



THE IMPORTANCE OF SECOND PRESCRIPTION IN HOMOEOPATHY IN PATIENTS WITH LUMBAR SPONDYLOSIS

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Abstract: This study investigates the management of cases of lumbar spondylosis with homoeopathic management using the principles of second prescription. Lumbar spondylosis is a degenerative condition of the lumbar spine. 85% of individuals aged 40–70 years show degenerative changes in the lumbar spine on radiography. Lumbar spondylosis generally affects the working-age population and the dependent population, affecting the global economy. Hence, this condition requires a holistic approach to management through a complementary system. The homeopathic system can help in maintaining the general state of health, minimize further complications, and alleviate symptoms. The proposed concept of a second prescription is novel in homeopathy, a discipline that receives little research. From the OPD, IPD, and Rural Health Centers of Sarada Krishna Homoeopathic Medical College the Hospital, 40 patients suffering from lumbar spondylosis were chosen for the study. The standard pre-structured case record format Sarada Krishna Homoeopathic Medical College and Hospital's was utilized to keep track of the case details. After analysis of the entire case, totality of symptoms was erected based on which a remedy was selected. Assessment was done at ensuing follow-ups, and changes observed in the patients based on Oswestry's Disability Index were noted. Out of 40 cases of lumbar spondylosis all cases showed significant improvement based on statistical analysis of before and after scoring method for lumbar spondylosis. The result of the study verifies the concept of second prescription in homoeopathy in cases of lumbar spondylosis according to JT Kent we can observe symptomatic improvement in lumbar spondylosis.

Index Terms - Degeneration, Homoeopathy, Lumbar spondylosis, Second prescription.

INTRODUCTION

Lumbar spondylosis is a common degenerative disorder of the lumbar spine that causes progressive structural abnormalities in the intervertebral discs, facet joints, and vertebral bodies. ¹ Lumbar spondylosis encompasses a wide range of conditions, including degeneration of the intervertebral disc or facet joints, osteophyte formation, vertebral body or endplate sclerosis, ligament hypertrophy, and, in severe cases, narrowing of the spinal line or disc space, that may lead to disability. ² The International Classification of Diseases of Degenerative condition of the spine, unspecified (ICD-11 MMS) code is FA8Z. ³ The incidence of lumbar osteoarthritis in the Indian population was reported to be 2.53%. ⁴ The World Health Organization [WHO] reports that 9.6% of men and 18% of women over the age of 60 suffer from lumbar spondylosis worldwide. 80% of patients with spondylosis have movement limitations, while 20% are unable to conduct their major daily activities. ⁵ Risk factors for lumbar disc degeneration disease and associated lumbosacral nerve compression include increasing age, socioeconomic status, smoking, obesity, heavy lifting, vibration, trauma, immobilization, psychosocial factors, gender, height, hereditary and genetic factors, and occupations such as machine drivers, carpenters, and office workers. Hereditary inheritance accounts for about 50-70% of disc degeneration. ⁶

Degenerative processes of spondylosis, such as disc bulging, osteophyte formation, and superior articular process hypertrophy, all contribute to the narrowing of the spinal canal and intervertebral foramen, resulting in radiculopathy-related symptoms. ⁷ The most prevalent symptom of lumbar spondylosis is lower backache, followed by leg pain, numbness, and muscle weakness in the lower limbs. The patient should be examined while standing, sitting, and lying down. ⁸ Lumbar spine radiographs can reveal disc space narrowing, osteophyte formation, facet joint space narrowing, and subluxation of one vertebra over another. Additional diagnostic tests include computed tomography and magnetic resonance imaging. ⁹ If the disease is not addressed, it can cause serious disability and reduce quality of life. Lumbar spondylosis consequences include chronic discomfort, radicular pain, spinal stenosis, loss of movements, muscular weakness, loss of bowel and bladder control, facet joint dysfunction, and a lower quality of life. Most commonly, patients with lumbar spondylosis opt for conventional medical treatments that include the use of non-steroidal anti-inflammatory drugs (NSAIDs) and steroidal injections, which temporarily alleviate the symptoms within a short period of time.

