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EFFICACY AND SAFETY OF NERVE SANJEEVANI AYURVEDIC CAPSULE IN PATIENTS WITH SCIATICA: AN EXPLORATORY OPEN-LABEL CLINICAL STUDY

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ABSTRACT

Background: Sciatica is characterized by radiating pain, functional impairment, and decreased health-related quality of life. This study was performed to assess the efficacy and safety of Nerve Sanjeevani, a proprietary Ayurvedic herbo-mineral formulation, in patients with sciatica. Methods: This open-label, non-randomized, single-arm exploratory study enrolled 52 adults with sciatica. All the participants were given Nerve Sanjeevani Capsule (650 mg) orally twice a day for 14 days. The efficacy was measured by Numeric Rating Scale (NRS), Roland-Morris Disability Questionnaire for Sciatica (RMDQ-S), Sciatica Bothersomeness Index (SBI), Global Perceived Change (GPC) and Short Form-36(SF-36). Safety evaluations included vital signs, hematology and biochemical analysis, and adverse event assessment. Results: Fifty participants completed the study and were included in the efficacy analysis. Significant reductions were observed in NRS, RMDQ-S, and SBI scores ($p < 0.0001$). GPC scores also reduced significantly ($p < 0.0001$). SF-36 scores showed significant improvements in physical functioning and vitality. Significant changes were also observed in other domains, including role limitations, emotional well-being, social functioning, pain, and general health. Six mild adverse events were reported; however, none were considered likely to be related to the study product. Conclusion: Nerve Sanjeevani was associated with significant improvements in pain, functional disability, and sciatica-related symptom burden over 14 days. The uncontrolled design and short treatment period limit causal conclusions and long-term safety assessment. Further randomized controlled studies with longer follow-up are warranted.

Keywords: Sciatica; Ayurveda; Nerve Sanjeevani; Gridhrasi; Pain Management; Quality of Life

INTRODUCTION

Sciatica is a clinical condition characterized by origin of pain from the lower back or buttock into the leg, typically following the distribution of a lumbosacral nerve root. It can be associated with numbness, paraesthesia or weakness and other neurological signs. It is most often linked to lumbar disc herniation, although spinal stenosis and other causes of nerve-root irritation may also cause these signs.[1-3] Sciatica can negatively affect physical activity, work, sleep and quality of life.[2,3] Most patients experience improvement with conventional treatment, but more persistent or serious symptoms may require pharmacological, physical, or surgical interventions depending on the underlying cause and clinical condition.[3,4]

In Ayurveda, sciatica is commonly correlated with Gridhrasi (a sciatica-like condition), which is traditionally associated with Vata dosha (an Ayurvedic principle related to movement and neuromuscular functions).[5] In Ayurveda, Gridhrasi is described as pain that starts in the buttocks and spreads through the lower back, thigh, knee, calf, and foot, often accompanied by stiffness, pricking pain, twitching, and difficulty in movement.[6,7] These clinical characteristics are broadly comparable with the presentation of sciatica in contemporary medicine. Several clinical studies have evaluated Ayurvedic treatments such as Nirgundi Ghan Vati, Vatari Guggulu, and Agnikarma for Gridhrasi, but the available evidence remains limited and varied.[7-9]

Nerve Sanjeevani is a proprietary Ayurvedic herbo-mineral formulation categorized for the treatment of neurological disorders including neurologically-induced pain owing to aggravated Vata. It contains classical Ayurvedic preparations, including Ekangveer Ras and Mahavatvidhvansan Ras (herbo-mineral preparations traditionally used in Vata-related disorders), Sushekra Ras and Vishmustyadi Vati (classical Ayurvedic preparations whose specific identities and compositions should be confirmed against the product formulation records), Mal Sindoor (a classical mineral-based Ayurvedic preparation), Shulvajrini Vati (a classical Ayurvedic tablet formulation traditionally associated with pain-related conditions), and Trayodashang Guggulu (a multi-ingredient Ayurvedic formulation traditionally used for musculoskeletal and Vata-related disorders). The formulation also contains Apang (*Achyranthes aspera* L., commonly known as prickly chaff flower). Its therapeutic rationale is based on the traditional Ayurvedic use of these ingredients against pain, stiffness, and neuromuscular dysfunction. However, traditional use of these ingredients does not always mean that they are effective or safe. Therefore, clinical studies are important to establish its efficacy and safety. The World Health Organization (WHO) emphasizes the need for scientific validation and appropriate quality standards, safety monitoring, and proper clinical evaluation for the safe and responsible use of traditional medicine in healthcare.[10,11]

