

Chronic Sciatica Treated With Individualized Homoeopathic Medicine: A Case Report

Dr. Kirti Pandey^{1*}, Dr. Nisha Sisodia²

^{1*}PhD scholar (Tantia university) BHMS MD (HOM)

²BHMS MD (HOM), Associate Professor Obstetric and Gynaecology Dept., Tantia University, Rajasthan, India.

KEYWORDS

Sciatica, homoeopathy, numerical rating score, revised Oswestry disability index scale, chronic disease, lycopodium

ABSTRACT

Sciatica is pain that is caused by pathology in the sciatic nerve root. Sciatica pain occurs in the distribution of sciatica nerve or in lumbosacral nerve root along with parenthesis. Case Summary: A 35 year, female suffering from left sided sciatica. Her mental health was disturbed and living poor quality of life due to sciatica pain. Assessment of pain was done with NRS (Numerical rating score) and quality of life was assessed with ODI (Oswestry Disability Index scale) at the base line and after the treatment. Individualized homoeopathy medicine was prescribed. Both the score of assessment shows improvement after the individualized homoeopathic treatment. This enhances our belief in the positive role of homoeopathic medicines in treating the sciatica.

Introduction

Sciatica is a result from pathology in the sciatic nerve root. Lifetime incidence of sciatica was reported to be between 10 to 40% and annual incidence was reported to be between 1 to 5% [1]. Sciatica pain is experience in the distribution of sciatica nerve or in the lumbosacral nerve root along with parenthesis. Pain is characterized by the radiating pain from the back into the buttock to the legs in the posterior or lateral aspect. Sciatica pain is often aggravated by standing, sitting, exertion, sneezing, coughing, and relived by lying down or complete rest [2]. Sciatica is rarely occurs before the age of twenty unless history of trauma. There is no gender predominance but some genetic predisposition. Some occupational predisposition has been shown in machine operators or truck drivers requiring physically awkward position or physical stress on spine such as vibration [1, 2].

Symptoms of sciatica may develop when there is pathology anywhere along the course of sciatic nerve. The pathology conditions as like, herniated or bulging lumbar intervertebral disc, lumbar spinal stenosis, spondylolisthesis, misalignment of one vertebra in relation to others, muscle spasm at lumbar or pelvic region, inflammation due to any infection, spinal or Para-spinal mass like malignancy, epidural hematoma and epidural abscess causes pressure effect on sciatic nerve [1, 2]. Sciatica is most problematic when it becomes chronic. The sciatica pain greatly interfere with an individual's ability to perform daily activates. It may lead to reduce productivity and reduce quality of life. If proper treatment was not given to patient, who is suffering to sciatica it may lead to complications. With time the intensity of pain and parenthesis may be increase in the affected leg leads to loss of muscle strength in affected legs, loss of bladder and bowel control, and at last may be permanent damage to sciatica nerve may occur [3, 4]

Materials and Methodology

A case of sciatica was taken from OPD and confirms the diagnosis with the help of clinical examination and MRI report. A detail case history was taken. Prescription was based on individualization done after full case taking followed by analysis, evaluation and repertorisation. Selection of Potency of medicine made as per guideline by Hahnemann mentioned under organon of medicine.

The Assessment was done according to Numerical Rating Score (NRS) for sciatica pain at baseline of treatment and after the treatment. The quality of life of patient was also assessed with Revised Oswestry Disability Index scale at baseline of treatment and after the treatment.

Numerical Rating Score (NRS)

It is a segmented numeric version of the visual analog scale (VAS) in which a respondent selects a whole number (0 to 10 integers) where zero means no pain and higher scores 10 means worst pain. Patient will be told to rate their average leg pain intensity that they have experienced in the last 24 hours [5].

Revised Oswestry Disability Index scale

Revised Oswestry Disability Index the Oswestry Disability Index ODI is calculated based on each score of the Oswestry Disability Questionnaire (ODQ). It comprises ten sections concerning the intensity of pain and daily activities. Each section contains six statements. The first statement is represent 0 score and six statement represent 5 score for that section [6].

