



Homoeopathic Medicine Pulsatilla Nigricans For Pain Management In Case Of Lumbar Spondylosis In Geriatric Patient- A Case Report

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Abstract:

Low back pain is pain, muscle tension, or stiffness with or without leg pain (sciatica), and is outlined as chronic once it persists for twelve weeks. This case report explores the efficacy of homeopathic treatment in managing lumbar spondylosis. The study assessed the patient's response through clinical observations, pain levels, and functional improvements using validated scales – NRS & RMQ. Results demonstrated a notable reduction in pain and enhanced functionality, as indicated by improvements in mobility and daily activities. The specific remedies administered and their impact on the patient's condition are detailed. The report contributes valuable insights into the potential of homeopathy as an alternative therapeutic approach for lumbar spondylosis, suggesting its consideration in comprehensive patient care strategies and stimulating further research in this domain.

INTRODUCTION

Low back pain (LBP) is the commonest musculoskeletal condition affecting the adult population reported in clinical setting. Chronic LBP (CLBP) is a chronic pain syndrome in the lower back region.¹The musculoskeletal system depends on nerves, muscles and bones to provide function and structure for the body. The system also consists of cartilage, tendons, ligaments and bursa and all of these components can contribute to pain.²Low back pain (LBP) affects both younger and older adults. Acute back pain is outlined as lasting for four to twelve weeks, and chronic back pain lasts over twelve weeks.³Low back pain is pain, muscle tension, or stiffness localised below the bone margin and higher than the inferior skeletal muscle folds, with or without leg pain (sciatica), and is outlined as chronic once it persists for twelve weeks. Non-specific low back pain is pain not attributed to a placeable pathology (such as infection, tumour, pathology, autoimmune disorder, fracture, or inflammation).⁴Worldwide, the incidence of low back pain is highest within the third decade.⁵Low back pain (LBP) is the most common musculoskeletal condition affecting the adult population, with a prevalence of up to 84%.¹ 15% of back pain are related to a specific cause (trauma, infection, inflammation, rheumatoid arthritis, tumor, disc hernia, vasculopathy etc.).^{6,7}Low back pain is also caused by disorders of the disk.⁸Investigations include X ray if the pain is associated with certain red flag symptoms or signs; CTscan and MRI Scans in cases with neurological Signs and Symptoms.¹⁰Homoeopathy offers a holistic approach towards treatment of Chronic low back pain. Individualised Homoeopathic medicines can offer an effective approach in these cases.

This case report highlights the homoeopathic concept of individualization based on patients mind and disposition to find the similar medicine of the case. The patient was treated at Dr Girendra Pal Homoeopathic Hospital and Research Centre Jaipur.

A 68 year old married female patient from rural area of Jaipur presented in OPD on 20/01/2020 with complaint of pain in back since 3 years

She had Chronic Pain in lower back Lumbar region which was aggravated on beginning to move or rest and ameliorated on continued motion. Patient also complained of pain in all joints of body on beginning to move and better by continued motion. Pains shifting from one place to another. Boring pain in heels aggravated in evening.

Mentals and Physical generals: Patient was chilly with normal appetite, decreased thirst and desire for sweets. Mentally patient had a mild gentle yielding disposition with desire for company in evening; Weeping disposition better by consolation. Patient had lost both parents around 8 years ago and since then had been suffering from mild aches and pains off and on.

Sexual history:

Healthy

Gynecological and Obstetric history: Patient was post menopausal. Earlier she had history of delayed menses with acrid burning leucorrhoea.

Clinical findings:

On general examination pulse was 94/minute, BP 130/80 mm Hg; height 5 ft 4 inches weight 65 kg. No other significant finding

Joint examination: No Swelling, No discoloration, No Scar Marks, No deformity. Slight tenderness in Lumbar region. Pain during Movements in knees, lower back, hips.

INVESTIGATIONS:

X-Ray: 15/11/2019 X-Ray L.S. Spine AP View. Spondylosis at L4-L5. (Fig 1)



Fig.1 X Ray Showing Lumbar spondylsosis

DISEASE DIAGNOSIS: Lumbar Spondylosis: Pain NRS 8; RMQ 13

THERAPEUTIC INTERVENTION:

After a detailed case taking and subsequent analysis and evaluation of the case following symptoms were considered in totality for repertorisation:

- Mild yielding disposition
- Desire company in evening
- Weeping disposition
- Consolation ameliorates
- Desires: Sweets
- Thirstless
- Thermal reaction: chilly
- Chronic lower back pain.
- Aggravated on beginning to move or rest.
- Ameliorated on continued motion
- Boring pain in heels

Repertorisation from Kent repertory (Fig 2)¹¹

Case repertorisation													X
Rep.	Rubric	Puls. (18)	Sep. (12)	Rhus-t. (12)	Lyc. (11)	Ign. (10)	Ars. (9)	Calc. (9)	Nat-m. (8)	Arg-n. (8)	Nux-v. (8)	Kali-c. (8)	Other (7)
kent	Back, pain, aching, lumbar region, morning	2		3	1	1		1			3		
kent	Back, pain, aching, lumbar region, motion, amel.										1		
kent	Extremities, pain, boring, foot, heel	3											
kent	Mind, company, desire for	2	2		3	2	3	2		3	2	3	3
kent	Mind, consolation, amel.	2											
kent	Mind, mildness	3	2	3	2	2	3	2	3			1	2
kent	Mind, weeping, involuntary	3	3	3		3			3				1
kent	Stomach, desires, sweets		2	2	3		1	2	1	3	1	2	
kent	Stomach, thirstless	3	3	1	2	2	2	2	1	2	1	2	1

Fig 2: Repertorisation chart

SELECTION OF REMEDY

Pulsatilla 30 to be taken in 2 globules of size 40 three times a day for 14 days.

