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An individualized homoeopathic approach to adhesive capsulitis: A case study in light of one sided disease (aph. 172 - 184)

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Abstract
Adhesive Capsulitis (AC) is an insidious and painful stiffening of the glenohumeral (shoulder) joint, resulting in compromised functional ability and quality of life (QoL). Adhesive Capsulitis is a painful condition, often prolonged and disabling that shows little result with standard treatment. It can also interfere with domestic and social activities and affect the ability to work. Patients usually recover, but they may never regain their full range of movement with allopathic mode of treatment. Although for most people Adhesive Capsulitis is a self-limiting condition of approximately 1-3 years duration; people with the condition may struggle with basic daily activities and be worn down by sleep disturbance as a result of the pain.
Adhesive capsulitis presents clinically with pain, stiffness, and marked restriction of movement in the shoulder joint often without clear systemic symptoms. From the Hahnemannian perspective, such a presentation aligns with the concept of a one-sided disease as outlined in Aphorisms 173-184 of the Organon of Medicine. Master Hahnemann emphasized that in the absence of a complete symptom picture, the homoeopath must carefully individualize treatment, often by observing and integrating the mental and emotional state, general modalities, and subtle changes in health. Frozen shoulder, when appearing without prominent constitutional symptoms, challenges the prescriber to identify the remedy based on the most striking, singular, and peculiar features of the case.

Keywords: Adhesive capsulitis, frozen shoulder, one sided disease, homoeopathy, organon of medicine

Introduction
Frozen Shoulder, often referred to as Adhesive Capsulitis (AC), is characterized by initially painful and later progressively restricted active and passive Glenohumeral (GH) joint range of motion with spontaneous complete or nearly complete recovery over a varied period of time [1].
Adhesive Capsulitis is a condition in which movement of the shoulder becomes restricted along with marked stiffness. This painful condition usually begins gradually and makes the shoulder hard to move. The condition can vary in severity from mild pain to severe pain and/or less significant restriction of movement to severely restricted movement. The key features of this condition are gradual onset of shoulder stiffness with severe pain especially at night and restriction in the active and passive range of movements of the shoulder. Adhesive Capsulitis can be described as either primary or idiopathic, if the aetiology is unknown, or secondary when it can be attributed to another cause. Having to keep a shoulder still for a long period increases the risk of developing adhesive capsulitis [2].
It was first described in 1875 by the French pathologist Simon Emmanuel Duplay, who named it “peri-arthritis scapula-humeral”. The most well-known definition and name for the condition was provided by an American Surgeon Ernest Amory Codman in 1934. He explained it as coming on slowly and gradually with pain usually felt near the insertion of the deltoid with the inability to sleep on the affected side. He mentioned that it is painful and there is incomplete elevation and external rotation with restriction of both spasmodic and mildly adherent types. Little local tenderness is present. X-rays are usually negative except for bone atrophy named “frozen shoulder” [3].
The clinical presentation of adhesive capsulate often shows prominence of one or two major

symptoms which obscure other symptoms and hence they show one sided presentation. This is in line with what Master Hahnemann says in aphorism number 173 where he mentions about one sided diseases in homoeopathy. Dr. Hahnemann define one sided diseases in his organon of medicine aphorism 173 "The only diseases that seem to have few symptoms, and on that account to be less amenable to cure, are those which may be termed one sided, because they display only one or two principal symptoms which obscure almost all the others. They belong chiefly to the class of chronic diseases" [4].

Prevalence: Frozen shoulder is more common in women, as approximately 70% of individuals who present with a frozen shoulder, are females. Among individuals 35-60 years old, with an occurrence rate of approximately 2-5% in the general population. Within the diabetic population, with an occurrence rate of 20%. If an individual has had Frozen Shoulder (5-34% chance of having it in the contra lateral shoulder at some point as well). Simultaneous bilateral involvement has been found to occur in approximately 14% of cases [1].

Aetiology: The exact aetiology of frozen shoulder is not fully understood, but several factors are thought to contribute to its development: Trauma, degeneration, inflammation, injury, surgery.

Risk factors: Diabetes, hyperthyroidism, hypothyroidism, cardiovascular disease, tuberculosis, Parkinson's disease, and stroke.

