

## A COMPREHENSIVE REVIEW OF MANAGEMENT VATA-KAPHAJA GRIDHRASI WITH SPECIAL EMPHASIS ON RAKTAMOKSHANA (SIRAVYADHA)

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### ABSTRACT

Gridhrasi, classified under *Nanatmaja Vata Vyadhi* in Ayurveda, presents with characteristic symptoms such as Ruk (pain), Toda (pricking sensation), Stambha (stiffness), and radiating pain from the hip to the lower limb. In the Vata-Kaphaja variant, additional features like Gaurava (heaviness) and Tandra (drowsiness) indicate the involvement of Kapha dosha, making the condition more chronic and resistant to treatment. Contemporary parallels can be drawn with *sciatica*, often caused by nerve compression or inflammation. Among the various treatment modalities mentioned in Ayurvedic classics, *Raktamokshana*, specifically *Siravyadha* (venesection), is highlighted as a Shodhana (purificatory) procedure useful in diseases involving vitiated Rakta and Vata. *Siravyadha* acts by relieving venous stasis, reducing inflammation, and improving circulation, thereby alleviating pressure on the sciatic nerve.<sup>[2,8]</sup> This review compiles evidence from classical Ayurvedic texts and modern clinical studies to assess the role and efficacy of *Raktamokshana*, especially *Siravyadha*, in the management of Vata-Kaphaja Gridhrasi. The integrated approach combining Shamana (palliative) and Shodhana therapies is also

discussed to offer a holistic management strategy.

**KEYWORDS:** Vata-Kaphaja Gridhrasi, Raktamokshana, Siravyadha, Sciatica, Vata Vyadhi, Ayurvedic Neurology, Bloodletting Therapy, Integrative Management.

## INTRODUCTION

Gridhrasi is described as a Nanatmaja Vata Vyadhi in Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya<sup>[1,2,3]</sup> diseases that arise due to the sole vitiation of Vata dosha. The term “Gridhrasi” is derived from the resemblance of the patient's gait to that of a vulture (*Gridhra*), due to severe pain and stiffness in the lower limb. Classical symptoms include radiating pain (*Ruk*), stiffness (*Stambha*), pricking sensation (*Toda*), and restricted movement, predominantly affecting the *Sphik* (hip), *Kati* (waist), *Prushtha* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot).<sup>[1-3]</sup>

According to Ayurvedic literature, Gridhrasi is of two types based on doshic predominance: Vataja and Vata-Kaphaja.

- In *Vataja Gridhrasi*, the symptoms are primarily due to the aggravated Vata dosha and include severe pain, dryness, tremors, and difficulty in walking.
- In *Vata-Kaphaja Gridhrasi*, alongside Vata symptoms, there are additional features such as *Gaurava* (heaviness), *Tandra* (drowsiness), *Arochaka* (anorexia)<sup>[3]</sup> and *Manda Ruja* (dull pain), indicating the involvement of Kapha dosha.

In clinical practice, Vata-Kaphaja Gridhrasi is more commonly observed and tends to be more chronic and resistant to routine treatments. This subtype often affects middle-aged individuals engaged in sedentary occupations or those exposed to long-term improper posture, stress, or obesity. Sciatica is considered a modern parallel of Gridhrasi due to similar pathophysiology and presentation<sup>[5,19]</sup>, which is reported to have a lifetime incidence rate of 13% to 40% globally, and it significantly impacts quality of life and functional ability. The prevalence of sciatica-type pain in India is increasing, especially in urban and semi-urban populations.

Ayurveda recommends a range of treatments for Gridhrasi, including *Snehana*, *Swedana*, *Basti*, and *Raktamokshana*. Siravyadha is highlighted in Sushruta Samhita as a primary Raktamokshana procedure for Vata-Rakta conditions.<sup>[2,16]</sup> Siravyadha is indicated in various conditions involving blood stagnation, nerve compression, and inflammation. It helps relieve pressure in the affected region, improves circulation, and reduces symptoms such as pain and stiffness.

Despite its frequent classical mention and promising outcomes in practice, Siravyadha remains underexplored in modern research, with limited clinical trials or standardized protocols available. There is a growing need to bridge the gap between classical Ayurvedic wisdom and contemporary clinical evidence. This article aims to provide a comprehensive review of the management of Vata-Kaphaja Gridhrasi with special emphasis on Raktamokshana (Siravyadha), supported by classical references and available research data, to establish its clinical relevance and therapeutic potential in integrative management.

