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UTILITY OF REPERTORIES IN LUMBAGO WITH HOMOEOPATHIC MANAGEMENT

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ABSTRACT- Low back pain (LBP) is one of the most common problems with which people of all age groups reports to physicians. It is a very troublesome complaint affecting day to day life, leading to decreased productivity. Next to common cold, It remains the most common reason why people seek medical help.

Low back pain is a burden in a health policy and medical care. This raises the question whether present day management, which often runs counter to current scientific evidence, is appropriate. Practically speaking, so called specific back pain is to be distinguished from nonspecific or common back pain. The former arises from a precise lesion (infectious, tumoral, inflammatory or traumatic), while the latter has no obvious underlying cause.

Keywords: Low back pain, Homoeopathy, Rubrics, Kent, Boericke, Non-specific muscular pain, Radicular spasm, Hematoma.

INTRODUCTION

Abbreviations: Quality of life (Qol), LowBack Pain (LBP), Electromyogram (EMG).

METHODOLOGY- The data related to this article is collected from the source books like Practice of Medicine by Archith Bolor and Ramadas Nayak, Practice of Medicine by Kamal Kansal and Rakesh Kaushal, Homoeopathic Materia Medica and Repertory by William Boericke, Repertory of the Homoeopathic Materia Medica by J.T.Kent and by different articles.

DEFINITION- Lumbago or low back pain (LBP) is a common disorder involving the muscles, nerves and bones of back. Pain can vary from a dull constant ache to a sudden sharp feeling. It causes discomfort in the upper, middle and lower back.



TYPES OF LOWER BACK PAIN-

Michael Ashburn, MD, MPH, MBA said identifies three common forms of lower back pain and that are as follows:-

Non-Specific Muscular Pain

By far the most common cause of back pain is non-specific muscular pain, which is basically a muscle strain. There is the intense muscular pain on one or both sides of lower back. Non-Specific muscular pain may be caused by lifting, twisting, stretching, or any other kind of movement that adds stress to the lower back. It can also be caused by sudden, unexpected movement such as a fall.

Muscle Spasms

Less common than non-specific muscular pain, muscle spasm are also a common manifestation of lower back pain. Muscle spasm occur when the back muscles involuntarily contract. Muscle spasm are the most often due to bending, heavy lifting or other activities. The injury usually starts with a specific incident, rather than chronic use. "Three out of four people with muscular lower back pain such as muscle spasms can recall a specific time and activity after which they developed their pain," says Dr. Ashburn.

Radicular Spasm

The nature of radicular pain differs slightly from non-specific muscular pain and muscle spasms. “Patients who are experiencing radicular pain will often experience a sharp shooting pain that starts in the back and goes into one or both legs. They also may feel numbness or tingling in their legs.

Some radicular pain can also be classified as sciatic nerve pain, a very common and painful condition. “The difference between radicular pain and sciatic nerve pain is that radicular pain may begin higher up in the spine and then radiate toward the lower back, whereas sciatic pain is a feeling of intense pain in the lower spine.

Symptoms:

Symptoms of LBP are usually described by type of onset and duration:

- **ACUTE PAIN:** This type of pain typically comes on suddenly and lasts for a few days or weeks and is considered a normal response of the body to injury or tissue damage. This pain gradually subsides as the body heals.

- **SUBACUTE LOW BACK PAIN:** lasting between 6 weeks and 3 months, this type of pain is usually mechanical in nature but is prolonged. At this point, a medical workup may be considered, and is advisable if pain is severe.

- **CHRONIC BACK PAIN:** usually defined as Low back pain that lasts over 3 months, this type of pain is usually severe, does not respond to initial treatments, and requires a thorough medical workup to determine the exact source of pain.

Table 1

Risk factors for occurrence and chronicity of low back pain^{W10}

Risk factors	Occurrence	Chronicity
Individual	Age; physical fitness; weakness of back and abdominal muscles; smoking	Obesity; low educational level; high levels of pain and disability
Psychosocial	Stress; anxiety; negative mood or emotions; poor cognitive functioning; pain behaviour	Distress; depressive mood; somatisation
Occupational	Manual material handling; bending and twisting; whole body vibration; job dissatisfaction; monotonous tasks; poor work relationships and social support	Job dissatisfaction; unavailability of light duty on return to work; job requirement of lifting for three quarters of the day

Common Causes of Low Back Pain

- Manual materials handling (especially lifting)
- Twisting of the trunk
- Bending the trunk forward
- Bending the trunk to the side
- Excessive reaching
- Falls
- Prolonged sitting
- Sedentary jobs
- Highly physical jobs
- Exposure to whole-body vibration
- Cigarette smoking
- Obesity Extreme
- tallness

Other Causes of lower back pain:

Other causes of low back pain include kidney problems, pregnancy, ovary problems, and tumours.