Clinical features: There are mainly 4 stages of adhesive capsulitis. The stages of adhesive capsulitis have been further investigated by Hannifin [5]. They have correlated the clinical appearance and histology of patients with their arthroscopic stage as defined by Naviaser [6]. Using this information they have produced a comprehensive classification of adhesive capsulitis divided into 4 stages, which will be summarised.

- **Stage 1:** Erythematous/fibrinous synovium, the patient presents as impingement
- **Stage 2**: Red, angry, thick synovium, thick, contracted interval, tight joint space adhesions in the inferior fold.
- **Stage 3**: Pink synovium, contracted inferior fold, tight joint space.
- **Stage 4:** No evidence of synovitis, tight inferior fold and joint.

Adhesive capsulitis is a condition that typically progresses through four stages over about 24 months:

- **Painful stage:** Pain that worsens at night and limits arm movement.
- **Freezing stage:** Progressive stiffness and decreased ability to move the shoulder.
- **Frozen stage:** Shoulder is stiff but no longer hurts when not moving.
- **Thawing stage:** The ability to move the shoulder gradually returns.

Case summary: A case of 32 years old male patient OPD no. 246/006 residing at Kolar Road, Bhopal, Madhya Pradesh was selected from the Homoeopathic OPD at Government Homoeopathic Medical College and Hospital, Bhopal, M.P. which is taken according to standardized homoeopathic format. During the period 04/01/2025 to 28/03/2025, the patient suffering from frozen shoulder. The cases were recorded by keeping the individualistic and holistic concepts in mind.

The data was collected by performing a history and physical examination of the patient, which included the following:

a) Preliminary data
b) Presenting duration of complaints, in brief chronological order.
c) Details of complaints were recorded with special reference to onset, progress, and causative factors.
d) Past medical history, if any, in chronological order to determine the miasmatic background of the patient.
e) Past medical history including mental reactions, desires and aversions, aggravation to any particular food, habits, appetite, thirst, bowel movements, and perspiration.
f) Family history to illuminate the miasmatic background of the patient for any disease or disorders running in the family inherited or acquired.

Chief complaint: The patient started with the complaint of pain in the left upper arm and shoulder joint for 7 months. Pain is described as stiffness with tenderness and restricted movements, particularly restricted elevation of left hand. There is stiffness of shoulder which is worsened by motion of arm ++, raising arms, lying on the painful side and relieved by massage.

Concomitants: Nil

Associated complaints: Nil

Origin, duration, and progress of the case: The left shoulder joint complaints started around 7 months prior. The onset was gradual and he has intermittent complaints and they have not increased in severity. Most probable cause unknown to the patient

Past history: He follows auxiliary instructions and sometime allopathy for relief of symptoms. He had taken allopathic medicines that provided temporary relief, and now wishes to take homoeopathic medicines.

Medical illness: Typhoid at the age of 10 years.

Family history

Father - Labourer - Suffers from tuberculosis
Mother - Homemaker - suffering from DM.
Brother - Engineer - not specific illness
Sister - Homemaker - not specific illness

Personal history

- **Addictions:** No such
- **Occupation:** Pharmacist
- **Accommodation:** Well-ventilated house
- **Diet:** Vegetarian
- **Socio-economic condition:** Medium
- **Habit and hobbies:** Nothing significant
- **Marital status:** Married
- **No of issues:** 2
- **Relation with family members and in the field of occupation:** Good
- **Sexual history:** Good
- **Behaviour during childhood:** Normal

Physical generals

- **Appearance**: Lean, thin and emaciated.
- **Appetite:** Good, can tolerate hunger.
- **Thirst:** Profuse, 4-5 litre per day
- **Taste of mouth:** No abnormal taste of mouth

- **Desire:** Salt+++, meat, cold drinks ice-creams
- **Aversion:** sweet
- **Intolerance:** N/S
- **Salivation:** Not seen while sleeping.
- **Stool:** Day (once) Night (0), Dry, Regular, No Peculiar odour
- **Urine:** Day (7-8), night (0-1), clear, Normal Stream, No Peculiar odour
- **Perspiration:** mostly during summer, whole body, Non - staining, No Peculiar odour
- **Discharge, if any:** Nothing specific
- **Sleep and dreams:** Sound sleep, take 6-8 hours sleep, prefer to lying on the right side
- **Thermal reaction:** chilly
- **General modalities:** < lying on painful side.
- **General sensation and complaints:** No such
- **General tendencies:** No such

Vital parameter / physical examination

- **Pulse:** 86 beats/minute
- **B.P.:** 126/88mmHg
- **Respiration:** 18/minute
- **Temperature:** 98.5 °F

Physical examination of left shoulder

Active and passive range of motion restricted, tenderness present, with no atrophy of muscle.

