JOURNAL OF CLINICAL AND BIOMEDICAL SCIENCES

REVIEW ARTICLE

OPEN ACCESS

Received: 31.08.2024
Accepted: 15.04.2025
Published: 10.07.2025

Citation: Mohnyca Y, Mrinal A N. Embracing Homoeopathy: A Paradigm Shift in Pain Management of Sciatica. J Clin Biomed Sci 2025; 15(2): 78-86. https://doi.org/10.58739/jcbs/v15i2.24.123

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Funding: None

Competing Interests: None

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Published By Sri Devaraj Urs Academy of Higher Education, Kolar, Karnataka

ISSN
Print: 2231-4180
Electronic: 2319-2453

Embracing Homoeopathy: A Paradigm Shift in Pain Management of Sciatica

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Abstract

Increasing reports of sciatica irrespective of age and gender due to lifestyle, genetic or environmental factors. The unbearable pain of sciatica is a major problem interfering with a patient's life. Hence, increasing the use of frequently prescribed conventional medicines such as NSAIDs, opioids, and corticosteroids with various adverse events. Approach to sciatica with homoeopathic remedies has found more beneficial recently. This review aims to determine the validation of homoeopathic approaches to sciatica considering the adverse events caused by conventional medicine for managing sciatica. A review of various published articles on randomized control trials, observational studies, experimental studies (in-vivo trials of homoeopathic medicines), and comprehensive analysis of case reports relating to sciatica from inception till July 2024. Outcomes were measured as pain, disability and adverse events. Evidence does not demonstrate the benefits of corticosteroids, antidepressants, NSAIDs, anticonvulsants, or opioid analgesics. A surgical approach which is recommended if the non-surgical approach fails to relieve the patients is found not to be effective in the long run at or after 12 months. Several series of adverse effects of the drug as well as surgical treatment have been documented. Several studies on individualised homoeopathic medicines for managing sciatica show evidence of an overall improvement in about 75% of patients. Homoeopathic formulation RückPain^{TM} study demonstrates anti-nociceptive and anti-inflammatory properties with no toxicity effects on organs. The homoeopathic remedy *Hypericum perforatum* was found to have regeneration properties of peripheral nerves. Evidence does not support the use of conventional medicines either surgical or non-surgical approaches for the management of sciatica with various adverse events. This leads to the approach to complementary and alternative medicines (CAMs), such as homoeopathy, where several studies show the effectiveness of using homoeopathic interventions. Thus, this review supports the usage and embracing of homoeopathic medicine for the management of sciatica.

Keywords: Homoeopathy, Sciatica; Clinical trials; RCT, Sciatica case reports; Adverse effect sciatica; Spinal disorders; In-vivo experiments; *Hypericum*; Rhus tox; *Gnaphalium*

1 Introduction

Sciatica describes the radiating pain along the dermatomal distribution of the sciatic nerve. The majority of cases of sciatica are caused by compression of the lumbar nerve root. However, foraminal stenosis, piriformis syndrome, pelvic floor tumours and obstetrical compression can also cause the condition.

Discogenic sciatica accounts for 87% of the etiopathogenesis, while non-discogenic sciatica makes up 13% of it. An enclosed nucleus pulposus within the annulus fibrosus of the disc causes an extrusion or bulge in the disc, causing a compressed nerve root next to it to cause sciatica. Positional pain that is exacerbated by standing or walking and reduced by sitting or lying down is a common symptom of lumbar spinal stenosis, a condition where limited neural foramina compress nerves. A forward-displaced vertebra crushing a nerve root can cause spondylolisthesis, which can cause sciatica. Usually develops as a result of physical stress, trauma, or degeneration of the spine. Nerve root compression caused by extra-spinal tumours and spinal tumours like schwannoma are examples of non-discogenic sciatica. Sciatic nerve compression caused by piriformis muscle spasm occurring beneath the sciatic nerve results in piriformis syndrome.[1]

Sciatica is mostly diagnosed through history-taking, which includes assessing the patterns of pain distribution, and physical tests relying mostly on neurological testing. The Straight Leg Raising/Lasègue's test being the most commonly used examination for sciatica. But no physical examination test or history item possesses both high sensitivity and good specificity. In general, if a patient has the typical unilateral radiating leg pain with a positive result on one or more neurological tests that demonstrate nerve root impairment, sciatica appears to be a valid diagnosis.[1,2]

