

By Dr. Derek Conte

One of the most common complaints we see from patients is that of sciatic pain. They will say, "I have sciatica!" And when I ask, "How do you know it is sciatica?" they will say that's what their friend said, or that they went online and did a medical search, or my favorite: that their "regular" doctor told them. So, what is sciatica, what are its symptoms, and what exactly is the sciatic nerve? I'll tell you that sciatica is one for the most misdiagnosed conditions we see.

The **sciatic nerve** is the largest nerve in the body and is made up of five nerves which arise from the low back and sacrum. These nerves converge and travel beneath the buttocks and down the outside rear of the thigh to the back of the knee, where they divide. The **tibial nerve** goes straight down the back of the calf around the inside of the ankle and on to the underside of the foot. The two **peroneal nerves** cover the rest of the lower leg and top of the foot (see chart).

Sciatica is the irritation of the sciatic nerve and can be caused in several ways. First, compression of the nerve must be present or there would be no pain. Beginning centrally and going out from the spinal cord the causes may be 1) **Central canal stenosis** which squeezes the entire cord and produces bilateral symptoms. 2) A **subluxation** (malposition of vertebrae) compresses nerves at the spine. 3) A **bulging disc** or osteophyte (bony spur) causing **stenosis of intervertebral foramen**, or a dramatic **loss of disc height** can also leave too little room for the nerves to exit the spine. 4) A tight **piriformis muscle** (a deep muscle in the buttock) can cause compression of the sciatic nerve located beneath it resulting in **piriformis syndrome**.

True sciatic symptoms are very specific and are described as an electrical "bolting", or "branching" pain, very sensitive to the patient's position, becoming worse, even "explosive" with muscle spasms down the buttocks and leg. It is also described as intense burning pain, with tingling, numbness, weakness and loss of function. An example is "**foot drop**", where the patient loses the ability to elevate the foot, dragging the toe on the ground when walking. This leads to a pronounced compensatory limp. Finally, **atrophy** sets in. This is the loss of muscle mass from disuse and a sign the nerve is dying from lack of nutrition from unrelenting compression. Thus, sciatica must be intercepted long before this stage.

Given all these clues, why should there be any confusion about having sciatica? That is because there is a great mimicker that affects the same areas as sciatica but is very different in description and origin. **Scleratogenous pain** is a deep, dull, aching pain, difficult for the patient to easily localize, and not positionally sensitive. It is worse when standing, sitting or laying still. Paradoxically, it is relieved by movement. Though the initial movement after stillness is painful it resolves with continued movement.

This type of pain does not come from irritation of the nerves but rather problems with certain embryologically-related structures like bone, discs, and joints. This is the type of pain seen in osteoarthritis (degenerative arthritis) and fixated joints badly in need of the motion a chiropractic adjustment provides.

It is possible for scleratogenous pain patterns to be virtually identical to and mistaken for sciatic pain and only distinguishable in the type, timing and nature of the pain, and the patient's responses to specific orthopedic and neurological tests. It is essential that the patient be interviewed and examined by a doctor in this way to determine the exact cause to implement the correct care. In either case, the care is simple and the success rate extremely high.

The best and least invasive initial care for sciatica, piriformis syndrome, or scleratogenous pain would be specific chiropractic adjustments, specific stretches, neuromuscular massage and acupuncture. A basic yoga class could be added as part of a maintenance program.

<http://www.bodybalance.co.uk/images/bbal/spinal-nerve-sciatica.gif>

<http://ccscc.com.au/wp-content/uploads/2016/03/Sciatica-Illustration.png>

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Dr. Derek Conte is co-founder of Chiropractic Specialists at 1154 Concord Road in Smyrna. For questions call 404-784-6008. For more info, articles, photos, etc. visit ***drderekconte.com***