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HOMOEOPATHIC MANAGEMENT OF SCIATICA

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INTRODUCTION-Sciatica is often accustomed describe radiating leg pain. it's caused by inflammation or compression of the lumbo-sacral nerve roots (L4-S1) forming the sciatic nerve[1], which is that the largest nerve within the form. Sciaticacan cause severe discomfort and functional limitation. it's the name given to the present pain caused by irritation of the nerve. Anything that irritates this nerve can cause pain, starting from mild to severe.

EPIDEMIOLOGY-

Sciatica may be a relatively common condition with a lifetime incidence varying from 13% to 40%. The corresponding annual incidence of an episode of sciaticaranges from 1% to 5%[2,3].

HISTORY-

The ancient Greeks were accustomed to sciatic neuralgia and used the term ‘sciatica’, to explain pains or ‘ischias’ felt round the hip or thigh.

Hippocrates himself spoken ‘ischiatic’ pain affecting men between 40 and 60 yr. He observed that young men described pain that lasted about 40 days before resolving spontaneously. He also noted that pain radiating to the foot was a decent prognostic sign, whereas localized hip pain was less likely to resolve[4].

The Italian anatomist Domenico Cotugno (1736–1822) wrote the primary book onsciatica in 1764 and for several years it absolutely was referred to as Cotugno's disease[5]. He was the primary to differentiate sciatica because of nervous disease from the aching pain related to low back pain. He observed that sciatica might be continuous or intermittent and noted that continuous pain could becomeintermittent, but not contrariwise.

By the 19th century, sciatica was thought to ensue to a spread of rheumatic conditions causing inflammation of the nervus ischiadicus. However, early frustrations with difficulties in identifying a reason for and treating sciatica were expressed by Fuller in his book Rheumatism, Rheumatic Gout and Sciatica (1852). He stated ‘the history of sciatica is, it must be confessed, the record of pathologicalignorance and therapeutic failure’[6]. There is

also many pain management physicians who would trust those sentiments today.

The disk was first implicated as a causative think about sciatica within the early 20th century. Schmorl[7] and Andrae (1929)3 described posterior disc protrusions seen at post-mortem studies, but didn't link these with sciatic pain and concluded they were probably asymptomatic in life. In an early surgical management of sciatica, the neurosurgeon Eslberg (1931)[8] described removal of cartilaginous 'tumours' from the canal, with subsequent improvement of symptoms. He considered the chance that these 'tumours' could of course be prolapsed disc material. This idea, however, was initially rejected.

The concept of prolapsed disc material causing pain was later revisited by Mixter and Barr who reviewed the pathology of all excised chondromas of the spine held within the Harvard school of medicine pathology museum, comparing them with normal disc material. Of 16 specimens reviewed, 10 were judged to contain normal disc material. They concluded that sciatica and neurological sequelae were thanks to protrusion of normal disc material. Six months later, the primary patient with a preoperative diagnosis of 'ruptured intervertebral disc' was operated on within the Massachusetts General Hospital. This led to the landmark paper published within the geographical region Journal of Medicine[9] and since then, the prolapsed intervertebral disk has been irreversibly linked with the pathogenesis of sciatica.

The presence of pain was initially ascribed to pressure on nerve roots. This concept was challenged by Kelly[10] who felt that pressure on a nerve would result in loss of function instead of pain; therefore, pain must arise by a distinct mechanism. Round the same time, Lindahl and Rexed[11] found evidence of an inflammatory response on nervus spinalis roots at laminectomy resulting in the speculation that prolapse of an intervertebral disk may provoke an inflammatory reaction in nervus spinalis roots, causing the sciatic type pain. This theory led to a lively research programme that's still ongoing[12].

CAUSES-

- Lumbar spinal stenosis
- an injury or irritation to the nerve
- Degenerative disk disease
- Spondylolisthesis
- Pregnancy
- Muscle spasm within the back or buttocks
- Aging
- Diabetes
- Being overweight
- Wearing high heels
- Sleeping on a mattress that's too hard or too soft
- Smoking

SYMPTOMS-

The typical first symptom is lower back pain that travels down one leg.

 Dull, aching, shooting or "burning" pain that starts in lower back and/or buttockregion and radiates down one amongst the legs

 numbness

 a “pins and needles”

 tingling sensation

 Loss of bowel and bladder control (due to cauda equina)

PATHOPHYSIOLOGY-

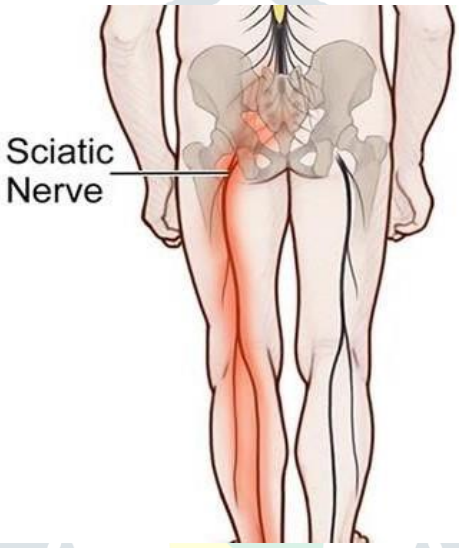

Fig: Showing sciatic nerve[13]

Risk Factors-

 Age- Age-related changes within the spine, like herniated disks and bone spurs, are the foremost common causes of sciatica.

