

Effectiveness of Homoeopathic Treatment in the Management of Musculoskeletal Disorders: A Study of 30 Cases

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Abstract

Musculoskeletal disorders (MSDs) represent a major public health challenge, significantly impairing quality of life and functional mobility, particularly in middle-aged and elderly populations. This clinical observational study was conducted to evaluate the effectiveness of individualized homoeopathic treatment in managing pain associated with musculoskeletal disorders, including osteoarthritis, cervical spondylosis, and calcaneal spurs. The investigation was carried out at the Government Homoeopathic Medical College and Hospital, Dethali, on 30 patients selected through convenience purposive sampling. Each patient received individualized remedies based on totality of symptoms and miasmatic background. Treatment outcomes were assessed using the Visual Analogue Scale (VAS) to evaluate pain intensity before and after the intervention. Statistical analysis of the data revealed a significant reduction in pain scores, demonstrating improvement in mobility and functional comfort. Among the prescribed medicines, *Rhus toxicodendron* emerged as the most frequently indicated remedy. The findings suggest that individualized homoeopathic management offers a safe, effective, and holistic therapeutic approach for the treatment of musculoskeletal disorders.

Keywords: Homoeopathy; musculoskeletal disorders; Visual Analogue Scale; individualized treatment; *Rhus toxicodendron*

1. Introduction

Musculoskeletal disorders (MSDs) constitute one of the leading causes of chronic pain, disability, and reduced work performance worldwide. They encompass a broad spectrum of conditions affecting muscles, tendons, ligaments, joints, and bones, with osteoarthritis, spondylosis, and soft-tissue rheumatism being among the most prevalent forms. The global burden of MSDs has steadily increased, particularly among middle-aged and elderly populations, due to lifestyle changes, repetitive strain, and occupational hazards (Wolfarth et al., 2022; Kavadar et al., 2019).

In India, MSDs are frequently observed among individuals engaged in repetitive manual work or prolonged postural stress, such as garment factory workers and agricultural labourers (Deshmukh and Sunitha, 2021). Conventional management typically involves non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, physiotherapy, and surgical interventions. Although these therapies may provide symptomatic relief, they are often associated with adverse effects and fail to address underlying systemic imbalances (Nath et al., 2019; Danno et al., 2014).

Homoeopathy offers a complementary and holistic therapeutic alternative based on the principle of individualization. It considers the totality of symptoms and the patient's constitutional and miasmatic background, aiming to stimulate

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the body's intrinsic healing mechanisms. Several clinical and observational studies have reported positive outcomes of homoeopathic medicines in musculoskeletal conditions, including osteoarthritis, low back pain, and post-traumatic stiffness (1-3). Remedies such as *Rhus toxicodendron*, *Bryonia alba*, *Ruta graveolens*, and *Arnica montana* have shown efficacy in reducing pain, inflammation, and stiffness, while improving joint mobility and overall function (4, 5).

Recent evidence also indicates that individualized homoeopathic therapy can achieve clinical outcomes comparable to conventional management in chronic musculoskeletal pain without producing adverse effects (6, 7). Integrating such approaches within healthcare systems has been associated with improved patient satisfaction, cost-effectiveness, and safety (8).

In this context, the present study was designed to assess the clinical effectiveness of individualized homoeopathic treatment in the management of musculoskeletal disorders, focusing on pain reduction, functional improvement, and overall therapeutic response among patients attending the Government Homoeopathic Medical College and Hospital, Dethali.

2. Materials and Methods

2.1. Study Design

A clinical observational study was conducted to evaluate the effectiveness of individualized homoeopathic treatment in patients suffering from musculoskeletal disorders (MSDs). The study was carried out at the Government Homoeopathic Medical College and Hospital, Dethali, under supervised outpatient settings.

2.2. Study Population

A total of 30 patients presenting with symptoms of musculoskeletal pain and functional limitation were enrolled using convenience purposive sampling. The study population included individuals diagnosed with osteoarthritis, cervical spondylosis, and calcaneal spurs.

2.3. Inclusion Criteria

- Patients aged between 30 and 75 years suffering from musculoskeletal pain or stiffness.
- Diagnosed cases of osteoarthritis, cervical spondylosis, or calcaneal spurs confirmed through clinical and radiological assessment.
- Willingness to participate and comply with follow-up visits.