Those with sciatica are frequently prescribed with analgesics and adjuvant painkillers. Typically, level I and II analgesics such as paracetamol and mild opioids are the mainstay of pain management. Antidepressants, corticosteroids, muscle relaxants, and anticonvulsants are among the other medications that are used occasionally. Usually, two weeks of conservative treatment suffices to alleviate pain and impairment in performing regular activities. At least a year later, symptoms may still be present in up to 30% of instances.[3]

Background : The prevalence of clinically proven sciatica in the general population is between 2 and 5%, but in working population cohorts, it can rise as high as 43%. According to reports, the lifetime incidence of sciatica ranges from 10% to 40%. The development of sciatica was not influenced by either gender or body mass, according to a cross-sectional study. Sciatica can worsen further by a number of lifestyle variables, including prolonged sitting, inactivity, bad posture, having a high body mass index (BMI of 25 or above), smoking, physical stress, poor health, and excessive task demands at work. However, low back pain has been linked to body mass index. Overall, the clinical course is favourable, and the prognosis is good. After a year or more, despite the positive prognosis, up to 45% of patients still experience pain.[4]

Step-by-step instructions for treating sciatica begin with non-surgical approaches at first, such as exercise proceedings towards pharmacological interventions, if the pain is consistent. Surgery may be considered if non-surgical therapy is ineffective and radiological findings match symptoms.

Considering the adverse effects of conventional medicines for sciatica, the use of homoeopathy as an alternate/optional treatment for sciatica has increased recently. Despite specific indications for Sciatica to be treated with homoeopathy, acute pain management and chronic sciatica have claimed to benefit from homoeopathic medicines clinically with less evidence. This study mainly focuses on the efficacy of homoeopathic medicines for pain associated with sciatica since evidence on their use is limited.[5,6]

Designs: Comprehensive review of various randomized control trials, and experimental studies. comprehensive analysis of case reports and observational studies regarding sciatica.

Objectives: This review aims to explore the efficacy of homoeopathic medicines in the treatment of sciatica pain. To validate the benefits of the homoeopathic approaches in the management of sciatica as an alternate treatment considering various adverse effects of conventional treatment- either surgical vs non-surgical.

2 Materials and Methods

- **Eligibility Criteria:** RCT at any level of blinding, any trail /any study regarding sciatica- Latest publications from inception till July 2024.
- **Inclusion criteria:** For the purpose of this study, we include several trials of populations with sciatica of any duration, eligible interventions were focused on pharmacological interventions of primary care setting such as NSAIDs, Corticosteroids, anticonvulsants, opioid analgesics or any surgical treatment including open, micro or endoscopic discectomy and any interventions with homoeopathic medicines along with several outcomes of interest and adverse effects.
- **Exclusion criteria:** Articles with no proper evidence in prevalence study, survey, narrative reviews/expert opinion articles involving the paediatric population. Excluded Trials that sampled participants with; cauda equina syndrome, pregnancy, malignancy, spinal fractures and local infections. Duplicated articles and citations are removed.
- **Search strategy:** Relevant literature and articles were identified through the following electronic databases; Cochrane, Medline (via PubMed), Embase, Google Scholar, Research Gate, and Elsevier using mainly filters like Sciatica, Clinical study, Homoeopathy, Clinical trials, Sciatica case reports, Adverse effect sciatica, Spinal disorders, *Hypericum, Gnaphalium*.
- **Study selection**: Trials of sciatica with any type of intervention of interest. Randomized controlled trials of both conventional and homoeopathic intervention (3097 patients), observational studies and a few test trials (in-vivo) studies of homoeopathic medicine and formulations were selected to analyse this review.

