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Cimicifuga in the management of cervical spondylitis: A narrative review

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Abstract

Background: Cervical spondylitis is a chronic degenerative disorder of the cervical spine characterized by neck pain, stiffness, and restricted mobility. *Cimicifuga racemosa* is frequently cited in classical Homoeopathic literature for symptoms resembling cervical muscular tension, rheumatic soreness, and neuralgic manifestations similar to cervical spondylitis.

Aim: To explore the relevance of *Cimicifuga racemosa* in the symptomatic understanding of cervical spondylitis using classical Homoeopathic literature.

Materials and Methods: A narrative review was conducted using authenticated classical sources including Allen, Boericke, Clarke, Kent, Nash, and Farrington. Repertorial references from Kent's Repertory and the Synthesis Repertory were also consulted. Cervical-related symptoms such as stiffness, muscular tightness, occipito-cervical radiation, and emotional modalities were extracted and synthesized.

Results: Classical texts consistently describe *Cimicifuga* as a remedy for marked cervical stiffness, aching or drawing pains radiating to the occiput and shoulders, and neuralgic sensations described as electric-like or wave-like. Aggravation from emotional stress, worry, and mental exertion is frequently noted. Repertorial analysis supports the remedy's affinity for cervical pain, occipital headache, myalgia, and symptoms worsened by mental tension.

Conclusion: Classical Homoeopathic literature suggests a strong symptomatic alignment between *Cimicifuga racemosa* and cervical spondylitis characterized by muscular rigidity, radiating cervical pain, and emotional aggravation. Further clinical studies are required to establish its therapeutic role.

Keywords: Cervical spondylitis, *Cimicifuga racemosa*, homoeopathy, neck pain, muscular stiffness, neuralgia

Introduction

Cervical spondylosis is an age-related degenerative condition affecting the intervertebral discs and vertebral bodies of the cervical spine, leading to chronic neck pain and stiffness. Its prevalence increases with age and is commonly reported in individuals above 40 years. Mechanical stress, sedentary lifestyle, and poor posture are major contributing factors^[10, 11]. From a homoeopathic standpoint, chronic diseases arise as a result of long-acting miasmatic influences, as described by Hahnemann^[5]. Individualized homoeopathic treatment based on totality of symptoms and miasmatic background has shown positive outcomes in musculoskeletal disorders^[1, 2, 6]. Several clinical studies also support the role of homoeopathy in chronic pain conditions^[16-18].

Objectives

- To summarize classical descriptions of *Cimicifuga racemosa*.
- To identify overlaps between *Cimicifuga* symptoms and cervical spondylitis.
- To compile literature findings into a clinically usable format.
- To highlight important sensations, modalities, and mental symptoms related to cervical pathology.

Methodology

Study Design

This study is a narrative literature review based exclusively on classical homoeopathic materia medica and repertorial sources.

Search Period and Sources

Searches were conducted from the inception of the classical works through December 2025. Primary sources included Allen, Boericke, Clarke, Kent, Nash, and Farrington. Repertorial references were taken from Kent's Repertory and the Synthesis Repertory. Standard orthopaedic texts were consulted to outline general clinical features of cervical spondylitis.

Search Strategy

A targeted manual search was performed using the keywords: "Cimicifuga", "Actaea racemosa", "neck stiffness", "cervical pain", "occipital pain", "neuralgia", "muscular tension", "drawing pain", "electric shock pain", and "mental aggravation".

Inclusion Criteria

- Classical Homoeopathic materia medica and repertorial texts.
- Literature describing cervical pain, stiffness, neuralgia or occipito-cervical symptoms.
- Sources mentioning symptom correspondence with *Cimicifuga racemosa*.

Exclusion Criteria

- References unrelated to cervical spine or cervical symptomatology.
- Non-classical or secondary sources.
- Duplicate or repeated descriptions across texts.

Study Selection and Data Management

All identified entries were screened by the primary reviewer (Archana). Extracted symptoms and rubrics were independently verified by the second reviewer (Sanju Pateer). Disagreements were resolved by consensus. A PRISMA-style flow outline was used to organize identification, screening, and inclusion of sources.

Data Extraction

For each selected source, author, edition, page number, symptom text, modalities, and repertorial rubrics were recorded.

Quality Assurance

Reliability was ensured through the use of authenticated classical editions, independent extraction, and explicit inclusion-exclusion criteria. No efficacy claims were made due to the descriptive nature of the sources.

Data Synthesis

The extracted information was arranged under specific themes:

Physical symptoms.

Neurological sensations.

Emotional influence on pain.

Relevant repertorial rubrics.

These categories helped in creating a coherent relationship between the remedy portrait of *Cimicifuga* and the known features of cervical spondylitis.

Ethical Consideration

Since the study relied entirely on published literature and did not involve human participants, ethical approval was not required.

