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Dr. Faiza Khan
PGT, Department of
Homoeopathic Materia
Medica, National Institute of
Homoeopathy, West Bengal,
India

Dr. Mehadi Arif Billah
PGT, Department of
Homoeopathic Materia
Medica, National Institute of
Homoeopathy, West Bengal,
India

Dr. Suranjana Ghosh
PGT, Department of
Homoeopathic Materia
Medica, National Institute of
Homoeopathy, West Bengal,
India

Dr. Mothkuri Pavan Kumar
PGT, Department of
Homoeopathic Materia
Medica, National Institute of
Homoeopathy, West Bengal,
India

Corresponding Author:
Dr. Faiza Khan
PGT, Department of
Homoeopathic Materia
Medica, National Institute of
Homoeopathy, West Bengal,
India

Tame the chronic pain with Homoeopathy

Dr. Faiza Khan, Dr. Mehadi Arif Billah, Dr. Suranjana Ghosh and Dr. Mothkuri Pavan Kumar

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Abstract

The most frequent cause for people to seek medical guidance is pain. One study revealed that the adult population in India has chronic pain (CP) at a rate of 19.3%. According to the World Health Organization, 80% of people who experience acute pain never get sufficient care. It is a difficult issue as a consequence of low priority, underreporting, and under treatment in developing nations.

Homoeopathy is a kind of alternative medicine that focuses on enhancing a person's overall health and is based on the theories of individualization and symptom similarity. The goal of homoeopathy is to cure chronic pain while simultaneously addressing its underlying cause while taking into account the patient's susceptibility. Clear instructions regarding the method of enquiry are found in books of Homoeopathic philosophy, and Homoeopathic Material Medical contains a huge armamentarium of medicines with a complete description of pain and its various modalities. Various studies also suggest the effective role of Homoeopathy in the management of chronic pain. Thus, Homoeopathy can be considered a viable treatment option to relieve chronic pain.

Keywords: Homoeopathy, Chronic pain, Cancer pain, non-cancer pain

Introduction ^[1]

In the whole world, people seek medical assistance most often because of pain. One study revealed that the adult population in India has CP at a rate of 19.3%. WHO projects that 80% of individuals with extreme pain never get sufficient treatment. It is a complex problem due to low priority, underreporting, and under treatment in developing nations.

One of the most well-known holistic medical approaches is homoeopathy. The principle of symptom similarity and individualization is the basis for treatment selection. Homoeopathic treatment works on improving the overall health of the person. The goal of homoeopathy is to cure chronic pain while simultaneously addressing its underlying cause while taking into account the patient's susceptibility. Clear instructions are given in books of Homoeopathic philosophy as to the method of inquiry and Homoeopathic Material Medical has many medicines with complete descriptions of pain and its various modalities.

Definitions ^[2-4]

The Task Force on Taxonomy of the IASP (International Association for the Study of Pain) has described the pain as "An unpleasant sensory and emotional experience in association with actual or potential tissue damage, or describing it in terms of such damage".

The idea of pain has changed in recent years from being a one-dimensional to a multi-dimensional term including cognitive, sensory, emotional, and motivational characteristics. Every individual uses the term "pain" subjectively based on their prior experiences with the injury.

IASP offers a common definition of CP that takes severity, time, and "appropriateness" into account. IASP has described CP as pain without obvious biological significance that has persisted beyond the typical period for tissue repair (typically 3 months are considered).

Additionally, CP might interfere with sleep and everyday activities and serves no protective function. CP is associated with:

- Identifying underlying diseases and explaining the prevalence and/or severity of the pain is challenging.
- Perpetuated by elements unrelated to the cause.
- With or without severe exacerbations, the pain might be persistent or intermittent.
- Depression, irritability, social withdrawal, fatigue, changes in daily activities, and

disrupted social relationships.

- Grief may happen when a loss occurs, such as when an activity or identity is lost.

Epidemiology ^[1, 5]

A common condition, chronic pain is thought to impact 20% of individuals globally and is responsible for 15% to 20% of doctor visits.

The age range of 21-60 years and females were found to predominate.

The prevalence of chronic back pain was highest in the back (24.84%), then in the body (22.98%), upper extremities (10.87 percent), knee (16.77%), and chest (13.97%). Pains due to other causes had a prevalence of less than 10%.