2.4. Exclusion Criteria

- Patients with traumatic musculoskeletal injuries, fractures, or autoimmune arthritis.
- Those undergoing conventional analgesic or steroid therapy during the study period.
- Patients with severe systemic illnesses or metabolic disorders interfering with musculoskeletal function.

All participants were informed about the purpose and procedures of the study, and written consent was obtained prior to enrolment. Confidentiality was maintained throughout the study, no additional medicine or molecules were given to any patient apart from prescribed medicines.

2.5. Intervention and Treatment Protocol

Each patient underwent detailed case-taking, including constitutional, mental, and physical symptom evaluation. Analyses were made on the basis of totality of symptoms and miasmatic background. It was seen that commonly prescribed medicines included *Rhus toxicodendron*, *Bryonia alba*, *Ruta graveolens*, *Arnica montana*, and *Calcarea fluorica*. Among these, *Rhus toxicodendron* was found to be the most frequently indicated remedy.

2.6. Follow-up and Assessment

Patients were followed up at 15-day intervals for a period of 12 weeks. During each visit, changes in pain intensity, range of motion, and daily functional activity were recorded. Pain assessment was performed using the Visual Analogue Scale (VAS), where 0 represented "no pain" and 10 denoted "worst possible pain."

2.7. Data Analysis

All data were compiled and analyzed using descriptive statistical methods. Mean pain scores before and after treatment were compared to evaluate clinical improvement. The percentage reduction in pain and functional restriction was calculated to determine treatment effectiveness.

3. Results

A total of 30 patients diagnosed with various musculoskeletal disorders (MSDs) were included in this clinical observational study conducted at the Government Homoeopathic Hospital and its peripheral OPDs in Dethali, Siddhpur. The study population comprised 10 males (33.3%) and 20 females (66.6%), giving a male-to-female ratio of 1:2 (Table 1). The most affected age group was 40–59 years (56.66%), followed by those aged 60 years and above (26.66%), while 10% of cases fell within the 20–39-year category (table 1). These data indicate that middle-aged and elderly individuals were more commonly affected by MSDs, reflecting the degenerative nature of such disorders.

Table 1 Gender-wise Distribution of Cases

Gender	Cases	Percentage
Male	10	33.33
Female	20	66.66

Table 2 Age-wise Distribution of Cases

Age Group	Cases	Percentage
1-12	0	0.0
13-19	0	0.0
20-39	3	10.0
40-59	18	56.66
60+	9	26.66

The diagnosis-wise distribution revealed that osteoarthritis of the knee was the most prevalent condition, recorded in 17 out of 30 cases (56.66%). Other conditions included rheumatoid arthritis (1 case, 3.33%), cervical spondylitis (4 cases, 13.33%), calcaneal spur (3 cases, 10%), chronic backache (1 case, 3.33%), frozen shoulder (1 case, 3.33%), post-traumatic pain (2 cases, 6.66%), and sprain (1 case, 3.33%). These findings indicate that degenerative joint disorders, particularly osteoarthritis and cervical spondylosis, constituted the bulk of MSDs encountered in the study (table 3).

Table 3 Diagnosis-wise Distribution of Cases

Diagnosis	Cases
Osteoarthritis – Knee	17
Rheumatoid arthritis	1
Cervical spondylitis	4
Calcaneal spur	3
Chronic backache	1
Frozen shoulder	1
Post traumatic pain	2
Sprain	1

Individualized prescriptions were given as remedy on the basis of totality of symptoms, clinical modalities, and miasmatic background. Among the medicines prescribed, *Rhus toxicodendron* was the most frequently indicated remedy and was administered to 17 patients (56.6%). It showed particularly favorable results in osteoarthritis, cervical spondylosis, and calcaneal spur cases characterized by stiffness and pain relieved by movement. Other commonly used medicines included *Arnica montana*, *Ruta graveolens*, *Causticum*, *Sanguinaria canadensis*, and *Calcarea phosphorica* (used as a supportive biochemic). Constitutional remedies such as *Pulsatilla*, *Carcinosinum*, *Lycopodium*, and *Nux vomica* were prescribed when indicated by the patient's holistic symptom profile.

