Case Series

Individualized homoeopathic treatment for sciatica: A retrospective case series

Jyoti Sharma¹, Suman Chaudhary^{2*}

¹Ph.D. Supervisor, Assistant Professor, Department of Materia Medica, Homoeopathy University, Jaipur, Rajasthan, India

^{*}Corresponding author email: drsuman1989@gmail.com



International Archives of Integrated Medicine, Vol. 12, Issue 1, January, 2025.

Available online at http://iaimjournal.com/

ISSN: 2394-0026 (P) ISSN: 2394-0034 (O)

Received on: 9-1-2025 Accepted on: 20-1-2025
Source of support: Nil Conflict of interest: None declared.

Article is under Creative Common Attribution 4.0 International

DOI: 10.5281/zenodo.14737532

How to cite this article: Jyoti Sharma, Suman Chaudhary. Individualized homoeopathic treatment for sciatica: A retrospective case series. Int. Arch. Integr. Med., 2025; 12(1): 12-19.

Abstract

Sciatica is a very painful condition that occurs due to pathology anywhere along the sciatica nerve pathway. Sciatica pain may occur in the lumbosacral nerve root or along the distribution of sciatica nerve. In the homeopathic literature several medicines are indicated for sciatica but limited clinic evidence-based studies are available. This case series generate preliminary data base for usefulness of homoeopathy in sciatica.

Cases Summary: We presented three cases of chronic sciatica treated with homoeopathy remedies. The outcome was assessed on two criteria, first was pain assessed by Numeric rating score and second was quality of life of sciatica patients was assessed with Oswestry Disability Index Scale. The Pain was assessed at end of each month and the quality of life was assessed at base line and at the end of treatment. At the end of six months follow up both the score showed improvement after the homoeopathy remedy. Result point out preliminary evidence of utility of homoeopathy remedies in chronic sciatica and stimulate further research in this area.

Key words

Chronic sciatica, Sciatica, Chronic disease, Lumbar radiculopathy, Homoeopathy, Oswestry Disability Index Scale, Numeric rating score.

Introduction

Sciatica is a common condition characterized by pain with different sensation as like pulling, stretching with numbness and tingling in the lower lumbar to gluteal region to lower limb. Sciatic nerve which runs from the lumbar spine down to the legs is responsible for controlling

²Ph.D. Scholar, Homoeopathy University, Jaipur, Rajasthan, India

many of the muscles in the lower extremities. Sciatica is a complex condition with multiple causes such as herniated discs in the lumbar spine, degenerative spine, spinal stenosis, spondylolisthesis, piriformis syndrome, muscle strain, trauma and tumors at sciatic nerve, and multi-factorial pathogenesis [1, 21. Epidemiological studies indicate a lifetime risk of developing sciatica ranging around 13 to 14 percentage of people. Every year around 1-5 percentage of people experience sciatica. The prevalence ranging from 1.6% to 43%. The commonest age group for sciatica around 40 to 59 years. Some occupational risk factor belongs to those people with jobs that require twisting, carrying heavy loads, driving for long period are at higher risk. The risk of developing sciatica is additionally influenced by co-morbidities such as obesity and diabetes, as well as lifestyle factors including prolonged sitting [3 4].

Homeopathy offers several remedies for sciatica aiming to alleviate symptoms and address underlying causes. In the homoeopathic materia medica and other review literature following homoeopathic medicines are indicated for sciatica are Colocynth, Gnaphalium, Rhus. tox, Kali. Carbonicum, Belladonna, Magnesia Phosphorica, Lycopodium, Nux vomica and many more [4, 5, 6, 7]. Homoeopathic remedies can help in reduce inflammation and irritation in the affected sciatic nerve and its surrounding tissue which indirectly reduces the sciatica pain. The sciatica become chronic it is more problematic and greatly interfere with quality of life of individual. Homoeopathy remedied plays a role in restoring the normal function of sciatic nerve by reducing the inflammation and pain. Homeopathy management focuses on improving overall health and wellbeing, reducing stress, anxiety and promoting relaxation and wellbeing of individual [8, 9].

