**International Journal of Research Publication and Reviews**

Journal homepage: www.ijrpr.com ISSN 2582-7421

# Homoeopathic Medicines in the Management of Lumbar Spondylosis

***Dr. Anupama D. Pathrikar***

M.D. (Hom.)**,** Principal, Professor & HOD, Department of Practice of Medicine, Foster Development's Homoeopathic Medical College, Aurangabad.

**ABSTRACT**

A person encounters many diseases during his life. Lumbar spondylosis is the most common of them. Everything in nature appears and flourishes for a time and then declines to finally disappear. Creation, preservation and destruction is the outer cycle of nature, which is reflected in all animals. The above-mentioned cycle also includes the fact that man is a part of nature. It is seen in both men and women. Aging is a series of complex mechanisms and often a degenerative process associated with aging can occur. Although it is a self-limiting disease that is not life-threatening in its own way, it is very disturbing to the patient. A wide variety of terms are used for disorders such as lumbago, wear and tear, lumbar spondylosis, etc. Diseases of the spine are the penalty one has to pay for one's upright posture. Intervertebral discs are designed to allow load absorption. The joints are designed to allow flexion, extension, lateral flexion and rotation especially in the cervical spine.

Pain caused by diseases of the cervical and lumbar spine is very common. The facet of that part of the vertebrae where there is a wide range of motion is subject to changes both in the intervertebral disc and in the adjacent vertebrae.

They are associated with local pain or oppression of the spinal cord or nerve roots, all these changes occur only with age. Where a person becomes dependent on other people, at least for a walking stick, and the bitter fact that he has never been the same creates self-pity, and the result is a despondent, sullen, depressed, anxious, selfish individual who has nothing but his own illness and the expectation that the whole world will revolve around him.

**Keywords:** Spondylosis, Homoeopathic Medicines, Homoeopathy and Practice of Medicine

## Introduction

Osteoarthritis is one of them and is an inevitable gift of aging that human beings are forced to accept. Etiological factors can be anything like primary and secondary.

Stiffness and pain in the neck and back, which is very common in middle age and old age. Depending on the severity of the difficulties, it can lead to restriction of movement and employment of the individual.

Osteoarthritis makes a rarely proud independent and confident man feel crippled.

If we see the treatment part of osteoarthritis, modern medicine remains an amphysic way. It has only palliative and surgical treatment, but long-term palliative treatment usually ends with side effects.

Over time, many homeopaths began to use biochemical remedies either alone or along with homeopathic remedies. The biochemical remedies were safe, non-reactive and possibly working at a different level and did not interfere with the chosen constitutional homeopathic remedy.

There is certainly a connection with each person's constitution and the rate of such degenerative change. Therefore, the homeopath, who considers the "man as a whole", has the upper hand in managing such disorders.

No diseases are the same for everyone, only individualization can cure them.

Therefore, an attempt was made here to understand the effectiveness of homeopathic treatment in lumbar spondylosis.

## Review of Literature:

Spondylosis (spinal osteoarthritis) is a degenerative disease that can cause the spine to lose its normal structure and function. Although aging is the primary cause, the site and rate of degeneration is individual. The degenerative process of spondylosis can affect the cervical thoracic and lumbar regions of the spine and affect the intervertebral discs and facet joints. Abnormal bone formation in the spine is also one of the features seen in this condition.

Image of lateral and posterior spine

Spondylosis often affects the following elements of the spine

### *INTERVEEBRAL TERENCES AND SPONDYLOSIS*

As people age, certain biochemical changes occur that affect the tissue found throughout the body. In the spine, the structure of the intervertebral discs (annulus fibrosus, lamellae, nucleus pulposus) may be disturbed. The annulus fibrosus consists of 60 or more concentric bands of collage fibers called lamellae. Nucleus puplosus is a getu-like substance and the collage fibers form the nucleus together with water and anticoglycans.

The degenerative effects of aging can weaken the structure of the anulus fibrosus, causing the "tire tread" to wear and tear. The water content of the core decreases with age, which affects this ability to bounce back after compression (e.g. shock absorption quality). Structural changes caused by degeneration can reduce disc height and increase the risk of disc herniation.

### *FACET JOINTS (OR ZYGAPOPHYSEAL JOINTS) AND SPONDYLOSIS*

Each vertebral body has four facet joints that act as hinges. These are articular (movable) joints of the spine allowing extension, flexion and rotation. Cartilage is a special type of connective tissue that provides a self-lubricating, sliding surface Facet joint degeneration causes cartilage loss and the formation of osteophytes (eg bone spurs). These changes can cause hypertrophy of osteoarthritis, also known as degenerative joint disease.

