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Healing Wrist Pain: Homoeopathic management for De Quervain's Tenosynovitis

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Abstract

In the modern era, repetitive use of the thumb and wrist in domestic and occupational activities, along with excessive use of digital devices such as mobile phones and computers, has contributed significantly to wrist pain and functional disability, often leading to De Quervain's Tenosynovitis. Homoeopathy views De Quervain's Tenosynovitis as a manifestation of a disturbed vital force, where maintaining causes such as repetitive strain and overuse act upon the underlying susceptibility of the individual. Homoeopathic medicines are known to act effectively on fibrous tissues like tendons and ligaments and possess anti-inflammatory and curative properties. Homoeopathy offers a holistic approach to management through homoeopathic remedies supported by appropriate auxiliary measures such as immobilization, exercises, thermal applications, and dietary advice, thereby providing a safe, non-invasive, and comprehensive method for the management of De Quervain's Tenosynovitis.

Keywords: De Quervain's Tenosynovitis, Finklestein's test, homoeopathic therapeutics, auxiliary measures

Introduction

The human hand is a highly specialized anatomical structure designed for precise, forceful, and repetitive movements essential for daily and occupational activities. Efficient hand function depends on the smooth gliding of tendons within their synovial sheaths, which minimize friction and ensure coordinated motion^[1, 2]. Any pathological involvement of this tendon-sheath mechanism can impair hand function, resulting in pain, stiffness, and limitation of activities. The term *tenosynovitis* is derived from the Greek words “*tenon*” which means tendon, “*synovia*” means synovial sheath or fluid, and “*itis*” means inflammation. It refers to an inflammatory or degenerative condition involving a tendon and its surrounding synovial sheath, commonly presenting with pain, swelling, tenderness, and restricted movement. Tenosynovitis frequently affects tendons passing through osseous-fibrous tunnels and may arise due to repetitive strain, overuse, trauma, systemic inflammatory disorders, or degenerative changes. Disorders of wrist tendons are a common cause of hand pain and functional impairment and are reported more frequently in women^[3]. De Quervain's Tenosynovitis is a localized form of stenosing tenosynovitis involving the first dorsal compartment of the wrist, which contains the tendons of the abductor *pollicis longus* and extensor *pollicis brevis*^[3]. It is also referred to as radial styloid tenosynovitis, washerwoman's sprain, texting thumb, gamer's thumb, and mother's wrist. Clinically, it presents with pain and tenderness over the radial styloid, aggravated by thumb movement, gripping, and wrist deviation. The condition is commonly seen in individuals performing repetitive hand activities and shows a higher prevalence among women, particularly during pregnancy and the postpartum period^[3]. From a homeopathic perspective, De Quervain's Tenosynovitis is understood as a local manifestation of disturbed vital force precipitated by exciting causes such as overuse or strain acting upon individual susceptibility. As emphasized by Hahnemann, removal of the maintaining cause along with a well-selected remedy and appropriate auxiliary measures is essential for cure^[4].

Definition

De Quervain's Tenosynovitis is a form of stenosing tenosynovitis characterized by involvement of the Abductor *pollicis longus* and Extensor *pollicis brevis* tendons as they

traverse the fibro-osseous tunnel at the radial styloid process, leading to pain, localized swelling, and functional limitation of the thumb and wrist^[2].

Epidemiology

De Quervain's Tenosynovitis is a common upper extremity musculoskeletal disorder among working adults. In the general population aged 18-65 years, the prevalence is estimated to be approximately 1.3% in women and 0.5% in men, with peak occurrence between 40 and 60 years of age^[5]. Upper limb complaints are particularly frequent among individuals involved in manual and repetitive work, with reported prevalence ranging from 30-45%^[6]. Recurrent movements and sustained mechanical strain predispose tendons to inflammation, especially in the wrist during prolonged computer use and smartphone handling. Epidemiological studies demonstrate a clear female predominance, with the incidence of wrist tenosynovitis reported as 2.8 cases per 1000 women compared to 0.6 cases per 1000 men. In industrial and occupational settings, a point prevalence of up to 8% has been reported when wrist pain is associated with a positive Finkelstein's test, a clinical maneuver that reproduces pain along the radial side of the wrist during ulnar deviation of the wrist with the thumb flexed into the palm^[6].

