

CLINICAL MANAGEMENT OF VATAPRAKOPA-JANYA GRIDHRASI (SCIATICA) VIA TARGETED SIRAVEDH (VENEPUNCTURE) AND SUPPORTIVE ORAL COMPLEMENTARY FORMULATIONS: A CARE-COMPLIANT CASE REPORT

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1. ABSTRACT

Background: *Gridhrasi* is a major musculoskeletal disorder categorized under the eighty *Nanatmaja Vatavyadhis* in Ayurveda. It closely resembles the modern clinical entity of Sciatica, typically caused by lumbar intervertebral disc herniation, canal stenosis, or nerve root compression, affecting approximately 40% of the global population at some point during their lives. The hallmark presentation involves severe pain radiating from the lumbar region through the gluteal area down to the foot (*Ruk*), accompanied by stiffness (*Stambha*), pricking sensations (*Toda*), and a distinct "vulture-like" gait (*Sakthinikshepanigraha*). While modern medicine relies heavily on Non-Steroidal Anti-inflammatory Drugs (NSAIDs) and invasive decompressive surgeries, this case study explores the rapid efficacy of *Siravedh* (venepuncture), considered by Acharya Sushruta to be the *Ardha-Chikitsa* (half-treatment) of *Shalya Tantra*, coupled with supportive conservative oral

treatments. **Case Presentation:** A 33-year-old female housewife presented with a two-year history of excruciating, radiating pain in her left lower extremity, combined with persistent lower back stiffness and difficulty walking, rendering her refractory to standard analgesics. Clinical checks confirmed a positive Straight Leg Raising (SLR) test at 45° on the left side, along with localized nerve tenderness. She was treated using an integrated intervention map consisting of localized *Siravedh* (venepuncture) performed at the *Janu Sandhi* across three therapeutic sittings spaced 14 days apart, accompanied by continuous oral administration of *Yogaraja Guggulu*, *Rasnadi Guggulu*, and *Maharasnadi Kashaya*. **Results:** The patient achieved an immediate post-procedural reduction in pain and muscle guarding. By Day 45, her Visual Analogue Scale (VAS) pain score dropped from 8/10 to 1/10, and her left-sided SLR mobility improved back to 85°. Functional walking parameters and body alignment returned to normal without any adverse operational incidents. A 12-month post-treatment follow-up documented complete relief with zero symptom recurrence. **Conclusion:** This case study highlights *Siravedh* combined with targeted oral *Vata-hara* drugs as a highly effective, cost-efficient, fast-acting, and safe ambulatory protocol for managing long-standing, refractory *Gridhrasi*.

KEYWORDS: Gridhrasi, Sciatica, Siravedh, Raktmokshan, Anushastra Karma, Case Report, CARE Guidelines.

2. INTRODUCTION: Within the comprehensive framework of Ayurveda, *Gridhrasi* is recognized as a major degenerative and neuralgic disorder classified under the *Nanatmaja Vatavyadhis*.^[1] The etymological definition derived from the word "*Gridhra*" (vulture) relates directly to the patient's characteristic limping gait, which mimics the steps of a vulture due to the radiating discomfort through the lower limb. The foundational text *Charaka Samhita* details the pathognomonic clinical features:

स्फिक्पूर्वा कटिपृष्ठोरुजानुजंघापदं क्रमात्। गृध्रसी स्तम्भरुक्तोदैर्गृह्णाति स्पन्दनैर्मुहुः॥ (च.चि. २८/५६) [1]

This classical verse describes a condition where agonizing pain (*Ruk*), rigid stiffness (*Stambha*), pricking sensations (*Toda*), and localized twitching (*Spandana*) originate in the *Kati* (lumbar region) and track downwards sequentially through the *Sphik* (gluteal region), *Prustha* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot).^[1] Acharya Sushruta further explained that when the localized *Kandaras* (tendons/ligaments) of the lumbar region and lower extremities become restricted by aggravated *Vata*, their functional movement drops

significantly, severely limiting the range of motion of the legs.^[2] In modern medical science, this condition corresponds directly to Sciatica, an inflammation or irritation of the sciatic nerve (L4 to S3 nerve roots), frequently caused by a herniated or bulging lumbar intervertebral disc.^[4] The clinical challenge in conventional orthopedics revolves around managing this pain; oral analgesics offer only temporary relief, and long-term NSAID usage carries risks of gastrointestinal bleeding, while surgical decompression remains costly and invasive.^[4,5] Ayurveda addresses this pathological issue through *Siravedh* (therapeutic venepuncture), a premier submodality of *Raktmokshan* (bloodletting).^[8,9] Acharya Sushruta placed supreme clinical value on this procedure, declaring it *Ardha-Chikitsa* (half of all surgical therapies) within *Shalya Tantra*, comparable to the importance of *Basti* in general internal medicine.^[8] When localized *Vata Dosha* undergoes *Margavarodha* (channel obstruction) due to stagnant *Rakta* or *Kapha*, oral medications can struggle to penetrate the affected tissues.^[3] Localized *Siravedh* acts as a direct physical decompression technique, clearing the vascular and neurological channels to restore healthy systemic circulation and balance localized *Vata* movement.^[8]

3. ETIOPATHOGENESIS (NIDANA PANCHAKA): According to the teachings of ancient texts, the pathogenesis is directly driven by *Vata-prakopa* or *Vata-Kapha* factors affecting the *Kandaras* of the lower limb.^[2,3] In the classical description.