Sciatica has a significant impact on patients, and Ayurveda provides a traditional rationale for its management as Gridhrasi. However, limited scientific evidence is available on the efficacy

and safety of proprietary Ayurvedic formulations for this condition. Therefore, further clinical evaluation was considered necessary. The objective of the study was to assess the efficacy and safety of Nerve Sanjeevani Ayurvedic Capsule in patients with sciatica.

METHODS

Study Design

This study was a non-randomized, open label, single arm exploratory clinical study to assess the efficacy and safety of Nerve Sanjeevani Ayurvedic Capsule in adult sciatica patients. All participants were received Nerve Sanjeevani Ayurvedic Capsule (650 mg) twice a day for 14 days. We evaluated efficacy using patient-reported outcome measures with validated instruments and safety through clinical assessment, vital signs, laboratory investigations, and adverse event monitoring. The study was performed in accordance with the approved study protocol and applicable ethical and Good Clinical Practice requirements.

Study Participants

Patients aged 18-60 years who had at least one clinical feature consistent with sciatica were eligible to participate. Eligible participants had radiating pain extending into one leg below the knee, with a pain intensity of ≥4 on the 0-10 Numeric Rating Scale (NRS), and a symptom duration of at least 1 week and up to 6 months. Evidence of nerve-root or spinal-nerve involvement was required, as indicated by clinical findings such as myotomal weakness, dermatomal sensory disturbances, diminished reflexes, dermatomal radiation of leg pain, or a positive Straight Leg Raise test.

Patients with significant spinal pathology, those requiring early surgical intervention, neurogenic claudication or a planned spine surgery during the study follow-up interval were excluded. Other exclusion criteria included pregnancy or breastfeeding, significant hepatic or renal impairment, major cardiovascular or cerebrovascular disease, a history of peptic ulceration or gastrointestinal bleeding, relevant use of analgesic, anti-inflammatory, corticosteroid, anticoagulant, or other restricted medications or supplements within the specified washout period, and known hypersensitivity to any component of Nerve Sanjeevani. Participants with psychiatric illness, substance abuse, or any other condition that could interfere with study compliance or assessment were also excluded.

Sample Size and Participant Disposition

This was an exploratory study; thus, no formal statistical sample-size calculation was conducted. Sample size was calculated based on practical feasibility, clinical practicality, and previous experience with similar clinical evaluations. A total of 52 adult subjects were enrolled in the study. Of these, 2 subjects were lost to follow-up (excluded from final efficacy analysis), and a total of 50 subjects completed the study.

Study Intervention

The study intervention, Nerve Sanjeevani Capsule, is a proprietary Ayurvedic polyherbal-mineral formulation proposed for the management of neurological ailments linked with aggravated Vata dosha, particularly sciatica (Gridhrasi). The formulation contains Ekangveer Ras, Mahavatvidhvansan Ras, Sushekra Ras, Vishmustyadi Vati, Mal Sindoor, Shulvajrini Vati, Trayodashang Guggulu, and Apang, which are traditionally used in the Ayurvedic system of medicine for the management of pain, stiffness, and neuromuscular indications. All participants received one Nerve Sanjeevani Capsule (650 mg) orally twice daily for 14 days. Treatment compliance was monitored at the end of the study through participant records and medication accountability.

Efficacy Assessments

Efficacy was evaluated on day 0 (baseline) and day 14 (end of the study). Pain intensity was measured using the Numeric Rating Scale (NRS), and physical disability was evaluated using the Roland-Morris Disability Questionnaire for Sciatica (RMDQ-S). Assessment of bothersome sciatica-related symptoms were assessed using the Sciatica Bothersomeness Index (SBI), and overall perception of change using the Global Perceived Change (GPC) scale. The Short Form-36 (SF-36) Heath Survey was used to assess health-related quality of life before and after the treatment.