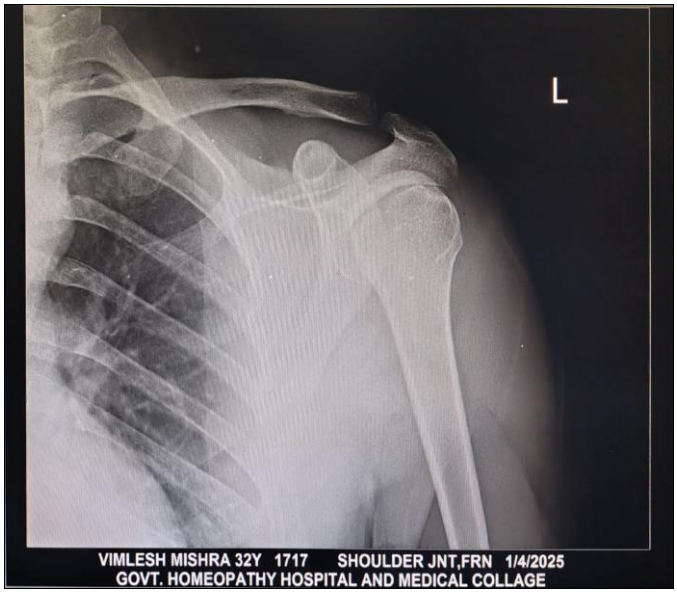
- **Reflexes:** Normal
- **Muscle tone:** Normal
- **Muscle strength:** Normal.

Systemic examination

- **Respiratory system:** Clear
- **Cardiovascular:** Normal
- **Central nervous system:** Oriented
- **Abdomen:** Non-tender, soft, umbilicus everted.

Laboratory investigation

X-ray of the left shoulder joint anterior posterior view.



Provisional diagnosis

Adhesive Capsulitis (ICD - 11 FB53.0)

Confirmed diagnosis: Adhesive capsulitis is usually based on clinical findings, medical history and physical examination.

Miasmatic diagnosis

Miasmatic evaluation of all the presenting symptoms was done with the help of "Chronic miasms in Homoeopathy and their cure with the classification of their rubrics/symptoms in Dr Kent's Repertory by Dr R P Patel" showed the predominance of Psoric miasm over Syphilis and Sycosis as follows:

Symptoms	Miasm
Can not live alone	Psora
Anger violently during anger want to kill a person	Psoro-syphilitic
Fear of high places	Psora
Desire -Salt	Psoro-syphilitic
Constipation	Psora
left side shoulder pain < Motion	Psora
Shoulder pain <Raising arm-agg.	Psora
Cold catching tendency	Psora

Evaluation of symptoms

Mental general	• Cannot live alone • Anger violently during anger want to kill a person • Fear of high places
Physical general	• Desire - salt, ice - cream, cold drinks • Aversion - sweet • Thirst - profuse • Thermal reaction - chilly
Characteristic particular	Pain in the upper arm and right shoulder joint for 7 months. L- left shoulder joint and left upper arm. S- stiffness of left shoulder joint M- < motion of arm ++, raising arms, lying on the painful side massage

