Jalaukavacharana and wet cupping in the management of sciatic nerve compression: a comparative clinical study

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Abstract

The classically sciatic pain is distributed in pathway of sciatic nerve. Herniated intervertebral disc is believed to cause most cases around 90%. Other lesions affecting the integrity of the lumbosacral nerve roots (L4-S3) or the sciatic nerve include lumbar canal or foramina, stenosis, tumors, cysts, hemorrhages, abscess, fractures and some more uncommon conditions may produce same clinical features. The characteristic condition of sciatica is most related to Gudhrasi mentioned in Ayurveda. Gudhrasi cikitsa is considered under Vatavyadhi cikitsa. Chakradatta mentioned that blood letting is effective in the management of Vatavyadhi. Jalaukavacharana is one of the common methods used for blood letting in Ayurveda. Wet cupping is also a procedure of blood letting related to Alabu mentioned in Ayurveda. A comparative clinical study was designed with 20 patients of Group A being treated with Jalaukavacharana alone and 20 patients of Group B with wet cupping alone. The data were analyzed individually with Sciatica Bothersomeness Index (SBI) and Sciatica Frequency index (SFI) and compared using contingency coefficient and two way ANOVA. The results show significant difference between the groups with P value less than 0.001. Wet cupping group (B) showed highly significant results dominating over *Jalaukavacharana* group (A). Though both Jalavkavacharana and Wet cupping provided relief, Wet cupping provided an acute and sustained relief.

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