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HOMOEOPATHIC MANAGEMENT OF AN ACUTE CASE OF CERVICAL SPONDYLOSIS: A CASE REPORT

R. B. Kulkarni¹, P. S. Aphale^{*1} and D. B. Sharma²

Department of Homoeopathic Pharmacy¹, Department of Forensic Medicine and Toxicology², Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune - 411018, Maharashtra, India.

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Correspondence to Author:

Dr. P. S. Aphale

Professor & HOD,
Department of Homoeopathic Pharmacy,
Dr. D.Y. Patil Homoeopathic Medical College
& Research Centre, Dr. D.Y. Patil Vidyapeeth
(Deemed to be University), Pimpri, Pune -
411018, Maharashtra, India.

E-mail: parth.aphale@dpu.edu.in

ABSTRACT: Introduction: Cervical spondylosis is a degenerative spine disorder commonly affecting the vertebrae and intervertebral discs in the cervical region. Most people commonly present with the complaint of neck pain at least once in their lifetime. It is, therefore, important to ascertain the cause responsible for it. Homoeopathy has a great scope in relieving the pain caused due to spondylosis, thereby preventing the further progress of the disease pathology caused by this disorder. This case was undertaken to assess the efficacy of homoeopathic medicine for managing cervical spondylosis. **Case Summary:** A 58 years old female complained of neck pain, tingling and numbness with burning over right upper limb for the past 15-20 days. She also complained of headache on and off. No history of vertigo, giddiness was noted. No history of any other major illness was found during the interview. On detailed analysis and repertorization of the case, the homoeopathic medicine *Rhus toxicodendron* was given. This case was successfully treated with the selected homoeopathic medicine and auxiliary measures, and further complications were prevented. Further studies can be undertaken to assess homeopathy's effectiveness in managing cervical spondylosis.

INTRODUCTION: Cervical Spondylosis, also called as arthritis of the neck, is a degenerative disorder of the cervical spine commonly occurring due to the collapse of the intervertebral disc space¹. Degenerative changes can occur at solitary disc space levels in 15-40% of patients and at multiple levels in 60-85%. The discs between C3-C7 vertebrae are most commonly affected. There can be compression of the nerve roots; which can cause severe neck pain, upper limb pain and motor disturbances along the course of the affected nerve^{2,3}.

In 10% of individuals, spondylosis occurs due to congenital bone anomalies, blocked vertebrae, and malformed laminae. Other causes are aging and those involved in heavy physical activity like lifting weights, any past spinal surgery, severe arthritis, and ruptured or slipped disc^{4,5}.

The most common presenting complaint is neck pain. Neck pain presents as a major disability and hampers the patients' quality of life. They appear stressed and face problems in one or more sectors of life *i.e.* personal, family, work. There appears to be some role of stress and maladaptive behavior in the genesis, maintenance and progression of cervical spondylosis. Other symptoms are neck stiffness that gets worse over time, numbness or abnormal sensations in the shoulders, arms, or legs (in rare cases), headache, especially in the back of the head^{6,7}.

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Less common symptoms are loss of balance and control over the bladder or bowel if there is pressure over the spinal cord. The conservational line of treatment consists of spinal injections or use of traction for alleviating the pain caused by the pressure of the compressed vertebrae^{8, 9}. Homoeopathic science is based on the principle of symptom similarity and individualization. Homoeopathic medicines help in preventing further progression of the disease pathology. The medicine is prescribed after detailed analysis and evaluation of the case. Previous studies have assessed homeopathic medicines' role in cervical spondylosis¹⁰. The main aim in this case was to alleviate pain caused by the compressed vertebrae and avoid the disease from progressing further; thereby improving the patient's quality of life.

