
**MANAGEMENT OF SCIATICA WITH INDIVIDUALIZED
HOMOEOPATHIC APPROACH: A CASE REPORT**

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ABSTRACT

Background: Sciatica is a common and often disabling pain syndrome arising from irritation or compression of the sciatic nerve roots, most frequently at the L4–S1 level. Conventional management provides variable and often incomplete relief, prompting interest in individualized homoeopathic approaches that address the totality of a patient's symptoms.

Case Summary: A 42-year-old female teacher presented with a one-and-a-half-year history of left-sided sciatica, with drawing pain and numbness radiating from the hip to the foot, aggravated by walking, lying on the back or painful side, night, initial motion, standing, and prolonged sitting, and relieved by rest and hard pressure. MRI confirmed disc bulges at L3–L4 and L4–L5 with a diffuse disc bulge and posterior central annular tear at L5–S1, causing bilateral nerve root impingement. Based on the totality of mental generals, physical generals and particular symptoms, the case was repertorised using the Synthesis Repertory 9.1 via RADAR Opus software. Sulphur 0/1 was prescribed on the totality of symptoms, supported by postural and back-strengthening exercises. **Results:** At three-month follow-up, the Sciatica Bothersomeness Index fell from 21 to 8, the Sciatica Frequency Index from 18 to 5, and the Revised Oswestry Disability Index from 72% (crippled disability) to 12% (minimal

disability), with resolution of sciatic pain and marked improvement in quality of life and occupational functioning.

Conclusion: This case illustrates the potential of individualized homoeopathic treatment, guided by careful case-taking and repertorisation, in achieving substantial and sustained clinical improvement in chronic disc-related sciatica.

KEYWORDS: Sciatica, Homoeopathy, Individualized treatment, Case report, Sulphur, Synthesis Repertory, Oswestry Disability Index.

1. INTRODUCTION

Sciatica is characterized by distressing pain radiating from the back into the buttock and lower extremity along the posterior or lateral course of the sciatic nerve. In approximately 90% of cases, it is caused by a herniated intervertebral disc with nerve-root compression, most often involving the L5 and S1 roots, with a combination of mechanical compression and local inflammation contributing to the clinical picture ^{1,2}.

Sciatica is a reasonably common condition, with a lifetime incidence ranging from 13% to 40% and a prevalence estimated between 1.6% and 43% across populations ³. It places a substantial burden on healthcare systems and is a major cause of prolonged work incapacity, underscoring the importance of identifying effective management strategies.

A recent systematic review found that conventional treatments do not clearly alter the natural course of sciatica in most patients or meaningfully reduce symptoms. Furthermore, many currently available therapies lack strong evidence of effectiveness, and recurrence is common even with conservative management ^{5,6}. This gap has prompted growing interest in homoeopathic approaches, which are reported to play a significant role in the management of sciatica through individualized prescribing ^{7,8}. In classical homoeopathic practice, this is achieved by removing maintaining causes, carefully assessing the disease, and selecting the indicated remedy through systematic repertorisation, thereby working towards a lasting cure. This case report describes the management of a case of chronic, disc-related sciatica using an individualized homoeopathic approach ⁹.

2. AIM AND OBJECTIVES

Aim: To assess the effectiveness of individualized homoeopathic treatment in a case of chronic sciatica due to intervertebral disc prolapse.

Objectives

- To assess symptom frequency and bothersomeness using the Sciatica Frequency Index (SFI) and Sciatica Bothersomeness Index (SBI).
- To measure functional disability using the Revised Oswestry Disability Index.
- To monitor clinical improvement through periodic follow-up and outcome measures.

3. Case Presentation

A 42-year-old female schoolteacher presented on 15 October 2024 with a chief complaint of pain in the hip extending laterally down the left leg to the foot, of one-and-a-half years' duration and worsening over the preceding two weeks. The pain was constant and excruciating, described as a drawing sensation, with associated numbness over the lateral aspect of the thigh. It was aggravated by walking, lying on the back, lying on the painful side, at night, on initial movement, on standing, and by prolonged sitting, and was relieved by rest, hard pressure, and continuous walking. She had undergone physiotherapy and allopathic medication for one week with only slight, temporary relief. She was non-diabetic and non-hypertensive.

3.1 Past and Family History

At the age of 20 years, she had an episode of chicken pox treated with traditional medicine. Her mother has diabetes mellitus.

