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Rhus toxicodendron 200c's impact on lumbar spondylosis: A comprehensive case study

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Abstract

People of all ages report Chronic Low Back Pain (CLBP) to doctors more frequently than any other condition. This is an extremely bothersome complaint that interferes with day-to-day living and reduces productivity. Lumbar spondylosis is one of the main causes of CLBP among all the factors. Middle to later age groups are frequently affected by lumbar spondylosis. This case study examines the effectiveness of homoeopathic treatment in treating lumbar spondylosis with an emphasis on a 35-year-old female patient experiencing lumbar pain that is aggravated by exertion and during ascending. The study focuses on the analysis of symptoms in a case of lumbar spondylosis, reportorial analysis, choosing a remedy, and prescribing Rhus toxicodendron based on the entirety of symptoms. The case was analysed using recognized scales, numeric pain rating scale, the study evaluated the patient's reaction based on clinical observations, pain levels, and functional improvements. The outcomes showed a significant decrease in pain and an increase in functionality, as evidenced by improvements in daily activities and mobility. The specific remedies administered and their impact on the patient's condition are detailed.

Keywords: Case study, homoeopathy, homopath, lumbar spondylosis, numerical pain scale

Introduction

Osteoarthritis of the lumbar spine brought on by degenerative changes in the spine is known as lumbar spondylosis. The common appearance in the skiagram is the production of osteophytes, a type of exostosis, in the body of the spine. The most common symptoms are low back pain, stiffness, and instability. The most common sign of lumbar spondylosis is chronic low back pain (CLBP), which is defined as low back discomfort that lasts longer than three months. A significant portion of the population experiences low back discomfort. Obesity, feminine gender, advanced age, a history of back pain, limited spinal movement, significant psychological distress, low physical activity, smoking, and job unhappiness are risk factors. Restricted spinal movement resulting from lumbar spondylosis is the primary cause, among other factors^[1].

Although lumbar spondylosis is a degenerative illness that primarily affects those over 45, it is increasingly considered a lifestyle issue that affects younger people because of their occupation and psychogenic factors. Psychological symptoms were present in nearly all chronic cases, and these could also be the reason^[2]. Anti-inflammatory medications, analgesics, muscle relaxants, and non-steroidal anti-inflammatory drugs (NSAIDs) are frequently used in the conventional therapy of lumbar spondylosis. Injections of epidural steroids (ESIs) are now a typical interventional approach for the management of lumbar spine degeneration resulting in persistent axial and radicular discomfort^[3]. In homeopathy, we treat the patient as a whole utilizing constitutional medicines based on a description of symptoms rather than treating according to the name of the condition, such as lumbar spondylosis^[4]. Both younger and older persons might suffer from low back pain (LBP). Four to twelve weeks is the duration of acute back pain, whereas more than twelve weeks is the duration of chronic back pain^[5]. Pain that cannot be linked to a specific pathology, such as an infection, tumor, pathology, autoimmune disease, fracture, or inflammation, is referred to as non-specific low back pain.

Materials and Methodology

A case of lumbar spondylosis was registered in the Out-patient department (O.P.D). Case taking and thorough examination was done as per the homoeopathic case recording

guidelines. Selection of medicine was based on computerized repertory and final reference to Materia Medica. Follow-ups were recorded in the case sheet and documentation was evidenced with laboratory investigation of the patient.

Case report

A patient came with complaint of pain in back(lumbar region) since 1 year worse since 1 month. Pain extends to left leg till foot (anterior aspect). Pulling type of pain. Complaints gets aggravated during morning, cold exposure, rising after sleep, standing, exertion, lifting, lying on back and ameliorated by warmth and oil application along with stiffness.

Past history: history of fall 5 years back. Patient is under medications for cardiac complaints.

Family history: Father- Allergic rhinitis.

Physical generals

She had good appetite and can withstand hunger. She drinks enough water. She passes stool regularly. She passes urine 4-5 times per day. Unrefreshed sleep. Desires fanning. Doesn't prefer covering. Desires sweets. Intolerance to oily

food

Clinical diagnosis: Lumbar spondylosis

Physical examination

Weight: 65 Kg.

Pulse: 87/min

B.P.: 130/70 mmHg

Systemic examination

RS: Normal vesicular breathing sounds heard all over the lung fields.

CVS: S1S2 heart sounds heard on all 4 cardiac areas. No cardiac murmur heard

GIT: Normal bowel sounds heard

Lab investigations: NIL

Symptoms of the case

Morning stiffness, dim vision, warm applications amelioration.

