

# A Case Study On The Management Of Sciatica Through Naturopathy And Yoga Intervention

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## ABSTRACT

Sciatica is a common neuropathic condition characterized by pain radiating along the sciatic nerve pathway, often caused by lumbar disc herniation, spinal degeneration, piriformis syndrome, or nerve root compression. Conventional management commonly includes analgesics, physiotherapy, and surgery in severe cases. However, integrative approaches such as naturopathy and yoga may provide non-invasive alternatives for pain management and functional recovery. This case study evaluates the effectiveness of naturopathy and yoga interventions in managing sciatic pain in a 45-year-old female patient diagnosed with chronic unilateral sciatica. Following a 21-day intervention involving hydrotherapy, mud therapy, massage therapy, dietary modification, and therapeutic yoga practices, significant improvements were observed in pain intensity, mobility, flexibility, and quality of life. This study highlights the potential role of drugless therapies in sciatica management.

**Keywords:** Sciatica, Naturopathy, Yoga therapy, Low back pain, Complementary medicine.

## INTRODUCTION

Sciatica is a clinical condition characterized by pain radiating along the distribution of the sciatic nerve, typically extending from the lower back through the buttock and into the lower extremity. It commonly results from irritation, inflammation, or compression of one or more lumbosacral nerve roots, most frequently due to lumbar disc herniation, spinal stenosis, or degenerative spinal disorders (Stafford et al., 2007).

Low back pain is one of the leading causes of disability worldwide, with lifetime prevalence estimates ranging from 60% to 80% among adults. Sciatica is a frequent manifestation of low back disorders and has been reported to affect approximately 10–40% of individuals experiencing low back pain (Konstantinou & Dunn, 2008). Patients with sciatica commonly present with radiating leg pain, paresthesia, numbness, muscle weakness, restricted spinal mobility, and varying degrees of functional impairment, all of which may significantly reduce quality of life.

Conventional management of sciatica includes pharmacological interventions such as non-steroidal anti-inflammatory drugs (NSAIDs), analgesics, muscle relaxants, and epidural steroid injections. Surgical procedures may be considered in severe or refractory cases, particularly when neurological deficits are present (Lewis et al., 2015). However, the potential adverse effects associated with long-term medication use, coupled with symptom recurrence, have encouraged patients to explore complementary and integrative treatment approaches.

Yoga and naturopathy have gained increasing attention as non-pharmacological interventions for the management of musculoskeletal disorders, including sciatica. Yoga incorporates physical postures (asanas), breathing techniques (pranayama), and relaxation practices that may improve spinal flexibility, muscular strength, posture, circulation, and psychological well-being (Sherman et al., 2011). Naturopathic therapies, including hydrotherapy, mud therapy, massage, dietary modifications, and lifestyle counseling, aim to support the body's self-healing mechanisms, reduce inflammation, alleviate pain,

**Relevant conflicts of interest/financial disclosures:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

promote relaxation, and enhance overall health (Wardle et al., 2011).

The present case study was undertaken to evaluate the effectiveness of a combined naturopathy and yoga intervention in the management of sciatica and to assess its impact on pain, functional ability, and overall well-being.

## 2. Case Presentation

A 45-year-old female patient, working as a teacher, presented with complaints of low back pain radiating to left leg for the past six months. She also reported difficulty in walking for the last three months, tingling sensation in the affected leg for the past two months, and sleep disturbance due to pain.

The patient had no history of diabetes mellitus, hypertension, or any prior surgical procedures. Magnetic Resonance Imaging (MRI) revealed an L4–L5 intervertebral disc bulge with mild compression of the nerve root. Based on the clinical presentation and MRI findings, the patient was diagnosed with left-sided lumbar sciatica.

## 3. Assessment and Baseline Findings

Parameter	Before Treatment
Pain (VAS)	8/10
Straight Leg Raise Test	Positive at 40°
Oswestry Disability Index	58%
Hamstring Tightness	Severe
Sleep Quality	Poor

**Table 1: Clinical Parameters recorded on day 1 before the intervention**

## 4. Intervention

The patient underwent a 21-day integrated naturopathy and yoga intervention protocol in the inpatient department under medical supervision. The primary objectives of the intervention were to reduce sciatic pain, decrease inflammation and muscle spasm, improve circulation, alleviate nerve compression symptoms, and restore functional mobility. The intervention consisted of naturopathic

therapies and a structured yoga program administered daily throughout the treatment period.

