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A comparative study on the effectiveness of centesimal and lm potency in the treatment of cervical spondylosis

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Abstract

Cervical spondylosis is a degenerative condition of the cervical spine, causing significant disability and impacting quality of life. With increasing incidence among adults especially due to sedentary lifestyle and poor posture, effective, non-invasive management options are needed. Homoeopathy offers individualized treatment using various potency scales, notably the Centesimal and 50 Millesimal (LM) scales. This study evaluates and compares the clinical effectiveness of Centesimal and LM potencies in the treatment of cervical spondylosis based on symptomatic relief and improvement in the Neck Pain Disability Index (NPDI). This prospective interventional study involved 40 patients diagnosed with cervical spondylosis, selected from the OPD/IPD of Sarada Krishna Homoeopathic Medical College. They were divided equally into two groups: one treated with Centesimal potency and the other with LM potency. Assessment was done using the Neck Pain Disability Index (NPDI) at baseline and during follow-ups. Data were analyzed using paired t-tests. Post-treatment improvement was seen in all LM cases, with no cases showing persistent disability, compared to 3 such cases in the Centesimal group. Both potency groups showed statistically significant improvement ($p < 0.0001$). The LM group exhibited a greater mean symptom reduction (mean difference: 41 vs. 33), lower standard error (1.72 vs. 2.20), and higher t-value (23.84 vs. 14.98), indicating superior effectiveness and consistency in outcomes. Both Centesimal and LM potencies were effective in managing cervical spondylosis. However, LM potency demonstrated greater clinical efficacy and consistency, making it a preferable choice in similar clinical scenarios.

Keywords: Cervical spondylosis, homoeopathy, centesimal potency, Lm potency, comparative study

Introduction

Cervical spondylosis is one of the most common cervical disorders: it is degenerative in nature, mainly affecting the inter-vertebral discs, facet joints, and associated ligaments. It manifests with the onset of aging but also can be due to repetitive stress or trauma. Cervical spondylosis is common worldwide, with its prevalence on the rise owing to an increased life expectancy and sedentary lifestyle. Kazeminasab *et al* discuss the growing burden of the condition, acknowledging that it becomes more prevalent among older adults, *yet also* occurs in younger people due to occupational stress and poor ergonomics.^[1] Studies find that 85% of people above the age of 60 have radio-graphic evidence of cervical spondylosis, although not all are symptomatic^[2]. Globally, cervical spondylosis has become an increasingly common disease due to the increased prevalence of aging populations and life changes. Kazeminasab *et al* reported that, in 2017, the prevalence and incidence rate of neck pain worldwide were 3,551.1 and 806.6 per 100,000 population respectively, an immense public health burden^[1]. It is more prevalent in people over 40 years, with nearly 100% of adults of this age showing severe degeneration at least one cervical level, commonly C5 or C6^[3]. Cervical spondylosis markedly impairs the quality of life, especially in its advanced stages. Chronic pain, immobilization, and neurological deficits lead to physical and psychological discomfort. Ahmed *et al.* highlight that timely intervention can further prevent disability and help patients improve their outcome^[4]. The conventional treatments primarily aim to alleviate symptoms and prevent disease progression. Non-pharmacological treatment like physiotherapy, lifestyle changes, and cervical collars are adopted widely in the initial stage^[5]. Pharmacological management involved analgesics, muscle relaxants, and anti-inflammatory drugs^[6].

In severe cases surgical interventions like decompression and fusion techniques are considered effective to be taken for patients [7]. Studies by Hirpara *et al.* and Mattei *et al.* emphasize the importance of a tailored approach with a varied combination of conservative and surgical treatments according to the severity and patient needs [8, 9]. The centesimal (C) and LM (50-millesimal) scales form the nucleus of homoeopathic practice. Several studies confirm the ability of homoeopathy in the treatment of cervical spondylosis. Pareek *et al.* offer a theoretical perspective on LM potencies, noting a gentle action, particularly in hypersensitive patients [10]. Clinical evidence suggests a place for LM potencies in degenerative conditions, where Gupta *et al.* have shown significant pain relief and improvement in function in randomized controlled trials [11]. Generally, centesimal potencies are more versatile but may temporarily exacerbate symptoms, as shown in case reports by Mohanty *et al.* [12]

Materials and Methods

Forty cases of patients with Cervical Spondylosis were taken from the outpatient and inpatient departments of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam. The cases were divided into two groups, each comprising twenty cases. Remedies were administered in the centesimal scale to one group and in the LM scale to the other group. Follow-ups were taken every two weeks and Neck Pain Disability Index was assessed on each visit to evaluate the improvement of the symptoms. Statistical analysis was done using paired 't' test.