Kidney problems -Kidney infections, stones, and traumatic bleeding of the kidney (hematoma) are frequently associated with low back pain. Diagnosis can involve urine analysis, sound-wave tests (ultrasound), or other imaging studies of the abdomen

Pregnancy- Pregnancy commonly leads to low back pain by mechanically stressing the lumbar spine (changing the normal lumbar curvature) and by the positioning of the baby inside of the abdomen. Natural labor can also cause low back pain.

Ovary -Problems Ovarian cysts, uterine fibroids, and endometriosis may also cause low back pain. Precise diagnosis can require gynaecological examination and testing.

Tumors- Low back pain can be caused by tumor, either benign or malignant, that originate in the bone of the spine or pelvis and spinal cord (primary tumors) and those which originate elsewhere and spread to these areas (metastatic tumors). Symptoms range from localized pain to radiating severe pain and loss of nerve and muscle function (even incontinence of urine and stool) depending on whether or not the tumors affect the nervous tissue. Tumors of these areas are detected using imaging tests, such as plain X-rays, nuclear bone scanning, and CAT and MRI scanning.



INVESTIGATIONS-

In addition to a complete medical history and physical exam, diagnostic procedures for low back pain may include the following. However, during many initial assessments and exams, specialized tests aren't recommended.

- **X-ray:** A diagnostic test that produces images of internal tissues, bones, and organs onto film.
- **Computed tomography scan** (also called a CT or CAT scan): A diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce cross-sectional images (often called slices), both horizontally and vertically, of the body. A CT scan shows detailed images of bones, muscles, fat, and organs.
- **Magnetic resonance imaging (MRI):** A diagnostic procedure that uses a combination of large magnets, radiofrequencies, and a computer to produce detailed images of organs and structures within the body.
- **Radionuclide bone scan:** A nuclear imaging technique that uses a very small amount of radioactive material, which is injected into the bloodstream to be detected by a scanner. This test shows blood flow to the bone and cell activity within the bone.
- **Electromyogram (EMG):** A test to evaluate nerve and muscle function.
- **Blood tests.** These can help determine whether you have an infection or other condition that might be causing your pain.
- **Bone scan.** In rare cases, your doctor might use a bone scan to look for bone tumors or compression fractures caused by osteoporosis.
- **Nerve studies.** Electromyography (EMG) measures the electrical impulses produced by the nerves and the responses of your muscles. This test can confirm nerve compression caused by herniated disks or narrowing of your spinal canal (spinal stenosis).

COMPLICATIONS: Over time, lower back pain can lead to complications including:

- Absenteeism from work or school
- Chronic pain or discomfort
- Permanent nerve damage (due to a pinched nerve) including paralysis
- Permanent physical disability
- Physiological and psychological response to chronic pain
- Poor quality of life

Prognosis

The outlook for low back pain absolutely depends on its precise cause. For example, acute strain injuries generally heal entirely with minimal treatment. On the other hand, bony abnormalities that are irritating the spinal cord can require significant surgical repair and the outlook depends on the surgical result. Longterm optimal results often involve exercise rehabilitation programs that can involve physical therapists.

TREATMENTS AND DRUGS

Most back pain gets better with a few weeks of home treatment and careful attention. Over-the-counter pain relievers may be all that you need to improve your pain. A short period of bed rest is ok, but more than a couple of days actually does more harm than good. Continue your daily activities as much as you can tolerate. Light activity, such as walking and daily activities of living, is usually ok. But, if an activity increases your pain, stop doing that activity. If home treatments aren't working after several weeks, your doctor may suggest stronger medications or other therapies.

Medications

Your doctor is likely to recommend pain relievers such as acetaminophen (Tylenol, others) or nonsteroidal anti-inflammatory drugs, such as ibuprofen (Advil, Motrin, others) or naproxen (Aleve). Both types of medications are effective at relieving back pain.

Physical therapy and exercise

Physical therapy is the cornerstone of back pain treatment. A physical therapist can apply a variety of treatments, such as heat, ultrasound, electrical stimulation and muscle-release techniques, to your back muscles and soft tissues to reduce pain. As pain improves, the therapist can teach you specific exercises that may help increase your flexibility, strengthen your back and abdominal

muscles, and improve your posture. Regular use of these techniques can help prevent pain from returning.

Surgery

Few people ever need surgery for back pain. If you have unrelenting pain associated with radiating leg pain or progressive muscle weakness caused by nerve compression, you may benefit from surgical intervention.