### *BONES AND LIGAMENTS*

Osteophytes (e.g. bone spurs) may form near the endplates, which may compromise the blood supply to the vertebra, and the endplates may stiffen as a result of sclerosis; thickening of the bone below the endplates.

Ligaments are bands of fibrous tissue connecting spinal structures and protecting against extreme movements. Degenerative changes can cause ligaments to lose some of their strength. The ligamentum flavum may thicken or bow backward toward the dura.

### *CERVICAL SPINE AND SPONDYLOSIS*

The complexity of the cervical anatomy and the wide range of motion make this segment of the spine susceptible to degenerative changes. A sore throat is common. The pain may radiate to the shoulder or down the arm. When a bone spur causes compression of nerve roots, limb weakness can occur. In rare cases, bony spurs that form in the front of the cervical spine can cause difficulty swallowing.

### *THORACIC SPINE AND SPONDYLOSIS*

Pain associated with degenerative disease is often triggered by forward flexion and hyperextension. Disc pain in the thoracic spine can be caused by flexion facet pain from hyperextension.

### *LUMBAR SPINE AND SPONDYLOSIS*

Spondylosis often affects the lumbar spine in people over the age of 40. Pain and morning stiffness are common complaints. These are usually multiple levels. The lumbar spine carries most of the body's weight. Therefore, when degenerative forces disrupt its structural integrity, symptoms including pain may accompany activity. Prolonged sitting can cause pain and other symptoms due to pressure on the lumbar vertebrae. Repetitive movements such as lifting and bending (eg manual labor) can increase the pain.

### *ETIOLOGY OF SPONDYLOSIS*

Its wear and tear on the joints of the spine causes information in the disc, which are like soft rubber shock absorbers, between the bones, that the spine hardens and stiffens as it shrinks with age. This causes stress on all the surrounding joints and tissues leading to stiffness.

Due to abnormal bone growth on the bones of the spine, which in turn compresses the nerves coming from the spinal cord. This results in areas causing loss of function supplied by these compressed nerves.

### *SPONDYLOSIS TYPES*

CERVICAL SPONDYLOSIS - refers to the degenerative process of the cervical spine that causes compression of the spinal cord and nerve roots.

LUMBAR SPONDYLOSIS - refers to the degenerative process of the lumbar spine causing compression of the spinal cord and nerve roots.

### *CERTIC SPONDYLOSIS*

Cervical spondylosis is a common degenerative condition of the cervical spine, most likely caused clinically by age-related intervertebral disc changes, several overlapping and distinct syndromes—neck and shoulder pain, suboccipital pain and headache, radicular symptoms, and Cervical spondylosis myelopathy (CSM) . As disc degeneration occurs, mechanical stress results in osteophytic rods that form along the ventral aspect of the spinal canal.

There are often associated degenerative changes of the facet joints, hypertrophy of the ligamentum flavum and ossification of the posterior longitudinal ligament. All of them can contribute to the involvement of pain-sensitive structures (nerves and spinal cord) and thus create different clinical syndromes, spondylotic changes that are often more observed in the aging population. However, only a small percentage of patients with radiographic evidence of cervical spondylosis are symptomatic.

### *PHYSIOLOGY OF PATO*

Disc degeneration causes cervical spondylosis. As the discs age, their fragments initially dry out and collapse, this begins in the nucleus pulposus, resulting in the central annular lamella bulging inwards while the outer concentric bands of the anulus fibrosus bulge outwards. This results in increased mechanical stress on the cartilaginous end plates on the lip of the vertebral body.

Osteophytic rods that run along the neutral aspects of the spinal canal. In some patients, these streaks extend into the nerve tissue. These are most likely to stabilize adjacent vertebrae that are hypermobile due to loss of disc material.

There is also often hypertrophy of the uncinate process, which extends into the ventrolateral part of the intervertebral foramen. During the degradation of the proteoglycans of the intervertebral discs, irritation of the nerve roots can also occur.

CSM arises as a result of 3 important pathophysiological factors static-mechanical, dynamic mechanical and spinal cord ischemia. A congenitally narrowed spinal canal of 10-13 mm is an important predisposing factor to CSM. As ventral ostcopytosis occurs in a person with a congenitally narrowed canal, the space for the cord is further reduced. Age-related hypertrophy of the ligamentum flavum and thickening of the bone can further limit the space of the cord and cause buckling of these elements in the cord.