These drugs lead to outcomes such as hemorrhage, ulcerative colitis, and nonspecific meningitis. Surgery is considered in cases that have failed to respond to conservative therapy or have progressive neurological deficits. Physical therapies like inferential therapy, lumbar traction, and standard wave therapy were also considered by patients, along with medications.¹⁰

Homoeopathy offers a cost-effective treatment for the pain management of lumbar spondylosis. The first prescription is made based on the concept of the totality of symptoms. But there are very few studies done based on the further prescription analysis, i.e., the second prescription. After the action of the first prescription, it is important that the patient not be left unattended, and the proper analysis, evaluation, and correct interpretation must be done so that the outcome of the case is clearly defined and the patient is improved.¹¹ The second prescription can be a repetition of the first prescription, a change in potency or placebo, or a or a change of remedy, which can be an antidote, complementary, cognate to the previously indicated remedy, or a new remedy based on the changed totality.¹² The whole concept of second prescription was grown out of the clinical experience of stalwarts Dr. Kent and Dr. Hering, who guided through the practical application of it.¹³

OBJECTIVE OF THIS RESEARCH:

To verify the role of second prescription in homoeopathy in patients with lumbar spondylosis and to know what to prescribe after assessing the prognosis of the patient after first prescription in patients with lumbar spondylosis.

MATERIALS & METHODS:

Source of data:

A cohort of forty patients with pre diagnosed cases of Lumbar spondylosis with Computed tomography and Magnetic resonance imaging of Lumbar spine were taken from the IPD, OPD, and Rural centers of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam and managed homoeopathically based on Kents concept of second prescription.

Selection of sample: 40 cases were selected based on purposive sampling.

Data collection method:

40 pre diagnosed with Lumbar spondylosis were selected from IPD/OPD of Sarada Krishna Homoeopathic Medical College & Hospital based on purposive sampling approach. The details of the case were recorded from the patient in standardized pre-structured case format of Sarada Krishna Homoeopathic Medical College & Hospital. The case was analyzed and totality erected. Kents Repertory was used for finding suitable homoeopathic medicine. Evaluation of the symptoms was done followed by Repertorisation (if necessary) and a suitable similimum was selected. Selection of potency for each case was based on homoeopathic principles. Repetition of dose was done based on homoeopathic philosophy. The persons who need physiotherapy or are willing to do physiotherapy will be advised for it and those who are not willing to do or mild cases which do not require it will be given only medicinal intervention.

Inclusion criteria:

Patients of age group 30- 70 years, pre diagnosed cases of Lumbar spondylosis using MRI or CT scan, physiotherapy will be advised as general management, when necessary, all type of socioeconomic status and both sexes.

Disqualifying factors:

Patients suffering from other systemic illnesses (Fibromyalgia, Cancer, Muscular dystrophy, Epilepsy, etc.), cases in which surgical intervention is necessary, patients with age group of less than 30 years and above 70 years, those under medication for other chronic diseases, pregnancy and tuberculosis of spine and malignancy of spine.

Outcome assessment:

Changes in symptoms analyzed according to Oswestry Disability index (VERSION 1.0). The type of second prescription done in each case will be analyzed.

Statistical techniques and data analysis:

Since p value < 0.05 , it indicates that the test is statistically significant and hence the null hypothesis is rejected. Thus, the second prescription in Homoeopathy play an important role in the management of Lumbar spondylosis.

OBSERVATION & RESULTS:

This section contains observations, conclusions, and statistical analysis of the 40 reported instances of lumbar spondylosis that were managed based on the concept of second prescription according to Kents observations.

Distribution of cases according to ailments factor:

Out of 40 cases, 11 cases developed due to their occupation (27.5 %), 2 cases due to prolonged sitting (5%), 3 cases due to over exertion (7.5%), 14 cases developed due to lifting heavy weight (35%) and 10 cases due to fall (25%).

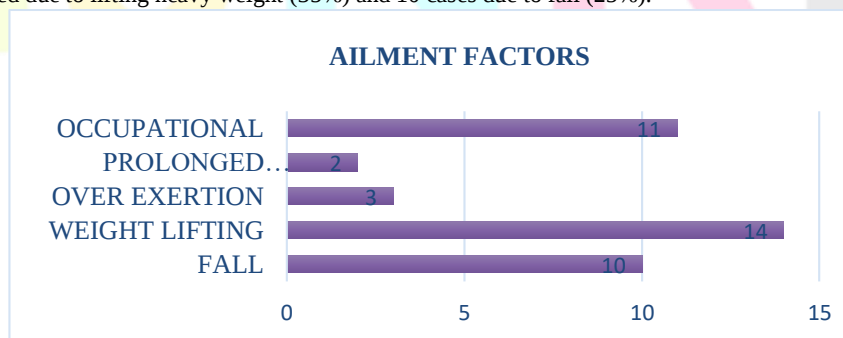


Figure 1: Distributions of Cases According to Ailments Factor

Distribution of cases according to physiotherapy intervention:

Among 40 instances, 12 cases (30%) underwent physiotherapy management along with homoeopathic medications and 28 instances (70%) were managed with homoeopathic medicines.

