### International Journal of Science and Research (IJSR)

ISSN: 2319-7064 SJIF (2020): 7.803

# Sciatica and its Homoeopathic Management

#### **Avinash Kaur**

(MD Part 2 scholar) Department of Organon of Medicine, Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, Ludhiana, Punjab, India

Abstract: Sciatica is a term used to describe nerve pain in the leg that is caused by irritation or compression of the sciatic nerve.

**Keywords:** sciatic nerve, homoeopathy, primary sciatica, secondary sciatica

#### 1. Introduction

Sciatica is a debilitating condition that is a result of the sciatic nerve root pathology. Sciatic pain often is worsened with twisting, bending or coughing. Sciatica is a very troublesome condition in which the patient experiences pain and/or paresthesia in the sciatic nerve distribution or an associated lumbosacral nerve root.

Homoeopathy is fully equipped to treat neuralgic pains, including sciatica. Homoeopathic remedies are natural and safe, work on the root cause of disease for complete and effective cure.

#### **Definition**

Sciatica usually describes a symptom - pain along the sciatic nerve pathway - rather than specific condition, illness or disease. Sciatica refers to pain that begins in the lower back and travels down the lower limbs traversing the root of sciatic nerve. Sciatic nerve is the largest nerve in human body.

#### Etiology

Any condition that may structurally impact or compress the sciatic nerve may cause sciatica symptoms. Some of the causes are listed below:

Etiology				
Primary Sciatica	Secondary Sciatica			
This may occur due to neuritis (often polyneuritis) which may be:	This is usually due to compression of nerve roots. The causes are:			
i) toxic e. g. from alcoholism, lead, arsenic poisoning, diabetic or syphilitic neuritis ii) neuritis may be infective e. g. rheumatism, syphilis etc.		(iii) Spondylolisthesis.	c) in the pelvis (i) compression by an abscess (ii) compression by a tumor	

#### **Epidemiology**

Epidemiologic characteristics of sciatica are as follows:

- Peak incidence of sciatica occurs in patients in their fourth decade
- Life time incidence is reported between 10 to 40%
- There appears to be no gender predominance
- It rarely occurs before age of 20 unless secondary to trauma.
- Occupational predisposition is shown in machine operators, truck drivers etc.

#### **Pathophysiology**

Sciatica is generally caused by compression of lumbar nerves L4 or L5 or sacral nerve S1. in 90% cases this can occur as a result of a spinal disc bulge or herniation. The sciatic nerve is made up of the L4 through S2 nerve roots. These nerve roots fuse to create the large sciatic nerve in the pelvic cavity. The sciatic nerve then exits the pelvis through the sciatic foramen posteriorly. From here it travels down the posterior thigh to the popliteal fossa. Finally, sciatic nerve terminates at the knee posteriorly in the popliteal fossa giving rise to tibial and common fibular nerves. Sciatica symptoms occur when there is pathology anywhere along this course of the nerve.

#### **Symptoms**

- Patient usually experience pain in the lumbar spine and almost invariable the pain is unilateral.
- Patient may describe a burning sensation or pain deep in buttocks.
- Patient frequently describe paraesthesia that accompanies the pain.
- Affected leg may have a heavy feeling

#### **Diagnosis**

Sciatica is mostly diagnosed by physical examination and history of symptoms.

Physical Test	Medical Imaging	
Straight leg test	a) Computerised	
a) Lasegues sign.	tomography	
This test is considered positive if pain in	b) Magnetic	
the distribution of the sciatic nerve is	resonance imaging	
produced with passive flexion of straight	c) MR	
leg between 30 and 70 degrees.	neurography	
b) Fajersztajn sign	d) Discography	
Straight raising the leg unaffected by		
sciatica may produce sciatica in the leg on		
affected side. The presence of this sign is		
a specific finding for a herniated disc.		