## Naturopathy Intervention

### 1. Hydrotherapy

Hydrotherapy was administered daily as part of the naturopathic management plan to promote circulation, facilitate muscular relaxation, and reduce pain associated with sciatic nerve irritation. Hydrotherapy has been reported to improve local blood flow, decrease muscle tension, and support pain management through thermal and mechanical effects (Moor, 2013).

#### a) Neutral Spinal Bath

A neutral spinal bath was administered for 20 minutes daily, with the water temperature maintained between 34°C and 36°C. The patient was positioned comfortably in a spinal bath tub to ensure adequate immersion of the vertebral column, while a cold compress was applied to the forehead throughout the session. The neutral spinal bath is believed to exert a soothing effect on the nervous system, promote muscular relaxation, reduce inflammation, and improve circulation in the lumbar region (Kellogg, 2005).

#### b) Hot Foot Immersion Bath

The hot foot immersion bath was administered for 15 minutes daily at a temperature of 40°C–42°C. The patient's feet were immersed up to the ankle level throughout the treatment. This therapy promotes peripheral vasodilation, enhances circulation, induces relaxation, and may help reduce referred pain and stiffness in the lower extremities (Moor, 2013).

#### c) Cold Compress

Cold compresses were applied for 10 minutes during episodes of severe radiating pain. The application was localized to the affected region to provide symptomatic relief. Cryotherapeutic applications have been shown to reduce inflammation, decrease nerve conduction velocity, minimize local swelling, and provide analgesic effects in painful musculoskeletal conditions (Bleakley et al., 2012).

## 2. Mud Therapy (Mud Pack to Lumbar Region)

A mud pack was applied daily over the lumbar region (L4–S1) for 30 minutes. Fresh therapeutic mud was spread uniformly over the lower back with an approximate thickness of 1–2 inches. The patient remained in a comfortable position throughout the procedure. Mud therapy has traditionally been utilized for its cooling, anti-inflammatory, and analgesic properties. It may reduce muscular tension, absorb excess body heat, improve local circulation, and alleviate pain and stiffness in musculoskeletal disorders (Nasermoaddeli & Kagamimori, 2005).

## 3. Massage Therapy (Partial Therapeutic Massage)

A partial therapeutic massage was administered for 20 minutes daily to the lumbar region, gluteal muscles, posterior thigh, and calf muscles. The intervention included effleurage, petrissage, kneading, and gentle friction techniques using either herbal medicated oil or neutral massage oil, depending on availability and therapeutic indications. Care was taken to avoid excessive pressure over painful nerve pathways. Therapeutic massage has been reported to improve circulation, decrease muscle spasm, reduce pain, enhance flexibility, and improve functional mobility in individuals with musculoskeletal disorders (Field, 2016).

## 4. Fasting and Dietary Management

The dietary intervention was designed to reduce systemic inflammation, improve digestive function, and support physiological recovery. During the initial phase, the patient underwent one day of fruit fasting consisting of fresh fruit juices, coconut water, lemon-honey water, and adequate fluid intake. Therapeutic fasting has been associated with metabolic regulation, digestive rest, and reductions in inflammatory markers under supervised conditions (Wilhelmi de Toledo et al., 2019).

Following the fasting period, the patient was prescribed an anti-inflammatory vegetarian diet. Breakfast consisted of papaya, watermelon, seasonal fruits, and herbal tea. Lunch included raw vegetable salad, steamed vegetables, millets or brown rice, and dal or vegetable soup. Evening meals consisted of fresh fruit juice and sprouts, while dinner included

vegetable soup, light khichdi, and salad. The patient was advised to avoid processed foods, fried foods, refined sugars, excessive salt, caffeinated beverages, and non-vegetarian foods throughout the intervention period.

Adequate hydration was maintained by encouraging daily consumption of approximately 2.5–3 liters of water along with herbal water and coconut water. Proper hydration supports metabolic processes, circulation, cellular function, and overall well-being (Popkin et al., 2010).

Therapy	Duration	Frequency
Neutral spinal bath	20 min	Daily
Hot foot bath	15 min	Daily
Mud pack	30 min	Daily
Massage	20 min	Daily
Yoga session	45 min	Daily
Diet therapy	Whole day	Daily

**Table 2: Treatment Schedule of 21 Days**

## Rationale for Naturopathy Intervention

The naturopathy intervention was designed to reduce inflammation, relieve muscular tension, improve circulation, facilitate tissue healing, and support the body's intrinsic healing mechanisms. The combination of hydrotherapy, mud therapy, massage therapy, fasting, and dietary modification was intended to alleviate pain, improve mobility, and enhance overall physical well-being, thereby contributing to recovery from sciatica.

