



A Sciatica Remedy

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This article explains sciatica and a direct method of obtaining relief.

"Left untreated, the damage could get worse." ~ Nexxium commercial [[commentary](#)]

see also: "[Understanding and Overcoming Back Pain](#)"

"[A Functional Look at Back Pain and Treatment Methods](#)", by Lawrence Gold, C.H.S.E.

reprinted from The Townsend Letter for Doctors, November, 1994, #136, pg. 1186

[click here](#)

Because people frequently think they have sciatica, when actually, what they have are painful muscle spasms -- a different problem -- I'm going to describe the symptoms of sciatica.

The typical sciatica sufferer has radiating pain that starts at the buttock (usually one side, only) and that may extend down the back of the thigh as far as the foot. Sensations may include numbness, burning, or the feeling of a hot cable (or poker) going down the buttock or back of the leg. Back pain often precedes and accompanies sciatica.

If you have pain going down the front of your leg, you probably have muscle spasms of the quadriceps muscles; if down the side, it's probably contracted muscles that attach to the ilio-tibial (IT) band. Less common is entrapment of nerve roots other than those of the sciatic nerve -- but that's not sciatica.

In this paper, I will briefly explain the origins of sciatic pain, the three types of sciatic pain, and a reliable remedy for two of the types.

Origins

Sciatica falls into the category of pain known as "referred pain." Referred pain results from pressure on a nerve. The brain registers the pain as coming from the place where the nerve goes, even though the pressure may be at the origin of the nerve where it exits the spinal cord or someplace along the nerve's length.

The typical cause of nerve pressure is muscular tension maintained as an involuntary, constant action by the brain, the control center for all but the most momentary muscular activity. This brain-level control, in turn, is acquired by a kind of learning set in motion by repetitive use, stress, or sudden injury. As a learned action pattern, muscular activity can

be changed by new learning, so sciatica can be relieved and ended by developing sufficient control of the involved muscles to be able to relax them and make them more responsive to voluntary control.

The Three Types of Sciatica

There are two most-typical types of sciatica: common sciatica and "piriformis syndrome."

To understand these two types of sciatica, it helps to understand the path of the nerve from spinal cord down the leg.

The sciatic nerves have nerve roots that exit the spinal cord at the levels, L3 - L5 - the lowest three vertebra of the lumbar spine (low back). The nerves pass in front of the sacrum (central bone of the pelvis) and then behind the pelvis and down the backs of the legs. They divide approximately at the knees and pass down the calves to the feet.

Common sciatica results from a combination of excessive swayback (lordosis) and side-tilt (scoliosis).

The combination of swayback and side-tilt reduces the space through which the nerve roots pass and squeezes them.

Piriformis syndrome is much rarer than common sciatica. A medical writer at mednet.com writes of piriformis syndrome as follows:

... irritation of the sciatic nerve caused by compression of the nerve within the buttock by the piriformis muscle. Typically, the pain of the piriformis syndrome is increased by contraction of the piriformis muscle, prolonged sitting, or direct pressure applied to the muscle. Buttock pain is common."

Piriformis syndrome comes from contraction of the piriformis muscle of the buttock (usually one side, only), through which the sciatic nerve passes in some people, and around which it passes, in others. Mere passage through the muscle is not enough to cause symptoms, but if the piriformis muscle is held too contracted for too long, sciatica results.

A third form of sciatica occurs when a spinal disc has ruptured, causing nerve root pressure from the extruded disc material (nucleus pulposus) or entrapment between the lower lumbar (low back) vertebrae (L3 - L5) that have collapsed. This form of sciatica is rare, but due to the painful nature of sciatica, many people fear that this is what has happened to them.

