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Clinical Improvement in Acute Left-Sided Sciatica During Treatment with Gnaphalium polycephalum: A Case Report

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ABSTRACT :

Sciatica commonly presents as pain radiating along the course of the sciatic nerve and may occur with numbness, tingling or weakness. This case report concerns a 27-year-old male student who developed acute left-sided sciatica following an injury while playing basketball. Pain began in the left lumbosacral region and extended to the posterior aspect of the knee. He described the pain as sharp, shooting and neuralgic, occurring in paroxysms and followed by numbness. The complaints were worse on lying down, walking, movement and exposure to cold after exertion, while sitting, drawing the affected limb upward and firm pressure provided relief. Straight-leg raising was positive at 45 degrees on the left side. At presentation, the Visual Analogue Scale (VAS) score was 7/10 and the Sciatica Bothersome Index (SBI) was 12. Gnaphalium polycephalum was prescribed because the patient's symptom pattern, particularly the combination of sciatic pain, numbness and characteristic modalities, corresponded with its description in homoeopathic materia medica. Treatment was started with 30C and subsequently changed to 200C as recorded during follow-up. By the final assessment, VAS had fallen to 2/10 and SBI to 6, representing reductions of 71.4% and 50.0%, respectively. No adverse event was recorded. Although the improvement observed during follow-up was clinically meaningful, the course of a single case cannot demonstrate treatment efficacy or establish causation. Acute sciatica may improve spontaneously, and the parent randomized study did not show a statistically significant advantage of Gnaphalium over placebo.

Keywords: Gnaphalium polycephalum; Homoeopathy; Sciatica; Neuralgia; Numbness; Visual Analogue Scale; Sciatica Bothersome Index.

I. Introduction

Sciatica is generally recognized as pain arising from the lumbosacral region and radiating into the lower limb in a sciatic or nerve-root distribution. Numbness, paraesthesia or weakness may accompany the pain, and the straight-leg-raising test can be positive. Lumbar disc herniation and degenerative spinal changes are among the common causes; however, a definite structural cause cannot be assumed in the absence of appropriate diagnostic evidence [1-5].

In homoeopathic literature, Gnaphalium polycephalum has long been associated with neuralgic and sciatic complaints, especially when pain occurs with numbness, alternates with it, or is followed by it. Classical materia medica also describes aggravation from lying and walking, with relief on flexing or drawing up the affected limb [6,7]. The case presented here was drawn from the active-treatment arm of a single-blind randomized placebo-controlled dissertation study conducted at Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jaipur.

II. Case Presentation

A 27-year-old unmarried male student from a rural background presented on 19 January 2026 with acute pain on the left side along the sciatic distribution. The complaint had started about one week after an injury sustained while playing basketball. Before presentation, he had taken analgesics and used a topical ointment, which gave only temporary relief. The pain started in the left lumbar and sacral region and radiated to the posterior aspect of the knee. He described it as sharp, shooting and neuralgic, occurring in paroxysms and followed by numbness. The pain also disturbed his sleep.

The pain was aggravated by lying down, walking, movement and exposure to cold after exertion. Sitting in a chair, drawing the affected limb upward and firm pressure gave relief. His general characteristics included a chilly thermal preference, increased thirst with a tendency to drink large quantities at a time, increased appetite, desire for cold drinks and ice cream, hard stool once daily, moderate perspiration and 7-8 hours of sleep. The case record also noted that he was affectionate and sympathetic, worried about loved ones, fearful of darkness and ghosts, and easily influenced by impressions.

III. Clinical Findings and Diagnostic Assessment

On general examination, his height was 168 cm and weight 60 kg, giving a BMI of approximately 21.3 kg/m². Blood pressure was 130/65 mmHg, pulse 81/min, temperature 98.5°F and respiratory rate 17/min. Straight-leg raising was positive at 45 degrees on the left side. Tenderness and local warmth were present over the affected area. The diagnosis recorded in the study was sciatica (ICD-10 M54.3). No MRI or nerve-conduction study was

documented for this case; consequently, no specific structural cause has been assigned in this report.

IV. Homoeopathic Assessment and Therapeutic Intervention

For prescription, greater importance was given to the left lumbosacral pain radiating posteriorly, the sharp and shooting neuralgic character of the pain, numbness following pain, disturbed sleep, relief from pressure and relief on drawing the limb upward. This combination of symptoms closely matched the classical description of Gnaphalium polycephalum in sciatic neuralgia associated with numbness [6,7], and the medicine was selected on that basis.