## B. Yoga Intervention

The patient participated in a structured yoga therapy program for 21 consecutive days under the supervision of a certified yoga therapist. The intervention was designed to reduce sciatic nerve irritation, improve spinal flexibility, strengthen the supporting musculature of the spine, decrease muscular tightness, and promote physical and mental relaxation. Each session lasted approximately 45–60 minutes and was performed during morning hours on

an empty stomach in a calm environment. Forward bending and movements that aggravated symptoms were avoided.

### 1. Loosening Practices (10–15 Minutes)

#### Pawanmuktasana Series (Part I)

The patient performed gentle joint-loosening exercises involving toe bending, ankle rotation, knee bending, knee rotation, hip rotation, and gentle leg raises. Each exercise was performed for 5–10 repetitions according to individual tolerance. These practices help improve joint mobility, increase circulation, reduce stiffness, and prepare the musculoskeletal system for subsequent yogic practices (Saraswati, 2013).

### 2. Therapeutic Asanas (20–25 Minutes)

The selected asanas were chosen based on their therapeutic value in improving spinal flexibility, strengthening postural muscles, and reducing symptoms associated with sciatica (Naragatti et al., 2023).

#### Bhujangasana (Cobra Pose)

Bhujangasana was practiced by gently extending the spine and maintaining the posture for 15–20 seconds for three rounds. The posture may strengthen the lumbar musculature, improve spinal extension, and reduce lower back stiffness.

#### Makarasana (Crocodile Pose)

Makarasana was practiced for 2–3 minutes in a relaxed prone position. This posture facilitates relaxation of the spinal musculature and may reduce lumbar discomfort and muscular tension.

#### Shalabhasana (Locust Pose)

Shalabhasana was practiced for 10–15 seconds and repeated three times. The posture strengthens the gluteal and lower back muscles and enhances lumbar stability.

#### Ardha Matsyendrasana (Half Spinal Twist)

Ardha Matsyendrasana was performed for 15 seconds on each side for two rounds. The posture improves

spinal mobility, flexibility, and circulation to paraspinal structures.

#### Setubandhasana (Bridge Pose)

Setubandhasana was practiced for 20 seconds and repeated three times. The posture strengthens the pelvic, gluteal, and lumbar musculature while promoting spinal stability and postural alignment.

#### Marjariasana (Cat-Cow Stretch)

Marjariasana was performed for 10 repetitions synchronized with breathing. This practice improves spinal mobility, reduces stiffness, and enhances neuromuscular coordination.

### 3. Pranayama (10–15 Minutes)

#### Anulom Vilom Pranayama

Anulom Vilom Pranayama was practiced for 5 minutes daily in a comfortable seated posture. Alternate nostril breathing has been shown to improve autonomic balance, reduce stress, and promote mental calmness (Telles et al., 2018).

#### Bhramari Pranayama

Bhramari Pranayama was practiced for 5 minutes daily. The humming sound produced during exhalation promotes relaxation, reduces anxiety, and may decrease pain perception (Telles et al., 2018).

#### Deep Breathing Exercises

Deep breathing exercises were practiced for 5 minutes daily. Slow and controlled breathing promotes relaxation, improves oxygenation, and reduces muscular tension.

### 4. Relaxation Technique

#### Yoga Nidra

Yoga Nidra was practiced for 20 minutes daily under guided supervision. This systematic relaxation technique promotes deep physical and psychological relaxation, improves sleep quality, reduces stress, and enhances overall well-being (Moszeik et al., 2020).

Component	Duration
Loosening practices	10–15 min
Asanas	20–25 min
Pranayama	10–15 min
Yoga Nidra	20 min
Total	45–60 min/day

**Table 3: Daily Yoga Schedule of 21 Days**

### Progression During the 21-Day Intervention

During the first week, the emphasis was placed on pain relief, relaxation, and gentle mobility exercises. During the second week, the duration of asana holding was gradually increased with continued focus on

flexibility and postural correction. During the final week, greater emphasis was placed on strengthening the core and lower back muscles, improving spinal flexibility, and enhancing functional capacity.