Volume 10 Issue 8, August 2021

www.ijsr.net

<u>Licensed Under Creative Commons Attribution CC BY</u>

Paper ID: SR21811005937 DOI: 10.21275/SR21811005937 486

## International Journal of Science and Research (IJSR)

ISSN: 2319-7064 SJIF (2020): 7.803

#### **General Management**

#### A) Patient Education

- Avoidance of activities involving prolonged sitting or standing.
- Practicing good, erect posture
- Use of hot or cold packs to decrease inflammation
- Gentle stretching of lumbar spine
- Regular light exercises such as walking
- Exercises to increase core strength

#### B) Medical Therapies

- Muscle relaxants
- Oral NSAIDs
- · Localised corticosteroid injections
- Physiotherapy
- Surgical evaluation and correction of any structural abnormality such as disc herniation.

#### **Homoeopathic Management**

Homoeopathic medicines are prescribed after proper case taking and individualisation of each case. Some of the commonly indicated remedies in sciatica are as follows:

- Colocynthis: It is one of the most important and commonly used remedy in sciatica. Particularly the right side is involved. The pains in sciatic nerve extend to the knee or the heel, worse from motion and aggravated by cold. Sensation as if thigh is bound with iron band or as though screwed in vise. The pain comes suddenly and leave suddenly, may be sticking or burning in character, worse from cold or damp and at night.
- Gnaphalium: This remedy is quite similar to colocynthis. It has intense neuralgic pains along the nerve and numbness. Worse when lying down, from motion, stepping and better while sitting in achair, pain extends to toes.
- 3) Arsenicum: With this remedy the pain is marked by complete intermissions, it increases every night at a particular hour and becomes unbearable, relieved by gentle motion. Aggravated by cold but relieved momentarily by warmth.
- 4) Rhus toxicodendron: This remedy typifies sciatica with muscular and ligamentous involvement. The pains are tearing, worse during rest, alleviated a short time only during motion. There is lameness and a disposition of muscular twitching, bowels are constipated. It is best remedy for combination of lumbago and sciatica. Sciatica arising from overexposure to wet or from lifting, over exertion. Great relief from warmth.
- 5) Colchicum: Right sided sharp shooting pains extending to knee, worse by motion, the patient must keep quite. The pain is sudden, constant and intolerable.
- 6) Belladonna: here the inflammation is high and the pains come on suddenly. There is neuritis and the course of the nerve is sensitive; the pain is especially severe at night, the parts are sensitive to touch, least draft of air aggravates. Severe lancinating pains coming on in the afternoon or evening, has to change position often, worse from motion, noise, shock, contact, cannot bear the clothing to touch him.

- 7) Magnesia Phosphorica: it is used for right sided sciatica. The pain is cutting, shooting, stabbing or stitching in nature. Pain starts in lower back and extends down the right hip, thigh, hollow of knee and leg.
- 8) Cotyledon umbilicus: is a well indicated remedy for intense sciatica pain accompanied by high sensitivity in lower limbs. Heaviness in lower limbs. There is stinging pain in left hip.
- 9) Valeriana officinalis: it is most suitable for sciatica that gets worse from standing. Sciatica pain is worse from stretching the leg. Walking may make things better. Severe pain is felt from the calf to heel.

#### References

- [1] Flug JA, Burge A, Melisaratos D, Miller TT, Carrino JA. Post operative extra spinal etiologies of sciatic nerve impingement. Skeletal Radiol.2018 Jul; 47 (7): 913 921. [PubMed]
- [2] Stynes S, Konstantinou K, Ogollah R, Hay EM, Dunn KM. Clinical diagnostic model for sciatica developed in primary care patients with low back related leg pain. PLoS One.2018; 13 (4): e0191852. [PMC free article] [PubMed]
- [3] T. J. Fowler; J. W. Scadding (28 November 2003). Clinical Neurology, 3Ed. CRC. p.59.
- [4] Wilkinson, C.; Chakraverty, R.; Rickard, I.; Hendry, M.; Nafees, S.; Burton, K.; Sutton, A.; Jones, M.; Phillips, C. (November 2011).
- [5] Dewey WA. Practical homoeopathic therapeutics. B. Jain Publishers; 2002.

487

Volume 10 Issue 8, August 2021 www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

Paper ID: SR21811005937 DOI: 10.21275/SR21811005937