Results

Demographic Profile

Out of 40 patients included in the study, the 41-50 years age group (32.5%) had the highest representation, followed by the 30-40 years group (30%). Smaller proportions were seen in the 61-70 years (22.5%) and 51-60 years (15%) age groups, with no cases above 70 years. This distribution indicates that Cervical Spondylosis was most prevalent among middle-aged individuals.

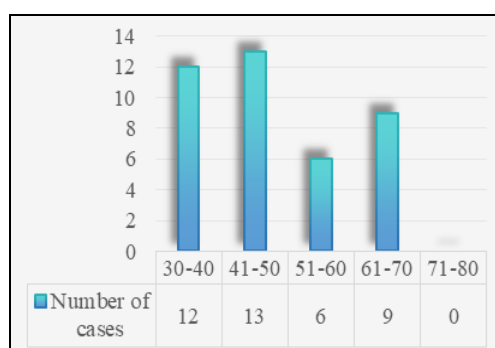


Fig 1: Distribution of Cases According to Age

The study population was predominantly female (77.5%), with males accounting for 22.5%. In terms of occupation, housewives constituted the majority (55%), followed by drivers (10%), while other occupations such as tailors, teachers, and business professionals were represented in smaller proportions.

Prescription Pattern

A wide range of remedies were prescribed based on the

totality of symptoms. *Lycopodium clavatum* (20%) was the most frequently indicated, followed by *Pulsatilla nigricans* and *Sulphur* (12.5% each). Other remedies such as *Natrum muriaticum*, *Nux vomica*, *Phosphorus*, *Calcarea carbonica*, *Bryonia alba*, *Rhus toxicodendron*, *Arsenicum album*, and *Belladonna* were prescribed in smaller numbers.

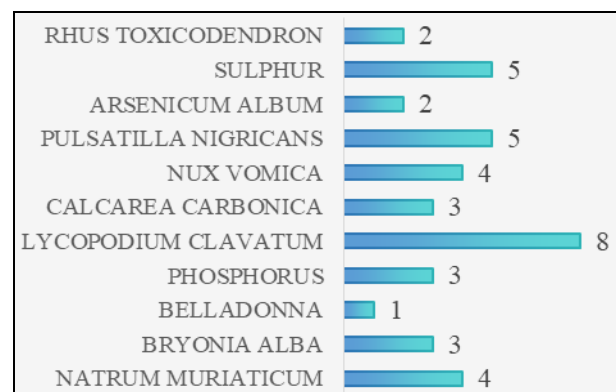


Fig 2: Medicines Prescribed

Potency Selection

A clear difference was observed between the two groups in terms of potency selection. In the Centesimal group, 200C was prescribed in 90% of cases, and only 10% required progression to 1M, reflecting a largely fixed approach. In contrast, the LM group demonstrated greater flexibility, with the most frequently prescribed potencies being 0/3 (20%) and 0/3-0/4 (20%), and several cases showing progressive advancement up to 0/6. Thus, the LM scale allowed for more individualized adjustments compared to the Centesimal scale.

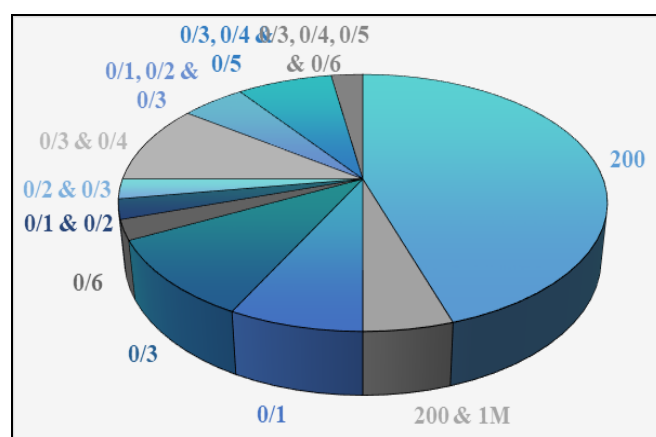


Fig 3: Potency used

Number and Repetition of Doses

The Centesimal group primarily received 14 doses (55%), with nearly all patients (95%) following a weekly repetition schedule. On the other hand, in the LM group, 98 doses were administered in 90% of cases, and dosing was repeated on a daily basis in 95% of patients. This contrast highlights the fundamental difference in dosing strategies between the two scales, with LM involving more frequent administration.