Etiology^[6-8]

- Repetitive Thumb Movements, sustained gripping, and repeated wrist deviation. Frequently observed among individuals engaged in occupations such as fishing, golfing, carpentry, dentistry, musical performance, office work, writing, and computer operation, prolonged nursing or lifting of an infant.
- Several systemic conditions: Rheumatoid arthritis, Diabetes mellitus, Hypothyroidism, and Gout.
- Infectious diseases
- Chikungunya and Tuberculosis precipitate tenosynovitis through inflammatory involvement of tendon sheaths.
- Pregnancy and postpartum hormonal changes, Estrogen deficiency as a possible risk factor.
- Direct trauma to the wrist.
- Anatomical variations such as septation of the first dorsal compartment.

Pathophysiology

The first dorsal compartment of the wrist lies over the radial styloid process. It contains the tendons of the abductor *pollicis longus* and extensor *pollicis brevis* enclosed within a fibro-osseous tunnel formed by the radial styloid and extensor retinaculum. These tendons are surrounded by a synovial sheath, which secretes synovial fluid to reduce friction and allow smooth, painless gliding during thumb movements such as abduction, extension, grasping, and pinching^[1, 3, 9].

1. Development of Microtrauma^[2, 3]

Repetitive and forceful thumb movements, particularly abduction and extension combined with wrist deviation, subject the tendon-sheath complex to repeated mechanical stress.

When this stress exceeds the tissue's reparative capacity, recurrent microtrauma develops within the first dorsal compartment, initiating pathological changes.

2. Degenerative changes in the tendon sheath^[10]

Histopathological studies show that De Quervain's Tenosynovitis is primarily a degenerative tendinopathy

rather than a purely inflammatory condition.

3. Progressive changes include

- Proliferation of fibroblasts.
- Fibrocartilaginous metaplasia of the synovial lining.
- Thickening and loss of elasticity of the tendon sheath.
- Disorganization of collagen fibers.
- Myxoid degeneration with minimal inflammatory cell infiltration.

4. Stenosis of the fibro-osseous tunnel^[3, 11]

- Thickening of the tendon sheath leads to narrowing (stenosis) of the fibro-osseous canal.
- This results in, impaired tendon gliding, increased friction during thumb movement, Mechanical entrapment of the Abductor *pollicis longus* and Extensor *pollicis brevis* tendons.

5. Increased Intracompartmental Pressure^[11]

- Stenosis causes elevation of intracompartmental pressure, especially during active thumb movements.
- Increased pressure compromises local blood flow, leading to ischaemia, edema in early stages, and further degenerative changes in chronic cases.
- This causes worsening of pain with activity and repetitive use. Certain anatomical variations increase susceptibility to De Quervain's Tenosynovitis, including septation of the first dorsal compartment and presence of multiple tendon slips of the Abductor *pollicis longus*. These variations increase friction and uneven pressure distribution, contributing to disease severity and resistance to treatment^[3, 7, 9].

Clinical Features^[3, 7, 11]

- Dull aching pain over the radial aspect of the wrist.
- Localized swelling may be present particularly near the radial styloid region.
- Marked tenderness is elicited on palpation over the affected tendon sheath.
- Crepitus may be felt during movement of the thumb or wrist due to friction between the tendons and the thickened sheath.
- Severe pain leading to weakness during activities requiring pinching or grasping, such as holding small objects.
- Stiffness of the wrist and thumb, resulting in limitation of the range of motion.
- In some cases, pain may radiate along the radial aspect of the forearm, especially during extension or abduction of the thumb.

Examination

- **Inspection:** Mild swelling may be seen over the radial aspect of the wrist near the base of the thumb^[3, 11].
- **Palpation:** Localized tenderness is elicited on palpation over the radial styloid process, corresponding to the first dorsal compartment^[3, 11].
- **Range of Motion:** Movements involving thumb abduction and extension are often painful and may show varying degrees of restriction, particularly during activities requiring forceful gripping or pinching. Crepitus may be present^[3, 11].
- **Tests**^[3, 11, 12]

Table 1: Examination Test

Test	Procedure	Findings
Finkelstein's Test 	The patient is instructed to place the thumb across the palm and enclose it within the fingers to form a fist. The examiner then gently deviates the wrist towards the ulnar side.	Sharp pain over the radial styloid region is positive test, suggestive of stenosing involvement of the abductor pollicis longus and extensor pollicis brevis tendons.
Eichhoff's Test 	The patient actively flexes the thumb into the palm and performs ulnar deviation of the wrist without assistance.	Pain localized to the radial styloid area supports the diagnosis.
WHAT Test (Wrist Hyperflexion and Abduction of Thumb Test) 	The patient hyperflexes the wrist while abducting the thumb against applied resistance.	Pain over the first dorsal compartment indicates involvement of the Abductor pollicis longus and Extensor pollicis brevis tendons.