Pain Intensity

Pain intensity was assessed using the Numeric Rating Scale (NRS), an 11-point patient-reported scale ranging from 0 to 10, where 0 represents no pain and 10 represents the worst possible pain. Participants were asked to rate their average sciatica pain during the preceding 24 hours. The NRS is a simple and widely used measure of pain intensity and has demonstrated good validity and responsiveness in clinical pain assessment.[12,13]

Physical Disability

Physical disability associated with sciatica was evaluated using the Roland-Morris Disability Questionnaire for Sciatica (RMDQ-S). The Roland-Morris questionnaire is a self-reported measure designed to assess limitations in daily physical activities associated with back and leg pain. The questionnaire contains statements describing activities and functional limitations, with higher scores indicating greater disability. The instrument is widely used in clinical research because of its simplicity, ease of administration, and established reliability and validity for assessing functional disability.[14,15]

Sciatica Symptom Burden

The Sciatica Bothersomeness Index (SBI) was used to assess the severity and bothersomeness of major sciatica-related symptoms during the preceding week. The SBI evaluates four symptom domains: leg pain, numbness or tingling in the leg/foot/groin, weakness in the leg or foot, and back or leg pain while sitting. Each item is rated on a 0-6 scale, where 0 indicates that the symptom is not bothersome and 6 indicates that it is extremely bothersome. The individual scores are summed to obtain a total score ranging from 0 to 24, with higher scores indicating greater symptom burden. The SBI has been used and evaluated in patients with sciatica and provides a broader assessment of symptoms than pain intensity alone.[16,17]

Global Perceived Change

Participants' overall perception of change in their condition was assessed using the Global Perceived Change (GPC) scale at the end of the treatment period. This patient-reported measure asks participants to rate how their condition changed since the beginning of treatment on a 7-point scale ranging from complete improvement to marked worsening. Global perceived change measures provide a direct assessment of the patient's overall impression of recovery and have demonstrated good reproducibility in patients with musculoskeletal disorders.[18]

Health-Related Quality of Life

Health-related quality of life was assessed using the 36-Item Short Form Health Survey (SF-36). The SF-36 is a widely used generic health-status questionnaire comprising eight domains: physical functioning, role limitations due to physical health, role limitations due to emotional problems, vitality, emotional well-being, social functioning, pain, and general health. Each domain

is scored on a 0-100 scale according to the standard scoring procedure, with the direction of interpretation depending on the specific domain. The SF-36 provides a broader assessment of the impact of sciatica on physical, emotional, and social aspects of health and is suitable for evaluating changes in health-related quality of life following an intervention.[19]

Safety Assessments

The safety and tolerability of Nerve Sanjeevani Capsule were evaluated through assessment of vital signs, hematological and biochemical parameters, and adverse events during the 14-day treatment period. Vital signs included body temperature, pulse rate, respiratory rate, and systolic and diastolic blood pressure. Hematological assessment included complete blood count parameters, while hepatic and renal safety were assessed using SGOT, SGPT, and serum creatinine, respectively; random blood sugar was also measured. These assessments were performed at baseline and at the end of the study to identify any clinically relevant changes during treatment. Adverse events were monitored throughout the study and documented with respect to severity, seriousness, relationship to the study intervention, action taken, symptomatic or concomitant treatment, and outcome.

Ethical Considerations

The study was conducted at Health India Hospital, 6th Cross, Tavarekere Main Road, Bangalore, India. Ethical approval of the study protocol was obtained from the Pranav Diabetes Centre Ethics Committee, Bangalore, before the commencement of any study-related procedure. The study was performed in accordance with the Declaration of Helsinki, ICH-GCP guidelines and other applicable ethical requirements. All study-specific procedures were performed after providing written informed consent. Participants were informed about the objective and procedures of the study, potential risks and benefits, and their rights. We maintained participants' confidentiality throughout the study, and we handled study data using subject identification codes. The study was prospectively registered with the Clinical Trials Registry–India (CTRI) under registration number CTRI/2025/08/093697.

Statistical Analysis

Statistical analysis was performed using IBM SPSS Statistics software (version 24.0). Continuous variables were summarized using descriptive statistics, including mean, standard deviation (SD), while categorical variables were presented as frequencies and percentages. Efficacy outcomes were assessed by comparing baseline and end-of-study measurements. The Wilcoxon signed-rank test was used to evaluate within-group changes in NRS, RMDQ-S, SBI, and GPC scores. Health-related quality of life assessed using the SF-36 was analyzed using the paired-samples t-test. Adverse events and other categorical safety findings were summarized descriptively. All statistical tests were two-sided, and a p-value <0.05 was considered statistically significant.

