



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(4): 609-612
Received: 15-08-2025
Accepted: 17-09-2025

Dr. Jagdish Thebar
Professor & HoD, Department
of Practice of Medicine,
Swasthya Kalyan
Homeopathic Medical College
& Research Centre,
Jaipur, Rajasthan, India

Dr. Kartikeya Shukla
Swasthya Kalyan
Homeopathic Medical College
and Research Center Jaipur,
Rajasthan, India

Corresponding Author:
Kartikeya Shukla
Swasthya Kalyan
Homeopathic Medical College
and Research Center Jaipur,
Rajasthan, India

Role of homoeopathic medicine in case of sciatica

Dr. Jagdish Thebar and Dr. Kartikeya Shukla

DOI: <https://www.doi.org/10.33545/26164485.2025.v9.i4.J.1971>

Abstract

Sciatica presents as a common, often debilitating pain syndrome characterized by radiating discomfort along the pathway of the sciatic nerve, most frequently resulting from lumbar disc herniation, spinal stenosis, or degenerative changes in the lower spine. This report details a case of a 30-year-old female presenting with left-sided sciatica lasting six months, with pain intensifying on movement and radiating to the left knee. Comprehensive case analysis involved assessment of mental and physical generals, evaluation of presenting complaints, and repertorial method for remedy selection. *Lachesis muta* 200CH was chosen based on repertorial scoring and patient susceptibility. Follow-ups signaled progressive symptomatic relief and improved quality of life, with complete resolution of pain episodes documented within three months. This case highlights the integration of individualized homeopathic management for sciatica and underscores the necessity of a thorough clinical, mental, and physical assessment in guiding remedy selection and improving patient outcomes.

Keywords: Sciatica, homeopathy, *lachesis muta*, case study, chronic pain, individualized treatment, repertorization, nerve compression, conservative management, alternative medicine

Introduction

Sciatica is a common and often debilitating condition characterized by pain radiating along the path of the sciatic nerve, the largest nerve in the human body. Originating from the sacral plexus, specifically from the anterior rami of the L4 to S3 spinal nerve roots, the sciatic nerve travels from the lower back through the buttock and down the posterior aspect of the leg to the foot. The classical presentation of sciatica involves unilateral pain that typically begins in the lower lumbar or gluteal region and radiates down the posterior thigh and leg, often accompanied by sensory disturbances such as numbness or tingling, and sometimes motor weakness in the affected limb^[1]. The condition represents a form of lumbar radicular pain resulting from irritation or compression of one or more of the nerve roots contributing to the sciatic nerve, and it is most commonly caused by lumbar disc herniation, spinal stenosis, or degenerative spondylolisthesis^[2].

The pathophysiology of sciatica primarily involves nerve root inflammation and mechanical compression secondary to intervertebral disc pathology. Herniation of the nucleus pulposus into the spinal canal can compress the adjacent nerve root, triggering inflammatory cascades and venous congestion that exacerbate nerve root irritation. Additionally, degenerative changes in the lumbar spine, such as facet joint arthropathy and ligamentum flavum hypertrophy, may contribute to foraminal narrowing and nerve entrapment¹. Other less common causes include piriformis syndrome, trauma, infections, or neoplasms affecting the nerve along its course^[3].

Accurate diagnosis of sciatica requires thorough clinical evaluation and correlation with imaging studies when necessary. A detailed history focusing on the onset, distribution, quality of pain, aggravating and relieving factors, and associated neurological symptoms aids in differential diagnosis. The physical examination includes neurological testing of motor strength, sensory function, reflexes, and special tests such as the straight leg raise (Lasegue's test), which, if positive, indicates nerve root irritation^[4]. While magnetic resonance imaging (MRI) is the gold standard for identifying disc herniation and nerve root compression, it is reserved for cases with severe or progressive neurological deficits or when surgery is considered^[5].

The management of sciatica is predominantly conservative, emphasizing analgesia, physical rehabilitation, and patient education. Nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and short periods of rest may provide symptom relief, but prolonged inactivity is discouraged.