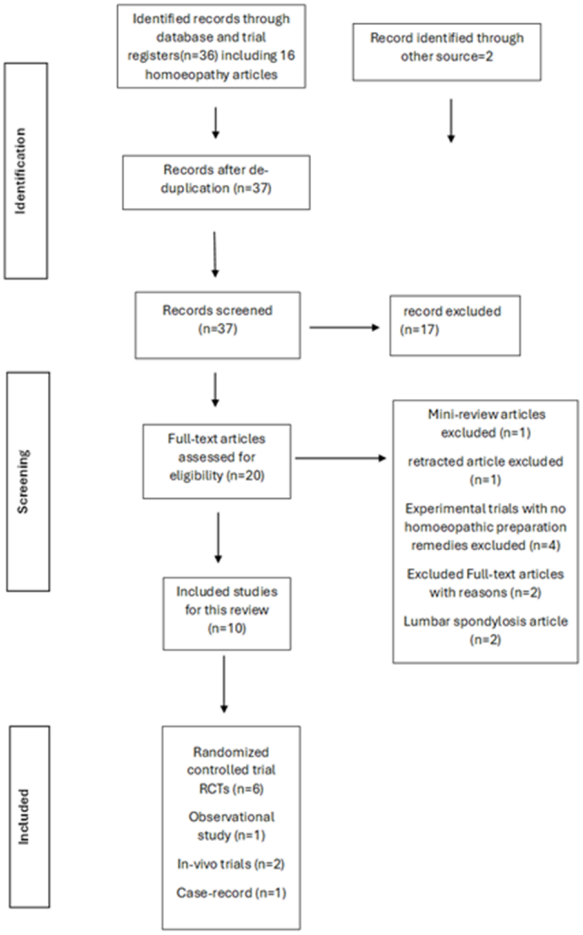

Fig 1. Study flow diagram

3 Results

In RCT recorded data of 8971, records were screened, reports assessed, trials identified to fulfil selection criteria for eligibility, and 43 trials of 3097 patients were included.Eight RCT trials with 847 patients- gabapentin and pregabalin.[3,5,7–10]

An observational study of lumbar spondylosis with sciatica syndrome by homoeopathic remedy Rhus tox and Kali carb (n=14).[6]

A Case report of individualized homoeopathic medicine with a study duration of 7-8 months[11]

Two in-vivo studies of homoeopathic formulations.[12,13]

Table 1. Literature data

Sl. no	Author	Year of publications	Materials/methods
1	María Soledad Giménez-Campos a, Pedro Pimenta-Fermisson-Ramos b, Jose Israel Díaz-Cambroneroa, Rafael Carbonell-Sanchís c, Eduardo López-Briz a, Vicente Ruíz-Garcíaa [3]	2022 [Elsevier]	Eight RCTs involving 747 participants in 4 trials for pregabalin, 3 trials for gabapentin and 1 trial for gabapentin and pregabalin in head-to-head trials were included to assess its adverse events and effects of on acute sciatica. Five trials were double-blinded, two were open-label and one was single-blinded with the exception of one cross-over study, all of them were parallel studies. Study registration: PROSPERO (CRD 42018099378) [3]
2	Chang Liu, Giovanni E Ferreira, Christina Abdel Shaheed, Qiuzhe Chen, Ian A Harris, Christopher S Bailey, Wilco C Peul, Bart Koes, Chung-Wei Christine Lin [5]	The BMJ 2023	Out of 4071 records of sciatica 24 trials were studied (n=1711 patients). Any surgical procedure qualified as an eligible intervention (12 trials for discectomy with any approach, including micro, open or endoscopic discectomy. 7 trials for chemonucleolysis, 4 trials for disc decompression and 1 for ablation) with the comparators of any non-surgical approaches (12 trial) Study registration- PROSPERO(CRD42021269997). [5]
3	Rodrigo R. N. Rizzo, Michael C. Ferraro, Michael A. Wewege, Aidan G. Cashin, Hayley B. Leake, Edel T. O'Hagan, Matthew D. Jones, Sylvia M. Gustin, Andrew J. McLachlan, Richard Day and James H. McAuley. [7]	Rheumatology 2022	Included records of parallel-group RCTs of sciatica and LBP of any duration to assess medicines targeting neurotrophic factors. Ten trials were included for meta-analysis. All analyses were stratified using a follow-up time point of (4,12,24 and 48 weeks). Study registration: Open Science Framework (OSF) on 19th May 2020 (osf. io/b8adn). [7]
4	Siddharth Kumar Das, MD (Hom), Trishita Basu, MD (Hom), Saleema Naaz Tabassum, MD (Hom), Ashish Sarkar, MD (Hom), Shubhamoy Ghosh, MD (Hom), MSc, Munmun Koley, MD (Hom), MSc, Subhranil Saha, MD (Hom), MSc, MBA, Arunava Nath, MD (Hom)	JICM 2024	It's a double-blind RCT (1:1) study of (IHMs) with two parallel arms carried out in the Mahesh Bhattacharyya Homoeopathic Medical College and Hospital located in West Bengal, India. 60 patients with sciatica pain (30 for varum, 30 for control) participate in this trial and primary (SBI&SFI) & secondary (RMPDQ, SF-MPQ, OLBPQ) outcomes were monitored for 3 months at monthly intervals. Proper blinding and allocation concealment were accomplished. [8] Study registration- CTRI/2020/10/028617.
5	Jagrati Bajpai, Dr. Anupriya Vyas [9]		This study evaluates the benefits of homoeopathic constitutional medicines for the pain management of sciatica consisting of 100 patients attending State Homoeopathic Dispensary Rajpur Kesariya Moradabad, Uttar Pradesh [9]

