

De Quervain's Tenosynovitis with Homoeopathic Treatment in Middle-aged People: Case Report

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ABSTRACT

Introduction: - De Quervain's tenosynovitis (DQT) is a painful condition mainly affecting the thumbs or radial side of the wrist joints. Treating with homoeopathic medicines, patients get relief from this painful condition.

Case Summary: - A Hindu lady age 46 years, a housewife, who belongs to a middle-class society complained of pain in the wrist joint & Duration of pain was about 4-5-month. Her location was moved to the rt. thumb. & Her sensation was Drawing/Tearing. All pain was aggravated by caring heavy wait but relief in hand activities and cold applications. Amelioration by Warm application & Massage.

The aim was to show that homoeopathy can treat DQT. Also demonstrates the utility of single and minimum doses in homoeopathy.

Keywords: Abductor Pollicis Longus, De Quervain's Tenosynovitis, Extensor, Finkelstein's test, Homoeopathy, Kent Observation, Pollicis Brevis

INTRODUCTION

De Quervain's Tenosynovitis is a painful, inflammatory condition caused by tendons on the side of the wrist at the base of the thumb. Pain, which is the main complaint, gets worse with the abduction of the thumb, a grasping action of the hand, and an ulnar deviation of the wrist. Thickening and swelling can also be present [1].

De Quervain tenosynovitis (BlackBerry thumb, texting thumb, gamer's thumb, washerwoman's sprain, radial styloid tenosynovitis, de Quervain disease, de Quervain's tenosynovitis, de Quervain's stenosing, designer's thumb, tenosynovitis, mother's wrist, mommy's thumb) is named after the Swiss surgeon, Fritz de Quervain, who first described it in 1895[1][2]. It is a condition which involves tendon entrapment

affecting the first dorsal compartment of the wrist and This condition thickening of the tendon sheaths around the abductor pollicis longus and extensor pollicis brevis develops where the tendons pass in through the fibro-osseous tunnel located along the radial styloid at the distal wrist and Pain is exacerbated by thumb movement and radial and ulnar deviation of the wrist [2]. The APL and EPB tendons are tightly secured against the radial styloid by the overlying extensor retinaculum which creates a fibro-osseous tunnel [2]. Thickening of the retinaculum and tendons from acute or repetitive trauma restrains normal gliding within the sheath. This causes inflammation and further oedematous thickening of the tendon exacerbating the local stenosing effect [2].

The aetiology of de Quervain's tenosynovitis (DQT) is not well understood but in the past, it was frequently attributed to occupational or repetitive activities involving postures that maintain the thumb in extension and abduction [3]. Also, there are some other aetiological causes like, chronic overuse, golfing, playing the piano, fly fishing, carpentry, activities by office workers and musicians can lead to chronic overuse injuries, mothers of new-borns who are repeatedly lifting their baby with their thumbs radially abducted and wrists going from ulnar to radial deviation[4] & Repetitive gripping, grasping or wringing of objects can cause inflammation of the tendons[4]

The prevalence of DQT in working adults (18-65 age group) in the general population is approximately 1.3% of women and 0.5% of men with a peak prevalence at the age of 40-60 years [4].

- More commonly found in people with a history of medial or lateral epicondylitis
- New mothers or child care providers often experience bilateral symptoms, but these symptoms usually subside once the child is lifted less often.[5]
- In industrial settings, studies have shown a point prevalence of 8% when wrist pain and a positive Finkelstein's test are present [6]. A positive Finkelstein test result is usually seen: pain increases when the thumb is folded across the palm and the fingers are flexed over the thumb as the examiner passively deviates the wrist toward the ulnar side [6].

So, Today's world is the very first where the occupational hazard going to be very major problem to us. In that aspect, the modern medicinal (In conventional medicine) treatment of 'De Quervain tenosynovitis is not properly maintained recovery [7]. The majority of the case is treated with the pain medications such as NSAIDs and splinting of the thumb [8]. If this is not effective steroid injections (Corticosteroid injection (CSI)/CSI + splint for DQT) or

surgery may be recommended & Under medication for almost 10 years [9].

