CLINICAL STUDY OF PAIN MANAGEMENT OF CERVICAL SPONDYLOSIS USING HOMOEOPATHIC MEDICINE AND HOMOEOPATHIC MEDICINE ALONG WITH PHYSIOTHERAPY: A COMPARISON

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ABSTRACT

Cervical spondylosis is the most common degenerative disease in present era due to life style modifications. Exacerbation of neck pain and stiffness are the most common symptoms seen in 40-50% of all adults and above the age of 45 years frequency of symptoms will be increased. As age progresses intensity and frequency of pain will be unmanageable. So, it is necessary to find out the best possible way to manage pain in the cervical spondylosis. This clinical study is aimed at finding out the best possible way to manage pain in cervical spondylosis and to find out administration of Homoeopathic medicine alone can manage the pain in cervical spondylosis, in age group in between 40 years to 60 years and also to find out the commonly used homoeopathic medicines in acute exacerbation of cervical spondylosis. I have taken 60 cases for the study and the cases were followed for one month in Sarada Krishna Homoeopathic Medical Collegiate Hospital, Kanniyakumari. Effectiveness of the treatment is determined by comparing the before and after treatment with Vas scoring, were statistically analyzed by using paired t test and comparison of effectiveness was done by chi-square test. The chi-square statistic is 33.84. The table value of chi-square at 5% level for df =3 is 2.366. The value obtained by chi-square was higher than table value. Hence, the test was found significant in proving that there is difference in the improvement in the groups undergone physiotherapy along with homoeopathic treatment. The p-value is < 0.00001, it shows the result is significant at 95% level.

KEYWORDS: Cervical spondylosis, Chi-square test, Homoeopathy, Physiotherapy,

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INTRODUCTION

Cervical spondylosis can be defined as degenerative disease of the cervical spine which is causing narrowing of the spinal canal and neural foramina, causing compression of the spinal cord and nerve roots, respectively. (1) Acute neck pain and stiffness of occur in 40 – 50 % of all adults who is having cervical spondylosis, with an increasing incidence in those over the age of 45 years (2). According to ICD-10 classification of WHO, Cervical spondylosis is listed under code, M47. The root compression syndrome mainly involves sixth and seventh cervical roots. Cervical spondylosis has to be suspected in all cases presenting with cervical cord or root symptoms above the age of 40 years. (3) Nerve root compression causes Cervical radiculopathy and Cervical myelopathy. It can cause disc prolapse as complication, in severe cases patient can come with vertigo and weakness of upper limbs (4) Other complications are – paraplegia, tetraplegia, recurrent chest infection (5) 

Clinical study of 21 patients who was having cervical spondylosis, attended Govt. Homoeopathic Medical College, Calicut OPD from June 2004 – to Sept 2005 were taken for the study by Dr.Smitha Madhav (6). Maximum age groups were affected was between 31 - 40 years. In this study the efficacy of homoeopathic medicine in cervical spondylosis presenting with radiculopathy was analysed. Assessment of the effect was calculated on the changes in score noted before and after treatment using the cervical radiculopathy assessment tool. so, this study provides evidence to conclude that homoeopathic medicines are effective in managing pain in cervical spondylosis. In a previous study conducted by the Central Council for Research in Homoeopathy (CCRH) from June 2009 to June 2010, (7) the effectiveness of homoeopathic fifty millesimal (LM)-versus-centesimal (CM) potencies in decreasing pain due to cervical spondylosis was analysed. LM potencies were found better than CM potencies for pain management of cervical spondylosis (7). Treatment with Individualised homoeopathic medicines have best results in relieving neck pain in cervical spondylosis patients. Another study, bowel nosodes were used on the basis of corresponding microorganism which is found in stool culture, also shows its usefulness in relieving symptoms of cervical spondylosis. (8) 

A clinical study which was done previously to analyse the effectiveness of karpasasthya taila nasya, physiotherapy and a combination of both in cervical spondylosis. After the study it shows that all the three groups have been improved significantly in reducing the signs and symptoms of cervical spondylosis. After statistical analysis it shows that Nasya along with Physiotherapy is highly effective than either Nasya or Physiotherapy alone in
managing the signs and symptoms of cervical spondylosis (9). This study proves the effectiveness of physiotherapy in cervical spondylosis.

