



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2020; 4(1): 70-72
Received: 01-11-2019
Accepted: 03-12-2019

Kamlesh Bagmar¹

Ass. Professor Dept. of Surgery and Homoeopathic, Therapeutics, Motiwala Homoeopathic Medical College and Hospital, Gangapur Satpur Link Road, Ashok Nagar, Satpur, Nashik, Maharashtra, India

Subhash Yadav

Dept. of Surgery and Homoeopathic Therapeutics Motiwala Homoeopathic Medical College and Hospital, Gangapur Satpur Link Road, Ashok Nagar, Satpur, Nashik, Maharashtra, India

Mita Gharte

Dept. of Paediatrics, Motiwala Homoeopathic Medical College and Hospital, Gangapur Satpur Link Road, Ashok Nagar, Satpur, Nashik, Maharashtra, India

Gayatri Nimbhore

Dept. of Organon, Motiwala Homoeopathic Medical College and Hospital, Gangapur Satpur Link Road, Ashok Nagar, Satpur, Nashik, Maharashtra, India

Vishal Nimbhore

Dept. of Repertory, Motiwala Homoeopathic Medical College and Hospital, Gangapur Satpur Link Road, Ashok Nagar, Satpur, Nashik, Maharashtra, India

Corresponding Author:

Dr. Kamlesh Bagmar

Dept. of Surgery and Homoeopathic Therapeutics Motiwala Homoeopathic Medical College and Hospital, Gangapur Satpur Link Road, Ashok Nagar, Satpur, Nashik, Maharashtra, India

Effect of Individualized Homoeopathic treatment in chronic low back pain: A prospective observational study

Kamlesh Bagmar¹, Subhash Yadav, Mita Gharte, Gayatri Nimbhore and Vishal Nimbhore

Abstract

Introduction: Low back pain is a silent epidemic and a major health problem of modern society. WHO has labeled the first decade of the third millennium as decade of campaign against musculoskeletal disorders.

Methodology: Prospective observational case series carried out with consecutive patients taking homeopathic treatment in primary care center. Subjects recruited in the age group of 18 to 60 years having chronic low back pain were assessed for pain with Numerical Pain rating Scale and disability with Oswestry Low Back Pain Disability Questionnaire, over two years.

Results: Oswestry scale as well as NPRS before and after where t-table value of 2.05 concludes effectiveness of treatment with significant improvement with individualized Homoeopathic medicine.

Conclusion: Homeopathic medicines have potential to improve Low back pain by reducing pain and disability and can safely be employed as a comprehensive health care therapeutics.

Keywords: Low back pain, homoeopathy, individualisation, pain score

Introduction

Low back pain (LBP) is a major health and socioeconomic problem in modern society. LBP prevalence has been found to range from 6.2% to 92% with increase of prevalence with age and female preponderance. LBP constituted 37% of all occupational risk factors which occupies first rank among the disease complications caused by work. Such high prevalence of complications at international levels has made the World Health Organization to name the first decade of the third millennium as the “decade of campaign against musculoskeletal disorders (as the silent epidemic)” [1].

Low back pain as per 2016 ICD-10-CM Diagnosis Code M 54.5 Clinical Information classifies LBP as Acute or chronic pain in the lumbar or sacral regions, which may be associated with musculo-ligamentous sprains and strains; intervertebral disk displacement; and other conditions. And it is applicable to Loin pain; and Lumbago [2].

Socioeconomic impacts are considerable in terms of work loss. Low back pain (LBP) is the leading cause of activity limitation and work absence throughout much of the world, and it causes an enormous economic burden on individuals, families, communities, industry and governments [3].

Chronic back pain has impact on self as well as surrounding. Diagnoses offered for chronic pain is fibromyalgia, an urban condition (the diagnosis is not made in rural settings) that does not differ materially from other instances of widespread chronic pain. Although disc protrusions detected on Xray are often blamed, they rarely are responsible for the pain, and surgery is seldom successful at alleviating it [4].

The patients have demonstrated poorer QoL outcomes associated with LBP regardless of radiographic parameters, patients’ self-image and satisfaction with treatment [6].

The aim of Homeopathy is to treat chronic low back pain and associated ailments considering homoeopathic principal of individualization. Homoeopathic medicines help in improving ADL (activity of daily living) by reducing pain, stiffness, disability [6].