Pain intensity was evaluated using the Visual Analogue Scale (VAS) both before and after treatment. The mean pre-treatment VAS score was 5.90 ± 1.54 , which decreased significantly to 3.55 ± 1.74 following individualized homoeopathic intervention. Statistical analysis using a paired t-test yielded $t = 10.38$ with $p < 0.0001$, confirming that the reduction in pain intensity was highly significant. The marked decrease in pain scores corroborates the clinical efficacy of individualized prescriptions in managing chronic musculoskeletal pain without the use of conventional analgesics or NSAIDs.

Evaluation of overall improvement revealed that 17 patients (56.6%) showed marked improvement, 6 patients (20%) exhibited moderate improvement, another 6 patients (20%) demonstrated mild improvement, and 1 patient (3.3%) reported no significant change. Altogether, 96.6% of participants experienced measurable benefits from homoeopathic treatment. Gradual symptomatic relief was observed throughout the follow-up period, particularly in parameters such as pain, stiffness, flexibility, and mobility. Importantly, no adverse drug reactions or aggravations were reported in any of the participants during the course of treatment, highlighting the safety and tolerability of individualized homoeopathic prescriptions.

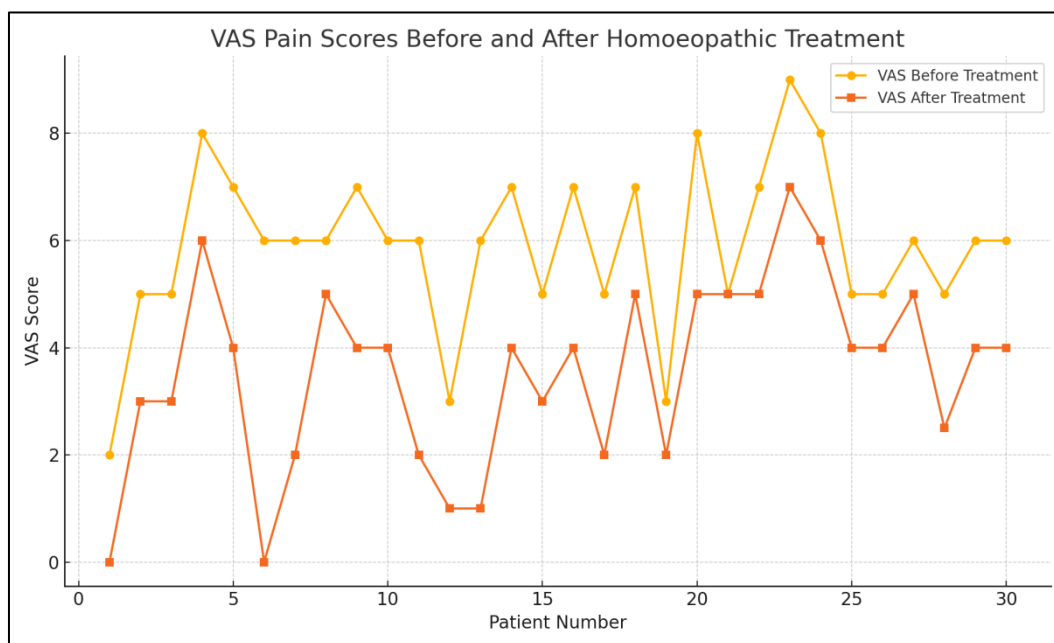


Figure 1 VAS Pain Scores Before and After Homoeopathic Treatment

4. Discussion

The results of the present study demonstrate that individualized homoeopathic treatment was effective in alleviating pain and improving functional outcomes among patients suffering from various musculoskeletal disorders (MSDs), including osteoarthritis, cervical spondylosis, and calcaneal spurs. The statistically significant reduction in mean Visual Analogue Scale (VAS) scores from 5.90 ± 1.54 to 3.55 ± 1.74 ($p < 0.0001$) substantiates the therapeutic role of homoeopathy in managing chronic musculoskeletal pain. A majority of the patients (96.6%) exhibited measurable clinical improvement, and notably, *Rhus toxicodendron*, which was prescribed to 17 patients, emerged as the most frequently effective remedy — particularly in cases characterized by stiffness and pain ameliorated by movement.