Investigations [3, 7, 11]

- X-ray:** Usually normal; performed mainly to exclude fractures, arthritis, or other bony pathologies.
- Ultrasound:** May demonstrate thickening of the tendon sheath with associated fluid collection.
- MRI:** Reveals tenosynovial edema and narrowing of the first dorsal compartment; rarely required.

Homoeopathic management

De Quervain's Tenosynovitis, often regarded as a mechanical overuse disorder, may reflect deeper individual susceptibilities such as hormonal influences, constitutional weakness, emotional stress, or hereditary tendencies. Homeopathy recognizes these factors and approaches the condition in a gentle, holistic, and curative manner, aiming to restore harmony of the vital force rather than merely addressing local tendon pathology. Homeopathy, as a holistic system of medicine, considers disease as a

disturbance of the vital force, with local manifestations at the wrist representing its outward expression. According to Aphorism §5 of the Organon of Medicine, the physician must understand the disease in its entirety and remove the factors that maintain it. [4, 13] In De Quervain's Tenosynovitis, repetitive mechanical strain acts as an exciting cause, while continued occupational stress and improper ergonomics function as maintaining causes, influencing the persistence and severity of symptoms. Aphorism §259-263 permits the judicious use of appropriate auxiliary measures to eliminate maintaining causes and support recovery, without interfering with the action of the indicated homeopathic remedy [4, 13] Thus, homoeopathic management of De Quervain's Tenosynovitis is holistic, aiming at restoration of balance, improvement of overall well-being, cure and prevention of recurrence,

Homoeopathic Therapeutics [14-20]**Table 2:** Homoeopathic Therapeutics

Medicine	Sphere of action & pathogenesis	Symptoms	Modalities
<i>Rhus toxicodendron</i>	<ul style="list-style-type: none"> Skin, Ligaments, Tendons, Fasciae, Mucous membranes. Rheumatic-Inflammatory state of fibrous tissue, Sheath aponeurosis. 	<ul style="list-style-type: none"> Tearing and drawing pain. Stiffness and pain on beginning to move, especially after rest. Hot, painful swelling and tenderness. Weakness and loss of power with tingling or crawling sensations. 	< Strains, Overlifting, Rest, on first motion; cold, rainy weather; > By continued motion, change of position, warmth.
<i>Ruta graveolens</i>	<ul style="list-style-type: none"> Flexor tendons, Periosteum, Ligaments Teno-periosteal inflammation and deposition around tendon & wrist joints. 	<ul style="list-style-type: none"> Bruised, sore, aching & restlessness. Pain & stiffness, Lameness Contraction of fingers. 	< Sprain, Lying, sitting, overexertion > Lying on back, warmth, motion.

<i>Rhododendron</i>	<ul style="list-style-type: none"> • Fibrous tissue, small joints, nerves • Inflammatory state of fibrous tissue. 	<ul style="list-style-type: none"> • Tearing, zigzag, boring, rapidly changing, descending, paralytic pains. 	<p>< Before storms, windy, night, rest > Heat, motion.</p>
<i>Bryonia alba</i>	<ul style="list-style-type: none"> • Serous membrane, fibrous tissue • Serous inflammatory state, resulting in exudation & dropsical effusion. 	<ul style="list-style-type: none"> • Bursting, Stitching pain • Averse to least motion • Pain developing slowly • Every spot painful on pressure • Hot, red, swollen tendon. 	<p>< Motion, exertion, heat, dry, hot weather > Pressure, lying on painful part, rest, open air.</p>
<i>Arnica montana</i>	<ul style="list-style-type: none"> • Nerves, muscles, Blood & blood vessels • Inflammatory state & haemorrhagic tendency. 	<ul style="list-style-type: none"> • Sore, lame, bruised feeling, Pain as if beaten • Sprained & dislocated feeling • Coldness of forearm. 	<p>< Injury, bruises, overexertion, sprain, touch, motion > Lying down.</p>
<i>Causticum</i>	<ul style="list-style-type: none"> • Flexor tendons, mucous membrane, Nerves • Contraction of muscles & tendons. 	<ul style="list-style-type: none"> • Burning, soreness, rawness • Dull, tearing pain • Unsteadiness of muscles of forearm, loss of sensation in hands. 	<p>< Dry, cold winds; clear fine weather, motion > Damp, wet weather; warmth; heat of bed.</p>
<i>Guaiacum</i>	<ul style="list-style-type: none"> • Fibrous tissue, joints, Ligaments • Inflammatory state with marked stiffness. 	<ul style="list-style-type: none"> • Fixed, short tendons • Burning heat in affected parts • Sore, growing pain. 	<p>< Heat, touch, motion > Cold.</p>
<i>Eupatorium perfoliatum</i>	<ul style="list-style-type: none"> • Bones, muscles, fibrous tissue • Produces soreness & aching of muscles. 	<ul style="list-style-type: none"> • Aching in arms & wrist with soreness of flesh • Violent bone braking pain • Dropsical swelling. 	<p>< Periodically, cold air, motion > Lying on face.</p>
<i>Phytolacca decandra</i>	<ul style="list-style-type: none"> • Tendons, Joints, glands, muscles, fasciae, muscle sheath • Inflammatory action on fibrous tissue. 	<ul style="list-style-type: none"> • Sore, hard ache all over • Pain fly like electric shocks, shifting rapidly • Stiffness & inability to raise arm. 	<p>< Motion; heat; night; damp, cold weather > Warmth, dry weather</p>
<i>Ledum palustre</i>	<ul style="list-style-type: none"> • Fibrous tissue, tendons, blood, small joints, nerves • Functional pain, altered secretions, deposits of solid, earthy matter in tissues 	<ul style="list-style-type: none"> • Ascending effects, from feet • Shifting, tearing pain • Coldness of parts with pain • Cracking in joints. 	<p>< Night, heat of bed > Cold</p>