### Therapeutic Rationale

The yoga intervention was designed to facilitate spinal mobility, reduce nerve irritation, strengthen supporting musculature, improve flexibility, and promote psychological well-being. The combined use of loosening practices, therapeutic asanas, pranayama, and Yoga Nidra addressed both the physical and psychosocial dimensions of sciatica. The integrated yoga program contributed to reductions in pain, improvements in flexibility and mobility, enhanced postural stability, improved sleep quality, and better overall quality of life.

### 5. Outcome Measures

Parameter	Before	After
VAS Pain Score	8	2
Straight Leg Raise	40°	80°
ODI	58%	20%
Sleep Quality	Poor	Improved
Walking Ability	Limited	Normal

**Table 4: Comparison of Clinical Parameters Before and After 21 Days of Naturopathy and Yoga Intervention**

### 6. Results

Following the 21-day integrated naturopathy and yoga intervention, the patient demonstrated marked clinical improvement. A significant reduction in pain intensity was observed, accompanied by improved spinal flexibility and enhanced nerve mobility. The patient also reported better sleep quality, reduced discomfort during daily activities, and an overall improvement in functional capacity. Additionally, there was a noticeable reduction in dependence on pain medications, indicating effective symptom management through the therapeutic interventions.

### 7. Discussion

This case study demonstrated significant improvement in pain intensity, functional mobility, straight leg raise (SLR) range, sleep quality, and overall disability following a 21-day integrated naturopathy and yoga intervention in a patient with chronic unilateral sciatica. The patient's Visual Analog Scale (VAS) score reduced from 8/10 to 2/10, and Oswestry Disability Index (ODI) improved from 58% to 20%, suggesting clinically meaningful recovery.

Sciatica is commonly caused by lumbar disc herniation, degenerative spinal disorders, piriformis syndrome, or nerve root compression, leading to

radiating pain, inflammation, and neuromuscular dysfunction (Deyo & Mirza, 2016). Conventional management often includes analgesics, physiotherapy, epidural injections, and surgical intervention; however, recurrence and medication-related adverse effects often encourage patients to seek complementary therapies (Konstantinou & Dunn, 2008).

The yoga component of this intervention likely contributed significantly to symptom reduction through multiple biomechanical and neurophysiological mechanisms. Extension-based postures such as Bhujangasana may help reduce posterior disc pressure, strengthen lumbar extensors, and improve spinal alignment. Relaxative postures such as Makarasana may reduce paraspinal muscle tension and decrease mechanical stress on affected nerve roots. Shalabhasana and Setubandhasana may improve gluteal and core muscle strength, which are essential for lumbar stabilization.

Anulom Vilom, Bhramari Pranayama, and Yoga Nidra may have contributed through autonomic regulation by reducing sympathetic overactivity and stress-mediated pain amplification. Chronic pain is strongly associated with psychological stress, poor sleep, and increased pain sensitivity, and mind-body practices have shown benefits in reducing these factors (Sherman et al., 2011).

Previous clinical trials support the role of yoga in low back pain management. Tekur et al. (2008) reported that an intensive yoga program significantly improved spinal flexibility, pain scores, and disability among patients with chronic low back pain. Similarly, Tilbrook et al. (2011) found that yoga improved back function compared with usual care, while Sherman et al. (2011) demonstrated that yoga was as effective as stretching interventions for reducing chronic low back pain symptoms.

The naturopathy interventions may also have played an important therapeutic role. Hydrotherapy interventions such as neutral spinal baths and hot foot immersion may improve local circulation, reduce muscular spasms, and promote parasympathetic activation. Hydrotherapy has been shown to reduce pain and improve musculoskeletal function through thermal and mechanical effects (Bender et al., 2014).

Mud therapy may contribute by reducing inflammation, improving local circulation, and promoting muscular relaxation through thermal retention and mineral absorption. Research suggests that therapeutic mud applications can reduce pain and improve functional outcomes in musculoskeletal disorders (Fioravanti et al., 2011).

Massage therapy likely contributed to improved circulation, reduced muscle tension, and enhanced flexibility. Field (2011) reported that massage therapy demonstrates beneficial effects in reducing musculoskeletal pain and improving relaxation responses.

Dietary regulation may have further supported recovery by reducing systemic inflammation. A plant-based diet rich in fruits, vegetables, and hydration may help reduce oxidative stress and inflammatory responses associated with chronic pain conditions (Barnard et al., 2019).

The improvements observed in this case may be attributed to the synergistic effects of yoga, naturopathy therapies, lifestyle regulation, and supervised rehabilitation. However, as this is a single case report, findings cannot be generalized. Placebo effects, natural recovery, and patient motivation may also have influenced outcomes.

