Homoeopathy for Musculoskeletal Disorders with focus on Cervical Spondylosis

- Dr. Sujata Naik
The term musculoskeletal disorders (MSDs) covers any injury, damage or disorder of the joints or other tissues in the upper/lower limbs or the back.\(^1\)

**MSDs include:**
1. Upper Limb Disorders
2. Lower Limb Disorders
3. Back Pain

MSDs are common. And your risk of developing them increases with age.
Types of Musculoskeletal Disorders

Upper Limb Disorders
• Aches, pains, tension and disorders involving any part of the arm from fingers to shoulder, or the neck
• Includes problems with the soft tissues, muscles, tendons and ligaments, along with the circulatory and nerve supply to the limb; and are often caused or made worse by work

Lower Limb Disorders
• Affects the hips, knees and legs and usually occurs due to overuse
• Includes hip and knee osteoarthritis; knee bursitis, meniscal lesions/tears; stress fracture/reaction injury and varicose veins of the lower legs.

Back Pain
• Any ache, pain, tension, or disorder that affects the muscles or bones of the back from the base of the neck to the hips
• Caused by damage to the muscles or the bones of the spine and ribs or to the discs between the vertebrae.
Classification of MSD

- **Origin**
  - Articular
  - Non-articular

- **Nature**
  - Inflammatory
  - Non-inflammatory

- **Duration**
  - Acute
  - Chronic

- **Distribution**
  - Localized
  - Wide-spread (systemic)
The five key questions which need to be answered are:

1. Does the problem arise from the joint, tendon, ligament or muscle?
2. Is the condition acute or chronic?
3. Is the condition inflammatory or non-inflammatory?
4. What is the pattern of affected areas/joints?
5. What is the impact of the condition on the patient’s life?
Common MSDs

- **Non-inflammatory MSDs**: Osteoarthritis, tennis elbow, frozen shoulder, recurrent tendonitis, mechanical back pain, carpal tunnel syndrome, scoliosis, fibromyalgia, cervical and lumbar spondylosis.

- **Inflammatory MSDs**: Rheumatoid Arthritis, Ankylosing Spondylitis, Gout, Septic arthritis, Osteomyelitis, Psoriatic Arthritis, SLE, Multiple Sclerosis, Polymyalgia rheumatica.
Etiological factors

- **Age**: the most common cause, is degenerative changes in joints/spine due to aging.
- **Occupation**: Repetitive work, Uncomfortable working postures
- **Injuries**: injury in any form, Sustained or excessive force
- **Genetic factors**: positive HLA-B27 gene, RA in close relative- positive HLA-DRB1 gene
- **Psychological factors**: Depression, anxiety
- **Hormonal factors**: changes in sex hormones, particularly in women
- **Infections**: viral or bacterial infections
- **Smoking**: Long-term smoking is a well-established risk factor
- **Obesity**
Limit Mobility And Dexterity

Musculoskeletal Conditions - 2nd Largest Contributor To Disability Worldwide

- Early Retirement From Work
- Reduced Accumulated Wealth
- Reduced Ability To Participate In Social Roles
The Greatest Number Of Working Days Lost

Musculo Skeletal Disorders

Mental Health Problems

Two Causes for

*** But, around 3 in 10 (32%) people of working age who have a musculoskeletal condition also have depression. ***
PREVALENCE

UNITED KINGDOM
2017-2018

35% (of all work related illnesses)

WORK RELATED MSDs

WORKING DAYS LOST

24% (of all working days lost due to work related illnesses)

**The Labour Force Survey statistics over the last 10 years**
## Conventional Treatment for MSDs

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</td>
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<tr>
<td>Opioid Analgesic drugs</td>
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<td>Other Oral Analgesic drugs</td>
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<td>Topical Analgesics</td>
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<tr>
<td>Muscle Relaxants</td>
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<tr>
<td>Steroids</td>
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<td>Anti-depressant drugs</td>
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</table>
Cervical Spondylosis

- Cervical spondylosis is a common chronic condition of the neck involving
  1. the vertebral bodies (osteophyte formation),
  2. intervertebral discs (deformation, disc herniation), and
  3. adjacent ligaments.
- It is osteoarthritis of cervical spine.
Neck pain - the fourth leading cause of years lost to disability.

