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## Homoeopathic Management of Sciatica

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### ABSTRACT

An in-depth analysis and study of 30 cases for homeopathic treatment of sciatica was carried out.

Thirty cases were selected by stratified random sampling and a descriptive observational study was conducted. All 30 cases were studied with respect to detailed history, family and personal history, work history, life situation, miasmatic background and their response to constitutional homeopathic medicine selected through the Complete Repertory. A detailed study was conducted at each subsequent follow-up to understand the effectiveness of the ongoing treatment. The observations of all 30 cases are represented using various statistical techniques (pie chart, bar chart, tabular figures). A paired T test is used to analyze the data. The assessment is based on improvement in the patient's overall symptoms and overall physical and mental well-being. The results of the study conducted using a paired T test reject our null hypothesis and confirm our alternative hypothesis as true.

Thus, the result of our study is valid, indicating that a well-chosen constitutional homeopathic medicine is useful in the treatment of sciatica.

**Keywords:** Sciatica, Homoeopathic Treatment, Homeopathy and Homeopathic Medicine.

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### Introduction

It is said that sciatica affects once in a lifetime generally forty present in the population.

Doctors themselves are connected or affected by it. It causes loss of income for professionals and loss of working hours for industry.

Both my father and my father-in-law suffered from sciatica. My father-in-law had to undergo neurospinal surgery for sciatica. This prompted me to study sciatica in depth.

It is not only the mechanical pressure of the herniated disc on the spine, but also the inflammatory component. It usually starts as a degenerative process or simply aging.

Due to aging, bad posture, environmental factors, our back hurts. After a while it becomes unbearable and can radiate downwards.

But sciatica is not just a purely mechanical phenomenon. Pure pressure on a herniated disc will not cause pain. There is also an inflammatory component.

Various therapies are used around the world to relieve pain. Acupuncture,

Acupressure is also used, etc. As we will see in the literature review, this has been a problem for ages.

So I want to investigate whether we have good pain relief in homeopathy that can be found with the Complete Repertory.

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### Review of Literature

Radicular pain in the distribution of the sciatic nerve is called sciatica. It is very common. It is estimated that 13 to 40% of the population has suffered from it at some point in their lives.

EPIDEMIOLOGY of sciatica

Positive influences are genetic predisposition, age, walking, occupation, in particular

associated with physical activity, especially flexion or torsion of the arm often raised at shoulder height, driving motor vehicles.

Smoking has been associated with sciatica.

Sciatica appears more often in the 5th and 6th decade of life.

#### CAUSES of sciatica

Let's first look at the factors associated with the development of sciatica.

Factors associated with the development of sciatica.

#### Positive influence

- height increase (only in the older age group)

-Age

-Genetic predisposition

-Walk

-Jogging (if there is a previous history)

- Occupation (physical activity, driving, etc...)

-smoking

#### No influence

Gender, body weight, equality

#### Negative influence

Running – unless there is an underlying history of sciatica

These are the main causes of sciatica

#### Spinal disc herniation

A herniated disc that presses on one of the lumbar or sacral nerve root is the most common cause of sciatica, which is present in about 90 percent of cases.

#### Spondylolisthesis

Misalignment of the spinal vertebrae can cause sciatica.

#### Spinal stenosis

In this condition, the spinal canal narrows and compresses the roots of the sciatic nerve. This narrowing can be caused by inflammation of the bony spurs spondylolisthesis or a herniated disc that reduces the available space for the spinal cord, thereby pinching and irritating the nerves from the spinal cord that travel to the sciatic nerves.

#### Piriformis syndrome

Whenever the piriformis muscle spasms due to trauma or overuse, food causes compression of the sciatic nerve. It is also called a sciatica wallet because the wallet in the hip pocket compresses the muscles and sciatic nerve when the wearer sits down.

#### Pregnancy

Inflammation of the sciatic nerve can also occur during pregnancy due to the weight of the fetus pressing on the sciatic nerve when sitting or during leg cramps. Indirect damage can come from a numbing effect on the legs, which can cause loss of balance and falls.

#### Other causes of sciatica

Tumors involving the spinal cord

Cauda rajinama syndrome

Trauma, such as a car accident, can cause sciatica.

Uterine fibroids

Pelvic endometriosis

Malignancy such as bone or soft tissue sarcoma.

An infection such as an abscess or discitis can cause sciatica.

Pseudoaneurysm of the gluteal artery.

