



HOMEOPATHIC APPROACH IN MANAGEMENT OF LUMBAR SPONDYLOSIS: A SYSTEMATIC REVIEW

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ABSTRACT

Background: Lumbar spondylosis is one of the most common problems in middle-aged and elderly people. If not treated, the disease can lead to disability and lowers the quality of life. Some of the contributing factor may be obesity, lack of physical exercise, over-exercise, sedentary lifestyle and sitting job.

Aim and Objective: The aim of this review was to summarize and review the available literature on the efficacy of homeopathic medicines and their therapeutics for the treatment of lumbar spondylosis.

Material and Methods: All available literature in the form of books and scientific data from various databases such as PubMed, Google Scholar, MEDLINE and ScienceDirect were used for the review.

Conclusion: The available literature suggests that the homeopathic approach has been effective in treating cases of lumbar spondylosis. More work should be done to increase the evidence for those homeopathic management that are not commonly used in daily practice for lumbar spondylosis through large and well-documented RCT designed studies.

Keywords: Lumbar spondylosis, Low back pain, Homoeopathy, Systemic review.

1.INTRODUCTION

Lumbar spondylosis (LS) is defined as a degenerative disease affecting the discs, vertebral bodies and associated joints of the lumbar spine. About 60-85% of adults will experience low back pain at some point in their lives, and LS accounts for about 10% of all back pain ^[1]. Back pain is a major health and socioeconomic problem in modern society. The prevalence of low back pain has been found to range from 6.2% to 92%, with prevalence increasing with age. Back pain accounts for 37% of all work-related risk factors and ranks first among the complications of work-related diseases. This high prevalence of complications



internationally has prompted the World Health Organization to call the 1st decade of the 3rd millennium the "decade of fighting musculoskeletal disorders (like the silent epidemic)" [2]. Although the problem of lumbar spondylosis is equally prevalent throughout the universe, we see few studies on the lumbar vertebrae in the Indian context [3]. Homeopathy is the second largest form of treatment in terms of application and practice [4]. The goal of homeopathy is the treatment of chronic low back pain and the associated complaints, taking into account the homeopathic principle of individualization. Homeopathic medicines help improve Activity of Daily Living (ADL) by reducing pain, stiffness and disability [2].

Pain is associated due to degeneration of vertebrae. These changes may end up pressing the spinal nerves and leading to inflammation and pain [5]. Conventional medical treatments such as NSAIDs and epidural steroid injections (ESI) have turn out to be a frequent intervention method in the management of lumbar spondylosis, and these drugs have delusional outcomes such as haemorrhage, ulcerative colitis, and nonspecific meningitis [6]. Surgery might also be viewed in cases of failure to respond to conservative therapy or progressive neurological deficits [7].

2.AIM AND OBJECTIVE

The aim of this review was to summarize and review the available literature on the effectiveness of homeopathy and its therapeutics for the treatment of lumbar spondylosis. Its objective is to know the clinical evidence and its homeopathic treatment for the most common and problematic disease – Lumbar Spondylosis.

3.MATERIAL AND METHODS

3.1 Search strategy –

Relevant literature searches were conducted in various electronic databases such as MEDLINE (via PubMed), Google Scholar, ScienceDirect, Research Gate, Elsevier, Scopus. The search terms used were lumbar spondylosis, chronic low back pain, chronic low back pain, homeopathy, repertory, alternative therapies, complementary and alternative medicine, conventional treatment of lumbar spondylosis. Practical medical books were submitted as literature. Books on homeopathic philosophies and homeopathic repertoires were searched for data on the signs and symptoms of lumbar spondylosis

3.2 Inclusion criteria

Studies with homeopathic intervention, clinical trials as an add on therapies, animal experiments with homeopathic medicines, studies on signs and symptoms of lumbar spondylosis and therapeutic indication of lumbar spondylosis in the book literature were included.

3.3 Exclusion criteria

studies use homeopathic remedies as a supplement, animal experiments other than spondylosis not considered, surveys on lumbar spondylosis without intervention has been excluded.

