Case Report

Ayurvedic Management of Sciatica with Medicated Enema and Bloodletting: A Case Report

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Pooja Basnal[1,2], Preeti Borkar[1,2], Sonia Manda[2,3] and Pratyendra Pal[4]

Abstract

Background: The most common condition that restricts movement is low back pain, which is particularly common in the most productive years of life. Sciatica syndrome accounts for 40% of patients' severe lower back pain. Psychological strain places excessive strain on the spinal column and is a major contributing factor to the development of sciatica and lower back pain.
Objectives: The illness indicated in Ayurveda has symptoms and signs similar to "Sciatica" in modern, contemporary medicine. In clinical practice, *Gridhrasi* (Sciatica), the conditions stated in Ayurveda are comparable to those treated in contemporary medicine.
Methods: A 38-year-old female patient suffering from the above ailments, having pain in the lumbar region radiating pain to the left leg, tingling sensation in both legs, difficulty in walking, irregular sleep, and limping gait, was admitted to an Ayurvedic hospital. Her treatment comprised external and internal, consisting of *Snehan* with *Vishgarbha Taila*, *Kati Basti* with *Mahamasadi Taila*, and *Kala Basti* with *Panchtiktaksheer* (medicated enema).
Results: These treatments had a very favorable outcome, it was discovered. Following therapy, there was a significant improvement in walking time, lower extremity motions, and pain alleviation.
Conclusion: This method of treating Sciatica may be helpful in clinical settings and future research.

Keywords

Gridhrasi, Sciatica, *Panchtiktasheer Basti*, *Vishgarbha Taila*, *Kala Basti*

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Introduction

Sciatica is a more complex neurological condition. It is defined as pain that travels along the sciatic nerve's path, which originates in the lower back and runs down each leg, passing through the hips and buttocks.[1] Sciatica is more common than 40%, and low back pain is 50–60% common throughout life. However, only 4–6% of people have Sciatica due to lumbar disc prolapse.[2] The word *Gridhrasi* (Sciatica) is derived from the word "*Gridhraus*" by extending "*Din*" *pratayaya*.[3] The term "*Gridhrasi*" (Sciatica) refers to the altered gait of the patient in this ailment, which is caused by stiff, slightly bent legs that resemble a vulture's walk due to walking too much or traveling in a car. Its characteristics include *Stambha* (stiffness), *Ruk* (pain), *Toda* (pricking pain), and *Spandana* (frequent tingling).[4] From the *Ayurvedic* point of view, the signs and symptoms of Sciatica are pretty similar to those of *Gridhrasi* (Sciatica), including pain, numbness, and tingling in the lower limbs, stiffness, pricking pain, twitching, limited mobility, and bending posture. *Basti* (medicated enema) and

[1]Department of Samhita and Siddhant, Mahatma Gandhi Ayurved College Hospital and Research Centre, Wardha, Maharashtra, India
[2]Datta Meghe Institute of Higher Education Research, Wardha, Maharashtra, India
[3]Department of Panchkarma, Mahatma Gandhi Ayurved College Hospital and Research Centre, Wardha, Maharashtra, India
[4]Department of Samhita and Siddhant, Om Ayurvedic Medical College and Hospital, Betul, Madhya Pradesh, India

Corresponding author:
Pooja Basnal, Department of Samhita and Siddhant, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod, Hirapur, Wardha, Maharashtra 442001, India.
E-mail: basnalpooja10@gmail.com

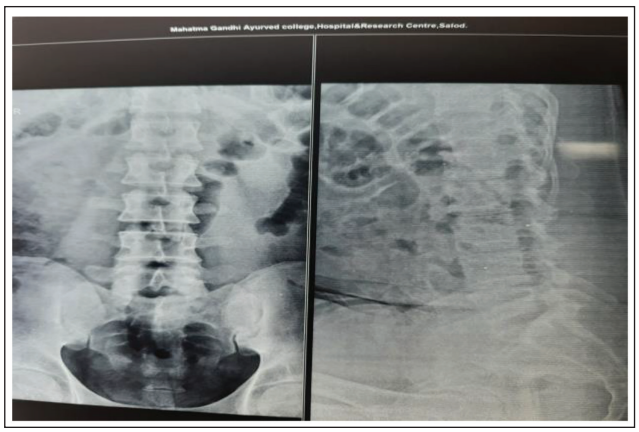

Figure 1. X-ray of Lumbar Joint (Before Treatment).