Rubrics related to De Quervain's Tenosynovitis

Table 3: Rubrics from Repertory

From Kent's Repertory ^[14]	From Synthesis Repertory ^[21]
<ul style="list-style-type: none"> • Generalities: Inflammation, tendons of tendonitis • Extremeties: Inflammation, tendons • Extremities: Pain, tendon • Extremities: Pain, wrist • Extremities: Pain, wrist, grasping anything • Extremities: Swelling, wrist • Extremities: Stiffness, wrist • Extremities: Injuries, straining after 	<ul style="list-style-type: none"> • Extremities: Pain, tendons • Extremities: Stiffness, tendons • Extremities: Swelling, tendons of • Extremities: Pain, wrist, grasping something, agg. • Generals: Lifting, straining of muscles and tendons, from • Generals: Inflammation, tendons, of • Generals: Injuries, rupture, tendons of

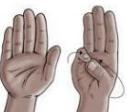
Auxillary measures

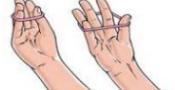
- **Immobilization:** Use of a thumb spica splint to rest the thumb and wrist for 2-3 weeks during acute inflammation. Reduces further strain and allows healing. Avoid prolonged use (>3 weeks) to prevent stiffness^[3].
- **Thermal Applications:** Hot fomentation in chronic cases to promote circulation and relieve stiffness. Cold

compresses in acute inflammation to reduce pain and swelling^[22].

- **Dietary Considerations:** Anti-inflammatory diet: Emphasize omega-3s, turmeric, ginger, green leafy vegetables. Limit inflammatory triggers: Processed foods, excessive sugar, and caffeine^[23].
- **Exercises:**^[24]

Table 4: Exercises for De Quervain's Tenosynovitis

Name	Method
Opposition Stretch  Fig 4: Opposition Stretch	Place the hand on a flat surface with the palm facing upward. Gently move the thumb across the palm to touch the tip of the little finger. Maintain the position for 6 seconds, then relax. Repeat the movement 10 times.
Wrist Stretch  Fig 5: Wrist Stretch	Using the opposite hand, gently bend the wrist downward by pressing on the back of the hand and hold the stretch for 15-30 seconds. Then, stretch the wrist in the opposite direction by gently pulling the fingers backward holding it for the same duration. Keep the elbow straight throughout the exercise. Perform 3 sets on each hand.

Wrist Flexion Strengthening  Fig 6: Wrist Flexion	Hold a lightweight object such as a can or hammer handle with the palm facing upward. Slowly bend the wrist upward, then lower it gradually back to the starting position. Perform three sets of 10 repetitions, increasing the weight gradually as tolerated.
Wrist Radial Deviation Strengthening  Fig 7: Wrist Radial Deviation	Position the wrist sideways with the thumb pointing upward. Hold a light weight and gently lift the wrist so that the thumb moves toward the ceiling. Slowly return to the starting position while keeping the forearm still. Perform 3 sets of 10 repetitions.
Wrist Extension Strengthening  Fig 8: Wrist Extension	Hold a light object with the palm facing downward. Slowly raise the wrist upward, then lower it in a controlled manner to the starting position. Perform three sets of 10 repetitions, gradually increasing resistance as strength improves.
Grip Strengthening  Fig 9: Grip Strengthening	Squeeze a soft rubber ball firmly and hold the contraction for five seconds, then relax. Perform 3 sets of 10 repetitions.
Finger Spring Exercise  Fig10: Finger Spring	Place a large rubber band around the fingers and thumb. Slowly spread the fingers apart to stretch the band, then relax. Perform 3 sets of 10 repetitions.