Date	Clinical course	Recorded prescription
19 Jan 2026	Initial presentation; VAS 7/10; SBI 12	Gnaphalium polycephalum 30C, BD for 14 days
02 Feb 2026	Slight improvement in numbness and pain intensity	Gnaphalium polycephalum 30C, OD for 14 days
16 Feb 2026	No substantial additional improvement from previous follow-up	Gnaphalium polycephalum 30C, BD for 14 days
02 Mar 2026	Numbness decreased; pain while sitting persisted	Gnaphalium polycephalum 200C, OD for 14 days
16 Mar 2026	Pain intensity and numbness decreased	Placebo labelled 200C, OD for 14 days; active medicine withheld
30 Mar 2026	Final scale assessment: VAS 2/10; SBI 6	Placebo labelled 200C, OD for 14 days

V. Follow-up and Outcomes

At baseline, the VAS score was 7/10. The SBI consisted of leg pain 5, numbness/tingling 3, weakness 1 and back/leg pain while sitting 3, for a total score of 12. At the final assessment on 30 March 2026, the VAS score was 2/10. The SBI components at that visit were leg pain 3, numbness/tingling 1, weakness 0 and pain while sitting 2, giving a total score of 6.

Outcome	Baseline	Final	Change
VAS	7/10	2/10	-5 points (71.4% reduction)
SBI	12	6	-6 points (50.0% reduction)

No adverse event was noted in the case record. Supportive measures included lumbar support, sleeping on a hard surface, avoiding physical exertion and sudden movements, and following the exercise and stretching programme advised by the physiotherapy department.

VI. Discussion

The most characteristic feature of this case was the combination of shooting sciatic pain and numbness. Aggravation from lying and walking, together with relief from drawing the limb upward, further resembled the Gnaphalium picture described by Clarke and Boericke [6,7]. During the recorded follow-up, VAS decreased by 5 points and SBI by 6 points. Improvement was also observed after the active medicine had been withheld and placebo was prescribed, a point that needs to be considered when interpreting the clinical course.

The improvement in this patient should therefore be interpreted with caution. Sciatica, particularly when acute, can follow a variable course and may improve over a period of weeks without a specific intervention. Other factors in this case, including regression to the mean, supportive advice, physiotherapy, contextual influences and placebo effects, may have contributed to the outcome. The findings of the parent dissertation also support a cautious interpretation: both groups improved from baseline, but Gnaphalium did not show statistically significant superiority over placebo in the between-group analysis (post-treatment VAS: U=566, p=0.322; post-treatment SBI: U=632, p=0.860). Thus, this case is presented primarily to illustrate the clinical basis for remedy selection and the patient's progress over time, rather than as evidence of a causal treatment effect.

VII. Conclusion

This case describes acute left-sided sciatica in which sharp, shooting neuralgic pain followed by numbness, along with the recorded modalities, formed the basis for prescribing Gnaphalium polycephalum. Over the follow-up period, VAS decreased from 7/10 to 2/10 and SBI from 12 to 6. The symptom pattern showed a clear correspondence with the traditional materia-medica description of Gnaphalium. However, the response observed in one patient cannot determine efficacy. Further controlled research with adequate sample sizes, objective diagnostic assessment and rigorous reporting is needed to clarify whether Gnaphalium offers benefit beyond natural recovery and contextual or placebo effects.

Declarations

Ethics approval: The parent study received ethical approval from the Institutional Ethics Committee/Institutional Review Committee of Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jaipur. The dissertation includes an ethics clearance certificate dated 28 August 2024 (Ref. SKHMC/IRC/2024-25/72). Authors should verify the reference number against the original certificate before submission.

Consent: Written informed consent for participation was documented in the dissertation. The consent form states that identity will not be disclosed in released or published information. The authors should confirm that the signed consent is sufficient for publication of anonymized case details under the journal's current requirements.

Conflict of interest: [Insert authors' declaration; if none: "The authors declare no conflict of interest."]

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Data availability: The clinical information presented in this report was obtained from the anonymized representative case record included in the

dissertation. Any information that could identify the patient should remain confidential.

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