Siravedhan (bloodletting) are *Chikitsa* (treatment) that can be used in any *Vatavyadhi*. Because of this anxiety, there are several difficulties in the general acceptance of the surgical treatment currently accessible for this illness in modern science. We have excellent alternative therapy protocols to manage such entities using *Ayurveda*. Therefore, an attempt is being made to demonstrate the effectiveness of *Ayurvedic* treatment for Sciatica through the case study. The *Gridhrasi* (Sciatica) *Chikitsa Sutra* (treatment protocol) includes *Agnikarma Chikitsa* (therapeutic heat burns), *Siravedhan* (bloodletting), and *Basti Karma* (medicated enema) in Ayurvedic texts.[5] The following treatment concepts are used to manage this illness. The treatment plan for this patient was broken down into two parts: *Shamana Chikitsa* (internal medication) and *Shodhana Chikitsa Vedanasthapana Chikitsa* (analgesic); *Shothahara* (anti-inflammatory); and *Vata Dosha* (humor) pacifying treatment.

Case Report

A 38-year-old female patient was healthy 6 months ago. She then began complaining of lower back pain, which, over the next 3 months, was accompanied by pain that was radiating to her left leg, her gluteal area, and her lumbar. She is also troubled during walking and sitting, as well as heaviness in both legs and stiffness in the lumbar region from the past 3 months. The patient had allopathic treatment, but the results were only transient. Therefore, after the symptoms worsened, the patient opted for *Ayurvedic* treatment and visited the *Panchakarma* outpatient department (OPD) of the Ayurvedic Hospital Wardha. The patient was then admitted that day for more *Ayurvedic* treatment.

Clinical Examination

General examination: Blood pressure (BP)—130/90 mmHg, pulse rate (PR)—78/min, respiratory rate (RR)—18/min, temperature—98.6°F, and weight—75 kg.

Systematic examination is shown in Tables 1 and 2.

Clinical findings: Investigations like X-ray showed mild compression between L3 and L4. Complete blood count (CBC) and blood sugar were within normal limits as shown in Figure 1.

Diagnostic Assessment

It was *Vata-Kaphaj Gridhrasi* (Sciatica), and the diagnosis was based on specific examinations, such as straight leg raising test (SLRT) (Figures 2 and 3), Bragard's test, and the clinical presentation of the disease.

Timeline

The patient was diagnosed with *Gridhrasi* (Sciatica) and underwent a 1-month *Ayurvedic* treatment regimen with oral

Table 1. Locomotors Examination.

Examination	Observations
Inspection	Limping gait, short stepsDiscomfort during sitting and walkingRestriction of spinal and hip movements
Palpation	Tenderness at L4–L5 regionGood muscle toneMuscle power grade: Right extremities (upper and lower)—5/5, left extremities (upper and lower)—5/5
Range of motion (ROM) of the lumbar spine	Left flexion is 30 with pain
Straight leg raising test (SLRT) (active)	Positive in the left leg (40°) and negative in the right leg
Bragard's test	Positive in the left leg and negative in the right leg
Radiological investigations	Mild compression at the lumbar region (L3–L4)

Table 2. Eightfold Examination.

Examination	Parameters
Nadi (pulse)	70 b/min
Mala (stool)	Constipation
Mutra (urine)	*Samyak* (normal)
Jivha (tongue)	*Saam*
Shabda (speech)	*Spashta* (clear)
Sparsha (touch)	*Anushnasheet* (hot cold)
Druk (eyes)	*Samayka* (normal)
Akruti (shape)	*Madhyam*
Prakruti (nature)	*Vata-Kaphaj*

Figure 2. Straight Leg Raising Test (SLRT) Before Treatment.

Figure 3. Straight Leg Raising Test (SLRT) After Treatment.

medication, including *Basti* (medicated enema) and *Siravedhan* (bloodletting), for detoxifying channels and improving local blood circulation, which is mentioned in Table 3 and Figure 4. Additionally, adherence to a healthy diet was prescribed as part of *Shaman Chikitsa* (internal medicine). The therapeutic interventions are shown in Table 3.

Follow and Outcome

The patient was assessed before and after treatment using specialized grading methods and some specific examinations, such as range of motion (ROM), visual analog scale (VAS), SLRT, and Bragard's test, which are mentioned in Tables 4 and 5.