Case Presentation: A 58 years old menopausal female presented complaints of neck pain and tingling and numbness of the left hand for the past 1 month. Pain gradually increased in intensity over the last month when she did some heavy furniture shifting work. Pain was lightening-like and better by warmth and worse while sitting and in cold weather. She also complained of stiffness and numbness over the affected part. There was no history of trauma, fall or accident. No history of any other major illness noted. No history of any major surgeries in the past. Patient was thirsty and thermally chilly. There was no change in bowel or bladder habits of the patient. She was highly anxious. She was very fastidious in nature and constantly felt the need to be doing something. Local examination of the neck revealed no bony

contours, deformities, and palpation showed no change in the temperature of the skin at the cervical region. There was severe pain present on extension of the neck. (Lhermitte's sign positive) CNS examination did not show any change in power of both upper limbs. No muscle wasting or weakness over the affected upper limb. On examination, the patient's blood pressure was 130/80 mm of Hg and the pulse rate was 88 beats per minute. To confirm the diagnosis patient was advised to perform X-ray cervical spine (Antero-posterior and Lateral view). **Fig. 1** shows the X-ray of the cervical spine (antero-posterior and lateral view) showing the presence of degenerative changes in the form of anterior & posterior osteophytes with slightly reduced intervertebral disc space at C5-C6, C6-C7 vertebrae, suggestive of changes of cervical spondylosis.

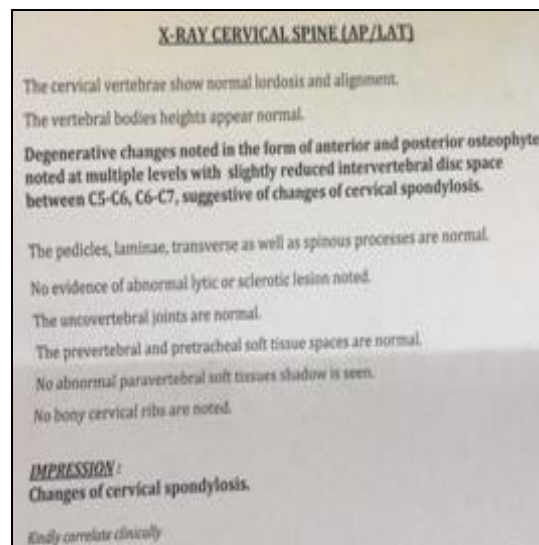


FIG. 1: X-RAY CERVICAL SPINE (AP AND LATERAL VIEW)

Analysis of Case: The totality of symptoms was formed after detailed case analysis and evaluation. Repertorization was done by using RADAR software. Fig. 2 shows the repertorization sheet along with the close-coming group of remedies.

The final remedy was selected, which had the highest marks in the repertory sheet and covered all the patient's symptoms. *Rhus toxicodendron* 200 three times a day for 7 days was prescribed.

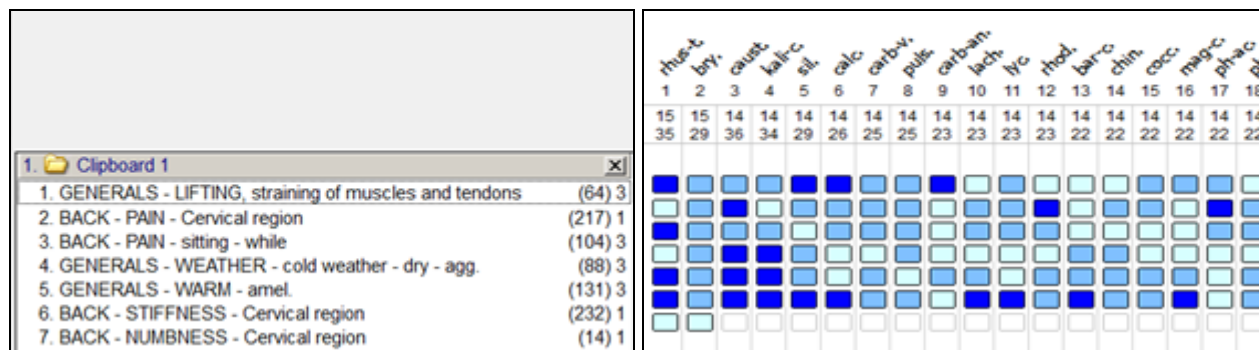


FIG. 2: REPERTORIZATION SHEET

Intervention: Medicine was given to patient on the basis of the presenting totality and given orally in the form of pills. Potency and repetition of dose was decided based on individualization. Medicine

from the sealed bottle from the same batch and from a G. M. P (Good Manufacturing Practice) certified standard pharmacy was administered orally.