Selection of repertory

The case, characterized by a significant absence of mental and physical general symptoms and a focus on specific symptoms related to pathology, led to the selection of complete Repertory as a clinical tool.

Remedy	Rhus-t	Calc-p	Nux-v	Puls	Calc	Sulph	Carb-an	Lyc	Sep	Bry	Chin	Agar	Berb	Colch	Nit-ac
Totally	20	15	14	13	12	12	10	10	10	10	10	9	9	9	9
Symptoms Covered	7	5	4	4	4	4	4	4	4	3	3	4	4	4	4
[Kent] [Back]Pain:Lumbar region:	3	2	3	3	3	3	2	1	3	3	3	2	3	2	2
[Complete] [Back]Pain:Lumbar region, lumbago:Morning:	4	3	4	3	3	1	0	3	0	0	0	3	1	3	0
[Complete] [Back]Pain:Lumbar region, lumbago:Lying:Agg.:	4	0	3	3	3	4	3	3	3	3	3	1	4	1	1
[Complete] [Female Genitalia]Menses:Dark, black:	1	4	4	4	3	4	4	3	3	4	4	0	1	3	3
[Complete] [Back]Pain:Lumbar region, lumbago:Applications, warm, hot, amel.:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Back]Pain:Lumbar region, lumbago:Exertion:Agg.:	1	3	0	0	0	0	1	0	1	0	0	3	0	0	0
[Complete] [Back]Pain:Lumbar region, lumbago:Cold, from taking a:	4	3	0	0	0	0	0	0	0	0	0	0	0	0	3

Fig 1: Repertorial totality

Treatment

Selection of remedy and potency

The Remedy selected was rhus toxicodendronby further reference to Materia Medica and potency selected was 200C.

Justification: Rhus toxicodendron, it has beneficial action in musculoskeletal system. Pain and stiffness in small of back. Pains are better by warm applications. Pains get worse while lying down and during cold [6].

Table 1: Follow up

Date	Symptom	Prescription
21/12/23	Pain in back as the same as before Pulling type of pain Stiffness <exertion and lying down	Rx Rhus Toxicodendron 200C/5D (once in 3 days)
04/01/24	Pain in back got slightly better Pulling type of pain along with stiffness General are good	Rx Rhus toxicodendron 200C/5D (once in 3 days)
16/01/24	Pain in back got slightly better Pulling type of pain along with stiffness General are good	Rx Rhus toxicodendron 200C/5D (once in 3 days)

Numeric Pain Scale Assessment

Name: XXX	Date: 21/12/23
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Instructions: Please look at this pain scale below.

0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe

What you will do is rate yourself based on the prompts below between 0 to 10, with 0 meaning you feel/felt no pain at all, and 10 meaning you are feeling/felt the worst pain imaginable.

1. How would you rate the pain you're feeling right now?

0 1 2 3 4 5 6 7 8 9 10

2. How would you rate the USUAL level of pain you felt during the LAST WEEK?

0 1 2 3 4 5 6 7 8 9 10

3. How would you rate your BEST level of pain during the last week (by BEST, meaning the lowest level of pain)?

0 1 2 3 4 5 6 7 8 9 10

4. How would you rate your WORST level of pain during the last week?

0 1 2 3 4 5 6 7 8 9 10

Average score based on prompts 2-4:

Additional Notes:

Fig 2: before treatment

<h3 style="text-align: center;">Numeric Pain Scale Assessment</h3> <table border="1" style="width: 100%;"><tr><td style="width: 50%;">Name: XXX</td><td style="width: 50%;">Date: 4/1/24</td></tr></table> <p>Instructions: Please look at this pain scale below.</p> <div style="text-align: center;"><p>0 1 2 3 4 5 6 7 8 9 10 None Mild Moderate Severe</p></div> <p>What you will do is rate yourself based on the prompts below between 0 to 10, with 0 meaning you feel/felt no pain at all, and 10 meaning you are feeling/felt the worst pain imaginable.</p> <p>1. How would you rate the pain you're feeling right now?</p> <p style="text-align: center;"><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>2. How would you rate the USUAL level of pain you felt during the LAST WEEK?</p> <p style="text-align: center;"><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input checked="" type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>3. How would you rate your BEST level of pain during the last week (by BEST, meaning the lowest level of pain)?</p> <p style="text-align: center;"><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>4. How would you rate your WORST level of pain during the last week?</p> <p style="text-align: center;"><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>Average score based on prompts 2-4:</p> <p>Additional Notes:</p>	Name: XXX	Date: 4/1/24	<h3 style="text-align: center;">Numeric Pain Scale Assessment</h3> <table border="1" style="width: 100%;"><tr><td style="width: 50%;">Name: XXX</td><td style="width: 50%;">Date: 18/1/24</td></tr></table> <p>Instructions: Please look at this pain scale below.</p> <div style="text-align: center;"><p>0 1 2 3 4 5 6 7 8 9 10 None Mild Moderate Severe</p></div> <p>What you will do is rate yourself based on the prompts below between 0 to 10, with 0 meaning you feel/felt no pain at all, and 10 meaning you are feeling/felt the worst pain imaginable.</p> <p>1. How would you rate the pain you're feeling right now?</p> <p style="text-align: center;"><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>2. How would you rate the USUAL level of pain you felt during the LAST WEEK?</p> <p style="text-align: center;"><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>3. How would you rate your BEST level of pain during the last week (by BEST, meaning the lowest level of pain)?</p> <p style="text-align: center;"><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>4. How would you rate your WORST level of pain during the last week?</p> <p style="text-align: center;"><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>Average score based on prompts 2-4:</p> <p>Additional Notes:</p>	Name: XXX	Date: 18/1/24
Name: XXX	Date: 4/1/24				
Name: XXX	Date: 18/1/24				