3.4 Study selection

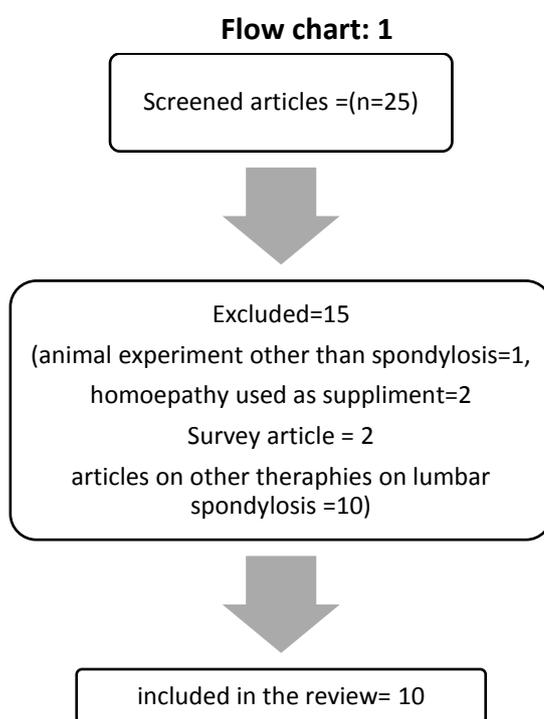
Only RCTs, clinical trials, observational studies with some defined outcome measures and published in research journals and literature available in English language only were considered.

3.5 Data items

Data were extracted on the following grounds: number of patients who participated in the study; homeopathic intervention compared to control group or no comparison. general evaluation measure before and after the intervention, general studies with or without control group, study follow-up over more than 2 weeks.

4. RESULT

4.1 Study selection and characteristics



Homoeopathic books on Therapeutics provide a wide range of remedies on lumbar spondylosis's sign and symptoms with keynote indications^[8,9,10] (Table1,2).

Table 1: List of Homoeopathic Remedies and their Indication

S. No.	Remedy	Indications
01	Agaricus muscarius	Spine sensitive to pressure and touch; shooting, burning along spine. Spine seems short. Pain in lumbar and sacrum region. Lumbago; worse in open air; worse sitting.
02	Antimonium tart	Violent pain in sacro-lumbar region. Vertebrae seem to rub against each other. Slightest effort to move causes retching, cold, clammy perspiration and excruciating pain in lower part of back.

03	Belladonna	Intensely painful sensation of cramp in lumbo-sacral region and coccyx, can sit only for a short time, and while sitting becomes quite stiff and unable to rise again for pain; crampy pains with stiffness in hip and ham, especially left side.
04	Bryonia	Stitching, tearing pain, < from slight motion; dull aching in lumbar muscles; stiffness, tearing and tenderness in joints and muscles of lumbar region, preventing motion and stooping; most when standing or sitting, > when lying; painful stiffness in small of back, compelling him to walk and sit crookedly.
05	Calcarea carb	Intolerable backache can scarcely rise from his seat; rheumatism of lumbar vertebrae, with violent, boring, tearing, burning pain, extending downward, with inclination to move, < after over lifting or feeling as if wrenched.
06	Cimicifuga	Dull, heavy aching in small of back, > by rest, < by motion; pulsating pains in lumbar region; weak, trembling pain in lumbar and sacral region, sometimes extending all around body.
07	Calcarea phos	Violent pain; worse least effort, patient screams with pain. Sacrum numb and lame. Lumbar vertebrae bent to the left.
08	Colocynthis	Pain in back and small of back which finally locates itself in upper part of thigh and buttock, pain seems confined to a small spot, making him limp, and finally becomes so severe that he can neither stand nor walk; severe burning along sacrum; stitches in sides with each breath; respiration anxious and oppressed, smothering.
09	Chelidonium	Pressing pain in vertebrae; worse by bending backwards and forwards.
10	Conium mac	Spinal injuries. Drawing pain in the lumbar vertebrae; worse standing
11	Dulcamara	Drawing pain from small of back down thighs, during rest; stitches when moving, > by pressure; pain in small of back, as after stooping a long time; lameness in small of back, as from a cold; sacrum feels cold.
12	Eupatorium perf.	Intense backache, as if beaten; pain ascends.
13	Ferrum met.	Lumbago all night, goes off when rising; stitch like jerks in small of back when walking, extending towards hips, more painful after sitting or standing (as after straining parts by lifting)
14	Graphites	Sacral pains with crawling sensation. Numbness of sacrum, down the legs. Pain in the lumbar region as if vertebrae were broken.
15	Kali carb	Sharp pains in lumbar region, < 3 am., compelling him to get up and walk about; pains shoot down the buttocks.