Totality of symptoms

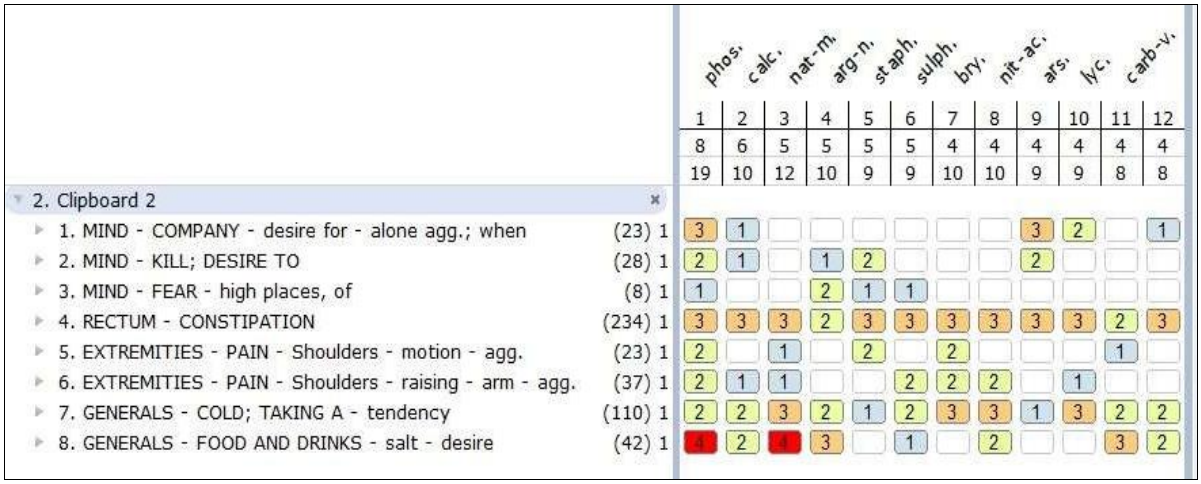
1. Cannot live alone
2. Anger violently during anger want to kill a person

3. Fear of high places
4. Desire -Salt
5. Constipation
6. Left side shoulder pain < Motion
7. Shoulder pain <Raising arm-agg.
8. Cold catching tendency

Conversion of symptoms into rubrics

Symptoms	Rubrics
Can not live alone	Mind-company-desire for -alone - agg: When
Anger violently during anger want to kill a person	Mind-kill-desire to
Fear of high places	Mind-fear-high places of
Constipation	Rectum-constipation
Left side shoulder pain< Motion	Extremities-pain-shoulders-motion-agg
Shoulder pain<Raising arm-agg.	Extremities-pain-raising arm-agg
Desire -Salt	Generals-food & drink-salt-desire
Cold catching tendency	Generals-cold taking A-tendency

Repertorial analysis



Final selection of medicine (In consultation with Materia Medica)

After repertorization, phosphorus possessed the highest grade and highest matching of the symptoms. Considering all the aspects of the case and consultation with Materia Medica "Phosphorus" was found to be the final selection for a prescription.

Prescription

R_x

Phosphorus-200/1 drachm, once daily for 3 days

Rubrum-200/1 drachm, once daily for 15 days

Auxiliary treatment

1. Applying heat or cold to your shoulder can help relieve pain.
2. Exercise therapy - pendulum stretch exercise, towel stretch exercise, finger walk exercise, armpit stretch exercise etc.
3. Physiotherapy and Transcutaneous Electrical Nerve Stimulation therapy (TENS).

Follow up

Date	Change in Symptoms	Medicine Prescribed
16-01-2025	Pain in upper arm- better 15-20% sleep - disturbed no new complaint	Rubrum-200/1 drachm, once daily for 15 days
03-02-2025	Pain in upper arm- better 30-40% sleep - disturbed no new complaint	Phosphorus-200/1 drachm, once daily for 3 days Rubrum-200/1 drachm, once daily for 15 days
17-02-2025	Pain in upper arm - better 60- 70% sleep-sound sleep no new complaint	SL-200/1 drachm, once daily for 15 days
03-03-2025	Pain in upper arm - better 80- 90% sleep-sound sleep no new complaint	Phosphorus-200/1 drachm, once daily for 3 days Rubrum-200/1 drachm, once daily for 15 days
14-03-2025	Pain in upper arm - absolutely absent free rotation of arm no new complaint	Rubrum-200/1 drachm, once daily for 15 days
28-03-2025	Pain in upper arm - not present lying on right side now no new complaint	SL-200/1 drachm, once daily for 15 days

Analysis of symptoms on the basis of Shoulder Pain and Disability Index (SPADI)
Before treatment

Patient name – Vimlesh kumar 32 yrs/m
OPD NO – 246/006
Date – 04/01/2025

Shoulder Pain and Disability Index (SPADI)

Shoulder Pain and Disability Index (SPADI)

Please place a mark on the line that best represents your experience during the last week attributable to your shoulder problem.

Pain scale

How severe is your pain?

Circle the number that best describes your pain where: 0 = no pain and 10 = the worst pain imaginable.

