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Effectiveness of Homoeopathic Medicines in Reducing Neck Pain and Disability of Patients Suffering from Cervical Spondylosis: A Case Series

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Abstract: ***Background: Cervical spondylosis (CS), or cervical osteoarthritis, is an age-related degenerative condition of the cervical spine. While nearly 95% of individuals above 65 show radiological signs, its prevalence is rising among younger adults due to sedentary habits, poor posture, and screen exposure. CS often leads to neck pain and disability, impairing quality of life, and conventional treatments offer limited long-term relief. Materials and method: Thirty cases were selected by simple random sampling from institutional and peripheral OPDs and health camps, with inclusion criteria of NPAD >20. Each patient underwent detailed homoeopathic case-taking, analysis, and repertorization. Remedies were prescribed according to classical homoeopathic principles. Pre- and post-treatment NPAD scores were compared using paired t-test. Result: Of 30 patients, 28 (93%) showed clinical improvement, while 2 (7%) did not. The mean pre-treatment NPAD score was 63.57, which reduced to 32.83 post-treatment (p = 0.0001), indicating statistically significant improvement. The mean pre-treatment NPAD score for pain was 28.47, and post-treatment it reduced to 13.20 (p = 0.0001), indicating significant pain reduction. Similarly, the mean disability score improved from 24.77 to 12.73 (p = 0.0001), showing statistically significant improvement in functional ability. Frequently prescribed remedies included Causticum, Rhus toxicodendron, and Bryonia alba.***

Keywords: Homoeopathy, cervical spondylosis, neck pain, NPAD scale

1.Introduction

Cervical spondylosis (CS), also called cervical osteoarthritis, is a progressive condition that affects the neck region's cervical spine. It involves the gradual deterioration of the inter vertebral discs, the cartilages between the vertebrae, and the facet joints. As time passes, these changes can lead to the development of bonespurs (osteophytes) and the

Narrowing of the spinal canal (spinal stenosis).[1]

Cervical spondylosis can exhibit a wide range of symptoms or, in some cases, show no symptoms at all. Commonly, it presents as neck and discomfort, which can vary in intensity. Additionally, this condition leads to neurologic issues when the spinal cord is affected, resulting in weakness, numbness, or tingling in the extremities and potential difficulties with bowel or bladder control involving the sphincters.[2] Cervical spondylosis primarily stems from age related disc degeneration and sedentary occupations.[3]

Spondylosis is a natural consequence of aging, with about 10% of individuals affected by the age of 25, and the prevalence increases to 95% by the age of 65.[4] However, as age advances, the prevalence of the change's increases, with around 25% of individuals under 40, 50%ofthose around are C6 - C7, followed by C5 - C6.[5]Neck pain is a prevalent issue that tends to improve in the short term, but chronic cases may require further investigation and management.[6]

Cervical spondylosis can be categorized into three clinical syndromes:

T1cervical radiculopathy

T2 cervical myopathy

T3 axial joint pain

The first two syndromes are associated with neurologic issues, while the third syndrome is characterized by painful joint dysfunction.[3]

Neck pain due to cervical spondylosis is commonly accompanied by stiffness and may radiate to the shoulders or occiput. The condition may present as chronic or episodic pain, often interfering with daily activities such as driving, computer work, or head rotation. These limitations can reduce participation in professional, social, and recreational activities, placing a considerable burden on individuals, families, healthcare systems, and society at large[4,7]. Conventional non-operative management includes analgesics, NSAIDs, corticosteroids, and muscle relaxants; however, prolonged use often leads to dependency and potential side effects.[4] Homoeopathy offers a holistic alternative by addressing the underlying susceptibility rather than just

symptomatic relief. It aims to reduce the intensity and frequency of pain, improve daily functioning, and minimize reliance on long-term medication, thereby enhancing overall quality of life.