3.2 Physical Generals

- Appetite: good. Thirst: good, approximately 3 litres/day.
- Urinary: increased urge to urinate. Bowel: regular.
- Menses: regular, 28-day cycle, normal flow.
- Sweat: generalized, non-offensive.
- Thermal reaction: hot patient; intolerance to winter, with aggravation of pain in cold weather; aversion to warm food.

3.3 Mental Generals

The patient was worried about her health, as her pain prevented her from attending work, which required prolonged standing; this caused anger when she thought about it. Life-space investigation revealed that in childhood she was notably adamant and uncompromising, even with siblings. In adulthood, within her marriage, she felt neglected by her husband and described feeling lonely, with no one to care for her — a feeling that provoked anger even when others attempted to console her.

3.4 General Physical Examination

- Gait: antalgic.
- Blood pressure: 112/84 mmHg; Pulse rate: 88/min; Weight: 76 kg; Height: 5'10".
- Forward flexion of the lumbar spine: reduced.
- Tenderness over the lower lumbar vertebral region and left sacroiliac joint.
- Straight leg raising: limited and positive at 30° on the left, with reduced response to pin-prick over the lateral thigh.
- Slight weakness on dorsiflexion of the left foot; reduced left ankle jerk.

3.5 Investigations

MRI of the lumbosacral spine revealed degenerative spondylosis with facet joint arthropathy at L5–S1; a mild disc bulge at L3–L4 and L4–L5 indenting the anterior thecal sac; and a diffuse disc bulge at L5–S1 with a posterior central annular tear indenting the anterior thecal sac, causing impingement of the bilateral traversing nerve roots — consistent with intervertebral disc prolapse at L5–S1 with sciatica.

3.6 Diagnosis

Sciatica, unspecified side (ICD-10-CM code M54.30), secondary to L5–S1 intervertebral disc prolapse.

3.7 Baseline Assessment

Baseline outcome measures are summarized in Table 1.

Scale	Score	Interpretation
Sciatica Bothersomeness Index (SBI)	21	Severe bothersomeness
Sciatica Frequency Index (SFI)	18	Persistent symptoms
Short-Form McGill Pain Questionnaire (SF-MPQ)	8	Moderate pain intensity
Revised Oswestry Disability Index	72%	Crippled disability

Follow-up assessments were conducted monthly to monitor the clinical course of the case.

4. METHODOLOGY

4.1 Totality of Symptoms

- Anger when thinking about past events and her pain.
- Forsaken/neglected feeling; does not get consoled easily.
- Aversion to warm food.
- Pain in the lumbar region and hip, extending laterally down the left leg to the foot.
- Drawing sensation in the leg, with numbness over the lateral aspect of the thigh.
- Drawing pain in the leg, aggravated by walking, lying on the back, lying on the painful side, at night, on initial motion, on standing, on prolonged sitting, and during winter.

- Leg pain ameliorated by rest, hard pressure, and continuous walking.
- Thermally hot patient.

4.2 Repertorial Analysis

As the case presented with well-marked mental and physical general symptoms alongside characteristic particulars, it was repertorised using the Synthesis Repertory (version 9.1, Treasure Edition) via RADAR Opus (version 2.2.16) software, using rubrics covering the mental state (anger about past events, forsaken feeling, inconsolability, delusion of being neglected), generals (aversion to warm food, aggravation in winter), and particulars (lumbosacral and lumbar drawing pain, sciatic pain with its characteristic modalities).

