



International Journal of Alternative and Complementary Medicine

Research Article

EFFICACY OF HOMOEOPATHIC MEDICINES IN CHRONIC LOW BACK PAIN: A CLINICAL STUDY

Siva Rami Reddy E¹, Basavaraj S Adi ^{2*}.

¹ Faculty of Homeopathy, Tania University, Sri Ganganagar, Rajasthan.

²Associate Professor, Department of Pharmacy, Bharatesh Homoeopathic Medical College, Belagavi, KA.

Abstract

Introduction: Low back pain is a silent epidemic and a major health problem of modern society. WHO has named the primary decade of the third thousand years as decade of crusade against musculoskeletal disarranges. **Methodology:** Clinical case series arrangement with consecutive patients taking homeopathic treatment in essential care place. Subjects selected in the age group of 25 to 65 years having chronic low back pain were surveyed for pain with NPRS - Numerical Pain rating Scale and disability with Oswestry Low Back Pain Disability Questionnaire, over two years. **Results:** Oswestry scale as well as Numerical Pain rating Scale before and after where t - table value of 2.05 concludes adequacy of treatment with significant improvement with individualized Homoeopathic medication. **Conclusion:** Homeopathic medicines can possibly improve Low back pain by decreasing pain, disability and can securely be utilized as complete social care therapeutics.

Keywords: Low Back Pain, pain score, homoeopathy.



Article Info

Received: 02-03-2020

Revised: 01-05-2020

Accepted: 15-05-2020

*Corresponding Author

Basavaraj S Adi,

Associate Professor, Department of Pharmacy,
Bharatesh Homoeopathic Medical College, Belagavi,
KA.

Email: rajuadi12@gmail.com

INTRODUCTION

Low back pain is a important problem and socioeconomic issue in current society. LBP pervasiveness has been found to run from 6.2% to 92% with increment of commonness with age and female prevalence [1]. LBP established 37% of all word related hazard factors which involves first position among the infection entanglements brought about by work. Such high commonness of entanglements at global levels has made the World Health Organization to name the primary decade of the third thousand years as the "time of battle against musculoskeletal disarranges (as the quiet plague)" [2]. Financial effects are extensive regarding work misfortune. Low back torment (LBP) is the main source of movement confinement and work nonattendance all through a great part of the world, and it causes a huge monetary weight on people, families, networks, industry and governments [3,4].

The patients have shown more unfortunate QoL results related with LBP paying little mind to radiographic parameters, patients' mental self view and fulfillment with treatment [5]. As there are number of creators who attempted to expand the idea of individualization and its application, there are chances for amateur to get confounded and keeping in mind that framing totality offering significance to either perspective which he gets for the situation [6,7].

MATERIALS AND METHODS

A total of 30 one patients (15 male, 15 females) were selected from outpatient department (OPD), Medical O.P.D, Bharatesh Homoeopathic medical college, Belagavi, Karnataka, India.

STUDY DESIGN

This is a clinical trial study using constitutional homoeopathy medicines. This study carried out from August to January.

CRITERIA

INCLUSION CRITERIA

- Patients of from both sexes
- Between 25 to 65 years age.
- Patients with Low back pain duration of at least two years.

EXCLUSION CRITERIA

- Patients with back pain caused by cancer condition.

- Allergic to herbal medication.
- Lower back pain with systemic disorders.
- Pregnancy women's.
- Lactating Women's.

Type of Study: Clinical Study.

Study duration: Six months.

Constitutional Homoeopathic medicines and Health promotional interventional advice regarding regular nutritional diet, regular exercise, adequate sleep etc.,

METHOD

Homoeopathic medicine was brought from homoeopathy pharmacy, Belagavi, Karnataka, India. Each patient was supplied to one dram pills bottle. Advised to participants were take 3 pills for day up to end of the clinical study. Patients selected by the inclusion and exclusion criteria were randomly divided in to two groups having fifteen patients each. Detailed homoeopathy case taking was done under supervision by subject expert. It is like Location, Sensation, Modalities, and Concomitant including the Duration, progress of the chief complaints. Follow up was watched and analyzed as per criteria set up in each case according to standard guideline of homoeopathy using the symptomatology of the patient.

FOLLOW UP AND SYMPTOMATIC ASSESSMENT

Each follow up was taken on special follow up sheet of examination findings e.g. blood pressure, weight, investigations, diet and exercise. Each case was evaluated by the homoeopathic physician, dietician, general physician and pathologist. Baseline investigations done in each case were fasting and post prandial blood sugar, glycosylated haemoglobin, urine examination, serum creatinine, lipid profile, electrocardiogram, ultra sound abdomen and ophthalmic check up. Each follow up was one month, three months and six months assessed according to the guidelines given in standardized case record follow up sheet. Severity of pain was estimated after one month, three months and six months.

RESEARCH HYPOTHESIS

There is a significant decrease in pain score in chronic back pain before and after homoeopathic treatment.