Conclusion

De Quervain's Tenosynovitis is a common and function-limiting condition, particularly prevalent among individuals exposed to repetitive wrist and thumb movements. Despite its frequent occurrence, management is often limited to symptomatic or invasive interventions, highlighting the need for holistic management. Homoeopathy offers holistic care, offers management of De Quervain's Tenosynovitis by integration of well-selected homeopathic remedies with appropriate auxiliary measures leads to functional restoration, and prevention of recurrence, and cure.

Conflict of Interest:

Not available

Financial Support:

Not available

References

1. Drake R, Vogl AW, Mitchell AWM. Gray's anatomy for students. E-book. Elsevier Health Sciences; 2009.
2. Neumann DA. Kinesiology of the musculoskeletal system: foundations for rehabilitation. 3rd Ed. St. Louis: Mosby/Elsevier; 2016.
3. Wolfe SW, Pederson WC, Kozin SH, Cohen MS. Green's operative hand surgery. 7th Ed. Elsevier; 2016.
4. Hahnemann S. Organon of medicine. New Delhi: B. Jain Publishers; 2005.
5. Das S, Das A. De Quervain's tenosynovitis with homoeopathic treatment in middle-aged people: Case report. Int J Health Sci Res. 2022;12(7):118-122.
6. Lyngdoh C, Kharbali B, Papiah S. An experimental study to explore the action of homoeopathic medicines in the treatment of tenosynovitis of wrist in age group 19 to 65 years. Int J AYUSH. 2023;12(5):19-48.
7. Azar FM, Canale ST, Beaty JH. Campbell's operative orthopaedics. 14th Ed. Elsevier; 2021.
8. Ilyas AM, Ast M, Schaffer AA, Thoder J. De Quervain tenosynovitis of the wrist. J Am Acad Orthop Surg. 2007;15(12):757-764.
9. Moore KL, Dalley AF, Agur AMR. Clinically oriented anatomy. 8th ed. Philadelphia: Lippincott Williams & Wilkins; 2017.
10. Clarke MT, Lyall HA, Grant JW, Mathewson MH. The histopathology of de Quervain's disease. J Hand Surg. 1998;23(6):732-734.
11. Solomon L, Warwick D, Nayagam S. Apley's system of orthopaedics and fractures. CRC Press; 2010.
12. Goubaud JF, Goubaud L, Van Tongel A, Van Hoonacker P, Kerckhove D, Berghs B. The wrist hyperflexion and abduction of the thumb (WHAT) test: A more specific and sensitive test to diagnose de Quervain tenosynovitis than the Eichhoff's test. J Hand Surg Eur Vol. 2014;39(3):286-292.
13. Kent JT. Lectures on homoeopathic philosophy. New Delhi: B. Jain Publishers; 2003.
14. Kent JT. Repertory of the homoeopathic materia medica. New Delhi: B. Jain Publishers; 1992.
15. Boger CM. A synoptic key to the materia medica: A treatise for homoeopathic students. New Delhi: B. Jain Publishers; 2003.
16. Dubey SK. Textbook of materia medica. Dubey; 1975.
17. Farrington EA. Lectures on clinical materia medica. New Delhi: B. Jain Publishers; 2003.
18. Boericke W. Pocket manual of homoeopathic materia

medica & repertory. New Delhi: B. Jain Publishers; 2002.

- 19. Burt WH. *Physiological materia medica*. Gross & Delbridge; 1881.
- 20. Clarke JH. *A dictionary of practical materia medica*. Vol. 2. Homoeopathic Publishing Company; 1902.
- 21. Schroyens F. *Synthesis repertory: Repertorium homeopathicum syntheticum*. Version 9.1. Archibel SA; 2015.
- 22. Bleakley C, McDonough S, MacAuley D. The use of ice in the treatment of acute soft-tissue injury: A systematic review of randomized controlled trials. *Am J Sports Med*. 2004;32(1):251-261.
- 23. Calder PC. Omega-3 fatty acids and inflammatory processes. *Nutrients*. 2010;2(3):355-374.
- 24. Smith JA. De Quervain's tenosynovitis rehabilitation exercises.

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