As there are number of authors who tried to elaborate the concept of individualization and its application, there are chances for neophyte to get confused and while forming totality giving importance to one or the other aspect which he receives in the case. e.g. In §153 Dr. Hahnemann has used the words like more striking, singular, uncommon and peculiar signs and symptoms (PQRS) to tell the concept of selection of medicine.

More general and undefined symptoms as common symptoms should not have the base of prescription. In §82 he told about the difficulty in treating CHRONIC disease with regards to difficulties in ascertaining the individualizing treatment [7].

Foundation of Homoeopathic Science is based on the concept of Individualization. Without the generals of a case no man can practice Homeopathy, for without these no man can individualize and see distinctions. The homoeopathic physician must individualize, he must discriminate. He must individualize things widely dissimilar in one way, yet similar in other ways [8].

Disease determination is the aim of the former schools: whereas disease Individualisation and diagnosis of the person are the extra two-fold aims of what is called disease Individualisation. (Aphorism 246-258) Evaluation of Symptoms [9].

At every stage of the investigation, the analysis of the phenomena must be carried to its utmost limits before the process of synthesis is begun [10].

The Concept of Individualization takes into consideration the total response of the organism to the un-favourable environment. This is achieved through the Principle of Individualization. This leads us on to the Concept of Individualization [11].

Materials and Methods

1. Study Setting: Cases of Chronic Low Back pain taking treatment in primary health care set up.
2. Sample Size & Selection of samples: 30 consecutive cases meeting inclusion and exclusion criteria were selected.
3. Criteria

A. Inclusion criteria

- i. Patients of from both sexes between 18 to 60 years age.
- ii. Patients with Low back pain duration of at least 12 weeks

B. Exclusion criteria

- i. Patients with back pain caused by malignancy, infection
- ii. Back pain referred from other organs
- iii. Pregnancy and lactating females

4. Study design (Type of Study): A Prospective observational study.
5. Study Duration for 18 months.
6. Intervention: Individualised Homoeopathic medicines and Health promotional interventional advice regarding diet, sleep, exercise, yoga, etc.
7. Brief procedures:
 - a. After Institutional Ethical Clearance, identified cases as per the inclusion and exclusion criteria had been taken up for study.
 - b. Detailed case definition beginning from LSMC (Location, Sensation, Modalities, and Concomitant) including the Onset, Duration and Progress of the presenting manifestations.
 - c. Life space investigation of each patient through detailed case receiving, with designed Case record format, standardized questionnaires, Oswestry Low Back Pain Disability Questionnaire and Numerical Pain rating Scale.
 - d. Case processing, selection and administration of the

- e. Studying the response of homoeopathic medicine as per the outcome assessment parameters.
8. Outcome Assessment Criteria: Assessment of the changes in the following domains:
 - a. Oswestry Low Back Pain Disability Questionnaire
 - b. Numerical Pain rating Scale.
 - c. Other associated complaints and its evaluation in each follow up.

Results and Discussion

Wilcoxon signed rank test showed true location shift greater than 0 and p value less than 0.05. Where NRS before treatment is greater than that of NRS after treatment and Oswestry before treatment is greater than that of Oswestry after treatment.

Homoeopathic medicines have positive impact on chronic low back pain that is patients may suffer with mild pain and no treatment is indicated apart from advice on lifting sitting and exercise and there is 60.51% decrease in NRS value before and after treatment. (Figure 4, 5)

There is 74.32675% decrease in Oswestry value before and after treatment. (Figure 6, 7)

Causticum was prescribed at 5 occasions; Calcarea Phos, Lachesis, Nux Vom. was prescribed at 4 occasions; Phos., Ars. Alb., Kali Carb, Sepia, was prescribed at 3 occasions; Sulphur, Hypericum was prescribed at 2 occasions and Bellis per., Ignatia, Baryta Carb, Pulsatilla, Argentum Nit. Calcarea carb., Apis, Arnica was prescribed at single occasion.