Neck pain was more prevalent among women.

Prevalence of neck pain peaked in middle age.
Degeneration of Intervertebral Discs

- Reduction in Disc Spaces
  - Secondary Involvement of Posterior Intervertebral Joints
    - Neck pain
  - Peripheral Osteophyte Formation
    - Impingement on Nerve Root
      - Radicular pain in Upper Limbs
    - Pressure on Spinal Cord
      - Signs of Cord Compression

Radicular pain in Upper Limbs

Pressure on Spinal Cord

Signs of Cord Compression

Neck pain
Symptoms of Cervical Spondylosis

- Pain in the neck that may travel to your arms or shoulders
- Headaches
- A grinding feeling when you move your neck
- Weakness in your arms and legs
- Numbness in your shoulders, arms, or hands
- Stiffness in the neck
- Trouble keeping your balance
- Trouble controlling your bladder or bowels
Conventional Treatment

- **Medicines:** Nonsteroidal anti-inflammatory medicines, like ibuprofen or aspirin, opioid pain relievers, and muscle relaxants may help.
- **Physical therapy:** Stretching and strengthening exercises that may ease symptoms.
- **Ice or heat:** Hot or cold applications as advised by physician.
- **Collar:** Wearing a soft collar around your neck for short periods may help your symptoms.
- **Injections:** Injecting steroid medicine and pain-relieving drugs into the painful joint in your neck or into the space next to your spinal cord.
- **Surgery:**
Homoeopathic Approach

- Homoeopathy is one of the therapeutic systems of medicine which is based on law of similars - "similia similibus currentur" that means "like cures like".
Homoeopathic Approach

- Its two main principles are:
  - **Law of Similars**
    The symptoms that a substance can produce in a healthy individual are the same symptoms that it can cure in a diseased person.
  - **Law of Minimum Dose**
    The quantity of action necessary to effect any change in Nature is the least possible. The decisive amount is always a minimum, an infinitesimal.
  - A homeopathic dose is the minimum therapeutic dose needed to start off the process of cure, after which the body’s innate defense mechanism takes over.
Multi Dimensional Homoeopathic Approach to Musculo-Skeletal Disorders
Homoeopathy may be helpful as first aid treatment in management of injuries, sprains or spasms.

In above mentioned conditions, consider presenting totality of the case. Then repertorize and choose a remedy with sphere of action specifically on Musculo-skeletal system.
Homoeopathy may be helpful in acute exacerbations of chronic disorders like Rheumatoid Arthritis.

In acute conditions, consider presenting totality and then select the indicated remedy.

The acute homoeopathic remedy helps to give symptom relief to the patient and may open up the case for further constitutional prescribing on the next follow up.
In chronic conditions, constitutional prescribing is a must. Only careful case taking, analysis and an accurate prescribing with the simililum can offer the patient long term relief.

Several autoimmune conditions like psoriatic arthritis, SLE, Ankylosing Spondylitis, have periods of natural exacerbations and natural remissions. The discerning homoeopath must work around these modalities when selecting the remedy.
It has been observed that in conditions of advanced pathology when the indicated homeopathic remedy is administered,

1. it helps to reduce post surgical symptoms like nausea, acidity, sleep disturbance and urinary complaints.
2. it helps to maintain general well-being including appetite, thirst and sleep.
3. it may also help to restrict the need of NSAIDs and analgesic doses.
Specific remedies for MSDs (affinity for joints and connective tissue)

- **Actea Spicata**: Small joint remedy. Almost a specific for wrist rheumatism. <<slightest touch >> movement.

- **Arnica montana**: most popular anti-trauma remedy. Indicated when there is any h/o injury, trauma, overuse or overstrain of muscles and ligaments. Sore, bruised feeling as if beaten is the hallmark symptom of Arnica.