Risk Factors ^[5]

Research indicates that risk factors like depression, chronic strain, stress, poor sleep, ergonomic problems, and maladaptive postures are among the main causes of delayed recovery, treatment failure, and persistent pain, even if hereditary factors may predispose one to chronic pain. Although many of these characteristics may be alleviated with self-management approaches, they are often disregarded in normal treatment which results in pain that lasts for years.

Pain and Suffering ^[4, 6]

Although "pain" and "suffering" are often used interchangeably, the two concepts are distinct. Indulging in the feeling of pain is referred to as suffering, along with vulnerability, dehumanisation, a sense of self-loss, blocked coping mechanisms, a lack of control over time and place, and the inability to derive any meaning or purpose from one's unpleasant experiences. *The experience of pain beyond sensory attributes is conveyed through the term "suffering".*

Related Terminologies ^[6-8]

The pain threshold is the point at which a stimulus causes pain. It significantly varies among healthy people or in the same individual over time.

Influencing factors for pain threshold

- **Threshold Lowered**
- Insomnia
- Discomfort
- Anxiety
- Fatigue
- Sadness
- Anger
- Boredom
- Depression
- Social abandonment
- Mental isolation

Threshold Raised

- Understanding
- Sleep
- Companionship
- Creative activity
- Relaxation
- Elevation of mood
- Reduction in anxiety
- Antidepressants
- Analgesics

The length of time or level of pain that a person will tolerate

before triggering pain reactions is referred to as pain tolerance.

Pathophysiology of Pain ^[6-8]

The nature of chronic pain may be neuropathic, nociceptive, or mixed.

1. **Nociceptive:** Arises from damaged or injured bodily tissue or organs and is further classified into two types:
 - Somatic pain usually has a localized, aching, throbbing, or stabbing quality and is connected to certain anatomical regions or tissues. Such as OA, fibromyalgia, and RA.
 - Organ-based, poorly localized, dull, and cramping in nature are the characteristics of visceral pain. Such as IBS, IBD, colitis and diverticulosis.
2. **Neuropathic:** Because of damage from disease, surgery, or injury that causes the pain perception system in the peripheral or central nervous system to malfunction.
3. **Mixed:** Low back pain, non-cardiac chest pain, and metastatic cancer pain might all have mixed pain causes.

Pathway for Transmission of pain

The pain perception system is a dynamic system in which a persistent pain input may generate central modifications that enhance pain perception rather than just being a simple hardwired link of nerves from tissue pain receptors to the brain. All of the central and peripheral components of the pain pathway are subject to this plasticity (changeability).

Various classifications of chronic pain ^[2, 3, 9]

ICD-11 (International Classification of Diseases)

WHO classifies CP as either chronic primary pain or chronic secondary pain.

IASP categorization system for coding the diagnosis of chronic pain

- Systems (i.e.: Nervous system).
- Regions (i.e.: Mouth, head, and face).
- Temporal pain characteristics (i.e.: paroxysmal, continuous, and recurring irregularly).
- Patient's intensity statement: (i.e.: severe, mild, and medium).
- Time since onset of pain: (less or 1 month; more than six months).
- Aetiology (i.e.: psychological, genetic and infective).

Diagnosis and Tests ^[4, 6, 8, 11]

How do we approach a case of chronic pain?

There is no accurate method to assess pain. Only the person experiencing chronic pain can express the level of pain. The patient should tell the doctor where the pain is, how long it has been there, and if it is acute or dull, persistent or intermittent.

A] History taking which includes the characteristics of pain (SOCRATES)

- Site- Somatic pain, often well-localized, such as an ankle sprain more diffuse visceral pain, such as angina pectoris
- Character- Use the patient's description wherever

possible rather than making recommendations.

- Onset
- Radiation
- Correlated symptoms-Migraine with visual aura, numbness in the leg and back pain pointing to stimulation of the nerve roots
- Timing (pattern, course, duration)
- Exacerbating and relieving factor
 - Relation to heat and cold
 - Relation to weather
 - Relation to position and other modifying factors
- **Severity:** Tools for assessment of pain.

