



Low Backache causes according to the Hahnemann's Classification of Diseases

Low backache is common problem. In most cases it affects the region of the lumbar spine. Almost everyone at some time in his or her lifetime experiences low back pain, mild or severe. In 85% of cases, recovery occurs within 3 months.

Among the galaxy of causative factors, both spinal and extra spinal, the most common cause of LBA seems to be the lumbar disc prolapse. Bad posture plays such a significant role that one can categorically conclude that LBA is all about disc degeneration predisposed by poor posture. Now LBA is known as a modern international epidemic.

In 78% of men and 89% of women the specific cause is unknown.

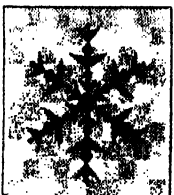
CAUSES OF LOW BACKACHE

COMMON CAUSES

- (1) Back muscle sprain- 80%.
- (2) Prolapsed lumbar intervertebral disc.
- (3) Obesity.
- (4) Poor posture.
- (5) Facet joint arthritis.
- (6) Unaccustomed activities.
- (7) Occupational causes.

UNCOMMON CAUSES

- (1) **Congenital causes**
Scoliosis, Spondylolisthesis, Spina bifida, Spondylosis.
- (2) **Infective causes**
Osteomyelitis, Tuberculosis, Brucellosis etc.
- (3) **Traumatic causes**



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Vertebral body injuries, Muscle sprain, Prolapsed disc

(4) **Inflammatory causes**

Rheumatoid arthritis, Ankylosing spondylitis

(5) **Neoplasm**

Benign, Malignant- multiple myeloma

(6) **Metabolic causes**

Osteoporosis, Osteomalacia

(7) **Degenerative conditions**

Osteoarthritis, Lumbar spondylosis

(8) **Referred pain from**

Gynaecological diseases, Genito urinary diseases, GIT conditions, etc

PRESENTING COMPLAINTS

Age: Backache is more common in middle aged and elderly (usually degenerative). In young adults it is due to trauma and in children it is usually due to organic lesions

Sex: Osteoporosis, RA in Females.

Ankylosing Spondylitis, trauma. Secondaries-Males.

Occupation: Sedentary jobs and heavy manual laborers.

PAIN: Nature of pain:

Sudden – Trauma

Gradual – Spondylosis

A/F wt lifting, sudden bending - Disc diseases.

Remission and exacerbation - Disc diseases.

Continuous - Tumors

H/O night cries - TB spine.

Site of pain:

Lumbar spine - Disc disease

Dorso lumbar spine - Trauma or tumor

Paravertebral muscle - Sprain or strain

Sciatic pain:

Neurological symptoms: Parasthesia, muscle weakness, disturbance of sphincters etc.

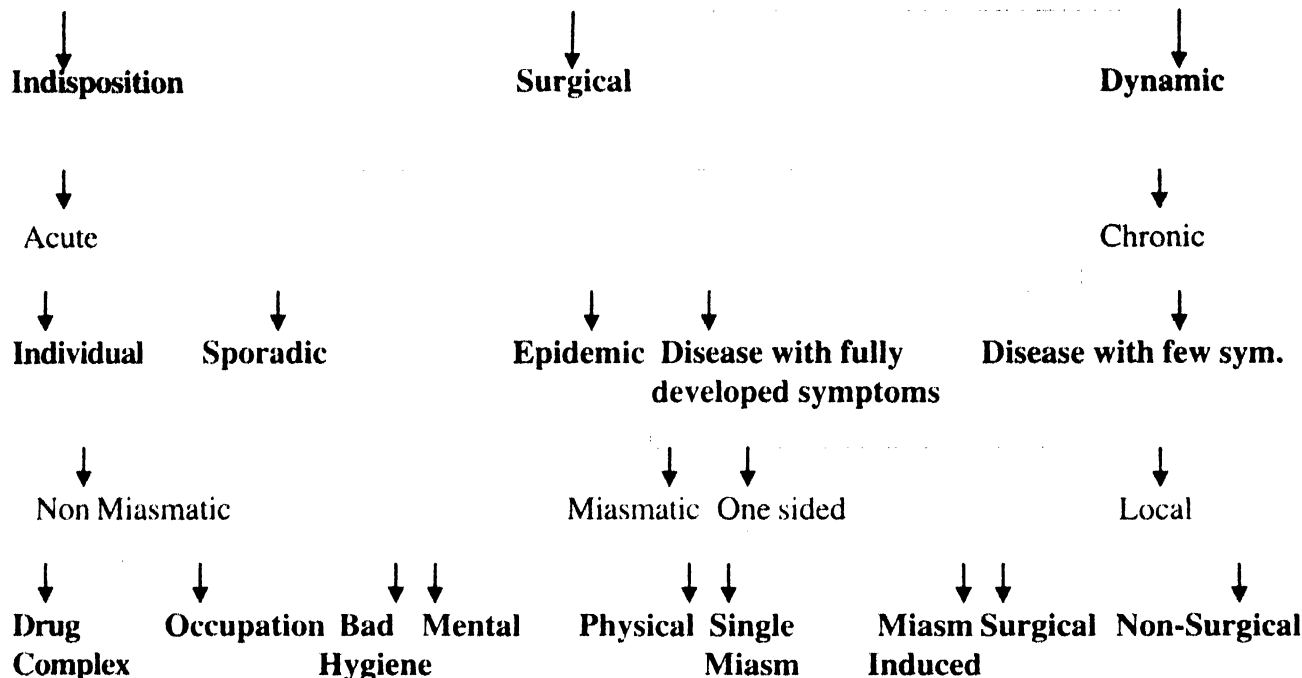
Facet syndrome: Chronic backache, early morning