Table 1: Efficacy results from baseline to end of study

Assessments	Baseline		End of Study		Mean change	Median change	p value
	Mean ± SD	Median (IQR)	Mean ± SD	Median (IQR)			
NRS Score	6.48 ± 0.79	7 (6-7)	2.0 ± 0.95	2 (1-2)	-4.84	-5	<0.0001***
RMDQ-S Score	17.28 ± 3.0	17 (15-19)	10.62 ± 2.18	11 (9-12)	-6.66	-7	<0.0001***
SBI Score	13.50 ± 2.01	14 (13-15)	8.52 ± 2.02	9 (7-10)	-4.98	-5	<0.0001***
GPC Score	6.12 ± 0.52	6 (6-6)	2.84 ± 0.74	3 (2-3)	-3.28	-3	<0.0001***

Note: Values for baseline and end of study are presented as mean ± standard deviation (SD) and median (interquartile range, IQR). Mean change represents the difference between the end-of-study and baseline mean values, whereas median change represents the difference between the corresponding median values. p-values for NRS, RMDQ-S, SBI, and GPC were calculated using the Wilcoxon matched-pairs signed-rank test. ***$p < 0.001$.

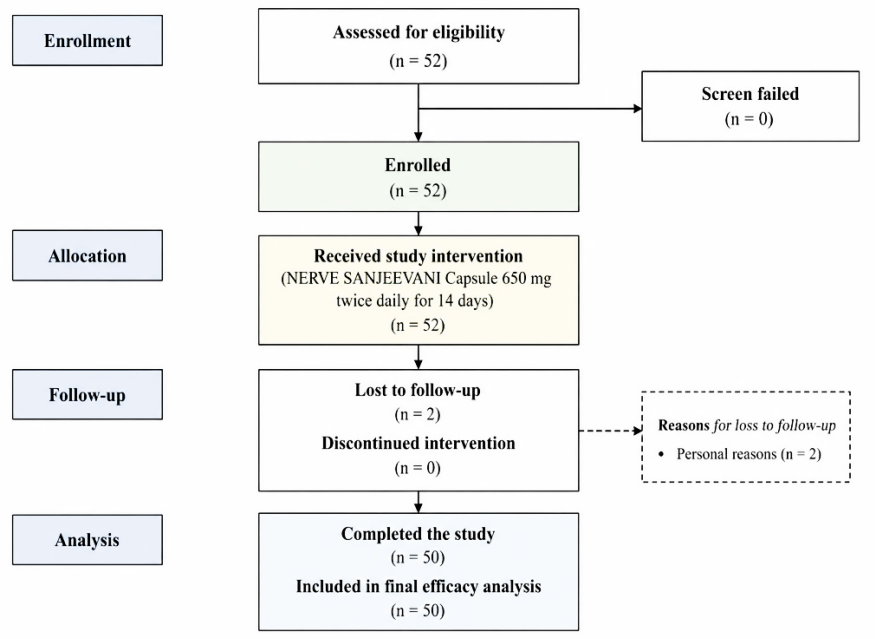


Figure 1: Study design and participant flow

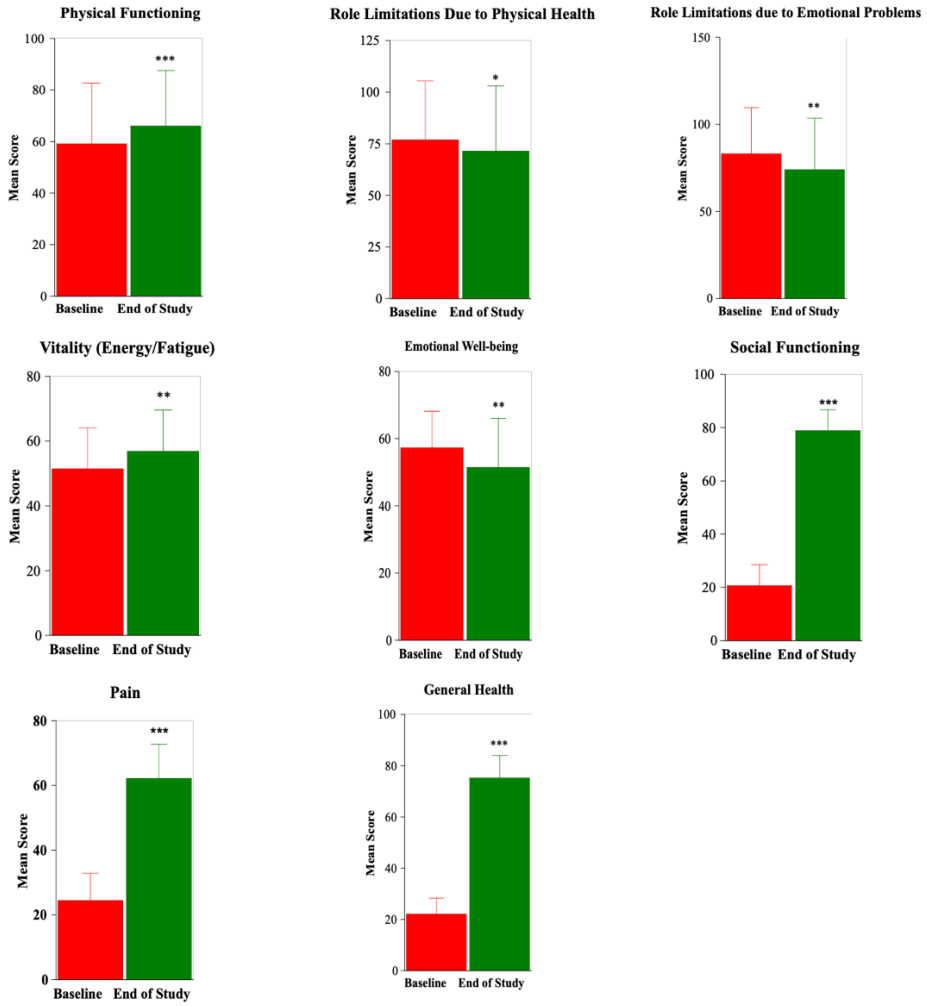


Figure 2: Within-group mean change in eight health domains from baseline to end of the study. Statistical comparisons were performed using a paired t-test: Day 0 vs Day 14; *p< 0.05, **p< 0.01, and ***p< 0.001.

RESULTS

Demographic Characteristics

We screened and enrolled 52 adult subjects in this study, with no screen failures. Two subjects were lost to follow-up at the end of the study; therefore, 50 subjects were available for the final efficacy analysis. The average age of the study participants was 35.78 ± 10.60 years (range: 18 to 55 years). Among the 50 participants, there were 30 males (60%) and 20 females (40%). (Figure 1)