Continued on next page

Table 1 continued

6	Praveen Raj, Parveen Kumar Sharma, Ambily B, Siva Rami Reddy[6]	International journal of alternative and complementary medicine - 2020	In this study, patients diagnosed with lumbar spondylosis producing sciatica screened at Alva's homoeopathic hospital, Moodbidri, Karnataka between Nov'2018 to Nov'2019 were selected. Patients corresponding to symptoms of Rhus tox and K3ali carb using proper case taking were assessed. Using the VAS scale follow-up was analysed. No auxiliary treatment was advised.[6]
7	Dr. Jyoti Sharma and Dr. Suman Chaudhary[11]	International journal of Homoeopathic science	A case study of a 35-year, female suffering from left-sided sciatica with L4-S1 nerve root compression in the last three years, with no claudication. After a proper case history, IHM (lycopodium 200) was prescribed. Assessment of pain was done with NRS (Numerical rating score) and quality of life was assessed with ODI (Oswestry Disability Index scale) at the baseline and after the treatment.[11]
8	Rohit Bhardwaj, Amit Kumar Mittal, Nitesh Sharma, Swati Madan, Harsha Kharkhwal, Satyendra Kumar Rajput, Ramachandran Valavan[12]	Advancement in Homoeopathic Research 2020	This study evaluates the anti-nociceptive, anti-inflammatory effects of homoeopathic formulation Rück-Pain^{TM}, against spondylitis in spine of mice animal model. Sodium thioglycate (0.1 ml) was administered to induce spondylitis into the neck region of 36 mice was divided into six groups for treatment with various concentrations of test and standard formulations.[12]
9	Afael Zambelli Pinto PhD student, Chris G Maher director, Manuela L Ferreira research fellow, Paulo H Ferreira senior lecturer, Mark Hancock senior lecturer, Vinicius C Oliveira PhD student, Andrew J McLachlan professor, Bart Koes professor[10]	BMJ 2012	This trial evaluates the effectiveness and safety/tolerability of medications usually prescribed as primary care for the management of sciatica. This systematic review includes RCTs of participants having sciatica with interventions of single/any combination of adjuvant or proper analgesics.[10]
10	Rahim Mohammadi 1*, Keyvan Amini 2 and Sahar Charehsaz[13]	The Faculty of Homoeopathy 2012	Using a Wistar rat sciatic nerve model, this work aims to assess the impact of the homoeopathic medicine *Hypericum perforatum* 30c on peripheral nerve regeneration. Materials and methods- Three experimental groups (sham-operation, control, and treatment) were created from fifty-eight white Wistar rats, weighing around 290g at three months of age.[13]

3.1 Study outcome

Randomized controlled trials: Compared to a placebo, sciatica patients treated with pregabalin did not experience pain alleviation or improvement in their disability after up to 52 weeks similar to gabapentin after 8 weeks. One study for gabapentin shows improvement in back and leg pain at 3-4 month, however, it is found clinically irrelevant due to low VAS score assessment.[3]

The evidence for sciatica treatment with neurotrophic factors was found to be very uncertain; anti-NGF and pro-GDNF have little to no effect on the intensity of pain. However small evidence shows that a high dose of anti-NGF may reduce LBP intensity.[5]

The effect of pain intensity after surgery declines from moderate in the immediate and to very negligible effect over a year. Only in the short term was discectomy more effective than epidural injection.[7]

No beneficial effects of NSAIDs, corticosteroids, antidepressants, opioid analgesics or anticonvulsants in the immediate term, where few trials show evidence for corticosteroids and NSAIDs for acute pain alleviation.[8]