Despite the challenges involved in measuring pain, several recognized techniques enable physicians and researchers to evaluate the degree of pain and show that a certain therapy has a clinically and statistically considerable impact. Methods include:

Pain Intensity

- Verbal rating scales: 'No pain, "mild pain," moderate pain,' and 'severe pain' are used as verbal descriptors to assess the intensity of the pain.
- VAS (Visual Analogue Scale): Using a scale of 0 to 10, where 10 represents the highest possible pain, how would you evaluate your pain during the previous 24h?

Pain Interference

- Oswestry Low Back Pain Disability Questionnaire.
- Roland & Morris Disability Index.

Quality of Life

- Euroqol 5D.

Physical Function

- Brief Pain Inventory.

Emotional Distress/Functioning

- SF-MPQ (Short-Form McGill Pain Questionnaire).

Drug history: Whether the patient is under a modern system of medication to exclude any iatrogenic cause of disease.

- Analgesics (pain relievers): The most popular way to manage chronic pain is with painkillers. Although they don't always work.
- Non-narcotic pain relievers: NSAIDs (Nonsteroidal anti-inflammatory drugs) reduce pain by inhibiting it close to the pain site.
- Opioids, opioid-like agents, or non-narcotic analgesics and combinations of opioids: To stop people from feeling pain, opioids act on the central nervous system, brain, and other parts of the body. They have a lot of adverse side effects because of how they work.
- WHO Analgesic Ladder: introduced in 1986 by the WHO: Step 1: Mild pain, such as a 0–3 rating on a 10-point scale: improves the quality of relief by using non-opioid painkillers, NSAIDs, and other non-pharmacological methods. Step 2: Moderate pain (rated between 4 to 6 ratings): Continue using the drugs and procedures outlined in step 1 while also including a moderate opioid. Step 3: Extremely painful (rated between 7 to 10): Include a stronger opioid to the prescriptions and methods outlined in stages 1 and 2.
- Topical products.

Physical examination and additional diagnostic tests:

Analyses of blood, urine, and/or spinal cord fluid in laboratories.

To evaluate reflexes, sensitivity, coordination, and balance, a musculoskeletal or neurological examination may be performed.

Assess for Wadell's signs: Positive signs include non-physiological aetiology of pain.

Imaging tests

- To get images of the spinal cord, brain, and other structures, use MRI (magnetic resonance imaging).
- Images of the joints, bones and other structures may be obtained using X-rays.

Electro diagnostic processes

- To measure muscle activity, use electromyography.
- Studies of nerve conduction to document the functioning of the nerves.

Prevention of chronic pain

While significant efforts are being made to avoid heart disease and diabetes, avoiding chronic pain remains a difficult task, making it a significant issue in the field of healthcare. The aims of chronic pain prevention are:

- Developing approaches and instruments that medical practitioners may utilise to improve, avoid, and manage chronic pain disorders as early as possible.
- Using patient education to lower risk variables and increase protective factors will improve chronic pain treatment and prevention.
- Give toolkits to organisations, governmental bodies, and local communities to help them in their efforts to raise awareness and avoid chronic pain.

Management and treatment ^[11, 12]

A: Regularly ask about pain.

B: Accept the patient's and/or his family's complaints that they are in pain.

C: Select the appropriate strategy and pain management alternatives.

D: Provide pain treatments in a timely and coordinated way.

E: Patients and their families should be empowered.

Bio psychosocial Model: The bio-psychosocial paradigm of pain treatment has been more prevalent recently, emphasizing the necessity to take into account the interactions between biological, psychological, and social aspects influencing an individual's experience of pain.

How is chronic pain treated?

Although there is no one treatment for chronic pain, there are several approaches to treating and managing it. Treating any underlying causes of pain should be the first approach. Depending on the particular illness or medical condition, as well as the kind of chronic pain involved, the treatment approaches may change.

General Management

- Exercise.
- Heat and/or cold application.
- Acupuncture.
- Massage.

- Spinal cord stimulation.
- Behavioural and psychological therapies for chronic pain.
- General behavioural and mental health counselling.
- Cognitive behavioural therapy (CBT).
- Fear-avoidance training.
- Pain management using a mind-body approach.

Relaxation methods

- Meditation.
- Music
- Pet therapy.
- Aromatherapy
- Hypnosis.