Score calculation: Total score/Possible total score *100=% point or/50*100=% points

Case Report

A female Age of 35 years came with complain of pain at left side thigh at lateral and posterior side since 3 years with pulling sensation. No claudication, No numbness, No tingling. Pain was aggravation by Physical exertion, bending forward, sitting on floor, during menses and slight touch on and amelioration by hot water application.

Personal history

Appetite: Satisfactory.

Thirst: Large quantity at short interval

Urine: 5 to 6 times/day, Clear

Stool: Constipated, dry hard stool

Desires: Spicy

Aversions: Sour

Thermic reaction: Chilly

Sleep: Sound

Perspiration: Profuse, back on.

Addictions: Tea must have to take. If not take tea, it causes headache.

Menses: H/O Ovarian cyst since one year.

Menses: Irregular, Early, Painful, Profuse

Spotting between periods

Duration: 3 to 4 days

Character: Clotted++, Dark+, Offensive++,

Before menses: Eruptions on face 2 to 3 days before

During menses: Backache

Obstetric History: 2FTND: Full term normal delivery

Past History: H/O fall at age of 30 years, after which the complaint of back pain started.

Family history: Father: Hypertension and Asthma

Mother: Hypertension

Life-space

In childhood, she was very mischievous, obstinate. Very intelligent in study. Memory is very sharp. Husband is good natured. Having 1 girl and 1 boy child. Socially there is no problem. She is having constant tension about office work. The occupation is leading to stress. If any work is not done at proper time then immediately she becomes irritable followed by depression. Sometimes her anger is relieved by weeping. Since 3 years, her complaint of sciatica makes her more irritable on little matter. Because of sciatica she cannot sit for long time and in her job she has to sit constantly on chair for long time.

Physical Examination

Vital signs

Pulse - 78/minute, B.P- 120/70 mm of Hg, R.R - 18/minute

General

Built: Average, Weight: 58 kg

Teeth: Caries and has undergone RCT

Tongue: Clean, Nails: Pink, Hair: Dry, Dandruff < winter

Systemic Examination

Straight Leg Raising Test: Positive on left side leg

Tenderness on lower lumbar vertebral region.

Investigations-done

MRI LS Spine

- ☐ Lumbar spondylotic changes in form of osteophytes seen.
- ☐ Diffuse dorsal bulge with focal left paracentral protrusion of L5- S1, compressing the thecal sac and encroaching the bilateral neural foramina & lateral recess resulting indentation on right traversing nerve roots and compression on left traversing nerve roots.
- ☐ Mild ligamentum flavum thickening from L2-3 to L5- S1 levels.
- ☐ Edema seen in posterior spinal muscles at level of L3 L4.

Disease diagnosis: Left sided Sciatica.

Phase of the disease: Chronic fully developed disease

Miasm

Dominant Miasm: Sycosis

Fundamental Miasm: Sycosis

Totality of symptoms

1. Mind: Irritability easily
2. Mind: Memory active
3. Mind: Sadness
4. Stomach: Thirst: Large quantities for
5. Generalities: Food and drinks Sour aversion
6. Generalities: Food and drinks Spicy Desire
7. Generals: Heat: lack of vital heat
8. Extremities: Pain: Lower limbs: Sciatica

Prescription: Lycopodium Clavatum 200 one dose followed by Sac Lac was prescribed for 15 days. Advise for back muscles straightening exercise and maintain the posture while sitting on chair for long time.

Assessment at baseline

Numerical Rating Score (NRS): 09.

Revised Oswestry Disability Index scale: Total was 35 so the final calculation was $35 \times 100 / 50 = 70\%$ means 60%- 80%: Crippled Back pain impinges on all aspects of these patients' lives-both at home and at work-and positive intervention is required.

Follow-up

Date	Complaints	Prescription	Interpretation
11/12/2022	Back pain amelioration. Swelling on back absent. Acidity relieved.	Sac Lac for 15 days.	Medicine has acted
25/12/2022	Back pain amelioration. No complaint of acidity.	Sac Lac for 15 days	Medicine has acted
22/01/2023	Back pain slight. No acidity.	Sac Lac for 1 month and Advise to maintain the posture.	Medicine has acted
6/03/2023	No complaints	Sac Lac for 1 month	

Discussion

In this case, a woman suffering from chronic sciatica on left side of leg with psychological upset due to the sciatica. She was not able to do her routine work. Her job was become difficult, as it require long time setting. Sciatica as given an impact on her mental status as stress, irritability, and sometime disability leads up to sadness. Her detail, case taking was done according to Organon of medicine. Individualized homoeopathic medicine was prescribed. The assessment was done with the NRS and revised ODI. After the treatment both the assessment shows marked improvement Patient not having any sciatica pain after the treatment and living good quality of life. She is also doing good performance in her job now.