Dynamic factors may be important in that normal flexion and extension of the spinal cord may exacerbate spinal cord injury initiated by static spinal cord compression. During flexion, the spinal cord elongates, stretching over the ventral osteophytic rods. During extension, the ligamentum flavum can buckle into the cord and pinch the cord between the ligaments and the anterior osteophytes.

Spinal cord ischemia is also likely to be involved in CSM. Histopathological changes that are observed in CSM often involve gray matter with minimal white matter involvement (a pattern consistent with ischemic damage), the ischemia likely occurring at the level of impaired microcirculation.

RACE - Cervical spondylosis may affect men earlier than women.

SEX - In 1992, Rahim and Stam Bough noted that spondylological changes are most common in people over 40 years of age. Ultimately, more than 70% of men and women are affected, but radiographic changes are more severe in men than in women.

### *RISK FACTORS*

Repeated occupational trauma (eg, carrying axial loads, professional dance, gymnastics) may contribute. The role of occupational trauma is controversial, especially in terms of worker's compensation claims.

Known cases have been reported, possibly genetic.

Smoking can be a risk factor

Conditions that contribute to segmental instability and excessive motion of the segments (eg, congenital fused spine, cerebral palsy, Down syndrome) may be risk factors for spondylotic disease.

### *CLINICAL SIGNS*

Clinical syndromes associated with cervical spondylosis are

(1) Intermittent neck and shoulder pain (cervicalgia) in the most common syndrome.

No associated neurological symptoms are present. The main problem is that the source of the pain is that it is misunderstood. Neck pain with cervical spondylosis is often accompanied by stiffness radiating to the shoulders or occiput. It can be chronic or episodic with long periods of remission. One-third of patients with cervicalgia from cervical spondylosis present with headache, two-thirds with unilateral or bilateral shoulder pain, and another with arm, forearm, or hand pain.

(2) Another associated syndrome is chronic suboccipital headache.

Although dermatomes corresponding to cervical nerve roots 1-3 (C1–C3) are located on the head, occipital atlontal and atlantoaxial degeneration seem unlikely to cause pain in these areas. The greater occipital nerve usually cannot be compressed by bony structures, yet headaches may be the dominant symptom in a patient with cervical degenerative disease. Headaches are usually suboccipital and may radiate to the base of the neck and the top of the skull.

(3) Radiculopathy

The most commonly affected nerve roots are the 6th and 7th cervical nerve roots caused by C5-6 and C6-7 spondylosis, respectively. Patients usually present with pain, weakness, paresthesia, or a combination of these symptoms. Pain usually in the cervical region, upper limb, shoulder and/or interscapular region.

Occasionally, the pain may be atypical and present as chest pain (pseudoangina) or breast pain. Usually, the pain is more common in the upper limb than in the neck.

(4) CSM is the most common cause of non-traumatic paraparesis and tetraparesis. The process develops inconspicuously.

## HOMOEOPATHIC THERAPEUTICS –SPONDYLOSIS

The prescription was based on well presented totality. The medicines which are indicated inorder of priority were sycotic compound, Rhustox, medorehisum. Cimicifuga, Bryonia, Kalmia, Calc. Phos. Phytolacca and Rhodadendron. Based on causation the medicines were Ruta, hypericum, Rhustox, Arnica and symphytum. In case of family history corcinosin, syphilinum, medorrhinum, terberculinum and Thuja were indicated. On the basis of location and radiation the remedies indicated were paris quadrifolia, Asparagus, Rhodium, ferrum picricum, solanum lycospersieum, lethyolum, ipomea, palladium, strontium carb, ferrem met, chenodium glauci aphis, juglens linerca, Onosmodium, chininum sulph, Radium bromides, Lachenentes, fel-tauri, menyanthes, Indium and Nux Maschete.

The indications are:

***MEDORRHINUM***

- When indicated drugs fail with sycotic history
- Sea shore, damp weather
- Craves alcoholic
- Desire, salt, sweet & ice
- Intense thirst
- Forgetful, weeping, hurried
- Intense burning heat in cervical vertebra radiating down.

***SYCOTIC COMPOUND***

- When indicated drugs like Rhustox, ferr Md. Thuja fail
- L1st motion, rest might, hold weather
- Heat motion
- Egg nauseates
- Desire-salt, sweet, sour
- Mental – Tense, restless, fearful.