Let's summarize the non-discogenic causes of sciatica

Non-discogenic causes of sciatica

Malignancy - metastatic - bone or soft tissue sarcoma, sciatic neuroma, hemangioblastoma Infection - abscess, caseinosis disease, discitis

Vascular compression - Abnormal pelvic venous plexus, gluteal artery pseudoaneurysm

Bone compression – Osteophyte – sacro-iliac, zygoapophyseal, spondylolisthesis, spinal stenosis Muscular-pyiform syndrome Compression

Epidural adhesion

Gynecological - uterine myoma, pelvic endometriosis (cyclical pain)

**PATHOPHYSIOLOGY** of sciatica

Sciatica is generally caused by compression of the L4 or L5 lumbar nerves or sacral nerve roots S1 or S2 or S3 by compression of the sciatic nerve itself.

Image - Anatomy of the spinal disc

**DIAGNOSIS** of sciatica

The diagnosis of sciatica is made mainly on a clinical basis.

It is performed by the SLR test.

The patient is asked to lie on his back.

He is then asked to raise the painful leg without bending the knee at all.

Above 35 to 70 degrees there is severe pain.

Additional diagnostic modalities for sciatica.

MRI-Through MRI we can assess damage to the vertebral disc.

CT scan- Also used for visualization purposes.

X-ray – This shows where the vertebrae are damaged.

**DIFFERENTIAL DIAGNOSIS** of sciatica.

Sometimes the pain of herpes zoster mimics sciatica.

Lower back pain can also be similar to sciatica.

### **COMPLICATIONS OF CHD**

Loss of bladder and bowel control are major complications of sciatica because the nerve roots associated with L4 are related to bladder and bowel function.

Treatment of sciatica

Treatments for sciatica are available in various systems of medicine.

It is always advisable to treat sciatica conservatively. The main goal of sciatica treatment is pain relief and quality of life. In modern medicine, oral pain relievers or intraspinal steroid injections are given.

Physiotherapy has a major role in the treatment of sciatica. Different kinds of sections are provided.

It is considered Vaat in Ayurveda.

Spinal cord stimulation is performed surgically. The adhesions are broken.

Cognitive behavioral therapy is used.

Acupuncture is also sought after for sciatica relief.

### **HOMOEOPATHIC APPROACH**

Having gone through the clinical understanding of sciatica, let us now focus on the approach of homeopathy. There are many things to keep in mind in this process; first of all, the most important thing is to take over the cases correctly.

First, we should start with a blank mind and blank paper. We should not be biased for or against any remedy.

As stated in Aphorism No. 83 to 104, every symptom should be investigated. A new flag should be triggered on a new line. Details should be requested from the patient and relatives. Generalities as well as characteristic details are very important.

### **MIASMATIC UNDERSTANDING**

It is always essential to know about miasma for various reasons.

-Miasmus is a dynamic thing.

-It affects on a dynamic level.

-The basic premise of miasmatic infection is receptivity

- As a result of miasmata, there is a dynamic disruption of the life force.

- Deep-acting anti-miasmatic medicine opens cases due to centrifugal action.

-In one-sided cases, knowledge of miasmata proves to be very important. If the patient has only the clinical picture of sciatica and nothing else, the knowledge of miasmata will prove to be important. A possible family history of fatal diseases will indicate an antimiasmatic drug and open the case.

-Miasma and symptoms are 2 sides of the same coin. Completeness should also cover basic miasma.

-When several symptoms disappear after treatment. If the next medicine is selected from the same miasma as the previous one, we can be sure of our prescription.

- Layers of suppression are removed after antimiasmatic

-Knowledge of the miasma is important for evaluating the homeopathic prognosis.

-Fulfill Hahnemann's 3 Commandments - Fast, Gentle and Permanent.

-After proper antimiasmatic treatment the following things happen

a-feeling of well-being

b-Improved energy

c-Increased appetite.

d-Better sleep

e-Tranquility of temperament

f- Stability in terms of weight

g- Clarity in presenting symptoms

h - Suppressed symptoms return

-Antimiasmatic medicine removes suppression

Miasmata related to sciatica

The material inside the vertebral disc spills out, so the sycoitic aspect comes into play.

Sciatica is related to age-related degeneration, i.e. the syphilitic aspect.

So, from the point of view of pathology, the miasma associated with sciatica is syco-syphilitic.

The use of the repertoire is a major part of homeopathic management.

