



# A HOLISTIC BASED PROTOCOL USING MINIMALLY INVASIVE APPROACH FOR EFFECTIVE PAIN MANAGEMENT IN *GRIDHRASI* (SCIATICA) - A CASE REPORT

**Dr. Apoorva V. Mahale<sup>1</sup>, Dr. Prabhakar H. Taseen<sup>2</sup>**

<sup>1</sup>PG Scholar, Department of PG & Ph.D. studies in Shalya Tantra, Ayurveda Mahavidyalaya & Hospital,  
Hubli, Karnataka, India

<sup>2</sup>Professor, Department of PG & Ph.D. studies in Shalya Tantra, Ayurveda Mahavidyalaya & Hospital,  
Hubli, Karnataka, India

## ABSTRACT

Pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage"<sup>1</sup>. *Ruja* (pain) is considered a synonym of *Roga* (disease). According to Acharya Sushruta, "*Vatat Rute Nasti Ruja*" which translates to "there is no pain without *Vata*" establishing *Vata dosha* as the fundamental cause of all types of pain manifestations.

*Gridhrasi*, classified as a *Vata nanatmaja vyadhi*<sup>2</sup> (disease originating due to imbalance of *Vata*), is characterized by progressive pain radiating through *Sphik* (hip), *Kati* (lower back), *Prushtha* (back), *Uru* (thigh), *Janu* (knee) and *Pada* (foot) in sequential order<sup>3</sup>. This clinical presentation closely parallels sciatica in modern medical science, involving pain along the distribution of the sciatic nerve. Contemporary conventional treatments primarily focus on symptomatic relief through analgesics, anti-inflammatory medications and physiotherapy; however, these approaches often have significant limitations including temporary relief, potential adverse effects, and failure to address the underlying pathophysiology.

*Viddhagnikarma* involves piercing the most tender areas with multiple *Suchis*<sup>4</sup> transmitting heat through conduction method was implemented as the primary therapeutic intervention, to provide immediate pain relief and managing the disease with systematic monitoring of pain levels, functional improvement and overall quality of life parameters.

*Rasna Saptaka Kashayam*<sup>5</sup>, a potent blend of herbs was advised as an internal medication in divided dosage.

This case report demonstrates the clinical efficacy of a minimally invasive Ayurvedic protocol incorporating *Viddhagnikarma* in the comprehensive management of *Gridhrasi*, emphasizing its potential as an effective, safe and holistic alternative to conventional pain management strategies.

Although there is no direct reference to *Viddhagnikarma* in classical texts, clinical practice and previous studies have shown promising results in *vatavyadhis*, including *Gridhrasi*. By targeting specific tender points, *Viddhagnikarma* may offer a minimally invasive, cost-effective solution for managing sciatica.

The findings support the potential of Ayurveda to provide effective, sustainable and patient-centered care for neuro-skeletal painful conditions, particularly in cases where conventional treatments have shown limited success.

**Key words** – *Viddhagnikarma*, *Gridhrasi*, *Suchi*, Pain.

## INTRODUCTION

*Gridhrasi* is classified among the *Vata nanatmaja vyadhis*. The patient's gait resembles that of *Grudhra* (vulture) due to unbearable, severe, persistent, and radiating pain. Hence, the disease is termed '*Gridhrasi*'. The *Pratyatma lakshanas* (characteristic symptoms) of this disease include *Ruk* (pain), *Toda* (pricking sensation), *Muhuspandan* (tingling sensation), *Stambha* (stiffness) affecting the *Sphik* (hip), *Kati* (lower back), *Prushta* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot) in sequential order, along with *Sakthikshepanigraha* (restricted movement of lower limbs). Additional symptoms such as *Tandra* (drowsiness), *Gaurava* (heaviness) and *Aruchi* (anorexia) may be present when *Dooshita Kapha* is associated with *Vata*<sup>6</sup>. The signs and symptoms of '*Gridhrasi*' mentioned in Ayurvedic literature quietly mimic with '*sciatica*' as described in modern science, which is characterized by discomfort and radiating pain associated with the sciatic nerve.

It is a relatively common condition with a lifetime incidence varying from 13% to 40%, while the annual incidence of an episode of sciatica ranges between 1% to 5%. The prevalence of this disease varies considerably, ranging from 3.8% in the working population to 7.9% in the non-working population. Low back pain has been identified as the fifth most common cause for hospitalization and the third most frequent reason for surgical procedures.<sup>7</sup>

In contemporary science, sciatic pain is treated symptomatically with analgesics such as muscle relaxants, NSAIDs, corticosteroids, physiotherapy and rest. In some cases, epidural steroid injections and periradicular infiltrations are administered, providing only short-term relief. Long-term use of these medications may cause mild to severe systemic illness along with adverse drug reactions. Surgery is indicated in cases of severe nerve injury, compression, disc bulging or any benign or malignant growth; however, these surgical procedures are expensive with poor prognosis and significant limitations. Therefore, there is a need for research into minimally invasive, cost-effective protocols that can provide better efficacy in treating this condition.

