



HELP FOR HEALTH

The nerve of sciatica!

By Xena Fox

The sciatic nerve is the longest in the body, and many will have suffered the pain and discomfort that occurs when it becomes compressed or irritated.

The sciatic nerve exits the spine at the back of the pelvis, runs deep in each buttock, through the back of the thigh, to the feet. When the nerve is affected, it can cause a range of uncomfortable or painful symptoms which are normally felt in the bottom and/or legs: a common complaint known as sciatica.

Symptoms

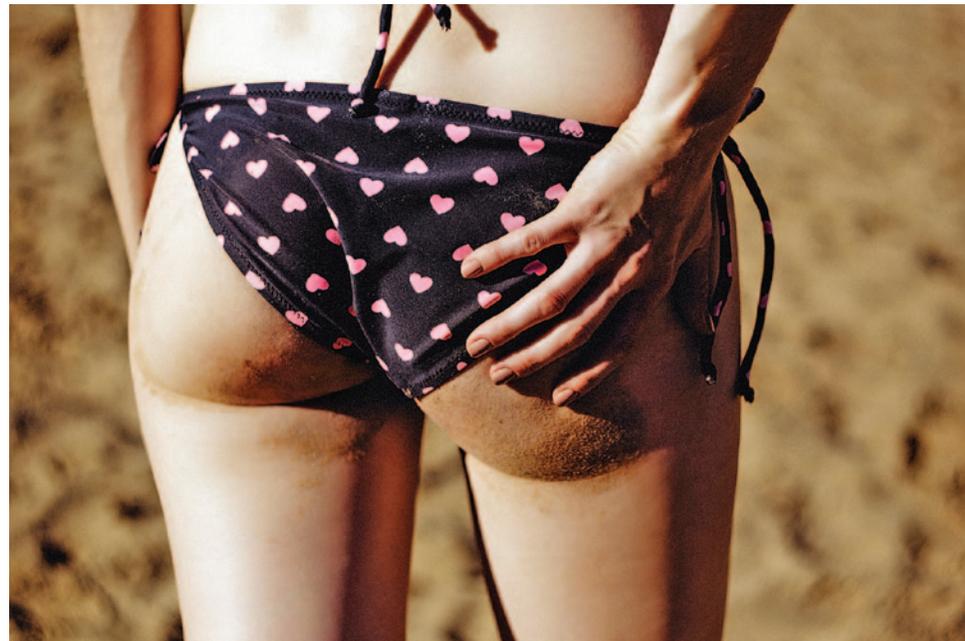
Although discomfort from sciatica can be localised, it is usually recognisable by the fact that it runs from the lower back, through one buttock and down only one of the legs, sometimes to the foot and toes, but not always. It can also be just in the bottom, be confused with hip conditions, or be only in the leg. Lower back pain on its own is not generally down to sciatica, however.

Symptoms can range from mild to extremely painful. It may feel like a shooting twinge, dull ache, burning, numbness or a tingling sensation. It can also cause weakness in the calf muscles or those that move the foot and ankle.

Symptoms are sometimes made worse by sneezing, coughing, sitting for a long period of time, or sitting or standing in a twisted position.

Diagnosis

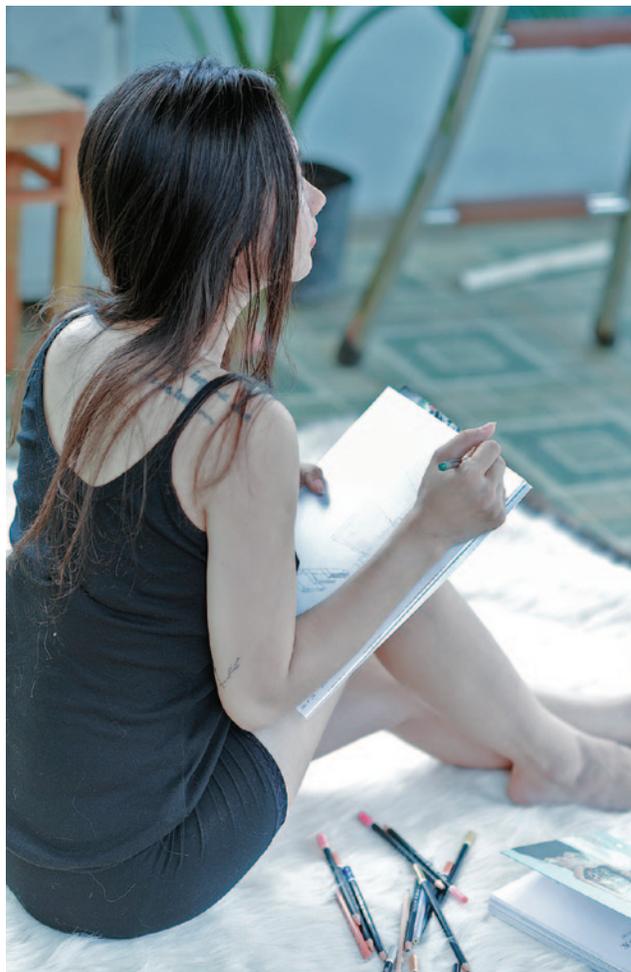
Many people will find that sciatica improves on its own