Significant effect of Individualized homoeopathic medicines (n=60) against placebo in secondary outcome (SF-MPQ total, SF-MPQ sensory subscale, OLBPQ), despite no certainty in primary outcome due to short-follow-up duration. The most frequently prescribed medicines were *Gnaphalium* (10%), *Bryonia* and Rhus Tox (8.3% each), and *Hypericum* and *Staphysagria* (6.7% each).[8]

In another RCTs of constitutional homoeopathic medicines for managing sciatica pain, remedies such as Colocynthis, Rhus tox, Lachesis, *Gnaphalium* and natrum mur were found effective. with an overall improvement in about 75% of patients with an overall improvement in about 75% of patients.[9]

In-Vivo Trials: Homoeopathic formulation RückPain™ exhibits anti-inflammatory and anti-nociceptive properties against spondylitis in Swiss-albino mice model, with a lower ESR value of 1.55mm/h against a disease control group evaluated by vernier caliper, a smaller inflammatory area in the neck region with 1.53cm^2 against 1.93cm^2 in the control group, and less pain with more tolerance using the tail-flick technique further formulation was found to be non-toxic to the liver and spleen of mice.

Homoeopathic *Hypericum perforatum* 30c in a transected adult rat sciatic nerve, greatly increased the number and diameter of myelinated nerve fibers, resulting in an axonal regrowth with a 1 cm gap in the sciatic nerve. Promoting faster and increased functional recovery of regenerated axons while there is no change in sil group axon diameter till 12 weeks. In this investigation, the Sil/Hypericum group also reveals increased mean gastrocnemius muscle weight ratios than the Sil control group, suggesting possible signs of successful reinnervation of end-organs.[12,13]

Observational studies: Rhus tox have symptom similarity with 60% of patients and the remaining 40% with kali-carb. Most patients belonged to the age group 50-60 years after proper screening and enrolment of the patient presenting with sciatica syndrome. Almost all the patients showed improvement ranging from 70-100% with VAS score almost becoming nil after two weeks to one month of treatment. Most of the Rhus tox patients were evaluated with right-sided unilateral sciatica and Kali-carb with left-sided sciatica.

Case reports: The result for the case report of individualized homoeopathic medicines shows improvement in the patient in a seven-month duration of treatment with the NRS score reducing from 08 to 00 and improvement in the revised Oswestry disability index scale.[11]

Approximately more than 18 trials report adverse events.

DRUGS[3]

Table 2. Pregabalin (4 trials n=32)

Symptoms	R. R	95% Cl
Dorsalgia	2.10	1.05-4.02
Dizziness	3.38	2.26-5.04
Nausea/vomiting	5.22	1.38-19.73

Gabapentin (1 trial)- Ataxia, Drowsiness, Dizziness.

Table 3. Medicines targeting neurotrophic factors (4 trials n=379)[5]

Drugs	Symptoms	O. R	95%Cl
Pro-GDNF	Headache Feeling hot and pruritic	5.32	2.63,10.77
Ant-NGF	Arthralgia Headache Sensory alteration-hypoesthesia and paraesthesia.	1.18	1.01,1.38

Table 4. Surgical approaches for sciatica show: adverse events of surgical procedure in 7 trials out of 24 trials [7]

Character	R. R	Cl at 95%
Dural tear, nerve root injury, wound complications / recurrent disc complications.	1.34	0.91 to 1.98

In the RCT for individualized homoeopathic medicines with 60 patients conducted in a medical college in West-Bengal, minor adverse effect was reported during the trial. In the treatment group, 2 participants reported acute diarrhoea which was treated acutely with podophyllum and aloe socotrina and a case of common cold and sore throat in

Table 5. Another trial of 23 published reports for traditional drugs for sciatica shows several adverse events such as [13]

Analgesics (Meloxicam, lornoxicam)	Increased hepatic enzymes, abdominal pain, diarrhoea, dizziness, dyspepsia, bronchitis, hyperuricaemia, bilirubinaemia, myalgia, and leg cramps.
Anti-convulsant (Topiramate, pregabalin)	Paraesthesia, fatigue/weakness, sedation, somnolence, joint pain, depression, dizziness, headache, peripheral oedema, allergic skin reaction.
Corticosteroid (Methylprednisolone)	Transient hyperglycaemia, drowsiness, stomach pain, mood changes, bloating.

the control group, which was treated with hepar sulph and pulsatilla, all of which are unrelated to medications. [8]