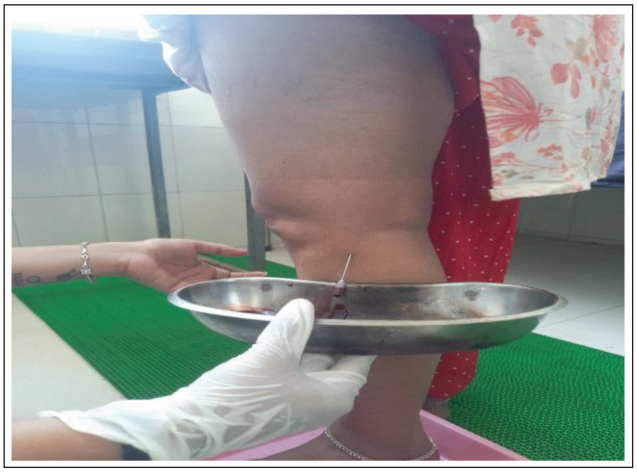

Figure 4. Siravedhan During Treatment.

Table 3. Therapeutic Intervention.

Sl. No.	Intervention	Dose and Frequency	Duration	*Anupana* and Mode of Administration
1	*Aampachak Ras*	125 mg BD for 1 month	1 month (15 November to 15 December)	Orally with lukewarm water
2	*Trayodasang Guggul*	500 mg BD for 1 month		
3	*Khanjanikari Ras*	125 mg BD for 1 month		
4	*Gandha Taila Capsule*	300 mg BD for 1 month		
5	*Tablet Palsineuron*	360 mg BD for 1 month		Orally with honey
Followed by *Shodhana Chikitsa* (purificatory therapy)				
1	*Snehan* (oleation)	*Vishgarbha Taila*	16 days (23 November to 8 December 2023)	Local application
2	*Bashpa Swedan* (sudation)	*Dasmool Kwath*	16 days (23 November to 8 December 2023)	Local application
3	*Panchtiktaksheer Basti* (medicated enema)	*Guduchi*—10 g, *Nimbha*—10 g, *Vasa*—10 g, *Kantakari*—10 g, *Patola*—10 g, *Ksheer* (milk)—240 ml, *Jala* (water)—450 ml, *Madhu* (honey)—15 ml, rock salt—10 g	16 days (23 November to 8 December 2023)	Anal
4	*Kati Basti*	*Mahamasadi Taila*	16 days (23 November to 8 December 2023)	Local application on the waist
5	*Siravedhan*	Needle number 18	2 times	Site of the knee joint

Table 4. Systematic Examination for Locomotors Examination.

Sl. No.	Assessment Parameters	Before Treatment	After Treatment
Range of motion (ROM) of the lumbar spine			
1	Forward flexion	20 cm above ground	15 cm above ground
2	Right lateral flexion	30° without pain	30° without pain
3	Left lateral flexion	30° with pain	30° without pain
4	Extension	10° with pain	20° without pain
Straight leg raising test (SLRT) active			
1	Right leg	Negative	Negative
2	Left leg	Positive (active) at 40°	Negative
Bragard's test			
1	Right leg	Negative	Negative
2	Left leg	Positive	Negative

Results

The patient's condition showed significant improvement after treatment, with marked reductions in pain, stiffness, and discomfort. Initially, the patient reported severe lower back pain radiating to the left leg (VAS 9+), which completely resolved (VAS 0) post-treatment. Stiffness in the lower back (6+) and tingling in both legs (5+) were also alleviated to 0. The difficulty in walking, rated at 7+ before treatment, was also fully resolved. ROM improved notably, with forward flexion increasing from 20 cm to 15 cm above the ground and left lateral flexion, previously painful at 30°, becoming pain-free. Extension improved from 10° with pain to 20° without pain. The SLRT and Bragard's test, which were positive before treatment, turned negative post-treatment, indicating resolution of sciatic nerve involvement and nerve root irritation. In summary, the treatment successfully addressed the patient's symptoms, restoring physical function and eliminating pain.

Table 5. Specific Examination Before and After Treatment.