These findings are consistent with several previous clinical investigations that have highlighted the efficacy of individualized homoeopathic therapy in musculoskeletal and rheumatic conditions. In a randomized controlled trial, Khadim et al. (2023) observed significant pain reduction and functional recovery in patients with knee and hip osteoarthritis receiving individualized homoeopathic prescriptions. Similarly, Verma (2022) reported improvement in lumbar spondylosis following individualized homoeopathic intervention, where *Rhus toxicodendron* and *Bryonia alba* were frequently indicated. Observational studies by Shah (2019) and Gupta et al. (2020) also support the beneficial effect of these remedies in chronic pain and degenerative joint conditions, aligning closely with the current study's outcomes (1, 5).

Pharmacological and clinical perspectives suggest that the beneficial effect of *Rhus toxicodendron* may stem from its anti-inflammatory, analgesic, and tissue-modulating properties, which have been demonstrated in experimental models of muscle and joint injury (4, 9). Remedies such as *Arnica montana* and *Ruta graveolens*, also used in this study, are recognized for their roles in promoting recovery from soft-tissue trauma and chronic musculoskeletal inflammation (5, 10). The holistic approach of homoeopathy — addressing not only localized pathology but also the patient's constitutional and emotional state — may contribute to the sustained clinical improvements observed here.

The predominance of female patients and the highest incidence in the 40–59-year age group correspond with established epidemiological trends, where degenerative and occupational strain-related disorders are more frequent among women in middle age (11, 12). Comparable demographic patterns were also reported by Chandola et al. (1999) in their study on musculoskeletal morbidity in repetitive-motion workers, supporting the relevance of the current cohort (13).

The marked reduction in pain observed in this study is further corroborated by earlier work demonstrating significant benefit of homoeopathic treatment in chronic low-back pain and arthritis compared with placebo or conventional therapy (6, 7). In these studies, individualized prescriptions yielded higher patient satisfaction, fewer adverse effects, and comparable or superior long-term outcomes to standard care. Such evidence reinforces the integrative role of homoeopathy in chronic pain management, particularly when conventional pharmacotherapy is limited by side effects or contraindications.

The present findings also highlight the safety profile of homoeopathic medicines. None of the patients reported adverse effects or symptom aggravation during the study, which parallels the observations of Leemhuis and Seifert (2024), who documented extensive use of homoeopathic prescriptions within national healthcare systems without evidence of iatrogenic harm (8). This strengthens the case for incorporating individualized homoeopathic therapy into multidisciplinary musculoskeletal management programs as a cost-effective and well-tolerated option.

Overall, the consistency of this study's outcomes with previously published clinical and observational data underscores the reproducibility and reliability of homoeopathic treatment in musculoskeletal disorders. While the sample size was limited, the statistically significant results, together with the absence of adverse reactions, suggest that individualized homoeopathic therapy — particularly with *Rhus toxicodendron*, *Bryonia alba*, and *Ruta graveolens* — can effectively reduce pain, restore function, and enhance quality of life in patients with chronic MSDs.

5. Conclusion

The findings of this clinical observational study confirm that individualized homoeopathic treatment is effective in reducing pain and improving functional ability among patients with musculoskeletal disorders. A statistically significant reduction in mean VAS scores and high rates of clinical improvement (96.6%) were achieved without any reported adverse effects. The remedy *Rhus toxicodendron*, prescribed in more than half of the cases, emerged as the most frequently indicated and clinically effective medicine, particularly in conditions such as osteoarthritis, cervical spondylosis, and calcaneal spur.

The study demonstrates that homoeopathy, when prescribed on the basis of totality of symptoms and miasmatic background, offers a safe, individualized, and holistic therapeutic option for the management of chronic musculoskeletal pain. These results are consistent with previously published clinical evidence supporting the role of homoeopathy in musculoskeletal rehabilitation. Broader multicentric studies with larger sample sizes and longer follow-up periods are recommended to further validate and standardize homoeopathic interventions for MSDs.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest declared.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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