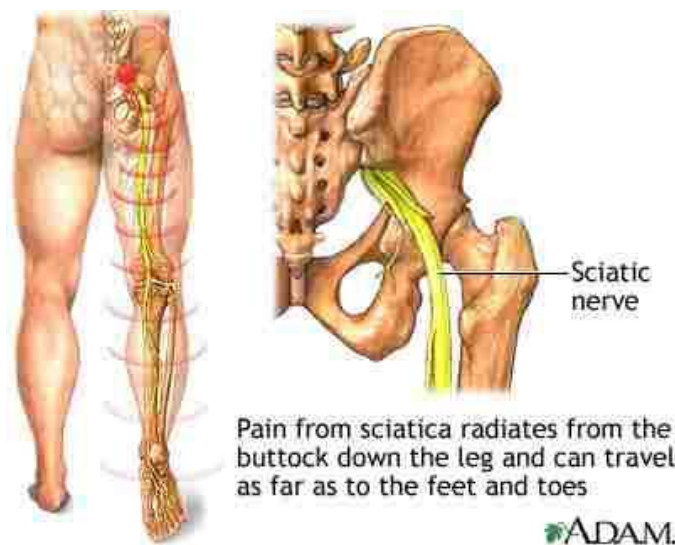
Even more rare is a condition in which the passageways through which the nerve roots exit the spinal column (foramina) narrow because of bone growth -- another surgical situation.

Generally, these last two forms of sciatica are surgical situations, although some therapists claim to be able to cause the re-uptake of extruded disc material and so alleviate symptoms. To be successful in the long run, therapy must also deal with the muscular contractions that led to disc breakdown or that likely formed if a violent injury caused the rupture.

Because of the rapidity of results available through the method described below, surgical interventions are properly the last resort.

Help for the Common Types of Sciatica

Where nerve pressure has muscular origins, the remedy is, in principle, simple, and in practice, easily achievable by clinical somatic educators, whose specialty is training to improve muscular control. As the basic function of muscular



control is movement, clinical somatic educators teach a way to improve control of the movements caused by the muscles involved in sciatica.

The movements involved are (1) inducing swayback, and (2) inducing side-tilt.

The muscles of the back are like the string of an archer's bow and the spinal column, like the bow, itself. As tension of the bowstring causes the bow to stay curved, tension of the back muscles causes the low back to bow forward (inward - the swayback). Tension of the muscles along ones side cause side tilt. The combination of swayback and side-tilt traps and puts pressure on nerve roots where they exit the spinal column. Result: sciatica. So the movements retrained are those of going into swayback and leaning to the side.

In piriformis syndrome, the action retrained is that of tightening the buttock and turning the leg knee-outward. Relief of either of these forms of sciatica occurs within moments of the relaxation and, for all intents and purposes, is permanent. Usually, two to four sessions of clinical somatic education are required to obtain these results. The client typically learns certain movement patterns to rehearse to prevent the possibility of recurrence or, in the event of recurrence, to correct the problem themselves.

First-Aid for Sciatica -- Relax Certain Muscles

The problem with most methods used to relax muscles -- mental methods, manipulative methods, muscle-relaxant drugs, therapeutic methods in general -- is that they may not, and generally do not, adequately improve muscular control. Muscular control has two parts: the ability to create muscular tension and the ability to relax muscular tension. Both abilities are needed; otherwise, you are either musclebound (and prone to cramping) or weak. Such methods also often neglect an important part of control: sensory awareness. Too often, people are given therapeutic exercises but no instructions in *how to do* them; they're told, "These are strengthening exercises," so people go for strength instead of control; they go for effort instead of sensory awareness. If you can't *feel* how to regulate your muscular tension, you can't feel how to relax your muscular tension. You feel pain with no connection to the sense of contracting those muscles to the point of fatigue. Progress comes slowly, at best, from working too fast and too mechanically.

So you need to improve both muscular control and the ability to feel your muscles.

As you develop freedom of movement, you can relax more completely than you ordinarily do.

I'll present some coordinated movements that can start you on your recovery. Before I do, read and understand the following instructions:

(NOTE: If your problem is severe, (numbness or tingling in your extremities) see your doctor to rule out a medical emergency. That done, find a Hanna Somatic Educator (for

Dear Lawrence,

I found you on the Internet while researching more on Hanna's book, *Somatics*. Profound thanks to you for the two exercises that you have posted for Sciatica. My husband has responded to them with amazing results and our thanks know no bounds.

John and Barbara Baker
McKinney, Texas

Thank you, Barbara, for writing.

I encourage readers by reprinting letters such as yours (or excerpts) on the website. May I have your permission?

Lawrence Gold

Hello, Lawrence

While his improvement continues to be a roller coaster, those two exercises have offered relief and that is a rare experience with all the many exercises we have tried. Here you go, in the hopes that they will continue to work! I will look into your suggestions on the other e-mail.