In Ayurveda, various treatment modalities have been described for the effective treatment of *Gridhrasi*, including *Bheshaja* (herbal/mineral medication) such as *Rasna Saptaka Kashayam* which is a potent herbal formulation effective in the management of *Gridhrasi*; *Snehana* (oleation), *Swedana* (sudation), *Basti* (medicated enemas), *Siravyadha* (bloodletting) and *Agnikarma* (thermal cautery).<sup>8</sup>

**Viddhaagnikarma - Unique Treatment Modality:** *Viddhakarma* combined with *Agnikarma* represents a unique Ayurvedic treatment approach for instant pain relief and disease management. *Viddhakarma*, also known as *Vyadha*, is one of the *Ashta Vidha Shastra Karmas*<sup>9</sup> (eight types of surgical procedures). Acharya Vagbhata describes *Suchi* (needle) as one of the *Dahanopakaranas*<sup>10</sup> (cauterizing instruments). The technique involves piercing the most tender points using *Suchi* while avoiding *Marma* points (vital points) and transmitting heat through the needles by conductive method. This process leads to mechanical stimulation, releases the vitiated *Sthanika Vata Dosha*, and removes *Margavarodha* (obstruction in channels), which results in the pacification of *Vata Dosha*, thereby alleviating pain. Hence, it is effective for immediate pain relief. While there is no direct reference available regarding *Viddhaagnikarma* in classical texts, previous research, clinical articles, and practical experience have yielded better results in various *Vata Vyadhis*.

## METHODOLOGY

### Case History:

A 63-year-old non-diabetic, non-hypertensive, female patient, presented with complaints of Low back pain radiating to right lower limb 4 months ago. She consulted a local doctor but didn't find any relief, hence visited our hospital for further management at Ayurveda Mahavidyalaya & Hospital, Hubballi, on 27<sup>th</sup> March 2025

### Examination

The patient was moderately built and nourished; had a regular bowel and bladder movement, good appetite and disturbed sleep.

Physical examination revealed stable vital signs. Ayurvedic assessment classified her *prakṛti* as Vāta-Kapha dominant, supported by *alpa upalīpta jīhvā*.

**Local Examination:**

<b>Location</b>	Lower back, Right leg
<b>SLRT</b>	Right leg 50°
<b>Tenderness</b>	Along the sciatic nerve – right side Lower back- L4- S1
<b>Temperature</b>	No rise in local temperature

**Investigations**

<b>Hb</b>	<b>10.7g%</b>
<b>ESR</b>	80mm/ hr
<b>RBS</b>	77.39mg/dl
<b>Uric acid</b>	4.5mg/dl
<b>Tridot</b>	Negative
<b>HbSAg</b>	Negative
<b>RA factor</b>	< 10.0IU/ ml

**Subjective parameter**

*Ruja-* in the order- *Sphik, Kati, Prushtha, Uru, Janu, Jangha* and *Pada*,  
i.e. radiating **pain** from lowback region to Lower limb

**Objective parameter**

Straight leg raising test <sup>11</sup>

**Intervention**

Procedure	<i>Viddhagnikarma</i>
No. of sittings	4 sittings
Internal medication	<i>Rasnasaptaka Kashaya</i>
Dose	20ml BD (B/F)
Duration	28 days
Follow up	15 days after completion of 4 sittings

**Poorva karma –**

- (i) Informed written consent was taken for the para-surgical procedure.
- (ii) Visual analogue scale was noted
- (iii) Collection of the required materials i.e., sterile gloves, gauze pieces, pad pulp, sponge holding forceps, betadine solution, sterile drapes, butane gas burner, marker, needle and *Ghrita kumari* done
- (iv) Vitals monitored– blood pressure, pulse rate and temperature.

**Pradhana karma –**

- (i) Subject was given a comfortable position.
- (ii) Most tender points were identified and marked.
- (iii) Piercing part was painted with betadine solution.
- (iv) Draping was done with sterile drape material.
- (v) Sterile needles were pricked on the marked tender points.
- (vi) The distal 3/4<sup>th</sup> part of needle was burnt with burner flame.
- (vii) *Ghrita kumari* was anointed after *Viddhagnikarma* to get rid of instant burning sensation.