Materials and methods

Three cases of chronic sciatica diagnosed with clinical examination and MRI report with discogenic causes for sciatica, both gender, age group was 18 to 60 years from the outpatient department were selected as sample. A detail case taking with present history, past history, family history, physical general, mental history was taken and followed by analysis, evaluation, totality of symptoms and repertorisation was done and individualized homoeopathic remedies were selected. The assessment of pain was done with Numerical Rating Score at every month up to six months of follow up. The Numerical Rating Score is a segmented numerical version of visual analogy scale where respondent selects a number from 0 to 10. Zero number represents no pain and 10 number represents worst pain in Numerical Rating Score [10]. The quality of life of sciatica patient was assessed with Revised Oswestry Disability Index scale. It consists of ten sections with six statements in each section. The first statement represents the 0 score and six represent 5 score. Sections concerning the intensity of pain daily activities and travelling [11].

Case 1

50-year-old male doing Business having complain of Pain and pulling sensation in the lower back region (Left Side) which radiate to left side lower limb up to feet since 2019.Patient also having Hypertension for 2 years taking allopathic medicine for it blood pressure is under controlled. Patient desire sweet. Thermally he was hot patient. Patient was constipated, his stool was dry hard require pressure to pass it. In his past history nothing major illness only affected with Covid infection. No any major illness in his family History. Patient could not support injustice. He was obstinate, loquacious, hurry in work, and easily became angry at trifle.

Diagnosis was done with the help of MRI report and SLR test during physical examination. Case was analysed, reportorial analysis (**Figure - 1**) and medicine was prescribed. All detail of prescription, follows up and different assessment given in the **Table - 1**.

Table – 1: De	tail of Case 1.		
Date of	Prescription/ follow up and comment	NRS	ODI Revised
Prescription		Numerical	Oswestry
/follow-up		Rating	Disability Index
		Score	
09-10-23	Causticum 1M single dose Sac Lac BD for 30 days	07	Total 33 that
At baseline			means 66%
			Crippled
20-11-23	Quality of life improved but pain present at over	05	Total 07 that
	exertion		means 14%
	Causticum 1M single dose Sac Lac BD for 30 days		minimum
	Advice given to take proper rest		disability
30-12-23	Still Patient feels pain in left leg and back region on	05	
	over exertion		
	Causticum 1M single dose followed by Sac Lac BD		
	for 30 days		
	Mag Phos 6x BD SOS		
19-01-24	Improvement	03	
	All over patient feels good quality of life also		
	improved.		
	Sac lac single dose followed by Sac Lac for 30 days		
13-02-24	Improvement	01	Total 01 that
	Sac lac single dose followed by SL Bd for 30 days		means 02%
30-03-24	Patient feels good, living good quality of live. No	00	minimum
	pain in leg or back		disability
	Sac lac single dose followed by SL Bd for 30 days		
20-04-24	Patient feels good, living good quality of life. No	00]
	pain in leg or back		
	Sac lac single dose followed by SL Bd for 30 days		

<u>Figure − 1</u>: Reportorial analysis of case 1.

Remedy	Sulph	Lyc	Caust	Phos	Thuj	Ign	Bry	Kali-c	Nux-v	Rhus-t
Totality	30	28	27	27	27	26	26	26	26	26
Symptoms Covered	9	8	9	9	9	9	8	8	8	8
[Complete] [Mind]Injustice, cannot support:	1	0	3	1	1	2	1	0	3	0
[Complete] [Mind]Loquacity:	3	3	2	3	2	3	4	1	3	4
[Complete] [Mind]Hurry, haste:	4	4	3	3	3	4	3	3	3	3
[Complete] [Mind]Obstinate, headstrong:	3	4	3	2	3	4	3	3	4	1
[Complete] [Mind]Anger:	4	4	4	4	4	4	4	4	4	4
[Complete] [Generalities]Food and drinks:Sweets:Desires:	4	4	1	3	3	1	3	4	1	3
[Complete] [Generalities]Warmth:Agg.:	4	4	3	4	4	4	4	4	4	4
[Complete] [Stool]Hard:	4	4	4	4	4	3	4	4	4	3
[Complete] [Extremities]Pain:Sciatica, sciatic nerve:Left:	3	1	4	3	3	1	0	3	0	4
[Complete] [Extremities]Pain:Sciatica, sciatic nerve:Right:Bending agg.:	0	0	0	0	0	0	0	0	0	0

