Neurotherapy sessions.	

Figure 2. *Serial laboratory findings at follow-up assessments, with corresponding original (masked) laboratory reports from Dr. Lal PathLabs confirming serum CRP values at baseline and each of the four follow-up visits, and ESR at the final assessment.*

7. CONCLUSION

This case study shows that, over the course of a roughly 15-month treatment period, INT was linked to a significant improvement in the patient's clinical condition and a significant decrease in C-Reactive Protein (CRP) levels when combined with appropriate dietary modification and regular physical activity. The patient's quality of life was improved as a result of reduced joint pain and swelling, increased mobility, and improved total functional capability in addition to the decrease in inflammatory markers. The patient also experienced improvement in overall clinical status and metabolic control.

According to the results, INT might be a useful supplementary strategy for treating long-term inflammatory diseases linked to high CRP. Larger sample sizes and well-designed prospective trials are required to confirm the efficacy and repeatability of this therapy strategy.

8. PATIENT CONSENT STATEMENT

On 20th July, 2026, the patient and his spouse given us written informed consent using the LMNTRTI Patient Consent Form for Case Studies/Assignments for the documentation, analysis, and scholarly publication of treatment records and CRP data. The permission form attests to the participants'

voluntary involvement, their ability to withdraw, and their consent to the anonymised use of case data for academic and research purpose.

8.1 CARE Checklist Compliance

The CARE (CAse REport) rules for reporting case reports (https://www.care-statement.org) have been followed in the preparation of this case report. The following items were covered by the CARE checklist: (1) patient demographics; (2) chief complaint and clinical findings; (3) medical, family, and psychosocial history; (4) diagnostic assessment with Hyper-CRP timeline; (5) therapeutic interventions with protocol details; (6) discussion, including strengths, limitations, and conclusions; and (7) patient consent statement. The accompanying author can provide a completed CARE checklist upon request.

8.2 Ethics and IRB Statement

This is a retrospective, single-case observational report based on existing clinical treatment records and voluntarily provided patient documentation. In accordance with the Indian Council of Medical Research (ICMR) National Ethical Guidelines for Biomedical and Health Research Involving Human Participants (2017), retrospective single-case reports based on routine clinical data with patient consent do not require formal Institutional Review Board or Ethics Committee approval. No experimental intervention was conducted for research purposes; all treatment was delivered as standard Indian Neurotherapy clinical practice. The authors declare that ethical principles of confidentiality, voluntary participation, and informed consent have been upheld throughout.

9. DECLARATION OF INTERESTS

The authors declare no financial conflicts of interest. The student author is enrolled in the M.Voc programme in Yogic Science & Neurotherapy at a recognized university, and this case study was conducted as a part of academic requirements.

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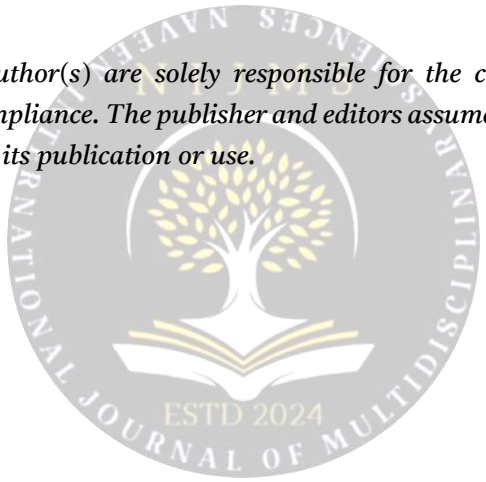
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