Clinical Efficacy Outcomes

Efficacy of the study intervention was evaluated using assessments of pain intensity, physical disability, sciatica-related symptom burden, and global perceived change. After treatment, all four efficacy parameters changed significantly from baseline to the end of the study (Table 1). The mean NRS pain score decreased from 6.48 ± 0.79 at baseline to 2.0 ± 0.95 at the end of the study, corresponding to a mean change of -4.84 points. The median NRS score decreased from 7 (IQR: 6-7) to 2 (IQR: 1-2), with a median change of -5 points ($p < 0.0001$). Similarly, the mean RMDQ-S score decreased from 17.28 ± 3.00 to 10.62 ± 2.18 (mean change, - 6.66). The median score decreased from 17 (IQR: 15-19) to 11 (IQR: 9-12), with a median change of -7 ($p < 0.0001$), indicating improved functional disability.

The mean SBI score decreased from 13.50 ± 2.01 to 8.52 ± 2.02 (mean change, - 4.98). The median SBI score decreased from 14 (IQR: 13-15) to 9 (IQR: 7-10), with a median change of -5 ($p < 0.0001$), indicating a reduction in the bothersomeness of sciatica-related symptoms. The mean GPC score decreased from 6.12 ± 0.52 to 2.84 ± 0.74 (mean change, - 3.28). The median GPC score decreased from 6 (IQR: 6-6) to 3 (IQR: 2-3), with a median change of −3 ($p < 0.0001$), demonstrating a significant change in participants' overall perception of their condition.