Case 2

45 years old female was having a complain of pain with stiffness in the lower back region which radiate to both lower limbs since 4 to 5 months. Pain was aggravated in morning, by motion and by exertion. Pain was ameliorated by complete rest and by hard pressure. Patent desire spicy food. She was constipated, stool dry hard require pressure to pass. She was thirty for large quantity of water. Thermally patient was chilly. In her past history she had history of typhoid fever in childhood and chikangunia before 1 year. In her family history father having pile,

mother having allergic rhinitis, grandfather having recurrent renal stone, brother having recurrent renal stone. Patient was irritable on small maters. she had anxiety about disease. Patient was hurry in nature and wants of confidence desire, bargaining nature. Diagnosis was done with the help of MRI report and SLR test was positive in both legs.

After detail case taking analysis, evaluation and reportorial analysis (**Figure- 2**) was done. All detail of prescription, follows up and different assessment given in the **Table - 2**.

Figure – 2: Reportorial analysis of case 2.

Remedy	Bry	Sulph	Nat-m	Nux-v	Lyc	Phos	Ars	Puls	Verat	Sil	Нер
Totality	33	31	30	29	28	28	27	26	26	26	24
Symptoms Covered	10	10	8	9	9	7	8	8	8	7	8
[Complete] [Mind]Irritability:	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]Bargaining:	1	1	0	0	0	0	0	3	0	3	0
[Complete] [Stomach]Thirst:Large quantities, for:	4	4	4	2	1	4	4	0	4	0	0
[Complete] [Face] Dryness:Lips:Thirst:With:	4	1	0	1	3	0	0	3	3	0	1
[Complete] [Generalities]Coldness, lack of vital heat:	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Generalities]Food and drinks:Spices, condiments, piquant, highly seasoned food:Desires:	3	4	3	3	1	4	3	3	3	0	3
[Complete] [Stool]Dry:	4	4	4	4	4	4	3	1	1	4	4
[Complete] [Back]Stiffness:	4	4	4	4	4	4	4	4	3	4	3
[Complete] [Back]Pain:Stitching:	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Back]Pain:Lumbar region, lumbago:Extending to:Lower limbs:	1	1	3	3	3	0	1	0	0	3	1

Figure – 3: Reportorial analysis of case 3

Remedy Name	Caust	Nat-m	Sep	Ign	Phos	Puls	Sulph
Totality	30	30	28	27	26	26	25
Symptoms Covered	9	9	9	7	8	8	9
Kingdom	×	×	et	1	×	N .	×
[Complete] [Mind]Grief: (255)	4	4	3	4	2	4	3
[Complete] [Mind]Sensitive, oversensitive: (534)	4	3	4	4	4	3	4
[Complete] [Mind]Anxiety:Family, about his: (75)	3	1	1		3	1	1
[Complete] [Mind]Weeping, tearful mood:Easily: (97)	4	3	3	4	1	4	1
[Complete] [Generalities]Food and drinks:Salt or salty food:Desires: (3	4	3		4	2	3
[Complete] [Mind]Anxiety:Health, about: (312)	3	4	4	4	4	4	4
[Complete] [Stomach]Appetite:Diminished: (844)	4	4	4	4	4	4	4
[Complete] [Generalities]Coldness, lack of vital heat: (755)	4	4	4	4	4	4	4
[Complete] [Back]Pain:Lumbar region, lumbago:Extending to:Lower li	1	3	2	3			1