According to ICD 10 classification of WHO, cervical spondylosis is listed under code, M 47.[8]

2.Materials and Methods

Patient's selection on the basis of inclusion and exclusion criteria. After detailed case taking, analysis and evaluation of case had been done. Final prescription was made after the reference of homoeopathic materia medica, repertory and principles of homoeopath. Neck pain and Disability scale was used for proper results. Out of 20 questions, 08 questions from 01 to 04 and from 17 to 20 are of neck pain, out of 100 40 marks are for neck pain. 08 questions from 05 to 12 are of disability, 40 marks are for disability, and 04 questions from 13 to 16 are of emotional state, which carries 20 marks.

Primary Objective: To assess the reduction in neck pain using Neck Pain and Disability Scale.

Secondary Objective: To assess the reduction of disability using Neck Pain and Disability Scale.

Preparation of tables

Study was carried in patients suffering from neck pain and disability due to cervical spondylosis.

Among 30 samples 3 patients (10%) belong to age group of 20-29 years of age, 04 patients (03.33%) belong to age group of 30-39 years of age, 12 patients (40%) belong to 40-49 years of age, 08 patients (26.66) belong to 50-59, whereas 03 patients (10%) belong to 60-69 years of age [table no.1].Among 30 samples 14 were females and 16 were male [table no.2]. Medicines commonly used were causticum, rhus tox, bryonia alba [table no.3]. Out of 30 cases 28 cases (93.33%) were improved and 02 cases (6.66%) were not improved [table no.4]. For comparing pre- and post- treatment result of mean NPAD score is given below which is statistically significant [fig no.1].

Table 1. Age Distribution in Case Study

Sr. No	Age Group	No. of Patient	Percentage %
1.	20-29	03	10
2.	30-39	04	13.33
3.	40-49	12	40
4.	50-59	08	26.66
5.	60-69	03	10

Table 2. Gender Distribution

No. of Cases	Female	Male
30	14	16

Table 3. Medicines Used in Case Study

Medicine Names	Numbers
Causticum	08
Rhus Toxicodendron	05
Bryonia alba	04
Kalium carbonicum	03
Natrum muriaticum	03
Lycopodium clavatum	01
Ignatia amara	01
Conium maculatum	01
Hypericum	01
Lachesis mutus	01
Calcarea carbonicum	01
Pulsatilla nigricans	01
TOTAL	30

Table 4. Result in Case Study after Homoeopathic Prescription

Sr. No	Result	No of Cases	Percentages
1.	Improved	28	93.33 %
2.	Not Improved	02	6.66%

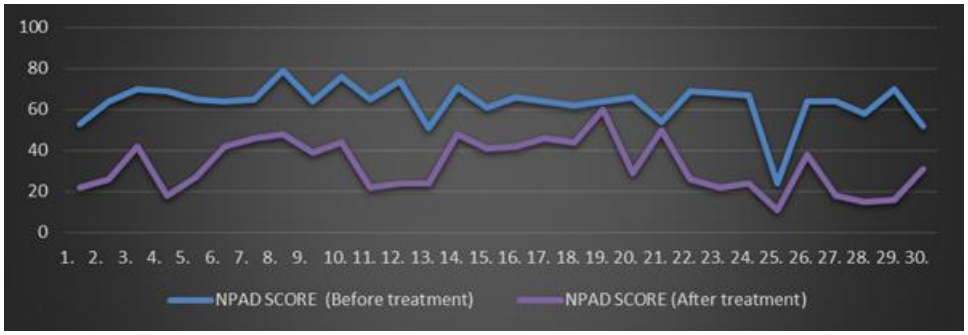

Figure 1: Before and After NPAD Score

Neck Pain and Disability Scale[9]:

1. How bad is your pain today?
0|_____|_____|_____|_____|_____|5 _____
NOPAIN MOST SEVERE PAIN
2. How bad is your pain on average?
0|_____|_____|_____|_____|_____|5 _____
NOPAIN MOSTSEVERE PAIN

