

Nutrition and Sciatica

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We all have patients with sciatica and sciatic nerve pain. It is always rewarding to relieve their suffering. Conversely, nothing is more frustrating than a patient who does not respond well to treatment from you or any other health care professional.

When a patient has nerve pain, neuropathy and paresthasias, the clinician has many choices in the natural arena that can provide relief. Anti-inflammatories, such as trypsin, chymotrypsin, papain, and bromelain can reduce inflammation around nerves when dosed properly. There are also many herbs that can powerfully reduce the inflammatory cascade. Some of the most studied and commonly used herbs include boswellia, ginger, and tumeric. Calcium, magnesium, and B-complex (especially vitamins B-1 and B-6) can also help reduce paresthasias.

Authors of a recent paper¹ found an association between sciatica and bacterial infection. They used serological testing with 140 sciatic patients who were selected as controls for a spondylodiscitis study. The researchers had unexpected finding: Thirty-one percent of the slated control patients tested positive for gram-positive microbes. These patients denied having had surgery or any infection in the previous six months. When the authors looked at 36 more patients who had undergone a recent microdiscectomy, they found that 19 had positive bacterial cultures when the disc tissues that were removed were tested.

Certainly, one study does not equate to a paradigm shift. However, the information contained is tantalizing for those with patients who responded poorly to multiple types of therapeutic intervention. If the cause of the problem in some patients is a low-grade infection, the failure is not surprising. In this subset of patients, clinicians may want to focus on the immune system and attack it with nutrients that stimulate immune response. Some of the many choices for clinicians include echinacea; goldenseal; garlic; astragalus; mushroom extracts; probiotics; olive leaf extract; and colostrum.

Please note that there have been no studies using nutritional immune enhancers on failed sciatica patients, and I am not aware of any studies resolving sciatica using prescription antibiotics. However, ruling out low-grade infection is certainly worth considering for that subset of nonresponders.

Reference

Stirling A, Worthington T, et al. The association between sciatica and propionibacterium acnes. *The Lancet* 2001;9273(357):2024.

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