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## CASE-REPORT

### Title: A case-based insight into homeopathic management of wrist tendonitis

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## ABSTRACT

### Introduction:

De Quervain's Tenosynovitis (DQT) is a painful inflammatory condition that primarily affects the thumb and the radial side of the wrist. Evidence suggests that homeopathic treatments can provide significant relief from the discomfort associated with this disorder.

**Case Summary:** This report discusses the case of a 46-year-old Hindu woman, a homemaker from a middle-class background, who presented with chronic pain in her right wrist lasting 4-5 months. Over time, the pain extended to her right thumb. She described the discomfort as a drawing or tearing sensation, which worsened when lifting heavy objects. However, relief was noted with hand movements, cold applications, warmth, and massage. The purpose of this case report is to demonstrate the effectiveness of homeopathy in treating De Quervain's Tenosynovitis, with a focus on the success of minimal and precisely targeted dosing in achieving positive outcomes.

**Keywords:** *Thumb Tendonitis, Radial Wrist Pain, Tendon Entrapment, Diagnostic Finkelstein Test, Homeopathic Management, Kent's Observations, Abductor and Extensor Tendons.*

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**INTRODUCTION:**

De Quervain's Tenosynovitis is a painful condition affecting the tendons on the radial side of the wrist near the base of the thumb. The pain worsens with thumb abduction, gripping, or wrist deviation. Other symptoms include swelling and thickening in the affected area. This condition, also called BlackBerry thumb, texting thumb, or mother's wrist, was first described by Fritz de Quervain in 1895.<sup>[1][2]</sup>

It involves tendon entrapment in the first dorsal compartment, specifically the abductor pollicis longus (APL) and extensor pollicis brevis (EPB). These tendons pass through a passage near the radial styloid. Repetitive strain can cause the tendon sheaths and retinaculum to thicken, leading to inflammation and restricted movement.<sup>[4][5]</sup>

The exact cause remains unclear, but DQT is linked to repetitive thumb motions such as typing, texting, and lifting infants. It affects women more frequently, with a peak incidence between ages 40-60. Treatment often involves pain management with NSAIDs, splints, or injections, but conventional methods may not always provide a full recovery.<sup>[6]</sup>

Homoeopathy has shown positive results in treating DQT, focusing on individualized and minimal doses for effective healing. This case study highlights the success of homeopathic

remedies in treating middle-aged individuals with DQT.

**CASE PRESENTATION:**

A 46-year-old Hindu housewife from a middle-class background presented with pain in her right wrist joint, which had been ongoing for 4 to 5 months and had gradually extended to her right thumb. She described the pain as a pulling or tearing sensation, which intensified when lifting heavy objects but was, alleviated by hand movements and the application of cold. Warm compresses and gentle massage further reduced her discomfort.

The patient had a history of chickenpox in childhood without any modern medical treatment during that time. Her father passed away from a cerebrovascular accident (CVA), and her mother suffers from gout. Regarding her overall health, she reported having a good appetite, moderate thirst, sensitivity to cold, occasional constipation, and restful sleep. She also has a preference for hot milk beverages. Her vital signs included a pulse rate of 68 beats per minute, blood pressure of 130/72 mm Hg, weight of 58 kg, and height of 5'4". Clinically, the Finkelstein's test was positive.

**SYSTEMIC EXAMINATION:**

Peripheral Nervous System (PNS):  
Notable issues in the right thumb, with a

positive Finkelstein's test. Pain was elicited when the thumb was folded across the palm, the fingers flexed over the thumb, and the examiner passively deviated the wrist toward the ulnar side.

**Case Analysis (Repertorization):**

The treatment strategy for this case utilized individualized homeopathy. A comprehensive analysis of the patient's symptoms was conducted, focusing on the

totality of her physical, general, and specific symptoms. The following key symptoms were particularly scrutinized:

- Pain in the wrist joint.
- Discomfort upon movement of the right thumb.
- Sensations of tingling and spraining.
- Aggravation of pain with motion and cold applications, with relief from warmth and massage. Sensitivity to cold stimuli.

Remedy Name	Rhus-t	Sulph	Ars	Bry	Lyc	Kali-c	Kali-bl	Arg-m	Colch	Merc	Carb-v	Coloc	Graph	Guai
<b>Totally / Symptom Covered</b>	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						

Figure No: 01 Repertory Chart

**THERAPEUTIC INTERVENTION:**

**Kent Repertory Used:**

• After a thorough evaluation of the patient's symptoms and overall condition, Rhus Toxicodendron (Rhus Tox) was identified as the most suitable remedy. The remedy was selected 200C and 1M centesimal potencies and administered orally in a diluted aqueous solution. A single dose was given on the first day of treatment.i.e Rhus tox 200C.

Diagnosis: De Quervain's Tenosynovitis

- Prescription Date: 06/08/2024
- Rhus Tox 200C – 1 dose
- Placebo 200C – 1 dose, twice daily for the next six days.