**Paschat karma –**

- (i) Vitals were monitored & noted.
- (ii) Subject was advised to avoid water contact at that area for 24 hours.
- (iii) Subject was advised to consume freshly prepared *Rasna saptaka kashayam* 20 ml at BD dose for 28 days.
- (iv) Subject was advised follow up after every 7 days for a period of 28 days.

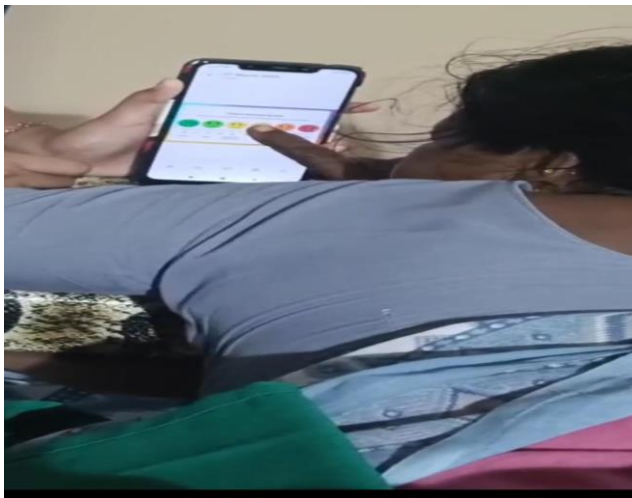


Fig 1. VAS assesment •



Fig.2. Assesment of SLRT



Fig 3. Viddhaagnikarma over lowback

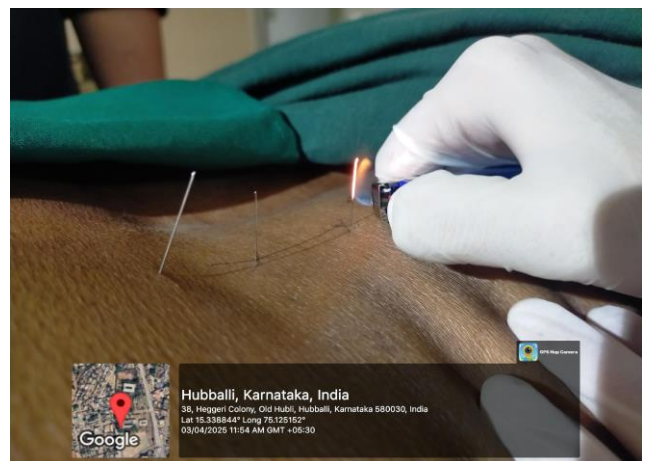


Fig 4. Viddhaagnikarma over rt leg-on tender points





Fig 5. Rasnasaptaka kwatha churna

### Assessment criteria

The assessment criteria are based on improvement in subjective and objective parameters.

## RESULTS

### VAS grade

VAS	1 <sup>st</sup> sitting	2 <sup>nd</sup> sitting	3 <sup>rd</sup> sitting	4 <sup>th</sup> sitting
Grade	8	6	4	0

### SLRT

SLRT	Rt leg	Lt leg
1 <sup>st</sup> sitting	55°	Negative
2 <sup>nd</sup> sitting	60°	Negative
3 <sup>rd</sup> sitting	65°	Negative
4 <sup>th</sup> sitting	Upto 75°	Negative

There is significant result noted in reduction of pain and SLR after every follow up.

After completion of complete four follow ups there was a reduction in pain completely with VAS grade 0 and SLRT Right leg upto 75°.

## DISCUSSION

*Gridhrasi* is the most common of *Vata Vyadhis*, which involves *Vata* and *Kapha Dosha*, it involves *Rakta*, *Mamsa*, *Meda*, *Asthi*, *Majjavaha Sroto Dushti* which affects the *Kati* (lumbosacral region) leading to pain in the leg which mimics the symptoms of sciatica in modern science, giving rise to problem in daily activities, there is progressive decrease in degree of hydration of intervertebral disc with advancement of age which is a part of degeneration resulting in disc problems leading to pain. In today's era pain relief is of prime importance to resume normal activities.

All kinds of pain are the results of vitiated *Vata*, *Viddhaagnikarma* which is the combination of *Vedhana* and *Agnikarma*, a modified form of *Agnikarma*, gives best relief in pain scale with every follow up. The obstructed *Vata* is removed by *Viddha karma* and *Agni* which possesses *Tikshna*, *Sukshma*, *Laghu Gunas* removes the *Avarodha* from the *Srotas* caused by vitiated *Vata* and *Kapha*. Hence brings *Doshas* into *Samyavastha* and reduces sciatic pain.