3.2 Homoeopathic Interventions for Sciatica

Hypericum perfoliatum: Using a Wistar rat sciatic nerve model, hypericum perforatum 30c can regenerate peripheral nerves with increase thickness of myelin sheath promoting 1cm gap axonal regrowth, increasing recovery of sciatic nerve function with improve SFI after treatment along with evidence of end-organ innervation. [13] Moreover, it is indicated as a leading remedy in neuralgic pain, and neuritis, with tingling, numbness and burning pain. Traumatic neuralgia and neuritis. Lancinating pain in the lower limb. Aching in the sciatic nerve with prolonged sitting. [12,14]

Kali-carb: Evidence shows that Kali carb with definite reliable symptoms shows improvement in patients with sciatica syndrome within one month with VAS score reducing from apprx. 70 to 10 in most cases. [6]

Homoeopathic therapeutics through homoeopathic drug proving- Clinically used in backache, sciatica, and spinal irritation. Indicated in most frequently left-sided sciatica with tearing pain in the thigh with radiating pain from hip to knee. [14]

Gnaphalium: *Gnaphalium* is the most frequently prescribed and effective homoeopathic medicine in treating sciatica found in two randomized controlled trials in this review. [8,9] Anterior crural neuralgia, lumbago, neuralgia, numbness, rheumatism, sciatica. *Gnaphalium* is used mainly in sciatic nerve disorders. Indicated in sciatica with lumbago along with numbness alternating with pain. Dose-Tincture and all potencies. [14,15]

Rhus Tox: In an observational study, rhus tox was found to be effective in treating lumbar spondylosis with sciatica syndrome by reducing the pain within a month with VAS score reducing from 80 to 10 to even 0. A double-blind RCT conducted in Mahesh Bhattacharya Homoeopathic Medical Hospital, west Bengal reveals rhus tox to be the most frequently prescribed medicine. [8,9]

Therapeutics: Indicated in sciatica; at night, cold, damp weather, numbness and formication, after overwork and exposure. Lancinating pain in the thigh, legs, feet and toes, must change position. Affection of nerves and spinal cords. Pain is tearing, shooting, and stitching which aggravates mostly at night. [15]

Causticum- Causticum has also been found to be effective in treating sciatica in RCTs for individualized homoeopathic medicine. [8] It is also an ingredient for the homoeopathic formulation Rück-Pain™ Against Spondylitis. [12] Left-sided sciatica with numbness. Paralysis of a single part. Cannot walk without suffering. Also manifests its action in arthritic and paralytic affections with progressive loss of muscular strength, and local paralysis of extremities. [14]

Colocynthis: Colocin is an active glucoside of *Citrullus Colocynthis*. Clinically used in neuralgia, pain, sciatica, and rheumatism. Has long-lasting action on large nerves, especially sciatica and spinal nerves. [14] Additionally, data from a double-blind RCT using individualized homoeopathic medications supports its significant use for sciatica. [8] Tensive, lancinating pain in the lumbar region and of the hip, left-sided sciatic pain-drawing, tearing, numbness with pain. Pain is often accompanied by stiffness and retarded motion of affected part. [15]

Homoeopathic Formulation Rück-Pain™: The homoeopathic formulation was found to have curative potency in terms of relieving inflammation and also acts as anti-nociceptive through in-vivo trials experimented in a transected sciatic nerve model of Swiss albino mice evaluated through reduced ESR value, reduced area of inflammation, increased tolerance to pain in a flick-tail method. Its constituents included are Acetanilidum2X, Arnica montana3X, Causticum3X, Eschscholtzia californica2X, Hypericum perforatum3X, Lachnanthes tinctoria5X, Rhus tox3X, Ruta graveolens3X and Symphytum officinale6X. It has been discovered that this combination has curative properties for sciatica. [12]

- **LACHESIS, RUTA GRAVEOLENS, MAG PHOS, and BRYONIA** were also found to be indicated for sciatica in this review. [8,9,15,16]
- **Individualized homoeopathic medicines (IHMs)** are efficacious in terms of treating sciatica through various randomized clinical trials of IHMs. [8,9]

4 Discussion

NSAIDs, epidural steroid injections, and biological agents are the mainstays of conventional sciatica therapy, which aims to reduce pain but is either costly or does not improve the natural course of the disease and no evidence demonstrated their benefits in this review.