- **Acidum Benzoicum**: generally indicated for rheumatism associated with gout. Excellent remedy for bunions and ganglions.

- **Bellis perennis**: great remedy for lameness following muscle injury. Injuries to deeper tissues. Comes in after Arnica. Cellulitis following injuries and surgery.
Specific remedies for MSDs (affinity for joints and connective tissue) – Contd.

- **Bryonia alba**: Stitching pain, dull continuous ache. Pain $<<$ motion $>>$ rest $>>$ hard pressure. Acts on serous membranes and muscles, joints and connective tissue.
- **Calcarea phosphorica**: acts on connective tissue, chronic pain following delayed union of fractures. Pain as if broken. Growing pains in children.
- **Calcarea fluorica**: chronic lumbago, very useful for rheumatism of osteopenic and osteoporotic elderly patients. Exostosis is very common.
- **Colocynthis**: crampy, spasmodic intense pain is the keynote of colocynth. Agonizing pain always worse from anger.
Specific remedies for MSDs (affinity for joints and connective tissue) – Contd.

- **Causticum**: Chronic remedy yet almost a specific for rheumatic and arthritic and paralytic affections. Drawing pains with subsequent deformities is the characteristic of causticum.

- **Colchicum autumnale**: A very good remedy for muscular, periosteal and synovial affections. Parts are always red, hot and swollen. Leading remedy for gout.

- **Dulcamara**: Rheumatism in damp, cold weather. 

- **Guaiacum officinale**: One of the excellent remedies for sciatica, tearing pains from lower back to thigh. Extreme stiffness.
Specific remedies for MSDs (affinity for joints and connective tissue) – Contd.

- **Kali carbonicum**: the lumbago remedy. Pains pulling, drawing, exhaustive. Weakness and prostration a concomitant with every symptom.
- **Ledum palustre**: pains, shooting, gouty, ascending. Excellent for ankle swelling following sprains.
- **Magnesium phosphoricum**: indicated in crampy, spasmodic pains of hands and fingers. Writers’ cramps and stiffness >> warmth and massage.
- **Natrum sulphuricum**: Hydrogenoid constitution. Rheumatic pain in damp weather, dramatic amelioration in dry, warm weather. Chronic effects after head injuries especially chronic neck pain and shoulder rheumatism.
Specific remedies for MSDs (affinity for joints and connective tissue)- Contd.

- **Rhododendron chrysanthum**: Violent rheumatic pains in limbs << rest and cold, wet weather. Affinity for periosteum. Warm hands and cold feet is the keynote.
- **Ruta graveolens**: useful remedy for injury to tendons, bursae, periosteum and cartilages. Exostosis. Excellent remedy for ganglion.
- **Sanguinaria canadensis**: Strong affinity for mucous membranes of the joints. Pain in places where skin covers the bones, shin, shoulder blade, elbow. << motion and touch >> rest.
Cases
A 48 year old pre-menopausal woman, presented in June 2017 with c/o episodes of shooting pain in lower extremities and sleeplessness.

- c/o of sharp, shooting pains in lower back and both lower extremities. Pain unbearable and patient describes it as “fireworks in my body”.
- Also c/o lameness and stiffness in lower extremities.
- Complaints started 3 years ago. Initially started with disturbed sleep and slight aches in lower extremities. Progressive worsening of intensity.
- Pains < night, < stress, < menses before
Past History

- K/C/O Thalassemia Minor
- K/H/O recurrent bronchitis until 10 years of age, managed with inhaled bronchodilators.
- Started symptoms related with menopause since 3 years namely hot flushes, mood swings and sleep disturbance.
- Suffered from a severe viral infection with high fever and sore throat and cough 2 years ago. Had to be treated with high antibiotics and decongestants.
- Following the above, she started having nonspecific aches and pains all over the body especially lower back and lower extremities, pains radiating from hips to toes.
- Pains are now worsening, not responding to routine analgesics.
Family History

- Mother is 78 years old, on anti-hypertensives, otherwise healthy.
- Father k/c/o hypertension, expired 2 years ago after massive cardiac arrest.
- 1 younger brother and sister, both healthy.
- Paternal grandmother died of renal complications of DM.
Desires sweets. Craving has increased for past 1 year.