***CHININUM SULPH***

- Sensitive $T_1$ & $C_1$
- Pain radiates up
- Acute cases
- 4/6 malaria
- Aggravation – touch

***CIMCIFUGA***

- Rheumatic pain in muscles of back and neck
- Feels stiff, lame, contracted
- Using piano, typing & sewing

- Morning, cold during menses.
- Depussed
- With menstrual abnormality
- Desire cold milk.

***LACHNANTES***

Neck drawn to right side with stiffness extending to head up to nose.

- Sensation of Spain
- Turning to side and back
- Chill between scapula
- With sore throat.

***PARIS QUADRIFOLIA***

Painful and weight feeling in the nape of the neck pain in neck left inter costal region extending to left arm

- Numbness of fingers and arms
- Excertion, evening, touch
- Open air, rest
- Garrulous
- Thirst less

***KALMIA***

- Pain in neck extends to fingers
- Affects $C_5$, $C_6$, $C_7$ & $T_1$, $T_2$-$T_3$
- Pain along the ulnar nerve
- Numbness of the fingers
- Vertigo & stooping
- Pulse 30-45 per minute
- Leaning forward, looking down, motion, open air.

***RADIUM BROMIDE***

- Pain and lameness
- lead forward, getting up
- Standing or sitting erect, open air, motion, lying with pain and hearness felt in arms.

***GRAPHITES***

- Pain in nape of neck, shoulders and limbs
- Left hand numb
- Looking up
- Constipation
- Aversion meat and sweet
- Chilly

***MENYANTHES***

- Stiffness, pressive pain – nape of neck
- Extends to vertex
- hard pressure
- stooping, motion
- with diabetes
- with coldness of hand and feet

***SOLANUM LYCOPERSICUM***

- Pain form neck extends to right side, deltoid, pectorelis, arm, elbow and wrist
- Tingling right ulnar nerve
- After influenza
- Motion, cold air, ___
- Dust allergy.

***RUTA***

- injured bruised bones, inside right scapula
- morning before rising, cold weather
- pressure, lying on back
- desire cold drinks, meat, raw food intolerable.

***HYPERICUM***

- Spinal concussion
- Pain in lip of finger
- Foggy weather, cold
- Bending head back wards
- Desire warm drinks, hot milk alcohol

***ARNICA***

- Affects mainly muscles and tendons
- Least touch, motion, cold and lying down
- Desire whisky aversion meat
- Indifference, morose, agoraphobia

***FERRUM PICRICUM***

Disease due to over exertion in the aged spondylosis hoarseness, biliousness

- Pain right side of the neck extends down to right arm
- Dark haired plethoric person
- Old persons with BHP causing frequent urination at night
- Impaired lever function

***FEL TAURI***

- Pain nape of neck
- Diahrca
- Indigestion due to gallstone

***FAGOPYRUM***

- Stiffness, bruised, sensation in neck shoulder and fingers
- Sensation as if neck could not support the head
- Especially for aged people
- Pruritius bathing in cold water
- Afternoon coffee

***ASPARAGOS***

- pain in shoulder, left _____ process, clavicle down the arm
- motion
- with heart and blodder symptoms

***RHODIUM***

- Intolerance to sweet
- Diabetes
- 4-7 p.m., mental exertion

***PARIS QUADRIFOLIA***

- Pain extending to left hand
- With nausea
- Vident pain in head when straining at stool
- Frequent semind emission.
- Horrible offensive urine
- Sleeplessness.

***JUGLANS CINEREA***

- Affects muscles of neck and under right scapula
- Faulty elimination, causing jaudic, skin disease
- Impaired liver
- Gallstone
- Occipital headache

***CHENOPODIUM ANTHEL MINTICUM***

- Pain at right shoulder, right elbow
- Tendency to cramp
- Anaemia
- Arrested menstruation

***STICTA***

- Right shoulder, deltoid and biceps affected
- Atrophic ___
- Frontal head ache

***FERRUM MET***

- Pain left deltoid
- Desire sour, fat intolerable
- Sitting, mid-nig
- Walking slowly about

***NUX MOSCHATA***

- Pain left deltoid
- Desire coffee
- Warm food and drink intolerable
- Cold, motion, jar
- Warm dry weather

***SYPHILINUM***

- When indicated remedy fails with family history of syphilis
- Pain at insertion of deltoid muscle
- Night, summer & seashore
- Day, morning slowly
- Washing mania
- Craves alcohol
- Pain appear gradually and disappear gradually

***PAIN IN RIGHT SHOULDER***

- Ictenyloum
- Lponea
- Palladium
- Strontium carb
- Sanguinaria ---
- Mag cab

***PAIN IN LEFT SHOULDER***

- Asparagus
- Lodum

## Discussion:

Lumbar spondylosis is a common disease, which occur mostly in adults. The incidence of Lumbar spondylosis is more in the age group of 30-50 years. Repeated attacks of pain and strain results in Lumbar spondylosis.