Future randomized controlled trials with larger sample sizes are required to evaluate the long-term efficacy of integrated naturopathy and yoga interventions for sciatica management.

## CONCLUSION

This case study highlights the potential therapeutic benefits of an integrated naturopathy and yoga intervention in the management of chronic unilateral sciatica. Following a 21-day supervised treatment protocol, the patient demonstrated substantial improvements in pain intensity, functional mobility, flexibility, sleep quality, and overall quality of life. A marked reduction was observed in the Visual Analog Scale (VAS) score (8/10 to 2/10), along with improvement in the Straight Leg Raise (SLR) test (40° to 80°) and a significant decline in disability as measured by the Oswestry Disability Index (ODI) (58% to 20%). These findings indicate meaningful clinical recovery and improved daily functioning.

The observed improvements may be attributed to the synergistic effects of naturopathic modalities such as hydrotherapy, mud therapy, massage therapy, dietary regulation, and therapeutic fasting, combined with structured yoga practices including asanas, pranayama, and deep relaxation techniques. Together, these interventions may help reduce inflammation, relieve muscular tension, improve spinal flexibility, enhance circulation, regulate stress responses, and promote natural healing mechanisms.

This case also emphasizes the importance of adopting a holistic, non-pharmacological, and patient-centered approach in managing musculoskeletal disorders such as sciatica, particularly for individuals seeking alternatives to long-term medication use or invasive procedures. Integrative therapies may serve as valuable adjuncts in rehabilitation settings.

However, this report is limited by its single-case design, short follow-up duration, and inability to establish causality or generalize findings to larger populations. Future research should focus on well-designed randomized controlled trials with larger sample sizes, long-term follow-up assessments, and standardized intervention protocols to further evaluate the efficacy, safety, and reproducibility of naturopathy and yoga interventions in sciatica management.

## ETHICAL CONSIDERATIONS

The intervention was conducted as part of routine inpatient clinical care. Written informed consent was obtained from the patient for treatment and publication. Patient confidentiality has been maintained.

## REFERENCES

1. Barnard, N. D., Goldman, D. M., Loomis, J. F., Kahleova, H., Levin, S. M., & Barnard, N. D. (2019). Plant-based diets for cardiovascular safety and performance in endurance sports. *Nutrients*, 11(1), 130. <https://doi.org/10.3390/nu11010130>
2. Bender, T., Karagülle, Z., Bálint, G. P., Gutenbrunner, C., Bálint, P. V., & Sukenik, S. (2014). Hydrotherapy, balneotherapy, and spa treatment in pain management. *Rheumatology International*, 34(8), 1095–1108. <https://doi.org/10.1007/s00296-014-2988-4>
3. Deyo, R. A., & Mirza, S. K. (2016). Herniated lumbar intervertebral disk. *New England Journal of Medicine*, 374(18), 1763–1772. <https://doi.org/10.1056/NEJMcp1512658>
4. Field, T. (2011). Massage therapy research review. *Complementary Therapies in Clinical Practice*, 17(4), 224–229. <https://doi.org/10.1016/j.ctcp.2011.06.004>
5. Fioravanti, A., Iacoponi, F., Bellisai, B., Giannitti, C., Galeazzi, M., & Marcolongo, R. (2011). Short- and long-term effects of spa therapy in knee osteoarthritis. *International Journal of Biometeorology*, 55(4), 583–590. <https://doi.org/10.1007/s00484-010-0381-6>
6. Konstantinou, K., & Dunn, K. M. (2008). Sciatica: Review of epidemiological studies and prevalence estimates. *Spine*, 33(22), 2464–2472. <https://doi.org/10.1097/BRS.0b013e318183a4a2>
7. Mukkamala, S., et al. (2017). Effectiveness of naturopathy and yoga in musculoskeletal disorders: A clinical review. *International Journal of Yoga*, 10(2), 65–72.
8. Naragatti, S., Sindhushree, T. A., & Hosakote, V. S. (2023, July). Role of yogic practice in sciatica pain. *International Journal of Scientific Research*, 12(7). <https://doi.org/10.36106/ijsr>
9. Sherman, K. J., Cherkin, D. C., Wellman, R. D., Cook, A. J., Hawkes, R. J., Delaney, K., & Deyo, R. A. (2011). A randomized trial comparing yoga, stretching, and a self-care book for chronic low back pain. *Archives of Internal Medicine*, 171(22), 2019–2026. <https://doi.org/10.1001/archinternmed.2011.524>
10. Tekur, P., Singphow, C., Nagendra, H. R., & Raghuram, N. (2008). Effect of short-term intensive yoga program on pain and spinal flexibility in chronic low back pain. *Journal of Alternative and Complementary Medicine*, 14(6), 637–644. <https://doi.org/10.1089/acm.2007.0815>
11. Tilbrook, H., Cox, H., Hewitt, C. E., Kang'ombe, A. R., Chuang, L. H., Jayakody, S., Aplin, J., Semlyen, A., Trehwela, A., Watt, I., & Torgerson, D. J. (2011). Yoga for chronic low back pain: A randomized trial. *Annals of Internal Medicine*, 155(9), 569–578. <https://doi.org/10.7326/0003-4819-155-9-201111010-00003>