Heat induces muscle relaxation hence increases *Rasa Rakta Samvahana* to the affected site at the deeper structures involved in *gridhrasi*.

Gate control mechanism is achieved as heat stimuli from A fibres blocks the pain stimuli of C fibres. So, the patient doesn't feel pain.

According to Van Hoffs principle, the basal metabolism of the body increases by certain percentage for every 1 degree rise in body temperature, this induces relaxation of muscles and hence muscle spasm and pain gets reduced.

*Rasnasaptaka kwatha*, a very popular and potent formulation was administered internally, it's commonly used in day-to-day Ayurvedic clinical practice to treat majority of the *Vata vyadhis*. The drugs like *Rasna*, *Eranda*, *Shunthi* are *Vatashamaka*, *Shoolahara*, *Shothahara* and *Vedana Sthapaka*. Hence useful in treating *Gridhrasi* effectively.

## CONCLUSION

The patient felt quick improvement and reduction in pain with every follow up. After a thorough discussion on observations in the present study following conclusions were drawn,

*Viddhagnikarma* is a day care procedure; can be performed in opd level. It requires minimum intervention and is a cost-effective procedure.

*Viddhagnikarma* holds potential as a novel approach for pain management in *Gridhrasi*. Further research is needed to standardize protocols and evaluate its efficacy. This treatment modality may provide a valuable alternative to conventional treatments, offering improved outcomes for patients with sciatica.

## ACKNOWLEDGMENT

I sincerely thank my guide Dr.Prabhakar H Taseen, Professor, department of Shalya Tantra, Ayurveda Mahavidyalaya & Hospital, Hubli for his expert guidance and support.

My Special gratitude to Dr.Kumarswamy Kallimath, Assistant Professor, department of Shalya Tantra, Shri Jagadguru Gavisiddheshwara Ayurvedic Medical College &Hospital, Koppal, for his valuable insights, motivation and constant support.

I thank Dr.Ashwin, Assistant Professor department of Rachana Shareera, Ayurveda Mahavidyalaya & Hospital, Hubli for his guidance in publication of this article.

I thank the esteemed editors and reviewers of IJRAR.

## REFERENCES

- 1) <https://www.medicinenet.com/pain/definition.htm>
- 2) Sharma PV, Charaka Samhita of Agnivesha, 8<sup>th</sup> edition, Varanasi, Chaukhamba orientalia 2007, Sutrasthana, Maharoga adhyaya, Chapter 20, verse 11, page. 139.
- 3) Sharma PV, Charaka Samhita of Agnivesha, 8<sup>th</sup> Edition, Varanasi, Chaukhamba Orientalia, 2007, Chikitsasthana, Vatavyadhichikitsa Adhyaya Chapter 28, Verse 57, p.466
- 4) Prof. K R Srikanthamurthy, Ashtanga Sangraha of Vagbhata, Varanasi, Chaukhamba Orientalia, Sutrasthana 40<sup>th</sup> Chapter, Verse 2, Pg no. 626.
- 5) Mishra S, editor. Govinddas, Bhaishajya Ratnavali Varanasi, Chaukhamba Surbharati Prakashan, Vatavyadhi chikitsa prakarana, Chapter 26, Verse 69.p. 142-143.
- 6) Sharma P.V, Charaka Samhita of Agnivesha, 8<sup>th</sup> Edition, Varanasi, Chaukhamba Orientalia 2007, Chikitsasthana; Vatavyadhichikitsa Adhyaya, Chapter 28, Verse 57, p.466
- 7) Armstrong P, Wastie M, Rockall A. Diagnostic imaging. 5<sup>th</sup> edition. Blackwell Publishing:UK; 2004.Chapter 11.p. 362.
- 8) Arora V, Dudhamal TS, Gupta SK, Mahanta VD. Review of researches on Grudhrasi (Sciatica) at IPGT and RA, Jamnagar. Indian J Ancient Med Yoga. 2013;6:31–6.
- 9) Kaviraj Dr. Ambikadatta Shastri, Sushruta Samhita, Reprint 2023 Edition, Varanasi, Chaukhamba Sanskrit Sansthan; Ashtavidhashastrakarmiya Adhyaya verse no.10, Pg No. 134
- 10) Prof. K R Srikanthamurthy, Ashtanga Sangraha of Vagbhata, Varanasi, Chaukhamba Orientalia, Sutrasthana 40<sup>th</sup> Chapter, Verse 2, Pg no. 626
- 11) Thomas J, Monaghan T. Oxford handbook of clinical examination and practical skills. 2<sup>nd</sup> ed. Oxford: Oxford University Press; 2014, Chapter 10 Pg no. 375