Allergic to milk and wheat, causes rumbling in abdomen and loose motions.

Wants covering and hot bath through the year, thermally chilly.
Patient is the CEO of a multimedia company. Known as very efficient and performance driven boss. Strict and benevolent at the same time. Known for her quick thinking and high confidence.

Recently developed fear of air travel. Travels very often local and international. Gets very jittery when flight is taking off.

Has become moody, irritable and anxious. Avoids people and travel.
## Repertorisation of a Case of Fibromyalgia

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Treatment Given

Sepia officinalis 1M single dose
Follow Up – After 3 Months (Sept. 2017)

- In last 3 months patient reported reduced pain.
- The intensity of pain had reduced by 60%. The frequency of episodes of pain had reduced by 30%.
- Patient is able to sleep better.
- She reported that pain << before menses persists.
Follow Up – After 6 Months (Dec 2017)

- In last 3 months, pain has reduced in intensity by 90%.
- Now she feels more calm.
- Is gaining back her confidence and feels less anxious during air travel.
- The intensity of pain before menses has reduced. Patient sleeping better
Follow Up – After 6 Months (June 2017)

- In last 6 months, pain has reduced with respect to intensity and frequency both.
- Experiences pain during long hours of travel or stress. Occasionally pain << on exertion.
- She feels relaxed during flight. Anxiety has reduced remarkably.
- Sleep is sound and deep. Routine is not disturbed due to any complaints.
Sepia officinalis

- Sepia (cuttlefish) is a remedy suited for women with lax fibre in the climateric phase of life.
- Pains are rheumatic, drawing extending from the upper back to the lower back and lower extremities with lameness and stiffness.
- Pains always associated with irritability, apathy and indifference.
- Varicose veins is a prominent concomitant.
A Case of Ankylosing Spondylitis

- A 21 year old civil engineering student presented in March 2016 with c/o pain in both hips radiating to legs.
- Patient experienced pain in lower back radiating to right hip 10 months ago. Gradually both the lower extremities were affected.
- On investigations he tested positive for HLA-B27 and was diagnosed as case of Ankylosing Spondylitis.
- Patient C/O difficulty in sitting or standing for more than half an hour due to pain.
- He also c/o pain in right shoulder and in both metacarpo-phalangeal joints.
- Pain << in morning, after getting up from sleep and >> after movement.
- Pain is also accompanied by stiffness in lower back.
- Patient has been on TNF blockers, analgesics and antacids as advised by Rheumatologist since 6 months.
Past History

Koch’s – Right Hip Joint in 2011, took AKT for 1 year

Typhoid in 2014

Early 2015 – Malaria Falciparum

Sept. 2015 – Ankylosing Spondylitis
Family History

- Patient stays with his parents and elder brother.
- Patient’s father is a bus conductor for state transport while his mother is a homemaker.
- Father is 53 years old and also under conventional treatment for ankylosing spondylitis since last few years. Mother is 46 years old and healthy.
- Elder brother is 24 years old, healthy and works as a pharmacist.
Personal History

- Desires spicy
- Requires covering throughout the year. Prefers warm water for bathing throughout the year. Does not like AC. Thermally – chilly
- Sweating is moderate and mostly in groins.
Mind

- Despite the lower financial conditions of the family, patient never gave up on his dream of becoming a civil engineer. He worked hard to pursue it and got a scholarship for the same.
- He feels bad about missing his studies and site visits due to his ill-health.
- He does not express his feelings much, especially when angry likes to keep to himself, does not interact with anyone and denies food too.
- Loves music, especially soft devotional songs, makes him feel better.
## Repertorisation of a Case of Ankylosing Spondylitis

<table>
<thead>
<tr>
<th>Remedy</th>
<th>Aur</th>
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<th>Lyc</th>
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Treatment Given

- *Aurum metallicum 30*, 3 doses on 3 consecutive days.
Follow up – After 3 months (June 2016)