Table 1: Total Patients Observed

No of patients	Total	Male	Female
Observed	30	11 (36.67%)	19 (63.33%)

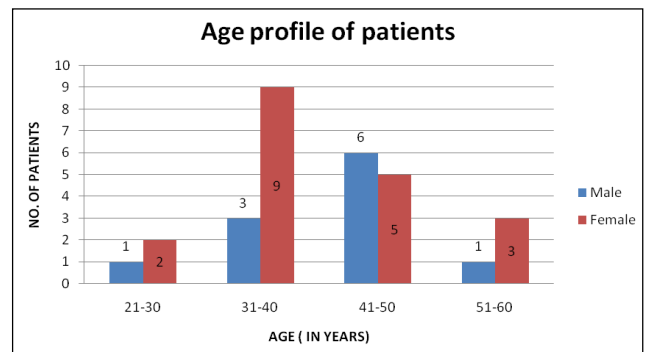


Fig 1: Age Profile of Patients with chronic low back pain

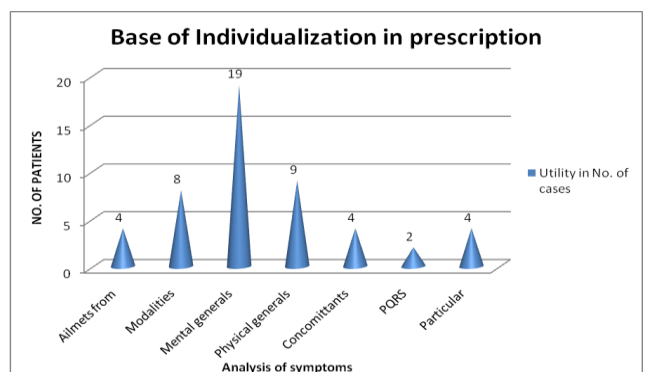


Fig 2: Base of Individualization in prescription for chronic low back pain

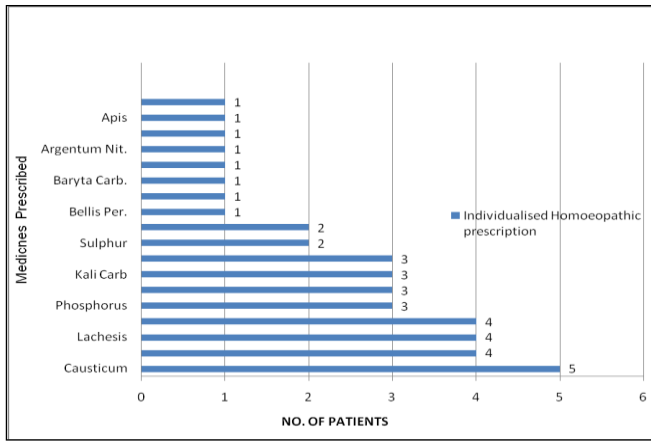


Fig 3: Medicines Used in patients with chronic low back pain

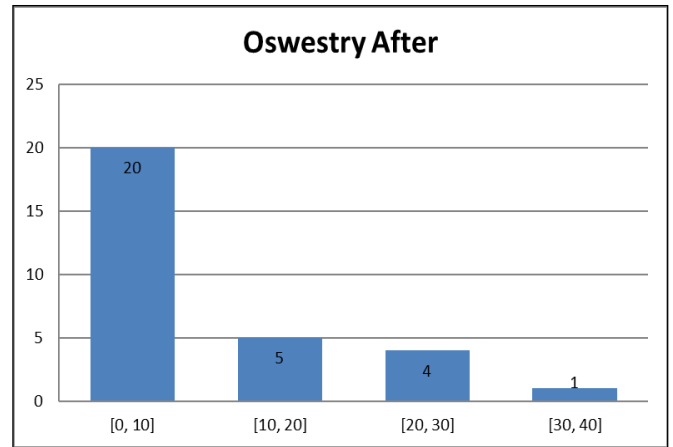


Fig 7: Oswestry Score after treatment

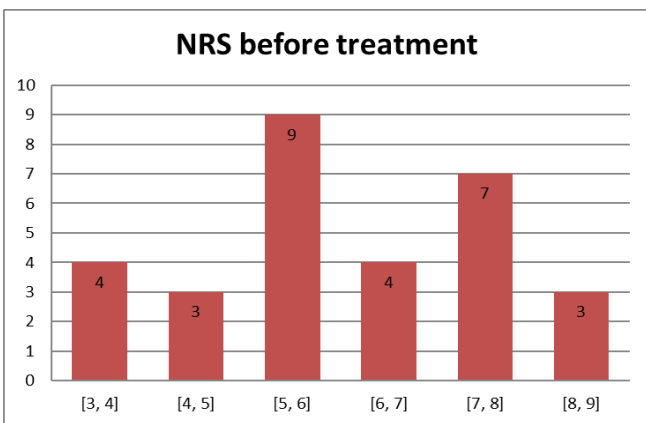


Fig 4: Numerical Rating Scale before treatment

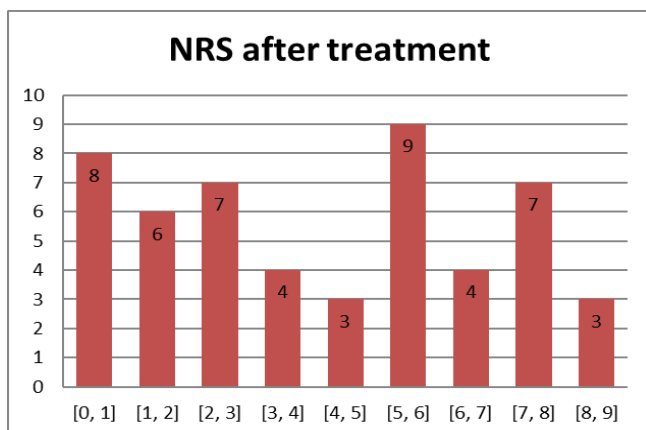


Fig 5: Numerical Rating Scale after treatment

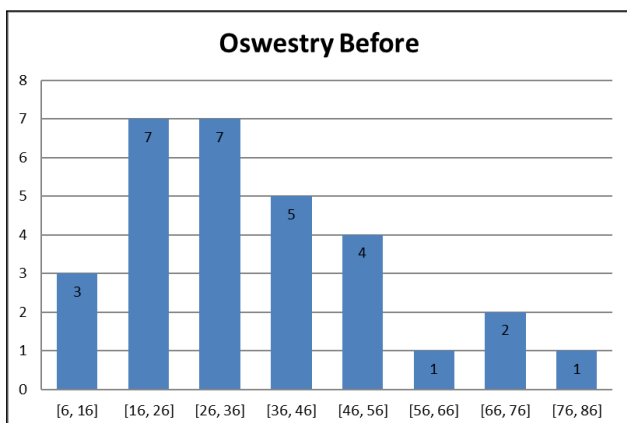


Fig 6: Oswestry Score before treatment

Conclusion

The present study elicited the potential of individualized homoeopathic medicines in improving pain and disability index in chronic low back pain regardless of sex and occupation.

Acknowledgement

We are thankful to our principal Dr. F. F. Motiwala for supporting and building research aptitude in us. We are also thankful to our patients who trusted us and without whom we would not have completed this research.

References

1. Bindra *et al.*, Epidemiology of Low Back Pain in Indian Population: A Review, 2015; 5 (1):166-179.