Sl. No.	Assessment Parameters	Before Treatment (BT)	After Treatment (AT)
1	Pain in the lower lumbar region radiating to the left lower limb	9+ (VAS score)	0 (VAS score)
2	Stiffness in the lower back region	6+	0
3	Tingling sensation in both legs	5+	0
4	Pain and difficulty while walking	7+ (VAS score)	0

Note: Visual analog scale (VAS) score: 0—no pain, 1–3—mild pain, 4–6—moderate, 7–10—severe.

Discussion

One of the largest and longest nerves in the body, the sciatic nerve, has two branches that extend from the buttocks to the tips of both legs' fingers. It facilitates calf and leg muscle actions and gives the calf and leg region a feel. Compression of the sciatic nerve results in *Gridhrasi* (Sciatica). The swelling may result from a disc herniation at the level of the lumbar vertebrae, which may have produced compression. The *Gridhrasi* (Sciatica) *Chikitsa Sutra* (treatment protocol) includes *Agnikarma Chikitsa* (therapeutic heat burns), *Siravedhan* (bloodletting), and *Basti Karma* (medicated enema) in Ayurvedic texts. The following treatment concepts are used to manage this illness. The treatment plan for this patient was broken down into two parts: *Shamana*. The following can be used to investigate the likely mechanism of action of the aforementioned *Shodhana* and *Shamana Chikitsa* (internal medication).

Sarvanga Abhayanga (Local Massage) with Vishgarbha Taila

One of the *Purvakarma* (primary action), *Abhyanga* (local massage), acts on the *Snayu*, *Twak* (skin), and *Rakatavahini* (blood) channels, which are the *Mamsavahasrotas* (channels carrying nutrients and waste from the muscles). As a result, it can strengthen the deep and superficial muscles and stabilize the joint. *Abhyanga* (local massage) with *Vishgarbha Taila* has anti-inflammatory, analgesic, and anti-neuralgic effects. It is recommended for arthritis, back pain, joint stiffness, and muscle spasms.[6]

Baspha Sweda (Sudation)

Bashpa Sweda (sudation) alleviates stiffness and heaviness in areas like the lower back and legs affected by Sciatica by inducing sweating and reducing associated pain. The *Swedana Dravya's* warmth, sharpness, and subtlety penetrate tissues, improve circulation, and relax muscles and nerves. Combining *Sweda* (sudation) with *Dashmool Kwath* directs vitiated *Doshas* to their channels (*Srotas*), liquefies *Doshas*, eases joint stiffness, and enhances flexibility. It breaks down pathophysiology by reducing microchannel congestion and addressing Sciatic symptoms at their source.

Kati Basti with Mahamasadi Taila

Kati Basti uses warm *Mahamasadi Taila* on the lumbar region (L3–L4) to nourish and strengthen affected areas with disc protrusion, improving intervertebral disc and muscle integrity. It addresses compromised *Shleshak Kapha* lubrication due to disc degeneration, easing sciatic nerve compression and inflammation. *Mahamasadi Taila* ingredients balance *Vata* and *Kapha Doshas*, reducing irritation and inflammation associated with Sciatica.[7]

Mode of Siravedhan

Sushruta considers *Rakta* (blood) to be a primary cause of surgical disorders, including *Gridhrasi* (Sciatica) and *Siravedhan* (bloodletting), which aims to remove vitiated blood from the body. *Gridhrasi* (Sciatica) is primarily a *Vata* disorder, and according to *Sushruta*, vitiation of both *Vata* and *Rakta* contributes to its manifestation. *Siravedhan* (bloodletting) helps balance *Vata Dosha* (humor) by removing excess blood, which may aggravate *Vata* and cause sciatic pain. Bloodletting can improve circulation by removing stagnant or vitiated blood from the affected area. *Siravedhan* (bloodletting) promotes tissue healing and regeneration by eliminating toxins and impurities from the blood. This can be beneficial in addressing any structural damage or degenerative changes associated with *Gridhrasi* (Sciatica).