Table – 2: Det	ail of Case 2		
Date of	Prescription/follow up and comment	NRS	ODI Revised
Prescription		Numerical	Oswestry
/follow-up		Rating	Disability Index
		Score	
10-10-23	Bryonia 200 6 doses Sac Lac BD for 30 days	07	Total 33 that
At baseline			means 66%
			Crippled
09-11-23	No new symptoms appear Pain decrease mild,	05	Total 02 that
	stiffness also decrease		means 04%
	Sac Lac single dose		minimum
	Followed by SL BD for 30 days		disability
13-12-23	Mild pain was present. Patient feels constipated	03	
	again		
	Bryonia 200 6 doses Sac Lac BD for 30 days		
11-01-24	Very mild pain was present, no stiffness. Patient	02	
	feel mentally relax. No history of constipation		
	present		
	Sac Lac single dose		
	Followed by SL BD for 30 days		
13-02-24	No pain was present. Patient feels relax	01	Total 01 that
	Sac Lac single dose		means 02%
	Followed by SL BD for 30 days		minimum
15-03-24	No pain or stiffness present	00	disability
	Sac Lac single dose		
	Followed by SL BD for 30 days		
10-04-24	No pain or stiffness present Patient feel mentally	00]
	relax no anxiety present.		
	Sac Lac single dose		
	Followed by SL BD for 15 days		

Table − 3: Detail of Case 3							
Date of	Prescription/follow up and comment	NRS	ODI Rev	ised			
Prescription/		Numerical	Oswestry				
follow-up		Rating Score	Disability				
			Index				
09-10-23	Natrum mur 1M Single dose followed by SL BD	08	Total 33	that			
At baseline	for 15 days		means	66%			
			Crippled				
13-11-23	Appetite Good Pain decrease feeling good and	04	Total 01	that			
	hopeful		means	02%			
	Sac Lac single dose Followed by SL BD		minimum				
11-12-23	Sore throat since 2 days fever like sensation,	02	disability				
	Intensity of sciatica pain decrease						
	Heparsulph single dose followed by SL BD for						
	15 days						
17-01-24	Very little mild pain was present	01					

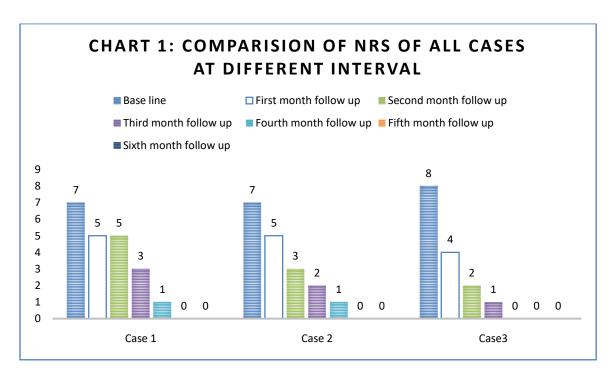
	All over patient feels good		
	Sac Lac single dose Followed by SL BD		
20-02-24	No any Sciatica Pain. Pain only occurs while	00	Total 01 that
	lifting heavy weight but for short duration		means 02%
	Patient is now feeling good mentally hopeful		minimum
	for future		disability
	Sac Lac single dose Followed by SL BD		
18-03-24	Patient feeling good. Patient had avoided to lift	00	
	heavy weight. Did proper exercise.		
	Sac Lac single dose Followed by SL BD		
15-04-24	No new symptoms or old symptoms. Patient	00	
	feeling well		
	Sac Lac single dose Followed by SL BD		

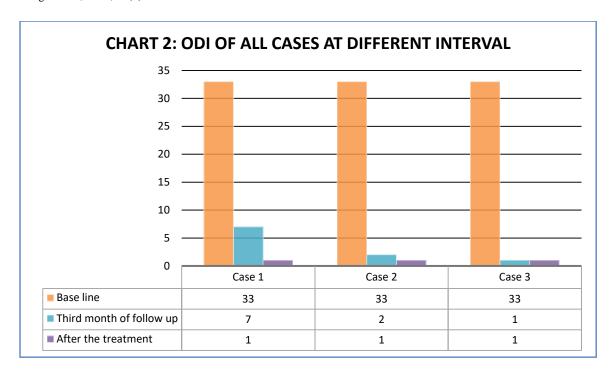
Case 3

34 years old female was having dull pain in lower back region which radiate to both lower limb since January 2023. Pain was aggravated by exertion, walking, sitting long time. Pain was ameliorated with complete rest only. She desires salty food. Her appetite was decreased, thermally chilly patient. In her past history of recurrent cold and cough. In her family history brother and father have allergic rhinitis mother having hypertension. Patient was in a grief due to her father's death in December 23. After a month of her father's death his husband suffered from

Acute myocardial infraction but survived. Within month after she started back and leg pain and her health were also get affected. She was in anxiety about health of her family. She is sensitive in nature weeps easily, when alone, timid in nature. She was having anxiety about health of herself also.