- **Vataj Gridhrasi:** Characterised by pure neurological tracking where pain, twitching (*Spandana*), and piercing sensations extend from the lumbar zone downwards.^[3]
- **Vata-Kaphaj Gridhrasi:** Presents with associated heavy torpor (*Gaurav*), salivation, and severe stiffness driven by *Kapha* obstructing the *Vyana Vayu* pathways.^[3]

4. CASE HISTORY

4.1 Patient Information and Initial Presentation: A 33-year-old female housewife presented to the outpatient department of Shalya Tantra (OPD No. 05) at the VYDS Ayurved Mahavidyalaya Hospital, Khurja. She reported sharp, radiating pain in her left lower extremity extending from the hip down to the foot, accompanied by severe lower back stiffness and a persistent pricking sensation that had troubled her for the past two years.

4.2 History of Present Illness: As a housewife, the patient's daily routine required long periods of standing, bending, and lifting heavy kitchen containers. Two years prior, she experienced an insidious onset of mild lower back discomfort after lifting a water container.

Over the following months, the pain intensified, developing into a sharp, radiating ache that travelled down the posterior aspect of her left thigh and calf into her great toe. She experienced severe morning stiffness (*Stambha*) and found it difficult to walk more than 50 meters continuously without needing to rest. She had tried multiple modern analgesic courses and underwent physical therapy sessions at local clinics,^[7] obtaining only brief, symptomatic relief, with her symptoms returning upon stopping the medications.

4.3 Past, Family, and Personal History

- **Past History:** No history of major traumatic accidents, spine surgeries, or chronic metabolic diagnoses such as diabetes or systemic hypertension.
- **Family History:** Non-contributory regarding degenerative disc disease or spinal deformities.
- **Personal History:** Follows a regular vegetarian diet, presents with normal appetite, experiences chronic mild constipation (*Vataja* tendency), and reports disrupted sleep patterns due to pain during lateral positioning.

5. CLINICAL AND DIAGNOSTIC ASSESSMENT

5.1 Physical and Systemic Examination: General examination revealed an alert female patient walking with a noticeable limp, favouring her right side to minimize weight-bearing on the left leg (*Sakthinikshepanigraha*). Her vitals were completely stable: Pulse Rate: 78 bpm, Blood Pressure: 118/76 mmHg, and Respiratory Rate: 16 breaths/min. Systemic evaluations of her abdomen, heart, and lungs showed no abnormalities.

4.2 Detailed Neurological and Orthopaedic Examination

- **Inspection:** Mild compensatory postural tilt toward the right side. No visible muscle atrophy or skin changes in the left lower limb.
- **Palpation:** Severe tenderness was localized over the left *Sphik* region (sciatic notch) and along the course of the sciatic nerve behind the thigh.^[6]
- **Specialised Orthopaedic Tests**
 - **Straight Leg Raising (SLR) Test (Left Leg):** Positive at 45°, causing intense radiating pain along the hamstring and calf muscles.^[7]
 - **SLR Test (Right Leg):** Negative (90°).
 - **Bragard's Sign (Left Leg):** Positive (sharp increase in pain upon ankle dorsiflexion at 40° SLR).

- **Reflexes:** Left ankle jerk was mildly sluggish compared to the right side; knee jerks were bilaterally normal.^[6]

4.3 Laboratory and Imaging Review

- **Haematology:** Haemoglobin: 12.4 gm/dl, TLC: 7,200/cumm, ESR: 18 mm/hr. Biochemical profiles, including blood sugar levels and renal parameters, were within normal limits.
- **Magnetic Resonance Imaging (MRI) of the Lumbar Spine:** Revealed a postero-central and left paracentral disc herniation at the L4-L5 level, causing compression of the transiting left L5 nerve root and narrowing the lateral recess.^[4]

6. THERAPEUTIC INTERVENTION: The patient was treated with an integrated clinical protocol combining localized para-surgical bloodletting (*Siravedh*) with a continuous course of oral *Vatahara* and *Balya* formulations.

6.1 Siravedh Procedure Protocol (Venepuncture): Following the surgical guidelines laid out by Acharya Sushruta in the *Sharira Sthana*, the procedure was timed across 3 sittings spaced 14 days apart (Day 1, Day 15, and Day 29).^[8]

1. Pre-procedural Measures: Executed on Day 1, 15, and 29.

The patient was given a light meal, and the left lower extremity was massaged gently with *Prasarini Taila*, followed by mild steam application (*Nadi Sweda*). A soft tourniquet was applied four *Angulas* above the knee joint (*Janu Sandhi*) to distend the superficial veins.^[8] The puncture site, located 4 *Angulas* below the joint crease near the *Jangha* area, was cleansed with an antiseptic solution.^[8]

2. Pradhan Karma (The Venepuncture): Samyak Viddha phase.

Under strict aseptic conditions, the engorged superficial vein was punctured using a sterile 18G scalp-vein needle. Dark, uncoagulated blood was allowed to flow out naturally in a steady stream. The flow stopped on its own after about 40 ml of blood was removed, matching the classical *Samyak Viddha* signs of a proper procedure.