16	Kali phos	Pain which are laming; parts affected feel powerless, gentle motion gradually lessening pain and stiffness, yet too much exertion increasing the pain; < after rising from a sitting posture and at commencement of motion.
17	Kali sulphur	Pains < in warm room and evenings, > in open cool air; pains shift and change about.
18	Ledum	Pain in back, like a feeling of stiffness after sitting still for a long time; crampy pains over hips in the evening; morning feet are stiff and rigid.
19	Magnesia phos	Pains in back vivid, shooting, boring, intermitting; > warmth.
20	Natrum mur	Pains in small of back, > by lying on something hard; pain after prolonged stooping, as if bruised; weak back, < morning; great weakness and weariness.
21	Natrum sulph	Pain in back, as if ulcerating; can only lie on right side.
22	Nux vomica	Rheumatism in back, patient unable to turn over in bed without 1 st sitting up; pains < night when lying in bed; the longer he lies in bed in the morning the more does his back aches.
23	Phosphoricum acid	Lumbar region heavy, increasing pain in legs. Burning along the spine. Fine stitches in coccyx and sternum.
24	Psorinum	Aching pain lumbar region; worse by standing or walking. Joints feel loose, as if they would not hold together.
25	Pulsatilla	Curvature of upper part of the spine. Shooting pain in back; worse by lying on back; better by lying on sides or change of position. Pain in sacrum on sitting. Rapidly shifting pains in limbs, joints swollen, red.
26	Radium brom.	Ascending lumbar pain; better by exercise, walking. Lumbo-sacral bone pains; better by hot bath; worse by going up stairs.
27	Rhus tox	Chief remedy in the beginning of lumbago, whether patient is better from motion or not; great pains on attempting to rise.
28	Ruta	Lumbago < mornings, before rising and > after rising; bruised feeling in back or coccyx.
29	Sanicula	Lumbar vertebrae as if dislocated, or were gliding past each other. Feels as if back is broken in two pieces.
30	Secale	Kink in back; < from any exertion or strain upon spine; pain at sacrum, with bearing down, as if parts would be forced out, < when moving.
31	Sepia	Aching in lumbar region; paralytic; wants to be pressed. Better violent motion, dancing, etc., crossing or drawing limbs up; worse cold.
32	Silicea	Spine weak, very sensitive to drafts. Caries of vertebrae.

		Backache as from riding in carriages for a long time. Worse cold and damp; better warmth.
33	Staphysagria	Lumbar pain compel patient to get up at an unreasonably early hour; pain in small of back from over lifting, < at rest, at night and in morning and when rising from the seat.
34	Sulphur	Stiffness in lumbar region with sudden loss of power on attempting to move, especially on rising from a seat; stiffness and pain in small of back after heavy lifting and taking cold at the same time. Sensation as if vertebrae glide over each other or crack on bending backwards. Curvature of spine. Worse standing, bathing; better walking, sweating.
35	Valeriana	Strained feeling in lumbar region; violent drawing, darting, jerking pains; which appear suddenly (sec.); < from sitting and > from motion.
36	Zincum met.	Aching in spine; small of the back; worse turning in bed; sitting or in the act of sitting down, and stooping. Dull aching pain about last dorsal or 1 st lumbar vertebrae. Better free discharges; worse suppressed eruptions.

Table 2: Specific Pain Remedies

S. No.	PAINS ACCOMPANIED WITH	REMEDIES
01	Chill	Pulsatilla
02	Sweating	Chamomilla
03	Fainting	Hepar sulph
04	Micturition	Thuja, Sarsaparilla, Equisetum, Medorrhinum, Berberis
05	Delirium	Veratrum album
	PAIN TYPES	REMEDIES
01	Cramping	Cuprum, Colocynth, Mag phos
02	Erratic	Lac can, Pulsatilla, Tuberculinum
03	Sticking or stitching	Bryonia, Kali carb, Squilla
05	Deep to the bones	Aurum, Asofoetida, Eupatorium perf, Mercurius
06	sensitive	Aconite, Chamomilla, Coffea

Homoeopathic Repertories provide RUBRICS related to sign and symptoms of Lumbar Spondylosis which are helpful for the selection of remedies^[11-20] (Table 3).