2. ICD-10-CM Diagnosis Code M54.5, 2016 <http://www.icd10data.com/ICD10CM/Codes/M00-M99/M50-M54/M54-/M54.5> (5.11 PM 9/3/2016)
3. Béatrice Duthey. Priority Medicines for Europe and the World A Public Health Approach to Innovation Update on 2004 Background Paper, 6.24 Low back pain, 2013.
4. George E. Ehrlich, Low back pain Bulletin of the World Health Organization. 2003; 81:671-676.
5. Makino *et al.* Low back pain and patient-reported QOL outcomes in patients with adolescent idiopathic scoliosis without corrective surgery Springer Plus. 2015; 4:397
6. Motiwala F, Kundu T, Bagmar K, Kakatkar V, Dhole Y. Effect of Homoeopathic treatment on Activity of Daily Living (ADL) in Knee Osteoarthritis: A prospective observational study. IJRH. 2016; 10(3):182-187.
7. Samuel Hahnemann. Organon of Medicine, 6th Edition Translated by William Boericke, aphorism no. 82, 171.
8. James Tyler Kent. Lectures on Homoeopathic Philosophy, Reprint Edition Lecture XXX Individualization, 2003, 184.
9. Samuel Hahnemann Organon of Medicine, 6th Edition Translated by William Boericke, aphorism no. 246-258, 270-80.
10. Stuart Close. The Genius of Homoeopathy Lectures and Essays on Homoeopathic Philosophy, Reprint edition 2001, Chapter XVI, the Logic of Homoeopath, page No. 256 – 8.
11. Dhawale ML. Principles & Practice of Homoeopathy. 2004; 1:246.