stiffness, difficulties in getting out of bed etc.
Other related symptoms:

Physical signs:- gait, spasms, movements, swelling, tenderness.

HOMOEOPATHIC APPROACH TO LOW BACKACHE:
According to Dr. Hahnemann diseases are classified into: -



Classification of causes of LBA according to Homoeopathic concept :

Indisposition - Unaccustomed activities.

Surgical - Traumatic low backache with structural damage, congenital causes with severe deformities like scoliosis, spondylolisthesis, spondylolysis, prolapsed disc, etc.

Dynamic diseases:

Acute Disease – Muscle spasms, IVDP

Chronic Disease –

Non miasmatic – Muscle strain, poor posture, occupational causes, obesity, etc.

Miasmatic:-Spondylolisthesis, Scoliosis, Spina bifida, Spondylosis,

Infective conditions like Osteomyelitis, TB spine
RA, Ankylosing spondylitis

Neoplastic causes

Metabolic causes, osteoporosis
Degenerative conditions like OA, Lumbar spondylosis,
Referred pain

One sided:-

Local disease - Constant LBA without other symptoms
Surgical - Trauma and then affecting internal, like strain and IVDP.

Approach to low backache

For any disease there is a cause. § no. 5 &7 talks about the causes of disease.

- 1) Exciting or precipitating cause – for acute disease.
- 2) Fundamental or miasmatic cause – for chronic disease.
- 3) Maintaining cause – for both.

Exciting cause : Due to physical cause, mechanical causes, mental causes.



SIGNIFICANCE OF EXCITING CAUSE :-

- 1) Nature of the exciting cause helps Physician to select a remedy.
- 2) The proper identification of the exciting cause helps to avoid those noxious influences and future suffering.
- 3) In mere disposition, removal of the exciting cause alone is sufficient to restore health.
- 4) Nature of exciting cause helps the physician to manage the diet , regimen, environment, etc.

Fundamental cause :-

It is responsible for the occurrence of all true chronic disease. In § 5 Dr. Hahnemann has given the guidelines to investigate the fundamental cause. We have to investigate;

- 1) Constitution of the patient
- 2) His moral and intellectual character
- 3) His occupation
- 4) Mode of living and habits
- 5) His social and domestic relationship
- 6) His age
- 7) Sexual functions, etc.

Significance of fundamental cause :

- 1) In order to cure a chronic disease, the chronic miasm is to be eliminated which requires anti-miasmatic treatment.
- 2) It helps the physician to diagnose the pathology and there by helps in selection of potency, second prescription and diet and regimen.

Maintaining cause :

Maintaining causes are responsible for the continuity of disease. The disease exists so long as their causes are present which have influence upon the person. But as soon as the person is removed from the influence, the disease disappears. So when low backache is classified according to Dr. Hahnemann concept and the cause of the disease is found then it is easy to treat low backache.