Conclusion

After the series of follow up, patient feels no sciatica pain and living good quality of life. The sciatica case was successfully treated with homoeopathy and no need for any spinal surgery to relief the sciatica pain. A further experimental study with large sample size will confirm the result.

References

1. Koes BW, Tulder VMW, Peul WC. Diagnosis and treatment of sciatica. *BMJ*. 2007 Jun 23;334(7607):1313-7. PMID: 17585160; PMCID: PMC1895638 DOI: 10.1136/bmj.39223.428495.BE.
2. Davis D, Maini K, Vasudevan A. Sciatica. 2022 May 6. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; c2022 Jan. PMID: 29939685
3. Davidson S, Bouchier I, Edwards C. Davidson's principles and practice of medicine. 21st ed. E.L.B.S. and Churchill Livingstone, London; c1991. p. 1370.
4. Skolasky RL, Scherer EA, Wegener ST, Tosteson TD. Does reduction in sciatica symptoms precede improvement in disability and physical health among those treated surgically for intervertebral disc herniation? Analysis of temporal patterns in data from the Spine Patient Outcomes Research Trial. *Spine J*. 2018 Aug;18(8):1318-1324. EPUB 2017 Dec 12. PMID: 29246848; PMCID: PMC5997487 DOI: 10.1016/j.spinee.2017.11.016.
5. Haefeli M, Elfering A. Pain assessment. *Eur Spine J*. 2006 Jan 15;Suppl 1(Suppl 1):S17-24. EPUB 2005 Dec 1. PMID: 16320034; PMCID: PMC3454549 DOI: 10.1007/s00586-005-1044-x.
6. Fairbank JC, Pynsent PB. The Oswestry Disability Index. *Spine (Phila Pa 1976)*. 2000 Nov 15;25(22):2940-52; Discussion 2952. PMID: 11074683. DOI: 10.1097/00007632-200011150-00017.
7. Samuel Lilienthal, MD, Homoeopathic therapeutics the classical therapeutic hints, 21st Impression, B Jain Publishers (P) LTD; c2013. p. 370
8. William Boericke, Pocket manual of materia medica, 9th Edition, Indian Books & Periodicals Publishers; p. 821
9. Sheng J, Liu S, Wang Y, Cui R, Zhang X. The Link between depression and chronic pain: Neural mechanisms in the brain. *Neural Plast*; c2017, 9724371. EPUB 2017 Jun 19. PMID: 28706741; PMCID: PMC5494581. DOI: 10.1155/2017/9724371.
10. Tang NK. Insomnia co-occurring with chronic pain: Clinical features, interaction, assessments and possible interventions. *Rev Pain*. 2008 Sep;2(1):2-7. PMID: 26525182; PMCID: PMC4589931. DOI: 10.1177/204946370800200102.
11. Zhang X, Wang Y, Wang Z, Wang C, Ding W, Liu Z. A Randomized Clinical Trial Comparing the Effectiveness of Electro acupuncture versus Medium Frequency Electrotherapy for Discogenic Sciatica. *Evid Based Complement Alternat Med*; c2017, 9502718. EPUB 2017 Apr 12. PMID: 28491116; PMCID: PMC5405380. DOI: 10.1155/2017/9502718
12. Beck J, Westin O, Brisby H, Baranto A. Association of extended duration of sciatic leg pain with worse outcome after lumbar disc herniation surgery: a register study in 6216 patients. *J Neurosurg Spine*. 2021 Feb 12:1-9. EPUB ahead of print. PMID: 33578387. DOI: 10.3171/2020.8.SPINE20602
13. Haefeli M, Elfering A. Pain assessment. *Eur Spine J*. 2006 Jan;15(Suppl 1):S17-24. EPUB 2005 Dec 1. PMID: 16320034; PMCID: PMC3454549. DOI: 10.1007/s00586-005-1044-x