Table 3: List of Repertories with the RUBRIC presentation on Lumbar Spondylosis



Repertory	Chapter	Main rubric	Sub-rubric	Sub-subrubric
BTPB	1.LOWER EXTREMITIES	a. Joints of lower extremities in general b. Hip-joint c. Bones of lower extremities in general		
	2.SENSATION	-Cramps, internal	-of joint -of muscles	
		-Immobility of affected part		
		-Motion, aversion to	-Difficult	
		-Numbness internally	-Of suffering parts	
		-Paralysis, internal	-of limbs -one-sided	
		-Sprain from lifting		
Kent Repertory	Back	-Constriction or band	-lumbar region, as from a tight band	
		-Dislocation in last lumbar vertebra, sensation of		
		-Heaviness, weight	- lumbar region	-midnight -motion agg -turning in bed agg
		- Injuries of the spine	-lumbar region remain sensitive to jar of walking	
		-Numbness	-lumbar region	-loss of sensation -extending to lower limbs



		-Pain	- lumbar region	-bending forward while sitting -lying while sitting, while -extending, legs down the -extending, thigh
		-Stiffness	-morning -sitting after	
		-Tension	-lumbar region	-motion, on -rising up -sitting
		-Weakness	- lumbar region	morning -walking
BBCR	1.BACK	-Lumbar region, small of back in general	-pain -downward -drawing -lumbar region (also loins) -lumbago -numbness -stiffness -tension -thigh, pain extend into -weakness	
	2.CONDITION OF AGGRAVATION	-Lifting and over lifting	-agg	



	AND AMELIORATION IN GENERAL	-Raising	-up	-agg
		-Sitting	-down	-agg
			in erect posture, agg	
Boger's Synoptic key	1.LUMBAR REGION	-General; in -Lumbago		
	2.BACK, SPINE AND CORD	-Numbness		
		-Stiff		
		-Forward	-lumbar region	
	3.LOWER LIMBS	-Sciatica		
	-legs	-numb, right		
Clark Clinical Repertory	1.Backache	-SEXUAL EXCESS, from.		
	2.Lumbago			
	3.Numbness			
	4. Sciatica			
	5.Vertebra	-AFFECTIONS of- -CERVICAL, CRACKING in. -PAIN in. -PULSATION in. -TUMOURS of.		
	6.Spasms			
Boericke Clinical Repertory	1.Locomotor System	LOINS, LUMBAGO	-with aggravation on beginning to move -with aggravation on beginning to move, relieved by continued motion -with aggravation on exertion,	



			during day, while sitting -with chronic tendency -with numbness, in lower part of back, weight in pelvis -with sciatica	
Phatak's Repertory	1.L-Lumbar back	-Exertion agg		
		-Numb		
		-Pain	-motion, least agg. -vertebra, broken, as if -night, only	
		-Pressure amel		
		-Sitting	-agg	
		-Stiff		
		-Stooping, prolonged agg		
		-Straighten, cannot		
		-Walking	-agg	
	2.S-Sciatica	-Ascending		
		-Flexion leg amel		
		-Hang down, leg agg		
		-Numbness, with		
		-Sitting	-agg	
-Pressure agg				
Murphy's Repertory	1.Back	-PAIN, lumbar	-breathing	-deeply
			-ascending, stairs	
			-daytime	
			-eating, after	
			-extend to	-legs, down the -thighs -upwards
			-spine, lumbar	



		-SPASMS		
	2.Disease	-SCIATICA,		
		-SPINAL		
	3.General	-STIFFNESS,	-morning in bed -sleep, after -move, on beginning to	
		-SITTING, general, agg. While	-bent, while, agg.	
	4.Emergency	-STRAIN, from overexertion		
Complete Repertory	1.BACK	-STIFFNESS	-morning	
			-rising	-seat, from a -stooping, from
			-sitting	-after
		-INFLAMMATION	-spine	
			-lumbar region	
		-PAIN -INJURIES of the spine	-lumbar region, lumbago	-extending to
		-COMPRESSION	-lumbar region	
		-CONTRACTION	-lumbar region	
		-CURVATURE of spine	-general	-lumbar region -lordosis, lumbar region
-WEAKNESS, tired feeling	-lumbar			

			region	
Synthesis 9.1 Repertory	1.BACK	-PAIN	-lumbar region (=small of back)	
		-LUMBAR REGION; complaints of		
		-LYING	-while	-agg
		-NUMBNESS	-lumbar region	
		-CURVATURE of spine	-vertebra	
		-SPASM		
	-STIFFNESS			
	2.EXTREMITIES	-PAIN	-lower limb	-sciatica