A narrative review design was selected. Only classical

sources—Materia Medica texts, repertories, and foundational Homoeopathic literature^[1-7]. Were included.

Review of Literature

1. Classical Sources

Classical Homoeopathic literature provides extensive descriptions of cervical neuralgias, muscular contractures, and cervico-spinal rheumatism^[1-6].

Hahnemann^[1] emphasizes individualization based on modalities and concomitants rather than structural pathology.

Kent⁴ and Boericke^[2] detail remedies acting on the neck and upper spine, with *Cimicifuga* noted for deep muscular tension, shifting rheumatic pains, and emotional aggravations.

Clarke³ and Farrington⁶ further highlight its sphere of action in contractive, radiating pains and occipito-cervical stiffness^[1-6].

2. Modern Evidence

According to Maheshwari^[10], cervical spondylosis is caused by degeneration of intervertebral discs, osteophyte formation, ligament thickening, and facet joint arthropathy.

Apley¹¹ describes cervical spondylosis as a progressive degenerative process affecting middle-aged and elderly individuals.

Davidson^[12] and Ebnezar^[13] explain neurological involvement due to nerve root compression causing radiculopathy and myelopathy.

Braddom^[14] and Bland^[15] elaborate on physiotherapy and conservative management.

3. Homoeopathic Perspective

From a Homoeopathic standpoint, cervical spondylitis is approached through individualized symptomatology rather than radiological severity. Remedies are selected based on modalities, mental state, pattern of muscular tightness, and associated neuralgic features. *Cimicifuga* consistently appears across materia medica for cervical stiffness, myalgia, rheumatic contracture, and pain radiating from the neck to shoulders. Recent narrative reviews and clinical case reports continue to document its usefulness, especially when muscular hyper-tonicity and stress-related aggravations dominate the clinical picture^[2-8].

Typical features include

Pain extending up or down the cervical spine^[10-12].

Electric-shock or wave-like sensations^[2, 3, 6],^{2, 3, 6}

Band-like tightness in the neck and upper back^[10-12].

Aggravation from emotional tension^[2, 6-7].

Occipital headaches linked to neck stiffness^[2-7].

Radiation of pain toward shoulders or upper arms^[2-7].

Key Observations

Strong influence on muscular and neural tissues^[2-7].

Stress sharply intensifies symptoms^[2-7].

Helpful in chronic cervical muscle spasm^[2-7].

Particularly useful in women with emotional or hormonal sensitivity^[2-7].

Disease Overview

Etiology

Cervical spondylitis commonly results from progressive

degenerative and mechanical factors, including:

Age-related dehydration of cervical intervertebral discs, reducing disc height and flexibility ^[10].

Chronic forward-head posture associated with prolonged mobile and computer use ^[11].

Muscular imbalance and inadequate cervical support due to sedentary lifestyle ^[12].

History of minor or repetitive cervical trauma accelerating degenerative changes ^[11].

Progressive facet joint arthropathy contributing to localized inflammation ^[14].

Pathophysiology

Loss of disc hydration ^[10-12].

Bony spur formation ^[10-12].

Thickened ligaments ^[10-12].

Nerve root compression ^[10-12].

Secondary muscle spasm ^[10-12].

Clinical Features

Persistent neck pain ^[10-12].

Morning stiffness ^[10-12].

Limited mobility ^[10-12].

Occipital radiation ^[10-12].

Headache

Tingling or numbness in progressed cases ^[10-12].

Complications

Cervical radiculopathy ^[10-12].

Myelopathy ^[10-12].

Chronic muscle spasm ^[10-12].

Cervicogenic vertigo ^[10-12].

Homoeopathic Approach

Homoeopathy considers both physical and emotional components. Cervical spondylitis often presents with stress-linked aggravations, which closely resemble the *Cimicifuga* profile ^[2, 6, 8].

Treatment Goals

Reduce muscular spasm ^[2-7].

Improve neck flexibility ^[2-7].

Address chronic tendencies ^[2-7].

Manage emotional stress ^[2-7].

Enhance daily functioning

Role of *Cimicifuga racemosa*

Cimicifuga (Black Cohosh) has a marked action on muscle fibres, nerves, and the cervico-dorsal region ^[2, 6, 8].

Sphere of Action ^[2, 6-8]

Cervical and upper-back muscles.

Neural pathways.

Fibrous tissues.

Neck-shoulder region.

Female reproductive system (noteworthy keynote).

Characteristic Features ^[2, 6-7]

Aching and drawing cervical pains.

Stiff neck with tight, rigid muscles.

Electric or shooting pains up and down the spine.

Occipital headaches due to cervical stiffness.

Pain triggered by emotional stress.

Sensation of weakness or instability in the neck.