Treatment Outcomes

The Neck Pain Disability Index (NPDI) was used to assess therapeutic response. In the Centesimal group, pre-treatment

scores ranged from 28% to 68%, while post-treatment scores decreased to 8-40%. Two patients showed remarkable improvement (<10%), fifteen showed mild to

moderate improvement (10-28%), and three patients continued to have persistent disability (>28%) despite reduction in scores.

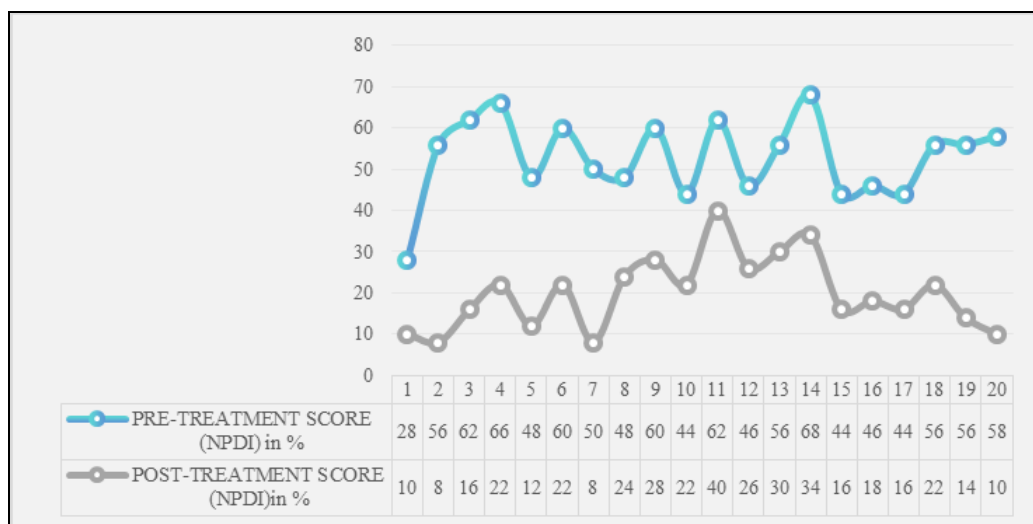


Fig 4: Pre-treatment and Post-Treatment Scores of Centesimal scale cases

In the LM group, pre-treatment scores were 42-64%, and post-treatment scores reduced further to 6-26%. Four patients achieved remarkable improvement (<10%), while the remaining sixteen showed mild to moderate

improvement (10-28%). Notably, no cases of persistent disability were observed in the LM group, reflecting a more uniform and favorable outcome.