MATERIALS AND METHODS

Sixty case samples of cervical spondylosis were taken from the Out Patient Department, In Patient Department and peripheral centres of Sarada Krishna Homoeopathic Medical College Hospita. Sample Size – Two groups (Homoeopathic medicine alone and homoeopathic medicine with physiotherapy), each group with 30 cases was taken. Random sampling technique and two group experimental design was used in the study.

Radiologically diagnosed 60 cases of cervical spondylosis were selected for the study as per inclusion criteria. The patients were categorized into 2 groups randomly, Group I – Indicated homoeopathic medicines in different potencies were administered for 30 patients. Group II- Indicated Homoeopathic medicine along with physiotherapy was administered for another 30 patients. The data was collected by random sampling technique as per the inclusion criteria and processed in a standardized case record format.

The cases were analysed and totality was derived. Medicines were prescribed depending upon the totality of each case. Only in 30 samples (Group II) physiotherapy were administered and in most of the cases traction was given. From both sex, patients of age group 40 years to 65 years were taken for the study. Patients suffering from other severe systemic diseases and pregnant women were excluded from the studies.

The potency selection and repetition of the dose was done according to the progression of the case. Physiotherapy was given every day for two weeks along with the medication. Follow up of pain assessment was taken at every 7th day to know the progression of the pain.

During the follow up assessment of pain was done according to the VAS scale scoring, in which the intensity of the pain before and after treatment and time taken for pain reduction was assessed.

Effectiveness of the treatment in acute exacerbation of pain in cervical spondylosis was assessed on the basis of the reduction in the pain severity or disappearance of the pain during the follow ups. The cases were followed for a period of 14 days to assess efficacy of each method of management, before treatment score was compared with after treatment score.
and chi-square test was applied for the comparison between treatment with homoeopathic medicine and homoeopathic medicine along with physiotherapy as management and observations were made and final results were plotted.

RESULTS AND DISCUSSION

From the 60 cervical spondylosis cases, totality was formed for all the cases and analysis was done, depending upon the symptoms each case was prescribed with indicated remedy. Most of the cases shown the symptoms of Rhus tox and Bryonia (Fig 1)

![Fig 1. Case distribution according to the remedy given](image)

From the 60 cases taken, 21(35%) patients were given R hustox, Nux vomica was given for 7(11.65%) patients. Bryonia was given for (20%) patients. Calcarea carb was prescribed for 6 (10%) patients. Natrum mur was given for 6(10%) patients. Conium mac was given for 1(1.6%) patient. Pulsatilla was prescribed for 2 patients (3.3%).2 patients (3.3%) were given the remedy Sulphur. Baryta carb was given to one patient, Lycopodium was given to 2 patients. Most prescribed remedy was R hustox.

Vas Scoring of Pain After Taking Homoeopathic Medication

Visual analogue scale was used to record intensity of pain after giving the indicated Homoeopathic medicine. The data obtained were tabulated in Table 1.
Table 1. Group I (Vas scoring of patients who received only Homoeopathic medicine)

<table>
<thead>
<tr>
<th>Improvement</th>
<th>No of Patient</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Improvement</td>
<td>1</td>
<td>3.33%</td>
</tr>
<tr>
<td>Mild</td>
<td>16</td>
<td>53.33%</td>
</tr>
<tr>
<td>Moderate</td>
<td>12</td>
<td>40%</td>
</tr>
<tr>
<td>Marked</td>
<td>1</td>
<td>3.33%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

According to the improvement of the pain in cervical spondylosis, the study population is categorised under the headings no improvement (0%), mild improvement (1-33%), moderate improvement (34%-66%), and marked improvement (67%-100%). It’s observed in the study that, group I study population showed no improvement in one case, 16 patients (53.33%) showed mild improvement, 12 patients (40%) showed moderate improvement, one case (3.33%) showed marked improvement.