Follow-up:

Date	Assessment	Prescription
4/3/2022	Neck pain <cold, sitting, Neck pain >warmth, Stiffness and numbness, Unable to perform daily activities.	<i>Rhus Toxicodendron</i> 200 tds for 15 days
5/3/2022	Cervical X-ray (Figure.1) confirmed the presence of spondylosis changes at C5-C6, C6-C7 vertebrae	Continue <i>Rhus Toxicodendron</i> 200, Soft Cervical collar for neck support
15/3/2022	Pain better by 50%, Can carry out daily chores. Restlessness noted	Yoga exercises for neck strengthening. Pranayama daily morning.
30/3/2022	Pain reduced considerably. No stiffness.	Continue with neck exercises for relaxation

RESULT AND DISCUSSION: 58 A old female patient who presented with neck pain and tingling numbness over their left hand witnessed relief after taking *Rhus toxicodendron* 200. After a detailed

interview, a totality was formed, and repertorization was done. Close coming group of remedies was compared, and *Rhus toxicodendron* was selected based on the action of the medicine.

<i>Rhus Toxicodendron</i>	<i>Bryonia Alba</i>	<i>Causticum</i>
It affects mainly the musculoskeletal system leading to rheumatic pain due to straining of the affected part. Numbness over the affected part is seen <cold weather >warmth.	This drug affects the serous membranes over the joints in the body. Joints appear red, are painful to touch with swelling. <warmth, heat, motion;>pressure, rest	This drug has arthritic and paralytic affections with pains of affected part. Weakness which progresses to paralysis. < cold air >damp, wet weather, warmth

As cervical spondylosis is a degenerative disease and irreversible pathological changes take place at the level of the vertebrae, the strength of our medicines lies in their property to abort the further progression of the disease pathology & arrest the growth of osteophytes at the stage where they are identified. Patient was diagnosed with osteophytic changes at the C5-C6 and C6-C7 levels. There was no restriction of movements noted. Patient had been advised to use a soft cervical collar (medium

size) for neck support to prevent the impact of any sudden movements & jerks on the cervical vertebrae. The patient had anxiety due to neck pain, so she was advised to practice pranayama daily. Case was assessed with the help of Copenhagen neck function disability test during the follow-up. The Copenhagen Neck Functional Disability Scale was used to assess the treatment outcome. It consists of 15 questions. These questions are individually answered by either ‘YES’,

‘OCCASIONALLY’ or ‘NO’. For questions 1-5, a ‘YES’ indicates a score of 0, ‘NO’ indicates a score of 2. For questions 6-15, a ‘NO’ indicates a score of 0 and ‘YES’ indicates a score of 2, the answer ‘OCCASIONALLY’ always receives a score of 1. **Fig. 3** shows the Copenhagen neck function

disability scale score, which was 9 before starting the treatment and after taking the medicine the score was 1 **Fig. 4**. This shows that the line of treatment which was followed was correct and the patient was feeling better with the prescribed medicine.