↑ *Sciatica can often be felt in the buttocks*

→ *Sitting incorrectly or for long periods can put pressure on the sciatic nerve*

or with a few minor lifestyle adjustments within a few weeks. Nevertheless, if the pain is severe, debilitating, or continues to worsen over time it is important to visit your GP. Sciatica is actually the name given to a set of symptoms, so isn't a diagnosis in itself. Hence, the root cause of the pain will need to be discovered and addressed. A doctor will usually be able to tell whether someone is suffering from sciatica from a description of the symptoms. They may also perform a simple procedure called the 'passive straight leg raise test'. A patient will lie flat on their back with the legs straight, and be asked to lift one leg at a time. If this causes pain and discomfort, or makes it worse, that will often suggest sciatica.



Appropriate treatment or a follow up visit to a specialist will then be recommended.

Causes

Sciatica is often caused when one of the discs that

sit between the spine's vertebrae is damaged and pressing on the nerve. Older people are especially prone to this as the discs become less flexible and more likely to rupture, though it can happen to anyone at any age, either

through injury or misalignment of the body.

Occasionally, disc damage can be down to a growth such as a tumour, a localised infection, spondylolisthesis (a vertebra out of position), or spinal stenosis (narrowing of the spine's nerve passageways).

Sciatica can also be caused by pressure from a particular muscle. People with weak glu-

include taking anti-inflammatory painkillers such as ibuprofen, and applying hot and/or cold compresses to affected areas.

Staying as physically active as possible and continuing with gentle exercise such as walking and simple stretches will also aid recovery: bed rest may be tempting as pain can be less when lying down, but



↑ *Yoga and Pilates can help*

teus maximus muscles often over-clench the bottom, putting strain on the piriformis, which lies deep in the buttock. An inflamed, tense or unnaturally contracted piriformis can pinch the sciatic nerve, causing all of the aforementioned symptoms. In addition, clenching and/or poor posture creates a posterior tilt in the pelvis. This flattens the lower back, possibly damaging the discs in the lumbar region.

In rare cases sciatica can be due to cauda equina syndrome, caused by compressed and damaged nerves in the spinal cord, which is a very serious condition. Immediate medical attention should be sought if anyone experiences all of the following indications together: tingling or numbness between the legs and around the buttocks, sudden loss of bladder and/or bowel control, and sciatica symptoms in both legs.

Treatment

Though most cases of sciatica will pass within six weeks, there are various ways you can help reduce symptoms. These

it can actually make matters much worse.

In more severe or ongoing cases, stronger painkillers may be prescribed, such as amitriptyline, duloxetine, pregabalin, or diazepam, some of which can occasionally cause significant side effects so should be taken with care after discussion with the GP.

Painkillers and anti-inflammatories such as corticosteroid can also be injected straight into the spine if necessary. Patients may be referred to a physiotherapist to be taught a series of exercises to improve mid-torso muscle strength, posture and flexibility in the spine.

Manual therapy is another option. For this, a chiropractor, osteopath or physiotherapist will massage and manipulate various muscles and joints, particularly around the spine. Though it can alleviate symptoms, it will only be effective in the long term if an exercise plan is adhered to. This is especially relevant with piriformis syndrome. Though stretching will help, ultimately it's important to strengthen the gluteal set of muscles.

PEDRO ALEGRE ALONSO

- Pilates trainer
- Physiotherapist

Tel. 699 521 649
pedroalegrealonso@hotmail.com



ELENA HERZ
PHYSIOTHERAPIST
HOLISTIC THERAPIST
Coleg. n° 1357

Tel. 600 424 252
Español • Deutsch • English

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