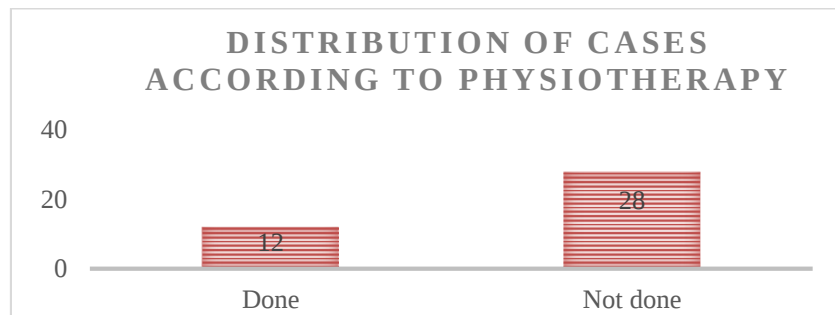


Figure 2: Distribution of Cases According to Physiotherapy

Distribution of cases according to first prescription:

Among 40 cases, in 14 (35%) cases *Rhus toxicodendron* was used as the first prescription, in 6 (15%) cases *Bryonia alba* was prescribed, in 4 (10%) cases *Phosphorus* was used, for 2 (5%) cases *Nux vomica* was given, in 2 (5%) cases *Zincum metallicum* was prescribed, then for 2 (5%) cases *Pulsatilla* was used, then *Conium Maculatum*, *Staphysagria*, *Thuja occidentalis*, *Causticum*, *Natrum muriaticum*, *Kali Carbonicum*, *Cannabis indica*, *Sepia officinalis*, *Ruta graveolens* and *Lycopodium clavatum* (2.5%) was used in remaining cases.

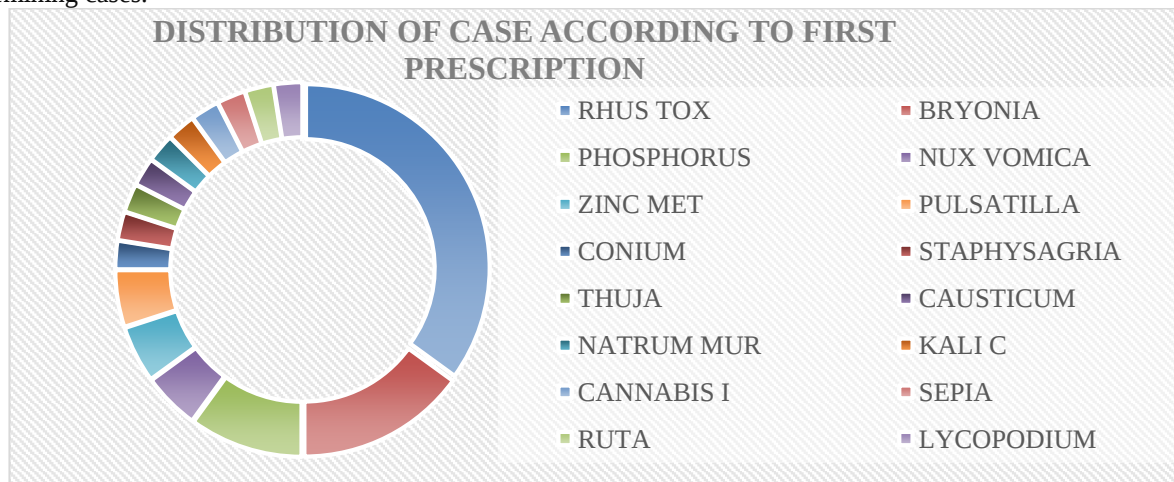


Figure 3: Distribution of Cases According to First Prescription

Distribution of cases according to second prescription:

Out 40 cases, in 11 cases *Rhus toxicodendron* was used as second prescription, 14 cases *Bryonia alba* was prescribed, in 3 cases *Nux vomica* was used, 2 cases *pulsatilla nigricans* was given, then *Conium Maculatum*, *Zincum metallicum*, *Staphysagria*, *Thuja occidentalis*, *Natrum muriaticum*, *Kali Carbonicum* and *Sepia officinalis* was used in remaining cases.