Overall, the findings demonstrate statistically significant improvements in pain intensity, functional disability, sciatica-related symptom burden, and global perceived change following the 14-day treatment period. However, given the exploratory, single-arm, open-label study design, interpret these changes cautiously and do not attribute them solely to the study intervention. (Table 1)

Health-Related Quality of Life

Health-related quality of life was evaluated using the SF-36 at baseline (Day 0) and after 14 days of treatment. Physical functioning improved significantly (59.21 ± 23.41 to 66.10 ± 21.46; $p = 0.0001$), and vitality improved significantly (51.50 ± 12.59 to 56.90 ± 12.65; $p = 0.004$). However, the results for the remaining domains require careful interpretation. Role limitations due to physical health decreased from 77.00 ± 28.50 to 71.51 ±

31.54 ($p = 0.026$), role limitations due to emotional problems decreased from 83.33 ± 26.30 to 74.06 ± 29.43 ($p = 0.009$), and emotional well-being decreased from 57.36 ± 10.80 to 51.52 ± 14.49 ($p = 0.001$). These decreases indicate lower scores in the respective domains and should not be described as improvements without further justification. The results also show substantial increases in social functioning (20.75 ± 7.83 to 79.75 ± 7.76), pain (24.55 ± 8.31 to 62.25 ± 10.53), and general health (22.18 ± 6.15 to 75.25 ± 8.68), with $p < 0.0001$ for all three domains. The domain-wise results are presented in Figure 2.

Safety and Adverse Events

Vital signs, including body temperature, pulse rate, respiratory rate, and systolic and diastolic blood pressure, showed no clinically significant changes from baseline to the end of the study. Likewise, hemoglobin, RBC count, hematocrit, platelet count, total leukocyte count with red-cell indices and differential leukocyte counts remained stable, with no statistically significant changes ($p > 0.05$) from baseline. Liver and renal safety parameters, including SGPT, SGOT, and serum creatinine, also showed no statistically significant differences, while random blood sugar remained stable. During the study, six adverse events were observed: headache (n=2), cold and cough (n=1), body pain (n=1), stomach pain (n=1) and fever (n=1). All reported events were mild in severity and considered as unlikely to be related to the study intervention and resolved without sequelae. No treatment modification, interruption, or discontinuation was required, and no serious adverse events were reported.

DISCUSSION

This exploratory study examined the short-term efficacy and safety of Nerve Sanjeevani Ayurvedic Capsule in patients with sciatica. The results showed significant reductions in pain intensity ($p < 0.0001$), physical disability ($p < 0.0001$), and sciatica-related symptom burden ($p < 0.0001$) after 14 days of treatment. These results suggest improvements in pain, functional limitation and symptom burden. Because sciatica varies considerably and tends to resolve spontaneously, it is essential to make controlled comparisons when studying treatment effects.[2]

The significant improvements observed in pain intensity, physical disability, and sciatica-related symptom burden should be interpreted cautiously because the study lacked a placebo or active comparator group. Sciatica may improve naturally over time, and the open-label design may also have introduced expectation and reporting effects. Therefore, the observed changes cannot be attributed solely to Nerve Sanjeevani. A randomized controlled trial is necessary to determine the magnitude of any treatment-specific benefit.

The multi-component composition of Nerve Sanjeevani, which includes Ekangveer Ras, Mahavatvidhvansan Ras, Sushekra Ras, Vishmustyadi Vati, Mal Sindoor, Shulvajrini Vati and Trayodashang Guggulu was likely accountable for the observed clinical response. Thus, the formulation is a novel integration of classical Ayurvedic herbo-mineral preparations with phytochemicals historically used for indications including disorders associated with pain and neuromuscular dysfunction. Earlier preclinical studies demonstrated the potential anti-inflammatory and antioxidant activity of Trayodashang Guggulu,[20] providing a rationale for its use in musculoskeletal disorders as a traditional treatment.