Mode of Panchtiktasheer Basti[8]

The correlation between the mode of action of *Panchtiktaksheer Basti* (medicated enema) and Sciatica involves not just muscular or nerve-related issues but also the potential involvement of the *Dushti of Asthimajjavahasrotas* (bone and bone marrow system) due to nerve compression or inflammation around the spine. *Panchtiktaksheer Basti* (medicated enema) serves both cleansing and lubricating purposes. This is essential in Sciatica as it helps alleviate the impingement on the sciatic nerve and reduces inflammation in the surrounding tissues. The composition of *Panchtiktaksheer Basti* (medicated enema), particularly

the presence of *Akash* and *Vayu Mahabhuta*, along with other beneficial elements, supports the overall health of *Asthi Dhatu*. This can aid in mitigating the structural issues contributing to Sciatica. The properties of *Panchtiktaksheer Basti* (medicated enema), such as *Vata-pitta Shamaka* (pacifying *Vata* and *Pitta*), *Balya* (strengthening), and *Sheetaviryatmak* (cooling). This is essential in managing the pain and discomfort associated with Sciatica.

Shaman Chikitsa

Aampachak Vati: This formulation promotes peristaltic movement, aiding digestion and reducing aggravated *Tridoshas*.[9] Addressing digestive issues like acidity, gas, and indigestion indirectly helps alleviate symptoms associated with Sciatica *Trayodasang Guggul*,[10] known for its antispasmodic action. *Trayodasang Guggul* alleviates muscle spasms and pain in Sciatica. Its *Guru* (heaviness) and *Snigdhagunatmak* (unctuous) properties lessen the manifestation of *Gridhrasi* (Sciatica) by pacifying aggravated *Doshas*, particularly during inflammation. *Khanjanikari Ras*,[11] containing *Mallahar Sindoor*, *Kuchala*, and *Arjuna Kwath* (decoction), is beneficial in neurological diseases and conditions involving *Kapha and Vata* imbalance. It rejuvenates and acts as an antiaging medicine, possibly supporting Sciatica management through its neuroprotective and rejuvenating properties. *Gandha Taila Capsule*[12]: As per *Ashtanga Hridaya*, *Gandha Taila* improves bone mass and strength, making it useful in conditions like Sciatica where spinal bones may be affected. Enhancing bone strength and mobility helps alleviate symptoms and improve overall spinal health.[13] Tablet *Dardnash* is an herbal drug that contains *Vang Bhasma*, *Loha Bhasma*, *Swarnamakshika Bhasma*, *Ashwagandha*, *Singhnad Guggul* (*S. guggul*), and *Ras Sindoor*. *Dardnash* is specifically designed to alleviate pain and reduce inflammation. Its ingredients synergistically provide analgesic and anti-inflammatory effects, relieving sciatic symptoms.

Conclusion

Gridhrasi (Sciatica) is characterized by pain that originates in the hip area and spreads to the thigh, back, sacral region, popliteal area, calf muscle, and foot, as well as prickling sensations in those areas, altered gait, and in rare cases rigidity or pulsation. *Gridhrasi* (Sciatica) has vitiated *Vata Dosha* in the lower back region and involves *Kaph* in this region, so we used *Snehan*, *Swedan* (Sudation), *Basti* (medicated enema), which is beneficial in the *Vaat Shamak* and *Kapha Nisharak* and healing the tissue in the lumbar region. Above *Shamana Chikitsa* (treatment) effect on the *Dosha* (humor) and decrease the *Dosha* (humor) and nourishing the nerve and healing the nerve injury and removing the signs and symptoms of *Gridhrasi* (Sciatica) and the patient has improved in normal gait and comfortable in walking and standing.

Abbreviations

OPD: Outpatient department; **BP:** Blood pressure; **mmHg:** Millimeter of mercury; **PR:** Pulse rate; **RR:** Respiratory rate; **°F:** Fahrenheit; **kg:** Kilogram; **ROM:** Range of motion; **SLRT:** Straight leg raising test; **b/min:** Beats per minute; **mg:** Milligram; **BD:** Twice a day; **VAS:** Visual analog scale; **L3, L4:** Lumbar vertebra 3 and 4; ***S. guggul*:***Singhnad Guggul*; **Sl. No.:** Serial number; **BT:** Before treatment; **AT:** After treatment; **CBC:** Complete blood count; **g:** Gram.

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Authors' Contribution

Dr. Preeti Borkar conceptualized the data and designed the study. Dr. Pooja Basnal wrote and drafted the final manuscript. Dr. Pratyendra Pal and Dr. Sonia Mandal also provided valuable input in preparing the manuscript. Finally, all authors read and approved the final version of the manuscript.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Informed Consent

Informed consent for publication of the data were taken from the patient.

ORCID iD

Sonia Mandal https://orcid.org/0000-0003-3665-9811

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