- Patient noted marked reduction in pain especially that in shoulder and both metacarpo-phalangeal joints.
- Pain has reduced in lumbar region too.
- Patient is now able to sit for almost 2 hours without severe pain while he can stand for around 45 mins without pain.
- Patient’s attendance in college has improved slightly. Still unable to visit construction sites.
- Stiffness has reduced slightly.
Follow up – After 6 months (Sept. 2016)

- Patient had exams in between.
- Sitting for long hours for studying caused 2 episodes of severe pain and stiffness – “flares”.
- Arnica 30 4 pills 3 times a day for 1 week was prescribed during both the episodes.
- Patient was also asked to report every alternate day during that period.
- Overall, patient is feeling better. He says he feels calmer and better as he was able to appear and clear his exams.
Since last 2 months, patient has not reported any improvement further in his pain and stiffness.

He also informed that he still feels angry.

Aurum metallicum was repeated as a single dose in 1M potency.

After the last prescription, within 2 weeks, the pain in both metacarpo-phalangeal joints progressively better.

The pain in lumbar region and lower extremities has also reduced.

Patient is calmer and carrying his routine very well, can make site visits too.

The use of analgesics has tapered substantially over 1 year.

Patient continues to be on Sac Lac.
Aurum metallicum (metallic gold) is a very deep acting remedy with strong affinity for blood, glands and bones.

Indicated in chronic pathological conditions like pott’s spine (T.B.), osteomyelitis, bone cancers, chronic inflammatory and autoimmune conditions like MS, SLE and Ankylosing Spondylitis.

On the mental level, hopelessness, depression are hallmark symptoms. Aurum met. when given at the right time can reverse the state of hopelessness, relieve the patient of his symptoms and take him to heights of creativity as observed in this case.
A Case of OA-knee

- A 68 years old woman, widow came to clinic in Jan 2016 with complaints of pain in both knee joints.
- Pain started 6 years back in left knee and then progressed very slowly. It increased since last few months and now both knees are painful and oedematous.
- Pain is << walking << lying down << night and >> after cold application and rest.
- She is osteopenic and has been on Calcium supplements, analgesics & NSAIDs. Discontinued the treatment as she developed gastric intolerance.
- She also tried magnet therapy, acupuncture without relief.
Past History

- Menopause 15 years back
- k/c/o Hypothyroidism—under treatment since last 14 years
- Hypertension under treatment since 8 years
Family History

- Patient’s husband expired 10 years back due to cardiac arrest.
- Patient has three daughters, all are healthy.
- Patient’s father was hypertensive and expired due to cardiac arrest 15 years back.
- Her mother was a k/c/o uncontrolled DM and died of Ischaemic stroke 18 years back.
Patient requires AC or Fan throughout year. Prefers winter. Thermally Hot

Sleep disturbed sometimes due to thoughts and worry about her health and daughter.

Recurrent frightful dreams.
Patient retired as government officer 8 years back.

Her husband passed away 10 years back due to cardiac arrest. Since then patient is staying with her unmarried elder daughter. The other two daughters are married.

Patient worries about her unmarried daughter. Tension causes disturbance in sleep.
Mind

- Patient prays every day. Also visits a temple every day. Religious 3+
- Patient is very sensitive to noise +.
- Says She cannot bear too many people.
- Anger easy, especially irritable over trifles or if there is untidiness.
Evolution of Case

Homoeopathic remedy

Mother’s death - Increased Cares and worries and responsibility

Father’s death - Sudden Shock & depression

Patient going through Menopause - developed Hypothyroidism

Husband’s death - Uprooting from home

Anxiety and tension - Developed HTN

OA-knees

Patient independent, content, happy
## Repertorisation of a Case of Osteoarthritis

<table>
<thead>
<tr>
<th>Remedy</th>
<th>Ars</th>
<th>Lach</th>
<th>Nat-m</th>
<th>Puls</th>
<th>Lyc</th>
<th>Sulph</th>
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<th>Bell</th>
<th>Calc</th>
<th>Rhus-t</th>
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<td>[Murphy ] [Generals] Sides, of body, general: Left, side:</td>
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</table>
Treatment Given