Physiotherapy was advised.

FOLLOW- UP SHEET (Table 1)

Table 1

Date	Symptoms NRS & RMQ scoring (every two weeks)	Prescription
03/02/2020	Chronic Pain in lower back slight relief. Pain in Joints whole body slight relief NRS 5	Pulsatilla 30/Tds 14 days
17/02/2020	Better- lower back pain. aggravated on beginning to move or rest. ameliorated on continued motion Pain in Joints whole body since 2 days Pain NRS- 7	Pulsatilla 200 1 dose Rhus toxicodendron 30/tds/7 days
02/03/2020	No further relief in lower back pain. aggravated on beginning to move or rest. ameliorated on continued motion Pain in Joints whole body decreased Pain NRS- 5 RMQ10	Pulsatilla 200 1 dose daily for three days Phytum 30 tds for 1 week
09/03/2020	Better- lower back pain. aggravated on beginning to move or rest. ameliorated on continued motion Pain NRS- 2	Pulsatilla 200 1 dose every week Phytum30/Tds 14 days
19/03/2020	No further relief. Pain NRS 3 RMQ score-5	Pulsatilla 200 1 dose every week Phytum30/Tds 30 days
11/06/2020	Patient did not visit due to COVID lockdown Improvement in lower back pain after march. Slight increase in pain since last three days Pain NRS 5 RMQ score-7	Pulsatilla 1M 1 dose Phytum 30 tds for 30 days
16/07/2020	Pain relief Pain NRS 1 RMQ SCORE 3	Pulsatilla 1M 1 dose Phytum 30 tds for 30 days
3/12/2020	Patient was better after last prescription so didn't need medicine Pain aggravated since 3 day after exposure to cold after bath and exertion <after rest on beginning to move with stiffness >after continued movement Pain NRS 6 RMQ score 5	Rhus toxicodendron 30 tds/7 days Advised Physiotherapy
10/12/2020	Slightly Better Pain NRS 2	Pulsatilla 1 M 1 dose Phytum 30 tds 15 days

Patient has continued treatment over more than 1 year. Patient has been better mentally and physically.

DISCUSSION

Homoeopathy is an individualized and wholistic method of treatment which considers patients mind and disposition and general state for medicine selection. Pulsatilla nigricans was selected on basis of totality of symptoms. It is a well known polychrest medicine. Homoeopathic medicines are prepared in three potency scales – LM, CH & Decimal scale.¹² In this case CH potency scale was used.

Case follow up show beneficial effect of medicine in lowback pain. However patient off and on stopped taking medicine sometimes due to COVID safety issues (lockdown) and other time when she felt relief. Patient returned when aggravated and was again managed well with homoeopathic medicine. Rhus toxicodendron was prescribed as acute intercurrent on basis of acute totality of the case and helped manage the aggravations well. Patient response was assessed using Pain NRS¹³ and RMQ¹⁴. The Roland-Morris Questionnaire (RMQ) is a self-report tool for assessing disability, utilizing a 24-point scale where higher scores indicate increased disability levels. It has demonstrated reliability and validity in gauging disability levels and sensitivity to changes over time in groups with low back pain. To determine the patient's score, the individual is instructed to mark each applicable statement, and the total number of marked statements is then summed up.¹⁴

A clinical case series assessed consecutive patients aged 25 to 65 with chronic low back pain receiving homeopathic treatment in an essential care setting over two years. Pain and disability were measured using the Numerical Pain Rating Scale (NPRS) and Oswestry Low Back Pain Disability Questionnaire, respectively. Results showed significant improvement, with the t-table value of 2.05 affirming treatment adequacy. The study concluded that individualized homeopathic medication can effectively reduce pain and disability in low back pain patients, supporting its safe application as a comprehensive social care therapeutic.¹⁵

A two-year observational case series on consecutive patients (18-60) receiving homeopathic treatment for chronic low back pain showed significant improvement in pain and disability with individualized homeopathic medicine.¹⁶

Homoeopathic studies provide an insight into the role of homoeopathy in cases of lumbar spondylosis.

CONCLUSION

This case report shows beneficial effect of homoeopathic medicine for pain management in case of Lumbar spondylosis. Further long term follow up studies are needed to establish scope & limitation of Homoeopathy in pain management of musculoskeletal disorders.

DECLARATION OF PATIENT CONSENT: The authors certify that the patient gave her consent for clinical information to be reported in the journal.

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