Yes, you may use the wording that makes the most sense to you and readers.

Sincerely,
Barbara

Barbara Baker
Posture Coach

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fastest results).

The key to health is motion!

Simple Somatic Coordination Exercises to Help Relax Lumbar Spinal Muscles

- You will have an easier time if you have somebody read these instructions to you.
- Do these movements as a way to create sensations of movement.
- Move slowly and smoothly. Never force, stretch, or cause your pain to increase. (It's not necessary and it doesn't help.)
- Be gentle, working within the range of sensations you're willing to experience. Done gently, they are safe to do even with disk problems. If in doubt, consult your doctor or physical therapist before proceeding.
- Always separate repetitions of a movement with *complete relaxation*.

If you do these movements mechanically (for example, by counting repetitions instead of feeling movement), if you do them too quickly or too hard, you deprive yourself of the sensations needed to discover your own control over yourself. You may make yourself tighter, instead of looser. You will get better results by doing too little than by doing too much.

The movements should feel comfortable to do; if they create pain, do a smaller amount of movement. Move more slowly, more gently.

A: STARTING POSITION:

- on your belly
- face turned to the right
- right hand under your left cheek (like a pillow, palm down)
- left arm loosely by your side

1. Slowly lift just your left leg.

Feel the first sensations of muscular effort. Go slowly.

2. Slowly lower your left leg.

Feel the last sensation of relaxation, as it happens. Take a deep breath and let everything go.

REPEAT THIS LEG LIFT FOUR (4) TIMES AT DECREASING LEVELS OF EFFORT.

3. Simultaneously lift your left leg, head, and right arm.

4. Slowly lower yourself down, take a deep breath and relax all the way.

REPEAT 4 TIMES AT DECREASING LEVELS OF EFFORT, THEN SWITCH SIDES.

**B: STARTING POSITION:**

- On your back
- knees up
- feet near your buttocks
- Fingers interlaced behind your head.
- Elbows out flat on the floor

1. Arch:

- Inhale.
- Gently, gradually turn your tailbone down into the surface (arch your low back).
- Gently press your elbows down.
- Tug your heels toward your buttocks and hold.

2. Curl:

- Begin to exhale.



- When you can feel your back tighten, relax your back and gradually press your back onto the surface.
- Bring your elbows together. (pause)
- Press down on your feet.

- Continue to exhale.

Use equal strength to curl as you did to arch.

- Point your elbows at your knees.
- Curl forward and look at your knees.
- Exhale completely.

REPEAT THIS "ARCH AND CURL" MOVEMENT FOUR TIMES MORE AT DECREASING LEVELS OF EFFORT.

Do these movements for ten minutes daily for a week or two. Many people get just the results they need; others will get temporary relief and need to do the full program (see "[The Cat Stretch](#)").

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NEXT ARTICLE	BASIC BOOK Case Studies, Theory, Exercises	SELF-HELP IN-A-BOOK	SOMATIC EXERCISES AUDIO-INSTRUCTION Transformational Exercises	FOR HEALTH PROFESSIONALS
<u>Understanding and Overcoming Back Pain</u>	<p><u>Somatics:</u> ReAwakening the Mind's Control of Movement, Flexibility, and Health</p> <p>by Thomas Hanna, Ph.D.</p> <p>This book explains the method employed in clinical somatic education to alleviate</p>	<p><u>Free Yourself from Back Pain</u></p> <p>by <u>Lawrence Gold, C.H.S.E.</u></p> <p>ABUNDANTLY ILLUSTRATED</p>	<p><u>The Cat Stretch</u></p> <p>by Lawrence Gold, C.H.S.E.</p> <p>This is the best program to self-treat sciatica.</p> <p><u>CLICK THIS LINK TO REQUEST AN AUDIO-PREVIEW.</u></p> <p>NOTE: Despite the title, these are not stretching exercises, but</p>	<p>The Guidebook of Somatic Transformational Exercises</p> <p>by Lawrence Gold, C.H.S.E.</p>

sciatica. It consists of case studies, the body of theory, and presents, in printed form, the somatic exercises of [The Cat Stretch](#).

exercises for quieting postural reflexes to free the sciatic nerve from muscular contractions. This approach is distinctly different from stretching exercises.

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Question? Request? Lawrence Gold: 

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