- Lachesis mutus 30 was prescribed as a single dose.
Follow Up – After 3 months (April 2016)

- Patient reported with reduced oedema over both knees.
- Improvement in walking and overall activity
- Pain in both knees reduced by more than 50%.
Follow Up – After 6 months (July 2016)

- Patient is doing well.
- No oedema since last 1 month.
- Pain has reduced in both the knees by 80%.
- Can walk for 1 hour without pain.
- Sleep is better.
- Daughter reported less episodes of irritability.
Follow Up – After 1 year (Jan. 2017)

- No oedema since last 7 months.
- Pain is almost nil. Can walk for long hours.
- Sleep has improved a lot.
- Overall, patient is feeling better. Irritability has reduced notably.
- Now, can handle worries or stress about her daughter well.
- Patient attended and enjoyed a family gathering after a long time.
Lachesis (bushmaster snake) is a chronic remedy. Deep acting pathological states with strong haemorrhagic tendency, septicemia, purpura, paralysis and degeneration.

Mental symptoms and modalities of Lachesis should be the guiding features in prescribing. Loquacity, suspiciousness, religious mania are invariably present in varying degree.

Worse after sleep, left-sided affections << pressure especially around the neck and >> by appearance of discharges

Our patient, had suppressed anger and emotions which led to her mental state and physical ailments. Lachesis covered the case in totality.
A 34 years old male, executive head of marketing in a private firm, presented in August 2015 with pain in neck region since 3 years.

Pain at nape of the neck with stiffness and tingling and numbness in both upper extremities.

Pain << cold weather, << physical exertion.

Has been taking NSAIDs for one year without significant relief.
Past history

- Recurrent episodes of rhinitis and coryza followed by sinusitis since early childhood.
- Coryza <= cold weather, change of weather.
- Patient was diagnosed with Deviated Nasal Septum and underwent endoplastic septoplasty surgery in 2009 for the same.
- No relief from upper respiratory episodes even after surgery.
- No significant family history
Family history

- Father is 62 years old and suffers from Diabetes Mellitus.
- Mother is 59 years old, healthy
- Paternal aunt passed away due to cancer
- One brother, 31 years old and one younger sister, 29 years old, both are healthy.
- Wife is 33 years old and healthy.
- Patient has 7 years old daughter healthy
Personal history

- Desires eggs, sweets
- Heavy Smoker for more than 7 years.
- Requires hot water for bathing. Needs covers while sleeping throughout the year. Thermally chilly.
Patient had inter-state love marriage. Patient is originally from Tamil Nadu while his wife hails from Rajasthan.

Cultural differences led to many disputes in marriage.

This causes lots of stress to patient. Patient has become irritable about trifles.
Due to the family stress patient is not able to concentrate on his work.
This causes anxiety and restlessness with coldness in body.
Patient also worries a lot about his health. Says even after surgery his complaint of coryza did not improve. And now he also suffers from neck pain. Gets anxious when neck pain starts as it further affects his work and routine.
# Repertorisation of a Case of Cervical Spondylosis

<table>
<thead>
<tr>
<th>Remedy</th>
<th>Calc</th>
<th>Puls</th>
<th>Ars</th>
<th>Lyc</th>
<th>Bry</th>
<th>Calc-p</th>
<th>Nit-ac</th>
<th>Nux-v</th>
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</tbody>
</table>
Treatment Given

- Calc carb 30, 3 doses on 3 consecutive days.
Follow up- After 1 month (Sept. 2015)

- Pain and stiffness at nape of neck decreased remarkably.
- Tingling and numbness reduced by 50%
- Had superficial episode of cold but did not lead to sinusitis.
Had one episode of acute pain and stiffness following physical exertion at work.

Pain << by slightest movement of neck >> by rest 3+, >> hot fomentation.

Bryonia 30 4 pills 3 times a day for 3 days was prescribed.