12. Stafford, M. A., Peng, P., & Hill, D. A. (2007). Sciatica: A review of history, epidemiology, pathogenesis, and the role of epidural steroid injection in management. *British Journal of Anaesthesia*, 99(4), 461–473. <https://doi.org/10.1093/bja/aem238>
13. Konstantinou, K., & Dunn, K. M. (2008). Sciatica: Review of epidemiological studies and prevalence estimates. *Spine*, 33(22), 2464–2472. <https://doi.org/10.1097/BRS.0b013e318183a4a2>
14. Lewis, R. A., Williams, N. H., Sutton, A. J., Burton, K., Din, N. U., Matar, H. E., Hendry, M., Phillips, C. J., Nafees, S., Fitzsimmons, D., & Wilkinson, C. (2015). Comparative clinical effectiveness of management strategies for sciatica: Systematic review and network meta-analyses. *The Spine Journal*, 15(6), 1461–1477. <https://doi.org/10.1016/j.spinee.2013.08.049>
15. Sherman, K. J., Cherkin, D. C., Wellman, R. D., Cook, A. J., Hawkes, R. J., Delaney, K., Deyo, R. A., & Hamilton, L. (2011). A randomized trial comparing yoga, stretching, and a self-care book for chronic low back pain. *Archives of Internal Medicine*, 171(22), 2019–2026. <https://doi.org/10.1001/archinternmed.2011.524>
16. Wardle, J., Oberg, E. B., Kapoor, R., & Adams, J. (2011). Naturopathy and complementary medicine: Current status and future prospects. *Medical Journal of Australia*, 195(3), 128–130. <https://doi.org/10.5694/j.1326-5377.2011.tb03242.x>
17. Bleakley, C. M., Glasgow, P., & MacAuley, D. C. (2012). Cryotherapy for acute soft tissue injury: A systematic review. *British Journal of Sports Medicine*, 46(4), 233–240.
18. Field, T. (2016). Massage therapy research review. *Complementary Therapies in Clinical Practice*, 24, 19–31.
19. Kellogg, J. H. (2005). *Rational hydrotherapy*. University Press of the Pacific.
20. Moor, F. J. (2013). *The encyclopaedia of hydrotherapy and natural healing*. B. Jain Publishers.
21. Moszeik, E. N., von Oertzen, T., & Renner, K. H. (2020). Effectiveness of Yoga Nidra on psychological health. *Complementary Therapies in Medicine*, 49, 102–114.
22. Nasermoaddeli, A., & Kagamimori, S. (2005). Balneotherapy in medicine: A review. *Environmental Health and Preventive Medicine*, 10(4), 171–179.
23. Popkin, B. M., D'Anci, K. E., & Rosenberg, I. H. (2010). Water, hydration and health. *Nutrition Reviews*, 68(8), 439–458.
24. Saraswati, S. S. (2013). *Asana pranayama mudra bandha*. Yoga Publications Trust.
25. Telles, S., Sharma, S. K., Balkrishna, A., & Gupta, R. K. (2018). Effects of yoga breathing practices on mental health and autonomic function. *International Journal of Yoga*, 11(2), 99–109.
26. Wilhelmi de Toledo, F., Grundler, F., Bergouignan, A., Drinda, S., & Michalsen, A. (2019). Safety, health improvement and well-being during a fasting program. *PLOS ONE*, 14(1), e0209353.

HOW TO CITE: Bhagya M.<sup>1</sup>, Siddappa Naragatti<sup>2\*</sup>, A Case Study On The Management Of Sciatica Through Naturopathy And Yoga Intervention, *Int. J. Sci. R. Tech.*, 2026, 3 (6), 1769-1776. <https://doi.org/10.5281/zenodo.21061454>