The presenting complaints may vary from severe, sudden onset of pain with intolerable numbness and tingling to mild degree of burning and weakness, symptoms and severity were more in housewives.

The study was conducted on the patients who attended the outpatient attended in my OPD. The patients coming in the age group of 30-50 years were considered for this study and the patient belonging to both the sexes and to different socio-economic groups were taken as per inclusion criteria. A total of 30 cases were selected. Minimum duration of the study was 3-19 months. The statistical analysis made here is based on the data obtained from over all thirty cases above mentioned.

Out of the thirty randomly selected cases, the majority of the patients belonging to the age group 30-50 years. This constitutes 30% of the total sample population 20-35 years, 30% of the total sample population 35-50 years.

By occupation 36.67% of patients were housewives, 13.33% were businessmen, 6.67% each by clerks and drivers, remaining 3.33 % each was shared by others. As per the available literature on the epidemiology of oesteo arthritis of spine is more prevalent in the housewives, sedentary habits and obese group. The observation falls in line with literature data as the maximum prevalence [93.33%] is seen upto 65 years.

In this study the majority of the cases were females 53.33% and the males were 46.66%. In recurrent acute attack, the duration of illness was up to 1-3 months for 78.94% of sample population. 21.06% of patients had the suffering since 12-36 months.

The clinical features of Lumbar spondylosis is concerned, it is found from the above study that all the cases [100%] presented with back pain as the major presenting complaint. Difficulty in movements with numbness was present in 31.37% cases. 05.26% of cases with tingling sensation were the notable feature. 78.94% of cases presented with other features.

In 66.67 % were with sycotic background, 20% with psoric background, 10% with syphylitic background and 03.33 % with tubercular background.

In 20% of cases it was found that Natrum Muriaticum was the indicated drug. 13.33% of cases required Kali carbonicum and Lycopodium each. In 10% of cases the Pulsatilla and Causticum each were the indicated drugs. In 6.67% Silicea was the indicated drug. For another 03.33% each of cases other drugs were indicated.

According to Lilienthal's text book of therapeutics and practical homoeopathic therapeutic by Dewey the above said drugs are commonly indicated for Lumbar spondylosis and the present study is in line with the available literature.

In 17 (56.67%) cases 1M potency was found to be useful, in another 9 [30%] cases 10M potency was used. In remaining 4 [13.33%] cases, $200^{th}$ potency was used.

Out of 30 cases 20 cases were totally *free fom* their aliments at the end of the study. It forms a cure rate of 66.67%. 10 cases were found to have significant improvement after completion of treatment and it forms a 33.33% of overall improvement.

From the analysis of the above results obtained, it is obvious that, the **Homoeopathic drugs are very effective in the treatment of spondylosis.**

**Bibliography**


1. Banerjee P. N. - Chronic diseases its cause and cure; B. Jain publishers (P) Ltd., 1985.
2. Bhattacharya Kal i sankar - 'Spondylosis', Homoeopathic Heritage; June - 1994.
3. Boericke William, Boerike O.E. - Pocket Manuel of Homoeopathic Materia Medica and Repertory. New Delhi: B. Jain Publishers, 1990.
4. Clark J. H. - A dictionary of Practical Materia Medica, B. Jain publishers. New Delhi. Reprint edition 1993.
5. Hahnemann Samuel - The chronic diseases, their peculiar nature and their Homoeopathic cure; B. Jain publishers Pvt. Ltd. 1985.
6. Hughes Richard - The Principles & practice of Homoeopathy - B. Jain publishers, (P) Ltd, reprint edition - 1994.
7. Kent J.T. Lectures on Homoeopathic Materia Medica. B.Jain Publishers Pvt. Ltd, New Delhi. Reprint edition 1993.
8. Kent. J.T. Repertory of the Homoeopathic Materia Medica, New Delhi. B. Jain Publishers, 1987.
9. Sarkar B.K. –Organon of Medicine with introduction and commentary on the text. 8th edition 1987; M. Bhattacharyya & Co. Calcutta.
10. Vasan R.S. & Seshedri Sudha - Text book of medicine, orient longman, 1998.
11. Weinstein Stuart L. & Buckwalter Joseph A. Turek's orthopaedics, 5th edition, 1994. J. B. Lippincott Company.