## Review of Classical Literature

### Gridhrasi in Classical Texts

*Gridhrasi* is described as a *Nanatmaja Vata Vyadhi* in *Charaka Samhita* (*Chikitsa* 28), *Sushruta Samhita* (*Chikitsa* 8), and *Ashtanga Hridaya* (*Uttara* 26). It is marked by radiating pain from *Sphik* to *Pada*, *Stambha* (stiffness), *Toda* (pricking pain), and vulture-like gait. Sushruta classifies it into *Vataja* and *Vata-Kaphaja* types. The *Vata-Kaphaja* variant shows *Gaurava* (heaviness), *Tandra* (drowsiness), and *Manda Ruja* (dull pain), indicating Kapha association.<sup>[3]</sup>

Clinically, *Vata-Kaphaja Gridhrasi* is more chronic and frequently observed in sedentary individuals. It closely resembles sciatica, whose global lifetime incidence is 13–40%.

### Nidana Panchaka

- **Nidana:** *Ruksha*, *Sheeta*, *Guru Ahara*, *Ati Vyayama*, *Dukha Shayana*, *Abhighata*
- **Purvarupa:** *Janu-Manda Vedana*, *Sphik-Stambha*, *Gaurava*, *Anga Suptata*
- **Rupa:** *Sphik-prabhriti Ruk*, *Stambha*, *Toda*, *Tandra*, *Gaurava*, *Spandana*
- **Upashaya:** *Sneha*, *Sweda*, *Basti*, *Siravyadha*, *Laghu Ushna Ahara*
- **Samprapti:** *Vata* and *Kapha Dushti* in *Kati Pradesh*, *Margavarana*, sometimes *Rakta Dushti*, leading to *Vedana* and *Gati Vaikalyata*

**Vata-Kaphaja Gridhrasi** is a subtype of *Gridhrasi* where both *Vata* and *Kapha* Doshas are vitiated.

### Symptomatology includes

- *Vata Lakshana:* *Toda* (pricking pain), *Ruk* (sharp pain), *Spandana* (twitching)
- *Kapha Lakshana:* *Stambha* (stiffness), *Gaurava* (heaviness), *Tandra* (drowsiness)

**Dosha-Dushya involvement**

- *Doshas*: Vata-Kapha
- *Dushyas*: *Rakta*, *Mamsa*, *Snayu*, *Asthi*.<sup>[1,3,12]</sup>

**Classical treatment principles**

- *Snehana*, *Swedana*, *Mridu Virechana*, *Basti*, and *Raktamokshana* (*Siravyadha*) are indicated.
- Use of *Vata-Kapha Shamaka* herbs (e.g., *Rasna*, *Eranda*, *Shunthi*).
- Diet and lifestyle should be *Laghu*, *Ushna*, and *Vatanulomaka*.
- *Siravyadha* is particularly advised when *Rakta Dushti* is involved.

**Concept of Raktamokshana and Siravyadha**

*Raktamokshana* is a principal *Shodhana* therapy in Ayurveda aimed at eliminating vitiated *Rakta* (blood) and related *Doshas* from the body. It is especially effective in disorders involving *Rakta*, *Pitta*, and *Vata* vitiation, and is extensively described by Acharya Sushruta.

**Types of Raktamokshana**

1. **Jalaukavacharana** – Leech therapy; used in delicate patients and *Pitta* disorders
2. **Siravyadha** – Venesection; the most prominent form, used in *Vata-Rakta* disorders
3. **Alabu** – Cupping with gourd; effective in localized swellings and abscess
4. **Shringa** – Horn therapy; suitable in *Kapha* disorders and deep-seated stagnation

**Siravyadha (Venesection)****Indications (Su. Chi. 8)**

- *Vata-Rakta*, *Gridhrasi*, *Arsha*, *Vidradhi*, *Visharpa*, *Kushta*, *Netra-Roga*, and various disorders with *Rakta Dushti*
- Especially indicated in *Sira Madhya Gatavyadhi* (diseases involving veins and nerves)

**Contraindications**

- Children, elderly, weak, pregnant women, anaemia, dehydration, or during fasting
- After excessive emesis or purgation, or in extreme seasonal variations

**Procedure Steps**

- **Poorva Karma (Pre-operative)**<sup>[2,18]</sup>: *Abhyanga*, *Swedana*, patient preparation, site selection.