Copenhagen Neck Disability Scale

	Yes	Occasionally	No
1. Can you sleep at night without neck pain interfering?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can you manage daily activities without neck pain reducing activity levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Can you manage daily activities without help from others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Can you manage putting on your clothes in the morning without taking more time than usual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you bend over the washing basin in order to brush your teeth without getting neck pain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you spend more time than usual at home because of neck pain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you prevented from lifting objects weighing from 2-4kg due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you reduced your reading activity due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you been bothered by headaches during the time that you have had neck pain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel that your ability to concentrate is reduced due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Are you prevented from participating in your usual leisure time activities due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Do you remain in bed longer than usual due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Do you feel that neck pain has influenced your emotional relationship with your nearest family?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Have you had to give up social contact with other people during the past two weeks due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Do you feel that neck pain will influence your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIG. 3: (BEFORE TREATMENT)

Copenhagen Neck Disability Scale

	Yes	Occasionally	No
1. Can you sleep at night without neck pain interfering?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you manage daily activities without neck pain reducing activity levels?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Can you manage daily activities without help from others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you manage putting on your clothes in the morning without taking more time than usual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you bend over the washing basin in order to brush your teeth without getting neck pain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you spend more time than usual at home because of neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are you prevented from lifting objects weighing from 2-4kg due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you reduced your reading activity due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you been bothered by headaches during the time that you have had neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Do you feel that your ability to concentrate is reduced due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Are you prevented from participating in your usual leisure time activities due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Do you remain in bed longer than usual due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Do you feel that neck pain has influenced your emotional relationship with your nearest family?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Have you had to give up social contact with other people during the past two weeks due to neck pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Do you feel that neck pain will influence your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIG. 4: (AFTER TREATMENT)

Outcome was also assessed with the help of Modified Naranjo criteria as follows ¹¹:

TABLE 1: MODIFIED NARANJO CRITERIA ¹¹

Domains	Yes	No	Not sure or N/A	Score for successfully treated case	Justification
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2	Pain& numbness was the main complaint which were ameliorated after medication
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1	Yes, within a week there was improvement seen.
Was there an initial aggravation of symptoms?	+1	0	0	0	Not observed
Did the effect encompass more than the main symptoms or (i.e., where other symptoms ultimately improved or changed)?	+1	0	0	+1	Accompanying symptom like anxiety was reduced after the treatment
Did overall well-being improve (suggest using validated scale)	+1	0	0	+1	Overall wellbeing improvement was excellent.
A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0	Not observed
B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual -form the top downwards?	+1	0	0	0	Not observed
Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the	+1	0	0	0	Not observed

course of improvement?					
Are there alternate causes (i.e., other than the medicine) that-with a high probability could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	+1	No, as patient was only taking homoeopathic medicines
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0	+2	The Copenhagen neck function disability test showed a considerable difference in the before and after treatment scores
Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1	Yes, clinical improvement was observed through the reduction in the intensity of the symptoms

CONCLUSION: Cervical spondylosis is a condition that hampers patients' overall quality of life due to pain and disability. The patient initially had severe neck pain that interfered with her capacity to perform daily activities and sleep disturbance at night. After taking the medicine, the patient could perform her day to day activities without difficulty, and her sleep improved. Homoeopathic medicines, when prescribed on the principles of individualization, help improve patients' overall well-being.

Though cervical spondylosis is a degenerative disease, our medicine i.e. *Rhus toxicodendron* was selected; as the main sphere of action is on the musculoskeletal system leading to rheumatic pain from straining of the affected part. Pain typically is aggravated by cold weather and ameliorated by warmth. The Copenhagen neck function disability score before and after treatment also differed. The case was also assessed as per the Modified Naranjo criteria¹¹ **Table 1** for Homoeopathy, and the total score was 9.

This suggests a causal relationship between the case and homoeopathic medicine prescribed. Thus, we can conclude that the homoeopathic medicine *Rhus toxicodendron* 200 and the use of a soft cervical collar for neck support and pranayama helped achieve results. Thus, we can conclude that, when the case presents to us at an early stage of cervical spondylosis our medicine; when selected on the basis of symptom similarity can help to abort the further progress of the disease pathology & prevent further complications.

Informed Consent: 'Written Informed Consent' was taken from the patient, and they agreed to

undergo the treatment under the treating Homoeopathic doctor. Also, Consent was taken to publish pictures and data in journals.

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