Rubrics related to back pain in different repertories along with the medicines given:

Kent Repertory:

BACK – PAIN – Sacral region – alternating with aching in occiput: alum. carb-v.

BACK – PAIN – burning – Cervical region – on turning as if burnt, and twisting head: calc.

BACK – PAIN – sore, bruised, beaten – Cervical region – burning: ph-ac.

BACK – PAIN – sore, bruised, beaten – Dorsal region – scapulae, – between paroxysms of burning: plb.

BACK – PAIN – tearing – Dorsal region – Burning: kali-c.

BACK – PAIN – aching – Spine – dull sensation as from fullness of blood: phos.

BACK – PAIN – pressing – Sacral region – dull instrument, as from a: mosch.

Foreign body as If: Sensation of something present i.e. not normally there.

BACK – PAIN – Lumbar region – walking, – on uneven ground: podo. Thuj.

Back, pain, stitching, dorsal, extending to, occiput, during labor = Petr

Back, pain, stitching, lumbar, morning, 3 am = Kali-c

Back, pain, stitching, lumbar, radiating = Berb

Back, pain, stitching, extending to, gluteal regions and hips = Kali-c

Back, pain, stitching, lumbar, extending to nates, 3 am = Kali-c

Back, pain, stitching, lumbar, extending to outward around abdomen = Berb

Back, pain, stitching, sacral, pregnancy = Kali-c

Back, pain, stitching, sacral, extending to gluteal region and hips = Kali-c

Back, pain, stitching, coccyx, rising from seat = Sil

Back, pain, stitching, spine, extending down small of back to region of bladder = Berb

Back, pain, struck with a hammer, as if, pressing against something hard, amel = Sep

Back, pain, tearing, sacrum, and hips while walking = Aesc

Boger Boenninghausens Characteristics and Repertory

Lumber region – small of back in general

Lumbar region(also loins)- Aesc, Alu, Antim t, Calc c., Caust, Kali.c., Kre, Lach, Nit-Ac, Nux-v, Pul, Rhus t, Sep, Sul.

Beaten, bruised, as if: Grap, Lach, Nux-v, Rhus-t, Ver-A.

Broken as if: Bell, Kali-c, Lyco, Nat-m, Nux-v, Ruta, Sep, Stap.

Lumbago: Rhus t, Nux-v.

Overlifting: Rhut-t.

Pain: Bar-c, Puls, Sul.

Pressure: Bry, dulc, Mur-ac, Sep, Spo.

Stitches, sticking, etc: Lach, Lyc, Nux-v.

Tearing, Shooting, etc: Ars, Sil, Spo, Sul.

BOERICKE REPERTORY:

Locomotor system – Back- Pain

Aching as if it would break and give out -- Æsc., Bell., Chel., Eup. perf., Ham., Kal., Nat. m., Phos., Puls., Rhus t., Sarcol. ac., Tril-p.

Aching, dull, constant (backache) - Æsc., Agar., Ant. t., Arn., Berb. v., Calc. c., Calc. fl., Cim., Cob., Cocc., Dulc., Helon., Kali c., Kalm, Lyc, Nat. m., Nux v., Ol. j. as., Phyt., Puls, Rhus t., Sabal, Sep, Staph., Still., Sul., Ter, Vib. op..

Between, Scapulae - Acon., Calc. c., Pod., Rhus t., Sep.

Bruised: Acon., Arn, Berb, Dulc, Ham, Merc, Nux-v, Rhus-t.

Crampy: Bell, Coloc.

Drawing: Caust, Kali-c, Sabin.

Digging, cutting - Sep

Falling apart sensation, involving small of back, Sacroiliac synchondroses; relieved by bandaging tightly -- Trill.

Heaviness, dragging, weight- Aesc, Aloe, Am-m, Berb, Eup.pur, Helon, Kreos, Sep.

Lancinating, drawing, tearing -- Alum., Asclep. t., Berb. v., Scolop., Strych

Lancinating, extend down thighs, legs-Aesc, Berb, Coloc, Helon, Ox.ac, Scol, Stel.

Lancinating, extend to pelvis: Arg.n, Cimic, Vario.

Lancinating, extend to pubes:Sabin

Lancinating, extend to upward:Gels

Pressing, plug like- Aesc, Agar, Berb, Nux.v.

Stitching, piercing, pricking- Berb, Bry, Kali.c, Merc.

Discussion: Classic homeopathic treatment represents an effective treatment for low back pain and other diagnoses. It improves health- related QoL and reduces the use of other healthcare services Homoeopathy is often overlooked as a modality for pain management. However, it deserves to be a first-line treatment due to its safety, effectiveness, and cost-effectiveness.

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