**Vas scoring of pain after taking homoeopathic medication and physiotherapy**

Table 2. Group II (vas scoring of patients who received Homoeopathic medicine and physiotherapy)

<table>
<thead>
<tr>
<th>Improvement</th>
<th>No of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Improvement</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Mild</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Moderate</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Marked</td>
<td>21</td>
<td>70%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Study of group 2 population showed that 3 patients (10%) out of 30, showed no improvement or aggravation of the pain. Three patients (10%) showed mild improvement, 3 patients (10%) showed moderate improvement and 21 patients (70%) out of 30 cases showed marked improvement and tabulated in Table 2.

**Comparison of Group I and II**
For easy understanding of data, a comparison has been made between the vas scoring obtained from the patients who received only Homoeopathic medicine and the patients who received Homoeopathic medicine along with physiotherapy. It’s tabulated in Table 3.

Table 3. Comparison between Group I and Group II

<table>
<thead>
<tr>
<th>Group I (Only Homoeopathy)</th>
<th>Group II (Homoeopathy with Physiotherapy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of improvement</td>
<td>No of patients improved</td>
</tr>
<tr>
<td>0% -20%</td>
<td>3</td>
</tr>
<tr>
<td>21% -40%</td>
<td>18</td>
</tr>
<tr>
<td>41% -60%</td>
<td>8</td>
</tr>
<tr>
<td>61% -80%</td>
<td>1</td>
</tr>
<tr>
<td>81% -100%</td>
<td>0</td>
</tr>
</tbody>
</table>

Compare both the groups with the patients who received indicated homoeopathic medicine along with physiotherapy was showed better outcome (Fig 2).

Fig 2. Comparison of Group I and Group II

For more clarity and comparison of the data, I have divided the patients according to the percentage of improvement at 14th day of treatment, following observations have obtained from the study group I (patients with homoeopathic medicine only), 0-20% improvement of
pain in cervical spondylosis was observed in 3 patients. The 21-40% improvement was seen in 18 patients, 41-60% improvement of pain observed in 8 patients, 61-80% improvement was seen in 1 patient and improvement above 80% was nil.

In group II (patient treated with homoeopathic medicine along with physiotherapy) after 14th day of treatment the outcome shows that, 0-20% improvement in pain observed in 4 patients, 21-40% improvement in 2 patients, 41-60% improvement in 2 patients, 61-80% improvement was seen in 14 patients and above 80% improvement was nil.

From the 30 cases where only homoeopathic remedy was administered, at the end of 14th day 1 (3.33%) patients showed marked improvement; 12 (40%) had moderate improvement and 16 (53.33%) had mild improvement. Among 30 cases, where homoeopathic remedy along with physiotherapy was administered, 21 (70%) patients showed marked improvement; 3 (10%) had moderate improvement and 3 (10%) had mild improvement. In statistical analysis the p-value was < 0.00001, proving the result is significant at 95% level. Proves that even though Homoeopathic medicine alone is able to manage pain in cervical spondylosis, Homoeopathic medicine along with physiotherapy was better choice for effective and faster improvement of pain in cervical spondylosis.

CONCLUSION

This study on pain management of cervical spondylosis with Homoeopathic medicine and Homoeopathic medicine with physiotherapy was conducted to know about the effectiveness of both management and to know about the best management for acute exacerbation of pain in cervical spondylosis. The following conclusions were drawn from the study of 60 case sample.

The medicines which are found to be more effective include Rhus tox(9), Bryonia and Nuxvomica (10) (Fig 1). From this result we can conclude that Homoeopathic medicines can manage the acute exacerbation of pain in cervical spondylosis. The results of the study shows that the group managed with homoeopathic medicine along with physiotherapy showed marked and fast improvement than with homoeopathic medicine alone (Table 3). So, the best treatment for pain management of cervical spondylosis is indicated homoeopathic medicine along with physiotherapy.

In this study, from the 30 patients treated with Homoeopathy along with physiotherapy, 3 patients got aggravation after physiotherapy. From these 2 cases were given
Bryonia and one case was given Rhustox along with physiotherapy. It shows that management with physiotherapy has to be selective according to the physical and mental sensitivity of the individual. In highly sensitive individual homoeopathic management alone is sufficient to manage the pain.

REFERENCES