Null Hypothesis

There is no significant decrease in pain score in chronic back pain before and after homoeopathic treatment.

Results and Discussion

30 were selected for clinical study. In this study 25 to 65 cases distributed according to gender, 15 (50%) patients were male and 15 (50%) patients were females. Wilcoxon signed rank test demonstrated true location move more (greater) than 0 and p value less than 0.05. Where Numerical Pain rating Scale before homoeopathy treatment is greater than that of Numerical Pain rating Scale after treatment and Oswestry before treatment is more (greater) than that of Oswestry after homoeopathy treatment. Homoeopathic medicines have positive effect on chronic low back pain that is patients may endure with gentle pain and no treatment is shown separated from advice on lifting sitting and exercise and there is 61.72% decrease in Numerical Pain rating Scale value before homoeopathy treatment and after homoeopathy treatment. (Figure 3, 4) There is 71.21% decrease in Oswestry value before homoeopathy treatment and after homoeopathy treatment. (Figure 5, 6). In Repertorization ruta, hypericum, kali carb, causticum, eup per, baryta carb etc., Ruta given to patient according to the principal of homoeopathy. Follow up observed every one month, three month and six month interval.

Table 01: Distribution of cases according to gender

Gender	No. of Cases	Percentage (%)
25-35	11	36.66
35-45	10	33.33
45-55	4	13.33
55-65	5	16.66
Total	30	100