- **Pradhana Karma (Main procedure):** Tourniquet application, vein identification, sterile incision, controlled bloodletting.
- **Paschat Karma (Post-operative):** Hemostasis, bandaging, dietary regimen, rest, and observation for adverse effects.

### Importance in Kapha-Vata Disorders

Siravyadha removes *Sanchita Doshas* (accumulated toxins), especially *Kapha* and *Vata*, which are otherwise difficult to eliminate through oral or local therapies. It relieves *Srotorodha* (obstruction in channels), reduces inflammation, and improves nerve function.

### Rationale for using Siravyadha in Gridhrasi

In *Vata-Kaphaja Gridhrasi*, *Vata* causes pain and nerve irritation, while *Kapha* contributes to stiffness and heaviness. *Siravyadha* directly addresses *Margavarana* (obstruction in nerve channels) by expelling vitiated *Rakta* and facilitating unobstructed *Vata Gati*.<sup>[2,3]</sup> It relieves pressure over the *Sciatic Nerve* pathway, improves circulation, and thus helps break the *Samprapti* of Gridhrasi. Its fast action, especially in radiating pain and inflammation, makes it a vital among other Shodhana therapy in the integrative management of this condition.<sup>[1,16]</sup>

### Gridhrasi and Sciatica: A Modern Comparison

#### Anatomy of the Sciatic Nerve

The **sciatic nerve** is the longest and thickest peripheral nerve in the human body. It originates from the lumbosacral plexus—specifically spinal nerves L4 to S3—and travels through the greater sciatic notch, beneath the piriformis muscle, down the posterior thigh, and branches at the knee into the tibial and common peroneal nerves.

#### Causes of Sciatica

Sciatica is not a diagnosis but a symptom complex caused by irritation or compression of the sciatic nerve. Common etiologies include:

- **Lumbar disc herniation** (most frequent)
- **Piriformis syndrome** (muscle spasm compressing the nerve)
- **Lumbar canal stenosis**
- **Degenerative disc disease, trauma, or tumors**

## Symptoms

### Patients present with

- **Radiating pain** from lower back or gluteal region to the thigh, calf, or foot
- **Stiffness**, numbness, or tingling (paresthesia)
- **Weakness in leg movements**
- **Reduced straight leg raising (SLR) angle**, a key diagnostic finding

### Ayurvedic-to-Modern Symptom Correlation

Ayurvedic Symptom (Gridhrasi)	Modern Equivalent (Sciatica)
<i>Ruk</i> (Pain)	Radiating sharp or burning pain
<i>Toda</i> (Pricking sensation)	Tingling and paresthesia
<i>Stambha</i> (Stiffness)	Muscle tightness and reduced flexibility
<i>Spandana</i> (Twitching)	Muscle fasciculations or nerve irritation
<i>Gaurava</i> (Heaviness)	Limb heaviness due to nerve compression
<i>Tandra</i> (Drowsiness/Lethargy)	Fatigue associated with chronic pain

The clinical presentation of **Vata-Kaphaja Gridhrasi** closely matches the symptoms of **sciatica** due to *lumbar radiculopathy* or *piriformis syndrome*. Both involve radiating pain, neuromuscular dysfunction, and quality-of-life impairment, underscoring the relevance of Ayurvedic management principles—especially *Siravyadha*—in modern integrative approaches.

### Clinical Evidence Supporting Raktamokshana (Siravyadha)

Recent clinical studies and observational trials have demonstrated the efficacy of **Raktamokshana (Siravyadha)** in the management of *Vata-Kaphaja Gridhrasi* (sciatica-like conditions), with notable improvements in both subjective and objective parameters:

- **Reduction in VAS (Visual Analogue Scale)**

Studies published in **AYU Journal (2017)** and **JAIM (2020)** reported statistically significant pain reduction (VAS scores reduced by 40–60%) within 2–4 weeks of *Siravyadha*.<sup>[7,8,9]</sup>

- **Improvement in Straight Leg Raise (SLR) angle**

Interventions involving *Siravyadha* improved SLR from an average of 30–40° to 60–80° in clinical trials (**IJRAP, 2018**), indicating nerve decompression and reduced muscle spasm.<sup>[9,13]</sup>

- **Alleviation of Kapha-Vata symptoms**

Symptoms like *Gaurava*, *Tandra*, *Stambha*, and *Toda* were notably reduced post-therapy, supporting the dual-dosha cleansing action of Siravyadha.