Several botanicals present in Trayodashang Guggulu may also contribute to the observed response. *Zingiber officinale* contains bioactive constituents, particularly gingerols and shogaols, that exhibit analgesic and anti-inflammatory properties and may help attenuate neuropathic pain and neuroinflammation by modulating ERK- and NF-κB-related pathways and inflammatory mediators.[21-23] Analgesic and anti-inflammatory activity have also been shown for *Tinospora cordifolia* in experimental models.[24] These effects are potentially relevant because inflammatory and/or neuroinflammatory mechanisms have been implicated in pain due to nerve-root irritation (sciatica).[2] However, these findings are mainly based on preclinical evidence and should therefore be considered as supportive rather than definitive evidence of a direct mechanism of action of Nerve Sanjeevani.

The significant reductions in SBI and RMDQ-S scores with the reduction in NRS indicate that the response was not only for pain intensity but also for symptom burden and functional limitation. Health-related quality of life was assessed using the eight domains of the SF-36 questionnaire. The revised analysis demonstrated statistically significant improvements in physical functioning, vitality, emotional well-being, social functioning, bodily pain, and general health. However, the findings should be interpreted cautiously because the changes were not uniformly significant across all eight domains. Differences in the responsiveness of individual domains and the assessment of multiple outcomes may have influenced the overall pattern of results. These findings therefore do not establish a uniform improvement in all aspects of health-related quality of life. Further studies with prespecified quality-of-life outcomes and appropriate control groups are needed to confirm these observations.

The treatment was well tolerated throughout the study duration. Adverse events were mild, including headache, cold and cough, body pain, stomach pain, and fever. All events were considered unlikely to be related to the study intervention and resolved without sequelae. There were no serious adverse events or treatment interruptions or discontinuations due to an adverse event. There were also no clinically significant changes in vital signs, hematological parameters, liver and renal function tests or random blood sugar. These findings support short-term tolerability under the conditions of this study but do not establish long-term safety.

Limitations

Several limitations should be considered when interpreting the findings. First, the open-label, single-arm design and absence of a placebo or active comparator prevent definitive attribution of the observed improvements to NERVE SANJEEVANI. Second, the 14-day treatment period limited assessment of the durability of clinical benefits and long-term safety. Third, although improvements were observed in several SF-36 domains, the results were not uniform across all eight domains; the multiple outcomes assessed also warrant cautious interpretation. Finally, the study did not evaluate inflammatory biomarkers, and it was not designed to establish the contribution of individual ingredients or the mechanisms underlying the observed clinical changes.

Future research should include adequately powered randomized controlled trials with appropriate comparator groups, longer treatment and follow-up periods, prespecified primary and secondary outcomes, and suitable methods to address multiple comparisons. Comprehensive safety evaluation, including appropriate characterization of the herbo-mineral formulation and assessment of relevant heavy metals, should also be considered. Such studies are needed to confirm the preliminary efficacy findings, better characterize the safety profile, and clarify the clinical relevance of the observed changes in health-related quality of life.

CONCLUSION

Nerve Sanjeevani Ayurvedic Capsule was associated with statistically significant reductions in pain intensity, physical disability, and sciatica-related symptom burden after 14 days of treatment, thereby addressing the study objective of exploring its efficacy and safety in patients with sciatica. The treatment was well tolerated during the study period, with six mild adverse events reported, none of which was considered likely to be related to the study product. However, because this was a single-arm, open-label study, the observed improvements cannot be definitively attributed to the study product. These preliminary findings warrant confirmation through adequately powered, randomized, controlled clinical studies with longer treatment and follow-up periods.