Medicinal management ^[13-15, 17, 25]

Numerous homoeopathic remedies are available that address the symptoms of chronic pain, and they may be chosen based on the origin, location, feeling, treatment techniques, and extent of the pain.

A constitutional remedy removes an inherited tendency for the disease, our system not only works wonders in treating diseases but also in preventing them, it stops the disease progression by enabling vital energy to provide immunity against the disease. In incurable cases, homoeopathic medicine can be effectively used as a palliative.

Homoeopathic Medicines

Cancer Pains

- **Aceticum Acidum:** Cancer of the stomach, ulcerative gnawing pain at one spot in the stomach with agony and depression, preventing sleep; severe burning pain in stomach and abdomen, vomiting of yellow, yeast-like matter, of blood; eyes sank in with a black circle around them; face pale and waxen; tongue pale and flabby.
- **Carbo animalism:** Fully developed cachexia. Scirrhus cancer on the forehead; colloid cancer in the pit of the stomach that causes an acute, sharp pain that worsens with deep inhalation and causes the stomach to grip and claw; it checks the putrid taste, the water brash, and contracting spasmodic burning; scirrhus mamma with loose skin, dirty bluish, or red spots on the skin, axillary glands indurated with burning and drawing towards the axilla.
- **Condurango:** Only in open cancer and malignant ulcers does it work, effectively reducing the pain severity. Cracks in the corner of the mouth are a characteristic indication.
- **Kreosotum:** Stitches that shoot out of the vagina; labia that burn and swell both externally and internally; pain in the back is preceded by a profuse discharge of black, coagulated blood, or of a pungent, bloody ichor; more pain at night; fainting while getting out of bed; livid complexion; cauliflower excrescences; feels cold throughout the menstrual cycle; irritable, gloomy attitude; wretched appearance, extreme senility, and insomnia.
- **Euphorbium officinarum:** Horrible cancer-related burning pains. CLARKE claims that repeated dosages of Euphorbium 6 caused the highest pain relief in a life-threatening case of pelvic bone sarcoma under my care.
- **Hydrastis Canadensis:** Cancer and conditions where cancer is present when pain is the main symptom. It is particularly active in elderly, easily fatigued, cachectic

individuals with severe debility. Catarrh may be present anywhere and is characterized by thick, yellowish, ropy discharge. More cancer cases have been successfully treated with it than any other single treatment, according to Clarke.

- **Kalium cyanatum:** This medicine has helped with painful neuralgia and tongue cancer. Ulcer of the tongue with indurated edges. Worse from 4 am to 4 pm.

Non-Cancer Pains

Psychogenic Pains

- **Valeriana officinalis:** Hysterical colic, particularly at night when in bed, after meals, and with involuntary inclination to draw the abdomen in from the pinching and cutting pain.
- **Asafoetida:** Hysterical colic; the abdominal distention is mostly partial; rising eructations without alleviation; failing to breathe downward when experiencing paroxysms; improvement due to external pressure; a belly ache that feels like the intestines have been torn or cut; a relief from passing wind that feels like something is rising from the chest to the throat.

Colic

- **Colocythis:** Cutting, violent, constrictive, or spasmodic pains, cutting as with knives, radiating from a central location in the belly, where the symptoms are the worst; requires a double bend, changes positions with significant agitation and screams; after vexation; better by placing the abdomen against the corner of a table or the head of a bed post; coffee, cigarette smoking, and the passing of flatus.
- **Piper methysticum:** With tossing and turning and agonising pain. Although the patient is compelled to shift positions, this does not provide alleviation; or momentary relief when he is absorbed by other things.

Neuralgia

- **Aconitum napellus:** Severe pain, particularly at night, pulsing; lancinating; febrile heat; moaning and groaning; agony and dread of death; thirst; redness of the cheeks; rapid and tiny pulse; Hyperaesthesia of all nerves, particularly of the vision and hearing; agitation and insomnia. Better outside, worse inside, evening and night; worse resting on the affected side, from music, cigarette smoke, and dry cold breezes.
- **Chamomilla:** Shooting, tearing, pulsating pains; faints readily away; one cheek red, face puffy, the other pale; heated sweat on the head and hair, along with weeping, crying, being angry, and being irascible. Mental calmness and sluggish and constipated bowels contra indicate Chamomilla. Anger, heat, the outdoors, wind, and darkness make it worse. Excellent warm, rainy weather.
- **Magnesium phosphoricum:** The most effective spasmodic treatment. Muscular cramping and radiating agony. Warmth eases neuralgic pains. NASH calls it the prince of Magnesia. It ranks top among our best neuralgia or pain treatments: No other has a wider range of pains. Every night neuralgia, now in lower limbs, in the tibia, or thighs, mostly with spasmodic muscular contractions; during the day perfectly well. On the right side, cold, touch, and night are the worst. Better: double bending, warmth, friction, and pressure.