Fig 3: After treatment

Therapeutics for lumbar spondylosis in homoeopathy ^[8]**Rhus toxicodendron**

It is the most frequently used homeopathic medicine while treating acute phase of lumbar spondylosis. Pain and stiffness in small of back < sitting or lying > by motion or lying on something hard. Painful stiffness on raising from a seat. Pain in the back as if bruised, sore and lame all over the back. There violent pain in the back, especially in the lumbar region, as if the back were broken. It is a remedy for lumbago brought on from getting wet, from over lifting, from taking cold, and from suppressing the sweat. He is ameliorated from moving about and worse on beginning to move.

Bryonia

Stitches and stiffness in the lumbar region. Pains in lumbar region worse from motion. Stitching, tearing pain, from slight motion, dull aching in lumbar muscles. Stiffness, tearing and tenderness in joints and muscles of lumbar.

Arnica

Fullness and pressure in lumbar region. Sensation of a great weight across lower part of loins, and feeling of being drawn in, as if a cord was tightly drawn across. Tingling in back. Spine pains, as if not capable of carrying body. Pain in region of lumbar vertebrae. Nephritis.

Causticum

Numbness; loss of sensation in hands. Contracted tendons. Cannot walk without suffering. Rheumatic tearing in limbs; better by warmth, especially heat of bed. Burning in joints. Slow in learning to walk. Unsteady walking and easily falling. Restless legs at night.

Discussion

Homeopathy operates on the principle of "like cures like," meaning that substances causing symptoms in healthy individuals can be used to treat similar symptoms in the sick, albeit in highly diluted forms. The goal is to stimulate the body's natural healing processes. This case study of lumbar spondylosis was treated with homeopathy offers fascinating insights into the possible advantages of this complementary therapy. After a individualized homeopathic regimen, the patient, a 36-year-old female with a long history of severe lower back pain and functional impairment, showed remarkable improvement.

Homeopathy is an individualized and holistic method of treatment which considers patients mind and disposition and general state for medicine selection. Rhus toxicodendron was selected on basis of totality of symptoms. It is a well known polychrest medicine. Homoeopathic medicines are prepared in three potency scales –LM, CH & Decimal scale. In this case CH potency scale was used. Case follow up show beneficial effect of medicine in lowback pain. However patient off and on stopped taking medicine sometimes due to personal issues and other time when she felt relief. Patient returned when aggravated and was again managed well with homoeopathic medicine. Patient response was assessed using Pain NRS ^[9]. This case shows that symptoms similarity between the patient and of the medicine is the most important thing, irrespective of the name of the disease ^[10].

Conclusion

This case highlights the holistic approach of homeopathy in treating lumbar spondylosis, where the remedy is tailored to the patient's unique symptom profile. The management of lumbar spondylosis with homoeopathic medicine Rhus toxicodendron, as illustrated in this case, provides compelling evidence of its efficacy in alleviating chronic lower back pain and improving patient quality of life. Over a treatment period of two months, the patient's pain levels, assessed using the Numerical Pain Rating Scale (NPRS), showed a significant and consistent reduction, from an initial severe pain score of 8/10 to a minimal pain score of 4/10.

With further research and clinical validation, Rhus tox could become an integral part of holistic management strategies for patients suffering from lumbar spondylosis, offering a safe, effective, and patient-centered approach to pain relief and functional improvement.

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Of patient consent

The Patient has given his consent for reporting his clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity can't be guaranteed.

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