Anamnesis:

Dr. Hahnemann described the necessary guidelines to be taken into account consideration in accepting a case, in aphorisms 83-104 Organon of Medicine.

Throughout the process of receiving a case, it is the personal experience of acute and accurate observation and the medical history made that should be mastered and applied to the physician.

Case taking is the unique art of eliciting conversation, observation, and information medicine gathering from the patient as a person and disease.

The first examination is complete and through the examination of the patient is the key to success and everything important for the patient and the doctor. It was in this that the earlier pioneers of homeopathy, Hahnemann, Gross, Boenninghausen, Hering, Lippe, Wesselhoff, Wells, Guernsey, Bayard, Ruddock, Minton and others achieved their wonderful results and achieved unique success in treatment.

Strict individualization is the cornerstone of homeopathy, without it the selection of a similar remedy is highly empirical. Case taking is essential and symptoms are committed to writing. Then the doctor does not have to think that he has a similimum.

If the entry is not completely written, the selection is very difficult. If the first remedy is similimum and is palliative and relieving for a short time, but it cures. The constitutional miasma has been overlooked and neglected and must be included in the summary of symptoms in further history. Study the family history.

The totality is not a random conglomeration of a symptom complex, but represents the disease state in its entirety. It must be a true picture or portrait of the disease' (Bidwell 1981)

The concept of totality is central to the practice of homeopathy. Appreciating totality requires us to take logical and analytical steps that can help integrate and synthesize the data collected from the patient. Illness and health are a dynamic phenomenon in homeopathy, unlike modern medicine, which considers them as a material cause (material pecans).

Disease is the result of constant interactions between the vital force and the external environment. Dr. Hahnemann also emphasized knowledge of the disease as well as the cure.

In case of illness, the doctor should know what to treat. For this, the Master advises in aphorism No. 6 not to notice anything other than changes in the state of health of the body and mind (disease phenomena, symptoms) that can be perceived externally by the senses, that is, he only notices deviations from the former healthy state of a newly ill individual, which felt by the patient himself and observed by others and the doctor. All this forms the true and only conceivable portrait of the disease.

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## Summary and conclusion

### **SUMMARY:-**

"Research is seeing what everyone else has seen and thinking what no one else is thinking" - Albert Szent Gyorgyi.

This quote by Albert Gyorgyi sums up my interest and why I studied it topic.

**OBJECTIVE:** The scope of homeopathy is very wide in cases of sciatica. In-depth analysis 30 cases will help to understand the practical utility and effectiveness of the complete repertoire in managing sciatica. The ideal approach will be the treatment of sciatica with constitutional homeopathic medicine.

This study of 30 migraine cases was conducted in OPDs, IPDs and peripheral OPDs of our homeopathic medical faculty and postgraduate institute. The emphasis was on recording symptoms in the patient's language and their simultaneous translation into a report Language. Data were recorded in a standardized case record format. Totality was built in in the form of reporter syndrome. After the case was solved and analyzed, the observation was illustrated graphically using bar graphs and pie charts that provide visual representation and statistics studies.

A paired t test was also performed to determine the role and utility of the complete repertoire in solving cases of sciatica.

### **CONCLUSION:-**

After a detailed observation and analysis of 30 cases, the following conclusions were drawn drawn-

- All 30 cases of sciatica- were managed with homeopathic treatment.
- Out of 30 cases, syco-syphilitic miasma prevailed.
- Sensitivity varied from high to low, with the maximum patient having high sensitivity (73% of cases).
- Out of 30 cases – 8 cases showed no improvement with recurrence of symptoms.
- Here I have found the importance of careful observation, translating the information gathered from the patient and his relatives into a reporting language, which helps in finer differentiation of drugs and maturation of rational prescription.
- The complete repertoire has various rubrics and sub-rubrics which help a lot in finer differentiation in a more specific way.
- The most important conclusion is that: 'Repertory is a means, not an end in itself.' Repertorization helps to arrive at a group of remedies. The final court of appeal is the Materia Medica, so you must return to the Materia Medica after repertorization. A complete repertoire has its advantages and disadvantages, as no instrument is perfect and its usefulness depends on the person using it. One must be aware of the limits and scope of one's tool. The complete list provides a large number of cross-references and sub-categories to aid in rapid prescribing.

Suggestions for further study — The study was conducted with a sample size of 30 cases. Further study can be done with a larger sample with a particular focus on comparing the different rubrics available in other repertoires.

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