Physical therapy aims to improve flexibility, core strength, and posture to alleviate nerve root irritation. Surgical intervention, such as microdiscectomy, is reserved for patients with refractory pain, significant neurological impairment, or cauda equina syndrome ^[1, 5].

The prognosis of sciatica is generally favorable, with most patients experiencing significant improvement within weeks to months of conservative treatment ^[6]. Nonetheless, recurrence is common, and persistent sensory deficits may occur despite intervention. Understanding the complex interplay of anatomical, mechanical, and inflammatory factors in sciatica is essential for effective clinical management and optimization of patient outcomes.

Case Study

A 30 YEAR old married Hindu female having fair complexion and of middle socio-economic status, reported in outpatient department (OPD), with complaint of Sciatica since 6 months.

Whenever she begins to move (putting foot on floor) there is sharp pain on lower back L5 region left sided more prominent, sometimes pain radiates to left knee joint.

< beginning to move, continued motion, appears half hour of waking.

>Sleep

History of present complaints

Patient was well 10 months ago when she suddenly had back pain started after taking cold bath in winters, the pain on lumbar region left side started with such intensity that patient was unable to lift her left leg. It then gradually disappeared with in 2-3 days when she does some light physical movement but then it suddenly reappear after 4 months with much intensity and this time it was not getting better by physical exercise.

Past History

Patient have history of Epistaxis every summer since childhood.

Family History

Father - Alive H/O hypertension

Mother- Alive H/O Diabetes Mellitus, Hypertension

Gynecological & obstetrics history

Gynecological History

Menarche / Menopause (age): Menarche - 12 year of age
LMP [1st day of last menstruation]: 23-6-25

Menstruation

Duration: 3-4 days Quantity: Profuse

Cycle (interval)-25 -28 days color: red /dark red / dark: dark red.

Consistency: fluid/clotted/partly fluid & partly clotted: Fluid but sometime clots present

Pattern of bleeding: regular/irregular: regular

Obstetrical History

- GPAL (Gravida, Parity, Abortion and Live births):
G₀ P₀ A₀ L₀

Physical generals

- **Appetite:** Fasting cause headache/ if meal get skipped 2 chapati/ 3 times a day.
- **Desire:** Sweet⁺²; warm food preferred⁺¹ Liquid beverages like tea wants to be at normal room temperature.
- **Intolerance:** Spicy food causes burning in stomach
- **Thirst:** 1 liter per day, prefers normal room temperature
- **Stool:** D₁₋₂; N₀; satisfactory stool, hard stool with mild straining.
- **Urine:** D₄₋₅; N₀ non offensive, pale yellow color
- **Perspiration:** Diminished more on back, non-offensive; non-staining
- **Thermal Reaction:** Towards Hot
- **Bathing habit :** Regular once a day in early morning
- **Sleep & Positions:** Refreshing; 7-8 hr./day; lying on abdomen & bilateral side.

Sensitivity

- Sun - Mild itching on hand if expose for longer period of time.
- Sensitive to tight clothing, sensitive to neck touch even of ornaments; feels suffocative

Mental generals

- Feels anxious in crowded places.
- Jolly / extroverted nature: like to crack jokes during conversation with loquacity.
- Avarice in nature, cunningness seen during conversation. (observational symptom)
- Avoid confrontation during anger goes in other room, resolve conflict only when her anger settle down.
- Awkward nature (observational symptom)

General Examination

General appearance: Fair complexion & flabby

Facies: No swelling present

Skin/hair/nails: Skin is dry & rough to touch

Height: 152 cm

Weight: 65 kg

BMI: 28.13 kg/m

Analysis of Symptoms

Mental generals	Physical generals	Particulars
- Feels anxious in crowded places. - Jolly/extroverted nature	- Thermal Reaction: Towards Hot - Appetite - Fasting cause headache if meal get skipped 2 chapati/ 3 times a day	- Sciatica since 6 months - Whenever she begins to move (putting foot on floor) there is sharp pain on lower back L5 region.
Avarice in nature	Desire: Sweet⁺; warm food.	Left sided more prominent, sometimes pain radiates to left knee joint.
Awkward nature	Sensitive to tight clothing, sensitive to neck touch even of ornaments ; feels suffocative	<beginning to move, continued motion, appears half hour of waking.
Avoid confutation during anger goes in other room, resolve conflict only when her anger settle down.	Thirst: 1 liter per day, prefers normal room temperature	>Sleep