Table 02: Distributions of cases according to age group

Age Group	No. of Cases	Percentage (%)
Male	15	50
Female	15	50
Total	30	100

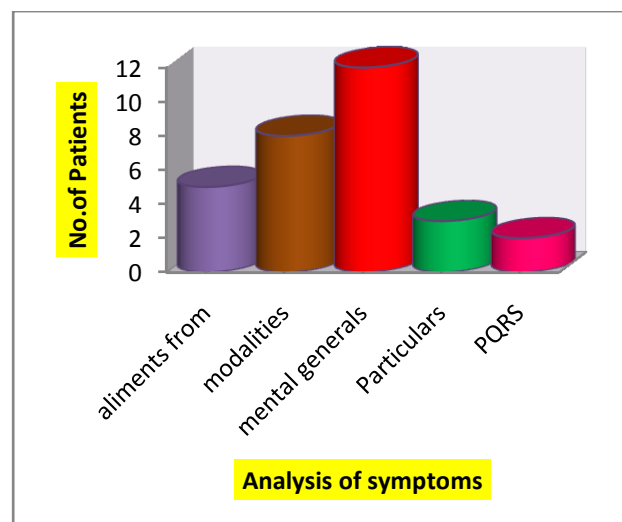


Figure 01: Individualization in prescription

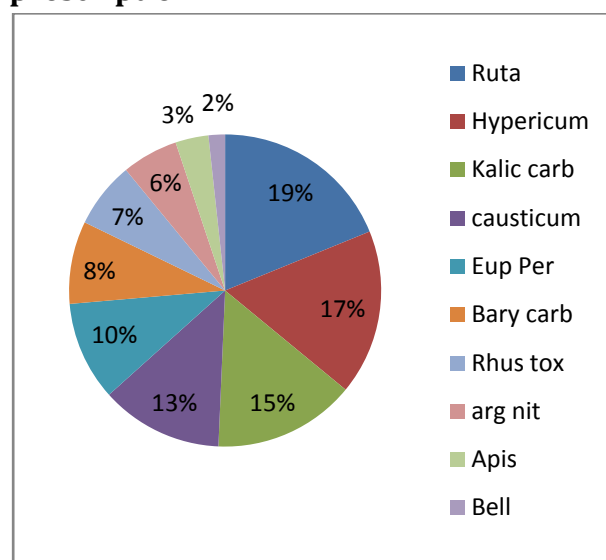


Figure 02: Medicines used in patients with chronic low back pain

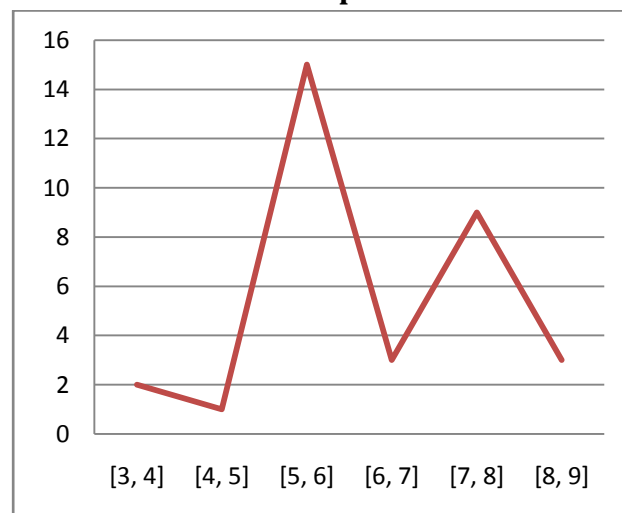


Figure 03: Numerical Rating Scale before homoeopathy treatment

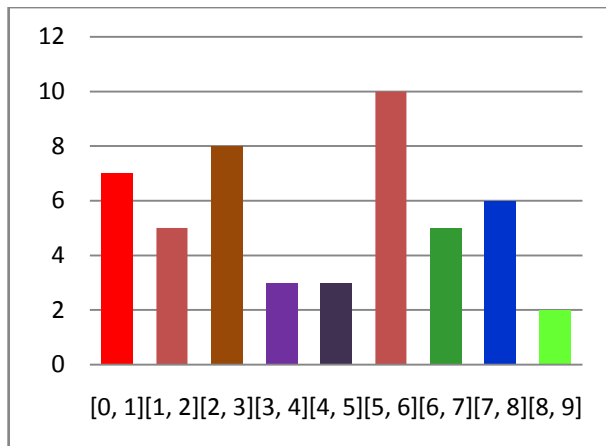


Figure 04: Numerical Rating Scale after homoeopathy treatment.

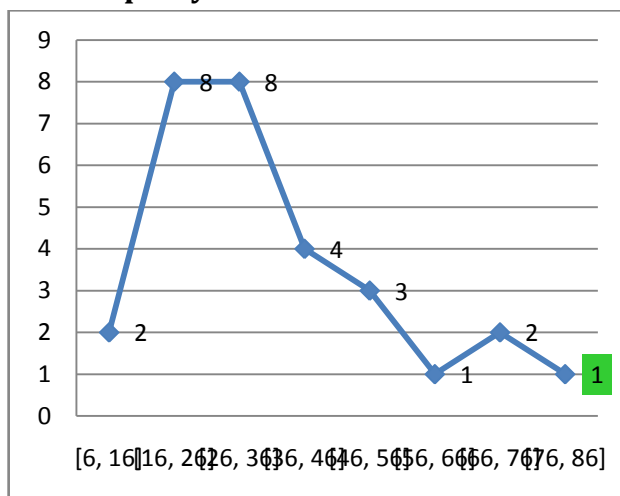


Figure 05: Oswestry Score before homoeopathy treatment

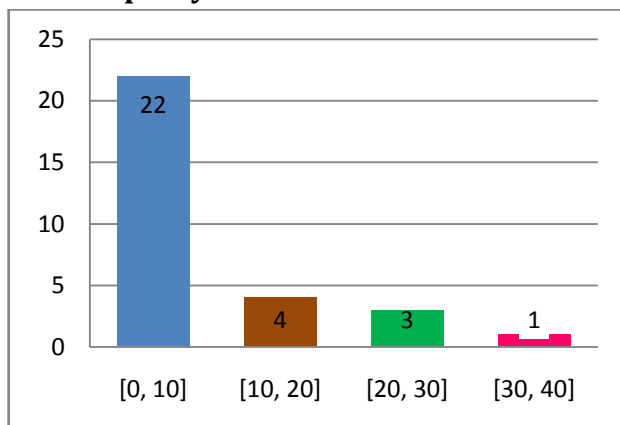


Figure 06: Oswestry Score after homoeopathy treatment

CONCLUSION

The clinical study inspired the capability of individualized homeopathic drugs in improving pain and incapacity record in chronic low back pain paying little heed to sex and occupation. So, we concluded that significant decrease in pain score in

chronic back pain before and after homoeopathic treatment.

ACKNOWLEDGEMENT

We deeply acknowledgement to our honourable principal, teaching staff, non teaching staff for this clinical study.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil

CONFLICTS OF INTEREST

None declared.

REFERENCES

1. Meucci RD, Fassa AG, Paniz VM, Silva MC, Wegman DH (2013). Increase of chronic low back pain prevalence in medium sized city of southern brazil. *BMC Mus Dis*.14:155.
2. Peng BG (2013). Pathophysiology, diagnosis and treatment of discogenic low back pain. *World j orth* .4:42-52.
3. Saper RB, Sherman KJ, Delitto A, Herman PM, Stevans J, et al. (2014). Yoga therapy vs education for chronic low back pain in predominatly minority populations. Study protocol for randomized controlled trials. *Trials*.15:67.
4. Makino et al. Low back pain and patient reported QOL outcomes in patients with adolescent idiopathic scoliosis without corrective surgery *Springer Plus*.2015.1 (4).397-98.
5. Strong JA, Xie W, Bataille FJ, Zhang JM (2013). Preclinical studies of low back pain. *Mol Pain*.9:17.
6. Mitchell T, O Sullivan PB, Burnett AF, Straker L, Smith A. (2008). Regional differences in lumbar spinal posture and the influence of low back pain. *BMC. Musc skel dis*.9:152.
7. Samuel Hahnemann "Organon of Medicine", 6th Edition Translated by William Boericke, aphorism no. 82.1987. pp.171.