3. How bad is your pain at its worst?
0| | | | | |5
_____ _____ _____ _____ _____ _____
NOPAIN CANNOT TOLERATE
4. Does your pain interfere with your sleep?
0| | | | | |5
_____ _____ _____ _____ _____ _____
NOT AT ALL CAN'TSLEEP
5. How bad is your pain with standing?
0| | | | | |5 _____ NO PAIN
MOST SEVERE PAIN
_____ _____ _____ _____ _____
6. How bad is your pain with walking?
0| | | | | |5
_____ _____ _____ _____ _____ _____
NOPAIN MOSTSEVERE PAIN
7. Does your pain interfere with driving or riding in a car?
0| | | | | |5
_____ _____ _____ _____ _____ _____
NOT AT ALL CAN'T DRIVE ORRIDE
8. Does your pain interfere with social activities?
0| | | | | |5
_____ _____ _____ _____ _____ _____
NOT ATALL ALWAYS
9. Does your pain interfere with recreational activities?
0| | | | | |5
_____ _____ _____ _____ _____ _____
NOT ATALL ALWAYS
10. Does your pain interfere with work activities?
0| | | | | |5
_____ _____ _____ _____ _____ _____
NOT AT ALL CAN'T WORK
11. Does your pain interfere with personal care (eating,dressing,bathing,etc.)?
0| | | | | |5
NOT ATALL ALWAYS
12. Does your pain interfere with personal relationships (family, friends,sex,etc.)?
0| | | | | |5
NOT ATALL ALWAYS
13. How has your pain changed your outlook on life and the future (depression, hopelessness)?
0|_____|_____|_____|_____|_____|5

NOCHANGE COMPLETELYCHANGED

14. Does pain affect your emotions?

0| | | | | |5

NOT ATALL COMPLETELY

15. Does your pain affect your ability to think or concentrate?

0| | | | | |5

NOT ATALL COMPLETELY

16. How stiff is your neck?

0| | | | | |5

NOTSTIFF CAN'TMOVENECK

17. How much trouble so you have turning your neck?

0| | | | | |5 _____ NO TROUBLE

CAN'TMOVENECK

18. How much trouble do you have looking up and down?

0| | | | | |5 _____

NO TROUBLE CAN'TWORKUP AND DOWN

19.How much trouble do you have working overhead?

0|_____|_____|_____|_____|_____|5 _____v NO TROUBLE

CAN'TWORKOVERHEAD

20. How much do painpills help?

0|_____|_____|_____|_____|_____|5 _____

COMPLETE RELIEF NO RELIEF

TOTALSCORE__

Outcome Assessment

Parameters for assessing cases were improved and not improved

Improved: Substantial reduction of score by 5 or more than 5 in NPAD scale

Not improved: No relief of signs and symptoms and no change in the score in NPAD scale

3.Result

Out of 30 cases 28 cases (93.33%) were improved and 02 cases (6.66%) were not improved. For comparing *pre- and post- treatment result* of mean NPAD Score which was 63.57 and 32.83 respectively, paired *t* test was applied, in which p=0.0001 which is statistically significant. For comparing pre and post treatment result of *Neck pain Score* which was 28.47 and 13.20 respectively, paired *t* test was applied, in which p=0.0001 which is statistically significant. In comparing pre- and post- treatment result of mean *Disability Score* which was 24.77 and 12.73 respectively, paired *t* test was applied, in which p=0.0001 which is statistically significant and, for comparing pre- and post- treatment result of mean *Emotional state Score* which was 10.77 and 7.23 respectively, paired *t* test was applied, in which p=0.0006 which is statistically significant.

4.Discussion

This study demonstrated that individualized homoeopathic treatment effectively reduced neck pain and disability in patients with cervical spondylosis, as reflected by significant improvements in NPAD scores. Constitutional prescribing-guided by mental generals, physical generals, and characteristic particulars-proved more beneficial than localized symptomatic approaches. Alongside physical relief, patients experienced improvements in anxiety, irritability, and sleep disturbances, confirming homoeopathy's holistic impact on overall well-being.