These findings confirm Siravyadha as a cost-effective and non-invasive intervention with promising results for neurovascular pain syndromes.<sup>[7,15]</sup>

### **Probable Mechanism of Action (MOA) of Siravyadha**

The therapeutic effects of **Siravyadha** can be explained through both Ayurvedic and modern biomedical perspectives:

- **Relief of vascular congestion:** Venesection helps decompress congested venous sinusoids, thereby reducing local inflammation and ischemia.
- **Local detoxification:** Elimination of *Dushta Rakta* improves *Rakta Srotas Shuddhi*, aiding tissue oxygenation and doshic balance.
- **Anti-inflammatory effect:** Modern studies suggest bloodletting reduces levels of **PGE2, IL-6, and TNF- $\alpha$** , key pro-inflammatory cytokines involved in pain generation.<sup>[6,10]</sup>
- **Reduction of pressure on nerve roots:** By removing excess blood and interstitial fluid, mechanical pressure on compressed nerve pathways is reduced, improving nerve conduction.
- **Modern parallel:** Similar mechanisms are observed in **wet cupping therapy**, which has shown efficacy in reducing neuroinflammation and pain in clinical pain syndromes.<sup>[10]</sup>

These mechanisms collectively validate the traditional use of Siravyadha in *Gridhrasi* and highlight its potential in integrative pain management.

### **DISCUSSION**

The Ayurvedic concept of *Gridhrasi*, particularly the *Vata-Kaphaja* subtype, exhibits a strong clinical correlation with modern descriptions of **sciatica and lumbosacral neuropathy**. The pathogenesis described in Ayurveda—*Vata vitiation obstructed by Kapha and Rakta Dushti*—resonates with nerve root compression, inflammation, and vascular congestion seen in disc-related or muscular etiologies like piriformis syndrome. **Siravyadha**, as prescribed in classical texts like *Sushruta Samhita (Chikitsa 8)*, is not just a symptomatic treatment but a *dosha-specific Shodhana* method. In *Kapha-Yukta Vata Vyadhi*, where heaviness, stiffness, and dull pain predominate, Siravyadha offers targeted relief by removing *Dushta Rakta* and relieving *Srotorodha*. It thus addresses the underlying *Samprapti*

*Vighatana* (breakdown of pathogenesis), rather than merely suppressing symptoms. However, challenges remain. **Limited awareness**, lack of **protocol standardization**, and insufficient **large-scale clinical trials** have prevented Siravyadha from achieving mainstream acceptance. There's also a lack of mechanistic clarity and limited integration into modern pain care models. Hence, there is a pressing **need for integrative approaches**—bridging Ayurvedic Shodhana with modern diagnostics and therapeutic monitoring. Collaborative frameworks involving Ayurvedic clinicians, neurologists, and pain specialists can open new avenues for managing chronic radicular pain conditions like Gridhrasi.

## CONCLUSION

*Vata-Kaphaja Gridhrasi*, with its dual-dosha pathology, shows significant clinical improvement when treated with targeted **Raktamokshana**, especially **Siravyadha**. It is a **safe, cost-effective, and minimally invasive** therapy that aligns with both classical Ayurvedic theory and modern pathophysiology. Despite its documented efficacy, **Siravyadha remains underutilized** in clinical practice. With proper standardization and validation, it has strong potential for integration into **contemporary pain management protocols**, especially for conditions mimicking sciatica. Future research should focus on **randomized controlled trials**, biochemical marker assessments, and long-term outcome tracking to establish Siravyadha as a globally recognized treatment for neurovascular pain syndromes.<sup>[14,15]</sup> Educational awareness and clinical standardization are key barriers.<sup>[6,15,20]</sup> Combining classical Ayurvedic methods with contemporary diagnostics is the way forward.<sup>[5,13,20]</sup>

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