Table 4: List of Articles with their study design, number of participants, intervention, time period, outcome and result

Article Ref. no.	Design	Participants	Inclusion/Exclusion criteria	Intervention	Time period	Outcome Criteria	Result
21	Case study	01	-	Lachesis	5 months	VAS, ODI	Effective 697
4	Case study	01	-	Calcarea fluorica	9 months	X-Ray	Effective
22	Clinical trial	20	Adults between 40 and 55 years with back pain for more than 12 weeks were included. Adults younger than 40 or older than 55 years and cases with a history of CA, steroids, HIV, weight loss, generalized neurological symptoms and structural spinal deformities were excluded.	Bryonia, Calcarea carb, Calcarea Fluor, Ledum pal., Lycopodium, Nux vomica, Phosphorus, Rhus tox, Ruta	90 days	ODI, Physical domain, psychological domain	Effective
2	Clinical	30	Patients of age group	Apis, Arnica,	18	ODI score,	Effective



	trial		<p>between 18 to 60 years with complaint of low back pain for at least 12 weeks were included.</p> <p>Patients with back pain caused by malignancy, infection or other organs, as well as pregnant and lactating women were excluded.</p>	<p>Arsenicum album, Argentum nit, Baryta carb, Bellis per, Calcarea carb, Calcarea phos, Hypericum, Ignatia, Kali carb, Lachesis, Nux vomica, Phosphorus, Pulsatilla, Sepia, Sulphur</p>	months	Pain scale	
1	Clinical trial	17	<p>Patients age more than 30 years with spondylotic changes on X-ray finding were included.</p> <p>-</p>	<p>Arnica, Bryonia, Calcarea carb, Calcarea fluor, Lycopodium, Nux vomica, Phosphorus, Pulsatilla, Rhus tox, Sulphur</p>	18 months	VAS score of pain and Stiffness RODQ score	<p>Effective</p> <p>698</p>
23	RCT	161	<p>Patients in the age group between 18 to 65 years, suffering from acute attack of pain in the lumbar spine in the last 72 hours with No history of previous back pain for 3 months having moderate tenderness while movement</p>	<p>Homeopathic gel and Capsicum based product</p>	-	VAS score, Paracetamol use, sleep disturbance, absence from work, patient and GP satisfaction	<p>Both are equally effective but homeopathic gel has less adverse effects.</p>



			<p>during physical examination were included.</p> <p>Patient suffering from lumbar/sacral nerve root compression, RA, AS. Using analgesics, NSAIDs during treatment period, receiving other treatments like physiotherapy, osteopathy, acupuncture etc. during treatment.</p>			n	
24	RCT	150	<p>Inclusion criteria were age between 30 and 75 years, low back pain for at least 12 months, no other treatment other than oral NSAIDs and muscle relaxants in the 4 weeks prior to the study.</p> <p>Exclusion criteria were patients with prior or current treatment with disc preparations, treatment with non-NSAIDs, routine use of analgesics for other conditions like herniated disc with neurological symptoms, prior spinal surgery, infectious</p>	Disci/Rhus toxicodendron compositum and placebo	26 weeks	VAS, SES, PDI, HFAQ	No superiority of Disci/Rhus toxicodendron compositum over placebo injection



			spondylopathy, AS, congenital malformations of the spine.				
5	Animal Study	36	-	Homeopathic formulation Ruck-pain	-	ESR, Area of inflammation, tail-flick method, histological assessment	Effective
25	Observational Study	129	-	Aurum met, Arsenicum alb, Causticum, Lycopodium, Natrum mur, Nux vomica, Pulsatilla, Sepia, Sulphur, Zinc and 134 other remedies	24 months	Physician assessment, Patient assessment, QoL score	Effective
26	Observational Study	10	Inclusion Criteria age between 30 to 70 years. Exclusion Criteria age below 30 and above and patients suffering from any renal, cardiac or metabolic conditions.	Rhus tox and Kali carb	2-4 weeks	VAS	Effective

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A. Case Studies:



In one of the case studies, a single dose of *Lachesis trigonocephalus* 200 was prescribed to a 55-year-old man who had been complaining of pain and numbness in his right lower extremity for a year. After each follow-up, ODI and VAS scores decreased with an overall improvement in symptoms.