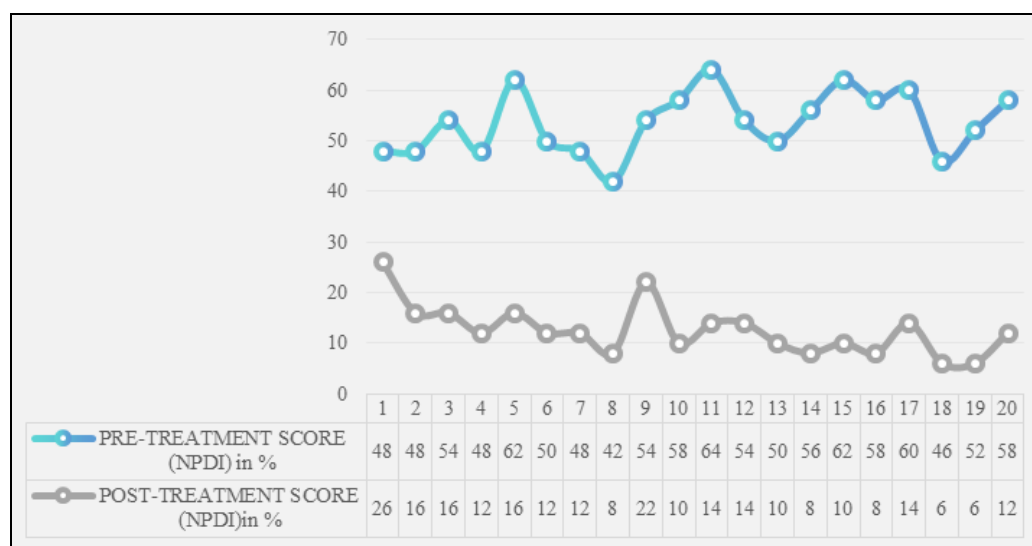


Fig 5: Pre-treatment and Post-Treatment Scores of LM scale cases

Table 1: Comparison of pre-treatment and post-treatment categories

Pre-Treatment Category	No. of Cases	Remarkable Improvement	Mild to Moderate Improvement	Persistent Disability
Centesimal scale cases				
Mild disability	1	-	1	-
Moderate disability	8	-	8	-
Severe disability	11	2	7	3
LM scale cases				
Mild disability	-	-	-	-
Moderate disability	6	2	4	-
Severe disability	14	3	11	-

Statistical Analysis

Paired t-tests confirmed statistically significant improvements in both groups. The Centesimal group demonstrated a mean reduction of 33 points, with $t = 14.98$ and $p < 0.0001$. The LM group, however, showed a greater

mean reduction of 41 points, with $t = 23.84$ and $p < 0.0001$. Additionally, the LM group showed lower variance and standard error, indicating more consistent results across patients.

Table 2: Comparative Analysis of the Paired t-Test Results

Parameter	Centesimal scale	LM Scale
Sample size	20	20
Pre-treatment Mean	53.45	53.15
Post-treatment Mean	20.45	12.15
Mean difference	33.00	41.00
Standard Error	2.20	1.72
Degrees of Freedom	19	19
t	14.98	23.84
p-value Two tailed	<0.0001	<0.0001

Table 3: Comparison of Centesimal and LM Scale Outcomes in Cervical Spondylosis

Parameter	Centesimal Scale (n = 20)	LM Scale (n = 20)
Most common potency	200C (90%)	0/3 (20%) and 0/3-0/4 (20%)
Potency progression	Minimal (200C → 1M in 10%)	Varied, progressive (0/1 → 0/6)
Number of doses	Most received 14 doses (55%)	Vast majority received 98 doses (90%)
Repetition of doses	Weekly in 95% of cases	Daily in 95% of cases
Pre-treatment NPDI	28-68% (mild to severe disability)	42-64% (moderate to severe disability)
Post-treatment NPDI	8-40%	6-26%
Remarkable improvement (<10%)	2 cases	4 cases
Mild-moderate improvement (10-28%)	15 cases	16 cases
Persistent disability (>28%)	3 cases	None
Mean reduction in NPDI score	33	41
t-value (Paired t-test)	14.98 ($p < 0.0001$)	23.84 ($p < 0.0001$)

Discussion

This clinical study was undertaken to evaluate and compare the effectiveness of the Centesimal and LM scales in the management of Cervical Spondylosis across forty cases. The observations highlight both clinical patterns and therapeutic outcomes, providing insight into the practical application of the two scales. With respect to age distribution, the majority of patients (32.5%) were between 41-50 years, followed by 30% between 30-40 years. This trend is consistent with literature that describes cervical spondylosis as a degenerative disorder that becomes symptomatic in the fourth to sixth decades of life, largely due to age-related wear, occupational strain, and sedentary lifestyle factors^[1, 13, 4]. A striking female predominance (77.5%) was also noted, which may be explained by hormonal influences, repetitive household activities, and posture-related factors, echoing findings of Ahmed *et al.*⁴ Housewives (55%) constituted the largest occupational group, followed by drivers (10%), reinforcing earlier reports that repetitive cervical movements, static postures, and poor ergonomics are important contributors to cervical degeneration^[14, 15]. In terms of prescribing patterns, *Lycopodium clavatum* (20%) emerged as the most frequently prescribed medicine, followed by *Pulsatilla* and *Sulphur* (12.5% each). These findings align with earlier clinical studies where *Lycopodium*, *Sulphur*, and *Rhus toxicodendron* were among the most effective remedies in cervical spondylosis, supporting the role of individualized prescription in improving functionality and reducing pain^[15, 10, 11]. Marked differences were observed between the two groups in potency selection and repetition. In the Centesimal group, 200C was prescribed in 90% of cases with minimal progression to 1M, reflecting a fixed pattern. By contrast, the LM group demonstrated greater flexibility, with potencies ranging from 0/1 to 0/6, most commonly 0/3 and 0/3-0/4, administered progressively based on individual response. This approach reflects Hahnemann's principles in the sixth edition of the *Organon of Medicine*, particularly Aphorisms 247 and 280, which emphasize the necessity of