Detail history was taken. Case was analysis and reportorial analysis was done (**Figure - 3**) All detail of prescription, follows up and different assessment given in the **Table - 3**.





Discussion

This case series presents three patients with sciatica, two female and one male who were assessed with NRS for pain intensity and ODI for quality of life. The patient had baseline NRS score of 07 (two cases) and 8 (one case), indicating sever pain. The ODI scores revealed that all three patients were crippled with significant impairment in their daily activities. Individualized homoeopathic medicines were prescribed for each patient on bases of homoeopathic principles. The result shows that three-patient experienced significant improvement in their symptoms with reductions in NRS scores and ODI indices (Chart -1, 2). Along with the homoeopathic medicine all three patients were advised general management like exercise. The success of homoeopathic treatment in these cases can be attributed the individualised approach, which considered the characteristics of each patient. Homoeopathy holistic perspective, addressing physical, emotional and mental aspects, may have contributed to patients improved quality of life. The common finding among all three cases with ODI indices was patient as soon as lift heavy weight it causes sciatica pain to reappear.

Conclusion

This case series demonstrated the potential benefits of individualised homoeopathic treatment for sciatica patients with severe pain and impairments in NRS and ODI scores. All three cases shown marked improvement. A further research study with good design, large sample size, long follow up period and randomization are required to confirm the efficacy of homoeopathic medicines in the management of sciatica.

Acknowledgement

The authors are thankful to all reviewers for reviewing and editing the article. Also thankful to Homoeopathic University, Jaipur Rajasthan India to encouraging and to give support to us to write the article.

References

- 1. Flug JA, Burge A, Melisaratos D, Miller TT, Carrino JA. Post-operative extraspinal etiologies of sciatic nerve impingement. Skeletal Radiol., 2018 Jul; 47(7): 913-921.
- 2. Hicks BL, Lam JC, Varacallo M. StatPearls [Internet]. StatPearls

- Publishing; Treasure Island (FL): Aug 4, 2023. Piriformis Syndrome.
- 3. M. A. Stafford, P. Peng, D. A. Hill. Sciatica: a review of history, epidemiology, pathogenesis, and the role of epidural steroid injection in management, BJA: British Journal of Anaesthesia, October 2007; 99(4): 461–473.
- Davis D, Maini K, Vasudevan A. Sciatica. 2022 May 6. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan–. PMID: 29939685.
- 5. Samuel Lilienthal. Homoeopathic therapeutics the classical therapeutic hints, 21st Impression: 2013, B. Jain Publishers (P) LTD, Pg. 370.
- 6. Kaur Avinash. Sciatica and its Homoeopathic management. International Journal of Science and research, August 2021; 10(8): 486-487.
- 7. William Boericke. Pocket manual of homoeopathic materiamedica, 9th edition, Indian Books & Periodicals Publishers; Pg. 821

- Sharma J, Chaudhary S. Chronic sciatica treated with individualized homoeopathic medicine: A case report. International Journal of Homoeopathic Sciences, 2024; 8(1): 03-07.
- Das SK, Basu T, Tabassum SN, Sarkar A, Ghosh S, Koley M, Saha S, Nath A, Khamrui S. Efficacy of Individualized Homeopathic Medicines in the Treatment of Sciatica Pain: Double-Blind, Randomized, Placebo-Controlled Trial. J Integr Complement Med., 2024 Jul; 30(7): 671-681. doi: 10.1089/jicm.2023.0260. Epub 2024 Feb 1. PMID: 38301139.
- 10. Haefeli M, Elfering A. Pain assessment.
 Eur Spine J., 2006 Jan; 15 Suppl 1(Suppl 1): S17-24. doi: 10.1007/s00586-005-1044-x. Epub 2005 Dec 1. PMID: 16320034; PMCID: PMC3454549
- Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine (Phila Pa 1976).
 Nov 15; 25(22): 2940-52; discussion 2952. doi: 10.1097/00007632-200011150-00017. PMID: 11074683