Apart from these, the remedies which commonly come to our mind when thinking of pain like Ruta, Arnica, Calendula, Hypericum, Bellis Perennis etc. can also be considered depending on the totality of symptoms.

Miasmatic Approach ^[16]

- **Psora:** Neuralgic pains are either psoric or pseudo-psoric usually better by quiet rest and warmth. Often aggravating motion and amelioration warmth and rest.
- **Sycosis:** Pains in joints or periosteum are due to gouty concretions and chalky deposits in the tissues conveyed from circulation. Muscle or joint pain that is tearing or shooting. Finger or minor joint pain. Better movement, rubbing, stretching, and dry, sunny weather makes for worse rest for patients. When a storm is approaching, the air is more humid, the barometer is dropping, or it is becoming colder; heat does not always make things better. Especially lameness, stiffness and pain are extremely indicative of sycosis. Worse bending, stooping or beginning to move.
Inflammatory deposits are infiltrated during rheumatism or arthritis, but they quickly disappear and are never formative as found in changes of Syphilitic and Tubercular nature which remain permanent unless dissipated by treatment. Rheumatic aches are improved by movement or stretching when it's chilly and moist.
Arthritic-deformans-sycotic
- **Syphilis:** Upper and lower extremity periosteum or long bones experience stitching, shooting, and lancinating pains. Aggravation at night or night approach; worse by cold and damp or change of weather.

Prognosis ^[4]

If people take action to address chronic pain it may be successfully treated. Future therapy options are projected to improve and expand as a consequence of various neurological developments.

Few self-management tips for an individual suffering from chronic pain

- Deep breathing and other stress-reduction methods might help you relax.
- Set reasonable expectations and avoid going overboard on excellent days. Develop your sense of pace.
- Think of more positive ideas.
- Make a daily plan that allows for time for relaxation, rest, and exercise.
- Know your drugs, including the potential advantages and disadvantages. Ask your doctor if there is a better option if the expenses of your medications outweigh the advantages. A usual level of activity and mood are signs that the medication is functioning. If taking your medicine makes you less inclined or capable of being active, talk to your doctor about alternate options.
- Take all drugs exactly as directed, but don't be afraid to ask questions. Inquire as to whether the prescription medication is intended to manage an underlying ailment or treat symptoms.
- Reduce your alcohol consumption or discontinue all alcohol use. Sleep disruption from pain is common, and drinking may make the sleep cycle worse.
- Give up smoking. Smoking may hinder recovery and

increases the risk of several illnesses, including degenerative disc disease, which is a major contributor to low back pain. For treatment to be successful, both a person's physical and mental health must be taken into account. When chronic pain is adequately treated, a person may continue living a more active and rewarding lifestyle.

Views of stalwarts ^[18-22]