Whereas 2nd largest system of medicine in the world is Homoeopathy [10], especially beneficial for recovery from this type of Syndrome or tenosynovitis. The following case demonstrates (a case) DQT in middle-aged women & men that have been successfully managed by homoeopathic treatment, and also demonstrates the utility of single and minimum doses in homoeopathy. Only proper selection of the remedy is not adequate enough in homoeopathy; proper dose selection is equally important for the recovery and cure of the patient.

Patient Information Main Symptoms of the Patient:

A Hindu lady age 46 years, a housewife, belongs to a middle-class society complaining of pain in the wrist joint & Duration of pain about 4-5-month. Her location was moved to the rt. thumb. & Her sensation was Drawing/Tearing. All pain was aggravated by caring heavy wait but relief in hand activities and cold applications. Amelioration by Warm application & Massage.

Personal History

This woman was a sufferer of Chickenpox in childhood. No modern interventions were intake.

Family History

Father: - Died in CVA & Mother: - Gout complain.

Physical General

The woman's appetite was good, Thirst is Moderate, very sensitive to chilly, to some time constipated, Sleep well, and Desired Hot milk drinks. Pulse 68 bit/minutes, B.P 130/72 mm/Hg. Wait for 58 kg. & Hight 5'4''.

Clinical Findings

Finkelstein's test was present.

Systemic examination

CVS: S1 and S2 have no abnormality, Respiratory system: B/L Vesicular air entry +, CNS: Nothing Abnormality detected but PNS had some problem on Rt. Thump & A positive Finkelstein test result is usually seen:- pain increases when the thumb was folded across the palm and the fingers were flexed over the thumb as the examiner passively deviates the wrist toward the ulnar side., Per abdominal: Soft and no organomegaly.

CASE ANALYSIS (REPERTORIZATION)

Individualised homoeopathy was the method of treatment used for this case. After analysis of the case, totality of symptoms, the Characteristic, Physical, General & particulars were considered for framing the totality of symptoms. the following symptoms were considered for analysis: - a) pain in wrist joint b) painful to move the rt. Thumb c) Tingling/Spraining c) Pain was aggravated by motion and cold applications. Amelioration by Warm application & Massage. d) very sensitive to chilly

Remedy Name	Rhus-t	Sulph	Ars	Bry	Lyc	Kali-c	Kali-bi	Arg-m	Colch	Merc	Carb-v	Coloc	Graph	Gual
Totality / Symptom Covered	12/5	7/4	7/3	6/3	6/3	5/3	5/2	4/3	4/3	4/3	4/2	4/2	4/2	4/2
[Kent] [Extremities pain]Pain:Wrist:Right: (16)	2	1			2				1					
[Kent] [Extremities pain]Pain:Drawing: (90)	3	3	2	2	2	2	2	2	1	2	3	2	2	
[Kent] [Extremities pain]Pain:Warmth:Amel: (27)	3	2	3	2	2	2	3	1	2	1		2	2	
[Kent] [Extremities pain]Pain:Cold:Water:Agg: (5)	2		2											
[Kent] [Extremities pain]Pain:Wrist:Lifting: (2)	2													
[Kent] [Extremities pain]Pain:Wrist:Motion:On: (22)		1		2		1				1	1			2
[Kent] [Extremities pain]Pain:Wrist:Warmth,agg: (2)														2
[Kent] [Extremities pain]Pain:Wrist:Radial side: (3)								1						

Therapeutic Intervention

After key-note method and totality for such symptoms, Rhus Tox was selected as the medicine of the case. The Remedy was given in 200th & 1M centesimal potency bases [11][12]. The Remedy was administered orally as a Aquas distilled

form. The medicine was administered only once on Day 1 of treatment.