After eight weeks of treatment with gabapentin, there is no improvement in pain disability compared to placebo. Patients

undergo various undesirable effects after being treated with anticonvulsants. Drugs targeting neurotrophic factors for sciatica resulted to have no effect in the long run. No favourable effects of drugs used in primary care settings. In addition, several series of adverse effects of the drugs in association with their use have been documented. Neurotrophic factor-targeting drugs are associated with moderate to severe adverse effects at larger dosages as compared to commonly prescribed treatments for LBP or sciatica. Given all this, its routine clinical use has limited support. A surgical approach which is recommended if the non-surgical approach fails to relieve the patients is found not to be effective in the long run at or after a year.[3,5] Evidence does not clearly support the uses of conventional medicines either surgical or non-surgical approaches for the management of sciatica.[5,7,10] These findings reflect the inconclusive benefits and increasing long-term adverse effects of traditional pain management of sciatica.

Homoeopathic formulation RückPain^{TM} exhibiting its effective therapy for inflammation and pain management. Found to have curative potential in terms of reducing inflammation and related pain from spondylitis on a mice animal model in comparison with the control group by reducing ESR, area of inflammation and increasing pain tolerance time.

The properties of enhancing peripheral nerve regeneration by hypericum30c are intriguing and merit additional research. *Hypericum perforatum* demonstrates promoting axonal regeneration over a one cm gap in an adult rat sciatic nerve. Few homoeopathic remedies which cover the characteristic symptoms of sciatica helps in managing sciatica pain effectively such as Rhus tox and Kali carb.

Certain homoeopathic ”constitutional” medicines, according to certain homoeopaths, help treat sciatica and frequently succeed where allopathic medicine has failed.

In RCT studies of individualized homoeopathic medicines, patients show significant progress in reducing pain intensity with favourable outcomes, the most frequently prescribed medicines were *Gnaphalium, Bryonia alba*, Rhus Tox, *Hypericum perforatum* and *Staphysagria*. Homoeopathy treated sciatica cases successfully with no further requirement for spinal surgery to relieve the sciatica pain supporting the evidence to prove homoeopathy for managing sciatica.[6,8,9,11,13,16] This strengthens our conviction that homoeopathic remedies can effectively treat sciatica.

5 Conclusion

In this review, no evidence has been found to clearly support the uses of conventional treatment either surgical or non-surgical approaches for sciatica with reports of various adverse events. Conventional therapy for sciatica focuses on the reduction of pain, either by using NSAIDs, epidural steroid injections, or by using neurotrophic agents, but their uses either are non-beneficial in the long run or are expensive. This leads to the approach to complementary and alternative medicines (CAM), such as homoeopathic medicines where various studies show that it exhibits anti-inflammatory and anti-nociceptive properties against spondylitis in animal spine systems by homoeopathic formulation Rück-Pain^{TM}, promoting axonal regeneration in a transected animal nerve model by hypericum30c, further formulations were found to be non-toxic to the liver and spleen of mice. and various other individualized homoeopathic medicines show improvement in the patient with no adverse events. Hence this review supports the usage of homoeopathic medicines for the management of pain for sciatica. However, RCTs with a high number of participants and a longer duration should be established to achieve statistically significant results.

5.1 Abbreviations

Ant-NGF	Ant- Nerve Growth Factor
Pro-GDNF	Pro- Glial Cell Derived Neurotrophic Factor
NSAID	Non-Steroidal Anti-Inflammatory Drugs
SF-MPQ	Short-Form McGill Pain Questionnaires
CI	Confidence Interval
OLBPQ	Oswestry Low Back Pain Questionnaire
IHMs	Individualized Homoeopathic Medicines
SBI	Sciatica Bothersome Index
SFI	Sciatica Functional Index
RMPDQ	Roland Morris Pain and Disability Questionnaire
VAS	Visual Analogue Scale
CAM	Complementary And Alternative Medicine
ODI	Oswestry Disability Index
QOL	Quality Of Life
NRS	Numerical Rating Scale

5.2 Acknowledgement

I thank Bharati Vidyapeeth (Deemed to Be University) Homoeopathic Medical College & Hospital, Pune for providing the facilities and required resources to conduct my research. Completion of my research study would not been possible without the support and guidance of Dr. Mrinal A Nerlekar, Professor and Head of Department [Practice of Medicine], Bharati Vidyapeeth (Deemed to be University) Homoeopathic College and Hospital, Pune.

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