In another case study, a 61-year-old male patient with complaints of chronic low back pain for 10 years was prescribed *Calcarea fluorica* in sequential potencies of 30, 200, and 1M, and X-rays showed osteophyte formation in the body of the spine. *Calcarea fluorica* not only relieved the patient's symptoms, but also helped resolve the pathology Formation of osteophytes.

B. Clinical Studies:

A prospective, non-randomized intervention study was conducted in 20 patients over a 90-day period, in which each patient was prescribed a single drug. *Ruta*, *Bryonia*, *Rhus Tox*, *Lycopodium* were the most commonly used remedies whereas *Ledum Pal*, *Calcarea Carb* and *Phosphorus* were the least commonly used remedies. After 90 days of homeopathic treatment, a reduction in pain intensity was achieved, personal care, weight lifting and social life in ODI were statistically significant. However, there was no statistically significant in the walking and sleeping scores.

Another 18-month prospective observational study was conducted on patients in an age group between 18 to 60 years of age, who were prescribed an individualized homeopathic remedy along with advice on diet, sleep, yoga exercises, etc. Changes were accessed by ODI and pain rating scale. *Causticum*, *Lachesis*, *Phosphorus*, *Kali carb*, *Sulphur*, *Bellis per*, *Baryta carb*, *Argentum nitricum*, *Apis* were used in this study to treat chronic low back pain. Individualised homeopathic remedies were showed reduction in pain and disability index in chronic low back pain.

A prospective series of consecutive cases in patients over 30 years of age with spondylotic changes on radiographic findings in the lumbar spine. VAS, RODQ were the outcome measures used in the study. 17 patients showed a gradual reduction in VAS score for pain and stiffness over 8 months after homeopathic intervention. *Rhus tox*, *Sulphur*, *Pulasatilla* and *Lycopodium* were commonly used remedies.

C. Randomized control trials

C.1 Homeopathic Gel vs Standard Capsicum-based products:

One study investigating the efficacy and safety of a homeopathic gel in the treatment of back pain was identified and was of high methodological quality. Homeopathic gel (*Spiroflor SRL*) was compared to *Cremorne Capsici Compositus (CCC)* and pain was assessed by VAS. The study conducted showed that *SRL* and *CCC* are equally effective in treating back pain; However, *SRL* reduces the risk of side effects.

C.2 Homeopathic injection

A multicentre, randomized, controlled, partially double-blind study of 150 patients with chronic low back pain who were randomly assigned in a 1:1:1 ratio to receive a subcutaneous injection of *disci* or placebo into the painful sites of the lower back for twelve treatment sessions in 8 weeks or no treatment. *Rhus toxicodendron compositum* is not

superior to placebo. Compared to no treatment, injection treatment resulted in significant and clinically relevant short-term relief from chronic low back pain and a reduction in rescue medication.

D. Animal Studies

The study aimed to evaluate the anti-inflammatory, antinociceptive and toxic effects of Ruck-Pain™ in mice animal models. 36 Swiss albino rats were divided into the following 6 groups: vehicle control, disease control, treatment dose 1, 2 and 3. Spondylitic changes were induced by administration of 0.1 ml of sodium thioglycolate to the neck joint of mice. ESR and area of inflammation in the neck region of mice were used to evaluate anti-inflammatory activity. To assess the nociceptive effect, a tail flick test was performed. To know toxicity due to treatment, histological changes in liver and spleen were accessed. A one-way ANOVA was performed for statistical analysis. The result showed that the homeopathic formulation of Ruck-pain™ had anti-inflammatory and non-receptive activity and was non-toxic to mice liver and spleen.