Evaluation of symptoms

- Feels anxious in crowded places.
- Jolly/extroverted nature
- Avarice in nature
- Awkward nature
- Sciatica since 6 months
- Whenever she begins to move (putting foot on floor) there is sharp pain on lower back L5 region.
- Left sided more prominent, sometimes pain radiates to left knee joint.
- < beginning to move, continued motion, appears half hour of waking.
- >Sleep
- Appetite - Fasting cause headache if meal get skipped 2 chapati/ 3 times a day
- Sensitive to tight clothing, sensitive to neck touch even of ornaments ; feels suffocative
- Thirst: 1 liter per day, prefers normal room temperature

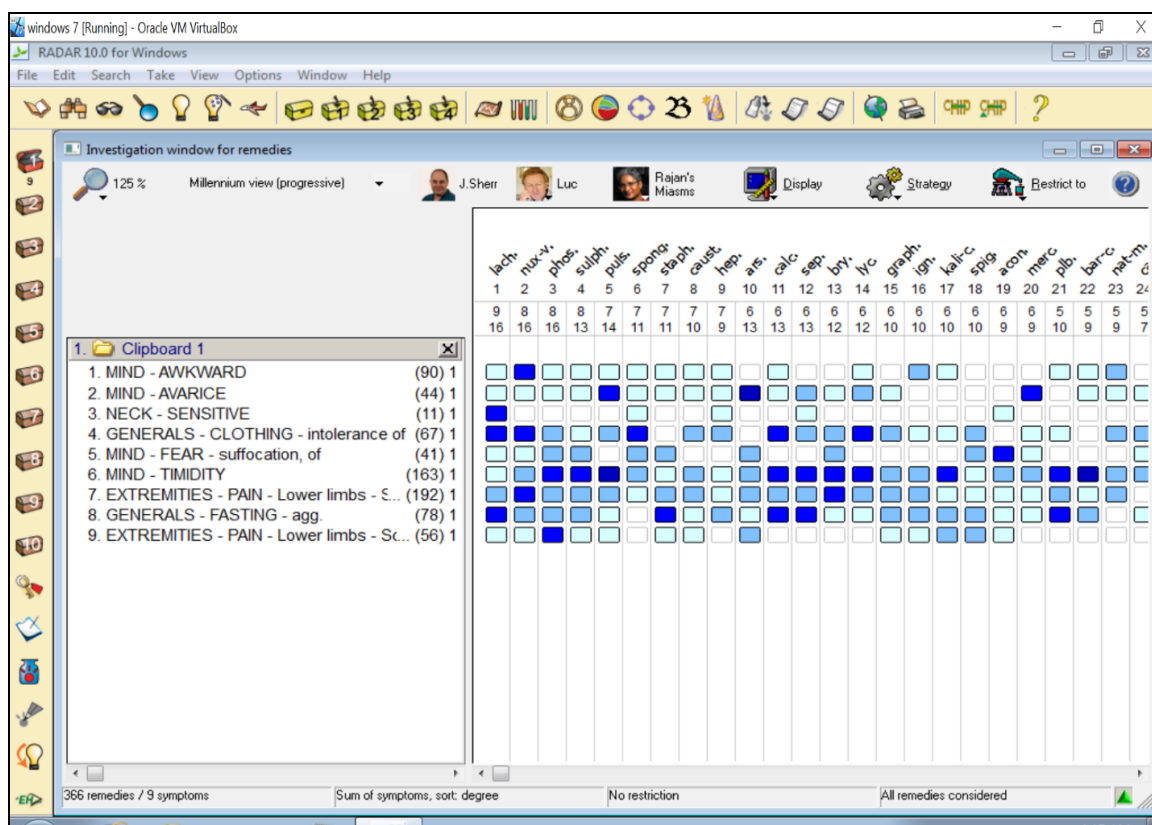
Totality of symptoms

- Feels anxious in crowded places.