 Obesity- By increasing the strain on your spine, excess weight can contribute tothe spinal changes that trigger sciatica.

 Occupation- employment that needs you to twist your back, carry heavy loads or drive a motorized vehicle for long periods might play a task in sciatica, but thereis not any conclusive evidence of this link.

 Prolonged sitting- people that sit for prolonged periods or have a sedentarylifestyle are more likely to develop sciatica than active people are.

 Diabetes- This condition, which affects the way your body uses glucose,increases your risk of nerve damage.

DIAGNOSIS-

- **Spinal X-rays-** spinal fractures, disk problems, infections, tumors and bone spurs

- **Magnetic resonance imaging (MRI)** or X-raying (CT) scans- to work out detailed images of bone and soft tissues of the rear. An MRI can show pressure on a nerve, disk herniation and any arthritic condition that may be pressing on a nerve.MRIs are usually ordered to verify the diagnosis of sciatica.
- **Nerve conduction velocity studies**/electromyography- to look at how well electrical impulses travel through the nerve and also the response of muscles.
- **Myelogram**- to work out if a vertebrae or disk is causing the pain.

GENERAL MANAGEMENT-

1. Use ice packs
2. Acupuncture
3. Massage therapist
4. Exercises-

- Reclining pigeon pose
- Sitting pigeon pose
- Forward pigeon pose
- Knee to opposite shoulder
- Sitting spinal stretch
- Standing hamstring stretch
- Basic seated stretch
- Standing piriformis stretch
- Groin and long abductor stretch
- Scissor hamstring stretch

HOMOEOPATHIC MANAGEMENT-

1. **Colocynth**: Homeopathy practitioners use Colocynth for treatment caused inright-sided sciatica pain.
2. **Gnaphalium**: Homeopathic medicine Gnaphalium is used to treat numbnessassociated with the paint,
3. **Rhus tox:** Rhus tox is usually helpful in treating all sciatica symptoms and is themost preferred medicine by homeopathic practitioners.
4. **Valeriana officinalis** : A best homeopathic prescription for sciatica pain where standing increases pain. Valeriana officinalis is a most suitable homeopathic medicine for sciatica that gets worse from standing.
5. **Kali iod**: Remarkable homeopathic medicine for sciatica pain that gets worse with sitting or standing. Kali iod is an excellent homeopathic remedy for sciaticapain that offers great help where sitting or standing worsens pain.
6. **Bryonia alba** : Significant homeopathic remedy for sciatica that worsens with walking. Bryonia alba is the most effective homeopathic medicine for sciatica that gets worse from walking.

7. **Cotyledon umbilicus**: Effective homeopathic medicine for sciatica pain andsensitivity in lower limbs.

8. **Magnesia Phosphorica:** right – sided sciatica with warmth application amelioration. The pain is cutting, shooting, stabbing or stitching in nature. Pain starts in lower back and extends down the right hip, thigh and legs.

References-

1. BMJ 2019; 367 doi: https://doi.org/10.1136/bmj.l6273 (Published 19 November2019)

2. Frymoyer J. Lumbar disc disease: epidemiology, Instr CourseLect, 1992, vol. 41 (pg. 217-23)

3. Frymoyer JW. Back pain and sciatica, N Engl J Med, 1988, vol. 318 (pg. 291-300)

4. Hippocrates (460–370 BC), The Genuine Works of Hippocrates, 1849LondonSydenham Society Translation—Adams F.

5. Delaney TJ, Rowlingson JC, Carron H, Butler A. Epidural steroid effect innerves ad meninges, Anesth Analg, 1980, vol. 59 (pg. 610-4)

6. Fuller HW. , On Rheumatism, Rheumatic Gout and Sciatica: The Pathology, Symptoms and Treatment, 1852 London John Churchill

7. Schmorl G.. Ueber Knorpelknotchen an der hinterflache der wirbelbandscheiben, Fortschr ad Geb d Rontgenstraglen, 1929, vol. 40 (pg. 629-34)

8. Eleberg CA. The extradural ventral on ondromas (eccondroses) their favourite sites, the spinal cord and root symptoms they produce and their surgical treatment, Bull Neurosurg Inst New York, 1931, vol. 1 (pg. 350-66)

9. Mixter WJ, Barr JS. Rupture of the intervertebral disc with involvement of the spinal canal, N Engl J Med, 1934, vol. 211 (pg. 210-5)

10. Kelly M. Pain due to pressure on nerves. Spinal tumours and the intervertebraldisc, Neurology, 1956, vol. 6 (pg. 32-6)

11. Kotilainen E, Sonninen P, Kotilainen P. Spinal epidural abscess: an unusual cause of scaitica, Eur Spine J, 1996, vol. 5 (pg. 1-3)

12. Allan DB, Waddell G. An historical perspective on low back pain anddisability, *Acta Orthop Scand*, 1989, vol. 60 suppl.(pg. 1-23)

13. https://my.clevelandclinic.org/health/diseases/12792-sciatica

14. Merskey H, Bokduk N. , Classification of Chronic Pain, 19942nd Edn IASPPress(pg. 13,-15, 198)

15. https://academic.oup.com/bja/article/99/4/461/305514