Here are few cases based on above concept.

CASE 1: ACUTE CASE

Mrs M A, Age:- 48yrs, Housewife

CHIEF COMPLAINTS

Patient admitted with pain in back radiating up and

down the legs since 4 days. Burning pain with numbness, tingling sensation. Soreness in sacral region. A/F falling.

- < Movement < Touch
- < Squatting < Pressure
- < Lying on back

On examination:-

Sacral region tender on touch. SLRT:- - ve

Patient was admitted

TREATMENT

09/07/03; *Gnaphallium* 30 4-4-4

FOLLOW-UP

12/07/03 No relief.

Considering H/O fall, Rx- *Arnica* 30 4-4-4

14/07/03 No relief Rx- *Arnica* 200 4-4-4

19/07/03 No relief. Re-evaluated the case. The **exciting cause of falling on buttocks** was considered and *Hypericum* 200 was prescribed.

21/07/03 Patient better. Discharged with few doses of *Hypericum* 200.

CASE 2

Mr J M, Age: 20 yrs, Student.

CHIEF COMPLAINTS:

Dull low backache since 1 ½ yrs. A/F lifting stone.

- < straining, < working, < jerk, > pressure, > lying down

Exacerbation and remissions present.

Associated c/o: Weakness < evening.

PATIENT AS A PERSON

Lean

Perspiration –decreased

Craving – fried fish

Thermals- chilly patient.

Mental state-indecisive, wants to do something for others. Not expressive, hard working.

O/E: No findings

INVESTIGATIONS:-

X-ray: No findings suggestive of any pathology.

Diagnosis:- Lumbo sacral - muscle sprain

20/11/02 *Sepia* 200 (1P)



Follow up criteria: Weakness and pain.
 30/11/02. Pain and Weakness same. *Sepia* 200 (2P) HS weekly
 22/01/03. Slightly better but recurred.
Sepia 200 (2P) HS weekly
 06/02/03. Patient was sent for orthopedics opinion.
 USG- normal study.
 Physician concluded that it is functional and assured him that no problem. No medicine given.
 30/04/03. Pain same. Patient consulted neurologist. MRI done. Normal report. No treatment given.
 22/05/03. Complaints same. Then talked with patient and said to him that there is no problems regarding the back and asked what type of mental agony he is undergoing. **Then he revealed that actually he wanted to go for MBA but parents put him to Lab Tech. Course which patient didn't want.** So parents were called and explained the situation and they agreed to put him to MBA course. No medicine given.
 06/06/03. Patient better. No medicine given.
 This case shows about the maintaining cause at mental level and solving that cause only gave relief to his backache.

CASE 3

Mr B, Age :72 yrs, Businessman
CHIEF COMPLAINT
 Low back pain since 6 months radiating down to right leg, pulling type of pain
 <travelling, < stooping, < cold³ > warmth
PATIENT AS A PERSON : Moderate built
DESIRE : fish², sweets³, warm food
THERMALS – hot patient
MENTAL STATE : irritable³ à abusive, aggressive.
 Domineering <contradiction. Likes company & travelling.
On examination:
 BP: 130/90 mm of Hg. Wt: 69 Kg. SLRT: + ve at 40⁰
Investigations
 X-ray: Reduction in disc space at L4 – L5 level.
 Evidence of osteophyte formation, features suggestive

of lumbar spondylosis.
TREATMENT
Lycopodium 30
 Follow up criteria:- back pain radiating to leg.
FOLLOW-UP
 09/10/02 : Back pain ++ *Lycopodium* 30 (4P) H.S. weekly
 07/12/02 : > + *Lycopodium* 30 H.S. weekly
 05/02/03 : > + *Lycopodium* 200 (2P) H.S. weekly
 24/02/03 : > ++ *Lycopodium* 200 (2P) H.S. weekly
 24/03/03 : > ++ *Lycopodium* 200 (1P) H.S. weekly

IMPRESSION:
 Ideal cure is not possible, but continuous relief obtained and further progress is checked.
 This case shows us that it is chronic case with irreversible pathological or structural changes, permanent cure is not possible but continues relief can be given with constitutional medicines.