The emotional components of the NPAD scale offered valuable insight into psychological distress, with post-treatment mean scores reducing from 10.77 to 7.23. The age distribution indicated that cervical spondylosis is increasingly affecting younger individuals due to changing lifestyle and occupational demands, with 23.33% falling within the 20–40 year range.

Key Achievements:

- Documented clinical benefits of individualized homoeopathy in cervical spondylosis through a structured case series.
- Demonstrated meaningful improvement in a chronic degenerative condition using a non-invasive modality.
- Established a practical model for integrating homoeopathic management with standardized assessment tools.

Limitations:

- Small sample size limits generalizability.
- Short follow-up period (90 days) does not assess long-term outcomes or relapse.

- Absence of a control group reduces the ability to isolate treatment effects.
- Subjective NPAD scoring may introduce reporting bias.
- Inconsistent adherence to lifestyle and posture advice may have influenced results.

Scope for future research:

- Larger multicentric trials comparing homoeopathy with conventional therapies.
- Randomized controlled trials with placebo for stronger validation.
- Inclusion of radiological measures (MRI/CT) to provide objective evidence.
- Remedy-specific studies to evaluate targeted efficacy.
- Long-term follow-up (6–12 months) to assess sustained benefits.
- Integration of quality-of-life, psychological, and ergonomic assessments for comprehensive evaluation.

5.Conclusion

From the analysis I can conclude that homoeopathic medicines are effective for reducing neck pain and disability in patients suffering from cervical spondylosis using neck pain and disability scale (NPAD).

Conflict of interest

There is no conflict of interest.

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References

[1] Ralston SH, Penman ID, Strachan MWJ, Hopson RP. Davidson's Principle's and Practice of Medicine. 23rd ed. London: Elsevier; 2018. Pg no. 1134, 1135
[2] Kelly JC, Groakre PJ, Butler JS, Ponyton AR, O'Byrne JM. The Natural History and Clinical Syndromes of Degenerative Cervical Spondylosis [Internet]. Hindawi Publishing Corporation Advance in Orthopedics; 2012; Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3227226/
[3] Gupta J, Bawaskar R, Rao P, Shivadikar A, Sumithran P, Pal R, et al. Homoeopathic therapy in cervical spondylosis pain management: A randomized, double blind, placebo- controlled trial [Internet]. Wolters Kluwer-Medknow; 2020 Dec 29; Available from: https://www.ijrh.org/journal/vol14/iss4/3/
[4] Nayak C, Singh V, Gupta J, Ali MohdS, Pal R, Arya MD, et al. Homoeopathic individualized LM-potencies versus Centesimal potencies for pain management of cervical spondylosis: A multicenter prospective randomized exploratory clinical study [Internet]. Indian Journal of Research in Homoeopathy; 2012 Dec; Available from: https://www.ijrh.org/journal/vol6/iss4/4/
[5] Kuo DT, Tadi P. Cervical Spondylosis [Internet]. Statpearls Publishing; 2023 Jan; Available from: https://www.ncbi.nlm.nih.gov/books/NBK551557/
[6] Allan, Binder. Cervical Spondylosis and Neck Pain [Internet]. BMJ; 2007 Mar 10; Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1819511/
[7] Hoy DG, Protan M, De R, Buchbinder R. The epidemiology of neck pain [Internet]. Elsevier; 2011; Available from: https://pubmed.ncbi.nlm.nih.gov/21665126/
[8] SpondylosisM47:https://www.icd10data.com/ICD10CM/Codes/M00-M99/M45-M49/M47-
[9] Wheeler AH. Neck Pain and Disability Scale. Neck Pain and Disability Scale [Internet]. Available from: https://mountainphysiotherapy.com.au/wp-content/uploads/2016/08/Neck-Pain-and-Disability-Scale.pdf