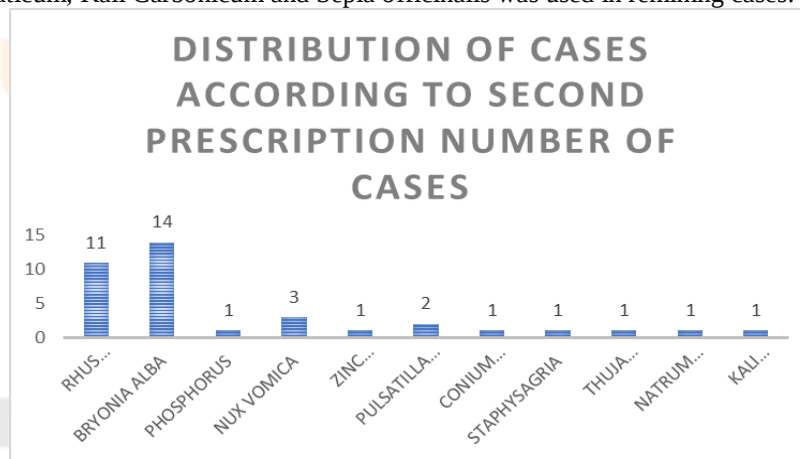


Figure 4: Distribution of Cases According to Second Prescription

Distribution OF CASES ACCORDING TO SECOND PRESCRIPTION:

Out of follow-ups observed in 40 cases, in 22 cases there was repetition of first prescription followed by *sac lac*, in 5 cases the remedy was changed in the subsequent follow-up, in about 8 cases as the first prescription was the most similimum only *sac lac* was given in follow ups, in 3 cases potency was changed in subsequent follow-up and in 5 cases there was a mix of second prescription in each follow up which includes repetition of first remedy, change of plan of treatment, change of remedy.

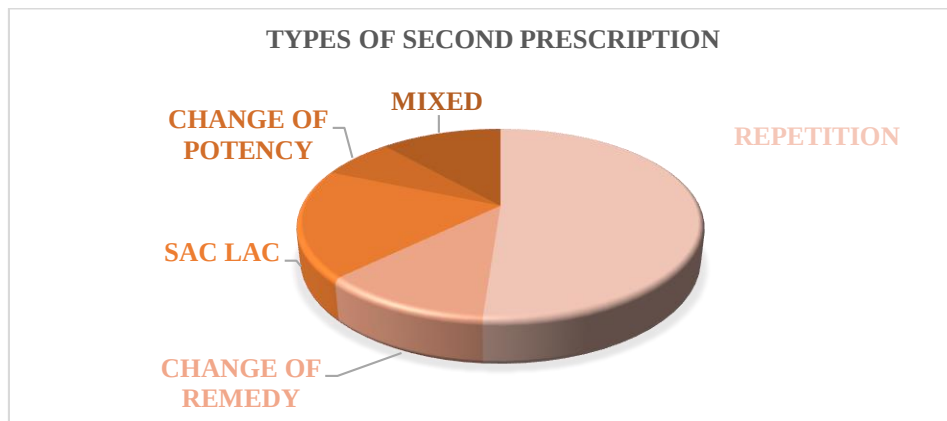


Figure 5: Distribution of Cases According to Second Prescription

DISTRIBUTION OF CASES ACCORDING TO PRE AND POST ASSESMENT SCORE:

The above chart indicates the pre and post assessment score of lumbar spondylosis which was done based on Oswestry's disability index version (1.0) which shows significant reduction in the intensity of symptoms after homoeopathic treatment.

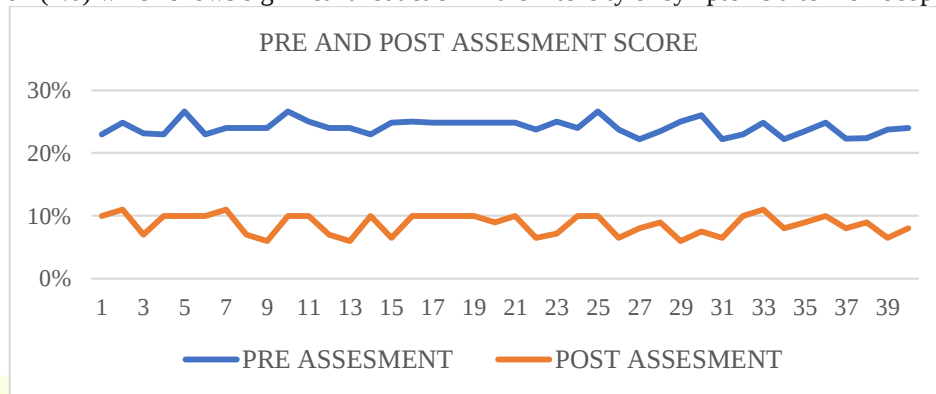


Figure 6: Pre and post assessment

DISCUSSION:

Out of 40 cases 2 patients (5 %) were in between the age group 31- 40, 14 cases (35%) come under the age group of 41-50, 10 cases (25%) belong to the age group of 51-60, 12 cases (30%) were ranging from age group of 61-70 and 2 cases (5%) belongs above 70 age group. A study shows that the prevalence of radiographic lumbar spondylosis of $KL \geq 2$ ($p < 0.001$), $KL \geq 3$ ($p < 0.001$) and low back pain ($p = 0.006$) increased with age more predominantly above 40 years of age.¹⁴ A maximum of 25 cases (62.5%) were Male and 15 cases (37.5%) were Females. According to the current study Lumbar spondylosis seem to be more prevalent in Males. In another study spondylosis and low back pain were more prevalent in women (7.8% and 76.2%) than in men (73.9% and 3.3%).¹⁵

The most common occupation out of 40 instances, 4 were fisherman (10%), 6 were running own business (15%), 4 were driver (10%), 12 were housewife (30%), 8 were Maison (20%), 2 belong to painter and technicians (5%) and 1 were pastor and chef (2.5%). Among the 40 cases, 11 cases developed due to their occupation (27.5 %), 2 cases due to prolonged sitting (5%), 3 cases due to over exertion (7.5%), 14 cases developed due to lifting heavy weight (35%) and 10 cases due to fall (25%). Study conducted on association of occupation leading to lumbar degeneration. It shows that increased risk for posterior disc affection among the carpenters and for anterior disc degeneration among the car drivers. All signs of disc degeneration were related to a history of back accidents.¹⁶

The findings demonstrated a correlation between severe disc degeneration and allelic variation in the vitamin D receptor gene. In general, normal bone mineralization and remodeling are significantly influenced by the vitamin D receptor (VDR). LSD risk was greater in overweight and obese women (particularly in the obese II subgroup) compared to normal weight women. These results imply that keeping a regular body weight could help prevent LSD.¹⁷ A cohort study revealed that lumbar spinal stenosis was more common in people with BMIs over 25.¹⁸

14 (35%) cases Rhus toxicodendron was used for first prescription, in 6 (15%) cases Bryonia alba was prescribed, in 4 (10%) cases phosphorus was used, for 2 (5%) cases nux vomica was given, in 2 (5%) cases Zincum metallicum was prescribed, then for 2 (5%) cases pulsatilla was used, then Conium Maculatum, Staphysagria, Thuja occidentalis, Causticum, Natrum muriaticum, Kali Carbonicum, Cannabis indica, Sepia officinalis, Ruta graveolens and Lycopodium clavatum was used in remaining cases. In another study the most prescribed medicine was Lycopodium followed by Nux Vomica, Calc Carb and Phosphorus, Ruta and Bryonia alba, Rhus tox, Calcarea Flour and Ledum Pal.¹⁹ All cases were given second prescription out of which for 11 cases Rhus toxicodendron was used for second prescription, for 14 cases Bryonia alba was prescribed, in 3 cases Nux vomica was used, for 2 cases Pulsatilla nigricans was given, then Conium Maculatum, Zincum metallicum, Staphysagria, Thuja occidentalis, Natrum muriaticum, Kali Carbonicum and Sepia officinalis was used in remaining cases.

Out of 40 cases, in 22 cases there was repetition of first prescription followed by sac lac, in 5 cases the remedy was changed, in about 8 cases as the first prescription was the most similimum only sac lac was given in follow ups and in 5 cases there was a mix of second prescription in each follow up which includes repetition of first remedy, change of plan of treatment, change of remedy. In a study conducted on utility of second prescription with MONARCH score. The most common types where repetition of the same medicine was observed to be the most frequently type followed by placebo and change of potency, change of remedy, complimentary remedy and intercurrent remedy respectively.²⁰

Out of 40 cases, 12 cases (30%) underwent physiotherapy management along with homoeopathic medications and 28 instances (70%) were managed with homoeopathic medicines. In a study conducted by Marry Morris, on homoeopathy and physiotherapy complex the intergroup analysis revealed that the treatment group significantly outperformed the control group about pain, daily functioning, and range of movement. No difference existed between the groups in the need for conventional pain medication.²¹

CONCLUSION:

The study demonstrates the efficacy of homoeopathic medicine when used based on the concept of second prescription in homoeopathy in cases of lumbar spondylosis.

Conflict of interest: Nil

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