		sulph.	puls.	nux-v.	phos.	cham.	ign.	h.c.	phus-t.	a's.	coloc.	kali-c.	lach.	nat-m.	psor.	sep.	ruta	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		10	9	9	8	8	8	7	7	7	7	7	7	7	7	7	7	7
		15	20	16	17	14	14	15	15	14	12	12	11	11	11	10	9	8
2. Clipboard 2	x																	
1. MIND - ANGER - past events; about	(9) 1	1														1		
2. MIND - FORSAKEN FEELING	(191) 1	1	3		2	2	2	1	1	2		1	2	2	3	1	2	1
3. MIND - INCONSOLABLE	(55) 1	1	2	2	1	2	3	2	1	2		1	2					
4. MIND - DELUSIONS - neglected - he or she i...	(32) 1		1											1		1		
5. MIND - ANGER - pains - about	(11) 1			1		2				1	2						1	
6. GENERALS - FOOD AND DRINKS - warm food...	(51) 1		3	2	3	1	2	2					2	1	1			1
7. GENERALS - SEASONS - winter - agg.	(102) 1	2	3	3	2	2	2	3	3	3		3		1	3	2	1	
8. BACK - PAIN - Lumbosacral region	(42) 1	1	3		2						1						1	
9. BACK - PAIN - Lumbar region - drawing pain	(98) 1	2	2	2		2	1	2		2	2	2	2	2	1	2	1	1
10. EXTREMITIES - PAIN - Lower limbs - Sciati...	(225) 1	2	2	3	2	2	2	2	3	2	3	1	2	2	1	2	2	2
11. EXTREMITIES - PAIN - Lower limbs - Sciati...	(12) 1			1	2			3	3		1	2				1		1
12. EXTREMITIES - PAIN - Lower limbs - Sciati...	(14) 1	2		1									1					
13. EXTREMITIES - PAIN - Lower limbs - Sciati...	(19) 1	2					1				2		1		1			1
14. EXTREMITIES - PAIN - Lower limbs - Sciati...	(5) 1								3								1	
15. EXTREMITIES - PAIN - Lower limbs - Sciati...	(56) 1	1	1	1	3	1	1		1	2	1	2	1		1			1

Figure 1: Repertory sheet of the case.

5. RESULTS

5.1 Repertorial Result and Prescription

The repertorial totality yielded the following leading remedies

Remedy	Score
Sulphur	15/10
Pulsatilla	20/9
Nux vomica	16/9
Phosphorus	17/8

Among the leading remedies, Sulphur was selected on the totality of symptoms, most notably the patient's characteristic thermal reaction and mental generals, which it covered more comprehensively than the higher-scoring Pulsatilla.

Prescription: Sulphur 0/1 (LM1), 15 ml in aqua 10 drops three times daily, with 10 succussions before each dose.

Auxiliary management included back-muscle strengthening exercises and postural correction exercises.

5.2 Follow Up and Outcome

Over three months, Sulphur was administered in ascending LM potencies (0/2 to 0/4), with mental and general symptoms improving ahead of the local sciatic pain and numbness, which progressed from 20% to a remarkable 70% improvement. Once this response was well established, the remedy was withheld and Sac Lac (placebo) was given for three months, during which improvement was maintained — SBI 8, SFI 5, SF-MPQ 2, and Revised Oswestry 12%, sustained through follow-up to 17 July 2025.

DATE	COMPLAINTS	PRESCRIPTION	INTERPRETATION
25/10/2024	Drawing pain in lumbar region extending to left leg-persists Numbness left leg-better	SULPHUR 0/2 10 ml aqua 10 gtt / thrice daily / 10 strong succussions.	No noticeable improvement. So medicine repeated in increasing doses.
7/11/2024	Anger and mind symptoms –better Drawing pain in lumbar region extending to left leg- slightly better 20% Numbness left leg-better	SULPHUR 0/3 10 ml aqua 10 gtt / thrice daily / 10 strong succussions.	Very slight improvement of mind symptoms suggested for the next potency
20/11/2024	Anger and mind symptoms –better Drawing pain in lumbar region extending to left leg- slightly better 30% Numbness left leg-better	SULPHUR 0/4 10 ml aqua 10 gtt / thrice daily / 10 strong succussions	No remarkable improvement but overall slightly better - status quo
05/12/2024	Anger and mind symptoms –better Drawing pain in lumbar region extending to left leg- slightly better 70% Numbness left leg-better	SULPHUR 0/4 10 ml aqua 10 gtt / once daily / 10 strong succussions	Remarkable improvement in the physical and mental symptoms was seen. The medicine has acted well. Advised to maintain the posture. Medicine has acted.
26/12/2024	Anger and mind symptoms –better Drawing pain in lumbar region extending to left leg- better 70% Numbness left leg-better	Sac Lac for 1 month	Complaints improved. No need for repetition of remedy.
20/01/2025	Overall improvement	Sac Lac for 2 months	Complaints improved. No

	present SBI – 8 SFI – 5 SF-MPQ – 2 Revised Oswestry -12%		need for repetition of remedy.
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Table 2 summarizes the pre- and post-treatment outcome measures.

Scale	Before Treatment	After Treatment	Change	Interpretation
SBI (Sciatica Bothersomeness Index)	21	8	↓ 13 points	Marked reduction in symptom bothersomeness
SFI (Sciatica Frequency Index)	18	5	↓ 13 points	Frequency of symptoms greatly reduced
Revised Oswestry Disability Index	72%	12%	↓ 60%	Disability improved from crippled to minimal

By the end of the follow-up period, the patient reported complete resolution of sciatic pain and marked improvement in overall quality of life, along with improved performance at work.