Table: 1 Follow ups

Date/Follow-up Schedule	Symptoms	Remedy	Patient's Remarks
06.08.2024 / 1st Day of Prescription	a) Pain in wrist joint b) Painful to move right thumb c) Tingling/Spraining d) Pain aggravated by motion and cold applications, relieved by warm application & massage) Very sensitive to chilly	<i>Rhus Tox</i> 200/1 dose & Placebo 200/BD x 6 days	First prescription for the patient.
22.08.2024 / 1st Follow-up	a) Mild pain in wrist) Mild improvement in tingling/spraining) Pain aggravated by motion) Very sensitive to cold application	Placebo 30/6 dose/BD/aqua dist.	Complaint improved after 1st prescription but not completely resolved.
03.09.2024/ 2nd Follow-up	Pain in wrist not fully ameliorated, other symptoms present.	<i>Rhus Tox</i> 200/2 doses on empty stomach	Complaint better than before, patient wants to continue treatment.
21.09.2024 / 3rd Follow-up	Pain in wrist improved along with modalities, sensitivity to cold reduced.	Placebo 30/2 doses continue	Complaint greatly improved, patient feels better.
13.10.2024/ 4th Follow-up	Wrist joint pain not fully resolved, other symptoms present.	<i>Rhus Tox</i> 1M/2 doses on empty stomach	Patient feels better and is able to move the wrist.
28.10.2024 / 5th Follow-up	All complaints ameliorated, wrist joint pain resolved, able to pick up weight easily.	Placebo 30/2 doses continue	Patient feels significantly better, no hesitation in movement or work.
10.11.2024 / 6th Follow-up	Complaints fully resolved.	No medicine required	Patient is happy, no further issues with the wrist.

### TREATMENT OUTCOME:

The patient initially presented at the outpatient department (OPD) on 06/08/2024, reporting soreness and swelling around the wrist joint, pain in the wrist, difficulty moving the right thumb, as well as tingling and spraining sensations. The pain was aggravated by movement and exposure to cold, but was alleviated by warm applications and massage. The patient also exhibited a heightened sensitivity to cold temperatures. Following the first prescription of *Rhus Tox* 200C (1 dose), the patient experienced notable improvement and felt generally better. A

two-week interval followed before the next evaluation.

However, by the 44th day of treatment, the symptoms had not fully resolved. During the fourth follow-up on 13/09/2024, a higher potency of *Rhus Tox* 1M (1 dose) was administered. After receiving this dose, the patient reported a marked improvement in their condition, feeling more confident and significantly better. Overall, the treatment response was highly positive and aligned with the principles outlined in the Organon of Medicine, adhering to homeopathic guidelines.

## DISCUSSION

De Quervain's Tenosynovitis (DQT) has emerged as a prevalent diagnosis for wrist joint pain, particularly among the middle-aged demographic. It is notably more common in women, who represent about 80% of cases, and typically affects individuals between the ages of 30 and 50. Despite ongoing treatment with conventional medicine, many patients fail to achieve complete recovery and are often referred for surgical intervention. In contrast, homeopathy is grounded in fixed principles, focusing on treating the whole person rather than merely addressing the symptoms of the disease. This holistic approach emphasizes the overall well-being of the individual.<sup>[7][8]</sup>

In this case, a comprehensive collection and analysis of the patient's symptoms were performed from a homeopathic standpoint. After evaluating the totality of the symptoms, they were transformed into rubrics and analyzed using a repertory. Possible remedies included Rhus Tox, Sulphur, Arsenicum album, Bryonia alba, and others. These remedies were cross-referenced with Clark's *Materia Medica*, and after careful deliberation, Rhus Tox was selected as the most suitable remedy.<sup>[7]</sup>

The treatment commenced with Rhus Tox 200C, taking into account the severity of the condition, the patient's age, and overall susceptibility. This remedy was maintained throughout the course of treatment up to the fourth follow-up, resulting in significant improvement. The outcome aligned with Kent's Observation No. 4, which states, "No aggravation, with recovery of the patient." When little progress was observed after the third follow-up, the potency was increased to Rhus Tox 1M, a higher potency more appropriate for the current stage of the case.<sup>[9][10]</sup>

This case illustrates that DQT can be effectively managed through homeopathic treatment, following the core principles of homeopathy. It underscores that surgical procedures or conventional medical

interventions may not always be necessary, as homeopathy provides a viable and potentially curative alternative for managing such conditions.

## CONCLUSION

Homeopathic remedies have been shown to be highly effective in treating De Quervain's Tenosynovitis (DQT). Guided by the foundational principles of homeopathy, the management of this condition embraces a holistic approach to healing. The accurate selection of the remedy, combined with the administration of minimal doses, is pivotal to the success of homeopathic treatment. This case report highlights that DQT, along with its associated symptoms, can be effectively managed using Rhus Tox.

Homeopathic treatment offers a safe, side-effect-free pathway to recovery, presenting a cost-efficient alternative to conventional medical interventions. In homeopathy, the precise selection of the remedy is critical, but equally important is the careful determination of the appropriate dose, which plays a vital role in achieving successful recovery and complete cure for the patient.

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