REFERENCES

1. Joes BW, van Tulder MW, Peul WC. Diagnosis and treatment of sciatica. BMJ 2007; 334(7607):1313-1317.
2. Jensen RK, Kongsted A, Kjaer P, Koes B. Diagnosis and treatment of sciatica. BMJ 2019; 367:l6273.
3. Vlaeyen JWS, Maher CG, Wiech K, Zundert JV, Meloto CB, Diatchenko L, *et al*. Low back pain. Nat Rev Dis Primers 2018; 4:52.
4. National Institute for Health and Care Excellence (NICE). Low back pain and sciatica in over 16s: assessment and management. NICE Guideline NG59. London: NICE; 2020. Available from: https://www.ncbi.nlm.nih.gov/books/NBK562933/
5. Yadav PS, Vipin SG. Ayurvedic management of Gridhrasi with special reference to sciatica: A case report. J Biol Sci Opin 2022; 10(5):65-69.
6. Acharya YT, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta. Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2020.
7. Sathavane GV, Pandya DH, Baghel MS. Effect of Vatari Guggulu in managing Gridhrasi (sciatica). Ayu 2015; 36(1):41-45.
8. Ali M, Shukla VD, Dave AR, Bhatt NN. A clinical study of Nirgundi Ghana Vati and Matra Basti in the management of Gridhrasi with special reference to sciatica. Ayu 2010; 31(4):456-460.
9. Kumar JV, Dudhamal TS, Gupta SK, Mahanta V. A comparative clinical study of Siravedha and Agnikarma in management of Gridhrasi (sciatica). Ayu 2014; 35(3):270-276.
10. World Health Organization (WHO). General guidelines for methodologies on research and evaluation of traditional medicine. Geneva: World Health Organization; 2000.
11. World Health Organization. WHO benchmarks for the practice of Ayurveda. Geneva: World Health Organization; 2022.
12. Hawker GA, Mian S, Kendzerska T, French M. Measures of adult pain: Visual Analog Scale for Pain (VAS Pain), Numeric Rating Scale for Pain (NRS Pain), McGill Pain Questionnaire (MPQ), Short-Form McGill Pain Questionnaire (SF-MPQ), Chronic Pain Grade Scale (CPGS), Short Form-36 Bodily Pain Scale (SF-36 BPS), and Measure of Intermittent and Constant Osteoarthritis Pain (ICOAP). Arthritis Care Res 2011; 63:S240-S252.
13. Bijur PE, Silver W, Gallagher EJ. Reliability of the visual analog scale for measurement of acute pain. Acad Emerg Med 2001; 8(12):1153-1157.
14. Roland M, Morris R. A study of the natural history of back pain. Part I: development of a reliable and sensitive measure of disability in low-back pain. Spine 1983; 8(2):141-144.
15. Chiarotto A, Maxwell LJ, Terwee CB, Wells GA, Tugwell P, Ostelo RW. Roland-Morris Disability Questionnaire and Oswestry Disability Index: Which Has Better Measurement Properties for Measuring Physical Functioning in Nonspecific Low Back Pain? Systematic Review and Meta-Analysis. Phys Ther 2016; 96(10):1620-1637.
16. Grovle L, Haugen AJ, Keller A, Natvig B, Brox JI, Grotle M. The bothersomeness of sciatica: patients' self-report of paresthesia, weakness and leg pain. Eur Spine J 2010; 19(2):263-269.
17. Sencan S, Sacaklidir R, Gunduz OH. Reliability and validity of Turkish versions of Sciatica Bothersomeness and Sciatica Frequency Index. J Back Musculoskelet Rehabil 2022; 35(6):1329-1335.
18. Kamper SJ, Ostelo RWJG, Knol DL, Maher CG, de Vet HCW, Hancock MJ. Global perceived effect scales provided reliable assessments of health transition in people with musculoskeletal disorders, but ratings are strongly influenced by current status. J Clin Epidemiol 2010; 63(7):760-766.e1.
19. Ware JE Jr, Sherbourne CD. The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. Med Care 1992; 30(6):473-483.
20. Dadoriya P, Dey YN, Sharma D, Yadav M, Wanjari MM, Gaidhani SN, *et al*. *In-vitro* anti-inflammatory and antioxidant activities of an Ayurvedic formulation - Trayodashang Guggulu. J Herb Med 2020; 23:100366.
21. Borgonetti V, Governa P, Biagi M, Pellati F, Galeotti N. *Zingiber officinale* Roscoe rhizome extract alleviates neuropathic pain by inhibiting neuroinflammation in mice. Phytomedicine 2020; 78:153307.
22. Bischoff-Kont I, Fürst R. Benefits of Ginger and Its Constituent 6-Shogaol in Inhibiting Inflammatory Processes. Pharmaceuticals 2021; 14(6):571.
23. Kim HR, Noh EM, Kim SY. Anti-inflammatory effect and signaling mechanism of 8-shogaol and 10-shogaol in a dextran sodium sulfate-induced colitis mouse model. Heliyon 2023; 9(1):e12778.
24. Hussain L, Akash MSH, Ain NU, Rehman K, Ibrahim M. The analgesic, anti-inflammatory and anti-pyretic activities of *Tinospora cordifolia*. Adv Clin Exp Med 2015; 24(6):957-964.

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