6. DISCUSSION

This patient presented with chronic, disabling sciatica of one-and-a-half years duration, with moderate pain intensity, persistent symptoms, and marked functional limitation, imaging-confirmed disc pathology at L5–S1. The condition had a significant impact on her occupational and personal life — she was unable to pursue her routine work, had to depend on others, and experienced considerable psychological strain, including stress, irritability, and anger, given that her occupation required prolonged standing.

Careful case-taking and case processing identified a clear totality encompassing mental state, physical generals, and particular symptoms, forming the basis for both repertorisation and final remedy selection.

6.1 Repertorial Differentiation

Priority was given to mental and general rubrics over particulars, in keeping with the Kentian hierarchy of symptoms, since generals carry greater individualizing value than common local complaints such as sciatic pain alone ¹⁰. Smaller, more specific rubrics — such as MIND – FORSAKEN FEELING and MIND – DELUSIONS – neglected — were weighted for their higher individualizing power, as they are represented by fewer remedies than broader rubrics such as MIND – ANGER¹².

The particular rubrics for lumbosacral and drawing sciatic pain were retained alongside the mental and general rubrics to ensure the physical presentation correlated with, rather than contradicted, the mental totality — strengthening confidence in the overall picture⁸.

Sulphur appeared with strong grading across a majority of the selected rubrics, which favoured its selection over the highest-scoring remedy¹⁰.

6.2 Remedy Differentiation

- Sulphur differentiated with Pulsatilla: despite scoring higher in the repertorial totality, Pulsatilla is characterized by a mild, yielding, tearful disposition with a marked desire for sympathy and company and, classically, thirstlessness — features that did not correspond with this patient's anger, aversion to consolation, and definite thirst of about 3 litres/day^{10,11}.
- Sulphur differentiated with Nux vomica: Nux vomica is typically indicated in irritable, chilly patients with prominent gastrointestinal sensitivity and a history of stimulant use, none of which were significant features in this case, weighing against its selection despite its repertorial score¹⁰.
- Sulphur differentiated with Phosphorus: Phosphorus patients are classically sympathetic and fearful, with a marked desire for cold drinks and company during suffering — a picture not reflected in this patient's anger and disinclination to be consoled^{12,13}.

Hence Sulphur's characteristic injured sense of self and irritability arising from neglect, its general heat-intolerance with a paradoxical aggravation of particular complaints from cold, and its recorded aversion to warm food and representation in drawing, lumbosacral sciatic pain rubrics together were considered in the selection.^{11,12,13}

In keeping with the homoeopathic principle of individualization, the remedy best covering the totality of the mental and general symptoms, rather than the highest-scoring remedy alone, was selected for prescription¹³.

6.3 Clinical Outcome

Following treatment, both the SBI, SFI and the Revised Oswestry Disability Index showed marked improvement, with disability shifting from the crippled to minimal category. The patient's sciatic pain resolved, and she resumed her occupational duties with improved quality of life. This outcome is notable given that conventional management for comparable disc-related sciatica may ultimately require surgical intervention. It suggests that individualized homoeopathic treatment, combined with postural correction and lifestyle modification as part

of a comprehensive management approach, may offer meaningful benefit even in chronic, imaging-confirmed disc pathology.

As a single case report, these findings are illustrative rather than confirmatory. A further experimental study with a larger sample size is needed to confirm the effectiveness of this approach and to establish generalizable evidence for individualized homoeopathic treatment in sciatica.

7. CONCLUSION

This case demonstrates that individualized homoeopathic treatment, guided by detailed case-taking, identification of the totality of symptoms, and systematic repertorisation, can achieve substantial improvement in chronic, disc-related sciatica, both in objective disability measures and in the patient's overall quality of life and occupational functioning. It highlights the value of a holistic, individualized approach as a viable option in cases where conventional management offers limited relief.

8. Limitations and Recommendations

As a single case report, findings cannot be generalized.

No control or comparison group was used to establish causality.

Further controlled studies with larger sample sizes are recommended to confirm the effectiveness of individualized homoeopathic treatment in sciatica.

Patient Consent Statement

Written informed consent was obtained from the patient for publication of this case report.

Conflict of Interest

No conflict of interest.

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