- Avarice in nature
- Awkward nature
- Sciatica since 6 months
- Whenever she begins to move (putting foot on floor) there is sharp pain on lower back L5 region.
- Left sided more prominent, sometimes pain radiates to left knee joint.
- < beginning to move, continued motion, appears half hour of waking.
- >Sleep
- Appetite - Fasting cause headache if meal get skipped 2 chapati/3 times a day
- Sensitive to tight clothing, sensitive to neck touch even of ornaments ; feels suffocative
- Thirst: 1 liter per day, prefers normal room temperature

Repertorial method

Repertorization was done from Synthesis repertory [Source: Schroyens, Frederik. Synthesis Repertorium Homoeopathicum Syntheticum 5.2 Ed. New Delhi: B. Jain Publishers (P) Ltd; 1993]



Repertorial Analysis

S. No.	Remedies and their relative value
1	Lachesis Muta - 16/9
2	Nux vomica - 16/8
3	Phosphorus - 16/8
4	Sulphur - 13/8
5	Pulsatilla pratensis- 14/7
6	Spongia tosta -11/7

Justification of medicine

Lachesis muta is the remedy selected in this case as it covers

all the rubrics and obtains highest marks in repertorisation. Lachesis muta covers the other physical generals also. Lachesis muta in 200CH potency is selected in this case according to the susceptibility.

First prescription

Rx. Lachesis muta 200/1 dose

Rubrum 30/TDS was given on 28/6/2025

Follow- Up

Date	Change in symptomatology	Prescription
11-07-2025	Sharp pain on lower back L5 region intensity has been decreased. Fasting cause headache/ if meal get skipped this symptoms remain same. Now does not feels anoxious in crowded places.	Rx Rubrum 30/TDSx15 days
26-07-2025	Sharp pain on lower back L5 region intensity has been disappeared. Fasting cause headache/ if meal get skipped this symptoms remain same. Now does not feels anoxious in crowded places.	Rx Rubrum 30/TDSx15 days
12-08-2025	Sharp pain on lower back L5 region intensity has been decreased. Fasting cause headache/ if meal get skipped this symptoms is disappeared (tolerance has been developed) Now does not feels anoxious in crowded places.	Rx Rubrum 30/TDSx15 days
27-08-2025	Sciatic pain reappear with less intensity after exposure to cold air (sleeping in air conditioner while change in weather condition)	Rx. Lachesis muta 200/1 dose Rubrum 30/TDSx15 days
10-09-2025	Lower back L5 region intensity has been decreased.	Rx Rubrum 30/TDSx15 days
25-09-2025	Lower back L5 region intensity has been disappeared.	Rx Rubrum 30/TDSx15 days

Conflict of Interest

Not available

Financial Support

Not available

References

1. Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 20th ed. New York: McGraw Hill Medical; C2018.
2. Davidson's Principles and Practice of Medicine. 23rd ed. Elsevier; C2018.
3. Valat JP, Goupille P, Rozenberg S, *et al.* Sciatica. Rev Prat. 2010;60(4):515-21.
4. Koes BW, van Tulder MW, Thomas S. Diagnosis and treatment of sciatica. BMJ. 2007;334(7607):1313-1317.
5. Davis M. Sciatica. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; c2024 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK507908/>
6. Emary PC. Evidence-based prognostication in a case of sciatica. J Clin Neurosci. 2014;21(12):2137-2141.

How to Cite This Article

Thebar J, Shukla K. Role of homoeopathic medicine in case of sciatica. International Journal of Homoeopathic Sciences. 2025;9(4):609-612.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.