CASE
 Mrs I D, Age:- 49yrs, Housewife.
CHIEF COMPLAINT
 Pain in lumbar region more - left side since 20 yrs, increased since 3-4 months radiating to left thigh. Pricking pain², numbness³, tingling³
 Twitching of muscle² A/F fall from steps.
 < standing³ > pressure³
 < morning³ > massage³
 < lying on back³ > raising leg and
 < walking³ sitting
ASSOCIATED COMPLAINT:
 Suicidal feeling
 Stiffness in other joints < morning
PAST HISTORY:
 Hysterectomy done 2yrs back due to fibroids.
 Patient as a person:-
 Obese
 Perspiration- increased
 Craving- Eggs
 Aversion- Sweets



MENTAL STATE- Anticipatory anxiety. Depression

O/E :

A palpable prominence felt over the lumbosacral region.
SLRT - Ve. Sensation and Reflexes reduced in left leg.

INVESTIGATIONS:

CT scan- Spondylolisthesis L4-L5 with multiple osteophytes. Disc lesion with lumbar spondylosis.

Treatment:

16/11/2000 *Kali-carb* 30 daily dose X 1 wk

Follow up criteria:

Pain	Tingling sensation
Numbness	Twitching of muscles

09/12/2000

Pain in small jts Better. Other c/o same.

*Kali-carb*30 0-0-1X 1wk

16/12/2000 Pain>+, Numbness+++ , Tingling++ ,

Twitching++. *Kali-carb* 30 0-0-1X 1wk

Gnaphallium 6 4-4-4X 1wk

01/02/2001

Slight > of all complaints

*Kali-carb*200 1P HS once in 4 days (8P)

25/02/2001

Pain >, Neurological symptoms >, Stiffness >

Kali-carb 200 1P HS once in 4 days.

24/04/2001. General > but neurological symptoms ++

Kali-carb 200 4P HS wkly

Referred to surgical management, got operated and relieved of neurological symptoms. This case shows us that internal chronic disease has to be managed first by internal constitutional homoeopathic medicines and then for maintaining cause of compression of nerves has to be removed surgically. This case belongs to classification of surgical case but cause is internal. So internal medicine given first and then surgical management.

CASE 5

Name: Mr A D, Age :36 yrs Occupational : Agriculture.

Chief Complaint

Pain in back since 1½ yrs radiates to lower limbs. More

pain on left side. Pain in calf muscle. A/F after a fall < bending, < morning, > rest, > lying on back. Now since three days, fell again and developed acute pain which radiates down. Sensation that strength is reduced in left leg. < sitting³ < bending³

PAST HISTORY :

Was alcoholic, but stopped since 5 yrs.

PATIENT AS A PERSON :

Stocky. Perspiration on face

Cravings – fish³, pork³, sweets.

Aversions- vegetables. Thermal – chilly

Mental state- anxious³ about future and disease.

Sympathetic.

ON EXAMINATION: SLRT + ve at 20° left side.

DIAGNOSIS : IVDP

29/06/01: Patient admitted. Referred to physio -therapy dept. *Rhus-tox* 30 4-4-4

Skin traction given.

02/07/01: Patient >+, But sitting <, Sleep disturbed
Rhus-tox 200 4-4-4

06/07/01: Patient >+, Sleep good, Pt. discharged
Kali carb 200 4P H.S. wkly

Rhus tox 200 4-4-4 (SOS)

04/08/01: Patient >+, Lft leg pain >, but < exertion.
SLRT- +ve lt. 60°

Kali-carb 200 2P H.S. wkly

21/08/01: Backache < since 1wk. A/F over exertion

SLRT -ve. *Rhus-tox* 200 4-4-4

13/10/01: Patient >, But < exertion. SLRT –ve

KALI-CARB 1M 2P H.S.

16/04/02: Were better, But again complaints after exertion. *Kali-carb* 1M 1P H.S.

23/04/03: Was > Pain reappeared. Patient admitted.
SLRT +ve at 40° *Rhus-tox* 200 4-4-4.

Skin traction.

28/04/03: Patient >+, Discharged. *Kali-carb* 1M 1P.
This case shows that cause is external due to fall. So it has to be managed first by externally or surgically like traction. Then internal homoeopathic medicines for relieving pain with considering the exiting cause and later with constitutional medicines.



**SUMMARY
LOW BACK PAIN**