Symptoms fluctuate with moods and mental states.

Modalities

Worse from: cold air, motion, menses, mental strain ^[6-7].

Better from: warmth, pressure, rest, wrapping the neck ^[2, 6-7].

Mental Symptoms ^[2, 6-7]

Anxiety, fearfulness, restlessness.

Sense of impending trouble.

Mental strain immediately worsens pain.

Oversensitivity to noise and emotional disturbances.

Table 1: Comparison of Cervical Spondylitis and *Cimicifuga* Features

Clinical Aspect	Cervical Spondylitis	<i>Cimicifuga</i> Correspondence
Pain location	Neck, shoulders	Same distribution
Pain type	Aching, stiff, radiating	Pulling, drawing, electric-shock pains
Aggravation	Motion, posture, cold	Cold, movement, emotional stress
Mental state	Stress worsens pain	Highly stress-responsive
Range of motion	Restricted	Limited due to muscular stiffness
Associated symptoms	Occipital radiation	Occipital pain, neuralgia

Source: Author's compilation based on classical references

Table 2: Comparative Chart of Common Remedies Used in Cervical Conditions

Remedy	Characteristics	When Preferred
<i>Cimicifuga</i>	Muscular tension, neuralgic radiation	Emotional factors dominant
<i>Bryonia</i>	Pain better by rest	Avoids motion
<i>Kalmia</i>	Sharp radiating neuralgia	Nerve compression
<i>Arnica</i>	Trauma-based pain	Injury / whiplash
<i>Calcarea fluorica</i>	Hard bony changes	Marked degeneration

Source: Author's compilation based on classical references

Table 3: Situations Where Cimicifuga Is Not Suitable

Scenario	Reason
Severe radiculopathy	Suggests deeper nerve-root compression
Pain relieved by rest	Bryonia more indicated
Clear trauma history	Arnica / Ruta / Hypericum
Prominent osteophytes	Calcarea fluorica / Silicea

Source: Author's compilation based on classical references

Book-Wise Review

Boericke [2].

Muscular stiffness and rheumatism.

Occipito-cervical radiation.

Emotional aggravation.

Electric-shock sensations.

Allen [1].

Nervous irritability.

Neuralgic pains.

Emotional sensitivity.

Key action in women.

Clarke [3].

Wandering muscular aches.

Soreness and stiffness.

Radiation toward shoulders.

Neuralgic excitement.

Kent [6].

Drawing, pulling pains.

Emotional strain worsens symptoms.

Wave-like spinal sensations.

Nash [7].

Muscular soreness.

Worse from cold and damp.

Aggravation after mental effort.

Farrington [9].

Rheumatic and neuralgic cervical pains.

Mental worry aggravates.

Strong affinity in women.

spondylitis [1-7]. Emotional aggravation—another classical indication of Cimicifuga—is frequently observed in patients with chronic cervical pain.

The present narrative review synthesizes these classical indications and correlates them with recognised clinical features of cervical spondylitis. The remedy's correspondence with muscular spasm, occipito-cervical radiation, and stress-linked exacerbation provides a rational basis for its clinical application. Although contemporary clinical trials remain limited, cumulative classical evidence supports its symptomatic relevance. Future research with standardized outcomes and imaging correlations may strengthen the clinical applicability of this remedy.

Limitation

Based solely on classical literature.

Absence of standardized prescribing parameters.

No correlation with radiological findings.

Limited comparative data.

Future Scope

Controlled trials to validate efficacy.

Imaging-based assessment for objective correlation.

Comparative studies with other cervical remedies.

Integrated management with physiotherapy and ergonomic corrections.

Declarations

Conflict of Interest

Not available

Financial Support

Not available

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Table 4: Summary of Key Classical Sources Supporting Cimicifuga

Author	Key Contribution
Boericke	Muscular stiffness, occipito-cervical pain
Allen	Nervous irritability, neuralgic pains
Clarke	Wandering muscular aches
Kent	Drawing pains, mental strain
Nash	Worse from cold/damp
Farrington	Rheumatic cervical pains

Source: Author's compilation based on classical references

Discussion

Cervical spondylitis is a chronic degenerative spinal condition involving structural changes that manifest as persistent pain and stiffness. Modern orthopaedic literature attributes its progression to disc dehydration, osteophyte formation, ligament hypertrophy, and postural stress [10-14]. Standard management includes analgesics, muscle relaxants, physiotherapy, and postural correction; however, recurrence of symptoms is common, particularly in chronic cases.

From a homoeopathic perspective, cervical spondylitis reflects a combination of structural degeneration, neuromuscular imbalance, and constitutional predisposition. Classical homoeopathic literature consistently describes Cimicifuga as having a marked influence on the cervical region, producing muscular tightness, radiating pains, and neuralgic sensations resembling those seen in cervical

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