3. Paschat Karma (Post-procedure): Wound safety protocol.

The needle was removed, and direct compression was applied to the site using sterile cotton gauze for 5 minutes. The area was bandaged, and the patient was advised to rest in a supine position for half an hour and keep the site dry for 24 hours.

6.2 Systemic Oral Medication Protocol (Duration: 45 Days Continuous): To support the para-surgical procedure, lower systemic inflammation, and nourish the compressed nerve roots, the following oral formulations were prescribed

1. Maharasnadi Kashaya: 20 ml mixed with 20 ml of lukewarm water, taken twice daily 30 minutes before meals. (Acts as a systemic anti-inflammatory that helps clear channel blockages and reduce *Vata* symptoms).

2. Yogaraja Guggulu: 2 tablets (500 mg each) twice daily after meals with warm water. (A traditional formula used to balance *Vata* in joints and nerves, helping to relieve stiffness and deep-seated pain).

3. Rasnadi Guggulu: 1 tablet (500 mg) twice daily after meals with warm water. (Provides complementary anti-inflammatory effects that target sciatic nerve irritation and swelling).

4. Ashwagandha Churna: 3 grams taken at bedtime with a glass of warm milk. (Serves as a nerve tonic and rejuvenator, helping to strengthen the surrounding muscles and ligaments).

7. RESULTS AND CLINICAL TIMELINE: The patient's clinical progress was assessed at baseline (Day 0), mid-treatment (Day 15), and upon completion of the treatment course (Day 45). Subjective pain was monitored using a 10-point Visual Analogue Scale (VAS), and objective lower limb mobility was evaluated via the Straight Leg Raising (SLR) test.

Objective Progression Matrix

Clinical Parameter	Baseline (Day 0)	Mid-Treatment (Day 15)	Post-Treatment (Day 45)
Pain Score (VAS 0–10)	8/10 (Severe radiating)	4/10 (Dull, localized)	1/10 (Minimal/Absent)
Left Leg SLR Test	45° (Positive)	65° (Mild strain)	85° (Negative)
Morning Stiffness (Stambha)	Present (> 60 mins)	Intermittent (< 15 mins)	Completely Absent
Walking Gait Profile	Severe antalgic limp	Minor mechanical tilt	Restored to normal
Pricking Sensation (Toda)	Severe in the foot	Minimal in the ankle	Completely Absent

The patient experienced a notable reduction in the intense, shooting pain immediately after her first *Siravedh* sitting. By Day 45, her morning stiffness had resolved completely, her walking gait returned to normal, and she could resume her household activities without functional limitations. No secondary infections, bruising, or adverse events were reported at

the puncture sites. At her 12-month post-procedural follow-up, she maintained a normal range of motion with zero recurrence of sciatic symptoms.

8. DISCUSSION

The rapid clinical recovery observed in this case demonstrates the value of combining localized para-surgical interventions with systemic oral medications to manage long-standing *Gridhrasi*. Within Ayurvedic pathogenesis, chronic nerve irritation is understood as a form of *Margavarodha*, where the natural flow of *Vyana Vayu* becomes obstructed by stagnant *Rakta* or accumulated *Kapha* within the deeper tissue layers.^[3] *Siravedh* works effectively by serving as a localized decompression mechanism. Puncturing the distended superficial vein helps release pooled blood, lowering internal pressure within the local vascular and neural channels (*Sira*).^[8] This directly addresses the underlying channel blockages, allowing *Vata* to resume its normal physiological movement (*Anulomana*).^[8] From a modern clinical perspective, removing small amounts of local blood can help draw out accumulated inflammatory mediators, such as prostaglandins, bradykinins, and cytokines, which irritate the sciatic nerve root.^[6,7] This reduction in localized tissue swelling helps relieve pressure on the nerve, explaining the rapid drop in pain scores and the quick improvement in leg mobility post-procedure.^[7] The supportive oral medications help maintain these benefits over the long term. *Maharasnadi Kashaya* and *Yogaraja Guggulu* deliver systemic anti-inflammatory actions that help soothe nerve roots, while *Ashwagandha Churna* provides deep tissue nourishment, strengthening the surrounding ligaments and supporting the lumbar spine against future disc vulnerabilities.

9. CONCLUSION

This case report demonstrates that localized *Siravedh*, supported by targeted oral *Vatahara* medicines, provides a safe, rapid, and highly cost-effective ambulatory option for managing chronic, refractory *Gridhrasi* (Sciatica). By helping relieve local tissue pressure and reducing nerve root irritation, this integrated protocol offers immediate pain relief and restores full walking mobility, presenting a reliable alternative to long-term analgesic dependency or invasive spinal surgery.

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