Patient much better by the above.
Follow up- After 6 months (Feb. 2016)

- Pain and stiffness at nape of neck reduced significantly.
- His Anxiety reduced remarkably.
- His recurrent episodes of rhinitis have decreased considerably.
Calcarea carbonicum

- Calcarea carbonicum special affinity for glands, skin and bones.
- Chilly, overweight individuals with low bone health, chronic deficiency of calcium and low vitality.
- Profuse perspiration scrofulous tendency and taking cold easily are some of the important characteristics.
- Rheumatic pains from exposure to cold damp weather, needs covering << slightest exertion.
- This case of cervical spondylosis had the important characteristic symptoms of Calcarea.
A 32 years old male automobile engineer visited the clinic in July 2018 with c/o pain in neck, located in cervical region extending from occiput to shoulders.

Pain started gradually a year ago, persisting since 6 months.

Pain pulling << sitting for long hours+, >> by rest.

He also complains of tingling and numbness in both upper extremities.
Past and Family History

- K/C/O Hypothyroidism since 10 years, on Thyroxin 150 mcg 1OD.
- Mother has h/o cervical spondylosis and arthritis
- Sister is k/c/o hypothyroidism.
Personal History

- Patient works in maintenance department for 5 years. Irregular work hours with night shifts.
- Patient suffers from recurrent episodes of heartburn from acidity since then.
- Heartburn << by slightest spicy food+.
- c/o irregular bowel movement causing abdominal bloating and fullness.
- Habits: heavy alcohol drinker. Drinks almost everyday. 3-4 drinks everyday.
MIND

- Patient is basically mild, calm and timid by nature. Has become short tempered and irritable recently. Irritable over trifles. Irritability << pain during.
- Doesn’t mix easily with others. Very few friends.
- Sensitive to noise, crowds and commotion
### Repertorisation of a case of Cervical Spondylosis

<table>
<thead>
<tr>
<th>Remedy</th>
<th>Nux-v</th>
<th>Sulph</th>
<th>Phos</th>
<th>Bry</th>
<th>Ars</th>
<th>Puls</th>
<th>Bell</th>
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<th>Cocc</th>
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<td>Symptoms Covered</td>
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</table>
Treatment Given

- Nux Vomica 30C was prescribed as a single dose.
Follow Up – After 1 month (Aug. 2018)

- Patient reports that he is sleeping better and feels calmer.
- Episodes of pain are SQ, intensity >>.
- His bowels are more regular now and the abdominal bloating is gone.
- Feels more energetic.
- Patient advised to come after 4 weeks, kept on SL.
Patient has been generally better.
Had 2 episodes of acute cervical pain, taken acetaminophen.
Given Nux Vomica 1M, single dose as indications were same, only potency needed to be enhanced.
Follow Up – After 6 months (Jan 2019)

- Patient reported telephonically of his progress.
- Doing much better. No complaint of pain or discomfort in the neck area. Has not needed to take a painkiller for 4 months now.
- No medication, kept under observation.
Nux Vomica

- Nux vomica one of the best polychrest remedies of our Materia medica and when indicated can help several clinical conditions.
- In MSDs, it is an excellent anti-spasmodic, anti-inflammatory indicated in conditions resulting from modern stress. Alcoholism, irregular lifestyle, over-ambition leading to insomnia, digestive disturbances and mental irritability are the sure fire indications for Nux vomica.
1. Create a well defined role for Homoeopathy in management of Musculo-Skeletal Disorders by understanding its purview and limitations.

2. Patients prone to and suffering from stage 1 MSDs could be managed with homeopathy alone, if given at the outset.

3. Conventional medical practitioners to be educated and informed about the advantage of homeopathic remedies over conventional analgesics, muscle relaxants and anti-inflammatory drugs, in terms of safety, palatability, better long term symptom relief and cost.
“The Correct Homoeopathic Remedy Does Not Just Remove Symptoms; It Removes Illness From Mind, Body And Consciousness”

– Dr. Sujata Naik
Thank you!
References

References (Contd.)