Comparative Summary

Both Centesimal and LM scales produced significant clinical improvement in Cervical Spondylosis. However, the LM scale proved more effective, as evidenced by a greater reduction in NPDI scores, absence of persistent disability, and higher statistical consistency. These findings indicate that while both scales have clinical value, the LM scale offers a more reliable and superior therapeutic outcome in the management of Cervical Spondylosis.

modifying and progressively raising potency to maintain dynamic action^[16]. Previous studies also report the gentle yet sustained action of LM potencies in chronic conditions^[10, 17, 18]. The dosing patterns also differed significantly. In the Centesimal group, the majority received 14 doses with weekly repetition in 95% of cases, while in the LM group, 98 daily doses were most common, also in 95% of cases. This daily repetition is consistent with Hahnemann's later instructions (footnote to Aphorism 246), where frequent administration of slightly altered doses is recommended for chronic conditions to ensure continuous, gentle stimulation of the vital force^[16]. Earlier authors such as Pareek *et al.*^[10] and Ved *et al.*^[17] have similarly advocated the daily administration of LM potencies for sustained therapeutic benefit. In terms of therapeutic outcomes, both groups showed significant improvement in NPDI scores, but the LM group demonstrated superior results. In the Centesimal group, pre-treatment scores ranged from 28%-68%, with post-treatment scores reducing to 8%-40%. While most patients improved, 3 cases retained persistent disability (>28%). In contrast, the LM group, with baseline scores of 42%-64%, showed post-treatment improvement to 6%-26%, with no persistent disability. Notably, 4 LM cases achieved remarkable improvement (<10%) compared to 2 in the Centesimal group. Statistical analysis further reinforced these findings. The mean reduction in NPDI scores was 33 points in the Centesimal group and 41 points in the LM group. Both results were statistically significant ($p < 0.0001$), but the LM group exhibited a higher t-value (23.84 vs. 14.98), lower variance, and greater consistency of outcomes. This indicates not only a more pronounced effect but also more uniform therapeutic response with LM potencies. These results are in agreement with Gupta *et al.*^[11] and Nayak *et al.*^[18], who reported greater pain reduction and quality-of-life improvement with LM remedies, as well as Suwaamyaathan *et al.*, who documented sustained pain control and higher proportions of marked improvement with LM use^[19]. Overall, the present study aligns with existing literature in confirming the clinical efficacy of both scales

but highlights the greater adaptability, consistency, and therapeutic benefit of LM potencies in the individualized management of Cervical Spondylosis. The findings suggest that LM scale remedies, with their capacity for progressive dosing and daily repetition, are particularly suitable for chronic and degenerative musculoskeletal conditions where long-term, gentle management is required.

Conclusion

This study demonstrates that both Centesimal and LM potencies are effective in the management of cervical spondylosis, offering significant symptomatic relief and improvement in functional outcomes as measured by the Neck Pain Disability Index. However, the LM scale showed greater clinical efficacy, consistency, and adaptability, with no cases of persistent disability and higher mean reduction in NPDI scores compared to the Centesimal scale. The flexibility of progressive dosing and daily repetition in LM remedies, as advocated in Hahnemann's later writings, proved advantageous in chronic degenerative conditions such as cervical spondylosis. The findings suggest that while individualized prescription remains central to homoeopathic practice, the LM scale provides a superior framework for long-term management of chronic musculoskeletal diseases. Larger studies with extended follow-up and multi-centric collaboration are recommended to validate these results and further establish the role of LM potencies in clinical practice.

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Conflict of Interest

Not available

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Not available

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