E. Observational Study

A prospective multicentre observational study was done in the primary care on homeopathic treatment over 2 years of follow-up. Aurum met, Arsenicum album, Causticum, Lycopodium, Natrum mur, Nux vomica, Pulsatilla, Sepia, Sulphur, Zinc were commonly prescribed homeopathic remedies. During the study period the quality of life consistently reflected subsequent improvement. The physician's assessment of the degree of severity tended to be more positive than the patient's assessment. The use of conventional medicines and health Services have decreased noticeably for the last 2 years. Another study with 10 participants was experimented with rhus tox and kali carb remedies to observe the VAS of the patients after the intervention of these remedies and it came out to be effective.

5. DISCUSSION-

5.1 Summary of Evidence

In my review, I have discussed 36 key symptom of remedies that will be helpful in managing the signs and symptoms of lumbar spondylosis. The Repertory should never be substituted for a Materia Medica, but is intended to aid in the final selection of an individual remedy. Materia medica and repertory are complementary to each other. Here, in this review we have demonstrated few direct and indirect rubrics present in the repertory which will be helpful. Rubrics are presented according to the patient's modalities which are found to be helpful to the physician during the treatment (Table 3).

A total 10 articles of clinical trials and observational studies were included in our systematic review. Some studies used the classic homeopathic method for selecting remedies based on individual characteristic symptoms, and some studies used specific remedies to demonstrate the effects of drugs in the patient. In the study by Daniel Pach et al. Homeopathic and placebo injections were not different when compared, therefore we can conclude that the use of sub-cutaneous injections at the back pain site can have short-term effects and the study C Stam et al. compared homeopathic gel to a capsicum-based product

and found no difference but Homeopathic SRL gel was safe because 8 patients discontinued the capsicum cream due to adverse drug reaction. Hence SRL gel effects can be doubtful to be effective because it was experimented on Acute low back pain that resolve by its own with proper rest and no controlled group was present. In animal experiments on albino mice, a homeopathic formulation was administered with successive doses and no toxic effect on the liver and spleen was detected, it showed anti-inflammatory and antinociceptive effects compared to the control group. In case study, individualized homeopathic remedy Calacare florica was the drug of choice and showed an anti-osteophytic effect when used in succeeding dosage up to 1M, but we cannot generalize the result cause it's based on a single case study. In the study by Kamlesh B. et al., p-value less than 0.05, so individualized homeopathic remedies showed improvement in both pain and disability index in chronic low back pain. In the lumbar spondylosis case series, the VAS score for pain, RODQ, and stiffness, p-value less than 0.05, so individualized homeopathic medicine was helpful in discouraging them from using painkillers, but has no control group.

Due to the lack of knowledge about research and its methodology, about the concept of publication, there is less research. Awareness should be raised of the benefits or contribution of original research in the field of medicine. We should encourage the homeopathic practitioner to rely on the field of research. More placebo-controlled studies should be conducted.

The medicines provided by hardcore homeopaths specifically for LS should be clinically tested so that we can increase the internal validity of the medicine and make it widely available, which will help to create a strong materia medica with clinical testing. In a single case study, we cannot generalize the indicated drug, must be experienced in many patients. Research on a larger number of participants should be conducted with longer follow-up.

6. CONCLUSION

Only few studies have been conducted in India. Case studies, RCTs and non-randomized studies were very few. Lack of clinical case reporting in an OPD setting which result in less research work. The medicines which are mention above should be clinically experimented. Repertories should be used to for the selection of similimum and to get the knowledge about which repertory was found to be useful.

7. FINANCIAL SUPPORT- NIL

8. ABBREVIATIONS

Sr. No.	Abbreviations	Full form
	LS	Lumbar Spondylosis
	ADL	Activity of Daily Living
	NSAIDs	Non-Steroidal Anti-Inflammatory Drugs
	ESI	Epidural steroid injections
	RCTs	Randomized Clinical Trails
	n	Number
	<	Aggravation

>	Ameloration
am	Ante Meridiem
VAS	Visual Analog Scale
ODI	Oswestry Disability Index
RODQ	Revised Oswestry disability questionnaire
RA	Rheumatoid arthritis
AS	Ankylosing Spondylosis
SES	Pain Perception Scale
PDI	Pain Disability Scale
HFAQ	Hannover Functional Ability Questionnaire
ESR	Erythrocyte Sedimentation Rate
QoL	Quality of Life
CCC	Cremor Capsici Compositus
M	1000c
ml	Milliliter
OPD	Outdoor Patient Department

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