At its worst?	0	1	2	3	4	5	6	7	8	(9)	10
When lying on the involved side?	0	1	2	3	4	5	6	7	(8)	9	10
Reaching for something on a high shelf?	0	1	2	3	4	5	6	(7)	8	9	10
Touching the back of your neck?	0	1	2	3	4	5	6	(7)	8	9	10
Pushing with the involved arm?	0	1	2	3	4	5	6	7	8	9	(10)

Disability scale

How much difficulty do you have?

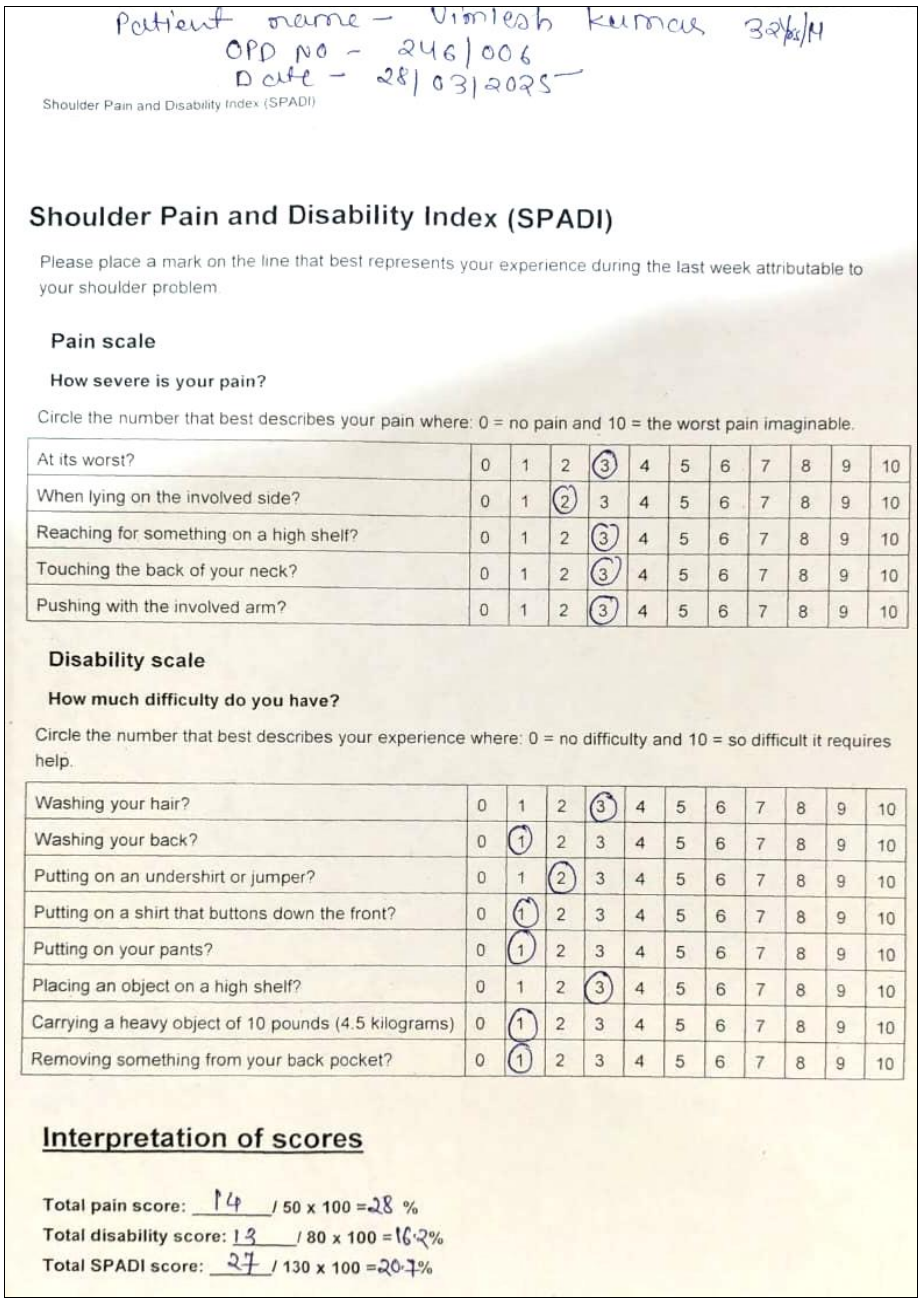
Circle the number that best describes your experience where: 0 = no difficulty and 10 = so difficult it requires help.