- Most of the discomfort was included in the Psoric Miasm by *Dr S. Hahnemann*. He states in verse 80 of Psora "the monstrous internal chronic miasm- the psora, the only real fundamental cause and producer of all the other numerous, I may say innumerable forms of disease.....and pains of thousands of kinds, figure in systematic works on pathology as peculiar, independent diseases".
In § 86 ".....What kind of pain, what sensation exactly, was it that occurred on this spot? Where was the precise spot? Did the pain come in fits and by itself, at various times? Or was it continued, without intermission? How long did it last? At what time of the day or night? At which body position was it worst, or ceased entirely? What was the exact nature of the event or circumstance mentioned- described in plain words?"
- Pain, fever, and inflammation shouldn't be seen as the real disease or the true target of therapy, according to Dr. Stuart Close. If they are seen as such, there are no greater medical abuses than the simple palliation or suppression of symptoms, which follows logically and unavoidably from this perspective. Its foundation is an incorrect and irrational understanding of the illness phenomenon that confuses effects with causes.
- Dr. JC Burnett: 'Pain becomes a natural progression and a beneficial requirement if we are to have free sentient existence at all for the pleasure to cease on the upper side of the damage and for the pain to be able to protect us by the warning.'
There must be something wrong wherever there is pain. Why is the pain? What is incorrect?
The messenger is now mistreated or massacred to prevent the message of pain from coming, which is now understood to be the pain per se everywhere.
Observe the injections, the nerve cutting, and the nerve stretching! However, the weak nerves are often but consistently forewarning speakers of the organism speaking at the designated portion which is most likely to cause an ignorant man to listen and comprehend.
- Dr. Fortier Bernoville: Simple instances may be treated with symptomatic medications alone, but in difficult situations, constitutional treatments must be added. Constitutional remedies are often necessary to prevent a recurrence.
- Dr. Praful Vijayakar: The body always speaks the mind's language. Body and mind are two different things but two poles of the same axis. Thus, the sensitive mind increases sensitivity at the body level to give rise to the 'pain' factor. Mind and body speak the same language this means the mind must also have developed some characteristics which will defend itself psoro-syco-syphilitically. So, to select a simimum we have to consider both the physical and mental symptoms.

Few Research Studies [23, 24]**Homoeopathic Medications' Efficacy in chronic low back pain: A Clinical Study**

30 patients, 25–65 years old, of both sexes, with persistent low back pain for more than two years, were selected for clinical study from the outpatient department (OPD), Bharatesh Homoeopathic medical college, Karnataka, India. Following repertorization, the patient was given homoeopathic medicines such as Hypericum, Ruta, Causticum, Kali carb, Baryta carb, Eup perf, etc. Following homoeopathic therapy, there was a 61.72 percent drop in the numerical pain rating scale score. After receiving homoeopathic care, the value of Oswestry fell by 71.21 percent.

Homeopathy for pain management

A] Homeopathy is successful in lowering the usage of traditional painkillers in a study conducted in France, a country where patients may choose between seeing a conventional or homoeopathic doctor.

Patients with a range of musculoskeletal conditions, such as rheumatism, osteoarthritis, fibromyalgia, tendinitis, rotator cuff syndrome, enclosing spondylitis, muscular spasms, intervertebral disc problems, neck pain, torticollis, and spinal stenosis were compared in this year-long research. Homoeopathic patients used 25% fewer opioids, and 50% fewer NSAIDs, and had fewer side outcomes.

B] According to two-year multi-centre research conducted in Germany on individuals with persistent low back pain who received tailored professional homoeopathic therapy, both the severity of their diagnosis and the need for conventional therapies decreased; patients using conventional medicines represented half of the baseline group, and both the physical and mental components of the quality-of-life measure showed improvement.

Other trials conducted in Europe have demonstrated that homoeopathy may provide equivalent pain treatment to a placebo or superior pain relief with fewer side effects.

Conclusion

- CP is a problem that is ignored and undertreated, despite the fact that it is a serious illness with socioeconomic implications that do not get the funding or administrative support it deserves.
- The advocacy organisations must make a variety of activities at the healthcare, administrative, governmental, patient, and public levels to raise public awareness.
- To implement the appropriate and efficient approach to pain management, it is essential to recognize and diagnose pain and the diseases that it is associated with.
- Homoeopathy recognizes that symptoms of the disease are expressions of imbalance in the whole person and treats all the symptoms as single.
- In homoeopathy, diseases are cured by internally administered similar medicines about the proper auxiliary psychical hygienic and mechanical treatment in a gentler harmless and reliable way.
- In this article an effort was made to understand the complexities of chronic pain, the risk factors involved, a discussion of a few conditions causing chronic pain with its treatment and management, along with a discussion of a few homoeopathic remedies among the huge armamentarium of medicines which we can think

of while dealing with patients of CP effectively.

- We have brought to your notice two studies, one of which shows Homoeopathy having a better effect than a placebo in pain relief, and the other one shows patients using homoeopathy used fewer narcotics and NSAIDs for pain relief.
- Thus, Homoeopathy can be considered a viable treatment option to relieve chronic pain.

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