Diagnosis: - De Quervain's Tenosynovitis

Prescription: - 06/08/2019, RHUS TOX - 200/ 1 dose & Placebo 200 / BD x Six days

FOLLOW UP & OUTCOME

DATE/FOLLOW UP SCHEDULE	SYMPTOMS	REMEDY	PATIENTS REMARKS
06.08.2019/ 1 st day of prescription	- a) pain in wrist joint b) painful to move the rt. Thumb c) Tingling/Spraining c) Pain is aggravated by motion and cold applications. Amelioration by Warm application & Massage. d) very sensitive to chilly	RHUS TOX -200/ 1 dose & Placebo 200 / BD x Six days	It was 1 st prescription for patient.
22.08.2019/1 st follow up	-Pain in wrist -Mild better but not move properly. -Tingling/ Spraining- Mild better. - aggv. In motion as remain. - also, very sensitive to cold application.	PLACEBO 30/ 6 dose/BD/ aquadist.	-Patient complain was improved after 1 st prescription but not properly.
03.09.2019/2 nd follow up	pain in wrist- Not ameliorated properly & side by side others symptoms are present	Rhus. Tox -200/ 2 dose in empty stomach	The patient complain was better than before & want to continue.
21.09.2019/ 3 rd follow up	Pain in Wrist joint along with Modalities & sensitive to cold complain was better.	Placebo 30/ 2 dose continue	Complain was very improve & patient feel better.
13.10.2019/ 4 th follow up	Wrist join pain was not properly cured along with other symptoms.	Rhus. Tox-1M /2 dose in empty stomach	Patient feel better & able to move the wrist.
28.10.2019/ 5 th follow up	All complain was ameliorated & wrist join was moved properly. Easily pickup wait.	Placebo- 30/ 2dose continue	Patient feel tremendously better & don't heisted any work, move.
10.11.2019/ 6 th follow up	Complain was gone properly	No medicine Required	Patient was happy.

Treatment Outcome

The case was come to the O.P.D at 06/08/2019. Whenever this case was come, the present complain was very soreness & swelling surrounding wrist joint, pain in wrist joint, painful to move the rt. Thumb, Tingling/Spraining sensation, Pain was aggravated by motion and cold applications. Amelioration by Warm application & Massage & very sensitive to chilly. So, after the 1st prescription present complaint was very ameliorated & patient feel better. 1st prescription was Rhus. Tox- 200/ 1 dose and keep waiting for 2 weeks. This complaint was standstill at 44 days of medication. At the 4th follow on 13/09/19 we are going for higher potency which was Rhus. Tox 1M/ 1dose. After giving this remedy patient felt confident/better about his/her complaint. So, the total outcome from that particular case was very good & This treatment also follows the homoeopathic guideline which was given in Organon & Philosophy.

DISCUSSION

Now days De Quervain's Tenosynovitis is very popular presentation for Wrist joint pain. It is very common among middle-aged population and is around 3 times more prominent in women (80% of cases) rather than man. Probably, the most common ages between 30 and 50 years. Patient

continuously treat by the modern medicine but not cured & referee for surgery. Fundamentally Homoeopathy has some fixed laws that mean it's treated the patient not the disease [13]. In a deeper sense, it conveys its holistic concepts towards the patient. So, in this particular case we are collecting lots of symptoms from patient side and analysis it Homoeopathically. After totality of symptoms it's converted into rubric form & analysis it into repertory. The outcome probable remedies are Rhus. Tox, Sulphar, Ars.alb, Bryonia alb etc. So, we are going to cross cheque all symptom by the help of Clark Materia Medica & after that the particular remedy was Rhus.tox [14]. We are maintaining Rhus. tox. From 1st prescription to 4th follow up. Rhus.tox give us very tremendous results against DQT. Also, this case is following the kent's observation No.4 that means "No aggravation, with recovery of the patient" [15]. In potency aspect we are giving under 1st prescription Rhus.tox 200 due to its severity, age & Susceptible, after 3rd follow up case was stand stile, that is why we are forwarded to the higher potency mean Rhus.tox 1M. This total prescription was maintained properly by the Homoeopathic Fundamental Laws. Meanwhile, DQT is curable with the help of Homoeopathic

management, it's not required any modern surgical prospective management.

CONCLUSION

Homoeopathic medicines are very effective in the treatment of De Quervain's Tenosynovitis. This medicine & management guided by the principle of Homoeopathy. Proper prescription and Minimum doses are also important aspects of homoeopathic prescription. This case reports of DQT with association complaints that managed to homoeopathic treatment with Rhus.Tox. So, Homoeopathic Management is properly recovering this problem without side effect & also, it's high cost-effective rate in society. Only proper selection of the remedy is not adequate in homoeopathy; proper dose selection is equally important for the recovery and cure of the patient.

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