Washing your hair?	0	1	2	3	4	5	6	7	(8)	9	10
Washing your back?	0	1	2	3	4	5	(6)	7	8	9	10
Putting on an undershirt or jumper?	0	1	2	3	4	5	6	(7)	8	9	10
Putting on a shirt that buttons down the front?	0	1	2	3	4	(5)	6	7	8	9	10
Putting on your pants?	0	1	2	3	4	(5)	6	7	8	9	10
Placing an object on a high shelf?	0	1	2	3	4	5	6	7	8	(9)	10
Carrying a heavy object of 10 pounds (4.5 kilograms)	0	1	2	3	4	5	(6)	7	8	9	10
Removing something from your back pocket?	0	1	2	(3)	4	5	6	7	8	9	10

Interpretation of scores

Total pain score: 41 / 50 x 100 = 82 %
Total disability score: 49 / 80 x 100 = 61.2%
Total SPADI score: 90 / 130 x 100 = 69.2 %

After treatment



Patient name – Vimlesh kumar 32y/M
OPD NO – 246/006
Date – 28/03/2025

Shoulder Pain and Disability Index (SPADI)

Shoulder Pain and Disability Index (SPADI)

Please place a mark on the line that best represents your experience during the last week attributable to your shoulder problem.

Pain scale

How severe is your pain?

Circle the number that best describes your pain where: 0 = no pain and 10 = the worst pain imaginable.

At its worst?	0	1	2	(3)	4	5	6	7	8	9	10
When lying on the involved side?	0	1	(2)	3	4	5	6	7	8	9	10
Reaching for something on a high shelf?	0	1	2	(3)	4	5	6	7	8	9	10
Touching the back of your neck?	0	1	2	(3)	4	5	6	7	8	9	10
Pushing with the involved arm?	0	1	2	(3)	4	5	6	7	8	9	10

Disability scale

How much difficulty do you have?

Circle the number that best describes your experience where: 0 = no difficulty and 10 = so difficult it requires help.

Washing your hair?	0	1	2	(3)	4	5	6	7	8	9	10
Washing your back?	0	(1)	2	3	4	5	6	7	8	9	10
Putting on an undershirt or jumper?	0	1	(2)	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down the front?	0	(1)	2	3	4	5	6	7	8	9	10
Putting on your pants?	0	(1)	2	3	4	5	6	7	8	9	10
Placing an object on a high shelf?	0	1	2	(3)	4	5	6	7	8	9	10
Carrying a heavy object of 10 pounds (4.5 kilograms)	0	(1)	2	3	4	5	6	7	8	9	10
Removing something from your back pocket?	0	(1)	2	3	4	5	6	7	8	9	10

Interpretation of scores

Total pain score: 14 / 50 x 100 = 28 %
Total disability score: 13 / 80 x 100 = 16·2%
Total SPADI score: 27 / 130 x 100 = 20·7%

Discussion

Homoeopathic remedy has been prescribed on the basis of symptom similarity, which has shown the absolute improvement in pain management. The associated symptoms, like stiffness and restriction of the movements of shoulder, were decreased. The dose of the remedy was arrived at through repertorisation of the totality of symptoms that has been shown the benefit action in the patient by the 3rd follow up visit, which was up to 60 - 70%. The remedy Phosphorus was prescribed on the basis of totality of symptoms that arrived through the individualization of the patient. Unnecessary repetition of doses was avoided. Minimum doses were given, considering the principles of Homoeopathy.

Conclusion

Adhesive capsulitis is a disease of unknown etiology where the glenohumeral joint becomes painful and stiff because of the loss of resilience of the joint capsule, possibly with adhesions between its folds. It produces pain and stiffness of the shoulder. In early stages, the pain is worse at night, and stiffness limits abduction and internal rotation of the shoulder. Later, the pain is present at all times and all the movements of the shoulder are severely limited. frozen shoulder presents with only one or two prominent symptoms, classifying it as a one-sided disease. Individualized homoeopathic treatment can reduce pain and cures cases of frozen shoulder that present with few symptoms. The treatment for such conditions is selected based on the guideline provided by master Hahnemann in sections 172 to 184 of the organon of medicine.

Declaration of patient consent: Patient consent form was obtained. The patient has given her consent for images and report and other clinical information to be reported in journal, patient understands, her name not to be published, and due effort was made to conceal her identity.

Conflict of interest: The author has no conflict of interest related to the study to disclose.

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